Post-Incarceration Linkages to HIV Care

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Center for Health Justice
Center for Health Justice (CHJ)

- A non-profit organization serving individuals with a history of incarceration;

- Provides health education and supportive services that act as a bridge to a healthier, more productive life.
California’s Integrated Plan: CHJ’s Fit

- Transitional Case Management
- Health Education and Risk-Reduction
- Harm Reduction
- Substance Abuse Education
CHJ Funding Sources for Reintegration Services:

- Ryan White
- LA County Health Dept.
- Gilead
- ViiV
- Elton John AIDS Foundation
Barriers Post Incarceration

- Incarceration
- Released
- Arrested
- Systematic Legal & Societal Barriers
- Difficulty Functioning Generally in Society

Face a challenging cycle that actively deters them from becoming productive members of society.
HIV Among Incarcerated Populations

- Incarcerated primarily people of color;
- Black men six times as likely as white men to be incarcerated per a Pew Research Center study;
- According to the CDC:
  - Over 2 million people in U.S. on any given day are incarcerated and living with HIV;
  - Rate of diagnosed HIV Infection among inmates more than five times greater than the general population;
  - Most inmates with HIV acquire it prior to incarceration.
Immediate Challenges to Living with HIV Post-Incarceration

• Lack of:
  - Identification (driver's license, ID card, SS card)
  - Money
  - Food
  - Phone/communication device
  - Transportation
  - Housing
  - Clothing
  - Medical Care
  - Employment
  - Hygiene/self-care
Ongoing Challenges to Living with HIV Post-Incarceration

- Inmates living with HIV often have histories of substance use, mental illness, and chronic homelessness
- Discrimination
- Health literacy issues
Lack Of Continuity Of Care

- Access To Care And Treatment
- Lose Doctor/Patient Relationships
- No Transfer Of Medical Records
- No Access To A Pharmacy
- No Health Insurance
- No Storage for Personal Items & Medications
What to Expect

• Serious Psychosocial Issues
• Significant Emotional Traumas
• Traumatic Brain Injuries (TBI/PTSD)
• Physiological, Biological Challenges
• Spatial Disorientation
• Agoraphobia/Social Anxiety
• Poor Communication Skills
• No Social Support Network
Special Needs

- Stabilizing is the priority
- Addressing active substance use is necessary
- Referrals must be made to **Reliable, Verifiable**, services experienced with the formerly incarcerated
- Establish a network of sensitive referral organizations:
  - Formally incarcerated
  - Living with HIV
- Gender & culturally sensitive approach
- Peer navigation and advocate assistance
- Extra time needed per client
- Extra effort to maintain in care
Best Practices

• Release Preparation/Jail Staff Engagement
• Transitional Case Management
• Medication Plan Post-Discharge
• Pre-discharge Connection to Care and Treatment Services to Ensure Continuity of Care
Our Common Interests

• Re-integration as Productive Members of Society;
• Improved Information for Linkage to Services;
• Improving Quality of Care/Life for Those Living with HIV;
• Positive Health Outcomes and Future Orientation;
• Ending the Pandemic and Health Inequities;
• Compassion;
• Understanding;
• Patience;
• Acceptance.
Contact Info

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Getting to Zero

• Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living with HIV in California
• Strategy N: Enhance Collaborations and Community Involvement
• Strategy I: Improve Case management for PLWH with High Need
Post Incarceration: Engaging County Jails in Linkage to Care
Orange County

- Erica Garcia, Jail Case Manager
- Tamarra Jones, HIV Planning and Coordination Manager
California’s Integrated Plan

1 - Reducing New HIV Infections in California;
2 - Increasing Access to Care and Improving Health Outcomes for PLWH in California;
3 - Reducing HIV-Related Disparities and Health Inequities in California; and
4 - Achieving a More Coordinated Statewide Response to the HIV Epidemic.

Strategy N: Enhance Collaborations and Community Involvement
Goal of Program

• Ensure incarcerated individuals are linked to HIV Care and on medication while in jail

• Coordinate release planning and linkage to care upon discharge
Background of Program

- **Jail Case Management** provided for over 10 years

- **Level of staffing:** 1 FTE Mental Health Specialist with full jail clearance

- **Five County Jails:** Theo Lacey, James Musick, Intake Release Center (IRC), Men’s Central, and Women’s Central
Routine HIV Testing in Jails: Since 2012

- Nearly 16,000 tests
- 0.32% positivity among newly diagnosed (50 new cases and 139 previously positive)
- Resulted in significant increase in Jail Case Management activities
Overview of Jail Case Management

- Average monthly caseload: 40 clients

- All HIV clients are scheduled to see the HIV Provider for evaluation.

- Case Manager attempts to see all newly incarcerated or newly diagnosed clients within five (5) business days.
Overview (Continued)

- Case Manager ensures that labs have been ordered, records have been requested, and that client is receiving appropriate services (i.e., dental, mental health, medications)

- Client is seen by Case Manager every 30 days while incarcerated.
Release Planning

• Medi-Cal eligibility is ran prior to release.
• Community resources are reviewed with client.
• A Linkage to Care referral is completed, if appropriate.
• Seven (7) days of medication, medical records, resource list, and a bus pass are placed in client’s property for release.
  - If client has Medi-Cal, a 30 day medication supply can be called into the pharmacy of their choice.
Follow-up After Release

Within two weeks of release Case Manager will:

• Contact client to check status of care, if contact info is known.
• Contact Linkage to Care provider to verify if client has followed up for services.
• Submit an Outreach referral, if client has not linked to care.
Outcomes - 2017

January-June: 102 Total Discharges

- 31 linked to care
- 7 transferred to other jail/prison facilities
- 9 out of county clients
- 15 lost to care (Outreach referral submitted)
- 40 declined referrals (To link on their own)
Case Study

• 34 year old, Latino, heterosexual male booked into the Jail on 8/16/16 for possession with intent to distribute a controlled substance; sentenced two years (release set for 2/13/18).


• Problematic behaviors a concern for treatment adherence and viral load (VL) suppression.

• Labs on 8/17/16: VL <20 and CD4 1,147.

• First visit with Jail Case Manager 9/7/16.

What are the issues, barriers, and service needs for this client?
Case Study Outcome

- **Issues/Barriers**: Client was not allowed to participate in specific programs due to his status. He wanted to be a jail volunteer to help reduce jail time.

- **Services Provided**: Team approach to ensure compliance with treatment. Work with doctor to get authorization to participate in Jail Work Program as part of the Recycling Crew.

- **Outcome**: Client met the criteria for early release and was released 8/15/17. On 8/16/17, he showed up for medical care.
Best Practices

• Hire staff who already have jail clearance
• Establish rapport with corrections facilities and decision makers
• Develop written protocols for service delivery and tracking
• Establish linkages with community providers
• Follow-up with client after release
Funding

• **Expanded Testing**: Provision of HIV disclosure and initiation of linkage to care for those tested in the Jails
  - Approximately $20,000 annually

• **Ryan White Part A**: Ensures engagement in medical care and release planning
  - Approximately $63,000 annually
Contact Information

• **Erica Garcia:** (714) 834-8104
  - Provides Jail Case Management Services

• **William Crittenden:** (714) 834-7887
  - Supervises Jail Case Management Services
Getting to Zero

• Improved Linkage to Care Strategies
  ▪ Targeted activities:
    ▪ D1. Implement Systems for Rapid Linkage to Care
    ▪ D2. Enhance 'Data to Care' Activities to more Rapidly Identify People Who Have Fallen Out of Care and Actively Re-engage Them in Care
    ▪ D4. Identify Barriers to Linkage to Care and Develop Strategies to Address Them
Session Title

Questions??