Enhancing Linkages to Primary Care & Services in Jail Settings: A Critical HIV/AIDS Bureau Initiative

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National HIV/AIDS Strategy

- White House releases the NHAS & Implementation Plan – July, 2010
- Nation’s first comprehensive coordinated HIV/AIDS roadmap with clear, measurable goals for 2015
- Refocuses existing efforts to maximize available resources and make the case for new investments
Goals

1) Reduce new infections
2) Increase access to care and improve health outcomes
3) Reduce HIV–related disparities and health inequities

Goals accomplished through a more coordinated national response to the HIV epidemic
Number and percentage of HIV–infected persons engaged in selected stages of the continuum of HIV care – United States

Source: Cohen et al., MMWR, 2011
<table>
<thead>
<tr>
<th>Not in Care</th>
<th>Fully Engaged</th>
</tr>
</thead>
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<td>- Unaware of HIV status (not tested or never received results)</td>
<td>- Fully engaged in HIV primary medical care</td>
</tr>
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SPNS Enhancing Linkages to HIV Primary Care & Services in Jail Settings 2007–2012

Goals:

- Design, implement and evaluate innovative methods for linking people living with HIV/AIDS who are in jail or recently released with HIV primary care and ancillary services
- 10 demonstration sites and one technical assistance/evaluation center
- Total HRSA investment: $ 21.7 million over 5 years
Enhancing Linkages to HIV Primary Care & Services in Jail Settings
Contact Information

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Jails, HIV Testing and Linkage to Care Services:

An Overview of the EnhanceLink Project
2006-2012

FUNDING: HRSA HIV AND AIDS BUREAU

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Presentation Outline

- Contextualizing HIV Testing and Linkage in Jails
- Program Overview
- Characteristics of Enrollees
- Selected Findings:
  - Client-Level Outcomes at 30 Days After Release
  - Client-Level Outcomes at 6 Months After Release
  - Housing Issues for Releasees
## Background: Jails vs. Prisons

### JAILS
- Hold defendants awaiting trial or sentencing
- Generally operated by the Sheriff’s department, county governments
- Average length of stay, on a national level, is 21 days
- Median length of stay: 2 days
- 9,000,000 releasees a year

### PRISONS
- Generally hold sentenced offenders for longer periods
- Operated by state or federal governments
- Release dates known
- 500,000 releasees a year
Justification for a Jail project

Yearly in US
- 1:7 PLWHA (N=150,000) leave prison or jail
- > 9 million persons admitted to jail

Most HIV programs available in prisons

95% of inmates released from jails, yearly

Seek, Test & Treat Paradigm

- Identify Unknown Cases\(^1\)
  - 20% of HIV+ Americans unaware of status
  - Awareness of HIV status alters behavior

- Treatment is Prevention\(^2,3\)
  - Putting HIV+ person on ART lowers transmission to seronegative partner 96%. (HPTN 052)

EnhanceLink program funded demonstration projects in 10 communities at 20 separate jails

Research Questions:
- How many HIV testing offers, tests, results and notifications made?
- Was the eligible jail population served?
- How many clients served by SPNS programs?
- Were participants engaged in linkage services in jail and the community?
Major Activities: HIV Testing & Continuity of Care Programs

- Enrollments
- Jail Discharge
- Six Months Post-Release
- Discharge Planning
- Intensive Case Management
  - Court Advocacy
  - Housing
  - Health, HIV care & Social Service Needs
  - Basic Needs like Transportation
PROGRAM-LEVEL DATA
Admission, Testing, & Service Events

- Jail Admission (n=877,119)
- Offered HIV Testing (n=499,131)
- Offered Transitional Linkage Services (n=9,837)
- Tested for HIV (n=210,267)
- Enrolled in Transitional Linkage Services (n=8,056)
- HIV+ Test Result (n=1,312)
- Enrolled in Client Level Portion of Multi-Site Evaluation (n=1,386)
- Newly Diagnosed HIV+ (n=822)
- Mostly Previously diagnosed

Previously Known HIV+ (n=27,827)

Sum HIV+ persons known to be in jail = 28,649

0.62% of Tests

0.39% of Tests
Program-Level Overview

- During 877,119 admissions, 210,267 inmates agreed to HIV testing
- 9,837 HIV positive persons offered linkage and transitional services and 8,026 (82%) accepted services
- Majority of persons served with transitional services were previously diagnosed
- EnhanceLink demonstrated feasibility of HIV testing in jail and provision of linkage services to enhance continuity of care
Overview of AIDS and Behavior Special Issue

- Fifteen manuscripts have been submitted

- Special issue will also include:
  - An overview authored by the Guest Editors
  - Commentary by AT Wall, Director of the Rhode Island Department of Corrections
  - Appendix detailing methods of the EnhanceLink initiative
A subset of all persons receiving services permitted us to follow them longitudinally.
HIV-Positive and in Jail: Race, Risk Factors, and Prior Access to Care (Stein, Spaulding et al)

- **Characteristics of HIV-positive jail population (n=1270)**
  - 65% of HIV-positive jail participants self-identify as Black
  - Fewer than half had high school diploma/GED
  - Mean lifetime arrests was >20
  - Major mental illness and substance abuse common

- **20% of male participants self-identified as homosexual or bisexual**
  - Essential for programs targeting high-risk MSM to consider the role of jails

- Black participants less likely to have health insurance (70% vs. 83%) or HIV provider (73% vs 81%)

- Advanced HIV disease associated with self-identification as Black and >2 years since diagnosis
59% of Black MSM are not aware of their HIV infection.¹

Young Black MSM constitute a segment of the population where HIV incidence is continuing to rise, by 48%.²

Our findings highlight the potential of expanded jail testing and linkage to reach ~11% of this underserved population.

HIV+ women in jail (compared to men)
- greater burden of illness
- more likely to be homeless
- more severe addiction problems
- less adherent to ART
Transitional Care Coordination in New York City Jails: Facilitating Linkages to Care for People with HIV Returning Home from Rikers Island (Jordan et al)

NYC New HIV Diagnoses and Number of Inmates Released from NYC Jails by Zip Code

New HIV Diagnoses as reported to NYC DOHMH HIV/AIDS Registry (HARS) by June 30, 2011. Number of Inmates Released reported by NYC DOC. All reports for the FY 2010 (July 1, 2009 to June 30, 2010).
CLIENT-LEVEL DATA
6 MONTHS AFTER RELEASE
Planning for Success Predicts Virus Suppressed: Factors Associated with Viral Suppression among HIV-positive Persons Following Jail Release (Spaulding, Ahuja et al)

- Adjusted odds ratio (AOR) of 6M-VL <400 associated with attending a meeting with the HIV care provider within 30 days of release was 1.85 (95% CI 1.19-2.87)

  - Conservative estimate: those who for whom data missing were assumed to be UNSUPPRESSED.
  - Not all persons who were linked were eligible for ART

- These results support further development of case management programs for HIV-positive jail detainees.
Results:
25.7% Achieved Viral Suppression

COMPARABLE TO COMMUNITY AS A WHOLE
Results: What were the Associated Factors?

One quarter of the 1082 individuals reported VS at F/U

Participants who had all three characteristics had four-fold odds of VS compared to those with none (aOR=4.00, 95% CI 2.23-7.18)
Cost Analysis of Enhancing Linkages to HIV Care Following Jail: A Cost-Effective Intervention (Spaulding et al)

- Mean cost per linked client: $4,219
- Mean cost per 6-month sustained linkage: $4,670
- Mean cost per client achieving viral suppression: $8,432
- Cost per additional quality adjusted life year saved: $72,285 → cost effective
- Data suggests EnhanceLink interventions were in the cost-effective from a societal perspective.
RETENTION IN CARE AND HOUSING ISSUES FOR RELEASEES

Frederick Altice, MD and team—Yale (CT)
Howell Strauss DDS—AIDS Care Group (PA)
Having health insurance and psychiatric care (if homeless) were associated with having an HIV provider among the homeless.

Alcohol use severity associated with not having an HIV provider among the homeless.

*Chen N et al, AIDS Behav 2011*
Homelessness Reduced After Community-Release Transition out of homelessness associated with:

- Reductions in alcohol and drug use severity
- Having health insurance
- Reductions in food insecurity

Zelenev et al, AIDS Behav, in press
Release from Jail Associated with Poor Retention in HIV Care

- **Linkage** associated with being male, opioid dependent, having a HIV doctor and pre-release planning

- **Retention** associated with being male, pre-incarceration HIV provider & high ART adherence, opioid dependent and pre/post release services

*Althoff et al, AIDS Behav, in press*
Where do we go from here?
Then, any and all factors (including medical and non-medical or social issues) that are barriers to the achievement of goals should all get equal weight and attention. Treatment must be, and must promote prevention.
Social determinants of health predominate in the care assessment

1. Poverty
2. Crime
3. Threat of substance abuse
4. Structural, provider, and client inputs regarding access to health care and health
5. Housing, food, and employment insecurities
Discharged to the Streets

Jails/prisons are the business of SECURITY with lock downs and life behind bars.

As clinicians in ambulatory settings we are in the business of health and we tell patients, “go home to heal.”
For more information

Visit project website:

http://www.enhancelink.org/

Enhancing Linkages to HIV Primary Care and Services in Jail Settings Initiative

**Background:**

Correctional systems have an opportunity to provide coordinated prevention and treatment interventions for inmates with infectious diseases in concert with local public health officials and community-based organizations. Many people released from jails have serious, unmanaged infectious diseases and mental illnesses. Public health and safety could be improved through greater collaboration among correctional facilities, public health agencies, and community-based organizations. Ideally, proven interventions would be initiated with inmates and coordinated upon their release.

**The Initiative:**

The Enhancing Linkages to HIV Primary Care and Services Initiative is funded by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Special Projects of National Significance (SPNS) Program.

Policy Briefs

- Translational Care Coordination (Fall 2010)
- HIV Testing in Correctional Facilities (Spring 2010)
- Linkage to Social Support Services (Spring 2010)
- Strategies to Enhance Linkages Between Care for HIV/AIDS in Jail and Community Settings (Fall 2010)
Thank you