HIV and Corrections

Methods to Assist Retention, Adherence and Transition

Karen currently serves as an Education Outreach Coordinator with Medical Advocacy and Outreach in Montgomery, Alabama. In her capacity she is responsible for providing HIV and sexual health education, HIV testing and prevention resources to communities within her service area. She holds an Associate Degree in Office Management with a concentration in Medical Office Management, BS in Psychology and MS in Post-Secondary Education with a concentration in Psychology. Karen has worked with marginalized populations for the last 15 years with most emphasis being prisoner pre-release planning, reentry transition and supportive aftercare services. As a person of lived experience in the criminal justice system, she is passionate about empowering individuals to become their Best Self.

Karen Carr Turner

Professional Experience with Corrections

- Extensive work with women incarcerated in Alabama prison system (pre release and aftercare).
- Facilitated Family Reunification Module in AL prisons (male and female).
- Assisted with development and implementation of 1st statewide (Alabama) standardized re entry program.
- Invited speaker for multiple re entry programs throughout state (Alabama).
- Developed a transitional housing program for women.
- Served on Al Commission for women and girls, Re Entry Task Force through US Attorney's office North Alabama, and other Re Entry planning committees.
- Co-developed parole and re entry planning workshops for families and providers.
- Parole advocacy for incarcerated individuals and their families.

MEDICAL ADVOCACY AND OUTREACH

- Founded in 1987 with a vision of caring for those persons living with HIV that they would be cared for with compassion and integrity.
- Continue to provide medical and behavioral health care, and social services to more than 2,000 people spanning 28-plus South Alabama counties, or 18,675 square miles
- We strive to contribute to the overall health and well-being of community members in our service area by participating in community health events, promoting HIV awareness and prevention, free HIV testing and risk reduction supplies..
- Continuing education programs for healthcare and social service professionals.
- Care and education services are provided by way of four (4) full-service clinic, testing and education "Hub" sites (Montgomery, Dothan, Atmore and Selma), PLULS ten (10) additional Alabama e-Health Satellite Clinics
- Hub Sites & Satellite Clinics are connected by MAO team members & state-of-the-art, encrypted telemedicine technology.

For more information
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or
Call Toll Free = (800) 510-4704
or
Email = info@maoi.org

Learning Objectives

- Discuss considerations of HIV diagnosis and treatment.
- Increase understanding and ways to remove barriers to care and adherence while incarcerated.
- Strategies to improve and enhance transition planning.

Brief overview

- Factors that may impact Adherence, Retention and Transition
  - State/Fed Laws
  - Facility policies and procedure
  - Correction administration
- Type of Correctional Facility (length of stay):
  - Jails (County/City)—typically less than one year for those awaiting trial or sentencing
  - Prisons (State/Federal)—long term more than one year
  - Transitional Facilities run by or contracted by government entities (usually post release or diversion programs) 30/60/90 to 12 months)
    - County
    - State
    - Federal (BOP)

Research and Data

- Although data is limited, it is estimated that around 3.8% of the global prison population is living with HIV and 2.8% have active tuberculosis (TB) [2]
- UNAIDS estimates that people in prison are on average five times more likely to be living with HIV compared with adults who are not incarcerated. [2]
- A systematic evidence review released in 2018 found recent incarceration is associated with an 81% increase in HIV risk and 62% increase in hepatitis C virus (HCV) risk. [2]
- Men aged 19 to 35 years old make up the vast majority of people in prison and many are there due to drug offences. Young men who use drugs are already at higher risk of HIV infection before entering prison. [3]

Reality

- Overcrowding of jails and prisons still exists
- Prisoners still participate in risky behaviors while incarcerated
  - Sexual activities (staff and inmates)
    - Exchange for things needed
  - Drug use (non sterile instruments/sharing)
  - Tattooing

Learning Objective 1

Discuss considerations of HIV diagnosis and treatment.

Is your facility's model of care designed to address the following?

- Prev Dx
  - no care by choice/denial/not adherent
- New Dx prior to incarceration
  - unable to access care
- Dx @ intake
  - Lack of facility resources to effectively manage MH/Emotional wellbeing and support
- Prev Dx—Community Tx /transitioning to Corrections Tx
  - For many PLWH, this time during incarceration may be the only time they have access to HIV care. For others, due to intense stigma against HIV and homosexuality2 in hypermasculine3 corrections settings, incarceration may interrupt HIV treatment they were previously receiving in the community. [4]

Learning Objective 2

Increase understanding and ways to remove barriers to care and adherence while incarcerated.

- With HIV prevalence among state and federal prisons more than three times higher than the general population (1.3% compared to 0.4%),1 correctional facilities offer a unique opportunity to engage with PLWH and offer care. [4]
- Regular mandatory staff training for corrections personnel including clinical and non-clinical.
- Random HIV testing during incarceration
- Medical Management of HIV in correctional settings should parallel that offered in the community. [1]
  - Correctional facilities policies and procedures relating to HIV care should reflect current research and data to ensure quality care for those individuals.
  - Policies and procedures should not contribute to stigma
  - Patient confidentiality should not be compromised

Knowledge is Key

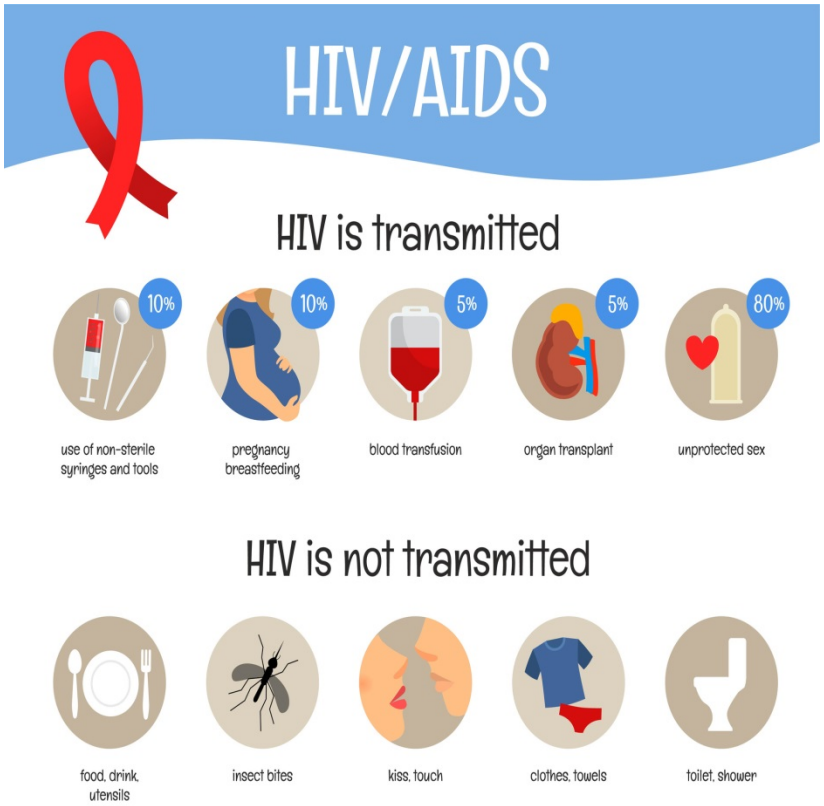

Image retrieved from CDC.GOV

Maintaining The HIV Care Continuum

The HIV care continuum involves five sequential steps:
(1) diagnosis of HIV infection
(2) linkage to care,
(3) retention in care
(4) receipt of antiretroviral therapy (ART)
(5) achievement of viral suppression

Image from aidsetc.org

Learning Objective 3

Strategies to improve and enhance transition planning.

- Acknowledge that a comprehensive holistic approach is vital to a successful re entry
  - A comprehensive approach that includes not only standard HIV treatment and education but also enhances continuity of care is essential to reducing HIV in correctional facilities and our communities. [5]
- Acknowledge and help overcome stigma associated with HIV (internal/external [societal])
- For PLWH
  - successful reentry = maintaining viral suppression
  - Post release care coordination is vital
- Willingness to address their OTHER social service needs
  - Mental health support/emotional well being, housing, family/friend support systems, education and job/career possibilities
- May need to assist in meeting the needs of family members.

Learning Objective 3

Strategies to improve and enhance transition planning.

- Seize opportunities to collaborate with community organizations for referrals and linkage to needed services
  - Corrections administrations openness to outside agencies working with inmates prior to release (f2f relationships can be proven effective in trust building)
  - Establish and maintain community networks
  - Access and our build specific resource guides
  - Client surveys
- Field work (advocacy and outreach)

Key Takeaways

- Continuously foster and promote policy and process improvement as well as personal and professional development.
- Seek opportunities to remove implicit biases so as to provide optimum care for individuals we serve living with HIV.
- Acknowledge HIV as a chronic illness that carries stigma with a goal toward normalizing care.

- As corrections professionals acknowledge your role in providing quality care and services for those individuals living with HIV in an effort to promote positive communities.
  - During incarceration
  - Post incarceration

References

1. https://www.ncchc.org/administrative-management-of-hiv-in-correctional-institutions
2. https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/prisoners
3. UNAIDS (2015) 'Focus on location and population', p118 [pdf]
4. https://targethiv.org/sites/default/files/file-upload/resources/HIV%20and%20Incarceration%20Brief.pdf
5. https://targethiv.org/sites/default/files/file-upload/resources/HIV%20and%20Incarceration%20Brief.pdf p.6

THANKS FOR ATTENDING Q & A