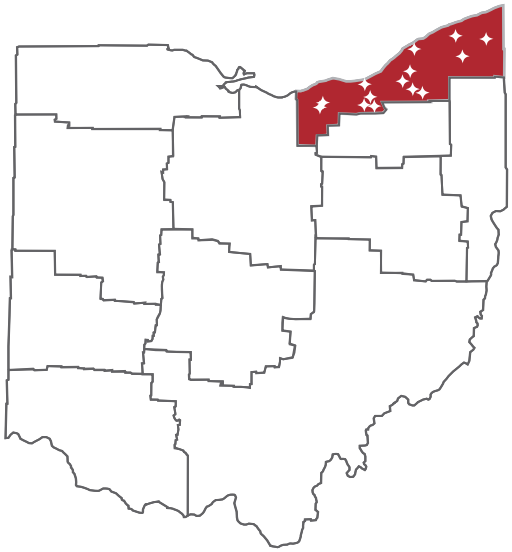
# Cleveland Region



Consortium One is located in the northeast corner of Ohio and includes Ashtabula, Cuyahoga, Geauga, Lake, and Lorain Counties. The consortium is home to 14 Full Service Jails, eight of which are located in the Cleveland area. Nine of the jails in the consortium are run by their home cities; the remaining five jails are county jails.

### Participation rate: 64%

- 9 of the 14 jails (64 percent) in the consortium completed at least one component of the study.
- 8 jails (57 percent) completed interviews.
- 9 jails (64 percent) completed surveys.

### Profile of participating jails

- 4 jails are large (200 or more beds) and 5 are small (less than 200 beds).
- 4 are city jails and the remaining 5 are county-run jails.
- 5 of the jails are in the Cleveland area; 4 are in rural counties.
- 1 of the jails is a managed care jail; the remaining 8 provide their own health care for inmates.

### Participating Consortium One jails

- Ashtabula County Jail
- Broadview Heights City Jail
- Cleveland House of Corrections
- Cuyahoga County Corrections Center
- Geauga County Safety Center
- Lake County Maximum Security Jail
- Lorain County Correctional Facility
- Parma Justice Center
- Solon City Detention Center

## *Introduction*

In 2008, the Ohio Department of Health (ODH), HIV Care Services Section, contracted with Ohio University's Voinovich School of Leadership and Public Affairs to conduct a study of HIV care in Ohio's Full Service Jails (FSJs). From September 2008 to October 2009, the Voinovich School gathered qualitative and quantitative data on the various aspects of HIV care provided to inmates living with HIV/AIDS in Ohio FSJs. To collect this data, the Voinovich School conducted interviews with jail personnel from FSJs throughout Ohio and sent a survey to all Ohio FSJs. In addition, the Voinovich School made contact with Ohio's Ryan White Consortia coordinators to learn about any HIV care provided to FSJ inmates by community organizations. Voinovich School staff also communicated with the Bureau of Adult Detention and the Buckeye State Sheriff's Association. In addition to these statewide resources, the Voinovich School drew on the expertise of Ohio University faculty, including Bernadette Heckman, PhD, and Timothy Heckman, PhD, whose research focuses on individuals living with HIV and AIDS.

"HIV care" can encompass a broad spectrum of services provided to persons with HIV/AIDS. The study conducted by the Voinovich School primarily focused on the following aspects of HIV care:

- *Identifying inmates living with diagnosed cases of HIV/AIDS:* This study examines the procedures FSJs use to identify inmates who have existing diagnoses of HIV/AIDS.
- *HIV testing:* Survey and interview data were collected on HIV testing policies in FSJs. In particular, Voinovich School staff asked about the conditions under which HIV testing is available to inmates and whether inmates, jails, or other parties bear the cost of testing.
- *Medical care providers:* Voinovich School staff solicited information about the jail personnel. local specialists, and community organizations providing medical care to inmates living with HIV/AIDS.
- *Medical care:* Voinovich School staff collected data on various aspects of medical care for inmates living with HIV/AIDS, including HIV testing, genotype testing, initiation or continuation of antiretroviral therapy, and the monitoring of an inmate's condition (and comorbid conditions) over time.
- *Medications:* Voinovich School staff queried jail personnel about whether they provide HIV-related medications to inmates, whether they allow inmates to provide their own medications, how medications are obtained and administered, and the most common causes of medication interruptions.

- *Non-medical care:* Voinovich School staff asked FSJ personnel about the non-medical aspects of HIV care available to inmates, including HIV/AIDS education, case management, and counseling.

- *Other HIV policies:* Voinovich School staff also asked FSJ personnel about housing, transfer, and confidentiality policies relating to inmates living with HIV/AIDS, as well as about any HIV/AIDS education or training that non-medical personnel may have received.

- *Community Linkage:* Voinovich School staff gathered data to provide a picture of the extent to which FSJs have established relationships with community-based providers of HIV care.

- *Release planning:* Voinovich School staff asked the jail staff about any measures they or community organizations take to ensure that an inmate's HIV care continues after release. Release planning may include assistance with making follow-up appointments, establishing contact with community providers of HIV care, locating housing, and reapplying for insurance or other health benefits.

## *Methodology*

There were two sources of evidence for this report: interview information and survey data. Through the course of the project, interviews were completed for 55 jails and surveys were obtained for 56 jails. Five of the interviews were with respondents who were providing information for more than one jail in their county. Overall, information was obtained – either independent survey or interview data or a combination of both – for 65 FSJs.

*Interview Information.* For each interview, the research team utilized a standardized open-ended interview protocol. This protocol uses an interview guide to facilitate the discussion. The research team invited informants to participate in face-to-face interviews. If the point of contact at the FSJ declined to participate in a face-to-face interview, then the research team offered the option of participating in a telephone interview. Throughout the report, when possible, *interview informant* is used to indicate that the source of the data is from an interview.

*Survey Data.* Each FSJ received a copy of the survey to complete via US Mail. If the research team had already made contact with an interview respondent, the survey was mailed directly to him or her. If no informant had been identified, the survey was mailed to the jail administrator. The cover letter accompanying the survey explained that the survey was voluntary and confidential. For those informants who had not returned the survey at the time they were interviewed, another copy of the survey was hand delivered to the informant at the time of the

interview. Respondents returned the survey to the Voinovich School using a postage-paid envelope. When possible, the term *survey respondent* is used to indicate that the data was derived from a survey.

## *Consortium One*

### *Overview*

Nine Consortium One respondents provided information for this report out of 14 Consortium One FSJs; eight respondents completed both the survey and the interview and one jail completed the survey only. This consortium is notable for having housed a higher average number of inmates living with HIV/AIDS in the last year as compared to other consortia in the state. Consortium One respondents report confidence in their ability to ensure that inmates rarely or never miss doses of HIV-related medications while in jail. They also report that the most challenging aspects of HIV care provision include finding undiagnosed cases of HIV/AIDS and paying for HIV-related medications.

### *Perceptions of HIV Care*

This section is divided into four tables, with each table followed by key points. The tables provide an overview of how the survey respondents in Consortium One perceived their strengths, challenges, and capacities related to caring for inmates living with HIV/AIDS. This information provides a context to help frame the rest of the report.

**Table 1.1.** Consortium One: Perceived Strengths Related to Caring for Inmates Living with HIV/AIDS

| **How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates with HIV/AIDS, how well do you think it would perform?)** *Note.* Higher mean scores indicate better perceived performance. | *M* | *SD* |
|---|---|---|
| Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (*n* = 9) | 4.3 | 0.9 |
| Providing HIV-related medications immediately when an inmate arrives at the jail, regardless of whether the inmate enters on a weekend or after business hours (*n* = 9) | 4.0 | 1.0 |
| Identifying inmates with HIV/AIDS when entering jail (*n* = 9) | 4.0 | 1.0 |
| Providing access to HIV specialists (*n* = 9) | 3.8 | 1.3 |
| Developing courses of treatment appropriate to an inmate's specific condition (*n* = 9) | 3.7 | 1.0 |
| Ensuring that inmates' HIV care continues after they are released from the jail (*n* = 9) | 3.6 | 0.9 |
| Keeping up-to-date with developments in the treatment of HIV/AIDS (*n* = 9) | 3.2 | 0.7 |
| Providing social work, counseling, education, or other types of non-medical services to inmates living with HIV/AIDS (*n* = 9) | 3.2 | 0.8 |
| Finding undiagnosed cases of HIV/AIDS among inmates (*n* = 9) | 2.4 | 1.2 |

- On average, Consortium One respondents perceived that their strengths related to caring for inmates living with HIV/AIDS are: (a) ensuring that inmates rarely or never miss doses of HIV-related medications while in jail; (b) providing HIV-related medications immediately when an inmate arrives at the jail, regardless of whether the inmate enters on a weekend or after business hours; and (c) identifying inmates living with HIV/AIDS.
- On average, Consortium One respondents perceived finding undiagnosed cases as an area where performance could be improved.
- On average, Consortium One respondents perceived that they do an *average* or better job with all of the listed aspects of HIV care (that is, the mean response for each item is above 3.0) except finding undiagnosed cases.

**Table 1.2.** Consortium One: Perceived Challenges Related to Caring for Inmates Living with HIV/AIDS

| **How challenging is it for your jail to provide the following components of HIV care?** *Note.* Higher mean scores indicate greater perceived challenge. | *M* | *SD* |
|---|---|---|
| Paying for HIV-related medications for inmates (*n* = 9) | 4.0 | 1.1 |
| Finding undiagnosed cases of HIV/AIDS among inmates (*n* = 9) | 4.0 | 1.0 |
| Providing counseling, education, or other types of non-medical treatment (*n* = 9) | 3.6 | 1.0 |
| Keeping up-to-date with developments in the treatment of HIV/AIDS (*n* = 9) | 3.6 | 0.9 |
| Paying for HIV testing for inmates (*n* = 9) | 3.4 | 1.4 |
| Providing access to HIV specialists (*n* = 8) | 3.4 | 1.1 |
| Ensuring that inmate's medical HIV care continues after they are released from the jail (*n* = 9) | 3.2 | 1.2 |
| Identifying inmates entering jail with HIV/AIDS (*n* = 9) | 3.1 | 1.1 |
| Developing courses of treatment appropriate to an inmate's specific health condition (*n* = 9) | 2.9 | 0.9 |
| Providing HIV-related medications within 24 hours after an inmate arrives at the jail, regardless of whether the inmate enters on a weekend or after business hours (*n* = 9) | 2.2 | 1.4 |
| Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (*n* = 9) | 2.1 | 1.3 |

- On average, Consortium One respondents perceived their greatest challenges to be paying for HIV-related medications and finding undiagnosed cases of HIV/AIDS. On average, Consortium One respondents perceived these two aspects of HIV care as *somewhat challenging.*
- On average, Consortium One respondents perceived that the least challenging aspects of HIV care for them are providing medications to inmates within 24 hours and ensuring that inmates rarely or never miss doses of their medications. Both of these components were perceived to be *not very challenging*.

**Table 1.3.** Consortium One: Factors Contributing to Challenges Related to Caring for Inmates Living with HIV/AIDS

| **When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?** *Note.* Higher mean scores indicate greater perceived frequency of challenge. | *M* | *SD* |
|---|---|---|
| Insufficient finances (*n* = 9) | 3.0 | 1.4 |
| Not enough time (*n* = 9) | 2.6 | 1.3 |
| Insufficient/inadequate health care space (*n* = 9) | 2.1 | 1.1 |
| Insufficient staffing (*n* = 9) | 1.8 | 0.7 |
| Jail's relationship with the community and elected officials (*n* = 9) | 1.4 | 0.5 |

- On average, Consortium One respondents perceived that none of the listed factors that may make HIV care challenging occurs *often* or *very often*.
- On average, Consortium One respondents perceived that insufficient finances *sometimes* cause challenges for them as they provide HIV care. This was the factor perceived to occur most frequently.
- On average, Consortium One respondents perceived that insufficient staffing and the jails' relationships with the community and elected officials *never* or *rarely* caused challenges for facilities providing HIV care.

**Table 1.4.** Consortium One: Overall Assessment of the Jails' Capacity to Care for Inmates Living with HIV/AIDS

| **Please indicate how strongly you agree or disagree with the following statements.** *Note.* Higher mean scores indicate greater agreement. | *M* | *SD* |
|---|---|---|
| Inmates at this jail have adequate access to HIV specialists. (*n* = 9) | 3.8 | 1.0 |
| Jail personnel are adequately trained to identify inmates who have HIV/AIDS. (*n* = 9) | 3.8 | 0.7 |
| We would like local organizations to be more involved in providing care for inmates with HIV. (*n* = 9) | 3.6 | 1.0 |
| Jail personnel are able to provide a course of HIV treatment tailored to each inmate's particular health condition. (*n* = 9) | 3.4 | 0.7 |
| This jail is taking full advantage of the local resources for HIV care for inmates. (*n* = 9) | 3.1 | 1.2 |
| Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. (*n* = 9) | 3.0 | 0.7 |
| Adequate release planning is provided to inmates with HIV/AIDS. (*n* = 9) | 2.9 | 1.2 |

- On average, Consortium One respondents reported that the jail's capacity to ensure that inmates have access to HIV specialists and identify inmates who enter the jail with a diagnosis of HIV/AIDS was above other forms of care.
- On average, Consortium One respondents perceived that the jail's lowest care capacity was for providing adequate release planning for inmates living with HIV/AIDS.

*HIV Statistics*

All participating jail staff in this consortium reported having housed inmates known to have HIV/AIDS in the last year. In fact, jails in this consortium housed the highest average number of inmates known to have HIV/AIDS in the state, mainly because one of the respondents reported housing 174 inmates living with HIV/AIDS in this time period. While there were some inconsistencies between the survey and interview responses to questions about this issue, it is possible to arrive at an estimate of the number of inmates known to have HIV/AIDS who were housed by Consortium One jails in the last year. The following figures are based on data from seven respondents[1]:

[1] Data from two jails were omitted because the numbers they provided in the survey and interview responses were inconsistent.

- Six respondents reported housing between 1-10 inmates living with HIV/AIDS in the last year.
- One jail reported housing 174 inmates living with HIV/AIDS in the last year.
- The average number of inmates known to have HIV/AIDS that were housed by participating jails in this consortium in the last year falls in the range of 26-29.[2]

*Identifying Inmates Living with HIV/AIDS (New and Diagnosed Cases)*

*Diagnosed cases.* As seen in Table 1.1, Consortium One respondents perceived that they do a *good* job of identifying those inmates who enter the jail already knowing that they have HIV/AIDS. The jail staff in Consortium One reported that they primarily rely on inmates to identify themselves as having HIV/AIDS and typically offer inmates more than one opportunity to self-identify. The opportunity for self-identification cited by most respondents was the initial screening, generally conducted by a corrections officer, which takes place as an inmate is booked into the facility. The second opportunity to self-identify is often to medical staff during a physical examination or medical intake procedure. Two respondents also mentioned that they perceive inmates may feel most comfortable reporting their HIV serostatus to mental health care workers at the jail. If an inmate does indicate that he or she has HIV/AIDS, most jail staff will contact the inmate's physician or pharmacy to request records and verify their HIV serostatus.

*New cases.* The survey and interview data provided by jail staff in this consortium occasionally conflicted with regard to HIV testing policies; one respondent's information was excluded because their survey and interview answers directly contradicted each other. Nonetheless, it is possible to get a broad picture of HIV testing in this consortium. It appears that HIV testing is generally not provided in at least three jails unless an inmate is involved in an altercation resulting in a possible exchange of bodily fluids. In at least one jail, all inmates are offered an HIV test, and there is no charge for the test. In the remaining jails, HIV testing is provided under certain conditions, typically when an inmate admits to risk behaviors associated with HIV/AIDS or has symptoms indicative of HIV/AIDS. In most cases, testing is paid for by the jail, though one respondent reported receiving testing services from the local health department and another reported that free, rapid testing is provided by the Care Alliance.[3]

When asked whether they felt it was their role to uncover undiagnosed health conditions in their inmates, slightly less than half of the respondents felt it was their role to uncover new conditions such as HIV/AIDS; slightly more than half indicated that it was not their role to do so.

[2] This number is expressed as a range because survey data were collected in the form of ranges.
[3] Care Alliance Health Center of Cleveland, Ohio. HIV care services are provided through the Access, Test, Link: Achieve Success program, which is funded through a Special Projects of National Significance grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration.

One interview informant noted having some concern about uncovering new cases of HIV/AIDS and initiating treatment, stating that if an inmate is not symptomatic they may not continue their medications once they leave the jail. In such a case, according to the respondent, "diagnosing the inmate and starting medications may do more harm than good."

*Availability of Trained or Knowledgeable Medical Care Personnel*

A variety of medical care professionals provide health care in Consortium One jails. All of the interview informants reported having a jail physician, and all but two reported having nursing staff in addition to the jail doctor. One of the informants reported having an infectious disease nurse on staff. In addition, two informants reported having a dentist, psychologist, or psychiatrist on staff. The average number of people on the jail medical staffs in this consortium is eleven, with a high of 45 and a low of one. Three quarters of the jails have medical staff at the jail on the weekends. Two jails provide around-the-clock medical care.

According to interview data for this consortium, all non-medical staff in Consortium One jails have, at minimum, received training in universal precautions. This training is typically provided by members of the jails' medical staff.

Some jails in this consortium also draw on community organizations to provide medical HIV care to inmates. Two of the survey respondents reported using services from the local health department, and four reported using local hospitals. The services provided by community organizations to these jails include HIV testing, medications for inmates while they are in jail, and release medications.

*Access to Specialists*

As described in the overview (Tables 1.1, 1.2, and 1.4), Consortium One respondents, on average, reported confidence in their abilities to provide access to specialty care for inmates living with HIV/AIDS. Over half of the interview informants reported that specialists design and monitor the medical treatment for inmates living with HIV/AIDS. Three quarters of the interview informants reported that inmates can be transported to these specialists. In one jail, the local health department helps arrange specialist care for inmates. In another, the Care Alliance provides case management services that connect inmates with specialist and other HIV care. Cleveland's University Hospitals system was the one provider of specialty care that was specifically named during the interview.

Despite the fact that many jail staff report having good relationships with HIV specialists, there were a small number of respondents in the consortium that reported great difficulty

providing specialty care to inmates. When asked how well the jail provides access to specialist care, one jail was listed as *poor*. When asked how challenging it is to provide specialist care, four respondents selected either *somewhat challenging* or *very challenging* (these answers account for half of the survey responses). Within one jail it was reported that the physician would recommend transferring an inmate to another jail if he or she had HIV/AIDS, so that the inmate could have access to necessary specialized care. Another interview informant noted that it "can be difficult to find specialists in the area who are willing to allow inmates in shackles into their waiting rooms."

As inmates approach release, they receive some assistance from Consortium One jails to ensure that their specialty care will continue. Respondents mentioned using Neighboring Mental Health Services,[4] the Care Alliance and a local health department to arrange follow up care for inmates living with HIV/AIDS. Most jails will remind inmates of their upcoming appointments, and two respondents noted that jail personnel are willing to make the appointments for inmates.

*Medications: While in Jail*

When taking into account both survey and interview data, only one Consortium One jail does not allow inmates to bring in their HIV medications. This jail provides HIV medications from a supply it keeps in-house. In the remaining jails, inmates are allowed to bring in their own medications or have family members or others provide medications for the duration of their stay. To verify that an inmate has a prescription for the medication(s) he or she is providing, most jail staff will call the pharmacy or the inmate's doctor to verify the prescription. Some jail personnel also noted that they will use pictures to verify the prescription and that the prescription needs to be in the original bottle with the original label. Formulary issues related to medications furnished by inmates were not mentioned as being problematic.

Two jail personnel reported keeping a supply of HIV/AIDS drugs in stock. One of these respondents noted that they have their own pharmacy open from 8 a.m. to 4 p.m., and it is stocked with common medicines including those for HIV/AIDS. Of those jails without a supply of HIV/AIDS medication where HIV/AIDS medication has had to be acquired in the past, it was reported to take up to 24 hours to obtain an inmate's medications *once the prescription has been verified*. In two of these cases, the jail physician had to approve the medication as well. None of the respondents in Consortium One reported that inmates wait more than 72 hours for medication.

One jail personnel in Consortium One noted that the cost of medications could impact the length of time an inmate is jailed, depending on the severity of the crime with which the inmate

[4] Neighboring Mental Health Services of Mentor, Ohio.

has been charged. In this case, members of the court system (i.e., judge, bailiff, etc.) are notified if an inmate's care is very costly. It is then up to the judicial system to decide if the inmate can be released or if their sentencing should be adjusted in some way.

*Medications: At Release or Transfer*

*Release.* Within most Consortium One jails release medications are provided to inmates living with HIV/AIDS. Only two respondents reported that release medication was not provided.[5] The amount of release medication provided varies. Two respondents reported providing a 14-day supply; two respondents reported providing roughly a week's worth of medications or the remainder of the supply already purchased for the inmate.

None of the interview respondents reported using funds under the Ryan White HIV/AIDS Program for release care, including release medications. Three of the respondents reported being aware of the funds but had not attempted to access them.

*Transfer*. Only two respondents in this consortium reported providing release medications when inmates are transferred to prisons. In both of these cases, inmates are first transferred to another jail before being sent to prison. Medication was never reported to have been sent with inmates who were transferred directly to prison. Some respondents indicated that prisons typically do not accept medications. To ensure continuity of care during transfer, most respondents in Consortium One report that an inmate's medical history is forwarded to the receiving facility via fax (on the day of transfer or the day before) or by sending the information in a sealed envelope with the inmate and transport deputy.

*Causes of Medication Interruptions*

*Medication administration.* In Consortium One, most medications are administered via two or three daily medication passes using a medical cart or pill lines. Five of the interview informants reported that corrections officers administer medications to inmates. Six informants reported that inmates must be directly observed taking medications; and two informants reported allowing some inmates to keep medications on their person.

*Reasons for medication interruption*. As described in the overview (Tables 1.1, 1.2, and 1.4), Consortium One respondents reported that, on average, they are confident in their abilities to ensure that inmates rarely or never miss doses of HIV-related medications while in jail. The interview informants reported that the most common causes of missed doses are inmate refusal

[5] Two jails were omitted from this calculation because contradictory survey and interview data were provided.

or absence from the jail (because of court dates or other approved activities), though informants noted that these are rare occurrences. Table 1.5 summarizes the responses of the survey respondents when asked about missed doses.

**Table 1.5.** Consortium One: Factors Contributing to Missed Doses of HIV-Related Medications

| **To the best of your knowledge, how often do the following situations cause an inmate to miss one or more doses of HIV-related medication?** *Note.* Higher mean scores indicate greater perceived frequency. | *M* | *SD* |
|---|---|---|
| Inmate is transferred between jails. (*n* = 9) | 2.6 | 1.2 |
| Inmate refuses medication. (*n* = 9) | 2.6 | 0.5 |
| Inmate cannot be depended upon to take medications at correct times. (*n* = 9) | 2.4 | 1.1 |
| HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (*n* = 9) | 2.3 | 1.1 |
| Inmate is transferred between jail and prison. (*n* = 9) | 2.3 | 1.2 |
| Inmate arrives at jail on weekend or after business hours. (*n* = 9) | 2.2 | 0.8 |
| Inmate is away from jail for court hearing or other approved activity. (*n* = 9) | 2.0 | 0.9 |
| No prescriber available to prescribe HIV-related medications. (*n* = 9) | 1.7 | 0.9 |
| Inmate's prescribed HIV-related medications are not on the jail's formulary. (*n* = 9) | 1.3 | 0.7 |
| Staff not able to monitor all doses of medications. (*n* = 9) | 1.1 | 0.3 |

- Mean scores for contributing factors range from 1.1 to 2.6, indicating that Consortium One respondents perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions (see Tables 1.1, 1.2, and 1.4).
- On average, Consortium One respondents reported that inmate refusal and transfer to another jail are the most common causes of missed doses of HIV medications, though they reported that these things happen *rarely* to *sometimes*. This is consistent with the interview data.

*HIV Policies and Procedures*

*Transfer policy.* Consortium One respondents reported that there is no difference in the transfer policy between inmates living with HIV/AIDS and inmates not known to have the illness. All inmates (incoming and outgoing) are transferred with a medical transfer sheet listing all pertinent medical information.

*Disclosure of HIV serostatus.* Three quarters of the interview informants reported that only medical staff are told of an inmate's HIV serostatus, though two of these informants noted that corrections officers are privy to this information because they are in the room when medical staff interact with inmates, or because corrections officers do the initial screening where some inmates may self-identify. Two informants reported that they disclose an inmate's HIV serostatus to non-medical jail personnel; one informant noted that this policy is because of the "tight quarters" in the jail. One informant also reported telling the county Health Department HIV coordinator when an inmate is identified as having HIV/AIDS.

*Segregation policy.* One Consortium One informant reported that their jail automatically segregates inmates living with HIV/AIDS from the general population. Four informants reported that their housing policy is to place the inmate in the general population. The remaining three interview informants reported that they allow inmates living with HIV/AIDS to request segregation or decide on an inmate's housing situation on a case-by-case basis.

### *Community Linkage*

Working relationships appear to be established between several Consortium One jails and community providers of HIV care. Cleveland University Hospitals, Neighboring Mental Health Services, the Care Alliance Health Center, and at least one local health department were specifically mentioned in the interviews as valued providers of HIV care. Survey respondents reported using local hospitals, local health departments, and "other" providers of HIV care for services such as release planning, non-medical HIV care, HIV testing, medications for inmates while they are in jail, release medications, and "other" HIV care services.

Despite the existence of these linkages, there are some jails in this consortium that appear to be relatively isolated from community providers of HIV care. One third of the survey respondents reported that they do not collaborate with any local organizations when it comes to providing HIV care for inmates.

### *Conclusion*

Consortium One is home to a variety of jails with a diversity of experience in managing issues related to HIV/AIDS. Some jails have housed large numbers of inmates known to have HIV/AIDS, while others have housed very few. Some jails have many community resources available, while other jails appear not to have access to these resources. On average, jails in this area enjoy good access to HIV specialty care and have staff confident in their ability to

administer HIV medications quickly and consistently. Many respondents reported some difficulty with diagnosing new cases of HIV/AIDS and that the primary limitation on their ability to provide HIV care stems from budget constraints.