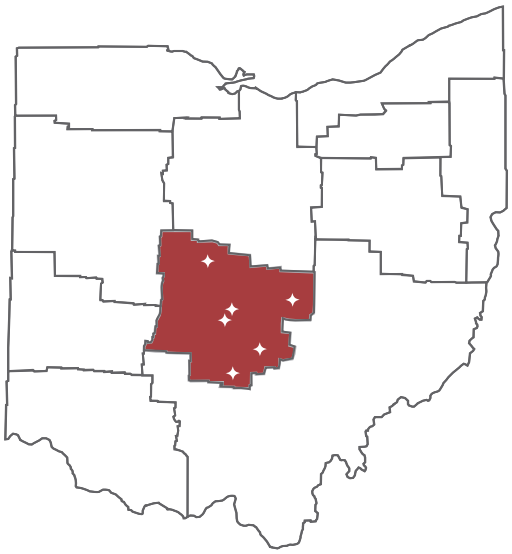
Columbus Region



Consortium Two is located in central Ohio and includes Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, and Union Counties. There are six jails in this consortium, two of which are in the Columbus area. All of the jails in this consortium are county-run facilities.

Participation rate: 100%

- All 6 jails (100 percent) in the consortium completed at least one component of the study.
- 5 jails (83 percent) completed interviews.
- 5 jails (83 percent) completed surveys.

Profile of participating jails

- 4 jails are large (200 or more beds) and 2 are small (less than 200 beds).
- All 6 of the jails are county jails.
- 2 of the jails are in the Columbus area; 4 are in rural counties.
- 1 of the jails is a managed care jail; the remaining 5 provide their own health care for inmates.

Participating Consortium Two jails

- Delaware County Jail
- Fairfield County Jail
- Franklin County Corrections Center
- Franklin County Jail
- Licking County Jail
- Pickaway County Jail

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 Two

Overview

Respondents from all six Consortium Two FSJs provided information for this report. Five completed interviews and five completed surveys. Two of these jails are located in the Columbus area and the remaining four are in rural counties. Consortium Two respondents are notable for a high degree of confidence in their ability to provide health care for inmates living with HIV/AIDS, specifically when it comes to identifying inmates with the illness. The most challenging aspect of HIV care perceived by the jail staff is ensuring continuity of care when inmates are released.

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 Two 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 2.1. Consortium Two: 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 living with HIV/AIDS, how well do you think it would perform?) *Note.* Higher mean scores indicate better perceived performance.	*M*	*SD*
Identifying inmates living with HIV/AIDS when entering jail (*n* = 5)	4.8	0.4
Developing courses of treatment appropriate to an inmate's specific condition (*n* = 5)	4.6	0.5
Providing access to HIV specialists (*n* = 5)	4.4	1.3
Keeping up-to-date with developments in the treatment of HIV/AIDS (*n* = 5)	4.4	0.5
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (*n* = 5)	4.2	0.4
Providing social work, counseling, education, or other types of non-medical services to inmates living with HIV/AIDS (*n* = 5)	4.2	0.4
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* = 5)	4.2	0.4
Finding undiagnosed cases of HIV/AIDS among inmates (*n* = 5)	3.2	1.3
Ensuring that inmates' HIV care continues after they are released from the jail (*n* = 5)	2.8	0.4

- On average, Consortium Two respondents perceived that their strengths related to caring for inmates living with HIV/AIDS are identifying inmates living with HIV/AIDS and developing courses of treatment appropriate to an inmate's specific condition.
- On average, Consortium Two respondents perceived that ensuring that inmates' HIV care continues after they are released from jail is an area where performance could be improved.
- On average, Consortium Two respondents perceived that they do an *average* to *excellent* job of all of the listed aspects of HIV care (i.e., the mean response for each item is above 3.0) with the exception of ensuring that inmates' HIV care continues after they are released from jail.

Table 2.2. Consortium Two: 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*
Ensuring that inmates' medical HIV care continues after they are released from the jail *(n* = 5)	4.2	1.1
Finding undiagnosed cases of HIV/AIDS among inmates *(n* = 5)	3.4	1.5
Keeping up-to-date with developments in the treatment of HIV/AIDS *(n* = 5)	3.0	1.2
Providing HIV-related medications within 24 hours after an inmate enters the jail, regardless of whether the inmate enters on a weekend or after business hours *(n* = 5)	2.8	1.6
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail *(n* = 5)	2.8	1.6
Paying for HIV testing for inmates*(n* = 5)	2.8	2.0
Providing access to HIV specialists *(n* = 5)	2.6	1.8
Developing courses of treatment appropriate to an inmate's specific health condition *(n* = 5)	2.6	0.9
Providing counseling, education, or other types of non-medical treatment *(n* = 5)	2.2	1.3
Paying for HIV-related medications for inmates *(n* = 5)	2.0	1.4
Identifying inmates entering jail with HIV/AIDS *(n* = 5)	1.8	0.4

- On average, Consortium Two respondents perceived that ensuring that inmates' medical care continues after release is their greatest challenge, which is consistent with the results in Table 2.1. This is the only HIV care component that was thought to be *somewhat challenging*.
- On average, Consortium Two respondents perceived that the least challenging components of HIV care provision are identifying inmates living with HIV and paying for HIV-related medications. These were perceived to be *not at all challenging* or *not very challenging*.

Table 2.3. Consortium Two: 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*
Not enough time *(n* = 5)	2.6	0.9
Insufficient staffing *(n* = 5)	2.4	1.1
Insufficient finances *(n* = 5)	1.6	1.3
Insufficient/inadequate health care space *(n* = 5)	1.6	1.3
Jail's relationship with the community and elected officials *(n* = 5)	1.4	0.5

- When asked about the factors that may cause challenges with caring for inmates living with HIV/AIDS, Consortium Two respondents perceived all of these factors to occur *never* to *rarely*.
- On average, Consortium Two respondents perceived the most frequent contributing factor to their HIV care challenges as being related to time.

Table 2.4. Consortium Two: 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*
We would like local organizations to be more involved in providing care for inmates living with HIV. *(n* = 5)	4.0	0.7
Inmates at this jail have adequate access to HIV specialists. *(n* = 5)	3.8	1.6
Jail personnel are able to provide a course of treatment for inmates living with HIV/AIDS that is tailored to each inmate's particular health condition. *(n* = 5)	3.6	1.7
This jail is taking full advantage of the local resources for HIV care for inmates. *(n* = 5)	3.6	1.7
Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. *(n* = 5)	3.6	0.5
Jail personnel are adequately trained to identify those inmates entering the facility who have HIV/AIDS. *(n* = 5)	3.2	1.8
Adequate release planning is provided to inmates living with HIV/AIDS. *(n* = 5)	3.0	1.2

- On average, Consortium Two respondents agreed that they would like local organizations to be more involved in providing care for inmates living with HIV.
- On average, the statement with which Consortium Two respondents were least in agreement with is, "adequate release planning is provided to inmates living with HIV/AIDS."

HIV Statistics

All of the participating jail personnel in this consortium reported that, at some point, they have housed an inmate known to have HIV/AIDS. When asked about the number of inmates known to have HIV/AIDS that they housed in the last year, the respondents gave the following answers:[1]

- Four respondents reported housing 1-10 inmates living with HIV/AIDS in the last year.
- The average number of inmates known to have HIV/AIDS that were housed by this consortium's participating jails falls in the range of 4-6.[2]

[1] The statistics are based on answers from four respondents. Data from two respondents were excluded because the jails have potentially duplicative tracking systems.
[2] The average is expressed as a range because survey data were collected in the form of ranges.

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

Consortium Two respondents reported that identifying cases of HIV does not present a problem for them, especially when it comes to identifying those inmates who have already been diagnosed with HIV/AIDS (see Tables 2.1 and 2.2). On average, respondents in Consortium Two stated they did a *good* to *excellent* job of identifying inmates living with HIV/AIDS and further stated that this component of HIV care was *not at all* to *not very challenging.* When it comes to finding *undiagnosed* cases of HIV/AIDS, Consortium Two respondents reported doing an *average* job.

Diagnosed cases. All of the survey respondents in Consortium Two primarily rely on inmates to self-identify that they have been diagnosed with HIV/AIDS, and most reported offering inmates more than one opportunity to do so. Typically, the first opportunity inmates have to self-identify is to the corrections officer at booking. The second opportunity inmates have to self-identify is often to medical staff during a physical examination or medical intake procedure. Most respondents reported offering inmates the opportunity to request to see medical staff through sick call and request cards, which give them another opportunity to self-identify. All respondents reported that staff at the jail verify an inmate's self-reported HIV serostatus. This typically involves contacting the inmate's physician and/or obtaining the inmate's medical records.

New cases. Only one jail in Consortium Two explicitly offers HIV testing to all inmates. In most jails, HIV testing is available upon inmates' request and is conducted if an inmate admits to risk factors, displays symptoms of the illness, or has potentially been exposed during an exchange of body fluids. None of the jails charge for the HIV testing. When interviewed, most informants in this consortium reported that they do not view it as their role to uncover new health conditions.

Availability of Trained or Knowledgeable Medical Care Personnel

A variety of medical care professionals provide health care in Consortium Two jails. All of the respondents reported having a jail physician and nurses (RNs and/or LPNs) on staff. Although none of the jails offer around-the-clock medical care, all jails have medical staff available during weekends. All non-medical employees in Consortium Two jails have received some type of HIV training. Two respondents reported that training is conducted by the jail medical staff and future trainings are anticipated. Four respondents expressed interest in continuing education in HIV care.

Two respondents in Consortium Two reported little to no community involvement in the provision of medical care for inmates living with HIV/AIDS. The remaining respondents

reported working with external agencies for both medical and non-medical care. (See Community Linkages section of this report.)

Access to Specialists

As described in the overview (Tables 2.1, 2.2, and 2.4), Consortium Two respondents, on average, reported confidence in their ability to provide access to specialty care for inmates living with HIV/AIDS. All respondents use HIV specialists to design and monitor HIV treatment. Respondents for all the FSJs in the Consortium also report that inmates are transported to HIV/AIDS specialists if necessary. However, one respondent reported that this was done only rarely because there are no specialists in the same county, and permission from the judge must be secured in order to transport an inmate over county lines. Another respondent noted that while inmates are transported to specialists in the Columbus area, it would be much easier if there were specialists in the county the jail is located in. The two facilities whose names were specifically mentioned as sources of specialty care were Grady Memorial Hospital[3] and Ohio State University Medical Center.[4]

Medications: While in Jail

When taking into account both survey and interview data, four of the six respondents representing FSJs in Consortium Two report that medications can be brought into the jail by inmates or their family members. Within the jails where medications are allowed to be brought in, there appear to be no problems with medications that are not on the jails' formularies, either because policy allows non-formulary medications or because the jail does not have an HIV formulary. To verify that an inmate has a prescription for the medication(s) they are providing, most jail staff will either call the pharmacy to verify the prescription or call the prescriber for verification.

For inmates not providing their own medications, it was reported that two jails have a supply of HIV/AIDS drugs in stock. Within most jails, it takes no more than 48 hours to provide inmates with such medications. Three of the interview informants mentioned that it takes more time to get medications if an inmate arrives after business hours or on a weekend. There were no respondents in Consortium Two that reported limitations within their respective jail on the types of HIV medications dispensed. Therefore, it does not appear as if cost affects medication choice. It was noted that for one jail in Consortium Two cost of medications does impact the length of time an inmate is jailed. 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.

[3] Grady Memorial Hospital of Delaware, Ohio.
[4] Ohio State University Medical Center, Infectious Diseases Clinic, of Columbus, Ohio.

Medications: At Release or Transfer

Release. When taking into account both survey and interview data, five of the six participating jail personnel in Consortium Two report that release medications are provided. Two respondents report that release medications are limited to the remainder of the supply purchased for the inmate. In other jails, the supply of release medications generally varies between three and seven days. Of the five jails where release medications are provided, one jail staff member reported that inmates sometimes refuse release medications. When asked about using funds under the Ryan White HIV/AIDS Program for release care, four respondents said that they had not heard about or attempted to apply for these funds.

Transfer. Four of the five interview informants in Consortium Two indicated that their respective jails would transfer inmates living with HIV/AIDS to prison. Two of these jails will send medication to the prison, and two do not. To ensure continuity of care during transfer, most interview informants in Consortium Two reported that an inmate's medical history is forwarded to the receiving facility by sending the information with the inmate and transport deputy or via fax.

Causes of Medication Interruptions

Medication administration. In Consortium Two, medications are administered via medication passes and are typically directly administered by nursing staff. Within all jails in Consortium Two, inmates are required to be directly observed while taking medications. Medications can be dispensed more than once a day when necessary.

Reasons for medication interruption. Generally speaking, Consortium Two respondents did not report medication interruption as a frequent occurrence. According to interview informants, the most common reason for missed doses is an inmate's refusal to get up for morning pass. Other reasons include jail errors and the inmate being away from jail at a court hearing or some other approved activity. All of the interview informants reported that these causes of missed doses occur infrequently.

As described in the overview (Tables 2.1, 2.2, and 2.4), Consortium Two survey respondents reported that, on average, they are confident in their ability to ensure that inmates rarely or never miss doses of HIV-related medications while in jail. However, providing HIV-related medications to an inmate immediately upon their arrival to the jail, including if the inmate enters on a weekend or after business hours, is reported, on average, to be somewhat of a challenge at Consortium Two jails. Table 2.5 provides survey information related to the factors contributing to missed doses of HIV-related medications and the frequency of these occurrences.

Table 2.5. Consortium Two: 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*
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. *(n* = 5)	2.8	1.1
Inmate refuses medication. *(n* = 5)	2.8	1.1
Inmate arrives at jail on weekend or after business hours. *(n* = 5)	2.6	0.5
Inmate is transferred between jail and prison. *(n* = 5)	2.6	0.5
Inmate is transferred between jails. *(n* = 5)	2.6	0.5
Inmate cannot be depended upon to take medications at correct times. *(n* = 5)	2.0	1.0
Inmate's prescribed HIV-related medications are not on the jail's formulary. *(n* = 5)	2.0	1.2
Inmate is away from jail for court hearing or other approved activity. *(n* = 5)	1.8	0.8
No prescriber available to prescribe HIV-related medications. *(n* = 5)	1.6	1.3
Staff not available to monitor all doses of medications. *(n* = 5)	1.2	0.4

- Mean responses for contributing factors range from 1.2 to 2.8, indicating that Consortium Two respondents perceived that missed doses of HIV-related medications are relatively rare. This is consistent with information obtained in other survey questions (see Tables 2.1, 2.2, and 2.4).

HIV Policies and Procedures

Transfer policy. Consortium Two respondents reported that there was no difference in the transfer policy for inmates living with HIV/AIDS. All inmates (incoming and outgoing) are transferred with a medical transfer sheet which discloses any pertinent medical information.

Disclosure of HIV serostatus. One respondent reported that nobody in the jail or court system is told about an inmate's HIV serostatus. One of the interview informants reported that the non-medical staff is notified about the inmate's health status in order to provide better care for the inmates, prevent potential threats and/or provide additional education/training to staff. One of the informants stated that they try not to pass information outside of the medical department, but they do report cases to their local health department.

Segregation policy. Generally, all Consortium Two respondents reported that inmates living with HIV/AIDS are maintained within the general population. One of the interview informants reported that segregation occurs when an inmate's medical condition requires the use of reverse isolation procedures[5], which has happened twice in seven years. According to one respondent, an inmate living with HIV/AIDS was transferred to the most secure jail block for the inmate's protection. This took place after other inmates learned from a TV program that the inmate was arrested for allegedly intentionally transmitting HIV to a woman who was unaware of his diagnosis.

Community Linkage

Consortium Two jails were not described as providers of non-medical services (i.e. counseling, case management, etc.) for inmates living with HIV/AIDS, but some were reported to draw on community organizations to provide these services to inmates. During the interviews, two informants reported using their local health department for HIV testing. Two informants reported using local AIDS task forces. One informant reported that the New Horizons Youth and Family Center[6] were used when arranging follow-up mental health care for inmates. The Consortium Two survey respondents provided roughly similar data. Two respondents reported that the local health department was utilized. Over half reported that the local hospitals and/or AIDS task forces were used. Only one respondent stated that the FSJ did not receive HIV care services from any local organizations.

When asked what particular aspects of HIV care these local organizations provide, most of the survey respondents reported non-medical HIV care such as counseling, education and release care (not including release medications). A smaller number of respondents indicated that HIV testing and HIV medications for inmates while they are in jail were provided.

Despite these linkages, Consortium Two jail personnel, on average, reported that they would like local organizations to be more involved in providing care for inmates living with HIV/AIDS (Table 2.4). When asked directly about the biggest gaps in HIV care in their facilities, one of the respondents emphasized the importance of community support and close interaction with local providers. As already mentioned, none of the interview informants had heard of, or attempted to access, Ryan White HIV/AIDS Program funds.

[5] In these cases inmates are isolated for their own protection because of their susceptibility to infection.
[6] New Horizons Youth and Family Center of Lancaster, Ohio.

Conclusion

Consortium Two respondents are confident of their ability to identify and care for inmates known to have HIV or AIDS. Paying for HIV medications is not considered to be a challenge to the respondents in this Consortium. Consortium Two respondents are not as confident in the ability to ensure continuity of medical care after inmates are released from jail. None of the respondents were familiar with Ryan White funding for medical services for inmates exiting the correctional system. While partnerships between HIV care service providers in the community and FSJs have been established, other respondents reported frustration with a lack of available local resources.

When asked for their concluding thoughts at the end of the interview, most Consortium Two respondents stressed the financial, medical and logistical challenges posed by HIV care. Some jail personnel indicated in the interview that they would welcome more information to increase HIV/AIDS awareness among both inmates and staff.