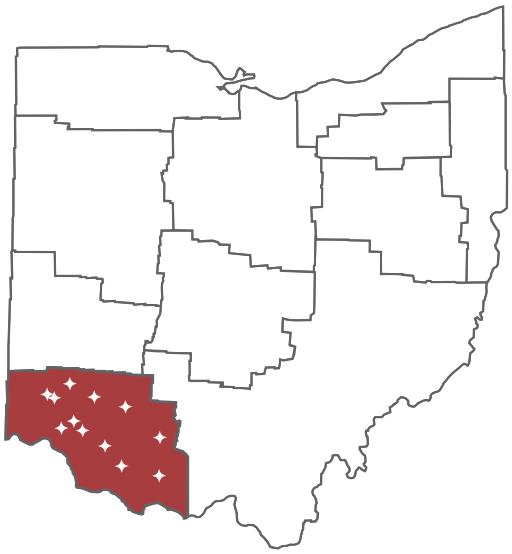
Cincinnati Region



Consortium Three is located in the southwest corner of Ohio and includes Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren Counties. The consortium is home to 12 Full Service Jails, three of which are located in the Cincinnati area. One of the jails is a city jail; the rest of the jails are county-run facilities.

Participation rate: 92%

- 11 of the 12 jails (92 percent) in the consortium completed at least one of the two components of the study.
- 8 jails (67 percent) completed interviews.
- 8 jails (67 percent) completed surveys.

Profile of participating jails

- 5 jails are large (200 or more beds) and 6 are small (under 200 beds).
- 1 jail is a city jail and the remaining 10 are county-run jails.
- 3 of the jails are in the Cincinnati area; the remaining 8 are in rural counties.
- 6 of the jails are managed care jails; 5 jails provide their own health care for inmates.

Participating Consortium Three jails

- Adams County Jail
- Butler County Correctional Complex
- Butler County Resolutions Complex
- Clermont County Jail
- Clinton County Jail
- Hamilton County Justice Center
- Highland County Jail
- Middletown City Jail
- Reading Road Talbert House
- Queensgate Correctional Facility
- Warren County Correctional Facility

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 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 Three

Overview

A total of eleven different Consortium Three jail personnel provided information for this report, out of twelve FSJs in the Consortium. Eight respondents completed surveys and eight informants completed interviews. Consortium Three is notable for the access to specialist care enjoyed by its jail staff. Respondents in this area reported that the most challenging aspects of HIV care provision include keeping up-to-date with current treatments for HIV/AIDS and ensuring continuity of care when an inmate is 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 Three 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 3.1. Consortium Three: 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*
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (*n* = 8)	4.5	0.5
Providing access to HIV specialists (*n* = 8)	4.0	1.4
Identifying inmates living with HIV/AIDS when entering jail (*n* = 8)	3.9	1.0
Developing courses of treatment appropriate to an inmate's specific condition (*n* = 8)	3.5	1.2
Finding undiagnosed cases of HIV/AIDS among inmates (*n* = 5)	3.4	1.1
Providing social work, counseling, education, or other types of non-medical services to inmates living with HIV/AIDS (*n* = 8)	3.1	1.6
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* = 8)	3.1	1.5
Keeping up-to-date with developments in the treatment of HIV/AIDS (*n* = 8)	2.4	1.3
Ensuring that inmates' HIV care continues after they are released from the jail (*n* = 8)	1.4	0.7

- On average, Consortium Three respondents perceived that their strengths related to caring for inmates living with HIV/AIDS are ensuring that inmates do not miss HIV-related medication while in jail and providing inmates with access to HIV specialists.
- On average, Consortium Three respondents perceived that keeping up-to-date with developments in the treatment of HIV and ensuring that inmates' HIV care continues after release are areas where performance could be improved. Release care is the only area for which Consortium Three respondents perceived their performance as *poor*.
- On average, Consortium Three respondents reported that they do an *average* to *excellent* job of all of the listed aspects of HIV care (that is, the mean response for each item is above 3.0) with the exception of keeping up-to-date with developments in the treatment of HIV and ensuring that HIV care continues after release.

Table 3.2. Consortium Three: 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* = 6)	4.3	1.6
Finding undiagnosed cases of HIV/AIDS among inmates *(n* = 8)	3.8	1.2
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* = 8)	3.6	1.6
Keeping up-to-date with developments in the treatment of HIV/AIDS *(n* = 8)	3.5	1.1
Paying for HIV related medications for inmates *(n* = 5)	3.4	1.7
Providing counseling, education, or other types of non-medical treatment *(n* = 6)	3.0	0.9
Developing courses of treatment appropriate to an inmate's specific health condition *(n* = 6)	2.8	0.8
Identifying inmates entering jail with HIV/AIDS *(n* = 8)	2.8	0.9
Paying for HIV testing for inmates *(n* = 8)	2.8	1.0
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail *(n* = 8)	2.5	1.7
Providing access to HIV specialists *(n* = 8)	2.4	1.3

- On average, Consortium Three respondents perceived their greatest challenges to be: (a) ensuring that inmates' medical care continues after release; (b) finding undiagnosed cases of HIV/AIDS; and (c) providing HIV-related medications immediately upon an inmate's arrival at the jail.
- On average, Consortium Three respondents reported that the least challenging components of HIV care provision are providing access to HIV specialists and ensuring that inmates rarely or never miss doses of HIV-related medications while in jail. Both of these components were perceived to be, on average, *not very challenging*.

Table 3.3. Consortium Three: 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* = 8)	3.0	1.7
Not enough time *(n* = 8)	2.9	1.2
Insufficient staffing *(n* = 8)	2.1	1.1
Jail's relationship with the community and elected officials *(n* = 8)	1.6	1.1
Insufficient/inadequate health care space *(n* = 8)	1.4	0.7

- When asked about the contributing factors related to the challenges jails may face when caring for inmates living with HIV/AIDS, Consortium Three respondents perceived all of these factors to occur *never* to *sometimes*.
- On average, Consortium Three respondents perceived the most frequent contributing factors to their HIV care challenges as stemming from shortages of money and time.

Table 3.4. Consortium Three: 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* = 8)	4.0	0.8
We would like local organizations to be more involved in providing care for inmates living with HIV. *(n* = 8)	3.5	0.8
Adequate release planning is provided to inmates living with HIV/AIDS. *(n* = 8)	3.0	1.6
Jail personnel are adequately trained to identify inmates who have HIV/AIDS. *(n* = 8)	3.0	0.5
Jail personnel are able to provide a course of HIV treatment tailored to each inmate's particular health condition. *(n* = 7)	3.0	1.0
This jail is taking full advantage of the local resources for HIV care for inmates. *(n* = 8)	2.9	1.2
Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. *(n* = 8)	2.3	1.3

- On average, Consortium Three respondents agreed that inmates have adequate access to HIV specialists.
- For most of the organizational capacity items, Consortium Three respondents, on average, responded *neutral*.
- On average, Consortium Three respondents reported the lowest perceived organizational capacity for taking advantage of local resources for inmate HIV care and keeping up-to-date on the latest medical and treatment options for HIV/AIDS.

HIV Statistics

In both the interview and the survey, Consortium Three jail personnel were asked how many inmates known to have HIV/AIDS they had housed in the last year. The following are their responses:

- Five respondents reported housing 1-10 inmates known to have HIV/AIDS in the last year.[1]
- One jail reported housing 11-25 inmates known to have HIV/AIDS in the last year.[2]

[1] Four jails were excluded from consideration because informants gave aggregate numbers (e.g. in counties with multiple jails). Data from another jail was excluded because the jail uses a potentially duplicative tracking system.
[2] Five jails were excluded from consideration. See above footnote for explanation.

- The average number of inmates known to have HIV/AIDS that were housed by participating Consortium Three respondents falls in the range of 2-5.[3]

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

Identifying cases of HIV (whether new or diagnosed), on average, is reported to be somewhat of a challenge for Consortium Three respondents (see Tables 3.1 and 3.2).

Diagnosed cases. According to respondents, all Consortium Three jails primarily rely on inmates to self-identify that they have been diagnosed with HIV/AIDS and most offer 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 report that inmates are offered the opportunity to request to see medical staff through sick call, which is another opportunity for an inmate to self-identify. Although most respondents in the consortium did not describe the steps taken to confirm HIV serostatus, two informants did explicitly state that there were policies and procedures in place to verify an inmate's HIV serostatus.According to both informants, verification typically involves calling the inmate's pharmacy to verify medications.

New cases. Only one respondent in Consortium Three reported that their respective jail explicitly offers HIV testing to all inmates. In this jail, a community organization[4] that provides a number of HIV/AIDS-related support services targeted to meet the needs of HIV-affected individuals conducts and pays for the testing. Of the remaining jails, three respondents noted that HIV testing is conducted only when court mandated. In two of these jails, the inmate's commissary fund is charged $15 for the test. Three jails conduct HIV testing if requested by the inmate; in two of those jails, a tax levy that provides health care to the indigent is the funding source for the testing.

Availability of Trained or Knowledgeable Medical Care Personnel

A variety of medical care professionals provide health care in Consortium Three jails. In the only two jails to have them, health care is provided exclusively by paramedics. Most of the jail personnel reported having a jail physician and nurses (CNPs, RNs, and/or LPNs) on staff. A few respondents reported having physician's assistants on staff. Most jails have medical staff

[3] N = 10; one respondent's responses were excluded because of a potentially duplicative tracking system. The number is expressed as a range because the survey data were collected in the form of ranges.
[4] STOP AIDS of Cincinnati, OH.

available around the clock, including weekends. The jails that do not have medical staff on-site at all times utilize an on-call system, so medical care is accessible at all times.

At a minimum, most employees (medical and non-medical staff) in Consortium Three jails are trained in universal precautions. Typically, this training occurs at hire or through the correctional officers' training academy. Additional training related to universal precautions is offered at a few jails to jail staff annually. Some of the respondents in Consortium Three indicated that they would be interested in continuing education related to HIV/AIDS if it were made available.

The interview informants reported drawing on a variety of community services to provide medical and non-medical care to inmates living with HIV/AIDS. Seven of the eight interview respondents reported that their respective jails use community mental health care providers. Six respondents reported that local infectious disease specialists are used. Four respondents reported that their jails draw on local health departments. The survey data corroborates this; only two of the eight survey respondents eported that no local organizations provide HIV care services to their inmates.

Access to Specialists

As described in the overview (see Tables 3.1, 3.2, and 3.4), Consortium Three respondents, on average, reported confidence in their abilities to provide access to specialty care for inmates living with HIV/AIDS. When needed, inmates from six jails in Consortium Three can utilize a specialty clinic[5] that provides medical services to individuals diagnosed with HIV/AIDS. Physicians at the clinic either manage the inmate's case exclusively, or work with the jail physician to manage the case. Another respondent reported that inmates are sent to HIV specialists but did not name the clinic. None of the survey respondents reported that genotype testing is provided.

Almost all respondents in the consortium reported that inmates are transported to HIV specialists if necessary. However, most respondents noted that transportation is sometimes a logistical challenge due to the length of time it takes to get to the clinic and the jail staff required to transport. One of the respondents reported that the Holmes Clinic is called for advice instead of transporting inmates there.

Most respondents in the Consortium perceived that accessing HIV/AIDS specialty care after release is the responsibility of the individual inmate. A few respondents noted that upon release, inmates are given information cards with the names and telephone numbers of local resources that may be helpful.

[5] The Holmes Clinic (Cincinnati, OH) is funded primarily through Ryan White HIV/AIDS Program funds.

Medications: While in Jail

When taking into account both survey and interview data, eight of the eleven participating respondents in Consortium Three report medications being allowed to be brought into the jail. It is important to note that the three jails respondents report not allowing medication to be brought in by inmates are located in a county which has a tax levy that provides health care to the indigent as a funding source for medications.

Within those jails that allow medications to be brought into the jail, most inmates are allowed to bring in their own medications or have family members or others provide medications for the duration of their stay. In one jail, the nurse provides telephone reminders to the inmate's family when a refill is necessary.

To verify that an inmate has a prescription for the medication(s) they are providing, the staff of most jails will call the inmate's pharmacy; a few respondents reported that the prescriber or clinic where the inmate is treated is called for verification. Most respondents noted that there were no formulary issues related to medications furnished by inmates. One respondent did note that inmates could not bring in opiates, methadone, or benzodiazepine.

For inmates not providing their own medications, only three respondents reported their jail keeps a supply of HIV/AIDS drugs in stock. These jails are located in a county which has a tax levy that provides health care to the indigent as a funding source for medications. Further, these jails have an established relationship with the Holmes Clinic where current clients receive a two-week supply of HIV/AIDS medication from the clinic while in jail. Another respondent in the consortium reported that, although they do not have HIV/AIDS medication in stock, a community agency (STOP AIDS) is helpful in accessing medications for inmates.

Respondents from jails without a stock supply of HIV/AIDS medication that has experience in acquiring HIV/AIDS medication, stated that it can take 24-48 hours to provide inmates with such medications. Respondents report that medication interruptions longer than 48 hours are more common for inmates who are from out of state or who have been treated in a Veteran's Administration facility because of delays in verifying inmates' health information.

There were no respondents in Consortium Three that reported limitations on the types of HIV medications dispensed. Therefore, it does not appear as if cost affects medication choice. Two respondents in Consortium Three noted that the cost of medications does impact the length of time an inmate is jailed. In both cases, 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, and under what conditions, the inmate can be released.

Medications: At Release or Transfer

Release. When taking into account both survey and interview data, respondents from four of the eleven participating FSJs in Consortium Three report that release medications are provided to inmates. Most release medications are limited to the remainder of the supply purchased for the inmate. It is important to note that three of the four respondents reporting that release medications are provided are located in a county that has a tax levy that provides health care to the indigent as a funding source for medications. From those jails that do provide release medications, three informants reported that inmates regularly neglect to pick up release medications: "[Inmates] just want out of jail and [they] won't wait for medications."

If the inmate has brought in his or her own supply of medications, most respondents in Consortium Three reported that the remaining supply would be provided to the inmate at the time of release. One respondent reported that providers will prescribe a 30-day supply of medications and will also provide contact information for a clinic and two churches in the area that provide financial assistance for medications.

Respondents in Consortium Three cited several reasons why release medications are not provided: budget constraints, liability, and providers' unwillingness to prescribe release medications. One respondent noted that licensing issues made it impossible to dispense medication outside of the jail.

None of the interview informants reported using funds under the Ryan White HIV/AIDS Program for release care. Three informants were aware of the funds available under the Act, but had not tried to access any available monies, and the remaining five respondents were not aware of the funds available through the Act. Also of interest, when asked to assess the jail's capacity for providing adequate release planning, the average rating for Consortium Three was *neutral*.

Transfer. Generally speaking, no inmates from Consortium Three jails are provided with medications when being transferred to prison. Consortium Three jails have a policy allowing medications that inmates bring in themselves to be transferred, but it does not allow medications purchased by the jail to be transfered. Three respondents noted that if an inmate is being transferred to the custody of the U.S. Marshalls, a three-day supply of medications is provided.

To ensure continuity of care during transfer, most respondents in Consortium Three reported 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 with the inmate and transport deputy. The jail personnel from a jail that only transfers to another jail in the consortium (i.e., does not transfer inmates to the prison system) did note that the nurse calls and faxes medical records in advance to ensure that inmates living with HIV/AIDS receive prompt medical attention.

Causes of Medication Interruptions

Medication administration. In Consortium Three, most medications are administered via medication passes conducted by jail nursing staff, and inmates in most jails must be directly observed taking medications. The number of medication passes ranges from one to three times daily. However, most respondents noted that they are equipped to handle more frequent medication passes if an inmate requires them.

Reasons for medication interruption. As described in the overview (see Tables 3.1, 3.2, and 3.4), Consortium Three respondents reported that, on average, they are confident in their abilities to ensure inmates rarely or never miss doses of HIV-related medications while in jail. However, providing HIV-related medications immediately when an inmate arrives at the jail, even if the inmate enters on a weekend or after business hours, is reported, on average, to be somewhat of a challenge according to Consortium Three respondents. Table 3.5 provides information related to the frequency of factors contributing to missed doses of HIV-related medications.

Table 3.5. Consortium Three: 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 arrives at jail on weekend or after business hours. *(n* = 8)	3.6	1.2
Inmate is transferred between jail and prison. *(n* = 7)	2.9	1.2
Inmate is transferred between jails. *(n* = 7)	2.7	0.5
Inmate's prescribed HIV-related medications are not on the jail's formulary. *(n* = 7)	2.7	1.5
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. *(n* = 7)	2.6	1.3
Inmate refuses medication. *(n* = 7)	2.6	1.3
No prescriber available to prescribe HIV-related medications. *(n* = 7)	2.3	1.0
Inmate cannot be depended upon to take medication at correct times. *(n* = 7)	1.9	1.5
Inmate is away from jail for court hearing or other approved activity. *(n* = 7)	1.6	1.0
Staff not able to monitor all doses of medications. *(n* = 7)	1.6	1.1

- Mean scores for contributing factors range from 1.6 to 3.6, indicating that Consortium Three respondents perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions (Tables 3.1, 3.2, and 3.4).
- Of all the contributing factors, the factor Consortium Three respondents, on average, perceived as most frequently contributing to missed doses was an inmate arriving at the jail on the weekend or after business hours.

Consortium Three respondents do not report medication interruption as a frequent occurrence. However, the primary non-offender related reasons for medication interruption were reported to occur as inmates are either entering or exiting the jail (i.e., intake and transfer). This could indicate that medication dispensation at transition points is perceived to be the most difficult to manage. Once an inmate is established at the jail, it appears that offender-related reasons for medication interruption are more common than non-offender related reasons for medication interruption, although still rarely reported.

HIV Policies and Procedures

Transfer policy. Consortium Three respondents reported that there was no difference in the transfer policies and procedures for inmates living with HIV/AIDS and those for inmates not known to have HIV/AIDS. All inmates (incoming and outgoing) are transferred with a medical transfer sheet which discloses any pertinent medical information.

Disclosure of HIV serostatus. Five of the eight interview informants did not answer the question pertaining to what members of the jail staff are told about the inmates' HIV/AIDS status. Of the three informants that did answer the question, two reported that the inmates' HIV/AIDS status was disclosed to "the doctor." The remaining informant reported that "medical staff do not officially tell correctional officers … but the correctional officers do the medical screening at booking … the medical staff mark the board with inmates' names as 'see remarks' for inmates living with HIV/AIDS."

Segregation policy. None of the interviewed Consortium Three informants reported that inmates living with HIV/AIDS are automatically segregated from the general population, though two respondents reported that inmates living with HIV/AIDS are offered segregation or are allowed to request segregation. Jail personnel reported the following factors that influence segregation: physician request, inmate request, and determination that the inmate is contagious or susceptible to contagion (e.g., open sores).

Community Linkage

Consortium Three jails were not described by respondents as providers of non-medical services (i.e., counseling, case management, etc.) for inmates living with HIV/AIDS. However, almost all of the jails are partnered with community mental health centers for counseling services, and some work with local health departments for HIV education and testing. As mentioned, only two of the survey respondents reported that "no local organizations provide HIV care services to our inmates living with HIV/AIDS."

Consortium Three respondents, on average, reported that their respective jail was not taking full advantage of local resources for HIV care for inmates (Table 3.4). This is interesting in light of the partnerships described in the interviews, such as those with community mental health centers, local health departments, and community organizations such as the Holmes Clinic and STOP AIDS.

Conclusion

Some of the respondents in the consortium expressed frustration with the prescription verification process, stating that inmates sometimes give them false information and that slow responses from private providers and VA clinics can increase the time it takes to obtain an inmate's medications. However, once an inmate's medication is obtained, the jail respondents in Consortium Three are confident in their ability to administer the medication with minimal or no missed doses. They are not as confident in their ability to provide release care to inmates, in part because several of the respondents in the consortia view this as the responsibility of the inmate and not the jail. While the desire for more collaboration with community organizations was expressed, established relationships between Consortium Three jails and Holmes Clinic and local HIV care providers are notable. Respondents in the consortium also expressed a desire to become more current on the latest treatments for HIV/AIDS. A couple of respondents explicitly asked for educational materials, both for jail staff and inmates.