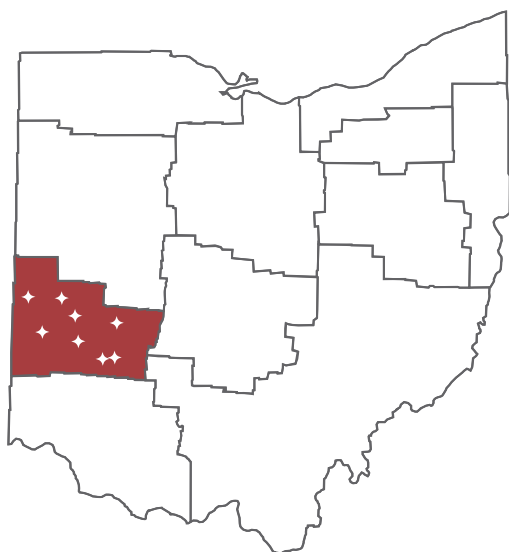


CONSORTIUM FOUR:

Dayton Region



Consortium Four is located in western Ohio and includes Clark, Darke, Greene, Miami, Montgomery, and Preble Counties. The consortium is home to eight Full Service Jails, one of which is located in the Dayton area. All of the jails in this consortium are county-run facilities.

Participation rate: 88%

- 7 of the 8 jails (88 percent) in the consortium participated in at least one component of the study.
- 7 jails (88 percent) completed interviews.
- 7 jails (88 percent) completed a survey.

Profile of participating jails

- 4 jails are large (200 or more beds) and 3 are small (less than 200 beds).
- All 7 of the jails are county-run.
- 1 jail is in the Dayton area; the remaining 6 jails are in rural counties.
- 4 of the jails are managed care jails; the other 3 jails provide their own health care for inmates.

Participating Consortium Four jails

- Clark County Jail
- Darke County Correctional Facility
- Greene County Adult Detention Center
- Greene County Jail
- Miami County Incarceration Facility
- Miami County Jail
- Montgomery 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 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 Four

Overview

Information was provided for seven of the eight Consortium Four respondents FSJs for this report. Respondents from all seven jails completed both an interview and a survey. All of the jails are county-operated facilities. Consortium Four is notable for the access to HIV specialists that it enjoys. Respondents in this area reported that one of the most challenging aspects of HIV care provision is 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 Four 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 4.1. Consortium Four: 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?) <i>Note.</i> Higher mean scores indicate better perceived performance.	<i>M</i>	<i>SD</i>
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (<i>n</i> = 7)	4.6	0.5
Providing access to HIV specialists (<i>n</i> = 7)	4.6	0.5
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 (<i>n</i> = 7)	4.3	1.1
Developing courses of treatment appropriate to an inmate's specific condition (<i>n</i> = 7)	4.0	0.6
Identifying inmates living with HIV/AIDS when entering jail (<i>n</i> = 7)	3.9	0.4
Keeping up-to-date with developments in the treatment of HIV/AIDS (<i>n</i> = 7)	3.7	0.8
Finding undiagnosed cases of HIV/AIDS among inmates (<i>n</i> = 7)	3.6	0.8
Providing social work, counseling, education, or other types of non-medical services to inmates living with HIV/AIDS (<i>n</i> = 7)	3.3	0.8
Ensuring that inmates' HIV care continues after they are released from the jail (<i>n</i> = 7)	3.0	0.8

- On average, Consortium Four 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 Four respondents perceived ensuring that inmates' HIV care continues after they are released from jail as an area where performance could be improved.
- On average, Consortium Four respondents reported that they do an *average to excellent* job with all of the listed aspects of HIV care (i.e., the mean score for each item is above 3.0).

Table 4.2. Consortium Four: 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? <i>Note.</i> Higher mean scores indicate greater perceived challenge.	<i>M</i>	<i>SD</i>
Ensuring that inmates' medical HIV care continues after they are released from the jail (<i>n</i> = 7)	4.4	0.8
Finding undiagnosed cases of HIV/AIDS among inmates (<i>n</i> = 7)	3.6	0.5
Paying for HIV-related medications for inmates (<i>n</i> = 7)	3.6	1.1
Identifying inmates entering jail with HIV/AIDS (<i>n</i> = 7)	3.4	1.0
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 (<i>n</i> = 7)	3.1	0.9
Keeping up-to-date with developments in the treatment of HIV/AIDS (<i>n</i> = 7)	3.1	0.7
Paying for HIV testing for inmates (<i>n</i> = 7)	3.1	1.1
Providing counseling, education, or other types of non-medical treatment (<i>n</i> = 7)	3.0	0.8
Developing courses of treatment appropriate to an inmate's specific health condition (<i>n</i> = 7)	2.9	0.9
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (<i>n</i> = 7)	2.7	1.1
Providing access to HIV specialists (<i>n</i> = 5)	2.2	0.8

- On average, Consortium Four respondents perceived that ensuring that inmates' HIV care continues after they are released from jail is their greatest challenge, which is consistent with the results in Table 4.1. This was the only component given a mean score over 4.0 (which indicates that the respondents perceive this to be *somewhat challenging*).
- On average, Consortium Four 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 *not very challenging*.

Table 4.3. Consortium Four: 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? <i>Note.</i> Higher mean scores indicate greater perceived frequency of challenge.	<i>M</i>	<i>SD</i>
Insufficient finances (<i>n</i> = 7)	3.1	1.3
Not enough time (<i>n</i> = 7)	3.0	1.3
Insufficient staffing (<i>n</i> = 7)	2.9	1.1
Insufficient/inadequate health care space (<i>n</i> = 7)	2.7	1.3
Jail's relationship with the community and elected officials (<i>n</i> = 7)	2.1	0.7

- When asked about the factors that may make HIV care challenging, Consortium Four respondents perceived all of these factors to occur *rarely* to *sometimes*.
- On average, Consortium Four respondents reported that insufficient finances most often contribute to the challenging nature of HIV care.

Table 4.4. Consortium Four: 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. <i>Note.</i> Higher mean scores indicate greater agreement.	<i>M</i>	<i>SD</i>
Inmates at this jail have adequate access to HIV specialists. (<i>n</i> = 7)	4.3	0.8
This jail is taking full advantage of the local resources for HIV care for inmates. (<i>n</i> = 7)	3.9	0.7
We would like local organizations to be more involved in providing care for inmates living with HIV. (<i>n</i> = 7)	3.7	0.5
Jail personnel are adequately trained to identify those inmates entering the facility who have HIV/AIDS. (<i>n</i> = 7)	3.4	0.5
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. (<i>n</i> = 7)	3.4	1.0
Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. (<i>n</i> = 7)	3.1	0.9
Adequate release planning is provided to inmates living with HIV/AIDS. (<i>n</i> = 7)	3.0	0.6

- On average, Consortium Four respondents agreed that inmates have adequate access to HIV specialists; five out of seven respondents also selected *agree* for the statement “this jail is taking full advantage of the local resources for HIV care for inmates.”
- Consortium Four respondents, on average, perceived that release planning is an area of HIV care that could be improved. This is consistent with the information in Table 4.2.

HIV Statistics

While all of the participating Consortium Four respondents reported that, at some point in their jail’s history, inmates known to have HIV/AIDS have been housed, it was not possible to get a clear picture of the number of inmates living with HIV/AIDS these jails housed in the last year. Only two respondents provided data that could be included in the calculations necessary to determine this figure.¹ One of these respondents reported that 1-10 inmates known to have HIV/AIDS in the last year had been housed; the report from the other jail included three inmates known to have HIV/AIDS in the last year.

¹ Data from five respondents were excluded because the informants provided only aggregate numbers for multiple jails, because the numbers were from potentially duplicative tracking systems, or because the respondent provided contradictory survey and interview data.

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

Consortium Four respondents reported that identifying cases of HIV/AIDS (whether new or diagnosed), on average, can pose a challenge (see Tables 4.1 and 4.2).

Diagnosed cases. According to all the respondents, Consortium Four jails primarily rely on inmates to self-identify that they have 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. Another opportunity inmates have to self-identify is often to medical staff during a physical examination or medical intake procedure. Most respondents reported that inmates were offered the opportunity to request to see medical staff through sick call, which is another opportunity for an inmate to self-identify. Some respondents emphasized that inmates can self-identify anytime during their incarceration. All jails, according to respondents, in the Consortium take steps to confirm an inmate's HIV serostatus. This includes getting medical records, contacting previous care providers, and checking with an inmate's pharmacy.

New cases. All of the respondents indicated that they *might* provide HIV testing under certain conditions (e.g., if testing is court mandated, if an inmate has symptoms of HIV/AIDS, if there is an exchange of bodily fluids, or if an inmate admits to risk factors associated with HIV/AIDS). Despite this, in none of the Consortium Four jails is HIV testing explicitly offered to all inmates. Across all the jails, within only three is HIV testing routinely available upon request. It should be noted that these are the only three jails in the consortium for which HIV testing services are provided by the local health departments. Only one informant reported that inmates are charged for HIV testing, but did not specify the amount charged.

Availability of Trained or Knowledgeable Medical Care Personnel

A variety of medical care professionals provide health care in Consortium Four jails. All respondents reported having a doctor on the staff. The average number of individuals reported on a jail medical staff in this consortium is seven, with a high of 30 and a low of four. Only one interviewed informant reported that around-the-clock medical care was provided, including weekends, though almost all Consortium Four respondents reported that medical care was available during some weekend hours. Within three of the seven jails, non-medical jail staff have received some kind of HIV/AIDS training, which is typically conducted by either the jail medical staff or the Corrections Academy.

Access to Specialists

As described in the overview (see Tables 4.1, 4.2, and 4.4), Consortium Four respondents, on average, reported confidence in their abilities to provide access to specialty care for inmates living with HIV/AIDS. Four of the interview informants reported that HIV specialists are used to design and monitor treatment for inmates living with HIV/AIDS; three respondents reported that this task is primarily done by their jail physician. Six of the respondents reported that an inmate would be transferred to a specialist if it were necessary. None of respondents reported any significant problems with treatment plans and specialist care for inmates living with HIV/AIDS. Several respondents said that there were good working relationships with specialists. Three respondents specifically mentioned that the Miami Valley Hospital² for infectious disease care was used.

Most inmates in this consortium are assisted as they arrange for continued specialty care in the community upon their release. Contact information for various groups are provided and some within some jails inmates are helped to schedule doctor's appointments. This assistance with release planning can include non-medical aspects of HIV care as well.

Medications: While in Jail

When taking into account both survey and interview data, all jails in Consortium Four allow medications to be brought in. Three respondents reported that medications were allowed for the entire duration of the inmate's stay. The remaining respondents did not specify how long medications are allowed to be brought in from the outside. Three of the respondents noted that non-formulary medications were allowed in their respective jails. There are no HIV formularies in three jails. To verify that an inmate has a prescription for the medication(s) they are providing, within most jails the staff will call the inmate's pharmacy; a few respondents that the prescriber or clinic where the inmate has been treated for verification is called.

For inmates not providing their own medications, only three respondents reported that supplies of HIV/AIDS drugs are kept in stock. For jails that do not keep a supply of drugs, arrangements to obtain HIV/AIDS medications from pharmacies must be made. Most respondents stated that it can take up to 72 hours to provide inmates with such medications. Two respondents reported that medication interruptions longer than 72 hours could occur because of the time it takes to verify an inmate's prescription, especially when dealing with private physicians.

There were no respondents in Consortium Four that reported limitations enforced on the types of HIV medications dispensed. Therefore, it does not appear as if cost affects medication

² Miami Valley Hospital of Dayton, Ohio.

choice. None of the interview informants in Consortium Four reported that the cost of medications has an impact on the length of time an inmate is jailed.

One of the interview informants specifically mentioned that they would like Ohio Department of Health to provide more assistance regarding HIV/AIDS medications. One informant reported that inmates who become incarcerated are dropped from the Ryan White HIV/AIDS program and lose their eligibility for medications. The inmates then have to go through the application process again when they are released. The informant from this jail expressed the hope that this could be changed.

Medications: At Release or Transfer

Release. As with questions about HIV statistics, queries regarding release medications yielded conflicting results in Consortium Four's surveys and interviews. One possible reason for these inconsistencies may be a lack of established policies regarding release medications for inmates living with HIV/AIDS. The only two respondents providing consistent answers reported that release medications were not provided. One of the respondents from a jail that does not provide release medication noted that inmates are referred to medical providers. The survey results indicate that most common reasons for not providing release medications are: (a) lack of funds; (b) risk of potential liability; and (c) not being given enough notice of an inmate's pending release.

Transfer. Generally speaking, no Consortium Four jail will provide medications for inmates being transferred to prison. As one of the respondents noted, prisons typically do not accept outside medications. To ensure continuity of care during transfer, most respondents in Consortium Four 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. Two respondents noted that the health care manager calls in advance to advise the receiving prison medical staff if an incoming inmate has a serious condition such as HIV/AIDS.

Causes of Medication Interruptions

Medication administration. In Consortium Four, most medications are administered via medication passes, typically by nursing staff. Within all Consortium Four jails, inmates are required to be directly observed while taking medications. The number of medication passes ranges from two to four times per day. One of the respondents noted that they allow some inmates to keep their medications on their person.

Reasons for medication interruption. As described in the overview (see Tables 4.1 and 4.2), Consortium Four 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. Table 4.5 summarizes the survey information regarding missed doses of medication.

Table 4.5. Consortium Four: 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?	<i>M</i>	<i>SD</i>
<i>Note.</i> Higher mean scores indicate greater perceived frequency.		
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (<i>n</i> = 7)	3.3	0.8
Inmate refuses medication. (<i>n</i> = 7)	2.7	1.0
Inmate is transferred between jail and prison. (<i>n</i> = 7)	2.6	0.5
Inmate cannot be depended upon to take medications at correct times. (<i>n</i> = 7)	2.4	1.1
Inmate is away from jail for court hearing or other approved activity. (<i>n</i> = 7)	2.1	0.9
Inmate arrives at jail on weekend or after business hours. (<i>n</i> = 7)	2.0	0.0
Inmate is transferred between jails. (<i>n</i> = 7)	2.0	0.8
No prescriber available to prescribe HIV-related medications. (<i>n</i> = 7)	1.7	1.1
Inmate's prescribed HIV-related medications are not on the jail's formulary. (<i>n</i> = 7)	1.6	1.1
Staff not able to monitor all doses of medications. (<i>n</i> = 7)	1.3	0.5

- Mean scores for contributing factors range from 1.3 to 3.3, indicating that Consortium Four respondents perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions (see Tables 4.1 and 4.2).
- On average, Consortium Four respondents perceived that a delay in verifying an inmate's prescription because of HIPAA regulations (or private care providers' misunderstanding of HIPAA regulations) was the most frequent cause of missed doses of HIV medications. This is consistent with the interview data. One interview informant specifically asked that private care providers be educated about how HIPAA applies to jail inmates.
- Consortium Four respondents, on average, reported that inmate refusal was the second-most common factor contributing to missed doses, though they said this happens *rarely*. The interview data corroborate this: the most common reason for missed doses given by interview respondents was inmate refusal, particularly at the morning medication pass,

though informants stressed that inmate refusal does not occur often with HIV medications.

HIV Policies and Procedures

Non-medical services. The results of the survey indicate that Consortium Four respondents reported that they do an *average* job providing non-medical HIV care (see Table 4.1). Several of the interview respondents specifically noted that mental health counseling, substance abuse counseling, parenting classes, and religious services are provided to inmates. It should be noted that none of these services appears to be specifically tailored to inmates living with HIV/AIDS, but instead are general services to which all inmates, including those with HIV/AIDS, have access.

Transfer policy. The interviewed Consortium Four respondents reported no difference in either the transfer policy or the transfer procedure for inmates diagnosed with HIV/AIDS as compared to inmates not known to have HIV/AIDS.

Disclosure of HIV serostatus. Six respondents noted that only members of medical staff are told about an inmate's HIV serostatus. One of the respondents reported that this information is disclosed to both medical and non-medical staff.

Segregation policy. Most of the Consortium Four respondents reported that the jail's policy is to place inmates living with HIV/AIDS in the general population. One respondent noted that inmates living with HIV/AIDS could request segregation. No respondents reported that inmates living with HIV/AIDS were automatically segregated.

Community Linkage

Most Consortium Four respondents reported that their jails work with local health departments to provide HIV care to inmates. A small number of respondents also reported that local hospitals and "other" local resources are used. Only two of the survey respondents reported that no local organizations at all provide HIV care services to inmates. The services offered by community organizations include HIV testing, HIV education, non-medical HIV care (such as counseling), HIV medications, and release planning.

While almost three quarters of the survey respondents reported that their jail is taking full advantage of local resources for inmate HIV care, the same number of respondents indicated that they would prefer local organizations to be more involved in providing care for inmates living with HIV/AIDS (see Table 4.4). When asked directly about their biggest needs for HIV care, one

of the informants reported that they need "... community care because inmates get better care in jail than on the street." Although some respondents have heard of Ryan White HIV/AIDS Program funds for release care, only one of the interview informants reported that these funds had been applied for and received.

Conclusion

Inconsistent data made it difficult to determine the average caseload of inmates living with HIV/AIDS in this consortium's jails. Both survey and interview data indicate that Consortium Four respondents are confident in their ability to identify and care for inmates diagnosed with HIV/AIDS. In fact, during interviews, several respondents reported that the ability to provide high quality health care is one of their jail's strengths.

Like many jails, jail personnel in Consortium Four reported that the financial cost of HIV care can be burdensome. Consortium Four respondents, while reporting good access to HIV specialists, reported that they would like more community involvement in HIV care. Perhaps because of both these factors (finances and a reported lack of community resources) ensuring continuity of medical care after inmates are released remains a big challenge for many Consortium Four jails. When asked about the biggest gaps in HIV care in their facilities, many respondents cited lack of funding, complicated prescription verification processes, and a lack of community involvement in HIV care.