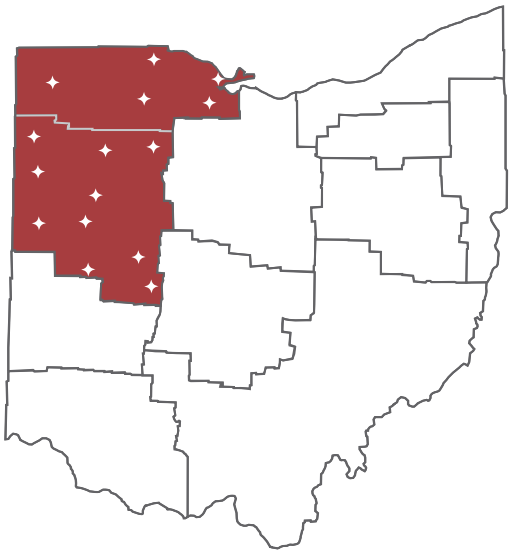
Toledo and Lima Regions



Consortia 5 and 9A are located in western and northwestern Ohio. Consortium 5 includes Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Williams, and Wood Counties. Consortium 9A includes Allen, Auglaize, Champaign, Hancock, Hardin, Logan, Mercer, Paulding, Putnam, Shelby, and Van Wert Counties. Because of the relatively low number of jails in these consortia, jails in these adjoining areas are analyzed together. The combined consortia are home to 14 Full Service Jails, two of which are regional jails.

Participation rate: 71%

- 10 of the 14 jails (71 percent) in the consortia participated in at least one component of the study.
- 9 jails (64 percent) completed interviews.
- 8 jails (57 percent) completed a survey.

Profile of participating jails

- 2 jails are large (200 or more beds) and 8 are small (less than 200 beds).
- 2 of the jails are regional jails; the other 8 jails are run by their home counties.
- 1 jail is in the Toledo area; the remaining 9 jails are in rural counties.
- 2 of the jails are managed care jails; the other 8 jails provide their own health care for inmates.

Participating Consortium 5 and 9A jails

- Auglaize County Jail
- Corrections Center of Northwest Ohio
- Hancock County Justice Center
- Logan County Jail
- Lucas County Corrections Center
- Mercer County Jail
- Putnam County Adult Detention Facility
- Shelby County Jail
- Tri-County Regional Jail
- Wood 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.

Consortia 5 and 9A

Overview

For confidentiality reasons, findings from Consortia 5 and 9A are combined in this report. A total of ten respondents provided information for this report; three respondents from Consortia Five and seven respondents from 9A. The total number of jails with Consortia 5 and 9A is fourteen. All but one of the participating jails is located in a rural county. A total of nine interviews and eight surveys were completed with representatives of jails from the consortia. Respondents in these areas reported that the most challenging aspects of HIV care provision include paying for HIV- related medications and finding undiagnosed cases.

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 Consortia 5 and 9A 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 5.1. Consortia 5 and 9A: 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*
Developing courses of treatment appropriate to an inmate's specific condition (*n* = 8)	4.3	1.5
Providing access to HIV specialists (*n* = 8)	4.3	1.5
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (*n* = 8)	4.0	1.4
Providing social work, counseling, education, or other types of non-medical services to inmates living with HIV/AIDS (*n* = 8)	4.0	1.4
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* = 8)	3.8	1.6
Keeping up-to-date with developments in the treatment of HIV/AIDS (*n* = 8)	3.6	1.3
Identifying inmates living with HIV/AIDS when entering jail (*n* = 7)	3.3	1.7
Ensuring that inmates' HIV care continues after they are released from the jail (*n* = 8)	3.1	1.2
Finding undiagnosed cases of HIV/AIDS among inmates (*n* = 7)	3.0	1.2

- On average, Consortia 5 and 9A respondents perceived that their strengths related to caring for inmates living with HIV/AIDS are developing courses of treatment appropriate to an inmate's specific condition and providing inmates with access to HIV specialists.
- On average, Consortium 5 and 9A respondents reported that they do an *average* to *excellent* job with all of the listed aspects of HIV care (that is, the mean response for each item is above 3.0). There are no aspects of care that Consortia 5 and 9A respondents considered themselves to be *fair* or *poor* at performing.
- On average, the aspect of HIV care receiving the lowest response by Consortia 5 and 9A respondents was finding undiagnosed cases of HIV/AIDS.

Table 5.2. Consortia 5 and 9A*:* 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* = 8)	3.6	1.5
Finding undiagnosed cases of HIV/AIDS among inmates *(n* = 8)	3.6	1.1
Ensuring that inmates' medical HIV care continues after they are released from the jail *(n* = 8)	3.5	0.9
Identifying inmates entering jail with HIV/AIDS *(n* = 8)	3.4	0.9
Paying for HIV testing for inmates *(n* = 8)	3.0	1.8
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)	2.9	1.2
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail *(n* = 8)	2.5	1.2
Providing counseling, education, or other types of non-medical treatment *(n* = 8)	2.5	1.2
Keeping up-to-date with developments in the treatment of HIV/AIDS *(n* = 8)	2.5	1.2
Providing access to HIV specialists *(n* = 7)	2.4	1.4
Developing courses of treatment appropriate to an inmate's specific health condition *(n* = 8)	2.4	1.3

- There were no aspects of HIV Care that Consortia 5 and 9A respondents rated, on average, as *somewhat* or *very challenging*.
- On average, Consortia 5 and 9A respondents perceived their greatest challenges as: (a) paying for HIV related medications; (b) finding undiagnosed cases of HIV/AIDS; and (c) ensuring that inmates' medical care continues after they are released.
- On average, Consortia 5 and 9A respondents reported that the least challenging components of HIV care provision are providing access to HIV specialists and developing courses of treatment appropriate to an inmate's specific health condition. Both of these components were perceived to be *not very challenging*.

Table 5.3. Consortia 5 and 9A: 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)	3.1	1.8
Not enough time *(n* = 8)	3.0	1.8
Insufficient/inadequate health care space *(n* = 8)	2.4	1.9
Insufficient staffing *(n* = 8)	2.0	1.5
Jail's relationship with the community and elected officials *(n* = 8)	2.0	1.4

- Consortium 5 and 9A respondents, on average, reported that none of the listed factors that contribute to the challenges of HIV care occurs *often* or *very often*.
- On average, Consortia 5 and 9A respondents perceived shortages of money and time to be the most frequently occurring sources of HIV care challenges.

Table 5.4. Consortia 5 and 9A**:** Overall Assessment of the Jail's 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/AIDS. *(n* = 8)	3.8	0.9
Inmates at this jail have adequate access to HIV specialists. *(n* = 8)	3.8	1.6
This jail is taking full advantage of the local resources for HIV care for inmates. *(n* = 8)	3.6	1.1
Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. *(n* = 8)	3.4	1.6
Adequate release planning is provided to inmates living with HIV/AIDS. *(n* = 8)	3.3	1.4
Jail personnel are adequately trained to identify inmates who have been diagnosed with HIV/AIDS. *(n* = 8)	3.0	1.1
Jail personnel are able to provide a course of HIV treatment tailored to each inmate's particular health condition. *(n* = 8)	2.8	1.6

- For most of the organizational capacity items, Consortium 5 and 9A respondents, on average, responded *neutral*.
- On average, Consortia 5 and 9A respondents reported the lowest perceived organizational capacity for identifying inmates who have been diagnosed with HIV/AIDS and providing a course of HIV treatment tailored to each inmate's particular health condition.

HIV Statistics

Nine of the ten respondents in Consortia 5 and 9A reported that inmates living with HIV/AIDS had been housed at some point, with eight having done so in the past year. 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 jail population living with HIV/AIDS. Respondents providing contradictory survey and interview data were omitted from the calculations, so the following figures are based on data from seven respondents:

- Two respondents reported that no inmates living with HIV/AIDS were housed in the past year. (One of these respondents reported that it has never housed an inmate with HIV/AIDS.)
- Three respondents reported between 1-10 inmates living with HIV/AIDS having been housed in the past year.

- One respondent reported 11-25 inmates living with HIV/AIDS having been housed in the past year.
- The average number of inmates known to have HIV/AIDS that were housed by participating jails in this consortia last year falls in the range of 3-4 inmates.[1]

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 Consortia 5 and 9A respondents (see Tables 5.1 and 5.2).

Diagnosed cases. All of the respondents in Consortia 5 and 9A report that the jails primarily rely on inmates to self-identify that they have HIV/AIDS, and that most inmates are offered 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 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. Although most respondents in the consortia did not describe the steps taken to confirm HIV serostatus, three respondents explicitly stated that there were policies and procedures in place to verify an inmate's self-identified HIV serostatus. In three jails, the inmate's medical records are obtained with consent from the inmate.

New cases. Based on survey responses, three of seven respondents in Consortia 5 and 9A reported that *all* inmates entering the facility may request an HIV test. In interviews, five informants stated that HIV tests were explicitly offered to all inmates or that all inmates may request an HIV test. Two of the interview informants reported that testing is offered under certain conditions, such as a potential exposure or a court order. One interview informant reported that no HIV testing is available and another reported that there is no set policy regarding HIV testing. Within three of the jails where testing is offered, inmates are charged for the service, with the cost ranging from $5 to $70.

Availability of Trained or Knowledgeable Medical Care Personnel

Most of the respondents reported the staffing of a jail physician and nurses (CNPs, RNs, and/or LPNs). However, one respondent reported that their medical staff consists of one part-time jail physician who is available on site one-half day per week. Approximately half of the respondents report that staff is available on site at all times, with the remainder using an on-call system for nights and weekends.

[1] This average is expressed as a range because survey data were collected in the form of ranges.

Six interview respondents reported that HIV training is provided to medical and non-medical staff. Training takes place at the corrections officer training academy with annual updates from various jails and, in one case, the health department. Over half of the respondents reported that for their respective jail keeping up with developments in the treatment of HIV/AIDS is not a challenge. Five of the respondents indicated that they would be interested in continuing education related to HIV/AIDS if it were made available, and two asked for resource materials on the care of individuals with HIV/AIDS.

Two respondents in Consortia 5 and 9A reported that no community social agencies provide medical or non-medical care for inmates living with HIV/AIDS. Three report that the health department is utilized, and one respondent reported the AIDS Resource Center (ARC)[2] was used to obtain medication for inmates who are already established with ARC. Other community social agencies mentioned by respondents include churches and mental health providers, primarily for emergencies or if the inmate is already a client of the agency. It should be noted that these last services appear to be general services on which all inmates may draw, not services specifically tailored to inmates living with HIV/AIDS.

Access to Specialists

As described in the overview (Tables 5.1, 5.2, and 5.4), Consortia 5 and 9A respondents, on average, reported confidence in their abilities to provide access to specialty care for inmates living with HIV/AIDS, though only half of the interview respondents answering the question reported that they use HIV specialists to design and monitor an inmate's HIV care. None of the survey respondents reported providing genotype testing.

Five respondents reported that inmates would be transported to HIV/AIDS specialists if necessary. Two respondents identified the University of Toledo Medical Center[3] as a source of specialty HIV/AIDS care that was used. The cost of transportation results in inmates being temporarily furloughed in order to allow them to see specialists at their own expense. One of these respondents noted that if the inmate is a flight risk, a deputy goes along with them to the doctor's office. Two respondents noted that no specialists in their area are used.

To ensure continued access to specialist care as an inmate is released, appointments for departing inmates will be scheduled, acoording to three jail personnel. The remainder believe it is the responsibility of the individual inmate or family to schedule appointments. One of the respondents from a jail that does schedule appointments stated they think it is "very difficult for inmates to keep" these scheduled appointments. Six informants reported that staff at their jails

[2] AIDS Resource Center of Ohio, Toledo and Northwest Ohio Region.
[3] University of Toledo Medical Center, Division of Infectious Diseases.

were aware of the Ryan White HIV/AIDS Program funds and the possibility of drawing money from this source for release care, but none had tried to access this funding source.

Medications: While in Jail

When taking into account both survey and interview data, all ten of the participating jails in Consortia 5 and 9A allow medications to be brought into the jail. When interviewed, seven of the respondents reported that inmates or family members must supply or are encouraged to supply medications for the duration of the inmates' stay. Only one respondent indicated that a policy of providing HIV/AIDS and other medications from the jail pharmacy within 24 hours of the inmate's arrival in their facility exists, while in another jail the inmate's supply is used for up to two weeks, after which medications from the jail pharmacy will be provided. As already mentioned, staff from one jail will contact ARC on behalf of those inmates who are established clients of the organization in order to obtain medications.

To verify that an inmate has a prescription for the medication(s) they are providing, most jail staff will call the pharmacy, while a few respondents reported that the prescriber or clinic where the inmate has been treated will be contacted for verification. Other respondents reported that the contents of prescription bottles would be checked with information available online or in the *Physician's Desk Reference*. Some respondents indicated that all drugs must be in their original pharmacy bottle with intact labels. One respondent noted that their respective jail does not allow narcotics from outside.

Only one jailin Consortia 5 and 9A, according to respondents, maintains a stock of HIV/AIDS drugs; the turn-around for supplying HIV/AIDS medications in this jail is 24 hours. The remaining jails where medications are provided can provide for inmates within 24 hours. One of the two respondents from jails where medications are dispensed reported that intravenously administered medications are not provided due to safety and security reasons.

Three respondents in Consortia 5 and 9A unequivocally stated that the cost of medications can impact the length of time an inmate is jailed. In all three of these jails, the court system (i.e., judge, prosecutor, etc.) is 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. One jail will temporarily furlough inmates living with HIV/AIDS in order to allow them to see outside doctors at their own expense.

Medications: At Release or Transfer

Release. Taking into account both survey and interview data, within six of the ten participating jails release medication is unequivocally provided. Primarily the remainder of the supply purchased for the inmate is released, though one respondent reported that inmates are given a three-day supply. If the inmate has brought in his or her own supply of medications, most respondents reported that the remaining supply will be given to the inmate at the time of release. Only one respondent reported that inmates regularly refuse their release medications.

Release medications are not provided by only one jail. At another jail, departing inmates can keep any medication obtained through ARC, but not any medications purchased by the jail. At a third jail, release medications are only provided to inmates who are indigent. Respondents from jails that do not provide release medications cited several reasons for this practice, including budget, liability, and insufficient notice of the inmate's release.

When asked to assess the jail's capacity for providing adequate release planning, the average rating for Consortium 5 and 9A was *neutral.* As already mentioned, none of the interview informants reported the use of funds under the Ryan White HIV/AIDS Program for release care. Six respondents were aware of funds available under the Act but had not tried to access any available monies, and the remaining three respondents were not aware of the funds available through the Act.

Transfer. No Consortia 5 or 9A respondents reported that medications were provided to inmates being transferred to a prison. One respondent stated that sometimes a three-day supply was sent with inmates being transferred to another jail. To ensure continuity of care during transfer, most jail staff in Consortia 5 and 9A forward an inmate's medical history to the receiving facility. They do this by sending the information via fax or with the inmate and transport deputy.

Causes of Medication Interruptions

Medication administration. In Consortium 5 and 9A, most medications are administered via medication passes, and inmates are always directly observed while taking their medications by nursing staff or corrections officers. The number of medication passes ranges from two to four times daily. Inmates are not allowed to keep HIV medications on their person.

Reasons for medication interruption. Generally speaking, Consortia 5 and 9A respondents did not report medication interruption as a frequent occurrence. As described in the overview (see Tables 5.1, 5.2, and 5.4), Consortia 5 and 9A 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. Respondents reported that when missed doses do occur, the primary offender-related reason for missed doses is inmate refusal to take medication. The most frequently reported non-offender related reasons for medication interruption occur when

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. Table 5.5 provides survey information about the frequency of factors contributing to missed doses of HIV-related medications.

Table 5.5. Consortia 5 and 9A: 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 refuses medication. *(n* = 8)	3.1	0.4
Inmate is transferred between jail and prison. *(n* = 8)	2.8	1.0
Inmate is transferred between jails. *(n* = 8)	2.8	1.0
Inmate arrives at jail on weekend or after business hours. *(n* = 8)	2.8	1.2
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. *(n* = 8)	2.6	1.3
Inmate is away from jail for court hearing or other approved activity. *(n* = 8)	2.4	1.4
Inmate cannot be depended upon to take medication at correct times. *(n* = 8)	2.1	1.4
No prescriber available to prescribe HIV-related medications. *(n* = 8)	1.9	1.1
Staff not able to monitor all doses of medications. *(n* = 8)	1.8	1.5
Inmate's prescribed HIV-related medications are not on the jail's formulary. *(n* = 8)	1.8	0.9

- Mean scores for contributing factors range from 1.8 to 3.1, indicating that Consortia 5 and 9A respondents perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions (see Tables 5.1, 5.2, and 5.4).
- On average, Consortia 5 and 9A respondents perceived that inmate refusal to take medication was the most frequently occurring contributor to missed doses of HIV-related medication.

HIV Policies and Procedures

Non-medical services. While the survey respondents in Consortia 5 and 9A reported that their jails do, on average, a *good* job of providing counseling, education or other types of non-

medical services to inmates living with HIV/AIDS, and consider the provision of these services to be *not very challenging* (see Tables 5.1 and 5.2), there nonetheless appears to be a paucity of said services in the jails. When interviewed, four of the nine respondents reported that mental health care was provided, while one reported that substance abuse treatment was offered to inmates living with HIV/AIDS. These services are not typically tailored specifically to inmates living with HIV/AIDS, but instead are general services on which inmates living with HIV/AIDS may draw. One respondent reported that case management services were provided to inmates, including with case managers from the community.

Transfer policy. Consortium 5 and 9A respondents reported that there was no difference between the transfer policy for inmates living with HIV/AIDS and the transfer policy for inmates not known to have HIV/AIDS.

Disclosure of HIV serostatus. When interviewed, four of the respondents in Consortia 5 and 9A reported that HIV serostatus is only disclosed to members of their medical staff. Two respondents reported that non-medical staff were routinely told about an inmate's HIV serostatus. In one case, the only non-medical staff member told is the head of the jail. In the other case, the entire jail staff is informed in writing of the identity of inmates living with HIV or AIDS. Two informants reported that non-medical staff *may* be told of an inmate's HIV serostatus, either at the doctor's discretion or, "if the inmate is not cooperative, exhibits high risk behavior, breaks rules, etc." In the latter case, the nurse would advise the inmate of the decision.

Segregation policy. One of the interview respondents reported that any inmate living with HIV/AIDS would automatically be segregated from the general population. The remaining interview respondents reported that inmates known to have HIV/AIDS are usually housed in the jail's general population.

Community Linkage

When asked if they would like local organizations to be more involved in providing care for inmates living with HIV/AIDS, Consortia 5 and 9A respondents, on average, provided responses between *neutral* and *agree* (see Table 5.4). About half the jails are partnered with one or more of the following organizations, primarily for HIV testing and counseling services: local health departments; local AIDS task forces; and community mental health centers. The particular organizations mentioned during the interviews were ARC, the University of Toledo Medical Center, Unison Behavioral Health Group[4], the Zepf Center[5], Maumee Valley Guidance Center[6],

[4]Unison Behavioral Health Group of Toledo, Ohio.
[5] Zepf Center of Toledo, Ohio.
[6] Maumee Valley Guidance Center of Defiance, Ohio.

and Recovery Services of Northwest Ohio.[7] These linkages are mostly associated with jails where larger numbers of inmates living with HIV/AIDS are housed. In general, community involvement does not seem to be an area of strength in Consortia 5 and 9A.

Conclusion

Consortia 5 and 9A respondents are fairly confident of their ability to care for inmates known to have HIV/AIDS. In their survey responses, they gave themselves mean scores of *average* or *good* on all listed aspects of HIV care. They ranked all the traditionally challenging aspects of HIV care as *not very challenging* to *neutral*. They also indicated that the factors that may often make HIV care challenging occur *rarely* to *sometimes* in their facilities. Making changes to the HIV care currently offered did not appear to be an urgent matter for many of the respondents.

However, respondents in these consortia reported that one aspect of HIV care with which they have some difficulty is detecting undiagnosed cases, and few have the resources to enhance their efforts in this area. The cost of HIV medication is also a concern for these consortia. Internal resources for drugs are limited, and most respondents depend on inmates and their families to supply medication including HIV medications. Nonetheless, there were no reported lapses in HIV/AIDS medication provision in these jails, though the cost of medications can impact the length of time an inmate is incarcerated in some jails.

Some of the jails are in locations that allow them to access specialized medical HIV care services from the community. Many of the jails, however, appear to be more isolated. Because of limited local resources, they are not able to transport inmates to the areas in their consortia that have more HIV care resources, and so cannot offer the array of medical HIV care services provided by some other jails in the consortia. Most of the jails in these consortia do not appear to have the linkages to community organizations (if they exist in their areas) that would allow them to offer a broader array of non-medical services such as case management and counseling as well.

Four interviews concluded with pleas for more funding, especially to cover the cost of HIV/AIDS medication. Continuing education and training on HIV/AIDS for medical staff was of interest to approximately half the interview respondents; two informants also requested written educational materials for use with inmates and staff.

[7] Recovery Services of Northwest Ohio (formerly Five County Alcohol/Drug Program) of Defiance, Ohio.