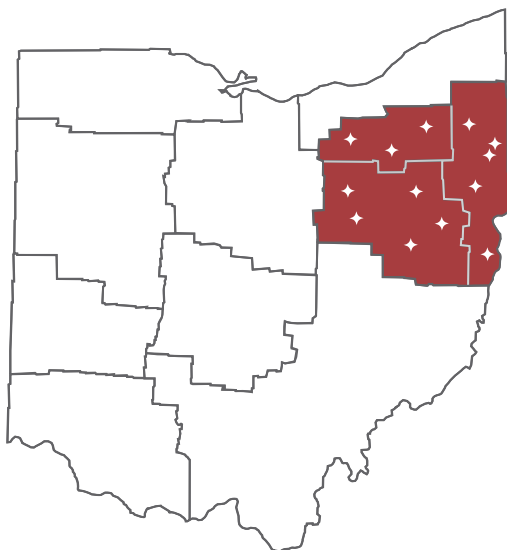


## Akron, Canton, and Youngstown Regions



Consortia Six, Seven, and Eight are located in the eastern part of Ohio and are home to Akron, Canton, and Youngstown. Consortium Six includes Medina, Portage, and Summit Counties. Consortium Seven includes Columbiana, Jefferson, Mahoning, and Trumbull Counties. Consortium Eight includes Carroll, Harrison, Holmes, Stark, Tuscarawas, and Wayne Counties. Because of the relatively low number of jails in these consortia, the three adjoining areas will be analyzed together in this report. The combined consortia contain 13 county-run Full Service Jails.

### Participation rate: 69%

- 9 of the 13 jails (69 percent) in the consortia participated in at least one component of the study.
- 7 jails (54 percent) completed interviews.
- 8 jails (62 percent) completed a survey.

### Profile of participating jails

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

### Participating Consortia Six, Seven, and Eight jails

- Columbiana County Jail
- Holmes County Jail
- Mahoning County Justice Center
- Portage County Justice Center
- Stark County Jail
- Summit County Jail
- Trumbull County Adult Justice Center
- Tuscarawas County Jail
- Wayne 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 Six, Seven and Eight*

### *Overview*

A total of nine respondents in Consortia Six, Seven and Eight provided information for this report. There are a total of thirteen jails in this consortia. Seven respondents gave interviews and eight respondents completed a survey. Respondents in these consortia reported confidence in their ability to identify inmates living with HIV/AIDS and to ensure that inmates do not miss doses of HIV-related medications while in jail. The most challenging aspects of HIV care provision for these respondents seems to be providing counseling, education, or other types of non-medical services to inmates living with HIV/AIDS.

### *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 Six, Seven, and Eight 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 6.1.** Consortia Six, Seven, and Eight: Perceived Strengths Related to Caring for Inmates Living with HIV/AIDS

<b>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?)</b> <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> = 8)	4.3	0.9
Identifying inmates living with HIV/AIDS when entering jail ( <i>n</i> = 8)	4.3	0.9
Keeping up-to-date with developments in the treatment of HIV/AIDS ( <i>n</i> = 8)	4.0	0.9
Providing access to HIV specialists ( <i>n</i> = 8)	4.0	1.1
Developing courses of treatment appropriate to an inmate's specific condition ( <i>n</i> = 8)	3.6	1.5
Finding undiagnosed cases of HIV/AIDS among inmates ( <i>n</i> = 8)	3.1	1.2
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> = 8)	3.0	0.8
Ensuring that inmates' HIV care continues after they are released from the jail ( <i>n</i> = 8)	2.9	1.4
Providing social work, counseling, education, or other types of non-medical services to inmates living with HIV/AIDS ( <i>n</i> = 8)	2.9	1.1

- On average, Consortia Six, Seven, and Eight rated their performance as *good* to *excellent* in the following areas: (a) ensuring that inmates rarely or never miss doses of HIV-related medications while in jail; (b) identifying inmates living with HIV/AIDS; (c) keeping up-to-date with developments in the treatment of HIV/AIDS; and (d) providing access to HIV specialists.
- On average, Consortia Six, Seven, and Eight respondents perceived that ensuring that inmates continue HIV care after release and providing non-medical HIV care are areas where performance could be improved. These are the only listed aspects of HIV care for which these respondents gave themselves a mean score of less than *average*.

**Table 6.2.** Consortia Six, Seven, and Eight: Perceived Challenges Related to Caring for Inmates Living with HIV/AIDS

<b>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.</b>	<i>M</i>	<i>SD</i>
Paying for HIV-related medications for inmates ( <i>n</i> = 8)	4.5	1.7
Finding undiagnosed cases of HIV/AIDS among inmates ( <i>n</i> = 8)	4.3	0.9
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> = 8)	3.9	1.1
Ensuring that inmate's medical HIV care continues after they are released from the jail ( <i>n</i> = 8)	3.6	1.1
Paying for HIV testing for inmates ( <i>n</i> = 8)	3.5	1.5
Identifying inmates entering jail living with HIV/AIDS ( <i>n</i> = 8)	3.5	0.5
Providing access to HIV specialists ( <i>n</i> = 7)	3.3	1.1
Providing counseling, education, or other types of non-medical treatment ( <i>n</i> = 8)	2.9	1.0
Developing courses of treatment appropriate to an inmates' specific health condition ( <i>n</i> = 8)	2.8	1.0
Keeping up-to-date with developments in the treatment of HIV/AIDS ( <i>n</i> = 8)	2.8	1.4
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail ( <i>n</i> = 8)	2.6	1.4

- Consortia Six, Seven and Eight respondents perceived their greatest challenges to be paying for HIV-related medications and finding undiagnosed cases of HIV/AIDS. On average, these items were perceived as *somewhat challenging* or *very challenging*.
- Consortia Six, Seven, and Eight respondents rated several components of HIV care as *not very challenging* to *neutral*. The HIV care component with the lowest mean score (i.e., the component reported to be, on average, the least challenging) was ensuring that inmates rarely or never miss doses of HIV-related medications while in jail. This is consistent with the information in Table 6.1.



**Table 6.3.** Consortia Six, Seven, and Eight: Factors Contributing to Challenges Related to Caring for Inmates Living with HIV/AIDS

<b>When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?</b> <i>Note.</i> Higher mean scores indicate greater perceived frequency of challenge.	<i>M</i>	<i>SD</i>
Insufficient finances ( <i>n</i> = 8)	3.8	1.3
Not enough time ( <i>n</i> = 8)	3.1	0.8
Jail's relationship with the community and elected officials ( <i>n</i> = 8)	2.9	1.1
Insufficient staffing ( <i>n</i> = 8)	2.5	0.9
Insufficient/inadequate health care space ( <i>n</i> = 8)	2.5	1.2

- On average, Consortia Six, Seven, and Eight respondents perceived lack of money to be the most frequent contributor to HIV care challenges.
- On average, Consortia Six, Seven, and Eight respondents did not perceive any of the listed items to occur *often* or *very often*.

**Table 6.4.** Consortia Six, Seven, and Eight: Overall Assessment of the Jail’s Capacity to Care for Inmates Living with HIV/AIDS

<b>Please indicate how strongly you agree or disagree with the following statements. <i>Note.</i> Higher mean scores indicate greater agreement.</b>	<i>M</i>	<i>SD</i>
We would like local organizations to be more involved in providing care for inmates living with HIV. ( <i>n</i> = 8)	3.9	0.8
Inmates at this jail have adequate access to HIV specialists. ( <i>n</i> = 8)	3.5	0.9
Adequate release planning is provided to inmates living with HIV/AIDS. ( <i>n</i> = 8)	3.3	1.0
This jail is taking full advantage of the local resources for HIV care for inmates. ( <i>n</i> = 8)	3.3	0.9
Jail personnel are adequately trained to identify those inmates entering the facility who have been diagnosed with HIV/AIDS. ( <i>n</i> = 8)	3.1	0.8
Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. ( <i>n</i> = 8)	3.1	1.0
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> = 8)	2.8	1.0

- On average, Consortia Six, Seven, and Eight respondents agreed that they would like local organizations to be more involved in providing care for inmates living with HIV/AIDS non-medical treatment. Three respondents selected *agree* and two respondents selected *strongly agree* in response to this item.
- For most of the organizational capacity items, Consortia Six, Seven, and Eight respondents, on average, responded *neutral*.
- On average, Consortia Six, Seven, and Eight respondents reported the lowest perceived organizational capacity for providing a course of HIV treatment tailored to each inmate’s particular health condition.

### *HIV Statistics*

Information on the number of inmates known to have HIV/AIDS in these consortia’s jails was gathered through both interview and survey questions. All of the interview informants in these consortia reported having housed an inmate living with HIV/AIDS at some point in time, though two respondents reported that inmates living with HIV/AIDS had not been housed at their jail in the last twelve months. After combining the survey and interview data, the following statements can be made about the number of inmates known to have HIV/AIDS:<sup>1</sup>

<sup>1</sup> Data from two respondents were omitted because of potentially duplicative tracking systems.

- Two respondents reported that no inmates known to have HIV/AIDS had been housed in the last 12 months.
- Three respondents reported that 1-10 inmates living with HIV/AIDS had been housed in the last 12 months.
- One respondent reported 11-25 inmates living with HIV/AIDS had been housed in the last 12 months.
- One respondent reported 26-50 inmates living with HIV/AIDS had been housed in the last 12 months.
- The average number of inmates known to have HIV/AIDS that were housed by Consortia Six, Seven, and Eight jails in the last 12 months falls in the range of 7-9.<sup>2</sup>

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

Consortia Six, Seven, and Eight respondents, on average, did not report that identifying cases of HIV (both new and diagnosed) poses much of a problem for their respective jails (Table 6.1 and 6.2).

*Diagnosed cases.* Identifying diagnosed cases of HIV/AIDS, within jails in Consortia Six, Seven, and Eight, is primarily left up to inmates to self-identify as HIV-positive. Inmates are given this opportunity at the initial booking and generally have more opportunities to self-identify at the later health screening or through sick call. All of the respondents reported a process to verify HIV serostatus; most of the jail staff do this by contacting the inmate's care provider.

*New cases.* To identify undiagnosed cases of HIV/AIDS, HIV testing is offered in most jails under certain conditions, including when the court orders HIV testing for an inmate or when an inmate admits to risk behaviors associated with HIV/AIDS, appears to have symptoms of HIV/AIDS, or is involved in an altercation that results in a potential exchange of bodily fluids. HIV testing is not offered to all inmates as a matter of course in any of this consortia's FSJs, and two respondents report that no testing is offered to inmates.<sup>3</sup>

The cost of HIV testing that is provided to inmates usually falls on the jails. Only one respondent reported that inmates were charged for HIV testing, and this jail only does so if the

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<sup>2</sup> This figure is expressed as a range because the survey data were gathered in the form of ranges.

<sup>3</sup> The two jails who reported that they offer no testing gave contradictory information in the survey and interview responses, so it is not clear whether there are jails in these consortia that offer no HIV testing.

testing is court-ordered. The Comprehensive Care Center<sup>4</sup> is relied on by one jail for free testing, but only after an initial test is run by the jail on the inmate.

#### *Availability of Trained or Knowledgeable Medical Care Personnel*

A variety of medical care professionals provide health care in Consortia Six, Seven, and Eight jails. Most of the jail's medical staff consist of one to two doctors and a nursing staff (CNP's, RNs and/or LPNs), though in one jail, the doctor works with paramedics instead of a nurses. A couple of respondents reported that dentists and psychologists were part of the staff as well. The average size of a jail's medical staff in these Consortia is ten people, with a high of 26 and a low of two. Medical care is available for at least some weekend hours in six of the jails. Around-the-clock care is available in four of the jails.

Five of the interview respondents reported that non-medical staff receive, at minimum, training in universal precautions. This training is normally provided by the jail medical staff, though the local health department and a local hospital is used by one jail for the training. Training typically takes place once a year.

Within these community organizations are also tapped for medical HIV care. The organizations mentioned specifically in the interviews include the Comprehensive Care Clinic, Trillium Family Solutions,<sup>5</sup> and local health departments (see the "Community Linkage" section of this report for more information).

#### *Access to Specialists*

As described in the overview (Tables 6.1, 6.2 and 6.4), Consortia Six, Seven, and Eight respondents, on average, reported confidence in their abilities to provide access to specialty care for inmates living with HIV/AIDS. Four of the respondents reported that outside specialists collaborate with the jail physician or take principal responsibility for an inmate's course of treatment. An on-site physician or nurse is utilized in the other jails. Six of the seven interview respondents reported that inmates would be transferred to HIV/AIDS specialists if necessary. Interview respondents specifically mentioned the Comprehensive Care Center, the Akron General Medical Center,<sup>6</sup> and the Summa Health System (including St. Thomas Hospital)<sup>7</sup> as sources of specialty care.

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<sup>4</sup> Comprehensive Care Center of Youngstown, Ohio; this Ryan White Part C clinic serves Columbiana, Jefferson, Mahoning, and Trumbull Counties.

<sup>5</sup> Trillium Family Solutions of Canton, Ohio; Trillium serves residents of Carroll, Harrison, Holmes, Stark, Tuscarawas, and Wayne Counties.

<sup>6</sup> Akron General Medical Center of Akron, Ohio.

<sup>7</sup> Summa Health System of Akron, Ohio.

When it comes to continuing specialist care at release, a nurse or physician at three of the jails speak with inmates to make sure they know about their next appointments. The Comprehensive Care Center, mentioned by one informant, , “takes care of everything.” Another one of the remaining respondents mentioned Trillium Family Solutions, which can obtain HIV medications for inmates. At the final jail , it is considered to be the inmate’s responsibility to provide for the continuation of their care after release.

None of the interview respondents reported drawing on funds from the Ryan White HIV/AIDS Program to help with release care. Three respondents reported being aware of the funds, but did not attempt to access them.

### *Medications: While in Jail*

Taking into account both survey and interview data, policies exist in all nine of the participating jails in Consortia Six, Seven, and Eight to allow medications to be brought into the jail. Almost all of the respondents stated that they allow these medications to be brought in for the duration of the inmate’s stay. One of the respondents reported that medications were allowed only until the jail could obtain the inmate’s medications. To verify that an inmate has a prescription for the medication(s) he or she is providing, most jail staff will call the inmate’s pharmacy. Other respondents report that staff use a medication book and/or contact the inmate’s prescriber.

Minimal limitations on the types of HIV medications that could be brought into the jail and administered were mentioned by three informants (the remaining informants report that either non-formulary medications are allowed or that the jail does not have an HIV formulary). One informant stated that non-formulary medications required approval before they could be administered to the inmate. Another informant stated that drugs that must be delivered intravenously were not allowed. A third informant stated that inmates cannot bring in liquid or “mixed prescriptions”.

For inmates not providing their own medications, only three respondents reported that their jail kept a supply of HIV/AIDS drugs in stock. Within jails without a supply of HIV/AIDS medication, the time needed to obtain medications varied from a low of 12-14 hours to a high of “weeks.” Most respondents reported that it takes roughly 24-72 hours to obtain medications for inmates. The respondent for the jail that reported a wait time of “weeks” dealt exclusively with Trillium Family Solutions, which provides medications to inmates. If an inmate is not already established with Trillium, an appointment must be scheduled to establish the inmate as a client and then for the inmate must wait for Trillium to supply the medications. It is under these specific conditions that it can take weeks to obtain an inmate’s medications.

Two respondents in Consortia Six, Seven, and Eight reported that the cost of medication may impact the length of an inmate's stay at their jail. In these 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 whether or not to release them.

One respondent also expressed concern that obtaining HIV medications for inmates may cause problems in cases of inmates with histories of noncompliance. The informant expressed the fear that, by providing medications to inmates who might not remain compliant once released, the jail staff could be contributing to that inmate's development of resistance to HIV medications.

### *Medications: At Release or Transfer*

*Release.* When taking into account both survey and interview data, two of the nine participating respondents in Consortia Six, Seven, and Eight reported that release medications were provided. One of these respondents reported that inmates regularly refuse their release medications or forget to pick them up on their way out. If the inmate has brought in their own supply of medications, the remaining supply will be given to the inmate at the time of release. When release medications were not provided, cost was cited as a reason for not provide them.

*Transfer.* Generally speaking, no inmates being transferred from Consortia Six, Seven, and Eight jails to prison will be provided with medications. One respondent noted that inmates' medication would only be transferred if the inmate had provided the medications. Another respondent reported that if the inmate's transfer takes a few days, the a few days' worth of medication would be supplied. To ensure continuity of care during transfer, most respondents in Consortia Six, Seven, and Eight reported that an inmate's medical history is forwarded to the receiving facility via fax (on the day of the transfer or the day before) or by sending the information with the inmate and transport deputy.

### *Causes of Medication Interruptions*

*Medication administration.* Within Consortia Six, Seven, and Eight jails medications are administered via pill lines or by bringing medications directly to the inmates. In most jails, the nursing staff administers medications, and in all jails, inmates are required to be directly observed while taking medications. Inmates are not allowed to keep HIV medications on their person. The number of medication passes in these jails ranges from two to four times daily. However, most respondents noted that their jails are equipped to handle more frequent medication passes if an inmate requires them.

*Reasons for medication interruption.* Generally speaking, the interviewed Consortia Six, Seven, and Eight respondents did not report medication interruption as a frequent occurrence. According to interview respondents, the primary reasons for medication interruptions, when they do occur, are inmate refusal, court hearings, and inmates not having medications with them when they arrive at the jail. Survey data corroborate these findings. As described in the overview (Tables 6.1 and 6.2), the survey 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, though they reported that missed doses occur on occasion. Table 6.5 provides survey information regarding the frequency of factors that may cause missed doses of HIV-related medications.

**Table 6.5.** Consortia Six, Seven, and Eight: Factors Contributing to Missed Doses of HIV-related Medications

<b>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?</b> Note. Higher mean scores indicate greater perceived frequency.	<i>M</i>	<i>SD</i>
Inmate's prescribed HIV-related medications are not on the jail's formulary. ( <i>n</i> = 8)	3.6	1.8
Inmate refuses medication. ( <i>n</i> = 8)	2.9	1.4
Inmate is transferred between jail and prison. ( <i>n</i> = 8)	2.8	0.9
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. ( <i>n</i> = 8)	2.6	1.5
Inmate is transferred between jails. ( <i>n</i> = 8)	2.5	0.9
Inmate arrives at jail on weekend or after business hours. ( <i>n</i> = 8)	2.5	0.9
Inmate is away from jail for court hearing or other approved activity. ( <i>n</i> = 8)	2.3	0.9
No prescriber available to prescribe HIV-related medications. ( <i>n</i> = 8)	1.9	0.8
Staff not available to monitor all doses of medications. ( <i>n</i> = 8)	1.8	1.4
Inmate cannot be depended upon to take medications at correct times. ( <i>n</i> = 8)	1.6	0.9

- Mean scores for contributing factors range from 1.6 to 3.6, indicating that Consortia Six, Seven, and Eight respondents perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions.
- Of all the contributing factors, the one that Consortia Six, Seven, and Eight respondents, on average, perceived as happening most frequently was when an inmate's prescribed HIV-related medications are not on the jail's formulary. This ranking contradicts the

interview data, since most interview respondents said that non-formulary medications do not pose a problem.

### *HIV Policies and Procedures*

*Transfer policy.* Two of the interview respondents in Consortia Six, Seven, and Eight reported differences in their transfer policy for inmates living with HIV/AIDS as compared to their policy for inmates not known to have HIV/AIDS. One of these two respondents said that the transfer policy is dependent on the inmate's behavior and the specifics of that inmate's condition. Within the other jail, it was reported that transfers of an inmate with HIV/AIDS would not knowingly be accepted.

*Disclosure of HIV serostatus.* Two of the interview respondents in these consortia reported that only the medical staff are informed of an inmate's HIV serostatus. The other respondents reported that members of the non-medical staff are notified, including the jail warden or jail administrator, any officers responsible for transporting the inmate, the jail sergeant, if the inmate is deemed a behavior risk; and, in one case, everyone working at the jail is notified.

*Segregation policy.* Five of the seven interview respondents reported that their housing policy is to place inmates known to have HIV/AIDS in the jail's general population. Two respondents in Consortia Six, Seven, and Eight said that inmates could be segregated upon request, especially if they demonstrate risk factors such as open sores, fever, or violent behavior.

### *Community Linkage*

Within Consortia Six, Seven and Eight, respondents did not describe the jails 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 health centers for counseling services, and quite a few work with local health departments for HIV education and testing. Six of the interview respondents in Consortia Six, Seven, and Eight reported that the community social agencies are used to provide medical or non-medical care for inmates living with HIV/AIDS. One jail uses Trillium Family Solutions for case management and medications. Two respondents report the Comprehensive Care Center is used for specialist services. The survey data supports this assessment. Only two of the survey respondents reported that no local organizations provide HIV care services.

Consortia Six, Seven, and Eight respondents, on average, provided a *neutral* response when asked whether they were taking advantage of local resources for inmate HIV care. They



also indicated that they would like local organizations to be more involved in the provision of HIV care (see Table 6.4). This could indicate that, while several jails have established partnerships with community organizations, they would like to have even more collaboration. This could also be a reflection of the fact that some jails are much more tied into community organizations than others. This might help explain why some respondents reported using several resources in Canton and Akron, while another informant reported that there is “no support in the Akron/Canton area.”

### *Conclusion*

The types of HIV care provided by jails in Consortia Six, Seven, and Eight vary, in part due to variation in the proximity of jails to community HIV care providers. Some respondents reported high levels of collaboration with community providers, while others reported a relative scarcity of community-provided assistance. Generally speaking, respondents in these consortia are confident in their ability to ensure that inmates rarely or never miss doses of HIV/AIDS-related medication. A commonly cited challenge for these jails is the lack of adequate finances. Like many jails in the state, those in Consortia Six, Seven, and Eight stressed that HIV care is financially burdensome. In their concluding comments during the interviews, some respondents also indicated that they would welcome additional educational materials on HIV/AIDS for both their staff and inmates.