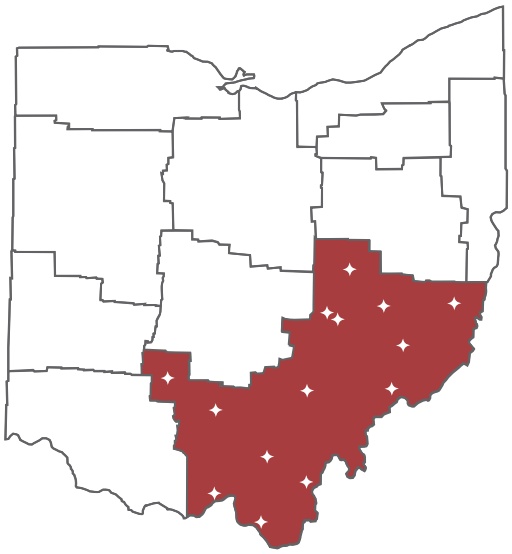
Southeast Region



Consortium 9C is in southeast Ohio and is home to Athens, Belmont, Coshocton, Fayette, Gallia, Guernsey, Hocking, Jackson, Lawrence, Meigs, Muskingum, Monroe, Morgan, Noble, Perry, Pike, Ross, Scioto, Vinton, and Washington Counties. There are 14 Full Service Jails in this rural consortium, one of which is a regional jail.

Participation rate: 50%

- 7 of the 14 jails (50 percent) in the consortium participated in at least one component of the study.
- 6 jails (43 percent) completed interviews.
- 5 jails (36 percent) completed a survey.

Profile of participating jails

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

Participating Consortium 9C jails

- Belmont County Jail
- Coshocton County Justice Center
- Fayette County Jail
- Jackson County Jail
- Muskingum County Jail
- Southeastern Ohio Regional Jail
- Washington 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 9C

Overview

A total of seven Consortium 9C respondents provided information for this report, representing half of the jails within this consortium. Six respondents completed interviews and five respondents completed surveys. Consortium 9C is a rural consortium with 14 jails, four of which are managed care jails. Participating jails in this consortium reported little experience caring for inmates living with HIV/AIDS. Jails indicated their staff is equipped to provide care to inmates living with HIV/AIDS, but insufficient finances make providing care challenging. Additionally, jails in Consortium 9C reported some challenges related to accessing both specialist care and community resources for 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 Consortium 9C 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 9C.1. Consortium 9C: Perceived Strengths Related to Caring for Inmates Living with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates living with HIV/AIDS, how well do you think it would perform?) *Note.* Higher mean scores indicate better perceived performance.	*M*	*SD*
Ensuring inmates rarely or never miss doses of HIV-related medications while in jail *(n* = 5)	3.8	1.3
Identifying inmates living with HIV/AIDS when entering jail *(n* = 5)	3.6	0.5
Developing courses of treatment appropriate to an inmate's specific condition *(n* = 5)	3.6	1.1
Providing access to HIV specialists *(n* = 5)	3.4	1.1
Keeping up-to-date with developments in the treatment of HIV *(n* = 5)	3.4	0.9
Providing HIV-related medications immediately when an inmate arrives at the jail, regardless of whether the inmate enters on a weekend or after business hours *(n* = 5)	3.2	1.3
Finding undiagnosed cases of HIV among inmates *(n* = 5)	3.0	1.0
Providing social work, counseling, education, or other types of non-medical services to inmates living with HIV/AIDS *(n* = 5)	2.8	1.5
Ensuring that inmates' HIV care continues after they are released from jail *(n* = 4)	2.8	1.3

- On average, Consortium 9C respondents perceived that their strengths related to caring for inmates living with HIV/AIDS are: (a) ensuring that inmates do not miss HIV-related medication while in jail; (b) identifying inmates living with HIV/AIDS; and (c) developing courses of treatment appropriate to an inmate's specific condition.
- On average, Consortium 9C respondents perceived that providing non-medical services to inmates living with HIV/AIDS and ensuring that inmates' HIV care continues after release are areas where performance could be improved. Respondents perceived themselves to be doing an *average* to *good* job at all other listed aspects of HIV care (i.e., the mean scores for each of the other items are above 3.0).

Table 9C.2. Consortium 9C: 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* = 5)	4.2	0.8
Ensuring that inmates' medical HIV care continues after they are released from the jail *(n* = 5)	3.8	0.8
Providing access to HIV specialists *(n* = 5)	3.8	1.3
Finding undiagnosed cases of HIV/AIDS among inmates *(n* = 5)	3.6	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 *(n* = 5)	3.6	1.3
Providing counseling, education, or other types of non-medical services to inmates living with HIV/AIDS *(n* = 5)	3.6	1.3
Keeping up-to-date with developments in the treatment of HIV/AIDS *(n* = 5)	3.4	1.1
Paying for HIV testing for inmates *(n* = 5)	3.4	1.1
Developing courses of treatment appropriate to an inmate's specific health condition *(n* = 5)	3.2	0.8
Ensuring inmates rarely or never miss doses of HIV-related medications while in jail *(n* = 5)	3.2	1.3
Identifying inmates entering the jail with HIV/AIDS *(n* = 5)	3.0	0.7

- On average, Consortium 9C respondents perceived their greatest challenges as: (a) paying for HIV related medications; (b) ensuring that inmates' medical care continues after release; and (c) providing access to HIV specialists.
- On average, Consortium 9C respondents reported that the least challenging components of HIV care provision are: (a) developing courses of treatment appropriate to an inmate's specific health condition; (b) ensuring that inmates rarely or never miss doses of HIV-related medications while in jail; and (c) identifying inmates living with HIV/AIDS.
- On average, there were no aspects of HIV care that Consortium 9C respondents perceived to be *not very challenging* or *not at all challenging*.

Table 9C.3. Consortium 9C: 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* = 5)	3.2	1.3
Insufficient staffing *(n* = 5)	2.8	1.3
Not enough time *(n* = 5)	2.4	1.5
Jail's relationship with the community and elected officials *(n* = 5)	2.4	1.5
Insufficient/inadequate health care space *(n* = 5)	2.4	1.1

- When asked about the factors that may contribute to HIV care challenges, Consortium 9C respondents perceived all of these factors to occur *rarely* to *sometimes*.
- On average, Consortium 9C respondents reported that insufficient finances are the most common source of HIV care challenges.

Table 9C.4. Consortium 9C: 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* = 5)	3.4	0.5
Jail personnel are adequately trained to identify those inmates entering the facility who have been diagnosed with HIV/AIDS. *(n* = 5)	3.4	1.1
This jail is taking full advantage of the local resources for HIV care for inmates. *(n* = 4)	3.3	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. *(n* = 5)	3.2	1.3
Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. *(n* = 5)	3.2	0.8
Adequate release planning is provided to inmates living with HIV/AIDS. *(n* = 5)	2.8	0.4
Inmates at this jail have adequate access to HIV specialists. *(n* = 5)	2.6	1.1

- For most of the organizational capacity items, Consortium 9C respondents, on average, responded *neutral*.
- On average, Consortium 9C respondents reported the lowest perceived organizational capacity for providing adequate release planning to inmates living with HIV/AIDS and providing inmates with adequate access to HIV specialists.

HIV Statistics

While all of the interview informants reported that inmates known to be living with HIV/AIDS have been housed in their respective jails at some point in time, informants in Consortium 9C generally have very limited experience caring for inmates living with HIV/AIDS. In both the interview and the survey, Consortium 9C respondents were asked how many inmates known to have HIV/AIDS they had housed in the last year. The following are their responses:

- Two respondents reported that no inmates known to have HIV/AIDS had been housed in the last 12 months.
- Five respondents reported 1-10 inmates known to have HIV/AIDS had been housed in the last 12 months.
- The average number of inmates known to have HIV/AIDS that were housed by participating Consortium 9C jails in the 12 months falls in the range of 1-2 inmates.[1]

Despite the relatively small number of inmates known to have HIV/AIDS in this area, three respondents reported concern that the number of inmates living with HIV/AIDS will increase dramatically in the coming years. Increasing intravenous drug use in the area, they argued, has the potential to spread HIV/AIDS to more of their incoming inmates. These respondents indicated that an increase in the number of inmates living with HIV/AIDS would be a significant financial strain on their jail.

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

Consortium 9C respondents reported, on average, that identifying cases of HIV (whether new or diagnosed), can be a challenge (see Tables 9C.1 and 9C.2).

Diagnosed cases. Jails with in Consortium 9C primarily rely on inmates to self-identify that they have been diagnosed with HIV/AIDS and most inmates are offered more than one opportunity to do so. Most respondents reported that inmates were specifically asked about their HIV/AIDS status by a corrections officer at booking. Inmates may also self-identify 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. Once an inmate has self-identified, jail medical staff will verify their HIV serostatus by contacting the inmate's pharmacy or physician.

New cases. Other than TB testing, many of the respondents reported a lack of financial resources for jails to uncover new conditions and therefore do not and instead resources are focused on providing care and managing diagnosed conditions. None of the respondents in Consortium 9C report that HIV testing is explicitly offered to all inmates. Several respondents mentioned that costs prohibit them from offering HIV testing to all inmates. All respondents reported that testing is conducted under certain circumstances such as exposure to blood, court order, or doctor's order. Within three jails, HIV testing will be conducted if requested by the inmate. Another jail refers inmates requesting an HIV test to testing services upon their release. All but one of the respondents report that the inmate is charged for HIV testing under certain circumstances.

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

Availability of Trained or Knowledgeable Medical Care Personnel

All jails in Consortium 9C reported have a jail physician and nurses (RNs and/or LPNs) on staff. In none of the jails are medical staff working around the clock including weekends. Medical care is available on weekends at two of the jails. Most jails utilize an on-call system when medical staff is not present at the jail.

Half of the interview respondents in this consortium reported that employees (medical and non-medical) are, at minimum, trained in universal precautions. Typically, this training occurs at hire or through the correctional officers' training academy. At one jail, additional training related to universal precautions is offered to jail staff annually. Three of the respondents reported that there is no HIV/AIDS training provided to non-medical staff. Three of the respondents in Consortium 9C indicated that they would be interested in continuing education related to HIV/AIDS if it were made available.

During the interviews, none of the interview informants in Consortium 9C reported that community organizations provide medical or non-medical care specifically for inmates living with HIV/AIDS, though one of the respondents mentioned during another part of the interview that inmates are occasionally already established with an AIDS task force that may provide their HIV medications. A few of the survey respondents reported drawing on community resources for some medical HIV care such as testing or medications (see the "Community Linkage" section of this report). A few of the interview respondents also expressed interest in developing a relationship with community social agencies to provide testing, education, or other services to their inmates living with HIV/AIDS.

Access to Specialists

All of the Consortium 9C respondents indicated that the course of treatment already established by the inmate's doctor would be continued, and a few respondents noted the jail physician could start a course of treatment. As described in the overview (see Tables 9C.1, 9C.2, and 9C.4), Consortium 9C respondents, on average, reported some difficulty providing access to specialty care for inmates living with HIV/AIDS. This could be due to a lack of specialists in this largely rural area. Two respondents indicated a need for more specialists in the area and another noted that inmates living with HIV/AIDS were treated by the jail physician because the wait times to see the local specialist were too long. All of the respondents with the exception of two reported inmates living with HIV/AIDS could or would be transferred to specialists. None of the survey respondents reported that genotype testing was provided.

Most respondents in the consortium perceived that accessing HIV/AIDS specialty care after release is the responsibility of the individual inmate. A few respondents noted that upon

release inmates are given information on scheduled appointments, but only in special cases will the medical staff arrange an appointment at release.

Medications: While in Jail

When taking into account both survey and interview data, all of the participating jails in Consortium 9C have policies allowing medications to be brought into the jail. Inmates are allowed to bring in their own medications or have family members or others provide medications for the duration of their stay. Many respondents noted that there were no formulary issues related to medications furnished by inmates, though one jail hasrestrictions on narcotics and a medical director at another jail makes decisions on a case-by-case basis. To verify that an inmate has a prescription for the medication(s) they are providing, most jail staff will call the inmate's pharmacy; a few respondents reported that the provider where the inmate has been treated would be called for verification.

For inmates not providing their own medications, none of the respondents reported that a supply of HIV/AIDS drugs was kept in stock, and most medications are provided by a local pharmacy. One noted it takes four hours to provide inmates with such medications, but most respondents stated that it can take 24 or 48 hours and that the timing depends on the jail's ability to verify the prescription with the pharmacy or prescribing physician. Two respondents indicated that it can take longer than 72 hours to verify and receive medications if an inmate is booked over the weekend.

Although on average the respondents reported paying for HIV-related medications as the biggest challenge, there were no respondents in Consortium 9C that reported limitations on the types of HIV medications dispensed. However, five respondents in Consortium 9C noted that the cost of medications or the health of the inmate can impact the length of time an inmate is jailed. 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 if the inmate can be released early or on his or her own recognizance.

Medications: At Release or Transfer

Release. When taking into account both survey and interview data, only one of the seven participating respondents in Consortium 9C reported that release medications were not provided. This respondent cited budget constraints as the reason for this practice. Many of the respondents report that the remainder of the supply purchased for the inmate would be released regardless of who paid for the medication. One respondent reported that a two- or three-day supply was

provided when the jail purchases the medications, and another indicated that enough was provided to last the inmate until their next medical appointment.

None of the interview respondents reported using funds under the Ryan White HIV/AIDS Program for release care. Two respondents were aware of the funds available under the Act, but had not attempted to access any available monies, and the remaining four respondents were not aware of the funds available through the Act. Also of interest, when asked to assess the jail's capacity for providing adequate release planning, the average rating for Consortium 9C was *neutral*.

Transfer. Generally speaking, medications are not provided within Consortium 9C jails for inmates being transferred to prison. Many of the respondents indicated that prisons do not accept medications. In cases where jails transfer to a facility that will accept medications, one respondent stated that the jail would send the remaining supply of jail-purchased medications, and another respondent reported that the next dose of life-sustaining medications would be sent. Medications provided by the inmate are returned to the inmate's family. To ensure continuity of care during transfer, most respondents in Consortium 9C reported that a transfer sheet with an inmate's medical history was forwarded to the receiving facility. They send the transfer sheet with the inmate and transport deputy.

Causes of Medication Interruptions

Medication administration. In Consortium 9C, most medications are administered via medication passes at which inmates are directly observed taking their medications by corrections officers or the nursing staff. The number of daily medication passes ranges from three to four. However, all respondents noted that the jails are equipped to handle more frequent medication passes if an inmate requires them. None of the respondents reported that inmates were allowed to keep a supply of medications on their persons.

Reasons for medication interruption. As described in the overview (Tables 9C.1, 9C.2, and 9C.4), Consortium 9C 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. However, 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, is reported, on average, to be somewhat of a challenge for Consortium 9C respondents. Table 9C.5 provides information related to the frequency of factors contributing to missed doses of HIV-related medications.

Table 9C.5. Consortium 9C: 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* = 5)	2.4	0.5
No prescriber available to prescribe HIV-related medications. *(n* = 5)	2.4	0.5
Inmate arrives at jail on weekend or after business hours. *(n* = 5)	2.2	0.4
Inmate cannot be depended upon to take medications at correct times. *(n* = 5)	2.2	0.8
Inmate is transferred between jails. *(n* = 5)	2.2	0.8
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. *(n* = 5)	2.0	1.0
Inmate is away from jail for court hearing or other approved activity. *(n* = 5)	2.0	0.0
Inmate is transferred between jail and prison. *(n* = 5)	2.0	0.7
Inmate's prescribed HIV-related medications are not on the jail's formulary. *(n* = 5)	1.6	0.5
Staff not able to monitor all doses of medications. *(n* = 5)	1.4	0.5

- Mean scores for contributing factors range from 1.4 to 2.4, indicating that the surveyed Consortium 9C respondents perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions as well as in the interviews (see Tables 9C.1, 9C.2, and 9C.4).
- Consortium 9C respondents, on average, perceived the most frequent contributors to missed doses to be inmate refusal and a lack of available prescribers.

Generally speaking, Consortium 9C respondents did not report medication interruption as a frequent occurrence. However, the primary non-offender related reasons for medication interruption were reported to occur as inmates are either entering or exiting the jail (i.e., intake and transfer). This could indicate that medication dispensation at transition points is perceived to be the most difficult to manage. Once an inmate is established at the jail, it appears that offender-

related reasons for medication interruption are more common than non-offender related reasons for medication interruption (although still rarely reported).

HIV Policies and Procedures

Transfer policy. In general, Consortium 9C respondents reported that there was no difference in the transfer policy for inmates living with HIV/AIDS, though one respondent reported they would not accept medically complicated cases from other counties. All inmates (incoming and outgoing) are transferred with a medical transfer sheet that discloses any pertinent medical information.

Disclosure of HIV serostatus. Two respondents reported that correction officers are notified when an inmate is found to have HIV/AIDS. Three respondents reported that their policy is not to tell anyone but members of the medical staff that an inmate has HIV/AIDS. However, one of these respondents noted that corrections officers typically know an inmate's HIV serostatus anyway because they conduct the booking screenings, are present at health screenings, and sometimes conduct medication passes.

Segregation policy. Most of the respondents reported that their housing policy is to place inmates living with HIV/AIDS in the general population unless they are extremely ill. One Consortium 9C respondent reported that inmates living with HIV/AIDS can request segregation. Another respondent reported that because of the physical limitations of their facility, the only way they are able to provide medical segregation is by placing an inmate in an isolation cell.

Community Linkage

Most of the Consortium 9C respondents did not describe their respective jails as providers of non-medical services (i.e., counseling, case management, etc.) for inmates living with HIV/AIDS. A few respondents noted that substance abuse treatment, pastoral care, or mental health service were provided to all inmates. Two respondents also indicated their mental health services had or would be eliminated due to lack of funding.

While they do not provide these services themselves, jails in this consortium do draw on community resources for some aspects of non-medical HIV care such as counseling. It should be noted that these services are not specifically tailored to inmates living with HIV/AIDS, but rather are available to all inmates.

Some of the survey respondents indicated that help is received from the community with HIV medical care. The survey respondents who reported using community organizations for HIV care said the local health department and, in the case of one jail, a local hospital were utilized. These organizations may provide HIV testing, non-medical services such as counseling, HIV-

related medications for inmates while they are in jail, HIV-related release medications, or non-medication related release planning. Three of the survey respondents reported that no community organizations provided HIV-related services to their inmates.

Consortium 9C respondents, on average, reported that they were not taking full advantage of local resources for HIV care for inmates (see Table 9C.4), and a few respondents indicated they would be interested in developing linkages with local resources. Respondents suggested they would like to receive help with educating inmates about HIV/AIDS and providing HIV-related medications.

Conclusion

Participating jails in Consortium 9C generally do not report large caseloads of inmates living with HIV/AIDS. When they do house inmates with the disease, they find the financial burden of providing HIV care difficult to bear. The jail personnel would like more collaboration with community-based organizations that could provide medical or non-medical services for inmates living with HIV/AIDS. Establishing linkages could help jails in this consortium provide additional services to inmates living with HIV/AIDS. Respondents reported a need for HIV education for inmates and staff, testing services, financial assistance with medications, and more access to specialist care.