

# **HIV Care Cascade in Community Corrections: Implications for HIV treatment outcomes among criminal justice involved populations**

**Nickolas Zaller, PhD**

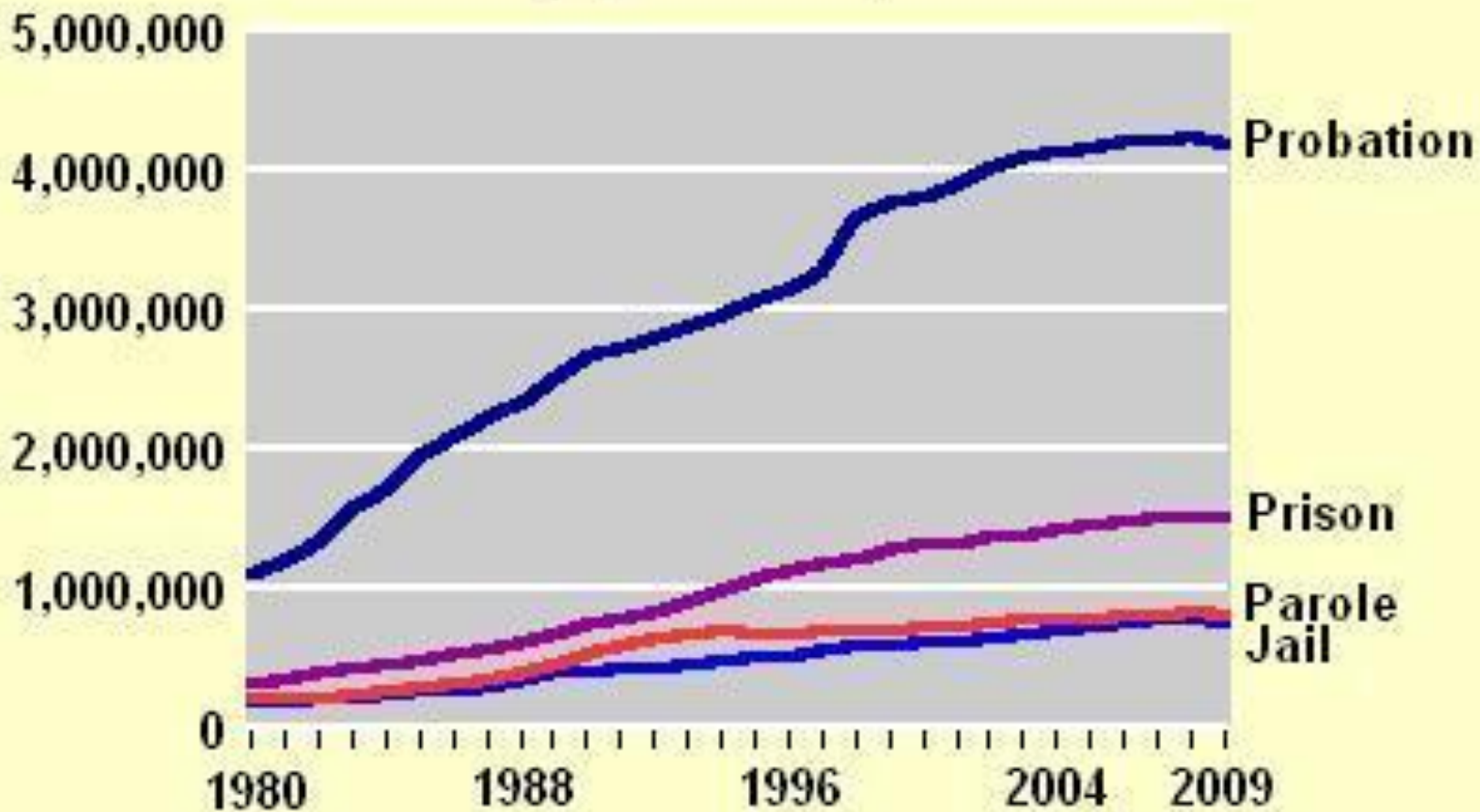
**The Miriam Hospital**

**Lifespan/Tufts/Brown CFAR**

# The epidemic of incarceration

- Nearly 12 million incarcerations (and releases) per year comprising nearly 8 million individuals in the US (BJS);
- 750 prisoners per 100,000, higher than any other nation.

## Adult correctional populations, 1980-2009



Source: BJS

# So what does this mean for HIV?

- People who are incarcerated are at increased risk for acquiring and transmitting HIV (as well as other infectious diseases).
- The correctional setting is often the first place incarcerated men and women are diagnosed with HIV and provided treatment.
- Each year, an estimated 1 in 7 persons living with HIV pass through a correctional facility (Spaulding et al, 2009).

# Criminal Justice System Represents a Significant Public Health Opportunity

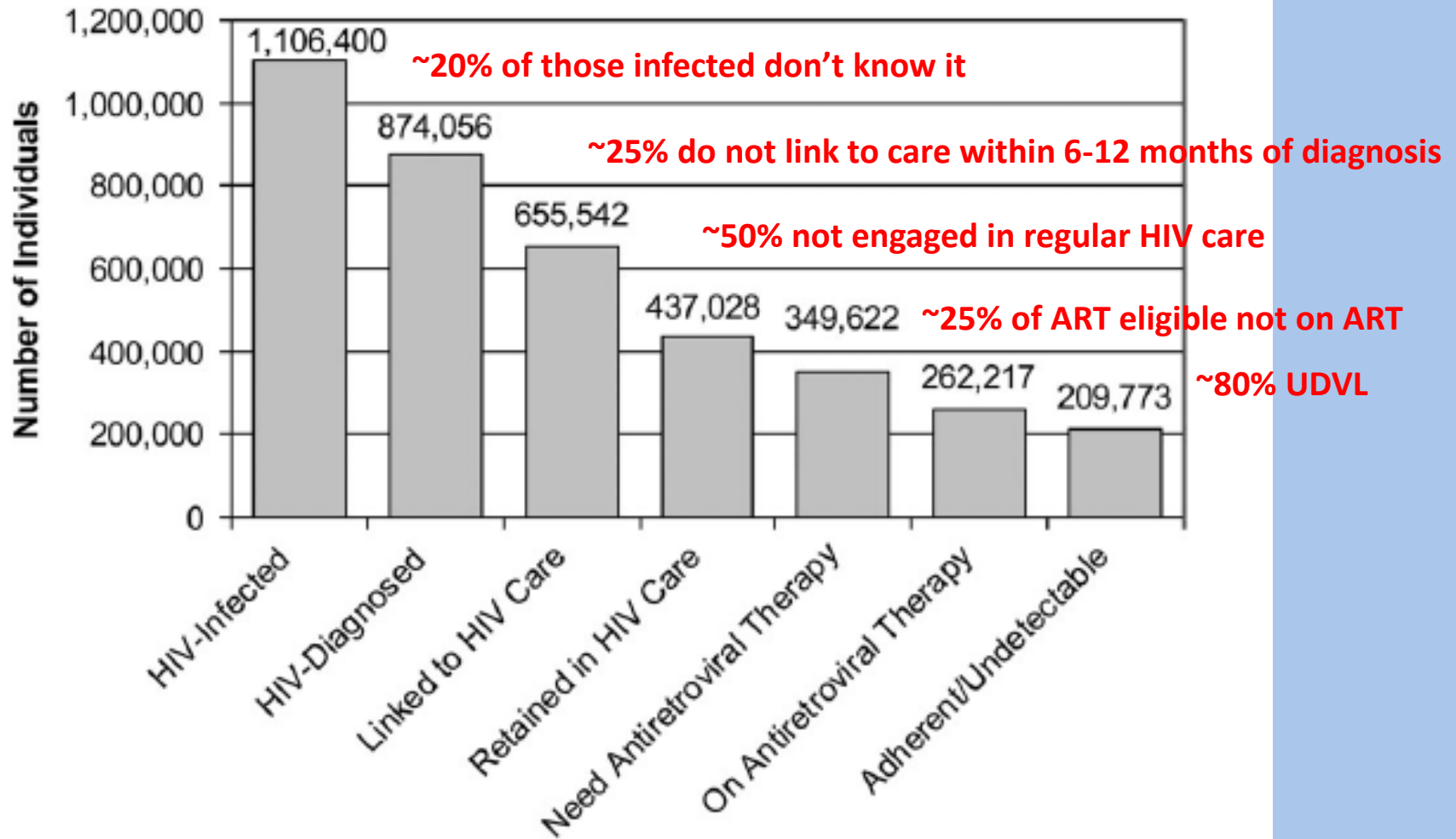
- Most significant challenges with respect to HIV care are: delays in testing, delays in care and poor retention in care (early drop-out)<sup>1</sup>
- The CJ system can address barriers in testing and initiation in care
- And can provide robust discharge planning to link people to care post-release.

<sup>1</sup>Mascolini M. The three biggest HIV problems in the United States: Late testing, late care, and early dropout. *Research Initiative: Treatment Action!* 2011;16:1-73.

# Definitions (delRio)

- Linkage to care is the process of engaging newly diagnosed HIV-infected persons into HIV primary care
- Entry into care after HIV diagnosis, defined as a visit with an HIV care provider authorized to prescribe ART
- Retention in care is attending required provider visits for primary HIV care
- Engagement in care embodies the distinct but interrelated process of linkage and retention in care

# HIV Care Cascade



# How does this apply to CJ settings?

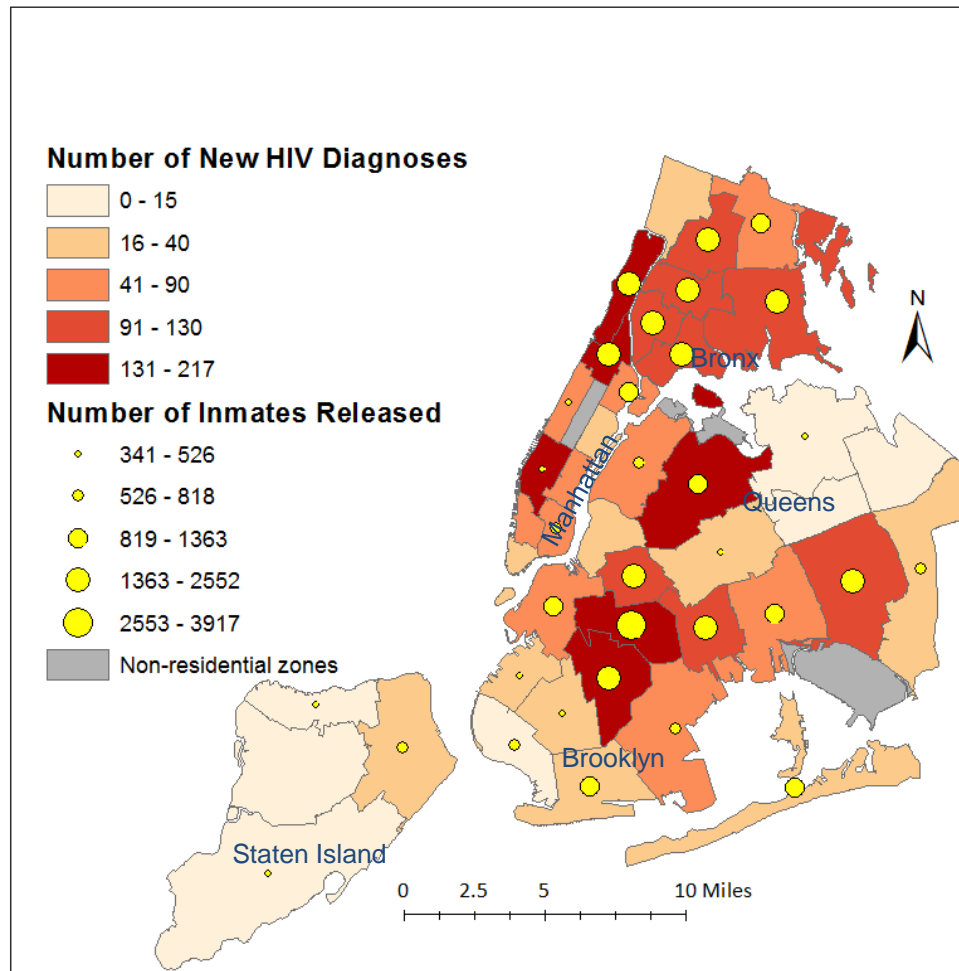
- Different models for prisons, jails and community corrections.
- While HIV testing can be initiated similarly across settings, initiation of and linkage to care varies considerably.



# **Understanding the Revolving Door: Individual and Structural-Level Factors Associated with Recidivism Among HIV-infected Jail Detainees (Fu et al, 2013)**

- Increased likelihood of recidivism 6 months post-release from Jail:
  - Major psychiatric diagnosis
  - Homelessness prior to incarceration
  - Longer lifetime incarceration history
  - Charge with violent offense
- Decreased likelihood of recidivism correlated with:
  - Health insurance in the 30 days following release

# NYC New HIV Diagnoses and Number of Inmates Released from NYC Jails by Zip Code

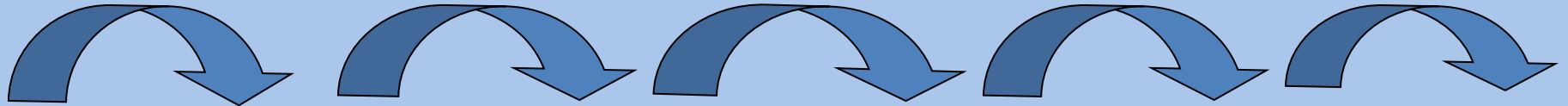


New HIV Diagnoses as reported to NYC DOHMH HIV/AIDS Registry (HARS) by June 30, 2011. Number of Inmates Released reported by NYC DOC. All reports for the FY 2010 (July 1, 2009 to June 30, 2010).

# Retain

- The main failure of HIV treatment occurs at the point of transition of care from the correctional facility back to the community.
- Relapse to addiction is frequent, and untreated mental illness, homelessness and poverty all act as significant barriers to care.
- Successful discharge planning and intensive case management during the transition from corrections to the community is critical to ensure adherence to HAART and linkage to care.
- Particular attention needs to be paid to treating mental illness, offering opiate substitution therapy and addictions treatment, and addressing issues of housing instability and punitive laws barring access to public assistance.

# Addressing Drug Use with the Criminal Justice System



**ENTRY**  
(Arrest)

**PROSECUTION**  
(Court, Pre-Trial  
Release, Jail)

**ADJUDICATION**  
(Trial)

**SENTENCING**  
(Fines, Community  
Supervision,  
Incarceration)

**CORRECTIONS**  
(Probation, Jail,  
Prison)

**COMMUNITY  
REENTRY**  
(Probation,  
Parole, Release)

## Key Players

Crime victim	Crime victim	Prosecutor	Judge	Probation	Probation/ Parole
Police	Police	Defense Attorney	Jury	Officers	Officers
FBI	FBI	Defendant		Correctional	Family
	Judge	Jury		Personnel	Community-based providers
		Judge			

## Intervention Opportunities

Screening/ Referral	Diversion Programs Drug Courts Community Treatment TASC	N/A	Drug Court Terms of Incarceration Release Conditions	Drug Treatment	Drug treatment Aftercare Housing Employment Mental Health Half-way House TASC
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# Study Design and Methods I

- Observational study of 200 HIV positive community corrections participants in Baltimore.
- Population will consist of individuals both in and out of HIV care.
- One-time computer administered survey and a one-time blood specimen for a HIV plasma viral load (PVL).

# Study Design and Methods II

## Primary Objectives:

To determine:

- 1) engagement in community HIV care;
- 2) access to ART;
- 3) adherence to ART; and
- 4) HIV viral load suppression.

# Expected Outcomes

Based on the IOM report Monitoring HIV Care in the United States: Indicators and Data Systems:

- proportion who are actively engaged in care (self-report, chart review, if available);
- proportion in care who are prescribed ART (self-report, chart review, if available);
- proportion in care and prescribed ART who are adherent to ART (self-report, PVL, chart review, if available);
- proportion prescribed ART who have undetectable PVL (PVL and chart review, if available).

# Collaborators

- Friends Research Institute: Mike Gordon, Monique Wilson, Pasha Diallo
- George Washington University CFAR: Irene Kuo
- The Miriam Hospital: Curt Beckwith, Lauri Bazerman, Jackie Kurpewski