




# TRANSITIONAL CARE COORDINATION: PROVIDING A SUPPORTIVE LINK BETWEEN JAIL AND COMMUNITY HIV CARE

November, 6, 2017

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 **INFORMED.**   
INTERVENTIONS

# Presenter Disclosures

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**(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

# PRESENTERS

## **Boston University**

- Jane Fox, MPH, DEC Principal Investigator

## **Southern Nevada Health District**

- Kathryn Barker, MPH, Principal Investigator

## **Cooper University Hospital**

- Cheryl Betteridge, BSW, Transitional Care Coordinator

## **University of North Carolina**

- Claire Farel, MD, MPH, Principal Investigator

# TRANSITIONAL CARE COORDINATION

## From Jail Intake to Community HIV Primary Care

- Intended for organizations and agencies considering strengthening connections between community and jail health care systems to improve continuity of care for HIV-positive individuals recently released from jails.
- Designed to implement a new linkage program to for PLWH to support their care retention and engagement post-incarceration and as they re-enter the community.



# TCC INTERVENTION PRODUCTS

## TARGET Center

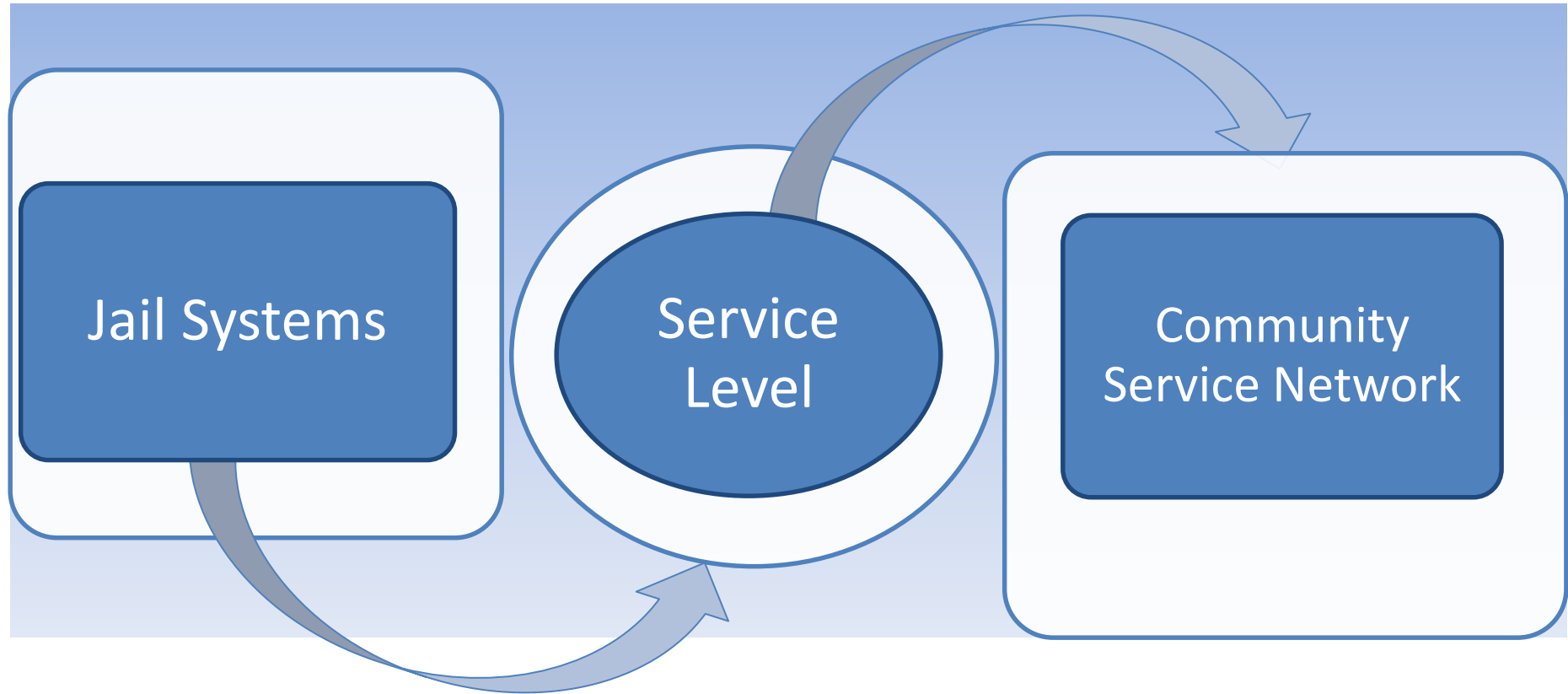
- **Implementation summary**
- **Implementation plan**
  - Logic model
  - 3 year work plan
  - Budget
  - Staffing plan and position descriptions
- **Implementation manual**
- **TA Agendas**

# LOOKING AHEAD: TCC INTERVENTION

- Continue monitoring implementation at sites and multi-site outcomes evaluation.
- Analyze and summarize interim findings
- Update adapted interventions
- Release final interventions as CATIs



# TRANSITIONAL CARE COORDINATION



# CORE COMPETENCIES & ELEMENTS

- *DOC Relationships*
- *HIV Service delivery*
- **INITIAL CLIENT CONTACT**
- *Client Identification*
- *Auditory Privacy*
- **TRANSITIONAL CARE PLAN**
- *Interview area with desk, phone, internet-access, computer*
- *Designated Health Liaison*
- *Defenders / court advocates*
- *Projected / known date community return*

Prepare for jail release

Transition to standard of care

- **FACILITATE A WARM TRANSITION**
- *Resources to inform Needs assessment/discharge Plan*
- *Champions to spread the word*
- *Contacts to facilitate discharge medications*
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Community linkage and follow up

- **APPROPRIATE FOLLOW UP THROUGH 90D AFTER INDEX INCARCERATION**
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# TCC Site Highlights

## Southern Nevada Health District (Las Vegas, NV)

- Long-standing relationship with the county correctional system, SNHD provides epi surveillance
- High degree of support for integration of the intervention into the jail system and for sustaining it past the conclusion of this funding
- Working collaboratively with the jail on concrete changes to support client re-engagement in care.
- HIV primary care is provided at the jail through a private medical contractor.

## Cooper Health System (Camden, NJ)

- Existing relationship with local jail system via Cooper physician who provides medical care in jail
- There is strong support from the past and current warden for the intervention
- Majority of clients will receive medical care and support services through Cooper, which enhances the site's ability to facilitate connection to services and tracking

## University of North Carolina-Chapel Hill (Chapel Hill, NC)

- Subcontracts with Wake County Human Services for TCC staff and strong relationship
- High degree of support and buy-in from local jail system and Jail Health Administrator
- HIV primary care is provided off site at the UNC HIV clinic.

# IMPLEMENTATION LESSONS: Transitional Care Coordination

## Facilitators of successful implementation:

- Strong leadership from clinic administration and supervisors
- Existing collaborative relationships with the jails
- Proactive and engaged staff that have existing relationships with the jails

## Barriers to implementation:

- Staff turnover
- Policies specific to each jail setting (for example, people being released from the jail in the middle of the night)

# Transitional Care Coordination in Clark County, NV: Building a Network of Care



Kathryn Barker, Principal Investigator

Jason Butts, Data and Program Manager

Elizabeth Adelman, Data & Program Manager

Leonard Taylor, Care Coordinator

Kelli O'Connor, Care Coordinator

Joey Arias, Clinical Supervisor

Victoria Burris, Program Support



# Clark County, NV

- 2.2 million residents
- 43 million visitors
- ~25,000 experienced homelessness in 2017
- ~9,500 PLW HIV/AIDS in 2016



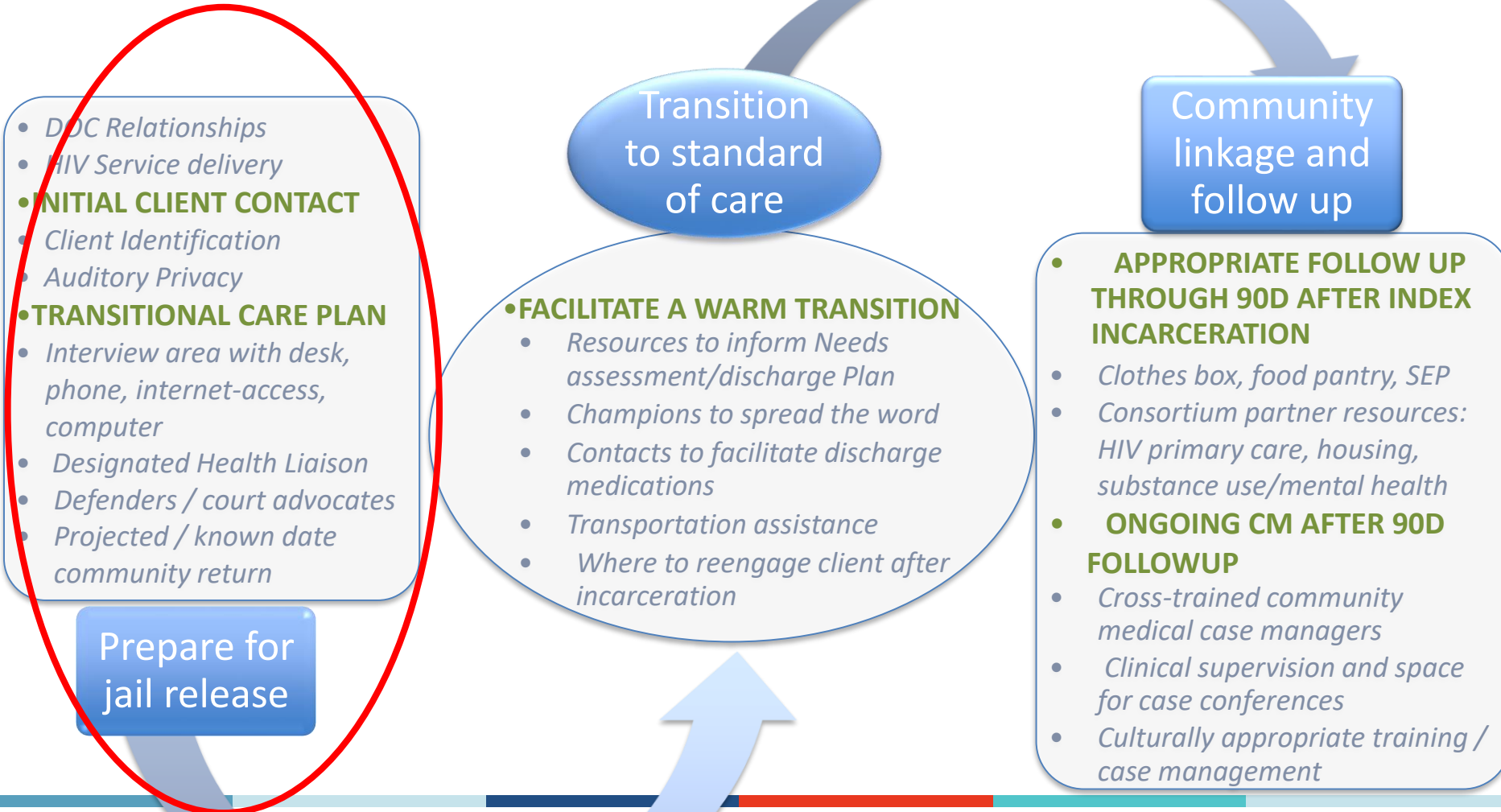


# Clark County Detention Center

## At A Glance (2015)

Facilities	CCDC, North Valley Complex
Average Daily Pop	4,007
Bookings	56,299 or 154/day
Community Releases	56,643
Length of Stay	mean=25 days
Medical Services	Contracted Vendor

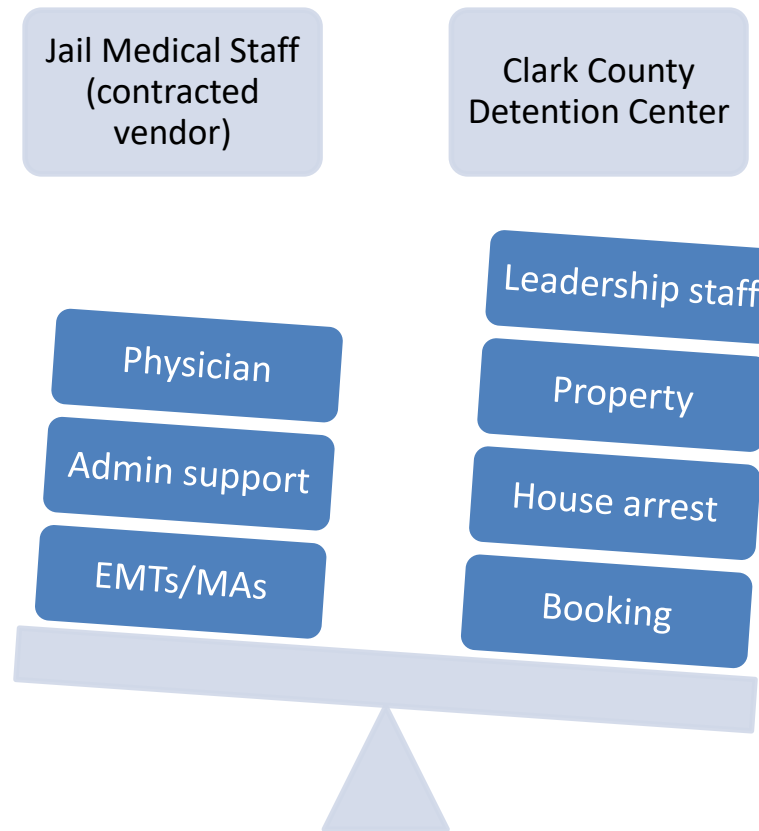
# Transitional Care Coordination



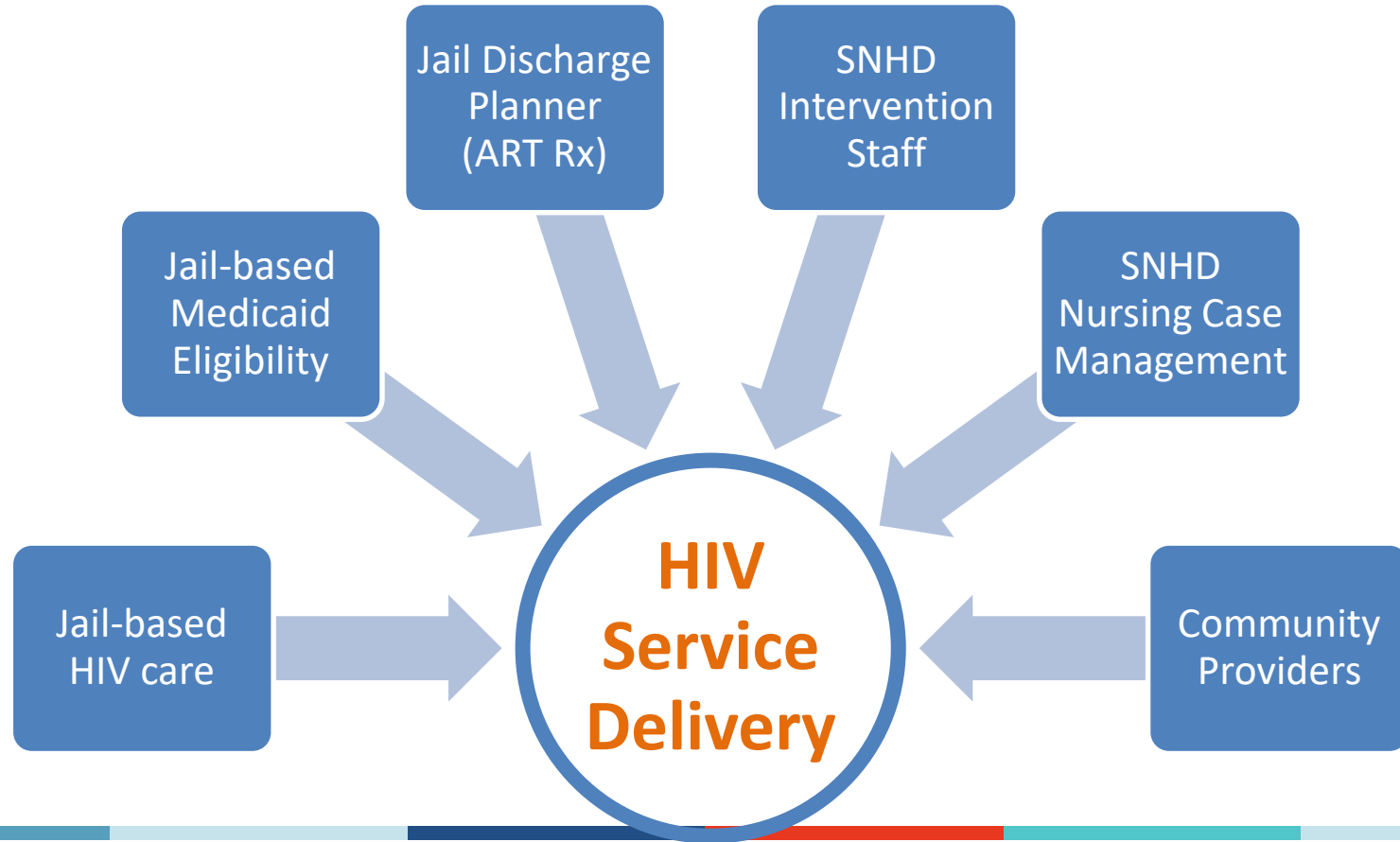
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# Pre-Implementation

## Relationships with Correctional Facility



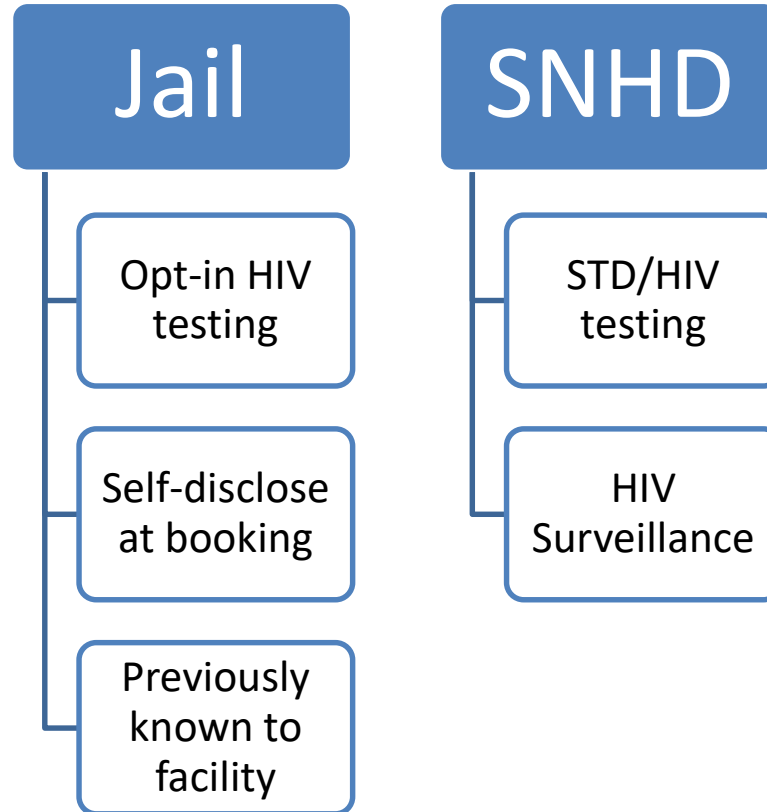
# Pre-Implementation





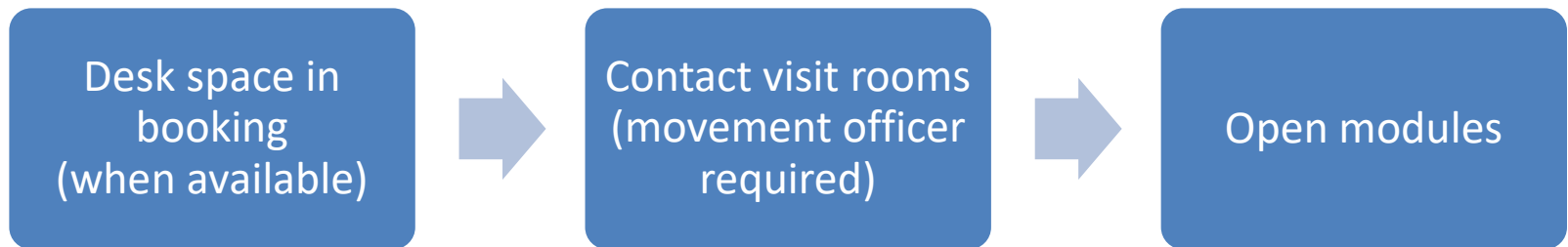
# Initial Client Contact

## Client Identification

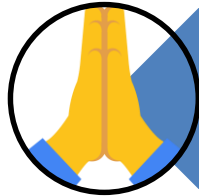


# Initial Client Contact

## Auditory Privacy



# Transitional Care Plan



Interview area with desk, phone, internet-access, computer



Designated health liaison



Public defenders and court advocates



Projected / known date of community return

# Contact Information

**Kathryn Barker, MPH**

**Office of Epidemiology and Disease Surveillance**

**Southern Nevada Health District**

**[barker@snhd.org](mailto:barker@snhd.org)**

## References

- Homeless Census <http://helphopehome.org/wp-content/uploads/2017/07/2017-S-Nevada-Census-and-Survey-for-posting.pdf>
- Clark County Demographer <http://www.clarkcountynv.gov/comprehensive-planning/demographics/Documents/Population%20by%20Place%202016.pdf>
- Las Vegas Tourism <http://www.lvcva.com/includes/content/images/media/docs/ES-YTD-2016.pdf>

# Transitional Care Coordination in Camden New Jersey Cooper University Hospital Early Intervention Program

Cheryl Betteridge BSW, Transitional Care Coordinator: Presenter  
Elizabeth Fletcher DNP, APN-C, Program Manager  
Tonya Shorter- Data Manager  
Pamela Gorman, Principal Investigator

# Camden County Correctional Facility (CCCF)

- Camden City is ranked among the poorest cities in the United States.
- Previously, incarcerated individuals were residents of Camden
- Changing Demographics
  - Opioid addiction
  - Transportation Center
  - Transient



# Cooper Early Intervention Program (EIP)

- Cooper EIP: Camden, Burlington, Gloucester, and Salem counties
- Funded: Ryan White Parts A and C.
- Multidisciplinary Primary HIV Care
- N.J. Dept. of Health
- Located 4 blocks from CCCF
- Long-term relationship
  - 2004: CTR
  - Medical care
  - Education



# Transitional Care Coordination

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- *HIV Service delivery*
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# Resources Needed For Discharge Plan Per Assessment

- Assessment of needs inside and outside of jail
- Develop Care plan:
  - Legal obligation
  - Court/ Health Liaison
  - Needs
    - Re-engagement in care
    - Linkage to care
    - Housing
    - MH
    - SA

# Pros and Cons of Bail Reform Instituted 01/2017

## Pros:

- Eliminate bail for minor crimes
- Significantly reduce jail population.
- Alternative to incarceration Programs
- 6 Months: jail population has declined by nearly 20 percent.



## Cons:

- Lost opportunity for TCC to meet with client
- Lost opportunity to assist with needs: MH, SA, Housing
- Lost to relink individuals to care

# Champions to Spread the Word

## Community Partner

- Survey Monkey
- SAFEPAT
  - Outreach

## Jail Staff

- Second Chance (Genesis)
- Medical Staff
- Work Release program/ SLAP

## Other Agencies

- Cathedral kitchen
- Methadone Clinic
- Joseph House/VOA/OASIS
- MH Services



# Champions to Spread the Word

## Strategies to keep staff informed

### EIP Staff

- Daily email
- Medical Case management update
- Weekly patient care conference update

### Other agencies

- Frequent contact
- Open communication
- Avoid Duplication of services



# Resources to Facilitate Discharge Medications and Compliance

## TCC

- Verify insurance
- ADDP

## Jail Staff

- Pt's Pharmacy

## EIP

- Vouchers for local pharmacies

## Other Medical facilities

- Call in scripts
- Onsite Pharmacy

# Transportation Assistance

## Medicaid Recipients

- Logisticare



## Non-Medicaid Recipients

- PHMC



## Other Resources

- 5 Star Cab company
- Bus tickets
- Reduced fare cards



# Initiating Linkage To Care

- **Discharge Plan:**
  - **Meet at jail:** expect the unexpected
    - Release held up
    - After hours release
  - **Meet at EIP**
    - \*Proximity-3 to 4 blocks from the jail\*
    - Discharge Planning
    - Incentives Provided
    - Navigation

# Conclusion

## Linkage To Care

*Transitional Care Coordination from incarceration to HSO Primary Care requires the staff to think outside the box to devise strategies to handle the unexpected in the effort to link, re-engage and retain individuals in care.*



# **Transitional Care Coordination in Wake County, North Carolina:**

**Leveraging Academic and Public Health Partnerships  
to Retain Vulnerable Persons in HIV Care Following Jail Release**

**Claire Farel, MD, MPH**

**Principal Investigator, DEII TCC UNC-CH/Wake County Performance Site**

**Medical Director, UNC Infectious Diseases Clinic**

**University of North Carolina School of Medicine**

**November 6, 2017**

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Abstract #383858

# Background

- The Southeastern United States has high rates of:
  - » Incarceration
  - » HIV incidence and prevalence
  - » AIDS prevalence and deaths
- While retention in HIV care is critical for the health and well-being of people living with HIV, incarceration hampers successful engagement
  - » This impacts both *individual* and *community* health
- The University of North Carolina at Chapel Hill (UNC) has longstanding involvement in HIV clinical care and research engagement of incarcerated populations in North Carolina (NC)
  - » Our research has demonstrated the negative impact of *short-term, episodic* incarceration on the health of HIV-positive men and women



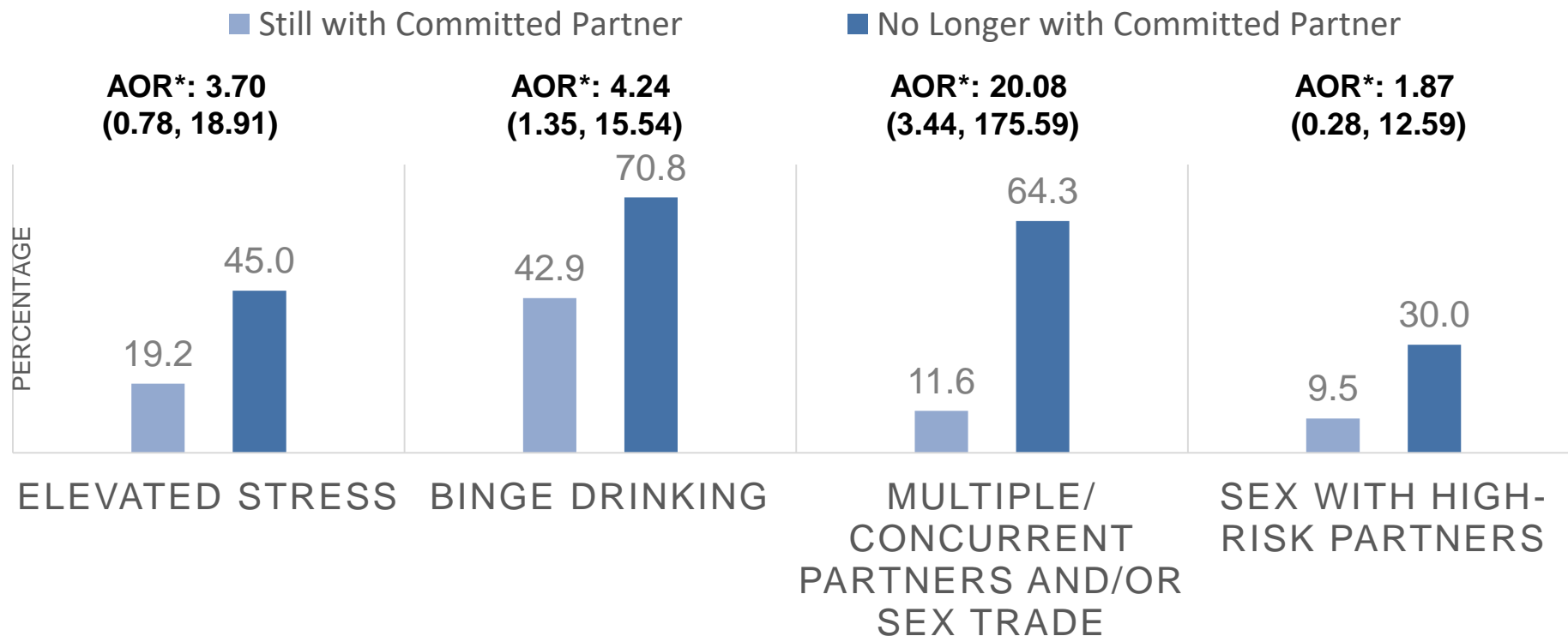
# Background

- HIV in North Carolina, 2016
  - » 20-29 year-olds comprised 42.8% of the newly diagnosed population
  - » 45-54 year-olds represented approximately one-third (31.8%) of all adult & adolescent infections
  - » Black/African Americans represented 62.1% of all adult & adolescent infections (47.2 per 100,000)
  - » Highest prevalence (81.0 per 100,000) among adult & adolescent Black/African American men

HIV/AIDS Statistics	North Carolina	Wake County
HIV diagnoses	34,187	3,704 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">11%</span>
Newly diagnosed HIV infections	1,399	173 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">12%</span>
Avg. rate of new HIV diagnoses: 2014-2016 (per 100,000)	16.1	17.9
AIDS diagnoses	15,628	1,732 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">11%</span>
Newly diagnosed AIDS cases	598	66 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">11%</span>
Avg. rate of new AIDS diagnoses: 2014-2016 (per 100,000)	8.1	7.7

# Incarceration and Health Outcomes

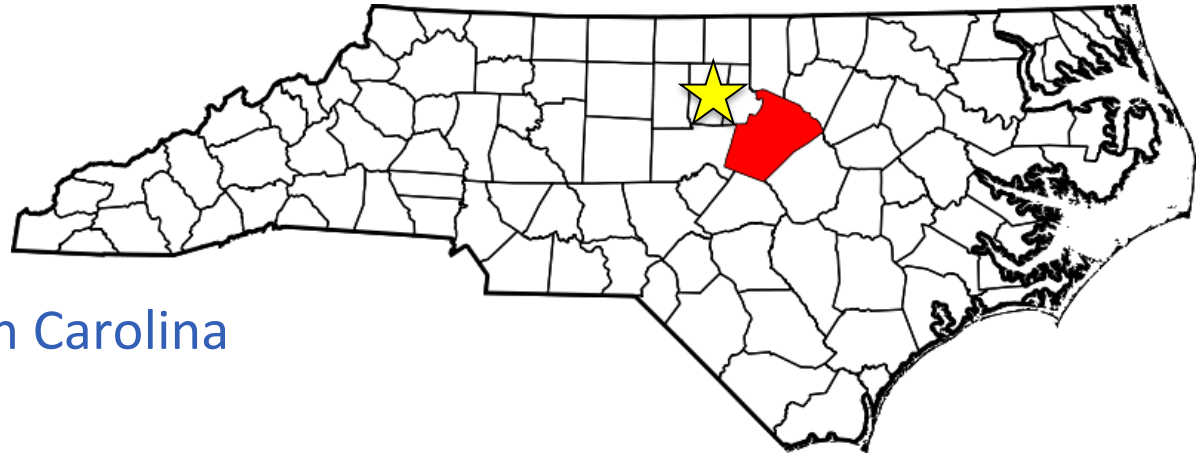
## Dissolution of Committed Partnerships during Incarceration and Mental Health and Behavioral Risk in the Month after Release\* (Project DISRUPT, 2014)



\*Backwards elimination was used to identify confounders based on a 10% change in the estimated effect size. The following potential confounders considered: ASPD, executive function, IPV by either partner or self, degree of happiness, and corresponding outcome measured at baseline.

Ref: Khan et al. CPDD 2015

# Background



- Wake County, North Carolina
  - » 860 square miles
  - » Includes urban (Raleigh), semi-urban and rural areas
  - » City of Raleigh is the center of the state government & county seat
  - » ~1,025,000 residents
  - » Population is forecasted to maintain substantial growth of ~25,000 new residents per year for the next few decades
- UNC has decades-long relationships with academic, public health, correctional, and community organizations in Wake County.

# Background

- Performance Site: Key Players
- Wake County Human Services
  - » Wake County Human Services (WCHS) is the consolidation of county programs and services including social services, public health, mental health, job training, child support, housing and transportation.
- Key Wake County locations for TCC:
  - Wake County Detention Center
  - WCHS HIV Clinic (jointly staffed by Wake County employees and UNC faculty)
  - WCHS Case Management (Under One Roof)

# Background

- Wake County Sheriff's Office Detention
  - » Two detention facilities in Raleigh, NC
  - » Total bed capacity of 1,568.
  - » **In 2016:**
    - Over 32,000 detainees admitted
    - ~12,000 of admissions released almost immediately for pre-trial period
    - Daily detainee population fluctuated from a low of 1,123 to a high of 1,580
    - Many detainees return to Wake County post-release



Wake County Detention Facility



Public Safety Center

# Methods

- *DOC Relationships*
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# Methods

Our site-specific TCC adaptation capitalizes on previous relationships and strengthened partnerships between **academic, county, correctional and community** stakeholders.





# Wake County Human Services HIV Intervention Program (Clinic B)



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# Wake County Human Services HIV/STD Community Program



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# Methods

- Decades-long relationship between state university and county and state-level public health infrastructure
  - » UNC faculty as providers and medical directors at county health department clinics
  - » UNC faculty as state and county-level public health officials
  - » UNC faculty provide infectious diseases consultative care and lead HIV care provision and standards within the NC Department of Public Safety (state prison system)
  - » UNC-based research sites in Wake County and outreach statewide via mobile unit (ACTG, HPTN, WIHS, and others)

# Methods

- Ryan White infrastructure provides opportunities to network and communicate
  - » Promote culture of collaboration in patient engagement and linkage and uniform clinical requirements
  - » Quality improvement initiatives
- Academic structure provides opportunities for outreach
  - » Conferences, continuing education events, lectures
  - » Guest speakers
  - » Special events (World AIDS Day)
  - » Research collaboration



## Conclusions

- The TCC intervention requires strong partnerships between multiple stakeholders to link and retain vulnerable correctional populations in HIV care.
- Implementation of successful linkage and retention interventions requires a shared commitment to addressing structural drivers of HIV morbidity and mortality.
- Cultivating collaboration between private/academic entities and state and county-level public health and correctional infrastructure promotes shared commitment to improving the health of persons living with HIV.



# Acknowledgements



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  - » Karen Fortu
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- **Southern Nevada Health District (Las Vegas, NV)**
- **Cooper Health System (Camden, NJ)**

# References

- Khan MR, Behrend L, Adimora AA, et al. Dissolution of primary intimate relationships during incarceration and implications for post-release HIV transmission. J Urban Health (2011) 88:365. <https://doi.org/10.1007/s11524-010-9538-1>
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# Questions?