

“HOMECOMING”
Strengthening the Linkage to Care for
Recently Released Clients

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Scope of Services

- Contract with the Polk County Sheriff's Department to do 200 OraQuick test per month (100 men and 100 women)
- Two Jail Service sites with 1.5 FTE employees
- Draw serum for hepatitis and syphilis
- If HIV test is positive then serum is sent for a confirmatory test
- All HIV and Syphilis positive results are referred to STD Disease Intervention Specialist (DIS) for investigation and partner elicitation follow-up
- Positive Hepatitis results are referred to Hepatitis program for follow-up
- Collaborate with HIV clinic's medical case management to provide discharge planning

Respective Demographics
Jan-March 2008

Total Inmates Tested

Male 212

- three confirmed positives

Female 152

- one confirmed positive

Jan-Mar, 2008 Quarter Total Tested 364

LINKAGE SERVICES

first quarter 2008

- Medical Care
- Partner Services (PS)
- Prenatal Care
- Case Management
- County Health Department
- AIDS Drug Assistance Program
- Substance Abuse Treatment Center/Program
- Mental Health Counseling/Treatment
- Housing
- Transportation
- Support Group

Demographics 2007

Tested

Males 599

Positive 2 0.3%

Females 554

Positive 2 0.4%

Collaborating Agencies

- Correction Medical Services
- Prison system
- Medical providers local and distant
- Mental Health facilities
- Minority CBO
- Religious groups
- Homeless shelters
- Health Department HIV Medical Case Managers

Beginning Steps

- Grass roots since 1993
- Funding source July 2005
- Memorandum of Agreement/Sherriff
- Met with jail medical staff
- Program development

Barriers to Care

(Client and System-Based) post release

- Lack of housing for sex offenders and violent offenders
- Chemical dependency
- Mental health problems and issues
- Transportation difficulties
- Fear of HIV+
- Lack of appropriate identification/non-documented
- Lack of social and employment skills
- Returning to previous culture
- Lack of support, emotional or monetary

Strategies to Overcome the Barriers

- Protect inmates privacy
- Provide health education
- Periodic follow-up with inmates while incarcerated
- Collaborate with other agencies

Various Health Service Gaps of HIV Positive Individuals Recently Released from Incarcerated Settings

- Inmates have various health service gaps due to their unique risk factors, and they are as follows:
- The need for substance abuse counseling and programs
 - STD and other infectious diseases treatment and referral for self and their sexual partners (single and multiple)
 - Naiveté of the health care system and available resources
 - Obtaining stable housing, food and necessities
 - Males are at greater risk for qualifying for resources

Innovative Methods for Providing Care and Treatment to Recently Released HIV+ Individuals Returning to Their Communities

- The Client needs discharge packet including the following information:
- HIV medications and other medications (including psychotropic)
 - HIV confirmatory laboratory results
 - Current CDC-4 laboratory results
 - Current chest X-ray

continued

- TB status
- Chronic Illness clinic summary
- Chronic Illness flow chart
- A 30 day prescription of needed medications
- HIV/AIDS information summary
- Consent for release of medical records
- Appointment setting assistance
- A toll-free number for help and information

continued

Services that can be provided to this special target population are as follows:

- A complete inmate intake process encompassing the persons SS#, photo identification ID, and proof of record while in prison
- A complete needs assessment
- Trade school instruction to improve employability opportunities

continued

- Job placement assistance for inmates being released.
- Assistance in providing needed food stuffs to inmates.
- Assistance in transportation .
- Medical case manager linkage
- Housing assistance

Examining the Process of Re-entry for Ex-Offenders Living with HIV

The purpose of the release program will be addressed by:

- Health education on the disease process to improve adherence
- Provide education to reduce risk and increase prevention
- Providing continuity of medical care increase Adherence to medications
- Enhance community protection from communicable disease
- Reduce return rates
- Increase community linkages

Lessons Learned

- Education
- Time
- Patience
- Work around what you can not work through
