



Expanding Jail Services & Improving Health for Incarcerated People Living with HIV Using HRSA Policy 18-02

Speakers



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Learning Objectives



- 1. Provide information regarding the use of HRSA Policy 18-02 to improve services and health outcomes for incarcerated individuals.
- 2. Describe how an established Early Intervention and Case Management Program within a Jail setting was able to implement new systems that improved linkage to care timelines and rapid start medication protocols for people living with HIV.
- 3. Review data related to improved health outcomes for clients that received services under HRSA Policy 18-02
- **4**. Provide tools for implementing a Jail Opt Out testing program.

Maricopa County

Nations 4th Largest county in terms of Population.

U.S. Census Population as of 2019 was 4,485,414.

~62% of Arizona's population. ~69% of Arizona's people living with HIV.



Maricopa County Jails



- 4th Largest Jail system in the country. Includes a network of 5 County Jails.
- ~110,000 Arrestees each year
- In 2019:
 - 9,816 tests completed in Opt Out HIV testing
 - 84 HIV Positive Individuals



How this work supports Ending the HIV Epidemic



Ending the HIV Epidemic A PLAN FOR AMERICA

Jail testing is essential to our Ending the HIV Epidemic Imitative because it gives us access to linking vulnerable and hard to reach populations.

Can support Ending the HIV Epidemic Pillars:

- 1. Diagnose all people with HIV as early as possible.
- 2. Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Why This Work is Important: Vulnerable Populations



Mrs. A

- Mrs. A is a 41 y/o African American female with risk factors of homeless, IV drug miss use.
- Building Trust: Gentle, professional touch.
- Post Release: Empowered to link to care (look at me).

Mr. B

- 33 y/o white male with risk factor of unprotected sex with women, drug miss use, homeless and SMI.
- Building Trust: Multiple visits.
- Post Release: Accessed medication.





- Ryan White Part A Program
- Correctional Health Services
- Correctional Officers
- Public Health Department
- HIV Prevention
- Medicaid

The Difference Between Jails and Prisons



Торіс	Jails	State & Federal Prisons
Funder	Local counties and cities	State and Federal
Coverage of HIV Care and Testing	Varies	Varies
Client sentence	Generally less than a year	Can be multiple years
Release from Jail	Not pre-determined	Scheduled release



HRSA Policy Clarification 18-02:

The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved

Source: <u>HRSA HAB Policy Clarification Notice 18-02</u>





The purpose of this PCN is to provide guidance to HRSA RWHAP recipients and subrecipients on the use of program funds to provide HRSA RWHAP core medical services and support services:

- 1. On a transitional basis to people living with HIV (PLWH) who are incarcerated in Federal and State prison systems; and
- 2. On a short-term and/or transitional basis to PLWH who are incarcerated in other correctional systems (e.g., local prisons and jails) or under community supervision (e.g., parole or home detention).

Transitional vs. Short-Term Basis



Торіс	Time Limit for Core and Support Services	Allowed Settings
Transitional	Roughly, 180 days or fewer before release.	All Settings*
Short-Term Basis	Recipient chooses! May be the entire incarceration	Jail, community supervision and local prisons. Not Federal or State.

The Crux: Payer of Last Resort

Ryan White is the Payer of ast Reso

Unallowable Uses



- Cannot pay for services for which payment has been made or can reasonably be expected to be made by Federal or State sources.
 - No duplicative services in other correctional systems or community supervision programs.
 - No short-term core medical services and support services in Federal or State prison systems on a short-term basis, because such services are generally provided by the Federal and State prison systems.
- Services for incarcerated persons who retain private, State or Federal health benefits during their incarceration

Additional Expectations



- Recipients learn about the correctional systems. Specifically:
 - 1. What health services are legally expected to be provided within the correctional system;
 - 2. How, and whether, the correctional system addresses the transitional needs of PLWH who are incarcerated, including: discharge planning, continuity of treatment, and community linkages, and;
 - **3**. What services will be provided with the HRSA RWHAP funds.
- Follow HIPAA and any other federal communication guidelines



Maricopa County Jail HIV Opt Out Testing Model

Client Process for Preliminary Positives





HIV Opt Out Testing after 5-7 days in jail.

- Client participates in opt out test via blood draw
- Public Health Lab runs preliminary and sends out confirmatory tests
- Client is notified of preliminary results and initial assessment begins
- Public Health Lab notifies CHS who notifies RWPA staff



Jail-based RWPA services

- Same day of confirmation (if possible), begins assessment, education, medical care and referral activities
- Encourages clients to start medications



Client is released to community, prison, ICE

• Community released clients may link to care

RWPA Medical Case Manager/Nurse Practitioner



- Funded by HRSA through Ryan White Part A (RWPA) at Maricopa County
 - Services can only be provided on-site at the jail
 - Linkage to care & discharge planning is focused on short term inmates as defined by HRSA
- Data Entry into the CAREWare system, Techcare (clinical notes), excel and other databases.
- Participates in RWPA Quality Improvement Activities
- Report to the Ryan White Part A Program

RWPA Case Manager/Nurse Practitioner continued



- Follows up on newly diagnosed and HIV + individuals identified through the HIV testing or self reporting
 - Works with HIV + patients in 5 Maricopa County Jails
 - Works closely with Correctional Health Services Staff
 - Provides patients:
 - HIV 101, importance of medication adherence, how to link to Ryan White services
 - Referrals to community partners and conduct discharge planning
 - With 18-02: Expanded to limited medical services that expedite linkage to care

County Jails

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Correctional Health Services
 - Funded through County taxes.
 - Pays for Correctional Health Services staff.
 - Provide general, non-HIV specific healthcare to all clients.
 - Complete the state's mandatory HIV reporting.
 - Provides medical support for the Nurse Practitioner.
- Maricopa County Sheriff's Office
 - Funded through County taxes.
 - Help transfer clients to clinics and ensuring the safety of all parties.
 - CHS follow all the Sheriff's safety rules.



Maricopa County Public Health



- Public Health Lab
 - RWPA pays the Public Health Lab to process the opt out HIV tests.
 - Notifies correctional health of any preliminary positive test results.
- Communicable Disease Investigators
 - Funded through HIV Prevention to provide Partner Services for newly diagnosed individuals.





Changes Implemented Under HRSA Policy 18-02

Changes with 18-02





Source: https://ktar.com/wp-content/uploads/2020/02/prison-2.jpg

- Shifted goals to focus on viral load suppression before release.
- Expedited linkage to care times with addition of limited medical services and case management (from 28 days to 2 days).
- Post release prescriptions.
- Training and monitoring of Correctional Health Staff for opt out testing delivery.

Linkage to Care Timeframes

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Average of before to now.
 - Prior to the implementation of HRSA 1802, HIV patient were scheduled for a Chronic Care visit within 4 weeks and labs in two weeks
- With the implementation of HRSA 18-02
 - Medical case manger visit is completed within 1-2 business days
 - Medications can be started same day
 - Labs
 - Request for information
 - Specialized HIV Education

Post 18-02 Linkage Lessons & Challenges



- Release Timing Challenges
 - Early Release Challenges.
 - Courtesy Releases with Taxi Rides patients would rather leave.
 - Holding people for transportation.
- Can expedite transfer of lab and medical information for initial appointments.
- Release Medication Coordination
 - Occasionally labs are released after the patient exists the jails.
 - Patients don't always sign for meds.
 - Post 18-02: Patient can call to get a script once released.

Additional Challenges and Opportunities

- Additional Challenges: homelessness and substance abuse
- SMI (Seriously Mentally III) partnership with other Correctional Health Services in the jails
- Ending the HIV Epidemic funded Jumpstart Program focused on linkage of recently released individuals.

Image source: https://www.northcountrypublicradio.org/news /npr/557302259/sheriff-joe-arpaio-s-infamoustent-city-jail-closes



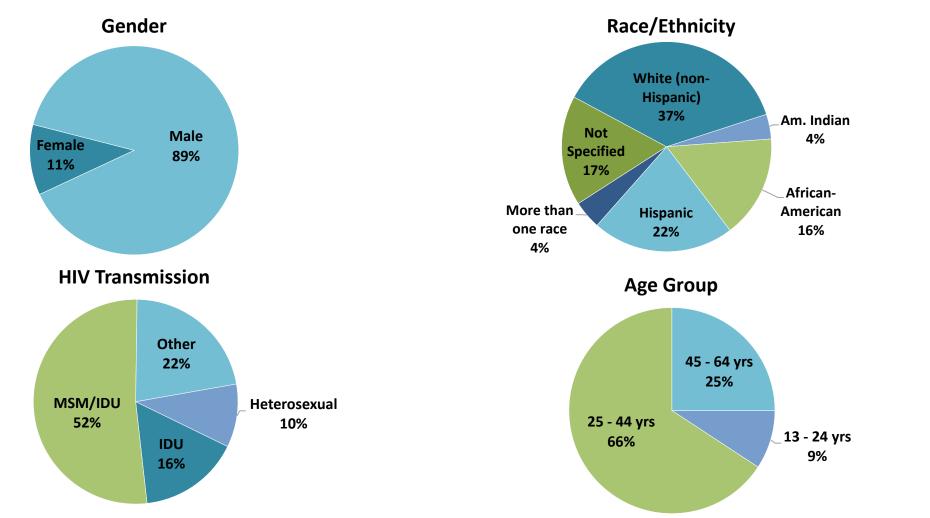
VIRTUAL



Health Outcome Improvements

Clients' Demographics (2019)

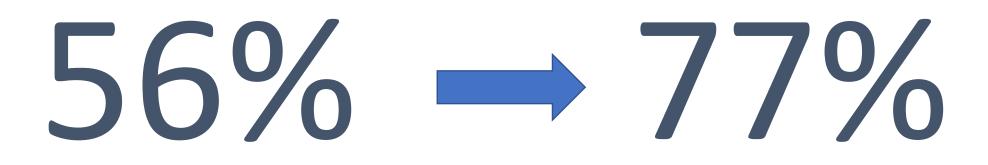




N = 184

Viral Load Suppression Rates as of April 2019





Viral Suppression in 2018 Viral Suppression in 2019

Key Data Elements



- Addition of prescriptions and increased focus on viral load suppression.
- Quality improvement processes implemented this year, include:
 - A monthly data import to upload labs into CAREWare.
 - Track client's release date and release destination (i.e., release to the community, release to department of corrections, or release to other jurisdictions.



Clinical and Administrative Tools for Implementing 18-02

Clinical Tips, Tools & Considerations

- 1. Recruitment recommendations
- 2. Education and monitoring
- 3. Safety
- 4. Data Integration
- 5. Policies and Procedures
- 6. Forms

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Recommended Staff Qualifications/Characteristics

- It is important in a correctional facility for individuals to be able to work independently.
- Knowledge about Policy's and Procedure concerning HIV\AIDS care.
- Unbiases.
- Have an understanding of the stigma behind living with HIV\AIDS.
- Compassion.
- Patience.
- Email for job descriptions. 🙂

Image Source



Education and Monitoring



- Medical provider that is well educated in HIV\AIDS care
- Specific education on how to perform OPT-OUT testing
- Case management for discharge planning
- Following up with medical staff while in the clinics
- Continuous education in HIV care, medication, CDC recommendation
- National Commission on Correctional Healthcare

Safety



- Security
- Universal Precautions
- Medication
- Be aware of your surroundings

Data Integration

- Correctional Facility
- RWPA
- CAREWare
- Public Health



Policies and Procedure



• Training

- Providing HIV\AIDS Care
 - Health assessment
 - Labs
 - Medications
 - Discharge planning
 - Medications
 - Follow up medical care

FORMS



- Preliminary Assessment
- HIV Medical Provider Visit Template
- OPT-OUT testing
- RWPA Services
 - Referral to Central Eligibility
 - ADAP

Forms: Preliminary Assessment Form



• Built into the County Jail Electronic Health Record System

Medical

- Hepatitis B
- Hepatitis C
- Coccidioidomycosis
- Cancer
- TB
- Mycobacterium Avium Complex
- Weight loss > 10 lbs past year
- STD (ever)

Risk Factors: Have you Ever-

- Injected drugs?
- Had a blood transfusion?
- Had an organ transplant?
- Were you born with HIV?
- Had sex with a man?
- Had sex with a woman?
- Other?

HIV Medications

- Prescriptions and amount
- Have you ever stopped HIV medications?
- Pre-exposure Prophylaxis
- Post-exposure Prophylaxis

Forms: Preliminary Assessment Form (Cont.)

Substance Misuse

- Alcohol
- Amphetamines/ Stimulants
- Bath Salts
- Benzo'

Mental Health

- Prior or current Mental Health treatment
- Are you thinking of hurting yourself?
- If marked yes, mental health consultation needs to be arranged immediately

Social

- Do you have permanent housing when not in jail?
- Are you on disability (Social Security or SMI?)

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Forms: HIV Medical Assessment Template

Part of Electronic Health Record



MARICOPA COUNTY CORRECTIONAL HEALTH SERVICES 234 North Central Ave. Phoenix, AZ 85004

Progress Notes -Examples, Test T777777

Subjective									
HIV Age: Onset: Duration: Degree of Conf Other: Objective	trol:								
BP: 0/0 Pati ent Refu sed	Te 0 V.S. Revi ewe d	mp: V.S. Not Nee ded	Resp: 0	Wt: 0	Sa02: 0	BS:0	Pain: 0	Height: 00ft.0 inches	BM: NA MAP: 0.00

A+O X3, NAD, Vital signs noted

Skin: No Rash, wounds, contusion, or jaundice HEENT: Normocephalic, atraumatic; PERRLA pharynx clear, no facial asymmetry CV: RRR w/o mumur Respiratory: CTA bilaterally, No respiratory distress, breathing unlabored Abdominal: +BS X4, NT/ND, no masses palpated Musculoskeletal: Gait normal with grossly normal strength to all extremities

Assessment

1. HIV

Plan

HIV flag (manual entry) Labs: CD4, HIV viral load, CMP, CBC in 3 weeks CCC HIV Case Manager visit in 1 month

Education

HNR process discussed with patient.

Appointment Name

inumenumarne

HIV Case Manager

7/27/2020 12:00:00 AM US Mountain Standard Time

Diagnostic Name	Scheduled Date	Doctor
CD4/CD8 HELPER/SUPRESS RATIO (Does NOT include CBC)	7/20/2020 12:00:00 AM US Mountain Standard Time	Quinn, Cynthia NP; RR808
HIV1 RNAULTRAQNT	7/20/2020 12:00:00 AM US Mountain Standard Time	Quinn, Cynthia NP; RR808
COMPREHENSIVE METABOLIC PANEL(ALB,BILI-T, C02, CAL, CL, CREAT, GLUCOSE, ALK PHOS, K. PROTEIN, NA, SGOT, BUN,SGPT)	7/20/2020 12:00:00 AM US Mountain Standard Time	Quinn, Cynthia NP; RR808
CBC/ WITH DIFF/PLATELETS	7/20/2020 12:00:00 AM US Mountain Standard Time	Quinn, Cynthia NP; RR808
Diagnosis reviewed and discussed		
Follow up care discussed		

Appointment Date

Labs/Radiology findings reviewed and discussed

Medication risks, benefits and compliance discussed

Treatment plan shared and agreed upon

CHT CHECKLIST - Completed by: CHT; 2471H on 5/16/2020 5:49:20 PM US Mountain Standard Time

					PICTURE NOT AVAILABLE
Patient:	4AvePATIENT, Test	#:	x1212121	Lang:	
DOB:	8/12/1983 (Age=36)	Sex:	Male	Race:	American Indian or Alaska Native
Housing:	ESTR N1	SSN:	"HIDDEN"	Type:	
Status:	ACTIVE	Booking Date:	8/12/2013 11:52:44 PM US Mountain Standard Time	Release:	4/21/2017 7:32:29 PM

CHT advised the patient VERBATIM:

"Today you are going to have a TB Skin Test applied and your blood drawn for HIV.

Hepatitis C and a RPR (Syphilis Test). We will also need a urine sample to test you

1. for other STD's. All of these tests are part of your free health assessment."

TST Placement:

2. 🗹 TST Placed

3. Previous Positive TST

4. TST refused

RPR:

5. 🗋 RPR Drawn

6. CHT to place lab order in TechCare

7. 🖉 RPR Refused

HIV Opt-Out Testing:

8. HIV Information provided to patient

9. Explanation of HIV Infection

10. Meaning of a positive Test Result

11. How results are communicated

Referred to the RN before the blood specimen is obtained if the

12. patient has questions regarding HIV or the Opt-Out HIV screening

13. Patient agrees to the HIV lab test and blood drawn

14. CHT to place lab order in TechCare

15. 2 Patient Refused

16. Specific Informed Consent/Refusal form completed in EHR

Page 2 of 2

GC	Combo:
17.	Urine specimen collected
18.	CHT to place lab order in TechCare
19.	Patient Refused
20.	Specific Informed Consent/Refusal form completed in EHR

Hep	С	Anti	body	
-----	---	------	------	--

21. Hep C drawn

22. CHT to place lab order in TechCare

23. 🗹 Hep C refused

24. Specific Informed Consent/Refusal form completed in EHR

25. Do you have Health Insurance?

🖌 Yes

U No

26. Name of Health Insurance: Aetna

27. Would you like help with enrolling for Health Insurance at no cost?

🗌 Yes

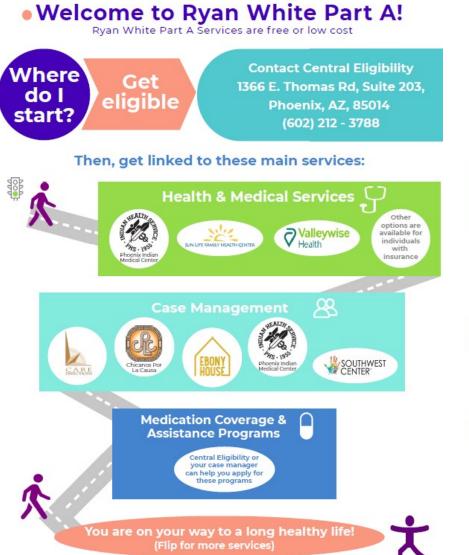
No

28. Comments:



RWPA Services Materials

- Included in client packets for transition.
- Review in person, as these can end up in the trash!





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Administrative Tips and Tools: Questions we've received from HRSA





- Are services provided specific to HIV-related care needs?
- If you are paying for HIV testing:
 - Who is getting tests? Is it all or some inmates?
 - How are Ryan White funds being used as the payer or last resort. For example, does the correctional facility NOT cover testing and lab costs?

Payer of Last Resort



- Regarding primary care for those with HIV in the jail system, is the corrections system NOT providing these services, are the services duplicative or replacing/supplementing services that are to be covered by the correctional system, directly? AND is RWHAP the payer of last resort in this case?
- Same question for Case Management and Discharge Planning

How are Eligibility rules being applied?

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- Diagnosis:
 - HIV Positive
- Income and Residency:
 - Incarcerated individuals are currently residing in Maricopa County and are not earning an income. Income is still discussed during initial screening.
 - "Day release" individuals with access to work and income, are not eligible for any Correctional Health Services or for this program.
- Other Payer:
 - All Medicaid benefits are suspended during the incarceration period and may be reinstated after release.
 - "Day release" individuals with access to work and private insurance are not eligible for any Correctional Health Services or for this program.



Administrative Tools: Sample MOU Language



RWPA will use grant funds and resources from the Ryan White HIV/AIDS Treatment Modernization Act of 2006 to:

- Provide services that do NOT supplant legally mandated services. All services will be completed on a short term basis of 364 days or less, unless noted otherwise.
- Pay for Correctional Health conducted, opt-out HIV test costs. These tests are processed by Maricopa County Public Health Lab. Funds will be paid directly from RWPA to Maricopa County Public Health Lab via an Interdepartmental agreement.

What RWPA will pay for -Nurse Practitioner:



- Fund and supervise a Certified Nurse Practitioner who will be colocated in the County Jails. The Nurse Practitioner will work in collaboration with the CHS Infectious Disease Provider, to provide the following services to eligible clients:
 - Within 4 business days of preliminary diagnosis, the Nurse Practitioner will provide notification of the preliminary diagnosis.
 - Within 2 business days of confirmatory diagnosis, the Nurse Practitioner will provide limited Primary Care Services such as an initial appointment to complete intake, HIV related assessment and may prescribe HIV medications. The purpose of the initial visit it to expedite access to HIV medication, ensure continuous coverage and increase viral load suppression rates among HIV+ individuals residing in the Maricopa County Jails.

What RWPA will pay for – Nurse Practitioner part 2:



- Short-term early intervention services such as education and referrals.
- Transitional early intervention services such as referrals and community linkages, or discharge planning for jail inmates expected to be released from Maricopa County Jail System, within 180 days.
- Complete discharge planning for people living with HIV.

What RWPA will pay for – Nurse Practitioner part 3:



- Coordinate discharge planning with CHS funded Jail Transition staff for discharge planning related to HIV+ individuals who have at least one of the following conditions:
 - 1) seriously mentally ill,
 - 2) substance misuse,
 - 3) being released to hospice and/or
 - 4) requiring durable medical equipment. When coordinating, the RWPA Nurse Practitioner will only complete the HIV related referrals and linkages and communicate status to CHS funded staff.

What Correctional Health Services will pay for:



Correctional Health Services will use County funds to:

- Pay for Correctional Health Technicians to complete HIV opt-out screening via blood draws collected during the health screens. Health screenings occur 5 to 7 days after an individual is incarcerated.
- Transport blood samples drawn at the health screening from CHS to the Maricopa County Public Health Lab.

What CHS will pay for part 2.



- Complete the legally mandated referrals and linkages related to the individual's seriously mentally ill status, hospice, substance misuse and durable medical equipment. All discharge planning will be communicated with the RWPA funded Nurse Practitioner. These legal mandates do not include HIV related referrals.
- Provide computer access to necessary jail inmate information so the Nurse Practitioner can perform the duties and responsibilities of the position.
- Complete a Business Associate's Agreement between CHS and RWPA identifying the necessary HIPAA privacy requirements imposed on each party related to this Agreement.

Sample MOU: Locally defined HRSA required elements



- <u>Eligible clients for Ryan White funded services</u>: Eligible individuals must be HIV+, residing full time at the jails with no other payer (private, state or federal health benefits). Clients must be expected to become Ryan White eligible once the individual is released to the community.
- <u>Short term basis</u>: Defined as 364 days or less for a single client. Any exceptions will be reviewed on a case by case basis and may be approved by the Ryan White Program Manager.
- <u>Transitional basis</u>: a period of up to 180 days prior to the individuals scheduled release. Any exceptions will be reviewed on a case by case basis and may be approved by the Ryan White Program Manager.

Payer of Last Resort MOU Language



- If funding for this program was stopped, Correctional Health Services is not legally mandated to:
 - Continue conducting HIV Opt Out testing.
 - Provide transitional case management or discharge planning for HIV+ individuals who are NOT seriously mentally ill, history of substance misuse, being released to hospice and/or requiring durable medical equipment.
 - Rapidly (within 5 days) schedule medical appointments and prescribe HIV medications.





- <u>Arizona 2019 HIV Surveillance Report</u>
- <u>Census Data</u>
- Ending the HIV Epidemic Overview
- <u>PCN 18-02</u>



CONTACT INFORMATION

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Questions?