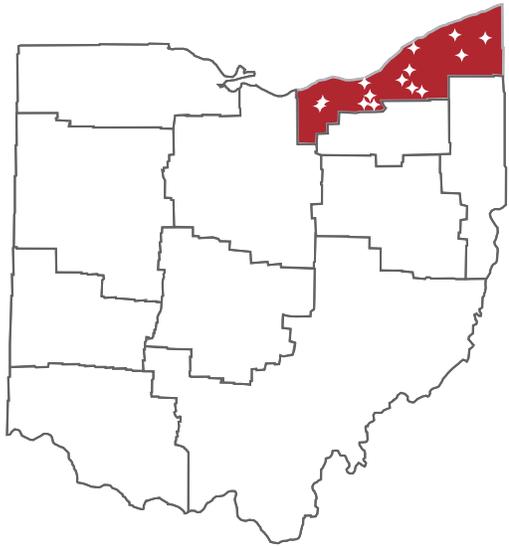


Cleveland Region



Consortium One is located in the northeast corner of Ohio and includes Ashtabula, Cuyahoga, Geauga, Lake, and Lorain Counties. The consortium is home to 14 Full Service Jails, eight of which are located in the Cleveland area. Nine of the jails in the consortium are run by their home cities; the remaining five jails are county jails.

Participation rate: 64%

- 9 of the 14 jails (64 percent) in the consortium completed at least one component of the study.
- 8 jails (57 percent) completed interviews.
- 9 jails (64 percent) completed surveys.

Profile of participating jails

- 4 jails are large (200 or more beds) and 5 are small (less than 200 beds).
- 4 are city jails and the remaining 5 are county-run jails.
- 5 of the jails are in the Cleveland area; 4 are in rural counties.
- 1 of the jails is a managed care jail; the remaining 8 provide their own health care for inmates.

Participating Consortium One jails

- Ashtabula County Jail
- Broadview Heights City Jail
- Cleveland House of Corrections
- Cuyahoga County Corrections Center
- Geauga County Safety Center
- Lake County Maximum Security Jail
- Lorain County Correctional Facility
- Parma Justice Center
- Solon City Detention Center

Overview

A total of nine Consortium One jails provided information for this report; eight jails completed both the survey and the interview and one jail completed the survey only. This consortium is notable for having housed a higher average number of inmates with HIV/AIDS in the last year as compared to other consortia in the state. Consortium One jails report confidence in their ability to ensure that inmates rarely or never miss doses of HIV-related medications while in jail. They also report that the most challenging aspects of HIV care provision include finding undiagnosed cases of HIV/AIDS and paying for HIV-related medications.

Jails' 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 surveyed jails in Consortium One perceived their strengths, challenges, and capacities related to caring for inmates with HIV/AIDS. This information provides a context to help frame the rest of the report.

Table 1.1. Consortium One: Perceived Strengths Related to Caring for Inmates with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates with HIV/AIDS, how well do you think it would perform?)	Mean	Standard Deviation
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=9)	4.3	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=9)	4.0	1.0
Identifying inmates with HIV/AIDS when entering jail (N=9)	4.0	1.0
Providing access to HIV specialists (N=9)	3.8	1.3
Developing courses of treatment appropriate to an inmate's specific condition (N=9)	3.7	1.0
Ensuring that inmates' HIV care continues after they are discharged from the jail (N=9)	3.6	0.9
Keeping up to date with developments in the treatment of HIV/AIDS (N=9)	3.2	0.7
Providing social work, counseling, education, or other types of non-medical services to inmates with HIV/AIDS (N=9)	3.2	0.8
Finding undiagnosed cases of HIV/AIDS among inmates (N=9)	2.4	1.2

Note: Higher mean scores indicate better perceived performance (1=*poor*, 2=*fair*, 3=*average*; 4=*good*; 5=*excellent*).

- On average, Consortium One jails perceived that their strengths related to caring for inmates with HIV/AIDS are: (a) ensuring that inmates rarely or never miss doses of HIV-related medications while in jail; (b) 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; and (c) identifying inmates with HIV/AIDS.
- On average, Consortium One jails perceived finding undiagnosed cases as an area where performance could be improved.
- On average, Consortium One jails perceived that they do an *average* or better job with all of the listed aspects of HIV care (that is, the mean score for each item is above 3.0) except finding undiagnosed cases.

Table 1.2. Consortium One: Perceived Challenges Related to Caring for Inmates with HIV/AIDS

How challenging is it for your jail to provide the following components of HIV care?	Mean	Standard Deviation
Paying for HIV-related medications for inmates (N=9)	4.0	1.1
Finding undiagnosed cases of HIV/AIDS among inmates (N=9)	4.0	1.0
Providing counseling, education, or other types of non-medical treatment (N=9)	3.6	1.0
Keeping up to date with developments in the treatment of HIV/AIDS (N=9)	3.6	0.9
Paying for HIV testing for inmates (N=9)	3.4	1.4
Providing access to HIV specialists (N=8)	3.4	1.1
Ensuring that inmate's medical HIV care continues after they are discharged from the jail (N=9)	3.2	1.2
Identifying inmates entering jail with HIV/AIDS (N=9)	3.1	1.1
Developing courses of treatment appropriate to an inmate's specific health condition (N=9)	2.9	0.9
Providing HIV-related medications within 24 hours after an inmate arrives at the jail, regardless of whether the inmate enters on a weekend or after business hours (N=9)	2.2	1.4
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=9)	2.1	1.3

Note: Higher mean scores indicate greater perceived challenge (1= *not at all challenging*; 2=*not very challenging*; 3=*neutral*; 4=*somewhat challenging*; 5=*very challenging*).

- On average, Consortium One jails perceived their greatest challenges to be paying for HIV-related medications and finding undiagnosed cases of HIV/AIDS. On average, Consortium One jails perceived these two aspects of HIV care as *somewhat challenging*.
- On average, Consortium One jails perceived that the least challenging aspects of HIV care for them are providing medications to inmates within 24 hours and ensuring that inmates rarely or never miss doses of their medications. Both of these components were perceived to be *not very challenging*.

Table 1.3. Consortium One: Factors Contributing to Challenges Related to Caring for Inmates with HIV

When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?	Mean	Standard Deviation
Insufficient finances (N=9)	3.0	1.4
Not enough time (N=9)	2.6	1.3
Insufficient/inadequate health care space (N=9)	2.1	1.1
Insufficient staffing (N=9)	1.8	0.7
Jail's relationship with the community and elected officials (N=9)	1.4	0.5

Note: Higher mean scores indicate greater perceived frequency of challenge (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- On average, Consortium One jails perceived that none of the listed factors that may make HIV care challenging occurs *often* or *very often*.
- On average, Consortium One jails perceived that insufficient finances *sometimes* cause challenges for them as they provide HIV care. This was the factor perceived to occur most frequently.
- On average, Consortium One jails perceived that insufficient staffing and the jails' relationships with the community and elected officials *never* or *rarely* caused challenges for facilities providing HIV care.

Table 1.4. Consortium One: Overall Assessment of the Jails’ Capacity to Care for Inmates with HIV

Please indicate how strongly you agree or disagree with the following statements.	Mean	Standard Deviation
Inmates at this jail have adequate access to HIV specialists. (N=9)	3.8	1.0
Jail personnel are adequately trained to identify inmates who have HIV/AIDS. (N=9)	3.8	0.7
We would like local organizations to be more involved in providing care for inmates with HIV. (N=9)	3.6	1.0
Jail personnel are able to provide a course of HIV treatment tailored to each inmate’s particular health condition. (N=9)	3.4	0.7
This jail is taking full advantage of the local resources for HIV care for inmates. (N=9)	3.1	1.2
Jail personnel keep up to date on the latest medical and treatment options for HIV/AIDS. (N=9)	3.0	0.7
Adequate discharge planning is provided to inmates with HIV/AIDS. (N=9)	2.9	1.2

Higher mean scores indicate greater agreement (1=*strongly disagree*; 2=*disagree*; 3=*neutral*; 4=*agree*; 5=*strongly agree*).

- On average, Consortium One jails reported the greatest organizational capacity for making sure inmates have access to HIV specialists and identifying inmates who enter the jail with a diagnosis of HIV/AIDS.
- On average, Consortium One jails perceived the lowest organizational capacity for providing discharge planning for inmates with HIV/AIDS.

HIV Statistics

All participating jails in this consortium reported having housed inmates known to have HIV/AIDS in the last year. In fact, jails in this consortium housed the highest average number of inmates known to have HIV/AIDS in the state, mainly because one of the jails reported housing 174 inmates with HIV/AIDS in this time period. While there were some inconsistencies between the survey and interview responses to questions about this issue, it is possible to arrive at an estimate of the number of inmates known to have HIV/AIDS who were housed by Consortium One jails in the last year. The following figures are based on data from seven jails¹:

¹ Data from two jails were omitted because the numbers they provided in the survey and interview responses were inconsistent.

- Six jails reported housing between 1-10 inmates with HIV/AIDS in the last year.
- One jail reported housing 174 inmates with HIV/AIDS in the last year.
- The average number of inmates known to have HIV/AIDS that were housed by participating jails in this consortium in the last year falls in the range of 26-29.²

Identifying Inmates with HIV/AIDS (New and Preexisting Cases)

Preexisting cases. As seen in Table 1.1, Consortium One jails perceived that they do a *good* job of identifying those inmates who enter the jail already knowing that they have HIV/AIDS. The jails in Consortium One reported that they primarily rely on inmates to identify themselves as having HIV/AIDS and typically offer inmates more than one opportunity to self-identify. The opportunity for self-identification cited by most jails was the initial screening, generally conducted by a corrections officer, which takes place as an inmate is booked into the facility. The second opportunity to self-identify is often to medical staff during a physical examination or medical intake procedure. Two jails also mentioned that they perceive that inmates may feel most comfortable reporting their HIV status to mental health care workers at the jail. If an inmate does indicate that he or she has HIV/AIDS, most jails will contact the inmate's physician or pharmacy to request records and verify their HIV status.

New cases. The survey and interview data provided by jails in this consortium were at times conflicting regarding HIV testing policies; one jail's information was excluded because its survey and interview answers directly contradicted each other. Nonetheless, it is possible to get a broad picture of HIV testing in this consortium. It appears that HIV testing is generally not provided in at least three jails unless an inmate is involved in an altercation that results in a possible exchange of bodily fluids. In at least one jail, all inmates are offered an HIV test, and there is no charge for the test. In the remaining jails, HIV testing is provided under certain conditions, typically when an inmate admits to risk behaviors associated with HIV/AIDS or has symptoms indicative of HIV/AIDS. In most cases, testing is paid for by the jail, though one jail reports receiving testing services from the local health department and another reports that free rapid testing is provided by the Care Alliance.³

When asked whether they felt it was their role to uncover undiagnosed health conditions in their inmates, slightly less than half of the jails felt it was their role to uncover new conditions such as HIV/AIDS; slightly more than half indicated that it was not their role to do so. One interview respondent noted having some concern about uncovering new cases of HIV/AIDS and initiating treatment, saying that if an inmate is not symptomatic they may not continue their

² This number is expressed as a range because survey data were collected in the form of ranges.

³ Care Alliance Health Center of Cleveland, Ohio. HIV care services are provided through the Access, Test, Link: Achieve Success program, which is funded through a Special Projects of National Significance grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration.

medications once they leave the jail. In such a case, according to the respondent, “diagnosing the inmate and starting medications may do more harm than good.”

Availability of Trained or Knowledgeable Medical Care Personnel

A variety of medical care professionals provide health care in Consortium One jails. All of the interviewed jails reported having a jail physician, and all but two reported having nursing staff in addition to the jail doctor. One of the jails has an infectious disease nurse on staff. In addition, two jails reported having a dentist, psychologist, or psychiatrist on staff. The average number of people on the jail medical staffs in this consortium is eleven, with a high of 45 and a low of one. Three quarters of the jails have medical staff at the jail on the weekends. Two jails provide around-the-clock medical care.

According to interview data for this consortium, the non-medical staff in all Consortium One jails have, at minimum, received training in universal precautions. This training is typically provided by members of the jails’ medical staff.

Some jails in this consortium also draw on community organizations to provide medical HIV care to inmates. Two of the surveyed jails reported using services from the local health department. Four reported using local hospitals. The services community organizations provide to these jails include HIV testing, medications for inmates while they are in jail, and discharge medications.

Access to Specialists

As described in the overview (Tables 1.1, 1.2, and 1.4), Consortium One jails, on average, reported confidence in their abilities to provide access to specialty care for inmates with HIV/AIDS. Over half of the interviewed jails reported that specialists design and monitor the medical treatment for their inmates with HIV/AIDS. Three quarters of the interviewed jails reported that they can transport inmates to these specialists. In one jail, the local health department helps arrange the specialist care for inmates. In another, the Care Alliance provides case management services that connect inmates with specialist and other HIV care. Cleveland’s University Hospitals system was the one provider of specialty care that was specifically named during the interview.

Despite the fact that many jails reported good relationships with HIV specialists, there are a small number of jails in the consortium that report great difficulty providing specialty care to their inmates. When asked how well the jails provide access to specialist care, one jail selected *poor*. When asked how challenging it is to provide specialist care, four jails selected either

somewhat challenging or *very challenging* (these answers accounted for half of the surveyed jails). One jail reported that its physician would recommend transferring an inmate to another jail if he or she had HIV/AIDS, so that the inmate could have access to needed specialized care. Another interview respondent noted that it “can be difficult to find specialists in the area who are willing to allow inmates in shackles into their waiting rooms.”

As inmates approach release, they receive some assistance from Consortium One jails with ensuring that their specialty care will continue. Jails mentioned using Neighboring Mental Health Services,⁴ the Care Alliance and a local health department to arrange follow up care for inmates with HIV/AIDS. Most jails will remind inmates of their upcoming appointments, and two jails noted that they are willing to make the appointments for inmates.

Medications: While in Jail

When taking into account both survey and interview data, only one Consortium One jail does not allow inmates to bring in their HIV medications. This jail provides HIV medications from a supply it keeps in-house. In the remaining jails, inmates are allowed to bring in their own medications or have family members or others provide medications for the duration of their stay. To verify that an inmate has a prescription for the medication(s) he or she is providing, most jails will call the pharmacy or the inmate’s doctor to verify the prescription. Some jails also noted that they will use pictures to verify the prescription and that the prescription needs to be in the original bottle with the original label. No jails noted that there were any formulary issues related to medications furnished by inmates.

Two jails reported keeping a supply of HIV/AIDS drugs in stock. One of these two jails noted that they have their own pharmacy open from 8am to 4pm and it is stocked with common medicines including those for HIV/AIDS. Of the jails without a supply of HIV/AIDS medication who had experience in acquiring HIV/AIDS medication, most stated that it can take up to 24 hours to obtain an inmate’s medications *once the prescription has been verified*. In two of these cases, the jail physician has to approve the medication as well. None of the jails in Consortium One reported that inmates wait more than 72 hours for medication.

One jail in Consortium One noted that the cost of medications could impact the length of time an inmate is jailed, depending on the severity of the crime with which the inmate has been charged. In this case, 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 or if their sentencing should be adjusted in some way.

⁴ Neighboring Mental Health Services of Mentor, Ohio.

Medications: At Discharge or Transfer

Discharge. Most Consortium One jails provide discharge medications to their inmates with HIV/AIDS. Only two jails (28.6 percent) reported that they do not.⁵ The amount of discharge medication provided varies. Two jails reported providing a 14-day supply; two jails reported providing roughly a week's worth of medications or the remainder of the supply already purchased for the inmate.

None of the interviewed jails reported using funds under the Ryan White HIV/AIDS Program for discharge care, including discharge medications. Three of the jails reported being aware of the funds, but did not attempt to access them.

Transfer. Only two jails in this consortium reported providing discharge medications when inmates are transferred to prisons. In both of these cases, inmates are first transferred to another jail before being sent to prison. None of the jails that transfer inmates directly to prison reported sending medications for the inmate. Some of the jails indicated prisons typically do not accept medications. To ensure continuity of care during transfer, most jails in Consortium One reported that they forward an inmate's medical history to the receiving facility. They do this via fax (on the day of transfer or the day before) or by sending the information in a sealed envelope with the inmate and transport deputy.

Causes of Medication Interruptions

Medication administration. In Consortium One, most medications are administered via two or three daily medication passes using a medical cart or pill lines. Five of the interviewed jails reported that corrections officers administer medications to inmates. Six of these jails reported that inmates must be directly observed taking medications; and two jails reported allowing some inmates to keep medications on their person.

Reasons for medication interruption. As described in the overview (Tables 1.1, 1.2, and 1.4), Consortium One jails 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. The interviewed jails reported that the most common causes of missed doses are inmate refusal or absence from the jail (because of court dates or other approved activities), though respondents noted that these are rare occurrences. Table 1.5 summarizes the responses of the surveyed jails when asked about missed doses.

⁵ Two jails were omitted from this calculation because they provided contradictory survey and interview data.

Table 1.5. Consortium One: 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?	Mean	Standard Deviation
Inmate is transferred between jails. (N=9)	2.6	1.2
Inmate refuses medication. (N=9)	2.6	0.5
Inmate cannot be depended upon to take medications at correct times. (N=9)	2.4	1.1
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (N=9)	2.3	1.1
Inmate is transferred between jail and prison. (N=9)	2.3	1.2
Inmate arrives at jail on weekend or after business hours. (N=9)	2.2	0.8
Inmate is away from jail for court hearing or other approved activity. (N=9)	2.0	0.9
No prescriber available to prescribe HIV-related medications. (N=9)	1.7	0.9
Inmate's prescribed HIV-related medications are not on the jail's formulary. (N=9)	1.3	0.7
Staff not able to monitor all doses of medications. (N=9)	1.1	0.3

Note: Higher mean scores indicate greater perceived frequency (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- Mean scores for contributing factors range from 1.1 to 2.6, indicating that Consortium One jails perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions (see Tables 1.1, 1.2, and 1.4).
- On average, Consortium One jails reported that inmate refusal and transfer to another jail are the most common causes of missed doses of HIV medications, though they reported that these things happen *rarely* to *sometimes*. This is consistent with the interview data.

HIV Policies and Procedures

Transfer Policy. Consortium One jails reported that there is no difference in the transfer policy for inmates with HIV/AIDS and the transfer policy for inmates not known to have the illness. All inmates (incoming and outgoing) are transferred with a medical transfer sheet listing all pertinent medical information.

Disclosure of HIV status. Three quarters of the interviewed jails reported that only medical staff are told of an inmate's HIV status, though two of these jails noted that corrections officers are privy to this information because they are in the room when medical staff interact with inmates or because corrections officers do the initial screening at which some inmates may self-identify. Two jails reported that they disclose an inmate's HIV status to non-medical jail

personnel; one jail noted that this policy is because of the “tight quarters” in the jail. One jail also tells the county Health Department HIV coordinator when an inmate is identified as having HIV/AIDS.

Segregation policy. One Consortium One jail reported that it automatically segregates inmates with HIV/AIDS from the general population. Four jails reported that their housing policy is to place the inmate in the general population. The remaining three interviewed jails reported that they allow inmates with HIV/AIDS to request segregation or decide on an inmate’s housing situation on a case-by-case basis.

Community Linkage

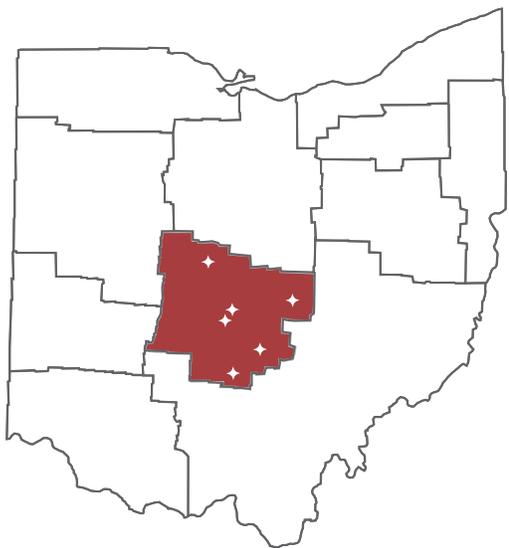
Several Consortium One jails appear to have established working relationships with community providers of HIV care. Cleveland University Hospitals, Neighboring Mental Health Services, the Care Alliance Health Center, and at least one local health department were specifically mentioned in the interviews as valued providers of HIV care. Surveyed jails reported using local hospitals, local health departments, and “other” providers of HIV care for services such as discharge planning, non-medical HIV care, HIV testing, medications for inmates while they are in jail, discharge medications, and “other” HIV care services.

Despite the existence of these linkages, there are some jails in this consortium that appear to be relatively isolated from community providers of HIV care. One third of the surveyed jails reported that they do not collaborate with any local organizations when it comes to providing HIV care for inmates.

Conclusion

Consortium One is home to a variety of jails with a diversity of experience in managing issues related to HIV/AIDS. Some jails have housed large numbers of inmates known to have HIV/AIDS, while others have housed very few. Some jails have many community resources at their disposal, while other jails appear not to have access to these resources. On average, jails in this area enjoy good access to HIV specialty care and are confident in their ability to administer HIV medications quickly and consistently. Many jails reported some difficulty with diagnosing new cases of HIV/AIDS and that the primary limitation on their ability to provide HIV care stems from budget constraints.

Columbus Region



Consortium Two is located in central Ohio and includes Delaware, Fairfield, Franklin, Licking, Madison, Pickaway, and Union Counties. There are six jails in this consortium, two of which are in the Columbus area. All of the jails in this consortium are county-run facilities.

Participation rate: 100%

- All 6 jails (100 percent) in the consortium completed at least one component of the study.
- 5 jails (83 percent) completed interviews.
- 5 jails (83 percent) completed surveys.

Profile of participating jails

- 4 jails are large (200 or more beds) and 2 are small (less than 200 beds).
- All 6 of the jails are county jails.
- 2 of the jails are in the Columbus area; 4 are in rural counties.
- 1 of the jails is a managed care jail; the remaining 5 provide their own health care for inmates.

Participating Consortium Two jails

- Delaware County Jail
- Fairfield County Jail
- Franklin County Corrections Center
- Franklin County Jail
- Licking County Jail
- Pickaway County Jail

Overview

Six Consortium Two jails provided information for this report. Five completed interviews and five completed surveys. Two of these jails are located in the Columbus area and the remaining four are in rural counties. Consortium Two jails are notable for a high degree of confidence in their ability to provide health care for inmates with HIV/AIDS, specifically when it comes to identifying inmates with the illness. The most challenging aspect of HIV care perceived by the jails is ensuring continuity of care when inmates are released.

Jails' 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 surveyed jails in Consortium Two perceived their strengths, challenges, and capacities related to caring for inmates with HIV/AIDS. This information provides a context to help frame the rest of the report.

Table 2.1. Consortium Two: Perceived Strengths Related to Caring for Inmates with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates with HIV/AIDS, how well do you think it would perform?)	Mean	Standard Deviation
Identifying inmates with HIV/AIDS when entering jail (N = 5)	4.8	0.4
Developing courses of treatment appropriate to an inmate's specific condition (N=5)	4.6	0.5
Providing access to HIV specialists (N = 5)	4.4	1.3
Keeping up to date with developments in the treatment of HIV/AIDS (N=5)	4.4	0.5
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=5)	4.2	0.4
Providing social work, counseling, education, or other types of non-medical services to inmates with HIV/AIDS (N=5)	4.2	0.4
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)	4.2	0.4
Finding undiagnosed cases of HIV/AIDS among inmates (N=5)	3.2	1.3
Ensuring that inmates' HIV care continues after they are discharged from the jail (N=5)	2.8	0.4

Note: Higher mean scores indicate better perceived performance (1=*poor*, 2=*fair*, 3=*average*, 4=*good*, 5=*excellent*)

- On average, Consortium Two jails perceived that their strengths related to caring for inmates with HIV/AIDS are identifying inmates with HIV and developing courses of treatment appropriate to an inmate’s specific condition.
- On average, Consortium Two jails perceived that ensuring that inmates’ HIV care continues after they are discharged from jail is an area where performance could be improved.
- On average, Consortium Two jails perceived that they do an *average to excellent* job of all of the listed aspects of HIV care (i.e., the mean score for each item is above 3.0) with the exception of ensuring that inmates’ HIV care continues after they are discharged from jail.

Table 2.2. Consortium Two: Perceived Challenges Related to Caring for Inmates with HIV/AIDS

How challenging is it for your jail to provide the following components of HIV care?	Mean	Standard Deviation
Ensuring that inmates’ medical HIV care continues after they are discharged from the jail (N=5)	4.2	1.1
Finding undiagnosed cases of HIV/AIDS among inmates (N=5)	3.4	1.5
Keeping up to date with developments in the treatment of HIV/AIDS (N=5)	3.0	1.2
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)	2.8	1.6
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=5)	2.8	1.6
Paying for HIV testing for inmates(N=5)	2.8	2.0
Providing access to HIV specialists (N=5)	2.6	1.8
Developing courses of treatment appropriate to an inmate’s specific health condition (N=5)	2.6	0.9
Providing counseling, education, or other types of non-medical treatment (N=5)	2.2	1.3
Paying for HIV-related medications for inmates (N=5)	2.0	1.4
Identifying inmates entering jail with HIV/AIDS (N=5)	1.8	0.4

Note: Higher mean scores indicate greater perceived challenge (1= *not at all challenging*; 2=*not very challenging*; 3=*neutral*; 4=*somewhat challenging*; 5=*very challenging*)

- On average, Consortium Two jails perceived that ensuring that inmates’ medical care continues after discharge is their greatest challenge, which is consistent with the results in

Table 2.1. This is the only HIV care component that was thought to be *somewhat challenging*.

- On average, Consortium Two jails perceived that the least challenging components of HIV care provision are identifying inmates with HIV and paying for HIV-related medications. These were perceived to be *not at all challenging* or *not very challenging*.

Table 2.3. Consortium Two: Factors Contributing to Challenges Related to Caring for Inmates with HIV

When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?	Mean	Standard Deviation
Not enough time (N=5)	2.6	0.9
Insufficient staffing (N=5)	2.4	1.1
Insufficient finances (N=5)	1.6	1.3
Insufficient/inadequate health care space (N=5)	1.6	1.3
Jail's relationship with the community and elected officials (N=5)	1.4	0.5

Note: Higher mean scores indicate greater perceived frequency of challenge (1=*never*, 2=*rarely*, 3=*sometimes*; 4=*often*; 5=*very often*).

- When asked about the factors that may cause challenges with caring for inmates with HIV/AIDS, Consortium Two jails perceived all of these factors to occur *never* to *rarely*.
- On average, Consortium Two jails perceived the most frequent contributing factor to their HIV care challenges as being related to time.

Table 2.4. Consortium Two: Overall Assessment of the Jails’ Capacity to Care for Inmates with HIV

Please indicate how strongly you agree or disagree with the following statements.	Mean	Standard Deviation
We would like local organizations to be more involved in providing care for inmates with HIV. (N=5)	4.0	0.7
Inmates at this jail have adequate access to HIV specialists. (N=5)	3.8	1.6
Jail personnel are able to provide a course of treatment for inmates with HIV/AIDS that is tailored to each inmate’s particular health condition. (N=5)	3.6	1.7
This jail is taking full advantage of the local resources for HIV care for inmates. (N=5)	3.6	1.7
Jail personnel keep up to date on the latest medical and treatment options for HIV/AIDS. (N=5)	3.6	0.5
Jail personnel are adequately trained to identify those inmates entering the facility who have HIV/AIDS. (N=5)	3.2	1.8
Adequate discharge planning is provided to inmates with HIV/AIDS. (N=5)	3.0	1.2

Note: Higher mean scores indicate greater agreement (1=*strongly disagree*; 2=*disagree*; 3=*neutral*; 4=*agree*; 5=*strongly agree*).

- On average, Consortium Two jails agreed that they would like local organizations to be more involved in providing care for inmates with HIV.
- On average, the statement with which Consortium Two jails were least in agreement is “adequate discharge planning is provided to inmates with HIV/AIDS.”

HIV Statistics

All of the participating jails in this consortium reported that, at some point, they have housed an inmate known to have HIV/AIDS. When asked about the number of inmates known to have HIV/AIDS that they housed in the last year, the jails gave the following answers:¹

- Four jails reported housing 1-10 inmates with HIV/AIDS in the last year.
- The average number of inmates known to have HIV/AIDS that were housed by this consortium’s participating jails falls in the range of 4-6.²

¹ The statistics are based on answers from four jails. Data from two jails were excluded because the jails have potentially duplicative tracking systems.

² The average is expressed as a range because survey data were collected in the form of ranges.

Identifying Inmates with HIV/AIDS (New and Preexisting Cases)

Consortium Two jails reported that identifying cases of HIV does not present a problem for them, especially when it comes to identifying those inmates who have already been diagnosed with HIV/AIDS (see Tables 2.1 and 2.2). On average, jails in Consortium Two said they did a *good to excellent* job of identifying inmates with HIV and further said that this component of HIV care was *not at all to not very challenging*. When it comes to finding *undiagnosed* cases of HIV/AIDS, Consortium Two jails reported doing an *average* job.

Preexisting Cases. All of the jails in Consortium Two primarily rely on inmates to self-identify that they have HIV/AIDS and most reported offering inmates more than one opportunity to do so. Typically, the first opportunity inmates have to self-identify is to the corrections officer at booking. The second opportunity inmates have to self-identify is often to medical staff during a physical examination or medical intake procedure. Most jails reported offering inmates the opportunity to request to see medical staff through sick call and request cards, which give them another opportunity to self-identify. All jails verify an inmate's self-reported HIV status. This typically involves contacting the inmate's physician and/or obtaining the inmate's medical records.

New Cases. Only one jail in Consortium Two explicitly offers HIV testing to all inmates. In most jails, HIV testing is available upon inmates' request and is conducted if an inmate admits to risk factors, displays symptoms, or has potentially been exposed during an exchange of fluids. None of the jails charges for the HIV testing. When interviewed, most jails in this consortium reported that they do not view it as their role to uncover new health conditions.

Availability of Trained or Knowledgeable Medical Care Personnel

A variety of medical care professionals provide health care in Consortium Two jails. All of the jails reported having a jail physician and nurses (RNs and/or LPNs) on staff. Although no jail reported offering around-the-clock medical care, all jails have medical staff available during weekends. All non-medical employees in Consortium Two jails have received some type of HIV training. Two jails reported that training is conducted by the jail medical staff. They also anticipate future trainings. Four jails expressed interest in continuing education in HIV care.

Two jails in Consortium Two reported little to no community involvement in the provision of medical care for inmates with HIV/AIDS. The remaining jails reported working with external agencies for both medical and non-medical care. (See Community Linkages section of this report.)

Access to Specialists

As described in the overview (Tables 2.1, 2.2, and 2.4), Consortium Two jails, on average, reported confidence in their ability to provide access to specialty care for inmates with HIV/AIDS. All jails use HIV specialists to design and monitor HIV treatment. All jails in the Consortium also report that they transport inmates to HIV/AIDS specialists if necessary. However, one jail reported that it does this only rarely because there are no specialists in its home county and it must secure permission from the judge in order to transport an inmate over county lines. Another jail noted that while it does transport inmates to specialists in the Columbus area, it would be much easier for the jail if there were specialists in its home county. The two facilities whose names were specifically mentioned as sources of specialty care were Grady Memorial Hospital³ and Ohio State University Medical Center.⁴

Medications: While in Jail

When taking into account both survey and interview data, four of the six participating jails (66.7 percent) in Consortium Two allow medications to be brought into the jail. These jails allow inmates or their family members to provide medications for the duration of an inmate's stay. In those jails allowing medications to be brought in, there appear to be no problems with medications that are not on the jails' formularies, either because policy allows non-formulary medications or because the jail does not have an HIV formulary. To verify that an inmate has a prescription for the medication(s) they are providing, most jails either will call the pharmacy to verify the prescription or call the prescriber for verification.

For inmates not providing their own medications, two jails reported keeping a supply of HIV/AIDS drugs in stock. Most jails stated that it takes no more than 48 hours to provide inmates with such medications. Three of the interviewed jails mentioned that it takes more time to get medications if an inmate arrives after hours or on a weekend. There were no jails in Consortium Two that reported limitations on the types of HIV medications dispensed. Therefore, it does not appear as if cost affects medication choice. One jail in Consortium Two noted that the cost of medications does impact the length of time an inmate is jailed. In this case, 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.

³ Grady Memorial Hospital of Delaware, Ohio.

⁴ Ohio State University Medical Center, Infectious Diseases Clinic, of Columbus, Ohio.

Medications: At Discharge or Transfer

Discharge. When taking into account both survey and interview data, five of the six participating jails (83.3 percent) in Consortium Two provide discharge medications. Two of the jails providing discharge medications release the remainder of the supply purchased for the inmate. In other jails, the supply of discharge medications generally varies between three and seven days. Of the five jails that provide discharge medications, one jail reported that inmates sometimes refuse discharge medications. When asked about using funds under the Ryan White HIV/AIDS Program for discharge care, four jails said that they had not heard about or attempted to apply for these funds.

Transfer. Four of the five interviewed jails in Consortium Two transfer inmates with HIV to prison. Of these, two jails send medication to the prison, and two do not. To ensure continuity of care during transfer, most jails in Consortium Two reported that they forward an inmate's medical history to the receiving facility. They do this by sending the information with the inmate and transport deputy or via fax.

Causes of Medication Interruptions

Medication administration. In Consortium Two, medications are administered via medication passes and are typically directly administered by nursing staff. All jails in Consortium Two require inmates to be directly observed while taking medications and are able to dispense medications more than once a day.

Reasons for medication interruption. Generally speaking, Consortium Two jails did not report medication interruption as a frequent occurrence. According to interview respondents, the most common reason for missed doses is inmate's refusal to get up for morning pass (80.0 percent). Other reasons include jail errors and the inmate being away from jail at a court hearing or some other approved activity. All of the interviewed jails reported that these causes of missed doses occurred infrequently.

As described in the overview (Tables 2.1, 2.2, and 2.4), the surveyed Consortium Two jails reported that, on average, they are confident in their ability 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, even if the inmate enters on a weekend or after business hours, is reported, on average, to be somewhat of a challenge for Consortium Two jails. Table 2.5 provides survey information related to the frequency factors contributing to missed doses of HIV-related medications.

Table 2.5. Consortium Two: 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?	Mean	Standard Deviation
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (N=5)	2.8	1.1
Inmate refuses medication. (N=5)	2.8	1.1
Inmate arrives at jail on weekend or after business hours. (N=5)	2.6	0.5
Inmate is transferred between jail and prison. (N=5)	2.6	0.5
Inmate is transferred between jails. (N=5)	2.6	0.5
Inmate cannot be depended upon to take medications at correct times. (N=5)	2.0	1.0
Inmate's prescribed HIV-related medications are not on the jail's formulary. (N=5)	2.0	1.2
Inmate is away from jail for court hearing or other approved activity. (N=5)	1.8	0.8
No prescriber available to prescribe HIV-related medications. (N=5)	1.6	1.3
Staff not available to monitor all doses of medications. (N=5)	1.2	0.4

Note: Higher mean scores indicate greater perceived frequency (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- Mean scores for contributing factors range from 1.2 to 2.8, indicating that Consortium Two jails perceived that missed doses of HIV-related medications are relatively rare. This is consistent with information obtained in other survey questions (see Tables 2.1, 2.2, and 2.4).

HIV Policies and Procedures

Non-medical services. While the surveyed jails in Consortium Two reported doing, on average, a *good* job of providing counseling, education or other types of non-medical services to inmates with HIV/AIDS, and did not consider providing such services to be very challenging, services of this nature appear to be limited. On interview, one of the five jails (20.0 percent) reported providing mental health care and one (20.0 percent) has a social worker whose primary job is to help inmates prepare for their release. These services do not appear to be tailored specifically to inmates with HIV/AIDS, but rather are general services on which all inmates, including those with HIV/AIDS, may draw. One jail reported that inmates with HIV receive double portions at meal times. They are not the only inmates who receive these meals, so this does not necessarily indicate their HIV status to other inmates or correctional officers.

Transfer policy. Consortium Two jails reported that there was no difference in the transfer policy for inmates with HIV/AIDS. All inmates (incoming and outgoing) are transferred with a medical transfer sheet which discloses any pertinent medical information.

Disclosure of HIV status. One jail reported that nobody in the jail or court system is told about an inmate's HIV status. One of the interviewed jails reported that the non-medical staff is notified about the inmate's health status. This is done to provide better care of the inmates, prevent potential threats and/or provide additional education/training to staff. One of the jails stated that they try not to pass information outside of the medical department, but they do report cases to their local health department.

Segregation policy. Generally, all Consortium Two jails reported that inmates with HIV/AIDS are maintained within the general population. One of the interviewed jails reported that segregation occurs when an inmate's medical condition requires the use of reverse isolation procedures⁵, which has happened twice in seven years. One jail had to transfer an inmate with HIV to their most secure jail block for the inmate's protection. This took place after other inmates learned from a TV program that the inmate was arrested for allegedly intentionally transmitting HIV to a woman who was unaware of his diagnosis.

Community Linkage

Consortium Two jails did not describe themselves as providers of non-medical services (i.e. counseling, case management, etc.) for inmates with HIV/AIDS, but some draw on community organizations to provide these services to inmates. During the interviews, two jails reported using their local health department for HIV testing. Two jails reported using local AIDS task forces. One jail reported using the New Horizons Youth and Family Center⁶ when arranging follow-up mental health care for inmates. The surveyed Consortium Two jails provided roughly similar data. Two jails reported using their local health department. Over half reported using their local hospitals and/or AIDS task forces. Only one jail (20.0 percent) stated that it did not receive HIV care services from any local organizations.

When asked what particular aspects of HIV care these local organizations provide, most of the surveyed jails said non-medical HIV care such as counseling, education and discharge care (not including discharge medications). A smaller number of jails said HIV testing and HIV medications for inmates while they are in jail.

Despite these linkages, Consortium Two jails, on average, reported that they would like local organizations to be more involved in providing care for inmates with HIV/AIDS (Table 2.4). When asked directly about the biggest gaps in HIV care in their facilities, one of the jails

⁵ In these cases inmates are isolated for their own protection because of their susceptibility to infection.

⁶ New Horizons Youth and Family Center of Lancaster, Ohio.

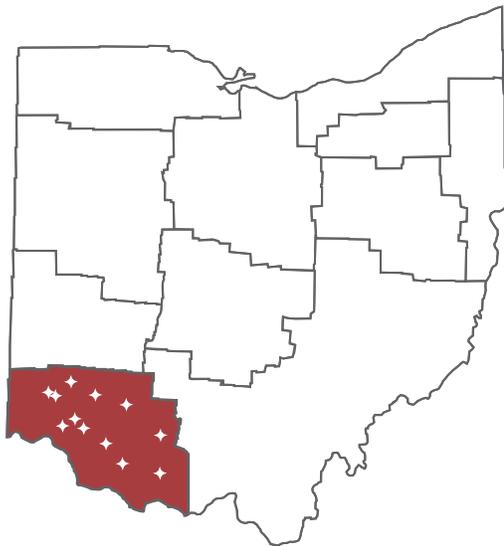
emphasized the importance of community support and close interaction with local providers. As already mentioned, none of the interviewed jails had heard of, or attempted to access, Ryan White HIV/AIDS Program funds.

Conclusion

Consortium Two jails are confident of their ability to identify and care for inmates known to have HIV or AIDS. Paying for HIV medications is not considered to be a challenge to the jails in this Consortium. Consortium Two jails are not as confident of their ability to ensure continuity of medical care after inmates are released from jail. None of the jails was familiar with Ryan White funding for medical services for inmates exiting the correctional system. While some jails have established partnerships with HIV care service providers in the community, other jails reported frustration with a lack of available local resources.

When asked for their concluding thoughts at the end of the interview, most Consortium Two jails stressed the financial, medical and logistical challenges posed by HIV care. Some jails indicated in the interview that they would welcome more information to increase HIV/AIDS awareness among both inmates and staff.

Cincinnati Region



Consortium Three is located in the southwest corner of Ohio and includes Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren Counties. The consortium is home to 12 Full Service Jails, three of which are located in the Cincinnati area. One of the jails is a city jail; the rest of the jails are county-run facilities.

Participation rate: 92%

- 11 of the 12 jails (92 percent) in the consortium completed at least one of the two components of the study.
- 8 jails (67 percent) completed interviews.
- 8 jails (67 percent) completed surveys.

Profile of participating jails

- 5 jails are large (200 or more beds) and 6 are small (under 200 beds).
- 1 jail is a city jail and the remaining 10 are county-run jails.
- 3 of the jails are in the Cincinnati area; the remaining 8 are in rural counties.
- 6 of the jails are managed care jails; 5 jails provide their own health care for inmates.

Participating Consortium Three jails

- Adams County Jail
- Butler County Correctional Complex
- Butler County Resolutions Complex
- Clermont County Jail
- Clinton County Jail
- Hamilton County Justice Center
- Highland County Jail
- Middletown City Jail
- Reading Road Talbert House
- Queensgate Correctional Facility
- Warren County Correctional Facility

Overview

A total of eleven different Consortium Three jails provided information for this report. Eight jails completed surveys and eight jails completed interviews. Consortium Three is notable for the access to specialist care enjoyed by its jails. Jails in this area reported that the most challenging aspects of HIV care provision include keeping up to date with current treatments for HIV/AIDS and ensuring continuity of care when an inmate is released.

Jails' 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 surveyed jails in Consortium Three perceived their strengths, challenges, and capacities related to caring for inmates with HIV/AIDS. This information provides a context to help frame the rest of the report.

Table 3.1. Consortium Three: Perceived Strengths Related to Caring for Inmates with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates with HIV/AIDS, how well do you think it would perform?)	Mean	Standard Deviation
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=8)	4.5	0.5
Providing access to HIV specialists (N=8)	4.0	1.4
Identifying inmates with HIV/AIDS when entering jail (N = 8)	3.9	1.0
Developing courses of treatment appropriate to an inmate's specific condition (N=8)	3.5	1.2
Finding undiagnosed cases of HIV/AIDS among inmates (N=5)	3.4	1.1
Providing social work, counseling, education, or other types of non-medical services to inmates with HIV/AIDS (N=8)	3.1	1.6
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=8)	3.1	1.5
Keeping up to date with developments in the treatment of HIV/AIDS (N=8)	2.4	1.3
Ensuring that inmates' HIV care continues after they are discharged from the jail (N=8)	1.4	0.7

Note: Higher mean scores indicate better perceived performance (1=*poor*, 2=*fair*, 3=*average*; 4=*good*; 5=*excellent*).

- On average, Consortium Three jails perceived that their strengths related to caring for inmates with HIV/AIDS are ensuring that inmates do not miss HIV-related medication while in jail and providing inmates with access to HIV specialists.
- On average, Consortium Three jails perceived that keeping up to date with developments in the treatment of HIV and ensuring that inmates' HIV care continues after discharge are areas where performance could be improved. Discharge care is the only area for which Consortium Three jails perceived their performance as *poor*.
- On average, Consortium Three jails reported that they do an *average to excellent* job of all of the listed aspects of HIV care (that is, the mean score for each item is above 3.00) with the exception of keeping up to date with developments in the treatment of HIV and ensuring that HIV care continues after discharge.

Table 3.2. Consortium Three: Perceived Challenges Related to Caring for Inmates with HIV/AIDS

How challenging is it for your jail to provide the following components of HIV care?	Mean	Standard Deviation
Ensuring that inmates' medical HIV care continues after they are discharged from the jail (N=6)	4.3	1.6
Finding undiagnosed cases of HIV/AIDS among inmates (N=8)	3.8	1.2
Providing HIV-related medications within 24 hours after an inmate arrives at the jail, regardless of whether the inmate enters on a weekend or after business hours (N=8)	3.6	1.6
Keeping up to date with developments in the treatment of HIV/AIDS (N=8)	3.5	1.1
Paying for HIV related medications for inmates (N=5)	3.4	1.7
Providing counseling, education, or other types of non-medical treatment (N=6)	3.0	0.9
Developing courses of treatment appropriate to an inmate's specific health condition (N=6)	2.8	0.8
Identifying inmates entering jail with HIV/AIDS (N=8)	2.8	0.9
Paying for HIV testing for inmates (N=8)	2.8	1.0
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=8)	2.5	1.7
Providing access to HIV specialists (N=8)	2.4	1.3

Note: Higher mean scores indicate greater perceived challenge (1= *not at all challenging*; 2=*not very challenging*; 3=*neutral*; 4=*somewhat challenging*; 5=*very challenging*).

- On average, Consortium Three jails perceived their greatest challenges to be: (a) ensuring that inmates' medical care continues after discharge; (b) finding undiagnosed cases of

HIV/AIDS; and (c) providing HIV-related medications immediately upon an inmate’s arrival at the jail.

- On average, Consortium Three jails reported that the least challenging components of HIV care provision are providing access to HIV specialists and ensuring that inmates rarely or never miss doses of HIV-related medications while in jail. Both of these components were perceived to be, on average, *not very challenging*.

Table 3.3. Consortium Three: Factors Contributing to Challenges Related to Caring for Inmates with HIV

When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?	Mean	Standard Deviation
Insufficient finances (N=8)	3.0	1.7
Not enough time (N=8)	2.9	1.2
Insufficient staffing (N=8)	2.1	1.1
Jail’s relationship with the community and elected officials (N=8)	1.6	1.1
Insufficient/inadequate health care space (N=8)	1.4	0.7

Note: Higher mean scores indicate greater perceived frequency of challenge (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- When asked about the contributing factors related to the challenges jails may face when caring for inmates with HIV/AIDS, Consortium Three jails perceived all of these factors to occur *never* to *sometimes*.
- On average, Consortium Three jails perceived the most frequent contributing factors to their HIV care challenges as stemming from shortages of money and time.

Table 3.4. Consortium Three: Overall Assessment of the Jails’ Capacity to Care for Inmates with HIV/AIDS

Please indicate how strongly you agree or disagree with the following statements.	Mean	Standard Deviation
Inmates at this jail have adequate access to HIV specialists. (N=8)	4.0	0.8
We would like local organizations to be more involved in providing care for inmates with HIV. (N=8)	3.5	0.8
Adequate discharge planning is provided to inmates with HIV/AIDS. (N=8)	3.0	1.6
Jail personnel are adequately trained to identify inmates who have HIV/AIDS. (N=8)	3.0	0.5
Jail personnel are able to provide a course of HIV treatment tailored to each inmate’s particular health condition. (N=7)	3.0	1.0
This jail is taking full advantage of the local resources for HIV care for inmates. (N=8)	2.9	1.2
Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. (N=8)	2.3	1.3

Note: Higher mean scores indicate greater agreement (1=*strongly disagree*; 2=*disagree*; 3=*neutral*; 4=*agree*; 5=*strongly agree*).

- On average, Consortium Three jails agreed that inmates have adequate access to HIV specialists.
- For most of the organizational capacity items, Consortium Three jails, on average, responded *neutral*.
- On average, Consortium Three jails reported the lowest perceived organizational capacity for taking advantage of local resources for inmate HIV care and keeping up to date on the latest medical and treatment options for HIV/AIDS.

HIV Statistics

In both the interview and the survey, Consortium Three jails were asked how many inmates known to have HIV/AIDS they had housed in the last year. The following are their responses:

- Five jails reported housing 1-10 inmates known to have HIV/AIDS in the last year.¹
- One jail reported housing 11-25 inmates known to have HIV/AIDS in the last year.²

¹ Four jails were excluded from consideration because informants gave aggregate numbers (e.g. in counties with multiple jails). Data from another jail was excluded because the jail uses a potentially duplicative tracking system.

- The average number of inmates known to have HIV/AIDS that were housed by participating Consortium Three jails falls in the range of 2-5.³

Identifying Inmates with HIV/AIDS (New and Preexisting Cases)

Identifying cases of HIV (whether new or existing), on average, is reported to be somewhat of a challenge for Consortium Three jails (see Tables 3.1 and 3.2).

Preexisting cases. All of the jails in Consortium Three primarily rely on inmates to self-identify that they have HIV/AIDS and most offer inmates more than one opportunity to do so. Typically, the first opportunity inmates have to self-identify is to the corrections officer at booking. The second opportunity inmates have to self-identify is often to medical staff during a physical examination or medical intake procedure. Most jails reported offering inmates the opportunity to request to see medical staff through sick call, which is another opportunity for an inmate to self-identify. Although most jails in the consortium did not describe the steps taken to confirm HIV status, two jails explicitly stated that there were policies and procedures in place to verify an inmate's HIV status. For both jails, verification typically involved calling the inmate's pharmacy to verify medications.

New cases. Only one jail in Consortium Three explicitly offers HIV testing to all inmates. In this jail, a community organization⁴ that provides a number of HIV/AIDS-related support services targeted to meet the needs of HIV-affected individuals conducts and pays for the testing. Of the remaining jails, three jails noted that they conduct HIV testing only if it is court mandated. In two of these jails, the inmate's commissary fund is charged \$15 for the test. Three jails conduct HIV testing if requested by the inmate; in two of those jails, a tax levy that provides health care to the indigent is the funding source for the testing.

Availability of Trained or Knowledgeable Medical Care Personnel

A variety of medical care professionals provide health care in Consortium Three jails. In two jails, health care is provided exclusively by paramedics. No other jails reported having paramedics on staff. Most of the jails reported having a jail physician and nurses (CNPs, RNs, and/or LPNs) on staff. A few jails reported having physician's assistants on staff. Most jails have medical staff available around the clock, including weekends. The jails that do not have medical staff on-site at all times utilize an on-call system, so medical care is accessible at all times.

² Five jails were excluded from consideration. See above footnote for explanation.

³ N=10; one jail was excluded because of a potentially duplicative tracking system. The number is expressed as a range because the survey data were collected in the form of ranges.

⁴ STOP AIDS of Cincinnati, OH.

At a minimum, most employees (medical and non-medical staff) in Consortium Three jails are trained in universal precautions. Typically, this training occurs at hire or through the correctional officers' training academy. A few jails offer additional training related to universal precautions to jail staff annually. Some of the jails in Consortium Three indicated that they would be interested in continuing education related to HIV/AIDS if it were made available.

The interviewed jails reported drawing on a variety of community services to provide medical and non-medical care to inmates with HIV/AIDS. Seven of the eight interviewed jails (87.5 percent) reported using community mental health care providers. Six jails (75.0 percent) reported using local infectious disease specialists. Four jails (50.0 percent) reported drawing on their local health departments. The survey data corroborates this; only two of the eight surveyed jails (25.0 percent) reported that no local organizations provide HIV care services to their inmates.

Access to Specialists

As described in the overview (see Tables 3.1, 3.2, and 3.4), Consortium Three jails, on average, reported confidence in their abilities to provide access to specialty care for inmates with HIV/AIDS. Six of the jails in Consortium Three utilize a specialty clinic⁵ that provides medical services to individuals diagnosed with HIV/AIDS. Physicians at the clinic either manage the inmate's case exclusively, or work with the jail physician to manage the case. Another jail reported sending inmates to HIV specialists but did not name the clinic. None of the surveyed jails reported providing genotype testing.

Almost all jails in the consortium reported that they transport inmates to HIV/AIDS specialists if necessary. However, most jails noted that transportation is sometimes a logistical challenge due to the length of time it takes to get to the clinic and the jail staff required to transport. One of the jails reported that they call the Holmes Clinic for advice instead of transporting inmates there.

Most jails in the Consortium perceived that accessing HIV/AIDS specialty care after release is the responsibility of the individual inmate. A few jails noted that upon release, inmates are given information cards with the names and telephone numbers of local resources that may be helpful.

⁵ The Holmes Clinic (Cincinnati, OH) is funded primarily through Ryan White HIV/AIDS Program funds.

Medications: While in Jail

When taking into account both survey and interview data, eight of the eleven participating jails in Consortium Three allow medications to be brought into the jail. It is important to note that the three jails reporting they did not allow inmates to bring in medications are located in a county which has a tax levy that provides health care to the indigent as a funding source for medications.

For those jails that allow medications to be brought into the jail, most inmates are allowed to bring in their own medications or have family members or others provide medications for the duration of their stay. In one jail, the nurse provides telephone reminders to the inmate's family when a refill is necessary.

To verify that an inmate has a prescription for the medication(s) they are providing, most jails will call the inmate's pharmacy; a few jails reported calling the prescriber or clinic where the inmate is treated for verification. Most jails noted that there were no formulary issues related to medications furnished by inmates. One jail did note that inmates could not bring in opiates, methadone, or benzodiazepine.

For inmates not providing their own medications, only three jails reported keeping a supply of HIV/AIDS drugs in stock. These jails are located in a county which has a tax levy that provides health care to the indigent as a funding source for medications. Further, these jails have an established relationship with the Holmes Clinic where current clients receive a two-week supply of HIV/AIDS medication from the clinic while in jail. Another jail in the consortium reported that, although they do not have HIV/AIDS medication in stock, a community agency (STOP AIDS) is helpful in accessing medications for inmates.

Of the jails without a stock supply of HIV/AIDS medication who had experience in acquiring HIV/AIDS medication, most stated that it can take 24-48 hours to provide inmates with such medications. Jails report that medication interruptions longer than 48 hours are more common for inmates who are from out of state or who have been treated in a Veteran's Administration facility because of delays in verifying inmates' health information.

There were no jails in Consortium Three that reported limitations on the types of HIV medications dispensed. Therefore, it does not appear as if cost affects medication choice. Two jails in Consortium Three noted that the cost of medications does impact the length of time an inmate is jailed. In both 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, and under what conditions, the inmate can be released.

Medications: At Discharge or Transfer

Discharge. When taking into account both survey and interview data, four of the eleven participating jails (36.0 percent) in Consortium Three provide discharge medications to inmates. Most of the jails providing discharge medications release the remainder of the supply purchased for the inmate. It is important to note that three of the four jails reporting they provide discharge medications are located in a county that has a tax levy that provides health care to the indigent as a funding source for medications. Of the four jails that provide discharge medications, three reported that inmates regularly neglect to pick up discharge medications: “[Inmates] just want out of jail and [they] won’t wait for medications.”

If the inmate has brought in his or her own supply of medications, most jails in Consortium Three reported that they will release the remaining supply to the inmate at the time of discharge. One jail reported that providers will prescribe a 30-day supply of medications. The same jail will also give contact information for a clinic and two churches in the area that provide financial assistance for medications.

Jails in Consortium Three cited several reasons for not providing discharge medications: budget constraints, liability, as well as providers’ unwillingness to prescribe discharge medications. One jail noted that it was not licensed to dispense medications outside the jail.

None of the interviewed jails reported using funds under the Ryan White HIV/AIDS Program for discharge care. Three jails (37.5 percent) were aware of the funds available under the Act, but had not tried to access any available monies, and the remaining five jails (62.5 percent) were not aware of the funds available through the Act. Also of interest, when asked to assess the jail’s capacity for providing adequate discharge planning, the average rating for Consortium Three was *neutral*.

Transfer. Generally speaking, no Consortium Three jails will provide medications for inmates being transferred to prison. Jails will allow medications that inmates bring in themselves to be transferred, but will not transfer medications purchased by the jail. Three jails noted that if an inmate is being transferred to the custody of the U.S. Marshalls, a three-day supply of medications is provided.

To ensure continuity of care during transfer, most jails in Consortium Three reported that they forward an inmate’s medical history to the receiving facility. They do this via fax (on the day of transfer or the day before) or by sending the information with the inmate and transport deputy. One jail that only transfers to another jail in the consortium (i.e., does not transfer inmates to the prison system) did note that the nurse calls and faxes medical records in advance to ensure that inmates with HIV/AIDS receive prompt medical attention.

Causes of Medication Interruptions

Medication administration. In Consortium Three, most medications are administered via medication passes conducted by jail nursing staff, and most jailstypically require that inmates be directly observed taking medications. The number of medication passes ranges from one to three times daily. However, most jails noted that they are equipped to handle more frequent medication passes if an inmate requires them.

Reasons for medication interruption. As described in the overview (see Tables 3.1, 3.2, and 3.4), Consortium Three jails reported that, on average, they are confident in their abilities to ensure 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, even if the inmate enters on a weekend or after business hours, is reported, on average, to be somewhat of a challenge for Consortium Three jails. Table 3.5 provides information related to the frequency of factors contributing to missed doses of HIV-related medications.

Table 3.5. Consortium Three: 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?	Mean	Standard Deviation
Inmate arrives at jail on weekend or after business hours. (N=8)	3.6	1.2
Inmate is transferred between jail and prison. (N=7)	2.9	1.2
Inmate is transferred between jails. (N=7)	2.7	0.5
Inmate's prescribed HIV-related medications are not on the jail's formulary. (N=7)	2.7	1.5
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (N=7)	2.6	1.3
Inmate refuses medication. (N=7)	2.6	1.3
No prescriber available to prescribe HIV-related medications. (N=7)	2.3	1.0
Inmate cannot be depended upon to take medication at correct times. (N=7)	1.9	1.5
Inmate is away from jail for court hearing or other approved activity. (N=7)	1.6	1.0
Staff not able to monitor all doses of medications. (N=7)	1.6	1.1

Note: Higher mean scores indicate greater perceived frequency (1=*never*, 2=*rarely*, 3=*sometimes*; 4=*often*; 5=*very often*).

- Mean scores for contributing factors range from 1.6 to 3.6, indicating that Consortium Three jails perceived that missed doses of HIV-related medications are relatively

infrequent. This is consistent with information obtained in other survey questions (Tables 3.1, 3.2, and 3.4).

- Of all the contributing factors, the factor Consortium Three jails, on average, perceived as most frequently contributing to missed doses was an inmate arriving at the jail on the weekend or after business hours.

Consortium Three jails do 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. Consortium Three jails reported that there was no difference in the transfer policies and procedures for inmates with HIV/AIDS and those for inmates not known to have HIV/AIDS. All inmates (incoming and outgoing) are transferred with a medical transfer sheet which discloses any pertinent medical information.

Disclosure of HIV status. Five of the eight interviewed jails (62.5 percent) did not answer the question pertaining to what members of the jail staff are told about the inmates' HIV/AIDS status. Of the three jails that did answer the question, two jails reported that the inmates' HIV/AIDS status was disclosed to "the doctor." The remaining jail reported that "medical staff do not officially tell correctional officers ... but the correctional officers do the medical screening at booking ... the medical staff mark the board with inmates' names as 'see remarks' for inmates with HIV/AIDS."

Housing policy. None of the interviewed Consortium Three jails reported that they automatically segregate inmates with HIV/AIDS from the general population, though two jails reported that they offer segregation to inmates with HIV/AIDS or allow inmates to request segregation. Jails reported the following factors that influence segregation: physician request, inmate request, and determination that the inmate is contagious or susceptible to contagion (e.g., open sores).

Community Linkage

Consortium Three jails did not describe themselves as providers of non-medical services (i.e., counseling, case management, etc.) for inmates with HIV/AIDS. However, almost all of the

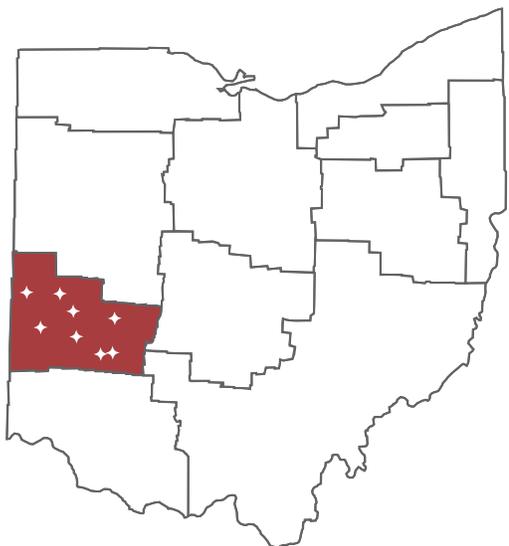
jails do partner with community mental health centers for counseling services, and some work with local health departments for HIV education and testing. As mentioned, only two of the surveyed jails reported that “no local organizations provide HIV care services to our inmates with HIV/AIDS.”

Consortium Three jails, on average, reported that they were not taking full advantage of local resources for HIV care for inmates (Table 3.4). This is interesting in light of the partnerships described in the interviews, such as those with community mental health centers, local health departments, and community organizations such as the Holmes Clinic and STOP AIDS.

Conclusion

Some of the jails in the consortium expressed frustration with the prescription verification process, saying that inmates sometimes give them false information and that slow responses from private providers and VA clinics can increase the time it takes to obtain an inmate’s medications. However, once they obtain an inmate’s medication, jails in Consortium Three are confident in their ability to administer the medication with minimal or no missed doses. They are not as confident in their ability to provide discharge care to inmates, in part because several of the jails in the consortia view this as the responsibility of the inmate and not the jail. While they expressed the desire for more collaboration with community organizations, Consortium Three jails are already notable for the relationships many have established with the Holmes Clinic and local HIV care providers. Jails in the consortium also expressed a desire to become more current on the latest treatments for HIV/AIDS. A couple of jails explicitly asked for educational materials, both for jail staff and inmates.

Dayton Region



Consortium Four is located in western Ohio and includes Clark, Darke, Greene, Miami, Montgomery, and Preble Counties. The consortium is home to eight Full Service Jails, one of which is located in the Dayton area. All of the jails in this consortium are county-run facilities.

Participation rate: 88%

- 7 of the 8 jails (88 percent) in the consortium participated in at least one component of the study.
- 7 jails (88 percent) completed interviews.
- 7 jails (88 percent) completed a survey.

Profile of participating jails

- 4 jails are large (200 or more beds) and 3 are small (less than 200 beds).
- All 7 of the jails are county-run.
- 1 jail is in the Dayton area; the remaining 6 jails are in rural counties.
- 4 of the jails are managed care jails; the other 3 jails provide their own health care for inmates.

Participating Consortium Four jails

- Clark County Jail
- Darke County Correctional Facility
- Greene County Adult Detention Center
- Greene County Jail
- Miami County Incarceration Facility
- Miami County Jail
- Montgomery County Jail

Overview

A total of seven Consortium Four jails provided information for this report. All seven jails completed both an interview and a survey. All of the jails are county-run facilities. Consortium Four is notable for the access to HIV specialists that it enjoys. Jails in this area reported that one of the most challenging aspects of HIV care provision is ensuring continuity of care when an inmate is released.

Jails' 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 surveyed jails in Consortium Four perceived their strengths, challenges, and capacities related to caring for inmates with HIV/AIDS. This information provides a context to help frame the rest of the report.

Table 4.1. Consortium Four: Perceived Strengths Related to Caring for Inmates with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates with HIV/AIDS, how well do you think it would perform?)	Mean	Standard Deviation
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=7)	4.6	0.5
Providing access to HIV specialists (N=7)	4.6	0.5
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=7)	4.3	1.1
Developing courses of treatment appropriate to an inmate's specific condition (N=7)	4.0	0.6
Identifying inmates with HIV/AIDS when entering jail (N=7)	3.9	0.4
Keeping up to date with developments in the treatment of HIV/AIDS (N=7)	3.7	0.8
Finding undiagnosed cases of HIV/AIDS among inmates (N=7)	3.6	0.8
Providing social work, counseling, education, or other types of non-medical services to inmates with HIV/AIDS (N=7)	3.3	0.8
Ensuring that inmates' HIV care continues after they are discharged from the jail (N=7)	3.0	0.8

Note: Higher mean scores indicate better perceived performance (1=*poor*, 2=*fair*, 3=*average*; 4=*good*; 5=*excellent*).

- On average, Consortium Four jails perceived that their strengths related to caring for inmates with HIV/AIDS are ensuring that inmates do not miss HIV-related medication while in jail and providing inmates with access to HIV specialists.
- On average, Consortium Four jails perceived ensuring that inmates' HIV care continues after they are discharged from jail as an area where performance could be improved.
- On average, Consortium Four jails reported that they do an *average to excellent* job with all of the listed aspects of HIV care (i.e., the mean score for each item is above 3.0).

Table 4.2. Consortium Four: Perceived Challenges Related to Caring for Inmates with HIV/AIDS

How challenging is it for your jail to provide the following components of HIV care?	Mean	Standard Deviation
Ensuring that inmates' medical HIV care continues after they are discharged from the jail (N=7)	4.4	0.8
Finding undiagnosed cases of HIV/AIDS among inmates (N =7)	3.6	0.5
Paying for HIV-related medications for inmates (N=7)	3.6	1.1
Identifying inmates entering jail with HIV/AIDS (N=7)	3.4	1.0
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=7)	3.1	0.9
Keeping up to date with developments in the treatment of HIV/AIDS (N = 7)	3.1	0.7
Paying for HIV testing for inmates (N=7)	3.1	1.1
Providing counseling, education, or other types of non-medical treatment (N=7)	3.0	0.8
Developing courses of treatment appropriate to an inmate's specific health condition (N=7)	2.9	0.9
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=7)	2.7	1.1
Providing access to HIV specialists (N=5)	2.2	0.8

Note: Higher mean scores indicate greater perceived challenge (1= *not at all challenging*; 2=*not very challenging*; 3=*neutral*; 4=*somewhat challenging*; 5=*very challenging*)

- On average, Consortium Four jails perceived that ensuring that inmates' HIV care continues after they are discharged from jail is their greatest challenge, which is consistent with the results in Table 4.1. This was the only component given a mean score over 4.0 (which indicates that the jails perceive this to be *somewhat challenging*).

- On average, Consortium Four jails reported that the least challenging components of HIV care provision are providing access to HIV specialists and ensuring that inmates rarely or never miss doses of HIV-related medications while in jail. Both of these components were perceived to be *not very challenging*.

Table 4.3. Consortium Four: Factors Contributing to Challenges Related to Caring for Inmates with HIV

When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?	Mean	Standard Deviation
Insufficient finances (N=7)	3.1	1.3
Not enough time (N=7)	3.0	1.3
Insufficient staffing (N=7)	2.9	1.1
Insufficient/inadequate health care space (N=7)	2.7	1.3
Jail's relationship with the community and elected officials (N=7)	2.1	0.7

Note: Higher mean scores indicate greater perceived frequency of challenge (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- When asked about the factors that may make HIV care challenging, Consortium Four jails perceived all of these factors to occur *rarely to sometimes*.
- On average, Consortium Four jails reported that insufficient finances most often contribute to the challenging nature of HIV care.

Table 4.4. Consortium Four: Overall Assessment of the Jails’ Capacity to Care for Inmates with HIV

Please indicate how strongly you agree or disagree with the following statements.	Mean	Standard Deviation
Inmates at this jail have adequate access to HIV specialists. (N=7)	4.3	0.8
This jail is taking full advantage of the local resources for HIV care for inmates. (N=7)	3.9	0.7
We would like local organizations to be more involved in providing care for inmates with HIV. (N=7)	3.7	0.5
Jail personnel are adequately trained to identify those inmates entering the facility who have HIV/AIDS. (N=7)	3.4	0.5
Jail personnel are able to provide a course of treatment for inmates with HIV/AIDS that is tailored to each inmate’s particular health condition. (N=7)	3.4	1.0
Jail personnel keep up to date on the latest medical and treatment options for HIV/AIDS. (N=7)	3.1	0.9
Adequate discharge planning is provided to inmates with HIV/AIDS. (N=7)	3.0	0.6

Note: Higher mean scores indicate greater agreement (1=*strongly disagree*; 2=*disagree*; 3=*neutral*; 4=*agree*; 5=*strongly agree*).

- On average, Consortium Four jails agreed that inmates have adequate access to HIV specialists; five out of seven jails also selected *agree* for the statement “this jail is taking full advantage of the local resources for HIV care for inmates.”
- Consortium Four jails, on average, perceived that discharge planning is an area of HIV care that could be improved. This is consistent with the information in Table 4.2.

HIV Statistics

While all of the participating Consortium Four jails reported that, at some point in their history, they have housed inmates known to have HIV/AIDS, it was not possible to get a clear picture of the number of inmates with HIV/AIDS these jails housed in the last year. Only two jails provided data that could be included in the calculations necessary to determine this figure.¹ One of these jails reported housing 1-10 inmates known to have HIV/AIDS in the last year; the other jail reported housing three inmates known to have HIV/AIDS in the last year.

¹ Data from five jails were excluded because the informants provided only aggregate numbers for multiple jails, because the numbers were from potentially duplicative tracking systems, or because the jail provided contradictory survey and interview data.

Identifying Inmates with HIV/AIDS (New and Preexisting Cases)

Consortium Four jails reported that identifying cases of HIV (whether new or existing), on average, can pose a challenge (see Tables 4.1 and 4.2).

Preexisting cases. All of the jails in Consortium Four primarily rely on inmates to self-identify that they have HIV/AIDS, and most offer inmates more than one opportunity to do so. Typically, the first opportunity inmates have to self-identify is to the corrections officer at booking. Another opportunity inmates have to self-identify is often to medical staff during a physical examination or medical intake procedure. Most jails reported offering inmates the opportunity to request to see medical staff through sick call, which is another opportunity for an inmate to self-identify. Some jails emphasized that inmates can self-identify anytime during their incarceration. All jails in the Consortium take steps to confirm an inmate's HIV status. This includes getting medical records, contacting previous care providers, and checking with an inmate's pharmacy.

New cases. The majority of interviewed jails reported that they consider it their role to uncover new conditions, in particular HIV/AIDS. All of the jails indicated that they *might* provide HIV testing under certain conditions (e.g., if testing is court mandated, if an inmate has symptoms of HIV/AIDS, if there is an exchange of bodily fluids, or if an inmate admits to risk factors associated with HIV/AIDS). Despite this, none of jails in Consortium Four explicitly offers HIV testing to all inmates. Of all interviewed jails, only three make HIV testing routinely available upon request. It should be noted that these are the only three jails in the consortium for which HIV testing services are provided by the local health departments. Only one jail reported that they charge inmates for HIV testing, but did not specify the amount charged.

Availability of Trained or Knowledgeable Medical Care Personnel

A variety of medical care professionals provide health care in Consortium Four jails. All jails reported having a doctor on a staff. The average number of individuals on a jail medical staff in this consortium is seven, with a high of 30 and a low of four. Only one interviewed jail reported providing around-the-clock medical care, including weekends, though almost all Consortium Four jails reported providing medical care during some weekend hours. Non-medical jail staff in three of the seven interviewed jails have received some kind of HIV/AIDS training, which is typically conducted by either the jail medical staff or the Corrections Academy.

Access to Specialists

As described in the overview (see Tables 4.1, 4.2, and 4.4), Consortium Four jails, on average, reported confidence in their abilities to provide access to specialty care for inmates with

HIV/AIDS. Four of the interviewed jails reported that they use HIV specialists to design and monitor treatment for inmates with HIV/AIDS; three jails reported that this task is primarily done by their jail physician. Six of the jails reported that they would transport an inmate to a specialist if it were necessary. None of jails reported any significant problems with treatment plans and specialist care for inmates with HIV/AIDS. Several jails said that they have good working relationships with specialists. Three jails specifically mentioned using the Miami Valley Hospital² for infectious disease care.

Most jails in the Consortium assist inmates as they arrange for continued specialty care in the community upon their release. These jails provide contact information for various groups and some jails help inmates schedule doctor's appointments. This assistance with discharge planning can include non-medical aspects of HIV care as well.

Medications: While in Jail

When taking into account both survey and interview data, all jails in Consortium Four allow medications to be brought into the jail. Three jails reported that they allow medications in for the entire duration of the inmate's stay. The remaining jails did not specify how long they allow medications to be brought in from the outside. Three of the jails noted that they allow non-formulary medications. Three other jails have no HIV formulary. To verify that an inmate has a prescription for the medication(s) they are providing, most jails will call the inmate's pharmacy; a few jails reported calling the prescriber or clinic where the inmate has been treated for verification.

For inmates not providing their own medications, only three jails reported keeping a supply of HIV/AIDS drugs in stock. Jails that do not keep a supply of drugs make arrangements to obtain HIV/AIDS medications from pharmacies. Most jails stated that it can take up to 72 hours to provide inmates with such medications. Two jails reported that medication interruptions longer than 72 hours could occur because of the time it takes to verify an inmate's prescription, especially when dealing with private physicians.

There were no jails in Consortium Four that reported limitations on the types of HIV medications dispensed. Therefore, it does not appear as if cost affects medication choice. None of the interviewed jails in Consortium Four reported that the cost of medications has an impact on the length of time an inmate is jailed.

One of the interviewed jails specifically mentioned that they would like Ohio Department of Health to provide more assistance regarding HIV/AIDS medications. One jail reported that inmates who become incarcerated are dropped from the Ryan White HIV/AIDS program and

² Miami Valley Hospital of Dayton, Ohio.

lose their eligibility for medications. The inmates then have to go through the application process again when they are released. The informant from this jail expressed the hope that this could be changed.

Medications: At Discharge or Transfer

Discharge. As with questions about HIV statistics, queries regarding discharge medications yielded conflicting results in Consortium Four’s surveys and interviews. One possible reason for these inconsistencies may be a lack of established policies regarding discharge medications for inmates with HIV/AIDS. The only two jails providing consistent answers reported that they do not provide discharge medications. One of the jails that does not provide discharge medications noted that they help inmates by referring them to medical providers. The survey results indicate that most common reasons for not providing discharge medications are: (a) lack of funds; (b) risk of potential liability; and (c) not being given enough notice of an inmate’s pending discharge.

Transfer. Generally speaking, no Consortium Four jail will provide medications for inmates being transferred to prison. As one of the jails noted, prisons typically do not accept outside medications. To ensure continuity of care during transfer, most jails in Consortium Four reported that they forward an inmate’s medical history to the receiving facility. They do this via fax (on the day of transfer or the day before) or by sending the information with the inmate and transport deputy. Two jails noted that the health care manager calls in advance to advise the receiving prison medical staff if an incoming inmate has a serious condition such as HIV/AIDS.

Causes of Medication Interruptions

Medication administration. In Consortium Four, most medications are administered via medication passes, typically by nursing staff. All jails require inmates to be directly observed while taking medications. The number of medication passes ranges from two to four times per day. One of the jails noted that they allow some inmates to keep their medications on their person.

Reasons for medication interruption. As described in the overview (see Tables 4.1 and 4.2), Consortium Four jails 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. Table 4.5 summarizes the survey information regarding missed doses of medication.

Table 4.5. Consortium Four: Factors Contributing to Missed Doses of HIV-Related Medications

To the best of your knowledge, how often do the following situations cause an	Mean	Standard
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inmate to miss one or more doses of HIV-related medication?		Deviation
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (N=7)	3.3	0.8
Inmate refuses medication. (N=7)	2.7	1.0
Inmate is transferred between jail and prison. (N=7)	2.6	0.5
Inmate cannot be depended upon to take medications at correct times. (N=7)	2.4	1.1
Inmate is away from jail for court hearing or other approved activity. (N=7)	2.1	0.9
Inmate arrives at jail on weekend or after business hours. (N=7)	2.0	0.0
Inmate is transferred between jails. (N=7)	2.0	0.8
No prescriber available to prescribe HIV-related medications. (N=7)	1.7	1.1
Inmate's prescribed HIV-related medications are not on the jail's formulary. (N=7)	1.6	1.1
Staff not able to monitor all doses of medications. (N=7)	1.3	0.5

Note: Higher mean scores indicate greater perceived frequency (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- Mean scores for contributing factors range from 1.3 to 3.3, indicating that Consortium Four jails perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions (see Tables 4.1 and 4.2).
- On average, Consortium Four jails perceived that a delay in verifying an inmate's prescription because of HIPAA regulations (or private care providers' misunderstanding of HIPAA regulations) was the most frequent cause of missed doses of HIV medications. This is consistent with the interview data. One interview informant specifically asked that private care providers be educated about how HIPAA applies to jail inmates.
- Consortium Four jails, on average, reported that inmate refusal was the second-most common factor contributing to missed doses, though they said this happens *rarely*. The interview data corroborate this: the most common reason for missed doses given by interview respondents was inmate refusal, particularly at the morning medication pass, though informants stressed that inmate refusal does not occur often with HIV medications.

HIV Policies and Procedures

Non-medical services. The results of the survey indicate that Consortium Four jails reported that they do an *average* job providing non-medical HIV care (see Table 4.1). Several of the interviewed jails specifically noted that they provide mental health counseling, substance abuse counseling, parenting classes, and religious services to inmates. It should be noted that

none of these services appears to be specifically tailored to inmates with HIV/AIDS, but instead are general services to which all inmates, including those with HIV/AIDS, have access.

Transfer policy. The interviewed Consortium Four jails reported no difference in either the transfer policy or the transfer procedure for inmates known to have HIV/AIDS as compared to inmates not known to have HIV/AIDS.

Disclosure of HIV status. Six jails noted that only members of medical staff are told about an inmate's HIV status. One of the jails reported that they disclose this information to both medical and non-medical staff.

Segregation policy. Most of the Consortium Four jails reported that their policy is to place inmates with HIV/AIDS in the general population. One jail noted that inmates with HIV/AIDS could request segregation. No jails reported automatically segregating inmates with HIV/AIDS.

Community Linkage

Most Consortium Four jails reported working with their local health departments to provide HIV care to inmates. A small number of jails also reported using local hospitals and "other" local resources. Only two of the surveyed jails reported that no local organizations at all provide HIV care services to their inmates. The services offered by community organizations include HIV testing, HIV education, nonmedical HIV care (such as counseling), HIV medications, and discharge planning.

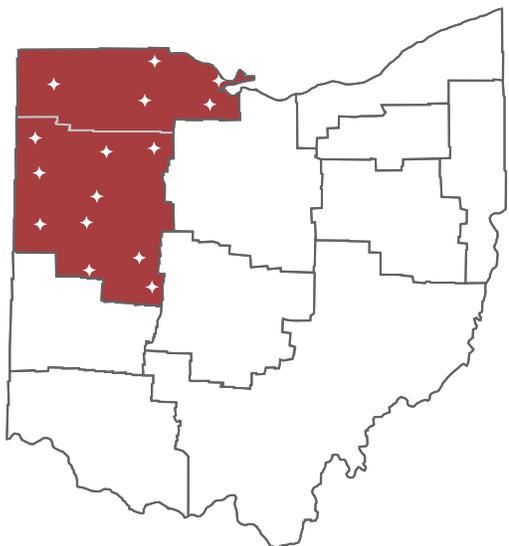
While almost three quarters of the surveyed jails reported that they are taking full advantage of local resources for inmate HIV care, the same number of jails indicated that they would prefer local organizations to be more involved in providing care for inmates with HIV/AIDS (see Table 4.4). When asked directly about their biggest needs for HIV care, one of the jails reported that they need "... community care because inmates get better care in jail than on the street." Although some jails have heard of Ryan White HIV/AIDS Program funds for discharge care, only one of the interviewed jails reported applying for and receiving these funds.

Conclusion

Inconsistent data made it difficult to determine the average caseload of inmates with HIV/AIDS in this consortium's jails. Both survey and interview data indicate that Consortium Four jails are confident in their ability to identify and care for inmates known to have HIV/AIDS. In fact, during interviews, several jails reported that the ability to provide high quality health care is one of their strengths.

Like many jails, those in Consortium Four reported that the financial cost of HIV care can be burdensome. Consortium Four jails, while reporting good access to HIV specialists, reported that they would like more community involvement in HIV care. Perhaps because of both these factors (finances and a reported lack of community resources) ensuring continuity of medical care after inmates are discharged remains a big challenge for many Consortium Four jails. When asked about the biggest gaps in HIV care in their facilities, many jails cited lack of funding, complicated prescription verification processes, and a lack of community involvement in HIV care.

Toledo and Lima Regions



Consortia 5 and 9A are located in western and northwestern Ohio. Consortium 5 includes Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Williams, and Wood Counties. Consortium 9A includes Allen, Auglaize, Champaign, Hancock, Hardin, Logan, Mercer, Paulding, Putnam, Shelby, and Van Wert Counties. Because of the relatively low number of jails in these consortia, jails in these adjoining areas are analyzed together. The combined consortia are home to 14 Full Service Jails, two of which are regional jails.

Participation rate: 71%

- 10 of the 14 jails (71 percent) in the consortia participated in at least one component of the study.
- 9 jails (64 percent) completed interviews.
- 8 jails (57 percent) completed a survey.

Profile of participating jails

- 2 jails are large (200 or more beds) and 8 are small (less than 200 beds).
- 2 of the jails are regional jails; the other 8 jails are run by their home counties.
- 1 jail is in the Toledo area; the remaining 9 jails are in rural counties.
- 2 of the jails are managed care jails; the other 8 jails provide their own health care for inmates.

Participating Consortium 5 and 9A jails

- Auglaize County Jail
- Corrections Center of Northwest Ohio
- Hancock County Justice Center
- Logan County Jail
- Lucas County Corrections Center
- Mercer County Jail
- Putnam County Adult Detention Facility
- Shelby County Jail
- Tri-County Regional Jail
- Wood County Jail

Overview

For confidentiality reasons, findings from Consortia 5 and 9A are combined in this report. A total of ten jails provided information for this report; three jails from Consortia Five and seven jails from 9A. All but one of the participating jails is located in a rural county. A total of nine interviews and eight surveys were completed with representatives of jails from the consortia. Jails in these areas reported that the most challenging aspects of HIV care provision include paying for HIV- related medications and finding undiagnosed cases.

Jails' 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 surveyed jails in Consortia 5 and 9A perceived their strengths, challenges, and capacities related to caring for inmates with HIV/AIDS. This information provides a context to help frame the rest of the report.

Table 5.1. Consortia 5 and 9A: Perceived Strengths Related to Caring for Inmates with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates with HIV/AIDS, how well do you think it would perform?)	Mean	Standard Deviation
Developing courses of treatment appropriate to an inmate's specific condition (N=8)	4.3	1.5
Providing access to HIV specialists (N=8)	4.3	1.5
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=8)	4.0	1.4
Providing social work, counseling, education, or other types of non-medical services to inmates with HIV/AIDS (N=8)	4.0	1.4
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=8)	3.8	1.6
Keeping up to date with developments in the treatment of HIV/AIDS (N=8)	3.6	1.3
Identifying inmates with HIV/AIDS when entering jail (N=7)	3.3	1.7
Ensuring that inmates' HIV care continues after they are discharged from the jail (N=8)	3.1	1.2
Finding undiagnosed cases of HIV/AIDS among inmates (N=7)	3.0	1.2

Note: Higher mean scores indicate better perceived performance (1=*poor*, 2=*fair*, 3=*average*, 4=*good*, 5=*excellent*).

- On average, Consortia 5 and 9A jails perceived that their strengths related to caring for inmates with HIV/AIDS are developing courses of treatment appropriate to an inmate’s specific condition and providing inmates with access to HIV specialists.
- On average, Consortium 5 and 9A jails reported that they do an *average to excellent* job with all of the listed aspects of HIV care (that is, the mean score for each item is above 3.0). There are no aspects of care that Consortia 5 and 9A jails considered themselves to be *fair* or *poor* at performing.
- On average, the aspect of HIV care receiving the lowest score by Consortia 5 and 9A jails was finding undiagnosed cases of HIV/AIDS.

Table 5.2. Consortia 5 and 9A: Perceived Challenges Related to Caring for Inmates with HIV/AIDS

How challenging is it for your jail to provide the following components of HIV care?	Mean	Standard Deviation
Paying for HIV-related medications for inmates (N=8)	3.6	1.5
Finding undiagnosed cases of HIV/AIDS among inmates (N=8)	3.6	1.1
Ensuring that inmates’ medical HIV care continues after they are discharged from the jail (N=8)	3.5	0.9
Identifying inmates entering jail with HIV/AIDS (N=8)	3.4	0.9
Paying for HIV testing for inmates (N=8)	3.0	1.8
Providing HIV-related medications within 24 hours after an inmate arrives at the jail, regardless of whether the inmate enters on a weekend or after business hours (N=8)	2.9	1.2
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=8)	2.5	1.2
Providing counseling, education, or other types of non-medical treatment (N=8)	2.5	1.2
Keeping up to date with developments in the treatment of HIV/AIDS (N=8)	2.5	1.2
Providing access to HIV specialists (N=7)	2.4	1.4
Developing courses of treatment appropriate to an inmate’s specific health condition (N=8)	2.4	1.3

Note: Higher mean scores indicate greater perceived challenge (1= *not at all challenging*; 2=*not very challenging*; 3=*neutral*; 4=*somewhat challenging*; 5=*very challenging*).

- There were no aspects of HIV Care that Consortia 5 and 9A jails rated, on average, as *somewhat* or *very challenging*.
- On average, Consortia 5 and 9A jails perceived their greatest challenges as: (a) paying for HIV related medications; (b) finding undiagnosed cases of HIV/AIDS; and (c) ensuring that inmates' medical care continues after they are discharged.
- On average, Consortia 5 and 9A jails reported that the least challenging components of HIV care provision are providing access to HIV specialists and developing courses of treatment appropriate to an inmate's specific health condition. Both of these components were perceived to be *not very challenging*.

Table 5.3. Consortia 5 and 9A: Factors Contributing to Challenges Related to Caring for Inmates with HIV

When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?	Mean	Standard Deviation
Insufficient finances (N=8)	3.1	1.8
Not enough time (N=8)	3.0	1.8
Insufficient/inadequate health care space (N=8)	2.4	1.9
Insufficient staffing (N=8)	2.0	1.5
Jail's relationship with the community and elected officials (N=8)	2.0	1.4

Note: Higher mean scores indicate greater perceived frequency of challenge (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- Consortium 5 and 9A jails, on average, reported that none of the listed factors that contribute to the challenges of HIV care occurs *often* or *very often*.
- On average, Consortia 5 and 9A jails perceived shortages of money and time to be the most frequently occurring sources of HIV care challenges.

Table 5.4. Consortia 5 and 9A: Overall Assessment of the Jail’s Capacity to Care for Inmates with HIV

Please indicate how strongly you agree or disagree with the following statements.	Mean	Standard Deviation
We would like local organizations to be more involved in providing care for inmates with HIV. (N=8)	3.8	0.9
Inmates at this jail have adequate access to HIV specialists. (N=8)	3.8	1.6
This jail is taking full advantage of the local resources for HIV care for inmates. (N=8)	3.6	1.1
Jail personnel keep up-to-date on the latest medical and treatment options for HIV/AIDS. (N=8)	3.4	1.6
Adequate discharge planning is provided to inmates with HIV/AIDS. (N=8)	3.3	1.4
Jail personnel are adequately trained to identify inmates who have HIV/AIDS. (N=8)	3.0	1.1
Jail personnel are able to provide a course of HIV treatment tailored to each inmate’s particular health condition. (N=8)	2.8	1.6

Note: Higher mean scores indicate greater agreement (1=*strongly disagree*; 2=*disagree*; 3=*neutral*; 4=*agree*; 5=*strongly agree*).

- For most of the organizational capacity items, Consortium 5 and 9A jails, on average, responded *neutral*.
- On average, Consortia 5 and 9A jails reported the lowest perceived organizational capacity for identifying inmates who have HIV/AIDS and providing a course of HIV treatment tailored to each inmate’s particular health condition.

HIV Statistics

Nine of the ten jails in Consortia 5 and 9A reported having housed inmates with HIV/AIDS at some point, with eight having done so in the past year. While there were some inconsistencies between the survey and interview responses to questions about this issue, it is possible to arrive at an estimate of the jail population with HIV/AIDS. Jails providing contradictory survey and interview data were omitted from the calculations, so the following figures are based on data from seven jails:

- Two jails reported housing no inmates with HIV in the past year. (One of these jails reported that it has never housed an inmate with HIV/AIDS.)
- Three jails reported housing between 1-10 inmates with HIV/AIDS in the past year.

- One jail reported housing between 11-25 inmates with HIV/AIDS in the past year.
- One jail reported housing between 26-50 inmates with HIV/AIDS in the past year.
- The average number of inmates known to have HIV/AIDS that were housed by participating jails in this consortia last year falls in the range of 7-12 inmates.¹

Identifying Inmates with HIV/AIDS (New and Preexisting Cases)

Identifying cases of HIV (whether new or existing), on average, is reported to be somewhat of a challenge for Consortia 5 and 9A jails (see Tables 5.1 and 5.2).

Preexisting cases. All of the jails in Consortia 5 and 9A primarily rely on inmates to self-identify that they have HIV/AIDS and most jails offer inmates more than one opportunity to do so. Typically, the first opportunity inmates have to self-identify is to the corrections officer at booking. The second opportunity inmates have to self-identify is often to medical staff during a physical examination or medical intake procedure. Most jails reported offering inmates the opportunity to request to see medical staff through sick call, which is another opportunity for an inmate to self-identify. Although most jails in the consortia did not describe the steps taken to confirm HIV status, three jails explicitly stated that there were policies and procedures in place to verify an inmate's self-identified HIV status. In three jails, the inmate's medical records are obtained with consent from the inmate.

New cases. Based on survey responses, three of seven jails (42.9 percent) in Consortia 5 and 9A reported that *all* inmates entering the facility may request an HIV test. On interview, five jails (55.6 percent) stated that they explicitly offer HIV tests to all inmates or that all inmates may request an HIV test. Two of the interviewed jails offer testing under certain conditions, such as a potential exposure or a court order. One interviewed jail reported that no HIV testing is available and another reported that there is no set policy regarding HIV testing. Three of the jails that offer testing reported charging for the service, with the cost ranging from \$5 to \$70.

Availability of Trained or Knowledgeable Medical Care Personnel

Most of the jails reported having a jail physician and nurses (CNPs, RNs, and/or LPNs) on staff. However, one jail reported that their medical staff consists of one part-time jail physician who is available on site one-half day per week. Approximately half the jails have staff available on site at all times, with the remainder using an on-call system for nights and weekends.

Six interviewed jails reported providing HIV training to medical and non-medical staff. Training takes place at the corrections officer training academy with annual updates from various

¹ This average is expressed as a range because survey data were collected in the form of ranges.

jails and, in one case, the health department. Over half the jails reported that keeping up with developments in the treatment of HIV/AIDS is not a challenge for them. Five of the jails indicated that they would be interested in continuing education related to HIV/AIDS if it were made available, and two asked for resource materials on the care of individuals with HIV/AIDS.

Two jails in Consortia 5 and 9A reported that no community social agencies provide medical or non-medical care for inmates with HIV/AIDS. Three utilize their health department, and one jail reported using the AIDS Resource Center (ARC)² to obtain medication for inmates who are already established with ARC. Other community social agencies mentioned by jail staff include churches and mental health providers, primarily for emergencies or if the inmate is already a client of the agency. It should be noted that these last services appear to be general services on which all inmates may draw, not services specifically tailored to inmates with HIV/AIDS.

Access to Specialists

As described in the overview (Tables 5.1, 5.2, and 5.4), Consortia 5 and 9A jails, on average, reported confidence in their abilities to provide access to specialty care for inmates with HIV/AIDS, though only half of the interviewed jails answering the question reported that they use HIV specialists to design and monitor an inmate's HIV care. None of the surveyed jails reported providing genotype testing.

Five jails reported that they will transport inmates to HIV/AIDS specialists if necessary. Two jails identified the University of Toledo Medical Center³ as their source of specialty HIV/AIDS care. The cost of transportation causes two jails to furlough inmates temporarily in order to allow them to see specialists at their own expense. One of these jails noted that if the inmate is a flight risk, a deputy goes along with them to the doctor's office. Two jails noted that they do not know of any specialists in their area.

To ensure continued access to specialist care as an inmate is released, three jails within the consortia will schedule appointments for their departing inmates. The remainder believe it is the responsibility of the individual inmate or family to schedule appointments. One of the jails that does schedule appointments stated they think it is "very difficult for inmates to keep" these scheduled appointments. Informants at six of the jails were aware of the Ryan White HIV/AIDS Program funds and the possibility of drawing money from this source for discharge care, but none had tried to access this funding source.

² AIDS Resource Center of Ohio, Toledo and Northwest Ohio Region.

³ University of Toledo Medical Center, Division of Infectious Diseases.

Medications: While in Jail

When taking into account both survey and interview data, all ten of the participating jails in Consortia 5 and 9A allow medications to be brought into the jail. When interviewed, seven of the jails reported that inmates or family members must supply or are encouraged to supply medications for the duration of the inmates' stay. Only one jail has a policy of providing HIV/AIDS and other medications from their pharmacy within 24 hours of the inmate's arrival in their facility, while in another jail the inmate's supply is used for up to two weeks, after which the jail will provide medications from the jail pharmacy. As already mentioned, one jail will contact ARC on behalf of those inmates who are established clients of the organization in order to obtain medications.

To verify that an inmate has a prescription for the medication(s) they are providing, most jails will call the pharmacy while a few jails reported calling the prescriber or clinic where the inmate has been treated for verification. Other jails reported checking the contents of prescription bottles with information available online or in the *Physician's Desk Reference*. Some jails reported all drugs must be in their original pharmacy bottle with intact labels. One jail noted it does not allow narcotics from outside.

Only one jail in Consortia 5 and 9A maintains a stock of HIV/AIDS drugs; the turn-around for supplying HIV/AIDS medications in this jail is 24 hours. The remaining jails that provide medications can also access them within 24 hours. One of the two jails that dispenses medications reported that they do not provide intravenously administered medications for safety and security reasons.

Three jails in Consortia 5 and 9A unequivocally stated that the cost of medications can impact the length of time an inmate is jailed. In all three jails, the court system (i.e., judge, prosecutor, etc.) is notified if an inmate's care is very costly. It is then up to the judicial system to decide if, and under what conditions, the inmate can be released. One jail will temporarily furlough inmates with HIV/AIDS in order to allow them to see outside doctors at their own expense.

Medications: At Discharge or Transfer

Discharge. Taking into account both survey and interview data, six of the ten participating jails (60.0 percent) unequivocally provide discharge medications. Most of these jails release the remainder of the supply purchased for the inmate, though one jail reported supplying discharged inmates with a three-day supply. If the inmate has brought in his or her own supply of medications, most jails in Consortia 5 and 9A reported that they will release the remaining supply to the inmate at the time of discharge. Only one jail reported that inmates regularly refuse their discharge medications.

One jail unequivocally does not provide discharge medications. Another jail will provide a departing inmate with any medications that have been obtained through ARC, but not with any medications the jail itself has purchased. Another jail will provide discharge medications only to inmates who are indigent. Jails in Consortia 5 and 9A that do not provide discharge medications cited several reasons for this practice, including budget, liability, and insufficient notice of the inmate's discharge.

When asked to assess the jail's capacity for providing adequate discharge planning, the average rating for Consortium 5 and 9A was *neutral*. As already mentioned, none of the interviewed jails reported using funds under the Ryan White HIV/AIDS Program for discharge care. Six jails (66.7 percent) were aware of funds available under the Act but had not tried to access any available monies, and the remaining three jails (33.3 percent) were not aware of the funds available through the Act.

Transfer. No Consortia 5 or 9A jails provide medications to inmates being transferred to a prison. One jail said it sometimes sends a three-day supply with inmates being transferred to another jail. To ensure continuity of care during transfer, most jails in Consortia 5 and 9A reported that they forward an inmate's medical history to the receiving facility. They do this by sending the information via fax or with the inmate and transport deputy.

Causes of Medication Interruptions

Medication administration. In Consortium 5 and 9A, most medications are administered via medication passes, and inmates are always directly observed taking their medications by nursing staff or corrections officers. The number of medication passes ranges from two to four times daily. None of the jails allows inmates to keep HIV medications on their person.

Reasons for medication interruption. Generally speaking, Consortia 5 and 9A jails did not report medication interruption as a frequent occurrence. As described in the overview (see Tables 5.1, 5.2, and 5.4), Consortia 5 and 9A jails 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. Jails reported that when missed doses do occur, the primary offender-related reason for missed doses is inmate refusal to take medication. The most frequently reported non-offender related reasons for medication interruption occur when 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. Table 5.5 provides survey information about the frequency of factors contributing to missed doses of HIV-related medications.

Table 5.5. Consortia 5 and 9A: 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?	Mean	Standard Deviation
Inmate refuses medication. (N=8)	3.1	0.4
Inmate is transferred between jail and prison. (N=8)	2.8	1.0
Inmate is transferred between jails. (N=8)	2.8	1.0
Inmate arrives at jail on weekend or after business hours. (N=8)	2.8	1.2
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (N=8)	2.6	1.3
Inmate is away from jail for court hearing or other approved activity. (N=8)	2.4	1.4
Inmate cannot be depended upon to take medication at correct times. (N=8)	2.1	1.4
No prescriber available to prescribe HIV-related medications. (N=8)	1.9	1.1
Staff not able to monitor all doses of medications. (N=8)	1.8	1.5
Inmate's prescribed HIV-related medications are not on the jail's formulary. (N=8)	1.8	0.9

Note: Higher mean scores indicate greater perceived frequency (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- Mean scores for contributing factors range from 1.8 to 3.1, indicating that Consortia 5 and 9A jails perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions (see Tables 5.1, 5.2, and 5.4).
- On average, Consortia 5 and 9A jails perceived that inmate refusal to take medication was the most frequently occurring contributor to missed doses of HIV-related medication.

HIV Policies and Procedures

Non-medical services. While the surveyed jails in Consortia 5 and 9A reported doing, on average, a *good* job of providing counseling, education or other types of non-medical services to inmates with HIV/AIDS, and consider the provision of these services to be *not very challenging* (see Tables 5.1 and 5.2), there nonetheless appears to be a paucity of said services in the jails. When interviewed, four of the nine jails (44.4 percent) reported providing mental health care while one (11.1 percent) offers substance abuse treatment to inmates with HIV/AIDS. These services are not typically tailored specifically to inmates with HIV/AIDS, but instead are general services on which inmates with HIV/AIDS may draw. One jail reported providing case

management services to its inmates. This same jail also connects inmates with case managers from the community.

Transfer policy. Consortium 5 and 9A jails reported that there was no difference between the transfer policy for inmates with HIV/AIDS and the transfer policy for inmates not known to have HIV/AIDS.

Disclosure of HIV status. When interviewed, four of the jails in Consortia 5 and 9A reported that HIV status is only disclosed to members of their medical staff. Two jails reported routinely telling non-medical staff about an inmate's HIV status. In one case, the only non-medical staff member told is the head of the jail. In the other case, the entire jail staff is informed in writing of the identity of inmates with HIV or AIDS. Two jails reported that non-medical staff *may* be told of an inmate's HIV status, either at the doctor's discretion or, "if the inmate is not cooperative, exhibits high risk behavior, breaks rules, etc." In the latter case, the nurse would advise the inmate of the decision.

Segregation policy. One of the interviewed jails reported that they would automatically segregate any inmate with HIV/AIDS from the general population. The remaining interviewed jails reported that inmates known to have HIV/AIDS are usually housed in the jail's general population.

Community Linkage

When asked if they would like local organizations to be more involved in providing care for inmates with HIV/AIDS, Consortia 5 and 9A jails, on average, provided responses between *neutral* and *agree* (see Table 5.4). About half the jails partner with one or more of the following organizations, primarily for HIV testing and counseling services: local health departments; local AIDS task forces; and community mental health centers. The particular organizations mentioned during the interviews were ARC, the University of Toledo Medical Center, Unison Behavioral Health Group⁴, the Zepf Center⁵, Maumee Valley Guidance Center⁶, and Recovery Services of Northwest Ohio.⁷ These linkages are mostly associated with jails that reported larger numbers of inmates with HIV/AIDS. In general, community involvement does not seem to be an area of strength in Consortia 5 and 9A.

⁴Unison Behavioral Health Group of Toledo, Ohio.

⁵Zepf Center of Toledo, Ohio.

⁶Maumee Valley Guidance Center of Defiance, Ohio.

⁷Recovery Services of Northwest Ohio (formerly Five County Alcohol/Drug Program) of Defiance, Ohio.

Conclusion

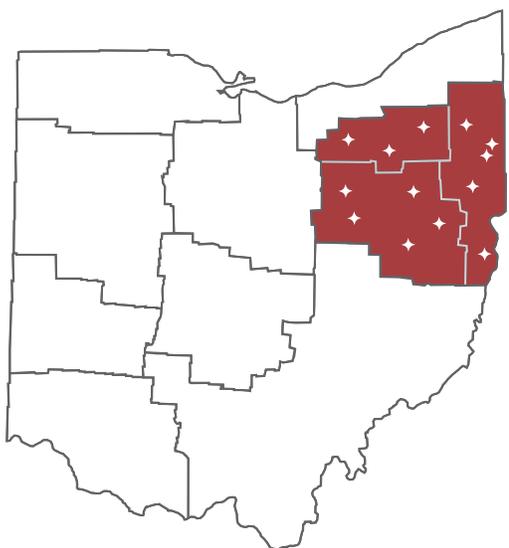
Consortia 5 and 9A jails are fairly confident of their ability to care for inmates known to have HIV/AIDS. In their survey responses, they gave themselves mean scores of *average* or *good* on all listed aspects of HIV care. They ranked all the traditionally challenging aspects of HIV care as *not very challenging* to *neutral*. They also indicated that the factors that may often make HIV care challenging occur *rarely* to *sometimes* in their facilities. Making changes to the HIV care currently offered did not appear to be an urgent matter for many of the jails.

However, jails in these consortia reported that one aspect of HIV care with which they have some difficulty is detecting undiagnosed cases, and few have the resources to enhance their efforts in this area. The cost of HIV medication is also a concern for these consortia. Internal resources for drugs are limited, and most jails depend on inmates and their families to supply medication including HIV medications. Nonetheless, there were no reported lapses in HIV/AIDS medication provision in these jails, though the cost of medications can impact the length of time an inmate is incarcerated in some jails.

Some of the jails are in locations that allow them to access specialized medical HIV care services from the community. Many of the jails, however, appear to be more isolated. Because of limited local resources they are not able to transport inmates to the areas in their consortia that have more HIV care resources, and so cannot offer the array of medical HIV care services provided by some other jails in the consortia. Most of the jails in these consortia do not appear to have the linkages to community organizations (if they exist in their areas) that would allow them to offer a broader array of non-medical services such as case management and counseling as well.

Four interviews concluded with pleas for more funding, especially to cover the cost of HIV/AIDS medication. Continuing education and training on HIV/AIDS for medical staff was of interest to approximately half the interviewed jails; two informants also requested written educational materials for use with inmates and staff.

Akron, Canton, and Youngstown Regions



Consortia Six, Seven, and Eight are located in the eastern part of Ohio and are home to Akron, Canton, and Youngstown. Consortium Six includes Medina, Portage, and Summit Counties. Consortium Seven includes Columbiana, Jefferson, Mahoning, and Trumbull Counties. Consortium Eight includes Carroll, Harrison, Holmes, Stark, Tuscarawas, and Wayne Counties. Because of the relatively low number of jails in these consortia, the three adjoining areas will be analyzed together in this report. The combined consortia contain 13 county-run Full Service Jails.

Participation rate: 69%

- 9 of the 13 jails (69 percent) in the consortia participated in at least one component of the study.
- 7 jails (54 percent) completed interviews.
- 8 jails (62 percent) completed a survey.

Profile of participating jails

- 5 jails are large (200 or more beds) and 4 are small (less than 200 beds).
- All of the jails are county-run facilities.
- 3 jails are in urban counties; the remaining 6 jails are in rural counties.
- 6 of the jails are managed care jails; the other 3 jails provide their own health care for inmates.

Participating Consortia Six, Seven, and Eight jails

- Columbiana County Jail
- Holmes County Jail
- Mahoning County Justice Center
- Portage County Justice Center
- Stark County Jail
- Summit County Jail
- Trumbull County Adult Justice Center
- Tuscarawas County Jail
- Wayne County Jail

Overview

A total of nine jails in Consortia Six, Seven and Eight provided information for this report. Seven jails gave interviews and eight jails completed a survey. Jails in these consortia reported confidence in their ability to identify inmates with HIV and to ensure that inmates do not miss doses of HIV-related medications while in jail. The most challenging aspects of HIV care provision for these jails seems to be providing counseling, education, or other types of non-medical services to inmates with HIV/AIDS.

Jails' 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 surveyed jails in Consortia Six, Seven, and Eight perceived their strengths, challenges, and capacities related to caring for inmates with HIV/AIDS. This information provides a context to help frame the rest of the report.

Table 6.1. Consortia Six, Seven, and Eight: Perceived Strengths Related to Caring for Inmates with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates with HIV/AIDS, how well do you think it would perform?)	Mean	Standard Deviation
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=8)	4.3	0.9
Identifying inmates with HIV/AIDS when entering jail (N=8)	4.3	0.9
Keeping up to date with developments in the treatment of HIV/AIDS (N=8)	4.0	0.9
Providing access to HIV specialists (N=8)	4.0	1.1
Developing courses of treatment appropriate to an inmate's specific condition (N=8)	3.6	1.5
Finding undiagnosed cases of HIV/AIDS among inmates (N=8)	3.1	1.2
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=8)	3.0	0.8
Ensuring that inmates' HIV care continues after they are discharged from the jail (N=8)	2.9	1.4
Providing social work, counseling, education, or other types of non-medical services to inmates with HIV/AIDS (N=8)	2.9	1.1

Note: Higher mean scores indicate better perceived performance (1=*poor*, 2=*fair*, 3=*average*, 4=*good*, 5=*excellent*).

- On average, Consortia Six, Seven, and Eight rated their performance as *good to excellent* in the following areas: (a) ensuring that inmates rarely or never miss doses of HIV-related medications while in jail; (b) identifying inmates with HIV/AIDS; (c) keeping up to date with developments in the treatment of HIV/AIDS; and (d) providing access to HIV specialists.
- On average, Consortia Six, Seven, and Eight jails perceived that ensuring that inmates continue HIV care after discharge and providing non-medical HIV care are areas where performance could be improved. These are the only listed aspects of HIV care for which these jails gave themselves a mean score of less than *average*.

Table 6.2. Consortia Six, Seven, and Eight: Perceived Challenges Related to Caring for Inmates with HIV/AIDS

How challenging is it for your jail to provide the following components of HIV care?	Mean	Standard Deviation
Paying for HIV-related medications for inmates (N=8)	4.5	1.7
Finding undiagnosed cases of HIV/AIDS among inmates (N=8)	4.3	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=8)	3.9	1.1
Ensuring that inmate's medical HIV care continues after they are discharged from the jail (N=8)	3.6	1.1
Paying for HIV testing for inmates (N=8)	3.5	1.5
Identifying inmates entering jail with HIV/AIDS (N=8)	3.5	0.5
Providing access to HIV specialists (N=7)	3.3	1.1
Providing counseling, education, or other types of non-medical treatment (N=8)	2.9	1.0
Developing courses of treatment appropriate to an inmates' specific health condition (N=8)	2.8	1.0
Keeping up to date with developments in the treatment of HIV/AIDS (N=8)	2.8	1.4
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=8)	2.6	1.4

Note: Higher mean scores indicate greater perceived challenge (1= *not at all challenging*; 2=*not very challenging*; 3=*neutral*; 4=*somewhat challenging*; 5=*very challenging*)

- Consortia Six, Seven and Eight jails perceived their greatest challenges to be paying for HIV-related medications and finding undiagnosed cases of HIV/AIDS. On average, these items were perceived as *somewhat challenging* or *very challenging*.

- Consortia Six, Seven, and Eight jails rated several components of HIV care as *not very challenging* to *neutral*. The HIV care component with the lowest mean score (i.e., the component reported to be, on average, the least challenging) was ensuring that inmates rarely or never miss doses of HIV-related medications while in jail. This is consistent with the information in Table 6.1.

Table 6.3. Consortia Six, Seven, and Eight: Factors Contributing to Challenges Related to Caring for Inmates with HIV

When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?	Mean	Standard Deviation
Insufficient finances (N=8)	3.8	1.3
Not enough time (N=8)	3.1	0.8
Jail's relationship with the community and elected officials (N = 8)	2.9	1.1
Insufficient staffing (N=8)	2.5	0.9
Insufficient/inadequate health care space (N=8)	2.5	1.2

Note: Higher mean scores indicate greater perceived frequency of challenge (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- On average, Consortia Six, Seven, and Eight jails perceived lack of money to be the most frequent contributor to HIV care challenges.
- On average, Consortia Six, Seven, and Eight jails did not perceive any of the listed items to occur *often* or *very often*.

Table 6.4. Overall Assessment of the Jail’s Capacity to Care for Inmates with HIV

Please indicate how strongly you agree or disagree with the following statements.	Mean	Standard Deviation
We would like local organizations to be more involved in providing care for inmates with HIV. (N=8)	3.9	0.8
Inmates at this jail have adequate access to HIV specialists. (N=8)	3.5	0.9
Adequate discharge planning is provided to inmates with HIV/AIDS. (N=8)	3.3	1.0
This jail is taking full advantage of the local resources for HIV care for inmates. (N=8)	3.3	0.9
Jail personnel are adequately trained to identify those inmates entering the facility who have HIV/AIDS. (N=8)	3.1	0.8
Jail personnel keep up to date on the latest medical and treatment options for HIV/AIDS. (N=8)	3.1	1.0
Jail personnel are able to provide a course of treatment for inmates with HIV/AIDS that is tailored to each inmate’s particular health condition. (N=8)	2.8	1.0

Note: Higher mean scores indicate greater agreement (1=*strongly disagree*; 2=*disagree*; 3=*neutral*; 4=*agree*; 5=*strongly agree*).

- On average, Consortia Six, Seven, and Eight jails agreed that they would like local organizations to be more involved in providing care for inmates with HIV non-medical treatment. Three jails selected *agree* and two jails selected *strongly agree* in response to this item.
- For most of the organizational capacity items, Consortia Six, Seven, and Eight jails, on average, responded *neutral*.
- On average, Consortia Six, Seven, and Eight jails reported the lowest perceived organizational capacity for providing a course of HIV treatment tailored to each inmate’s particular health condition.

HIV Statistics

Information on the number of inmates known to have HIV/AIDS in these consortia’s jails was gathered through both interview and survey questions. All of the interviewed jails in these consortia reported having housed an inmate with HIV/AIDS at some point in time, though two jails reported that they had not housed any inmates with HIV/AIDS in the last twelve months. After combining the survey and interview data, the following statements can be made about the number of inmates known to have HIV/AIDS:¹

¹ Data from two jails were omitted because of potentially duplicative tracking systems.

- Two jails reported housing no inmates known to have HIV/AIDS in the last 12 months.
- Three jails reported housing 1-10 inmates with HIV/AIDS in the last 12 months.
- One jail reported housing 11-25 inmates with HIV/AIDS in the last 12 months.
- One jail reported housing 26-50 inmates with HIV/AIDS in the last 12 months.
- The average number of inmates known to have HIV/AIDS that were housed by Consortia Six, Seven, and Eight jails in the last 12 months falls in the range of 7-9.²

Identifying Inmates with HIV/AIDS (New and Preexisting Cases)

Consortia Six, Seven, and Eight jails, on average, did not report that identifying cases of HIV (both new and preexisting) poses much of a problem for them (Table 6.1 and 6.2).

Preexisting cases. To identify known cases of HIV/AIDS, all of the jails in Consortia Six, Seven, and Eight primarily rely on inmates to self-identify as HIV-positive. Inmates are given this opportunity at the initial booking and generally have more opportunities to self-identify at the later health screening or through sick call. All of the jails reported having a process to verify HIV status; most of the jails do this by contacting the inmate's care provider.

New cases. To identify undiagnosed cases of HIV/AIDS, most jails in these consortia will offer HIV testing under certain conditions, including when the court orders HIV testing for an inmate or when an inmate admits to risk behaviors associated with HIV/AIDS, appears to have symptoms of HIV/AIDS, or is involved in an altercation that results in a potential exchange of bodily fluids. No jail offers HIV testing to all inmates as a matter of course, and two jails reported that they offer no testing to their inmates.³

Most jails pay for the HIV testing they provide to inmates. Only one jail reported charging inmates for HIV testing, and this jail only does so if the testing is court-ordered. One jail draws on the Comprehensive Care Center⁴ for free testing, but they do this after they have run an initial test on the inmate themselves.

² This figure is expressed as a range because the survey data were gathered in the form of ranges.

³ The two jails who reported that they offer no testing gave contradictory information in the survey and interview responses, so it is not clear whether there are jails in these consortia that offer no HIV testing.

⁴ Comprehensive Care Center of Youngstown, Ohio; this Ryan White Part C clinic serves Columbiana, Jefferson, Mahoning, and Trumbull Counties.

Availability of Trained or Knowledgeable Medical Care Personnel

A variety of medical care professionals provide health care in Consortia Six, Seven, and Eight jails. Most of the jail medical staffs consist of one to two doctors and a nursing staff (CNP, RNs and/or LPNs), though in one jail the doctor works with paramedics instead of nurses. A couple of jails reported having dentists and psychologists on staff as well. The average size of a jail's medical staff in these consortia is ten people, with a high of 26 and a low of two. Medical care is available for at least some weekend hours in six of the jails (85.7 percent). Around-the-clock care is available in four of the jails (57.1 percent).

Five of the interviewed jails (71.4 percent) reported that their non-medical staff receive, at minimum, training in universal precautions. This training is normally provided by the jail medical staff, though one jail uses the local health department and a local hospital for the training. Training typically takes place once a year.

Jails in these consortia also draw on community organizations for medical HIV care. The organizations mentioned specifically in the interviews include the Comprehensive Care Clinic, Trillium Family Solutions,⁵ and local health departments (see the "Community Linkage" section of this report for more information).

Access to Specialists

As described in the overview (Tables 6.1, 6.2 and 6.4), Consortia Six, Seven, and Eight jails, on average, reported confidence in their abilities to provide access to specialty care for inmates with HIV/AIDS. Four of the jails reported that outside specialists collaborate with the jail physician or take principal responsibility for an inmate's course of treatment. The rest of the jails utilize an on-site physician or nurse. Six of the seven interviewed jails (85.7 percent) reported that they will transport inmates to HIV/AIDS specialists if necessary. Interview respondents specifically mentioned the Comprehensive Care Center, the Akron General Medical Center,⁶ and the Summa Health System (including St. Thomas Hospital)⁷ as sources of specialty care.

When it comes to continuing specialist care at discharge, three jails reported that they have a nurse or physician speak with inmates to make sure they know about their next appointments. One of the remaining jails utilizes the Comprehensive Care Center, which, according to the jail, "takes care of everything." Another one of the remaining jails uses Trillium

⁵ Trillium Family Solutions of Canton, Ohio; Trillium serves residents of Carroll, Harrison, Holmes, Stark, Tuscarawas, and Wayne Counties.

⁶ Akron General Medical Center of Akron, Ohio.

⁷ Summa Health System of Akron, Ohio.

Family Solutions, which can obtain HIV medications for inmates. The final jail considers it to be the inmate's responsibility to provide for the continuation of their care after discharge.

None of the interviewed jails reported drawing on funds from the Ryan White HIV/AIDS Program to help with discharge care. Three jails reported being aware of the funds, but did not attempt to access them.

Medications: While in Jail

Taking into account both survey and interview data, all nine of the participating jails in Consortia Six, Seven, and Eight reported that they allow medications to be brought into the jail. Almost all of the jails stated that they allow these medications to be brought in for the duration of the inmate's stay. One of the jails reported allowing in medications only until the jail could obtain the inmate's medications. To verify that an inmate has a prescription for the medication(s) he or she is providing, most jails will call the inmate's pharmacy. Other jails reported using a medication book and/or contacting the inmate's prescriber.

Three of the Consortia Six, Seven, and Eight jails reported minimal limitations on the types of HIV medications that could be brought into the jail and administered (the remaining jails either allow in non-formulary medications or do not have an HIV formulary). One said that non-formulary medications require approval before they are administered to the inmate. Another jail said it does not allow in drugs that must be delivered intravenously. A third jail said that inmates cannot bring in liquid or "mixed prescriptions".

For inmates not providing their own medications, only three jails reported keeping a supply of HIV/AIDS drugs in stock. Of the jails without a supply of HIV/AIDS medication, the time needed to obtain medications varied from a low of 12-14 hours to a high of "weeks." Most jails reported that it takes roughly 24-72 hours to obtain medications for inmates. The jail that reported a wait time of "weeks" deals exclusively with Trillium Family Solutions, which provides medications to inmates. If an inmate is not already established with Trillium, the jail schedules an appointment to establish the inmate as a client and then waits for Trillium to supply the medications. It is under these specific conditions that it can take weeks to obtain an inmate's medications.

Two jails in Consortia Six, Seven, and Eight reported that the cost of medication may impact the length of an inmate's stay at their jail. 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 whether or not to release them.

One jail also expressed concern that obtaining HIV medications for inmates may cause problems in cases of inmates with histories of noncompliance. The informant expressed the fear

that, by providing medications to inmates who might not remain compliant once released, the jails are contributing to that inmate's development of resistance to HIV medications.

Medications: At Discharge or Transfer

Discharge. When taking into account both survey and interview data, two of the nine participating jails in Consortia Six, Seven, and Eight provide discharge medications. One of these jails reported that inmates regularly refuse their discharge medications or forget to pick them up on their way out. If the inmate has brought in their own supply of medications, most jails in Consortia Six, Seven, and Eight reported that they will release the remaining supply to the inmate at the time of discharge. Jails that do not provide discharge medications cited cost as a reason they do not provide them.

Transfer. Generally speaking, no Consortia Six, Seven, and Eight jails will provide medications for inmates being transferred to prison. One jail noted that they would allow medication to be transferred only if the inmate had provided the medications. Another jail reported that if the inmate's transfer takes a few days, the jail would supply a few days' worth of medication. To ensure continuity of care during transfer, most jails in Consortia Six, Seven, and Eight reported that they forward an inmate's medical history to the receiving facility. They do this via fax (on the day of the transfer or the day before) or by sending the information with the inmate and transport deputy.

Causes of Medication Interruptions

Medication administration. Consortia Six, Seven, and Eight jails administer medications via pill lines or by bringing medications directly to the inmates. In most jails, the nursing staff administers medications, and in all jails, inmates are required to be directly observed while taking medications. No jail reported allowing inmates to keep HIV medications on their person. The number of medication passes in these jails ranges from two to four times daily. However, most jails noted that they are equipped to handle more frequent medication passes if an inmate requires them.

Reasons for medication interruption. Generally speaking, the interviewed Consortia Six, Seven, and Eight jails did not report medication interruption as a frequent occurrence. According to interview respondents, the primary reasons for medication interruptions when they do occur are inmate refusal, court hearings, and inmates not having medications with them when they arrive at the jail. Survey data corroborate these findings. As described in the overview (Tables 6.1 and 6.2), the surveyed jails reported that, on average, they are confident in their abilities to ensure inmates rarely or never miss doses of HIV-related medications while in jail, though they

reported that missed doses occur on occasion. Table 6.5 provides survey information regarding the frequency of factors that may cause missed doses of HIV-related medications.

Table 6.5. Consortia Six, Seven, and Eight: 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?	Mean	Standard Deviation
Inmate's prescribed HIV-related medications are not on the jail's formulary. (N=8)	3.6	1.8
Inmate refuses medication. (N=8)	2.9	1.4
Inmate is transferred between jail and prison. (N=8)	2.8	0.9
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (N=8)	2.6	1.5
Inmate is transferred between jails. (N=8)	2.5	0.9
Inmate arrives at jail on weekend or after business hours. (N=8)	2.5	0.9
Inmate is away from jail for court hearing or other approved activity. (N=8)	2.3	0.9
No prescriber available to prescribe HIV-related medications. (N=8)	1.9	0.8
Staff not available to monitor all doses of medications. (N=8)	1.8	1.4
Inmate cannot be depended upon to take medications at correct times. (N=8)	1.6	0.9

Note: Higher mean scores indicate greater perceived frequency (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- Mean scores for contributing factors range from 1.6 to 3.6, indicating that Consortia Six, Seven, and Eight jails perceived that missed doses of HIV-related medications are relatively infrequent. This is consistent with information obtained in other survey questions.
- Of all the contributing factors, the one that Consortia Six, Seven, and Eight jails, on average, perceived as happening most frequently was when an inmate's prescribed HIV-related medications are not on the jail's formulary. This ranking contradicts the interview data, since most interview respondents said that non-formulary medications do not pose a problem.

HIV Policies and Procedures

Transfer Policy. Two of the interviewed jails in Consortia Six, Seven, and Eight reported differences in their transfer policy for inmates with HIV/AIDS as compared to their policy for inmates not known to have HIV/AIDS. One of these two jails said that the transfer policy is

dependent on the inmate's behavior and the specifics of that inmate's condition. The other jail reported that they would not knowingly accept a transfer of an inmate with HIV/AIDS.

Disclosure of HIV Status. Two of the interviewed jails in these consortia reported that they only inform the medical staff of an inmate's HIV status. The other jails reported that they notify members of the non-medical staff, including the jail warden or jail administrator, any officers responsible for transporting the inmate, the jail sergeant if the inmate is deemed a behavior risk; and, in one case, everyone working at the jail.

Segregation Policy. Five of the seven interviewed jails (71.4 percent) reported that their housing policy is to place inmates known to have HIV/AIDS in the jail's general population. Two jails in Consortia Six, Seven, and Eight said that inmates could be segregated upon request, especially if they demonstrate risk factors such as open sores, fever, or violent behavior.

Community Linkage

Consortia Six, Seven and Eight jails did not describe themselves as the providers of non-medical services (i.e., counseling, case management, etc.) for inmates with HIV/AIDS. However, almost all of the jails do partner with community health centers for counseling services, and quite a few work with local health departments for HIV education and testing. Six of the interviewed jails in Consortia Six, Seven, and Eight reported having access to and utilizing community social agencies to provide medical or non-medical care for inmates with HIV/AIDS. One jail uses Trillium Family Solutions for case management and medications. Two jails use the Comprehensive Care Center for specialist services. The survey data supports this assessment. Only two of the surveyed jails reported that no local organizations provide HIV care services.

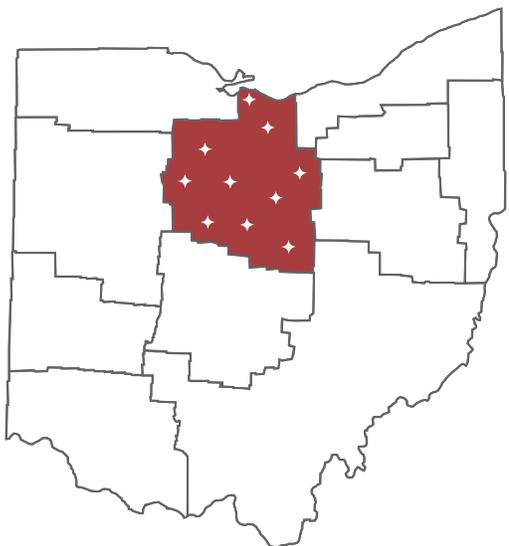
Consortia Six, Seven, and Eight jails, on average, provided a *neutral* response when asked whether they were taking advantage of local resources for inmate HIV care. They also indicated that they would like local organizations to be more involved in the provision of HIV care (see Table 6.4). This could indicate that, while several jails have established partnerships with community organizations, they would like to have even more collaboration. This could also be a reflection of the fact that some jails are much more tied into community organizations than others. This might help explain why some respondents reported using several resources in Canton and Akron, while another informant reported that there is "no support in the Akron/Canton area."

Conclusion

The types of HIV care provided by jails in Consortia Six, Seven, and Eight vary, in part due to variation in the proximity of jails to community HIV care providers. Some jails reported

high levels of collaboration with community providers while others reported a relative scarcity of community-provided assistance. Generally speaking, jails in these consortia are confident in their ability to ensure that inmates rarely or never miss doses of HIV/AIDS-related medication. A commonly cited challenge for these jails is the lack of adequate finances. Like many jails in the state, those in Consortia Six, Seven, and Eight stressed that HIV care is financially burdensome. In their concluding comments during the interviews, some jails also indicated that they would welcome additional educational materials on HIV/AIDS for both their staff and inmates.

Mansfield Region



Consortium 9B is located in north-central Ohio and is home to Ashland, Crawford, Erie, Huron, Knox, Marion, Morrow, Richland, Seneca, and Wyandot Counties. The consortium contains 10 Full Service Jails. One of these jails is a regional facility; the remaining jails are all county-run facilities.

Participation rate: 60%

- 6 of the 10 jails (60 percent) in the consortium participated in at least one component of the study.
- 5 jails (50 percent) completed interviews.
- 6 jails (60 percent) completed a survey.

Profile of participating jails

- All are small jails (less than 200 beds).
- 1 of the jails is a regional jail; 5 are county jails.
- All are located in rural counties.
- 1 jail is a managed care jail; the other 5 jails provide their own health care for inmates.

Participating Consortium 9B jails

- Ashland County Jail
- Crawford County Justice Center
- Erie County Jail
- Knox County Jail
- Multi-County Correctional Center
- Wyandot County Jail

Overview

Six jails from Consortium 9B contributed information to this report. Six jails completed surveys and five jails completed interviews. Roughly half of the interview and survey respondents were from jail medical staffs, and roughly half were jail administrators. One sheriff also participated in the study. Jails in this consortium reported having difficulty accessing HIV medical specialists in their area and difficulty transporting inmates to out-of-area specialists. Once an inmate's medical information is confirmed and their medications obtained, jails in this consortium reported a high degree of confidence in their ability to keep inmates compliant with their medication schedule.

Jails' 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 surveyed jails in Consortium 9B perceived their strengths, challenges, and capacities related to caring for inmates with HIV/AIDS. This information provides a context to help frame the rest of the report.

Table 9B.1. Consortium 9B: Perceived Strengths Related to Caring for Inmates with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates with HIV/AIDS, how well do you think it would perform?)	Mean	Standard Deviation
Ensuring inmates rarely or never miss doses of HIV-related medications while in jail (N=6)	4.0	0.6
Identifying inmates with HIV (N=6)	3.8	0.8
Developing courses of treatment appropriate to an inmate's specific condition (N=6)	3.2	1.2
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=6)	2.8	1.3
Keeping up to date with developments in the treatment of HIV (N=6)	2.8	0.8
Finding undiagnosed cases (N=6)	2.8	1.0
Providing access to HIV specialists (N=6)	2.7	1.5
Ensuring that inmates' HIV care continues after they are discharged from jail (N=6)	2.3	0.8
Providing counseling, education, or other types of non-medical services to inmates with HIV/AIDS (N=6)	1.8	0.4

Note: Higher mean scores indicate better perceived performance (1=*poor*; 2=*fair*; 3=*average*; 4=*good*; 5=*excellent*).

- On average, jails in Consortium 9B reported that the aspects of HIV care they perform best are: (a) ensuring that inmates rarely or never miss doses of HIV medications while in jail and (b) identifying inmates with HIV.
- On average, Consortium 9B jails said they had the most difficulty with providing counseling, education, or other types of non-medical services to inmates with HIV/AIDS. This was the only aspect of HIV care for which Consortium 9B jails rated their performance, on average, as less than *fair* (i.e., the mean score for this item was less than 2.0).

Table 9B.2. Consortium 9B: Perceived Challenges Related to Caring for Inmates with HIV/AIDS

How challenging is it for your jail to provide the following components of HIV care?	Mean	Standard Deviation
Providing access to HIV specialists (N=4)	4.8	0.5
Paying for HIV-related medications (N=6)	4.3	1.0
Keeping up to date with developments in the treatment of HIV/AIDS (N=6)	4.2	0.8
Finding undiagnosed cases of HIV/AIDS (N=6)	4.2	0.8
Ensuring that inmate's medical HIV care continues after they are discharged (N=6)	4.0	0.9
Providing HIV-related medications within 24 hours, regardless of whether an inmate enters on a weekend or after business hours (N=6)	4.0	1.1
Providing counseling, education, or other types of non-medical treatment (N=6)	4.0	0.6
Paying for HIV testing (N=6)	3.8	1.3
Identifying inmates with HIV (N=6)	3.8	0.4
Developing courses of treatment appropriate to an inmate's specific health condition (N=5)	3.8	1.1
Ensuring that inmates rarely or never miss doses of HIV-related medications while in jail (N=6)	3.2	0.8

Note: Higher mean scores indicate greater perceived challenge (1= *not at all challenging*; 2=*not very challenging*; 3=*neutral*; 4=*somewhat challenging*; 5=*very challenging*).

- On average, Consortium 9B jails reported that providing access to HIV specialists was the most challenging aspect of HIV care, followed by paying for HIV-related medications.
- The least challenging aspect of HIV care for Consortium 9B jails seems to be ensuring that inmates rarely or never miss doses of HIV-related medications.
- On average, Consortium 9B jails did not perceive any of the listed HIV care components to be *not very challenging* or *not at all challenging*.

Table 9B.3. Consortium 9B: Factors Contributing to Challenges Related to Caring for Inmates with HIV

When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?	Mean	Standard Deviation
Insufficient finances (N=6)	3.0	1.4
Insufficient staffing (N=6)	2.8	1.0
Insufficient/inadequate health care space (N=6)	2.5	1.4
Not enough time (N=6)	2.2	0.8
Jail's relationship with the community and elected officials (N=5)	2.0	0.7

Note: Higher mean scores indicate greater perceived frequency of challenge (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

- According to Consortium 9B jails, insufficient finances and insufficient staff are the factors that most frequently contribute to challenges related to the provision of HIV/AIDS care for inmates.
- On average, Consortium 9B jails perceived that lack of time and the jail's relationship with the community and elected officials *rarely* caused challenges related to the provision of HIV/AIDS care. These two factors were perceived to occur with the least frequency.
- On average, Consortium 9B jails reported that none of the listed factors occurred *often* or *very often*.

Table 9B.4. Consortium 9B: Overall Assessment of the Jail’s Capacity to Care for Inmates with HIV

Please indicate how strongly you agree or disagree with the following statements.	Mean	Standard Deviation
Jail personnel are adequately trained to identify inmates who have HIV/AIDS. (N=6)	3.3	0.8
We would like local organizations to be more involved in providing care for inmates with HIV. (N=6)	3.2	0.8
This jail is taking full advantage of local resources for HIV care for inmates. (N=6)	3.0	0.9
Adequate discharge planning is provided to inmates with HIV/AIDS. (N=6)	2.8	1.2
Jail personnel keep up to date on the latest medical and treatment options for HIV/AIDS. (N=6)	2.8	1.0
Inmates at this jail have adequate access to HIV specialists. (N=6)	2.7	1.2
Jail personnel are able to provide a course of HIV treatment tailored to each inmate's particular health condition. (N=6)	2.7	1.2

Note: Higher mean scores indicate greater agreement (1=*strongly disagree*; 2=*disagree*; 3=*neutral*; 4=*agree*; 5=*strongly agree*).

- On average, Consortium 9B jails perceived themselves as having the lowest organizational capacity for tailoring courses of treatment to inmates’ specific health conditions and for providing access to HIV specialists.
- Consortium 9B jails, on average, were most in agreement with the statement that their personnel are sufficiently trained to identify inmates with HIV/AIDS.

HIV Statistics

All of the participating jails in this consortium reported that, at some point, they have housed an inmate known to have HIV/AIDS. Both the surveyed and interviewed jails were asked how many inmates known to have HIV/AIDS they housed in the last year. The following are their responses:¹

- Four jails reported housing 1-10 inmates known to have HIV/AIDS in the last year.

¹ Data from one jail were omitted because the jail provided inconsistent survey and interview data.

- The average number of inmates known to have HIV/AIDS that were housed by participating Consortium 9B jails in the last year falls in the range of 1-5 inmates.²

Identifying Inmates with HIV/AIDS (New and Preexisting Cases)

Consortium 9B jails did not report significant problems with identifying inmates who have already been diagnosed with HIV/AIDS (see Tables 9B.1, 9B.2, and 9B.4). However, when it comes to uncovering undiagnosed cases of HIV, jails in Consortium 9B reported having a bit more difficulty. They regarded the task of finding undiagnosed cases of HIV/AIDS as *somewhat challenging*.

Preexisting cases. To identify inmates who have previously diagnosed cases of HIV/AIDS, jails primarily rely on inmate self-identification. When asked about the opportunities that inmates have to identify themselves as HIV-positive, most jails in this consortium said that self-identification typically takes place at the initial screening when an inmate is booked into the facility. This is not the health assessment by the medical staff, but rather a brief questionnaire and series of observations that takes place at intake and is usually conducted by a corrections officer. Inmates may also disclose their HIV status at the later health assessment conducted by jail medical staff, though jails in this consortium did not provide much information on this screening.

New cases. An inmate with HIV/AIDS may also be identified through HIV testing, though this service is not generally offered as a matter of course to every inmate in Consortium 9B. However, most jails reported that an inmate who exhibits symptoms associated with HIV/AIDS or who admits to risk factors associated with HIV/AIDS would be offered or may request an HIV test. One jail also provides HIV testing for all kitchen staff. Only one jail reported charging for an HIV test (if testing is court-ordered or at the inmate's request) but did not specify the cost. Only one jail said that no HIV testing at all was available to its inmates, explaining that the jail's medical staff deal with emergency medical situations only.

Availability of Trained or Knowledgeable Medical Care Personnel

Of the interviewed Consortium 9B jails, two have medical staff at the jail seven days a week, while the other three have medical staff at the jail on weekdays only. None of the jails reported having around-the-clock medical care on site, but almost all volunteered that members of their medical staff are on call when no medical staff is at the jail, ensuring that inmates have access to needed medical care at all times. The typical medical staff in this consortium is composed of one doctor and a nursing staff. No jails reported having physician's assistants,

² This number is expressed as a range because survey data were collected in the form of ranges.

certified nurse practitioners, or paramedics on staff. One jail has sent its entire non-medical staff to health services training so that all staff members at the jail are medically trained. These staff members provide support to the jail physician, who is the only member of the jail medical staff.

Most of the jails' non-medical staff members have received, at minimum, training in universal precautions. All but one of the interviewed jails said they would be interested in more training of this nature (for both medical and non-medical staff) if it were available. Regarding medical care provided by the community, four of the jails in this consortium reported drawing on resources from the local health department, and half of the jails reported using community resources for HIV testing.

Access to Specialists

Because most of the interviewed jails in the 9B Consortium reported that there are no HIV specialists in their area, jail physicians typically take the lead when it comes to designing courses of treatment for inmates with HIV/AIDS. In most cases, jail physicians will call a Columbus or Cleveland specialist or someone at the local health department to solicit guidance on a treatment plan. None of the surveyed jails in the consortium reported providing genotype testing for inmates or making appointments with specialists for their inmates. However, if an inmate has a previously scheduled appointment (typically in Columbus or Cleveland), most of the jails will arrange for the inmate to keep the appointment. When dealing with these cases, two of the jails mentioned that they would need to work with the court system in order to have the inmate furloughed or released so that they could keep the appointment.

If an inmate wants to continue their medical care after they leave the jail, it is typically incumbent upon them either to ask the medical staff to make appointments for them or to wait until their release and make the appointments themselves. One interviewed jail reported calling the inmate's family to tell them to make appointments and another reported that the jail doctor will provide referrals to inmates. A third jail reported that, because inmates do not have phone access, those in need of appointments must write letters while still in jail or wait until after they are released to call and schedule these medical visits.

Medications: While in Jail

All of the participating jails in Consortium 9B allow inmates to provide their own medications, at least under certain conditions. In two of the interviewed jails, inmates are allowed to bring in medications on a temporary basis only. In one instance, this is because the jail obtains medications for all inmates who are in for more than a brief period. In another jail, an inmate may bring in prescribed medications if they are not on the jail's formulary. This gives the

jail time to obtain authorization to order the non-formulary medications. All of the jails have procedures for verifying any medications brought in by an inmate. These procedures typically include consulting drug identification books or websites; calling pharmacies, prescribers, or poison control; and conducting a visual inspection of the pills and container labels (which is done by medical staff).

Most interviewed jails in the consortium reported that they have no stock supply of HIV medications. Instead, obtaining medications for inmates requires verifying the prescriptions and then ordering the medications from a pharmacy. In most cases, jails receive a medication within 24 hours of ordering it from their supplying pharmacy. However, many respondents noted that it takes time to verify the prescriptions and, occasionally, to get the jail physician's approval before they can place the order with the pharmacy. One jail noted that it may take over 72 hours to obtain medications in some situations. Several jails reported that if an inmate is currently prescribed a medication that is not on the jail's formulary, this situation could pose at least a temporary problem. Two jails will not accept or administer any non-formulary medications. One of these jails cited the state pharmacy board as the source of this policy. Two jails require an authorization procedure before they obtain or administer non-formulary medications.

As with most jails, those interviewed in Consortium 9B stated that the cost of medications can also pose a problem. Most of the jails reported that the cost of an inmate's medication might have an impact on the length of the inmate's stay at the jail. However, most respondents stressed that this would be up to the court system and would depend on the nature of the charges against the inmate.

Medications: At Discharge or Transfer

Discharge. When taking into consideration both the survey and interview data for the consortium, half of the jails in Consortium 9B reported providing discharge medications to inmates leaving their facilities, at least under certain circumstances. Only one jail reported providing discharge medications as a matter of course. Two jails reported that they try to provide discharge medications (a five-day supply or up to a 30-day supply) but are not always able to do so, typically because of financial limitations. Other reasons given for a lack of discharge medications include problems with potential liability and not having enough notice of an inmate's pending departure to prepare discharge medications.

Transfer. None of the interviewed jails reported providing medications to inmates transferred to prison. One jail pointed out that prisons no longer accept most medications from other facilities. In order to provide for continuity of an inmate's medical care, most of the interviewed Consortium 9B jails provide receiving facilities with an inmate's medical information. They do this by fax, mail, or by sending the information with the inmate and transporting deputy.

Causes of Medication Interruptions

Medication administration. Once medication is available for an inmate, jails in this Consortium are typically able to administer the medications on the prescribed schedule. However, one of the interviewed jails noted that if an inmate’s dosing time falls outside of the jail’s normal medical administration schedule, it becomes the responsibility of the inmate to remind the correctional officers who administer medications in that jail. Administration of medications in most of the interviewed jails is done via pill lines. In all of the interviewed jails, inmates must be directly observed while taking medication and are not allowed to keep HIV medications on their person.

Reasons for medication interruption. When asked about the most common reasons for missed doses of HIV medication, the interviewed Consortium 9B jails typically discussed missed doses that might occur after medications have been obtained for the inmate, not missed doses that might occur while obtaining medications or as an inmate is released or transferred. Almost all jails mentioned inmate refusal (particularly refusal to wake up for the morning medication pass) as the most frequent cause of missed doses, though they were careful to note that this does not happen very often.

In the survey, Consortium 9B jails were asked about causes of missed doses that could occur before medications are obtained for the inmate, after they are obtained, and as the inmate leaves the facility. The results of the survey question are given in the following table.

Table 9B.5. Consortium 9B: 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?	Mean	Standard Deviation
HIPAA prevents obtaining information on inmate's prescriptions in a timely manner. (N=6)	3.2	1.0
Inmate refuses medication. (N=6)	3.0	0.0
Inmate arrives at jail on weekend or after business hours. (N=6)	2.8	0.8
Inmate cannot be depended upon to take medications at correct times. (N=6)	2.7	0.5
No prescriber available to prescribe HIV-related medications. (N=6)	2.7	1.2
Inmate is transferred between jail and prison. (N=6)	2.7	0.8
Inmate is transferred between jails. (N=6)	2.7	0.8
Inmate's prescribed HIV-related medications are not on the jail's formulary. (N=6)	2.5	1.6
Inmate is away from jail for court hearing or other approved activity. (N=6)	2.2	0.4
Staff not able to monitor all doses of medications. (N=6)	1.7	0.5

Note: Higher mean scores indicate greater perceived frequency (1=*never*, 2=*rarely*, 3=*sometimes*, 4=*often*, 5=*very often*).

- For the jails in Consortium 9B, the top three most frequent causes of missed doses are: (a) HIPAA delays verification of an inmate's prescriptions; (b) the inmate refuses their medication; and (c) the inmate arrives at the jail on a weekend or after hours. These items are said to occur *rarely to sometimes*.
- Once an inmate's medications are obtained and before they are released or transferred, missed doses seem primarily to be offender-initiated.

HIV Policies and Procedures

Transfer policy. The interviewed Consortium 9B jails reported no difference in either the transfer policy or the transfer procedure for inmates known to have HIV/AIDS as compared to inmates not known to have HIV/AIDS.

Disclosure of HIV status. The interviewed jails in this consortium had differing policies regarding disclosure of an inmate's HIV status. Three jails reported that no one at the jail is told directly of the inmate's HIV status, but all three qualified the statement. In one of these cases, the inmate's booking card is marked "health risk." In another, all jail staff, including corrections officers, have access to the inmate's medical records. In the third case, the respondent said that the inmates themselves often tell others about their HIV status. In the remaining two interviewed jails, at least one member of the non-medical staff is told of the inmate's HIV status. In one of these cases, the medical staff will report cases of HIV/AIDS to the jail captain; in the other, all staff who work with the inmate are told. One of these jails also mentioned that inmates themselves frequently disclose their HIV status to others.

Housing policy. The Consortium 9B jails who participated in interview also have different housing policies for inmates known to have HIV/AIDS. In one jail, inmates with HIV/AIDS may request to be segregated from the general population. In two of the jails, the inmate is put in the jail's general population unless they have open sores, a policy applied to all inmates regardless of HIV status. In another jail, the stage of the inmate's disease determines whether they are segregated. In the final jail, there is no set policy for housing inmates with HIV/AIDS.

Community Linkage

Community-provided medical care. As already noted, four of the Consortium 9B jails reported in the survey that they have drawn on resources from the local health department when

caring for inmates with HIV/AIDS. Four also reported using a local hospital. One jail also reported using a local AIDS task force. As for the specific services the jails received or purchased, half of the surveyed jails reported using community resources for HIV testing. One jail reported using community resources to obtain HIV medications.

The interview data seems somewhat at odds with the survey data from this consortium on this point. When asked in the interviews about the medical care provided by local organizations, only one jail reported drawing on community resources (the health department and a local hospital) for medical HIV-care. The jail that reported working with a local AIDS task force on their survey, did not mention it during the interview. In addition, most of the interviewed jails noted that there are few or no medical HIV care sources in their area. None of the interviewed jails reported making use of Ryan White HIV/AIDS Program funds for discharge care, and most reported not being aware of the funding source.

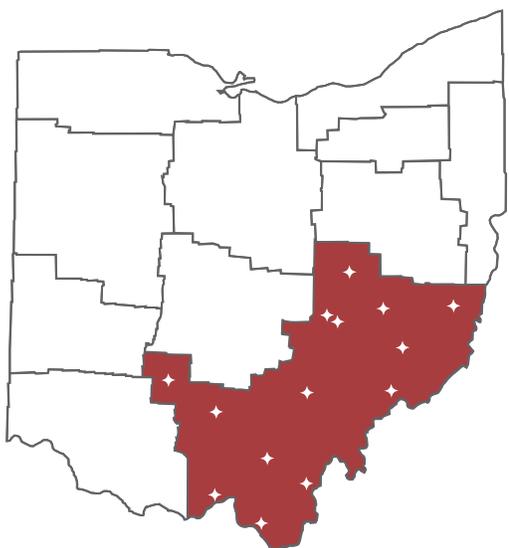
Community provided non-medical HIV care. The surveyed Consortium 9B jails gave themselves the lowest mean performance rating for “providing counseling, education, or other types of non-medical services to inmates with HIV/AIDS” (see Table 9B.1). Half of the surveyed jails reported hiring community agencies to provide counseling. The interview data corroborates this; most of the interviewed jails draw on community resources to provide counseling services to all of their inmates, including those with HIV/AIDS. In addition to counseling, at least one of the interviewed jails hires a community agency to provide substance abuse treatment to all inmates. Interviewed jails reported that clergy visits and, in one case, help with non-medication related discharge planning is also available from the community. None of the Consortium 9B jails reported that these community-provided services were tailored specifically to inmates with HIV/AIDS, but instead all community-provided non-medical care takes the form of general services on which inmates with HIV/AIDS may draw.

Conclusion

Jails in Consortium 9B typically house less than five inmates known to have HIV/AIDS a year, but when they do house an inmate they know has HIV/AIDS, the jails find that financial limitations limit the extent of HIV care they can provide (see Tables 9B.2 and 9B.3). These jails also have a fairly limited array of community HIV care resources on which to draw, especially when it comes to HIV specialist care. As a result, Consortium 9B jails find many aspects of HIV care to be quite challenging. In particular, paying for medications and providing the most up-to-date courses of treatment for HIV-infected inmates (either by transporting inmates to specialists or by keeping current with developments in the treatment of HIV/AIDS) is very difficult. Non-formulary medications brought in by inmates also seem to pose more of a problem for Consortium 9B jails than they do for jails in other consortia.

When asked for their concluding thoughts at the end of the interview, most Consortium 9B jails stressed the financial challenges posed by HIV care. Some jails indicated that they would welcome more information on funding sources, such as the Ryan White Act, as well as more educational materials and training in the area of HIV care.

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

Overview

A total of seven Consortium 9C jails provided information for this report. Six jails completed interviews and five jails 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 with HIV/AIDS. Jails indicated their staff is equipped to provide care to inmates 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 with HIV/AIDS.

Jails' 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 surveyed jails in Consortium 9C perceived their strengths, challenges, and capacities related to caring for inmates 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 with HIV/AIDS

How well does your jail perform with the following aspects of HIV care? (If your jail has not housed inmates with HIV/AIDS, how well do you think it would perform?)	Mean	Standard Deviation
Ensuring inmates rarely or never miss doses of HIV-related medications while in jail (N=5)	3.8	1.3
Identifying inmates with HIV 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 with HIV/AIDS (N=5)	2.8	1.5
Ensuring that inmates' HIV care continues after they are discharged from jail (N=4)	2.8	1.3

Note: Higher mean scores indicate better perceived performance (1=*poor*, 2=*fair*, 3=*average*; 4=*good*; 5=*excellent*).

- On average, Consortium 9C jails perceived that their strengths related to caring for inmates with HIV/AIDS are: (a) ensuring that inmates do not miss HIV-related medication while in jail; (b) identifying inmates with HIV; and (c) developing courses of treatment appropriate to an inmate’s specific condition.
- On average, Consortium 9C jails perceived that providing non-medical services to inmates with HIV/AIDS and ensuring that inmates’ HIV care continues after discharge are areas where performance could be improved. Jails 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 with HIV/AIDS

How challenging is it for your jail to provide the following components of HIV care?	Mean	Standard Deviation
Paying for HIV-related medications for inmates (N=5)	4.2	0.8
Ensuring that inmates’ medical HIV care continues after they are discharged 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 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

Note: Higher mean scores indicate greater perceived challenge (1= *not at all challenging*; 2=*not very challenging*; 3=*neutral*; 4=*somewhat challenging*; 5=*very challenging*)

- On average, Consortium 9C jails perceived their greatest challenges as: (a) paying for HIV related medications; (b) ensuring that inmates’ medical care continues after discharge; and (c) providing access to HIV specialists.
- On average, Consortium 9C jails 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 with HIV/AIDS.
- On average, there were no aspects of HIV care that Consortium 9C jails 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 with HIV

When your jail encounters challenges with HIV care for inmates, how often are the following issues the source of the challenges?	Mean	Standard Deviation
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

Note: Higher mean scores indicate greater perceived frequency of challenge (1=*never*; 2=*rarely*; 3=*sometimes*; 4=*often*; 5=*very often*).

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

Table 9C.4. Overall Assessment of the Jail’s Capacity to Care for Inmates with HIV

Please indicate how strongly you agree or disagree with the following statements.	Mean	Standard Deviation
We would like local organizations to be more involved in providing care for inmates with HIV. (N=5)	3.4	0.5
Jail personnel are adequately trained to identify those inmates entering the facility who have 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 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 discharge planning is provided to inmates 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

Note: Higher mean scores indicate greater agreement (1=*strongly disagree*; 2=*disagree*; 3=*neutral*; 4=*agree*; 5=*strongly agree*).

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

HIV Statistics

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

- Two jails reported housing no inmates known to have HIV/AIDS in the last 12 months.
- Five jails reported housing 1-10 inmates known to have HIV/AIDS 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 jails reported concern that the number of inmates 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 jails indicated that an increase in the number of inmates with HIV/AIDS would be a significant financial strain on their jail.

Identifying Inmates with HIV/AIDS (New and Preexisting Cases)

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

Preexisting cases. All of the jails in Consortium 9C primarily rely on inmates to self-identify that they have HIV/AIDS and most jails offer inmates more than one opportunity to do so. Most jails 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 jails reported offering inmates 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 status by contacting the inmate's pharmacy or physician.

New cases. Other than TB testing, many of the jails reported they do not have the financial resources to uncover new conditions and therefore do not and instead focus their resources on providing care and managing pre-existing conditions. None of the jails in Consortium 9C explicitly offers HIV testing to all inmates. Several jails mentioned that costs prohibit them from offering HIV testing to all inmates. All jails reported conducting testing under certain circumstances such as exposure to blood, court order, or doctor's order. Three jails conduct HIV testing if requested by the inmate. Another jail refers inmates requesting an HIV test to testing services upon their release. All but one of the jails reported charging the inmate for HIV testing under certain circumstances.

Availability of Trained or Knowledgeable Medical Care Personnel

All jails in Consortium 9C reported having a jail physician and nurses (RNs and/or LPNs) on staff. None of the jails have medical staff working around the clock including weekends.

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

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 interviewed jails in this consortium reported that their 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. One jail offers additional training related to universal precautions to jail staff annually. Three of the jails reported that there is no HIV/AIDS training provided to their non-medical staffs. Three of the jails 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 interviewed jails in Consortium 9C reported that community organizations provide medical or non-medical care specifically for inmates 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 surveyed jails 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 interviewed jails also expressed interest in developing a relationship with community social agencies to provide testing, education, or other services to their inmates with HIV/AIDS.

Access to Specialists

All of the Consortium 9C jails indicated they would continue the course of treatment already established by the inmate's doctor, and a few jails 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 jails, on average, reported some difficulty providing access to specialty care for inmates with HIV/AIDS. This could be due to a lack of specialists in this largely rural area. Two jails indicated a need for more specialists in the area and another noted that inmates with HIV/AIDS were treated by the jail physician because the wait times to see the local specialist were too long. All of the jails with the exception of two reported they could transport or have transported inmates with HIV/AIDS to specialists. None of the surveyed jails reported providing genotype testing.

Most jails in the consortium perceived that accessing HIV/AIDS specialty care after release is the responsibility of the individual inmate. A few jails noted that upon release inmates are given information on scheduled appointments, but only in special cases will the medical staff arrange an appointment at discharge.

Medications: While in Jail

When taking into account both survey and interview data, all of the participating jails in Consortium 9C allow 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 jails noted that there were no formulary issues related to medications furnished by inmates, with one jail noting restrictions on narcotics and another indicating that their medical director made decisions on a case-by-case basis. To verify that an inmate has a prescription for the medication(s) they are providing, most jails will call the inmate's pharmacy; a few jails reported calling the provider where the inmate has been treated for verification.

For inmates not providing their own medications, none of the jails reported keeping a supply of HIV/AIDS drugs in stock, and most get medications from a local pharmacy. One noted it takes four hours to provide inmates with such medications, but most jails 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 jails 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 jails reported paying for HIV-related medications as their biggest challenge, there were no jails in Consortium 9C that reported limitations on the types of HIV medications dispensed. However, five jails 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 Discharge or Transfer

Discharge. When taking into account both survey and interview data, only one of the seven participating jails in Consortium 9C does not provide discharge medications. This jail cited budget constraints as the reason for this practice. Many of the jails providing discharge medications release the remainder of the supply purchased for the inmate regardless of who paid for the medication. One jail provides a two- or three-day supply when the jail purchases the medications, and another indicated they provide enough to last the inmate until their next medical appointment.

None of the interviewed jails reported using funds under the Ryan White HIV/AIDS Program for discharge care. Two jails were aware of the funds available under the Act, but had not attempted to access any available monies, and the remaining four jails were not aware of the

funds available through the Act. Also of interest, when asked to assess the jail's capacity for providing adequate discharge planning, the average rating for Consortium 9C was *neutral*.

Transfer. Generally speaking, Consortium 9C jails do not provide medications for inmates being transferred to prison. Many of the jails indicated that prisons do not accept medications. In cases where jails transfer to a facility that will accept medications, one jail said they would send the remaining supply of jail-purchased medications, and another jail reported they would send the next dose of life-sustaining medications. Medications provided by the inmate are returned to the inmate's family. To ensure continuity of care during transfer, most jails in Consortium 9C reported that they forward a transfer sheet with an inmate's medical history 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 jails noted that they are equipped to handle more frequent medication passes if an inmate requires them. None of the jails reported allowing inmates 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 jails 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 jails. 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?	Mean	Standard Deviation
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

Note: Higher mean scores indicate greater perceived frequency (1=*never*, 2=*rarely*, 3=*sometimes*, 4=*often*, 5=*very often*).

- Mean scores for contributing factors range from 1.4 to 2.4, indicating that the surveyed Consortium 9C jails 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 jails, on average, perceived the most frequent contributors to missed doses to be inmate refusal and a lack of available prescribers.

Generally speaking, Consortium 9C jails 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 jails reported that there was no difference in the transfer policy for inmates with HIV/AIDS, though one jail 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 status. Two jails reported that they notify correction officers when they find out that an inmate has HIV/AIDS. Three jails 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 jails noted, that corrections officers typically know an inmate's HIV status anyway because they conduct the booking screenings, are present at health screenings, and sometimes conduct medication passes.

Segregation policy. Most of the jails reported that their housing policy is to place inmates with HIV/AIDS in the general population unless they are extremely ill. One Consortium 9C jail reported that inmates with HIV/AIDS can request segregation. Another jail 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 jails did not describe themselves as providers of non-medical services (i.e., counseling, case management, etc.) for inmates with HIV/AIDS. A few jails noted they provide substance abuse treatment, pastoral care, or mental health service to all inmates. Two jails 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 with HIV/AIDS, but rather are available to all inmates.

Some of the surveyed jails indicated that they do receive help with HIV medical care from the community. The surveyed jails who reported using community organizations for HIV care said they used the local health department and, in the case of one jail, a local hospital. These organizations may provide HIV testing, non-medical services such as counseling, HIV-related medications for inmates while they are in jail, HIV-related discharge medications, or non-medication related discharge planning. Three of the surveyed jails reported that no community organizations provided HIV-related services to their inmates.

Consortium 9C jails, 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 jails indicated they would be interested in developing linkages with local resources. Jails 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 with HIV/AIDS. When they do house inmates with the disease, they find the financial burden of providing HIV care difficult to bear. The jails would like more collaboration with community-based organizations that could provide medical or non-medical services for inmates with HIV/AIDS. Establishing linkages could help jails in this consortium provide additional services to inmates with HIV/AIDS. Jails reported a need for HIV education for inmates and staff, testing services, financial assistance with medications, and more access to specialist care.