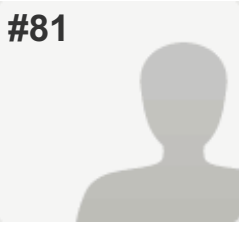


Ending the Epidemic Task Force Recommendation Form

#81



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Q2: Title of your recommendation

Improve Linkage to Care for Patients in Correctional Facilities

Q3: Please provide a description of your proposed recommendation

The incarcerated population in our state prisons and many local jails suffers from very high rates of HIV and hepatitis C (HCV), and many of these agencies have difficulty identifying all those individuals in their custody who are infected with these illnesses and/or engaging these persons in care. Unfortunately, there are many HIV-infected incarcerated persons who refuse to disclose their HIV status and enter care. Their reluctance to engage in care is due to concerns about the quality of medical care within the correctional facilities, the lack of confidentiality in these institutions, the stigma associated with being infected, and the failure to have adequate support services within correctional facilities to deal with being infected and under care while incarcerated. These concerns are justified in that the quality of care varies significantly throughout state prisons and local jails, in part due to limited medical resources at some facilities and apparent limitations in the training, skill, and/or commitment of some medical staff to provide timely and effective care to every patient. At some state prisons, patients infected with HIV and/or HCV are closely monitored, are receiving timely and appropriate care, and seem to have few complaints about the care they are receiving. In contrast, at other facilities, there is less access to care due to understaffing, patients have much more limited access to specialty care and other services, and patients express significant dissatisfaction with the quality of care they are receiving. In order to provide appropriate linkage to care for all HIV-infected incarcerated persons the following measures are necessary. First, enhanced education about HIV and the effectiveness of care within a correctional setting, including a more active role of peer educators, is needed. Additional resources are needed for the contractors of the Criminal Justice Initiative to expand their direct services to the HIV-infected population and for their outreach activities to encourage HIV-infected individuals to disclose their status to the medical staff within the correctional facilities and to encourage patients to engage in care. To improve the quality of care within correctional facilities the AIDS Institute needs additional funds so that they can adequately perform their legislative duties under the DOH Oversight Law, Public Health Law § 206(26), which mandates that they assess HIV care in state prisons and local jails. These reviews may identify changes in HIV treatment protocols within our jails and prisons in order to achieve care comparable to that in the community and the need for additional medical staffing and other resources to provide appropriate care. In addition, better monitoring of correctional healthcare for HIV-infected patients is needed to ensure that these patients are getting timely access to HIV specialists, that their health status is being appropriately monitored and that they are getting timely access to the most effective antiretroviral medications. Finally, adequate discharge planning is needed to ensure that HIV-infected patients being treated inside our correctional facilities are promptly enrolling in community care once they are released.

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Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next three to six years

Q9: What are the perceived benefits of implementing this recommendation?

Enhancing linkage to care, including discharge planning and continuity of care elements, would result in more HIV-infected persons being promptly engaged in care while incarcerated and once they return home. In addition, the program would educate the incarcerated population how seek appropriate healthcare when they return home to their communities. Finally, promptly engaging incarcerated patients in care will prevent transmission of HIV in our communities as people are discharged from correctional facilities.

Q10: Are there any concerns with implementing this recommendation that should be considered?

None

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Not known

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Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Not known

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

The incarcerated population and the communities to which they will return would greatly benefit by having appropriate healthcare inside our correctional facilities.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

The contractors funded by the Criminal Justice Initiative of the AIDS Institute, who likely would provide some of these services, would be in an excellent position to monitor the implementation of parts of this program. More importantly, the AIDS Institute (AI) is required to monitor HIV and hepatitis C care in state prisons and local jails pursuant to the DOH Oversight Law, Public Health Law section 206(26), and thereby AI should be able to obtain information about implementation of these recommendations and to assess their effectiveness in engaging HIV-infected persons in care while incarcerated.

Q15: This recommendation was submitted by one of the following Ending the Epidemic Task Force member