Ending the HIV Epidemic (EHE) Regional Learning Collaborative

Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and San Francisco Counties

Session 25: HIV and Incarceration

Tuesday, June 20, 2023
10-11:30 a.m. PT
Session Agenda

1) Presentations
   - Felipe Findley, PA-C, MPAS, AAHIVS
     - Physician Assistant, Watts Healthcare Corporation
     - Member, Los Angeles County Commission on HIV and Commission on HIV Public Policy Committee
   - Barry Zack, MPH
     - Co-Founder and CEO for Corrections & Health, The Bridging Group
     - Associate Clinical Professor, Department of Social and Behavioral Sciences, UCSF
   - Center for Health Justice team
     - Cajetan Luna, Executive Director
     - Marissa Cameras, MPH, Education Director
     - Jair Walker, Keeping it Safe and Sexy (KISS) Program Coordinator

2) Panel Discussion/Q&A
   - Enter questions using
   - Share comments/resources using
The Impact of Mass Incarceration on HIV in California

“All disease has two causes, one pathological and the other political.” Rudolph Virchow

Felipe Findley, PA-C, MPAS, AAHIVS
Watts Healthcare Corporation
Los Angeles County HIV Commission
CHIPTS Community Advisory Board
Frontline Wellness Network
U.S. incarcerates a larger share of its population than any other country

Incarceration rate per 100,000 people of any age

AUGUST 16, 2021


https://www.seattleclemencyproject.org/mass-incarceration
1965: LBJ passes “War on Crime” Bill
1971: Nixon declares the “War on Drugs”
1973: Drug Enforcement Administration created.

**Over next 10 years, prison population DOUBLES.**

1982: Reagan recommits to the “War on Drugs” monumental jump in incarceration

1986: Anti-Drug Abuse Act institutes 100:1 disparity -- a minimum sentence of 5 years without parole for possessing 5 grams of crack cocaine

1990: *D.C. Sentencing Project* found that **1 in 4** Black men were trapped in criminal justice system” (jail, prison, parole)

1994: Bill Clinton Crime Bill (Congressional Black Caucus) also **“3-Strikes law”**
“Locking Up Our Own”

“The “New Jim Crow” born of white backlash against the civil rights movement...is too convenient a narrative. It erases the crucial role that African-Americans themselves played in the development of the current criminal justice system.

It is, in part, the unintended consequence of African-Americans’ own hard-fought battle against the crime and violence inside their own communities. To ignore that history is to disregard the agency of black people and minimize their grievances, and to risk making the same mistake again.”

How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 573 per 100,000 residents. But to end mass incarceration, we must first consider where and why 1.9 million people are confined nationwide.

Local Jails: The real scandal is the churn

When talking about the societal impact of jails, the average daily population of 547,000 is far less important than the staggering number — over 10 million — admitted to jails in a typical year.

What does more than 10 million jail admissions look like?

It’s enough people to fill a line of prison buses bumper-to-bumper from New York City to San Francisco.

Sources and data notes: See https://www.prisonpolicy.org/reports/pie2022.html

https://www.prisonpolicy.org/reports/pie2022.html
Incarceration is just one piece of the much larger system of correctional control.

The U.S. justice system controls almost 7 million people, more than half of whom are on probation.

[Diagram showing the breakdown of correctional facilities and probation numbers.]

[Link: https://www.prisonpolicy.org/reports/pie2022.html]
California: The State of Incarceration

March 16, 2023

On any given day, California holds nearly 160,000 people in its jails and prisons. Its most populous county, Los Angeles, has the largest jail population in the country. Despite its reputation as a liberal bastion, California is one of the epicenters of mass incarceration.


New data reveals where people in California prisons come from

Report shows every community in California is harmed by mass incarceration

August 31, 2022

The report shows:

- Every single county — and every state legislative district — is missing a portion of its population to incarceration in state prison.
- While no county sends as many people to prison as Los Angeles County, many of the state’s smaller counties, including Kings, Shasta, Tehama, and Yuba, have a far larger portion of their residents imprisoned.
- Native reservation and trust land in California has an imprisonment rate of 234 per 100,000 people, nearly double the state average of 310 per 100,000.
- There are dramatic differences in incarceration rates within communities, often along racial and economic lines. For example, in Los Angeles the 14 neighborhoods with the highest imprisonment rates are clustered in South Central Los Angeles, where 57% of residents are Latino, 38% are Black, and 2% are white. Meanwhile, the LA neighborhoods with the lowest imprisonment rates are mostly in the predominately white and wealthier Westside region.
- The large number of adults extracted from a relatively small number of geographical areas seriously impacts the health and stability of the families and communities left behind. It specifically impacts women and gender non-conforming people, where in 4 women and in 2 Black women have an incarcerated loved one.

https://www.prisonpolicy.org/blog/2022/08/31/caorigin/
Today, California’s incarceration rates stand out internationally

<table>
<thead>
<tr>
<th>Country</th>
<th>Incarceration Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>564</td>
</tr>
<tr>
<td>California</td>
<td>546</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>129</td>
</tr>
<tr>
<td>Portugal</td>
<td>111</td>
</tr>
<tr>
<td>Canada</td>
<td>164</td>
</tr>
<tr>
<td>France</td>
<td>93</td>
</tr>
<tr>
<td>Belgium</td>
<td>93</td>
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<tr>
<td>Italy</td>
<td>89</td>
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<tr>
<td>Luxembourg</td>
<td>86</td>
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<tr>
<td>Denmark</td>
<td>72</td>
</tr>
<tr>
<td>Netherlands</td>
<td>63</td>
</tr>
<tr>
<td>Norway</td>
<td>54</td>
</tr>
<tr>
<td>Iceland</td>
<td>33</td>
</tr>
</tbody>
</table>

Source: https://www.prisonpolicy.org/global/2021.html

In the U.S., incarceration extends beyond prisons and local jails to include other systems of confinement. The U.S. and state incarceration rates in this graph include people held by these other parts of the justice system, so they may be slightly higher than the commonly reported incarceration rates that only include prisons and jails. Details on the data are available in States of Incarceration: The Global Context. We also have a version of this graph focusing on the incarceration of women.

https://www.prisonpolicy.org/profiles/CA.html#:~:text=California%20has%20an%20incarceration%20rate,incarcerated%20in%20Califo
rnia%20and%20why.
“America’s prisons play a central role in the social, economic and health disparities experienced by the African American community and the HIV/AIDS epidemic is merely one consequence of the close connection between prisons and poor communities of color.”
“America’s prisons play a central role in the social, economic and health disparities experience by the African American community and the HIV/AIDS epidemic is merely one consequence of the close connection between prisons and poor communities of color.”

“Over the past 3 decades, overlapping epidemics of mass incarceration and HIV/AIDS became increasingly concentrated among persons of color.”
“Overall, the Drug War era criminal justice reformations have increased HIV vulnerability among African American individuals and communities by exacerbating sexual risks, resource deprivation, social marginalization, and precarious access to health promoting resources.”


- Stigma
- Economic & social marginalization

“Offender Status”

- Decreases in:
  - Job opportunities
  - Educational opportunities
  - Access to safe/stable housing
  - Healthcare access
  - Social networks

Lower Access to Health-impacting Resources

- Increases in sexual risk behaviors
- Decreases in care engagement
- Decreases in preventive practices

Heightened vulnerability to HIV

Individuals experiencing incarceration
Impacts on affected communities

Impacted by mass incarceration
• Unequal
• Extreme

Missing individuals
Disrupted Relationships
Economic distress

• Increases in:
  • Partner # & risk
  • Partner mixing
  • Overlapping relationships
  • Survival sex

Heightened vulnerability to infection
• Higher rates of HIV & STIs
• Larger disparities

Unequal
Extreme
Missing individuals
Disrupted
Relationships
Economic distress

Impacts on affected communities

Mass incarceration helps fuels the HIV epidemic

- Disproportionality impacts Black and Latino/a/x people, including those who are sexual/gender minorities.
- Disproportionality removes men from communities, creating gender imbalances.
- Disrupts intimate relationships and facilitates risky behaviors.
- Reduces prospects for employment and reinforces poverty for those released, further destabilizing relationships.
- Infrequent but real risk of HIV acquisition during incarceration
- **In total**, the impacts of incarceration *multiply over generations to become a toxic force* that increases vulnerability to HIV.
What do we know about the current jail population?

06/16/2023

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Females</th>
<th>Black</th>
<th>Hispanic</th>
<th>Mental Health Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,115</td>
<td>1,436</td>
<td>3,833</td>
<td>7,101</td>
<td>5,471</td>
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</tbody>
</table>

- Average time in Los Angeles County Jail is **81 days**
- **46%** of inmates are awaiting trial or sentencing
- It is **the largest mental health institution in the nation**
- The number of inmates with mental health problems has **increased 137%** from 2010 to 2021
- Overcrowded **114% - 142%**
- **54%** Hispanic, **29%** African American, and **13%** White

https://www.vera.org/care-first-la-tracking-jail-decarceration

Geographic distribution of persons with diagnosed HIV

Late Diagnosis Estimate in LAC, 2020

1,404 New Diagnoses

- 20% Late Diagnoses (N=286)

- 15% Hollywood-Wilshire HD (N=171)

- 15% Central HD (N=19)

- 15% Long Beach HD (N=14)

PART A Geographic Priority Populations

Characterizing Late Diagnoses: Results from Health Resources and Services Administration-HIV/AIDS Bureau’s Updated Approach, Los Angeles County Department of Public Health, Division of HIV and STD Programs, Wendy Garland, MPH Chief Epidemiologist, 04/13/2023

“As such, it behooves AIDS activists, public health associations, and criminal justice reform activists to focus on and perhaps collaborate to address mass incarceration in the interest of HIV reduction.”

Thank you!

Village Healing and Resource Fair

Africa Town
"Leimert Park Plaza"
4395 Leimert Blvd, Los Angeles, CA 90008

Saturday, June 24th
11 am - 3 pm

Healing and Resource Fair for formerly incarcerated community members as well as community members impacted by police violence. All are welcomed.

MUSIC - YOGA - MASSAGE - NARCAN TRAINING - FREE HEALTH SCREENINGS - KID’S ART TABLE - HEALTHY RECIPE DEMO + MUCH MORE

ffindley7@gmail.com
EHE Regional Learning Collaborative

HIV and Incarceration

Barry Zack
The Bridging Group

Linkage/Continuity of Care
20th June, 2023
For Clarity:

1. Linkage to Care and Continuity of Care (Implies pre-release care)

2. Jail/Sheriff and Prison/DOC (CDCR)
   - Jail Medical Provider; identifying patients/clients

3. Probation and Parole

4. Suspension and Termination of Gov’t Benefits
A Community at Risk: Unique Access

• The correctional setting may be the only place where people receive care, treatment and support.

• People come into prison and jail with higher rates of infectious diseases and other health condition (diabetes, hypertension, hep C, etc.)

• Over 95% of people who are incarcerated will return to the community
Notes from CDCR:

1. Current HIV prevalence is below 1% and well over 95% are virally suppressed. Those not virally suppressed for the most part, have recently entered CDCR.

2. Conducting another match with the Office of AIDS for post-release linkage, retention and viral suppression among PLWH released to the community in 2017-2021. (This study will go beyond previous smaller matches to examine these outcomes by pre-release planning activities, comorbidities (e.g., mental health, SUD, HCV), and county or geographic area of release.)
Know your Jail

- Population (ADP)
- Number of Locations (Release facility?)
  - Housing Units
- % sentenced and pre-sentenced (jail)
- Approx # of PWH & HIV prevalence
- Release patterns
- Gender (and housing policy re: gender identity)
- Culture/History of Community Collaboration
- Reentry Efforts
Cycle of the Criminal Legal System

Community → Jail → Court → Prison/Jail
The Linkages Challenge: Prison and Community Health

Incarceration
What can we be doing?
• Screening
• Diagnosis
  – Infectious diseases
    HIV, STI, TB, HCV, HBV
  – Mental Illness
  – Substance Use Disorder
• Treatment
• Pre-release planning

Release
Making reentry work!
• Linkage to care and services
• Treatment
  – ID (TB, HIV, HCV, STIs, HBV, etc.)
  – Chronic (hypertension, diabetes)
  – Substance Use Disorder & Mental Illness
• Adequate community resources
• Addressing life’s competing priorities

Reincarceration
How to break the cycle?
• Societal challenge (poverty, discrimination, etc.)
• Policy (Sentencing, Drugs, Housing, Immigration, etc.)
As People Living with HIV prepare to leave prison or jail . . . .
... They have HIV Related Needs

- **Medical provider link** in the community
- **Medication use and adherence**
- Medicaid/insurance and ADAP enrollment
Quiz: Respond in Chat

- What are the priorities for people with HIV upon release from jail and prison? What top 5 issues they need to address?

- Note: we have our “agenda” (of linkage to care) but they may/will have other competing priorities.
What are Patient’s Case Management Needs:

- Housing
- Food
- Family / Kids
- Transportation
- Income
- Insurance
- Support system (isolation/partner/relationship status/)
- ID, social security card
- Other RW services (dental, vision, etc.)
- Mental health care/treatment
- Substance use disorders (MOUD, etc.) care/treatment
Key to VS during Incarceration and….

1. Screening and Diagnosis (CDC: routine opt-out)
2. Treatment Protocols
3. Medication Adherence (Distribution methodologies)
   1. DOT
   2. KOP
   3. Pill line
   4. Other combinations, etc.
4. Upon Release (# of days, blister pack, prescription, etc.)
Immediate Release Checklist

- The period right after release may be chaotic and stressful leading to potential risks (e.g. alcohol/drug use or overdose, medication lapse, unprotected sex).

- Checklist helps participants plan out details for their first 48 hours after release.

- Helps participants to develop a “Plan A” and a “Plan B.”

CHECK LIST TOPICS

- Transportation
- Housing first night out
- Money
- Identification
- Basic needs
- HIV Care
- Connecting with family/partners/kids
- HIV/STI/hepatitis risk and harm reduction materials
Facilitated Referrals

Quiz:

- What makes a good referring agency post release?
Facilitated Referrals

- Different from standard community referrals:
  - Screened agency specifically for PLWH
  - Experience with people in the criminal legal system
  - Include a specific contact.
  - Staff actively set up appointments with patients.
  - May include staff attending appointments with participants directly.

- Reduces barriers to the use of existing community services and thus patients are more likely to follow through.
Quiz: Rank

What rank is higher (answer in Chat):

Captain or Lieutenant?
Current Effective Models in the Field:

1. Transitional Care Coordination Program
2. Project START+
3. Transitions Clinic
4. Link LA
5. Navigation SF
6. Local adaptations *
What do Efficacious / Effective Linkage to Care Programs / Interventions Have in Common:
Common Characteristics (plus):

I. Start on the Inside
   I. Developing respectful, trusting relationship
   II. Conduct post-release assessments
   III. Minimum of two pre-release visits/sessions (if possible)
   IV. Same person post release
Common Characteristics (plus):

2. Address **(assess and create action plan)** 3 Domains
   2. Reentry
      2. housing, gov’t ID, income/benefits, family, etc.

3. Medical Care - HIV Linkage/Continuity
   2. newly diagnosed? returning to previous provider? New provider?
   3. addressing other health conditions (SUD, MH, diabetes, hypertension, etc.)

4. Behavioral Interventions
   2. Medication Adherence, OD prevention, PrEP, Re-Incarceration Prevention (Criminogenicity)
Common Characteristics (plus):

4. Conditions of probation / parole
   1. Setting up for success
   2. Immediate Release Planning
      1. First 24-48 hours

5. Facilitated Referrals
   1. Pre-Screening Community Services
   2. Having an individual contact
Common Characteristics (plus):

6. Incentivize first immediate release appointment
   6. At clinic!

7. Peers as staff, support
   (may not be able to gain pre-release access)

8. Harm Reduction approach
   6. Competing priorities
   7. Conflicting agendas
Conditions of Probation / Parole (quiz)

- Name two common conditions of probation or parole:
  - Attend meetings with PO and other (SUD treatment/MH)
  - Distance/location (setting up client for a violation)
Change is in the Air:

- Cal-AIM
- Insurance
- Pre-Release Coverage
- Benefits: suspended v. terminated
- It’s gonna be Changing

Main Lesson Learned: Know your County!!!
Linkage / Continuity Models

- Pre-Release
- At-Release
- Post-Release

- Jail Medical Provider (Quiz)
  - Sheriff’s Office / Department
  - Local Health Department
  - Contractor / Vendor (for-profit)
  - Other (University, FQHC, etc.)
Resources:

a. American Academy of HIV Medicine
   i. HIV Behind Bars: HIV Reentry and Continuity of Care, 2017
      1. source for some of the models being described today

b. Public Health Behind Bars, Griefinger, Editor
   i. Integrating HIV, Hepatitis, STI Prevention with Drug Education and Overdose Prevention for Incarcerated Populations: A Field Report, 2022

c. Journal of Correctional Health Care:
   i. Girlfriends Connect, adaptation for Transgender Women
      1. "Adapting and implementing an evidence-based reentry intervention for incarcerated transgender women: Lessons learned" 2022
Current Study:

- EBI –
  - Funded to implement EBIs
  - Local adaptation is necessary
  - Question of fidelity

Current Study:

- What’s happening in the field…..reality.
  - Going deep on those common characteristics of “what works”
  - National study
  - Please contact me if you’re (or know someone) interested in participating
Thank you

A **Big Thank You** from so many of us that have been doing this for many years. Most (funded) areas of focus are on “populations” and not settings.

Many of the populations of focus are over represented in the criminal legal system.

Please keep this in mind as you develop your EHE plans.

barry@thebridginggroup.com
Cajetan Luna, Executive Director:
Overview/Background/Future Directions

Marissa Cameras, Education Director:
CHJ Programs and Target Populations

Jair Walker: Coordinator and Health Influencer:
KISS; Keeping It Safe and Sensual
• 20+ Years of “Boutique” In-Custody Services/Re-Entry Services.

• MCJ/CRDF/JH/State Prison/Federal Prison.

• K6G Protected Unit/300/MSM.

• Endemic Diseases: HCV, Pneumonia, TB, MRSA, Mpox, Flesh-Eating Diseases, Hep A Outbreaks.
DECREASING HIV INFECTIONS IN LA COUNTY AMONG JUSTICE INVOLVED PEOPLES

• Condom Distribution, Dental Dams.
• Support Groups for Seniors Living with HIV.
• Messaging and Social Media.
• Ryan White Ends in 6 Months.
• Peer Navigation: Linkage to Care and Maintenance in Care.
• Future Directions: Hospice and Peer Assistance for End of Life Care.
• COVID 19 Era: Necessary and Essential, Lockdowns/Quarantines.
• Reductions in Juvenile Incarcerations in LA/CA.
• Working Within the System: Lifeline.
• HIV/HCV Testing, PrEP/PEP.
Our Programs

G.W.I.P.      TRANSCEND      K.I.S.S.      K.I.S.

E.P.I.C.      O.S.O.

LGBTQIA+ SENSITIVITY      D.E.A.T.

TRAINING
• Keeping Safe & Sensual is an evidence-based intervention geared towards ending the spread of STDS and STIs as well as teaching better skills for partner communication.

• The Program is taught in an array of locked settings as well as transitional housing facilities.

• Sensorium is the gateway to communication.
To find out more information, here are our contact details that you can call or visit.

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900 Avila Street, Los Angeles, CA

marissa@healthjustice.net

@heychj

Contact Us