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



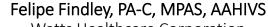




The Impact of Mass Incarceration on HIV in California

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

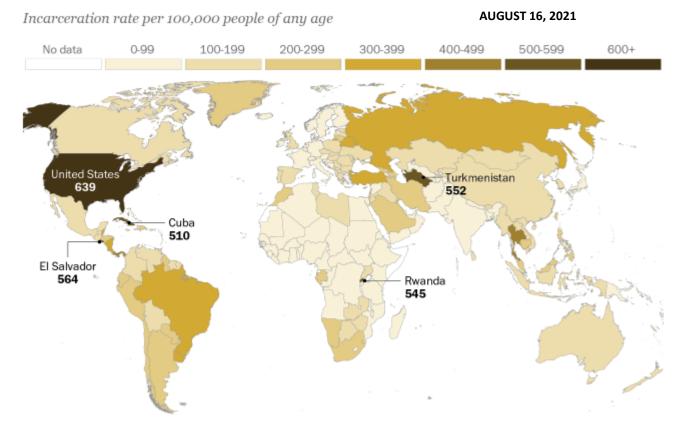




Watts Healthcare Corporation Los Angeles County HIV Commission CHIPTS Community Advisory Board Frontline Wellness Network







U.S. incarcerates a larger share of its population than any other country

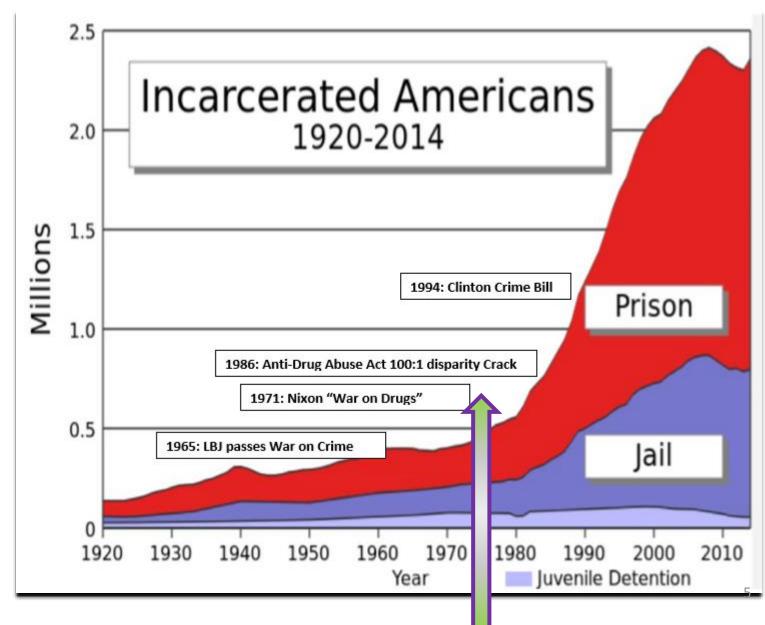


Federal Laws and Mass Incarceration

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 <u>**1** in 4</u> Black men were trapped in criminal justice system" (jail, prison, parole<u>)</u>

1994: Bill Clinton Crime Bill (Congressional Black Caucus) also <u>"3-Strikes law"</u>



"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, <u>the unintended consequence of African-</u> <u>Americans' own hard-fought battle against the crime</u> <u>and violence inside their own communities</u>. To ignore that history is to disregard the agency of black people and minimize their grievances, and <u>to risk making the</u> <u>same mistake again."</u>

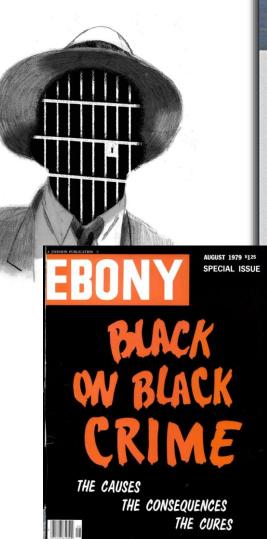
Opinion

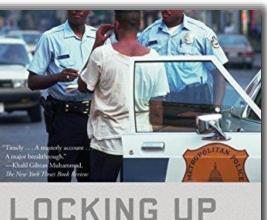
OP-ED CONTRIBUTOR

The Real Roots of '70s Drug Laws

The New Hork Times

By Michael Javen Fortner Sept. 28, 2015





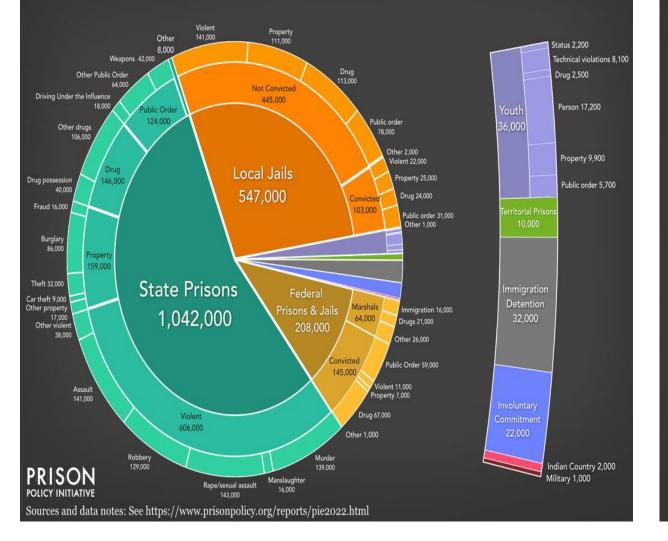


Crime and Punishment in Black America

JAMES FORMAN JR.

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

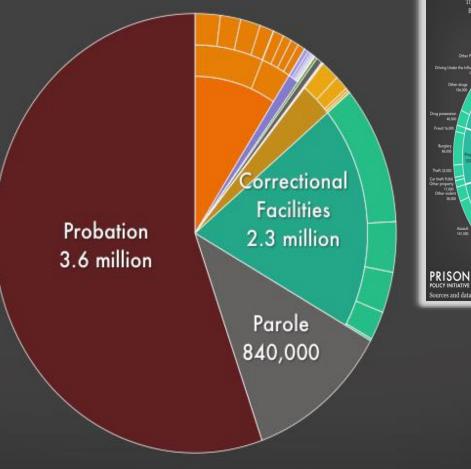
When talking about the societal impact of jails, the average daily population of 547,000 is far less important than the staggering number — over 10 million — admitted to jails in a typical year.

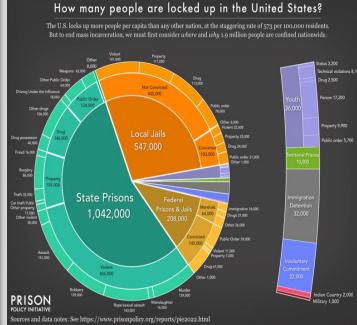
What does more than 10 million jail admissions look like?



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.





https://www.prisonpolicy.org/reports/pie2022.html

PRISON POLICY INITIATIVE

March 16, 2023 A Local Problem Systemic Problems Mapping Jails and Priso Jail Incarceration Prison Incarceration Criminal Legal Spending Arrests It's impossible to see the full picture of incarceration without seeing how the system ensnares people-for many people, an arrest is their first step into the criminal legal system. We tend to think of policing as a large city issue. In fact, it's a statewide concern: although law enforcement makes the highest number of arrests in larger, more populous counties, the 10 counties with the highest arrest rates are all rural or small- to mid-sized counties. Arrest Rate: per 100k residents aged 15-64 6.000 2.000 4,000 8,000

California: The State of Incarceration

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.

https://www.vera.org/news/new-data-hubs-show-local-impact-of-mass-incarceration-in-california-andlouisiana#:~:text=the%20geographical%20overlap.-

,California%3A%20The%20State%20of%20Incarceration,the%20epicenters%20of%20mass%20incarceration

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HOME	ABOUT	PUBLICATIONS	ISSUES	DATA	BLOG	CONTACT	

Our other blog; ending prison gerrymandering

Home Page > Blog > New data reveals where people in California prisons come from

New data reveals where people in California prisons come from

Report shows every community in California is harmed by mass incarceration August 31, 2022

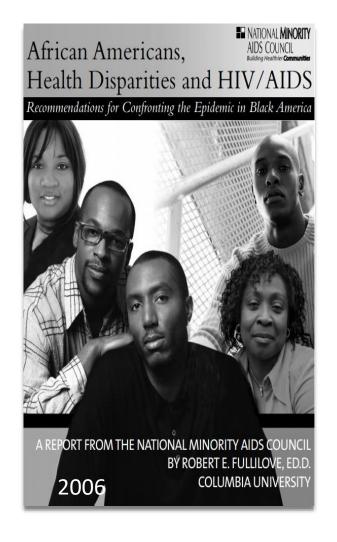
The report shows:

- 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 534 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 1 in 4 women and 1 in 2 Black women have an incarcerated loved one.

https://www.prisonpolicy.org/blog/2022/08/31/caorigin/



https://www.prisonpolicy.org/profiles/CA.html#:~:text=California%20has%20an%20incarceration%20rate,incarcerated%20in%20California%20and%20why.



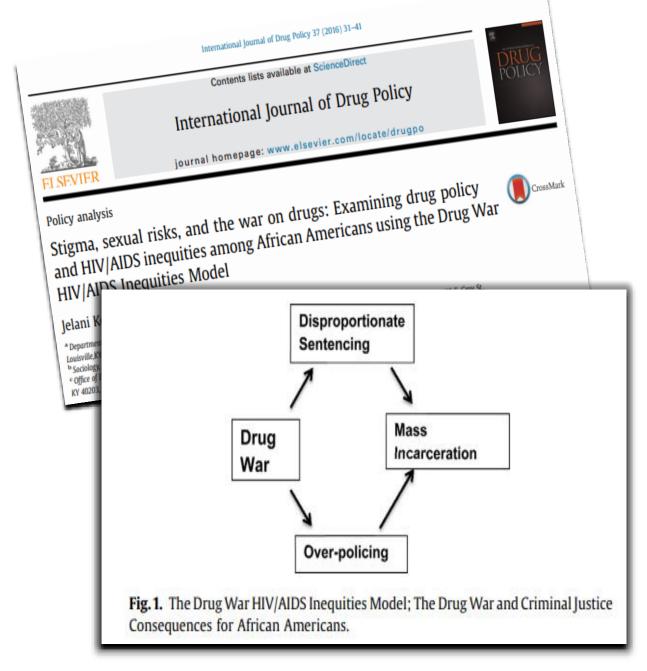
"America's prisons play a central role in the social, economic and health disparities experienced by the African American community and the HIV/AIDS epidemic is merely one consequence of the close connection between prisons and poor communities of color."



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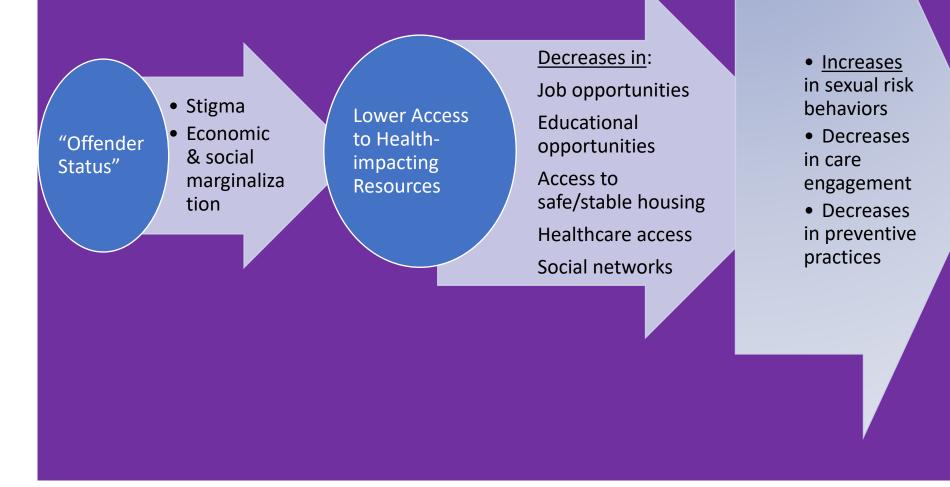
"Over the past 3 decades, <u>overlapping epidemics of</u> mass incarceration and HIV/AIDS became increasingly concentrated among persons of color.



"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."

Kerr, J., & Jackson, T. (2016). Stigma, sexual risks, and the war on drugs: Examining drug policy and HIV/AIDS inequities among African Americans using the Drug War HIV/AIDS Inequities Model. *International Journal of Drug Policy*, *37*, 31–41. doi: 10.1016/j.drugpo.2016.07.007

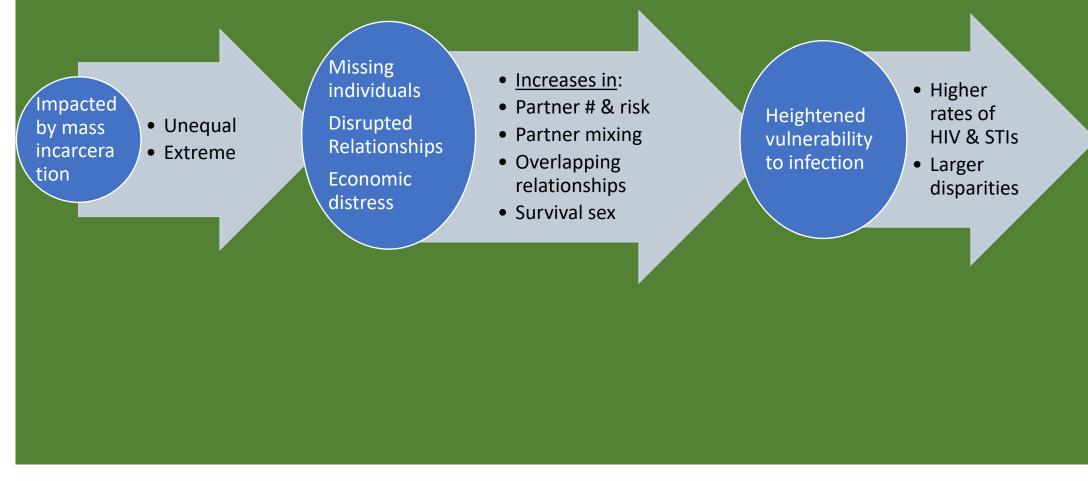
Individuals experiencing incarceration



Kerr, J., & Jackson, T. (2016). Stigma, sexual risks, and the war on drugs: Examining drug policy and HIV/AIDS inequities among African Americans using the Drug War HIV/AIDS Inequities Model. *International Journal of Drug Policy*, *37*, 31–41. doi: 10.1016/j.drugpo.2016.07.007

Heightened vulnerability to HIV

Impacts on affected communities



Kerr, J., & Jackson, T. (2016). Stigma, sexual risks, and the war on drugs: Examining drug policy and HIV/AIDS inequities among African Americans using the Drug War HIV/AIDS Inequities Model. *International Journal of Drug Policy*, *37*, 31–41. doi: 10.1016/j.drugpo.2016.07.007

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.

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Mental Health

Population

5,471

06/16/2023

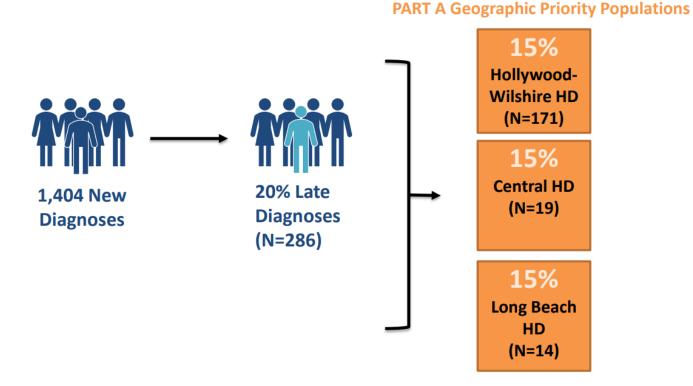
Total Population	Females	Black	Hispanic
13,115	1,436	3,833	7,101



- 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

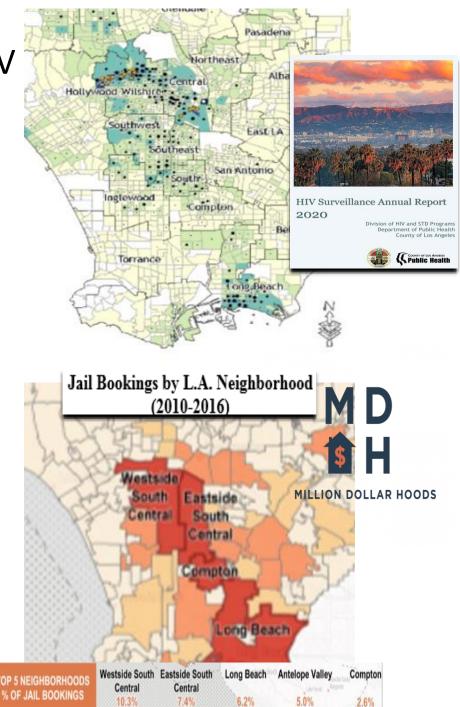
Geographic distribution of persons with diagnosed HIV

Late Diagnosis Estimate in LAC, 2020



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

http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2020AnnualHIVSurveillanceReportUpdated9-2021_fig1fig2update.pdf



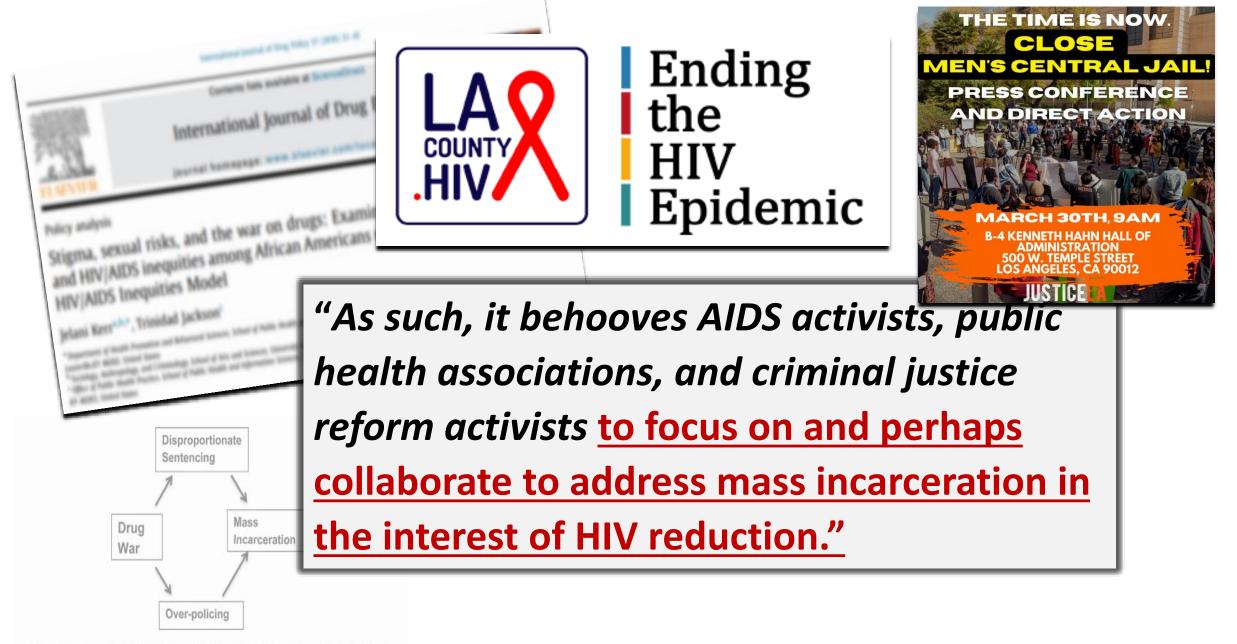


Fig. 1. The Drug War HIV/AIDS Inequities Model; The Drug War and Criminal Justice Consequences for African Americans.

Kerr, J., & Jackson, T. (2016). Stigma, sexual risks, and the war on drugs: Examining drug policy and HIV/AIDS inequities among African Americans using the Drug War HIV/AIDS Inequities Model. *International Journal of Drug Policy*, *37*, 31–41. doi: 10.1016/j.drugpo.2016.07.007

Thank you!

11 am - 3 pm

Village Healing and Resource Fair

Africa Town Saturday, June 24th "Leimert Park Plaza" 4395 Leimert Blvd, Los Angeles, CA 90008

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)
 - 1. 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 <u>only place</u> 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.)



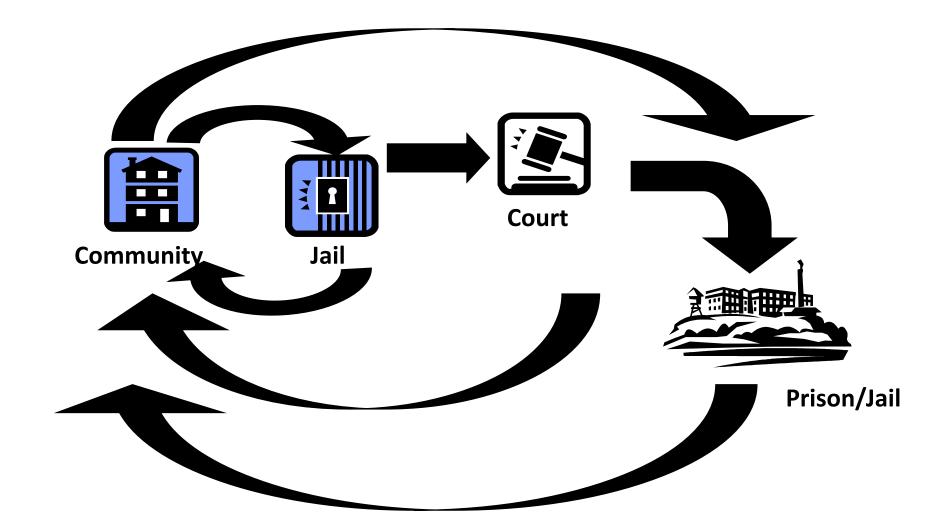


Know your Jail

- 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
- Project
- Reentry Efforts



Cycle of the Criminal Legal System







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

Reincarceration

How to break the cycle?

- Societal challenge (poverty, discrimination, etc.)
- Policy (Sentencing, Drugs, Housing, Immigration, etc.)



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





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







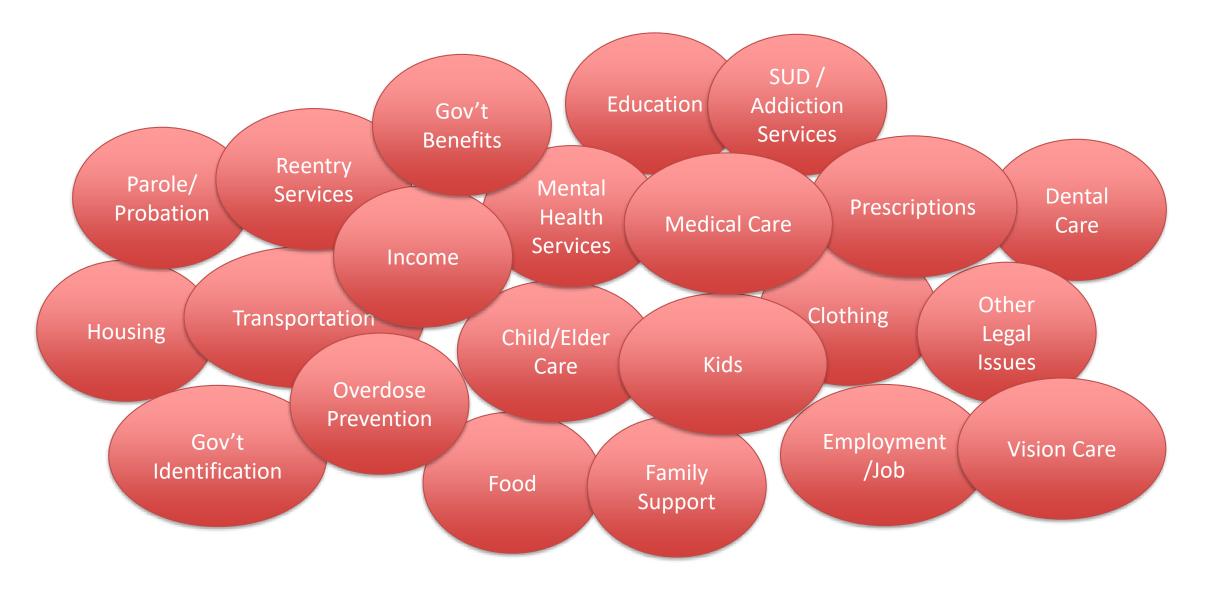
Quiz: Respond in Chat

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 pritorities.



Competing Life Needs & Challenges





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



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:





I. Start on the Inside

- Developing respectful, trusting relationship
- II. Conduct post-release assessments
- III. Minimum of two pre-release visits/sessions (if possible)
- IV. Same person post release





- 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?
 - addressing other health conditions (SUD, MH, diabetes, hypertension, etc.)
 - **Behavioral Interventions**



2.

Medication Adherence, OD prevention, PrEP, Re-Incarceration Prevention (Criminogenicity)



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





- 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
 - **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
 - Integrating HIV, Hepatitis, STI Prevention with Drug Education and Overdose Prevention for Incarcerated Populations: A Field Report, 2022
- c. Journal of Correctional Health Care:
 - **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

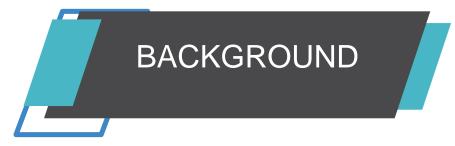
CENTER FOR HEALTH JUSTICE (CHJ)

Cajetan Luna, Executive Director: Overview/Background/Future Directions

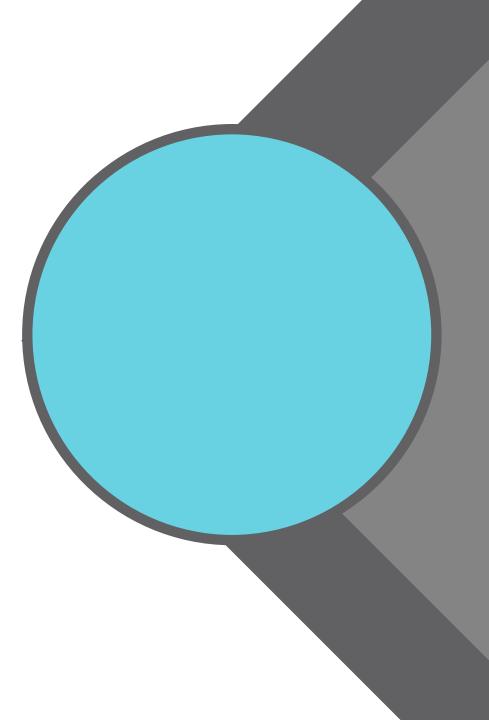
Marissa Cameras, Education Director: CHJ Programs and Target Populations

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.



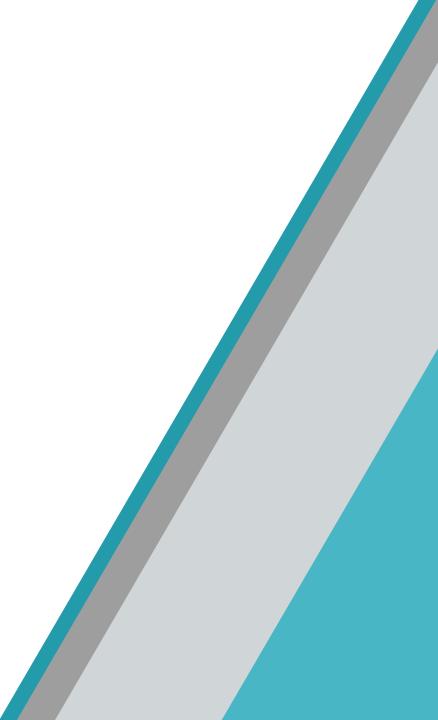
G.W.I.P. TRANSCEND K.I.S.S. K.I.S.

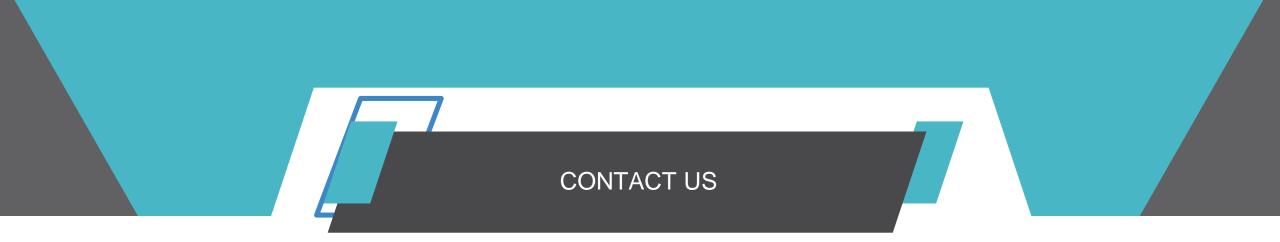
E.P.I.C. O.S.O.

LGBTQIA+ SENSITIVITY D.E.A.T. TRAINING

KISS (KEEPING IT SAFE & SENSUAL)

- 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.

