**MATLC Meeting Notes 1/27/14**

Presentation by Dr. Anne Spalding

* Introduced Genetha Mustaafaa
* Difference between jails and prisons
	+ Jail – place awaiting trial; serving less than one year
	+ Prison – found guilty of felony charge; serving longer than year sentence
	+ One day – prisons hold twice as many people as jail
		- More movement in jails
		- 13 times as many people coming into jails
* Cycle of incarceration
	+ Slow process
	+ High turnover in jails
* State incarceration rates – high rates in south
	+ USA number one for incarceration
	+ GA number two in USA
* Many other issues faced in corrections
	+ Mental health, substance abuse, housing, etc
	+ 1.5% rate of HIV among prisoners
* Public health field needs to focus on HIV among inmates
	+ One out of six people with HIV spend part of time in jail/prison
* Jails – high admissions; high turnover
	+ 50% of individuals out within five days
	+ Most jails don’t conduct HIV testing
		- Have to work fast
* All prisons test with conventional HIV testing
	+ Rapid-testing in jails – “match made in heaven”
* MMWR – funded by CDC
	+ Myth – HIV in prisons in predominately heterosexual
	+ Started with CDC funding – eventually got Gilead Sciences funding
		- Funding will run out shortly
* CDC / Gilead funded project
	+ Have nurses go HIV testing rather than outside team
		- Meeting inmates at the door
		- Empowers nursing staff
* Orientation to Fulton County Jail
	+ Fourth largest jail in Georgia
	+ 40,000 admissions a year
	+ 1st floor – intake – individuals stay between four to 24 hours
		- In past testing was not done in intake
		- Have access to 100% of individuals in jail at this point
	+ 2nd floor – have access to 75% of inmates for testing
	+ Upstairs – only have access to 50% of inmates for testing
* IMpact
	+ 45-50 people tested previously
	+ With Rapid Testing – between February 2013 – December 2013, 80 new patients were identified as not previously identified HIV positive
		- High yield
	+ Components of program
		- Integrate into medical services
		- With high turnover in jails, not all new positives with start HARRT before discharge
			* Most of pharmaceutical costs will come from community
		- Small grant from Bristol-Myers Squibb to increase linkage to care
		- Very little time to connect people to care
	+ SUCCESS
		- Awaiting funding from NIH to test sustainability
* Questions for Dr. Spalding
	+ Majority of individuals found as preliminary positives were confirmed as positives
	+ Used INSTI majority of time
	+ HIV testing always done voluntarily
		- Nurses do not see inmates face-to-face
		- Over 80% asked consent
		- Not offered testing if incompetent (i.e. drunk)
	+ Retention in care
		- Many go to prison
	+ Testing
		- Have bubble sheets on all inmates
		- Don’t ask inmates risk factors / sexual orientation – don’t have time

Presentation by Chayne Rensi

* Created and running program last nine years
* Racial disparities in prison
	+ New home for young African Americans
* HIV testing in prisons
	+ Small number of new positives when existing
		- Usually individuals with longer sentences
	+ Can request HIV testing once incarcerated
		- Must disclose risk factors (who, what, where)
* All HAART meds are paid for by corrections
* Parole mandates disclosure to head of household when released
	+ Some inmates would rather max out sentence than disclose status
* Numbers in prison
	+ Gender (male/female) is counted but not transgender
		- Chayne notes transgender
	+ Department of Corrections aware of everyone’s HIV status
	+ Approximately 80% of inmates with HIV are on HAART
		- 20% - medically don’t need to be on meds or refused
		- High number on meds – good for linkage and maintenance of care
			* Once discharged – numbers/adherence goes down
* HIV and GPC
	+ Currently do not segregate inmates with HIV
		- Consolidating inmates with HIV into certain prisons would make it easier to reach and provide services
* HIV and inmates released from GDC
	+ Inmates being released all over Georgia and other states
		- Hard for linkage
	+ Only working in 15 out of 40 institutions
		- Represents 50% of HIV among inmates
* Expansion of PRPP via CAPUS
	+ Goal is to be active in every statewide facility
		- Not everything (transition center, day reporting centers)
	+ Want to reach more inmates before they are released
* Mandatory needs for HIV offenders
	+ Sometimes do not get word of release until day before
	+ Many people need more hand holding than just a medical referral
	+ They receive at least two weeks supply of meds
		- Often takes longer than two weeks to get a medical appointment and get on meds
		- Try to give 30 day supply of meds
		- Try to connect inmates to ADAP
	+ Cannot begin to access services until released from prison
* Barriers
	+ Housing – biggest issue with linkage
		- Legal regulations – Section 8 Housing
	+ Educational disparities – average 6-8th grade
		- Issues with filling out medical forms
	+ Parole and probation
		- Direct from prison – can’t get services until released
			* Not considered homeless until released
		- Detainers – get linked to care and then find out the inmate has a detainer in another county
* Cell phone number – 478-456-0072
	+ Wants anyone to contact her with questions/concerns about inmates with HIV

Presentation by Donna Smith

* Bureau of Justice Affairs – funder
* 2009-2011 – pilot re-entry program
	+ Supplemental case management and peer guidance
* Programs like PRPP began in mid 2000’s
	+ Due to evidence suggesting need for helping offenders with transition
	+ Referrals, medicine, medical records
* Community Connections
	+ Bridging gap between PRPP and after being released
	+ Helping offenders in Metro Atlanta
	+ Early contact is critical
	+ Peer guides to help administer the program
		- Looked for individuals with experience in HIV, offenders, substance abuse/treatment
	+ First visit – evaluate readiness for program, assessment of needs
	+ One year commitment
	+ Incentives
		- Monthly MARTA card and cell phone
			* Controversial – why give individuals before completing program?
				+ Feel it’s critical to be about to get in touch with individuals and establish contact with family members/medical care
	+ Limitations
		- No hard data on CD4 counts
	+ Results
		- Housing, jobs, and stigma were identified as the biggest issues these individuals encountered
		- Importance of identifying peer guides
			* Found success in recruiting from AA
	+ Going forward
		- Future participants – will administer mental health assessment before enrolling
			* Would not have enrolled certain participants knowing mental health status
		- Small grant from Elton John Foundation – peer guide training / curriculum

Discussion Questions

**Question One / Question Two**

* L’Dia Men Na
	+ At Wholistic Stress Control Institute – education, encouraging to think better about themselves (increase self-esteem), incentives for volunteers, stress management activities
* Dr. Spalding
	+ Do people want to take testing out of nursing/medical staff hands?
		- Getting staff trained is easier because they have more access
* Brandi Williams
	+ Opt-out testing is ideal
		- Need alternate strategies because every setting has specific needs
	+ How do we establish relationships with jails/prisons for CBO’s to provide linkage?
* Teresa Bell
	+ Fulton County is working with Recovery Consultants of Atlanta through a MOU
		- When inmate is released – set up appointment with Linkage Coordinator
	+ Trying to create one-stop shop for individuals (mental health, medical appointment, labs)
		- Linkage coordinators have established relationships with housing, etc
		- Get connected with ADAP
		- ARTAS
* Chayne Rensi
	+ Anyone being released from Atlanta Metro area – connected with Recovery Consultants
		- Contact made very quickly
	+ Need to get MOU with other CBO’s in other counties to help with linkage
* Genetha Mustaafaa
	+ Project implement strength-based case management
	+ Depends which county they reside in
	+ Can follow-up to ensure linkage was made
* Jeff Cheek
	+ In Fulton County – “Frequent flyers”
		- Can check with Fulton County jail to see if people who were lost to care when to jail
	+ Do not have contact with other jails
* L’Dia Men Na
	+ Jails were very receptive with CBO’s trying to make relationships to help with linkage
* Dr. Spalding
	+ Easier to obtain relationships with jails through personal relationships
		- Jail staff more likely to work with someone they know
* Chayne Rensi
	+ Linkage with state prison more difficult
		- Most prisons outside of Atlanta
		- Most CBO’s not willing to go out to rural areas / outside Atlanta

**Question Three**

* Pat Parsons
	+ At St. Joseph’s Mercy Care use social networking strategy to target young AAMSMs through mobile app
		- Get in contact with MSMs through other social networking sites (Facebook, Grinder)
		- Encouraging individuals to come in for all inclusive care along with HIV tes
	+ Started in May 2013 – 3.8% seropositivity rate
* L’Dia Men Na
	+ Be 2 Smart, peer navigator

**Question Four**

* Pat Parsons
	+ St. Joseph’s Mercy Care is convenient located across from MLK Marta station
		- Currently see 800 clients
		- Excepting new clients
			* About a 2.5 week weight time
* Lorraine Austin
	+ In Fulton County established Community Advisory Group
		- MSM group to get input
		- How to address needs

**Question Five**

* La’Quita Robinson
	+ In Cobb-Douglas, use email
		- Clients prefer as method of contact
* Cinsia Bristol
	+ In DeKalb, contact them, tell them they are a state agency (not HIV related), send referral letter (no mention of HIV)
	+ Sometimes will contact offenders before they are released
* Teresa Bell
	+ Confidentiality
	+ Social needs assessment – ask what specific needs and best way to contact them

**Next MATLC Meeting – April 21st – Linkage to Care for Adolescents and Atlanta HIV Focus Program**