**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**