

Toronto I-II 1:00 pm

Preliminary analyses of a comprehensive seek, test and treat program in a correctional setting



David Seal

Professor and Director of
Doctoral Programs in the
Department of Global
Community Health and
Behavioral Sciences



Moderator:

Winston Husbands

Director of Research and
Program Development at the
AIDS Committee of Toronto and
a co-chair of the African and
Caribbean Council on HIV/AIDS
in Ontario



Preliminary Analyses of a Comprehensive Seek, Test, and Treat Program in a Correctional Setting

David Wyatt Seal, PhD

Tulane University School of Public Health and
Tropical Medicine

Invited Presentation to Ontario HIV Treatment
Network Conference

Toronto, Canada (November 19, 2013)

Investigative Partnership

(Funded by NIDA R01-DA030770; PI: D. Seal)

- Tulane University School of Public Health & Tropical Medicine
- Center for AIDS Intervention Research, Medical College of Wisconsin
- HIV Care Program, University of Wisconsin-Madison's School of Medicine and Public Health
- AIDS Resource Center of Wisconsin
- Wisconsin Department of Corrections
- Milwaukee Secure Detention Facility
- Wisconsin Division of AIDS/HIV
- Milwaukee Health Department

Specific AIMS-1

- We aim to implement and evaluate a comprehensive STT program for detainees in the Wisconsin prison system who are being released to Milwaukee County
 - A major metropolitan area that accounts for nearly 60% of all HIV cases in Wisconsin
 - Has experienced a recent and significant increase in the rate of HIV among African American men
 - Has perennially high rates of sexually transmitted infections

Specific AIMS-2

Comprehensive STT program components include

- **Testing** all detainees entering the Milwaukee Secure Detention Facility (MSDF)
- (Re)-Linking all HIV-positive persons released to Milwaukee county from the WI prison system to the state's largest HIV **treatment** and prevention service provider
- **Seeking** undiagnosed HIV infection through social/sexual risk networks through a post-release referral testing strategy

Specific AIMS-3

- **We also will assess the cost and cost-effectiveness of the STT program with respect to:**
 - The overall, systemic cost of the program
 - The cost of individual STT program components and costs to individual payers
 - The comparative cost-effectiveness of testing at MSDF versus ARCW and Milwaukee County's main jail
 - The potential increase in economic efficiency that could be achieved through risk reduction screening *prior* to testing in detention facilities such as MSDF
 - The cost-effectiveness of implementing post-release partner seeking/testing services for high-risk detainees

Test Procedures-1

- Most (95%) people entering WI-DOC are voluntarily tested for HIV
 - Testing is not routinely performed in detention centers
- Within 24-48 hours of intake, potential participants will be approached and invited into the study
- Willing participants will complete an A-CASI HIV/STI risk behavior survey, followed by a rapid HIV test
 - Participants can opt out of testing if known HIV-positive
- Individuals also will complete a brief computerized individualized HIV risk reduction intervention

Test Procedures-2

- Upon receipt of their HIV test results, participants will be divided into 3 comparison groups
 - Those who have a reactive HIV test (HIV-reactive group)
 - Those who have a non-reactive HIV test, but who report behavior that puts them at high risk for HIV/STI infection (high-risk negatives)
 - Those who do not meet criteria 1 or 2 (low-risk negatives).

Test Procedures-3

- Participants in the **HIV-reactive** group will receive confirmatory testing
 - Confirmed positives will be linked to both treatment and preventive (e.g., mental health) services at ARCW
- Participants in the **high-risk** group will receive additional post-release intervention
 - They will be asked to encourage up to 4 other high-risk individuals in their social-sexual networks who might not otherwise access testing services to get tested
- Participants in the **low-risk comparison** group will have no further study involvement

Milwaukee Assessment Domains

- Demographics
- Service Utilization
- Incarceration History
- Substance Use
- IDU Risk Behavior
- Sexual Risk Behavior
- HIV/Hepatitis/ STI Self-Report Screener

Treatment Procedures-1

- All known and newly identified HIV-positive people being released to Milwaukee County from any state correctional facility will be linked to low- or no- cost community treatment and case management services at ARCW within 72 hours, including
 - All documented HIV-positives entering MSDF
 - All newly identified HIV-positives at MSDF
 - All HIV-positive people being released from long-term incarceration in any state prison to Milwaukee County

Treatment Procedures-2

- ARCW's care and treatment services include
 - Comprehensive infectious disease treatment and services
 - Assessment, diagnosis, and treatment of general health conditions
 - Medical case management services
 - Life care services (wellness and life circumstances)
 - Regional electronic medical records monitoring system
- Outcomes will be measured from Medical Records Abstraction

Treatment Evaluation

- Linkage to, and maintenance of, HIV specialty care from time of identification of HIV status in prison or MSDF
- Percentage prescribed an ART and percentage meeting the HRSA HIV/AIDS Bureau standards for primary care
- Timeliness of refills (if ART covered by Medicaid or other payers contributing data to the WHIE)
- Assessment of CD4 count and viral load at diagnosis and 3-, 6- and 12-months post-release (including those who are reincarcerated)
- Percentage of patients prescribed ART who are undetectable 6 months after ART prescribed
- ER visits

Seek Procedures-1

- High-risk negatives
 - Use of “hard drugs” (3 months prior to current incarceration)
 - Unprotected sex with an known or perceived HIV-positive risk partner
 - High-risk negatives will receive additional post-release training to increase their
 - Awareness of the importance of encouraging their recent sexual and needle-sharing partners, or other at-risk members of their social networks, to be tested for HIV
 - Efficacy and motivation to recruit others into HIV testing upon release from prison

Cost & Cost-Effectiveness Data-1

- Cost data will include
 - Partner notification expenses
 - Staff time spent on all project-related activities
 - Staff compensation levels
 - Rapid test kits and miscellaneous testing-related materials (latex gloves, absorbent towels, waste bags)
 - Computer equipment and software to implement computerized risk screening at MSDF
 - Transportation costs needed to conduct program activities
 - Incentive payments for partner referrals
 - Facility costs

Cost & Cost-Effectiveness Data-2

- Cost analyses will not include costs related to
 - Provision of medical care to HIV-positive persons referred to ARCW for care
 - WHIE database maintenance fees
 - Research objectives of the study (e.g., development of A-CASI survey)

Working with the Detention Facility

Pre-Study

- Building relationships and understandings
- Obtaining study space
- Equipment clearance and storage
- Staff security clearance and training
- Decline in admittances due to policy changes within community corrections

Post-Initiation

- Personnel turnover (MSDF and STT)
- Scheduling issues and time restrictions
- Security versus medical staff priorities
- Getting reliable facility-based intake data

Recruitment- 1

- Project staff receive a daily log of all people on the unit from the guard upon arrival for a shift (am/pm)
- People on the unit are systematically recruited from the most latent intake to the most recent intake
- First point of contact to the study for a potential participant is through invitation by a “swamper”
 - MSDF personnel are not involved in the process
- Interested individuals are then brought up to the study staff who provide a detailed overview of the study and assess participation interest
- Interested individuals are consented and enrolled

Recruitment- 2

Project started 7/1/13; as of 11/9/13

- Number of unique intakes (7.3% repeat) 1,497
- Number of people enrolled 962
- Number of people who refused- day room 72
- Number of other people who refused 377
- Number of people moved prior to contact 60
- Number of people not contacted- other 26

- Percent of intakes contacted for study 94.3%
- Percent of all intakes enrolled 64.3%
- Percent of people contacted & enrolled 68.2%

Recruitment- 3

Top reasons for refusing study participation (N=449; 82.6% response rate); among 371 responders

- Don't want to be in a study 42.6%
- Don't want to give a reason 27.5%
- Prefer to sleep 7.3%
- Already been recently tested 5.9%
- Did study during prior revocation 4.9%
- Ask me later 2.7%
- 13 other reasons (<2% each) 9.2%

- HIV status: 4 known positives, 1 confirmed new positive, 1 false negative

Consent, Privacy, & Confidentiality- 1

- Private consent was not feasible given space limitations (typically 3-4 participants in room at one time)
 - Participants are given the option of private consultation if they have sensitive questions or do not wish be consented in a non-private setting
- To increase privacy of the assessments and computer risk reduction program, A-CASI technology is being utilized (headphones provided)
 - Work desks are situated toward three respective corners of the room so other participants and staff could not see the computer screen
 - Drop and/or withdrawal rate during the assessment has been low (<1.0%)
 - Response rate has been relatively high

Consent, Privacy, & Confidentiality- 2

- HIV testing and counseling is done privately in a separate room
 - Participants (1) complete consent and assessment, (2) receive C&T session, (3) do computer risk program, and (4) receive rapid tests and any necessary follow-up or referral
- HIV testing and counseling is done by state certified staff from ARCW in accordance with standard operating procedures
 - People with reactive rapid tests are immediately administered confirmatory testing
- Confirmatory test results are delivered by the same tester in the nurses medical station (apart from the study area)

Consent, Privacy, & Confidentiality- 3

- Rapid HIV testing is under research protocol; all follow-up actions are considered treatment referral
- Treatment is outside the scope of the research study and adheres to ARCW's standard operating procedures
- These procedures include notifying medical staff at MSDF of a new confirmed HIV-positive person
 - Initiates review to determine if any medical or psychosocial follow-up is warranted
- Process is initiated to facilitate transition of care to ARCW's medical clinic upon release
 - Attempt to see person in clinic within one week of release

Consent, Privacy, & Confidentiality- 4

- All medical care adheres to standard treatment procedures at ARCW; not influenced by any study protocols
- Medical records are maintained by ARCW medical staff; other study personnel do not have access to them
 - Specific medical data will be extracted by ARCW medical staff for inclusion in master database (as defined by consent)
- ARCW handles all partner notification mandated reporting to City Health Department

Consent, Privacy, & Confidentiality- 5

- Similarly, the high-risk negative referrals operate under standard ARCW recruitment, enrollment, and program procedures
- Only data research project receives is (1) number of participants enrolled, (2) number of new HIV tests yielded, and (3) summary of test results from study participant referrals
- Identifying information is obtained on all study participants in order to access HIV and STI name-reporting databases
 - Identifier sheet is maintained separately from all data
 - A single log links participants' names and their RIN; will be destroyed after data base search

Creating An Environment for Best Practices- 1

- Culturally competent and ethical HIV-related service is NOT a question of what are the best practices for HIV testing, prevention, and treatment
 - Standards of care for HIV testing, prevention, and treatment are well-documented globally
- Rather, culturally competent and ethical service is about the creation of an environment in which best practices can be safely accessed and implemented

Creating An Environment for Best Practices-2

Do people who are incarcerated

- Have safe access to needed HIV-related services?
- Understand their care options and the potential benefits or side effects?
- Have knowledge of and capacity to freely consent to testing, prevention programs, and/or treatment?
- Have assurance that their records will be confidentiality maintained?
- Have assurance that the privacy of their records will be protected?

Creating An Environment for Best Practices-3

- Receive services in a system designed to provide optimal care in a private and confidential setting?
- Receive care from a provider who views them as an autonomous patient (“person”) rather than as a person in confinement?
- Receive assistance with broader interpersonal and psychosocial needs addressed?
- Receive transitional health care management and support during community re-entry?

Concluding Thoughts

Culturally competent care is not the delivery of SERVICES to people who are incarcerated

Rather, it is the delivery of services using best practices to PEOPLE who are incarcerated

An environment which does not support delivery of culturally competent and ethical services can never truly deliver best practices

Contact Information

David W. Seal, PhD

Dept of Global Community Health & Behavioral Sciences

Tulane University School of Public Health & Tropical Medicine

1440 Canal Street, TW 2301

(P): +011-504-988-6260

(E): dseal@tulane.edu