

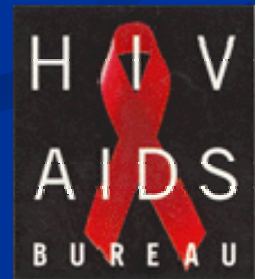
Corrections-Community-Care Network Model

Enhancing Capacity to Respond to Emerging Public Health Issues

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Presentation Overview

- Describe previous system of care and lessons learned
- Review HIV corrections continuum of care
- Present corrections-community-care network

Previous System of Care Background

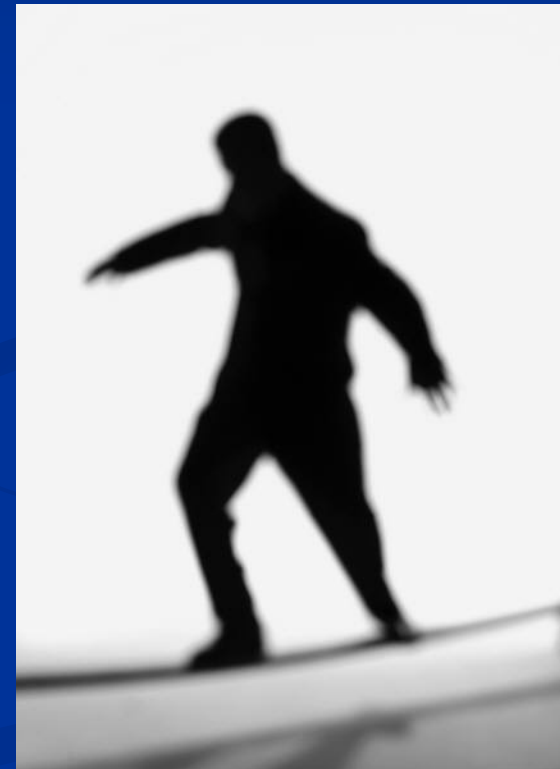
- Resources DPH → correctional facilities
- Limited oversight of programming
- Ex-offenders integrated into mainstream services
- Deployed funded providers to corrections settings

Inefficiencies → Opportunities

- Limited connections between HIV/AIDS Bureau and corrections providers
- Inefficient communication between corrections-based and reintegration providers
- Inconsistent care standards across facilities and corrections-reintegration venues
- Variable approaches to reintegration work and linkage to care for HIV+ inmates

Considerations

- Corrections populations remain vulnerable
 - HIV acquisition risk
 - Disease progression
 - HIV transmission to sexual and injection partners
 - Recidivism
 - Interruptions in treatment/care
 - Stigma/discrimination



Springboard to a New Model

- MDPH procurement of a continuum of HIV services in correctional and reintegration settings to serve:
 - Inmates in prisons and jails
 - HIV+ reintegrating ex-offenders
 - Youth detainees
- Requiring the provision of key core programmatic
- Mandated links and continuity of care between corrections and reintegration programming



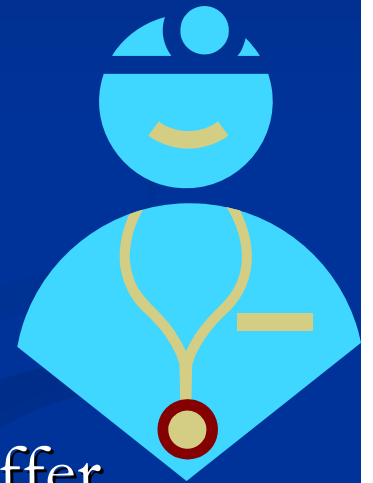
Current Practice— Distribution of Services

- **Massachusetts County Jails (MCJ)**
 - Programs in all 13 county Sheriff's Departments
 - Massachusetts Department of Corrections (DOC) with 17 affiliated facilities
- **Corrections to Community Reintegration (CTC)**
 - Intensive case management through 5 community-based agencies
 - Regional model serving HIV+ ex-offenders across the Commonwealth
- **HIV Correctional Health Services for Youth Detainees**
 - Services provided in Department of Youth Services (DYS) facilities across the Commonwealth
 - Mostly prevention education and counseling/testing for at-risk youth



Correctional Health—Program Components

- Correctional Medical Management Services (CMMS)
 - Health service planning
 - Reintegration preparation
 - Positive Prevention
- HIV Counseling, Testing & Referral (CTR)
 - Integration of rapid HIV testing & routine offer
- Prevention & Education (P&E)
 - Emphasis evidence-based interventions



Corrections to Community Reintegration (CTC): Program Components

- Assessment/reassessment
- Reintegration service planning
- Positive Prevention
- Linkage to primary HIV care
- Supported referral to mental health and substance use treatment
- Housing search assistance



Corrections-Community-Care Model (CCC)

CCC joins together correctional facilities, corrections reintegration providers, and the state Department of Public Health in a collaborative network to administer prevention and health promotion services for inmates living with HIV/AIDS during incarceration, as well as linkage to medical, mental health and substance use treatment programs post-release.

CCC Model—Core Elements

- Open channels of communication
- Timely access to information
- Brokering access to public health resources
- Common standards of care
- Data informed program management
- Accountability to various stakeholders
- HIV integration into broader inmate health care system (STI, Hepatitis, mental illness, etc.)

Network Operations

- Program development meetings
- Core required trainings
- Frequent communications and reporting
- Service benchmarks/expectations
- Quality assurance
 - Site Visits
 - Fiscal Audits
 - Evidence-based curricula



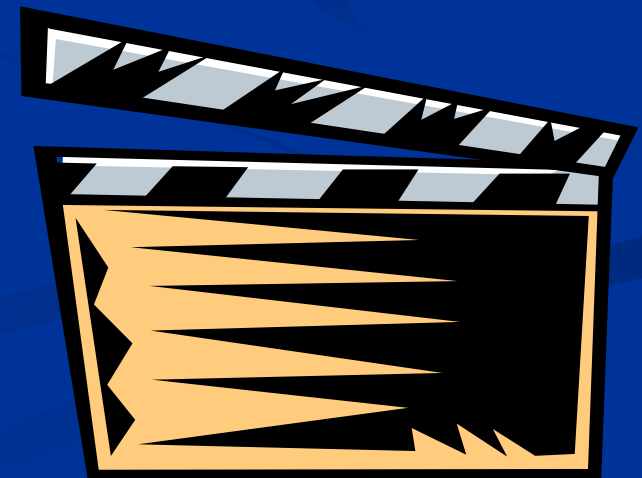
Sustaining the Network

- Shared contact information
- Service Coordination Collaboratives (SCCs)
- Special projects
- Pilot initiatives
- Work groups
- Advisory committees



Model in Action

- The CCC Network is poised to respond to emerging public health events
- Buy-in and collaboration are established
- Channels of communication are clear



Issues over the past year

- MRSA
- Rapid HIV testing
- Viral hepatitis outbreaks
- Benefits coordination/medication coverage
- Hepatitis A & B Immunization Clinics
- HCV Screening Initiatives

Model in Action

MRSA

- Response to MRSA outbreaks in MA
- Reports of MRSA “flesh eating disease”
- Determination of intervention need (education, training, clinical services, prevention)
- Brokerage of DPH resources to address issue across settings (jails/prison reintegration)

Model In Action

Rapid HIV Testing

- Integration of rapid HIV test technologies
- Information about sub-optimally low CTR return rates (jails)
- Elevated incidence/prevalence of HIV



Model in Action

Hepatitis Vaccination

- Timely info about pockets of Hepatitis A
- Ongoing concerns about Hepatitis C & HIV
- CMMS care connections
- Training & materials development
- Integration into HIV CTR
- MDPH HAB brokers vaccine resources



In conclusion

- Need for creative programming to engage and reach inmate populations
- Coordination of services with other disciplines (substance use, mental health)
- Balance between programming in corrections and community-based settings
- Building a support base for correctional health (advocacy, education, policy development)

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