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NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

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Understanding State Departments of Health and Corrections Collaboration

A Summary of Survey Findings — Part I

State Correctional Facility Health Services Policy

The National Alliance of State and Territorial AIDS Directors (NASTAD), in coordination with the Centers for Disease Control and Prevention (CDC), conducted a two-part survey assessment to: 1) understand the degree to which state health departments (HD) interact with state departments of corrections (DOC) regarding prevention, care and treatment of HIV and viral hepatitis in state correctional facilities; and 2) gather information concerning states' awareness of any policies and practices that unjustly sanction the criminalization of exposure and/or transmission of HIV among persons living with HIV/AIDS. This endeavor aligns with the goals of the National HIV/AIDS Strategy (NHAS) and its implementation plan, which provide a road map for reducing HIV/AIDS incidence in the U.S. through the scale-up of a range of meaningful interdisciplinary approaches.

Methods

NASTAD surveyed administrators of state-level HIV/AIDS and viral hepatitis HD programs in fifty-nine (59) U.S. states and territories, including the District of Columbia, Puerto Rico, U.S. Virgin Islands and U.S. Pacific Islands. This 34-item survey was developed in partnership with CDC, with input from an ad hoc advisory committee comprised of HIV and adult viral hepatitis prevention staff and other subject matter experts. Survey questions consisted of multiple choice and open-ended questions. Respondents were asked to describe aspects of their programs, policies and practices relevant to the provision of health services to inmate populations. The survey was administered electronically via Survey Monkey, which 38 states (70 percent) completed and these data were analyzed by NASTAD.

Findings

As illustrated in Table 1, state departments of health and corrections have been engaged in varying levels of collaboration and services coordination, particularly within the past five (5) years. Most notably, nearly all HDs have worked with their state correctional facility counterparts, and as many as 92 percent of respondents have worked specifically with the medical staff in these facilities. Additionally, 87 percent of HDs respondents have a working relationship with staff in state juvenile detention centers.

NASTAD is a national organization representing public health officials that administer state and territorial HIV/AIDS and adult viral hepatitis prevention and care programs.

NASTAD strengthens state and territory-based leadership, expertise and advocacy, and brings to bear in reducing the incidence of HIV and viral hepatitis infection and on providing care and support to all who live with HIV/AIDS and viral hepatitis. Our vision is a world free of HIV/AIDS and viral hepatitis.

Table 1

Within the last five (5) years, state health departments having worked with various aspects of the criminal justice system.	Percent (%)	Actual Number of Responses n=38
State Prison	97	37
State corrections medical staff	92	35
State juvenile detention centers	87	33
State corrections education staff	63	24
State probation/parole office	45	17
Federal correctional facility	39	15
Other	18	7
State corrections custody staff, e.g. guards	16	6
State prosecutor's office	13	5
State corrections programs, e.g., electronic monitoring	13	5
State district court	11	4

As indicated in Table 2, respondents indicated that the following HIV/STD and HCV-related prevention services are available to incarcerated inmates as well as correctional facility staff members:

Table 2

Prevention Services	Percent (%)	Actual Number of Responses n=38
HIV/STD Testing	95	36
HIV/STD/HCV Prevention Education (Inmates)	89	34
HIV/STD/HCV Prevention Education (Staff)	79	30
HIV/STD/HCV Counseling for inmates	63	24
HCV Testing	55	21
Counseling training for correctional facility staff	42	16
Other	18	7

Overall, 95 percent (n=36) provided HIV and STD testing for inmates. Still, half of respondents indicated that these services are provided in partnership with their state's department of corrections and/or a service provider contracted by the correctional facility. In other instances, state correctional facilities provided services through a contracted service provider. For 74 percent of respondents, trainings on transmission and prevention were only offered as needed.

Table 3 illustrates the HIV/STD/HCV-related care and treatment services that states reported were available for inmates:

Table 3

HIV/STD/HCV-related Care & Treatment Services	Percent (%)	Actual Number of Responses n=38
HIV/STD/HCV care and treatment	92	35
Pre-release linkage to HIV care and treatment services	82	31
Provision of Antiretroviral (ART) medications post-release*	68	26
HIV partner notification	66	25
STD partner notification	63	24
Re-entry linkage to substance abuse treatment programs	34	13
Re-entry linkage to community-based harm reduction programs	24	9
Other	11	4

*In most cases, inmates were given up to a 30 day supply of ART medications upon release.

Over half of respondents described providing care and treatment services through a coordinated effort involving state departments of health and corrections with varying roles and responsibilities for how these services are administered. For example, one state indicated that corrections case managers work closely with the state health department's disease intervention specialist to provide partner notification services.

Slightly more than two-thirds of respondents indicated that additional services are available to inmates during incarceration, including mental health, substance abuse treatment, and case management for transition planning. However, one jurisdiction stated that these services are only available to inmates who are HIV positive. These services are mostly provided by state department of corrections or a service provider contracted through the state's DOC (see Table 4).

Concerning additional prevention strategies, approximately 39 percent (n=15) indicated that, to their knowledge, DOC facilities in their state have incorporated some form of peer-based HIV prevention and education program as part of an overall approach to curbing transmission among the inmate population. While inmates were predominately trained by correctional staff, state health department staff provided education and training as needed for both medical and non-medical corrections staff on HIV/STD/HCV transmission and prevention.

According to a majority of respondents (82 percent), state correctional facility staff distributed literature on disease transmission. The depth and breadth of this literature content was not explored

Table 4

Mental Health, Substance Abuse Treatment, and Case Management Services	Percent (%)	Actual Number of Responses n=38
Department of Corrections	57	22
Contracted service provider	21	8
Other	16	6
Department of Health	3	1

in this survey. Conversely, 87 percent of respondents indicated that condoms are not distributed in state prisons. Of the five states that reported distribution of condoms as a part of an overall prevention strategy, three reported they did so only at the time of inmates' release.

HIV/STD Testing Policies

Upon entering state correctional facilities, 42 percent (n=16) of states indicated that HIV testing is mandatory for inmates, while STD and HCV testing is mandatory in 22 states (58 percent).

Additionally, descriptions of HIV/STD/HCV testing policies were provided by 24 states and varied based on a range of determining factors. Overall, DOC facilities mandated testing for communicable diseases and infections upon entry, particularly for HIV, syphilis, HCV, gonorrhea, and tuberculosis. However, eight states indicated having an opt-out or voluntary HIV testing policy for inmates. In these instances, required testing was based on perceived risk, medical history, and/or presenting symptoms of illness. Other factors determining HIV/STD/HCV testing policies for three states providing a description of such policies were age and length of stay. In these states, inmates entering prison under the age of 21 were required to be tested for HIV, while anyone with a detention period of more than 14 days required testing.

Transgender Inmate Policy

Many respondents indicated "no" or were not aware if their state correctional facility had gender-neutral policies established for housing inmates according to their gender presentation rather than their sex assigned at birth. Four states indicated having policies that pertain to transgender inmates. Seven states overall indicated that their HDs assist in educating corrections staff on appropriate provision of health care services for transgender inmates.

Prison Rape Elimination Act (PREA)

More than two-thirds of survey respondents were not familiar with the federal policy banning rape in prisons nor did they have any knowledge whether this policy was enforced. Just more than half of the states that have policies, procedures and reporting requirements in place offered guidance on care and treatment of post-exposure sexual assault. However, nearly an equal number of respondents (47 percent) were uncertain or unaware of any guidance or reporting requirements.

Summary and Next Steps

There are varying degrees to which state departments of health and corrections collaborate to meet the prevention and treatment and care needs of inmate populations living with HIV, STDs or HCV. Although some respondents indicated that they were uncertain of their state's testing policies, greater than half of all respondents have mandatory testing policies in place for inmates entering into state correctional facilities. A smaller number of these states offer counseling services for inmates learning of their positive status.

Although this survey did not investigate the reasons why condoms are not distributed in prisons, the

common concerns for distribution (increased sexual activity and threats to security) have not been validated by existing studies. A 2007 report by the World Health Organization and the Joint United Nations Programme on HIV/AIDS on the effectiveness of HIV interventions in prisons found that "condom access is unobtrusive to the prison routine, represents no threat to security or operations, does not lead to an increase in sexual activity or drug use, and is accepted by most prisoners and [direct] prison staff once a [policy] is introduced."[1] Further investigation of condom distribution policies in state correctional facilities is recommended.

The data indicate that other issues for consideration, in terms of collaboration with departments, requires further examination and should include additional complementing partners. For example, anticipating the healthcare support needs of incarcerated individuals preparing to return to their communities (e.g., provision of ART medications, linkages to mental health and substance abuse services, and stable housing) remains a priority. Follow-up with correctional facility staff or state department of corrections representatives may offer greater insight into PREA-related policies and procedures and contribute to NHAS discussions around expanding prevention interventions such as post-exposure prophylaxis (PEP).

The analysis of the survey data has certain limitations, as there were a significant number of responses where HD staff indicated "uncertain" to survey items pertaining to policies, procedures and practices within DOC facilities. A further survey of DOC staff members who coordinate services with their HD counterparts could provide a richer understanding of the partnership between the departments of health and corrections, and shed more insight into DOC policies, procedures and practices.

Based on the information derived through the survey's findings, NASTAD will further analyze these data to identify model practices in service coordination and collaboration among state-level health and correction agencies. The major findings of this analysis underscore that state HDs are actively engaged in meaningful, comprehensive program coordination and collaboration, supported by broader public health policies to ensure that inmates have access to quality prevention services.

The findings from part two of the survey on HIV criminalization policy that further examines state and territorial policies, procedures and practices toward those persons living with HIV/AIDS and/or adult viral hepatitis will be released in Fall 2011.

1 Jürgens, R. (2007). *Evidence for action technical paper: Effectiveness of interventions to address HIV in prisons*. World Health Organization, Joint United Nations Programme on HIV/AIDS, and United Nations Office on Drugs and Crime: Geneva.

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