

HIV and Hepatitis C Care in NYS Prisons and the Ending the Epidemic Proposals: What is Possible?

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Summary of NYS Prison Population

- **As of September 2015, 52,700 persons were confined in 54 prisons**
 - ❑ **DOCCS closed 13 prisons in the past five years**
 - ❑ **26% reduction in population since December 1999 when it was 71,538**
- **Characteristics of January 1, 2014 prison populations**
 - ❑ **54,142 incarcerated persons (95.5% male, 4.5% female)**
 - ❑ **49.2% African American, 24.1% Latino, 24% Caucasian**
 - ❑ **Average Age – 38 years old**
 - **4%-16-20; 28%-21-29; 28%-30-39; 23%-40-49; 14%-50-59; 4%-60+ - 40% are 40 and over**
 - ❑ **Median: Min. sentence – 66 months; Max. – 84 months**
 - ❑ **Median time to earliest release – 16 months**
 - ❑ **33% have a prior prison term and 25% prior jail sentence**
 - ❑ **In 2013, 26,728 persons were released, and 26,018 were admitted**

NYS PRISON HEALTHCARE SERVICES

- **DOCCS medical care costs \$377M in FY 15-16; total budget is \$2.95B**
- **2015 medical staffing consists of 1,644 DOCCS employees**
 - ❑ **Staff ratio of one clinician for about every 450 patients and one nurse for every 100 patients**
 - ❑ **2011 medical staff was 1,953 authorized FTE**
- **Prisons are rated on three levels of medical care capabilities**
 - ❑ **Most prisons have the highest level of medical care for incarcerated patients**
 - ❑ **10 prisons have limited medical care with less staff**
- **Residential Medical Units**
 - ❑ **There are 33 operational infirmaries in prisons, with a capacity for 1,100 patients. As of September 2015, there were about 656 patients in these facilities. DOCCS has closed 14 infirmaries with 132 beds during the last several years.**
 - ❑ **Included in the infirmary beds are five Regional Medical Units, which are stand-alone buildings in the prisons similar to skilled nursing care facilities, have a total capacity of about 350 patients, and confined 283 incarcerated patients as of April 2014.**

HIV Care in NYS Prisons

- **DOCCS has one of the largest HIV+ populations in US prisons. DOH seroprevalence studies of persons newly admitted to DOCCS conducted during the past 25 years provide some data re HIV infection rates in the prisons, but better estimates are needed**
 - ❑ **DOH percentage infected (2007-12): Men 2.4% to 4%; Women 4% to 11%**
 - ❑ **Racial differences: Latinos and African Americans 3-4 times higher**
 - ❑ **Prison HIV infection rates have dropped in half in the last 20+ years**
 - ❑ **In 2012, DOCCS identified only 1,300 HIV-infected persons in prison**
- **DOCCS and health agencies identify very few HIV+ persons in their testing program; in 2011, 10,000 tests identified only 23 HIV+ pts**
- **Great variability exists in the number of known HIV+ persons in each prison and the number receiving HIV therapy**
- **Great variability exists in the number of HIV+ patients being seen by an infectious disease specialist in each prison**
- **Discharge planning for HIV+ persons going home is performed by outside agencies, but access to this program varies among the prisons**

Hepatitis C Care in NYS Prisons

- **DOCCS has a large HCV-infected population, with an estimated 5,400 to 6,000 patients in NYS prisons**
 - ❑ **HCV infection rates stable: Men - 10% to 11%, Women - 15% to 19%**
 - ❑ **Race/Ethnicity (2012; Male ,Female): A. Amer.- 4%, 6%, White -15%, 21%, Latino-13%, 16%**
 - ❑ **Great variability in infection rates at different prisons due to insufficient efforts to identify HCV+ population**
- **DOCCS has identified about 75% of its HCV+ population**
 - ❑ **HCV testing was only of those at risk; new NYS HCV testing law requires providers to offer HCV test to all NYS baby-boomers (born '45 to '65)**
- **Few HCV+ patients in NYS prisons are receiving HCV treatment**
 - ❑ **Less than 5% of HCV+ pts are treated. Treatment dropped to only 89 pts in April 2012, but the number treated has increased in 2014-15**
 - ❑ **Great variability in numbers treated at each prison, zero to >10 patients**
- **New HCV therapy is effective, very expensive and being rationed**
 - ❑ **New HCV medications have a >90% cure rate**
 - ❑ **DOCCS is only one of a few states using new expensive (\$86K) meds**

DOH Oversight of HIV and HCV in NY Prisons

- In September 2009, NY passed the DOH Oversight Law that requires DOH to assess the quality of care provided persons infected with HIV and/or HCV in state prisons and local jails
- Subdivision 26, Section 206(1) of the Public Health Law provides:
 - ❑ DOH will review any policy or practice at a DOCCS facility regarding HIV/AIDS or HCV, including the prevention of the transmission of HIV/AIDS or HCV and the treatment of HIV/AIDS or HCV among the prison population
 - ❑ DOH will perform an annual review of each facility focusing on whether policies and practices are consistent with current, generally accepted medical standards and procedures in the community
 - ❑ DOH will have access to facilities, records, staff and the prison population
 - ❑ Prior to the review, DOH must inform the public of its schedule and permit public input
 - ❑ After its review, DOH must issue a report either approving the policies and practices or finding deficiencies and mandating DOCS to develop and implement a corrective plan, which DOH will monitor
 - ❑ All reports will be maintained as public information available to the public

ETE Proposal re In-prison HIV Care

HIV+ people in prison “present specific challenges in encouraging them to get tested and stay engaged in care while in these institutions and when they return to their communities in linkage and retention in care”

The Taskforce concluded and recommended:

- **Significant work is needed “around stigma and the lack of confidentiality” so that infected people will identify and get treated.**
- **State needs to enhance HIV education and other support services, include augmenting “existing state and local correctional facility-based initiatives and expanded use of HIV peer educators.”**
- **HIV care in jails/prisons “should be improved and more closely monitored by enhancing the NYSDOH’s statutory role in oversight of HIV services....”**
- **Release from prison may trigger a return to behaviors antithetical to optimal HIV outcomes and therefore a “true continuum of care needs to be established that includes in-facility treatment, discharge planning, a firm linkage to community-based care, enrollment in Medicaid, stable housing, employment opportunities and whatever other supports are necessary.”**

Opportunities for Community Provider Engagement with Patients in CJ System

- **Discharge Planning:** Community providers should develop mechanisms to better communicate with patients and their providers prior to the patient's release from a prison or jail. Technology can assist with electronic records sharing and video conferencing. Enhanced coordination between AIDS Institute CJI providers and community service providers is needed.
- **Peer Educators:** Greater utilization of peer educators trained by the CJI contractors in the prisons is needed to increase engagement in care by unidentified HIV+ patients. When these peer educators are discharged they are excellent candidates for community health care providers working with formerly incarcerated patients in community care.
- **Many HCV-infected patients will be coming home not on treatment although they have been diagnosed and potentially evaluated for therapy. It is essential that these patients promptly be integrated into care so treatment can be initiated. Mechanisms must be developed to ensure they have prompt continuity of care on discharge.**

Incarcerated Persons, Affordable Care Act and NYS Medicaid Redesign Project

- **NY State has a pilot program to facilitate the enrollment of incarcerated patients with chronic illnesses, mental health issues and/or substance abuse needs being released from prison into comprehensive community-based care (Health Homes) promptly upon discharge.**
- **These Health Homes are providers required to offer both medical and behavioral health services and have been so designated under the state's effort to implement newly designed Medicaid managed care programs consistent with the federal Affordable Care Act.**
- **Efforts are needed to get soon-to-be-released incarcerated patients enrolled in Medicaid prior to release, to facilitate dissemination of information to the community providers and to collect health data that will be accessible to the correctional facilities and community providers to determine eligibility and assist in enrollment.**
- **ACA and Medicaid Redesign efforts have the potential to expand mental health resources in the community, which can lead to therapeutic interventions rather than a criminal justice response to these patients and enhance the possibility of timely and effective treatment when released from prison.**