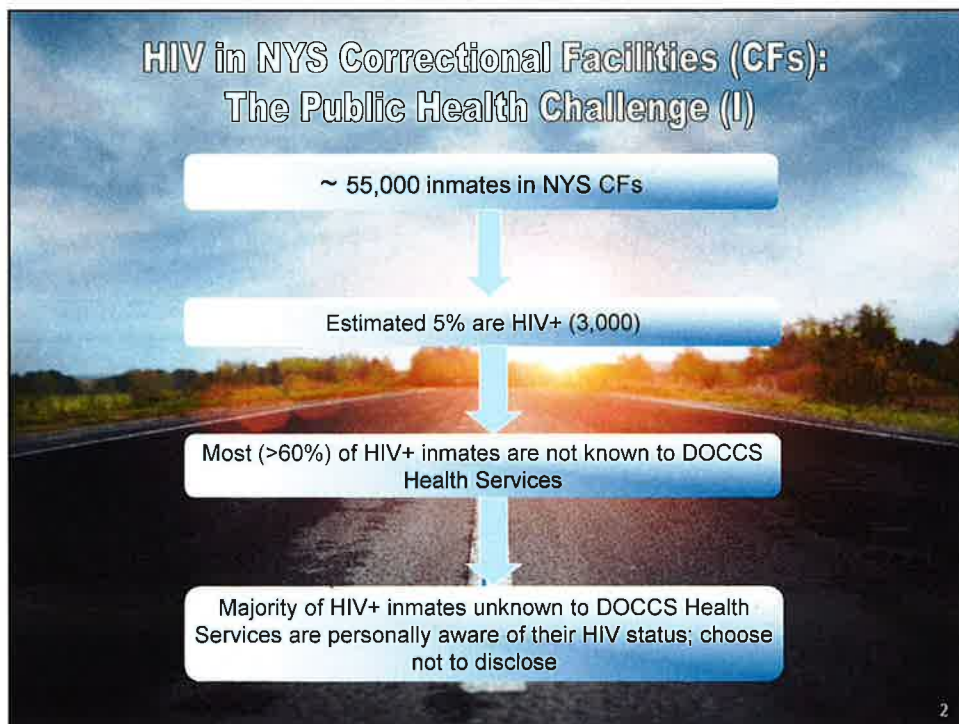


Positive Pathways

A Cooperative Initiative for
NYS Department of Corrections & Community Supervision (DOCCS)
NYS Department of Health AIDS Institute (DOH)
Community-Based Organizations (CBOs)
Columbia University



HIV in NYS Correctional Facilities (CFs): The Public Health Challenge (I)

~ 55,000 inmates in NYS CFs

↓

Estimated 5% are HIV+ (3,000)

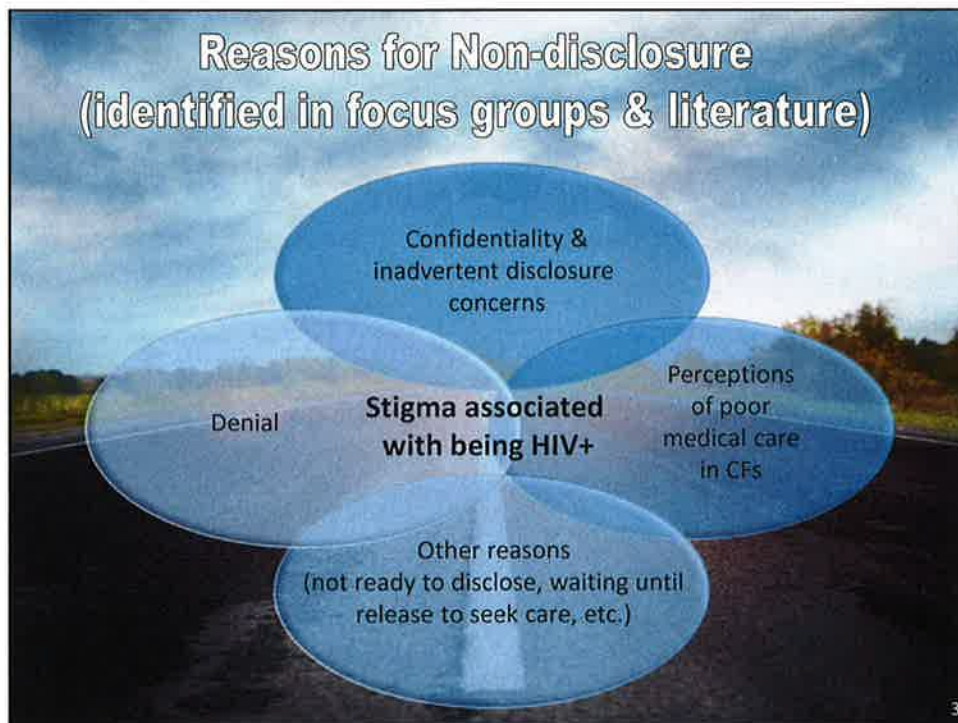
↓

Most (>60%) of HIV+ inmates are not known to DOCCS Health Services

↓

Majority of HIV+ inmates unknown to DOCCS Health Services are personally aware of their HIV status; choose not to disclose

2



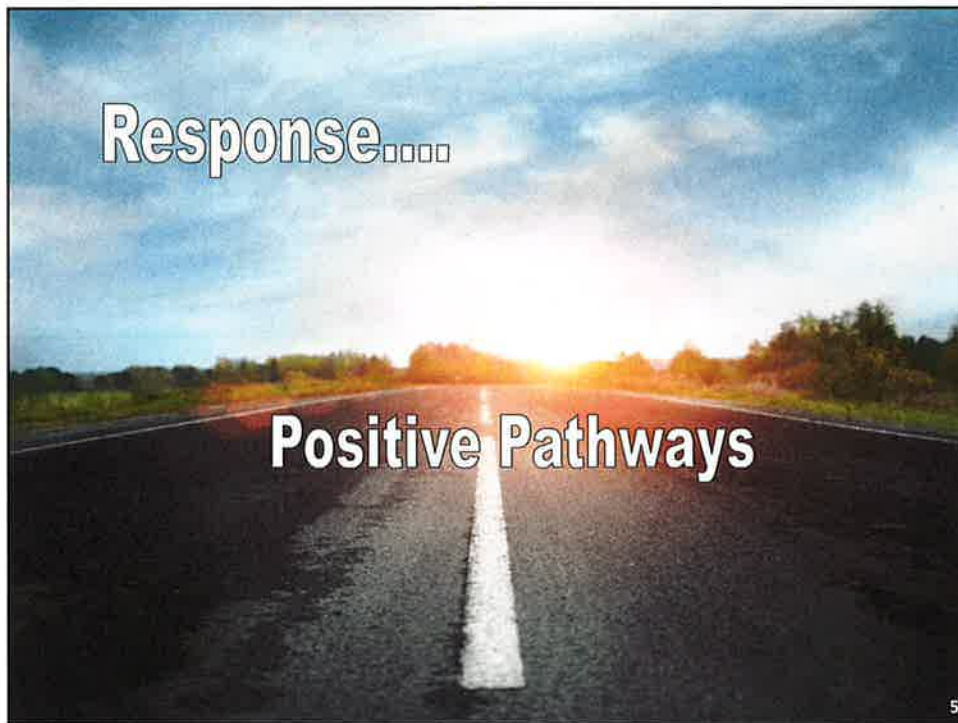
HIV in NYS CFs: The Public Health Challenge (II) cont.

Poor inmate health inside CF (inmates progress to AIDS)

Higher than necessary HIV transmission risk inside CFs
(high viral load = higher transmission risk)

Higher transmission risk to NYS communities as inmates are released

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Positive Pathways

CDC Funded Demonstration Project

Duration: 3 years; possibility of extension

Award Total: \$931,950/year

- \$548,554 – Services in NYS DOCCS facilities
- \$91,087 – HIV test kits for facility based testing
- \$292,309 – Staffing, evaluation consultants, travel & materials to run project

Total in NYS DOCCS Facilities: \$639,641/year

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Key Players

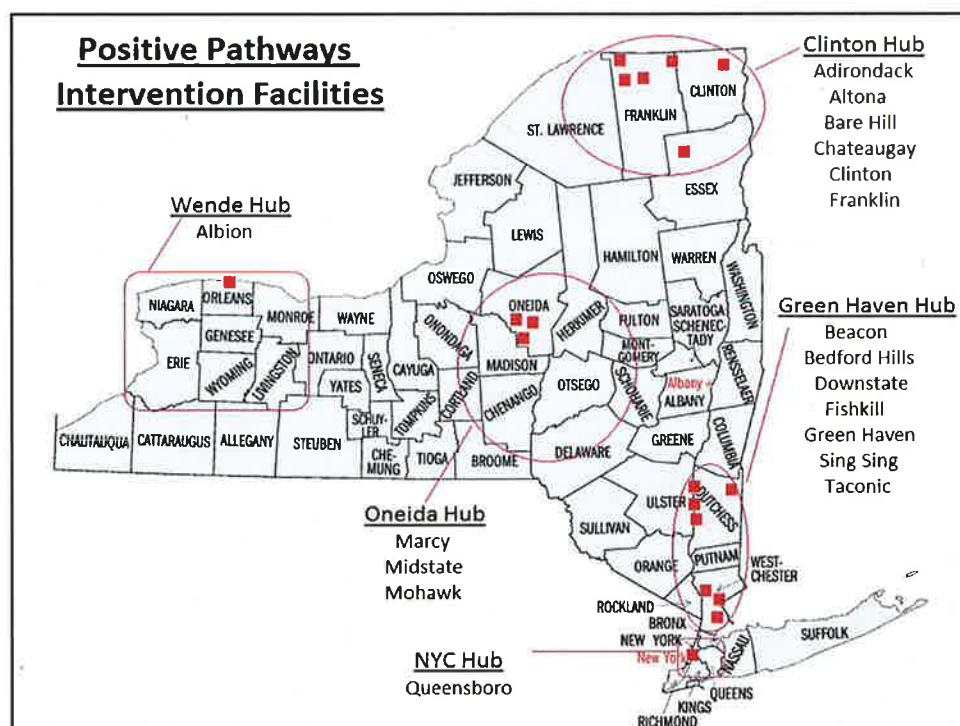
Department of Corrections & Community Supervision (DOCCS); 18 CFs

NYS Department of Health AIDS Institute (DOH)

Community Based Organizations (CBOs); 5 CBOs

Columbia University

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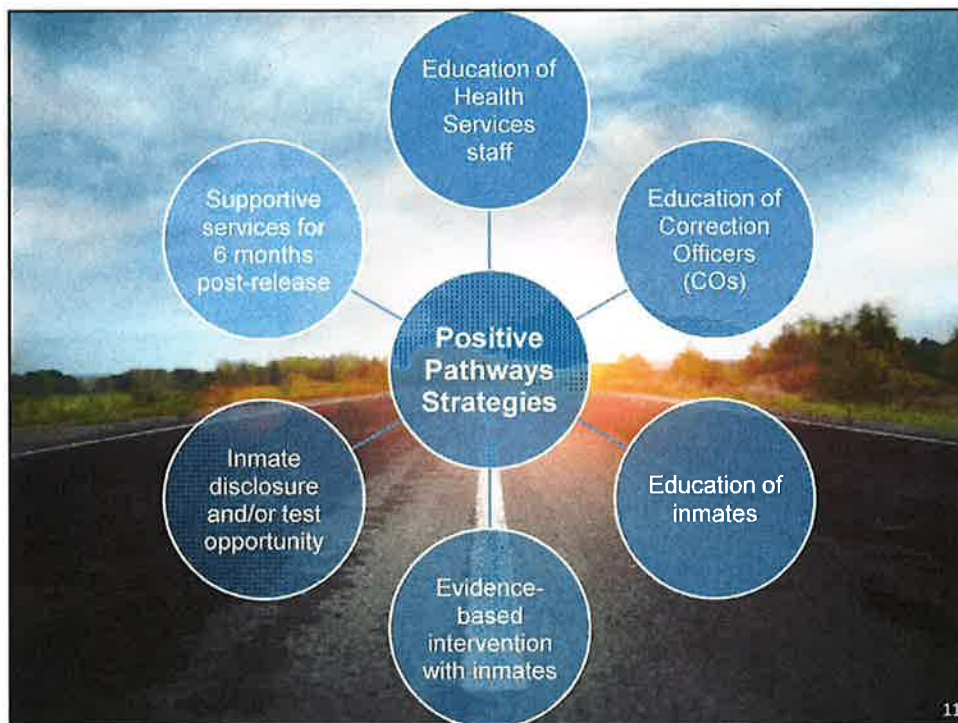
Correctional Facility	CBO
Marcy	Center for Community Alternatives
Mid-State	
Mohawk	
Adirondack	AIDS Council of Northeastern NY
Altona	
Bare Hill	
Clinton	
Franklin	
Chateaugay	
Beacon	Women's Prison Association
Bedford Hills	
Taconic	
Downstate	The Osborne Association
Fishkill	
Green Haven	
Sing Sing	
Queensboro	
Albion	

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Positive Pathways Goals

- Reduce stigma associated with being HIV+ in the correctional setting
- Identify new & existing cases of HIV in DOCCS CFs
- Initiate HIV care & treatment during incarceration
- Ensure linkage to & continuity of HIV care & treatment upon & after release

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Training for Health Services Staff

Content (55 min. video & facilitated discussion):

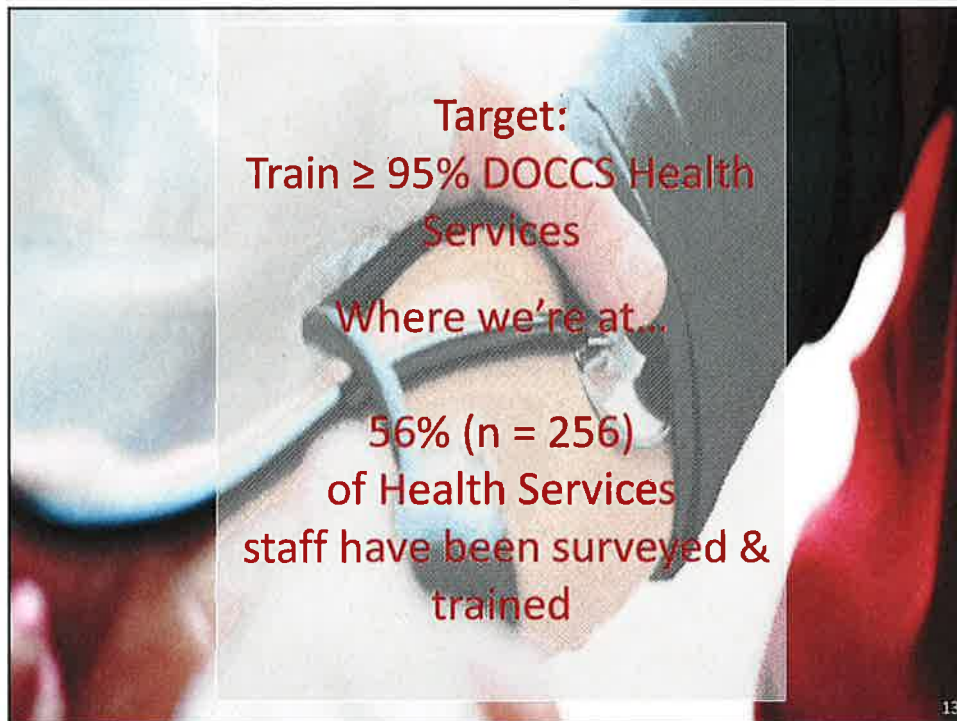
- Role of Health Services staff in Positive Pathways
- Strategies to increase confidentiality & avoid inadvertent HIV disclosure
- Impact of HIV related stigma on inmate willingness to test for HIV, link to medical care for HIV & initiate treatment

Format:

- DOCCS Health Services trainers participate in Training of Trainers workshop

- DOCCS Health Services trainers deliver training curriculum to ≥ 95% of Health Services staff

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Target:
Train \geq 95% DOCCS Health Services

Where we're at...

56% (n = 256)
of Health Services staff have been surveyed & trained

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Training for Correction Officers

Content (2 hour training curriculum):

- Emphasize 3 Cs (Care, Custody & Control)
- Address impact of confidentiality, inadvertent disclosure and stigma on 3 Cs, e.g., aforementioned issues can result in altercations between offenders, loss of control, increased risk of occupational exposure to body fluids, etc.
- HIV transmission, universal precautions, community viral load & barriers to inmate testing/linking to medical care for HIV

Format:

- DOCCS Security Training Officers participate in Training of Trainers workshop
- DOCCS Security Training Officers deliver training curriculum to \geq 80% of Correction Officers

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Target:

Train \geq 80% DOCCS Correction Officers

Where we're at...

- Focus group conducted to inform curriculum
- 7,500 Correction Officer surveys sent to establish baseline understanding of stigma in correctional setting
- Curriculum piloted to Correction Officers
- Training of DOCCS Security Training Officers on curriculum (July – Sept. 2013)
- DOCCS Security Training Officers to train \sim 7,500 Correction Officers (Oct. – Dec. 2013)

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Video for Inmate Population

Content (15 min. video):

- Address concerns about testing, quality of medical care, stigma associated with being HIV+, confidentiality & inadvertent disclosure

Format:

- Informal interviews with formerly incarcerated individuals living with HIV
- Narrated by formerly incarcerated individual
- Subtitled in Spanish

Venue:

- Movie night pre-view
- Waiting room for medical services
- 2nd orientation at permanent facility
- Other venues as appropriate (to be determined by CF)



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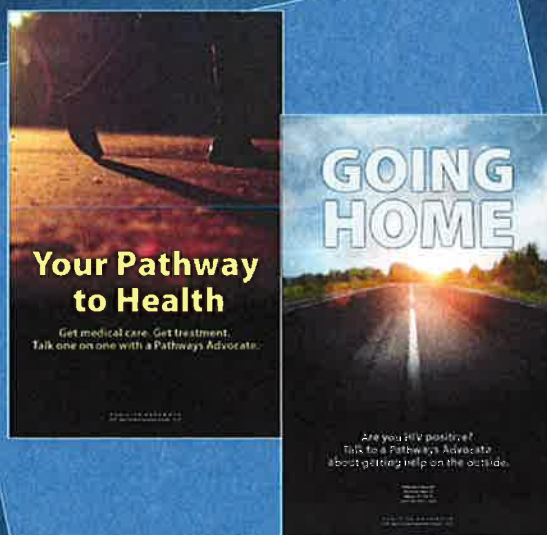
Inmate Education

Where we're at:

- Focus groups conducted with formerly incarcerated men & women living with HIV to inform project components
- General inmate population surveyed (n = 789) to establish baseline understanding of HIV knowledge/awareness and structural stigmatization in correctional setting
- Pathways Advocates hired by CBOs to provide one on one services to inmates while incarcerated & for 6 months post-release
- Pathways Advocates trained to connect HIV + inmates to medical care for HIV
 - Motivational Interviewing
 - Anti-retroviral Treatment and Access to Services; ARTAS
- Audio visual equipment sent to intervention correctional facilities for showing of inmate educational video
- Promotional materials produced, e.g., palm cards & posters



Promotional Materials Inside Correctional Facilities



Disclosure/Test Opportunity

Pathways Advocate meets one on one with inmates scheduled for release who have no history of HIV testing within DOCCS (approx. 50%)

Use motivational interviewing techniques to discuss the following:

- benefits of knowing status/disclosure;
- risk factors;
- encourage to test as appropriate; and,
- Positive Pathways services available post-release.

**Significant majority of HIV+ inmates are aware of their status;
This encounter primarily serves as an opportunity to disclose!**

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Disclosure/Test Opportunity

Pathways Advocates began meeting with inmates of unknown HIV status with a release date within ≤ 90 days mid-February 2013

- 895 one on one meetings with inmates
- 78% test acceptance rate (n = 695)
- Zero identified new positives to date



Emphasis placed on meeting multiple times with inmates who refuse testing prior to release since this is likely the group who is personally aware of their HIV + status.

One on one meeting is the perfect forum for disclosure!

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Services in the Community

- Schedule 1st HIV primary care appt & accompaniment to all medical appointments;
- phone call reminder before each appointment to ensure that he/she has transportation;
- re-assess needs on an ongoing basis and make referrals;
- accompany as necessary to nonmedical appointments, e.g., mental health, substance abuse treatment and social services;
- verify linkage to services (substance abuse treatment, mental health, etc.);
- coordination with Community Supervision Officer to ensure arrangement for payment of treatment continuation through ADAP/Medicaid; and,
- follow-up with participants lost to medical care.

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Thank you!



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