ENHANCING PARTNERHSIPS: DEVELOPING A TRANSITIONAL INTERVENTION PROGRAM (TRIP) FOR FORMERLY INCARCERATED PEOPLE WITH HIV

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Li Ka Shing Knowledge Institute, St. Michael's Hospital

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Background and Rationale: Why is a TRIP needed?

Disproportionate prevalence of HIV infection within Canadian correctional facilities

In Canada, individuals sentenced to incarceration for a period of two years or greater serve their time in federal correctional facilitates operated by Correctional Service Canada (CSC). Of the 17,891 individuals incarcerated in a federal penitentiary in 2008, the prevalence of HIV infection was 1.72%, approximately 17 times greater than the national prevalence of 0.1%. Of note, the prevalence of HIV among female inmates of federal penitentiaries was 4.71%, exceeding the national prevalence of HIV among Canadian women 47-fold. These data are similar to those obtained in various provincial correctional facilities and remand facilities, which collectively house a population of persons living with HIV that exceeds that of federal penitentiaries. In a cross-sectional study of adults admitted to Ontario remand facilities in 2003, the prevalence of HIV was 2.1% among male inmates and 1.8% among female inmates. Based on these data, the authors estimated that 1,079 adults living with HIV were admitted to Ontario remand facilities from April 1, 2003 to March 31, 2004, representing 9.7% of HIV-infected adults who had entered care during this same period. Importantly, most incarcerated adults living with HIV are eventually released back to the community. Remand facilities and provincial prisons, in particular, are characterized by short stays and rapid turnover, such that the mean length of stay in Ontario remand facilities is 32.2 days, with 50% of stays in these facilities lasting 9 days or less. There is therefore considerable movement between the correctional system and the community. Without mechanisms to facilitate re-engagement with health and social support services, formerly incarcerated people with HIV are at risk of poor health outcomes.

Inadequate post-release linkage to HIV health and support services has negative repercussions for individual health, public health and the health care system

Several studies conducted in the United States have shown that antiretroviral therapy initiated within prisons is associated with reductions in HIV viral load, increases in CD4 cell counts and declines in mortality among the incarcerated population of persons with HIV that mirror those of the non-incarcerated population. However, these benefits are lost for a majority of persons with

HIV as they transition from the tightly structured prison environment in which clinical care and administration of medications can be carefully supervised to a community setting with inadequate linkage to HIV health and social support services. In Texas, only 5% of persons with HIV who were prescribed antiretroviral therapy upon their release filled their prescriptions within 10-days post-release and only 28% linked with an HIV clinic within one month. Similar results were observed in another study evaluating post-release interventions in ten cities in the United States, with only one-third of 867 prisoners living with HIV released to the community being retained in HIV care six months following release. In another study conducted in the United States, only 12 of 43 (28%) state prisons and jails surveyed provided discharged prisoners with HIV with an appointment with a community clinician, a copy of their medical record or a supply of medications. In the lone Canadian study examining post-release treatment outcomes, individuals who initiated antiretrovirals in prison were unable to maintain levels of treatment adherence and virologic suppression attained while incarcerated following prison release, due largely to the lack of continuity of HIV care during the community reentry process. Not surprisingly, treatment interruptions and inadequate adherence following prison release predispose individuals to immunologic and virologic failure. In one study, prisoners with HIV had mean declines in CD4 count and mean increases in HIV viral load of 80 cells/mm^3 and 1.14 log10 copies/mL, respectively, within three months of being released to the community.
Apart from the negative health implications of treatment interruptions and loss of HIV suppression for individual persons living with HIV, these data have public health implications when viewed in concert with recent evidence confirming that 'undetectable = untransmissable'; that is, individuals receiving sustained, uninterrupted antiretroviral therapy cannot transmit HIV. Ensuring a seamless transition is therefore critical to ensure continued treatment.

Poor post-release linkage to HIV care also has repercussions for the health care system. Specifically, in the absence of primary care services, hospital emergency departments become important venues of care for persons with HIV transitioning from the correctional system to the community. In addition to providing medical care, emergency departments are visited by these individuals for reasons related to the social and psychiatric instability associated with community reentry, including depression, homelessness and substance use. A significant proportion (23%) of these emergency visits culminated in hospitalization, further highlighting the burden imparted to

the healthcare system by inadequate post-release linkage to HIV health and social support services.

Work completed to date

In partnership with Prisoners Action Support AIDS Network (PASAN), several activities were undertaken as preliminary steps necessary for establishing a TRIP, including:

- Focus groups with 40 formerly incarcerated individuals with HIV from across Ontario to describe most urgent post-release needs and barriers to re-connecting with supports (see attached presentation). These findings generally highlighted the primacy of meeting basic needs immediately following release, including food, clothing, housing, hygiene and money.

- Review of literature of existing linkage programs for formerly incarcerated people with HIV. These findings provided some important lessons, including the recognition of meeting basic needs as a primary goal, collecting multiple ways of reaching clients post-release and ensuring privacy and confidentiality when delivering services. In addition, findings from the EnhanceLink program demonstrated that women have different needs than men, and that despite using more services, women are less likely to link with and be retained in care following release. It was discussed how this important finding may be related to a lack of trauma-informed interventions.

- Use of population-based data to compare post-release outcomes among formerly incarcerated people with and without HIV in Ontario (see attached presentation). These findings demonstrated that among formerly incarcerated individuals, those with HIV had worse outcomes, including death, than a highly similar matched group of HIV-negative individuals.

- Individual meetings with organizations to review rationale for TRIP and gain initial support for such a program.

Summary

In summary, converging lines of evidence indicate that inadequate linkage to health and social support services following release from prison has potentially detrimental consequences to the health and well-being of individuals, the communities to which they are returning and the health care system. In light of this evidence and building on the initial individual meetings, representatives from several organizations were invited to a planning meeting to discuss the initial steps and partnerships necessary for creating a TRIP.

Objectives

The objectives of this meeting were to:

• Review what is known about experience of formerly incarcerated people with HIV

• To conduct roundtable discussions among representatives from organizations representing multiple sectors to discuss key elements required to work together in establishing a TRIP.

TRIP Planning Meeting

The TRIP Planning Meeting was held on Thursday August 31, 2017 from 11:00 am to 3:00 pm the Li Ka Shing Knowledge Institute of St. Michael's Hospital. The meeting was attended by 28 individuals representing 23 organizations (see Appendix A for attendance list).

Setting the Stage

The day began with several presentations to set the stage for later round table discussions. The first presentation, entitled "Overcoming Challenges and Being Resilient, was given by Steven Tingley, Research Assistant at St. Michael's Hospital. Steven presented an overview of the

challenges faced by formerly incarcerated persons with HIV as they transition to the community, and strategies for staying resilient in the face of these challenges. The second presentation, entitled "Transitional Intervention Program for Formerly Incarcerated People with HIV", was delivered by Tony Antoniou, pharmacist at St. Michael's Hospital. Tony reviewed the literature describing outcomes in formerly incarcerated people with HIV and lessons learned from other programs which have published their experience. Both presentations have been previously circulated and are available on request.

Prior to beginning the roundtable discussions, the group also heard about possible opportunities for beginning to build a TRIP program. The first involved collaboration with the John Howard Reintegration Centre, a resource situated across the street from Toronto South Detention Centre and which provides on-site services such as access to clothes, peer support workers and referrals to both on-site and off-site partners. The second involved a demonstration project with Vanier Women's Prison, who have expressed an interest in developing a pathway of care for women with HIV and at risk for HIV as they are released from prison. Lara McLachlan, Regional Project Lead from the Mississauga Halton LHIN, described an initiative providing transitional care for men with complex care needs released from Toronto South Detention Centre, thereby illustrating the feasibility of creating partnerships for supporting formerly incarcerated individuals. Claudia Medina, Director of Programs at PASAN, provided an overview of services provided by this organization as the principal community-based organization involved in the care of incarcerated and formerly incarcerated people with HIV and hepatitis C.

Roundtable Discussions

Building on the presentations, participants were divided into five groups and asked to discuss the steps required to develop a TRIP. The groups were provided with the following points to help guide their discussion:

- Need to address immediate post-release needs
- Cross-sectoral collaborative partnerships

- How to best work together to meet client needs
- How to operationalize within one year by capitalizing on existing resources and opportunities

Each table was provided with a flip chart for notes, and presented their findings back to the larger group. Findings from each table are summarized in Table 1. Common elements from each group included:

- Start incrementally by leveraging existing structures; consider pilot project(s) with willing partners
- Peer navigation (ideally people with lived experience) an important piece; consider separate streams for transgender clients, women and men
- Emphasize immediate needs
- Find ways to work together that reduce barriers and facilitate access for clients, such as forgoing intake process and going right to case manager/program liaison
- Create tools for providers and clients, such as:
    - Pocket size information for clients
    - Coordinated care plan for clients, developed before release if possible
    - 'Passport' for clients to organize post-release appointments
    - Directory booklets for each organization in the program; consider digitizing for quick updates and easy access.
- Need to ensure program(s) are delivered in environments that are anti-oppressive and anti-stigma
- Program(s) and staff should have cultural competency working with Indigenous communities
- Multiple entry points for program – self-referral, social workers, lawyers, family, bail office etc.
- Recognition that PASAN is a key central organization for this work, considering its history working with the population; appreciation that extra funding for PASAN may be necessary to support extra work that TRIP will entail

- Elizabeth Fry Society and John Howard Society also recognized as pivotal agencies considering the breadth of programs and services offered and their ability to provide services inside prisons
- May need to discuss formal memorandum of understanding between agencies

Next Steps

Based on the group discussion following each table's presentation, a number of steps were identified to move the development of the TRIP forward:

1. Develop a directory comprising the various organizations present at the meeting and services offered by each organization. This resource could be digitized for quick updates and changes over time (e.g. in event of change in contact person).
2. Pursue opportunities for demonstration projects with partners who have already expressed an interest in working with us, such as Vanier Women's Prison. We can start small and use evidence to build program.
3. Establish a working group comprising PASAN, Elizabeth Fry, John Howard and St. Michael's Hospital to develop pilot/demonstration projects, seek funding and keep larger group apprised of progress.
4. Applying for funding through opportunities expected to arise in the near term: Toronto Urban Health Fund (fall 2017 for letter of intent), CIHR HIV catalyst grant (likely early winter 2018), CIHR Community-Based Research grant (likely early winter 2018).

Appendix A: Participants List

Fanta Ongoiba	Africans in Partnership Against AIDS (APAA)
Danny Bourne	St. Vincent De Paul
Kier Martin	Queen West Community Center
Wayne Bright	Haven Toronto
Cheryl Dobinson	Planned Parenthood
Lydia Hernandez	Planned Parenthood
Kay Roesslein	McEwan Housing and Support Services/LOFT
Michele Heath	Casey House
Keith Hambly	Fife House
Carol Danis	Sistering
Clare Nobbs	Egale
Kathleen Pye	Egale
Lynne Raskin	South Riverdale Community Health Centre
Amber Kellen	John Howard Society
Lisa Garel	John Howard Society
Lindsay Lickers	Native Women's Resource Centre of Toronto (
Trevor Gray	PASAN
Claudia Medina	PASAN
Kate Murzin	Realize (formerly Canadian Working Group on HIV and Rehabilitation)
Wendy Porch	Realize (formerly Canadian Working Group on HIV and Rehabilitation)
Lara McLachlan	Mississauga Halton LHIN
Suzanne Paddock	Toronto People With AIDS Foundation
Mary Eastwood	Manager, Mid-East Toronto Sub-region
Rhona Zitney	Fred Victor
Lindsay Kretschmer	Ontario Aboriginal HIV/AIDS Strategy
Lisette Fernandez	Jean Tweed
Stella Osagie	AIDS Committee of Toronto
Nancy Blades	Cota

Organizational regrets received from:
333 Sherbourne (Carolina Berinstein)
Elizabeth Fry Society (Kelly Potvin)
2-Spirited People of the 1st Nations (Kerrigan Beaver)
Asican Community AIDS Services (Andrew Miao and Jenny S. Cheng)
St. Michael's Hospital (Sue Hranilovic)