ReConnect Us: A Continuity of Care Reentry Program for People with HIV (PWH)

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"I do not have any relevant financial relationships with any commercial interests."

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Educational Objectives:

1. Relate the benefits of public health and corrections partnerships to improve outcomes across the HIV care continuum.
2. Discuss how data can be used to improve program development, implementation, quality of care, and participant outcomes in a collaborative reentry program.
3. Identify successes, challenges, and lessons learned about successful community reentry for persons with HIV.

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ReConnect Us: A Continuity of Care Reentry Program for People with HIV (PWH)

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Continuum of Care & Justice-Involved Program Manger

South Carolina Department of Health & Environmental Control

October 25, 2022

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Relate the benefits of public health and corrections partnerships to improve outcomes across the HIV care continuum

Educational Objective #1

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Background

Why is Project Community Approaches for Releases to Maintain Viral Suppression (CARES) Important?

- ~1,500,000 people are incarcerated in state and federal prisons.
- Prevalence of HIV/AIDS in prisons is ~1.3%.
- Each year, ~6,500 incarcerated PWH are released to the community.
- High rates of HIV care and treatment during incarceration, but rates of linkage to & retention in HIV medical care are poor for many PWH following release.

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Background Cont'd

Why is Project CARES Important?

Evaluation of California state prison system – the 2nd largest prison system in the U.S. (MMWR, 2016)

Identified high rates of in-custody linkage to care (99%), retention in care (98%), and viral suppression (88%) for incarcerated PWH

Following release, only 1/3 PWH released from prison experienced uninterrupted care and durable viral suppression, despite significant prerelease planning

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Project CARES Award Information

Type of Award: Cooperative Agreement funded under PS20-2011

- Non-research, Multi-site Demonstration Project

Number of Awards: 3

- South Carolina Department of Health & Environmental Control – **ReConnect Us**
- New York State Department of Health (Health Research, Inc.)
- AIDS Arm, Inc. (Prism Health North Texas)

Project Period: 4 Years

- September 30, 2020 – September 29, 2024

Sources of Funding: 3

- Division of HIV Prevention (CDC)
- Minority HIV/AIDS Fund (HHS/OIDP)

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Project CARES Goals

Fund	Fund the development and evaluation of programs that support continuity of HIV medical care for persons with HIV released from state prisons into the community
Primary	For all PWH released from state prison, the programs will work to achieve: ▪ Linkage to and retention in community HIV medical care ▪ Adherence to HIV treatment ▪ Suppression of HIV viral load
Secondary	Programs will work to: ▪ Identify PWH and HIV-negative persons at risk for HIV among sex and drug injection partners, and associates of program participants ▪ Link them to care and prevention services, including PrEP

Project CARES Strategies

Strategy 1	Use HIV surveillance and other available data to identify incarcerated persons with diagnosed HIV and monitor their HIV care status and clinical outcomes pre- and post-release
Strategy 2	Enhance pre-release planning for incarcerated PWH to strengthen and coordinate medical, behavioral health, and social service support for those released from state prison into the community
Strategy 3	Provide partner services and testing among partners and associates of participants to identify other persons in need of HIV and STI treatment or prevention services

Strategy 1 Activities

Strategy 1	Use HIV surveillance and other available data to identify incarcerated persons with diagnosed HIV and monitor their HIV care status and clinical outcomes pre- and post-release

Establish collaborations between state health and corrections departments to use HIV surveillance, corrections, and other data to:

- Identify all incarcerated PWH who are projected to be released to the community within 6 months, so enhanced pre-release planning can be conducted.
- Monitor HIV care status and clinical outcomes pre- and post-release.

Strategy 2 Activities

Strategy 2	Enhance pre-release planning for incarcerated PWH to strengthen and coordinate medical, behavioral health, and social service support for those released from state prison into the community

Implement a sustainable program to:

- Facilitate continuity of care and sustained HIV viral suppression.
- Help bridge the prison-to-community transition.

Facilitate enhanced, coordinated pre-release planning for PWH scheduled for release within ≤6 months:

- Conduct post-release follow up of clinical outcomes.
- Intervene with those not linked and retained in care or virally suppressed.

Strategy 3 Activities

Strategy 3	Provide partner services and testing among partners and associates of participants to identify other persons in need of HIV and STI treatment or prevention services

Provide partner services and conduct testing to identify other persons in need of HIV and STI treatment or prevention services:

- Identify PWH in need of HIV treatment and link them to care.
- Identify persons not infected with HIV but at substantial risk for becoming infected and link them to HIV prevention services, including Pre-Exposure Prophylaxis (PrEP).

Development of ReConnect Us: A Prison Initiative

Step 1

- Identified the current processes by DHEC, SCDC, and Prisma Health

Step 2

- Identified ways to enhance the current processes

Step 3

- Established a Prison Advisory Board (Named our project: ReConnect Us)

Step 4

- Developed and implemented enhanced processes

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Purposes of ReConnect Us

1

- To achieve the goal of increasing viral suppression among state prison inmates released to the community.

2

- To collaborate with the STD/HIV & Viral Hepatitis and Surveillance, Assessment, and Evaluation (SAE) Divisions within DHEC, Prisma Health (PH) and the South Carolina Department of Corrections (SCDC) to enhance the current discharge planning program aligns with the statewide Ending the HIV Epidemic (EHE) Rapid Continuum of Care Program.

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Building the Collaboration – Partnerships

South Carolina Department of Health and Environmental Control

- Provides resources for HIV-Self Testing, SC AIDS Drug Assistance Program (ADAP), Surveillance, Assessment & Evaluation (SAE), Partner Services, and Pre-Exposure Prophylaxis (PrEP) resources
- Submits reporting data to CDC

South Carolina Department of Corrections

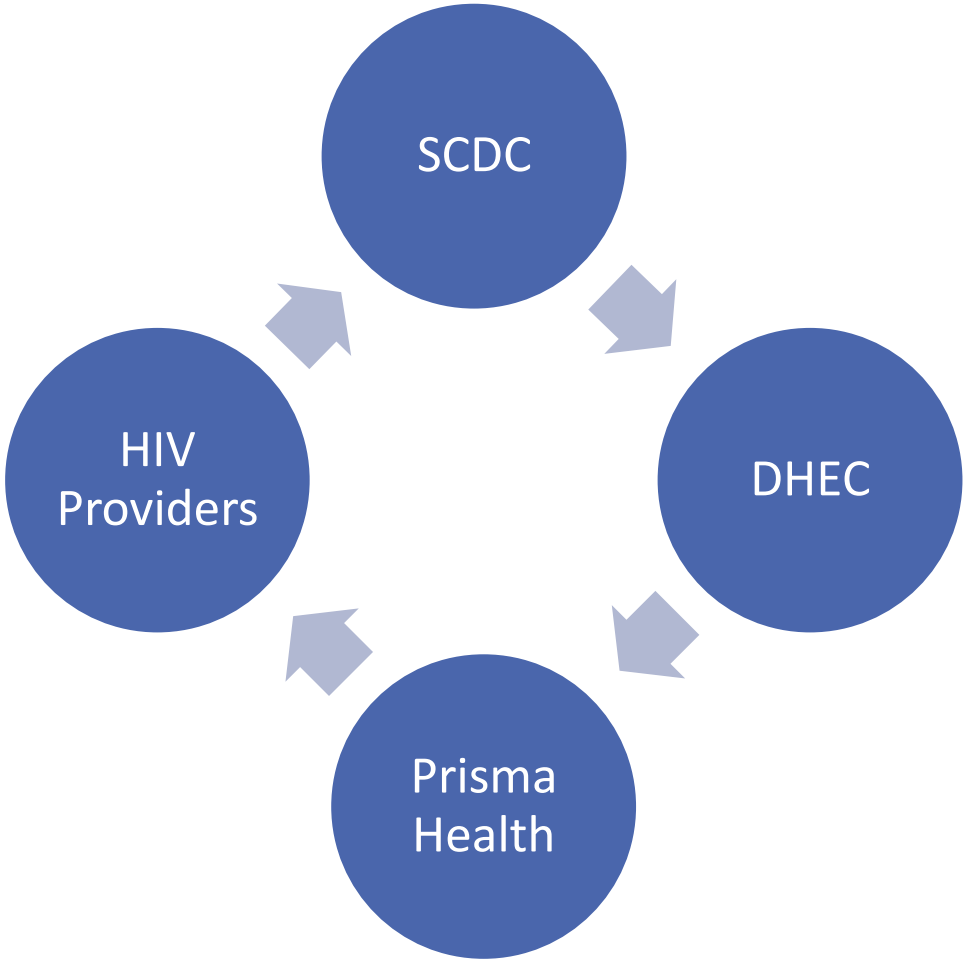
- Provides enhanced release planning
- Monitors viral load labs results during incarceration
- Provides HIV Medical Care

Prisma Health

- Supports the continuity of HIV medical care and supportive services
- Links clients to medical clinics in their area
- Provides educational courses in HIV through the South Carolina AIDS Education Training Center (SC AETC)

HIV Providers

- Provide HIV medical care to clients
- Monitors clients post-release for viral suppression and links to resources as needed



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Reconnect Us: A Continuity of Care Reentry Program for People with HIV

Melanie Davis, MT, ASCP, CCHP

Director of Infectious Disease Management, South Carolina Department of Corrections

October 25, 2022

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South Carolina Department of Corrections (SCDC)

SOUTH CAROLINA
DEPARTMENT OF CORRECTIONS
Safety, Service, and Stewardship

South Carolina Department of Corrections has the lowest recidivism rate in the nation and its lowest in more than 25 years.

homeAction.do (state.sc.us)

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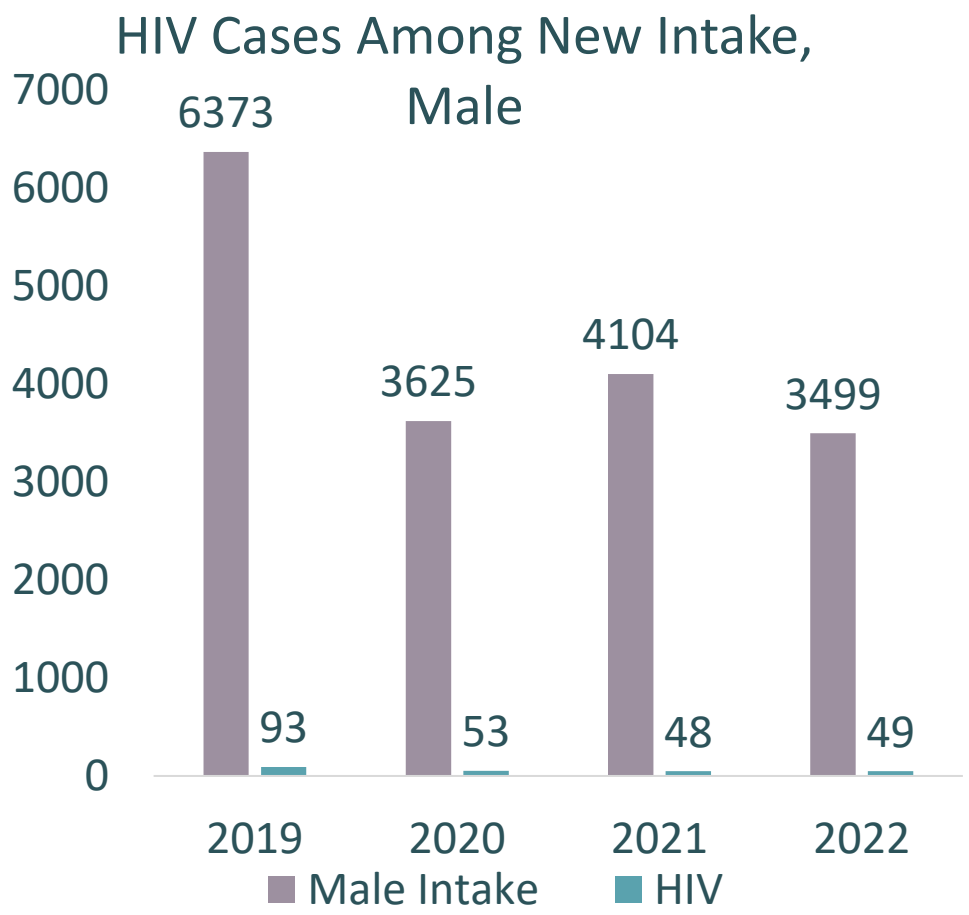
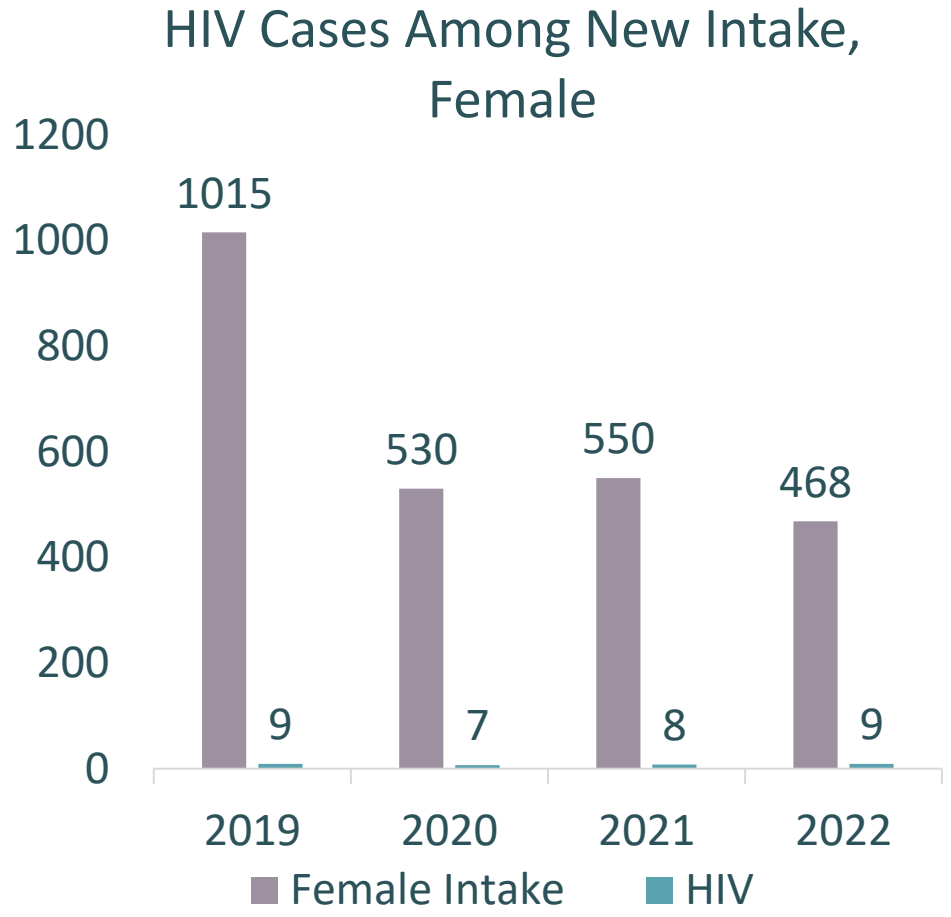
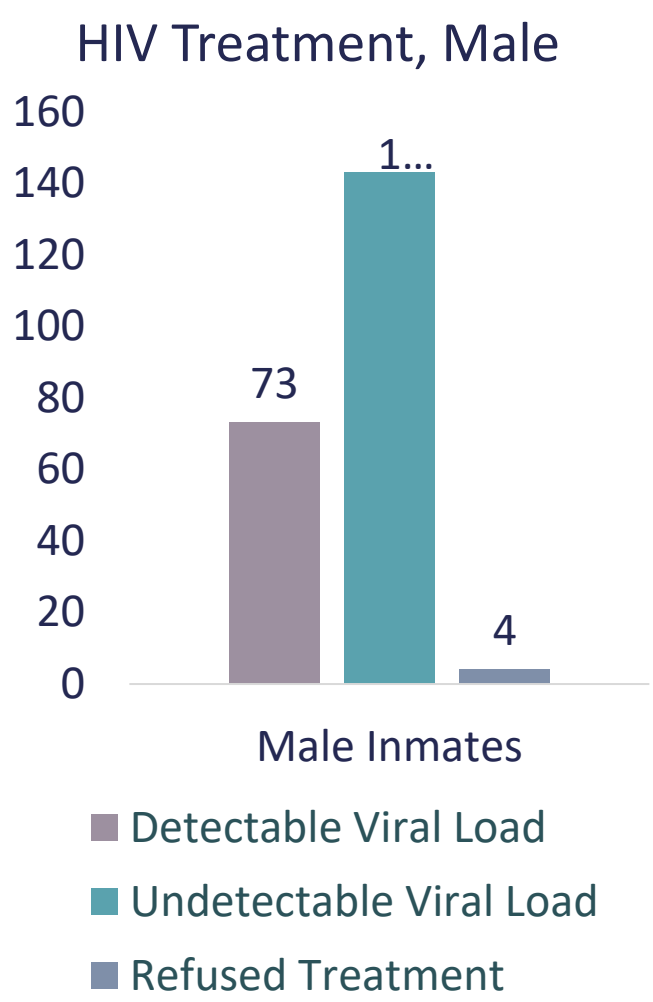
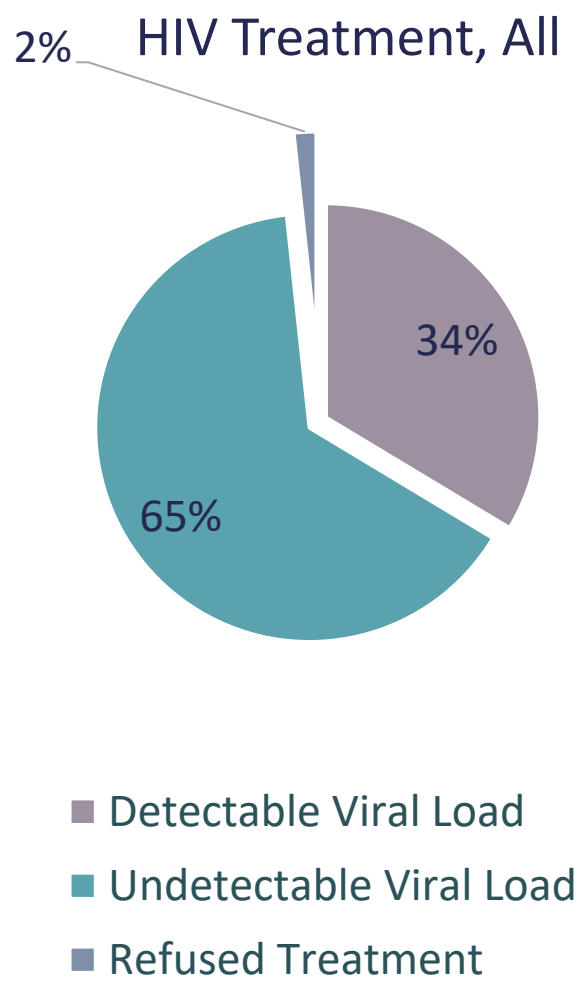
Diagnosed HIV+ Numbers During Processing (Annually)



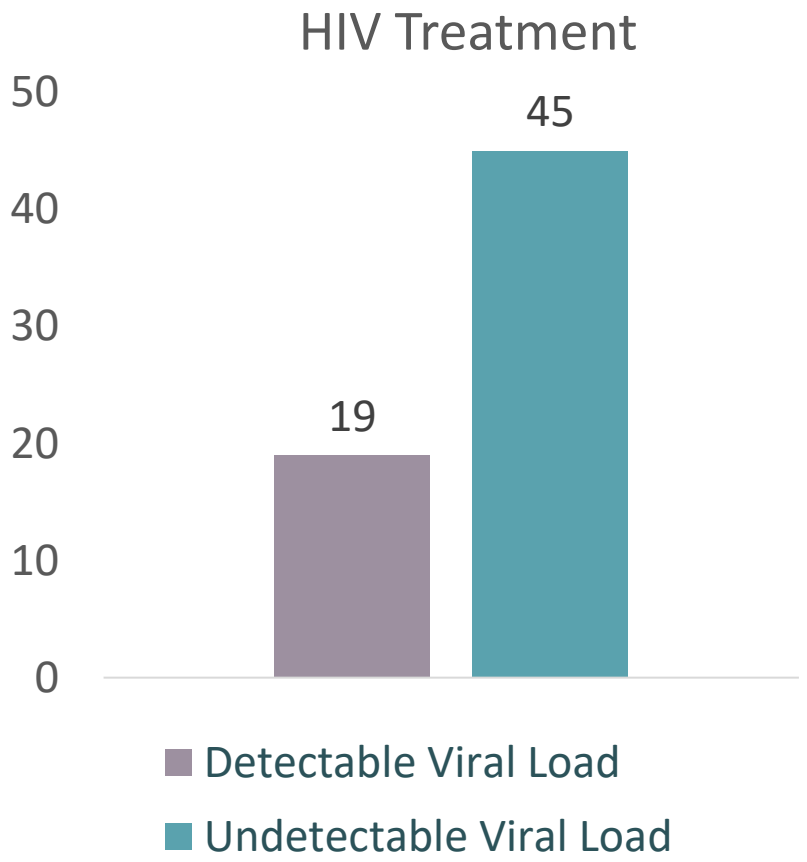


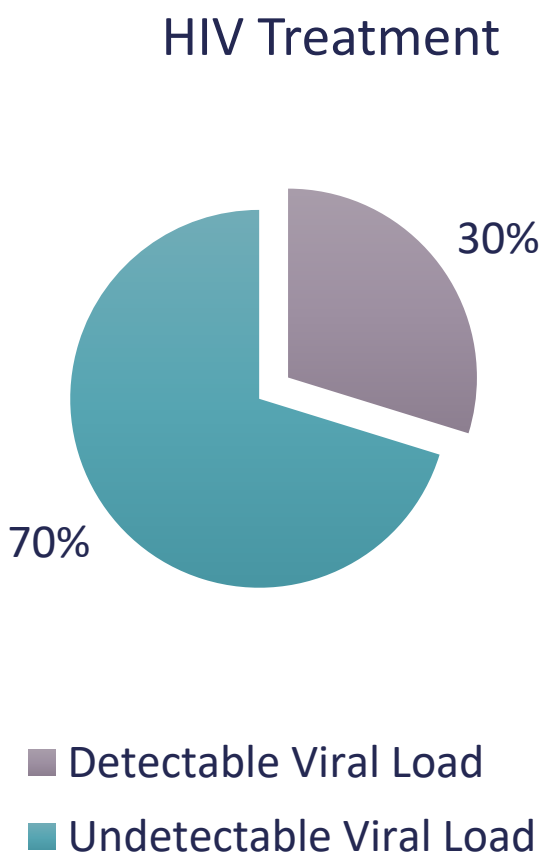
Current HIV Treatment (SCDC)





2021 Diagnosed HIV+ Released (SCDC)





History of HIV in SCDC

- All offenders were tested for HIV starting in 1996.
- Partnerships were started for those being released with HIV.
- Partnerships have continued to expand to offer release planning and linkage to care.
- Partnerships are continuing to grow to enhance services on discharge.

Infectious Disease Team

- SCDC Infectious Disease Clinic Nurse
- SCDC Infectious Disease Field Nurses (2)
- SCDC Infectious Disease Program Managers (2)
- SCDC Human Service Coordinator's (3)
- DHEC/Prisma Health Providers (Rotational)
- DHEC Program Assistant

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HIV Care

- New offenders are seen in the Infectious Disease Clinic and by the Human Service Coordinator if they are a new HIV case or previously diagnosed while in intake status.
  - Infectious Disease Provider discusses in depth their HIV treatment and responsibilities (medication adherence)
  - Human Service Coordinator provides an overview of the Re-Connect Us Program, Introduces Partner Services, and reviews Disease Intervention Specialist Brochure.
- Offender is followed by an Infectious Disease Provider during their incarceration (includes labs and visits).
- Discharge Planning Process begins prior to release.

Discharge Planning Process: Medical

- Identify those with upcoming release dates.
- Complete the DHEC referral and follow-up forms, release of information Form, SC ADAP Form, income verification letter, all labs, list of medications, psychiatric notes if on behavioral health caseload, and release addresses.
- Paperwork packets are sent to the Transitional Coordinator at Prisma Health.
- Arrange a telehealth meeting with Transitional Coordinator and the offender.
- Assure offender is given all information on where to report for follow- up appointments upon release.
- Infectious Disease Providers are notified for release medication orders.
- Release packages are sent to the discharging facility.

Discharge Planning Process – Re-Entry

Release planning starts at least 6 months prior to release

- Transitional Housing
- Employment and Job Skills Enhancement
- Health Insurance
- Family Reunification
- Community Programs
- Voter Rights
- Credentials

Starting a 24-month release program

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Data & Evaluation Program Coordinator, Department of Health & Environmental Control

October 25, 2022

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Understand how data were used to improve program development and implementation, quality of care, and participant outcomes

Why is Data instrumental?

- Improves health outcomes for participants of the ReConnect Us program.
- Establishes a benchmark to know how to improve and what is needed.
- Provides support for the sustainability of the ReConnect Us program.

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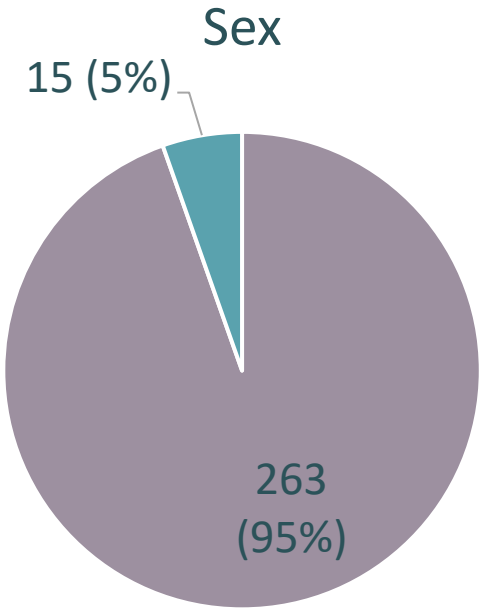
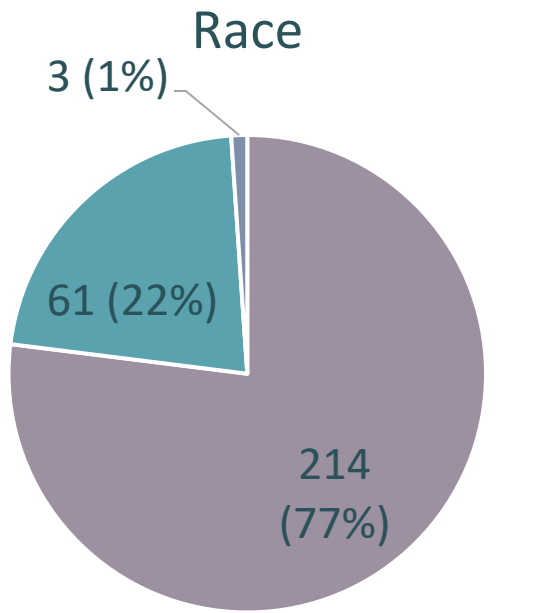
Baseline Data

- Demographics
- Expected Discharge Dates
- Viral Suppression
  - Date of Test Result
  - Number of Individuals virally suppressed

  - *The initial baseline was received November 2021, but the final baseline was received March 2022.*

Baseline Data (March 2022)





Total = 278

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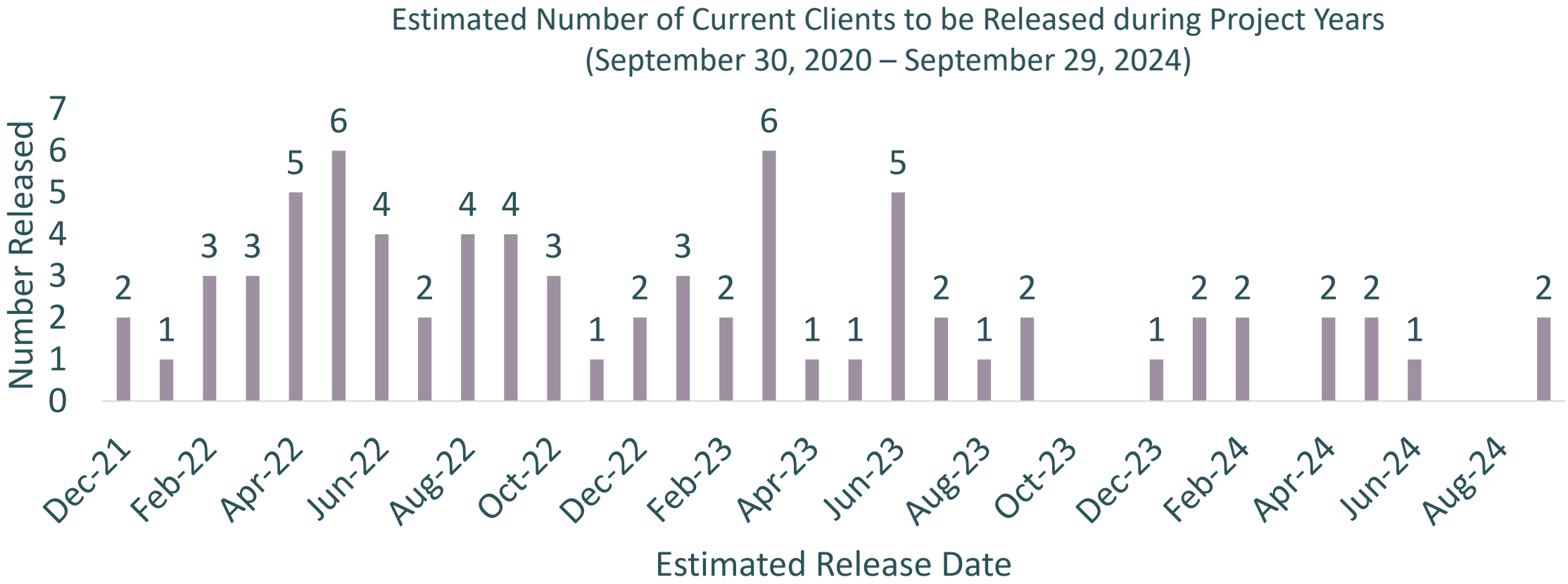
Baseline Data (March 2022)



Based on baseline data and does not account for new SCDC intakes or changes in estimated release date.

* *"Estimated Release Date" is displayed in a skip month pattern*

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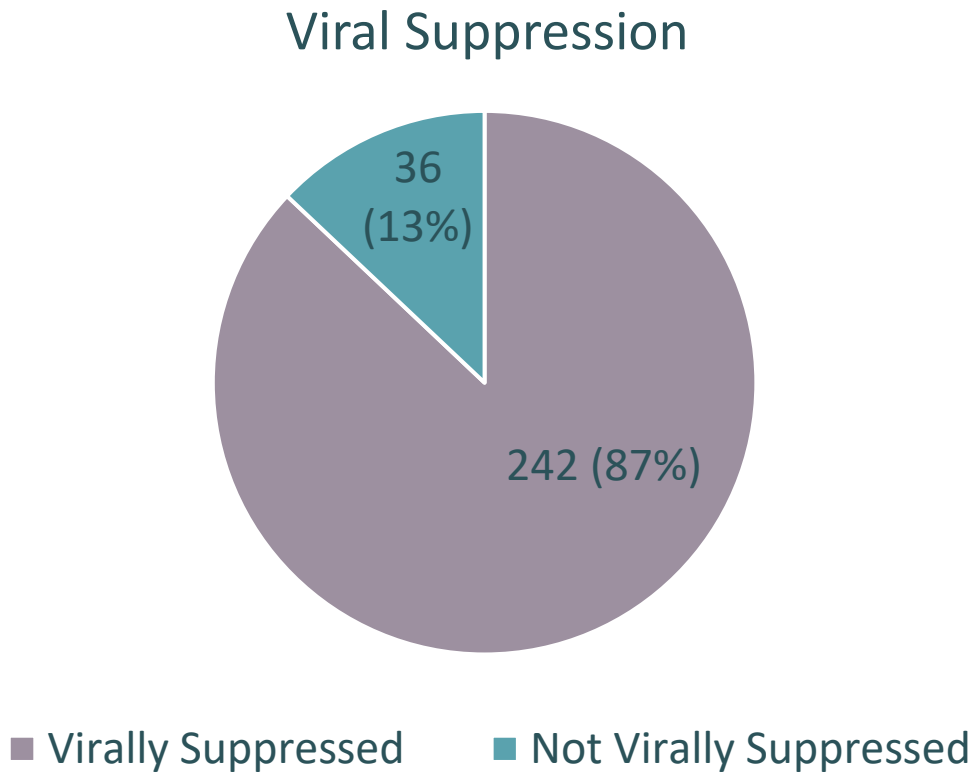
Baseline Data



Total = 278

Viral suppression refers to the percentage of people with diagnosed HIV who have less than 200 copies of HIV per milliliter of blood. (CDC Website).

Of the 87% who are virally suppressed: 59% were undetectable.

This was the viral suppression at baseline data submission (03/11/22).

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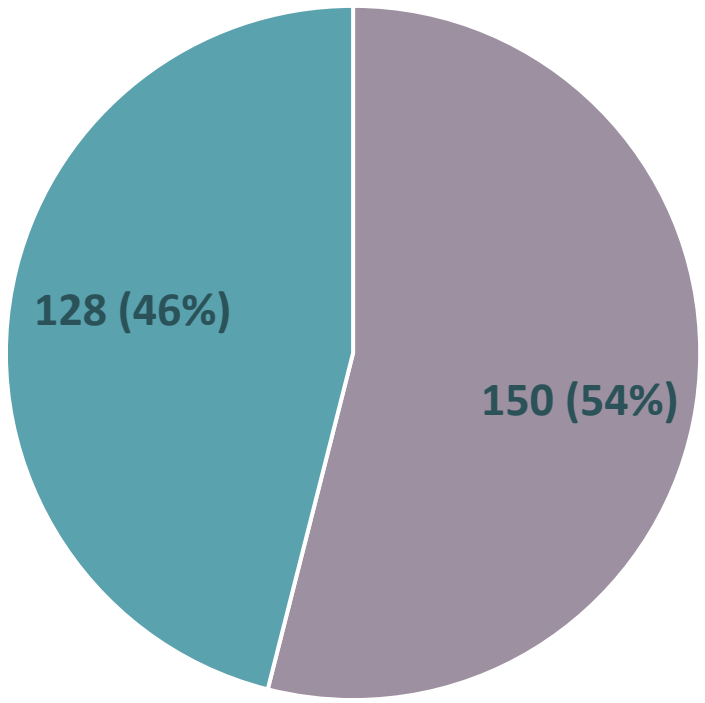
Baseline Data



Total = 278

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Viral load lab results

- **Opportunity:** Identified some lab results were not current (>6 months).
- Reviewed with SCDC the clinical guidelines for testing: https://clinicalinfo.hiv.gov/en/table/table-3-laboratory-testing-schedule-monitoring-people-hiv-and-after-initiation-antiretroviral.
- **Improvement:** SCDC developed process for timeliness of viral load lab results.
  - Implemented a process to ensure that all individuals diagnosed with HIV have labs within 3 months of discharge date.

Quality Improvement

Quality Improvement (QI):

- Consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.
- Seeks to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organization.

The Institute of Medicine (IOM) defines quality in health care as a:

- Direct correlation between the level of improved health services and the desired health outcomes of individuals and populations.

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Principles of Quality Improvement (QI)

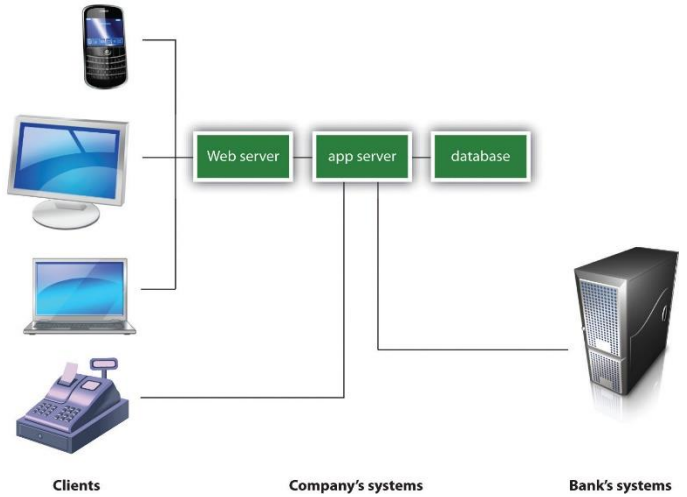
- QI works as systems and processes
- Focus on patients
- Focus on being part of the team
- Focus on use of the data

Source: https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf

Quality Improvement

System:

- Collection of interdependence elements that interact to achieve a common purpose.
- Group of processes with a common aim.



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Quality Improvement

Process:

- Series of actions or steps taken to transform inputs into outputs in order to achieve a particular end.
- Series of steps in sequence that turns an input into an output.

Reviewed and Documented the Current Processes

- Met with the staff performing the work to document the steps of processes within the system.
- Sent draft to leadership for review of drafted process.
- Established standardization of process.

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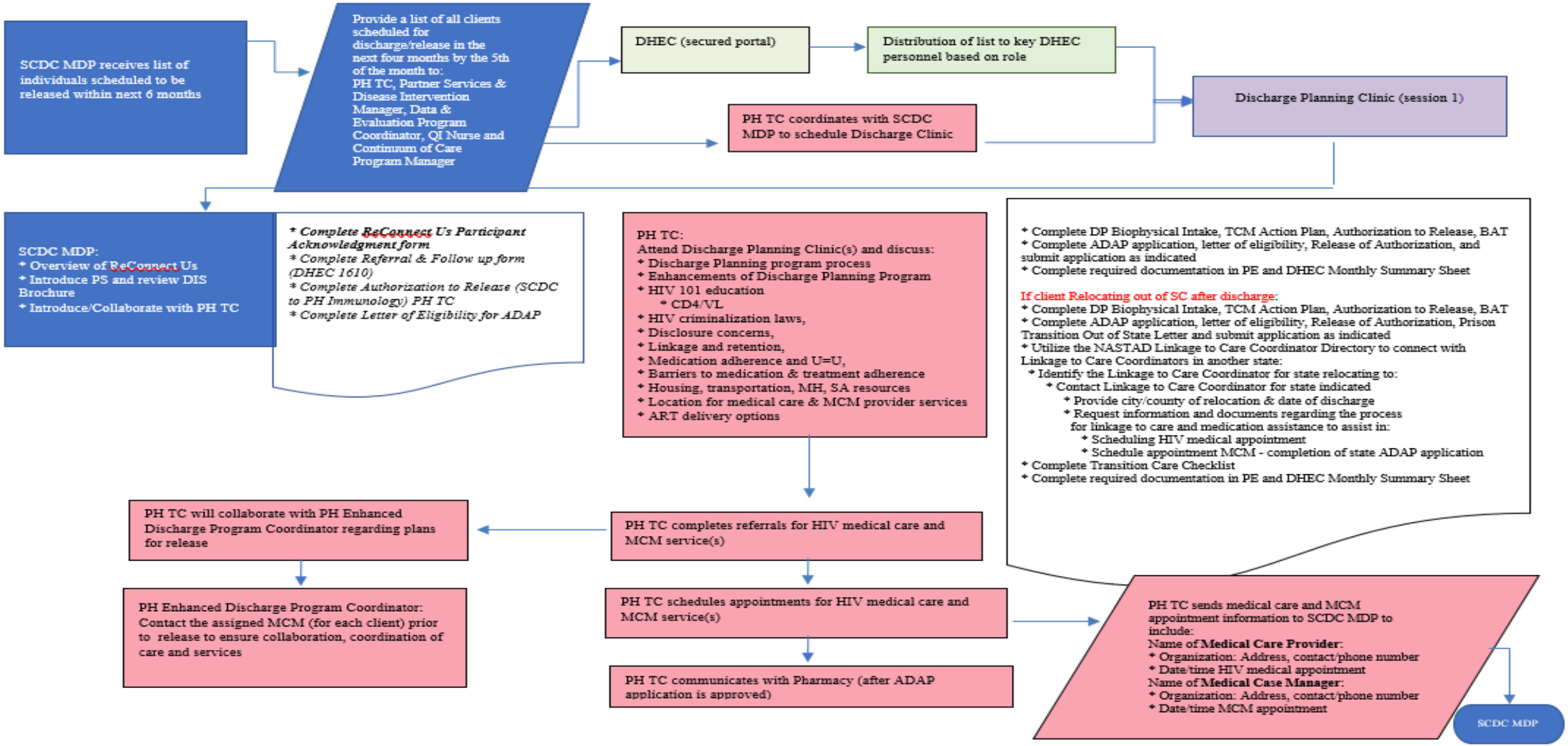
Sample Process

SCDC Discharge Planning Clinics	
SCDC Medical Discharge Planner	• Receive a list of clients to be discharged/released within the next 6 months • Provide a list of all clients scheduled for discharge/release in the next four months by the 5th of the month to: ◦ Immunology Center Transitional Coordinator, Partner Services & Disease Intervention Manager, Data & Evaluation Program Coordinator, Quality Improvement Nurse Administrator, and Continuum of Care Program Manager • Schedule Discharge Planning Clinics (via phone, telehealth, or in-person) with Prisma Health (PH) Immunology Center Transitional Coordinator and clients who are scheduled for discharge/release
PH Transitional Coordinator	• Receive notification from SCDC Medical Discharge Planner of the names of clients who are scheduled for discharge/release in the upcoming months • Coordinate with SCDC Medical Discharge Planner to schedule Discharge Clinic(s)

Figure A2: SCDC Pre-Release Discharge Planning Clinics-Session 1 Flow Chart



Plan Do Study Act (PDSA) Cycle

- Complete small test of change
  - If the test of change works- implement or expand the test
  - If the test of change does not work:
    - Review/make modifications and test new idea of change
    - Abandon the hypothesis

What did we do?

- Reviewed the data submission process of the external partners.
- Collected baseline data to identify the defects and errors in data collection and reporting.
- Conducted a voice of customer analysis by conducting a focus group with external partners to identify factors that contribute to delays and defects in data submission.
- Provided an instructional guide to accompany the data dictionary.

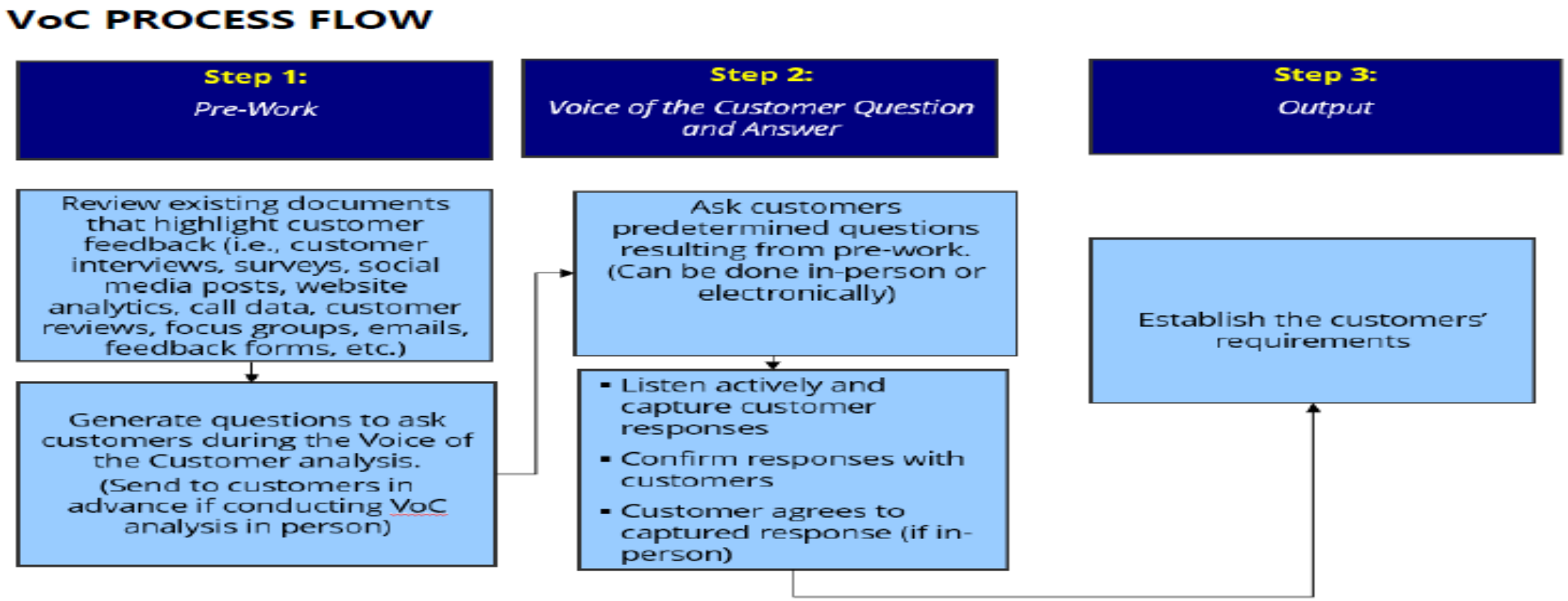
Data Sources

- SCDC – Nextgen & Mainframe
  - Nextgen houses SCDC's discharge planning and clinical data
  - Mainframe houses infectious disease data
- Discharge Planning

Identified Waste/Challenges in Data Collections

Waste	Example
Defects	Data was incomplete and inaccurate
Waiting	Waiting on data to be received from the multiple departments; multiple data sources
Transportation	Unnecessary movement of data between the different departments and back and forth to DHEC
Motion	Data moved back and forth to DHEC but didn't add any additional value
Extra-Processing	DHEC reviewed data, sent data back to SCDC for corrections and completeness & SCDC time to resubmit as well

Voice of the Customer



An analysis of customers' needs and their perceptions of products and/or services.

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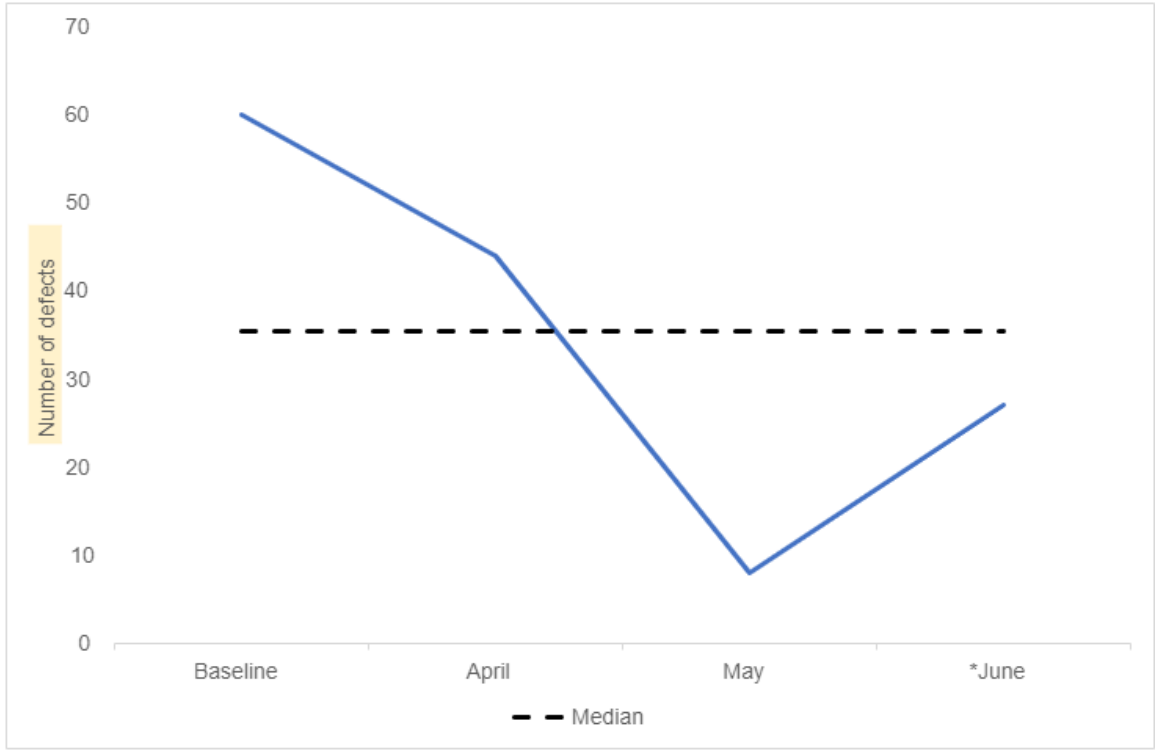
Voice of Customer Analysis

- Conducted a focus group with key players to understand the data collection and reporting process.
- Sample questions:
  - “Describe your role and process in collecting and reporting data to DHEC.”
  - “What happens before you complete your part in data collection and reporting?”
  - “Is there anything you need from DHEC to make data reporting better?”
  - “Thinking about your last data submission, did DHEC request additional information, or did you have to submit additional data to DHEC? If so, what happened?”

Study Results



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Study Results

- The number of defects decreased during the first two months.
- The number of times data was sent back to the external partners decreased.
- The timeliness of data increased.

Strategies Implemented to Improve Data Collections & Reporting

- Designated one person to compile data from SCDC to forward to DHEC.
- Utilized prison terminology for data elements to improve data collections and reporting.
- Developed an “Instructional Guide” to accompany the data dictionary.
- Utilized prison terminology for data elements to improve data collections and reporting.
- Held bi-weekly meetings to discuss data concerns.

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Successes

- Exhibited a positive attitude throughout the process and a willingness to improve.
- Involved SCDC in the beginning stages of process improvement.
- Identified gaps and opportunities for improvements as a collective group.
- Decreased data errors significantly.

Lessons Learned

- Defining roles and responsibilities improved the timeliness of submission and quality of data.
- Having each team member aware of each person's responsibilities resulted in process improvement.
- Making data collection tools practical for the audience and creating practical tips to accompany the data collection tools increased data quality.
- Streamlining the process improved productivity, communication, and time management.

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To identify early lessons learned for successful community re-entry for incarcerated person with HIV to maintain care and treatment outcomes

Educational Objective #3

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Discharges by Month (June 2021 - July 2022)

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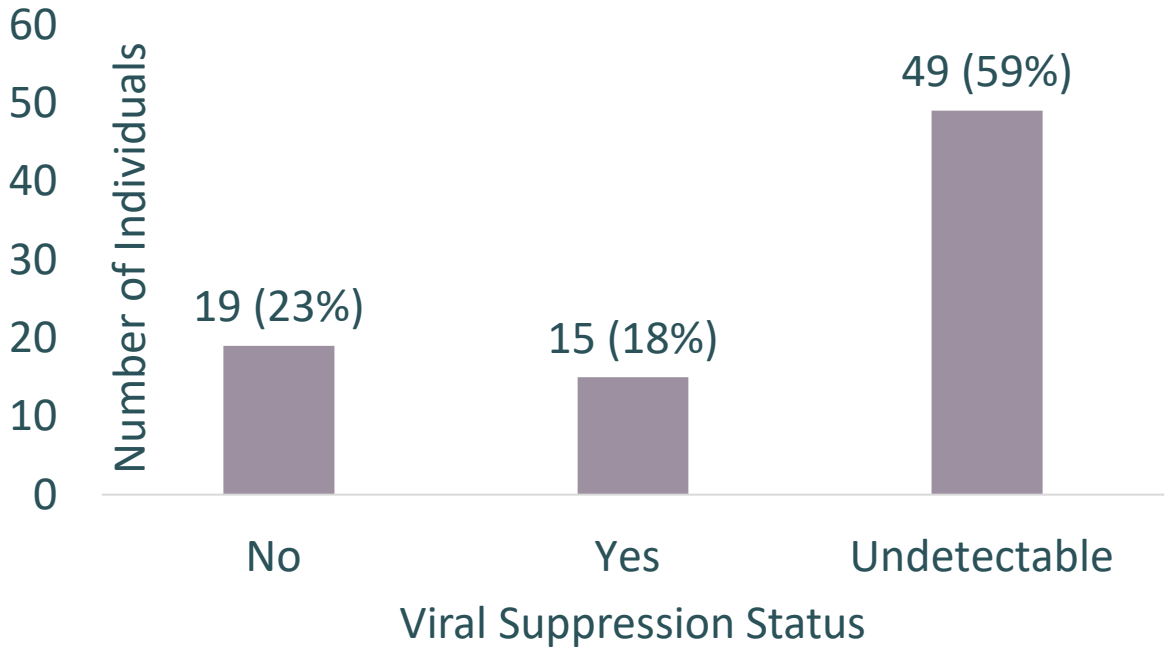
Viral Suppression at Discharge (June 2021-July 2022)



Total = 83

Approximately 77% of the individuals were viral suppressed or undetectable.

Viral suppression refers to the percentage of people with diagnosed HIV who have less than 200 copies of HIV per milliliter of blood. (CDC Website)

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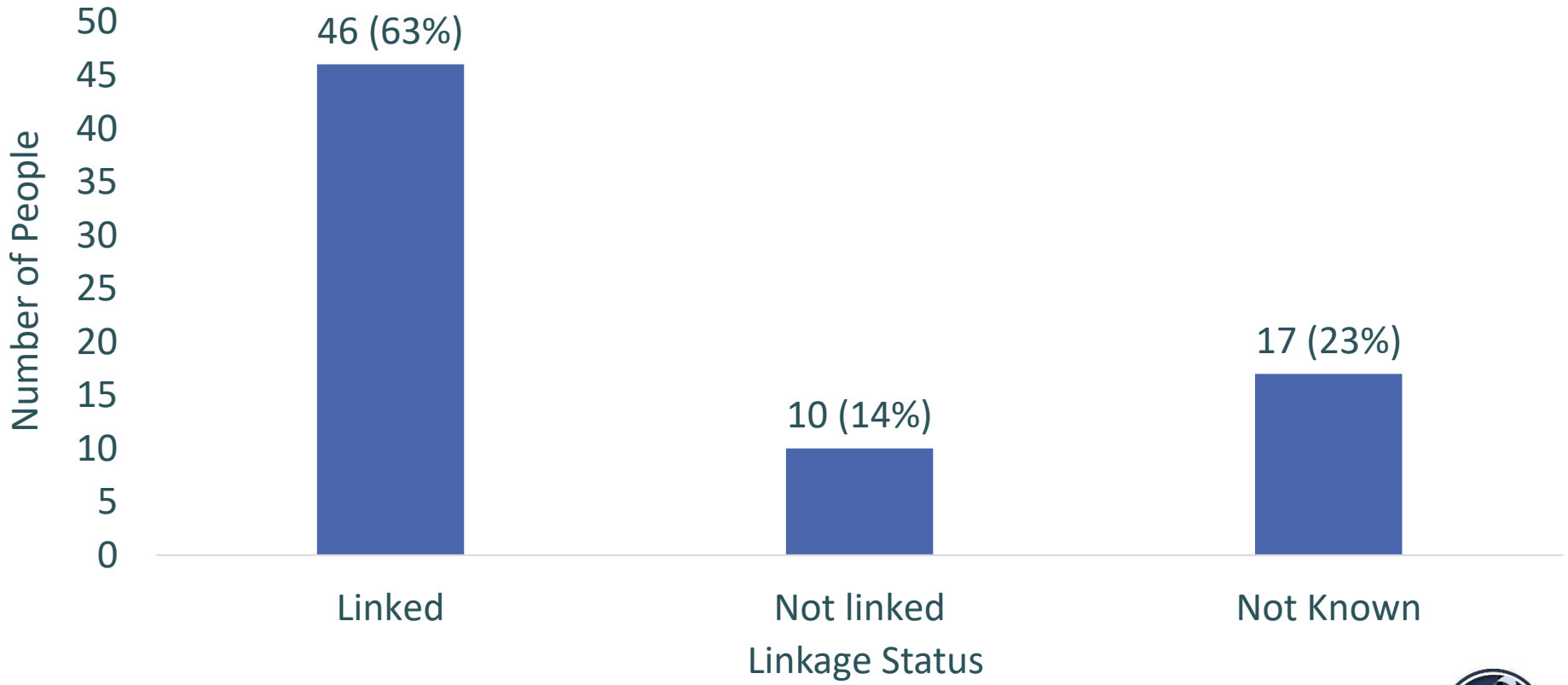
Number of People Linked to Care (June 2021-July 2022)



Total = 73

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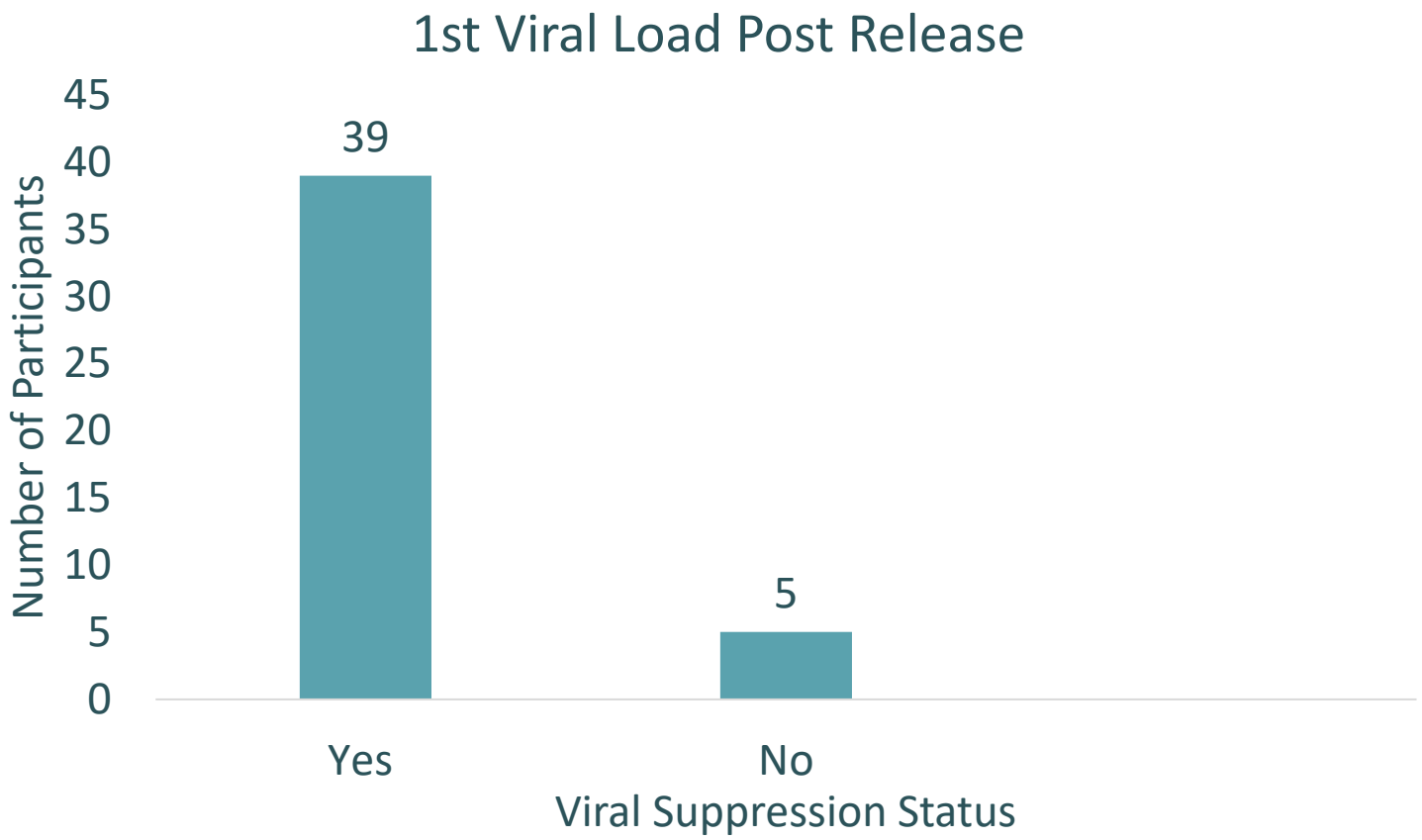
Number of People Linked to Care – Virally Suppressed Post Release (June 2021-July 2022)



85% of Participants were virally suppressed at 1st Post Release Viral Lab

Total = 46

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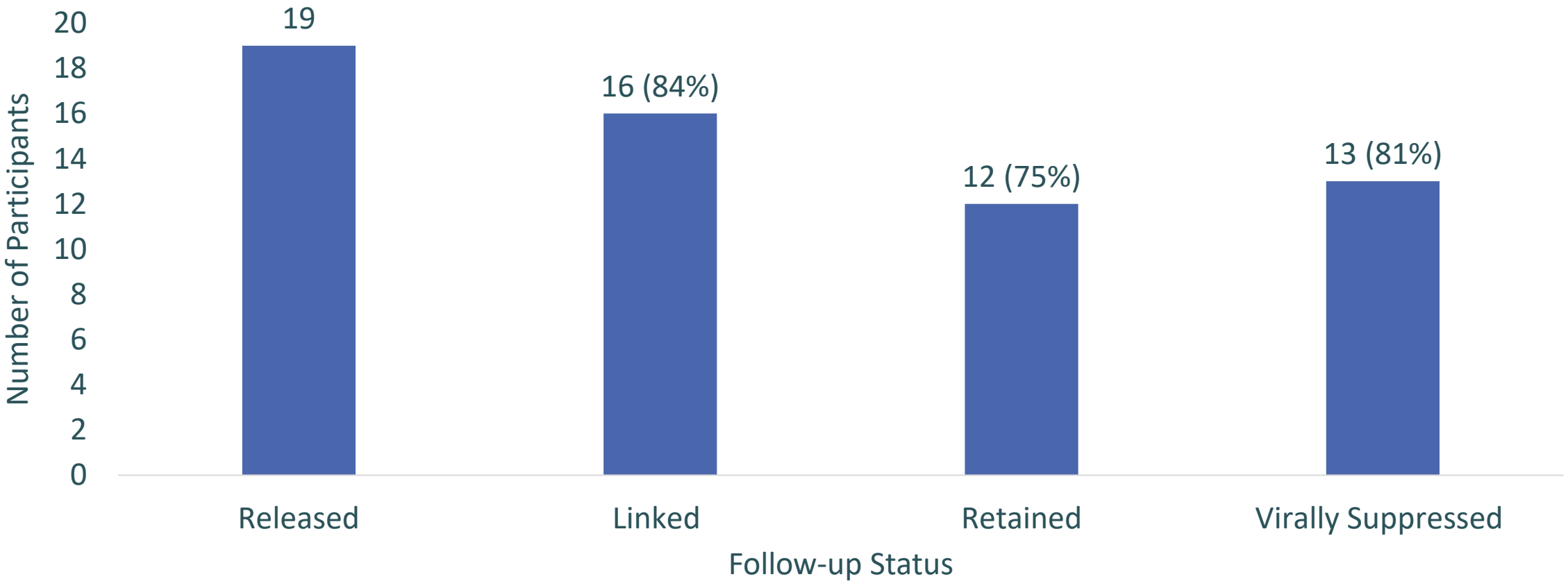
Follow-Up 12-months Post-Release



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Overall Program Successes

- Implemented the ReConnect Us program
- Branded the ReConnect Us program and brought awareness of Ending the HIV epidemic in Justice-Involved populations
- Linked clients to care within 13 days
- Achieved 85% viral suppression at post-release
- Convened inaugural Justice-Involved Summit

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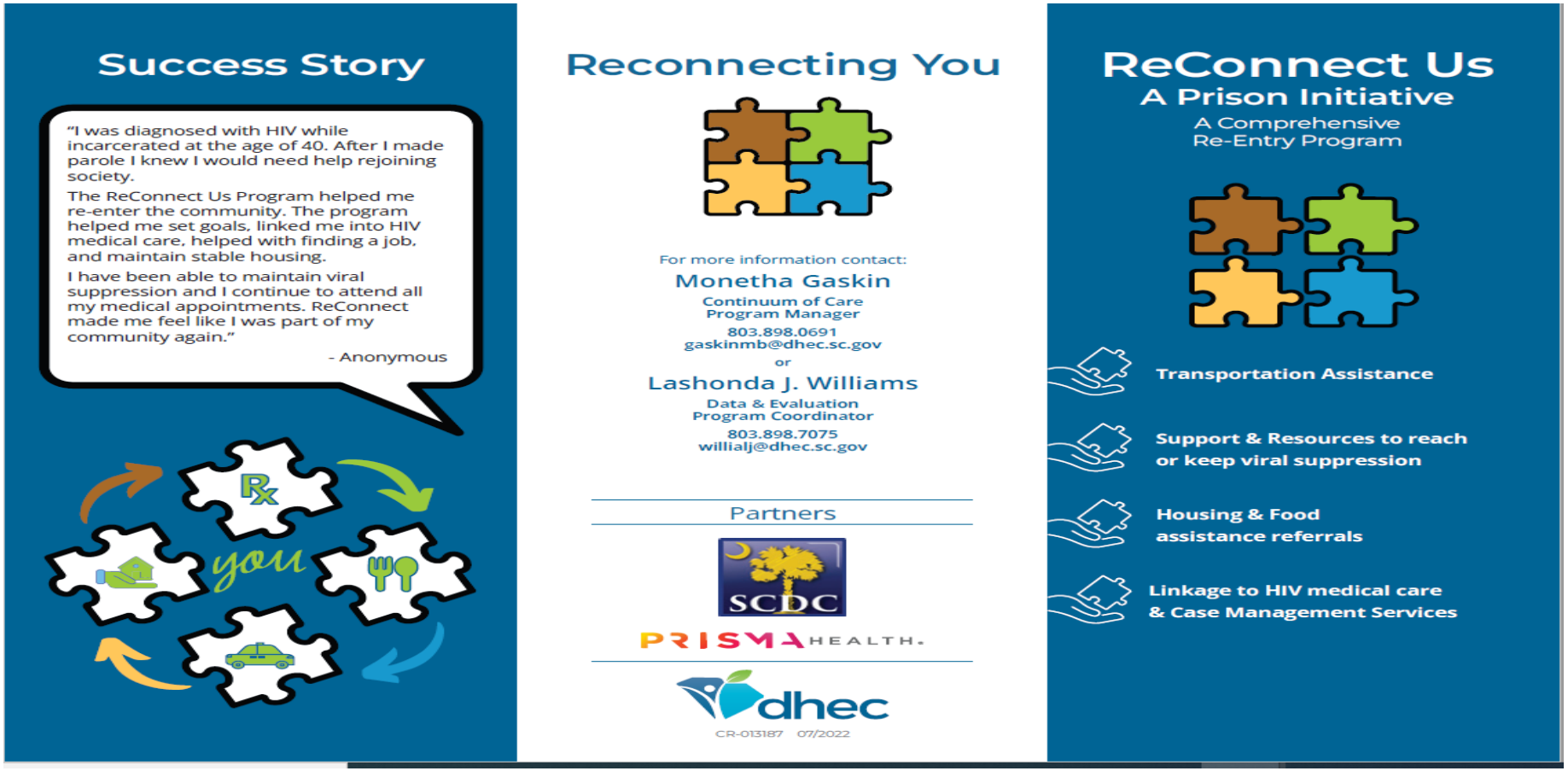
Disseminate Data to Increase Awareness of ReConnect Us

- Justice-Involved Summit
- ReConnect Us Brochure/Website
- Technical Assistance to New York & Texas
- Presentations to:
  - Ryan White Part B Outreach & Medical Case Managers
  - SC HIV/STD Viral Hepatitis Conference
  - HIV Planning Council

ReConnect Us Brochure



Success Story

"I was diagnosed with HIV while incarcerated at the age of 40. After I made parole I knew I would need help rejoining society.

The ReConnect Us Program helped me re-enter the community. The program helped me set goals, linked me into HIV medical care, helped with finding a job, and maintain stable housing.

I have been able to maintain viral suppression and I continue to attend all my medical appointments. ReConnect made me feel like I was part of my community again."

- Anonymous

Reconnecting You

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Partners

SCDC

PRISMA HEALTH.

dhec

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ReConnect Us

A Prison Initiative

A Comprehensive
Re-Entry Program

- Transportation Assistance
- Support & Resources to reach or keep viral suppression
- Housing & Food assistance referrals
- Linkage to HIV medical care & Case Management Services

ReConnect Us Brochure

ReConnect Us Program

ReConnecting Individuals with Incarceration History in HIV Care

Research has shown that 2/3 of people living with HIV (PWH) released from prison experience interrupted care (MMWR,2016).

Effective linkage to care between corrections and community services is essential to ensure viral suppression and retention in care.

What is ReConnect Us?

A collaborative partnership between the South Carolina Department of Health and Environmental Control (DHEC), the South Carolina Department of Corrections (SCDC), and Prisma Health that supports HIV viral suppression among previously incarcerated individuals diagnosed with HIV re-entering the community.

ReConnect Us Goals?

- Enhanced pre and post-release planning to strengthen and coordinate medical, behavioral health, and social services for incarcerated individuals.
- Identify individuals diagnosed with HIV and assist with monitoring and care management post-release.
- Provide Partner Services and Testing to identify partners and associates in need of HIV & STI treatment or prevention services.

ReConnect Us works with HIV Medical Providers across South Carolina to help individuals link to care.

Benefits of ReConnect Us

- Links individuals to medical care.
- Fosters a support system.
- Provides care package with toiletries, gift cards, and a safe sex kit.
- Connects individuals to peer support advocates.
- Makes referrals for transportation, food, and housing assistance services.
- Supports individuals to achieve and maintain viral suppression.

Eligibility Requirements

- Current or previous (2017 or later) incarceration experience at SCDC.
- Person living with HIV (PWH) and currently out of care.

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Overall Program Successes

- Developed and documented processes to implement the program
- Continued to evaluate processes to identify challenges and improvement opportunities
- Developed a procedure manual
- Provided technical assistance to New York and Texas
- Fostered and established collaborative partnerships

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Overall Program Challenges

- Establish notification of early releases to ensure both SCDC and Prisma Health have time to complete Discharge Planning
- Establish notification from jails and detention centers of clients diagnosed with HIV or on HIV medication prior to admittance to SCDC
- Enhance Follow-up and ongoing communication with MCMs and Outreach workers at receiving agencies with the Enhanced Discharge Program Coordinator
- Encourage clients to maintain and retain HIV medical care
- Access to mental health and substance abuse services in rural areas

SCDC Challenges

- COVID-19 and effects on labs/discharge planning
- Staff shortages
- Early releases without notice
- Data Sharing from DHEC to SCDC

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SCDC Successes

- Expanded telemedicine efforts
- Started to automate data entry templates to produce reports
- Expanded the role of medical discharge planning staff to assist with re-entry needs
- Established educational seminars for medical staff around Infectious diseases
- Developed an educational video for incarcerated individuals to place on tablets

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HEALTHCARE HUB

AETC AIDS Education & Training Center Program Southeast

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Lessons Learned

- Collaboration (MCMs, Outreach Workers, HIV Providers)
- Care package distribution occurs at the prison
- Utilization of the Prison Advisory Board
- Assess program resources at partner sites
- Keep communication flowing among the team
- Be proactive in identifying opportunities for improvement and the implementation of improvement strategies

Next Steps

- Implement ReConnect Us: A Prison Initiative fully
- Add Sexually Transmitted Infections (STI)Test kits to the "Care Package"
- Implement peer support groups and Re-Entry Educational sessions
- Establish partnerships with SC Department of Probation, Parole, and Pardon Services
- Establish partnerships with the Jails and Detention centers

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- **ReConnect Us Prison Team:**
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  - Lashonda Williams-DHEC
  - Alton Aaron-SCDC
  - Melanie Davis-SCDC
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  - Norlica Finkley-Prisma Health
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Questions

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