Jail Intervention: Transitional Care Coordination (TCC)

Office of Epidemiology and Disease Surveillance
Southern Nevada Health District

For Today

- Background
- Transitional Care Coordination (TCC) Model
- Preliminary Findings
- Challenges
- Expected Community Impacts

Background

3 year grant to implement TCC intervention

Grant Sponsors: AIDS United and Boston University

Grantee Sites:

- SNHD, Clark County, NV
- UNC at Chapel Hill, NC
- Cooper Health System, Camden, NJ

The SNHD Team

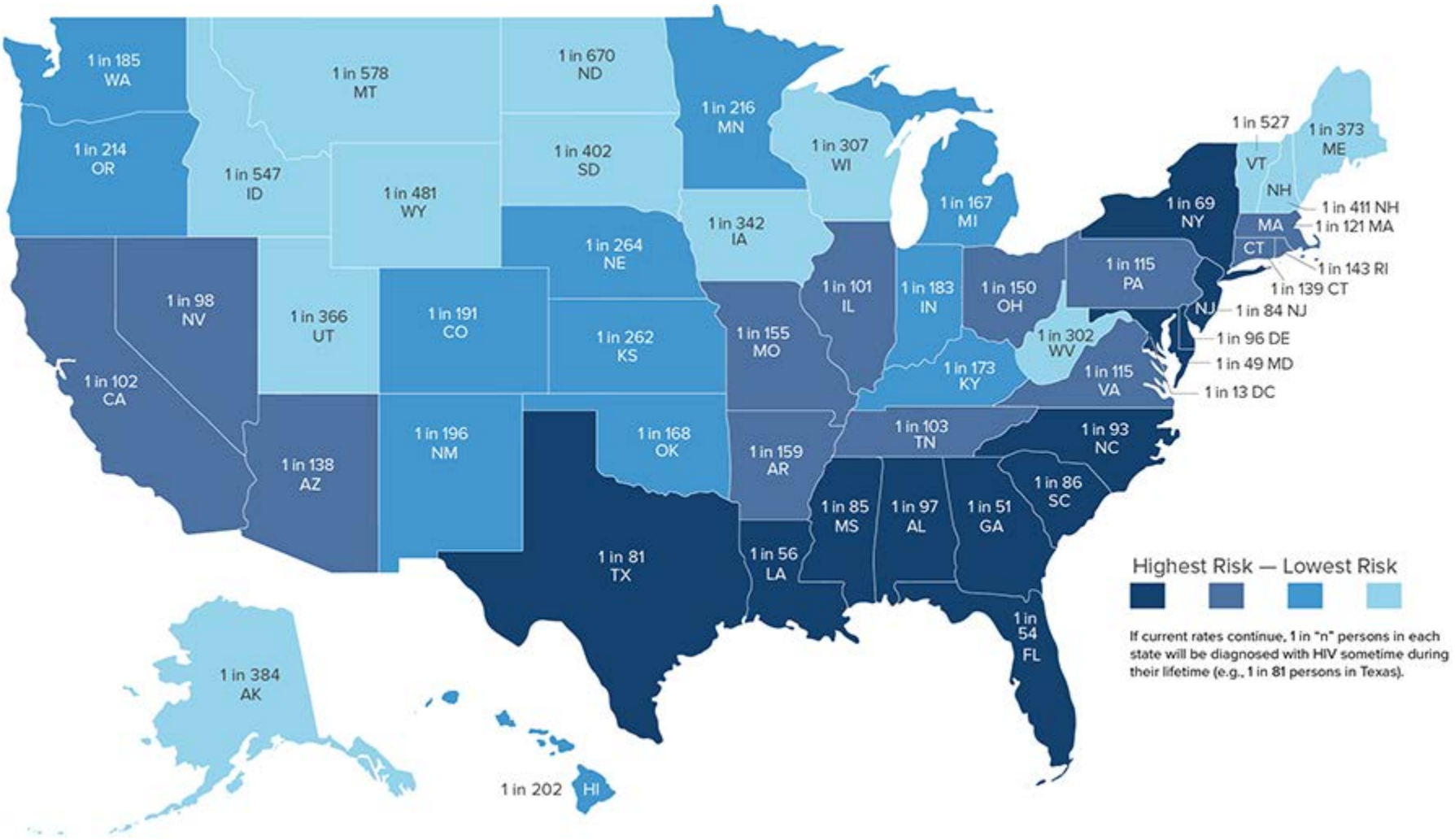
Core Team

- Joey Arias – Clinical Social Worker Supervisor
- Kathryn Barker – Principal Investigator
- Jason Butts – Data Manager/Project Manager
- Kelli O'Connor – Care Coordinator
- Leonard Taylor – Care Coordinator

Support Team

- Elizabeth Adelman – Sr. DIIS
- Victoria Burris – Communicable Disease Supervisor
- Linus Mubuifor – Community Health Nurse
- Lourdes Yapjoco – Community Health Nurse Supervisor

Lifetime Risk of HIV Diagnosis, by State



Source: CDC. Lifetime risk of HIV diagnosis [press release]. February 23, 2016.

Why Jails?

- Most incarcerated people with HIV got the virus before entering a correctional facility [2]
- HIV testing at a correctional facility may be the first time incarcerated people are tested and diagnosed with HIV [2]
- Among jail populations, African American men are 5 times as likely as white men, and twice as likely as Hispanic/Latino men, to be diagnosed with HIV [2]
- Among jail populations, African American women are more than twice as likely to be diagnosed with HIV as white or Hispanic/Latino women [2]
- Over 70% of people released to the community after incarceration return to the areas of greatest socioeconomic and health disparities [1]

1. Jordan AO, Cohen LR, Harriman G, Teixeira, PA, Cruzado-Quinones J, Venters H, Transitional Care Coordination in New York City Jails: Facilitating Linkages to Care for People with HIV Returning Home from Rikers Island, AIDS Behav Oct 2013.

2. Centers for Disease Control and Prevention. HIV Among Incarcerated Populations. https://www.cdc.gov/hiv/group/correctional.html

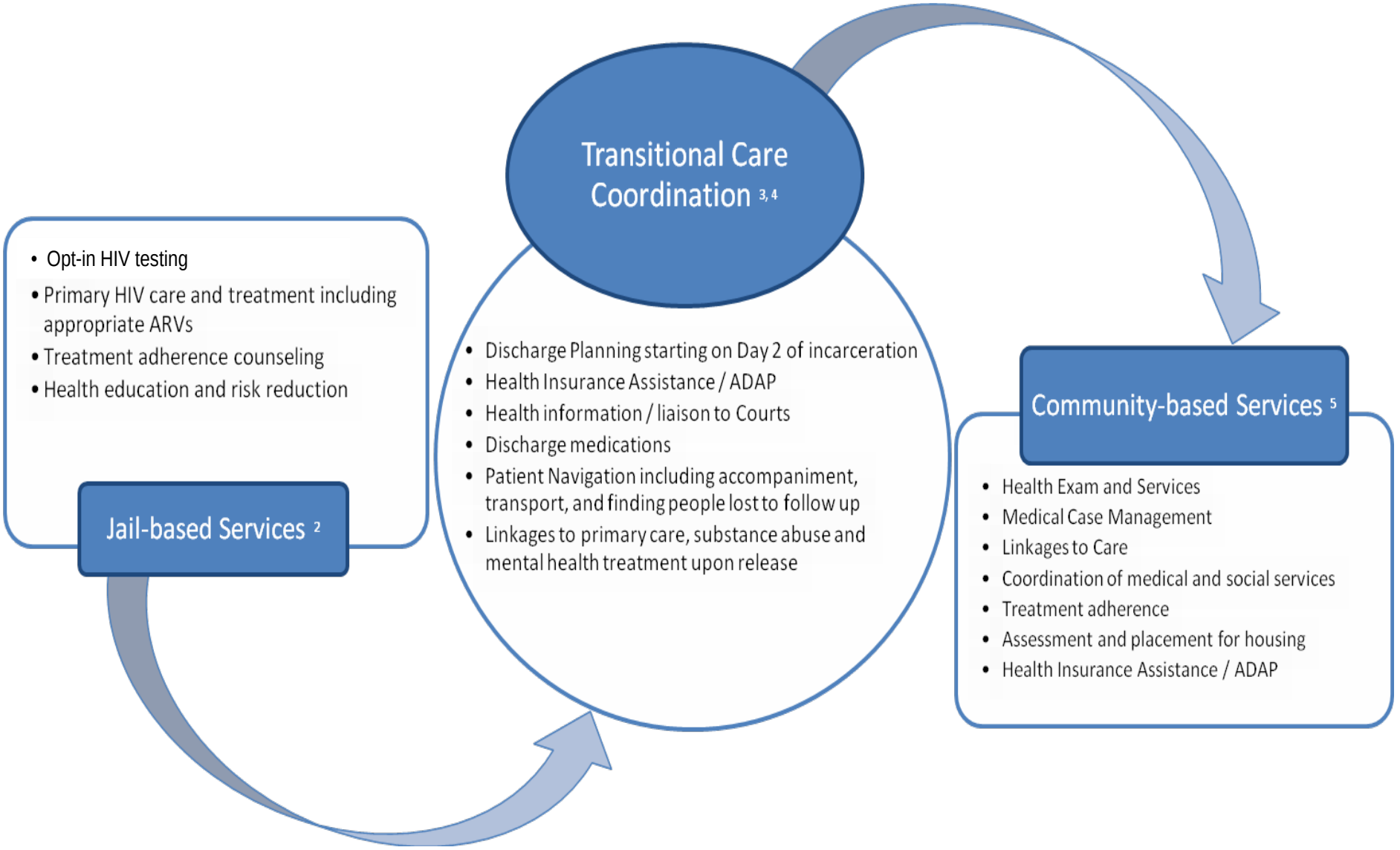
Transitional Care Coordination

- TCC is an evidenced-based intervention developed at Rikers Island, NY

Central Aim of TCC

- Facilitate the linkage of a client living with HIV to community-based HIV primary care and treatment services after incarceration, beginning while the individual is in jail

Continuum of Care



TCC in Action

Identify Population	• Individuals with HIV in jail
Engage Client	• Social work tenets, incentives
Conduct Assessment	• Needs for housing, transportation, health insurance/benefits, etc.
Coordinate a Post-Release Plan	• Referral to needed services, set appointments
Ensure Continuity of Medications at Discharge	• 7 days of medication plus prescription
Facilitate Continuity of Care	• Follow-up, check-in once in community

Clark County Detention Center

At A Glance (2015)	
Facilities	CCDC, North Valley Complex
Average Daily Pop	4,007
Bookings	56,299 or 154/day
Community Releases	56,643
Length of Stay	mean=25 days
Medical Services	Naphcare, Inc. (contracted vendor)

Preliminary Findings (N=49)

Characteristics			N (%)
Age	Mean: 37 years	Range: 21–57 years	
Gender			
Male			42 (88%)
Female			4 (8%)
Transgender/Other			3 (6%)
Race			
African-American/Black			23 (47%)
White			27(55%)
American Indian/Alaskan Native			9 (18%)
Other/Multiracial/Refuse to Answer			3 (6%)
Ethnicity- Hispanic/Latino			7 (14%)

Preliminary Findings (N=49)

Characteristics	N (%)
Residence prior to incarceration	
Own home/apartment (rent or own)	17 (35%)
Someone else's home/apartment	17 (35%)
Residential or transitional housing	1 (2%)
Treatment program	1 (2%)
Homeless- the streets/in a car/in a park	13 (27%)

Preliminary Findings (N=49)

Characteristics	N (%)
Run out of money prior to incarceration	
Never	11 (22%)
Daily	15 (30%)
Weekly	10 (20%)
Monthly	11 (22%)
Number of times previously incarcerated	
Mean: 4	
Range: 0 - 25	

Preliminary Findings (N=49)

Characteristics	N (%)
Insurance	
Medicaid	35 (71%)
Medicare	1 (2%)
Private	4 (8%)
VA	2 (4%)
None	9 (18%)

Preliminary Findings (N=49)

Characteristics	N (%)
Unmet needs in past 6 mos. before incarceration	
Housing	26 (53%)
Transportation	28 (57%)
Medical Care	17 (35%)
Mental Health/Substance Use	20 (41%)
Substance use in past 12 months	
Cigarettes	40 (82%)
Alcohol (Binge drinking)	16 (33%)
Marijuana	34 (69%)
Cocaine/Crack	8 (16%)
Amphetamines (including meth)	29 (59%)
Opiates	6 (12%)

Challenges

- Community Resources
  - HOUSING
  - Employment Opportunities
  - Transportation
  - Mental Health and Substance Abuse Treatment
- Recidivism
- Limited Staffing Resources

Outcomes and Impacts

Indicator	What to Expect in Clark County	Outcomes at Other Sites
Clinical Care		
CD 4 (mean)	INCREASE	★ INCREASE (416 to 439)
vL (mean)	DECREASE	★ DECREASE (39,642 to 15,607)
Undetectable vL	INCREASE	★ INCREASE (9.9% to 21.1%)
Engagement in Care		
# Taking ART	INCREASE	★ INCREASE (57% to 89%)
ART Adherence	INCREASE	★ INCREASE (68% to 90%)
Avg. # ED visits p/p	DECREASE	★ DECREASE (1.1 to .59)
Survival Needs		
Homelessness	DECREASE	★ DECREASE (36.2% to 19.2%)
Hunger	DECREASE	★ DECREASE (37.4% to 14.1%)

Contact

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