

Los Angeles County
Commission on HIV Health Services

HIV/AIDS SERVICES FOR THE INCARCERATED
STANDARDS OF CARE

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HIV/AIDS Services for the Incarcerated
Evaluation Ad Hoc Committee

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INCARCERATED STANDARDS OF HIV/AIDS CARE
FOR CORRECTIONAL FACILITIES

EXECUTIVE SUMMARY

The Incarcerated Standards of HIV/AIDS Care for Correctional Facilities represent a multi-disciplinary collaborative work-in-progress.

On behalf of consumers and communities, the Los Angeles County Commission on HIV Health Services has functioned as an intermediary, facilitating dialogue and advancing quality improvement strategies in the delivery of HIV/AIDS services within our correctional facilities.

HIV(+) incarcerated persons, as embodied by the HIV Incarcerated Task Force, together with diverse service providers from the law enforcement, legal, mental health, substance abuse, public health and medical professions have contributed toward this expanded model of primary medical care.

Introduction

At the August 1997 meeting of the Los Angeles County Commission on HIV Health Services (CHHS), the HIV Incarcerated Task Force (HIV-ITF) delivered public commentary regarding the inadequate level of care being received by inmates in the Los Angeles County jail system with HIV/AIDS. This public commentary was based on information that was being received from HIV infected individuals within the jail system and on the fact that the Los Angeles Sheriff's Department (LASD) was providing treatment to these individuals based on an outdated and obsolete policy for caring and treating inmates with HIV/AIDS. This public commentary was followed by a formal presentation to the CHHS at the October 1997 meeting. The primary purpose of this presentation was to highlight the significance of HIV/AIDS among incarcerated and post-incarcerated populations within Los Angeles County and to emphasize the need to provide effective medical care and treatment, HIV/AIDS testing and counseling, HIV/AIDS education and training, increased case management services aimed at incarcerated and post-incarcerated populations within Los Angeles County.

Based on the August 1997 public commentary and the October 1997 presentation, the CHHS passed a motion to form the HIV/AIDS Services for the Incarcerated Evaluation Ad Hoc Committee (hereinafter referred to as the Ad Hoc Committee). This committee was charged with evaluating the services being delivered to individuals incarcerated in the Los Angeles County jail system with HIV/AIDS.

In early 1998, Mary Syla, a staff attorney with the HIV & AIDS Legal Services Alliance (HALSA), also began receiving repeated complaints from inmates incarcerated in the Los Angeles County jail system about the LASD's failure to provide them with their life-sustaining HIV medications – consistently or at all. As a result of the information she was receiving, Mary Syla began attending meetings of the HIV-ITF and the Ad Hoc Committee.

Over the ensuing months, the Ad Hoc Committee established contacts within the LASD – more specifically with representatives of the LASD Medical Services Division. In March 1998 a tour was arranged of the Twin Towers jail facility, where most of the inmates with HIV/AIDS were housed. This tour provided the Ad Hoc Committee with the opportunity to view the facilities where many of the affected inmates were housed, and to discuss with medical staff, custody staff, and some inmates, the problems that existed with respect to the care and treatment of inmates with HIV/AIDS. In early May 1998 representatives from the Ad Hoc Committee, Mary Syla, and a group of individuals with HIV/AIDS who had been incarcerated in the jail system and experienced first hand the poor level of medical care and treatment, confronted Sheriff Sherman Block and the other

candidates for Sheriff at a candidate's forum. Based on the information provided to him at this forum, Sheriff Block committed the LASD to improving the situation within the jail system.

On May 28, 1998, representatives from LASD headquarters, Twin Towers jail facility, and the LASD Medical Services Division formally met with the Ad Hoc Committee at 5.

the Office of AIDS Programs and policy. At this meeting, the LASD was formally presented with a report of the Ad Hoc Committee titled, "Findings and Recommendations of the HIV/AIDS Services for the Incarcerated Evaluation Ad Hoc Committee." This report was prepared with the primary intention of providing the LASD with a summary of the problems identified by the committee and the recommendations that the committee had tentatively decided to propose as a means of resolving these problems. At the same time, the Ad Hoc Committee formally offered to work with the LASD to implement these recommendations and/or develop effective alternatives for resolving the problems identified.

Subsequent to this meeting, Assistant Sheriff Michael Graham and Chief Pash from LASD headquarters, and Commander Dahlman from Twin Towers jail facility met with Mary Syla and representatives of the "HALSA Working Group." This working group included legal advocates, medical doctors, health professionals, and representatives from the ACLU, HALSA, Center for Law in the Public Interest, USC School of Medicine, Jeffrey Goodman Special Care Clinic, and the law firm of McCutchen, Doyle, Brown & Enersen. It was formed for the purpose of further highlighting the problems that existed within the jail system as well as the possible legal implications that were likely to result if the LASD did not take steps to resolve these problems. On June 25, the HALSA Working Group also presented the LASD with a list of possible recommendations for resolving the problems that existed in the jail system with respect to inmates with HIV/AIDS.

As a result of these two meetings, Assistant Sheriff Michael Graham ordered the formation of a LASD Internal Task Force on HIV Issues. This LASD task force was charged with immediately addressing the problems identified by the Ad Hoc Committee and the HALSA Working Group – both of whom were invited to become active participants in the task force. As a starting point, the LASD task force developed a "Task List" that consisted of all of the recommendations presented to the LASD by the Ad Hoc Committee and the HALSA Working Group. Since the summer of 1998, the LASD task force has met approximately once a month to address the issues and implement the recommendations. The task force is chaired by Commander Dennis Dahlman, Custody Division, and consists of numerous relevant LASD custody and medical staff (see Appendix A).

Since its inception, the task force has made significant strides toward addressing the problems identified and implementing effective solutions that are leading to an improvement in the level of care and treatment being received by inmates with HIV/AIDS in the county jail system. This report of the Ad Hoc Committee to the CHHS details the steps that have been taken by the LASD since the inception of the Internal

Task-Force on HIV Issues. The report will begin with a summary of the findings and recommendations presented by the Ad Hoc Committee to the LASD at the May 28, 1998 meeting discussed above. This will be followed by a summary of the problems and recommendations prepared by the HALSA Working Group and presented to the LASD on June 25, 1998. Finally, a summary of actions taken relevant to all of these recommendations and issues that remain outstanding will be presented, followed by some concluding remarks.

Findings and Recommendations of the HIV/AIDS Services for the Incarcerated Evaluation Ad Hoc Committee

Below is a summary of the report detailing the findings and recommendations of the Ad Hoc Committee, which was presented to the LASD on May 28k 1998. The findings and recommendations are presented in four major areas: (1) standards of care, (2) medical care and treatment, (3) custody issues, and (4) other significant issues (e.g., case management, education and prevention, and condom distribution). The full report that was presented to the LASD by the Ad Hoc Committee is available upon request from OAPP.

Standards of Care

Finding: Title 15 – Crime Prevention and Corrections Minimum Standards for Local Adult Detention Facilities represent State mandated minimal standards for operating local detention facilities and for employing and training facility personnel. Article 10 of Title 15 – Medical and Mental Health Services is also relevant. This section of Title 15 requires all local detention facilities to develop a plan in collaboration with local health departments for the delivery of medical and mental health services to individuals incarcerated in all county detention facilities. In addition, Article 5 – Classification and Segregation, and Article 11, Food are also relevant.

Title 15, Article 10 standards were used as a source for the development of the Accreditation Standards for Adult Detention Facilities published by the Institute for Medical Quality (IMQ, 1998), a subsidiary of the California Medical Association (CMA). These standards represent a combination of standards established by the American medical Association (AMA) (1981), the CMA (1994), and Title 15, as well as “current medical practice policies.” They were developed based on the belief that “all medical/Mental health care occurring within an institution should strive toward meeting the community standard of care.” The standards are made up of those that are considered “essential” for accreditation and those that are considered “important.” In order to be accredited, a local detention facility must meet all essential standards and a minimum of 70 percent of the important standards.

The Ad Hoc Committee serves as a sub-committee of the Standards of Care Committee of the CHHS. Since January 1996, the Standards of Care Committee has been developing standards of care for HIV/AIDS related services throughout Los Angeles County. The formation of the Ad Hoc Committee highlighted the need for the development of standards of care that take into account the unique circumstances and needs of individuals with HIV/AIDS who are incarcerated. While certain standards developed by the Standards of Care Committee may be adaptable to incarcerated populations, it is clear that a substantial portion of them is not conducive to being implemented within a correctional environment. It is the opinion of the Ad Hoc Committee that the Accreditation Standards for Adult Correctional Facilities developed by the IMQ (1998)

meet the unique circumstances and needs of individuals incarcerated in the Los Angeles County jail system with HIV/AIDS.

Recommendation 1

The Ad Hoc Committee adopts as its primary recommendation that the LASD embrace the IMQ Accreditation Standards for Adult Detention Facilities as minimum standards for the Los Angeles County jail system, and that the LASD take immediate steps to bring the jail system into compliance with these standards with the goal of obtaining IMQ accreditation by January 1, 2000.

Medical Care and Treatment

Findings: The most significant problem that exists within the county jail system is the lack of procedures for ensuring that inmates entering the system who have AIDS and are on combination drug therapies continue receiving their prescribed medication without interruption, in accordance with the prescribed regiment, and in combination with a proper nutritionally balanced diet.

Combined with this is an organizational culture which permeates both the medical and custody staff which reflects a lack of concern and genuine indifference to the importance of ensuring infected inmates receive proper medical care and treatment. The primary problems that illustrate this culture and the lack of effective procedures can be categorized into five areas: (1) inmate reception and screening, (2) HIV testing and counseling, (3) medication dispensing and dosing, (4) continuity of care, and (5) diet and nutrition.

Inmate reception and screening. The procedures for processing individuals through the inmate reception center (IRC) is characterized by excessive waiting periods in which inmates diagnosed with HIV/AIDS, mental illness, and substance abuse are left untreated and unmedicated. Procedures for identifying and processing these individuals on a timely basis are lacking, and the medical staff at IRC appear to lack the proper amount of education, experience, and sensitivity needed to effectively treat and care for these individuals.

HIV testing and counseling. When conducting HIV testing, three critical prerequisites of proper and comprehensive HIV testing procedures are not being met: (1) pre and post test counseling, (2) timely notification of results and (3) confidentiality. First, there appears to be no established procedure or policy for providing pre- and post-test counseling to inmates receiving AIDS tests. Failure to provide adequate counseling may result in serious and irreversible psychological trauma and excessive stress that may directly impact upon the health of the individuals and his/her behaviors; in effect creating a public health threat. Second, inmates are often not notified of their test results in a timely and proper manner, and in some cases are not notified at all. Notification of any HIV test result is essential as a means of ensuring that infected individuals begin receiving immediate treatment and training in managing the disease, and that individuals not infected are properly notified and educated in an effort to reduce high risk behaviors

and increase preventive behaviors. Third, the manner in which inmates are managed, treated, and cared for often violates their right to confidentiality as individuals with HIV/AIDS. Most disturbing is the fact that male inmates “identified” as gay, mentally ill, or suffering from some other illness, are required to wear separate colored uniforms. (This policy is not in effect for female inmates.) Policies such as this serve only as a threat to the safety of the inmates required to wear these special uniforms. Separate uniforms should only be used to identify high-risk offenders as a means of protecting facility staff and the community in the unlikely event of an escape.

Medication and dosing. The procedure for dispensing medication to inmates is cumbersome, confusing, and potentially financially wasteful. Inmates are not currently allowed to take their medication with them, which raises the question as to what becomes of all unused medication that remain once an inmate is released. The exposure of the LASD to the possible theft of these unused medications, and to the potential misuse of funds relating to the reimbursement received from the State for medications dispensed to inmates is potentially serious.

Continuity of Care. The Los Angeles County jail system’s current medical record keeping system is still not automated. The existence of a manual system in the largest jail system in the county only serves to impact the quality of medical care and treatment received by all inmates in the jail system.

The lack of an automated system has contributed to the department’s inability to provide medications and effective treatment, or to ensure continuity of care for inmates leaving custody and needing continued and immediate treatment and care in the community. In addition, while incarcerated, inmates report that:

- (1) they experience extreme difficulty in attempts to see a doctor despite having their names placed on a waiting list several times (this often results in the lapsing of medication prescription that require a doctor visit and examination in order to be renewed);
- (2) doctors will not perform “physical” examinations on them, only “visual examinations;
- (3) doctors and nurses wear their name tags in a manner that makes it difficult or impossible to read their names, and often refuse to tell the inmates their names;
- (4) hostile attitudes and inappropriate behavior on behalf of medical staff toward inmates are common place.

Diet and nutrition. Individuals diagnosed with HIV/AIDS, and especially those that are on prescribed protease inhibitor cocktail regimens, must receive a proper nutritionally balanced diet. Yet many of these individuals are receiving only the normal meals served to the general inmate population, which meet only the most basic nutritional standards required of a physically health individual. In many ways a proper nutritionally balanced diet is as important to maintaining the health of the inmate as are his/her medications.

Indeed, improper diets impact directly the effectiveness of many AIDS medications. Given that less than one percent of the total inmate population is identified as having HIV/AIDS, the expense associated with providing a standard special diet to all of these individuals should not be significant.

It is the opinion of the Ad Hoc Committee that the problems relating to the LASD's inability to provide timely and effective medical treatment and medications to inmates is due primarily to the fact that the medical staff and function are employed by and responsible to the LASD. Within the organizational hierarchy of the LASD, the duties and responsibilities of the medical staff, and the primary objectives of the medical function, appear to occupy a lower level of priority than the duties and responsibilities of the custody staff.

The IMQ accreditation standards call for the establishment of a "health authority" with the responsibility to develop an overall "health care administration" policy, contract with health care providers to provide services, and develop a mechanism for ensuring contract compliance and delivery of timely and effective health care. Beginning in February 1998, the Los Angeles County Department of Health Services (DHS) began assessing the feasibility of transferring responsibility for medical and mental health services within the county jail system from the LASD to the DHS. It is the Ad Hoc Committee's understanding that the LASD supports such a transfer of responsibility. At Juvenile Court Health Services, the overall health care delivery system is the responsibility of the DHS in conjunction with the pediatric division of the county medical hospitals and UCLA medical center. Under this arrangement, there is a periodic and constant turnover of qualified medical personnel providing effective medical care under the supervision of fully trained attending physicians. The custody function places sufficient priority on the deliverance of timely and effective medical care, and the use of residents and attending physicians from local hospitals ensures that sufficient medical staff are present and available to fully meet the needs of inmate patients.

Recommendation 2

The Committee recommends that the responsibility for providing medical and mental health services to all inmates within the Los Angeles County jail system be transferred from the LACSD to the DHS, and that the DHS be designated the "health authority" as defined by the IMQ accreditation standards.

Recommendation 3

The Committee recommends that, using the health care delivery system in effect at Juvenile Court Health Services as a model, the DHS (as the designated health authority) seek to enter into an agreement with local county hospitals to provide health care services to inmates in all county jail facilities. This will ensure that "matters of medical/dental judgment and mental health care are the sole province of the responsible physician, dentist, and psychiatrist, respectfully" (IMQ, 1998, p.5), and will ensure greater efficiency in the delivery of timely and effective health care to inmates within the county jail system.

Recommendation 4

The Committee recommends that the DHS (as the designated health authority) develop a mechanism for ensuring contract compliance and the delivery of timely and effective health care. This mechanism should be in the form of a monitoring body made up (at a minimum) of relevant officials from the contracted hospitals, DHS, LACSD custody staff, HIV/AIDS case managers from the county jail system, as well as representatives from the Standards of Care Committee of the HIV Health Services Commission, the HIV Incarcerated Task Force the HIV Mental Health Task Force, and the HIV Drug and Alcohol Task Force. This body should meet quarterly to assess contract compliance, and to address and resolve issues and problems relevant to ensuring that all inmates within the county jail system continue to receive timely and effective health care services.

Recommendation 5

The Committee recommends that the LACSD, working in collaboration with the DHS (as the designated health authority) and the established monitoring body, undertake a review and revision of the LASD's current HIV Disease Management Policy (1996). This policy should be expanded to include the management of all communicable diseases, as well as mental illness and substance abuse.

The primary objective of this policy should be to ensure that inmates with HIV/AIDS, mental illness, and substance abuse problems receive effective and timely health care services while ensuring that appropriate and necessary security and custody priorities are not compromised.

The revised policy should comply with the relevant Title 15 and IMQ accreditation standards and should address all aspects of managing inmates who fall within the parameters of the policy, from the time they enter the IRC to the time they are released from custody. Thus, the policy should address the following issues:

Immediate identification and assessment of arrestees in IRC. All arrestees should be asked as early as possible in the intake process if they have HIV/AIDS, a diagnosed mental illness, or a substance abuse problem. The information questionnaire should be revised to ask inmates directly if they suffer from any of these conditions. (Inmates who self identify themselves now have such information recorded in their inmate files. Asking them to answer affirmatively to a direct question is not any more intrusive on their privacy). Inmates who answer in the affirmative to any of these questions should be directed immediately to a registered nurse or doctor for further assessment and treatment (if deemed necessary by the examining physician), and should be permitted the choice to be placed in separate holding cells during the IRC process. In addition, when provided with sufficient information, IRC medical staff should be required to initiate contact with the outside physicians of arrestees to obtain relevant information regarding medical conditions, prescriptions, and medication regimens.

Pre and post HIV test counseling by certified counselors, and timely notification of test results. All inmates receiving an HIV test should receive appropriate pre-test counseling from a certified counselor. All HIV test results (i.e. positive or negative) should be communicated to the inmate within a reasonably specified time period (to be determined). The communication of test results should be accompanied by appropriate post-test counseling from a certified counselor. Consideration should be given to adopting sputum HIV test procedures versus blood testing procedures. Sputum HIV tests are less intrusive and may shorten the time it takes to receive test results and report them to the individual.

Complete confidentiality of all inmates who have HIV/AIDS, diagnosed mental illness, and/or substance abuse problem. This would include (1) ensuring that arrestees in IRC are able to reveal and discuss their medical conditions without being overheard by custody staff and/or other arrestees, (2) conducting of all medical examinations by a doctor in the privacy of a doctor's office or out of the presence of other inmates and custody staff, (3) dissemination of HIV test results and HIV seropositive status on a need-to-know basis in accordance with relevant State law and standards of care, and (4) dispensing with the use of separate uniforms for identification and classification purposes (alternative procedures for identifying and classifying these inmates should be adopted.)

Development and implementation of a standard special diet for inmates with HIV/AIDS. The LACSD should develop with the assistance of one or more registered dietitians a special nutritionally balanced diet that will be served as a standard diet to all inmates known to be infected with HIV/AIDS. Physician generated prescriptions should only be required if additional special dietary needs are required above and beyond this special diet.

Guaranteed continuity of care. All individuals entering Los Angeles County jail system should receive the minimal standard of care that is available to them in the free community. Likewise, all individuals released from custody should be able to immediately access the services of community-based organizations, medical and mental health agencies, and/or hospitals, and receive immediate and continued treatment and care for any medical/mental health conditions. The automation of the medical record keeping system may ensure that accurate and complete medical records are maintained for inmates, but it does not guarantee that inmates will receive continuity of care as they enter and as they leave custody.

Implementation of previously stated recommendations will contribute toward ensuring that individuals entering custody receive the level of treatment and care available to them in the free community. In addition, the LACSD should institute a policy that will allow individuals leaving custody to take all or a portion of their medical record file with them.

This "exit file" should contain all the information needed for the individual to access community based organizations, medical and mental health agencies,

and/or hospitals, so that he/she will be able to receive immediate and continued treatment and care without having to submit to unnecessary retesting and/or medical evaluations.

Dispensing of medication using a unit dosing protocol. The LACSD should initiate a review to determine if the department's pharmaceutical licensing status can be changed so that medications can be dispensed using unit dosing as opposed to pharmaceutical dosing. A unit dosing procedure would eliminate the cumbersome and confusing nature with which medications are dispensed, and perhaps result in a significant decrease in inmate complaints about not receiving their medications, or not receiving the proper dosages. In addition, a unit dosing procedure would eliminate the potential exposure of the department to the mismanagement of unused medications.

In the event a unit dosing protocol is not possible, the department should implement a procedure that will allow inmates to take possession of their unused AIDS medications upon their release.

Custody Issues

Findings. The relationship between custody staff and inmate populations is historically an adversarial one. The primary concern of any correctional facility (jail or prison) is security and control of the inmates. As such, custody staff are responsible for managing practically every aspect of the day to day lives of individuals under their custody and control. It is for this reason that it is important that custody staff remain sensitive and educated with regard to the special needs and conditions that are characteristic of inmates suffering from HIV/AIDS, mental illness, and/or substance abuse problems. Failure to do so impacts directly on the immediate health and long term survival of many of these individuals. Yet numerous examples of incidents reported by inmates, and observations made by members of the Ad Hoc Committee during a tour of the Twin Towers facility, indicate that the custody staff of the Los Angeles County jail system lack complete sensitivity, concern, or knowledge with regard to the special needs and concerns of these individuals. The current environment would be greatly improved if custody staff received sensitivity training and education with regard to HIV/AIDS, mental illness, and substance abuse, as well as sexual orientation and cultural sensitivity training.

Recommendation 6

The Committee recommends that all custody staff assigned to segregated units for gays (which includes transgenders, and transsexuals) and for the mentally ill serve on a volunteer basis only. Custody staff who volunteer to staff these units are more likely to be sensitive and educated to the needs and lifestyles of these individuals.

Recommendation 7

The Committee recommends that all custody staff that are assigned to segregated units for gays (which includes transgenders, and transsexuals) and for the mentally ill be required to receive relevant sensitivity training and education training on at least an annual basis.

Education and training for staff should be developed and implemented with staff input and should include educational sessions that include information on universal precautions against the transmission of HIV, the low risk of contacting HIV in a correctional environment, as well as information that effectively challenges homophobia and HIV/AIDS related stigma. The development of peer based staff education and training programs are key. Custody staff should be utilized to serve as peer educators/counselors.

Other Issues

Case Management

Finding: The case management system within the Los Angeles County jail system is somewhat fragmented, does not contain an effective working relationship with medical and custody officials, and is not adequately addressing the needs of women and non-English speaking inmates. The result is a client base that is not being properly and effectively served.

Recommendation 8

The LASD should support the consolidation of all case management services under the direction of a single agency contracted through OAPP. In addition, the LASD should commit to assisting in the establishment of a process that ensures the existence of an ongoing open and constructive dialog between case managers and LASD medical and custody staff.

Education and Prevention

Finding: The Los Angeles County jail system lacks a comprehensive HIV/AIDS education and prevention program for inmates. Current educational programs are fragmented and insufficient. The only HIV/AIDS education that is provided is conducted by existing case managers who work for the La Puente School District, which is contracted with the LASD to provide a broad range of educational services for the inmates. AIDS education for most of the general inmate population is limited to a brief video that is shown in the IRC. In addition, the video is not shown in Spanish and does not address issues unique to women, thereby rendering it useless to female inmates and/or those whose primary language is Spanish. It is also clear that the jail system does not utilize available community AIDS organizations to provide AIDS educational services to inmates, and does not take full advantage of the peer educational model.

It is also clear that there exists a need to provide effective and ongoing education and sensitivity training to custody and medical staff. It is important to note that

inmates who perceive staff as being ill informed and/or prejudiced are less likely to get tested and seek out services if they are positive. This only increases the likelihood of continued high-risk behaviors, progression of the AIDS disease, and the likelihood these individuals will develop resistant strains of HIV, reinfect themselves, and/or infect others.

Recommendation 7 addresses the provision of education and training to LASD custody staff. In addition, the implementation of recommendations 1-3 will ensure that medical staff responsible for providing health care to inmates are educated, experienced, and sensitive to the unique medical and psychosocial needs of inmates with HIV/AIDS, mental illness, and/or substance abuse problems.

Recommendation 9

Current HIV/AIDS education programs for inmates should be substantially revamped and quality peer based HIV/AIDS education should be provided on a regular basis to all inmates. HIV/AIDS education should include learning about HIV transmission, risk reduction, testing for HIV antibodies, how the AIDS virus affects the body, and treatment options.

Participation in educational sessions about HIV/AIDS should be mandatory for all inmates entering the jail system and educational sessions should be made available to all inmates on a regular basis. The LASD should work with trustee inmates and community agencies to develop peer education, support, and counseling services. Each county facility should allow trustee inmates to work as peer health educators/counselors. Outside community based organizations should be contracted to deliver or supplement these services.

Condom Distribution

Finding: Despite any and all claims to the contrary, sex has always and will continue to occur between inmates within the Los Angeles County jail system – just as it does in all correctional systems and facilities. Furthermore, this sex is often unsafe and represents a substantial risk of resulting in HIV infection and reinfection, as well as transmission of other sexually transmitted diseases. The only effective preventative method for reducing this risk is through the use of condoms. However, under current LASD policy, condoms are not provided to inmates. This policy effectively denies inmates the means to protect themselves against HIV infection.

Research and actual condom distribution programs in other jurisdictions throughout the United States have demonstrated that, when used correctly, condoms are extremely effective in preventing the transmission of HIV. From a public health perspective, distributing condoms and latex barriers has several positive side effects:

It reduces the likelihood of HIV infection and reinfection within the inmate population, as well as the transmission of other sexually transmitted diseases.

Because most inmates return to their communities, a reduction in HIV transmission within jail means that fewer inmates will be infected upon their release, and thus less likely to transmit the virus within their communities.

Condom use promotes the development of safe sex skills, which will be used on the outside.

As a result of decreased transmission of sexually transmitted diseases and HIV, the overall health care costs of the jail system will be reduced.

The Ad Hoc Committee understands that the current political climate does not make the immediate introduction of a condom distribution program within the county's mail system feasible at this time. However, the substantial benefits that accrue from a policy, and the demonstrated success of such programs in other jail systems around the nation, including New York, Philadelphia, and San Francisco, make it incumbent upon the LASD to begin assessing its continued opposition against the development and implementation of such a program.

Recommendation 10

The LASD should develop and implement a program that allows for the distribution of condoms, along with HIV/AIDS related information and referrals, at the point of release from custody. In addition, the LASD should initiate inquiries into condom distribution programs in other jurisdictions (e.g., New York, Philadelphia, San Francisco, etc.) as part of a review of current department policy, with the eventual goal of implementing a similar program in the Los Angeles County jail system.

Findings and Recommendations of the HALSA Working Group

Below are the findings and recommendations presented by the HALSA Working Group to the HASD on June 25, 1998. These recommendations, along with the recommendations of the Ad Hoc Committee presented above became the task list of the LASD Internal Task Force on HIV Issues.

1. Finding: The inmate reception screening process does not include questions That are specific to the individual's HIV AIDS status. Such questions are important to ensure the delivery of timely and effective medical care.

Recommendation: Ensure that the Inmate Reception Center (IRC) screening process includes specific questions about HIV/AIDS. Evaluate the IRC intake process with respect to HIV/AIDS infected inmates.

2. Finding: Medical staff responsible for providing health care services Inmates with HIV/AIDS are not adequately trained, possess insufficient knowledge, and lack sensitivity with respect to providing such services.

Recommendation: Coordinate healthcare training in the jails by experts from the local HIV/AIDS treatment community. This training should include all physicians, physician's assistants, and nurses who provide healthcare assistance to inmates with HIV/AIDS.

Recommendation: Provide sensitivity training to medical staff on H IV/AIDS related issues.

3. Finding: Although the Sheriff's Department purported to allow inmates to self medicate, inmates' reports did not corroborate this. The Sheriff's Department confessed that when representatives from the HIV community first met with them only two inmates were self-medicating.

Recommendation: Implement a self-medication program for all eligible inmates with HIV/AIDS who need medications, beginning with a 7-day supply at IRC until the medical staff can get them established on proper medication regimens.

4. Finding: The jail pharmacy contains an insufficient supply of medications needed to effectively treat the existing population of inmates with HIV/AIDS.

Recommendation: Obtain an additional temporary supply of HIV/AIDS medications to treat the current population of inmates with HIV/AIDS.

5. Finding: The jail's pharmacy is not stocked with protease inhibitors. HIV medications are not on the list of standard medications ordered from the pharmaceutical provider. Therefore, medications have to be ordered on an emergency basis, and run up against a \$2000 spending cap on such emergency purchases.

Recommendation: Immediately eliminate the \$2,000 spending cap per invoice per day set in the County Fiscal Manual on non-contract HIV/AIDS medications, clearly document the removal of the cap in all procurement policy and procedure statements, and immediately authorize expenditures to provide HIV/AIDS medications to inmates.

6. Finding: Beginning in January 1998 the California AIDS Drug Assistance Program (ADAP) refused to reimburse the Sheriff's Department for HIV medications distributed to inmates. Previously ADAP had reimbursed the LASD approximately \$1 million a year for the medication distributed in the jails, but in 1998, ADAP reimbursements ceased. This action was based upon inaccurate factual information about the obligation of other governmental entities to reimburse the Sheriff's Department.

Recommendation: Ensure that the LASD receives reimbursement for HIV/AIDS medications. The LASD should review its reimbursement procedures with both the California Department of Corrections and ADAP. The LASD should write a letter to each entity requesting written confirmation of their legal commitment to reimburse for HIV/AIDS medications. The LASD should document in procurement policy and procedure statements that reimbursement shall be sought.

7. Finding: HALSA has received reports that Medical and Custody staff threatened disciplinary action when inmates questioned or complained about medication.

Recommendation: Document in Medical Services Division policy the prohibition against threatening discipline for inmates with HIV/AIDS who question or complain about medication. Allow independent representatives to observe medication dispensing procedures to verify that the practice is eliminated.

8. Finding: The case management function at within the jail system for inmates with HIV/AIDS is not fully staffed. The current population of inmates with HIV/AIDS is not receiving effective case management services.

Recommendation: Seek outside funding sources (e.g., grants) to provide Additional HIV/AIDS case management services to infected inmates.

9. Finding: The medical record keeping system within the Los Angeles County jail system is not automated. This has contributed to the inadequate level of medical care and treatment inmates with HIV/AIDS are receiving.

Recommendation: Ensure that the automated medical record keeping system is developed and implemented.

Status Report and Summary of Actions

Below is a status report and summary of actions taken over the last six months by the LASD in response to the recommendations of the Ad Hoc Committee and the HALSA Working Group. This summary was prepared from the “task list” maintained by the LASD Internal Task Force on HIV issues. It is divided into the four major areas of (1) standards of care, (2) medical care and treatment, (3) custody issues, and (4) outstanding issues.

Standards of Care

The LASD has questions regarding the difference between complying with the IMQ Accreditation Standards for Adult Correctional Facilities and licensing and certification under Title 22 of the California Code of Regulations (Title 22, Division 5, Chapter 12, Articles 1-6; Licensing and Certification of Health Facilities, Correctional Treatment Centers), which is what they are trying to obtain. The question centers around whether the certification requirements of Title 22, Division 5, Chapter 12 constitute an appropriate set of standards for treating and caring for inmates in the jail system with HIV/AIDS. (A complete text of Title 22, Division 5, Chapter 12 is available for viewing on the internet at: <http://ccr.oal.ca.gov>.)

The IMQ accreditation standards were developed specifically for adult correctional facilities. They incorporate Title 15, Article 10 standards as well as standards of the American Medical Association and the California Medical Association. As such, they constitute perhaps the most appropriate set of standards that should be adopted by the LASD for the delivery of health care services within the county’s jail system.

In addition, the standards that have been developed by the Standards of Care Committee of the CHHS should also be utilized as a resource by the LASD. A complete set of standards that have been fully developed will be forwarded to the LASD. Where they do not conflict with the IMQ standards and/or operating policy of the jail system, the LASD should strive toward coming into compliance with these standards as well.

Medical Care and Treatment

Responsibility for Medical and Mental Health care Delivery System. The report of the Department of Health Services (DHS) regarding the transfer of responsibility for providing medical and mental health services to all inmates within the jail system from the LASD to the DHS is complete and currently under review by County Counsel. Although the LASD supported such a transfer of responsibility, it appears as though the tentative decision of the DHS is to not assume the responsibilities. The DHS and County Counsel is currently awaiting a response from the LASD regarding the contents of the report and the conclusions contained therein before issuing a final draft that will be made public.

With the responsibility for providing medical and mental health services to inmates remaining with the LASD, it is even more important that an independent monitoring body be established to assess the quality of these services on an ongoing basis, and that a protocol be established to address on a timely basis any shortcomings in the delivery of these services that are identified by this monitoring body. This monitoring body should be made up at a minimum of relevant officials from DHS, Department of Mental Health (DMH), LASD custody and medical staff, HIV/AIDS case managers from the jail system, as well as representatives from the Standards of Care Committee of the CHHS, the HIV-ITF, the HIV Mental Health Task Force, and the HIV Drug and Alcohol Task Force. This monitoring body should meet quarterly. Furthermore, it should be the primary responsibility of this monitoring body to undertake a review and revision of the LASD's HIV Disease Management Policy in accordance with Recommendation 5 of the Ad Hoc Committee.

Until such a body is established and a protocol is developed and implemented, the LASD Internal Task Force on HIV Issues should continue to meet on at least a quarterly basis as an ad hoc monitoring body. The charge of this task force should be modified to include responsibility for establishing the independent monitoring body with the assistance of representatives from DHS and the community.

Beginning in October 1998, the HIV Incarcerated Task Force in collaboration with AIDS/HIV Health Alternatives received funding to develop an information and referral hotline for incarcerated and post-incarcerated individuals with HIV/AIDS. One of the stated purposes of the hotline is that it serve as a means of gathering information from incarcerated individuals within the county jail system regarding the medical care and treatment they are receiving for their HIV/AIDS. To that end, the LASD has agreed to make the hotline number available to inmates throughout the jail system. (Inmates will be able to call the hotline collect and speak to a representative or leave a voicemail message.) In exchange, information received that identifies problems with the health care delivery system will be communicated to the LASD internal task force. (This information will be communicated to the LASD in a manner, which protects inmates' identities.)

Supply of Medications. The LASD has removed the \$2,000 spending cap (per invoice, per day) on non-contract HIV medications, and placed all HIV medications on the list of standard medications.

In addition, the policy regarding inmates' ability to take medication with them upon release has been revised. Inmates are now allowed to keep any unused prescribed medication upon release from custody.

ADAP Reimbursement. A letter was prepared by Mary Syla and forwarded to California Office of AIDS which pointed out the inaccurate information that formed the basis to discontinue ADAP reimbursement to the LASD for HIV/AIDS drugs distributed to infected inmates. On January 20, 1999, the agency revised its policy, noting that the letter had "resulted in an extensive review of our policy..." The reinstatement of the

reimbursement policy will assure appropriate medical care and free up approximately \$1 million that the County would otherwise be obliged to spend on these medications.

Medical Staff HIV Training. Two LASD physicians have attended a one-week training in HIV/AIDS at the Pacific AIDS Education Training Center and completed a rotation through Los Angeles County USC Medical Center (SP21). Two more physicians are scheduled to do the same before the end of March 1999. Medical es Division nursing staff will be trained by staff of the Pacific AIDS Education Training Center. In addition, senior Medical Division staff were instructed to provide a recurrent briefing to all medical staff on the importance to wearing visible name tags at all times.

Testing and Counseling Issues. The process of testing and counseling has been examined. The LASD will begin testing using the “Orasure” methods instead of traditional blood tests. This is a less intrusive procedure and it is hoped that this will encourage a greater number of inmates to submit to testing.

There remains only one individual qualified to provide HIV pre- and post-test counseling. The LASD has also agreed to send medical staff to OAPP’s training on pre- and post-test counseling and to expand the number of certified counselors in the jails. In order to verify that appropriate pre- and post-test counseling is being done, a databsse was developed to track inmates who test in jail. However, this system still contains no information on any tests or counseling that have been conducted.

Self-Medication. A self-medication program has been implemented. Despite plans to increase the scope of the program, the number of inmates self-medicating has not grown substantially since the program started – it averages around 40 an estimated 150 “eligible” inmates. Further review needs to be completed to assess the effectiveness oif this program. Inmates who are taking “psychotropic” medications are currently not allowed to participate in the self-medication program. This policy needs to be reviewed and perhaps revised to exclude only inmates who are taking “ami-psychotic” medications.

Pharmacy Licensing. The LASD has had the department’s license status changed from a “hospital pharmacy” to a “correction treatment center.” This change was effective in December 1998. This new license allows satellite pharmacies to be established throughout the jail system. In addition, plans have been developed to purchase a self-automation medication machine (i.e., PIXUS). It is not yet clear what impact if any the licensing change will have on the dispensing of medications. This will need to be monitored and assessed over time. Similarly, if and when the medication machine is purchased, its impact on medication dispensing and on the self-medication program will need to be assessed.

Custody Issues

Deputy Training – On September 1, 1998 the Twin Towers training staff was presented with the “HIV 101” training course by Glenn Gaylord of AIDS project Los Angeles (APLA). The training staff subsequently began training Twin Towers custody personnel in October 1998. As of February 1, 1999, approximately 280 custody staff have participated in the HIV 101 training course. This training will be provided to staff at the other jail facilities – beginning with Central Jail, where the largest concentration of known HIV-infected inmates now reside.

Policy Changes. A new policy has been adopted which provides that when, after inquiring, a deputy is aware that an inmate is HIV positive and needs medication, the arresting officer and court personnel shall (1) inquire when the next dose of medication is required (2) allow an inmate to take any medication s/he has with him or her at the appropriate time, as long as the medication has been identified as HIV medication from a pharmaceutical company care or physicians desk reference or (3) allow an inmate access to a telephone to contact someone to bring medication from home, provided the medication will arrive before the arrestee will be transferred to the facility with a pharmacy.

In addition, a new policy has been published and communicated to custody and medical staff regarding the inappropriateness of threatening discipline for potentially legitimate inquiries regarding medication.

Outstanding Issues

Case Management. The situation with respect to case management for inmates with HIV/AIDS has deteriorated in recent months. As of the date of this report, there is only one full time case manager working within the jail system. A second individual employed by La Puente School District provides case management services, but also has other responsibilities relating to education (the primary function of the La Puente personnel within the jail system).

The lack of effective case management services is a critical problem that needs to be addressed immediately. The key issue relating to this problem appears to be deciding what would constitute an appropriate method of delivering case management services: (1) consolidating all case management services under the direction of one agency contracted through OAPP, or (2) allowing different agencies to seek and obtain appropriate funding to provide case management services within the jail system. This issue is a critical one that needs to be resolved. In addition, the resolution to this issue needs to include the input of the LASD and address any concern that they may have (e.g., clearance and access to inmates for individuals working for different agencies, coordination of available office space and resources, etc.).

It is also important that case management for inmates with HIV/AIDS be coordinated with mental health case management to ensure maximum effectiveness of case management services to inmates with dual diagnosis (i.e., HIV/AIDS and mental illness).

Exit Brochures. The LASD has agreed to distribute an “exit brochure” designed by staff of the Office of AIDS Programs and Policy in conjunction with the HIV Incarcerated Task Force. This exit brochure will contain important referral information for a host of available services that may be applicable to individuals being released from jail (e.g., food, shelter, transportation, AA/NA, domestic abuse, AIDS hotline, etc.)

The final brochure will also contain important information regarding HIV/AIDS prevention and will include a condom. The HIV Incarcerated Task Force is also developing a second brochure that contains only HIV/AIDS related information and referrals. This second brochure will be made available to all individuals being released from the jail system if they wish to take one. When these brochures are completed, they will be submitted to Sheriff Baca for approval.

Condom Distribution. The LASD has asked that a paper be prepared that contains research and information on condom distribution programs in other jail jurisdiction throughout the nation, and a proposal for implementing a condom distribution program in the Los Angeles County jail system. The LASD has agreed to review this paper when it is completed.

HIV/AIDS Coordinator. The LASD is considering whether or not to create a HIV/AIDS Coordinator position. A major obstacle to creating this position seems to be identifying an appropriate funding source that will ensure that the position remains permanent and not subject to the availability of “soft” funds (i.e., grants).

Ongoing Medical Issues. Even with the advancements of the past few months, some inmates are still not identifying as HIV positive. As a result, they are not able to participate in the self-medication program, may not be receiving appropriate medication (or any medication at all), and are not seen by a doctor with regularity.

Members of the Pacific AIDS Education and Training Center recently met with the LASD and asked them to consider:

- (1) adding the following question and statement to the IRC medical screening form:
 - Are you HIV positive?
 - If you are HIV+ and tell us, we can help facilitate your getting the correct medications at the right time.
- (2) maximizing participation in the self-medication program by reevaluating automatic disqualification of inmates on psychotropic medications

- (3) evaluating inmates with HIV/AIDS at IRC to determine whether they present one or more of a number of identified symptoms (appearing on an attached list); if so, schedule that inmate for the next possible appointment with an HIV/AIDS specialist
- (4) automatically scheduling all inmates with HIV/AIDS for an appointment with an HIV/AIDS specialist every 30 days

Coordination with Mental Health Services. It is important that the LASD seek ways to coordinate to a greater degree the medical services provided to inmates with HIV/AIDS and mental health services. As with case management, this is especially important for inmates with dual diagnoses. Great coordination of medical and mental health services will ensure that appropriate and timely medical and mental healthcare is received by all inmates in need of it.

HIV/AIDS Training. Efforts to train all relevant medical and custody staff are proceeding. However, as of this date, there appears to be no procedure in place to ensure that this training is held on an ongoing basis. In order to ensure that medical and custody staff remain appropriately trained and knowledgeable of the latest information relevant to caring and treating inmates with HIV/AIDS, HIV/AIDS training should be conducted on at least an annual basis. With a periodic training schedule, the knowledge gained from this training is likely to be lost to staff turnover and obsolescence.

Inmate Uniforms. Gay inmates within the Los Angeles County jail system are still required to wear different uniforms than all other inmates. According to LASD personnel, this policy serves the purpose of protecting them (i.e., the gay inmates) from other general population inmates by allowing custody staff to identify and segregate them when their safety might otherwise be threatened (e.g., in holding cells at court). Apparently, there is no other way for custody staff to independently identify gay inmates and avoid placing them in holding cells where their safety might be threatened. This policy needs to be reviewed. Every effort should be made to identify alternative means of protecting gay inmates that does not require them to be openly labeled or identifiable to other general population inmates and custody staff.

Conclusion

Since the Ad Hoc Committee began its work in August 1997, significant changes have occurred within the Los Angeles County jail system that have resulted in an improvement in the level of care and treatment being received by inmates with HIV/AIDS. The improvement that we as a community have witnessed is due in large part to the efforts of the LASD Internal Task Force on HIV Issues, and their commitment to addressing and resolving the findings and recommendation of the Ad Hoc Committee and the HALSA Working Group. It should also be noted that the timing and impact of the findings and recommendations of these two groups were emphasized by a Department of Justice review of the jail system that centered on the care and treatment being received by mentally ill inmates, the Department of Health Services review and assessment relating to the transferring of medical and mental health care services from the LASD to the DHS, and exposes that appeared in the local press regarding the poor level of medical care and treatment that was being received by inmates throughout the jail system. All of these events helped to create an atmosphere and sense of urgency within the LASD that was conducive to implementing needed changes.

Despite the improvements that have been made, there remain a number of outstanding issues (noted above). In addition, and perhaps more importantly, there exists no mechanism for ensuring that the changes made will persist (or that future changes will remain in place). At the completion of its work, the LASD internal task force will disband. In addition, the Ad Hoc Committee's work have been completed, it is expected that this body will cease to exist in its current form. The only remaining body that will remain is the HIV Incarcerated Task Force --which will continue to conduct monitoring to the best of its ability. However, the changes that have taken place need to be monitored on an ongoing basis to ensure that inmates with HIV/AIDS – indeed all inmates in need of effective medical and mental health care – continue to receive effective health care services. As such, an independent monitoring body (as discussed earlier) needs to be established and charged with this task. To this end, and as it relates to incarcerated individuals who are living with HIV/AIDS, the continued active involvement of the CHHS in some form is necessary.