

CHAPTER 4

HIV/AIDS Program Overview and Transitional Case Management Program

Human Immunodeficiency Virus (HIV) infection is a communicable disease that progresses to Acquired Immunodeficiency Syndrome (AIDS) over a period of years. Although HIV is a precursor to AIDS, law currently mandates reporting this condition **only** to the appropriate parole agent upon an inmate's release to parole status. California's non-names reporting system to local county health departments is currently being planned for implementation by 2002. However, the condition of AIDS is reportable to both the appropriate parole agents and to the local county health officers. There is a nationally standardized AIDS reporting form which is located in the appendix of the Bloodborne Pathogens manual which goes from the local health department to the state Department of Health Services and then to the Centers for Disease Control and Prevention. Training on this form is available and can be arranged by contacting the Public Health Section, Health Care Services Division.

Testing for HIV is voluntary and confidential except when there is a significant risk that HIV was transmitted after an accidental or intentional exposure (including some 'gassings') where the victim may have been exposed to the inmate's bodily fluids. In a post-exposure circumstance, involuntary testing of an inmate may be performed after the Chief Medical Officer (CMO), or designee, determines after considering all the facets and circumstances that there is a significant risk that HIV was transmitted. In making this determination, the CMO shall include/consider the following:

- the latest written guidelines by the Centers for Disease Control and Prevention and California Department of Health Services;
- whether the inmate exhibits medical conditions or clinical findings consistent with HIV/AIDS;
- whether the health of the staff or inmates may have been endangered as to a potential HIV exposure;
- oral or written testimony from involved persons and witnesses, as deemed necessary by the CMO or designee for a complete investigation.

Involuntary testing is governed by the following:

1. Penal Code Sections 7500-7522, Medical Testing of Prisoners
2. Administrative Bulletin #91/29-"Housing Policy for Identified HIV+ Inmates"
3. Guidelines for Involuntary Testing Of Inmates: Proposition 96 & SB1913-(memo dated 6/26/90)

Current medical practice for the treatment of HIV/AIDS is constantly changing. New medical discoveries and medications, as well as the myriad of symptoms associated with AIDS make it difficult to prepare comprehensive medical guidelines. The CDC currently advises its health care staff to use the most recent guidelines published by the CDCP in its MMWRs as guides to treatment. As new guidelines are published they are distributed to the field for use. The current MMWRs in use by the field are:

1. Guidelines for National HIV Case Surveillance, Including Monitoring for HIV Infections & AIDS (MMWR Vol. 48, No. RR-13)
2. 1997 Revised Guidelines for Performing CD4+ T-Cell Determinations in Persons Infected with HIV (MMWR Vol. 46, No. RR-2)
3. Report of the NIH Panel to Define Principles of Therapy of HIV Infection & Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults & Adolescents (MMWR Vol. 47, No. RR-5)
4. 1999 USPHS/IDSA Guidelines for the Prevention of Opportunistic Infections in Persons Infected with HIV (MMWR Vol. 48, No. RR-10)
5. Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant Women Infected with HIV-1 for Maternal Health & for Reducing Perinatal HIV-1 Transmission (MMWR Vol. 47, No. RR-2)

Additional information for health care providers and advise on management of HIV disease is available from the nationally funded Pacific AIDS Education & Training Center (PAETC) by calling (415) 502-8196, or by visiting their Web site at <http://cwis.usc.edu/hsc/nml/e-resources/info/pac aids.html>. The PAETC is the western arm of the Centers for Disease Control & Prevention in this area.

TRANSITIONAL CASE MANAGEMENT PROGRAM

The TCMP provides support services to inmates who will soon be released and parolees living with the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS). The California Department of Corrections' (CDC) Parole Division contracts with over 10 private non-profit agencies and public entities to provide case management services to offenders in over 35 counties throughout the State. The TCMP services are initiated while the offender is in custody and continues following release to parole supervision.

The purpose of the program is to assist HIV/AIDS offenders in their transition to parole and provide incentives to them to remain in the community rather than return to prison to receive the specialized and expensive care required for their illness. The range of support services provided by TCMP varies widely, as the needs of the HIV/AIDS parolees are extremely diverse. The services available to TCMP participants include, but are not limited to:

- Conduct in-depth medical, psycho/social, and financial status assessments,
- Assist parolees with make and keeping appointments, completing benefits forms and other documentation,

- Collaborate with institution social workers, correctional counselors, and inmate's families to arrange for Hospice care,
- Assist parolees with emergency housing,
- Link inmate/parolees to substance abuse treatment programs and arrange transportation for prison to the program,
- Provide food vouchers and bus tokens,
- Provide HIV and substance abuse educational materials and counseling during transition period, and
- Link the parolee with community case management for long-term follow-up.

The following process outlines the responsibilities of the various groups involved in this process:

1. Institution healthcare staff will notify all HIV/AIDS infected inmates of the results of their tests. Upon notification, the medical staff will give the inmate the TCMP handout and explain that this references the Department's program contractors who can assist them in their transition. Completing the form only indicates their interest in the program.
2. The inmate will complete the form and leave it with the designated individual healthcare staff. A TCMP contractor will routinely collect the forms during their visits. A list of those individuals who have expressed interest in the program can then be developed by the TCMP Coordinator.

Recent evaluations by the CDC Research Division have determined that the TCMP has been very effective in reducing the recidivism rate for the HIV/AIDS population. For more information on the TCMP program contact the Program Manager for TCMP at (916) 327-4458.