

**2008 Innovations Awards Program  
APPLICATION**

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ID # (assigned by CSG): 08-E-08DC

**Please provide the following information, adding space as necessary:**

State: **District of Columbia**

Assign Program Category (applicant): **Corrections** (Use list at end of application)

1. Program Name: **HIV Automatic Counseling & Testing**
2. Administering Agency: **District of Columbia Department of Corrections (DCDOC)**
3. Contact Person: **Devon Brown, Director, DCDOC**
4. Address: **1923 Vermont Avenue, NW, Washington, DC 20001**
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7. E-mail Address: **devon.brown@dc.gov**
8. Web site Address: **www.doc.dc.gov**
9. Please provide a two-sentence description of the program:

**In 2006, the District and the DOC made a decision to employ a new model of health care service delivery for offenders in the custody of DCDOC. The Community-Oriented Correctional Health Care (COCHC) model had been successfully implemented in Hampden County, Massachusetts in 1992. The Robert Wood Johnson Foundation (RWJF) chose the District/DOC in February 2006 as the first urban site for replicating the COCHC model, which encompasses all of the elements of the Public Health Model and reflects our belief that the offender remains an integral part of the community. Since 95% of offenders return to the community at release, the DOC model incorporates a comprehensive network of programs that promote education, prevention, treatment, referrals and community involvement and linkages during incarceration and upon re-entry. This network of program services is aimed primarily at promoting continuity of care that will improve public health and public safety outcomes including recidivism.**

10. How long has this program been operational (month and year)? **June 1, 2006.** Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.
11. Why was the program created? What problem[s] or issue[s] was it designed to address?
12. Describe the specific activities and operations of the program in chronological order.

**Each inmate entering the facility (over 18,000 intakes in FY2007) undergoes a security and medical intake process. This is a comprehensive screening and diagnostic process that aids in determining the proper housing and possible medical needs of all inmates. Upon entry into the**

**Central Detention Facility (D.C. Jail) Receiving & Discharge (R&D) unit, inmates undergo completion of the security intake process, which includes:**

- **Fingerprinting.**
- **Verification of identity, identification card and wristband,**
- **Issuance of institutional clothing.**

**Inmates are then escorted upstairs to the 3rd floor medical unit for medical intake processing staffed by the DOC medical contractor, Unity Health Care, Inc., which consists of:**

- **History & Physical,**
- **Vital Signs, PPD (if applicable),**
- **Chest X-ray,**
- **Labs (RPR, urine for Gonorrhea & Chlamydia, pregnancy test for females),**
- **Mental Health screening & assessment (when applicable),**
- **Substance Abuse Screening,**
- **Discharge Planning, and**
- **HIV Counseling & Testing.**

13. Why is the program a new and creative approach or method?

**The DOC had previously only conducted voluntary testing upon request of the inmate. Instead of waiting for requests, Director Brown's vision was to begin Automatic Testing, making it a routine part of medical intake processing even prior to Mayor Adrian M. Fenty's city-wide "Come Together DC, Get Screened for HIV" initiative. The DCDOC implemented Automatic HIV Testing in June 2006, becoming the first detention system nationally to test inmates routinely at intake and upon release to the community. Over 19,000 tests have been conducted through January 2008--about 33% of all District residents tested to date under the city's initiative---while about 11% have refused to be tested for which no sanction is imposed. The inmate can also be tested while incarcerated if the need arises, or if the offender makes a request via the daily sick call process. HIV testing is offered as a part of the discharge process as well. Specifically, the Discharge Planners assess inmates as they enter and exit the facility, and are responsible for:**

- **Conducting a needs assessment of the inmate and establishing an action plan.**
- **Assuring that inmates with chronic medical or mental health needs are connected with appropriate health care and social services within their own community upon release, including referral to Unity Health Care or other community clinic.**
- **Assist inmates in applying for identification cards, health insurance, housing, and Income Maintenance Administration (food stamps and Medicaid) applications.**
- **Supplying the inmate at release a packet of information containing the location of the health center to which they are being linked for any follow-up care, job placement training and housing information, as well as health insurance and entitlement paperwork, as applicable (Discharge Plan).**
- **The discharge planner also includes his/her name and telephone number, so the inmate can make contact if they have questions or need further assistance.**

**Another unique aspect of the DCDOC program in providing continuity of care for inmates released to the community with chronic illnesses, especially HIV/AIDS, is access to an adequate supply of their medication until that first follow-up appointment in the community. This is especially important given that inmates with HIV/AIDS most frequently**

have a co-occurring diagnosis mental health or substance abuse diagnosis. In DCDOC in FY2007:

- 3142 inmates were released from the DCDOC two (2) or more times.
- 450 inmates released with a substance abuse and mental health condition.
- 104 had HIV/AIDS in addition to the mental health and substance abuse problem.
- 1109 or (35%) is the number of those with HIV released to the community who had co-occurring disorders.

In partnership with the AIDS Drug Assistance Program (ADAP) of the D.C. Department of Health and our medical contractor, the DCDOC ensures the following for inmates released to the community: Unity's pharmacy department, when notified of an inmates' release by DCDOC, packages a 30-day supply of medications, and delivers it to Receiving & Discharge (area where all inmates are released). Upon release an inmate will receive, as a part of his/her required treatment plan, an appointment at a local clinic for follow-up, along with the seven-day supply of medications, which creates another level of continuity of care. Our compliance rate ensuring inmates receive their medications at release is 95%. The annual cost of pharmaceuticals is \$3 million of which approximately 29% are HIV medications, which is provided through the D.C. Department of Mental Health at a discount.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.) **See Questions 15 and 16 below.**
15. What are the program's annual operational costs? **\$668,000 for FY2008 which includes all HIV rapid test kits which are provided to DCDOC without charge (see Question 16 below).**
16. How is the program funded? **Since its inception on June 1, 2006, the D.C. Department of Health's HIV and AIDS Administration (HAA) has provided and funded the HIV testing services including staffing in DCDOC through an independent contractor, Family Medical & Counseling Services (FMCS). The DCDOC will assume the cost of this program in FY2009.**
17. Did this program require the passage of legislation, executive order or regulations? **NO.** If YES, please indicate the citation number.
18. What equipment, technology and software are used to operate and administer this program?

The Ora-Quik Rapid Testing kit is used to perform testing, while the confirmatory blood serology results are transmitted electronically back to the DCDOC through our medical contractor UNITY Health Care from the outside lab, which is in the process of being linked directly to our Electronic Medical record (EMR). The DOC is unique among correctional facilities in this region wherein our medical record is electronic. The Electronic Medical Record (EMR) for each inmate was implemented in February 1998 among the earliest in the country. All information is recorded here, where confidentiality and continuity of care is maintained. This record is also important in providing the DOC with the capability of performing queries, data for audits and to gather information for statistical analysis. FMCS provides Counseling and Testing and documents all results, demographics, refusals, and who, if any, provider the inmate was referred to (if preliminary positive) on a specialized form. Unity Health Care personnel enters that data into each inmate's EMR. There is a form in our EMR specific for documenting HIV Counseling and Testing information.

19. To the best of your knowledge, did this program originate in your state? **YES among similarly-situated jails.** If YES, please indicate the innovator's name, present address, telephone number and e-mail address. **See Contact information above.**
20. Are you aware of similar programs in other states? **YES.** The New Jersey DOC has adopted automatic testing at intake based upon the DCDOC model and several other similarly-situated jails have adopted some form of HIV testing for the incarcerated population. If YES, which ones and how does this program differ?
21. Has the program been fully implemented? **YES. The DCDOC is making a number of program adjustments to increase efficiency in available personnel resources, including only testing those upon intake for whom their HIV status is not previously known based upon our Electronic Medical Record documentation.** If NO, what actions remain to be taken?
22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

**Inmates entering the facility receive the HIV Rapid testing and who are found to be positive, would otherwise not know their HIV status and which could adversely affect their health status. In fact, since inception of the program, about 30% of those tested and confirmed positive through blood serology had NOT previously known their status. A specific case illustrates the value of the program in this regard. A 44-year-old black male entered the CDF on January 5, 2008. He received the entire intake processing to include the pre-counseling and was administered the HIV Rapid Test. The test revealed a preliminary positive result. The inmate was immediately referred to the physician to further address this result. During the History & Physical (H&P), the physician counseled this inmate more in-depth, explaining the meaning of preliminary results and the need for blood to confirm the results. The inmate agreed and the HIV confirmatory test was added to the blood collected earlier for our standard syphilis testing and sent to the outside lab. This inmate was also referred to our mental health clinician and received counseling and support after the completion of the H&P. The M.D. also scheduled this inmate for the chronic care clinic where he was seen, received more labs and found that he did not require Anti-retroviral Medications at that time. He has been followed by mental health and the chronic care clinic as needed during his incarceration.**

23. How has the program grown and/or changed since its inception?

**Knowledge is derived from the implementation and evaluation of a program and can be used to identify strengths and weaknesses of program design and implementation. For DCDOC this has been helpful in modifying and improving program functions for the future.**

- **The importance of community linkages and having the support from critical outside resources.**
- **Discharge Planning and Reentry enables the inmate's opportunities for development in their return to the community.**
- **Appointments and medications upon inmate release with chronic health issues promote continuity of care and strengthen the discharge planning program for inmates.**
- **Information for this population is powerful knowledge for their success.**
- **DOC is able to use the results from testing to determine the prevalence of HIV in the correctional setting and aide in the provision of appropriate services for treatment.**
- **Evaluation and Monitoring of this program to determine effectiveness, and/or which areas warrant improvement.**

- **HIV testing data will assist DOC and the Department of Health (DOH) in recognizing and addressing trends found in the DOC population, as well as characterizing the impact on the broader community. Education, early testing and treatment are the cornerstones for prevention in these areas. that continuity of care is essential to inmates and the community that they are returning**
- **Testing at release has proven to be a challenge because of a lack of adequate confidential space, and the ability to follow-up.**

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

- **Among lessons learned and replication of best practices, it is important to remain mindful of the importance of focusing on the continuity of care of inmates who are to be released into the community. A chronic care treatment plan should be incorporated into a comprehensive discharge plan which has addressed referrals and connectivity for such issues as housing, food stamps, Medicaid, and employment. Replication should consider having a plan in advance for mental health counseling in the cases of those who test preliminary positive as they are discharged and space requirements must satisfy privacy standards. Finally, community connections are vital in follow-up; this would include the local health department or other agencies that can assist in offering follow-up care to this population once they return to the community (60% of the inmates in the DCDOC custody are District residents; as many as 30% may be homeless).**