

CARE+ Corrections Trial: Technology and the HIV- positive returning citizen A Qualitative Evaluation

Presented by

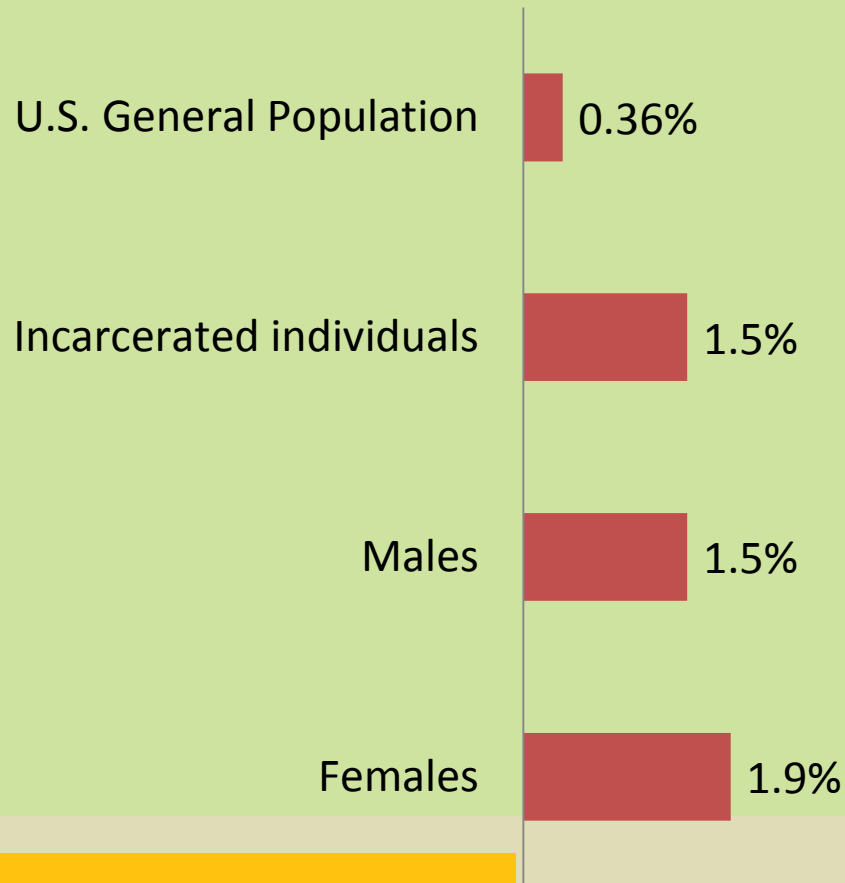
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On behalf of the CARE+ Corrections Study Team

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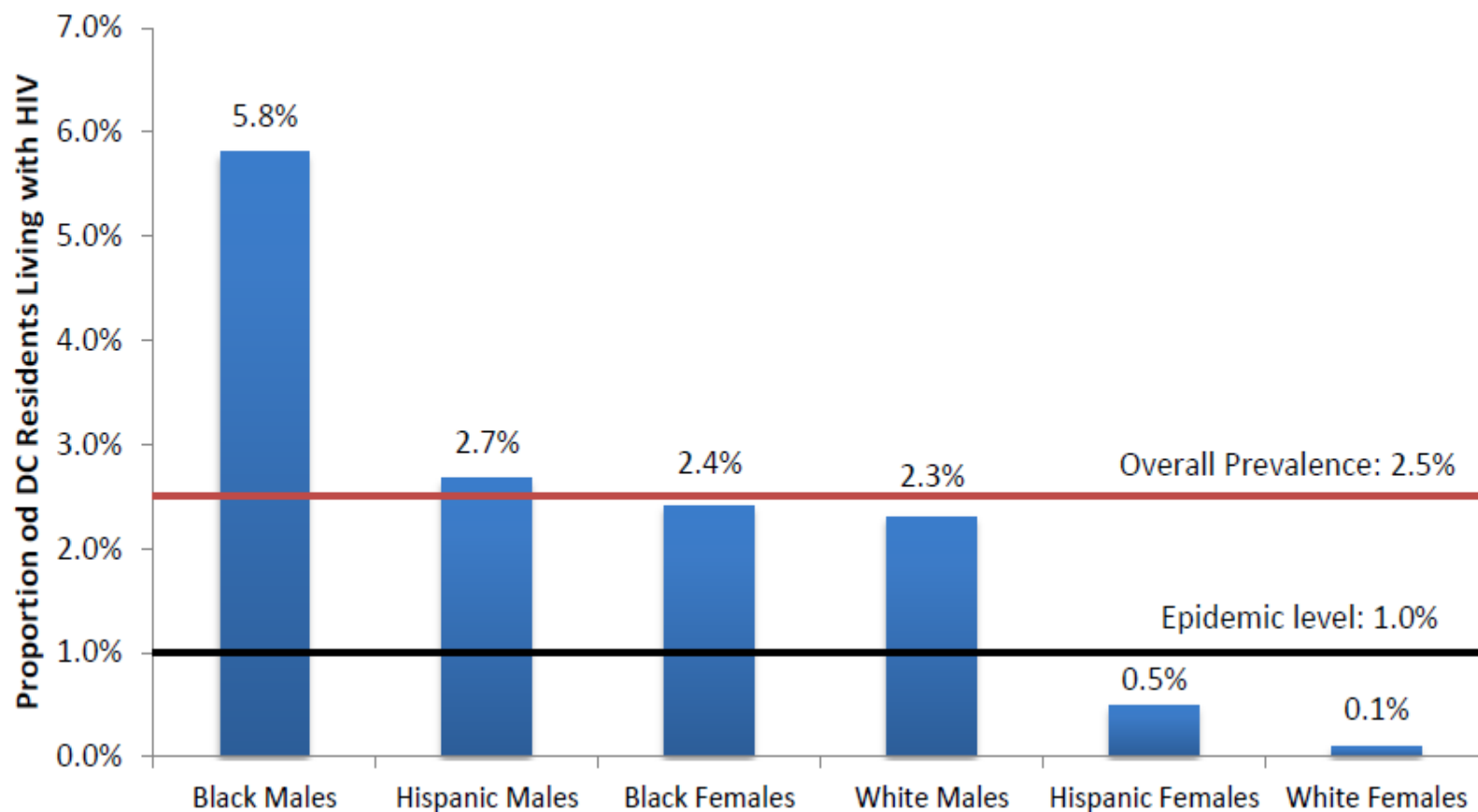
HIV Prevalence (%), 2015



- HIV prevalence among incarcerated individuals is approximately 3 times greater than among the general U.S. population
- Provides a public health opportunity

HIV/AIDS in Washington, DC

Figure 4. Proportion of Residents Diagnosed and Living with HIV by Race/Ethnicity and Sex District of Columbia, 2013

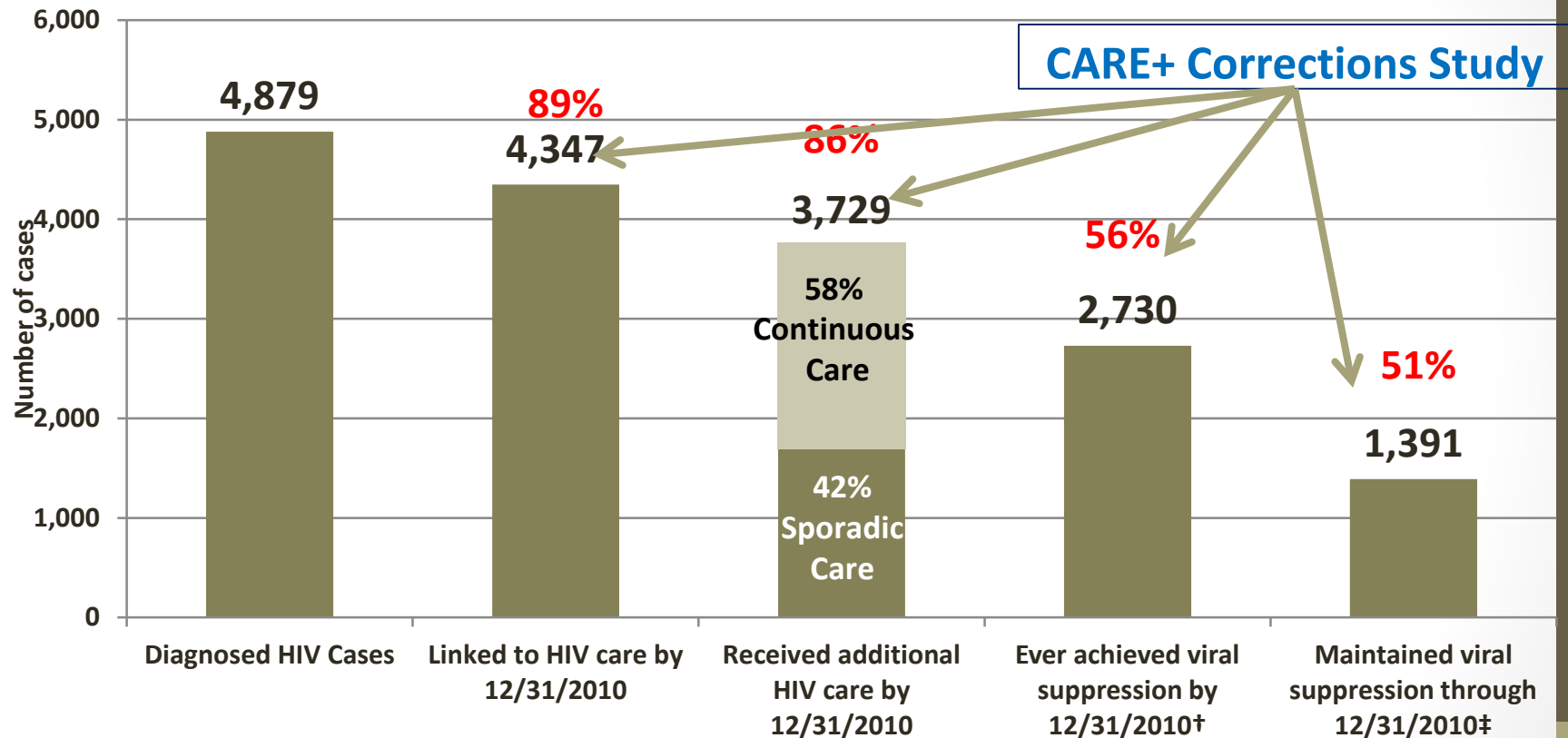




What is the Testing & Linkage to Care (TLC) model?

- Approach to dealing with the HIV epidemic internationally and nationally
 - Massive scale-up of HIV testing and immediate antiretroviral therapy (ART) would reduce HIV transmission to others
 - eventually eliminate the epidemic

HIV Continuum of Care for Cases Diagnosed 2005-2009, Washington, DC



†At least one viral load test result prior to 12/31/2010 was ≤ 400 copies/mL.

‡All subsequent viral load test results were ≤ 400 copies/mL.



CARE+ Corrections Study

Overall Objective:

- Develop and test an mHealth intervention designed to improve linkage to community HIV care and adherence to ART for HIV-infected persons being released from correctional facilities.

Intervention:

- CARE Corrections (Computer Assessment and Risk-Reduction Education), a computer-based counseling tool for persons being released or recently released from correctional facilities.
- Cell phone/SMS intervention delivered after jail release



((care))

Please select one of the counselors to be your guide through this session.



Karen



JJ



Julie



Russell





((care))

When you are HIV-positive you've got to make your health a priority. Here's what you have been doing to keep yourself healthy.

- You seem to be doing great taking your HIV medications every day. Taking all of your HIV meds everyday will keep you healthy and prevent you from developing resistant virus. Whatever routine you have in place to help remember to take your meds, continue when you are released.
- You have connected with a health care provider in the past. That's really helpful for taking care of your health. Be sure to reconnect once you get released/go home.
- Thanks for taking the time today to think about your health. Spending some time thinking about your health is important.
- It's tough moving from inside to outside. You deserve help when you get released/go home.



 Continue

Quit 

 Sound On

 Back



(((care)))

Now you can choose what you want to work on to help you link to the care you need, or to stay on your meds. Which of these issues would you like to start with?

- Link to HIV care when I get released

- Staying on my HIV meds when I get released



CARE Corrections



Formative Research:
12 in-depth interviews in DC and RI



CARE+ Corrections
RCT



Implementation Evaluation:
23 in-depth interviews with study participants
and CBO/correctional institutions

CARE Corrections RCT

- Eligibility criteria: >18, HIV-positive, about to be released or released in the last 6 months from a correctional setting
- Baseline visit, 12-week and 24-week follow-up visits, monthly calls (4)
- \$50 per visit, \$10 per call
- Intervention arm: received the computerized Care Tool + text message plan (cell phones provided)
- Control arm: viewed an Overdose prevention video
- Sample size: 112
- The study is ongoing

Evaluation of the CARE+ Intervention

- Goal: to elicit perspectives about the intervention from study participants and representatives from CBOs and correctional institutions
- A total of 23 in-depth interviews were conducted:
 - ❑ 15 study participants: 8 Male, 3 Females, 4 TG, all Black, ages 24-63, almost 90% of participant's household income was below \$833/month
 - ❑ representatives from 3 CBOs helping returning citizens in D.C.
 - ❑ representatives from 5 correctional institutions (halfway houses, community supervision institutions and healthcare organizations)
- Data from formative in-depth interviews was also analyzed: a total of 12 in-depth interviews in DC and RI to elicit perspectives about the intervention before implementing the study.

Perceptions of CARE Tool

Views about the computerized CARE Tool varied among Participants:

- Some had difficulty remembering the Tool: in some cases interviews took place months after the administration of the tool, a lot going on in people's lives when returning to the community,...
- Some said the Tool was helpful but preferred talking to a "live" person:

"...I think the nurse would be better, because I could ask her a question. I can't ask the box [CARE Tool] a question"

- Others felt the Tool was informative and helpful in staying engaged in care when coming home from jail/prison:

"It's a great experience. It wakes you up to things as far as things that you didn't know as far as, if you don't take your medicine ...because I ain't know I thought I could just get it and take it now. And then tomorrow, I can get it in, take it the night, I could miss the next day or something. I didn't know I had to keep taking it every day at the same time..."

- **Participants felt the Tool was useful especially for those who have difficulty talking about their HIV status**

“it was beneficial because see that opened me up to feel more confident talking to people because once I started going to my doctor I would ask him a lot of questions about you know.”

“When you find out that you are HIV positive, a lot of people shut down...they give up. They think basically it's just a straight death sentence. So, getting this information, taking the questionnaire. Because the questionnaire also lets you know this is not the end. You can do this and you can do that. So it's helpful. I think it is very helpful.”

- **Most representatives from CBOs and correctional facilities felt the tool was useful as long as a case manager/“live person” follows up with the Care Tool plan:**

But just having that tool, I think could boost the services we offer...it allows some anonymity and also some discretion, I suppose. I think that is a great idea. .. as long as it is being administered... by a provider, I mean, a case manager.

- **Participants appreciated the confidentiality of the CARE Tool**

Perceptions of Text Messages

- **Views about the Text message plan were overwhelmingly positive.**
- **Most participants found all the messages, especially the medication and appointment reminders, helpful as they transitioned to the community:**

“it’s definitely helped me, it helps me, it gets me reminded it keeps me up on my appointments, make sure I don’t miss my appointments and stuff like that it takes care of all that”

“a lot of times I have problems with taking my medicine but me getting the reminder every day it lets me know somebody is thinking about me and care about me more than I care about myself”

- **CBO and correctional institution representatives also felt the text message plan would be helpful for their clients:**

“Great. Because I do find that with my mental health population, as well as HIV population, a lot of the guys, when they do get out of the system, even from here, everything fall by the wayside. And then they come back into the system and that's when they start to get back on track with the medications and things of that nature. So, I think it would be a great idea. I think it could work. ”

Housing: a priority for HIV+ returning citizens

- Among participants, housing came up as a major barrier to adhering to medication and staying linked into care.
- Some participants said it was difficult to keep their HIV care appointments because of their housing situation

“I usually try to set up [HIV care] appointments every three to six months but since I’ve been going through this little homeless situation I haven’t been able to keep my appointments...”

Housing: a priority for HIV+ returning citizens (2)

- When asked what were the major challenges when coming out of jail/prison...

"...the biggest challenge is having a place to go. A positive place, people to talk to and at any given time you need to talk to them with all the appointment set up and thing...I'd say that's the biggest problem we have."

The same participant added: *"I think it needs to be more independent housing set up, kind of in place for people with HIV and AIDS. Cause there's a lot of guys up there that I know that's suffering from this disease and they really don't have any place to go...and some of them don't even use drugs or alcohol so it's like stepping out of the jail walking to the left or walking to the right and walking to the left not knowing what they're going to do."*

- Someone released from jail without a place to stay:

"I went to see a friend I knew I was hanging out at the bar to see if I could crash on her couch for a little bit till I figured out what I could do. And that didn't work out so well 'cause she was a crack head and I didn't need to be around that nor did I want to be around it...And I'd get up and I'd leave and I'd go sit down at the bar until she's done partying, just that...well, it was something."

Housing: a priority for HIV+ returning citizens (3)

CBOs struggle to help clients who don't have housing:

"A lot of times, we lose people to care because they don't have housing and when I don't have housing, the other issues come up as well. And all of a sudden, nothing else seems that important because I don't have anywhere to stay."

"in order to get them to a stable point in terms of health care continuum, they need housing and they don't have it. So immediately when they come out, they are in the shelters or either sleeping on the streets... Well, once you have housing it gives you the ability to have a more of a stable place to live. ..They have some place to live and be able to take their medications as they should do so."

Staff from correctional institutions struggle to connect returning citizens in the community:

"maybe 50-55% of these individuals are homeless. So trying to connect them with services for temporary shelters, to make sure that they are on medication, regardless of if it's HIV medications or anything else, that they are in a suitable environment to be able to take their medications daily."

Unstable housing in our quantitative data

- Housing was stated as the second most important concern (after staying in good health) after release from jail/prison, yet 8% of our CARE study participants reported being homeless or living on the streets and 10% were living in a shelter. Only 10% of participants reported living in an apartment that they owned (1%) or rented (9%)

Current type of housing	
Public housing	5 (4.76)
Section 8 housing	3 (2.86)
An apartment/house you rent	9 (8.57)
A house, condo or apartment that you own	1 (0.95)
A friend's or partner's apartment or house	21 (20)
A parent's apartment or house	14 (13.33)
Another relative's apartment or house	14 (13.33)
Single Room Occupancy Hotel (SRO)	3 (2.86)
A residential program like a group home, treatment program or transitional living program	17 (16.19)
A shelter	10 (9.52)
On the streets/homeless	8 (7.62)

To summarize

- HIV/AIDS rates are disproportionately high within the correctional population
- Jails/prisons represent a public health opportunity for those living with HIV/AIDS and can play an important role along the continuum of care
- According to our participants, mhealth tools such as the CARE Tool and text message plans are much needed when returning to the community from jail/prison
- But other basic needs like housing need to be in place as well in order for mhealth and other strategies to reduce community viral load to work

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