



Minding the Gap

Written by the HIV, TB, viral hepatitis and STD programs of Oregon Health Authority
for correctional facilities and jails in Oregon

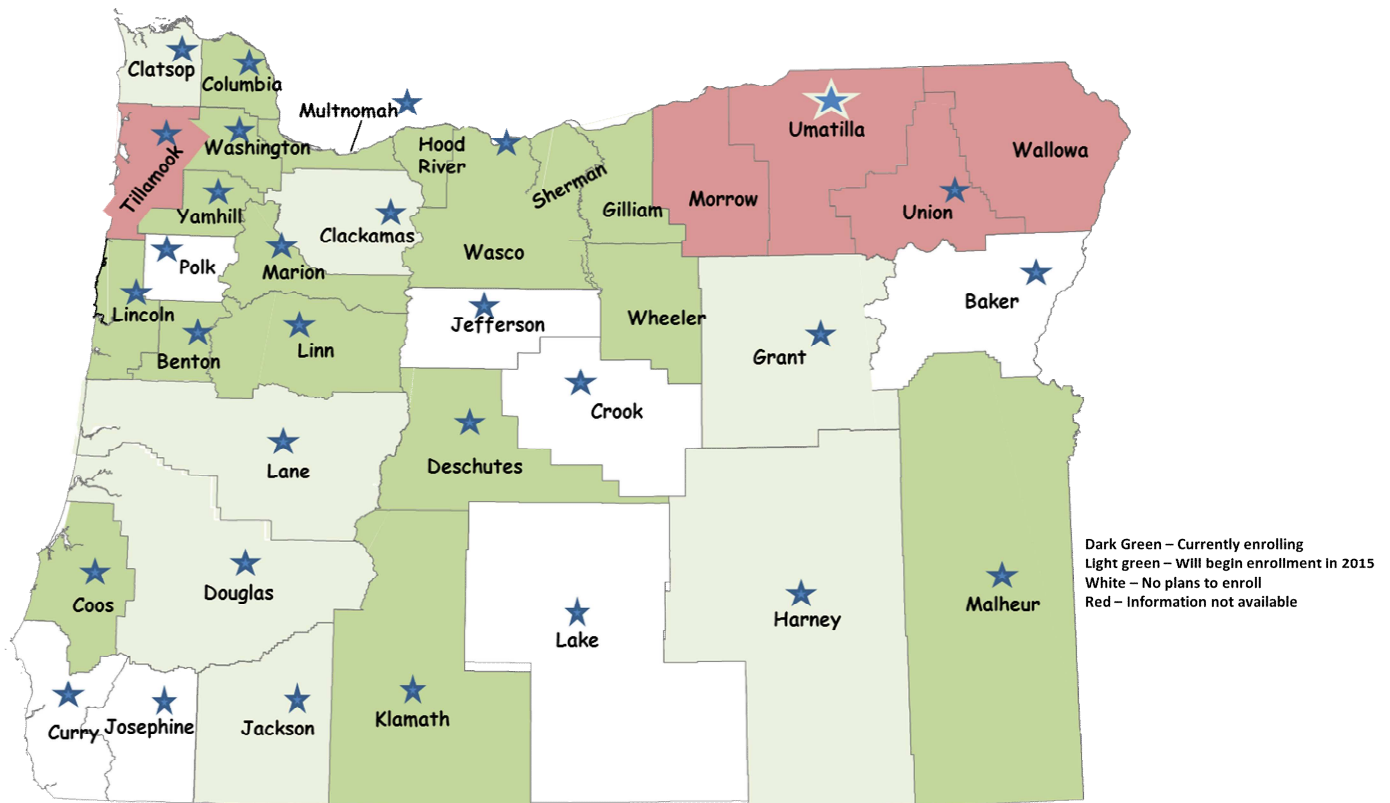
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Opportunities to provide application and enrollment into the Oregon Health Plan

Seventy to Ninety percent of the inmates in your facility may be eligible for Medicaid (locally known as the Oregon Health Plan or OHP) upon release. Medicaid provides no cost, comprehensive health care through Coordinated Care Organizations (CCO). This is of particular importance because justice-involved populations face a higher than average prevalence of infectious and chronic disease, mental illness and alcohol and drug disorders.

Almost half of Oregon's jails (48%) are currently providing some level of application and enrollment services. Seven jails (25%) plan to begin application and enrollment services in 2015 and another seven (25%) currently have no plans to provide such services. Of the jails that are already providing some level of assistance, most are using jail staff or have partnered with a community partner to provide this support. In terms of funding for this activity, while some jails have allocated existing resources, others are utilizing leveraged funding through community partners, or cost-savings found when Medicaid is billed for inmates who require inpatient hospitalization.

There are many innovative models that have been implemented around the state. If your jail has not yet begun providing application assistance, or would like to build upon your capacity to provide assistance, technical support is available. The Inmate Transition Collaborative is held monthly via webinar, and provides an opportunity to connect with correctional facilities around the state that are providing application assistance. Please contact Antonio.torres@state.or.us (503-602-7108) for more information. Additional information can also be found on the [OHA website](#).





“...these are not people who are going to come into our testing sites, no matter where they are...with opt-out testing, we end up testing a lot more people with greater possibility of finding increased rates of positivity”

Margy Robinson
HIV Care Services
Manager, Multnomah
County Health Dept.

Part 1: Implementing HIV Screening in Local Jails Multnomah County's Story

According to the Centers for Disease Control and Prevention, more than 2 million people are incarcerated in jails and prisons in the United States. People who are incarcerated are often those who are also at higher risk for acquiring and transmitting HIV and the correctional setting is often the first place incarcerated men and women are diagnosed with HIV and provided treatment. As a result, the Centers for Disease Control and Prevention (CDC) recommend routine opt-out HIV testing for correctional populations ([CDC, 2009](#)).

In Portland, Oregon, the Multnomah County Health Department (MCHD) is piloting an opt-out HIV testing project for individuals being booked into the Multnomah County Detention Center (MCDC), with the primary goal of identifying and linking people to care during the earliest stage of HIV. Clients are offered an HIV test during booking; everyone has the option to decline. The implications of such testing among incarcerated men and women who have historically participated in a higher number of sexual and drug using behaviors is enormous.

Multnomah County Corrections Health, using Ryan White Part A federal funds, has employed a Community Health Specialist to offer an HIV test at the end of the medical intake process provided during booking. This is a screening model in which the community health specialist offers the test and only collects the minimal amount of personal information needed for follow up. HIV counseling is not offered at the time of the test. Arrangements are made to share the results of the HIV test with inmates at a later point during their time of incarceration. If an HIV preliminary positive or confirmatory positive inmate is released prior to receiving their result, a disease intervention specialist will attempt to locate the person and provide the HIV result for those who need follow-up. From December 1, 2014 through April 29, 2015, almost half of inmates (488 out of 1063) who were offered an HIV test took the test. HIV tests were not offered to individuals who were visibly intoxicated, in handcuffs, or were not in a position to give consent. A third of testers said they'd never been tested for HIV before.

MCHD officials hope that one of the long-term benefits of opt-out testing will be that clients, over time, will become familiar with HIV testing procedures, access testing on their own, and actively encourage their peers to take an HIV test. Clients who are diagnosed with HIV will be enrolled into health systems and provided access to those services as they re-enter mainstream society. MCHD is uniquely positioned to support clients through a seamless transition from HIV diagnosis to HIV care service acquisition.

This opt-out HIV test project is funded through February of 2016, and MCHD officials are hopeful that the number of new cases of HIV will justify an extension of this project.

This is the first of two articles describing efforts to implement opt-out HIV testing at the Multnomah County Detention Center. We will provide an update of this collective effort within a future newsletter in 2016. If your facility is interested in setting up opt-out screening for HIV, please contact the Oregon Health Authority HIV Prevention Program for technical assistance, HIV counseling and testing training opportunities and possible resources for acquiring HIV tests.

Contact us!

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 HIV Care: Christy Hudson - christy.hudson@state.or.us
 HIV and STI prevention: Larry Hill - larry.d.hill@state.or.us
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