NASTAD Chair's Challenge
READY TO END THE HIV AND VIRAL HEPATITIS EPIDEMICS

Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI)

TARGET POPULATION: Currently and previously-incarcerated PLWH
LOCATION: Virginia
PROGRAM DESIGN: Education, Testing, Case management and patient navigation
ESTIMATED COST: $600,000
FUNDING SOURCE: State Funds, CDC's Comprehensive HIV Prevention Programs for Health Departments

CORE ACTIVITIES

LONG TERM CASE MANAGEMENT

CHARLI case managers provide rapid HIV testing in correctional settings for inmates with fewer than 90 days remaining on their sentence. Inmates who are found to be positive are screened and enrolled into CHARLI case management. CHARLI provides linkage to medical providers, medication access, transportation assistance, assistance in applications for social services like employment services, housing, and interventions and strategies for PLWHA. Clients are eligible for case management for up to 18 months following release.

EXTENDED MEDICATION SUPPLY

The Division of Disease Prevention's (DDP's) Care Coordination initiative allows CHARLI clients to leave incarceration with an additional 30 day supply of medicine. This extra supply of medication helps PLWH avoid treatment lapse between their release and their first medical appointment.

The Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI) program was developed as a response to high rates of loss to care for clients discharged from correctional facilities. The CHARLI program provides a continuum of services for inmates that includes pre-release HIV/STI education and HIV testing, discharge planning, and case management. CHARLI addresses social determinants of health such as employment, housing, and access to medical care, offering a holistic approach tailored to each individual through case management and patient navigation. One agency in each region of Virginia is funded to provide CHARLI services in state, regional, city, and local correctional facilities.

OUTCOMES

Clients had better HIV-related health outcomes at each step of service provision. Clients who received post-release CHARLI case management had better outcomes than both the general and Ryan White HIV/AIDS Program HIV-positive population. However, clients who received both CHARLI case management and extra medicine through the Care Coordination initiative achieved viral suppression at nearly twice the rate of clients who did not receive any post-release services. This suggests that providing extra medicine to clients leaving incarceration reduces the risk of treatment lapses in the early post-release period, when clients are in the process of being linked to medical care in their community.

Lower Recidivism

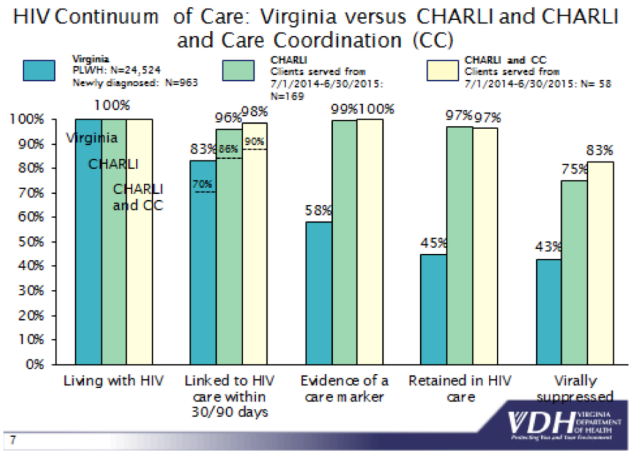
Recidivism in CHARLI is defined as a return to jail for more than six months, which does not match either the definitions for re-arrest or re-incarceration used by the Virginia Department of Corrections (DOC). However, the most common cause for return to prison was supervision violation, which does match DOC's re-arrest definition. In 2015, 39.9% of offenders released during that calendar year had reoffended within 18 months, compared to 9% of CHARLI clients.

Housing Matters

CHARLI contractors assessed client's housing stability upon release, and periodically thereafter. Clients whose housing was temporary, tenuous, or who had returned to prison, were deemed to be unstably housed. CHARLI clients who were able to locate stable housing were 13% more likely to be adherent to care and have achieved viral suppression. Following a successful temporary housing program with one CHARLI contractor, grant recipients are now authorized to use their funding to provide financial support to clients to help them remain housed.

DATA

HIV-related health outcomes were assessed for 169 offenders living with HIV who participated in CHARLI through Care Coordination from July 1, 2014 through June 30, 2015. Ninety-nine percent of clients had evidence of care following release, 97% were retained in medical care, and 75% achieved viral suppression. Clients who received an extra supply of medication upon release, in addition to CHARLI case management, performed on par with CHARLI at ever step of the Continuum of Care, except that they were 6% more likely to have achieved viral suppression.



EVALUATION

At this time, CHARLI has not been formally evaluated, aside from reporting required for DDP's core prevention funding.

Clients who received both CHARLI case management and extra medicine through the Care Coordination initiative achieved viral suppression at nearly twice the rate of clients who did not receive any post-release services.

The housing pilot program has helped to decrease homelessness for some clients recently released from incarceration.

FUNDING & COST

Funding for the CHARLI program comes from state appropriations, as well as from DDP's core HIV prevention grant. Funds are distributed between five contractors, each of which covers the correctional facilities in one region of the state.

STAKEHOLDERS

Virginia Department of Health, Virginia Department of Corrections, many local and regional jails, Inova Juniper Program, Health Brigade, Council of Community Services, Thomas Jefferson Health District, Minority AIDS Support Services.

"You all have put food in my belly, put clothing on my back, and allowed me to ride the city bus. I've gone to many doctor visits, AA meetings, pharmacies, health department, grocery stores, etc. on this road to recovery with your help." – Charli Client

STRENGTHS

The commitment of the CHARLI case managers plays a significant role in the success of the program. The collaboration of the local correctional facilities, the DOC headquarters staff, and the Virginia Department of Health Central office are all significant factors in the success of the program.

LIMITATIONS

Buy-in from correctional faciitiies varies from facility to facility. In order for the program to operate effectively and efficiently, corrections staff must consistently communicate information such as clients' release dates to DDP contractors. Without knowing when individuals are released from incarceration increases the risk of loss to care or treatment lapses.

Limitations also include the ability to assist clients with significant mental health and substance abuse problems. Both of these conditions greatly impact the client's ability to maintain adherence to their medical treatment plan. The availability of these services varies by locality, with services more accessible to clients living in resource-rich areas of the state than to clients living in resource-deprived areas.

PROGRAM CONTACT

Susan Carr
Virginia Department of Health
804-864-8023 | susan.carr@vdh.virginia.gov