Collaboration between Corrections and Communities: A Public Health Concern

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TB in Corrections: Best Practices for TB Prevention and Care
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Elizabeth Foy, RN, BSN has the following disclosures to make:

• No conflict of interests
• No relevant financial relationships with any commercial companies pertaining to this educational activity
Presentation Objectives

Identify proper procedures for release/transfer between facilities.
• State correctional facility
• Local correctional facility
• Privately managed correctional facility

Identify opportunities for communication between facilities.
• State correctional facility
• Local correctional facility
• Privately managed correctional facility

Inmate Movement

• On the Outside
  • Before they are an inmate, they move from place to place and are in the community
  • Contacts can start from outside the facility

• Inside facilities
  • When an inmate is first taken in by the receiving entity, they can be in many places
  • Every step along the way needs to be accounted for
On the Inside

- Community to agency
- Inter-Agency
  - County Jails (Texas Commission on Jail Standards)- 242 facilities
    - 153 are designated Chapter 89 facilities
  - Texas Department of Criminal Justice- 109 facilities
  - Immigration and Custom Enforcement (ICE)- 21 facilities
  - Bureau of Prisons (BOP)- 17 facilities
  - United State Marshall does not have buildings
    - Responsible for transportation of federal prisoners
    - Contract with approximately 1,800 state and local governments to rent jail space
    - About 80% inmates are detained in state, local and private facilities, remaining in BOP facilities

Where care begins

- Each step, from diagnosis to treatment to cure, involves the inmate receiving care

- Whichever correctional facility they are in holds the responsibly of providing that care

- There is a need for case management and proper handovers when inmates move about, this ensures continuity of care
Continuity of Care Defined

Continuity of care refers to the process of:

- Identifying the education, medical or psychological needs of the inmate
  - Can start at one place, but needs to travel as the inmate travels
- Developing a plan to meet treatment, care and services needs
- Coordinating the provision of treatment, care and services between various agencies to ensure continuity of care while incarcerated and post release

Challenges

- Language barriers
  - All over the world, ICE
- Inmate compliance
  - Not always voluntarily undergoing testing, treatment
- Illiteracy and inmate knowledge of disease process and prior medical history
- Departure dates
  - Can come with little notice
- Initial identification of TB
- Recidivism
  - Keep coming back, different areas
Roles and Responsibilities

Texas Administrative Code (TAC) Rule 91.191 requires:

- Discharge planning for all inmates receiving treatment for TB that are released or transferred
- Notification to the local health department
  - If advanced notification is not possible, make contact immediately after the inmate release or transfer of inmate

Rule applies to all correctional facilities regardless of size, including:

- Federal, state and local
- Public and private facilities

Coordination of care must be provided from admission to transfer or release to prevent interruptions in treatment

Delegation of Duties

- Many entities are responsible for the coordination of care:
  - HOUSING FACILITY
  - DESTINATION FACILITY
  - HEALTH SERVICE REGION
  - LOCAL HEALTH DEPARTMENTS
Housing facility responsibility

• Document all inmates’ TB care needs that must be considered in classification, housing and transfer decisions
• Notify local health department and destination facility as early as possible
  • Include a Transfer Summary with lab results, medication regimen, medical history
• Verify that the receiving unit has the required resources to continue TB treatment and prevent transmission
  • Request a medical hold if receiving unit does not have the necessary health resources.
  Download the Medical Hold form at http://www.dshs.state.tx.us/idcu/disease/tb/forms/

Housing facility responsibility (Cont.)

• Ensure that appropriate precautions are taken during the transfer or release to avoid exposure
• Work with the health department to facilitate national and international referrals and continuity of care
  • Enroll your patient with CURE TB or TB Net as soon as a patient is identified as a suspect for TB
  • Facilitate phone interview with Cure TB and TB Net
• Provide counseling to ensure the inmate understands importance of treatment adherence and receives specific instructions for seeking care upon release.
Medical Hold

• Purpose of medical hold:
  • Ensure that the receiving facility has resources such as medical facilities and Airborne Infection Isolation Rooms (AIIR)
  • Ensure receiving facility is notified and make appropriate housing and transportation arrangement to prevent transmission to other and notification
  • Prevent exposures during transfer and release
  • Facilities must have a policy that permits health staff to place a medical hold on institutional transfer Texas Forms Site: See: http://www.dshs.state.tx.us/idcu/disease/tb/forms/
  • Download the Medical Hold form

International Referrals

Cure TB – San Diego HHS Dept.

• Provides referral services regardless of nationality, but focused on Spanish-speaking nations; persons crossing the US-Mexico border, all other locations in Mexico, Central, South America, and the Caribbean. Other countries available upon request.
  Telephone: (619) 542-4013
  Fax: (619) 692-8020
  Toll free patient line from Mexico and Latin America: 001-800-789-1751
  From US: 1-800-789-1751
  Email: Curetb.hhsa@sdcounty.ca.gov
  Website: www.CureTB.org
International Referrals

*Migrant Clinicians Network - TBNet Program*

- Provides referral services to all TB patients **regardless of nationality**
- Multinational TB patient tracking and referral project

Telephone: (512) 327-2017  
Fax: (512) 327-6140 or (512) 327-0719  
Toll free patient line # (800) 825-8205

http://www.migrantclinician.org/services/tbnet.html

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**Destination facility or Health Department Responsibility**

- Require documentation of a TB screening, prior to the transfer or release, to ensure necessary precautions are taken and treatment can resume immediately
- Acknowledge and document the patient referral from the transferring facility, HSR or LHD
- Review and approve the TB treatment plan submitted within forty-eight (48) hours of receipt
Health Department Responsibility

- Work with the housing facility to facilitate interstate and international referrals and continuity of care
- Work with CURE TB or TB Net on referral and ensure medical records are updated
- Actively follow up on all released inmates with TB disease, TB and HIV co-infection, or known contacts to active TB: Why?
  - Prevent relapse, resistance or conversion
  - To ensure they complete TB therapy as needed

Health Department Responsibility (Cont.)

- Request the health record or summary for plans to:
  - Offer treatment to all released inmates voluntarily reporting to the public health department with TB infection or disease
- Consider at least an initial effort to contact all referred, discharged inmates on treatment for TB infection
  - encourage them to complete preventive therapy.
- Refer foreign nationals to CURE-TB and TBNet for continuity of care coordination outside of the U.S.
Resources

- **Federal Law Enforcement Agency Point of Contact for TB Case Management**
  - BOP- Call: (202)305-7388, Email: BOP-HSD/InfectiousDiseases~@bop.gov
  - USMS- Call: (202) 307-9680 Nurse Case Manager Line; Fax: (703)-603-7037
  - ICE/IHSC - Call (202) 732-4542 or (202) 732-3467; Email: Tiffany.M.Moore@ice.dhs.gov or Diana.Elson@ice.dhs.gov; Fax: (866) 573-8531

- **Texas State, Regional and Local Health Departments**
  [http://www.dshs.state.tx.us/default.shtm](http://www.dshs.state.tx.us/default.shtm)

- **CDC TB Guidelines**

- **National TB Controllers Association**
  [http://tbcontrollers.org](http://tbcontrollers.org)

- **Regional Training and Medical Consultation Centers (RTMCCs)**