

**Workshop Series**

# **STI Service Integration into Incarceration Facilities**

**Part 2: Implementation of Partnerships  
for Treatment and Partner Services**



# Housekeeping

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- 3-part workshop series
- Recordings and slides will become available by Friday on event page
- Please be mindful of mute unless asking a question 😊
- Accessibility needs – DM or email Leo Parker at [lparker@ncsddc.org](mailto:lparker@ncsddc.org)
- Chat is enabled – we encourage engagement!
- Survey will pop up at the end of the meeting

# Overview

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- Goals
- Recap of part 1
- Logistical considerations for implementation
- Pueblo Department of Public Health and Environment
- Discussion with PCPHE, CDPHE, and Erin F.
- What to expect next

# Goals for this Workshop Series



Identify needed partnerships, staff, and resources to integrate a set of STI services in incarceration facilities.

Identify logistics to effectively implement a set of STI services.

Assess ways to measure impact of service delivery.

# Part 2 Learning Goals

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Identify necessary logistics for service delivery.

Understand health department partnerships that provide 340B eligibility and other arrangements that ensure STD treatment.

# Part 1 Recap

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- Public Health – Seattle & King County, Dr. Dombrowski and DIS Luis Enrique
- Pilot testing in SCORE jail
- Implementation process
- Reactive follow up of treatment and partner services

# Logistical Considerations for Implementation

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- Staffing, security clearance
- Additional training for staff
- What kind of testing and which tests will we use?
- How will information be shared between jail health and LHD?
- Costs and responsibility of treatment
- Optimizing partner services

# STI Service Integration into Incarceration Facilities Workshop #2

*Implementation of Partnerships  
for Treatment*



**NCS D**

National Coalition  
of STD Directors



# Correctional Facilities & STI Programs

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- The US has the highest incarceration rate in the world, with approximately 6.6 million people under some sort of supervision (US DOJ)
- [Recommendations for correctional and detention settings](#) (CDC) during intake and throughout the period of incarceration
- Correctional facilities provide opportunity for [high-impact interventions](#) to be implemented
- Many health department viral hepatitis, HIV and STI programs have established collaborative partnerships with correctional facilities in their jurisdiction

**Addressing communicable diseases in correctional settings is vital to address the overall syndemic of viral hepatitis, HIV, and STIs.**

# Correctional Facilities & STI Programs

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“Public health departments may have the funds, staff, expertise, and **other resources** to help prisons, jails, and juvenile facilities address the serious health needs of their inmates and thereby advance the cause of public health in their communities”

- *National Institute of Justice and the Centers for Disease Control and Prevention*

# 340B Basics

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- Federal law that requires drug manufacturers to offer **discounts** on medications sold to certain types of safety net providers for outpatient use
  - The required discount is either 13% (generic) or 23.1% (brand-name) from Average Manufacturer Price (AMP)
  - Additional discounts are also required if the drug manufacturer has chosen to increase the drug's price or offer a lower price to other purchasers
- Authorized by the Public Health Service Act and administered by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA)
- Purpose is to “stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services”

# 340B Drug Pricing Program

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- There are 16 Covered Entity categories, all authorized by different sections of the Public Health Service Act (PHSA)
  - Hospitals
  - Federal Grantees
    - FQHCs
    - Ryan White Providers
    - Title X Family Planning Providers
    - Hemophilia Clinics
    - **STD Clinics (section 318 grantees)**
      - **STI Programs, Viral Hepatitis, and HIV Prevention programs all fall under Section 318**
    - TB Clinics

# Formalizing STD 340B Partnerships

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- Identify key stakeholders at the administrative level
- Explain eligibility and set clear expectations
- Expand, offer, or improve treatment and prevention within the facility



# Correctional Facilities as Qualifying Providers

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- Covered entities must have a ***financial relationship*** with a qualifying section 318 program that is eligible for 340B
- Must receive either ***direct financial support*** or receive ***in-kind contributions*** supported by the qualifying section 318 funding

*“Qualifying in-kind contributions must be paid for by section 318 grant funds to qualify a site as 340B eligible. In-kind contributions may be in the form of real property, equipment, supplies and other services directly benefiting and specifically identifiable to the project or program”*

HRSA

# Patient Eligibility/ Definition of Patient

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1. Established relationship between the patient and the 340B covered entity (usually documented in a medical record)
2. Patient receives health care service(s) from a provider employed by the covered entity (or providing services for the covered entity under contractual or other formal arrangement)
3. **Patient receives health care service(s) consistent with the scope of the grant through which the covered entity gained 340B eligibility**

# 340B DOH/DOC Partnerships

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- Alaska
- Arizona
- California
- Colorado
- Hawaii
- Indiana
- Iowa
- Kansas
- Louisiana
- Minnesota
- Nevada
- New Hampshire
- New Mexico
- North Carolina
- North Dakota
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Utah
- Washington
- Wisconsin



# Jail STD Covered Entities

<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<a href="#">STD11901</a>	STD	SUFFOLK COUNTY HEALTH SERVICES	JAIL MEDICAL UNIT CLINIC	100 CENTER DRIVE	RIVERHEAD	NY
<input type="checkbox"/>	<a href="#">STD11980</a>	STD	Suffolk County Department of Health	Jail Medical Unit	Suffolk County Correctional Facility-Medical Unit	Yaphank	NY
<input type="checkbox"/>	<a href="#">STD38957</a>	STD	SUMNER COUNTY HEALTH DEPARTMENT		208 JAILHOUSE STREET	SUMNER	MS
<input type="checkbox"/>	<a href="#">STD57104</a>	STD	Minnehaha County Sheriff's Office	Minnehaha County Jail	305 W. 4th Street	Sioux Falls	SD
<input type="checkbox"/>	<a href="#">STD67402</a>	STD	Saline County Sheriff's Office	Saline County Jail	251 N. 10th Street	Salina	KS
<input type="checkbox"/>	<a href="#">STD97045</a>	STD	CLACKAMAS COUNTY SHERIFF'S OFFICE	Jail Division	2206 Kaen Rd	Oregon City	OR
<input type="checkbox"/>	<a href="#">STD98032</a>	STD	Public Health Seattle & King County Maleng Regional Justice Center	JAIL HEALTH SERVICE DIVISION	620 W James Street	Kent	WA
<input type="checkbox"/>	<a href="#">STD981049</a>	STD	Public Health Seattle & King County Correctional Facility	JAIL HEALTH SERVICE DIVISION	500 5th Ave	Seattle	WA

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# Covered Medications

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- Once the 340B patient definition is met, per HRSA and the Office of Pharmacy Affairs (FAQ #1367), any medication that is clinically indicated can be covered by 340B for that patient
- This includes medications for co-occurring conditions:
  - Viral hepatitis
  - HIV and Tuberculosis
  - Skin infections and abscesses
  - Mental health disorders
  - Substance use disorders
- Must be an ‘outpatient medication’

# 340B Cost Savings

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Correctional facilities should reinvest their 340B cost savings into syndemic programming that:

- Expands testing & treatment and follows CDC testing & treatment recommendations
- Supports prevention programming within the facility
- Supports linkage to care including bridging services to ensure engagement in HIV, STI, or viral hepatitis prevention or care following release
- Provides sufficient staffing to support expanded syndemic services
- Provides supportive services that address the social determinants of health, health disparities and reduce recidivism
- Others, specific to your program operations & needs

# Important Notes

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- This is guidance and technical assistance is specific to the **STD 340B Designation** and is not applicable to other 340B covered entity types

*When implementing 340B programming, covered entities should always use their own judgement and legal counsel to assist in ensuring compliance with 340B Program requirements as liability for compliance with 340B Program requirements resides solely with the covered entity.*

# Let's Connect!

Erin Fratto, MS, CHES

Technical Assistance Provider & Public Health  
Consultant

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**NCSDDC**

National Coalition  
of STD Directors

# Welcome Our Guests!

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Pueblo Department of Public Health & Environment

Elsa Huber  
Disease Intervention Specialist  
Colorado Department of Public Health & Environment

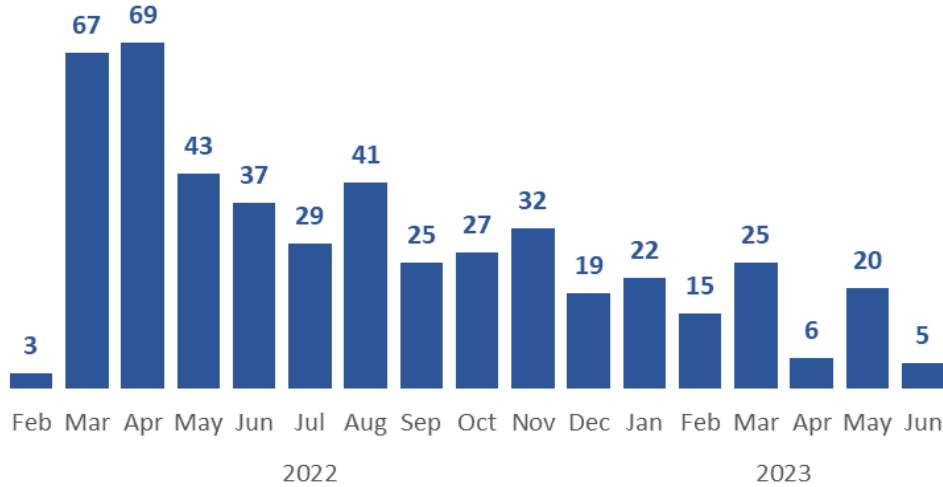
# Pueblo Department of Public Health and Environment

## Congenital Syphilis Elimination Grant

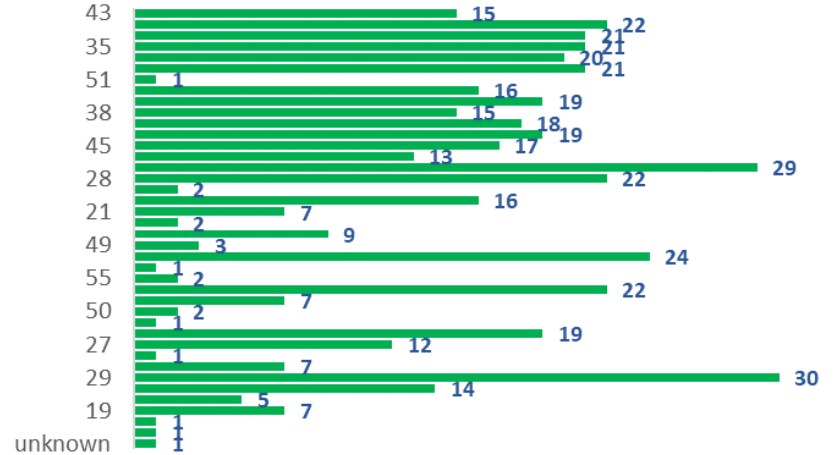
Corrie Westwood, BSN, RN | June 14, 2023

# Inmate Syphilis Testing Initiative Data-Pueblo

485 individuals have been screened.



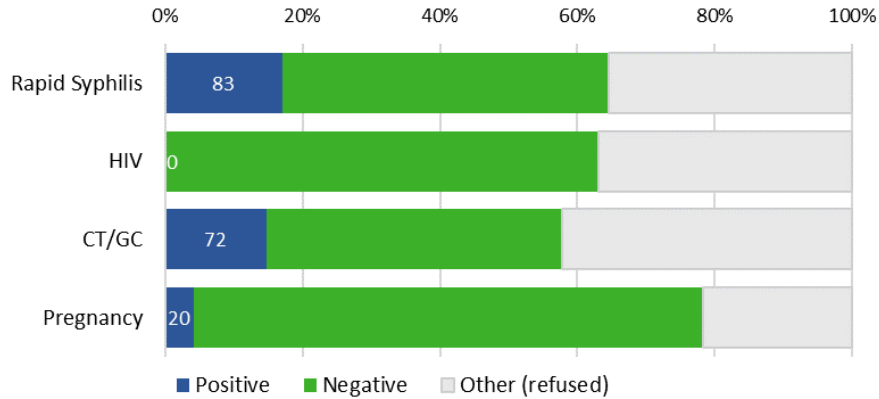
62% of patients were 25-39 years old.





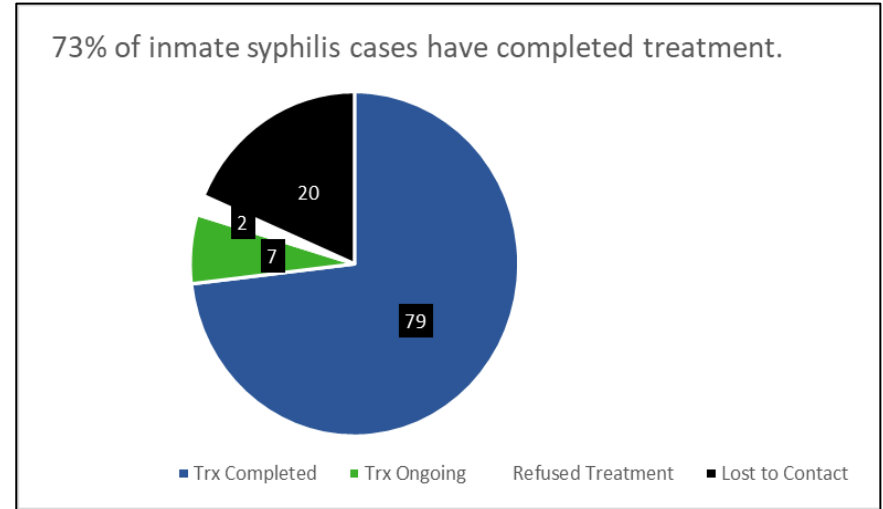
# Inmate Syphilis Testing Initiative Data-Pueblo

27% of rapid syphilis tests came back positive.



5 of 20 (25%) with confirmed pregnancy also tested positive for syphilis.

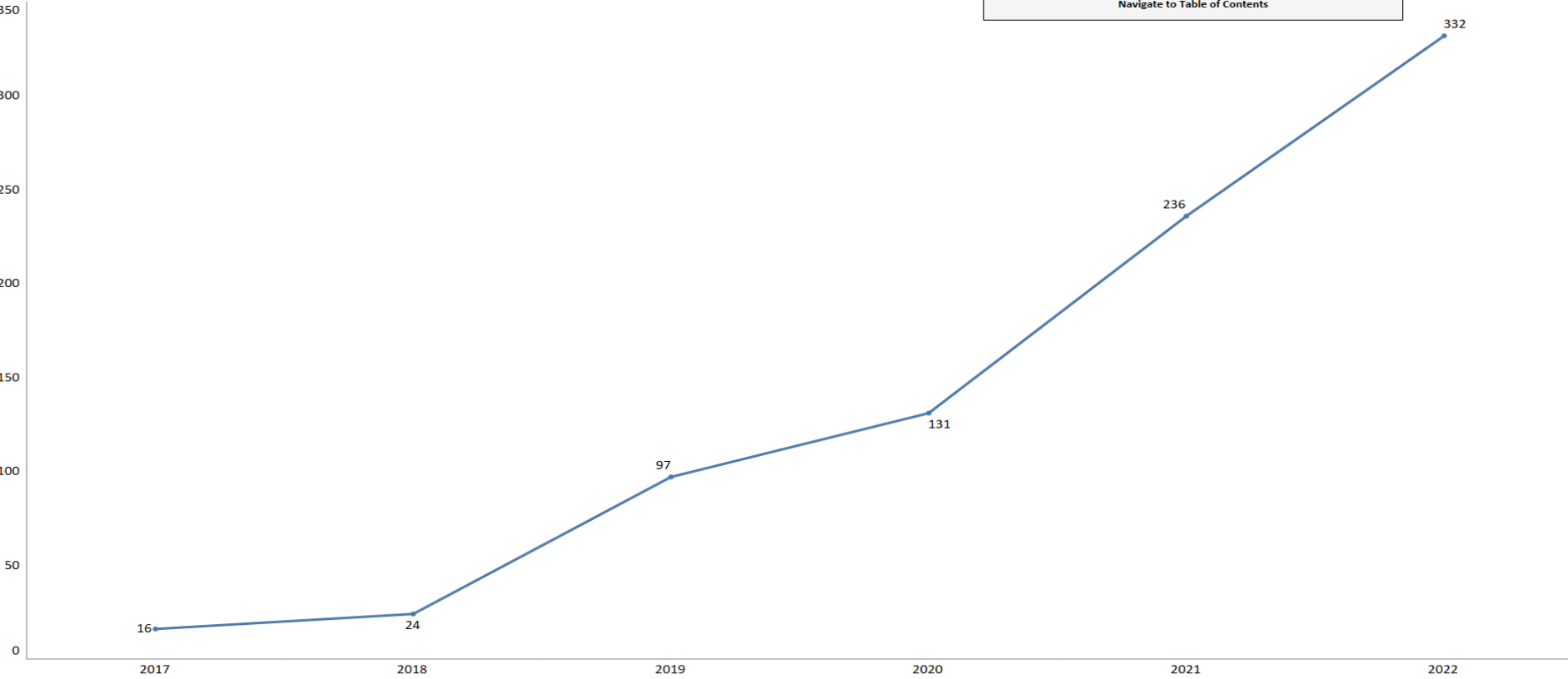
73% of inmate syphilis cases have completed treatment.



# Count of Syphilis Infections in Pueblo County from 2017 to 2022

\*2022 data is not finalized and subject to change

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# Pueblo County Congenital Syphilis Data

## 2020:

Pueblo County: 7  
Colorado: 24

## 2021:

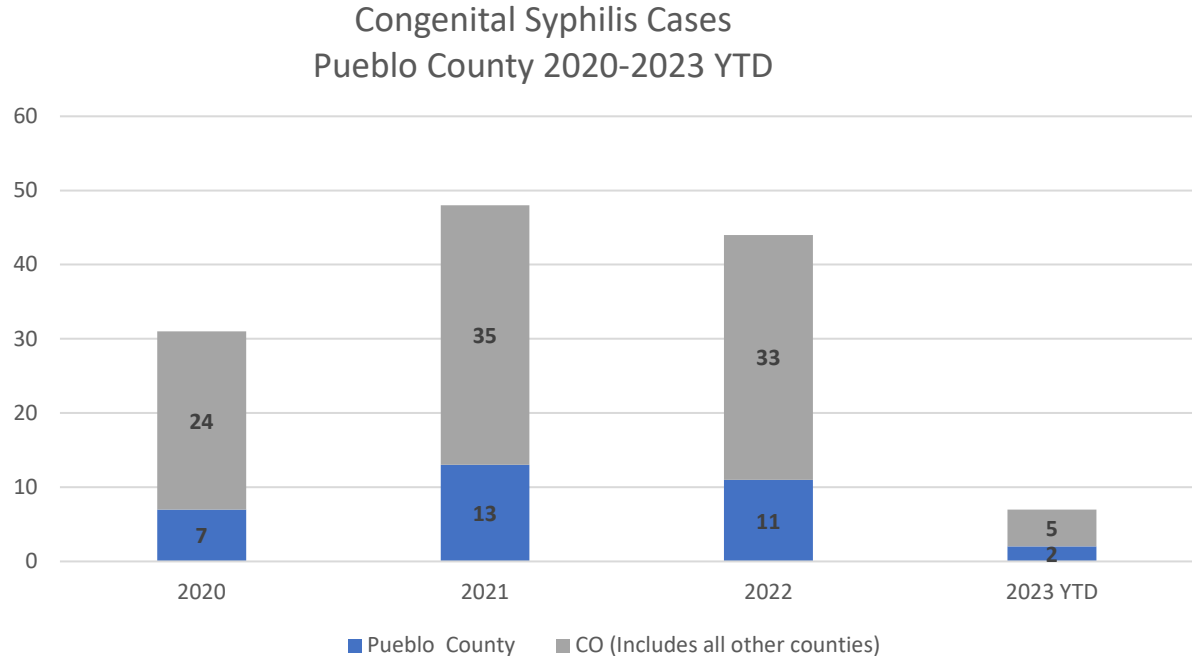
Pueblo County: 13  
Colorado: 35

## 2022:

Pueblo County: 11  
Colorado: 33

## 2023 YTD\*:

Pueblo County: 2  
Colorado: 5



\*2023 data is preliminary and subject to change.

# Scope of Work

## Goal

Address the rising number of syphilis cases in Pueblo County, with a focus on congenital syphilis.

## Scope of Work

Partner with the Pueblo County Detention Center to provide syphilis testing and treatment to female inmates of childbearing age, 18 – 45 years of age.

- Protocols were developed.
- One full time RN is dedicated to testing and treating in the Detention Center.



- One Day a Week - Provide screening, testing and treatment in intake at the Judicial Building.
- Three Days a Week - Provide screening, testing, treatment, and conduct interviews in the Detention Center.
- Field Delivered Therapy started in August 2022.

# Process

**During intake, women of childbearing age have the following tests performed:**

- Rapid Syphilis
- Rapid HIV
- Gonorrhea and Chlamydia
- Pregnancy Test



**If rapid syphilis test is positive:**

- A confirmatory blood draw is performed.
- First dose of Bicillin is provided.
- Disease Intervention Specialist at CDPHE is notified.
- Interview occurs at another time.



# Current Data: February 28, 2022 – June 1, 2023

- 485 women screened (Includes all women meeting criteria)
- 27% positivity rate
- 73% treatment completion rate
- 2 congenital syphilis cases reported in Pueblo County through March 2023
- Program started Field Delivered Therapy in August 2022.
  - 14 of 16 patients completed Bicillin x3
  - 4 pregnant, 1 re-infected
  - 3 male partners tested, 2 given first preventative dose, 1 started 3 dose series.

# Challenges



## Completion of Treatment Series

- Women released from the Detention Center prior to completion of treatment
- Cost of treatment is 400 times more if the facility (Detention Center) purchases the medication
  - Education provided to follow up with the PDPHE STI clinic for treatment
  - Attempt to contact is made after release

## Written Expectations and Roles Agreed On by Both Parties

- MOU or other written agreement in place with partnering agency prior to initiating grant
  - After the grant was received, PDPHE and the Detention Center worked to create a plan and implement processes that were feasible for both parties

## Scope of Work Focusing Only on Women of Childbearing Age

- Including males in testing and treating could have an impact on reducing congenital syphilis rates

# How Can You Help?





# Discussion

*Drop questions in the chat or click the “Raise Hand” icon*

# Thank you!

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# What to Expect Next

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- Service delivery toolkit available in July
- Part 3 will focus on logistics of service delivery - Wednesday 6/28/23 at 3PM ET
- Registration link: <http://bit.ly/3N9ZzAJ>

# Thank you for joining us!

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