

**Evaluation of Large Jail STD Screening  
Programs, 2008-2009**

Completed by CDC/NCHHSTP/DSTDP/HSREB

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# Table of Contents

PURPOSE.....	3
BACKGROUND .....	3
METHODS .....	4
KEY FINDINGS.....	5
SUMMARY OF INDIVIDUAL JAIL VISITS .....	9
REFERENCES .....	10
APPENDIX I: Facilities visited.....	11
APPENDIX II: Jurisdiction: Maricopa County (Phoenix), AZ.....	12
APPENDIX III: Jurisdiction: Alameda County, California .....	14
APPENDIX IV: Jurisdiction: Los Angeles, CA .....	15
APPENDIX V: Jurisdiction: San Francisco, CA.....	17
APPENDIX VI: Jurisdiction: DeKalb County (Georgia).....	19
APPENDIX VII: Jurisdiction: Baton Rouge, LA .....	20
APPENDIX VIII: Jurisdiction: Wayne County (Detroit), MI.....	21
APPENDIX IX: Jurisdiction: Las Vegas, NV .....	23
APPENDIX X: Jurisdiction: New York City, NY.....	24
APPENDIX XI: Jurisdiction: Philadelphia, PA.....	26
APPENDIX XII: Jurisdiction: Dallas, TX.....	28
APPENDIX XIII: Jurisdiction: Harris County (Houston), TX.....	29

## PURPOSE

To examine existing sexually transmitted disease (STD) screening programs in large jails to learn lessons that can benefit other health departments that want to establish or expand chlamydia (CT) and gonorrhea (GC) screening programs in their local jails.

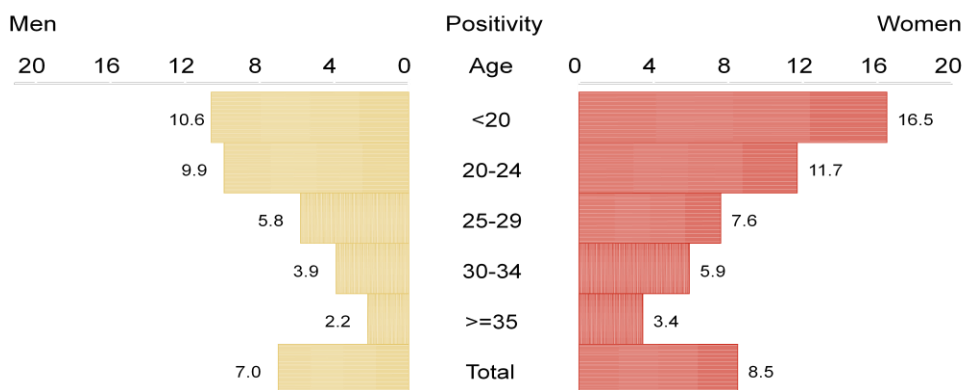
## BACKGROUND

Even with advances in prevention programs for sexually transmitted diseases, there is still a high burden of *Chlamydia trachomatis* infection among Americans. This disease was reported in over 1.2 million Americans in 2008,<sup>1</sup> making it the most commonly reported infectious disease. In addition, *Neisseria gonorrhoeae* infections were reported in over 335,000 Americans in 2008.<sup>1</sup> However, many more cases of chlamydia and gonorrhea go undiagnosed and unreported because often, especially in women, the infections are asymptomatic. Untreated infections can have major consequences in women, namely pelvic inflammatory disease with its serious sequelae of chronic pelvic pain, ectopic pregnancies and infertility.<sup>2</sup> In both men and women, untreated infection can promote both the acquisition and the transmission of HIV.<sup>3</sup> Furthermore, both chlamydia and gonorrhea disproportionately affect persons in their young adult years.<sup>1</sup>

Entrants to adult jails have been shown to have high prevalence of both chlamydial and gonococcal infections.<sup>1,4-6</sup> The average prevalence of chlamydial infection nationally among women in jails is 8.5%, higher than the 6% prevalence observed nationally among sexually experience persons younger than 20 years. In jurisdictions with comprehensive, targeted jail screening, more chlamydial infections among females (and males if males are screened) are detected in the jails, and subsequently treated, than at any other single reporting source in these jurisdictions.<sup>1</sup>

Among detained adults greater than 18 years of age, women have higher CT prevalence rates than men, though the rates by sex decline with increasing age. Figure 1 below shows that in 2008 the CT prevalence among detainees from jails was 7.0 and 8.5 percent for men and women respectively, and that infection was more prevalent in younger inmates, than in older ones.<sup>1</sup>

**Figure 1: Chlamydia positivity by age group and gender, adult corrections facilities, United States, 2008<sup>1</sup>**



A small number of large jails hold the majority of all jail inmates,<sup>7</sup> and young adults in jails are at high risk for STDs as they are often individuals who engage in unprotected sex, have multiple sex

partners, and use drugs. In 2005, 5.5% of jurisdictions (159 jurisdictions) had average daily jail populations of 1,000 or more inmates.<sup>8</sup> According to 2008 estimates, jurisdictions with 1,000 or more inmates held 52% of the total US jail population and that the 50 largest jail jurisdictions held 29% of all jail inmates. California had 10 of the 50 largest jails, Florida had 9, Texas had 6, and Georgia had 4. Pennsylvania and Tennessee each had 2 of the largest jails. Sixteen other states each had one, and these included New York, Illinois, and Arizona, jurisdictions with 3 of the top 10 largest jails in the country.<sup>9</sup>

Since these are jails, and not prisons, the majority of inmates are released back into the community from where they came and lived prior to incarceration. Therefore, STD screening and treatment of adults in jails might be an important way to affect STD rates in their communities. Because of the increased efficiency of working with large jails and the large proportion of the US jail population they hold, it is logical to focus on expanding CT and GC screening in large jails (those with an average of 1,000 inmates) with particular concentration on the 75 largest jails in the United States.

Some jurisdictions already have chlamydia screening programs in place. In 2008, CDC received CT screening data for women from 41 jail facilities in 22 different states, and screening data for men from 62 jail facilities from 24 states. However, it is believed that much of this is testing due to presence of symptoms or at inmate request and not routine asymptomatic screening. All seven CDC/DSTDP directly funded cities/counties (through the Comprehensive STD Prevention Services (CSPS) Cooperative Agreement) all have large jails and four currently implement CT screening of at least one gender: Los Angeles, New York City, Philadelphia and San Francisco. Chicago has made drastic cuts to its jail screening program, and Washington, D.C. and Baltimore have never had jail screening programs. Most of the other states that submit correctional screening data, screen from large jails, but the screening reaches only a fraction of the target population because it is usually based on inmate-initiated requests for screening or diagnostic testing only.

## **METHODS**

### **Scope:**

This evaluation reviewed 14 STD screening programs in large jails that have over 1000 inmates. Twelve sites were chosen based on size, geographic location, screening program, and the convenience in arranging site visits during the four-months initially allotted for travel (June-September 2008). We visited four locations where there is screening of at least one gender for CT: Los Angeles, New York City, Philadelphia, and San Francisco; and eight locations that screen for syphilis in the jails, but offer limited, if any, screening for CT: Alameda County CA, Baton Rouge LA, Dallas TX, DeKalb County GA, Houston TX, Las Vegas NV\* (two sites), and Phoenix AZ. Then, in 2009 we visited two more programs that had jail screening programs (Detroit MI and Indianapolis IN), and a third site (Milwaukee WI\*) who had once had a jail screening program, but had terminated it due to budget cuts.

\*Through the help of CDC, two facilities in Las Vegas and the Milwaukee County Jail plan to initiate a CT/GC screening pilot in 2010.

### **Data Collection:**

A literature review was conducted for background information. Additional data collected included site visit reports, observations, and interviews with key stakeholders, such as health department staff, corrections staff, and jail health staff.

We obtained similar data for each location and conducted telephone interviews as needed to supplement and clarify the information collected. The information about each screening program was then shared with the respective sites for accuracy.

### **Definitions:**

For purposes of this evaluation and report, the following definitions will be used:

- **Jails:** Facilities holding detainees awaiting trial or sentenced to short stays, usually one year or less.
- **Screening:** Administering a diagnostic test to individuals who have no symptoms of the infection (asymptomatic).
- **Testing:** Administering a diagnostic test to individuals who have symptoms of the infection.
- **Comprehensive Screening:** The screening and, if positive, treatment of a majority of a jail's specified target population(s).
- **Opt-in screening:** This is when screening is offered to the individual who then decides whether to get tested or not. This also would include inmate initiated screening/testing.
- **Opt-out screening:** This is when an individual is notified that a screening test is conducted as part of routine procedure unless they decline.

## **KEY FINDINGS**

### **Although Chlamydia prevalence in jails is high, few jails have chlamydia screening programs**

Chlamydial infections among women in jails has been shown to be higher than that observed nationally, yet only 5\* of the 14 jails visited provided *comprehensive* chlamydia screening. One facility, Philadelphia, screened all inmates, and the other 4 conducted targeted screening, based on age, gender, and/or criminal charges. One other facility† conducted some limited chlamydia screening. All of the jails visited provided chlamydia testing upon the request of an inmate or diagnostic (symptomatic) testing.

### **Sites with comprehensive screening programs are able to treat most of the inmates who test positive for chlamydia infection**

The objective of screening for chlamydia in jails is to identify individuals with infection, and get them treated. Figure 2 illustrates the percentage of positive inmates treated during and after incarceration at the 5 facilities that have comprehensive screening programs. We were not able to obtain data for the proportion of inmates who were treated while incarcerated in the facilities that did not provide comprehensive screening.

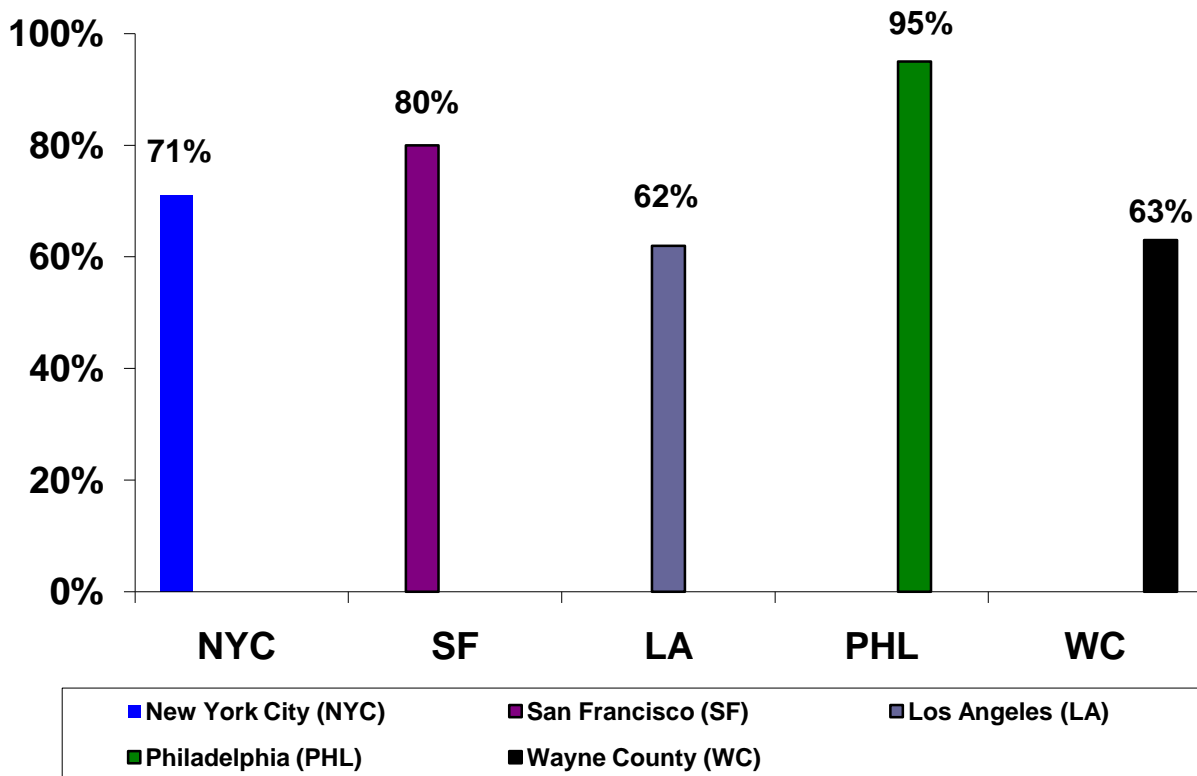
Treatment provided to positive inmates at these facilities was provided by jail medical staff, although in Wayne County, San Francisco, and Los Angeles (after release from jail) the health department paid for the medication. For inmates that tested chlamydia positive and were released prior to treatment, all the facilities visited except Rikers Island in New York City refer these individuals to the local health department for follow-up and treatment. For inmates released from Rikers Island jail, there is no standardized follow-up process in place for treatment post-release; these inmates are given a brochure (at time of testing) of the list of health department STD clinics and instructed to follow-up for treatment for themselves and partners upon release.

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\* Philadelphia Prison, Rikers Island, Los Angeles County, San Francisco County, and Wayne County,

† Indianapolis

**Figure 2: Percentage of chlamydia positive inmates treated during and after incarceration in jails with comprehensive screening programs**



The rapid release of some jail inmates can cause significant difficulties in the treatment of those who are infected. The San Francisco facility had a treatment rate of 80% for STDs diagnosed among jail entrants. Some of the strategies that they have used to obtain such high treatment rates are 1) offering treatment by nursing protocol (this does not require MD exam or order specific to a patient), and 2) flagging the jail medical and public STD clinic records of persons unable to be treated while incarcerated so they can be treated if they are ever arrested again or if they go to the public STD clinic in the future. Philadelphia has very high treatment rates at approximately 95% with almost 75% being treated while incarcerated and the remainder being treated through Philadelphia health department follow-up (health department staff found infected persons and brought them to clinics for treatment).

### **Short turnaround of lab results increases the likelihood of treating positive individuals while they are still in jail**

A key factor in the ability to treat positive inmates while incarcerated is the time it takes to get lab results back. In both Los Angeles and Wayne County (see Figure 2), where the lowest proportion are treated, lab results take 5-7 days to be returned to the jail; whereas in the other locations, where more inmates were treated, the turnaround time was only 2-3 days. The shorter turnaround time is important as many jail inmates are released after a few days, and treating individuals after their release is more labor intensive, costly, and often unsuccessful as inmates do not always give the jail accurate information about where they live.

## **Although respondents reported challenges to establishing or expanding routine screening, some solutions had been found**

Various challenges to the establishment and/or expansion of routine STD screening programs were mentioned during stakeholder interviews and discussions with key staff. The two most significant challenges mentioned by all of the facility stakeholders were 1) competing priorities of security versus public health and 2) funding. Many of the sites also mentioned the following concerns: difficulty in accessing medical records at the jail, difficulty in timely treatment of infected inmates prior to release from jail, lack of staffing (screening and correctional staff), space availability for screening process, and other ancillary costs.

Despite some of the aforementioned barriers, a number of facilities have successfully established some elements of a jail screening program. Some of the factors that have been central to the development, implementation, and sustainability of a successful screening program are the following: having an open line of communication between health and security staff, the development of innovative techniques to incorporate screening and testing into an existing jail health program so as to decrease the potential burden it may have on a facility, and building collaborative partnerships between potential stakeholders. A number of strategies to address these particular challenges were provided by the interviewed stakeholders and are discussed below. We do understand that all facilities are unique and therefore each option/idea should be considered independently and in the context of each particular facility.

### **Security vs. Public Health**

Health departments need to be cognizant of the jail's focus on security, and be very flexible in their screening arrangements. If testing is provided by off-site personnel, such as health department staff, it will require additional clearance or escorts for staff. This can be addressed by employing only people who are able to obtain jail clearance (be able to pass a criminal background check by the local police department) to administer tests or by providing additional compensation to the jail for security that will be dedicated to escorting those staff administering tests. Even if testing is provided by existing medical staff, there might be increased demands for security staff involvement.

Flexibility around the physical arrangement of screening also is critical. For example, in Los Angeles, the health department screeners put their supplies on a cart that can be pushed from one holding cell to another enabling the security staff to perform their normal duties while the health department testing staff is mobile and their presence does not impede on the limited space available in the holding area of the jail. In Philadelphia, inmates pick up a urine cup as they go into the holding cells and therefore don't require transfer by the security staff to medical or other testing areas. (In both of these locations, the holding cells had commodes.) Screening in the housing units is another strategy that prevents corrections staff from having to escort inmates to another location for testing.

### **Key Collaborations**

When developing and implementing a jail screening program, it is essential that the health department form collaborations with the jail staff (both corrections and medical staff), i.e., set regular meetings, involve the staff members in program planning, and provide updates on progress. It is also important to identify "champions" in each organization who understand and will promote the importance of STD screening within the facility. On the corrections side, the "champion" is often a member of the jail medical team. It is also necessary to foster positive relationships between the corrections and medical staff (jail medical or health department) who are doing the work.

## Funding

Several comprehensive jail STD screening programs were able to justify the expense of screening after they performed a pilot study to demonstrate the high burden of disease in their setting. For example, New York City was able to obtain city and state funding after a two-week pilot at Rikers Island found a positivity rate of 6.7% among the male population, with 87% of infections being asymptomatic. Pilot data were also used to determine screening criteria to better target limited resources. Other sites that successfully conducted pilot studies to gather data for the financial support of jail screening were Los Angeles and Wayne County.

A jail's collaboration with a local public health department can help procure discounts for screening supplies, laboratory testing, and treatment. For example, the Philadelphia jail facility uses the local public health laboratory for chlamydia/gonorrhea nucleic acid amplification testing which brought the price down from \$125/test to \$15/test.

Partnering with the Infertility Prevention Project (IPP) also may provide funding, as is the case in Wayne County.

## Screening Facilitators

While visiting the jail screening programs, we observed several practices that seemed to aid the screening process, and thereby increase the number of inmates screened.

- **STD Screening at Intake/Medical Process**

Incorporate STD screening into the medical intake process, by conducting STD screening at intake or booking where feasible. If screening is not feasible at intake or booking, then look for another appropriate opportunity (e.g., the 14-day medical exam). Screening at these times reduces the time that corrections staff have to move inmates, which is time consuming for them, and poses an additional security risk.

- **STD Screening Added to Previously Established Screening Programs**

Introduce STD screening as part of an integrated screening service package, e.g., combine STD screening with TB, HIV, and Hepatitis screening. Acceptability of STD screening improves when linked with other tests, like HIV and TB that inmates are interested in. Because screening women in large jails for syphilis is currently a CDC Performance Measure in communities with high prevalence of infection among women, many places already have a relationship with their jails, and could add chlamydia/gonorrhea screening to the syphilis screening they are already doing. Also, urine collected for pregnancy testing in the jails could be aliquotted so that chlamydia/gonorrhea screening can be done using the same sample.

- **Opt-out vs. Opt-in Screening Process**

Having STD screening as part of the overall medical process, unless an inmate opts out, has been more effective than the more commonly used opt-in mechanism (i.e., asking inmates if they want a test).

- **Screening and Treatment Requirements in Medical Provider Contracts**

Medical care provided to inmates in seven<sup>‡</sup> of the local jails we visited was provided by private contractors. Philadelphia and New York City stipulated in their contracts with these medical care

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<sup>‡</sup> Alameda County, Dallas, DeKalb County, Indianapolis, Las Vegas, New York City, and Philadelphia



providers that they will conduct STD screening services as standard operating procedures. This has resulted in no extra outlay of expenses from the health department for screening the inmates and has resulted in the most comprehensive screening programs.

- **Screening and Treatment Requirements in State Laws**

The Pennsylvania state laws regarding reporting of communicable diseases (Pennsylvania Bulletin, Vol. 32, No. 4, January 26, 2002, Section 27.84. “A person convicted of a crime or pending trial, who is confined in or committed to a State of local penal institution, reformatory, or other house of detention, may be examined for a sexually transmitted disease ...”) states that every person who is in custody of penal (adult and juvenile) authorities may be examined for STDs and will be offered treatment if found infected. The Philadelphia STD program works with state authorities to get this legislation passed and present jail/prison contractors must abide by these regulations for offering STD screening and treatment to jail inmates. This has enabled the Philadelphia prison to screen and treat close to 95% of inmates entering their facilities.

## **SUMMARY OF INDIVIDUAL JAIL VISITS**

Please refer to Appendices for summaries of each jail visit. Contact information is also provided from each jail visit for further information.

## REFERENCES

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## **APPENDIX I: Facilities visited**

### **ARIZONA**

*Maricopa County - 4<sup>th</sup> Avenue and Lower Buckeye Jails*  
Phoenix, AZ

### **CALIFORNIA**

*Alameda County - Santa Rita Jail*  
Dublin, CA

*Los Angeles County – Central Regional Detention Facility and Men’s Central Jail*  
Los Angeles, CA

*San Francisco County Jail*  
San Francisco, CA

### **GEORGIA**

*DeKalb County Jail*  
Decatur, GA

### **INDIANA**

*Marion County Jail – Arrestee Processing Center and Liberty Hall\**  
Indianapolis, IN

### **LOUISIANA**

*East Baton Rouge Parish Prison*  
Baton Rouge, LA

### **MICHIGAN**

*Wayne County Jail – Andrew C. Baird Detention Facility*  
Detroit, MI

### **NEVADA**

*Clark County – Clark County Detention Center and Stewart Mojave Jail*  
Las Vegas, NV

### **NEW YORK**

*Rikers Island Jail*  
New York City, NY

### **PENNSYLVANIA**

*Philadelphia Prison*  
Philadelphia, PA

### **TEXAS**

*Dallas County Jail*  
Dallas, TX

*Harris County Jail*  
Houston, TX

### **WISCONSIN**

*Milwaukee County Jail\**  
Milwaukee, WI

\*Summary report unavailable at this time, contact authors for more information

## **APPENDIX II: Jurisdiction: Maricopa County (Phoenix), AZ**

### **Facilities Visited:**

- **4th Avenue Jail**
- **Lower Buckeye Jail**

**Dates:** September 23 and 24, 2008

### **Screening/Testing Program Summary:**

- **Who is screened/tested and for what infections and when**
  - All eligible
- **What sexually transmitted diseases:**
  - CT/GC and syphilis
- **When are inmates screened/tested:**
  - UPON REQUEST ONLY
- **Where are inmates screened/tested:**
  - Intake
  - Jail Clinic
- **Who conducts the screening/testing:**
  - Maricopa County Correctional Health Services
- **Opt-in or opt-out testing:**
  - N/A

### **Other Highlights:**

- Medical care in the jail is provided by Maricopa Department of Correctional Health (Separate from the Sheriff's Department and Public Health)
- If a non-prostitution arrestee requests an STD test at Intake, an electronic appointment is made for him/her to be brought to the clinic for testing, which follows him/her to the housing unit.
- County lab does most of the lab work, but Maricopa County funds a STAT lab technician, for syphilis testing, in the Intake Clinic a few hours a day in the afternoon – 20 hours a week
- Specimens are taken by courier to county lab daily (M-F), and syphilis results are returned in 24 hours via a phone call with a written report to follow. Any CT or GC tests done take about a week due to the large volume of tests the public health lab handles.
- About 70% of the positives are treated in jail, and the others are referred to the Health Department, who are able to find 15-20% of those referred.

### **Suggestions/lessons learned (stated by staff at visit):**

- Need help in funding – for example, the STD program providing test kits, PH lab performing tests, etc.

### **Takeaways:**

- The IPP program is funding some CT/GC testing of women in Maricopa County jail, though not a lot of information about who, when, and if testing or screening is based on any criteria.

## Appendix II: Jurisdiction: Maricopa County (Phoenix), AZ (cont.)

**Contact Person:** Kerry Kenney  
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## **APPENDIX III: Jurisdiction: Alameda County, California**

### **Physical Facilities Visited:**

- **Santa Rita Jail**

**Dates:** August 29, 2008

### **Screening/testing Program Summary:**

- **Who is screened/tested:**
  - All eligible
- **What sexually transmitted diseases: UPON REQUEST ONLY**
  - CT/GC
  - Syphilis
  - HIV
- **When are inmates screened/tested:**
  - Everyday 24/7 (Request only)
- **Where are inmates screened/tested:**
  - Intake
- **Who conducts the screening/testing:**
  - Contracted medical provider – Prison Health Services at time of visit
- **Opt-in or opt-out testing:**
  - N/A

### **Suggestions/lessons learned (stated by staff at visit):**

- N/A

### **Takeaways:**

- Title 15 of the California Minimum Standards for Local Detention Facilities sets the requirements for all services for inmates, including medical services. The California Department of Corrections and Rehabilitation (CDCR) through the Corrections Standards Authority has oversight of all juvenile (local juvenile detention facilities and state youth authority) and adult (local jails and state prisons) correctional facilities throughout California.
- Urine samples are taken from all females at intake for pregnancy testing – is an opportunity to do CT/GC testing and assess facility morbidity.
- If resources were available to support the testing, Prison Health Services is very willing to obtain the specimens for expanded screening.

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## APPENDIX IV: Jurisdiction: Los Angeles, CA

### Facilities Visited:

- **Los Angeles County Jails**
  - Century Regional Detention Facility (CRDF)
  - Men's Central Jail (K6G unit)

**Dates:** September 2 and 3, 2008

### Screening/testing Program Summary:

- **Who is screened/tested (by STD):**
  - Women (CRDF)
    - Under 30
    - Pregnant or possibly pregnant
    - Prostitution or other sex-related charges
    - Other women are eligible for syphilis and HIV tests
  - Men (K6G unit (MSM specific unit) at Men's Central Jail)-screened/tested at exposed anatomic sites
- **What sexually transmitted diseases:**
  - CT/GC
  - Syphilis
  - HIV
- **When are the inmates screened/tested:**
  - Women
    - CRDF – screening is from approx 7pm – 3 am Monday through Friday.
  - Men
    - K6G – screening is from approx 7:30 am – 12 noon Monday through Friday
- **Where are the inmates screened/tested:**
  - Women
    - Intake facility- after women are brought in from sub-stations.
  - Men
    - Intake-after they've been interviewed and accepted into the K6G unit.
- **Who conducts the screening/testing:**
  - LA County STD Program Staff
- **Opt-in or opt-out testing:**
  - opt-out testing – verbal consent is given

### Suggestions/lessons learned (stated by staff at visit):

- Make sure that at the start that everyone has looked at ways to ensure that the program will be sustainable.
- Have open and constant communication with all parties involved – especially corrections and custody staff/administration
- Try to make this a routine part of what is done at the jail – harder to dissolve then.
- Find a champion or person at the Sheriff's Dept. who will support the endeavor/project.

## Appendix IV: Jurisdiction: Los Angeles, CA (continued)

### Takeaways:

- Title 15 of the California Minimum Standards for Local Detention Facilities sets the requirements for all services for inmates, including medical services. The California Department of Corrections and Rehabilitation (CDCR) through the Corrections Standards Authority has oversight of all juvenile (local juvenile detention facilities and state youth authority) and adult (local jails and state prisons) correctional facilities throughout California.
- By doing pilots and showing the amount of disease found in the jail, the STD program has offered staff and payment for the testing that is done. The LA County Sheriff's Department only has to pay for treatment for those still incarcerated if found positive.
- STD program funded testing in the beginning and still funds testing.
- IPP funds the screening of women, and CSPA and SE funds screening of men.
- IPP money supports 2 staff who screen at CRDF, and there are STD program funds for the screening at K6G.
- Women:
  - Because of physical layout of intake facility, screening is able to occur without deputies pulling inmates individually. STD Staff have deputy open holding tank and then staff make announcement that they are offering screening to women 30 years and younger and pitch the screening. They then hand out urine cups and women urinate in the toilet in the holding cell. It is possible to leave holding cell open and have women come out into the large hallway to do paperwork. When crowded, the senior deputy will process women 30 years and younger first so that they can be screened more efficiently. Then staff will pass out urine cups while women are lined up after being dressed in. STD and deputy staff have successfully worked out flexible ways to structure screening based on number of women available and which holding cells they are in.
  - For aliquotting of specimen for Aptima, staff usually have woman open urine cup over biologic waste bag and staff takes out specimen. Woman then closes urine cup and throws in bag. Reduces amount of screwing and unscrewing of caps for staff (reduces risk of repetitive motion injury), and is efficient.
  - Staff can work off small Rubbermaid cart to do screening when working with women in holding cells where there is limited space. If working with women on other end of intake area where there is more open space, STD staff work off both a table and cart. It has been found to be feasible to do screening in limited spaces.

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## **APPENDIX V: Jurisdiction: San Francisco, CA**

### **Facilities Visited:**

- **San Francisco STD Program – Administrative Offices and STD Clinic**
- **San Francisco City Lab**
- **San Francisco City Jail**

**Dates:** August 20-21, 2008

### **Screening/Testing Program Summary:**

- **Who is screened/tested: Based on priority for screening**
  - Commercial Sex Workers
  - Females 35 and under
  - Males 30 and under
- **What sexually transmitted diseases:**
  - CT/GC
- **When are the inmates screened:**
  - Intake - 9:00 a.m. – 9:30 p.m.
  - Monday -Friday
  - Intake
  - Housing - evenings
- **Where are the inmates screened:**
  - Intake
  - Housing
- **Who conducts the screening/testing:**
  - Health Department (2 screeners: 9 a.m. – 6 p.m.; 6:30 p.m. - 9:30 p.m.; and a 3rd who overlaps these hours).
  - Jail Medical Staff screens persons missed by health department
- **Opt-in or Opt-out:**
  - Opt-out

### **Other Highlights:**

- Medical care in the jail is provided by San Francisco Department of Health, Jail Health Services
- STD screeners are funded by the STD Program, but the jail medical staff picks up those missed.
- Specimens are taken to public health laboratory daily (M-F), and results returned in two days via electronic download to jail database
- Standardized orders allow nurses to provide treatment.
- Electronic records facilitate treatment. The lab sends test results electronically to jail and STD program. A list of positives is generated. If a person is unable to be treated while incarcerated or after release, an electronic flag is placed on his/her jail record to ensure treatment if arrested again. Flag is also placed on STD clinic record should the person go there.
- 80% of inmates are treated, either while in jail or by the Health Department after leaving jail

## Appendix V: Jurisdiction: San Francisco, CA (cont.)

### **Suggestions/lessons learned (stated by staff at visit)**

- To be effective, all parties need to be flexible and open to change
- Be cognizant and respectful of jail staff and their systems

### **Suggestions/lessons learned (stated by staff at visit)**

- Look at the prevalence to know who to screen
- Health workers can do the screening; it doesn't have to be a nurse
- Establish, maintain, and foster good relationships with partners. Try to see things their way.

### **Takeaways:**

- Both STD Program management and the Jail Medical Director are champions of jail screening and treatment.
- STD Program is about to pilot-test two new procedures: test female visitors to jail and use vaginal swabs with female inmates, instead of urine.

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## **APPENDIX VI: Jurisdiction: DeKalb County (Georgia)**

### **Facilities Visited:**

- **DeKalb County Jail**

**Dates:** September 18, 2008

### **Screening/Testing Program Summary:**

- **Who is screened/tested:**
  - All eligible (upon request and 14 day exam only)
- **What sexually transmitted diseases:**
  - CT/GC
- **When are the inmates screened/tested:**
  - Monday and Friday (Request only)
  - Friday (14 Day Exam)
- **Where are the inmates screened/tested:**
  - Intake
  - Jail Clinic
- **Who conducts the screening/testing:**
  - Jail medical staff (vendor – Correct Health at time of visit) performs testing
  - Quest labs runs the lab tests
- **Opt-in or opt-out testing:**
  - Opt-out testing, arrestee must sign a refusal form

### **Suggestions/lessons learned (stated by staff at visit)**

- Have open and constant communication with all parties involved – especially corrections and custody staff/administration

**Takeaways:** N/A

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## **APPENDIX VII: Jurisdiction: Baton Rouge, LA**

### **Facilities Visited:**

- **East Baton Rouge Parish Prison**
- **Metro Health (CBO)**

**Dates:** July 17-18, 2008

### **Screening/Testing Program Summary:**

- **Who is screened/tested:**
  - Women
- **What sexually transmitted disease:**
  - Syphilis
- **When are the inmates tested:**
  - Offered M-F to women who entered the jail since phlebotomist was last there (usually within 1-3 days of entering the jail)
- **Where are the inmates tested:**
  - In the medical area of the jail
- **Who conducts the screening/testing:**
  - Metro Health funded by the Louisiana State STD Program
- **Opt-in or Opt-out:**
  - Opt-in

### **Other Highlights:**

- Medical care in the jail is provided by the city's Emergency Medical Services
- State STD program contracts with a CBO (Metro Health) to do the screening in the jail.

**Suggestions/lessons learned (stated by staff at visit):**N/A

### **Takeaways:**

- If contracting for screening services, contract needs to be very specific. Cannot hold CBO accountable if you have not been specific about what you expect them to do.

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## **APPENDIX VIII: Jurisdiction: Wayne County (Detroit), MI**

### **Facilities Visited:**

- **Wayne County Jail**

**Dates:** August 19, 2009

### **Screening/Testing Program Summary:**

- **Who is screened/tested:**
  - CT/GC:
    - All females 30 and younger
    - Females 31-40 who met at least one of the following criteria: symptoms, known exposure to an STD, multiple sex partners, diagnosed with an STD in previous 3 years, or pregnant.
    - All males 29 and younger
    - Males 30-35 who met at least one of the following criteria: symptoms, recent (90 days) known exposure to an STD, infected partner.
  - Syphilis:
    - Women
  - HIV
    - Inmates aged 13-64
- **What sexually transmitted diseases:**
  - CT/GC
  - Syphilis
  - HIV
- **When are the inmates screened/tested:**
  - At time of inmate's medical exam, which could be 2 days to 2 weeks after intake.
- **Where are the inmates screened/tested:**
  - Usually in the medical area, but sometimes in the housing unit.
- **Who conducts the screening/testing:**
  - Medical Assistants who are part of the jail medical staff.
- **Opt-in or Opt-out:**
  - Opt-in, but strongly encouraged

### **Other Highlights:**

- Jail health care is provided by Wayne County Jail Health Services, a division of the Wayne County Department of Health and Human Services.
- Jail screening started as a pilot in 2007, and was initiated by the jail. Categories of inmates tested are based on monitoring prevalence.
- Jail Health Services and the STD program (both State and local) have a very good working relationship.
- State STD and IPP programs have a very good working relationship.
- STD screening and treatment is paid for by the State STD program—most CT/GC testing has been funded with IPP money, and monitored to assure prudent use of resources. Other funding from HIV grants.

## Appendix VIII: Jurisdiction: Wayne County (Detroit), MI (cont.)

### **Other Highlights (continued):**

- About 50% of eligible females screened for CT/GC
- 60-65% of positives are treated prior to release

### **Suggestions/lessons learned (stated by staff at visit)**

- All players must have a collaborative, respectful relationship at the personal level. This applies not only to the managers, but to the staff doing the work.
- Begin with a pilot project to allow for screening protocol to be reflective of population prevalence. All inmates are not at high risk for GC and CT, and based on limited time and financial resources, inclusion criteria for screening is appropriate and necessary.

### **Takeaways:**

- Because this program is supported by IPP resources, positivity must be high enough to justify the diversion of screening resources from other high prevalence sites such as adolescent health clinics and juvenile detention facilities.

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## **APPENDIX IX: Jurisdiction: Las Vegas, NV**

### **Facilities Visited:**

- **Clark County Detention Center (CCDC)**
- **Stewart-Mojave Jail**

**Dates:** September 25, 2008

### **Screening/testing Program Summary:**

- **Who is screened/tested:**
  - Screening is very limited at these facilities
- **What sexually transmitted disease:**
  - Syphilis
  - HIV
- **When are the inmates screened/tested:**
  - By appointment – Inmates are asked at the 14-day medical if they want to be tested
- **Who conducts the screening/testing:**
  - Health Department
- **Opt-in or Opt-out:** Opt-in

### **Other Highlights:**

- Medical care in both jails are provided by private contractors: CCDC --NaphCare and Stewart-Mojave – Prison Health Services
- Contracts for medical care are written by the Sheriff's Office
- New Captain who oversees the medical care at CCDC has limited the health department's access to the housing units for screening/testing purposes

### **Suggestions/lessons learned (stated by staff at visit)**

- Be patient, and give in to what the jail wants before you starting asking for permission to expand
- Foster good relationships with jail partners. Try to see thing their way.

**Takeaways:** N/A

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## **APPENDIX X: Jurisdiction: New York City, NY**

### **Facilities Visited:**

- **Rikers Island Jail**

**Date:** May 7, 2008

### **Screening/testing Program:**

- **Who is screened/tested:**
  - All females
    - CT/GC
    - Syphilis
    - HIV is offered
  - Males
    - All males
      - Syphilis and HIV
    - <= 35 yrs
      - CT/GC
- **What sexually transmitted diseases:**
  - CT/GC
  - Syphilis
  - HIV
- **When are the inmates screened/tested:**
  - At Intake – within 24 hours of admission
- **Where are the inmates screened/tested:**
  - Medical Intake Area
- **Who conducts the screening/testing:**
  - Jail medical provider
- **Opt-in or Opt-out:**
  - Opt-in, but strongly encouraged

### **Other Highlights:**

- Jail health care is provided by a private contractor – Prison Health Services (PHS)
- Jail health care is overseen by the Bureau of Correctional Health Services within the NYC Department of Health and Mental Hygiene
- Urine-based screening of males started as a pilot in 2003, based on a study that showed high prevalence of CT and GC in incarcerated males
  - Results of pilot showed that 6.7% were positive, and 87% of those testing positive had been asymptomatic
  - Pilot results helped secure funding for permanent screening program
- Requirement to screen is part of the contract PHS has with the city
- Lab results take 2-3 days, and jail medical staff provide the treatment

### **Suggestions/lessons learned (stated by staff at visit):**

- When initiating a screening program, show corrections staff that the screening will not slow down the intake process and that extra infrastructure is not needed.
- Doing a pilot can help secure funding for a screening program



## Appendix X: Jurisdiction: New York City, NY (cont.)

### **Takeaways:**

- Success of the program is dependent on the front-line staff
- Successful programs are collaborative

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## **APPENDIX XI: Jurisdiction: Philadelphia, PA**

### **Physical Facilities Visited:**

- **Philadelphia Prison**

**Dates:** September 16 and 17, 2008

### **Screening/testing Program Summary:**

- **Who is screened/tested and for what infections and when**
  - All eligible
- **What sexually transmitted diseases:**
  - CT/GC
  - Syphilis
- **When are inmates screened/tested:**
  - Within 4.5 hours of entering jail system at medical intake
- **Where are inmates screened/tested:**
  - Intake
- **Who conducts the screening/testing:**
  - Contracted medical provider – Prison Health Services at time of visit
- **Opt-in or opt-out testing – N/A**
  - Mandatory testing (According to Pennsylvania Bulletin, Vol. 32, No. 4, January 26, 2002, Section 27.84, “A person convicted of a crime or pending trial, who is confined in or committed to a State of local penal institution, reformatory, or other house of detention, may be examined for a sexually transmitted disease ...”.)

### **Other Highlights:**

- Medical care in the jail is provided by a contractor, Prison Health Services, and funded by the city
- 80-85% of all inmates get screened.
- Specimens are taken to public health laboratory daily (M-F), and results returned in two-three days via fax. (RPRs same day when tech is on-site)
- The contractor, Prison Health Services, pays the city for running the tests, so this is income to the Health Department
- 91-95% of the positives get treated, either in jail or by the Health Department
- Doctor’s orders required for treatment in jail, but can be obtained by phone
- Jail keeps very good records of who is screened, positive, and treated; and shares with Health Department on a frequent basis.

### **Suggestions/lessons learned (stated by staff at visit):**

- Try to get put into State regulations for correctional health
- Put it into contracts for correctional health
- Develop data, with incidence, and approach the “powers” to let them know that CT is affecting a particular age group, and they need to be identified to be treated to avoid complications and transmission.

## Appendix XI: Jurisdiction: Philadelphia, PA (cont.)

### Takeaways:

- STD program had input on the development of the law, and the wording of the contract with PHS. To get support they first defined the extent of the CT problem in the City, and then politicized it. Their first emphasis was on emphasizing the epidemic among young people (probably much more saleable than inmates). The STD program already had a relationship with the jail as they had been supplying GC supplies for the symptomatic testing. And then in 2004 when the medical contractor's (PHS) lab wanted to charge \$120 for a CT and GC testing, the STD program worked with PHS and negotiated with the city lab for \$13.50/CT/GC test.

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## **APPENDIX XII: Jurisdiction: Dallas, TX**

### **Physical Facilities Visited:**

- **Dallas County Jail**

**Dates:** September 8-9, 2008

### **Screening/testing Program:**

- **Who is screened/tested:**
  - All eligible
- **What sexually transmitted diseases:**
  - Syphilis
  - HIV
- **When are the inmates screened:**
  - Monday-Wednesday
  - During the day
- **Where are the inmates screened:**
  - A health department phlebotomist is near the booking area, and testing is done in the housing area, when requested
- **Who conducts the screening/testing:**
  - Health Department
- **Opt-in or Opt-out:**
  - Opt-in

### **Other Highlights:**

- Had been some recent changes in medical care providers in the jail, and had particular problems when a contractor provided the care, but at the time of our visit, care was being provided by the county hospital system, which improved care.
- At the time of our visit, screening was offered by the correctional staff. If inmate accepted, they were escorted to the phlebotomist who was located on another floor. (They were trying to get the phlebotomist moved to the same floor as Intake.) Screening was also offered at Intake when the inmate was seen by an RN.
- About 50% of those testing positive are released prior to getting treatment.

### **Suggestions/lessons learned (stated by staff at visit)**

- Need a close working relationship between the health department, jail medical staff, and correctional staff

### **Takeaways:**

- Few inmates accept the offer of syphilis and HIV testing, probably due to the needle stick (for syphilis) and the logistics – testing offered by the same correctional staff who will have to escort inmate to the testing area.

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## **APPENDIX XIII: Jurisdiction: Harris County (Houston), TX**

### **Physical Facilities Visited:**

- **No jail visited per hurricane IKE**

**Dates:** September 10, 2008

### **Screening/testing Program:**

- **Who is screened/tested:**
  - Pregnant females
- **What sexually transmitted diseases:**
  - CT/GC
  - HIV
  - Syphilis
- **When are inmates screened/tested:**
  - 14 day exam
- **Where are the inmates screened/tested:**
  - Jail Clinic
- **Who conducts the screening/testing:**
  - Medical Services Division of the Harris County Sherriff's Office
- **Opt-in or opt-out testing:**
  - Opt-in

### **Suggestions/lessons learned (stated by staff at visit)**

- Relationship with Sheriff's Dept very important. Jail is like a city itself.
- To get buy-in, stress that you don't want to send someone back into the community with syphilis – want to get treated while in jail.
- Need to work through the jail medical staff to get inmates brought to clinic
- Re-evaluate agreements with partners consistently and on a regular basis – is the process still appropriate?

**Takeaways:** N/A

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