What's Going on @SPNS

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Enhancing Linkages: Opening Doors for Jail Inmates

The United States has the highest incarceration rate in the world. One in every 100 adults is currently in jail or prison.[1] If current rates persist, 1 in every 15 people will be incarcerated at some point in their life.[2] The rate of incarceration is even more troubling among people living with HIV disease: 20 percent of people living with AIDS and nearly as many people living with HIV (13 to 19 percent) have been incarcerated at some point in time.[3]

Many of the same psychosocial and socioeconomic risk factors associated with incarceration, including homelessness, mental illness, lack of insurance coverage, low education level, poverty, and substance abuse, are associated with HIV infection.[4-8] The convergence of these burdens can cause untold problems in the lives of people living with HIV/AIDS (PLWHA) in prisons and jails. But it also makes correctional facilities an appropriate environment for offering services to address these issues comprehensively.

The terms "jail" and "prison" are often used interchangeably—but there are key distinctions. Prisons are State or Federal facilities that confine people who have been convicted of a criminal or civil offense and sentenced to 1 year or more.[9] Jails, however, are locally operated facilities whose inmates are typically sentenced for 1 year or less or are awaiting trial or sentencing following trial.[9] The average jail stay is 10 to 20 days, according to the U.S. Department of Justice.[10] And although jails have average daily populations that are half that of prisons, their populations experience greater turnover. The ratio of jail admissions to prison admissions is more than 16 to 1 and approximately 50 percent of people admitted to jails leave within 48 hours.[11]

The high admissions rates mean that the opportunities to reach out to PLWHA in need of HIV care are greater in the jail setting than in the prison setting—but so are the opportunities for clients to be lost to follow-up, thanks to the higher turnover and shorter stays. The barriers to long-term follow-up have led many reentry programs to focus their HIV outreach efforts on prison populations. The number of jail inmates who can be linked with HIV care is too numerous to ignore, however, particularly because the jail setting may offer an inmate the first opportunity for HIV testing and entry into primary care—or any health care—he or she has had in years.

SPNS Jail Initiative

In September 2007, the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Special Projects of National Significance (SPNS) program created the Enhancing Linkages to HIV Primary Care and Services in Jail Settings Initiative (Jail Initiative) to develop innovative methods for providing care and treatment to HIV-positive jail inmates who are reentering the community. Grants were awarded to 10 demonstration projects (see box, p. 2).

The grantees will identify and assist people in jails who are HIV positive with transitioning to community-based HIV primary care and social support services. Grantees will evaluate the demonstration projects within their own communities as well as participate in a multi-site study led by the Evaluation and Support Center in collaboration with the Emory University Rollins School of Public Health (Atlanta, Georgia) and Abt Associates (Cambridge, Massachusetts). The evaluation will assess the selected projects by determining how well they are able to provide appropriate health services to the target population, integrate those services within the community's HIV continuum, and maximize reimbursement rates for health care services from potential payment sources, such as Medicaid and the AIDS Drug Assistance Program (ADAP).

To aid this study, the grantees will collect client and provider data, organizational setting (e.g., service delivery within the jail or in the community) and intervention characteristics, and core service and quality measures. To ensure the sustainability of the projects, the sites will develop strategies for increasing community support and resources for maintaining access to HIV care and treatment for the target population beyond the SPNS grant period.

Challenges to Overcome

Although the SPNS Jail Initiative is in its early stages, it is already rich with knowledge. Some grantees have years of experience integrating HIV care and services into the jail setting and supporting PLWHA upon their release from jail. Grantees have identified and shared some of the challenges of working with the jail populations. The Jail Initiative will explore innovative models for addressing those challenges.

Working with the jail system

A project's goals must not conflict with the overarching goals of the jail system in which it operates and should ensure that the jail's goals are communicated and respected. "The primary issue for the jails is the security and safety of the State and the inmates," according to Jean Porter, principal investigator for the AID Atlanta Jails Initiative project. Nevertheless, AID Atlanta has found that the Dekalb County Jail system has been cooperative in referring clients to their care. "Even though space is cramped, the Dekalb jail has always accommodated us," Porter adds. "The sheriff and his staff are key stakeholders in what we are trying to do. They know that [HIV care] is a priority for the community at large."

Turning incarceration into intervention

For many inmates, their first visit to the jail medical clinic may provide their first medical examination in years. Incarceration can therefore play an unlikely role as a health care intervention, one that may compensate for socioeconomic and racial disparities in access to HIV testing and treatment.[12] This role is recognized by the Centers for Disease Control and Prevention (CDC), which recently issued new recommendations for routine HIV testing that include correctional health settings as appropriate testing settings.[13]

The Jail Initiative sites were given supplemental funding from the SPNS Program to enhance their HIV testing capabilities. Those funds have allowed the sites to purchase more rapid HIV tests, the results of which can be provided immediately during the testing visit. Given that 30 percent of people who tested HIV positive during 2000 did not return to the testing site to receive their test results, rapid testing will reduce the likelihood that test results will not be retrieved.[14]

SPNS funding has also enabled participating sites to extend HIV testing later into the evening, which allows for better testing on demand at intake to the jails, and to increase staff time to support HIV counseling and testing activities across multiple jail settings. In doing so, the Jail Initiative is attempting to maximize the number of ex-offenders who know their status upon release.

The Transitions project of Yale University, a Jails Initiative grantee, is increasing HIV testing in the New Haven County jail, which serves primarily the towns of New Haven and Waterbury, Connecticut. "We are working with the Department of Correction so that when inmates are identified as being HIV positive, they will be referred to our program, where their care and services inside the facility and upon release can be coordinated," notes Laurie Sylla, international and community research director at the Yale AIDS Program and co-coordinator, with David Smith, of the Yale Transitions project. The program serves both male and female inmates.

Jail Initiative Grantees

- AID Atlanta; Atlanta, Georgia
- AIDS Care Group; Chester, Pennsylvania
- Baystate Medical Center; Springfield, Massachusetts
- Care Alliance Health Center; Cleveland, Ohio
- The Miriam Hospital; Providence, Rhode Island
- New York City Department of Health and Mental Hygiene/ Rikers Island Transitional Consortium; New York
- Philadelphia FIGHT; Philadelphia, Pennsylvania
- University of Illinois at Chicago, School of Public Health; Chicago, Illinois
- University of South Carolina Research Foundation; Columbia, South Carolina
- Yale University School of Medicine; New Haven, Connecticut

Coordinating with community partners

Interventions in jail settings can have a strong impact on the public health of the local community because jails, unlike prisons, primarily house residents of the surrounding community. Research shows that increased testing and treatment of communicable diseases, such as HIV and tuberculosis, in the jail setting might assist with disease control in the greater community, particularly because many inmates have limited access to health care before incarceration and are thus less likely to have received screening and treatment for diseases of concern to public health officials.[15,16] Given the impact on public health, it is appropriate for community stakeholders to be involved in coordinating HIV care and support services for PLWHA reentering the community.

AID Atlanta helped organize a dinner in Atlanta for several community stakeholders, including community clinics and the Dekalb County Board of Health. The event gave AID Atlanta an opportunity to describe its SPNS Jail Initiative project and the results that it hoped to achieve. "Community stakeholders often see the same clients that we do and experience the same frustrations: clients who don't show up for appointments, clients who don't have their medications, clients who don't have medical records," says Porter. "The meeting helped us build stronger linkages with the community, in part by reassuring the other stakeholders that we would provide them with comprehensive information about the clients so that the continuum of care could be picked up again upon the client's release."

Treating the whole person

For many inmates, the path that brought them to jail is the path they resume when they are released. The SPNS Jail Initiative hopes to change this course. At AID Atlanta, a case manager conducts a 16-part assessment of each inmate that evaluates the person on characteristics ranging from socioeconomic and psychosocial needs to medical adherence. "This evaluation serves as an individual service plan that really lets us take a more holistic look at the client's lifestyle. The clients talk to us about their most dominant or pressing needs, and we develop baby steps that help them work toward achieving their goals and objectives," says Porter.

Substance Abuse

A concern for many inmates upon release is substance abuse treatment, particularly because a growing number of arrests occur for crimes related to illicit drugs.[8,17] According to the Bureau of Justice Statistics, 68 percent of jail inmates reported experiencing substance dependence or abuse symptoms in the year before their admission to jail.[17] Similarly, findings from the Georgia Corrections Demonstration Project, conducted from 2000 to 2004 and jointly funded by HRSA and CDC, indicated that almost two-thirds (58.6 percent) of clients in jail said they needed alcohol or drug treatment in the 6 months prior to their arrest.[18]

AID Atlanta contracts with STAND (Standing to Achieve New Direction), an Atlanta-area nonprofit organization dedicated to reducing recidivism, to assess clients' readiness for substance abuse treatment. This process involves using the Addiction Severity Index (ASI), a semi-structured interview that helps address problem areas that may conflict with treatment, such as medical status, employment, drug and alcohol use, legal status, family and social issues, and mental health status.[19]

Once treatment needs have been evaluated, most clients are transferred to a community-based day treatment center managed by STAND, where they are provided with substance abuse treatment as well as housing and other basic needs. "We have made provisions to accommodate the unique circumstances of functional abusers out there who may already have a home and a job, including a 10-part Saturday program," remarks Porter. "This [program] allows these individuals to continue to work and be with their families, while remaining in the program."

As part of its efforts to combat substance abuse among its clientele, the Yale Transitions project offers opioid replacement therapy in the form of buprenorphine to PLWHA who are addicted to opiates (i.e., heroin and other narcotics). "Otherwise, we see clients relapse into drug use and potentially overdose immediately after their release," comments Frederick Altice, director of clinical and community research at the Yale AIDS Program at the Yale University of Medicine and principal investigator for the Yale Jail Initiative project. Treating the addictions that, for many PLWHA, may be at the root of their jail time or even their HIV infection leaves room for health and stability to take the place of drug abuse. (See http://hab.hrsa.gov/special/%5CSPNS05RPT%5Cbup.htm for information on opioid replacement therapy and the SPNS Buprenorphine Initiative.)

Mental Illness

Mental illness rivals substance abuse in its hold on inmates. The rate of mental illness is more than 4 times higher among incarcerated adult populations (44.8 percent among Federal prison inmates, 56 percent among State prison inmates, and 64.2 percent among local jail inmates) than among the general adult population (11 percent), and it is highest among jail inmates.[20,21]

To address the need for treatment in the jail population, a mental health or counseling component has been built into most grantee projects. "We see particularly high rates of mental illness among our female clients," notes Altice. This trend holds true across the Nation: 75 percent of female jail inmates experience mental health problems, compared with 63 percent of male jail inmates.[21] "Women typically come in with more trauma from sexual and emotional victimization, much more mental illness and depression, and slightly [lower] coping skills," he adds.

For More Information . . .

For additional information on the SPNS Jails Initiative, visit www.enhancelink.org. The SPNS Project Officers for the initiative are

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Money Management

The Yale Transitions project has found that many of its clients need basic life skills training. For some people, this training begins with their wallets. Yale offers money management training and support to help its clients learn to be financially responsible and establish greater stability in their lives—stability that is precious for ensuring proper HIV care and adherence to treatment. The money management program enables clients to voluntarily give authority to a designated payee, who manages the client's accounts (the client works with the payee to create a budget). This approach ensures that funds from the clients' limited income are first applied to basic necessities, such as rent and utilities, and prevents them from impulsively using funds for nonbudgeted expenses. It mandates a level of planning and foresight that can help reduce homelessness, substance abuse, and general instability among clients.

Housing

Money management training can open doors that might otherwise have remained closed, quite literally. "In many cases it is easier for our clients to find housing when the landlord knows that [he or she] will be paid by a third party," according to Sylla. "Over time, if the intervention is successful, our clients will be self-reinforcing. They will find that it is nice to have an apartment to go home to, with groceries in the fridge, and the electricity on. That in and of itself can be a reinforcement," adds Sylla.

AID Atlanta provides immediate housing for newly released HIV-positive clients through its partnership with STAND. STAND typically provides housing for 60 to 90 days, depending on the severity of the client's case. Clients who require additional treatment are reassessed and can stay at STAND for up to 180 days. During that time, an AID Atlanta case manager works with them to obtain eligibility for public benefits (e.g., Housing Opportunities for People With HIV/AIDS and Supplemental Security Income) so that they can get back on their feet and, eventually, find permanent housing.

Ensuring linkages through case management

Compared with people coming out of prison, PLWHA being released from jail simply "haven't had a chance to think about how they got to that place for as long," says Altice. Hence, they may be less inclined to cooperate with treatment plans and may be less motivated to change the behaviors that have put them in jail and have put their health at risk. This attitude means that for the Jail Initiative grantees, the hardest work starts when a client's jail sentence ends. "The typical jail release experience goes something like this: An inmate is released from jail with no transportation and no way of getting anywhere, so they may never get care," says Porter. "That is where our program steps in."

Within 4 days of a client's release, an AID Atlanta medical release coordinator accompanies the client to help him or her navigate the health care system. "Some of our clients have never graduated from high school, and some have never even been to a clinic before," says Porter. "It can be an intimidating process, and it helps to have a familiar face with them to give them a guiding hand." The presence of the medical release coordinator can also ensure that the clinic receives an accurate, complete medical history from the client, critical to appropriate care.

At the Yale Transitions project, intensive case managers are in touch with clients several times a week. "Intensive case management does not mean that our case managers will just show up once a month, but they will be truly engaged with the clients, going to their homes, going to their visits for medical care or welfare," says Sylla.

With the array of challenges that Yale's clients face, the program's intensive case management approach is not an option but a necessity. "Some of our clients practically need a SWAT team approach to keep in care," says Altice. "That's why we have a mental health care specialist working in the field as well as a team of outreach workers, who have been key in stabilizing the patients and keeping them in care." Altice and his team are even willing to bring care to their clients, if need be, via a mobile health care van that makes regular visits to some of the New Haven neighborhoods with high HIV prevalence. Yale's intensive case management approach to HIV care is known as an "assertive community treatment" service delivery model, and it has shown great success when used to treat people with severe and persistent mental illness.[22]

Looking Toward the Future

The Jail Initiative will end in 2011, but it will undoubtedly pave the way for programs across the country that aim to improve linkages to HIV primary care for inmates in jail settings and upon release. Enhancing the situation of HIV primary care, however, cannot occur in isolation. "The cyclical nature of people coming into and out of jails occurs because of a string of failures," according to Sylla—failures "to address economic issues, to address drug abuse and the cognitive impairment that can go with it, to treat comorbid mental illness, and to reach out to people who just need some extra help."

Despite the difficulties inherent in working within the chaotic jail environment, the SPNS program is determined to tilt the balance so that the benefits of the jail setting outweigh the challenges. Through the innovative HIV service delivery interventions being conducted by programs like those funded by the SPNS Jail Initiative, providers will be better able to determine what PLWHA in jails need to move beyond the risky behaviors and decisions that put them in their situation in the first place—and to establish services and support that ensure that they will not return.

Endnotes

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