What's Going on @SPNS

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# Enhancing Linkages and Access to Care in Jails

On any given day, jails in the United States hold more than 750,000 inmates. The majority of inmates stay for short periods of time pending release, whereas others are serving sentences of less than a year. The total number of people cycling through U.S. jails tops 9 million annually.[1] A significant number of inmates are people living with HIV/AIDS (PLWHA).[2]

The rate of AIDS among prison and jail inmates is estimated to be about 2.4 times higher than that among the general population.[2] Communities disproportionately affected by HIV/AIDS are also overrepresented within correctional facilities. More than one-half of all incarcerated persons are African-American and Latino men and women—groups that account for nearly 70 percent of the estimated 50,000 new HIV cases that occur annually in the United States.[3,4] Many incarcerated PLWHA come from lives marked by structural inequities and psychosocial issues including poverty, unstable housing, drug addiction, limited educational attainment, and under- and unemployment.[5,6] In addition to HIV, incarcerated PLWHA often have other undiagnosed and untreated diseases, including hepatitis C, tuberculosis (TB), mental illness, heart disease, and diabetes.[5,7,8]

In these communities, health disparities help drive risk behaviors, such as injection drug use and sex work, which in turn contribute to HIV infection and to arrest. Many PLWHA in jails are part of the 20 percent of HIV-positive people in the United States who do not know their serostatus. Others are aware that they are HIV-positive but have fallen out of care or were never engaged in care in the first place.[7]

Unless they receive assistance before or shortly after their release, people leaving jails tend to return to the same conditions in which they lived before their incarceration. PLWHA who are unaware of their status, and those who have experienced interruptions in care during incarceration may face additional challenges upon return to the community. Their untreated HIV may make them more likely to transmit the virus to others, increasing the community's viral load—an aggregate measure of viral load at the population level.[9,10] Co-infections in PLWHA present complex prevention and treatment challenges as people cycle between jails and communities. As such, the jail setting presents an opportunity for programs to reach PLWHA who may or may not know their status as well as to connect or, in some cases, reconnect them to care and services. Jail or prison is often the first opportunity to screen for medical conditions and high-risk behaviors, and it is key to linking PLWHA to HIV prevention and treatment services. In addition, studies have shown that linkage to HIV, mental health, and other health services can help reduce recidivism, which is common among many PLWHA.[11-13]

PLWHA who have a usual source of HIV care risk being disconnected from that care when incarcerated. Medical personnel in jail settings are in a key position to provide HIV/AIDS care and treatment to these PLWHA as well as to facilitate their receipt of care upon release. Public health and safety could be improved through greater collaboration among correctional facilities, public health agencies, and community-based organizations. Ideally, proven interventions should be coordinated and initiated with inmates upon their admission.

## The SPNS Jail Initiative: A Sustained Response to Need

In an effort to address the challenges and opportunities identified, the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Special Projects of National Significance (SPNS) Program funded the Enhancing Linkages to HIV Primary Care and Services in Jail Settings initiative (Jail Initiative), a demonstration of innovative HIV service delivery intervention programs at 10 demonstration sites, from 2007 to 2012. Each site designed, implemented, and evaluated models to facilitate the linkage of PLWHA in or recently released from jail facilities to primary medical care and ancillary services. The sites worked closely with Emory University's Rollins School of Public Health, in collaboration with Abt Associates, Inc., who together coordinated the program and served as the evaluation and support center (ESC).

Preliminary findings point to many successes, particularly around connecting PLWHA in jail to care during and after their release and mitigating recidivism rates. In addition, many of the Jail Initiative participants have sustained part or all of their SPNS infrastructure and program-

ming activities. Most sites are still collaborating with partnering jails, which may still be conducting HIV testing. In addition, one-half of SPNS demonstration programs have already identified new avenues of support to continue services, including reallocated funds from other Parts of the Ryan White HIV/AIDS Program as well as grants from private, State, and local agencies.

## Preliminary Findings

Evaluating the Jail Initiative proved challenging because of the diversity among the jail populations served and the demonstration sites themselves, which included universities, health departments, and community-based organizations located in urban centers and rural areas. The demonstration sites also came to the initiative with different levels of experience working with incarcerated PLWHA.

Two-thirds of the sites had long track records of delivering HIV/AIDS care to inmates with HIV/AIDS, whereas the others were new to this type of work. Anne Spaulding, a physician and principal investigator (PI) for the ESC, notes, "Lack of experience did not necessarily hinder our demonstration sites from succeeding. Indeed, some of our strongest sites were those who were rookies in working with jail populations."

The ESC created a single survey instrument that enabled evaluators to compare common activities and data collected at each site. The information collected included the number of inmates tested, their gender, and their linkage to and retention in care. Data analysis strongly supports other research showing that linking PLWHA in jails to care earlier in their disease progression improves their health and social outcomes and enables them to effectively manage their care, stay out of jail, and prevent transmission of HIV and other diseases.[6,14,15] These results point to better public health outcomes for the client and the community as a whole as well as lowered costs for public institutions. Jail Initiative participants met face-to-face twice a year to discuss their individual progress and learn about their fellow participants' activities. The meetings enabled the demonstration sites to engage in peer-to-peer technical assistance and share lessons learned. Several demonstration sites took advantage of peer technical assistance by visiting other demonstration sites to learn about their activities and adapt them to their local sites. This process speaks to the replicability of the models developed under the Jail Initiative and exemplifies the mission of the SPNS program.

The experience also provided some valuable lessons for Emory University. Shalonda Freeman, project director of the ESC, says, "We gained a great deal of knowledge on how to conduct these types of evaluations and are sharing our insight in the research we are producing."

## For More Information . . .

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## Sharing Lessons Learned

Over the past year, the demonstration sites, along with the ESC, have written extensively about developing and implementing their models. A special supplement of *AIDS and Behavior* showcasing their research and findings will be published in the summer of 2012. The topics covered will offer providers an overview of how to develop and leverage relationships with local jails and explore the unique discharge planning needs of incarcerated HIV-positive men and women. The article will also cover the role of case managers in securing positive health outcomes for PLWHA released from jail.

In addition to the *AIDS and Behavior* supplement, the SPNS program is creating an implementation manual, which will be released in late 2012. This publication will provide grassroots organizations with a step-by-step guide on how to create similar HIV linkage programs with local jails.

## Common Challenges, Innovative Solutions

The SPNS program supports the creation and evaluation of innovative models of care to quickly respond to the ever-evolving HIV/AIDS epidemic. The demonstration sites found it challenging to carry out their planned activities as a result of the institutional and cultural stigmatization of HIV/AIDS within correctional facilities. Other planned activities proved difficult to fulfill in the real world. Some sites were initially overly ambitious in the number of clients they believed they could enroll in care. Spaulding notes, "We worked together to help them reevaluate and adjust their numbers and approaches as necessary."

For these reasons, Jail Initiative participants often had to engage in an iterative process in creating and implementing their models of care for incarcerated PLWHA. As with all SPNS demonstration sites, those participating in the Jail Initiative demonstrated an immense capacity for innovation and a dedication to ensuring that PLWHA in jails obtain the best possible health outcomes through enduring connections with treatment, care, and support services.

### Creating Enduring Partnerships With Jails

The success of demonstration sites required creating and maintaining buy-in by the local jail systems. Initially, many jail sites

were reluctant to allow HIV testing in their facilities, considering it a threat to their primary mission as correctional institutions.

Several demonstration sites, such as the Miriam Hospital (Providence, Rhode Island) and Yale University (New Haven, Connecticut) already had extensive track records working with local jails. Others, such as Care Alliance (Cleveland, Ohio) gained the trust of the local jail by clearly demonstrating that they had the expertise to facilitate HIV testing and care referrals. They also assured the facility that the program would not become an administrative burden (e.g., by asking jail staff to assist in carrying out activities or maintaining records about which inmates participated in the initiative). Indeed, several demonstration sites took on roles that extended well beyond HIV screening and connection to care during the initiative, creating immense buy-in by the facility, the greater legal community, and the inmate population. Most notably, the New York City Department of Health and Mental Hygiene/Rikers Island site became a de facto health advocate for PLWHA inmates.

In this capacity, the New York City Department of Health and Mental Hygiene works with Manhattan's treatment courts, educating them about the unique treatment and care needs of PLWHA. Alison Jordan, the program's executive director and PI, says, "We have become a friend of the court. Judges now call us for advice and expertise about patients' health and recommendations regarding alternatives to incarceration, such as drug treatment facilities and hospice."

Ann Avery, a medical director with the Cleveland Department of Public Health who served as the PI for Care Alliance, points out that the demonstration site took great care to respect the jail's rules and regulations, particularly around safety. "You always had to keep in mind that you were working in their house. This meant being mindful of lockdown times as well as adjusting protocol as necessary. For instance, we switched to oral swabs and testing, because we were not allowed to carry lancets [for finger pricking]."

### Overcoming Stigma

Many currently and recently incarcerated inmates with HIV do not have health insurance or a regular medical provider, making their initial encounter with the Jail Initiative their first health care experience in many years.[16,17] Some PLWHA who participated in Jail Initiative programs initially expressed reluctance to do so because of fears that they may be targeted by other inmates for abuse.

Jean Porter, who served as PI for AID Atlanta, suggests that many PLWHA also may have been apprehensive as a result of internalized stigma associated with the disease and their current incarceration. "If you're already down due to bad choices and are a member of a population that has little or no information about how HIV is transmitted, prevention and care may not make immediate sense," she says.

Providers have an opportunity to reach PLWHA in jails by approaching them in a nonjudgmental and culturally competent manner. With that attitude, Porter explains, providers can "connect these inmates into care and services and teach them skills to take charge of their health and . . . leave past risk behaviors behind."

Care Alliance worked around stigma by approaching potential participants during the jail intake process, which all inmates had to complete. That way, no one could discern who participated in testing. In a similar vein, Howell Ira Strauss, executive director of AIDS Care Group (Chester, Pennsylvania), says that he partnered with parole offices, which incorporated Jail Initiative activities into their general HIV, substance use, and TB prevention trainings, which are delivered to all recently released inmates. This strategy increased the number of people receiving HIV education and provided some privacy to PLWHA engaging in additional HIV care services.

At Rikers Island, Jordan says, demonstration site staff meet with HIV-positive inmates as well as with those with chronic health needs who are at risk for HIV. Testing is provided to inmates who did not feel comfortable disclosing their status or being tested during the admissions process. Participants are welcomed with t-shirts, socks, underwear, toothpaste, and other basic needs and provided a semblance of privacy for testing.

Culturally and linguistically competent peer navigators, many of whom have been affected by the criminal justice system and have a knowledge of HIV/AIDS, help guide PLWHA through the testing process and provide linkages to treatment and care programs in their community. Upon release, clients are provided an aftercare letter; a kit containing condoms and their medications; and transportation, if needed.

As Jordan says, "We always receive consent from our patients in jails and discuss what we plan to say to their lawyers and the court in terms of their care. Overwhelmingly, our patients in city jails are pleased to have a representative help them communicate about their health needs."

## Meeting the Unexpected Needs of PLWHA

The effectiveness of the Jail Initiative demonstration sites stemmed from the multifaceted nature of their programs. Patients were not merely tested and given a few brochures but were provided with a wide array of linkages and wraparound services that kept them engaged in care during and after their incarceration. This holistic approach ensured that inmates returned to their communities equipped to manage their health and their lives.

At Care Alliance, case managers linked PLWHA to HIV primary care and to specialists who could address comorbidities such as hepatitis C, sexually transmitted infections, TB, and other diseases common to incarcerated persons. These linkages dovetailed with

their health education services, which taught infected inmates how to manage their HIV care and other health issues.

The process also revealed needs not anticipated by the demonstration sites. Care Alliance, for instance, encountered high rates of mental illness among its clients, prompting them to hire an additional counselor to meet the extensive need. AID Atlanta's 30-day triage initially targeted women and featured intensive case management linking newly released HIV-positive inmates to substance use programs, transportation, and housing. Staff at this site believed that housing, in particular, would be an incentive for HIV-positive female inmates, many of whom had been engaged in sex work. As it turned out, however, the women often stayed with family members, friends, and partners after leaving jail, so AID Atlanta found themselves quickly engaging HIV-positive male inmates instead. As Porter explains, "We did not anticipate our success with men, who often had nowhere to go after their release."

The men leveraged AID Atlanta's substance use and literacy programs to address their drug addictions and find employment—efforts that ultimately qualified them for the agency's housing program. Porter says patients turned their lives around and stayed out of jail—a tribute to the success of accessing health and service programs upon return from correctional facilities in mitigating recidivism. "Some of these men have returned to AID Atlanta to help others . . . and have been able to reunite with their families," says Porter. "Many serve on the community volunteer advisory board."

### Working With Community Partners

The Jail Initiative helped demonstration sites develop and strengthen existing community partnerships, which in turn enabled them to expand their continuum of care without increasing costs or forcing them to "reinvent the wheel." Care Alliance was a natural fit for the Jail Initiative, in part because of its close proximity to its local partner jail. The agency also had a strong partnership with the Cleveland Department of Health, which has extensive HIV medical services on hand and an existing relationship with the jail and its nursing staff. The two agencies worked together to offer culturally competent medical and support services to the PLWHA inmates they identified onsite. In addition, the agencies hired case managers who had previously worked with incarcerated populations. This collaboration helped create positive working relationships with their clients and facilitated cross-agency synergy. Administration for both agencies was streamlined, and the number of duplicate cases was dramatically reduced, enabling providers to better track patients. Their new relationships with the local jails systems also helped them find patients who had fallen out of care due to incarceration.

Other demonstration sites found themselves creating unplanned—but ultimately robust—partnerships. Strauss recalls how his initial partnering jail called the day before HIV testing began and asked "who was paying for the SWAT team needed to cover the HIV testing room." Unbeknownst to the AIDS Care Group, protocol at the facility dictated that a security detail consisting of Comprehensive Emergency Response Team Services members had to be present for all oral-swab testing procedures. "They would have had to wear face shields and place the inmates in four-point restraints while we administered an oral HIV test," Strauss says.

The agency shifted its focus to a neighboring county and partnered with four probation offices that "welcomed us with open arms," says Strauss. In its second year, AIDS Care Group "fired" the partner overseeing the case management for one of the county jails. "We felt our patients needed and deserved more hands-on assistance when reentering the community," explains Strauss. AIDS Care Group subsequently hired three case managers of its own, who drove hundreds of miles every week to ensure that formerly jailed PLWHA had access to the services they needed, including risk-reduction and substance-use programs, dental care, and housing. "We don't like to lose sight of them," explains Strauss, who says the AIDS Care Group will use the lessons learned from its participation in the SPNS program to further develop the agency as a medical home for local vulnerable populations.

### SPNS Jail Initiative Sites

- 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
- Philadelphia FIGHT, Philadelphia, Pennsylvania
- University of Illinois at Chicago, School of Public Health, Chicago
- University of South Carolina Research Foundation, Columbia
- Yale University AIDS Program, New Haven, Connecticut

## Future of the SPNS Jail Initiative Programs

As a result of the Jail Initiative, the demonstration sites were able to create potentially replicable models that will help agencies nationwide develop programs to identify PLWHA in jails and engage them in medical care and wraparound services. The program also highlighted the importance of community-based supportive services, such as housing, transportation, job skills, substance use treatment, and health literacy education. The services help ensure that PLWHA avoid risk behaviors that could transmit HIV and other diseases as well as lead to additional arrests within their communities.

Avery says that the program also made jails see the importance of comprehensive health care in lowering rates of recidivism. "We helped mitigate stigma in the jail to a certain extent. At first, some of the jail administrators and staff reacted negatively. 'Why are you in my jail? Why are you bothering with this population?' Once they saw the power of linking folks to care, they are now 100% supportive."

## References


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## Additional Resources

**Websites**

- HRSA/HAB Web page for the Jail Initiative: http://hab.hrsa.gov/abouthab/special/carejail.html
- Official Jail Initiative website: www.enhancelink.org

**Publications**

- *What's Going on @ SPNS,* May 2008: "Enhancing Linkages: Opening Doors for Jail Inmates": http://www.careacttarget.org/Library/SPNSBulletin/spnsbulletin.may08.pdf
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**Videos**

- *Curtis: The Road from Here.* In this video, Curtis, a former jail inmate, discusses his journey from HIV diagnosis to engagement in care. http://hab.hrsa.gov/livinghistory/voices/curtis.htm

**Upcoming Releases**

- *AIDS and Behavior* supplement about the Jail Initiative, planned for summer 2012 release.
- In fall 2012, HRSA/HAB will release the first of its SPNS translation products. These training manuals, curricula, and webinars will provide guidance on adopting and implementing best practices developed during past SPNS initiatives. Two topic areas will be covered: incorporating buprenorphine into HIV primary care and connecting hard-to-reach populations into care.