



## Intervention Objectives

The objectives of this intervention were to expand HIV counseling and testing in the jail and improve transition post-release into housing, HIV primary care, and necessary support services to HIV-positive women.



### Key Considerations for Replication

- An **HIV tester** is necessary to provide HIV testing and counseling.
- A **jail-based discharge planner** is needed to meet with clients, understand their specific circumstances, and create a linkage to care plan.
- A **transitional case manager** supports clients during and after incarceration and supports transition back into the community. A key aspect of their role is to engage in effective communication with a community-based Ryan White case manager.
- **Peer supports** who are reflective of clients' experiences are important for outreach, navigation, and transportation services.
- All program staff should have a **comprehensive knowledge of community resources** that may be available to clients and jail-based staff.
- Clients may experience many challenges (e.g., shame, mental health issues, substance use disorders, limited access to care) that can be addressed with **early and continual engagement** and **active patient navigation**.

## Intervention Objectives

The objectives of this intervention were to enhance services to ensure uninterrupted access to HIV medications and medical care for PLWH re-entering the community.



### Key Considerations for Replication

- A **care coordinator** is needed to: recruit participating facilities, maintain a current client-tracking database, coordinate program partners, and support linkage services. The care coordinator does not engage directly with clients, but provides support to the intervention.
- **ADAP counselors** are needed to expedite enrollment in ADAP to ensure longer-term treatment access from available sources.
- A **certified application counselor** will support enrollment in healthcare coverage to increase access to long-term care and medication.
- Program staff should **adhere to correctional guidelines and policies**, and be able to pass security clearance.
- **Clarification of program objectives and roles** may be needed to avoid any perceived redundancy or “turf wars.”



## Resources

This pocket guide is part of the *Improving Health Outcomes: Moving Patients Along the HIV Care Continuum and Beyond* resources from the Integrating HIV Innovative Practices (IHIP) Project.

**Enhancing Linkages to HIV Primary Care & Services in Jail Settings**  
[hab.hrsa.gov/about/hab/special/carejail.html](http://hab.hrsa.gov/about/hab/special/carejail.html)

**Systems Linkages and Access to Care Initiative**  
[hab.hrsa.gov/about/hab/special/systemslinkages.html](http://hab.hrsa.gov/about/hab/special/systemslinkages.html)

**The Impact of Care Coordination Services on HIV Care Outcomes Among Formerly Incarcerated Individuals in Virginia**  
[iapac.org/AdherenceConference/presentations/ADH10\\_OA223.pdf](http://iapac.org/AdherenceConference/presentations/ADH10_OA223.pdf)

This publication lists non-federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA).

# Improving Linkage to Care: Ensuring High-Quality Care for PLWH Within and Beyond Corrections

Highlights from the Special Projects  
of National Significance (SPNS) Program

## POCKET GUIDE

This pocket guide contains highlights from: Assess, Test, Link: Achieve Success (ATLAS) Program at the Care Alliance Health Center, Cleveland, OH; Video Conferencing Intervention, Louisiana Department of Health and Hospitals; Enhancing Linkages to Care for Women Leaving Jails, University of Illinois-Chicago; and, Care Coordination, Virginia Department of Health.

The correctional setting is associated with unique opportunities and challenges for diagnosing HIV and linking individuals to care. HIV screening at the time of intake can result in high testing rates, and innovative linkage-to-care models can improve outcomes for individuals upon release. Most incarcerated persons are eventually released to the community; thus, addressing the HIV care continuum

during incarceration is an important opportunity to improve health outcomes within, as well as beyond, the correctional setting.

The goal of this pocket guide is to provide a condensed reference tool for HIV provider organizations working to improve screening, diagnosis, and linkage to HIV care for persons during and after incarceration.



**HRSA**  
Health Resources & Services Administration

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## Intervention Objectives

The objectives of the ATLAS program were to implement a jail-based HIV testing and linkage case management program; identify HIV-positive jail-based clients and provide linkage case management; connect HIV-positive jail-based clients to medical care and social services while incarcerated—and upon release to the community; and encourage retention in care upon release to the community.



### Key Considerations for Replication

- A jail-based case manager and a community-based case manager are key team members and should be able to engage effectively and regularly with each other, as well as with other partners.
- **Clarification of roles and responsibilities** among all partners can help avoid confusion or redundancy.
- Program **staff will need to meet jail security requirements** and adhere to facility-specific policies.
- Staff should be aware of and sensitive to the challenges often facing incarcerated persons (e.g., substance use disorders, mental health issues).
- **High staff turnover** at jails and/or community organizations may require regular re-introduction of program staff to other partners.
- **Securing institutional buy-in** from correctional staff, administrators, and other key stakeholders is key for successful implementation.
- Correctional facilities may already have HIV testing practices in place; **awareness of existing practices** can increase the efficiency of program implementation.
- Jails may have **limited space** that are suitable for private client interactions.
- **Discharge dates and plans can be unpredictable**, making effective linkage efforts challenging.

## Unmet Needs in Linkage to and Retention in Care for Incarcerated Populations

Most incarcerated PLWH were infected within their community,<sup>1</sup> highlighting an opportunity to provide services prior to release that may improve health outcomes.

HIV/AIDS and incarceration are both associated with substance use disorders, mental health issues, poor access to healthcare, and socioeconomic barriers; thus, incarcerated PLWH face significant challenges in linkage and retention in care.<sup>2</sup>

While incarceration may provide unique opportunities for testing, significant barriers to successful linkage to care exist especially upon release.



### Unique Opportunities and Challenges for PLWH Within Short-Term and Longer-Term Stay Facilities

- Incarceration presents a unique opportunity to conduct screening and provide care to PLWH. Screening at intake, particularly opt-out approaches, can result in high rates of testing and facilitate linkage to care in a timely fashion.
- Stigma and challenges in ensuring confidentiality (e.g., during drug dispensing) may hinder corrections-based HIV services and require enhanced coordination across correctional and program staff.
- Variability in discharge dates and/or transfers of PLWH to other facilities can disrupt services and pose a barrier to retention in care.
- Many formerly incarcerated persons face barriers to employment and housing which can make retention in care difficult or of a lower priority.

<sup>1</sup> U.S. Centers for Disease Control. HIV Among Incarcerated Populations. Available at: <http://www.cdc.gov/hiv/group/correctional.html>

<sup>2</sup> Westergaard RP, Spaulding AC, Flanigan TP. HIV among persons incarcerated in the USA: a review of evolving concepts in testing, treatment, and linkage to community care. *Curr Opin Infect Dis.* 2013;26(1):10–16.

## Intervention Objectives

The objectives of this intervention were to leverage existing telemedicine technology within the Department of Corrections (DOC) for facilitating direct communication between incarcerated people living with HIV (PLWH) and case managers to whom they will be referred after release.



### Key Considerations for Replication

- A **corrections specialist** is needed to manage the linkage process, from client identification, to video conference coordination, to following up with clients post-release.
- A **telemedicine/IT support coordinator** is needed to determine technology needs, implement systems and equipment, and provide technical assistance as needed.
- Videoconference scheduling is dependent upon many factors within the facility; **rescheduling may be required** due to changes in client circumstances (e.g., being placed on lockdown).
- Intervention practices must adhere to correctional department policies and requirements.
- **Conducting mock sessions** will help case managers become accustomed to the technology and improve their interviewing skills.
- A **private location** within the correctional facility and a **secure communications line** (that maintains encryption and ensures client confidentiality) is required.
- This intervention is considered transitional case management by HRSA; thus, it is possible for more than one Ryan White-funded entity to bill for service. It may be necessary to **determine at which point the community case manager assumes full responsibility** for linkage.