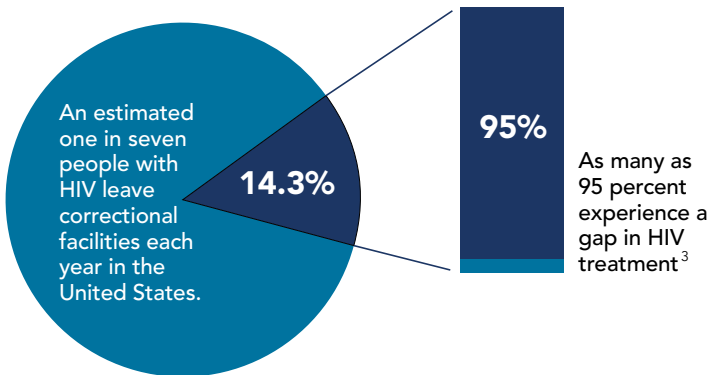




WORKING WITH PEOPLE WITH HIV EXPERIENCING INCARCERATION FAQs

Why This Topic?

Of the more than two million people experiencing incarceration in the United States, more than 20,000 have HIV.¹ Jails represent a chance to test, diagnose, and treat people with HIV and can offer people with HIV and those vulnerable to HIV acquisition an opportunity for contact with the healthcare system.²



Although public health interventions centered on HIV care and treatment within correctional settings have increased over time, more programs are necessary to address the interconnected needs of people with HIV who have been incarcerated, both during their incarceration and after their release.

What are Some Tips for Success?

Build and sustain relationships. Fostering strong relationships with partner organizations including Correctional Health Services, health departments, and RWHAP providers in the community (to request and receive timely medical records) is crucial.

Provide tangible reinforcements. Consider providing tangible reinforcements such as food, clothing,

What are the Capacity Requirements for Working with People with HIV Experiencing Incarceration?

Ryan White HIV/AIDS Program (RWHAP)-funded organizations are uniquely positioned to offer a wide range of resources to link and retain people with HIV who have been incarcerated in care. Here are a few questions to consider:

- Does your organization have a relationship with the jail (e.g., staff, medical teams, leadership) or are you willing to create one?
- Has your organization previously supported people who have been incarcerated?
- Does your organization have connections to local organizations, agencies, and health centers to which you can refer clients after they are discharged from jail?
- Are transitional care programs available for clients?
- Are you able to designate a staff member to implement the intervention within the correctional system?
- Has your staff received the proper training to deliver services and support to clients who are navigating the correctional system? If not, are you willing and able to access such trainings?

cellphones, transportation, hygiene kits, and gift cards to eligible clients upon release to meet the needs of the whole person and address barriers to progress.

Offer emergency gap lodging. Immediate housing concerns upon release can be alleviated by working with halfway houses or rehabilitation facilities if it is built into the intervention. Partnering with an agency's

specific staff member that will support clients for the first six months after release helps to build stronger connections to care and introductions can begin before the client is released.

Featured Intervention

The Maricopa County Jail Project improves HIV care access for people experiencing incarceration by decreasing the wait time between incarceration and/or diagnosis to the start of treatment and supporting clients in reaching viral suppression. The intervention provides discharge planning and education for clients and links them to community services upon release. It allows jails to leverage harm reduction, prevention case management, and Motivational Interviewing techniques to promote healthy behaviors among people with HIV who are experiencing incarceration. Prior to the intervention, people with HIV had to wait for once-a-month HIV clinic days hosted by the jail system's provider, meaning some waited up to a month to receive services. This caused an extreme delay in access to HIV care and medications, and significant wait times on clinic days.

Innovations

A key component contributing to the success of this intervention is a full-time case manager/nurse practitioner who works within the jail setting at least 3–5 days per week. In the Maricopa County Jail Project, the case manager followed up with clients diagnosed with HIV; and worked closely with the Correctional Health Services staff to provide clients with information on medication adherence, how to link to RWHAP services, referrals to community partners, and discharge planning. This holistic model facilitates linkage to care in jail while providing pre-release planning and linkage to community services upon release. It meets clients' interconnected health and social needs and serves as a model to assist people impacted by both the criminal justice system and the HIV epidemic.

Accomplishments: Maricopa County Jail Project

As a result of the intervention, the Maricopa County Jail System saw expedited linkage to care (from 28 days to 2 days) with a goal of each client reaching viral suppression before release. In 2020 (of 121 intervention clients):

- 100 percent were linked to care
- 97 percent were retained in care
- 78 percent were virally suppressed.⁴

Where Can I Find Additional Resources?

Interventions and Innovations

Expanding Jail Services & Improving Health for Incarcerated People with HIV Intervention Implementation Guide
<https://targethiv.org/ihip/maricopacountyjailproject>

Integrating HIV Innovative Practices (IHIP) Correctional Health Linkage Interventions
<https://targethiv.org/ihip/jails>

Dissemination of Evidence-Informed Interventions (DEII) Transitional Care Coordination: From Jail Intake to Community HIV Primary Care
<https://targethiv.org/deii/deii-transitional-care>

Best Practices Compilation
<https://targethiv.org/bestpractices/search>

HIV Care Innovations
<https://targethiv.org/library/hiv-care-innovations-replication-resources>

Policy and Funding Resources

Expanding Jail Services & Improving Health for Incarcerated People Living with HIV Using HRSA Policy 18-02
https://targethiv.org/sites/default/files/RWNC2020/16132_Quinn.pdf

Policy Clarification Notice (PCN) 18-02: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services to People Living with HIV Who Are Incarcerated and Justice Involved
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-18-02-people-who-are-incarcerated.pdf>

References

- ¹ Myers, J. J., Kang Dufour, M. S., Koester, K. A., Morewitz, M., Packard, R., Monico Klein, K., Estes, M., Williams, B., Riker, A., & Tulsy, J. (2018). The effect of patient navigation on the likelihood of engagement in clinical care for HIV-infected individuals leaving jail. *American Journal of Public Health, 108*(3), 385–392. doi.org/10.2105/AJPH.2017.304250
- ² Draine, J., Ahuja, D., Altice, F.L., et al. Strategies to enhance linkages between care for HIV/AIDS in jail and community settings. (2011). *AIDS Care, 23*(3):366–377. <https://doi.org/10.1080/09540121.2010.507738>
- ³ Centers for Disease Control and Prevention. (2021, September 7). *About ending the HIV epidemic initiative*. Centers for Disease Control and Prevention. Retrieved August 30, 2022, from <https://www.cdc.gov/endhiv/about.html>.
- ⁴ Quinn, C. & Batista, C. (2020). Expanding Jail Services & Improving Health for Incarcerated People Living with HIV Using HRSA Policy 18-02. Retrieved from https://targethiv.org/sites/default/files/RWNC2020/16132_Quinn.pdf

About IHIP

Integrating HIV Innovative Practices (IHIP) includes implementation tools and resources, peer-to-peer technical assistance (TA), and other capacity building support to help providers address needs and gaps in the delivery of HIV care and treatment along the HIV Care Continuum. Visit www.targethiv.org/ihip to subscribe for updates on intervention materials, trainings and TA opportunities.