

STRATEGIES TO ENHANCE LINKAGES BETWEEN CARE FOR HIV/AIDS IN JAIL AND COMMUNITY SETTINGS

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Special points of interest:

- **1 in 7** of all HIV-infected individuals pass through the U.S. correctional system annually ^(1,2,3)
- Of the 13 million jail admissions reported per year, this number represents **9-10 million** persons
- Over **20%** of individuals with HIV are not aware of their infection, suggesting a need to target HIV testing efforts to high-risk populations, including jail releasees
- 10 HRSA demonstration sites received grants to implement and evaluate innovative linkages to HIV care in jail settings.

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INTRODUCTION TO ENHANCING LINKAGES PROGRAM (ELP)

The purpose of this policy brief is to describe the participating linkage programs for clients the ELP project will serve nationally, and illustrate the range of linkage strategies that are being implemented. This brief also reviews assumptions about jail populations, mechanisms for community linkages and desired outcomes, such as 1) increased identification of HIV, 2) increased adherence to HIV treatment, 3) linkages to other support services, and 4) reduced reincarceration. (Please see the full paper for further information.¹⁸) In 2007, HRSA awarded



grants to 10 organizations to implement and evaluate innovative models of care and treatment for persons with HIV leaving jail. The ELP sites are concentrated in the northeastern and southeastern regions of the U.S.:

- AID Atlanta (Atlanta, GA)
- AIDS Care Group (Chester, PA)
- University of Illinois Chicago (Chicago, IL)
- Yale University (New Haven, CT)
- Baystate Medical Center (Springfield, MA)
- New York City Department of Health & Mental Hygiene (NYC, NY)
- Care Alliance Health Center (Cleveland, OH)
- Philadelphia FIGHT (Philadelphia, PA)
- Miriam Hospital (Providence, RI)
- University of South

Carolina Research Foundation (Columbia, SC)

Major activities within these ELP sites include the enhancement of HIV screening and diagnosis, and linking HIV-positive individuals to HIV primary care and other support services.

The Rollins School of Public Health at Emory University and Abt Associates, Inc. were funded as the Evaluation and Support Center (ESC) to design and implement a multi-site evaluation, client-level outcomes, program-level summary data, and a cost analysis of ELP interventions. The role of the ESC is to provide programmatic and evaluation technical assistance to ELP sites and to disseminate research findings.

IMPROVING HIV DETECTION AND CARE IN JAILS

The high number of incarcerations in the U.S. has reached a rate of 13 million annual admissions, of whom 9-10 million are “unique persons” ⁽³⁾.

These individuals may be living with HIV/AIDS and other health issues like mental illness, tuberculosis, viral hepatitis and substance use disorders.

Jails can play an important role in HIV prevention in the U.S., but strategies are needed to adapt and implement evidence-based interventions in an effort to

ELP Initiatives

- to increase identification of HIV through more routine or expanded HIV testing;
- to effectively engage individuals in HIV primary care, including provision of antiretroviral therapy to suppress HIV-1 replication and disease progression
- to ensure continuity of care after release from jail
- to provide linkages to additional health services and secondary prevention interventions to reduce the likelihood of HIV transmission

address the 56,000 estimated new HIV infections that occur in the United States each year ⁽⁴⁾.

Jails differ from prisons in many ways. Jail stays vary considerably but most are brief in comparison to prison stays, making jails more porous than prisons. As such, health programs in jails have a need for rapid assessment due to quick turnover.

The criminal justice system is slow to adopt health programs due to costs; ideology; and lack of coordination, expertise, and political will due to the negative status of prisoners in society.

Nevertheless, the CDC recommends expanding routine HIV testing within prisons and jails. Notable pilot programs ^(5, 6, 7) in the past, although they demonstrated effective testing strategies, have not been widely implemented. Recent trials confirm that HIV testing should be done within 24 hours of intake to avoid attrition from jail ^(12, 13).

Major issues involving routine HIV testing include the cost of screening and whether or not it is cost-effective to society. Additionally, the program must aim to better determine who is incapable of “opting out”. Also, logistical constraints of who performs the test, and how and where it is done also pose some challenges ^(8, 12, 19).

Few systems exist to respond to irregular patterns of release and delivery of care in each setting ⁽¹⁰⁾. The particular pattern of the timing of releases impacts how an AIDS Service Organization can deliver services in a specific jail ⁽¹¹⁾. Detection and treatment of HIV in jail remain remarkably unexplored.

More effective mechanisms are needed to notify partners of HIV infected inmates. Recent findings have shown that there are very few (<1.0%) newly diagnosed infections determined during routine HIV testing ^(5, 6, 7, 12, 13). Data are necessary to support the significant numbers of new infections that can be identified to meet cost-effective thresholds (>1.0%).

Challenges to Providing Effective HIV Treatment

Obstacles to providing effective HIV treatment in jail settings can include confirming past medical history and current medications. During a jail stay, it is a challenge to effectively deliver HIV medications and avoid any interruption in contingency HIV medication. Additional hurdles include delayed laboratory testing, limited availability of HIV specialty services and other barriers.

Challenges to Ensuring Continuity of Care after Release

The limitations of case management programs include challenges such as linking HIV infected persons to medications ⁽¹⁵⁾, medical services ⁽²⁰⁾ and maintaining non-detectable HIV-1 RNA levels after release ^(15, 16).

Linkage Strategies and Outcomes

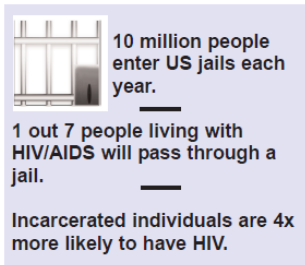
The ELP grantees have developed strategies that fit within the social, political, and economic contexts of their community and jail environments. Few offer universal HIV testing in jails, but most have increased the availability of testing within and sometimes after release from jail. Nearly all sites offer a variety of case management programs for pre-and post-release.

Each program at the individual ELP sites is shaped by the opportunities for change and innovation unique to its community.



The Enhancing Linkages Initiative is sponsored by:

- US Department of Health and Human Services
- Health Resources and Services Administration
- HIV/AIDS Bureau
- Special Projects of National Significance Program



10 million people enter US jails each year.

1 out of 7 people living with HIV/AIDS will pass through a jail.

Incarcerated individuals are 4x more likely to have HIV.

(19)

For more information:

- See the full article in AIDS Care Journal (in print), or

Prior policy briefs available on EnhanceLink.org:

- Issue 1: HIV Testing in Correctional Facilities
- Issue 2: Linkage to Social Support Services

MOVING TOWARDS BROADER IMPLEMENTATION OF STRATEGIES

Political Will and Service Capacity

Policymakers and program leaders in public health and criminal justice need to address HIV testing and linkage to care as a public health priority. When collaborations between public health and criminal justice agencies are stronger, the potential support for building these linkages and services are greater. Success has been found in aligning criminal justice goals with health goals to address substance use disorders.

The capacity of service systems within and outside the jails is central to creating effective linkages. For example, several factors may enhance linkages to care for releases: 1) the extent of current HIV testing in jail, 2) timeliness of delivering HIV test results, 3) greater capacity to provide health services in jail, 4) extent of coordination of outside services, and 5)

program involvement to facilitate more favorable treatment in court will enhance the link to care once released.

Policy and System Constraints

There are a myriad of political, organizational, and safety concerns that constrain testing and linkage. These concerns include the involuntary nature of the jail stay; in addition, many advocates and providers believe the criminal justice system sets people up to fail, thereby reinforcing social and health disadvantages through incarceration⁽¹⁷⁾. It is difficult for some to see this system as providing helpful resources.

Some medical providers are wary of initiating HIV treatment while someone is incarcerated for fear that it will not be continued upon release thus compli-

cating later treatment. Other concerns and barriers to care for releasees include lack of basic needs, such as personal identification, housing, money, transportation and employment. The lack of access to these basic needs may present additional barriers to care because mental health and substance abuse services are often dependent upon proof of residence and identification.

Another concern is that identifying detainees with HIV infection may lead to more out-of-pocket expense for the jail system. Historical abuse by the medical establishment and subsequent mistrust have left some communities of color wary of medical care. Some detainees may be preoccupied with obtaining release that HIV testing may not be a priority.

CONCLUSION AND IMPLICATIONS

Universal testing for HIV in jails is still not a common policy in U.S. jails. Despite the constraints reviewed in this brief, the ELP sites will demonstrate how local jail and health systems can undertake efforts to increase HIV testing or access to testing, while building linkages for HIV care and services after release of clients across the ten

sites. The period immediately after jail release has significant potential health risks for releasees, some specific to HIV. Effective HIV testing and follow-up can serve the goal of reducing this post-release risk while assisting vulnerable individuals who are incarcerated and leaving jails.

ELP sites will not only provide data on testing, linkages and outcomes, but also demonstrations of how programs engage varied strategies to expand HIV testing and linkage. These demonstrations provide an array of opportunities to test the effectiveness of these strategies with scientifically rigorous evaluations.

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