CURRICULUM

Creating a Jail Linkage Program

September 2013

U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau
Special Projects of National Significance Program

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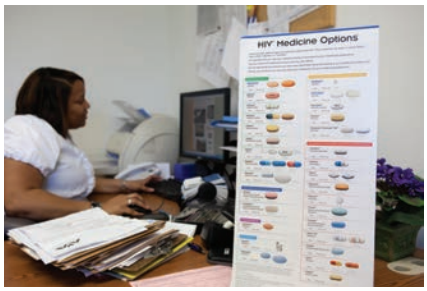
The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) has developed the Integrating HIV Innovative Practices (IHIP) manuals, curricula, and trainings to assist health care providers and others delivering HIV care in communities heavily impacted by HIV/AIDS with the adoption of Special Projects of National Significance (SPNS) models of care. This IHIP training manual is part of that effort. Additional IHIP materials can be found at www.careacttarget.org/ihip.



1 INTRODUCTION

WHAT IS THIS GUIDE AND HOW IS IT BROKEN UP?

The implementation guide addresses the needs of individuals and organizations wanting to create a more unified health care system between the community and the jail setting. It is meant to inform implementation of a new jail linkage program and to help organizations strategize how to expand current jail work, including formalizing existing partnerships or creating new ones. Separate sections are dedicated to new and existing jail programs. Activities that were conducted across the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau's (HAB's) Special Projects of National Significance (SPNS) Enhancing Linkages to HIV Primary Care & Services in Jail Settings Initiative (EnhanceLink) project are summarized. Evaluation findings and published reports from EnhanceLink, along with interviews of its grantees, inform this guide. This implementation guide is part of the Integrating HIV Innovative Practices (IHIP) program that promoted replication and dissemination of successful SPNS initiatives.

The guide offers programmatic steps and planning questions as well as useful templates to get started on jail linkage work. Templates, however, are just that and should be modified for your site and the jail in which you are working.

WHO IS THE TARGET AUDIENCE?

Target audiences include AIDS service organizations, community-based organizations, Ryan White HIV/AIDS Program grantees and providers, and local health departments. Jail health administrators may find the information herein to be helpful in discussions around establishing or modifying a jail linkage program; however, they are not the primary audience for this guide.

WHAT OTHER RESOURCES ACCOMPANY THIS GUIDE?

A jail linkages training manual accompanies this guide and outlines the best practices and lessons learned from the SPNS EnhanceLink project. The manual provides a platform through which to understand the jail environment, the nature of linkage work, and its associated outcomes. Reading the training manual is recommended prior to carrying out the steps of this implementation guide. A Webinar training series is also taking place. All of these materials, including archives of the Webinars, and other SPNS training materials are housed at www.careacttarget.org/ihip.

WHAT ARE THE EDUCATIONAL GOALS?

The goal of this implementation guide is to increase the comfort level of its audience with jail linkage work and empower the audience either to embark on new programs or to expand existing ones.

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SPNS JAIL INTERVENTIONS

PRISONS VERSUS JAILS: WHAT'S THE DIFFERENCE?

The terms "jails" and "prisons" are often used interchangeably, but they represent different kinds of facilities.[1] Jails are locally operated or managed short-term facilities for persons awaiting arraignment or trial who, if eligible for bail, may be unable to post it. Jails may also house parolees who have violated their terms of release or sentenced individuals awaiting transfer to prison.[2] "Jail systems vary from rural lockups of a few cells to large city jail systems with thousands of detainees."[3] Since jails are not homogeneous, readers should always check with their jail facilities about processes and procedures, and adapt this guide as applicable to the site in which they'll be working.

How fast detainees leave jails can vary between individual jails and from individual to individual. On average, nearly one quarter of jail detainees are released within two weeks.[4] According to a recent study specifically focused on felony defendants in large urban areas, approximately 50 percent of these individuals were released within 2 days.[5] All are released or transferred within 1 year.[6] See "Prisons Versus Jails: What's the Difference?" in the accompanying training manual to learn more.

ENHANCELINK INITIATIVE: WHAT WERE THE MAJOR FINDINGS?

The goal of the EnhanceLink initiative was to link HIV-infected releasees with primary HIV care in the community and for those so linked to stay in care and adhere to antiviral therapy. The initiative proved cost-effective from a societal perspective.[7] The number one predictor of success in achieving a good medical outcome was a caseworker addressing future medical needs.[7] EnhanceLink grantees achieved a successful linkage rate of at least 60 percent.[8] To read about the EnhanceLink findings in greater detail as well as lessons learned, see the associated training manual and pocket guide that accompanies this document. (For additional information, published articles from EnhanceLink grantees are listed here: www.hab.hrsa.gov/abouthab/special/carejail.html. The initiative Web site can be found here: www.enhancelink.org/EnhanceLink/index.html.)

STAFFING: WHAT DO ORGANIZATIONS NEED TO KEEP IN MIND?

It is important to hire culturally competent staff who truly want to work with this population and are understanding of their needs. Inmates have been let down

many times before, and your staff is meeting inmates at a time when they may be particularly reticent to open up and trust authority figures. As one EnhanceLink grantee summarized, "All patients, especially inmates, can sniff out BS right away."[9]

Prior to embarking on a jail intervention, it is imperative that you have buy-in within your organization before you engage with jail authorities and inmates. When possible, grantees sought to hire staff reflective of the racial and ethnic backgrounds of the client population; bilingualism was especially valuable.

Staff roles and titles varied based on the size of the EnhanceLink grantee organization and the number of clients served. Your linkage program should be customized to your particular site—to what services may already be available within your jail and what you're able to take on. For instance, while not all grantee sites were able to create a dedicated position for court advocacy, all grantee sites voiced the helpfulness of such a role. In smaller programs, more than one responsibility was often performed by a single staff member.

HRSA's request for proposals called for a strong evaluation component. Common roles to address evaluation included:

- program evaluator
- research assistant, and
- data manager.

Linkage staff roles included:

- manager
- discharge nurse/linkage coordinator/resource coordinator
- service navigator/outreach worker
- patient educator
- court advocate/court liaison.

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CREATING A LINKAGE TO CARE INTERVENTION

Major activities of a jail linkage program include enrollment, intensive case management, discharge planning, and followup,[10] with the goals of connecting with HIV-positive individuals in jail and linking them to and retaining them in care upon release.

CONSIDERATIONS FOR NEW JAIL PROGRAMS

EnhanceLink did not have a single model, but there were common characteristics across sites. This work requires flexibility to match jail population needs with community resources. It is important that organizations considering this work really look at how to adapt to their specific organization, community, and the jail in which they'll be working.[11]

When considering a new jail program, begin discussions with individuals and organizations most interested in this work and keep their perspectives in mind. Recognize that this work takes time, and have reasonable expectations before you get started.[12]

A jail's number one priority isn't public health; it's safety.[13] This includes controlling inmate movement and

WHAT IS A JAIL LINKAGE PROGRAM?
Jail Linkage Program Steps at a Glance

1. HIV testing or inmate self disclosure, and mental health and substance abuse screenings;
2. Recruitment and enrollment into the program;
3. Pre-release intensive case management intervention (typically started within the first 24 hours and at least 48 hours) and creation of individualized discharge plans;
4. Ongoing while in jail: medical care, and HIV and risk reduction education;
5. Post-release intensive case management (continuity of care) linkages to address mental health and substance abuse treatment needs, HIV primary care, and basic survival needs.

Source: Special Projects of National Significance (SPNS) Program Enhancing Linkages to HIV Primary Care in Jail Settings Initiative EnhanceLink Program Description Form. 2012. [Unpublished.]

visitor movement.[14] Working in the jail is very different than working in the community. As a community provider, you are the guest and at all times must abide by the jail's rules, and understand the structure and staffing hierarchy of the jail where you're working.[15] Review **"Culture of Corrections"** in the accompanying training manual if you haven't already.

Before a community-based organization reaches out to a jail, they should do the following:

- *Research the local correctional setting*. This can be done through online Web site research, speaking with leaders in the community, and talking to other organizations who may be working within the jail. Community-based organizations should be knowledgeable about and understand the correctional setting when approaching the jail; this includes what services are currently provided.
- *Identify the benefit you're providing to the jail and to key jail personnel*. Community-based organizations need to present the value-add of having them work within the jail rather than an impression of increasing workload or costs. Determine service gaps you can help fill, and tie your work to mutual interests and priorities. If jails are lacking in something that you can provide, that something might be your "in."[16]
- *Identify a champion within the jail*. It's important to have an influential jail administrator on your side to help work through administrative hurdles and secure further correctional buy-in.[17]
- *Determine the feasibility of a jail linkage program*. See the **EnhanceLink initiative evaluation center program checklist** on the following page.

What should organizations anticipate?

Anticipate a lot of meetings with high-level administrators as well as meetings with jail medical staff. Ask the jail staff questions rather than telling them what it is you would like to do in their space. Listen to them with an open mind and talk through how you might be able to work together. Flexibility and open lines of communication are musts.

Working in the jail will take time and clearance. This typically requires a background check and fingerprinting. Regardless of badge type, you are always a visitor who must adapt to the jail requirements.

You are building on an existing structure, so adapt and build within that structure.[18] Once the program is in place, ensure any newly proposed activities or changes to the current structure are discussed with the jail administrator and you receive a confirmatory letter from them.[19]

Working in the jail: questions to consider

You may have found answers to these questions through researching the jail or have additional questions of your own. These are not meant to be exhaustive but rather a jumping-off point to think through how to work within the jail:

- What is the jail's perspective toward HIV?
- What is the prevalence of known HIV?
- Is testing taking place within the jail, and if so, how is it conducted (e.g., opt-in versus opt-out) and who is conducting it?
- How are HIV-infected inmates cared for or treated?
- Are sufficient medical services available to handle HIV care within the facility?
- Are members of your team allowed to move through certain areas of the facility unescorted, or will they need an escort?
- If they need an escort, can arrival time be coordinated?
- What times is custody staff busy with count or unit transfers? Are there better/worse times of day for them to help you? How will inmates be called down to meet you?
- What are the times for certain scheduled activities within the jail, including meals and scheduled nursing assessments (e.g., diabetes, hypertension, drug detox)?
- Where are the Officer stations?
- What areas will you have access to?
- What percentage of inmates go on to prison?
- What are you allowed and not allowed to bring in (e.g., phone, computer, pagers, pens, paperclips, stapled documents)?
- What services does the jail need that your organization might offer?[20–22]

CHECKLIST FOR PROJECT DEVELOPMENT

What is the big picture?

❏ Answer the questions: Why are you doing this? What are the program goals, target population, and desired outcomes? What value will new HIV testing and linkage services add to existing jail and community services?

Who is already advocating for HIV infected inmates and ex-offenders?

❏ Identify which individuals or institutions in the community already work with jails and prisons.
❏ Identify the "champions" of jail HIV testing and continuity of care for releasees who will support what you are doing.
❏ Determine what relationships between corrections, public health practitioners and community providers already exist and if there are any formal agreements among them.
❏ Determine if any community providers are already working in the jail or if Ryan White transitional services are being provided.

What is already being done for HIV-infected inmates and releasees?

❏ Understand what services are already being provided; don't do something again that is already being done (e.g., disease screening).
❏ Determine if jail health or security staff or community providers are already offering discharge planning.
❏ Identify what, if any, benefits your program will have for the jailer or sheriff: What's in it for them to let you in? Why would they want to do this?
❏ Determine what data elements are routinely collected by the jail and public health department on services provided (e.g., number of inmates tested for HIV).

How is the jail organized?

❏ Determine if it is feasible to implement your program in the jail.
❏ Determine the structure of jail health services: Are jail health services provided by the jail, the public health department or a private vendor?
❏ If a private vendor, what does the contract say about HIV screening, treatment, and services? What kind of continuous quality improvement is built into the contract? Who monitors it? Can the services offered be changed, and if so, how? Who pays if there is a change?
❏ Go to the jail and do an inmate-flow analysis: Walk through the health services unit and any other relevant space, learn where services are delivered, who provides them, and how inmates are moved around.
❏ Assess whether the space is amenable to the program. The facilities are very important, and there are always extreme space constraints in jails. Plan where and how services will be delivered, especially given confidentiality concerns about both testing and linkage programs.
❏ Determine the role of jail security staff in the project and involve them in the planning.
❏ Determine what types of inmates are housed in the jail.

What existing community and criminal justice resources and structures can you tap into to strengthen your program?

❏ Understand what is already available and not available in the community for this population.
❏ Determine if drug courts, family courts, and probation services exist, and if so, what they are doing and how they can be involved.
❏ Learn whether any local laws and policies limit releasees' access to employment, housing, and cash/medical benefits.
❏ Understand what safety net services exist and how people access them.

Source: Reproduced from Spaulding AC, Jacob Arriola KR, Ramos KL, et al. Emory University Rollins School of Public Health and Abt Associates Inc. Enhancing linkages to HIV primary care in jail settings. [Consultancy report.] January 25, 2007, p.27. Available at: www.chip.sph.emory.edu/documents/ConsultancyReport_update012907.pdf.

What are the common institutional barriers?

It is important to identify challenges up front. These often include the following, to which your program will have to adapt:

- Missions of correctional system and public health initiative may be viewed as conflicting.
- Lockdowns are a reality and will cause delays.
- Competing jail priorities may cause delays or even interrupt your interviews; these may include meal times, visitation hours, religious services, or alarms.[23]
- Accessing patient medical histories can be difficult. Talk to inmates, however. Many grantees found that inmates will tell them what services they need if asked.
- If you have staff with histories of incarceration, know that they may not be cleared to work in the jail even if they have passed requirements with your organization's human resources department.

Startup takes time, and there will be bumps in the road navigating different work cultures, security, and permissions. Be patient and persistent to get through all the organizational levels, however, as it's worth it. It is important to realize that every issue doesn't necessitate push-back; pick your battles.

What are the common patient barriers?

- *Intoxication/inability to consent*. Some individuals may be acutely intoxicated when admitted into the jail and unable or unwilling to participate in an intervention at this time. To overcome this, grantee sites consequently created multiple points in time following incarceration to offer HIV testing and linkage services.[24]
- *Unknown length of stay*. Many individuals are pretrial detainees, so whether they're leaving or staying a day, a week, a month, or a year is unknown.[25] Educational and discharge planning sessions may need to be condensed for this reason.
- *Mistrust.* Lack of trust both of the jail and medical establishments have left some communities, particularly communities of color, reticent to participate in a linkage program, or to undergo HIV testing.[26,27]

Who should organizations partner with?

- *Organizations in the jail.* To start, identify any local organizations that may already be working within the jail and whether you might be able to partner; see **"Checklist for Project Development"** and don't reinvent the wheel. There can be huge advantages in working with an organization that has history within the jail, the knowledge of how things work, as well as the spectrum of services being provided either directly by the jail or by other community-based organizations that are there.[28]

  If other groups are working in the jail, share lessons learned,[29] identify mutual interests, and discuss what service gaps may exist for your organization to fill. In doing so, you can create a stronger continuum of care without duplicating services.[30]

  If there is an organization within the jail whose skills overlap with those of your agency and that typically competes for funding, it may take a little longer to iron out roles and clarify that you're hoping to complement their work. Meetings between respective organization heads can be advantageous, as institutional buy-in at the top can improve greater organizational buy-in overall.
- *HIV primary care and supportive services*. Identify key community stakeholders and bring them into the planning process. In particular, create partnerships with organizations such as HIV primary care and support services you plan to refer patients to at discharge.
- *Parole Officers*. Recognize that parole officers are also important community partners. There might be, however, some growing pains in creating a working collaborative relationship as this department is often overworked and their service offerings are not as controlled as those of jail staff.[31] Overall, EnhanceLink grantees found parole officers not only to be familiar with the system but sometimes able to track down individuals post-release when the community-based organization could not.

- *Ryan White case managers.* Perhaps the most frequently cited community partnerships were with Ryan White case managers. EnhanceLink grantees stressed connecting with Ryan White case managers up front and involving them in early discussions and planning as well as linking to post discharge.

What should community organizations keep in mind?

With all partnerships, make sure to be transparent about what you hope to achieve; this will help avoid "turf wars" or a fear of "patient poaching."

In many cases, community partners ended up with more clients in the end because releasees were linking to their services and fewer were falling out of care.[32]

Develop goals, a mission statement, and a flowchart of proposed operations to ensure all partners are "on the same page."

Don't make assumptions. Talk to the people you're hoping to help as a kind of "litmus test" between perceived need and actual need.

PARTNERSHIP BUILDING TIPS TO CONSIDER

- Don't shy away from the hard work. Meet with the biggest skeptic in the jail—whether a community player or a Department of Corrections staff. They may eventually become your biggest supporter.
- Listen. Listen. Listen. Individuals and organizations already in the jail know how to work in this setting and how to do so without interfering with Department of Corrections operations or orders.
- Don't underestimate the power of a "thank you" in breeding good will.
- Word of mouth goes far. If others have positive or negative experiences working with you, others in the jail will find out.

Source: New York City Department of Health and Mental Hygiene, Rikers Island Transitional Consortium. Special Projects of National Significance Planned Reintegration Opportunities to Gain Release & Access Medical Care. Final report. 2012. [Unpublished.]

Recognize that whenever people move from one system to another, barriers will inevitably exist. Work to identify such obstacles up front and discuss ways to overcome them.

How to formalize partnerships

- *MOUs.* Consider creating a memorandum of understanding (MOU) with partners. Recognize, however, that a piece of paper is only that. You need to build trust.
- *Standardize paperwork.* Creating standardized consent paperwork can help formalize and streamline the process.[33] Reportorial roles need to be discussed and documented across partnering sites. In addition, sites will need to discuss how medical data and personal patient information may be shared (e.g., many grantees discussed this issue up front with community partners and had permission sheets available for patients to sign when they met with the case manager in jail).

What service provisions should organizations be aware of?

- Space to work in and consult with patients can be difficult to find and not always ideal.
- Privacy is relative. Be aware of challenges to confidentiality, and work with jail supervisors to educate corrections officers regarding the Health Insurance Portability and Accountability Act (HIPAA) and any local HIV confidentiality laws. This may mean modifying activities (e.g., patient education, interviews) with both HIV-positive and -negative individuals to avoid disclosure; and avoiding the use of HIV or AIDS in your organization name or program.
- Equipment may be hard to come by and require ingenuity to rethink work processes (e.g., computers and phones may not be allowed or may take time to get into the jail or gain access to the jail system).
- Understand how patient information provided to you will be shared with jail authorities and how jail medical staff information may be shared with you.

Review the section below on **"Expanding Jail Intervention Work"** to learn more about establishing a jail linkage program.

TAKE-AWAY MESSAGES

- *Do your homework.* Know what services are in the jail and who is delivering them. Know what services you hope to refer inmates to upon release, and create partnerships with those organizations.
- *Know your sales pitch.* How can you fill in service gaps?
- *Be on everyone's radar.* To avoid "turf wars," embrace transparency.
- *Relationship building takes time.* Account for this in your timeline and rollout of your program.
- *Working in the jail takes ingenuity.* What you're used to on the outside may not be what you have access to on the inside.
- *MOUs are paper, not partnerships.* MOUs are just the beginning. There needs to be follow-through.

4

EXPANDING JAIL INTERVENTION WORK

BUILDING UPON EXISTING JAIL EFFORTS

EnhanceLink grantees who expanded current jail work focused the bulk of their monies on expanding case management services and relinking clients to care and social services. Some sites had relationships with their jail but were not doing formal linkage work prior to the EnhanceLink initiative. Even without extra money like a grant, there are small steps a community provider can take to improve jail linkage work, such as assessing the existing system and streamlining the process to reduce any redundancies or devoting a proportion of an outreach worker's time to the jail. In examining your work, you may find a disproportionate delivery of services to clients. Consider pooling resources and creating a centralized and accountable way to track patient outcomes.

Recognize that growing your program requires flexibility. There may be growing pains due to the volume of new HIV-positive clients that stretches your original model capacity.[3]

TIPS TO REMEMBER

- Jails are locally managed so they can vary a lot across a single State. Just because you may be working with one jail doesn't mean there's not a learning curve to starting a new relationship and working process within another.
- Remember that jails have high staff turnover so educational sessions and relationship building needs to be continuously revisited.
- Whether with the jail, your partners, or the inmates you're working with, keep your promises.

How can organizations maintain partnerships?

Don't take partnerships for granted. They need continuous nurturing. Even formalized, longstanding relationships may require moving beyond referrals to creating contracts or formally listing partners as subcontractors on a grant.

Ongoing communication and collaborative case conferencing are important for partnering organizations, as they reduce duplication, improve teamwork and communication, provide transparency, and enable any programmatic issues to be identified and addressed early on. Care should be coordinated with partners with a clear understanding of how to track patients, such as a universal client interview tool to facilitate the sharing

of complete health information and outcomes. If you haven't already, consider creating a procedures manual outlining who is responsible for what and referral policies; all players should review and approve the manual.

Your relationship with the jail is essential, and any changes to or expansion upon your services to inmates must be communicated with jail officials. Be respectful of jail staff, as well as the top-down hierarchy within the setting you're working. Jail administrators' continuous buy-in is essential to this work. Be courteous; you're working in their space. Leave things how you found them.[35]

If you're hoping to create new partnerships beyond existing ones, see the **"Who Should Organizations Partner With?"** section.

How can organizations assess patient needs?

Work needs to be done quickly with inmates since jail stays may be brief and discharge dates may be unknown or in flux. As soon as they're identified as HIV positive, inmates should be met and undergo a needs assessment. Remember to always ask first if someone has tested positive for HIV; the majority of EnhanceLink participants knew their status but were out of care.

See Figure 1, **"Most Common Case Management-Collected Data"** for information collected at intake. A client enrollment form and baseline interview templates can also be accessed at www.enhancelink.org/EnhanceLink/index.html.

Things to consider during assessment:

- *HIV*. For the newly diagnosed HIV-positive inmates, work to educate them about HIV, help mitigate fears, and tell them about your organization's resources. For known positives, work on reengagement in care. Reengagement in care means working with the individual's priorities and mutually setting goals; this can assist in a feeling of empowerment and help with buy-in.
  - Ongoing in the jail: provide risk-reduction education. Many EnhanceLink grantee sites offered a series of classes on HIV, sexually transmitted infections, hepatitis, tuberculosis, prevention, and strategies for dealing with emotional issues. (See "Risk-Reduction Education" in the associated training manual.) A template with educational session protocols and a health education quiz are included in the back of this guide.
- *Substance abuse*. Let inmates know you are not here to judge. Recognize that not all inmates with substance abuse issues are ready or willing to seek treatment.
- *Relationships*. Many inmates have destructive relationships. It is important to ask questions, listen, and try to provide support. Try to talk to inmates about this and healthy ways of dealing with stress.[36]
- *Mental health*. Try to identify a community partner with counseling services; underscore the benefits of support groups. If there's a mental health organization working within the jail or a psychologist on staff in the jail, bring them on board. Recognize, however, that current mental health services in the jail may be focused on more serious conditions (e.g., schizophrenia) and less so on emotional disorders.
- *Housing*. Housing is a huge need among this population. Don't make assumptions, however. Some inmates may have greater support networks and, thus, more post-release housing options than others.
- *Work and benefits*. For some patients, their sense of identity and self-esteem is tied to their ability to hold a job. Many inmates are men, and work may be very central to their sense of identity and accomplishment.[37]
- *Court advocacy*. Your organization may not be able to provide much, or any, court advocacy. Remember, however, that there are a lot of organizations that assist folks with getting into drug treatment as opposed to continuing on to incarceration.[38] "In order to convince the judges and in order to make an appropriate placement, they had a need for health assessment and medical documentation, and so health advocates or health liaisons to the courts have been able to help the court facilitate the placement and alternatives to incarceration by being the conduit between the person's medical information, and so they have the information they need to get people accepted into programs."[39] Don't overpromise inmates that this will take place, but do remember to get permission to advocate on their behalf and share medical and substance abuse history information.

FIGURE 1

Most Common Case Management-Collected Data

When providing care coordination, the majority of grantee sites asked open-ended questions and greeted inmates with a warm smile and handshake. When incentives were provided, the most common was in the form of transportation assistance, followed by clothing items and then gift cards.

Most common individual level data collected included:

- Demographics
- Results of rapid HIV testing
- Self-reported medical history (including HIV status)
- Comorbid conditions (e.g., substance abuse, mental health diagnoses, sexually transmitted diseases)
- Sexual risk behaviors prior to incarceration
- Clinical indicators of HIV progression
- Medication and services received while incarcerated
- Incarceration history
- Previous primary care provider information
- Treatment adherence
- Substance abuse history
- Housing and entitlement status
- Contact information
- Plan for linking inmate to post-release health care
- Partner notification

Aggregate data collected at intake:

- Number of jail admissions
- Number of inmates who self-report as HIV positive
- Number of inmates tested for HIV
- Total number of newly diagnosed inmates
- Number of positive inmates participating in enhanced and traditional programs
- Total number of HIV positive inmates released during program period
- Total number of clients linked to services in the community.

*Data based on survey results.

Source: NYC Department of Health and Mental Hygiene (DOHMH), Rikers Island Transitional Consortium. Special Projects of National Significance Planned Reintegration Opportunities to Gain Release & Access Medical Care. Final report. 2012. [Unpublished.]

What to keep in mind when creating a discharge plan

Barriers to care and competing needs prior to incarceration still exist post-release unless case management and linkage to necessary support and health care services can be established.[40] In fact, exposure to risk and relapse can occur overnight as inmates move from a controlled environment back into the community.[41] Without the appropriate skills and support, it's easy to understand why individuals fall immediately back into the behaviors that got then arrested in the first place.

To help address inmates' health and social support needs upon release, the most common areas addressed in discharge planning included medication adherence; substance abuse or alcohol treatment; primary HIV care and managing their disease; social services and other entitlements; housing assistance and transitional housing; mental health treatment; intensive outpatient day treatment (or prescription); health insurance; and court advocacy.[42]

Meet with inmates before release and create their discharge plan. Things to keep in mind regarding the **discharge date:**

- Recognize that relationships with jail staff are essential for discharge coordination.
- Talk to inmates; they might have a good sense for if they're being released and, perhaps, when.
- If discharge date is known, schedule appointments before discharge.
- Realize that some inmates get released very quickly, so a lot of intensive case management may happen after release.[43]
- Prepare for both scenarios, whether the client is released or not.
- Build in a contingency aspect to your plan if inmates are released early and you are not able to meet them at release. This includes providing inmates with a copy of their plan ahead of time. Provide inmates with list of community resources and a number (preferably toll-free) to call if they encounter challenges.

When you are creating a discharge plan, the inmate has to be on board with those steps and resources you are proposing. Talk about their priorities and really listen. Recognize that sometimes inmates are wildly

unrealistic, so it is important to work with them to set realistic goals and steps. This includes managing patient expectations of what you are able to provide. If realistic goals are met, then they'll feel a sense of accomplishment and positive reinforcement. If goals are unrealistic, when they're not met people are more apt to spiral and relapse.[44]

Case managers might have big plans, but if the community options don't exist then they're setting up patients to fail; case managers ***must*** be attuned to the community. That's why an understanding of what's available and where to get it is essential in drafting a patient's discharge plan.[45] Sometimes meeting an individual's needs means having a "scrappy" approach and pulling in resources wherever you can.

Important aspects of a **discharge plan** include:

- Addressing inmates' basic needs.
  - This includes housing (whether transitional housing, subsidized housing, the Salvation Army, or a shelter, depending on your community resources). Housing is a very real need and a big barrier to care.
  - Don't forget about food. Many EnhanceLink sites were surprised how big an issue hunger was.
- Don't forget about incentives. Most common in the EnhanceLink work were transportation assistance and clothing.
- Include referral to substance abuse treatment programs (e.g., buprenorphine treatment) and counseling as well as mental health services. (See also the IHIP guide on buprenorphine, available at https://careacttarget.org/library/integration-buprenorphine-hiv-primary-care-settings-training-manual).
- Recognize, however, that addiction is a relapsing disorder and that not all inmates with addiction are ready or willing to tackle this.
- Communicate with community partners and know the logistics of linkage to care and case finding steps, including collecting locator information so that you can find individuals post-release.
  - This includes information such as legal name; aliases/street name; date of birth; Social Security number; identifying information (e.g., tattoos); address if they have one or family member address; phone number or ways to reach them, including emergency contact information; and places they like to hang out (e.g., barber shop).
  - Ensure you receive permission to reach out to them.
  - See **Templates** to view an example of a locator information template.

FINDING POSITIVE REINFORCEMENTS

"We always ask, 'What's helped you in the past?' This assists in linking them back to positive influences. If they've stayed clean and out of jail before, what was going on during that time? Was it work, church, were they living with their mother? Case managers need to be willing to talk about whatever it is in the community that has a positive influence."

—Dr. Timothy Flanigan, Miriam Hospital, EnhanceLink grantee

Things to consider on the **day of discharge** include:

- Ensuring releasees have a copy of their discharge plan.
- Providing a prescription, medications, or "blister packs" if possible. (Note, this may be dependent on how long the patient has been in the jail facility; for some patients, they may access antiretrovirals [ARVs] post-incarceration due to time detained.)
- Meeting patients as they are released or shortly thereafter (as soon as possible).
- Releasing individuals with transportation assistance and/or at hours when public transit is running (i.e., don't set up people to fail).

Linking releasees to services: What to consider

When HIV-positive individuals are being released from jail, they may not have had long to think about how they ended up incarcerated and "may be less inclined to cooperate with treatment plans and may be less motivated to change the behaviors that put them in jail and put their health at risk. This attitude means that for the jail linkage program, the hardest work starts when a client's jail sentence ends."[46]

"Paper referrals are a process, not an outcome," says one EnhanceLink grantee. Actively link releasees to services as outlined in their discharge plan. Accompany releasees to their first appointment and have a "warm transition" or "soft handoff."

Arrange to have releasees seen for HIV primary care as soon as possible after discharge. This may include educating front desk staff that these individuals are to be worked into the schedule whenever they arrive, or during walk-in clinic hours.

Many releasees will need assistance securing IDs and working through paperwork to qualify for benefits; in addition, they may not be used to processes such as waiting in line and will need guidance on this and when to expect benefits to "kick in." You or the Ryan White case manager may have begun this process once a discharge date was known or you may begin this process post-release.

In addition to linking to social support needs, also consider linking patients to community job training resources and organizations that hire ex-offenders if available in your community.

Realize that it takes a certain kind of staffer and a fair amount of resiliency to work with challenging populations. As such, be flexible in both case management and in referrals because the "miss one appointment and you're out" mentality doesn't work with this population.

TAKE HOME MESSAGES

- Even in a brief amount of time, you can do meaningful case management.
- A break in linkage to care is not inevitable.
- Discharge planning is necessary.
- It is important to hire people for case management who are dedicated to this work.
- It's a team effort and you need an able leader.
- You have to be specific in job descriptions and devote resources and time.
- This work is cost-effective.

Source: Spaulding A. Emory University Rollins School of Public Health. December 2012. [Personal interview.]

Recidivism is real. Despite your best efforts, this will likely happen with some releasees. This means when individuals don't show up for appointments and can't be reached, one place to look is the jail. It also means that you may see the same people in a jail setting more than once and you need to be nonjudgmental when you reach out and seek to reengage and relink them.[47]

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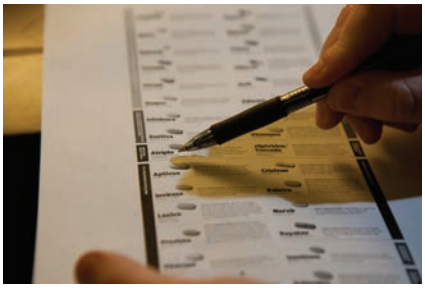
CONCLUSION

Given the number of HIV-positive individuals who pass through jails, this linkage work has important public health implications. For people who are aware of their serostatus, many face incredible barriers to health care, both individual and systemic. We know that the biggest "cliff" in the care continuum occurs between linkage to and retention in care, representing more than 300,000 people living with HIV/AIDS who are lost between those stages,[48] which is why efforts such as jail linkage programs are so imperative.

Jail linkage work aligns with the National HIV/AIDS Strategy. In addition, the Affordable Care Act calls for improved care coordination—something this work helps achieve. The CDC recommends testing in jail facilities, and the EnhanceLink study demonstrated that linkage services can improve health outcomes and ARV adherence among a highly transient and difficult-to-reach population. Jails are an extension of the community. Helping address HIV among releasees has important implications not only on jail releasees' health but also on community viral loads.



6

ONLINE RESOURCES

About the EnhanceLink Initiative and a list of grantee published articles: www.hab.hrsa.gov/abouthab/special/carejail.html

Curtis: The Road from Here video: www.hab.hrsa.gov/livinghistory/voices/curtis.htm

Effective Interventions: http://effectiveinterventions.org/

EnhanceLink instruments/templates are available at www.enhancelink.org/EnhanceLink/index.html. These include:

- Client Enrollment Form
- Baseline Interview Form
- Jail-Based Event Record
- Jail Chart Review Form
- Community-based Event Record
- Post Release Summary
- Follow-up Clinical Review Form
- Follow-up Interview Form
- Quarterly Program Summary

First Steps: Understanding the Culture of Corrections: http://img.thebody.com/nmac/prison_culture.pdf

HIV in Correctional Settings: www.cdc.gov/hiv/topics/correctional/

Jail: Time for Testing Guide: www.enhancelink.org/EnhanceLink/documents/Jail%20-%20Time%20for%20Testing.pdf

Opening Doors: The HRSA-CDC Corrections Demonstration Project for People Living With HIV/AIDS: http://hab.hrsa.gov/abouthab/files/openingdoors.pdf

Other Integrating HIV Innovative Practices (IHIP) Resources: www.careacttarget.org/ihip

PA/MidAtlantic AETC *Case Finding and Secondary Prevention With the Incarcerated and Recently Released: Clinical Risk Assessment and Screening Guide*: www.pamaaetc.org/downloads/49217-B%20incar.pdf

Project SMART and other corrections resources: www.thebridginggroup.com

National Commission on Correctional Health Care: www.NCCHC.org

National Institute of Corrections: www.NICIC.gov

Standards for Health Services in Correctional Institutions: http://books.google.com/books/about/Standards_for_Health_Services_in_Correct.html?id=Ey4n0b0rMpEC

What is the Role of Prisons and Jails in HIV Prevention? http://caps.ucsf.edu/factsheets/prisons-and-jails/

What's Going on @ SPNS bulletins: www.hab.hrsa.gov/abouthab/files/cyberspnsjuly12.pdf and www.hab.hrsa.gov/abouthab/files/cyberspns_linkages.pdf

TEMPLATES

*These templates were originally created by the Care Alliance Health Center SPNS grantee site.

CONTACT INFORMATION FORM TEMPLATE

Client Name: _____ DATE 1st COMPLETED: __ __/__ __ /20____
month day year

CONTACT INFORMATION FORM

Instructions to Case Manager: Update the contact information at each follow-up interview. Always date corrections or new information entered.

Introduction (explain to evaluation participant): The program is requesting that you give as much contact information as possible to help us locate you for the follow-up interviews after release from jail. The information you give at the follow-up interviews will help us learn how to improve the program, so we really want to be able to talk with you after your release.

If an interventionist calls any of the contacts you give, she will identify herself in whatever way you think is best. In previous evaluations, we have found that if an interventionist only identifies by first name, he or she is sometimes taken for a bill collector or for a friend who might be a bad influence. The program therefore encourages you to give the interventionist permission to identify himself or herself as from the program or as from a health study in which you are participating. If you are not comfortable with either of these options, the interventionist is happy to just give a first name and to say that he or she spoke to you some months ago and would like to talk to you again.

Also, please give us the names of contacts who are 18 years old or older. For each contact, please tell us who else might answer the phone or come to the door, whether they are 18 or not, and what we can say to them.

UNDER SPECIAL INSTRUCTIONS: GET DAYS AND TIMES WHEN BEST TO REACH CLIENT.

Where will you live when you get out?

How long will you live there? _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____
_____
_____

Where might you be living 6 months after your release?

Name of person living with: _____ Relationship: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____
_____
_____
_____

By signing, I _____ give consent for staff to contact the people/places listed above.

Sign here: _____ *Date:* _____

CONTACT INFORMATION FORM TEMPLATE

Will you have a job where we can contact you?

Job/company name:_____ _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____

_____

_____

Will you go to a school or job training where we can contact you?

School/Training Agency: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____

_____

_____

Any family (esp. moms), friends, or acquaintances we could contact to get in touch with you?

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____

_____

_____

_____

_____

By signing, I _____ give consent for staff to contact the people/places listed above.

Sign here: _____ *Date:* _____

CONTACT INFORMATION FORM TEMPLATE

Any other **family, friends, or acquaintances** we could contact?

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____

_____

_____

_____

_____

Any other **family, friends, or acquaintances** we could contact?

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____

_____

_____

_____

➢ <u>Ask the question below of each participant who has one or more children.</u>

Who might be **caring for your child / children 6 months after your release**? Could we contact that person to find you?

Name: _____ Relationship: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____

_____

_____

By signing, I _____ give consent for staff to contact the people/places listed above.

Sign here: _____ *Date:* _____

CONTACT INFORMATION FORM TEMPLATE

Additional Information (read to evaluation participant):
We would like to know if there are any additional people who might know how to reach you.

Do you have a Ryan White Case Manager or other community case manager we could contact?

Name: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____
_____
_____

Where do you go to cash checks? Who do you use as a tutor for SSI?

Name of agency/individual:_____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____
_____
_____
_____

Do you have a pastor, priest, rabbi, or other clergy we could contact?

Name: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____
_____
_____

By signing, I _____ give consent for staff to contact the people/places listed above.

Sign here: _____ *Date:* _____

CONTACT INFORMATION FORM TEMPLATE

Will you have a parole or probation officer we could contact?

Name: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____

_____

_____

_____

Do you have a lawyer or attorney we could contact?

Name: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____

_____

_____

_____

Do you have an AA, NA, or other self-help group sponsor or friend we could contact?

Name: _____

Address: _____

Telephone: _____

Cell phone/Pager: _____

Special instructions: _____

_____

_____

_____

_____

By signing, I _____ give consent for staff to contact the people/places listed above.

Sign here: _____ *Date:* _____

CONTACT INFORMATION FORM TEMPLATE

Will you ever go to one of the drop-in centers or homeless shelters in town? If so, which one?

Name: _____

What time could you be found there _____

Special instructions: _____

_____

_____

_____

Additional Information (explain to evaluation participant):

We really hope that when we try to contact you for the next follow-up interview, you will be doing well. We want to talk with everyone for each follow-up interview whether or not they are doing well. To learn how best to improve services for individuals being released from jail, it is important that we hear from everyone: those who stay in services and those who don't; those who have good experiences with services and those who don't; those who are doing well and those who aren't. Individuals who are doing well will probably be easier for us to find for follow-up interviews, so we may miss the important information that individuals who are not doing well could share. We'd like information on places where you might sleep, eat, or hang out. Please think about whether you hang out in different places at different times of the year, in summer when it's warm enough to be outdoors and in winter when it's cold.

If you didn't have a place to stay, where would you be likely to sleep?

Location/address: _____

Name of person you might be with: _____

Relationship: _____

Telephone: _____ Cell phone/Pager: _____

Special instructions: _____

_____

_____

_____

Where might you go if you needed something to eat?

Location/address: _____

Name of person you might be with: _____

Relationship: _____

Telephone: _____ Cell phone/Pager: _____

Special instructions: _____

_____

_____

_____

_____

By signing, I _____ give consent for staff to contact the people/places listed above.

Sign here: _____ *Date:* _____

CONTACT INFORMATION FORM TEMPLATE

Where might you hang out?

Location/address: _____

Name of person you might be with: _____

Relationship: _____

Telephone: _____ Cell phone/Pager: _____

Special instructions: _____

_____

_____

Where else might you hang out?

Location/address: _____

Name of person you might be with: _____

Relationship: _____

Telephone: _____ Cell phone/Pager: _____

Special instructions: _____

_____

_____

If you were sick, what emergency room, hospital, detox, clinic, counseling or psychiatric facility would you go to? (MAKE SURE TO INCLUDE doctor and health clinic assigned to post release.)

Name of agency: _____

Location/address: _____

Name of person you might be with: _____

Relationship: _____

Telephone: _____ Cell phone/Pager: _____

Special instructions: _____

_____

_____

By signing, I _____ give consent for staff to contact the people/places listed above.

Sign here: _____ *Date:* _____

CONTACT INFORMATION FORM TEMPLATE

Where were you born? _____

Driver's license or state ID # _____

If you have a car, what is its make, model, and license plate number?

_____

Interviewer please note:

Approximate height: _____ Hair Color: _____ Eye Color _____

Please note any permanent identifying physical characteristics (scars, tattoos, disabilities, etc.)

_____

_____

_____

_____

EDUCATION SESSION PROTOCOLS TEMPLATE

Education Session Protocols

1. Sessions will occur in one week cycles. The group of classes will be held 3 days a week for the same group of male attendees. Female inmates will maintain 3-week cycles.
2. Health educator will recruit inmates from targeted pod 1 to 2 days before initial session.
    a. Health educator will post flyers marketing the sessions in each pod in Jails 1 and 2.
    b. Health educator will target a different pod each session. Health educator will attempt to cycle through all floors and pods before targeting a pod a second time. Exceptions may be made if inmates request to be signed up for the education class per kite.
    c. Health educator will work with the assigned jail social workers to check restrictions on inmates attending sessions the day before the session occurs.
        i. If all attendees are signed up from the same pod, no checking required as they are able to attend the same session.
    d. Health educator will leave a sign-up sheet with pod officer for inmates to sign up. Health educator will return later that day or the following day to get the list of inmates from the pod officer. A maximum of 10 inmates will be recruited for each session. If additional inmates are recruited they will be signed up for following cycle.
    e. Health educator will communicate with jail social workers weekly on which pods are targeted.
    f. On the day of the session, if a small number of inmates actually attend, further recruitment will happen right before the session with assistance from the pod corrections officer. Additionally, if a kite is sent prior to the session and corresponds to the pod attending the scheduled session, the inmate can be added last minute.
3. Health educator will check the list of inmates signed up for the session against the testing database to see who has tested before, who is eligible/ineligible for testing/retesting.
    a. Health educator will make notes on sign-up list for tester.
4. The morning of the session, the health educator will seek an escort for the day to coordinate pulling the inmates from the pods and transporting them to the session.
    a. Jail 1: Talk with corporal on the 10th floor to coordinate an escort.
    b. Jail 2: Talk with central control booth in Jail 2 to arrange an escort.
5. Health educator will arrive to assigned classroom 15 minutes prior to start of session.
    a. Health educator will arrange all needed materials for class, including posters, sign-up lists, hand outs, etc., for easy access during class.
6. Correction officers bring inmates to classroom at assigned time.
7. Upon entering the education room, all inmates will be seated. Once seated, pass around a sign-up list.
8. Health educator will introduce self, program, and agency.
9. Health educator will offer all inmates opportunity to sign up for HIV testing.
10. During the session, the health educator will complete appropriate evaluation tools with inmates at the designated time.
    a. Each inmate will be provided with a pen without a cap. All pens will be counted after tool is complete.

   b. An inmate may refuse the evaluation tool if desired and can still participate in the session.

11. The health educator will collect all tools then begin the session.
    a. Health educator will guide inmates to grade post test at end of session.
12. Also at the end of the session, the health educator will give each inmate a Certificate of Attendance which will state the title of the class, the date of the class, and the name of the health educator and program.
    a. Certificates will be completed prior to coming to the session using the list of inmates attending the session.
    b. Certificates may be completed during the session as needed.
13. When the session is over, the health educator will inform the corrections officer present that the session is over and the inmates can be taken back to their pods.
14. At end of session, the health educator will give the tester the sign-up list of inmates interested in testing.
    a. Sign-up list will include number of unique individuals attending the session, the date of the session, as well as eligibility information for testing.
    b. Tester will follow up with the inmates within the week of receiving the sign-up list.
    c. Health educator will assist with testing as needed.
15. The health educator will keep track of data pertaining to the sessions in an Excel file
    a. Number of unique participants
    b. Content of session
    c. Male or female participants
    d. Evaluation tool data
    e. Unique number of individuals
    f. Testing eligibility
16. The health educator will also keep a log of time
    a. Time spent in sessions
    b. Time spent on preparation
    c. Time spent on recruitment and coordination of sessions
    d. Time spent on Risk Reduction Counseling (see RRC protocol for information)
17. After each class, health educator will make a copy of the sign-in sheet for medical records.

EDUCATION SESSION PROTOCOLS TEMPLATE

HIV

Objectives:

- Explain how HIV affects the body and how it can be detected in the body.
- List different ways HIV can be transmitted from one person to another.
- Describe a personal scenario, and then identify that person's risk factors and state one way that person can lower his or her risk of getting HIV. (List 4 ways to prevent the transmission of HIV.)

Materials for opener:

• Sign-in sheet	• Pens	
• HIV sign-up sheet	• Copies of survey	

Attendees enter the room and sit down. Educator makes an introduction. Educator passes out surveys and pens. Educator gives directions for survey. Attendees independently fill out survey. While attendees fill out survey, educator passes around sign-in sheet and HIV test sign-up sheet. Educator collects pens.

Materials for session:

• HIV posters	• Expired HIV test	• Envelope
• Visual aids	• Graphs to compare sex	

1. Educator explains the general characteristics and symptoms of HIV/ AIDS using a poster or diagram.
2. Educator explains the transmission of the HIV virus:
   a. The most infectious bodily fluids.
   b. Where and how HIV commonly enters the body.
   c. Educator discusses different types of sex and risk of transmission.
3. Educator explains how the virus can be combated by treatment.
4. Educator describes the testing process, how often one should get a test, and the meaning of a negative and a positive test.
5. Educator and class list ways someone can reduce the chances of getting HIV.
6. Educator asks class if they have any questions.
7. Using scenario cards, groups identify a person's risks of getting HIV and then suggest changes that person can make to reduce his risks of getting HIV.
8. Educator asks the class if they have any questions.
9. If there is time, class can complete HIV review activity.
10. Educator hands out certificates.

HEALTH EDUCATION TEMPLATE

Health Education

To help us assess this course, please complete this survey and return it to the Health Educator
Thank you!

Session #: _____ **Sheriff's Office #:** _____
Date: _____ **Zip Code:** _____

Circle the following answers that best apply to you.

1. Race:
    a. White
    b. Black-African American
    c. Multiracial
    d. Other

2. Are you Hispanic or Latino?
    a. yes
    b. no

3. Gender:
    a. Male
    b. Female
    c. Transgender

4. I have had sex with:
    a. Men
    b. Women
    c. Both

5. What types of sex do you engage in: (circle all that apply)
    a. Vaginal
    b. Anal
    c. Oral

6. Age
    a. 18 and under
    b. 19–24
    c. 25–29
    d. 30–39
    e. 40–49
    f. 50–59
    g. 60 and above

7. Have you previously been tested for HIV?
    a. yes
    b. no
    c. don't know

8. If yes, when is the last time you have had an HIV test?
    a. Within this jail stay
    b. Within the past 1–5 years
    c. More than ten years ago

9. In the past thirty days I have ... (Leave blank if does not apply to you.)
    a. Drank alcohol
    b. Used Injection drugs
    c. Used other drugs

    If yes, check all that apply....

❏ Marijuana ❏ Opiates (heroin, morphine, street methadone)
❏ Speedballs ❏ Downers (tranquilizers, barbiturates, sedatives)
❏ Uppers (methamphetamine, diet pills) ❏ Cocaine or Crack
❏ Hallucinogens (PCP, LSD) ❏ Inhalants (glue, spray paint)

HEALTH EDUCATION TEMPLATE

STDs

Objectives:

- Give a basic description of all STDs, their symptoms, and how they are transmitted.
- Describe the cure and/or treatment that correspond with a specific STD.
- Explain how often people should get tested for STDs

Materials for introduction:

• Sign-in sheet		
• Pens		

Attendees enter room and educator makes introduction. Educator passes around sign-in sheet and HIV test sign-up sheet.

Materials for instruction:

• STD hand-out	• Clinic hand-out	
• HPV hand-out	• Posters	

1. Optional: Complete communicable disease activity — this is a good warm-up activity.
2. Educator passes out STD and clinic hand-out.
3. Educator explains the general characteristics and the symptoms of inflammation diseases, genital ulcer diseases, and genital warts.
4. Optional: Educator explains the general characteristics and the symptoms of pubic lice and scabies or can ask attendees if they have any questions regarding pubic lice and scabies
5. If necessary, educator presents the basic methods of STD prevention. (This can also be done during presentation.)
6. Educator asks if attendees have any questions about STDs.
7. If there is time remaining, class can complete activity to review RRC plan.
8. Educator passes out certificates of attendance.
9. Optional: While in groups, inmates create (truthful but nonoffensive) bumper sticker logos that correspond with a specific method of prevention.
10. 5-minute activity: Given a case card, educator explains what disease the person has based on his or her symptoms and suggests ways the person could have avoided the situation.
11. Educator asks the class three questions corresponding with the session. For example, educator asks the class what they learned about STDs.

HEALTH EDUCATION TEMPLATE

Hepatitis and Tuberculosis

- Identify specific characteristics of each type of hepatitis, how they are transmitted, and what the long-term effects are.
- Explain the difference between tuberculosis infection and disease, and how tuberculosis can be transmitted from one person to another.
- Describe a staph infection, how it is transmitted, and what kind of long-term effects it can have on someone.

Materials for opener:

• Sign-in sheet	• Pens	
• HIV sign-up sheet	• Copies of survey	

Attendees enter the room and sit down. Educator makes an introduction. Educator passes out surveys and pens. Educator gives directions for survey. Attendees independently fill out survey. While attendees fill out survey, educator passes around sign-in sheet and HIV test sign-up sheet. Teacher collects pens.

Materials for session:

• Posters	• Pictures	
• Hand-outs	• Visual AIDS	

1. Educator explains the general characteristics of each type of hepatitis, how they are transmitted, the long-term effects, and the best methods of prevention.
2. Educator explains the difference between TB infection and disease, how it is transmitted, and the best methods of prevention.
3. Educator explains the basic characteristics of staph, MRSA, transmission, and prevention.
4. Attendees complete review activity of all three sessions (tic-tac-toe).
5. Educator hands out certificates of attendance.
6. Educator passes out certificates of completion on colored paper with attendees name on them if an individual has attended at least three sessions out of the series.

RELEASE PLAN TEMPLATE

Release Plan

Client Name: _____

Date: _____

Client Locator Information:

Address: _____

_____

Telephone Number: _____

Secondary Contact: _____

Secondary Contact Address: _____

_____

Secondary Contact Telephone Number: _____

Additional Contacts: _____

_____

_____

Status at Release: ☐ **Probation** ☐ **Parole** ☐ **Bond** ☐ **Bail**

☐ **Home** ☐ **Treatment Program** ☐ **Shelter** ☐ **Homeless**

☐ **Patient moved to state prison, not released to community— no further follow up will be completed with this client.** ☐ **Other** _____

Medical Record Abstraction:

HIV-status: _____ **Date Tested Positive** _____

Labs: CD4 Count: _____ **Date:** _____

Viral Load: _____ **Date:** _____

RELEASE PLAN TEMPLATE

Comorbid medical and mental health conditions:

_____
_____
_____
_____

Current medications:

_____
_____
_____
_____

<u>Release Plan</u>:

Medical Care Plan (where will client access medical care? Appointments?):

_____
_____
_____
_____
_____

Medications Plan (how will client obtain meds upon release?):

_____
_____
_____
_____

Ryan White Case Management Plan (what appointments or arrangements have been made?):

_____
_____
_____
_____

Housing Plan

_____
_____
_____
_____

Mental Health/Substance Abuse Treatment Plan

_____
_____
_____
_____

Service Category		Check box if plan document indicates client's need for service was assessed	Check box if plan document indicates that client did need or want service
45. Other Services			
	45a. Cash benefits (TANF, food stamps, SSDI)	☐	☐
	45b. Medical benefits (Medicaid, ADAP, etc.)	☐	☐
	45c. Employment/job training	☐	☐
	45d. School, education, literacy	☐	☐
	45e. Family services/child custody	☐	☐
	45f. Legal assistance	☐	☐
	45g. Transportation	☐	☐
	45h. Basic needs (food, clothing, etc.)	☐	☐
	45i. HIV prevention education services (e.g. peer education, NSEP)	☐	☐
	45j. Partner notification (HIV, STD)	☐	☐
	45k. Other (specify) _____ _____	☐	☐

Other Social Needs and Plans:

Problem:

_____
_____
_____
_____
_____

Intervention:

_____
_____
_____
_____
_____

Plan:

_____
_____
_____
_____
_____

Problem:

_____
_____
_____
_____
_____

Intervention:

_____
_____
_____
_____
_____

Plan:

_____
_____
_____
_____
_____

RELEASE PLAN TEMPLATE

Problem:

_____
_____
_____
_____
_____

Intervention:

_____
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