



Expanding Jail Services & Improving Health for Incarcerated People with HIV

Intervention Implementation Guide

Acknowledgements

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This publication lists non-federal resources in order to provide additional information to those considering replication. The views and content in these resources have not been formally approved by HHS or HRSA. Neither HHS nor HRSA endorses the products or services of the listed resources.

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Expanding Jail Services & Improving Health for Incarcerated People with HIV (Maricopa County Jail Project)

This guide examines the Maricopa County Jail Project launched by the Maricopa County Department of Public Health in collaboration with the Arizona Department of Health Services and Maricopa County Correctional Health Services. The Maricopa County Jail Project leveraged the expansion of services under Policy Clarification Notice 18-02: The Use of Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved (PCN 18-02), along with funding and resources from the Centers for Disease Control and Prevention (CDC) and Maricopa County Correctional Services.

The Maricopa County Jail Project was implemented by five jails and uses a nurse practitioner to manage service access and case management across the jail system. The intervention seeks to improve HIV care access for people experiencing incarceration by decreasing the wait time between incarceration and/or diagnosis, to the start of treatment; and supports clients in reaching viral suppression through pre-release planning, education, and linkage to community services upon release.

This guide includes key components of the intervention, outlines the capacity required by organizations/clinics to conduct this work, and includes replication steps to support others in their implementation efforts. Finding replicable interventions that meet Ending the HIV Epidemic in the U.S. (EHE) initiative goals and support clients along the stages of the HIV care continuum are key to future programmatic and client success in HIV care.¹



Ending the HIV Epidemic in the U.S. Pillar: Diagnose & Treat



HIV Care Continuum Stage: Diagnosis, Linkage, Receipt of Care, Retention & Viral Suppression



Priority Population: People with HIV residing full-time at a jail



Setting: Jail



About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving healthcare to people who are geographically isolated, economically or medically vulnerable. The Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) is administered by the HRSA HIV/AIDS Bureau (HAB). The RWHAP SPNS Program supports the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by RWHAP. RWHAP SPNS advances knowledge and skills in the delivery of healthcare and support services to underserved populations with HIV. Through its demonstration projects, RWHAP SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.

Funding Source






Policy Clarification Notice 18-02: *The Use of HRSA Ryan White HIV/AIDS Program (RWHAP) Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved*, allows HRSA RWHAP recipients and subrecipients to use program funds for the provision of HRSA RWHAP core medical services and support services: 1) on a transitional basis to people with HIV who are incarcerated in Federal and State prison systems; and 2) on a short-term and/or transitional basis to people with HIV who are incarcerated in other correctional systems (e.g., local prisons and jails) or under community supervision (e.g., parole or home detention).

Infrastructure for this intervention is provided by the Maricopa County Sheriff's Office and RWHAP Part A. RWHAP Part A manages a centralized eligibility office that oversees access to RWHAP services throughout the jurisdiction. This makes communication with other RWHAP Part A subrecipients easier and also helps with linkage to care after release.

To learn more about the RWHAP, visit: ryanwhite.hrsa.gov

Getting Started

This table provides a general overview of the Maricopa County Jail Project so readers can assess the necessary steps required for replication. This intervention facilitates diagnosis, linkage, receipt of care, retention in care, and viral suppression for people with HIV who are experiencing incarceration.

INTERVENTION AT-A-GLANCE	
Step 1 	Engage Stakeholders Meaningfully gather input from the relevant public health department, the Department of Correctional Health Services, social service agencies, and community-based organizations to gauge interest and identify shared outcomes.
Step 2 	Assess Gaps and Resources Decide the priority populations within the jail setting (e.g., people reporting previous or current drug or alcohol use; people detained for a minimum of eight days; people who are not transfers, etc.) that will be served by this intervention by discussing existing service delivery gaps and health inequities both in and out of the jail setting.
Step 3 	Recruit and Train Staff Finalize staff roles and responsibilities. Set up an accessible job application process to hire one full-time equivalent case manager/nurse practitioner to provide HIV care in the jail system and one full-time project manager, and begin onboarding and training.
Step 4 	Engage Clients Conduct an intake assessment with clients diagnosed with HIV after opt-out screening is conducted to assess client needs, begin medical care, and to encourage the clients to start treatment. Conduct follow-up visits with clients on a regular basis prior to release.
Step 5 	Conduct Pre-Release Care Planning Activities Provide discharge planning and education for clients and assist them in linking to community services.



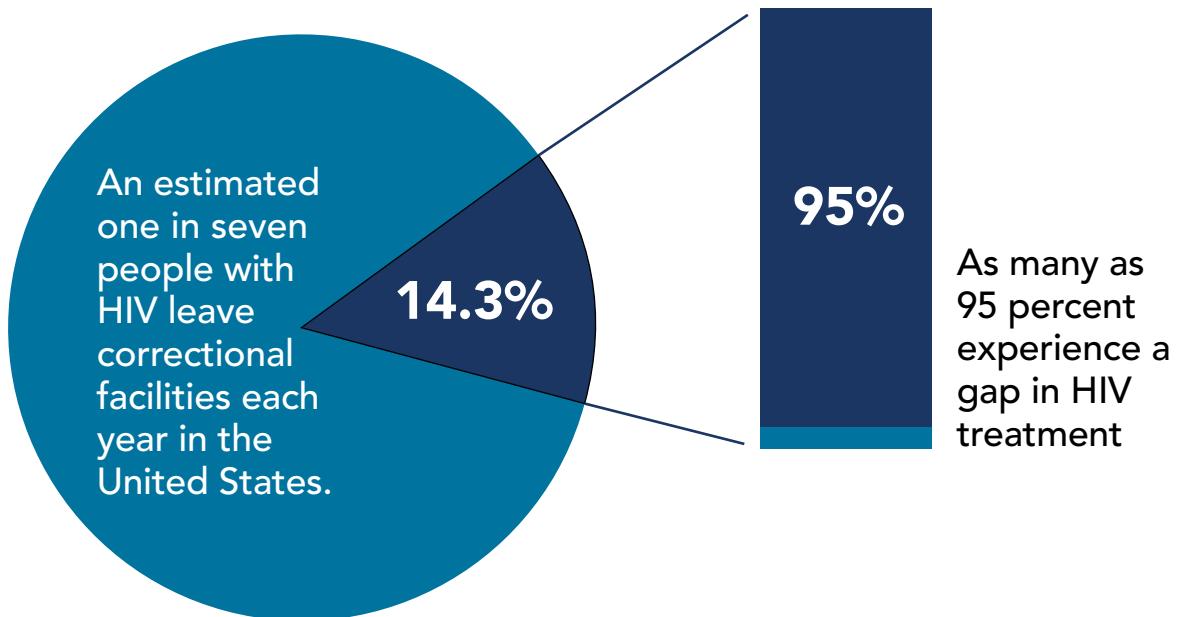
RESOURCE ASSESSMENT CHECKLIST

Prior to implementing this intervention, organizations should walk through the following Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. If organizations do not have the recommended readiness, they are encouraged to develop their capacity so that they can successfully implement this intervention. Questions to consider include:

- Does your organization have a relationship with the jail (e.g., staff, medical teams, leadership)?
- 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?
- Have you designated a case manager/nurse practitioner to implement the intervention?
- Has your staff received the proper training to deliver services and support to clients who are navigating the correctional system?
- Are financial resources available to sustain the intervention (e.g., state, county or city funding)?

Setting the Stage

Of the more than two million people experiencing incarceration in the United States, more than 20,000 have HIV.² 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.³ An estimated one in seven people with HIV leave correctional facilities each year in the United States. Many struggle to access care and treatment upon release, with as many as 95 percent experiencing a gap in HIV treatment.¹ 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.



The Maricopa County Jail Project is an innovative model of care designed to link and retain people experiencing incarceration with HIV care. Maricopa County is the nation's 4th most populous county (pop: 4.4 million) which includes approximately 69 percent of Arizona's population of people with HIV and a network of five county jails.⁴ 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

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caused an extreme delay in access to HIV care and medications, and significant wait times on clinic days.

PCN 18-02 allows RWHAP funds to be used for core medical services and support services for people who are incarcerated. Maricopa County leveraged this increased scope to hire a full-time case manager/nurse practitioner to work within the jail five days a week to manage HIV care across the jail system. The case manager follows people with HIV throughout their jail stay and helps with client education and access to HIV medications, in addition to working with Correctional Health Services to coordinate other needed care. While the case manager does not report directly to Correctional Health Services, the role is integrated within the jail so that he/she attends trainings and staff meetings and is seen as working together with other correctional staff.

Under the project, multi-agency collaboration was key. The Arizona Department of Health Services provided funding for HIV testing in the jails and Maricopa County Correctional Health Services (CHS) provided staff to complete blood draws for HIV screening while completing routine syphilis screening. HRSA's Ryan White HIV/AIDS Program (RWHAP) Part A provided funding to hire a Masters-level case manager/nurse practitioner responsible for counseling, HIV education, discharge planning, referrals and linkage to care; Maricopa County Department of Public Health conducted contact investigations for newly diagnosed individuals; and the University of Arizona's RWHAP AIDS Education and Training Center (AETC) provided guidance on culturally responsive HIV messaging.



Achievements

As a result of the intervention, the Maricopa County Jail System saw expedited linkage to care times (from 28 days to 2 days) with a goal of each client reaching viral suppression before release. In 2020, 100 percent of the 121 intervention clients were linked to care, 97 percent were retained in care, and 78 percent were virally suppressed.⁵

Description of Intervention Model



CHALLENGE ACCEPTED

The Challenge: Facilitating diagnosis, linkage, receipt of care, retention in care and viral suppression for people with HIV experiencing incarceration.

Intervention Steps:

1

Engage Stakeholders

Successful implementation of the intervention will differ depending on whether the organization has pre-established relationships with the local jail(s). The organization implementing the intervention should facilitate conversations with the Department of Correctional Health Services, public health departments, and social service agencies to discuss the feasibility of implementing the intervention. Setting up an interdepartmental agreement between your organization and the Department of Correctional Health Services is a crucial component to acknowledge services, duties and responsibilities of each organization including data sharing to access client case notes and relevant data.

2

Assess Gaps and Resources

- a. *Define Priority Populations:* Define the population that you will serve. The priority population should be reflective of the local context. Replicators can develop eligibility criteria including people with HIV not held in high-security jails; people arrested in a local jurisdiction (e.g., not transfers); people reporting previous or current drug or alcohol use; or people detained for a minimum of eight days.
- b. *Secure a Funding Source for the Intervention:* Your budget development process will vary depending on your organization's existing funding streams. Correspond with internal stakeholders (e.g., budget managers, program directors) to explore existing funding streams and funding opportunities. Ideally, the budget should include funding

to support two dedicated staff members: one full-time project manager and one full-time case manager/nurse practitioner who will work within the jail setting five days per week. Additional funding for post-release peer navigators and tangible reinforcements for clients post-release (e.g., cellphones, transportation, food, clothing, personal hygiene kits, etc.) may be included in the budget, accessible through outside donations, or embedded within partner agency resources. In the Maricopa County Jail Project, services provided under this intervention are only used for HIV care. (Other health services are provided by Correctional Health Services staff, as RWHAP funds may not pay for primary medical care or medications.) The Maricopa County Jail System accessed 340B pricing in its pharmacies during this intervention.

c. *Draft a Memorandum of*

Understanding: This document will be signed by the partners working on the intervention. It should outline which parties will complete and pay for activities related to HIV testing, case management and discharge. The agreements must consider any existing activities so that the intervention does not supplant what is already being completed within the Correctional Health setting.

3

Recruit and Train Dedicated Staff

- a. *Begin Staff Recruitment:* Finalize staff roles and responsibilities and set up an accessible job application process. This intervention relies on one full time equivalent (1.0 FTE) case manager/nurse practitioner to provide HIV care in the jail system and one full-time project manager. While not part of the Maricopa County Jail Project, hiring additional staff members or peer navigators who have similar shared lived experiences to assist clients in accessing resources post-release is recommended. To ensure that you have a pool of diverse and representative job candidates to choose from, leverage your existing networks and systems (e.g., job boards, client relationships) in the broader community to fill positions either internally or externally.
- b. *Onboard and Train Staff and provide Continuing Education:* Newly recruited staff should be trained in appropriate organizational processes and procedures including electronic health records and opt-out HIV testing language (which should continue monthly). Provide education to all staff about issues applicable to people with HIV experiencing incarceration including substance use disorder, housing instability and employment challenges. Begin

training and development of key staff by utilizing trainings from the RWHAP AETC Program and the Motivational Interviewing Network of Trainers.

4

Engage Clients

a. *Conduct Intake Assessment:* Clients in jail for 8–14 days participate in an initial health screening with an opt-out HIV test. If a positive test result is found, the public health lab notifies the client and Correctional Health Services of the results, and the case manager/nurse practitioner is notified. The same day of the confirmation (if possible), the case manager/nurse practitioner begins assessment, education, medical care, and encourages the clients to start treatment. During the client's intake session, case managers should aim to:

- Build rapport with the client.
- Describe the services provided by the intervention.
- Conduct a comprehensive psychosocial needs assessment.
- Assess the client's risk for viral hepatitis and other sexually transmitted diseases and develop a plan to prevent HIV transmission (e.g., viral load suppression, safer sex practices).

- Assess the client's needs for immediate post-release services and benefits (e.g., enrollment in the RWHAP AIDS Drug Assistance Program (ADAP)) and conditions of release (e.g., court return, probation, parole). The assessment should also include intersecting service needs (e.g., housing for clients with disabilities, coordination of transgender affirming healthcare).

Clients who test positive but refuse treatment are rescheduled for regular visits with the nurse practitioner to continue education and encourage linkage to care. Clients who test negative receive health education and risk reduction counseling. While health assessments are completed for individuals coming into the jail system within one to two business days, people with HIV will often wait to disclose their status until the health assessment (rather than at intake). When they do disclose, the case manager/nurse practitioner is notified through a flag in the electronic health record for follow-up, and medications can be started the same day. Linkage to care times were expedited with the addition of HIV medical services and case management (from 28 days to two days).

b. *Continue Contact with Clients:*

Following the initial intake meeting, clients will engage with Correctional Health medical staff and the intervention case manager to conduct follow-up activities which are separate but coordinated. In addition to regularly seeing clients, the intervention case manager/nurse practitioner also runs a list of HIV medication fills to identify clients with HIV which have not been flagged in the electronic health record for follow-up with case management.

5

Conduct Pre-Release Care Planning Activities

Before clients are released from jail, the case manager provides discharge planning and education for clients and assists them in linking to community

services. With the client's consent, gather documentation which may include a diagnosis letter, tuberculosis clearance, medication list, follow-up appointments, or an existing release plan which incorporates risk reduction elements. During this time, case managers should:

- Obtain the client's signature on release of information forms. Ascertain whether each contact is aware of the participant's HIV status.
- Provide health education and identify relevant community resources regarding HIV, viral hepatitis, sexually transmitted diseases, and other conditions (e.g., diabetes, hypertension, mental health).

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STAFFING REQUIREMENTS & CONSIDERATIONS FOR REPLICATION



Staffing/Organizational Capacity

Intervention developers recommend utilizing a combination of existing internal staff and staff from partner agencies to implement the intervention. Depending on the existing staff infrastructure in your setting, staff roles may overlap. The minimum staff requirements and competencies needed to successfully implement the intervention include the following:

- **Project Manager:** Strong administrative supervision is necessary during the implementation of the intervention to oversee training and partnership activities, ensure fidelity, provide instruction and supervision to program staff, and maintain budgetary control of program funds. The project manager should establish and maintain meeting structures and communications to facilitate collaboration across staff members and partner agencies including Correctional Health Services staff.
- **Case Manager/Nurse Practitioner:** Ideally, the case manager is a public health nurse with experience supporting clients in correctional settings. The case manager follows up with clients diagnosed with HIV through the HIV testing program in the participating facilities. He/she works 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; and is responsible for entering data into the shared RWHAP database. Working with people who are incarcerated requires sensitivity, and staff must be especially cautious regarding disclosure of HIV status in this environment. Health staff should treat people as “clients” rather than “inmates.”



Staff Characteristics

Core competencies include:

- An affirming demeanor and flexibility in identifying individual client needs
- Experience with case management or working with clients and navigating health systems
- Commitment to cultural sensitivity, cultural-responsiveness, and harm reduction
- Familiarity with the criminal justice system and its dynamics
- Fluency in Spanish and English (or other languages based on local needs)
- Demonstrated ability to work with diverse client populations with HIV including persons with mental and behavioral health conditions
- A client-centered orientation

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, examples for further context.

Successful replication of the intervention involves the following:



Complete Motivational Interviewing Training Curriculum. Proper training of staff is essential to successful implementation of the intervention. Motivational Interviewing is a focused, client-centered approach to counseling that helps clients identify, explore, and deal with ambivalence.



Build and sustain relationships. Fostering strong relationships with partner organizations including Correctional Health Services, health departments and RWHAP providers in the community is crucial. Through the RWHAP Part A system of care, the Maricopa County Jail System created relationships with other RWHAP providers to request and receive medical records more quickly (e.g., client medication(s), lab data), which contributed to faster initiation of treatment.

“And if they [test] negative, then I will talk to them about pre-exposure prophylaxis (PrEP) including risk factors. I talk with my patients on a level they can understand, which seems to help with them opening up to me. And I believe that the continuity of a provider over the years helps them to connect and know that they can trust me. And if they don’t trust me, I keep coming back until they decide to trust me and we can start a plan of care.”

– Cynthia Quinn, MSN, FMP-BC
Maricopa County Jail Project
Case Manager



Provide tangible reinforcements. As available within the program budget and allowable under program funding provisions, partner agencies should provide tangible reinforcements such as food, clothing, cellphones, transportation, hygiene kits, and gift cards to eligible clients upon release. Offering clients this additional layer of support allows you 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. That staff member can coordinate with the in-jail staff member to begin introductions before the client is released. If partnering with a public health department, you may have an opportunity to conduct partner notification activities for newly diagnosed individuals.

Securing Buy-in

Securing the support of leadership, staff, and other relevant stakeholders is an important step when implementing a novel intervention. The following strategies may help to secure buy-in for the intervention:



-  **Engage Medical Leadership within the Correctional Health setting.** Medical leadership within a correctional health setting is different from the warden. Medical leads are more likely to understand and appreciate the public health value of this intervention. Identifying champions from within the correctional health setting is essential.
-  **Engage community experts:** Partnerships with service providers who are considered experts within the community are essential to providing clients with access to a full range of supportive services. Identify local housing, health care, behavioral health, police, hospitals, landlords, employers, and other support services that are positioned as experts within the community. These connections allow staff to tailor referrals based on the client's life experiences and needs. Additionally, strong relationships with a variety of providers allow for interagency collaboration and opportunities for peer learning.
-  **Leverage existing resources:** Explore flexibility within existing funding streams, staff capacity, and programs that can be leveraged to support implementation.
-  **Share information with key stakeholders:** Introduce various stakeholder groups to the intervention through presentations. Conduct an introductory presentation with internal staff and leadership as well as potential partner organizations to share an overview of the project and its goals. Provide these stakeholders with a glimpse into their place within the implementation process.

Overcoming Implementation Challenges

There are always challenges when implementing a new intervention. Barriers to implementing the intervention may vary based on location, existing organizational infrastructure, and workflow. Those that might be anticipated, as well as possible solutions, include:

Funding

Organizations that have robustly funded HIV services may be at an advantage. However, a lack of funding or change in funding can threaten success with sustaining the intervention. Securing funds for costly medications is a priority. During the intervention, the Maricopa County Jail System was able to access 340B pricing in its pharmacies. Consider also working with a local university or foundation to assess available resources to support program services and/or evaluation.

Relationship building

Clients are at high risk for falling out of care when they are released from jail. Relationships with RWHAP providers in the community through centralized eligibility make pre-release discharge planning and data sharing less burdensome.

Commitment to social justice among all involved

A commitment to criminal justice-related work is an important factor in this intervention. However, the systems in place within the jails and in the broader community (e.g., social service agencies) can be triggering and retraumatizing for both staff and clients, especially if you are using peer navigators to connect with clients post-release. Many social justice issues have yet to be systemically addressed by the state and federal government and other institutions (e.g., mass incarceration of Black/African American and Latinx populations; criminalization of people who use drugs). All involved parties (e.g., stakeholders, staff, health service providers, and jail staff) should meet before the intervention is implemented to discuss its planning and execution. This will ensure that the intervention team agrees, and that potential social justice issues and solutions are explored early in the process. Additional meetings during and after intervention implementation can help evaluate the success of their efforts.

Promoting Sustainability

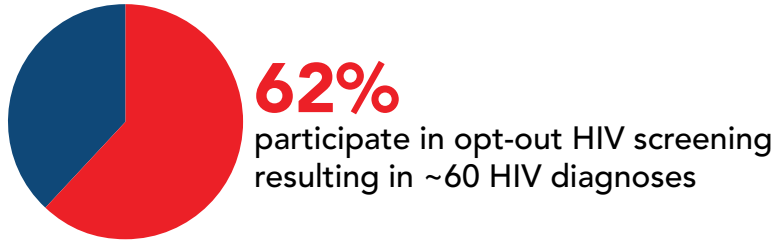
This intervention produced a high level of cost savings, particularly in medication costs, for jails that participated in it. Appropriately leveraging RWHAP as a supplement to the existing structure greatly increased access to care without incurring substantial costs beyond staffing.

Successful replication and sustainability of the intervention will require that some organizations explore various funding sources. Identifying alternative funding sources is ideal for maintaining intervention elements dependent on short-term or one-time financial support. It may also be necessary to develop a plan to modify the intervention based on available funding. Organizations must also prepare to address staffing due to high turnover rates common in correctional health settings. Develop a plan for temporarily covering staff workload and promptly hiring new staff as needed. Planning for staff turnover will reduce the disruption of services and help to maintain intervention operations over time. It is also important to recognize the intervention's overall fit in light of changing organizational or client needs. Ongoing evaluation is important to program success. Sustaining parts of the intervention that proved successful and eliminating components that were not successful can improve outcomes in the future.

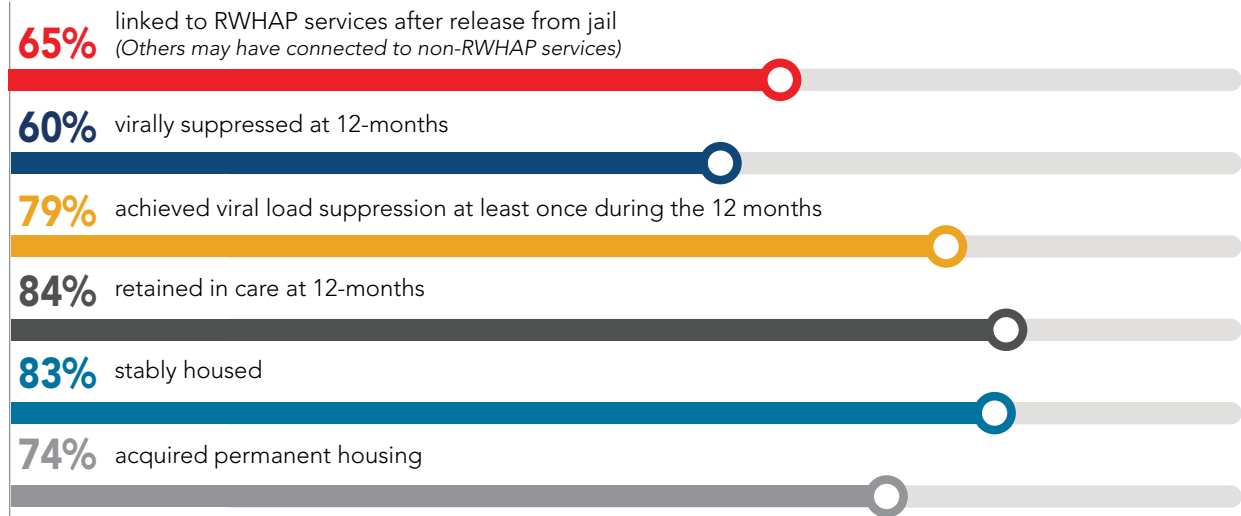
MARICOPA COUNTY JAIL PROJECT: BY THE NUMBERS⁴

The intervention has been ongoing since 2011. In an average year:

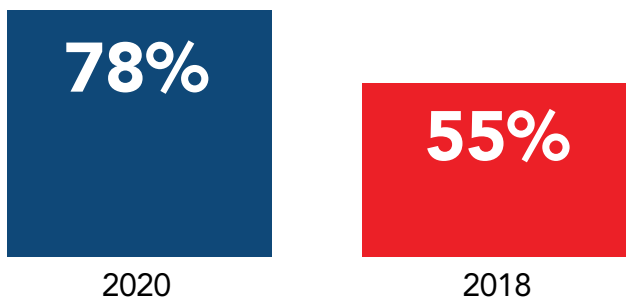
24,608 inmates stay at least 8 days and complete a mandatory, initial health assessment



Over one year period, 40 referrals were sent to community partners for pending releases:



In 2020, 78% of clients were virally suppressed, compared to only 55% in 2018.



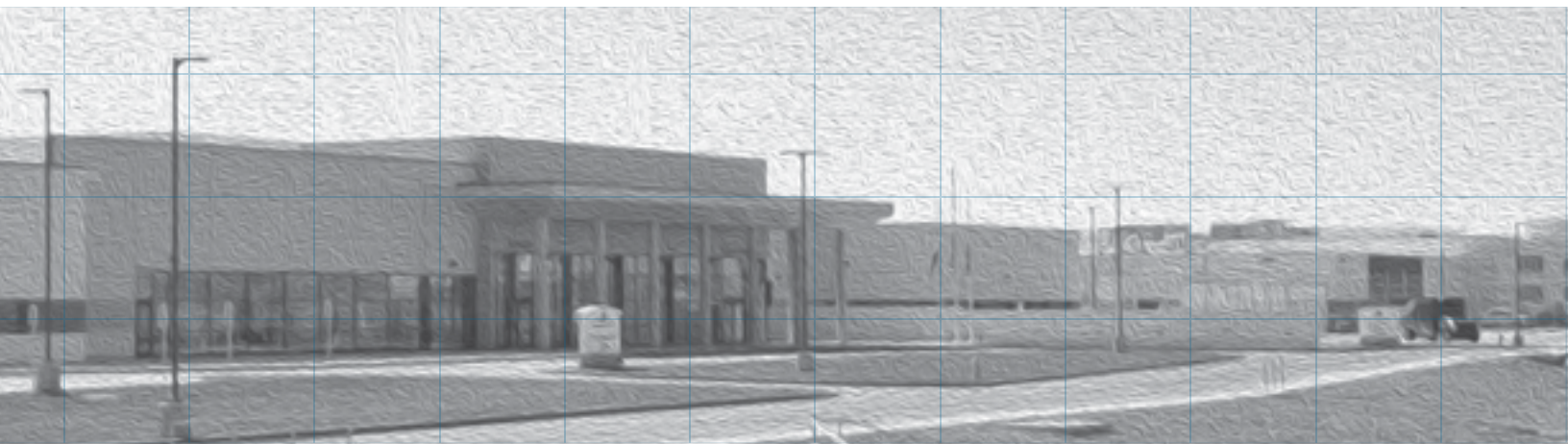
Conclusion

This intervention 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.

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.

Replicating this intervention requires sensitivity, as staff must be especially cautious regarding disclosure of HIV status in this environment. Agencies are encouraged to hire staff with experience supporting clients in correctional settings.

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.



OTHER AVAILABLE RESOURCES

Expanding Jail Services & Improving Health for Incarcerated People with HIV & Initiative 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

HIV Test Assessment Template:

https://targethiv.org/sites/default/files/media/documents/2021-08/Test_HIV_assessment_template_508.pdf

Preliminary HIV Assessment Form:

https://targethiv.org/sites/default/files/media/documents/2021-08/Preliminary_HIV_assessment_form_508.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>

RWHAP AIDS Education and Training Center Program:

<https://aidsetc.org/training>

Motivational Interviewing Network of Trainers:

<https://motivationalinterviewing.org>

Additional Replication Resources

Best Practices Compilation:

<https://targethiv.org/bestpractices/search>

HIV Care Innovations:

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

Integrating HIV Innovative Practices:

<https://targethiv.org/ihip>

Need Help Getting Started?

If you are interested in learning more about this intervention or other interventions featured through the Integrating HIV Innovative Practices project and want to see if you qualify for technical assistance, please email: ihiphelpdesk@mayatech.com

Subscribe to our Listserv

To receive notifications of when other evidence-informed and evidence-based intervention materials, trainings, webinars, and TA are available through the Integrating HIV Innovative Practices project, subscribe to our listserv at: <https://targethiv.org/ihip>

Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to SPNS@hrsa.gov and let us know about your replication story.

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Endnotes

¹Centers for Disease Control and Prevention. (2021, September 7). *About ending the HIV epidemic initiative*. Centers for Disease Control and Prevention. Retrieved July 5, 2022, from:

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