

Best Practices for HIV Interventions in Jails: Lessons from HRSA SPNS Jail Initiative (EnhanceLink)

Purpose

This guide is intended for organizations, agencies, and individuals considering strengthening connections between community and jail health care systems to improve continuity of care for recently incarcerated HIV-positive individuals. This guide is meant to provide approaches to implement new jail linkage programs or to help organizations and agencies plan how they can expand their current jail work. The target audience includes health care institutions, agencies, individual clinicians, and community partners with an interest and need to work with incarcerated populations, particularly HIV-positive jail inmates and the recently released. 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 pocket guide is part of the effort to share best practices learned from "Enhancing Linkages to HIV Primary Care & Services in Jail Settings" SPNS projects (also known as EnhanceLink). IHIP resources are available at www.careacttarget.org/ihip.

Prison vs. Jails: What's the Difference?

The terms "jails" and "prisons" are often mistakenly used interchangeably. Prisons are operated by State governments or the Federal Bureau of Prisons. Most prison inmates have committed felonies and typically serve terms greater than one or two years. In contrast, jails are county or city operated and are short-term facilities for arrested individuals who are:

- awaiting arraignment, trial, or sentencing who cannot post bail
- are serving short jail sentences
- are awaiting transfer to prison.

There are 3,000 jail systems within the U.S., which vary from rural lockups with a few cells to large city or county jail systems with tens of thousands of inmates. How fast detainees leave jails varies widely. On average, nearly one quarter are released within two weeks, and typically all are released within 12 to 23 months. Each year, there are nearly 13 million jail admissions—representing 9 to 10 million unique persons annually and a daily average census of 760,000 jail inmates in the U.S. This equates to more than 4 percent of the U.S. adult population passing through a jail in a given year.

Overall Issues for Consideration

- Why are you seeking to develop or expand your jail HIV collaboration?
- 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?

Consider Other Partners or Collaborators

- Identify which community individuals or institutions currently work with jails and prisons.
- Identify the "champions" of jail HIV testing, treatment, and care for releasees who will support new efforts or interventions.
- Determine current networks between corrections, medical and public health professionals and community providers that exist and any formal agreements among them.
- Consider other partners that could or should be involved to facilitate transition of inmates from jail to the community.

Current Services for HIV-infected Inmates and Releasees

- Inventory what services are already being provided to avoid duplication of effort (e.g., disease screening).
- Determine if jail health, correctional administration, or community providers are already offering any discharge planning services.
- Identify what, if any, benefits your program will have for the county, jail administration or sheriff. How can your interventions provide "added value" to the existing structure to facilitate your entry into the system?
- 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, results and rate of connection to care).

Current Jail Organization

- Determine the structure of jail health services: are jail health services provided by the jail, public health department or a private vendor?
- If a private vendor provides clinical services, is there specific contract language about HIV screening, treatment, and continuous quality improvement? Who monitors it? Can the services offered be changed and, if so, how? Who pays if there is a change?

- Obtain permission to perform an inmate-flow analysis, observe the health services unit and other relevant space to learn who, where, when services are delivered, and how inmates are moved within the facility.
- Assess whether space is appropriate to the program.
- 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 and education.
- Determine if there are separate locations for the housing of inmates in the jail based upon specific characteristics (e.g. drug detox, psychiatric, women, youth offenders).
- What are you allowed to bring in and what is prohibited (e.g. phone, computer, pagers, pens, paperclips, stapled documents)?

Existing Community and Criminal Justice Resources

- Assess what is and is not available in the community for this population.
- Determine if drug courts, mental health 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 to access them.

Working in the Jail: Questions to Consider

- What is the jail's view of HIV in comparison to other chronic diseases.
- Determine the composition of jail health professionals staff: how many, and what disciplines?
- How often are medical services offered? Every day, once a week?
- How do inmates request services?

Common Institutional Barriers to Consider

It is important to identify challenges up front, and consider adapting your program accordingly.

- The mission of correctional systems (security and public safety) and HIV initiatives may be viewed as conflicting.
- Confidentiality of issues that exist or occur within jail environments by those working from outside agencies must be considered. Failure to do so may result in elimination of important public health programs.
- Staff entering jail undergo criminal background check. Staff with histories of incarceration may have cleared your agency human resources but be denied access.
- Competing jail priorities may cause delays or even interrupt your interviews and other contact with inmates -- these may include meal times, visitation hours, religious services, lockdowns and other security procedures.

Common Patient Barriers

Intoxication/Inability to Consent

- Some individuals may be under the influence of substances when entering the jail and unable or unwilling to provide consent for interventions at this time. Consider creating multiple points following incarceration to offer HIV testing and linkage services.

Unknown Length of Stay

- Many individuals are pre-trial detainees so it is unknown if they will be in jail for a day, a week, a month, or a year.
- Inmate educational sessions may need to be condensed and discharge plans established quickly.

Mistrust

- Lack of trust of both corrections and medical systems have left some individuals reticent to participate in a linkage program, medical related research, or undergo HIV testing.
- Focus groups and/or key informant interviews with formerly incarcerated HIV-positive individuals in your community can be valuable in developing culturally competent and meaningful outreach messages and inmate education programs.
- Providing educational programs for jail health care and correctional staff on HIV and related topics can be instrumental in reducing mistrust and engage the team in the process

Components of Successful SPNS Jail Initiative Projects

Important aspects of a discharge plan include:

- Address inmates' basic needs --transitional housing, subsidized housing, or another shelter, depending on your community resources.
- Many EnhanceLink sites emphasized the issue of adequate nutrition and access to food resources after release.
- Consider the value of incentives. Most common in the EnhanceLink work were transportation assistance and clothing.
- Include referral to substance abuse treatment programs and counseling, as well as mental health services.
- Link or re-link the inmate with probation and parole staff.
- Communicate with community partners including logistics of linkage to care at each site.
- Collect detailed locator information to find individuals post-release such as, legal name, aliases,, street name, birth date, social security number, address, family or significant other address, phone numbers, tattoos, other identifying information, or other ways to reach them , and places they frequent.
- Ensure you receive written permission to conduct outreach to inmates post-release.
- See SPNS Jail Initiative report for example of locator information and other templates.

Things to consider regarding the day of discharge include:

- Ensure releasees have a copy of their discharge plan.
- Provide a prescription or medications if possible which may be dependent on jail length of stay or the health contractor agreement.
- Provide written information to inmate regarding appointment, addresses and phone number for services.
- Release individuals with transportation assistance and/or ask the jail to limit release times to hours when public transit is running.
- Meet patients as they are released or shortly thereafter.

Resources for Correctional HIV Issues

For the full SPNS EnhanceLink Training Manual and Implementation Guides on "Creating a Jail Linkage Program" go to : www.careacttarget.org/ihip.

Center for Health of Incarcerated Persons, post-project EnhanceLink project materials: www.enhancelink.org

HRSA Guide to Enhancing Linkages to HIV Primary Care & Services in Jail Settings:

<http://hab.hrsa.gov/about/hab/special/carejail>

HIV in Correctional Settings: Centers for Disease Control:

<http://www.cdc.gov/hiv/topics/correctional/>

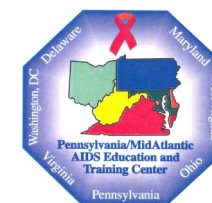
National Institute of Corrections: www.NICIC.gov

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

Standards for Health Services in Correctional Institutions, APHA, Task Force on Correctional Health Care Standards, American Public Health Association, 2003. Available at 888-320-2742 or www.APHA.org

Journal of the Association of Nurses in AIDS Care. November/December 1999. Vol.10 (6): 24-32 [Full issue on HIV and Corrections]

www.nursesinaidscare.org



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