

JAIL: TIME FOR TESTING

INSTITUTE A JAIL-BASED HIV TESTING PROGRAM



A HANDBOOK AND GUIDE TO ASSIST

- JAIL HEALTH ADMINISTRATORS
- LOCAL HEALTH DEPARTMENTS
- COMMUNITY BASED ORGANIZATIONS
- AIDS SERVICE ORGANIZATIONS



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FOR WHOM IS THIS GUIDE INTENDED?

The purpose of this guide is to provide point-of-reference guidance for persons working within agencies involved with the criminal justice system, public health departments, or AIDS service organizations to assist them in implementation of an opt-out HIV testing program in a jail setting. This guide will discuss the benefits and challenges of instituting an expanded HIV testing program. For persons working in correctional settings, it will discuss the merits of collaborating with outside agencies. For outside personnel, it will focus on the essentials for getting your foot in the door to effectively partner with the criminal justice system --the protocol to follow is to guide you and your organization in setting up a testing program.



In order to reduce the number of new HIV infections in the US, the implementation of HIV testing programs in correctional facilities is vital. Successful implementation of HIV testing programs in your jail will not only help to slow the spread of HIV but also demonstrate to others that establishing this type of program is feasible. Maintaining a successful program will not just save lives, with each HIV infection prevented, but also save money for the community as a whole.

WHY CONDUCT HIV TESTING IN JAILS?

Every year about 10 million people enter US jails and then return to their communities. Even though “only” 750,000 of these individuals are in jail on any one given day, those who enter jails stay there for very short periods of time and turnover is high (Spaulding, et al., 2009). Those who enter jail are likely to have previously engaged in risk behaviors associated with HIV transmission and are comprised



10 million people enter US jails each year.

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

Incarcerated individuals are 4x more likely to have HIV.

of individuals with substance use disorders and mental illness (Kavasery, Maru, Cornman-Homonoff, et al., 2009; Kavasery, Maru, Sylla, Smith, &

Altice, 2009). In 2006, one out of every seven persons in the US living with HIV/AIDS passed through a correctional facility – their first contact with a correctional facility is typically a jail and most are released before going to prison (Spaulding, et al., 2009). Compared to persons in the community, incarcerated individuals are four times more likely to have HIV (Maruschak & Beaver, 2009). This makes correctional facilities a strategic point for HIV testing.

A community-based strategy to reduce the 56,000 new HIV infections in the United States -- called Seek, Test and Treat (STT) -- has recently been adopted in many communities. This strategy, if there is high uptake of HIV testing, initiation of antiretroviral therapy and retention in care, should ultimately reduce HIV transmission since only HIV-infected persons can transmit HIV and even in the face of other prevention measures, would dramatically reduce the transmissibility of HIV to uninfected others (Granich, Gilks, Dye, De Cock, & Williams, 2009). Given the high prevalence of HIV in the criminal justice system, jails are targeted as one of the most important sites for identifying HIV infections. As a result, enhanced HIV testing programs in

jails would provide inmates with healthcare opportunities to identify new infections and to confirm diagnoses of inmates in denial or who do not self-report being HIV-infected. Identifying HIV is the first step toward initiating treatment. Early detection leads to identifying people with HIV whose immune systems are less damaged and before they are sick. New federal guidelines also suggest starting people with HIV on medications earlier than previously recommended (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2009). This is based on data from starting medications early in the disease course rather than late stage and can result in decades of additional life gained, such that people living with HIV can have relatively normal lifespans (van Sighem, et al., 2010). Testing also offers the opportunity to increase motivation for reducing risky behaviors. On average, a person who is unaware of his or her diagnosis is 3.5 times more likely to transmit HIV than someone who is aware of his or her infection (Marks, Crepaz, & Janssen, 2006). Just someone learning that they are HIV-infected, without any further intervention, reduces HIV risk-taking behaviors with others by approximately 50% (Marks, et al., 2006).



A person who is unaware of their HIV status is 3 times more likely to transmit HIV to someone else.

Knowing one's HIV status reduces risk-taking behaviors with others by 50%.

Because jail inmates return to their homes, usually within a few days, the benefits of testing services, when linked to community resources,

extend into the greater community. As a result, inmates who return to their families and significant others are less likely to endanger them if they are aware of their status. An HIV identification program that included medical follow-up and treatment would also provide the opportunity for inmates being prescribed medications to continue their treatment and for those who have been off their medications, the opportunity to start them anew. Besides just identifying HIV-infected individuals, ensuring those that need medical treatment have access to it, including the provision of antiretroviral medications, is important and can contribute to decreased spread of the virus. Just being on HIV medications and achieving

viral suppression results in a markedly lower risk for transmitting HIV to others even if the individual does not discontinue HIV risk behaviors (Attia, Egger, Muller, Zwahlen, & Low, 2009). Having testing programs in jails can thus lead to healthier communities and better opportunities for bridging the gap between jail and community programs.

Though all can easily be addressed, there are multiple reasons jails have not engaged in expanded HIV testing programs. These reasons include:

- Their mission is perceived to be public safety and not provision of healthcare.
- There is no legislative mandate to perform routine HIV testing (despite national recommendations).
- Concerns about the mental status of the inmate (intoxication or uncontrolled mental illness) and their ability to opt-out if s/he did not want the testing.
- Concerns about the inability to deliver results, especially preliminary positive ones, in a setting with short stays and rapid turnover.
- Legal constraints requiring pre- and post-test counseling.
- The incremental costs borne by the jail in terms of staffing and testing supplies.

Historically, jails were institutional silos that were under the jurisdiction of a single individual or institution focused primarily on punishment and public safety. In more recent years, there has been increasing interest in integrating the safety mission with health goals. The rationale for this realignment has been to improve the linkage to services within the jail, and more importantly, to engage the person in health services after release (e.g., mental illness, substance abuse treatment, HIV, etc.) These medical comorbidities are inextricably intertwined and independently result in re-incarceration if not effectively treated (Springer & Altice, 2005).

The CDC now recommends routine HIV testing in all

healthcare settings including prisons and jails. HIV testing policies for inmates vary widely from state to state (Centers for Disease Control and Prevention, 2009). In some states, HIV testing among prisoners is legislatively mandated. However, mandatory testing in jails has not yet happened. In two recent jail-based HIV rapid testing studies conducted out by Yale University, 25% of men and 11% of women reported they had never had an HIV test. Using current guidelines that recommend HIV testing within the previous 12 months with reported high risk behaviors, the proportion that would have been missed was 30% among women and 14% among men (Kavasery, Maru, Cornman-Homonoff, et al., 2009; Kavasery, Maru, Sylla, et al., 2009).

The importance of early detection of HIV in this population needs balance with considerations that affect the timing of testing, such as mental status, alcohol and drug intoxication and detoxification upon incarceration,

high turnover, and routine events that occur within the jails. Therefore, it is important to understand the logistics of performing routine opt-out HIV testing within jails to establish usefulness of HIV programs, well-informed policies and care for those who need it (Kavasery & Altice, 2007). Jails pose unique but not insurmountable constraints that affect HIV testing strategies. In the two Yale studies where attrition from jail figured prominently into inmates being tested, testing subjects 24 hours after admission, after they had partially acclimatized to being incarcerated, resulted in the largest proportion of people being tested. Testing immediately upon arrival was less effective because of a higher proportion of inmates being ineligible due to intoxication or mental instability while waiting longer resulted in large numbers of people being released before they could be tested



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(Kavasery, Maru, Cornman-Homonoff, et al., 2009; Kavasery, Maru, Sylla, et al., 2009).

If rapid testing methods are used, there is little reason why inmates would be released before learning their results – testing can be completed in 20 minutes. The only concern that remains is what to do when someone has a preliminary positive test result and is likely to bond out or be released from court. In these situations, the CDC provides guidance on providing counseling for those with preliminary positive results. This applies to other high turnover settings, including emergency departments. Briefly, the inmate should be told their test was preliminarily positive and that confirmation is required. Absolute confirmation requires a blood test that may require up to a week. Until the results of the blood test return, the inmate should avoid engaging in any risky behaviors that might endanger others. A second option for confirmation and to aid in post testing counseling, could be to use a second rapid HIV test of a different variety. This is not conclusive, but may allow for faster response when blood tests may not be available due to time constraints. If the inmate is released before having blood drawn or before receiving results, a referral should be made for follow-up, perhaps at a local public health or AIDS service agency. Such coordination is required before implementing expanded rapid testing early during incarceration.

Fortunately, most states are removing statutes that require both pre- and post-test HIV counseling services or signed informed consent. In one study in San Francisco, just removing the barrier of signed informed consent significantly increased HIV testing in a hospital setting (Zetola, et al., 2008). These laws have created significant barriers to HIV testing. Before routine HIV testing can be effectively implemented, it is necessary to consult state and local testing laws.

One of the most challenging questions to address is what are the costs to jails and who will pay for them? In today's financially constrained environment, costs remain a priority for jails and are often a reason given for not providing increased HIV testing. All studies evaluating routine HIV testing, using a societal perspective, categorically confirm that routine HIV testing is both cost-effective and good for public health (Paltiel, et al., 2005). Jails, however, do not

factor costs from a societal perspective and therefore often respond to the “bottom line” – what are their costs? From their perspective, their direct costs from expanded HIV testing would be the increased costs of providing medical evaluation and antiretroviral therapy for those identified as being HIV-infected, the costs for the HIV kits themselves, the costs for additional staffing to do the testing and ultimately the costs for linking HIV-infected people to care after release. This perspective, unfortunately, is short-sighted and may undermine public health efforts to ultimately reduce the costs later by averting HIV transmission.



Rapid HIV testing in jails is a struggle between societal perspectives of community benefit versus “bottom line” direct costs of the correctional department. Being able to identify nearly 21% of those who don't know their HIV status, leads to health improvements for the individual and for society as a whole.

Factors to consider in the expanded HIV testing efforts are that HIV-infected people identified by these methods are often early in their HIV infection and do not yet need medications. HIV-infected individuals are likely to be released quite quickly, typically within a few days, and may not have sufficient time to initiate therapy or when they do, may not be there long enough to accumulate considerable costs for

medications. One large study confirmed that implementing routine HIV testing in 4 large jails did not significantly increase costs (Shrestha, et al., 2009). In fact, an assessment at Wayne County jail in Michigan found that their HIV identification program was not associated with a rise in medical expenses for the jail (Rice, 2010). Jails, irrespective of one's personal beliefs about their benefits or detriments, remain part of the very fabric of our communities. Thus, they serve a public health role in keeping our communities safer. Mathematical modeling of communities suggest that identifying the approximately 21% of individuals with HIV who do not know their status will result in drastically fewer HIV transmissions in the community and improve the health of the individual, the community and society (Granich, et al., 2009).

As such, jail-based testing programs are essential ingredients for cost-savings and public health improvements.

While testing kits and labor do contribute to increased direct costs, funding assistance for expanded testing is provided through a number of mechanisms. Public health departments in some settings, including New York City, Philadelphia, and Washington DC contribute to HIV testing efforts. Though jails do not typically qualify for Medicaid and Medicare and insurance companies do not cover inmates, some community health centers around the country have been successful in providing onsite care, including HIV testing that can be funded through Medicaid billing. When direct costs are an issue, collaborations between criminal justice and public health is one important way to ensure community improvements.

HOW TO WORK WITHIN JAILS:

Connecting To the Local System

If you are from an agency that is not already involved with the criminal justice system, there are a number of steps that should be taken in advance. First, familiarize yourself with the system structure, philosophy about safety and health, and the key players. For example, in most states, the State Department of Correction (DOC) runs the prisons, while the local county or city government runs the jails. In five states, however, the jail and prison systems are integrated under a single administration, such that the State DOC operates both jails and prisons, and even has an integrated jail/prison facility for women. Progressive settings where integration has occurred successfully has resulted in improved communication regarding health and reduced duplication of services.

Learning the priorities and the philosophy of the Jail Commissioner, or the top leadership position of the local correctional system, will enable you to frame your project and your approach in a way that integrates both justice and public health priorities. You should try to determine, as best as possible, if the Commissioner favors rehabilitation or detention. Is the Commissioner only interested in what happens

behind bars or is there an interest in re-entry to the community, alternatives to incarceration, or probation?



Learn and understand the priorities and philosophy of the top leadership of the local facility or central DOC.

- **Review DOC websites.**
- **Review local media stories.**
- **Speak to community leaders and advocates.**

A good place to begin your research to learn more about the jail system is on the state or local corrections website, if they have one. Typically, it

will have the stated mission, names and biographies of key personnel, statistics about the system, information on programs and services provided to inmates, rules and regulations, and information on how community members may interact with inmates and with facilities.

The local media may also be a good resource. Have there been any high profile corrections-related events, good or bad, that have made newspaper headlines? What was the response from people at high levels? What sensitivities might they have because of these events? Are they under any court orders to provide certain types of health care or other service? Are there any outsiders with court ordered decision-making authority, such as in California?

You may be able to learn more about your system and key players from informal discussions with other agencies who interact with the DOC or through your own personal networks. A direct approach may also work well. You may not be able to get the attention of the Commissioner, but you may find someone who is in charge of health services or discharge planning in the DOC who would not only be willing, but happy to discuss their priorities and concerns and how your project interests could be of help to them.

Issues to focus on during discussions:

1. What is their perspective towards HIV?
2. Rates of known cases?
3. How are HIV-infected inmates cared for or treated?

4. Are there testing programs or procedures already established?
5. What are their experiences with HIV testing?
6. Are there sufficient medical services available to handle HIV care within the facility?
7. Are there discharge-planning procedures?

Understanding the “Culture of Corrections”

Safety is Their Priority

While jail health administrators understand the correctional environment, it may be new territory for local health departments and AIDS Service Organizations. Remember, whenever you are inside a correctional facility, you are a guest and their main priority is safety. Their principal mission is to protect



Always remember who is in charge! You are always a guest at the facility.

the public and to provide a safe environment for inmates and staff, which includes controlling inmate movement, controlling your movements, and controlling what is and is not permissible within their facilities. Working in collaboration with DOC requires flexibility and willingness to:

- Defer to the authority of custody staff.
- Follow facility rules and staff instruction.
- Accept limitations or restrictions that may be imposed on how you do things.
- Be patient when you have to wait at the gate or are denied entrance due to a lock-down or an administrative communication error.

Be sure that someone representing custody staff participates in planning how your staff will be able to move inside the facility or calling down inmates.

Things you will want to know include:

- What items are allowed in the jail? (e.g., cell phones, pagers, laptops, pens, staples, etc.)
- What items can be given to inmates, particularly educational materials? Some facilities will not

allow paper clips or stapled materials, and some will limit the type of pen or pencil that is allowed in as well.

- What is the policy for the use of sharps related to finger stick rapid tests? The use of a lancet may require custodial supervision or isolation to the medical unit, while oral swab tests may allow for more flexibility and less direct security supervision.
- Are members of our 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 are custody staff busy with count or unit transfers? Are there better/worse times of day for them to help you?
- What are the times for certain scheduled activities within the jail? Meals? Scheduled nursing assessments (diabetes, hypertension, drug detox)?
- Is there a staff member who has a special interest in your cause and would assist in the project implementation?

Acknowledging that you understand their mission and that your work comes secondary to their priorities will go a long way toward developing a cooperative relationship.

Jail is a Hierarchical, Top-Down System

The jail is a traditional, top down bureaucracy where decision-making occurs at the top and flows down. It is typically run like the military where commands are unilaterally delivered and there is little discourse or debate. Individuals with limited authority typically will follow system rules and regulations scrupulously, and it is their job to do so. When proposing something new to the system, such as letting your staff, students, or volunteers conduct a project within a facility, it is best to start with the highest level person who will engage with you and who may have an interest in your project outcome. This could be the Commissioner, Deputy Commissioner whose responsibility it is to oversee healthcare, Medical Director, Nursing Director, or other high-level administrator from the central office in a state system or the Jail Warden, or County Executive in a local system. You will find that when someone higher up in the organization supports your work, many doors will open and individuals will do their best to be cooperative.

Remember, change is often resented unless the stakeholders see some direct or indirect benefit.

It could be very helpful to have an organizational chart that helps you understand the structure of the system and how the departments and individuals you work with relate to each other. You may be able to obtain this from a website, a key contact within the organization, or you may need to create one as you go along and your understanding develops.



Find a supportive leader or individual higher up the organizational ladder that supports your work. This will open doors and guide you through the bureaucracy.

Informal Ways In

Sometimes the best way to enter the system is through a trusted third party. Most jails are closed systems, wary of hidden agendas that could lead to bad press or potential lawsuits, and would prefer to stay away from public scrutiny. On the initial approach, they may not embrace your goals or enthusiasm, especially if they are not already familiar with you or your work. In this case, you may be able to work through contacts you have in the community who already have established relationships within the jails or the facility. Irrespective of how you introduce your goals and experience, jail administrators will want to know is what about the benefits to the system and the costs. These benefits and costs are those they face IF they embrace your goals or those they face by NOT embracing them. For instance, there may be costs to NOT implementing your goals if the Public Health Commissioner or the Mayor embrace your ideas and this resistance to change might be perceived negatively on the Jail Commissioner. Thus, it is important to align all potential allies when suggesting and implementing change. This can be accomplished by inviting people for coffee or discussing issues in other informal settings and asking them about their experiences with the Department or the facility. Questions you may want to ask include:

- What has it been like for you to work in partner

ship with corrections? What works well? What areas are problematic? Get some examples and ask why they think some things were successful while others were not.

- What do you know about the Department of Correction's priorities?
- Who are the key stakeholders, gatekeepers in corrections?
- Who, in your experience, has been helpful and who has been a hindrance?
- Would you introduce me to someone that you think supports my interests?

Speaking with others who are already working with the system could prove invaluable.

Some potential allies may include:

- Mayor's office
- Public Health Department: local or state
- AIDS Service Organizations
- Community Health Centers
- Local hospitals and mental health centers
- Local churches and faith-based organizations
- Local legislators
- University Schools of Public Health and/or Medicine



Establish a coalition of interested parties to support your goals.

Informal vs. Formal Leaders- Getting Approval and Assistance in Launching Your Project from the Top Down

As the jail is a hierarchical system, the higher up the ladder you can obtain support for your work, the easier it will be to gain access, approval and cooperation. For example, if you know of a Jail Commissioner or Deputy Commissioner who is concerned about success after community re-entry, identify someone from your faculty/board/staff who may be able to arrange a formal or informal meeting to present how your project will further his/her goals. This is an excellent opportunity to get buy-in from the top. Having the approval of the Commissioner is very important and staff will work to find ways to

make the bureaucracy work to support your goals. In addition, most activities with external partners need the endorsement of Commissioners or Deputy Commissioners, so establishing a connection early on will speed up the final approval processes. If you do not have access to a Commissioner, identify the highest level official from the central office whose jurisdiction you may be under and set up a meeting with him/her.

If you haven't worked with the system before, you can begin by sending a formal letter/email of introduction and request a meeting to acquaint administrators with your program, your potentially shared areas of interest (e.g., maximizing health outcomes for inmates while saving costs), and your interest in collaborating with them. Your initial letter may include the list of community collaborators or an alliance of those agencies that share your goals. It is best to do



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this prior to having a grant you are applying for that needs a letter of support submitted within the next 24 hours. If you are not sure who in the system to contact and your community colleagues are unable to help, search your local jail website for any positions or names associated with health, HIV, or community collaborations.

Use an initial meeting to:

- Develop a rapport with the administrator.
- Develop an understanding of the facility's priorities and information needs.
- Learn how the system works and what channels are necessary to go through.
- Identify potential individuals who could help with different aspects of your project (e.g., who obtains security clearances, who can provide a letter of support, etc.).
- Discuss ideas and brainstorm with staff to generate suggestions for best practices.

If you already know what you want to do (e.g., a demonstration project of HIV rapid testing for newly incarcerated inmates), you can float the idea and arrange to set up a follow up meeting with the administrator and/or anyone else who should be included.

With a few exceptions, jails are typically not part of the State Department of Correction (DOC) system, but are instead part of the local city or county government system. They may operate as free agents, or they may be under tight government jurisdiction, in which case it might be important to have buy-in from a County Commissioner, City Manager, Mayor, Board of Supervisors or City Council. You will need to know your local politics to make that determination.

While central office or local government "buy-in" can be important, every jail or prison facility may also operate as its own entity, with the Warden or Sheriff being in charge. Inform the Warden of your proposed project as soon as possible. Typically, in a centralized system someone in central authority best handles this. If a Warden knows that a Deputy Commissioner wants something to happen in their facility, s/he will usually be helpful in finding ways to make the project work. In a more decentralized system, you may need to make the pitch to the Warden on your own. Again, find out the Warden's challenges and concerns, frame how your project would be important to them, and how they think the logistics would or would not work. It is important to be flexible and open to changing your protocol in order to ensure that you are as minimally disruptive to their systems as possible.

And From the Bottom Up

Although things often flow smoothest from the top down, non-decisional informal leaders sometimes can make a big difference to your project if they support your work. They can steer you to the other informal as well as formal power brokers in the organization, broach the idea with higher-ups with whom they have good relations, and/or help with on-going implementation of your project. In fact, once your project is underway, you will likely have more day-to-day contact with individuals at these levels of the organizations. Jail nurses may make referrals to you, health staff may let you use their offices or computers, cus-

today staff may escort you or the inmates to meetings, etc. Cooperation from the head nurse, health administrator, the HIV counselor (if the facility has an established program), or others is likely to be critical to your success and can be influential in the perception the facility has of your project. This will be important for future projects as well as the one at hand.

If You're Already In

If you are reading this manual from the perspective of someone already working in the correctional system, you will likely face fewer boundary issues than those starting on the outside. You will already be familiar with the system structure and policies and you may already have the connections necessary to pitch the idea of an HIV testing program. Working within corrections yourself, you may also be in a better position to convince your administrators to open the doors of your system to an outside organization. Your job will be to find allies, either within your local health department or within a community-based organization, who are willing and able to help you implement such a program. Having a network of allies outside of the system who support HIV testing will be important if you face challenges to implementation. In addition, public health departments and/or community-based organizations will have the staff and expertise, and in some cases, the funds necessary to build an HIV testing program in jail. Keep in mind, however, that the ability to obtain funding will vary based on your type of organization and which partners you collaborate with and you may have to be creative in finding financial support through federal and state grants, and private organizations.

COMMUNICATION

Strategic Communication Includes Everyone

You will need to consider who needs to be part of the communication circle and at which point they need to be brought into the process. Identify which individuals need to participate earlier in the process, such as door openers who create buy-in, decision-makers involved in the approval process, and key informants who will help you understand the logistics at specific facilities so you develop an appropriate protocol.

Once you have the go-ahead to develop your program you need to ensure that everyone potentially affected by the project is included in all aspects of communication and logistical planning.

Your Initial Approach

A number of factors will determine who your initial contact about your intended project will be. These include:

- Any pre-existing relationships you might already have with the department or the facility.
- Who would have a vested interest in your project outcomes?
- Who is in a position to facilitate approval or implementation of your program (either through formal or informal influence)?
- Any formal procedures or policies the department or facility might have regarding initiation of a new program.

Your initial approach may be via an informal phone call, email or a formal written request, depending on your history with the department or facility. Your initial communication should include:

- The purpose of the project you want to carry out.
- What the benefit(s) will be to the department or facility or inmate population.
- How many inmates you intend to include.
- Basic protocol you want to use (however be ready and open to change this!)
- What you are looking for from the person you are approaching and from the system.

Regardless of whether your initial approach is on paper or by phone, it will be helpful to develop a brief, easy to read, simple fact sheet about your project that you can give to stakeholders at the facility or the department.

Include All Stakeholders in Planning

Early on, you will need to identify everyone that your project affects. This includes top level central office personnel, such as grants administrators, organizational administrators involved in approving and overseeing outside projects, Medical Information Systems staff who may need to help you access prison/jail data, and program directors whose programs might

be impacted by your project (e.g., health care/nursing, addiction services, intake, etc.) This will also include facility staff, such as wardens and deputy wardens, head nurses and nursing staff, HIV counselors, captains who supervise corrections officers, etc. Provide everyone with your project summary. Inquire about the best way to stay in communication with everyone. Some will prefer email, some phone, some will prefer that you communicate through others. You will need to adapt your approach to their communication needs, as some staff may not have access to email or phones.

Identify a key person who will be your liaison. This person should be knowledgeable about how the system works so they can give you advice, and have placement high enough in the organization that they can get individual players to accommodate your needs. Work with this person to create a plan for who needs to be part of the decision-making, who will be important in implementation, who needs to be included in project communications, when, and how. Determine whom you need to meet with face to face and when.



Communication with all players is central to success. Inquire about the best way to stay in communication with everyone. Some will prefer email, some phone, some will prefer that you communicate through others. You will need to adapt your approach to their communication needs, as some staff may not have access to email or phones.

The inmates are also stakeholders as the outcome of the program is contingent upon their participation, acceptance to testing and linkage to medical care and community programs. The information provided to these inmates must be culturally competent. In many cases, inmates have low education levels and low reading levels. Staff must be aware of the language they are using and look for signals that an inmate is confused or unsure about the information communicated. Staff must also have to be aware of their own body language and try to provide a non-threatening environment for testing. Remind your staff to provide relevant information and complete the testing in a nonjudgmental manner.

Conduct a Formal “Walk” Through the Admissions Process

A single or group of Individuals who have intimate knowledge of the system should walk you through



Example: An External Jail HIV Testing Project Communication Plan:

Step 1. Approach Commissioner about exploring best way for jail to implement HIV testing in accordance with CDC guidelines.

Step 2. Float testing project idea informally with Chief Health Care Administrators at intake facilities. Seek buy-in for what you want to do and learn about operations. Ask what the usual routine at intake is. What kind of medical history do they take? What procedures do they use? What labs are drawn? What routine medical exams do they give? What is the inmate flow after intake? How do they do HIV testing in the facility? When would outside staff need to be there to make the project work?

Step 3. Identify with Chief Health Care Administrator who at the line level (direct contact with inmate) will need to be involved in assisting with implementation.

Step 4. Have Chief Health Care Administrator introduce you to shift supervisors for custody, nursing, HIV counselors (if they are established personnel), and other essential staff.

Step 5. Meet with key senior personnel necessary for the success of your program, such as the Warden or Deputy Warden, Chief Health Care Administrator, Nursing Supervisor, and/or Counseling Supervisor. Based on two-way dialogue, develop an implementation plan that is logistically feasible for both facility personnel and your project staff.

Step 6. Arrange for on-call coverage for giving positive test results by a certified HIV counselor if available. If HIV counselors are not available, any medical professional can perform the service.

Step 7. Have key administrators take care of logistical arrangements, such as securing space, arranging for facility access, securing files, getting you a list of new inmates, identifying a shift liaison to you, etc.

Step 8. Be sure you have covered all of your bases. Obtain security clearances for program staff, order HIV test kits and controls, train staff in HIV testing, etc.

Step 9. Conduct a walk through with the shift supervisor to make sure everything is set operationally. Fine tune any changes necessary.

Step 10. Train your staff on all procedures and facility rules.

Step 11. Meet with ALL facility personnel that your procedure will affect. Include nursing staff, HIV counselors, and shift custody supervisor. Explain your project objectives, procedure, and planned outcomes. Engage them in partnership with you.

Step 12. Check in frequently with shift supervisor to make sure things are running smoothly. If allowable, bring in food to help create good will with front-line staff that is helping you.

Step 13. Periodically come back and share your results with facility staff and central office/facility administrators who helped you implement your project.

the process from “booking” an individual through the medical examination process. Make sure every aspect of the process is fully understood, not only in terms of where certain activities take place, but in terms of who oversees and conducts these activities. It is also important to understand where correctional and healthcare staff interact. No two jails are alike and it is important to understand the inner-workings in advance.

Going through this process allows you to identify where there may be natural opportunities to implement testing.

- Is there a medical exam at intake or shortly after?
- Is there an opportunity to discuss HIV testing at orientation?
- Are there programs that inmates routinely participate in individually or in groups where they can be reached?
- What is the best shift?
- Are there policies that would impede your ability to implement a new way of doing testing?

Other considerations:

- Is there space to do the testing and to store supplies?
- How to dispose of sharps?
- Who will do the testing? Who will collect and process confirmatory testing? Is there staff buy-in? Who will do the paperwork?
- Is it necessary to provide financial support to the institution?
- Who will feel threatened by what you are doing? What can you do to minimize the sense of threat?
- Who are your champions? Who are your allies who can help push your mission?
- How and where will inmates get their results?
- Will results become part of jail medical record?
- What is the procedure for a reactive rapid test? (both patient and samples)

Careful planning and good communication with all the stakeholders, combined with clear agreed upon indicators of success, and on-going monitoring and tweaking of the new process will go a long way toward your success.

Once you have an implementation plan, meet with the facility staff that will be helping you to carry out your project. Explain to the staff how they will be involved in the program, what your objectives are, and the methods you are using. Introduce your team. Provide them with your written project summary. Take time to answer any questions they have.

Understanding Their Point of View

When conducting a new program in jail, it is important not to make assumptions about how things work,



Case Example: In a women's jail facility, women arrive by bus at two distinct times: 5-7 pm and 9-11pm. Upon arrival, they spend up to 15 minutes per person being booked, fingerprinted and undergoing standard intake procedures. After they are cleared, they are then sent to a nearby holding room while they wait their turn to shower and change into clean clothes. After they have showered, they go to a different room nearby where they wait their turn to undergo intake medical clearance. During their time with the nurse, they answer a standardized number of intake medical questions and have a tuberculin skin test placed. During this time, anyone who is deemed medically or psychiatrically unstable is transferred directly to the appropriate inpatient unit. The others remain in the holding room until the entire group has finished the medical evaluation and then they transfer as a group to a specified area where the women will remain for 3 days where there is increased observation. While remaining in observation, several other things happen. The following morning, all women undergo an orientation session and later that evening they undergo a more complete medical assessment and physical exam and receive their medical and psychiatric classification. As such, places to introduce routine HIV testing might potentially be at booking, during the initial health assessment, the following morning at orientation, at the time of the physical exam, or at some later time.

what is and is not feasible, or whether your project is welcomed or perceived as threatening. Look at your project and your objectives through the eyes of the person with whom you are speaking. An administrator might want to know how your project might lead

to reducing or increasing costs of providing health care within the institution. A corrections officer will be thinking about inmate movement and what additional burden there will be escorting inmates to meet with you. An HIV counselor, if there is an established testing program, may be concerned about the quality of counseling they are providing to the inmate under a new system or future job security for himself or herself. Remember not all facilities have established HIV counselors, so this point may be moot. Meanwhile, a health care provider might be desirous of improving health outcomes or concerned about how much longer it will take them to conduct a health screen on each inmate if they offer testing. Frame your message to speak to likely concerns. If your project outcomes could potentially influence policy or program changes that would affect them in the future, point this out. The bottom line is what is in it for them to help you with the project?

IMPLEMENTATION

Staff Issues

One issue that an outside organization may face is tension regarding personnel. Some community-based organizations may propose having their staff perform testing. Jail staff could then perceive their jobs are in jeopardy. Other advocates of testing may propose that existing jail staff perform testing. Additional work may lead to employee grievances. A staffing plan for the testing will need to be addressed with key stakeholders, including possibly a labor union, before implementing testing. A testing program champion can help navigate personnel issues.



**Train! Train! Train!
Review protocols and
procedures frequently
and revise as necessary
throughout the process.**

Identify and Prepare Your Program Team

Safety Training

There are rules for jails that need respecting. These rules are in place to maximize visitor safety, minimize the likelihood of visitors deliberately or inad-

vertently facilitating the commission of a crime by an inmate, and to minimize disruption within the facility. Your staff needs training on these safety rules, as well as any other rules and the culture of the facility. Typically these rules will involve dress (nothing sheer, cut too low or too high, no dangling jewelry etc.) as well as movement, what you can/can't bring in, etc. Determine whether someone at the facility can provide this training, or whether you can do it yourselves. Impress upon staff the importance of always following the facility rules and listening to facility staff. Remember, we are guests in their house.

Protocol Training

Make sure your staff understands the protocol they are implementing, what their specific roles are and how they are carrying out these roles within the jail. Whom do people go to with questions when they are in the facility? What exactly are they expected to do? Can they describe what happens during their shift from beginning to end? What things are people unsure of? Where is information fuzzy? Encourage everyone to get his or her questions clarified before the program starts. Once you begin implementing the testing, you may need to tweak some of your procedures as operational challenges present themselves. Remain flexible as long as you can still be true to the program.

HIV Testing Training

As part of any testing program, high quality training is essential for all staff involved in the project.

Training should include the following:

- How, when, and why to run controls, and how to record them
- How to conduct an oral swab or collect the blood sample
- Blood-borne pathogen precautions
- How to use and read the test
- Practice conducting and reading tests
- How to document results for your agency and how to document them for the facility medical record
- How to document testing consent
- What do you tell your participants prior to conducting the test; with practice
- Giving results- who gives negative results- when, where, and how; with practice

- Who gives positive results- when, where, and how; with practice
- How to get confirmatory testing in or outside the facility
- If you do the confirmatory testing as part of your program, how will positives be reported to authorities where mandated.
- Have a contingency plan for preliminary positives to be confirmed if they are released before further testing.

In addition to the mechanics of how to run the tests, document results, and share results with inmates, you also will need to train staff on the logistics of how this will work in the facility. Some of the issues you will need to address are:

- Is pre-test counseling provided, if yes, where, by who, and when?
- Is it going to be done in a group at orientation, or one-on-one as part of a medical screen?
- Where will you be able to run the tests?
- When and where will you be able to give the results? Will it be in 20 minutes, later the same day, or the next morning?
- How will inmate confidentiality be preserved?
- What else is happening during the shift at a given time that would make it easier or harder for custody staff to assist with movement?

Training on Other Site Specific Issues

Be sure your staff has all the information they need to work successfully, with minimal intrusion and maximum safety. Things to cover might include:

- What to do if the person at the gate doesn't have their name?
- Who to contact at the facility if there is a problem?
- Where they can go unescorted vs. escorted; what they can and can't bring into the facility; what physical spaces they can or can't use?
- What they need to ask jail staff to do and what they can do for themselves?
- What should they expect when they are there?
- Will they be in rooms with many individuals? Or will they be alone with inmates?
- Should doors be closed for privacy or left open for safety? What usually happens on the unit the time they will be there?

- What should they expect from the inmates?

For example, if you are testing within the first 48 hours after entry into a facility, are there a considerable number of inmates that are detoxing or are you going to see them after they have been medicated? Other site-specific issues are likely to present themselves. Impress upon everyone the importance of following the rules and the directions they receive from jail staff.

Privacy and Confidentiality



It is essential to maintain confidentiality through the HIV testing process and required by state and local law, and by security restrictions within the facility.

It is essential that inmates' testing results and any medical records are confidential. In correctional settings, this can be difficult to adhere to when a jail's main priority is safety and not confidentiality. It is crucial to protect the records of an inmate who tests HIV-infected. However, it may be legally required in some cases to disclose an inmate's HIV status depending on state/local laws regarding reporting to public health authorities, correctional departments, spouses, or sexual partners. The Centers for Disease Control and Prevention recommends that your staff and the correctional staff work together to accomplish proper reporting and maintaining confidentiality by implementing certain policies and procedures as required by local laws. Both you and the facility staff should be familiar with your state/local confidentiality laws and work them into your specific testing protocols. When providing test results, confidentiality is the utmost priority for your staff. Make sure inmates receive results in a timely fashion and their implications be clearly explained to the inmate.

- Training staff on how to maintain filing systems with sensitive information is imperative.
- Staff must obtain confidentiality agreements with any personnel who provide medical services or counseling in the jail.
- Address any breach in protocol.
- Obtain a consent form for each inmate that participates in testing if required by state law.

- Do not use color coding for files to denote types of diseases,
- Identify those who are authorized to access medical information,
- Discuss inmate's medical information in private,
- Provide test results in private,
- Do not single out inmates by having an HIV medical area or passing out HIV medications in separate lines,

Principles of Opt-out HIV testing

There are several possible types of testing in jails: targeted testing, opt-out testing, opt-in testing, and mandatory testing. The CDC recommends using opt-out testing since inmates are more likely to participate than with other types of testing. In this scenario, an inmate receives an HIV test unless he or she declines it. This normalizes HIV testing, and streamlines consent and counseling. Other benefits include reduced stigma associated with testing, an increased number of diagnoses made, potential for earlier diagnosis for inmates, and improved access to clinical and preventive services.



Voluntary opt-out testing has high testing acceptance rates, reduces stigma, is easily integrated into clinical routines and is recommended by the CDC for jail settings.

The CDC recommends that testing should be voluntary and not involve any coercion. Provide inmates with information on HIV/AIDS and HIV testing, with efforts to accommodate low reading and comprehension levels. Then perform screening only after an inmate has received a chance to opt-out of the testing. Integrate consent for diagnostic services related to testing into the general informed consent, if specific state law requires this. Inmates who receive a positive test result need access to proper treatment and counseling support.

Alternatives to Opt-Out Testing

In the event that universal testing cannot be accomplished due to budget or security restraints, the CDC recommends screening based on risk, clinical indica-

tors, demographic group, or custody type. This may help eliminate the cost of testing while still reaching the majority of those most at risk for HIV. Risk based screening is usually reserved for those who have high-risk characteristics such as injection drug use, men who have sex with men, multiple sexual partners, prostitution, or diagnosis of another sexually transmitted infection. Clinical screening involves accessing inmates for indicators such as: pregnancy, a diagnosis or history of sexually transmitted diseases, tuberculosis infection, track marks that indicate drug usage, symptoms of HIV such as a fever, headache, rash, swollen lymph glands, weight loss, night sweats, and chronic diarrhea. For a more thorough definition of symptoms, staff can refer to the HIVMA Guide to Recognizing Acute Infection. Demographic screening applies to factors such as residence location, age, gender, and race/ethnicity. Custody based screenings may focus on inmates with many previous incarcerations or who have specific criminal charges that are more likely to be associated with higher risk for HIV, such as drug offenses.

HIV Testing Procedures

There are several types of HIV tests, but for a jail setting, where inmates leave in a couple of hours if not days, the quickest method is ideal. A rapid HIV test can be performed and results given in 10-30 minutes on either saliva or blood. The main disadvantage for the jail is that the results of rapid HIV testing are considered preliminary for those who test positive and confirmatory tests must be done. Results from confirmatory tests usually arrive within 3 to 10 business days. Another test recommended for testing in jails is the Oral Fluid HIV test, which gives confirmed results in 3-5 days. The Oral Fluid HIV test is more costly but is ideal for usage with inmates whose only reason for not being tested is an aversion to needles.

For test refusals, staff can note which inmates chose not to have an HIV test, as there may be another opportunity to offer testing. Project staff should adhere to established protocols so as not to coerce inmates to participate in testing. The process should be thoroughly explained to address concerns and help alleviate any fears that the inmates may have. In previous programs, some of the reasons given for not testing were: the inmate will be released soon, he or

she had a lack of knowledge of risk, testing interfered with a planned activity, and an aversion to needles. Many of these barriers to testing have ready solutions. If release is imminent, an appointment could be set up at a counseling center in the community. Inmates who are wary of needles perhaps can be offered the Oral Fluid HIV test if funds allow a few to be kept on hand.

Those who test positive will need additional support once they are released. If the stay is prolonged, it will require increased access to better medical services than those who leave immediately. This has to be taken into account when arrangements are being made to release HIV-infected inmates back into the community. The proper linkage with HIV programs and counseling in the community must be set up before the inmate leaves. The first days after release are the most important as releasees are more susceptible to drug relapse and also participating in sexual activities and possibly spreading infection. It is imperative that they be encouraged to seek medical help and counseling as soon as they return to the community. Also, remember that HIV-infected inmates who received their diagnosis in jail and have served several months in jail are used to a routine; if medications were started, they are used to the jail providing their medicine for them and at certain times of the day based on a regimen. Thus, when an inmate returns to the community, he or she may not know how to procure the medical help that they need and are not used to being responsible for taking their medicine without the assistance of others. Your staff may want to practice self-care skills with these inmates before they leave such as helping them to learn the name of medications, public transportation routes to stores and medical offices, healthy foods to choose, and stress management.

Procedures Manual



Create a procedures manual that all players have reviewed and approved.

After you have worked with the facility and figured out exactly how the testing program is going to operate, develop a systematic procedures manual outlining everything your staff will do once they enter the

facility. Anticipate problems and include information on what to do should they arise. Jail staff can and should be involved in writing the procedures manual. Participating in writing the manual will help reinforce their knowledge of the program and identify any areas where lack of clarity remains.

Rehearsal



Practice makes perfect, or near Perfect.

PRACTICE before you implement your program. Staff should practice eligibility screening, consenting, interviewing, testing, and giving results. The more familiar staff is with the material they will be using, the better they will be at implementing the program.

Introducing the Teams

Shortly before the project starts, introduce the team to the facility staff with whom they will be working. The team leader should explain what the project is, the potential benefits, how the project will function, who the members of the team are and what they will be doing. Ideally, if the relevant facility staff can be brought together for this, it will be more efficient as you will only have to explain things once. However, this may not be feasible if someone cannot leave their post or if they are stationed in a different physical location and you may need to introduce your team to some of the staff individually.

Identify a “go-to” person from the facility so your team knows who to go to with any questions or problems that arise. There may be different “go-to” people for different things. For example, one person may be the “go-to” person for hunting down charts or supplies and someone may be the “go-to” person if you run into some difficulty, such as the list of new admissions not being available.

Clarifying Expectations of Medical and Custody Staff

Expectations of medical and custody staff should be clear. What are you asking them to do? How will they fit this in with what they are already doing? If you want the nurses to ask new inmates if they are interested in an HIV test, what EXACTLY do you

want the nurses to say? Explain why you need them to do things a certain way, and they will be more likely to cooperate. For example, when you provide a script, explain that you want them to all introduce HIV testing the same way so that you do not get different results because one provider encouraged people more strongly. If you are introducing something new to a staff person’s routine, make sure they understand how they will fit your activity into their routine. Allow time for questions.

Food, Glorious Food

Few things contribute to building relationships better than food. Find out if you are allowed to bring in food for staff, and if so, how to go about that. (Bringing food in for inmates is usually forbidden.) Food does not have to break your budget. Periodically bringing in enough donuts or chips for their staff and yours, or ordering an occasional pizza lets the jail staff know you care about them. It also provides an opportunity for informal bonding between jail staff and the testing team, creates a positive association in the minds of the staff toward your program, and will sometimes lead to increased cooperation. Of course, there is always a danger of this leading to increased waistlines as well! Make sure the food you bring in is sensible for the environment. For example, bringing a 7-layer cake into a jail office where knives are off limits may result in people eyeing the cake with longing, but no one actually eating. Again, be sure to be respectful of any facility rules around food. If rules forbid bringing food, you will need to find other ways to build rapport.



Respect goes a long way with building relationships with DOC. Food is a great way to get people together and to talk throughout the design and implementation process.

R-E-S-P-E-C-T

Mutual respect will be the most important ingredient in determining how smoothly your program operates. Program staff should treat everyone, from the inmates to the custody staff to the medical staff to each other in a respectful way at all times. There are

many ways to demonstrate respect: show up on time, obey the rules, dress appropriately, be minimally disruptive, show genuine interest, be flexible when necessary, acknowledge everyone's contribution, and share your program results. If you treat everyone respectfully, you will be welcomed back for future programs.

Liaisons and Troubleshooters

Remind program staff that if they run into a problem they should bring it to the attention of the identified liaison from your team who can work with the liaison from the facility team. This allows your liaison to control how much burden is being placed on the facility liaison. Problems are likely to arise during the course of the program, but they should be manageable as long as there is prompt communication between the liaisons as issues arise.

Potential Challenges

Some challenges to your program may arise that are unique to programs in correctional facilities. The CDC has outlined some of these challenges as well as ways to address them: (See list of responses below)

Challenge: Whether intentional or unintentional, privacy and confidentiality may be breached, which may cause inmates to distrust medical staff.

Solution: It is crucial to ensure that everyone involved with the testing program is aware of and compliant with standard medical practices involving confidentiality. This issue is another reason to consider opt-out testing: it incorporates HIV testing into the routine medical screening process and decreases the potential for individuals to be singled out as seeking HIV testing.

Challenge: Inmates may not believe that opt-out testing is truly voluntary because of the coercive nature of being in a correctional setting.

Solution: Make sure inmates know that even though they are encouraged to get tested, they still have the right to refuse any voluntary screening tests.

Challenge: The time required to process even the fastest rapid HIV test sample might present logistical difficulties.

Solution: Develop a protocol for incorporating

HIV testing into the facility's routine medical screening. For example, you could collect the specimen for HIV testing at the beginning of the encounter and continue with the rest of the assessment while the test is processing.

Challenge: Due to the high prevalence of HIV infection among inmates, prevention counseling should be available to inmates. However, prevention counseling should not be a barrier to providing routine HIV screening in medical settings.

Solution: Whoever is conducting the HIV screening does not have to be the person who provides prevention counseling; someone else on staff or someone can do this from an outside agency. You can also provide brochures or videos with HIV education material to all inmates upon entry. It is also important to find out if your State requires the provision of prevention counseling to all inmates being screened for HIV.

Challenge: Using HIV rapid test kits and processing results will increase laboratory and medical costs. In addition, treatment costs may increase if more HIV cases are identified among inmates due to routine screening.

Solution: Negotiate cost-saving contracts with companies by obtaining a pricing advantage for buying in bulk. Collaborate with state or local health departments to cover cost of rapid test kits. See if you can also negotiate contracts to pay lower drug prices based on bulk consumption. Many inmates who test positive for HIV in jails should be referred to community services, as they will probably be released before they can begin treatment.

Challenge: Routine HIV testing may increase the burden on health-care providers if testing must be explained, additional specimens (blood or oral fluid) are required, and all test results are provided in person by a clinician.

Solution: To minimize the provider's increased workload, the following strategies could be implemented:

- Provide educational materials explaining HIV/AIDS and HIV testing to all inmates upon intake;
- Collect blood or oral fluid when obtaining other lab specimens during routine medical

intake evaluation;

- Provide positive HIV test results to inmates only in person;
- Provide written notification of negative HIV test results along with other lab test results in language that does not specify type of tests conducted, i.e., all results are normal;
- Educate inmates on HIV risk reduction in classes or use videos in groups; and
- To avoid duplication of services, obtain medical records from other correctional correctional facilities for inmates who are transferred.

Challenge: The inmate is unable to provide informed consent due to factors such as inebriation or unstable mental illness.

Solution: Delay offering of voluntary opt-out screening tests for inmates under the influence of substances (e.g., drugs or alcohol) or who are acutely mentally ill until they are capable of making informed decisions about their health-care.

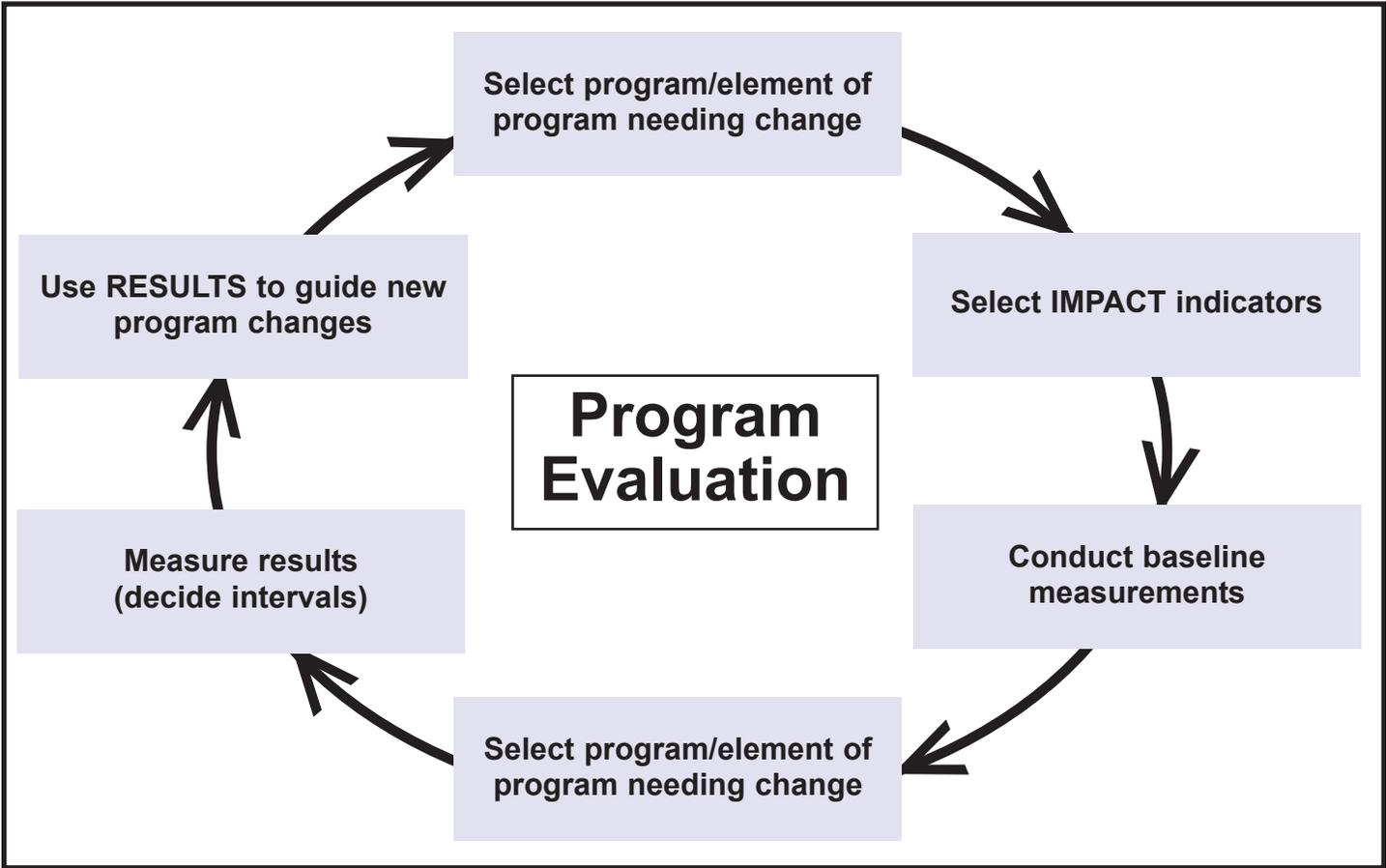
EVALUATION

Leadership Meeting

Create a list of leaders who will remain the champions for the program. This should be established early. The leadership group may include authorities from your program or agency, the DOC or the facility, such as the Warden or Deputy Warden, the Chief Health Services Administrator, the Head of Nursing, or relevant others. Together you can create a leadership coalition to discuss issues as they evolve to improve the program. This group can serve as the oversight for strategies like Plan-Do-Study-Act (PDSA). PDSA is among several programs that promote organizational change. The PLAN is the initial stage where you walk through the existing intake procedures, get buy-in from stakeholders and agree upon a plan. DO implies that you pilot test the HIV testing program. STUDY is the commitment to examine the HIV testing program and deconstruct each component to see what works, what doesn't and re-evaluate and improve the protocol. The ACT component implies that the program will be modified and implemented with a mindset to improve and test it until the optimal program is implemented.

Evaluate What You've Done

One of the key features of any implementation project, whether it is designed to introduce an effective routine HIV testing program or to implement a research study, is constant program assessment. In the adjacent figure, impact factors (e.g., percentage of eligible inmates who actually get tested) must be selected a priori. Without selecting something to evaluate, the assessment may be misguided and not measure what the team is really seeking to measure. Baseline measurements must be done first. For example, if you want to implement a routine HIV testing program and you know that there are 5,000 inmates who enter the facility each month and there are only 200 HIV tests, the baseline proportion of inmates who get HIV tested is $200/5,000$ or 4%. Implement the new program (or a key element of an older program) and then plan to evaluate the desired outcomes at pre-specified time intervals. The results should then be used to fine-tune the intervention and once any change is implemented, the evaluation cycle should be repeated until the desired results are attained (e.g., achieving 60% being tested or some other desired level).



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LINKS AND RESOURCES

HIV/AIDS Medical and Service Information

<http://www.thebody.com/whatis/prison.html>
The Body's "The Incarcerated & HIV/AIDS" page has links to dozens of articles including personal accounts, legal information, HIV and HCV treatment, and general news.

http://hab.hrsa.gov/special/corrections_index.htm
U.S. Department of Health & Human Services: Health Resources and Services Administration.

<http://www.cdc.gov/idu/criminaljustice.htm>
Centers for Disease Control and Prevention.

<http://www.aidsinfonet.org/topics.php>
Practical treatment information from New Mexico AIDS Infonet, organized as about 140 single-page fact sheets. Not prison specific.

<http://www.tpan.com>
Test Positive Aware Network. General HIV information. You can search for "prison" on the site.

<http://www.aclu.org/HIVAIDS/HIVAIDSMain.cfm>
American Civil Liberty Union HIV issues. Also see their prison section,
<http://www.aclu.org/Prisons/PrisonsMain.cfm>

<http://www.aidsinfo.nih.gov/guidelines/>
U.S. government guidelines on HIV treatment (not prison specific).

Prison Statistics and References

<http://www.ojp.usdoj.gov>
U.S. statistics on number of prisoners with HIV in each state, and in Federal prisons. Note: Similar reports are available for every year since 1993; they can be reached through the same Web page.

<http://www.corrections.com>
Lots of information including some on corrections, health care, and HIV.

<http://www.ncchc.org>
National Commission on Correctional Health Care provides standards, guidelines, and technical assistance on health care for prisoners.

<http://www.ncjrs.org/>
National Criminal Justice Research Service has a huge database of reports on prison, law enforcement, courts, and crime.

<http://www.aja.org/default.aspx>
American Jail Association (AJA)

APPENDICES

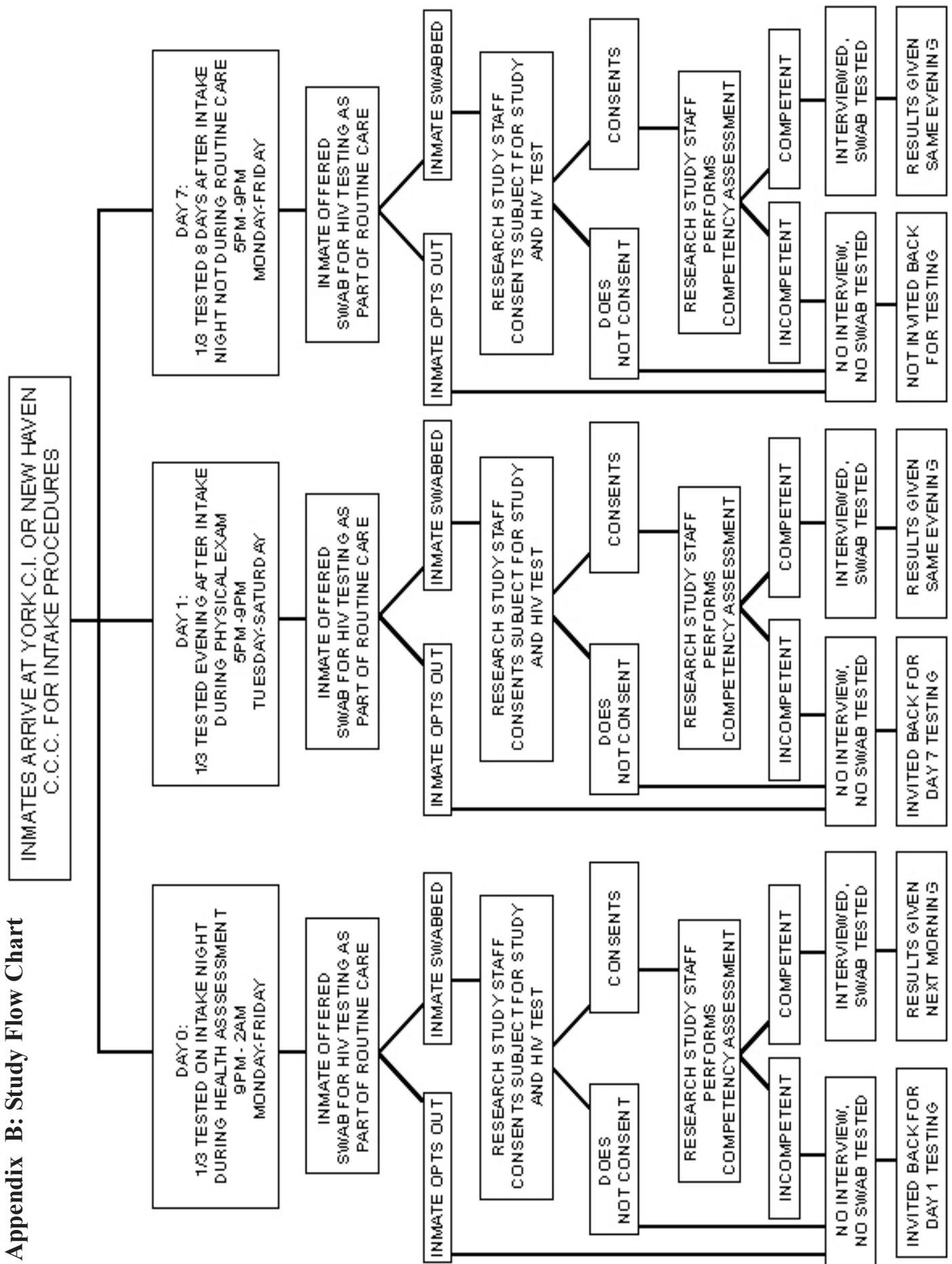
Appendix A--Case Study #1: Yale University Study

Here is what Yale University and researchers did to find the best time for HIV testing:

Note: Connecticut is unusual in having an integrated State prison and jail system. This vignette illustrates steps an “outsider” needs to undertake in order to gain “buy in” for a project. The purpose of the study was to determine whether it was better to test for HIV on the night of admission, the next day, or one week later.

1. Nearly a year prior to launching the study, the investigator approached the head of health services for the State Department of Correction with the idea of doing an opt out HIV testing study for women entering the York Correctional Institution. This is a statewide facility that function as a jail and prison for all incarcerated women. The head of health services was supportive of the idea and suggested the investigator speak with the Health Service Administrator (HSA) and the Head of Nursing at the facility.
 2. The investigator approached both the HSA and the head nurses on all shifts and found them to be supportive as well.
 3. The HSA and the head nurses approached the Warden of the facility with the idea of doing this study concurrently, the investigator approached the HIV Testing Coordinator to get his buy-in as well.
 4. Numerous meetings and conversations took place that included HSAs, head nurses, intake nurses, custody shift supervisors, Physician's Assistant, unit Counselor Supervisor, HIV Counselors, and Mental Health Workers and Social Workers. Discussions focused heavily on space, work flow, prisoner movement, confidentiality, giving of test results, study staff movement and room access, paper flow, study record storage, giving of test results, and medical record chart notation. Discussions also included the study goals and the potential impact on people's jobs should the jail ultimately decide to change how they conducted HIV screening in facilities because of the study.
 5. Ultimately the logistics were worked out:
 - a. The staff would offer all individuals entering the facility testing the night of admission during intake, the following day during a physical exam, or a week after admission. The staff would not include individuals in medical or psychiatric holds for testing. The staff would, however, include these individuals in the overall number and count them as not available to be tested.
 - b. All study activity would take place during second shift when there were fewer personnel on site. In addition, the second shift staff would process new intakes.
 - c. A letter signed by the Warden was placed at the gate giving study personnel easy access to entering the facility and moving about unescorted. The evening shift Head Nurse was designated to be the liaison to the study team for any troubleshooting issues.
 - d. Makeshift space was created for privately conducting the interviews and the tests. Spaces included hallway space made private with portable screens, borrowed offices from 1st shift staff, empty exam rooms, and a cleaned out closet.
 - e. Negative HIV test results were delivered by study staff early the following morning for inmates who were tested the night of intake and the same evening for the tests conducted for the other two study conditions.
 - f. Arrangements were made for HIV counselors to be on call throughout the evening in case a preliminary positive test result needed to be delivered. Study funds were used to compensate individuals for being on call or coming in after hours.
 - g. Study records were kept in a locked file in the HIV Counselor's locked office.
 - h. Study staff filled out all required paperwork for the medical records and left the paperwork in a designated area for medical staff to file.
6. A step-by-step procedures manual was written.
 7. The study team was trained on study operations, study instruments, HIV testing, conducting standardized assessments for withdrawal (COWS, CIWA) and safety. Team members received procedures manuals. The team was introduced to shift staff prior to launching the study. Team leaders for each evening were identified to facility staff.
 8. The study was successfully carried out during a five-week period.

Appendix B: Study Flow Chart



Appendix C: Preliminary Planning Worksheet

Plan	Approach
What do you want to do?	
Rationale:	
How do you plan to do this?	
When will you do it?	
Whom do you need approval from?	
Who can be helpful to you?	
Who needs to be involved in implementation?	
Who else needs to be in the loop?	
What do you need to have in place to carry out your activities?	
What institutional approvals do you need and how long will it take to get them?	
What training is needed, how will it be provided, by whom?	
How much will it cost and where will the money come from?	
What is your time line?	
What objections do you expect to face?	
How do you plan to overcome them?	

Appendix D: Case Study #2: Care Alliance and the Cuyahoga County Corrections Center (CCCC)

Care Alliance Health Center, a federally qualified health center and Ryan White Part C recipient located in Cleveland, Ohio approached the local county jail (CCCC) looking to provide HIV testing and linkage services to inmates at the CCCC. The CCCC had previously collaborated with the county board of health to offer syphilis screenings and were willing partners from the beginning.

Once funded to provide services, Care Alliance project leadership met with the jail's health services administration to discuss implementation strategies. Based on space and flow issues, the jail recommended offering HIV testing at the intake dormitories where male inmates spend their first 24-48 hours and undergo a health assessment.

The jail provides Care Alliance with secure office space and basic furniture as well and facilitated logistics to get additional supplies into the jail. Care Alliance staff received contractor badges and were permitted to move throughout the jail without an escort.

Initial funding only allowed for a part time tester and test kits. However, due to the overwhelming demand for increased testing, Care Alliance approached the Cleveland Department of Public Health and the Ohio Department of Health for support through the provision of rapid test kits. The health departments provided enough funding to be sufficient for a full time tester.

Testing was initially offered by a corrections officer making an announcement to inmates when free testing was available in general to the intake areas (opt in) and the nurse would refer inmates to the tester. Numbers tested varied widely from day to day, heavily depending on the jail staff to pitch testing opportunities. In addition to testing by inmate request, it was also offered in conjunction with health education classes, through jail in-reach and by referral from the jail medical staff. Numbers tested varied widely from day to day.

After a few months, the warden granted permission to the HIV tester to enter into the intake dormitory

area and make the announcement. This announcement also included fast facts about why testing is important and how to request a test later in their stay. The percent of inmates accepting testing and total inmates tested went up notably with this change.

A request to meet and discuss testing with each inmate in the health assessment area was not allowed because it would cause too much movement of inmates, however, the jail has agreed to integrate testing into their booking process should more funds become available.

Patience, professionalism, perseverance were all key attributes to this successful partnership and testing program.

