

The Maricopa County Jail Project

This fact sheet contains highlights from the Maricopa County Jail Project, designed to facilitate diagnosis, linkage, receipt of care, retention in care, and viral suppression for people with HIV experiencing incarceration in Maricopa County, Arizona.

INTERVENTION OVERVIEW: An innovative model designed to link and retain people with HIV experiencing incarceration in care by utilizing a full-time nurse practitioner (or case manager) to manage service access and case management across the jail system. The nurse practitioner follows those experiencing incarceration throughout their jail stay, providing client education and access to HIV medications, and collaborating with key partners to ensure linkage to support services upon release.

PRIORITY POPULATION: People with HIV residing full-time at a jail

ORGANIZATIONAL SETTING: Five jails across a county jail system (Maricopa County, Arizona)

FUNDING SOURCE(S): HRSA RWHAP Part A

INTERVENTION PURPOSE/GOAL: This intervention aims 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 supporting clients in reaching viral suppression.

INTERVENTION SUCCESSES: The Maricopa County Jail Project served a total of 121 clients in 2020. Of these 121 intervention participants:

- 100% were linked to care
- 97% were retained in care
- 78% were virally suppressed

Additionally, the Maricopa County Jail System saw expedited linkage to care times (from 28 days to 2 days).

SUSTAINABILITY: Sustainability was supported by appropriately leveraging RWHAP funding as a supplement to the existing structure which greatly increased access to care without incurring substantial costs beyond staffing. Identifying alternative funding sources is ideal for maintaining intervention elements dependent on short-term or one-time financial support.

Additionally, organizations must prepare to address high turnover rates common in correctional health settings, developing a plan for temporarily covering staff workload and promptly hiring new staff. Planning for staff turnover will reduce the disruption of services and help to maintain intervention operations over time.



Engage stakeholders. Gather input from the public health department, the Department of Corrections Health Services, social service organizations and community-based organizations in a meaningful way to gauge interest and shared outcomes.

Assess gaps and resources. Identify the priority population within the jail setting (e.g., people reporting



previous or current drug or alcohol use) that will receive services based on existing service delivery gaps and health inequities both in and outside of the jail setting.

Recruit and train staff. Finalize staff roles and responsibilities. Create an accessible job application process to hire a full-time case manager/nurse practitioner to provide HIV care within the jail system and hire one full time project manager.

Engage clients. Conduct an intake assessment with clients diagnosed with HIV following HIV screening. Begin education, medical care, and encourage clients to start treatment. Conduct follow-up visits with clients on a regular basis prior to release.

Conduct pre-release care planning activities. Provide clients with discharge planning and education before release. Link clients to community services and resources regarding HIV, viral hepatitis, sexually transmitted infections, and other conditions (e.g., hypertension, mental health).



- Project Manager: Oversees training and partnership activities, ensures fidelity, provides instruction and supervision to program staff, and maintains budgetary control of program funds. Establishes and maintains meeting structures and communications to facilitate collaboration across staff members and partner agencies including Correctional Health Services staff.
- Case Manager/Nurse Practitioner: Follows up with clients diagnosed with HIV through the HIV testing program in the participating facilities. 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.



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.

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 makes 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.

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

HRSA IHIP Maricopa County Jail Project Intervention Implementation Guide:

https://targethiv.org/ihip/maricopacountyjailproject