PHIMC
Public Health Institute of Metropolitan Chicago

# HIV, CORRECTIONS AND REENTRY POPULATIONS

*"If most new HIV cases are among African-American men, and one-third of African-American men will have been incarcerated in their lifetime this population (reentry) has to be a priority population"*
--Participant in the Corrections and Reentry Strategic Plan process

## INTRODUCTION

The need for corrections and reentry services for people living with or at high risk for HIV has been well documented. Studies have found that the levels of HIV/AIDS in incarcerated men and women are 3–5 times that of the general population. Communities of color are over-represented in the incarcerated population. Like the communities most affected by HIV, incarcerated people of color are characterized by disproportionate rates of poverty, injection drug use, high-risk sexual activity, and poor access to preventive and primary health care. [1]

Widespread incarceration is a growing crisis in the African-American community. It results from the cumulative effects of poverty and under education, the loss of the manufacturing job base in urban centers, the breakdown of black families, the war on drugs, disparate sentencing laws and discrimination within the criminal justice system. These factors contribute to numerous racial/ethnic health disparities, including HIV/AIDS.[2]

In a report from the Bureau of Justice Statistics, Illinois had the eighth highest prison population in the United States. Data from these reports also indicate that the majority of the reentry population (90%) is male and African American (67%). Nearly 40,000 people exit the Illinois state prison system each year. More than 60% return to the City of Chicago at a rate of nearly 500 per week. An estimated 1% of Illinois prisoners are known to be HIV positive. By these estimates about 240 seropositive individuals return to Chicago from the prison system each year, and an additional 160 seropositive individuals return to other cities and towns in Illinois.

There are a number of recent activities that will likely increase the number of known seropositive individuals leaving correctional facilities in Illinois, and therefore the number of individuals who will need reentry services. In 2009, the Centers for Disease Control and Prevention released *HIV Testing Implementation Guidance for Correctional Settings*. This

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[1] AIDS Action, Incarcerated *Populations and HIV/AIDS*. July 2001.

[2] Harawa, N. et al. *Incarceration, African Americans and HIV: Advancing a Research Agenda;* Journal of the National Medical Association; 100(1). January 2008.

guidance provides recommendations and strategies for increasing HIV testing in prisons and jails. In 2010, the University of Illinois at Chicago received the Seek, Test and Treat grant from the National Institutes of Health. This grant is intended to identify HIV infection among reentry populations and link identified individuals to HIV medical care services. In 2011, House Bill 1748, which supports opt-out HIV testing in Illinois Department of Corrections prisons, was introduced. Cook County Jail, which has about 100,000 admissions each year, implemented opt-out HIV testing for females in the spring of 2011 and plans to begin opt-out testing for males. This will likely result in an increase in the number of detainees identified as HIV-positive and in need of HIV and other services upon release. Once discharged from correctional facilities, these individuals face multiple challenges including disruption of HIV/AIDS medical care, treatment adherence, return to risk behaviors, co-morbidities, lack of stable housing, employment opportunities, and financial resources.

For people with HIV/AIDS, imprisonment can increase the risk of mortality: the percentage of deaths due to AIDS was more than 1.5 times higher in the U.S. prison population than in the general population ages 15–54.[3] Individuals with medical illnesses including HIV/AIDS who were diagnosed and/or received treatment in Illinois Department of Corrections' prison are typically released with a 30-day supply of HIV medication and 15-day supply of all other medication. However, without identification, an address, access to mainstream benefits, or referrals to community health resources, reentry populations often face disruption of their medical care and treatment regimens.

In addition to helping reduce HIV transmission and increase access to care, coordinated reentry services help reduce recidivism. During Illinois fiscal year 2011, HIV-positive clients of the corrections case management program, a key component of the services offered through the IDPH-funded Community Reentry Project, had a 23% recidivism rate. This is compared to the statewide recidivism rate of 51%.

**METHODOLOGY**

The Illinois Department of Public Health (IDPH) agreed to allow the Community Reentry Project (CRP) to lead a planning process to inform IDPH's statewide HIV/AIDS strategic plan. The CRP is comprised of seven organizations, funded by IDPH since 2006, to meet monthly to coordinate and provide reentry services for HIV-positive and high risk individuals returning from jails and prison. The interventions supported through this initiative include outreach, HIV prevention education, HIV testing, medical case management, substance abuse treatment, training and technical assistance. These interventions are largely provided in community-based settings in Chicago, though some services are provided within Cook County Jail (CCJ) and others are initiated while people are still incarcerated in Illinois Department of Corrections (IDOC) facilities.

The *National HIV/AIDS Strategy* was used as the framework for developing statewide goals and

[3] Bureau of Justice Statistics Bulletin, HIV in Prisons, 2004

activities that pertain to corrections and reentry populations. Three meetings were held to develop the goals and activities and this process is summarized below:

- **May 18, 2011** The CRP devoted the majority of its May meeting to initiating these discussions which were guided by a tool adapted to be consistent with the NHAS and CDC's recent ECHPP project. Twelve people participated in this discussion and a summary of the notes from the meeting were sent to 29 people for review and comment.
- **May 25, 2011** A video conference, hosted in Chicago and Springfield, was held to build on the work started at the initial meeting and ensure input from a broad array of stakeholders from throughout the state. A total of 29 people participated in this discussion, nine from the Chicago site and 20 from the Springfield site. A summary of the notes for this meeting was sent to all participants for review and comment.
- **July 8, 2011** A teleconference was held to review a draft document summarizing the discussions from both May meetings. Prior to the call, the draft document summarizing the proposed goals and activities for the strategic plan, based on the discussions in the prior meetings, was sent to 40 people for review and feedback prior or during to the call. Fifteen people participated in the teleconference.
- **July 13, 2011** The revised goals and activities document was sent to all strategic planning participants, as well as the larger reentry distribution group for final review and feedback before submission to IDPH.
- **July 18, 2011** The final draft of the Corrections and Reentry HIV/AIDS Strategic Plan was sent to IDPH and shared at the Illinois Interagency Task Force's quarterly meeting.

## Recommendations

| 1 | Reduce New HIV infections | Barriers | Policy Issues | Recommendation |
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| **1.1** | Expand peer education in maximum security Illinois Department of Corrections (IDOC) facilities | Access to this service is limited in maximum security and prisons with limited space | There should be an IDOC-wide policy on access to HIV education | Establish minimum HIV education standards across all IDOC facilities. |
| **1.2** | Support efforts to expanding testing in IDOC facilities | | HB 1748 was introduced this year. | Support expanded, opt-out testing in IDOC facilities, including informing the rule making around the bill as it gets implemented. IDPH offer TA and support in implementation to IDOC. |
| **1.3** | Work with Sheriffs and county jails to expand access to HIV education and HIV testing | Many jails do not provide this service and have limited capacity to provide them. The cost of HIV medical care for those who test positive is a barrier for jails | No policy exists about HIV or health education in county jails. | Identify the jails that currently provide these services, identify jails in high prevalence areas that are interested in providing these services and provide training and TA to them. Continue to work through the Sheriffs' Association to raise awareness about available services. Consider developing a standard HIV training toolkit for jails. |

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| **1.4** | Provide access to harm reduction materials to inmates and detainees | Inmates and detainees do not have access to harm reduction materials | Condoms are considered contraband and are not allowed in prisons or jails | Support laws and regulations that support access to condoms and other harm reduction materials. Support a campaign led by Harm Reduction Coalition to develop policy to allow access to condoms in Cook County Jail. Promote and utilize the Harm Reduction video created to educate and motivate incarcerated individuals and others. |
| **2** | **Increase Access to Care and Improve Health Outcomes** | **Barriers** | **Policy Issues** | **Recommendation** |
| **2.1** | Work with HIV CARE Connect to enhance corrections and reentry specific information on the website | HIV Care Connect is an on-line resource. Most IDOC nurses do not have internet access. | None | Review the current content on the website, and identify and compile additional information to support reentry populations. Work with MWIPM on current process to update the Resource Directory, which also available as a hard copy. Continue to support efforts for broad access to reentry services. |
| **2.2** | Identify and discuss ways to build on HIV telemedicine's success, e.g., expand current tele-case management | Cost-equipment, time, staff. Once physician and pharmacist are done with their work, and know date of release is ~90 days out tele-case management is provided | Unknown | Work with corrections case managers, telemedicine providers and other service providers to identify barriers, needs and options for tele-services. |

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| **2.3** | Expand Summits of Hope (SOH) throughout Illinois, including Summits for sex offenders | Cost of planning and convening the Summits | Sex offenders are not invited to current SOHs | Work with IDPH to determine the cost per SOH, secure funding, donations and other resources, and create a plan for expansion of SOHs. Ensure the SOHs have HIV testing and community-based HIV and other support service providers on site. |
| **2.4** | Expand the use of a tool like the discharge planning tool created by the CORE Center by correctional facilities | None | Unknown | Work with correctional facilities and community based providers to review the current tool, and ensure the tool is applicable to and meets the needs of a variety of providers in various locations throughout Illinois. |
| **2.5** | Release individuals with more HIV medications to bridge the time it takes to enroll in ADAP | Cost to IDOC and current IDOC medication policy | Requires IDOC to change its current medication policy | Work with IDOC to identify and address barriers to releasing people with more medications. Work with IDPH to verify the amount of time it takes to enroll in ADAP and/or ways to accelerate access for reentry populations to support medication adherence. |
| **2.6** | Identify ways to ensure individuals have access to health care while on Work Release | Individuals on Work Release do not have access to health care services or medications unless they can pay for it themselves | Individuals on Work Release are not eligible for medical care from IDOC and do not qualify for ADAP. This would require policy changes at both IDOC and ADAP. The ADAP policy | Investigate ways to change to the current policy that requires that ADAP medications that are not picked up must be destroyed to offset costs. Identify other means of access to health care for those on work release. |

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| | | | may be federal making it harder to address. | |
| **2.7** | Raise awareness about VINELink among providers to who serve reentry populations | Not all reentry service providers are aware of this resources as a service planning tool to help people access and remain in care | Unknown | Create mechanisms to educate and promote this tool among reentry service providers as a service planning tool. |
| **2.8** | Expand access to HIV care and linkage to services upon release from jails | There is a great difference among the jails in their capacity, including funding for medical care and medications, and willingness to provide these services. | Unknown and will likely vary by jail | Work with the Sheriffs' Association and county jails to identify and address barriers to providing HIV care and discharge planning services. |
| **2.9** | Improve the collection of contact information for reentry populations to increase access to care | Lack of good contact information for reentry populations limits the ability to link clients to services and follow-up | Unknown | Identify ways to improve contact information for recently released populations as a way to facilitate appointment adherence. |
| **2.10** | Provide HIV treatment training for clinicians | Cost | Work with IDOC on continuing education or other requirements that can be included in contract terms for clinical staff. | Provide HIV treatment training for clinical staff in correctional facilities, and continue HIV treatment training for clinicians outside of corrections. Assure that IDOC physicians and contracted medical staff receive annual updates |

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| | | | | regarding HIV, Hepatitis C, and co-infections |
| **2.1** | Increase access to substance abuse treatment services. | State and federal budget cuts have reduced, and in some areas, eliminated the availability of these services | Unknown | Work with IDPH and DASA and others to identify ways to communicate the need for and the increase the availability of these services. Work with existing advocacy groups to increase the availability services. |
| **2.1** | Identify ways to provide transportation vouchers or passes to detainees at Cook County Jail | Case managers and others are not able to provide transportation vouchers and passes to detainees in a timely manner, creating barriers to getting clients to appointments. | Transportation vouchers and passes are considered contraband in correctional facilities. | Continue to work with Cermak Health Services and CCDOC, and identify other facilities that have similar policies that do not allow detainees to get transportation assistance prior to or immediately upon release. |
| **2.1** | Change the ADAP policy that medications that are not picked up must be destroyed | People on work release do not receive health care services from IDOC and are not eligible for ADAP, however ADAP destroys a large amount of medications. | ADAP policy regarding medications that are not picked up. There's a need to determine if this is a federal or state policy | Work with IDPH, the ADAP Policy Workgroup, and other appropriate entities and HRSA to change this policy as a way to expand access to HIV medications. |
| **2.1** | Provide life skills training to incarcerated populations to prepare them for navigating health and social service | People who have been incarcerated for a long time do not have the knowledge and skill sets needed to navigate the health care and social | Unknown | Identify or develop the appropriate training(s), and work with IDOC, peer educators, discharge planners and community education to identify ways to provide the training. |

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| | systems upon release | service systems outside of correctional facilities. | | |
| **3** | **Reduce HIV-Related Disparities and Health Inequities** | **Barriers** | **Policy Issues** | **Recommendation** |
| **3.1** | Provide cultural competency training within correctional facilities, including security staff, with a focus on LGBT populations | Sexual minorities have reported experiencing discrimination within correctional facilities, which is a barrier to seeking and receiving health care services | Develop and/or enforce policies that prohibit discrimination. Require or encourage cultural competency training for all correctional staff. | Identify current IDOC and various jails' existing policies and how they are enforced. Work with IDOC and jails to identify opportunities to provide cultural competency trainings. Review anti-discrimination legislation to see if correctional facilities are included. Work with training providers to provide these services. |
| **3.2** | Conduct social marketing campaigns and education to reduce HIV stigma, including normalizing testing | Cost | None | Work with IDPH and the other Illinois HIV/AIDS Strategic Plan workgroups to help develop a campaign that includes reentry populations. Support current efforts to conduct campaigns within correctional facilities. |
| **3.3** | Conduct gender specific programming that addresses domestic violence, lifelong abuse, and assault to | Potential barriers include space in some facilities; and willingness of some wardens, executive directors or sheriffs to allow this programming; and | Unknown | Identify or develop the gender specific program curriculum. Work with correctional facilities to identify opportunities to implement the curriculum. |

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| | reduce both HIV transmission and recidivism | the cost of providing the service | | |

| 4 | Achieving a More Coordinated Response | Barriers | Policy Issues | Recommendation |
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| **4.1** | Support meetings and activities that bring corrections and reentry service providers together | Cost associated with planning and convening the meetings | None | Work with public and private entities to identify funds and other resources for these meetings. Encourage and facilitate opportunities for providers to share information about their programs and learn about other programs and resources. |
| **4.2** | Provide statewide training for FAITH based organizations on corrections and reentry populations and HIV | None | None | Work with existing projects to inform and support efforts that include cultural competency in work with reentry populations, starting ministries, and working with individuals who are incarcerated. |

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| **4.3** | Improve the coordination and integration of existing and new reentry activities | There is no comprehensive, centralized source of all reentry projects and services | There may be opportunities to leverage and maximize limited resources. | Identify a group of people, including funders, and people from correctional and community-based organizations; as well as existing inventories to identify current projects. Work with IDPH and others to enhance coordination among the identified projects. |

| 5 | Other/Cross Cutting | Barriers | Policy Issues | Recommendation |
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| **5.1** | Identify ways to make anger management classes more affordable, especially for those who have it as a stipulation | Anger management classes are not covered by other payers and are not affordable to many people. | Unknown | Work with service providers and funders to identify ways to make the classes more affordable and accessible for reentry populations. |

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| **5.2** | Improve access to and the use of data for reentry services | The reentry service system is comprised of many agencies with a variety of data systems, and funders and funder requirements. There is no central repository for this information and it is not clear what data currently exists. Without this information the ability to adequately plan and evaluate programs and systems is limited. | Potential issues include confidentiality and security, and varied requirements by organizations and funders. | Identify existing data sources, and document additional data needs. Work with IDPH, IDOC and others to address the identified needs. Consider partner services data as a test case. |
| **5.3** | Assess if individuals' needs are being met in IDOC and identifying the reasons for recidivism among HIV-positive individuals. | Unknown | None | Work with IDOC and others to identify, prioritize and help address the needs of incarcerated individuals who are living with HIV. |