2012 – 2015 Illinois HIV/AIDS Strategic Plan
HIV, Corrections and Reentry Section
Progress Report

The Illinois Department of Public Health (IDPH) authorized the Community Reentry Project (CRP) to lead a planning process to inform IDPH's statewide HIV/AIDS strategic plan. The *National HIV/AIDS Strategy* was used as the framework for developing statewide goals and activities that pertain to corrections and reentry populations. The following goals were developed:

1. Reduce new HIV infections
2. Increase access to care and improve health outcomes
3. Reduce HIV-related disparities and health inequities.
4. Achieve and more coordinated response.
5. Other/Cross cutting issues.

The remainder of this document contains highlights and activities for each of the goals, along with the status of each goal. The status of each goal is labeled as: completed, in progress, not started, and no longer needed. It is worth noting that even items marked as "completed" need ongoing monitoring.

1. Reduce New HIV Infections

1	Goals	Progress
1.1	Expand peer education in maximum security Illinois Department of Corrections (IDOC) facilities	**Status: No longer needed** Peer education exists in all facilities and there are ~126 peer educators who are in parole school as well. Wardens decide where the peer education programs are housed and coordinated. This varies by facility and IDPH's preference is that it goes through the Health Care Unit. Peer education is not as easy in maximum security facilities because of frequent lock down and other access challenges. IDOC and IDPH agree that limited space not an issue at IDOC facilities. When inmates transition down from maximum security they do get access to training. If an offender in supermax requests information they receive it but do not get access peer educator. Pending budget cut may reduce this program IDOC's minimum standard is that everyone coming into their parent facility gets HIV education as part of their orientation and it is available periodically throughout a stay. Everyone leaving IDOC also has another chance to receive HIV education. When inmates are being discharged they receive a packet of information that includes education materials and information on HIV testing site in the community. HIV education information is available visiting rooms. The only time an inmate does not have access to HIV education is within the first 30 days of disciplinary status. IDPH will continue to support HIV peer education and provide associated materials. IDPH wants to add more components to the peer education program to make it more interactive and culturally relevant. They are try to recruit bilingual peers when needed and have Spanish language materials. Peer educators would like to continue to work in the field when they're released. IDPH would like to work with CBOs o to support this. MWIPM has had 3 peer educators referred by parole and were able to give them volunteer work but does not have funding for salaries to support them, others agreed community agencies face the same challenge. **The group agreed one collective activity is to seek funds to support these salaries.**
1.2	Support efforts to expand testing in IDOC facilities	**Status: In Progress** The bill says IDOC "may" implement opt-out testing. IDOC is watching what happens at Cermak with opt-out testing of males to learn from that experience, and figuring out how to make sure not repeat tests for those tested at Cermak who then move to IDOC. Cermak's male testing is expected to start June 4th, and female opt-out testing started over 1 year ago. IDOC is moving forward with the education component of the bill.

		IDPH working with IDOC to enhance partner services. This group was able to review and comment on the policy. **Community providers agreed to support IDPH in the provision of TA. AFC can make the Outside the Walls video more statewide or add additional contacts to the end of the video if the additional contact information is sent to Rev. Green to have other contacts.**
1.3	Work with Sheriffs and county jails to expand access to HIV education and HIV testing	**Status: In Progress** In 2012, IDPH sent a letter and called all jails and got a lot of feedback. He created a spreadsheet with this information, including those jails interested in providing the services. Out of 103 county jails, ~16 transfer their inmates. Out of 86 respondents, ~5 provide HIV testing and education, ~20 interested are interested in providing is, and 51 are not interested. IDPH is reaching out to the Sheriff's Association to see what support can we offer for testing and medication for interested jails, as well as staff education Some county jails may be located in low prevalence areas but have detainees from other high prevalence areas, including Chicago, who are positive and couldn't get HIV meds. Michael has info about the need for these services. One recommendation was that the focus for smaller facilities or those in low prevalence areas is to HIV literature and posters. Michael noted some jails do provide a lot of education and testing, but need help with funds to support the education programs and for medications. Ryan White cannot provide services to incarcerated populations. Some jails don't believe it's their responsibility or they don't have the expertise and resources to treat a pregnant HIV+ woman. The State cannot utilize ADAP and Medicaid. Federal law says they are the correctional facilities' responsibility. In lieu of complying with the law, some jails are releasing people. In 2014, IDPH and PHIMC reached out to the Illinois Sherriff's Association and successfully engaged their leadership about collaboration opportunities. To that end, the Sheriff's Association invited IDPH and PHIMC to present on the CRP, HIV testing in jails, and HIV education materials at their annual Jail Medical Facility meeting. The Sheriff's Association encouraged another round of presentations in March 2015 when it convenes all newly elected Illinois sheriffs.
1.4	Provide access to harm reduction materials to inmates and detainees	**Status: In progress** With the Prison Rape Elimination Act there was concern about challenges to access to condoms because consensual sex not allowed. Other jurisdictions allow condoms and we should learn more about how they do it. The Harm Reduction Coalition, MWIPM and AFC have done this research and report that information from this effort is informing the proposed model at CCJ. **They will share this research from other jurisdictions and do legislative research to verify what's in the law.**

		Some county jails do allow CBOs to provide condoms on release. Participants reported that there's a possible condom access pilot project in Cook County, either through nurses or a dispensing machine. There was a recommendation to focus efforts at SOHs. Condoms were distributed at the Chicago SOH. Another recommendation is to focus testing efforts on priority groups for now (e.g., pregnant women).
1.5 *	Expand the harm reduction discharge packet to inmates and detainees statewide.	**Status: Not Started** Work with IDOC to offer harm reduction discharge packets to inmates and detainees statewide. The CAPUS project has tried to expand these efforts statewide. However, Peoria County is the only site that coordinates this activity with each person who is discharged.

2. Increase Access to Care and Improve Health

2	Goals	Progress
2.1	Work with HIV CARE Connect to enhance corrections and reentry specific information on the website	**Status: Not started** IPHA welcomes input on what could be added to HIV CARE Connect, and asked group to review Communications Toolkit materials too. Anyone who wants to update their organization's materials on HIV Care Connect should send the request to IPHA. All can review the current content on the website, and identify and compile additional information to support reentry populations. PHIMC applied for resources to support this work. **The group agreed to publicize HIV CARE Connect among non-traditional users, e.g., Sheriffs Association as part of promoting testing and education services. IPHA said the website's News Bulletin section may be a good place to add the Outside the Walls video.**

2.2	Identify and discuss ways to build on HIV telemedicine's success, e.g., expand current tele-case management	**Status: In progress** UIC's telemedicine project includes tele-case management services, and the case manager starts every visit with inmates by looking at discharge date so can plan for services upon release. The tele-case manager contacts community sites to coordinate services, and contacts LaDaryl to see if some who don't show up at community sites are still incarcerated. She also lets LaDaryl when they attend an appointment in the community which is important information for his program as well. Larry said that since the telemedicine program started, Dr. Zawitz reports that he no longer sees people coming from IDOC on inappropriate medicines. AFC is getting additional cards with the 1-800 # to promote connection to services**.** **There was a lot of discussion the need for accurate contact information on the tracking form.** Downstate finds the best method for linking clients is HIV CARE Connect. Providers can print 1-page statewide listing of all 8 regional contacts. This paper is also on the tracking form and many CBOs are using it. Michael reports that IDOC and IDPH have an "issue folder" to track what happened to HIV+ reentry populations. They will follow-up to assist the person who does not connect with community services. **Providers should notify Michael when issues come up.** Can inmates have online access, especially if they can't be reached by phone? Federal prison does allows this but not IDOC (though it was not clear if this was also true for those on work release). IDPH and other report they often get letters from inmates instead. **The group agreed promoting access to email is something to explore in the future because email addresses don't change frequently like phone numbers.** Through UIC's Seek, Test, Treat and Referral grant's no cost extension in 2014 can now offer incentives, transportation vouchers, and linkage to Corrections Case Management (intensive and long-term).
2.3	Expand Summits of Hope (SOH) throughout Illinois, including Summits for sex offenders	**Status: In Progress** Work with IDPH to determine the cost per SOH. Help 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. IDOC and IDPH are committed to the SOHs and have dedicated resources to use statewide for the upcoming year. They want to make sure it's a community driven process and that community resources support them as well. SOH planners are focused on establishing some standardization, including that all SOH's need to include HIV testing and education, and job opportunities. It is essential to ensure public buy-in as well.

		There is no current plan for an SOH for sex offenders who cannot attend the SOHs. Organizers believe the issues noted above need to be established first to strengthen SOHs and public buy-in. Additional issues raised included that some volunteers may not be comfortable with sex offenders, and some organizations don't want it known that they hire sex offenders. **Set up a meeting with supervisors of sex offenders to discuss supervision issues and how we can provide these services to this population.** Volunteers and vendors can register for SOHs by clicking on the banner on top of the Illinois.gov/idoc webpage. All are invited to help recruit volunteers, serve as vendors and help identify locations.
2.4	Expand the use of a tool like the discharge planning tool created by the CORE Center by correctional facilities	**Status: In Progress** IDOC says tool is distributed widely but the tracking form doesn't always come back from CBOs so IDOC doesn't know what happened with reentry individuals. **There's a need to educate community providers about the form, especially that the second page needs to be attached, and the importance of returning it.** Outcomes cannot be documented if this information loop isn't closed. IDOC has a list of all HIV+ inmates that have been discharged along with the organization that they were referred to. The form is used to document that an individual was connected to care. This information also tells IDOC where they were getting services if they return to prison. **The forms go to medical providers and we need to discuss how the information does or does not get to case management and other social service providers.** Many noted that individuals often miss their first appointment or go to another organization, and some are not ready for care immediately upon release. This highlights the importance of linking clients with a case manager who can link them with other resources and engage them until they are ready for medical services. **We need to explore process and opportunities to increase linkage to care using this or another form and understand what happens when a person doesn't show up for care.**
2.5	Release individuals with more HIV medications to bridge the time it takes	**Status: Completed (there will be ongoing monitoring)** Pam Grubman addressed this throughout IDOC once she became aware of the issue in Spring 2011. There was confusion and lack of information that the HIV medication policy was different. **There was discussion on the need for ongoing education as staff turns over. We can incorporate this policy into MATEC's trainings.** The, UIC telemedicine program's discharge planning also helps.

	to enroll in ADAP	IDOC pays for first 30-day supply. There was agreement that a policy change was no longer needed. **We need to ensure people know to apply for ADAP upon release, before meds run out, and that connecting with a case manager is a good way to do this.**
2.6	Identify ways to ensure individuals have access to health care while on Work Release	**Status: In Progress** The current process is that inmates go through discharge planning prior to work release. They receive education and are linked to a community organization. They are also told they can come back to their parent organization if they cannot afford medications. IDOC can find individuals known to be HIV+ at ATCs. Pharmacy assistance programs at CORE and other organizations are used for people on work release but it's not clear how often this happens Some reported that ADAP pays for those on work release in other states. IDPH worked with HRSA to get a determination that Ryan White funds can be used to provide medications for HIV+ individuals who are on work release.
2.7	Raise awareness about VINELink among providers to who serve reentry populations	**Status: In Progress** The site allows users to get notifications about individuals. This resource is mentioned in meetings. **Recommendations were to include this information on HIV CARE Connect. This requires sending a request to IPHA to add it under the Tool bar for hotlines and links; include it in discharge planning training; and work with AFC and Part B care sites to promote it as a tool for use in CM statewide.**
2.8	Expand access to HIV care and linkage to services upon release from jails	**Status: In Progress** With IDPH funding, in 2012, the CAPUS project expanded HIV testing in 5 jails which includes facilitating access to care and services upon release. IDPH and IPHA sent information to health departments and county jails and IDPH will re-do the survey of jails and their current activities and interest in HIV services. In 2013, the corrections case management project was expanded to Jackson, Sangamon and Will counties.
2.9	Improve the collection of contact information for reentry populations	**Status: In Progress** In the MATEC discharge planning trainings continue to encourage getting the individual being released in contact with a CBO or at least one contact on the outside, if it isn't possible to link them to a medical provider right away (e.g., individual is not ready, appointment is not available). The CBO can facilitate access to care by helping with basic needs and supporting access (e.g., transportation assistance)

	to increase access to care	Work with IDOC and IDPH to explore the possibility of using Health Department's DIS system for follow-up. Including assessing if a release of information is required.
2.10	Provide HIV treatment training for clinicians	**Status: In Progress** UIC's HIV telemedicine program has addressed some of this need. Providers inside the correctional facilities serve as support. It is in all 26 IDOC facilities. Additional supportive training needs may be needed. For example, how to interpret lab values since telemedicine visits are not frequent. CMEs are offered for trainings like this which is an incentive. MATEC provides HIV training for corrections and community based clinicians, with a focus on incarcerated and reentry populations. MATEC conducted a needs assessment with clinicians and is setting up trainings to address those needs Include training on IDOC's policy of releasing inmates with 30 days of HIV medications. **If an organization gets a client released without 30 days of HIV medications providers should contact Michael Gaines or LaDaryl Hale with information about which facility the clients was released form**.
2.11	Increase access to substance abuse treatment services.	**Status: In Progress** There is a lack of services across the state, especially for residential services. Publicly funded substance abuse treatment services completely eliminated in some parts of the state It was recommended that social worker's help individuals complete 115 Medicaid waivers prior to release to facilitate access to supportive services. The Community Reentry Project pays for some dedicated service slots for reentry clients in the Chicago area.
2.12	Identify ways to provide transportation vouchers or passes to detainees at Cook County Jail	**Status: In Progress** Individuals are released at various times of day or night, further limiting transportation options. In2014, UIC and AFC secured resources to provide transportation assistance to those leaving Cook County Jail. Downstate there is no public transportation. JCHD reports all downstate individuals are responsible for finding their own rides. Some mass transit agencies in the lower 19 counties agreed to coordinate but the travel can take 8+ hours. RW clients are transported through mileage reimbursement and private cabs. Springfield is similar. There is mass transit in local areas, the provide client mileage reimbursement, and some providers do door-to-door services throughout regions funded by Ryan White.

		IDPH cannot provide transport vouchers because the Legal Department has said they are promotional items, this is an interpretation of the policy. IDOC provides transportation **Recommendations were to identify and review the IDPH policy that has interpreted transportation assistance as an incentive and do some advocacy work as appropriate, especially as federal funds can be used for this.**
2.13	Change the ADAP policy that medications that are not picked up must be destroyed	**Status: Not Started** Per FDA policy once medications are dispensed they cannot be returned. ADAP does not destroy the medications, but it sends it back to the company. If ADAP medications are not picked up they are re-stocked. **We need to confirm all of this is true.** **There was a strong recommendation to work on other issues that impact wasted medications. These include non-adherence, move to new address, poor communication with ADAP, and clients that are not ready to take medications.**
2.14	Provide life skills training to incarcerated populations to prepare them for navigating health and social service systems upon release	**Status: In progress** Some believe this should be provided by outside organizations as there may be stigma about admitting need for such training. Based on community providers' experiences at pre-release summits the need for these services is large. There was a successful program downstate that used case managers to go to each local facility to meet with any HIV+ inmate interested and in need of services. The program was stopped by IDOC and has not been restarted. The UIC telemedicine service provides some of this information. **Recommendation is to work with IDOC to revisit allowing local care connects (who can help with enrollment into care connect) to come in to facilities and provide this training.** There was a recommendation to review all IDOC peer education materials and ensure they are up-to-date. IDPH did a review and found everything to be current. **IDPH's HIV Section is working with the Office of Women's Health to facilitate meeting with all the women's prison's wardens and they may be able to provide some of these services.**

3. Reduce HIV-Related Disparities and Health Inequities

3	Goals	Measures and Data Sources *(How will we know if we accomplished the goal? Where will we get the answer?)*
3.1	Provide cultural competency	**Status: Not Started**

	training within correctional facilities, including security staff, with a focus on LGBT populations	Work with IDOC and jails to identify opportunities to provide cultural competency trainings. There is consensus these trainings need to include officers Barbara will ask IDOC for the existing policy to share with the group. IDPH will get the two juvenile justice policies on this topic, the Illinois Juvenile Justice Department is creating one and Cook County Juvenile Detention Center has one. The group can review these policies. It may be possible to incorporate these topics in MATEC's existing discharge planning trainings
3.2	Conduct social marketing campaigns and education to reduce HIV stigma, including normalizing testing	**Status: Not Started** Recommendation was convene a small group to see if there are existing campaigns that can be adapted. The volunteers for the group were: Cynthia, Alicia, Gina, Dale, Michael, Steven St. Julian, and Marcus King, Karen and Rev. Green.
3.3	Conduct gender specific programming that addresses domestic violence, lifelong abuse, and assault to reduce both HIV transmission and recidivism	**Status: Not Started** The next steps are to identify what's currently happening and where, identify or develop the gender specific program curriculum, and work with correctional facilities to identify opportunities to implement the curriculum. We can then request a meeting with IDOC and jails/Sheriff's Association to discuss what's available. Per IDPH, OWH has some programs that address these issues. MWIPM's IRISE project does some of this work this with Project START at Fox valley There was a recommendation to include disclosure work because that can also result in violence.

3.4 *	Support and Increase Family Reunification activities	**Status: Not Started** Identify existing resources, geographic areas of greatest need/new locations across the state. and funding for the Family Reunification activities.
3.5 *	Develop and expand, programs that are culturally competent and gender specific for women with incarcerated partners.	**Status: Not Started** Identify opportunities and existing programs (e.g., the WELLS project) that provide cultural competency and gender specific training for women who partners are incarcerated, including HIV screening.

4. Achieving a More Coordinated Response

4	Goals	Activities (*What steps or tasks need to be undertaken to ensure Goal is met?)*
4.1	Support meetings and activities that bring corrections and reentry service providers together	**Status: Completed (and ongoing)** PHIMC hosts quarterly statewide meetings via video conference. In 2014, the first face-to-face statewide HIV and reentry meeting will occur at the Illinois HIV/STI Conference pre-conference session. New partners include ACA/Medicaid Expansion enrollment organizations, EverThrive, and SPAC. We would like to bring additional partners to the group including state and county juvenile justice departments, federal prisons, Community Supportive Advisory Councils (CSAC), Cook County probation, faith based organizations, CLAIMS and other organizations that work with incarcerated/reentry women, IDPH OWH.
4.2	Provide statewide training for FAITH based organizations on corrections and reentry	**Status: Not Started** The first step is to create a list of active prison ministries; some receive funding for retreats and other activities. FCAN has some capacity to develop legal plans for families. IDOC parole is interested and would like to discuss this further. Sheridan has a program for Dads. Recommendation to reach out to Ministerial Alliance in Springfield and Lutheran Social Services for resources in Southern Illinois. Reverend Tommie Johnson from Outside the Wall Ministries is also a good contact. Many county jails have programs and the Cook County Sheriff's Department meets mthly with faith based providers. Per IDPH the SOH vendor list has a lot of faith based organizations and that list can be shared

	populations and HIV	
4.3	Improve the coordination and integration of existing and new reentry activities	**Status: In Progress** IDOC has a release an RFP for this type of coordination work. An award has not been made yet, but when it is the funded organizations should be invited to meetings The group has started to identify and participate in reentry groups across the state that meet to share resources and information. This includes various CSACs, the Will County reentry group, Southern Illinois' SURGE. The group will continue to identify more groups and attend additional meetings. **Reentryillinois.net—as statewide network of providers by county. All on website have agreed to serve reentry populations. This may be a good place for all partners of us to register and promote reentry services.**

5. **Other/Cross Cutting Issues**

5	Goals	Activities (*What steps or tasks need to be undertaken to ensure Goal is met?)*
5.1	Identify ways to make anger management classes more affordable, especially for those who have it as a stipulation	**Status: Not Started** There are few resources downstate though some county mental health programs offer it. There is no organized way to know where these services exist. Some agencies will do it on an individual basis. This may be a policy issue may if a court decides it's a condition of detention. At Cook County jail there are resources on inside in Division 17 and it's paid for. Some agencies have taken it upon themselves to get staff trained to provide the classes at low or no cost. One agency combined multiple sessions into one day to reduce costs and increase the likelihood that a client completes the curriculum. **We need to compile a list of resources, barriers and action steps. Possible resources include CSACs, C4, Westside Health Authority, DV and violence prevention providers (though these organization often target women)**
5.2	Improve access to and the use of data for reentry services	**Status: In Progress** More HIV data has become available since CCJ and IDOC instituted opt-out HIV testing. IDOC is in the process of getting a database established for this which can track and individual within IDOC. Now on an institution/prison by prison basis. The Community Reentry Workgroup has started work with SPAC to gather and analyze data and continues to seek resources for enhanced data collection and program evaluation activities.

		The UIC telemedicine and STTR programs have improved in asking clients where they want to be referred to for their appointment as part of their discharge planning**. There was recommendation to look at AFC's case management and Part B data, CAPUS data and IDOC data to see if it's consistent and of use to other programs for planning purposes.** **We need to Identify existing data sources, and document additional data needs; and then 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.	**Status: Not Started** There was recommendation to survey HIV+ positive individuals in IDOC, but this is not possible. There was some speculation and anecdotal explanations for the recidivism. CCDOC is seeing individuals staying longer for the same offenses as those who are not HIV+ and wonders if it's because they receive better care inside. CAPUS partners have discussed that sometimes an HIV+ test is way to get out quicker because jails don't want to pay for the care. Others have heard that it's easier to lead a more structured, easier life inside with access to meds, food, a bed, etc. Ryan White and HUD housing are increasingly moving toward short term/emergency housing which may contribute to recidivism; and those with felonies don't qualify for some housing resources. Some see people that are getting ready for release who are not prepared for life on the outside, especially those who have been incarcerated for a long time which is exacerbated by HIV. A group in Huston, Texas brings people together from jail and community to share data and resource. They created a needs assessment survey for those released to community which was filled at medical or social service providers' offices. This group is interested in seeing the survey and learning more about the process and the findings. This is an area where mentors and peers are important.
5.4 *	Advocate for programs that serve children with incarcerated parents	**Status: Not Started** Need to address the stress and the long term effects on a child who lost a parent to incarceration, the group should begin by identifying existing resources and best practices. FCAN used to have grief and loss groups for those who lost parents for any reason. The still have the ability and just need the resources restart the program. Lurie Children's may have some grief groups. East St. Louis has a couple programs for fathers for family reunification, and there is another program called Inside Out Dads. Angel Tree Network does some of this work; LSSI in Springfield and Southern Illinois runs story book project where dad's read and record a book. There is a program by Sesame Street called Little Children Big Challenges for children with an incarcerated parent which has a tool kit. Another organization is Children of Incarcerated Fathers. DCFS may have a resource list.
5.5 *	Identify additional transitional housing, permanent	**Status: Not Started** Work with Pam Ward/IDOC regarding Housing for special populations released from IDOC.

	housing, SROs and assisted living facilities	
5.6 *	Develop programs & policies to help parents make legal plans for their children while incarcerated & to help resolve custody issues for families when a parent re-enters the community	**Status: Not Started** The recommendation is to form a work group with IDOC and DCFS to look at permanency/temporary custody issues for children of incarcerated parents. Begin a pilot program to assist families so that secure legal plans can be made that will let relatives or temporary guardians make necessary medical and educational decisions for their children while parents are incarcerated. There is now an adoption program, Family Resource Center, going to CCDOC prenatal group and Division 17 to encourage adoption. CLAIM and FCAN want to meet with them and create a program to do legal counseling on all options and what adoption really means. FCAN is looking for contact at IDOC to work with on this as well and was told Joni Stahlman is person to speak to at IDOC about this--217-558-2200. CUPHD has invited David Reed, an attorney in Springfield to address similar issues.