

# HIV/AIDS Prevention, Testing, and Treatment

## Illinois Jail and Detention Center Survey Results Summary

MAY 2023

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## Executive Summary

This report details the present condition of HIV education, prevention, testing, and treatment in Illinois county detention facilities, based on a comprehensive analysis of the literature related to jail and prison healthcare and the implementation of participatory action research procedures. The primary aim of this report is to identify next steps towards accomplishing the goals of the Illinois Jails Act. Overall, findings indicate that HIV education, prevention, testing, and treatment can be improved throughout the state, and education and proper linkages to care are essential to better health outcomes.

Analysis of the literature related to jail and prison healthcare indicates that effective interventions should begin while people are still detained. Gender-specific interventions that also consider intersectionality, including some harm reduction approaches, are often effective. Early linkage to care post-release predicts sustained care and better health outcomes for people with HIV. Additionally, people with HIV who have been detained had lower recidivism when provided with strengths-based case management. Transitional Care Plans can be highly effective at ensuring continuity of care and improving health outcomes.

To examine several research questions emerging from the literature review, the team utilized participatory action research procedures. This entailed drafting a survey and interviewing various stakeholders in Illinois, including reentry experts, professional health and peer educators, corrections case managers, and people with lived experience of detention and/or HIV. Their feedback was incorporated into the final survey design.

**The most actionable findings suggest the necessity of further supporting HIV in detention and upon release in the following ways:**

**Prevention with Promotional Materials**

**Training of Staff and People in Custody**

**Screening and Testing**

**Intervention and Treatment**

## Survey Highlights

A summary of lessons learned can be found on [page 37](#).



**60%**

of the facilities reported wanting to “know more about the IDPH’s medical assistance program”

### The most reported barrier

to providing people in custody with HIV education was

**“Insufficient knowledge to provide training and education”**



**Only 2**

facilities offer people in custody Pre-exposure prophylaxis (PrEP) medication regimens



**90%**

of the facilities DID NOT post HIV prevention, treatment, and testing education materials in visitor waiting rooms



**40%**

of the facilities reported staff training on ethics



**75%**

of the facilities reported contracting out mental health services



**60%**

of the facilities reported providing staff with basic HIV facts and information



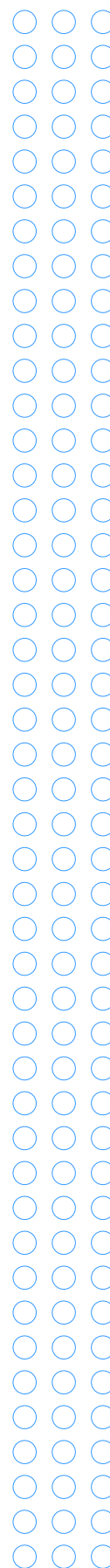
**47%**

reported training staff on confidentiality of people in custody



**Only 4%**

of the facilities reported providing further HIV education as part of their discharge planning



# Organizational Overview and Background

## About PHIMC

The Public Health Institute of Metropolitan Chicago (PHIMC) works to advance health justice and equity and strengthen public health through innovation and partnerships, in ways that align people’s needs with practical strategies and available resources. PHIMC’s Community Reentry Project is a 20-year multi-stakeholder project primarily supported by the Illinois Department of Public Health (IDPH). The project works to improve the health and safety of current or formerly incarcerated residents of Illinois who are at risk, or living with HIV/AIDS to help them eventually transition more smoothly back into their communities.

## Illinois County Jails Act

In 2011, the Illinois General Assembly passed the County Jails Act (*Illinois Compiled Statutes- CORRECTIONS (730 ILCS 125/) County Jail Act.*), amending the Unified Code of Corrections to include provisions for addressing HIV prevention and care in county jails and juvenile detention centers. **The law contained the following provisions applicable to detainees of county jails and juvenile detention centers:**

- Upon arrival and prior to release, all detainees must receive “appropriate information verbally, in writing, by video, or other electronic means, concerning HIV and AIDS.”
- Prior to release, the correctional facility must inform the detainee of the option of being tested for infection with HIV by a certified local community-based agency or other available medical provider at no charge to the individual.
- Pre-test information will be provided before all tests and testing will be opt-out as defined by the AIDS Confidentiality Act.
- Standards for what information is required for pre-test counseling and also for opt-out testing, if offered, are defined in the law.
- Confirmatory testing must be conducted in accordance with IDPH guidelines. Results must be given in accordance with the AIDS Confidentiality Act.

- The law contains a specific directive for Cook County Health and Hospital Systems providing care inside Cook County Jail to educate detainees on HIV and allowing opt-out HIV testing.
- Each county jail must “make appropriate written information concerning HIV/AIDS available to every visitor of the jail.”
- The law requires that educational materials and pre/post-test counseling protocols be developed in partnership or in accordance with IDPH guidelines.

### **IDPH, PHIMC Launch Data Collection Initiatives**

In 2012, the Illinois Department of Public Health (IDPH) launched a data collection initiative, surveying Illinois' county jails about their implementation and awareness of the Illinois County Jails Act. IDPH presented these results at statewide HIV related meetings and at an Illinois Sheriff's Association meeting. Follow-up training and support were offered to the facilities to improve the health of individuals while in detention and upon release.

In 2016, PHIMC re-collected data using a variation of this survey. In the 2012 survey, 86 of 91 jails (94%) responded with that rate slightly decreasing to 67% in 2016. Both surveys were very short, consisting of three questions, and focused solely on understanding the current status of HIV education and testing, as well as assessing interest if one or both were not provided. Recommendations from the 2016 study indicated a need to understand why jails were not providing testing and/or education services, to inform facilities of resources such as the medication assistance program, and to increase the number of survey questions to gain better insight into county jails' infrastructure for medical services.

## The Current Initiative

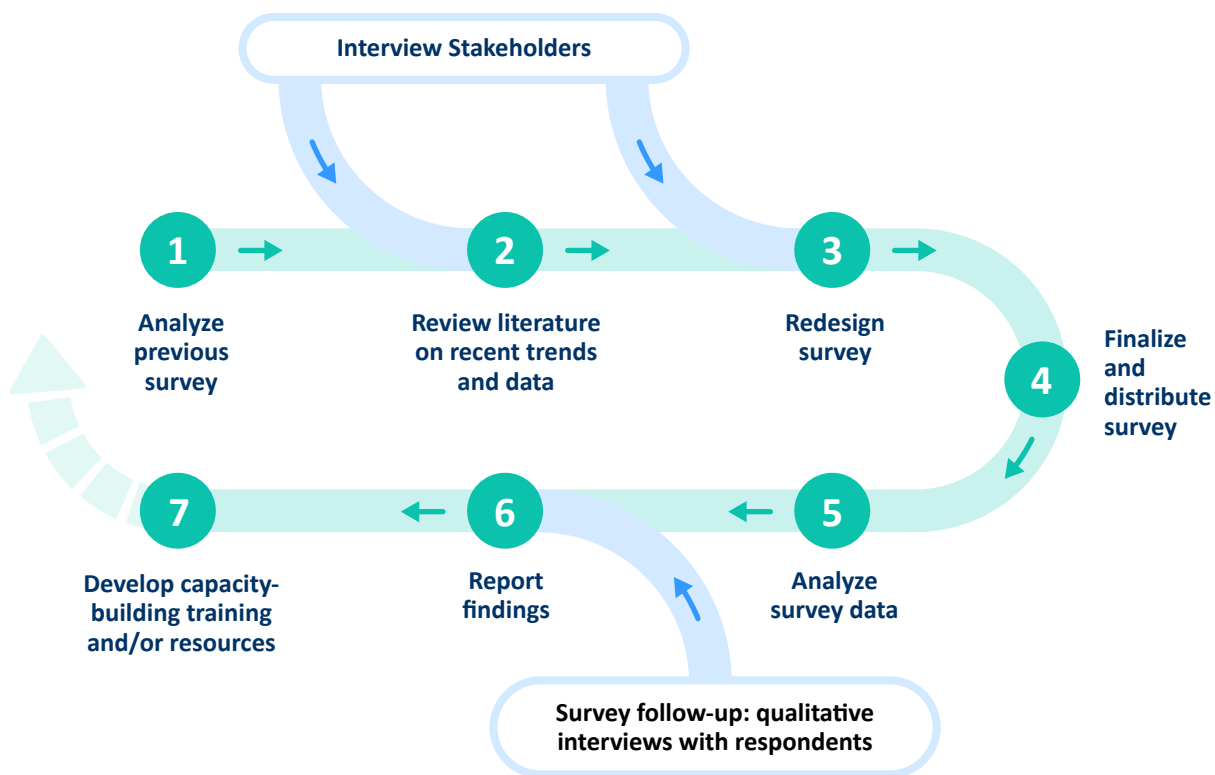
In early 2023, PHIMC launched a third survey to gather updated information from detention centers and discover their priorities, challenges, and other options to increase awareness of the goals of the Act and fulfill them. This includes aspects of the Act related to education, prevention, testing, and treatment both during and post-detention. Additional aims were to inform the development of an outreach and capacity-building strategy to improve HIV services in Illinois' county jails and juvenile detention centers. This process included extensive survey expansion and redesign, implementation, data analysis and reporting, outreach, and capacity building.

For the current effort, PHIMC collaborated with Community Research Collaborative (CRC), led by Ph.D. community psychologists with 20 years of experience who utilize participatory action approaches to survey design, collection, analysis, and lessons learned. Given the past survey design, collection, and conclusions, the PHIMC/CRC team created a more extensive survey through stakeholder input to better understand support needed for detention facilities to comply with the Illinois County Jails Act and improve public health.

A qualitative follow-up component was added to better understand which facilities currently provide HIV education, testing, and treatment; which outsource these services; and which facilities are interested in more support either through IDPH's medication assistance program, training, or other mechanisms. Further, the qualitative component aligned interested facilities, specific supports, and preferred forms of support.

## Survey Design Process

As part of the survey design process, input was obtained from multiple stakeholders, including reentry experts, professional health and peer educators, corrections case managers, and those with lived experience of detention and HIV. PHIMC provided technical information and incentives to stakeholders to provide input and support this process (i.e., contact information for staff members/ Sheriff's offices and funding to incentivize stakeholder engagement).





## Research Literature Related to Jail and Prison Healthcare

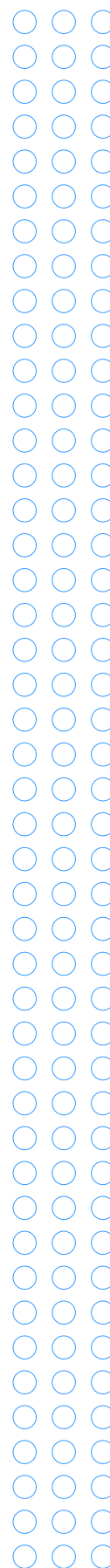
Research demonstrates incarcerated individuals are at much greater risk for HIV than the general population and treating and preventing HIV among people who are detained can have an outsized effect on protecting public health at large.

HIV prevalence in correctional populations is approximately three to five times that of the general adult population (Lima et al., 2015; Valera et al., 2017). Incarceration, even a year after release, is connected to higher HIV rates compared to those who were never incarcerated (Eastment et al., 2017). The more concentrated rates in jails make them important places to screen, assess, and intervene in HIV education and prevention (Staton-Tindall et al., 2015). Too often, the public health approach to this threat and opportunity is left behind compared to other, also legitimate, concerns. Jails, particularly in rural communities, receive the least resources (Staton-Tindall et al., 2015), but also have lower incidence rates. The fluid nature of detention settings refers to the rotating flow of people that creates risk for transmission inside jails and prisons and then outside in the community.

HIV prevalence in correctional populations is approximately

**3 to 5 times**

that of the general adult population



### The guiding literature is broken into two sections:

- Studies around HIV that focus on opportunities **within** detention settings
- Those that focus **within and post, just post**, or some combination

At the end of this report, other findings from scientific literature are reviewed, including specific populations and potential new strategies which require harm reduction considerations.

### HIV Within Detention

#### *Greater Levels of Prevention Testing and Treatment Are Sorely Needed Across the U.S.*

Prevention, testing, and treatment in jails increases the health of the individuals who are detained and the broader community. Despite CDC recommendations, only 7% of jails in the U.S. test people in custody at admission (Maner et al. 2022). One definitive study, Maner et al., (2022), points to the urgency for more prevention, screening and treatment. Against expert recommendations, 46% of all US jails utilize correctional officers to conduct these screenings. In alignment with survey responses in the present study, availability of pre-exposure prophylaxis (PrEP; HIV prevention medication protocols) is rare, particularly in rural locations (Maner et al., 2022).

A systematic review of 27 studies on US adult individuals detained in facilities emphasized the urgent need for prevention and intervention to reduce risk-behaviors (Valera et al., 2017); consistent with Illinois Law. The review covers key topics in prevention, intervention and education for persons in custody, such as the HIV care continuum, risk

Despite CDC recommendations,



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Against expert recommendations,



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screenings**

behaviors, gender, and prevention (e.g., peer education) (Valera et al., 2017).

One study conducted semi-structured interviews with twenty-three people living with HIV who were detained (Buchbinder et al., 2020). Interviews examined continuity of care, privacy and stigma, and satisfaction with HIV treatment. While in jail, most participants received HIV medications and saw providers. Almost half reported that the primary challenge was obtaining necessary medications, and attributed this problem to limited attention to this need from facility administration, and flawed resources and policies around HIV.

A primary takeaway from the interviews was the need to do more to ensure all jail leadership review their internal policies to ensure people receive needed medications quickly, upon entry into jail, and throughout their periods of detention.

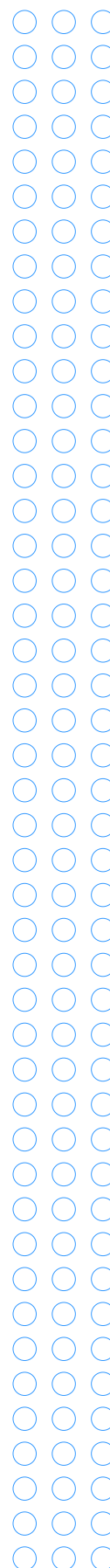
### ***HIV Information Plus Skill-Building and Social Support Is Most Effective***

El Bassell et al. (1999) tested the efficacy of a skills-building and social support enhancement intervention designed to reduce the spread of HIV among 145 incarcerated women, all with recent histories of significant drug use. Participants were randomly assigned to informational group sessions on HIV/AIDS prevention or group sessions that included HIV/AIDS information as well as skills-building and social support enhancement. Participants in the skills-building and social support group showed more improvement than the HIV/AIDS information groups in the areas of

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safer sex behavior, coping skills, and emotional support, providing evidence that skills-building and social support enhancement groups may have greater potential to reduce further infection rates among this population.

### ***Education Is Essential and Testing Must Remain Voluntary***

Other researchers have emphasized attention to ethics, such as the need for testing procedures to ensure that opt-out testing is informed and understood by incarcerated individuals as voluntary, particularly given the vulnerability of this population (Rosen et al. 2015). One extensive study confirmed the feasibility of implementing a skill-building intervention and social support enhancement for women in detention (El-Bassel et al., 1995). When asked about testing, most (82%) remembered being tested in the past, and desired to be tested again (82%), but less than 40% understood testing to be voluntary.

## **Comparisons of Health for Those Inside and Outside Incarceration**

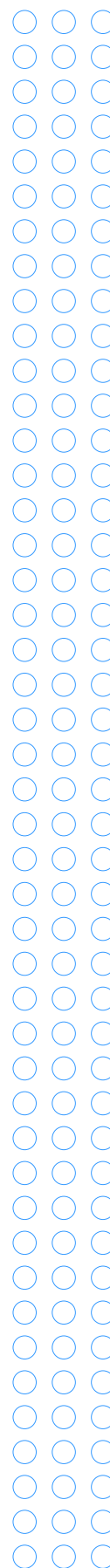
### ***The Negative Health Impacts of Incarceration Are Lasting Without Proper Linkages to Care***

Another important study examined people living with HIV/AIDS during their first incarceration. The data was linked with jail booking data that included demographics, viral loads, and CD4 counts (i.e., white blood cells that fight disease) prior to and during detention, as well as after the first year following release. They found that people who experienced incarceration had poorer health outcomes a year after release than matched participants at the same point in time. This study emphasized the need for improved coordination and exchange of HIV information between public health departments and jails and other approaches to improving the HIV care continuum (Eastment et al., 2017).

**Less than  
40%**

of women in  
detention

**understood  
testing to be  
voluntary**



Similarly, a more recent study on post-release HIV care and treatment shows worse outcomes for people released than those in the general population. More and better interventions are needed for this stage of the process (Kouyoumdjian et al., 2020). A common theme is the need to focus on the continuum of care, and there are good options that exist.

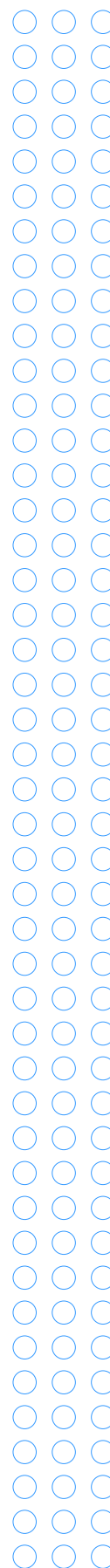
## Intervention Inside and Upon Release

### *Effective Post-Release Interventions Should Begin While People Are Still Detained*

Golin et al. (2016) argue that the Seek, Test, Train, Retain (STTR) strategy provides a helpful model for how researchers and staff can develop, test, and refine multi-component interventions to address HIV care linkage, retention, and adherence. This HIV prevention strategy is particularly appropriate in correctional settings where HIV screening and treatment are routinely available. However, many people living with HIV have difficulty sustaining sufficient linkage and engagement in care, disease management, and viral suppression after prison release. While this study was on adults incarcerated in prisons, these gaps also exist in jails and juvenile detention.

The Golin et al., (2016) team developed Project imPACT (individuals motivated to Participate in Adherence, Care, and Treatment), a multi-component approach for recently incarcerated people living with HIV that explicitly target their care linkage, retention, and medication adherence by addressing multiple barriers to care engagement after release. The ultimate goals of this intervention are to improve the health of people living with HIV recently released from prison and reduce HIV transmission to their communities by maintaining viral suppression.

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after prison release



To test the model, Golin et al. (2016) engaged in a randomized, controlled trial in two U.S. state prison systems. The final imPACT intervention focused on the transition period two to three months before and three months after prison release. The researchers' conclusions emphasized pre-release readiness, pre- and post-release supportive non-judgmental counseling, linking individuals to an HIV care clinic, and technological support through videos and text messages.

### ***Gender-Specific and Trauma-Informed Interventions Are Recommended***

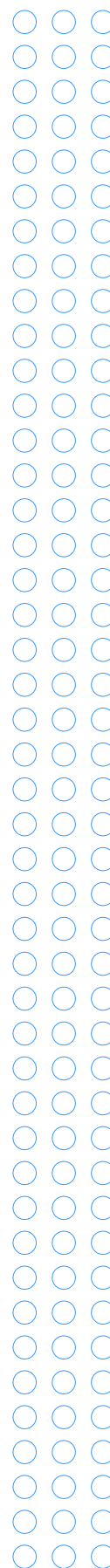
Another study with a focus on HIV in-prison and upon release emphasized trauma-informed interventions. Erickson et al. (2020) used a longitudinal design to study 289 women in custody, supporting their argument that such interventions must be gender-specific, include housing and substance use supports, and address the impact of gender-based violence. Gender-specific support was also included in a study by Collica-Cox (2015) who analyzed levels of self-esteem among 49 female prisoners, suggesting participation in non-traditional peer support HIV intervention was beneficial to all parties, particularly the helpers.

## **Research Post-Release**

### ***Post-Release Support for Access and Care Navigation Is Associated with Positive Outcomes and Recommended as the Standard of Care***

Other studies focus exclusively on HIV challenges post-release. Myers et al. point out that patient navigation supports maintaining engagement in care, mitigates health disparities, and should become the standard of care for people living with HIV leaving jail. Release also provides opportunities to engage in care, which reduces recidivism

Trauma-informed interventions must be **gender-specific, include housing and substance use supports, and address the impact of gender-based violence**



and points to the need for community-based HIV care efforts. The year following arrest or release offers excellent opportunities to reduce STI and HIV infections in the community (Wiehe et al., 2015).

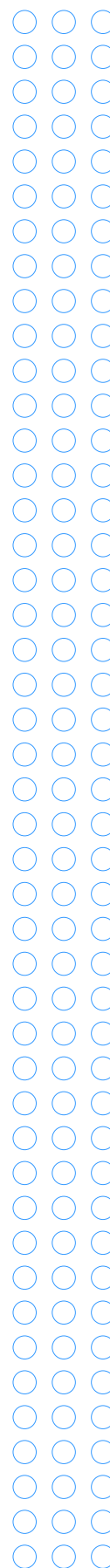
### ***Early Linkage to Care Post-Release Predicts Sustained Care and Better Health Outcomes for People Living with HIV***

The focus on release is seen as vital to improving longitudinal treatment outcomes among criminal justice system-involved people with HIV (Loeliger et al., 2018). This retrospective cohort study of all adults living with HIV while incarcerated (n= 1,094) aimed to identify predictors of HIV care and viral suppression following release from prison or jail. Post-release HIV care declined steadily over three years of follow-up. Specifically, 67% retained care for year one, 51% retained for years one and two, and 43% retained for years one, two, and three. (Loeliger et al., 2018). Regardless of whether they were re-incarcerated or not, those who received sustained care and had viral suppression at three years post-release tended to be older, had health insurance, and received more transitional case management visits. Additionally, receipt of antiretroviral therapy during incarceration, early linkage to care post-release, and absolute time and proportion of follow-up time spent re-incarcerated were highly correlated with better treatment outcomes. In essence, among this large cohort with a 3-year post-release evaluation, HIV diminished significantly over time but was associated with HIV care during incarceration, health insurance, case management services, and early linkage to care post-release (Loeliger et al., 2018)

### ***People Living with HIV Who Were Detained Had Lower Recidivism Rates when Provided Strengths-Based Case Management***

Spaulding et al. (2018) focused on a strengths-based case

Receipt of antiretroviral therapy during incarceration, early linkage to care post-release, and absolute time and proportion of follow-up time spent re-incarcerated **were highly correlated with better treatment outcomes**





management intervention developed for people living with HIV who were leaving jail. They hypothesized this intervention would increase linkage/retention in care (indicated by receipt of laboratory draws), and that participants would have a suppressed HIV viral load in the year following release. Their study of 113 people living with HIV who were detained showed that control participants had a 60% recidivism rate while participants receiving strengths based case management had a 10% lower recidivism rate (Spaulding et al., 2018).

One randomized controlled post-release study was conducted at Cook County Jail during 2011–2014. The individuals were contacted six weeks post-release. Half were contacted by the clinic coordinator and informed of their appointment date a few days after release. Others received standard care only (Khawcharoenporn et al., 2019), which included comprehensive discharge planning, drug treatment, and guidance on scheduling appointments with chosen clinics. Simple telephone contact improved continuity care engagement among those persons.

### ***Transitional Care Plans Can Be Highly Effective and Improve Health Outcomes***

Teixeira et al. (2015) assessed 6-month outcomes for people with HIV who were released from New York City jails with a transitional care plan. Transition services were used for continuity of care in a study with 434 participants. Of those seen at six months, more were taking antiretroviral medications (93% vs. 56%), had improved antiretroviral therapy adherence (93% vs. 81%), and reported significant reductions in emergency department visits (0.20 vs. 0.60 visits), unstable housing (4% vs. 22%), and food insecurity (2% vs 21%).

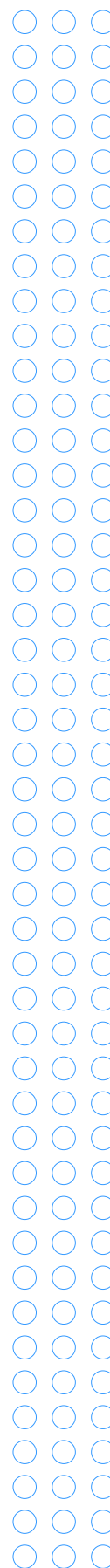
Assessment of a 6-month transitional care plan revealed:

### **Notable increases in:**

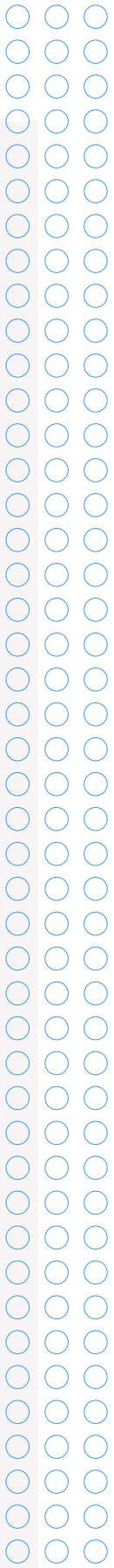
- People taking antiretroviral medications
- Antiretroviral therapy adherence

### **Significant decreases in:**

- Emergency department visits
- Unstable housing
- Food insecurity







## Methods


The methodology for this project began with a review of the 2012 and 2016 surveys and results, combining that information with the scientific literature to see what other studies have been conducted over the last 20 years on HIV/AIDS and prisons and jails: upon entry, inside detention facilities, and post-release. The findings and variables were categorized and assessed concerning Illinois law around providing information, training, and services in jails and juvenile detention centers for HIV/AIDS, but also Hepatitis C and COVID-19. The CRC and PHIMC staff met several times to discuss the categories of possible questions. The CRC team then created a draft version of the survey. The CRC team spent three weeks interviewing various stakeholders, including reentry experts, professional health and peer educators, corrections case managers, and those with lived experience of detention and HIV.

The participants suggested revisions and additions to the survey, which were coded and used to refine the included items further. The CRC team met several additional times with PHIMC staff to ensure essential topics were included and that the survey was brief enough to reduce fatigue and get a strong response rate. After much revision, a near-final version was brought to the IDPH grant coordinator, who has a direct connection with IDOC and was involved in the prior survey. Feedback and further suggestions were incorporated.

The survey was distributed to 80 county jails and 7 youth detention centers throughout the state. Respondents for each jail or detention center were either administrators (e.g., sheriffs, superintendents, chief deputies) or healthcare providers. The CRC team continued to reach out to sheriff's offices and detention facilities for several weeks. Thirty surveys were completed representing 28 counties across Illinois. Of the 25 adult facilities and 3 juvenile facilities that responded to the survey, two adult facilities responded twice.

Most (77%) of the individual respondents had worked in the facility for over ten years. Analyses were then conducted using the most prominent statistical software package called Statistical Package for the Social Sciences (SPSS), and further discussions, interpretations, and additional analyses were run to produce the final report.

## Geographic Distribution of Survey Respondents by Illinois County

 Counties Representing Survey Respondents

### SURVEY SENT TO

**80 county jails**  
**7 youth detention centers**

### TOTAL NUMBER OF SURVEYS COMPLETED

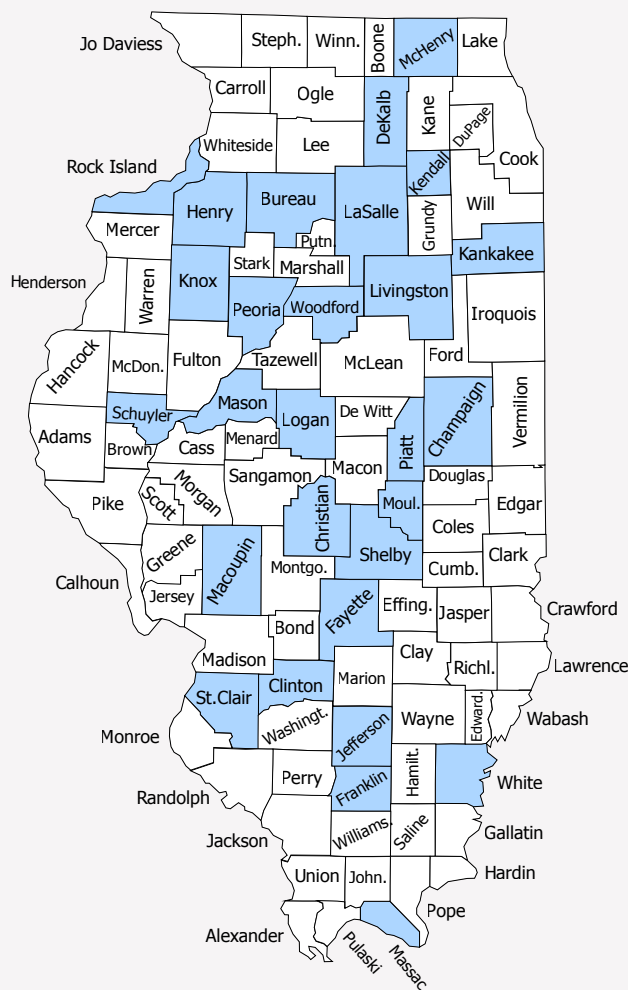
**30**

### TOTAL NUMBER OF COUNTIES REPRESENTED

**28**

### RESPONDENT PROFILE

**Administrators**  
**Healthcare Providers**



## Overall Survey Findings

The most actionable findings suggest the necessity for further supporting HIV. They generally fall into the categories of:

**Prevention  
with  
Promotional  
Materials**

**Training  
of Staff and  
People in  
Custody**

**Screening  
and  
Testing**

**Intervention  
and  
Treatment**

**Note:** In the following findings, the focus is primarily on percentages when considering frequencies and percentages. This approach is adopted as percentages are easier to read and interpret. The reference point for the percentages is always 100% of the number of facilities that responded to the specific survey or interview question. Sometimes, the number of respondents is included in cases where only a smaller portion of the facilities responded to a specific item. If only the percentages are provided, it can be inferred that the total sample size for the analysis was approximately 28.

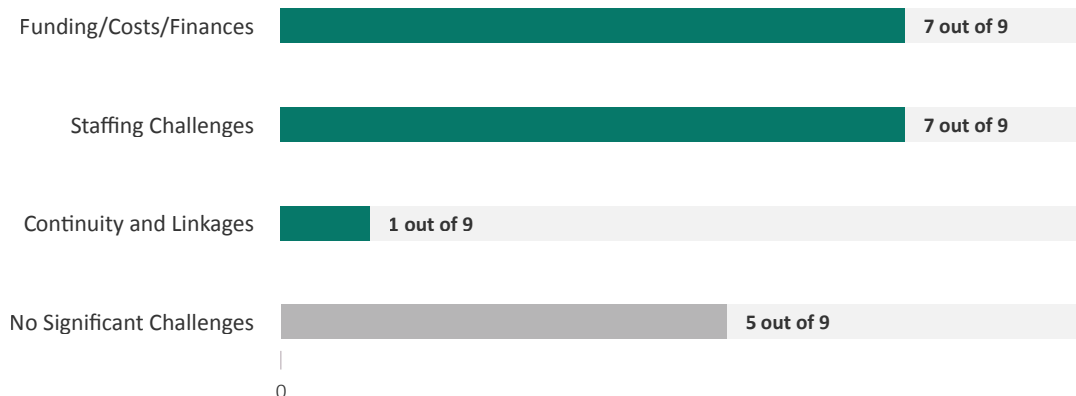
# SURVEY FINDINGS

## Major Challenges Around HIV Healthcare

### SURVEY AND INTERVIEW RESULTS

Survey participants were asked the open-ended question, “**What major challenges is your facility currently facing regarding the delivery of healthcare?**”

**Responses from 9 facilities** fell into four thematic categories, with **funding** and **staffing** receiving the most reports.



**7 facilities mentioned costs:**



The high cost of medications, specifically HIV, injectable and mental health medications.

The cost to the county.

## SURVEY FINDINGS

### Major Challenges Around HIV Healthcare

**7 facilities mentioned staffing challenges:**



No full-time medical professional on-site.

Limited relationship with County Health Department.

Short Staffed; Lack of people wanting to work.

Not having 24/7 care availability; Limited hrs that nurses are available on-site for general healthcare issues.

**1 facility mentioned continuity and linkages:**



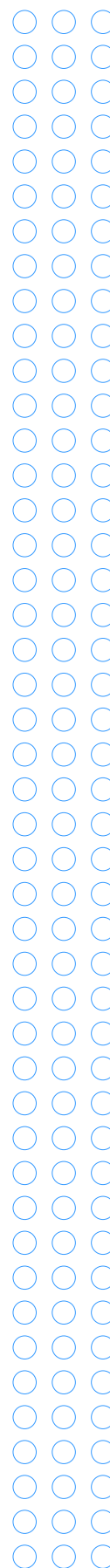
Getting inmates to follow up once they are released.

#### POTENTIAL FOR ACTION

**Screening and Testing**

**Ensure all jails are aware of state and federal financial supports for HIV treatment.**

**Develop and disseminate a list of best practice strategies for budgeting, contracting out services, and/or allocating limited resources to support the health of people in custody.** Increase communication across jails with similar challenges to allow for struggling locations to learn from similarly situated counties and facilities that are managing more effectively.



# SURVEY FINDINGS

## Facility Awareness

### SURVEY AND INTERVIEW RESULTS

#### Desire for More Information



**60%**  
of facilities reported  
**wanting to know more**  
**about IDPH's medical**  
**assistance program**

#### Training on ADAP and Stigma Reduction



**Only 3**  
of 28 facilities reported  
**training staff on AIDS Drugs**  
**Assistance Program (ADAP)**  
**or stigma reduction efforts**

**When asked whether they would benefit from learning about ADAP, respondents stated:**

“

Absolutely, any help towards physical well-being...Anything we can do is more than we are doing now.

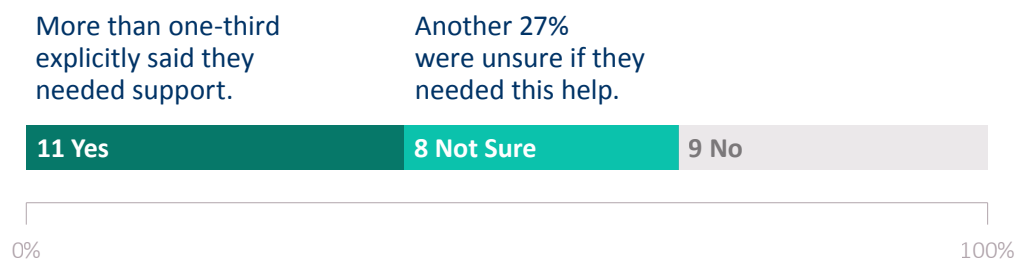
We are always interested in learning more about stuff or new resources.

We have a lack of knowledge of where to begin.

## SURVEY FINDINGS

### Facility Awareness

Regarding compliance with the Illinois County Jails Act, participants responded to the question, **“Do you think your facility could use more support in complying with Illinois Law (IL County Jails Act) requiring all jails to provide HIV awareness and testing?”**



**In a follow-up interview, one of the facilities reported specific actions that would bring them into compliance, and support their staff and people in custody in the process:**

“

Someone they can call, someone they can access for emergency care.

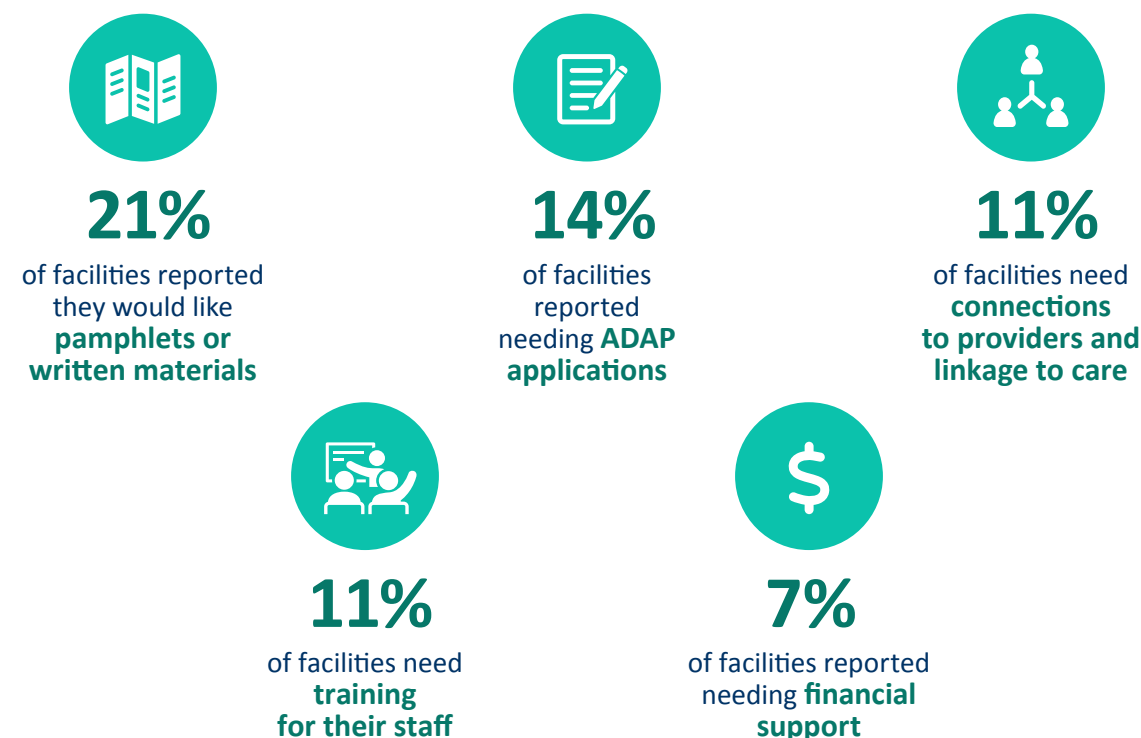
“

Mobile units to provide health care, HIV testing, treatment, and education for detainees.

## SURVEY FINDINGS

### Facility Awareness

When asked about materials or resources needed to enhance or expand HIV health education for people in custody, facilities indicated a need in **5 areas of educational support**:



#### POTENTIAL FOR ACTION

##### Training of Staff and People in Custody

**Provide information and trainings** to increase knowledge of all IDPH medical assistance programs such as ADAP.

**Follow-up with these specific facilities** to see what types of support are needed and then offer the training, materials, and support needed.

**Consider establishing mobile units** to provide health care, HIV testing, treatment, and education for people in custody across facilities.



# SURVEY FINDINGS

## Prevention Materials

### SURVEY AND INTERVIEW RESULTS



**90%**

**of facilities report** that posters or pamphlets regarding HIV Prevention, HIV Testing, and/or HIV Education **are not displayed** in the visitor waiting areas.

### POTENTIAL FOR ACTION

**Prevention with Promotional Materials**

**Consider producing and distributing HIV informational posters and pamphlets** for posting in all facility waiting rooms.

# SURVEY FINDINGS

## Education for Staff

### SURVEY AND INTERVIEW RESULTS

#### Basic HIV Information



**60%**  
of facilities reported **providing staff with basic HIV facts and information**

One follow-up interview participant stated, about staff HIV education:



I wouldn't want my staff members involved in the testing but to know about it and to speak about it.

#### Ethics Training



**40%**  
of facilities reported **staff training on ethics**



**47%**  
of facilities reported **staff training on confidentiality of people in custody**

### POTENTIAL FOR ACTION

**Training of Staff and People in Custody**

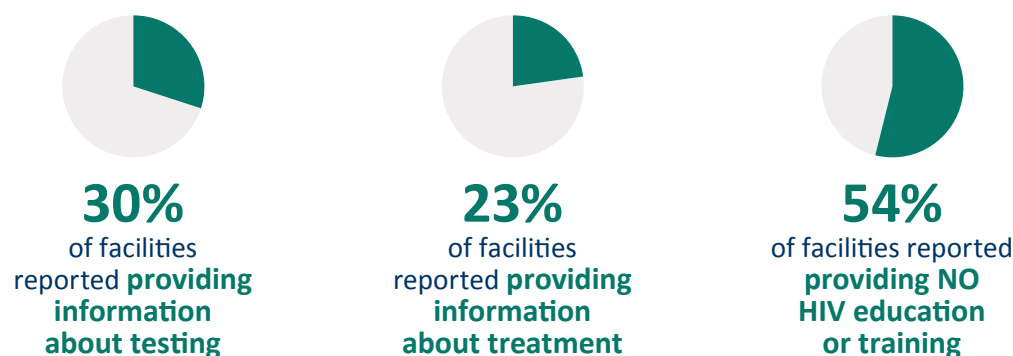
**Consider offering or contracting a provider** to offer basic HIV and health ethics training for all facilities.

# SURVEY FINDINGS

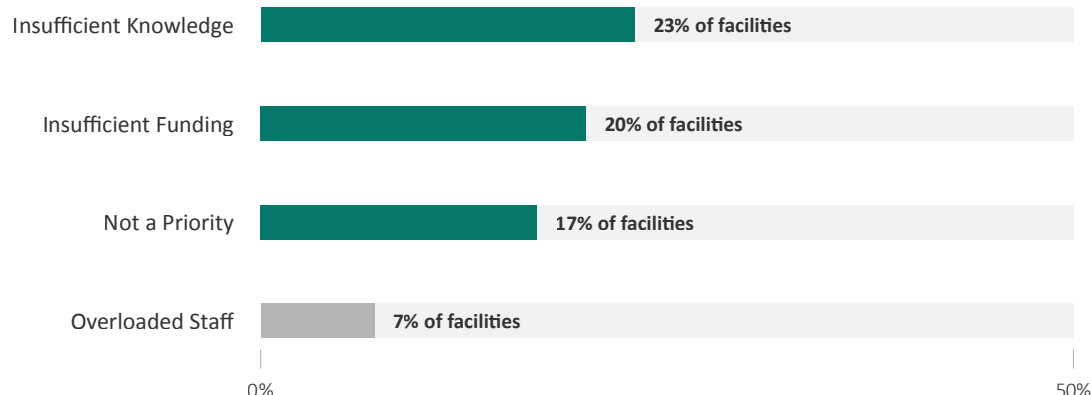
## Education for People in Custody

### SURVEY AND INTERVIEW RESULTS

The most commonly reported barrier to providing people in custody with HIV education was **“Insufficient knowledge to provide training and education.”**



Responses from facilities regarding the limitations on education and training for people in custody indicated that the **most frequently reported barriers were insufficient knowledge, insufficient funding, and not a priority.**



## SURVEY FINDINGS

### Education for People in Custody

In the follow-up interviews, respondents reported that **one of the ways the facilities were able to afford HIV education and prevention was through accessing grants.** A respondent at one facility mentioned they used to conduct HIV testing through a contract, **but when grant funding ended, so did those contracts.**

Both juvenile follow-up interviews stated their current departments are **looking into HIV education overhaul.**

#### Other facilities reported:

“

Time would be our biggest concern.

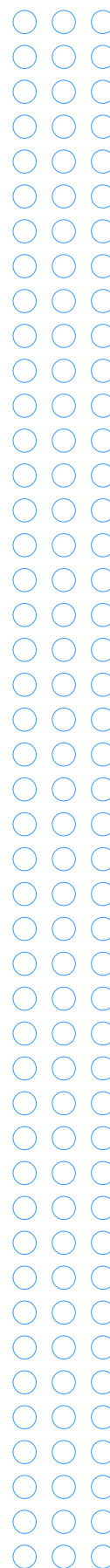
“

...difficult to fill the open line officer positions that we have open and we are also seeing not everybody wants to work in the medical world of corrections.

#### POTENTIAL FOR ACTION

##### Training of Staff and People in Custody

**Offer training resources, materials, or onsite training** to increase facilities' ability to provide people in custody with HIV education.



# SURVEY FINDINGS

## HIV Prevention and Testing

### SURVEY AND INTERVIEW RESULTS

#### Facilities Offering PrEP to People in Custody



**Only 2**

of 28 facilities reported offering pre-exposure prophylaxis (PrEP) medication regimens to people in custody

#### Health Screenings Currently Offered Among Participating Facilities



**93%**

offer General Physical Health Screens



**89%**

provide Mental Health Screens



**47%**

provide Opioid Overdose Awareness (e.g., information on Narcan)

#### Facilities Providing HIV Testing to People in Custody



**47%**

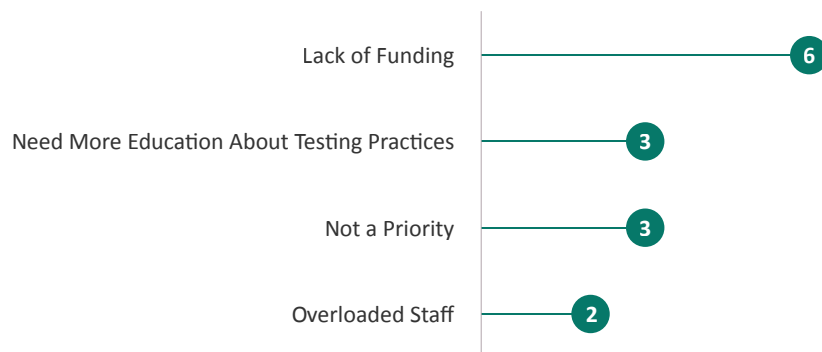
of facilities reported providing HIV testing

Larger facilities were more likely to report conducting HIV testing for people in custody than smaller facilities. This positive correlation, meaning that larger facilities tended to do more testing was measured as a Pearson correlation ( $r = .337$ ) which was statistically significant with a probability value ( $p < .05$ ).

## SURVEY FINDINGS

### HIV Prevention and Testing

The four most common responses from 15 facilities regarding challenges they faced in providing HIV testing services to people in custody:



Top Responses to the Following Related Open-Ended Survey Questions

- **What resources would be needed to expand or improve your facility's HIV testing services?**
- **To begin HIV testing services, what resources would you need?**

“

Staff to administer testing services. (8)

“

Test kits. (6)

“

Additional training and education for staff. (5)

#### POTENTIAL FOR ACTION

Screening and Testing

Intervention and Treatment

**Expand the use of PrEP.**

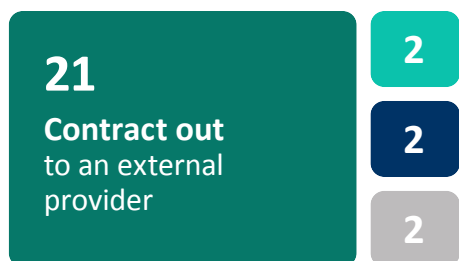
# SURVEY FINDINGS

## Mental Health Provision and Lab Testing

### SURVEY AND INTERVIEW RESULTS

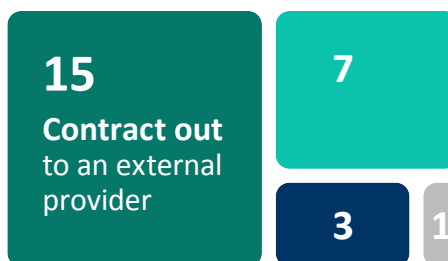
When survey participants were asked to indicate which, if any, **specific mental health and laboratory testing services** the facility currently provides, **most reported that they contract out to an external provider.**

#### Mental Health Services (27 Facilities Responded)



- **Contract out** services to an external provider
- **Both contract out and provide** services themselves
- **Provide all** services themselves
- **DO NOT provide** services at all

#### Laboratory Testing Services\* (26 Facilities Responded)



\* Lab services other than finger stick, drug urinalysis, pregnancy test, etc.

### POTENTIAL FOR ACTION

#### Screening and Testing

**Gather additional information about the costs and benefits of providing mental health and laboratory services** for large, medium, and small sized facilities and provide this information to facility administrators to make informed decisions about what may work best for their context.

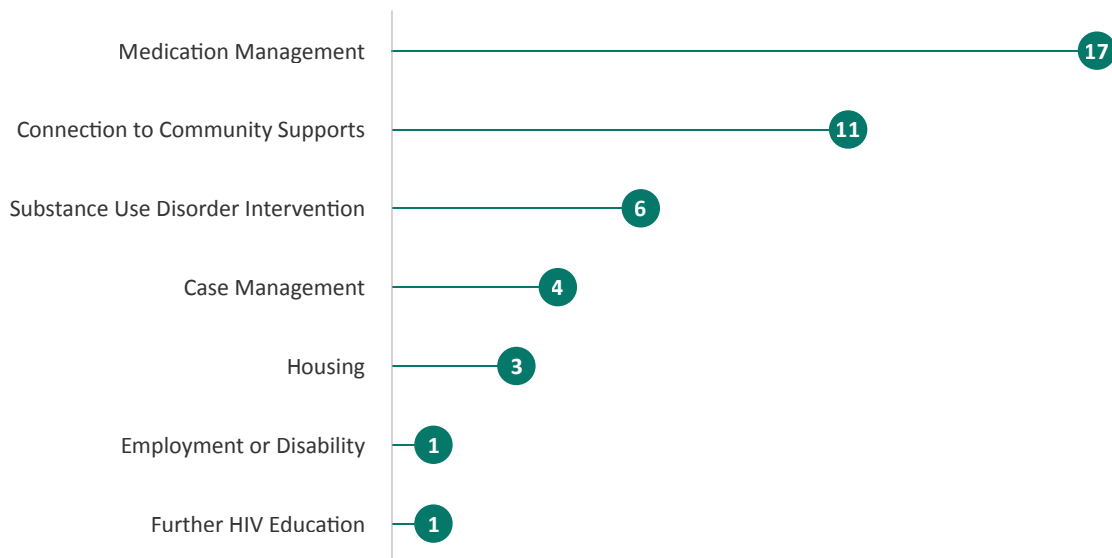
# SURVEY FINDINGS

## Discharge Planning

### SURVEY AND INTERVIEW RESULTS

28 facilities responded when asked to **select all forms of discharge planning their facility currently includes for specific individuals based on their needs.**

The least reported discharge plan items were **Employment/Disability planning** and **Further HIV Education planning.**



### POTENTIAL FOR ACTION

#### Intervention and Treatment

**Provide all facilities with recommendations and resources for best practices in discharge planning** to improve physical and mental health as well as reduce recidivism.

**Consider ways to support and/or incentivize** building in more robust discharge planning.

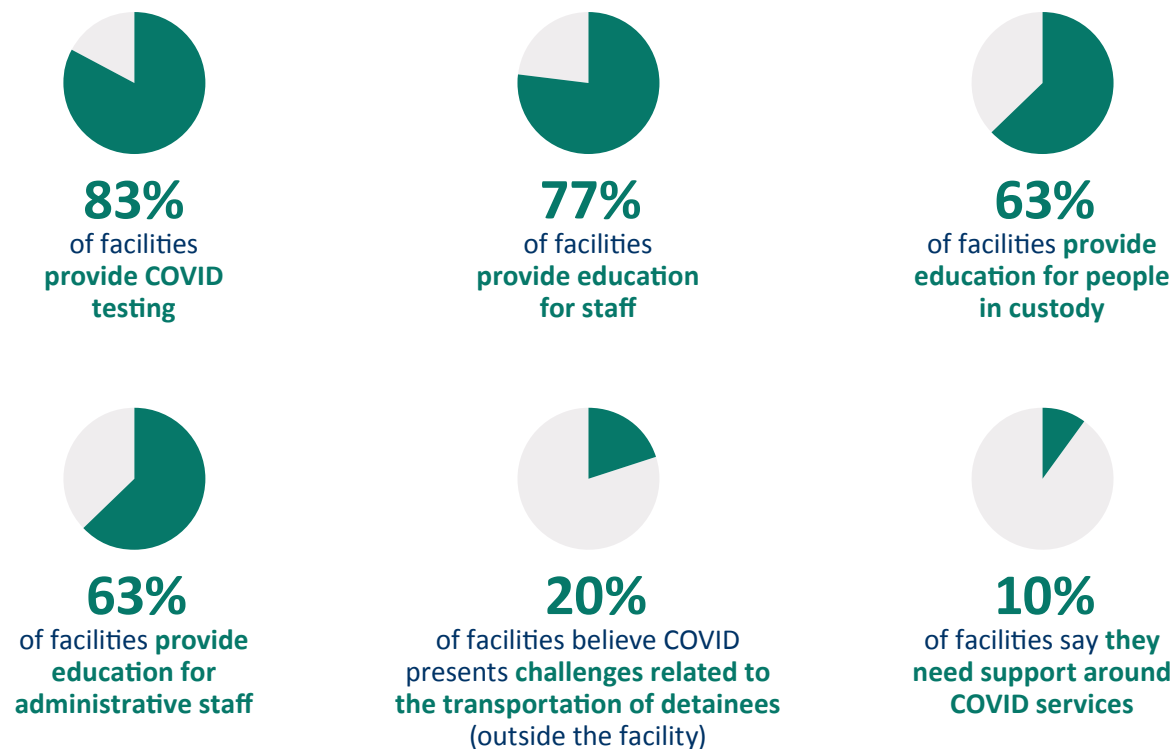


# SURVEY FINDINGS

## COVID Services

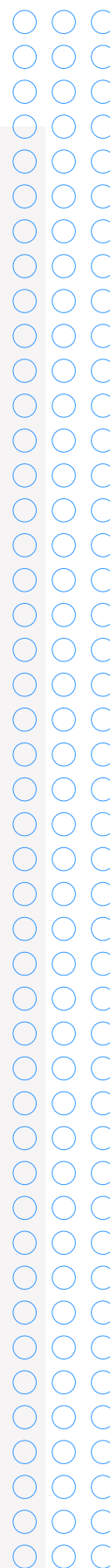
### SURVEY AND INTERVIEW RESULTS

28 facilities responded when asked about COVID services:



### POTENTIAL FOR ACTION





## Future Directions

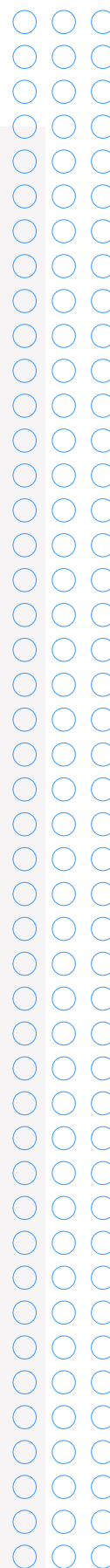
The literature outlined above also speaks to future directions, including considerations of ethics, a focus on special populations, harm reduction, and other interventions.

### Ethics Considerations

One intervention, Data-to-Care (D2C) used surveillance data (e.g., laboratory, Medicaid billing) to identify out-of-care HIV-positive persons and re-link them to care. Re-linking incarcerated individuals to care in jails may require novel strategies to minimize the risk of disclosing out-of-care patients' HIV status. Buchbinder et al. (2020) interviewed 47 expert stakeholders (with expertise in ethics and privacy, public health and HIV care, the criminal justice system, and community advocacy about ethical challenges of D2C) to understand and improve the continuity of care among individuals incarcerated in jails. Participants expressed support for extending Data-to-Care to jails. They discussed heightened stigma in the jail setting, and the need for training of jail staff, and incorporating non-medical community-based resources.

### Special Populations

Women in the criminal justice system frequently engage in HIV-risk behaviors that make them eligible for PrEP. Uptake may be limited by a lack of PrEP awareness or underestimation of personal HIV risk. Women in the criminal justice system report receptiveness to PrEP and represent an essential population for targeted PrEP implementation programs (Rutledge et al., 2018). This group conducted a cross-sectional survey of cisgender women, not diagnosed with HIV, on probation and parole who were recently released from prison/jail to assess PrEP awareness, eligibility, potential barriers to uptake, and the PrEP care continuum. Despite 33% (n = 42) meeting PrEP eligibility criteria, only 25% were aware of its existence, and only one person was using it. 17% of PrEP-eligible participants perceived they were at risk for HIV. Following a brief explanation of PrEP, 90% said they would try it if recommended by their physician. Compared to those not PrEP eligible (n = 83), PrEP-eligible women were less likely to be stably housed or have a primary care provider, and were more likely to be violence-exposed, charged with drug possession, have lifetime substance use, or be living with hepatitis C infection.



Three-quarters of new HIV infections in the U.S. are among men who have sex with men (MSM). According to Vagenas et al. (2016), interventions are urgently needed to link and retain young black MSM living with HIV in community care before and after incarceration. Khan et al. (2019) argued that we must reach HIV-positive men who have sex with men leaving jails and prisons to improve linkage to care and clinical outcomes and reduce transmission risk upon release.

Detained young black MSM were significantly less likely to receive a disease management intervention; and, in the six months post-release, to link to HIV care. Less than one in five HIV-positive MSM recently released from incarceration took advantage of a jail/prison re-entry health care program.

## Harm Reduction

The promotion of harm reduction in jails, such as the provision of syringes, is important because of the spread of HIV through injection drug use within detention. One study involved interviewing individuals who have been detained to better understand their experiences and insights while in detention (Staton-Tindall et al., 2015). While the goal of the research was to better understand the need for harm reduction syringe programs within detention, a primary conclusion was the importance of intentionally targeting HIV in jails by screening, assessing, and intervening with HIV education and prevention. This was particularly true in rural settings, where services and identification of HIV in the general population was limited and where jails provided a critical opportunity to address HIV-related needs.

Drugs are readily available in North American detention facilities. The equipment people in custody use to inject is accessed in various ways, sometimes obtained illicitly, sometimes made by the people in custody themselves (Van der Meulen, 2017). Equipment sharing is frequent and disposal of such supplies is rare. Internationally, harm reduction efforts have led to reductions in needle sharing and transmission of HIV and hepatitis C. Therefore, access to prison-based harm reduction programming is recommended.

In most countries, the spread of HIV and hepatitis C in prisons is driven by injection drug use, with many people living with HIV in detention unaware of their HIV status. Despite many studies confirming risk behavior and the prison setting as a risk environment for maintaining or taking up risk behavior, little progress has

been made around effective and efficient infectious prophylaxis using prison-based needle and syringe programs and associated education. Only approximately 60 out of more than 10,000 prisons worldwide provide needle exchange in prisons (Stover & Hariga, 2016).

A United Nations Office on Drugs and Crime (UNODC) handbook on implementing prison-based needle exchange has been expanded to better inform and guide officials in the Ministries of Justice and Health. The Handbook integrates the views and experiences of many experts throughout the world. Syringe provision is political, but the lack of confidentiality hinders people from participating. HIV/AIDS and opioid consumption are no longer the key drivers of the debate around drugs and infectious diseases in prisons (Stöver & Hariga, 2016).

In many countries, including Western Europe, the HIV rate among drug-using prisoners is lower than it was than 20 years ago. Hepatitis C is the most prevalent infectious disease but has been neglected by policymakers. Developing momentum to legitimize concerted action to prevent the spread of infectious diseases has been limited (Stöver & Hariga, 2016)

### **Other Interventions**

Lima et al. (2015) have shown that limited use and access to condoms has contributed to HIV incidence and prevalence in all settings. Aggressive implementation of a Criminal Justice System -focused HIV-Test Treat Retain strategy can potentially interrupt HIV transmission and reduce mortality, benefiting the community. To maximize the impact of these interventions, retention in treatment, including after jail and prison release, and increased condom use was vital for decreasing the burden of the HIV epidemic in all settings.

## Conclusion

This report used a collaborative approach to address the provisions listed in the Illinois County Jails Act specific to HIV prevention and care. Based on research done in collaboration with PHIMC and CRC, the lessons learned below can provide support for 1) increasing overall health education and HIV testing for people in custody and those released from correctional facilities, and 2) ensuring county jails and juvenile detention centers are poised to respond to necessary provisions.

### Lessons Learned

#### 1. Awareness of Available Supports

Bring greater awareness of available supports, including IDPH's medical assistance programs, such as ADAP, and accessible information about the Illinois Jails Act.

#### 2. Managing Resources

List best practices for managing resources, contracting out services, and allocating limited resources for the health of people in custody.

#### 3. Shared Learning Opportunities

Create more opportunities for shared learning across facilities and to learn from similarly situated counties and facilities that are managing the health of people in custody more effectively.

#### 4. Facility Approaches According to Context

Evaluate which mental health and physical services work best for different-sized facilities and what works best for which contexts.

#### 5. Prevention Posters and Pamphlets

Consider producing and distributing HIV information posters and pamphlets for all facility waiting rooms.

#### 6. HIV Education and Ethics Training

Offer basic HIV and health ethics training for all facilities, which can include train-the-trainer models for staff who can then educate people in custody.

**7. Treatment Opportunities, Awareness, and Action**

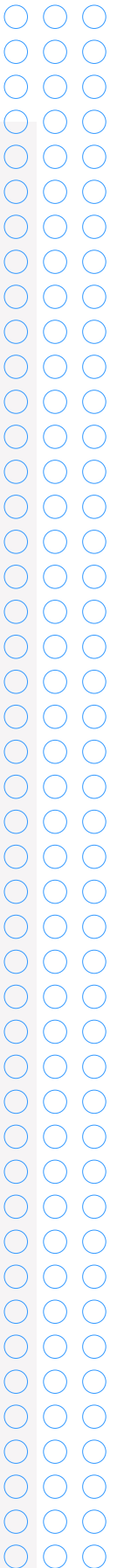
Increase awareness of treatment opportunities, including state, federal, financial, and other support for HIV treatment, and expand the use of PrEP.

**8. Discharge Services**

Provide and incentivize recommendations and resources, best practices, and more robust physical and mental health discharge and release planning.

**9. Harm Reduction**

Explore gender-specific and other intersectional harm reduction approaches.



## Acknowledgements

PHIMC appreciates all who initiated this research and participated in it and those same people who will carry this work forward, integrating these lessons into practice, to move Illinois closer to zero cases of HIV in the future.

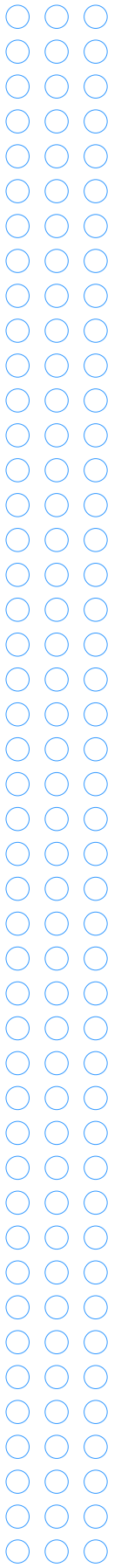
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Design by Pamela Krikorian.



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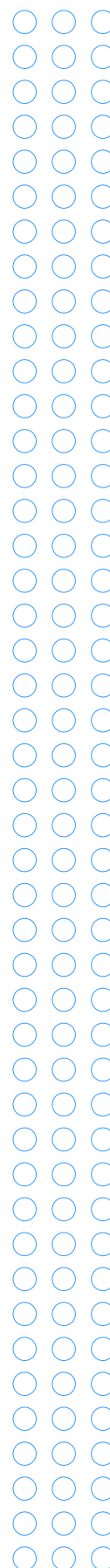
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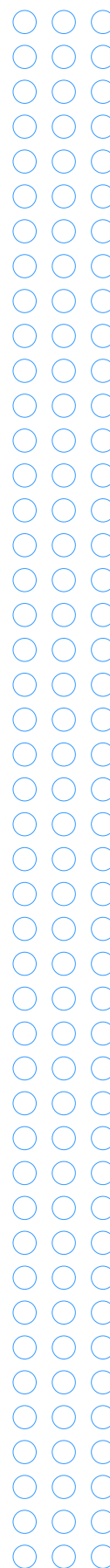
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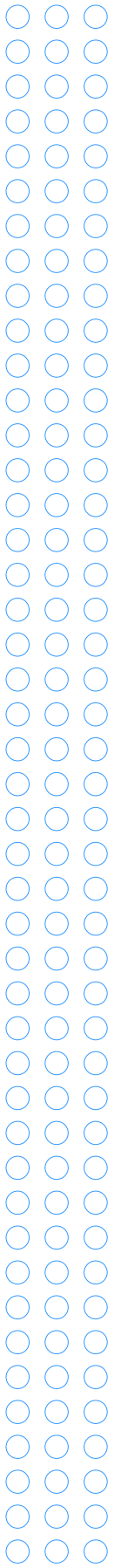
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