



The Choice Agenda presents:

Integrating HIV Prevention and PrEP Services in U.S. Correctional Settings

**Thursday, October 24, 2024
9 – 10:30 AM Eastern Time**



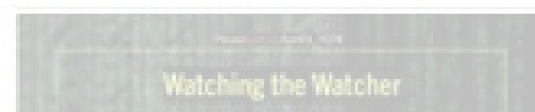
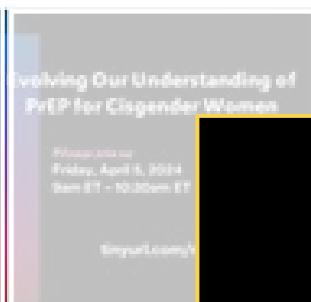
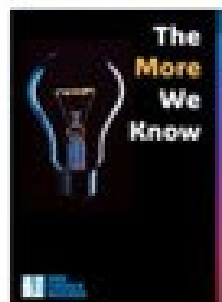
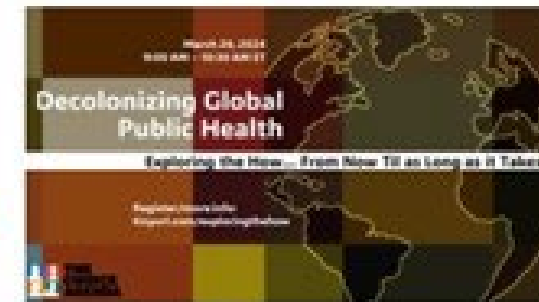
HIV prevention research - a new forum
for advocacy on the latest

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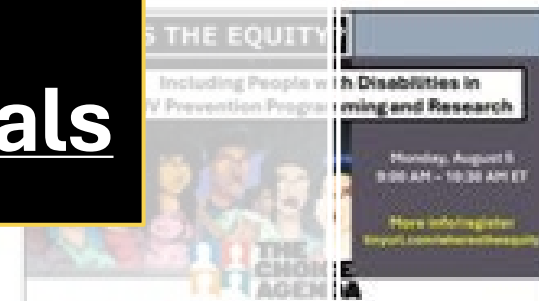
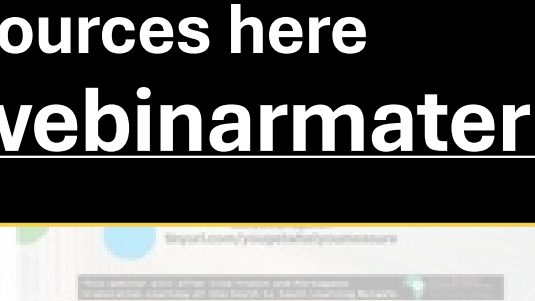


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Muy Loco
Carlos Baute

Reach Out, I'll Be There
Four Tops

Fly Away
Lenny Kravitz

Mon Cheri
**Sofi Tukker & Amadou
& Mariam**

**Got 2 Be Loved /
I Wanna Give it To You**
**Soul Reductions,
Ralphie Rosario
& Linda Clifford**

OCT 24
TCA Playlist

DJ Jimberly



Today's Speakers


Jeannette Webb
University of Chicago

Chad Zawitz
Cook County Health
Chicago

Russell Brewer
University of Chicago

Gjvar Payne
Capitol Area Reentry Program
Baton Rouge, LA

Louise Bienvenu
Frontline Legal Services
New Orleans, LA



Breaking Barriers: Laying the foundation for academic/community/correctional partnerships focused on the holistic health of criminal-legal involved populations

Jeannette Webb, BS
University of Chicago



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J A I L

Justify

Allies

Intersections

Lessons



Justifying the focus

- One of the most marginalized populations in the US – the incarcerated
- Incarceration has been shown to impact social and sexual network stability, employment and housing opportunities, and access to medical care leading to adverse health outcomes
- Criminal legal involvement individuals identified as a priority population in Getting to Zero Illinois
 - Maintain and expand resources for programs that provide HIV/HCV screening and linkage, medical care, behavioral health care, and supportive services for people who are justice involved, including those living in jails and prisons and those recently released from these facilities.*
- Pre-detention, detention, and post-release incarceration periods have been identified as important intervention opportunities to provide biomedical and socio-structural interventions

Allies

- CCHE
 - Long collaborative history of working with Cook County Jail medical staff
 - Post-COVID engagement with Cook County Department of Corrections (CCDOC- Cook County Jail)
- New engagement with Illinois Department of Corrections (IDOC) during COVID-19 pandemic to expand reach and access to persons in prisons and on community supervision
- Outreach to community-based organizations (CBOs), health care system, and reentry coalitions known to support criminal legal involved populations to discuss opportunities for coordination and formal/informal collaborations
- Outreach to non-traditional entities (e.g., employers, temporary staffing agencies, legal service providers, transportation providers) to support the provision of wraparound services
- Opportunity to build relationships with juvenile justice with Cook County jail champions as gatekeepers

Intersections of HIV and Incarceration

- HIV prevalence is 3-5 times higher in prisons and jails than in the general population^{1,2}
- Estimated fourteen percent (14%) of all people with HIV will be in custody each year¹
- Increased vulnerability to HIV/STIs post release and delayed access to HIV/STI services due to a myriad of factors including high unemployment and unstable housing^{3,4}
 - Engagement via multiple client facing opportunities
 - Chicago Center for HIV Elimination (CCHE) serves a unique role of conducting outreach, research, and providing HIV-related services (e.g., HIV/STI testing, navigation, resource counseling) in Chicago's South side and is also located in the same building as Howard Brown Health
 - Consumer engagement
 - Various community advisory boards (CABs) involved in priority setting, development, implementation, evaluation, and dissemination

1. Spaulding AC, Seals RM, Page MJ, Brzozowski AK, Rhodes W, Hammett TM. HIV/AIDS among inmates of and releasees from US correctional facilities, 2006: declining share of epidemic but persistent public health opportunity. *PLoS One*. 2009; 4(11):e7558.

2. Beckwith CG, Zaller ND, Fu JJ, Montague BT, Rich JD. Opportunities to diagnose, treat, and prevent HIV in the criminal justice system. *J Acquir Immune Defic Syndr*. 2010; 55(Suppl 1):S49– 55.

3. Boutwell A, Rich JD. HIV infection behind bars. *Clin Infect Dis*. 2004; 38(12):1761–3.

4. Brewer et al. A systematic review up to 2018 of HIV and associated factors among criminal justice-involved Black sexual and gender minority populations in the United States (US). *Journal of Racial and Ethnic Health Disparities*. 2022; 9(4): 1357–1402.

National and Multi-City Estimates

- National representative sample (i.e., NHBS 15 cities) found **31.2%** recent arrest history among Black men who have sex with men⁵
- **Sixty percent (60%, n=914)** of Black sexual and gender minority participants enrolled in the HPTN 061 six-city study reported a history of incarceration (have you ever)⁶
- Greater odds of incarceration among Black transgender women compared with Black men who have sex with men (**80% vs. 59.7%**, $p=.025$)⁶
- **Twenty-four percent (24%, n=305)** of Black sexual and gender minority participants in HPTN 061 reported a recent incarceration during 12 months of study follow up⁷

5. Lim et al. History of arrest and associated factors among men who have sex with men. *Journal of urban health*. 2011;88(4):677-689

6. Brewer et al. The High Prevalence of Incarceration History Among Black Men Who Have Sex With Men in the United States: Associations and Implications. *Am J Public Health*. 2014;104(3):448-454;

7. Brewer et al. Exploring the relationship between incarceration and HIV among Black men who have sex with men in the United States. *J Acquir Immune Defic Syndr*. 2014;65(2):218-225.

Impact in Chicago

- 46% (285/617) reported a history of incarceration among young BMSM enrolled in UConnect study in Chicago⁸
- 20% of UConnect participants reported incident incarceration within 18-month period⁸

8. Schneider JA, Lancki N, Schumm P. At the intersection of criminal justice involvement and sexual orientation: Dynamic networks and health among a population-based sample of young Black men who have sex with men. *Soc Networks*. 2017;51:73-87. doi:10.1016/j.socnet.2017.04.001.

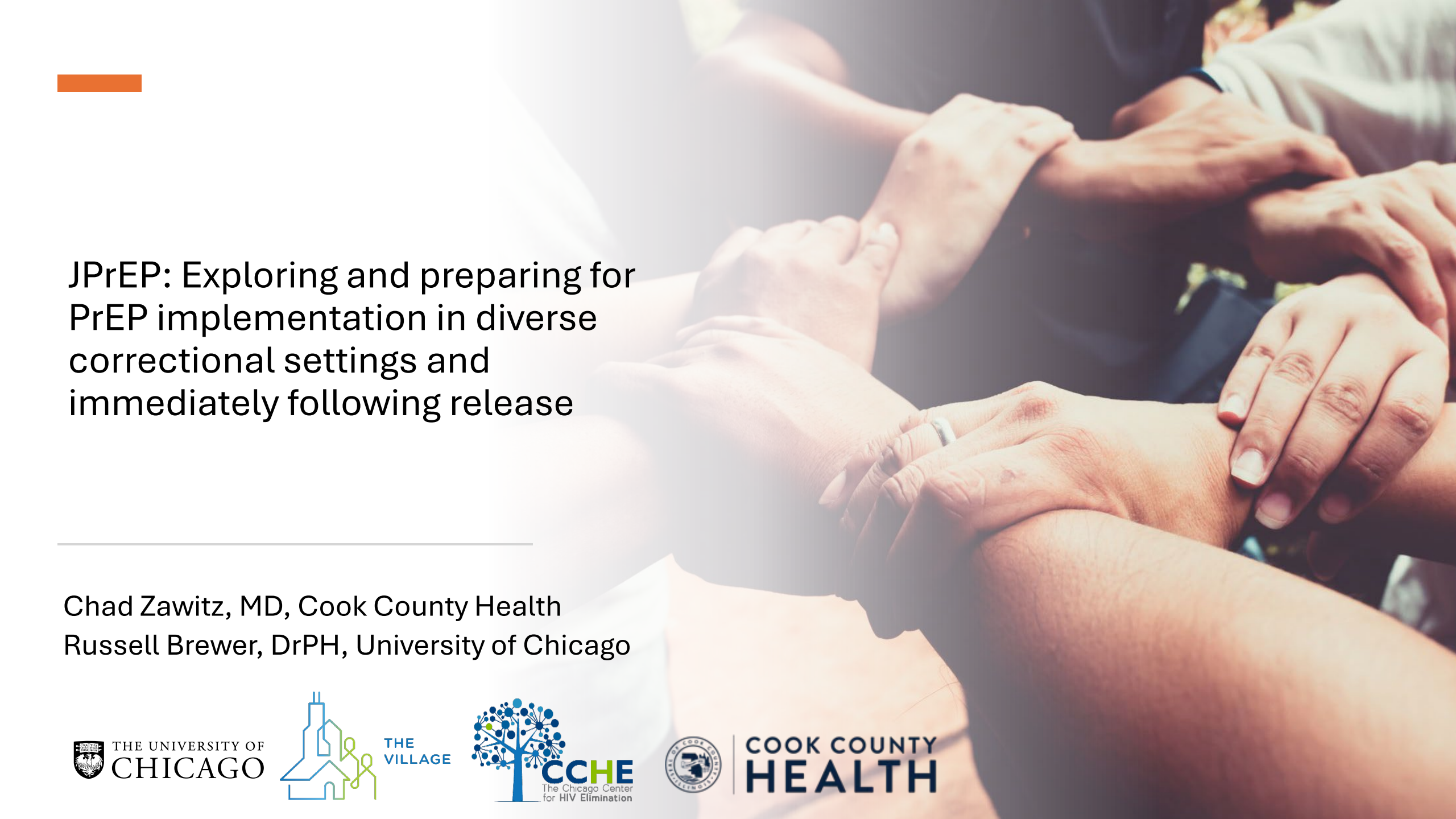
Lessons Learned & Recommendations

Correctional settings constitute an important setting for HIV care, treatment, and prevention services

Post release period (first 90 days) is a critical time to support CLI populations

Academic/community/correctional partnerships are essential

Community partnerships – more than agency MOUs and referrals but to have gate keepers and consumers participating in the processes - (CAB, participant surveys)



JPrEP: Exploring and preparing for
PrEP implementation in diverse
correctional settings and
immediately following release

Chad Zawitz, MD, Cook County Health
Russell Brewer, DrPH, University of Chicago



Justice Pre-Exposure Prophylaxis (JPrEP)

Background

- Exploratory study that examined the HIV prevention landscape in Chicago, New Orleans, and Baton Rouge jails from 2019-2022⁵
- Examined acceptability, barriers, and facilitators to the implementation of different PrEP modalities (i.e., oral, long-acting injectable, and 30-day PrEP e-prescription post release) to inform future implementation strategies and interventions⁵

Methods

- Environmental scan of websites and informal discussions with key stakeholders in Chicago and Louisiana
- Two dyadic interviews and one focus group with stakeholders (N=7)
- In-depth interviews with HIV-negative young BMSM and BTW 18-34 years of age with a previous jail stay (N=34)
- Continued discussions with stakeholders about changes in the HIV prevention landscape

8. Jones MD, Jones K, Almirol E, Payne G, Graves B, Schneider JA, Rijos D, Zawitz C, Zimmerman R, Seal DW, Brewer R. Examining the awareness, acceptability, and adoption of conventional and non-conventional forms of Pre-Exposure Prophylaxis (PrEP) for HIV prevention among jail-involved Black sexual minority men (BSMM) and Black transgender women (BTW) in two diverse US cities. *AIDS & Behavior*. 2023. Doi: 10.1007/s10461-023-04003-5.

Snapshot New Orleans Context

- Average daily population of 750 in the Orleans Justice Center (OJC)
- State prisoners also housed in OJC
 - Estimated half of detainees in state custody are serving their time in local jails rather than state facilities
- Average length of stay in OJC is 47 days
- Detention rate was 4 times higher among Black individuals compared with Whites
- Opt-out HIV/STI/HCV
- PrEP not currently provided
- Existing reentry coalition that meets regularly
- Greater emphasis on CLI PLWH with huge opportunity for status neutral
- Opportunity to leverage Ryan White funding for status neutral initiatives (e.g., case management system)

Snapshot Baton Rouge Context

- Average daily population of 1200 detainees
- Forty percent (40%) released in a month
- CBO provided HIV/STI screening in jail
- PrEP not currently provided
- Participants with lived experience largely receptive of all PrEP modalities
- Stated a high need for PrEP in jails and immediately following release
- One of the CBOs has an established relationship with Probation & Parole

Lessons Learned & Recommendations

Understanding and monitoring the HIV prevention landscape within these settings is critical (policy, programs, partners)

Sometimes all it takes is identifying one champion and/or community organization that has access to a correctional setting

Two of the key players in New Orleans and Baton Rouge are Frontline Legal Services and Capitol Area Reentry Program

You can start small (e.g., HIV/PrEP education within these settings) moving to HIV/STI testing, linkages to HIV/PrEP services post release, and PrEP implementation

Four critical barriers within jails and prisons include cost, time burden, space, and HIV-related stigma

It takes time and patience, but it can be done

Think about the 3 S's (Status Neutral , Social Determinants, Support)

Snapshot Cook County Jail Context

- Third largest jail system in the United States after Los Angeles and New York
- The average estimated daily jail population is about 5,000
- Most detainees are men (>90%) and Black/African American (>70%)
- Cermak Health Services is the daily provider of healthcare in the Cook County Jail providing a comprehensive range of services including primary care, specialty care, a pharmacy, and a 129-bed infirmary
- Usually short-term stays (i.e., 1/3 released within 48 hours, 1/3 within 2 weeks, 1/3 within 6 weeks) but this has now changed



Snapshot Cook County Jail Context (continued)

Screening

- Opt-out HIV, Gonorrhea, Chlamydia, Syphilis, and Hepatitis C screening in the jail
- Opt-out Trichomonas testing for females
- Strive to provide next day results especially for individuals with any positive results
- Average 30% tested for males and 40% for females

PrEP

- Conventional oral PrEP is provided in the jail
- Approximately 12 individuals on PrEP at any time
- 20 providers could potentially prescribe PrEP
- Three main opportunities for PrEP access in Cook County Jail
 - Individuals who are currently taking PrEP can request it upon entry
 - Individuals who are PrEP eligible can bring it up during a clinical encounter
 - Provider can introduce PrEP during the clinical encounter

Snapshot Cook County Jail Context (continued)

Barriers

- Limited provider buy-in
- Overburdened staff
- HIV-related stigma and potential violence if seen taking a “blue pill”
- Academic and community-based organization access to jail restricted during COVID-19 pandemic

Facilitators

- High acceptability for LAI, can mitigate PrEP-related stigma and has to go through Pharmaceutical and Therapeutic Committee
- High acceptability for e-prescription where a notification is sent to Cermak provider within 24 hours of release to send 30-day e-prescription of all meds to preferred pharmacy; default is Stroger outpatient pharmacy

Lessons Learned & Recommendations

Chicago keeps pushing the needle to provide more comprehensive HIV/STI/Hepatitis testing, treatment, and prevention services within and immediately following release


Academic/community/correctional partnerships are essential to advancing the provision of PrEP within correctional settings

Key populations can benefit from PrEP including MSM, transgender individuals, OPT/MAT patients, individuals diagnosed with an STI, anyone asking about PrEP or wanting to continue PrEP while incarcerated

Provider/Staff in services about PrEP and repetitive messaging can increase PrEP implementation among providers in Cook County Jail

PrEP navigators and/or status neutral navigators can support discharge planning to PrEP service providers in community

Continued preparation for LAI in Cook County Jail



JRISE Overview: Implementing and evaluating HIV status neutral interventions to improve HIV and employment outcomes among Black criminal legal-involved populations

Russell Brewer, DrPH
University of Chicago



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Enrichment Through Health,
Employment, & Economics

J-RISE Background

- J-RISE stands for **R**elevant **I**nterventions and **I**mplementation **S**trategies to **E**liminate the Social and Structural Barriers to HIV Services for Black men who have sex with men and other key populations
- J-RISE is a five-year study (September 2023 - June 2028)
- J-RISE is a status neutral study implemented in 3 Ending the HIV Epidemic jurisdictions (New Orleans, Baton Rouge, Cook County)
- J-RISE is implemented in the context of jails, probation & parole, and community to improve HIV and employment outcomes
- Focused on BMSM, Black cisgender women, and Black transgender and gender diverse individuals based on EHE priorities

J-RISE Interventions

Status Neutral Health Navigation (HN) over 6 months with assessments, plan development, referrals using community resource guide, motivational style HIV and holistic health education, warm hand-off to employment navigator

Status Neutral Employment Navigation (EN) over 12 months with employment/career development assessments, plan development, motivation style discussion and strategies, referrals using community resource guide and the provision of up to \$200 to support employment/career development needs

Contingency Management Intervention (CMI) providing up to \$140 for specific HIV care, treatment, and prevention milestones over a 12-month period

Goals and Approaches

Aim 1. Evaluate the effectiveness of the two packaged status neutral interventions.

Conduct a type 2 hybrid effectiveness-implementation trial with a pragmatic 2-arm clinical trial with N=350 criminal legal-involved participants randomized in a 1:1 manner

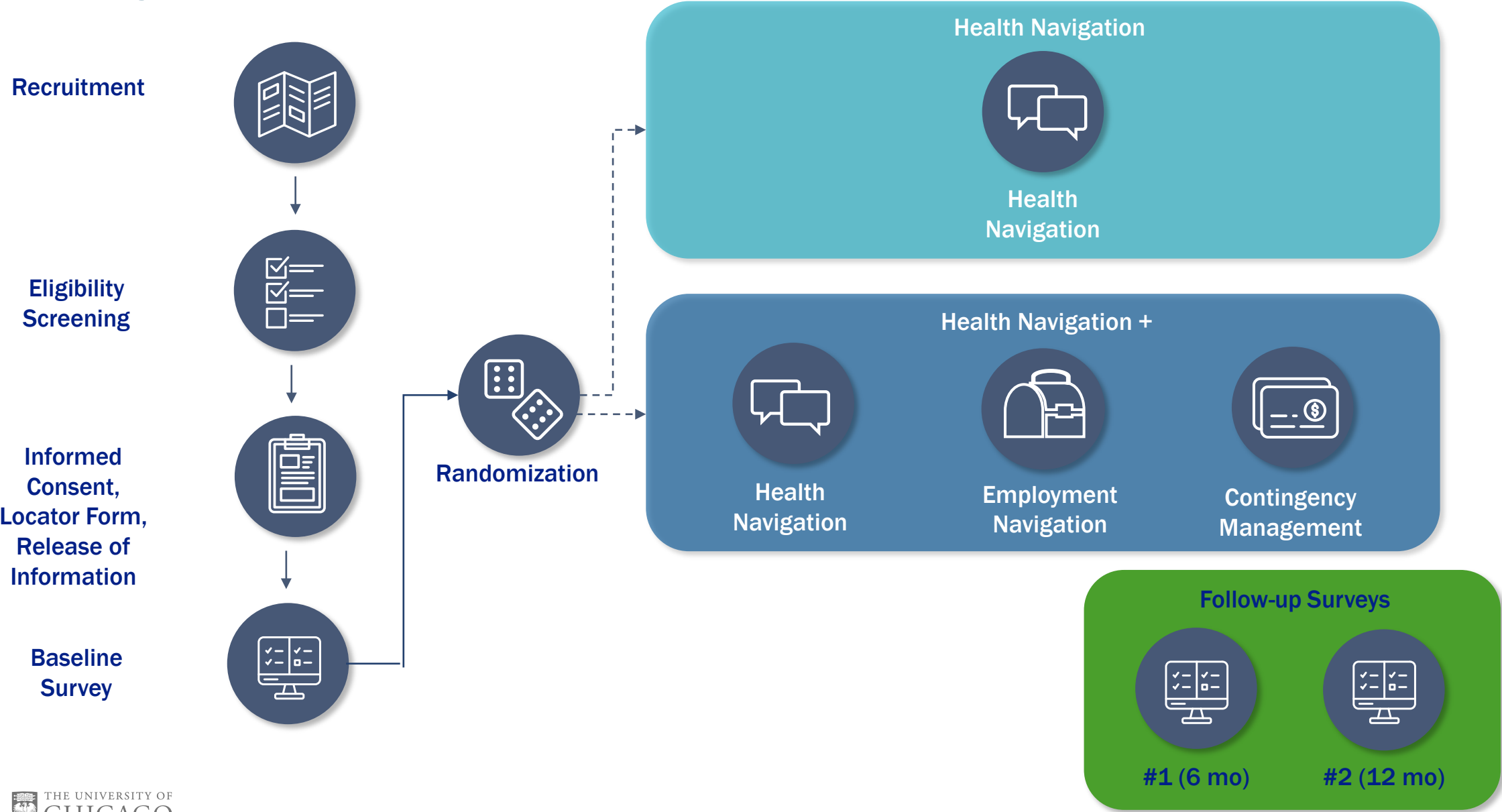
(Health Navigation versus Health Navigation +)

Aim 2. Evaluate the impact of the bundled implementation strategies at multiple levels.

Conduct a mixed-methods equity-focused implementation evaluation to evaluate the implementation strategies

We will examine key implementation outcomes such as readiness, reach, adoption, fidelity, penetration, cost, engagement, sustainability

Study Procedures



Study Outcomes

Primary

Linkage to HIV care in 90 days

Linkage to PrEP care in 90 days
(could include visit with
information only)

Linkage to employment-related
services in 90 days

Employment within 180 days
among employment seekers

Secondary

Receipt of mental health
services in 180 days

Receipt of substance use
services in 180 days

Retention in HIV care (2 visits at
least 3 months apart during a
12-month period)

Viral suppression (< 200
copies/mL)

Retention in PrEP care (2 visits
during a 12-month period)

Sustained employment (at least
3 months over 12-month
period)

Exploratory

Changes in employer/temporary
staffing agency policies and
procedures

Uptake of other HIV/STI
prevention options including
DoxyPEP, PEP, and HIV/STI testing

Changes in housing status

JRISE Eligibility Criteria

- At least 18 years of age
- BMSM, Black cisgender women, Black transgender and gender diverse individuals
- Currently reside or intend to reside in one of the 3 EHE jurisdictions
- Able to conduct the study in English
- Currently incarcerated in jail and report an expected release within 90 days, or under community supervision, or report a recent incarceration within the last 12 months, **or in the last 12 months has been stopped, searched, physically or verbally abused, or had any negative interaction with law enforcement that did not lead to an arrest or jail or prison time**
- Not already received HIV and PrEP care in community
- Report needing employment-related services
- Have a confirmed HIV positive or negative status (within 90 days of enrollment) and if HIV negative meets one of CDC's PrEP indications (i.e., sexually active, needle sharing, previous STI history in the last 24 months) or plans to have sex in the next 12 months or wants more information about PrEP

Determinants	Supportive Interventions & Pre-Implementation Strategies	Mechanisms of Action	Outcomes
<ul style="list-style-type: none"> • Criminal legal-involved populations experience co-occurring barriers to engagement and retention in HIV services • Need for more focused attention to employment - High unemployment among criminal legal-involved populations and joblessness is the single most important predictor of recidivism • Limited policies and practices to support second chance hiring in community • The bundled interventions are complicated and need multiple implementation strategies to support their adoption, implementation, and sustainment 	<ul style="list-style-type: none"> • Packaged status neutral interventions such as EN and CMI to support longer-term outcomes • Burden associated with monitoring financial incentives • Status neutral employment navigators can help address employment and career development needs • Status neutral health navigators provide employment support lite • EOS to build relationships and help bring visibility to the needs and benefits of hiring returned citizens • 8 prioritized implementation strategies 	<p>Continuity of care and reduction in barriers to engagement and retention</p> <p>Motivation, Support, Skills Building, Connections</p> <p>Increased awareness and comfort with second chance hiring</p> <p>Described in another table</p>	<p>Improvements in HIV care, treatment, and prevention</p> <p>Improvements in employment-related outcomes</p>

Determinants	Supportive Interventions & Pre-Implementation Strategies	Mechanisms of Action	Outcomes
<ul style="list-style-type: none"> PI has longstanding collaborative history with sites and implementation leads Missed opportunities to provide HIV/STI prevention information and support Complicated and fragmented systems of care and support PrEP and HIV-related stigma in correctional settings Can leverage previous person-centered interventions and history of providing support for persons living with and vulnerable to HIV 	<ul style="list-style-type: none"> Engage sites and implementation leads with access to correctional settings to conduct the study Status neutral health navigator meets with potential recipients prior to release and in community Status neutral health navigator can help clients navigate these system Status neutral health navigation intervention is holistic in nature First session focused on assessing and addressing immediate needs Refreshed existing manuals for status neutral implementation in correctional and community contexts Incorporation of broader HIV care, treatment, and prevention modalities (e.g., DoxyPEP, PEP, LAI) 	<p>Meeting people where they are at to support continuity of care</p> <p>Builds initial relationship and trust</p> <p>Motivation, Support, Skills Building, Connections</p> <p>Minimizes HIV-related stigma</p> <p>Increased implementer knowledge, self-efficacy, and acceptability</p>	<p>Improvements in HIV care, treatment, and prevention</p> <p>Improvements in employment-related outcomes</p>

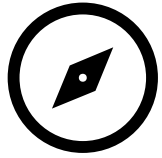
JRISE Core Implementation Strategies

Implementation Strategies	Rationale	Associated Implementation Outcomes
Employment Outreach Specialist engages employers and temporary staffing agencies	Support employment needs of returned citizens	Adoption
Conduct readiness assessment prior to implementation	Complex multi-component intervention	Acceptability, Feasibility, Readiness, Equity, Adoption
Training (CDC STEPS; comprehensive training in MI; HIV/STI care, treatment, prevention and other co-occurring conditions; conflict management; trauma informed care; safety protocols)	Complex multi-component intervention	Acceptability, Feasibility, Adoption, Effectiveness, Penetration
Facilitation (calls with interventionists every other month to discuss and address ongoing challenges and celebrate successes)	Complex multi-component intervention Need their own space to come together	Acceptability, Fidelity, Penetration
Financial Incentive Monitoring	Participants need to get compensated	Cost, Fidelity, Effectiveness
Audit and Feedback (fidelity assessments)	Ensure intervention is delivered as designed (participants receive all the required sessions and information)	Fidelity, Effectiveness
Learning Collaboratives (sessions every 2-3 months)	Anticipate organizational, community, policy impacts	Acceptability, Feasibility, Penetration
Convene Community Advisory Board (monthly)	Community input is essential	Effectiveness, Acceptability, Engagement, Sustainability

Study Partners

Partners	Roles
University of Chicago/CCHE working with Cook County Jail (Russell Brewer, DrPH, PI and Chad Zawitz, MD, Site PI)	PI Location Study Lead for Aim 1 Implementation Site Dissemination
Frontline Legal Services (FLS) working with Orleans Justice Center (Louise Bienvenu, JD, Site PI)	Implementation Site Dissemination
Capitol Area Reentry Program (CARP) with Baton Rouge Probation and Parole (Gjvar Payne, Site PI)	Implementation Site Dissemination
Multi-site Community Advisory Board of 10 members led by Sharon Parker, PhD at North Carolina A&T State University	Community Input Dissemination
NORC (Michelle Johns, PhD, Co-I)	Study Coordination Study Lead for Aim 2 Dissemination
Northwestern University (Pat Janulis, PhD, Co-I)	Data Analysis Dissemination
National Working Positive Coalition (Mark Misrok, Executive Director)	Training Connections to workforce development & rehabilitation resources Dissemination

Study Tools



Protocol quick reference guide

Visually summarizes key points of the study protocol



Session checklists/flow charts

Walks through each session timing, content, and materials



Incentives explainer

Summarizes to whom and when incentives are distributed



Timelines

J-RISE Incentives Reference Guide

All J-RISE Participants

Session Checklist
Health Navigation (HN) Intervention

J-RISE Baseline Session Reference Guide
J-RISE Quick Reference Guide

Research

- Session 1
 - Discuss roles
 - Conduct needs assessment
- If in community
 - Distribute information
 - Provide study materials
 - Provide compensation
 - Schedule Baseline Session
 - Warm hand-off to Navigator (if applicable)
- Session 2
 - For participant:
 - Assess knowledge of HIV treatment
 - Provide information on HIV treatment
 - For all participants:
 - Review and update consent form
 - Other immediate tasks
- Check-ins 1
 - Provide education
 - Review and update consent form
 - Discuss other topics
 - Provide referrals
 - Schedule next session
- Check-in 7
 - Celebrate success
 - Discuss outcomes
 - Where to get help

Employment Navigation

- HIV care visits (40 days) (\$40)
- Achievement incentives (suppression months) (\$50)
- Achievement incentives (suppression months) (\$50)

Recruitment

- Recruit participants in corrections (CO, FLS, CARP)

Employer Outreach & Support

- Conducts outreach and education to employers and temp agencies
- Creates employment resource guide
- Does not directly interact with participants

Health Navigation (HN) Intervention

During HN Session:

- Complete HN manual and referral form on paper
- Update wellness plan on paper and print a copy for participant

After HN Session:

- Transfer case notes from manual and referrals to REDCap log

Health Navigation Plus (HN+) Intervention

During HN Session:

- Complete HN manual and referral form on paper
- Update wellness plan and print a copy for participant

After HN Session:

- Transfer case notes from manual and referrals to REDCap log
- Warm hand-off to EN and communicate regularly with EN

During EN Session:

- Complete EN manual and referral form on paper
- Update employment plan and print a copy for participant

After EN Session:

- Provide EN payments
- Transfer case notes from manual and referrals to REDCap log
- Communicate regularly with HN

Other helpful resources:

- Incentives explainer
- Session checklist
- Quick Reference Guide

Payments

Research

- Up to \$210 for:
 - Enrollment (Baseline Survey, Consent Form, Release of Information) (\$50)
 - Follow-up Survey 1 (\$50)
 - Follow-up Survey 2 (\$50)
 - Locator Form Update (\$5/mo up to \$80)

Employment Navigation

- Up to \$200 for:
 - Transportation for job interview and first month on the job
 - GED or Training/Certification expenses
 - Other employment-related costs (e.g., professional clothing, LLC fees)

Contingency Management

- Up to \$140 for:
 - HIV care visit (\$40) OR PHEP care visit (\$40) OR HIV/STI test (\$25) in 90 days
 - Viral suppression (\$45) in 5-7 months OR PHEP care visit (\$45) in 9-120 days
 - 12 months Viral suppression (\$55) in 11-13 months OR PHEP care visit (\$55) OR HIV/STI test (\$25) in 211-365 days

Screening & Enrollment Update (as of 10-18-24)

Implementation Sites	Screened	Enrolled
Cook County	144	4
Baton Rouge	5	5
New Orleans	3	0
Total	152	9


Conclusion

- Addressing socio-structural barriers is critical to achieving EHE goals and improving HIV and broader holistic health of criminal legal-involved populations
- Securing necessary approvals to conduct studies with prisoners takes time
- We expect and will document adaptations given the pragmatic nature of JRISE and it will be interesting how they will be considered in future analyses
- We will assess experiences in health and community service organizations
- Our flexible approach to HIV prevention is connecting participants, especially those that have never heard of or taken PrEP, to PrEP providers for additional information and possible uptake
- Opportunities to leverage participants to lead the EOS strategy in the future
- Plans to develop and evaluate housing first interventions and strategies

Acknowledgments & Contact Info

- Study participants
- Implementation partners
- Funding source: NIMH (1R01MH134262)

Contact info: rbrewer@uchicago.edu



JRISE Partner Perspectives:
Implementation lessons and
insights

Louise Bienvenu, JD, Frontline Legal Services
New Orleans, LA

Gjvar Payne, Capitol Area Reentry Program
Baton Rouge, LA





FRONTLINE
LEGAL SERVICES

Frontline Legal Services Background

- Founded in 2015 as a public interest, public health, law and policy firm.
- Serve the legal needs of Louisiana residents living with HIV/AIDS including family members who have experienced legal challenges related to their health status. (Opened Frontline Georgia in 2022.)
- Provide legal clinics in prisons, jails, hospitals, hospices, homes, and HIV service organizations throughout the state of Louisiana.
- Expanded services to include peer support, case management, tax preparation, housing assistance and public policy programs for a truly integrative approach to legal services.
- Has no full-time employees. We have eight part-time team members in Louisiana and Georgia.
- Frontline's ability to provide incarcerated individuals with education and services prior to their release is unique.
- During the pandemic, when state and parish prison facilities were closed to visitors, Frontline shifted to telelegal/telehealth to connect pre-release inmates to post-release social and legal services, as well as to provide legal services such as Social Security Disability/SSI Applications and Requests for Reconsideration via telephone to Department of Corrections inmates.
- The Linkage Coordinator with the Department of Health for the City of New Orleans HIV/AIDS program referred clients that were being released from the Orleans Justice Center to Frontline to receive services. Frontline assists clients with applications and appeals for Medicaid, SNAP, and other federal/state benefits in addition to SSD/SSI.

Orleans Justice Center Visits

- Prior to the J-RISE study, Frontline Legal Services had a bi-weekly visit to the Orleans Justice Center to provide linkage to care and peer support, as well as to assess any legal/social services needs that arise for pre-trial detainees and for those detained by the Department of Corrections living with HIV. Program Staff would meet with detainees while incarcerated at OJC, and then follow up and provide services upon release.
- Housing 750 inmates in 2021, the population at OJC has doubled to 1500 in 2024, and the re-arrest rate is at a high of 83%. OJC reported 400+ positive test results.
- For the J-RISE study, Frontline will continue working with clients living with HIV and will now include those vulnerable to HIV to help clients access and stay engaged in HIV and PrEP care. This basically expands our potential client base to the entire facility!
- Frontline has also expanded our partnerships beyond the Orleans prison, and are working with the attorneys from the Orleans Indigent Defender Program to recruit justice involved individuals who need access to healthcare and employment to the J-RISE program.

LESSONS LEARNED & RECOMMENDATIONS

- Until J-RISE, Frontline only provided services for people living with HIV. Participation in the J-RISE study is a game-changer for our organization! First lesson learned is that there is a whole world of information and services available for individuals at risk/vulnerable to HIV. Providing services and education to folks who may have never heard of or taken PrEP is a new challenge.
- After the J-RISE staff trainings, we are already seeing a difference in how we provide services to our existing clients living with HIV, in terms of improvements in health and employment related outcomes, and we are excited to participate in this status neutral study to determine how incentives and engagement affect outcomes.
- The expansion of our client base and new partnerships offer opportunities to broaden our programming and provide services that enrich the lives of people at risk/living with HIV in Louisiana and help to eliminate the barriers to HIV services.
- For our clients living with HIV, Frontline has been able to provide for basic life needs, e.g., hotel rooms, housing assistance, food, and clothing upon release from incarceration. Utilizing the Community Resource Guide we created for the J-RISE study, Frontline can make referrals to community partners for ALL of our participants' basic needs, regardless of HIV status. And, as we enroll a client in the J-RISE study, we can provide employment support and referrals to HIV/PrEP care for ALL of our participants.
- Frontline will utilize our community/correctional partnerships to advance the provision of PrEP within the Orleans Justice Center.



CAPITOL AREA REENTRY PROGRAM

Gjvar Payne
Executive Director

CARPBR Background

- **Mission:** To redefine reentry in Baton Rouge through a holistic approach to routine screening, compassionate engagement, and harm reductive services aimed to reduce health disparities among people who inject drugs (PWID) and LGBTQ+ individuals.
- **Programs:** Be Safe Syringe Service Program, Out of the Box LGBTQ+ Center, Prevention (HIV, HCV, Syphilis, linkage to care), Research, Reentry, Houseless Unhoused Gaining Support Program

Criminal Legal System Engagement

- Collaboration/ Partnership with Baton Rouge Probation and Parole
 - Since 2012 CARP has provided incentivized (HIV, HCV, and Syphilis) testing and linkages to care
 - 2013 Began recruiting for the Louisiana Reentry Initiative (finding ways to link and keep HIV+ individuals into healthcare.
 - Provided support for ID's, Birth certificates, Social Security Cards to enter healthcare
 - 2015 Began recruiting for the Office Of Minority Health Initiative (explore the factors that impact linkage to medical care, preventive services (such as screening for health conditions), and supportive services (such as housing and transportation) and Employment opportunities.)
 - 2024 Began recruiting for JRISE

JRISE Implementation

- JRISE: Leveraging our existing relationship with P&P we can identify individuals with current Criminal Justice Involvement that need access to Healthcare and Employment
 - Using partnership to gain better relationship with Parole Officers (referrals/awareness)
 - Getting access to the intended populations to assist in direct and supportive services
 - Continue to recruit and provide linkage to care and services.

Lessons Learned & Recommendations

- Lessons Learned

- Probation & Parole are excited to partner to provide HIV testing in their facilities and provide services
- Incentives are important recruiting mechanism
- Provides an entry point to speak directly to individuals with CJI involvement
- Educates probation officers on resources to assist individuals in their case loads

- Recommendations

- Develop partnerships with healthcare access with Probation and Parole officers to assist individuals that may not have been provided testing prior to release



Questions