
Engagement to support the health and service needs of criminal legal involved populations in Illinois

**3rd National Ending the HIV Epidemic
Partnerships for Research Meeting**

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Jeannette Webb

Assistant Manager of Implementation Research

Univ Of Chicago – Chicago Center for HIV Elimination

The Village



Presentation Outline

- Rationale for our focus on criminal legal involved populations in Illinois
- Provide example of how we are engaging criminal legal populations in research
- Provide an overview of our center's research priorities focused on criminal legal involved populations
- Share results from our EHE – funded supplement focused on PrEP implementation in jails and following release from the perspective of stakeholders (i.e., organizations that serve the populations, medical staff in jail settings)
- Provide concluding remarks

Rationale

- 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.*
 - One of the most marginalized populations in the US
 - 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
 - Pre-detention, detention, and post-release incarceration periods have been identified as important intervention opportunities to provide biomedical and socio-structural interventions
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Types of Engagement

- 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
 - Agency networking
 - Connections with various CBO's and other interested agencies
 - Long collaborative history of working with Cook County Jail medical staff
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Types of Engagement

- 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
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Research Priorities

1. What is the impact of incarceration among key populations (e.g., Black sexual and gender minorities)?
2. How feasible is it to recruit, enroll, and retain criminal legal involved populations?
3. What is the current HIV care landscape in Cook County Jail and how can we support the needs of criminal legal involved youth and young adults living with HIV?
4. What is the current PrEP care landscape in Cook County Jail and how can we support the needs of criminal legal involved Black sexual and gender minorities? And....
5. What is the impact of and how can we implement status neutral HIV care, treatment, and prevention programs in correctional settings for key populations?

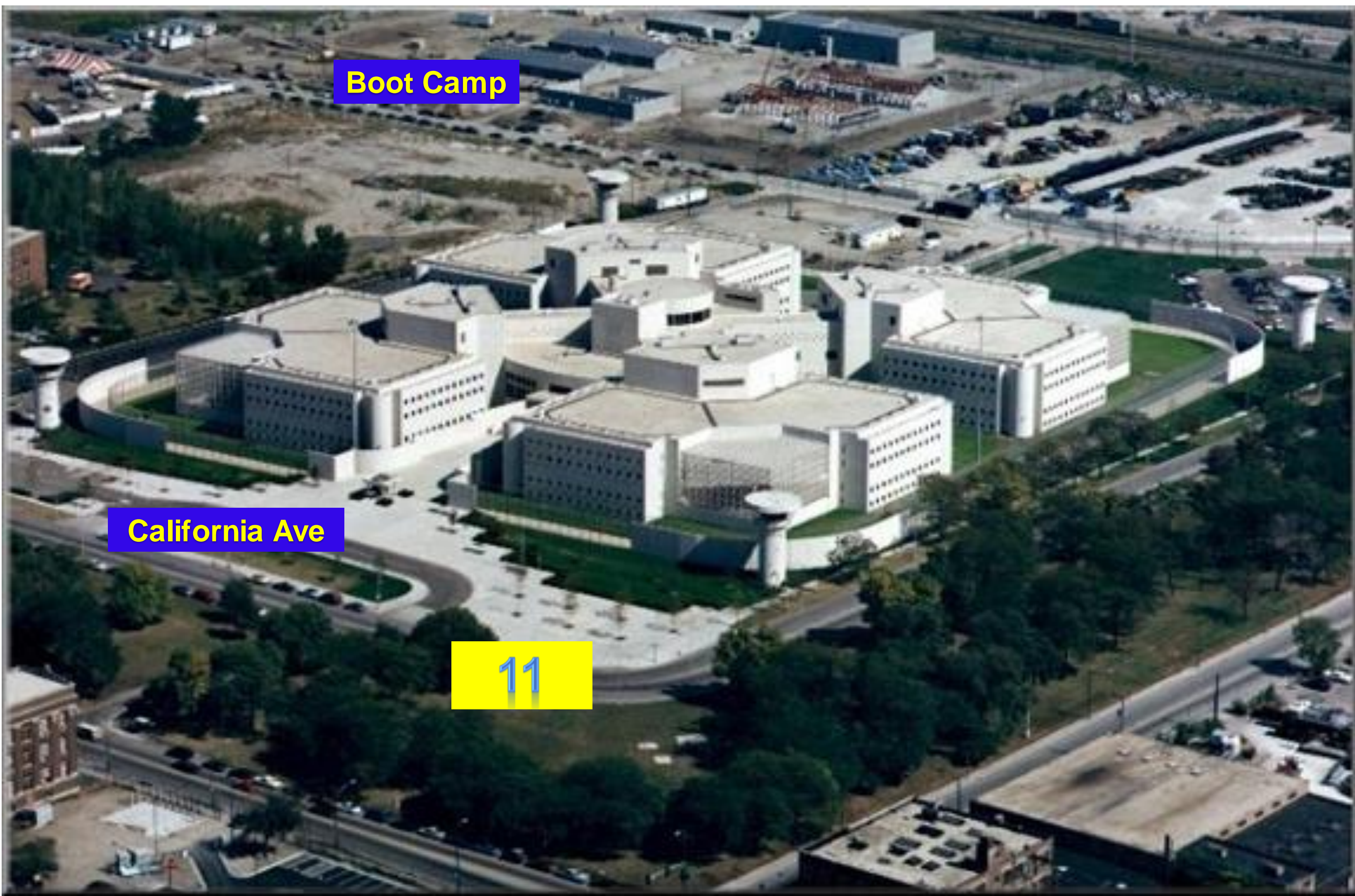
Residential Treatment Unit / Intake



Boot Camp

California Ave

11



Background on Cook County Jail

- 150,000-square-foot facility and one of the largest single site county jails in the country
- The average estimated daily jail population is 6,000
- The majority of detainees are men (>90%) and African Americans (>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
- Typically short-term stays (i.e., 1/3 released within 48 hours, 1/3 within 2 weeks, 1/3 within 6 weeks)

Preparing for PrEP scale-out in criminal legal settings

- Conventional oral PrEP is provided in Cook County Jail with e-prescription post release
 - Injectable PrEP is not currently provided
 - Approximately 12 individuals on PrEP at any time
 - 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
 - Limited to no frontline staff (e.g., navigator) support for PrEP compared with HIV care
 - Medications provided in dose-by-dose packet
 - Notification sent to provider within 24 hours of release to send 30-day e-prescription of all meds to preferred pharmacy; default is Stroger outpatient pharmacy
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Preparing for PrEP scale-out in criminal legal settings (continued)

- 20 providers (majority physician assistants) could potentially prescribe PrEP in Cook County Jail



- Biggest barrier to PrEP implementation is provider buy-in
 - “It’s a training issue, it’s a comfortability issue, it’s a generational issue.” Stakeholder 1 Chicago
- Previous efforts to build buy-in included PrEP in-services and mass email advisories with PrEP guidelines
- Buy-in needs to be repetitive education and reminders combined with re-enforcement with real world stories of patients who could have benefitted from PrEP
 - *“I just saw a newly diagnosed HIV patient. Who, he’s 26. He told me he started sex work when he was 18. This is out in the real world. Knew he needed to be on PrEP but he didn’t access PrEP for a variety of complicated reasons and now he is positive and it was completely preventable. He even knew about PrEP. Those are my thoughts on what would motivate providers.” Stakeholder 1, Chicago*

Preparing for PrEP scale-out in criminal legal settings (continued)

- Can take lessons learned from Narcan to provide broader PrEP education
 - *“We have done a really good job with Narcan in the jail. I’m sitting here in the exam room and there is a Narcan poster on the wall but it’s kind of everywhere. Patients are very aware what Narcan is. I don’t think there is any stigma around Narcan. I think that’s been a very successful thing for us.” Stakeholder 1, Chicago*
- Long-acting injectable PrEP can help eliminate stigma
 - *“Barrier of stigma attached to your taking that HIV pill. Well a discrete once every other month injection in the privacy of a nurse’s station somewhat eliminates or completely eliminates that stigma.” Stakeholder 2, Chicago*
- Perceived barrier to long-acting injectable PrEP is cost but there is a window of opportunity
 - *“The barrier of course is cost.” Stakeholder 1, Chicago*
 - *“To my awareness, we have never proactively introduced injectable PrEP to our P&T (Pharmaceutical & Therapeutic) committee to even discuss cost and to take it a step further as a potential cost barrier. Unfortunately the jail pays sticker price for prescription. We do not get any special discounting. We do not get 340B. No discounts. So I think that cost probably will be brought up in the discussion and it would require an analysis to see how many prescriptions, yada, yada yada....I don’t know how our leadership will respond to the ask.” Stakeholder 2, Chicago*

Conclusion

- Oral PrEP and PrEP E-Prescription post release are currently provided in Cook County Jail
 - Injectable PrEP is not currently provided in the jail
 - Strategies related to building provider buy-in may help to expand PrEP implementation and uptake in the jail
 - Champions exist in the jail who can help advance PrEP implementation
 - May be a potential role for PrEP navigators or status neutral navigators to expand support in the jail
 - Injectable PrEP may help alleviate PrEP stigma
 - Potential opportunity to expand PrEP education efforts within clinical areas for broader population and explore injectable PrEP implementation with the P&T committee
 - With jail short stays, there is an added challenge of providing the initial two injections one-month apart
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Disclosures

Funding

- **Social Network Dynamics, HIV, and Risk Reduction Among Younger Black MSM (UCONNECT Study)** – NIDA (5R01DA033875), Schneider J (PI)
- **HIV intervention models for criminal justice involved substance-using BMSM (BARS)** – NIDA (5R01DA039934), MPIs (Schneider, Harawa, Fujimoto)
- **Youth Services Navigation Intervention for HIV+ adolescents and young adults being released from incarceration: A randomized control trial (LINK2)** - NIMHD (5R01MD011773), Harawa N (MPI), Belzer M (MPI), Brewer R (Chicago Site PI)
- **Preparing for Pre-exposure Prophylaxis (PrEP) scale-out in criminal justice settings** - Third Coast Center for AIDS Research (TC-CFAR), an NIH funded center (P30 AI117943)
- **PrEP delivery systems for Black men who have sex with men (BMSM) transitioning from jail to community contexts** - NIMH (R21MH121187), Brewer R (PI)
- **J-RISE: Relevant Implementation Strategies to Eliminate the social and structural barriers to HIV services among Justice-involved Black men who have sex with men** - NIMH (1R01MH134262), Brewer R (PI)