

CONTINUITY OF CARE ENGAGEMENT FOR PERSONS RELEASED FROM JAIL

Evidence-Based for Engagement in HIV Care

Evidence-Based Structural Intervention

INTERVENTION DESCRIPTION

Goals of Intervention

- Improve engagement in HIV care

Intended Population

- Persons who are released from jail with new or previous diagnoses of HIV infection

Brief Description

Continuity of Care Engagement for Persons Released from Jail is a follow-up linkage to care intervention for persons with diagnosed HIV released from jail, instituted by Cook County Jail in Chicago, Illinois. This intervention used telephone contact within 2-4 days of release by continuity clinic coordinators, who scheduled and informed persons released from jail of their follow-up clinical appointment date, which was within 6 weeks of release, in addition to standard care. If not reached in the first call, participants were called again for 2 attempts 24 hours apart from the first call at different times of the day. The standard of care included comprehensive discharge planning, substance abuse treatment and provision of information on how to self-schedule appointments with chosen clinics.

Theoretical Basis

- None reported

Intervention Duration

- 6 weeks

Intervention Setting

- Jail based HIV and health clinic

Deliverer

- Continuity clinic coordinators from Cook County Jail

Delivery Methods

- Telephone contact
 - Navigation services
 - Outreach
 - Referrals

Structural Components

- Access – HIV medical care
 - Improved access to HIV care for persons released from jail with new or previously diagnoses of HIV infection by connecting them to clinical care.
- Policy/Procedure – Institutional Policy/Procedure
 - The Cook County Jail Clinic (CCJC) used a new institutional procedural approach for this study, by reminding persons released from jail with new or previous diagnoses of HIV infection of clinical

appointments. Only interactive communication between the clinic coordinator and the person released from jail were accepted as the true intervention.

- Social Determinants of Health – Survival
 - The Cook County Jail Clinic (CCJC) reentry coordinators offered comprehensive discharge planning such as housing, transportation, and family and financial support services.

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact contact **Dr. Thana Khawcharoenporn**, Division of Infectious Diseases, Faculty of Medicine, Thammasat University, Pathumthani, Thailand.

Email: thanak30@yahoo.com for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The study was conducted in the Cook County Jail Clinic (CCJC), Chicago, Illinois, USA from enrollment: January 1, 2011 to March 31, 2014 and follow-up: January 1, 2011 to December 31, 2015.

Key Intervention Effects

- Improved engagement in HIV care

Recruitment Settings

- Cook County Jail Clinic identified eligible persons through intake records.

Eligibility Criteria

Individuals were eligible for the study intervention if they had a new or previous diagnosis of HIV and chose follow-up for HIV care at the designated continuity clinic when released from jail, anticipated to have a working telephone after jail release, and were not re-incarcerated within 6 weeks after jail release.

Study Sample

Persons released from jail with new or previous diagnoses of HIV infection and attended Cook County Jail Clinic (n=110) included:

- 86% African American persons, 7% White persons
- 6% Hispanic/Latino persons
- 79% male, 19% female, 2% transgender persons
- 80% had prior HIV care
- 64% had prior antiretroviral therapy
- 59% HIV RNA suppression
- 15% were homeless persons
- 77% were persons who use drugs
- 64% were persons currently using alcohol
- 32% persons reported depressive disorder

- 8% persons reported schizophrenia
- Median age of 43 years

Note: Percentages may not add up to 100% due to rounding.

Assignment Method

Participants were randomly assigned to either the intervention or the control group based on a block-of-4-design for randomization via sealed envelopes containing one of the two group labels inside. At the end of enrollment, the investigator, who was blinded for randomization opened each envelope and assigned the group for the participants according to the inside label.

Comparison

Participants in the comparison group received the standard of care for persons released from jail. For the intervention group, a reentry coordinator at CCJC oversaw comprehensive discharge planning for housing, transportation, family and financial support, and substance abuse treatment. For persons with newly diagnosed HIV, the reentry coordinator offered them a referral to the Ruth M. Rothstein CORE Center clinic (CCC), the designated continuity clinic for persons released from jail, while those with prior HIV care at facilities other than CCC could opt to follow-up at their previous continuity clinic. In addition, information about how to schedule an appointment with their chosen continuity clinic on their own was provided. The comparison group participants were provided only with information about scheduling their own appointment with their chosen continuity clinic.

Relevant Outcomes Measured

- Engagement in care was defined as being seen by a physician for HIV continuity care at least one time within 6 weeks of release from jail.

Participant Retention

Because participant retention is not a criterion for the Linkage to, Retention in, and Re-engagement in HIV Care (LRC) chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- Rate of care engagement within 6 weeks was significantly higher among persons in the intervention group compared to the control group (58% vs. 33%, $p=0.007$).
- The probability of not engaging in care (i.e., not showing up for HIV continuity care) was significantly higher in the control group (Log rank test $X^2=7.44$, $p=0.006$) compared to the intervention group

Considerations

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- Shorter median time to care engagement after jail release among the intervention group compared to the control group (12 days vs. 31 days, $p = 0.06$)

Negative findings

- None reported

Other related findings

- This intervention is also determined to be evidence-based for the Structural Intervention (SI) chapter.

Implementation research-related findings

- None reported

Process/study execution findings

- The authors suggest that the intervention is likely feasible, sustainable, and scalable in many clinic settings as it requires only the gathering of contact information for persons released from jail and consumed only one additional person-hour per month of a clinic coordinator's time.

Adverse events

- None reported

Funding

Partial funding of the principal investigator was provided by the Mark Weiss Memorial Fund, Rush University Medical Center.

REFERENCES AND CONTACT INFORMATION

Khawcharoenporn, T., Cole, J., Claus, J., Bell, T., Lewis, A., Zawitz, C., & Kessler, H. (2019). [A randomized controlled study of intervention to improve continuity care engagement among HIV-infected persons after release from jails](#). *AIDS Care*, 31(7), 777-784. doi: 10.1080/09540121.2018.1533236

Researcher: Thana Khawcharoenport, MD, MSc

Division of Infectious Diseases, Faculty of Medicine
Thammasat University
Pathumthani, Thailand

Email: thank30@yahoo.com

