

# Ending the Epidemic Task Force Recommendation Form

#77



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**Q2: Title of your recommendation**

Improve HIV Prevention Tools for People who are Incarcerated and those Returning Home

**Q3: Please provide a description of your proposed recommendation**

Optimal HIV prevention in correctional facilities, including jails and prisons, should consist of the following essential elements: (a) comprehensive education of staff and incarcerated persons, about HIV transmission, testing, harm reduction, HIV care, stigma, discharge planning and services available in the community; (b) training of HIV peer educators within the correctional facilities and integrating them into the prevention program; (c) provision of the prevention education in general content-neutral programs of correctional facilities to ensure wider participation; and (d) provision of prophylaxis devices and therapy, including condoms and PrEP both during a person's period of incarceration and when a person is being released from a correctional facility. As part of the implementation of this program, the resources provided to the Criminal Justice Initiative of the AIDS Institute would have to be expanded to ensure a comprehensive educational program in all state prisons. This prevention program would be consistent with the elements of the proposed legislation S3466A/A05340 introduced by Senator Montgomery and Assemblymember Gottfried.

**Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)**

Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

New program

**Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?**

Permitted under current law

**Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?**

Within the next three to six years

**Q9: What are the perceived benefits of implementing this recommendation?**

A comprehensive prevention program would likely result in more incarcerated persons being identified as HIV infected and entering care. In addition, the program would educate the incarcerated population how to avoid infections, both while they are incarcerated and when they return home to their communities. Finally, providing condoms and PrEP will prevent transmission of HIV both inside correctional facilities and in our communities as people are discharged from correctional facilities.

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**Q10: Are there any concerns with implementing this recommendation that should be considered?**

These are well-established prevention tools to avoid transmission and infections. Some correctional facilities have resisted the provision of condoms due to a concern that distribution of these prophylaxis devices will encourage prohibited sexual behavior in the facilities. But the experience of several jails and prison systems in the US and abroad demonstrate that these concerns are not well founded.

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

An estimate is not available but extensive resources would not be needed at least in the state prisons system, which already has the foundations of a prevention program.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Not available.

**Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

The incarcerated population and the communities to which they will return would greatly benefit by having persons in correctional facilities educated about how to avoid infections and/or the transmission of infections, and by encouraging HIV-infected incarcerated persons who are unaware of their infection to get tested and those who know they are infected to enter and remain in care both inside the correctional facility and in the community when they return home.

**Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

The contractors funded by the Criminal Justice Initiative of the AIDS Institute, who likely would provide some of these services, would be in an excellent position to monitor the implementation of this program. More importantly, the AIDS Institute (AI) is required to monitor HIV and hepatitis C care in state prisons and local jails pursuant to the DOH Oversight Law, Public Health Law section 206(26), and thereby AI should be able to obtain information about implementation of these recommendations and to assess their effectiveness in preventing transmission, engaging incarcerated persons in getting tested and enrolling in care and in assisting HIV-infected persons being released from a correctional facility promptly transitioning to appropriate care in their communities.

**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member