INCREASING HIV AND HEP C PREVENTION, SCREENING, TREATMENT, AND CARE FOR JUSTICE INVOLVED INDIVIDUALS
Dear Colleagues,

As of the end of 2013, around 6.9 million people were under some form of adult correctional supervision in the U.S., which is approximately 1 out of every 35 adults. In addition to having a greater burden of chronic illnesses and communicable diseases, incarcerated individuals also show higher instances of HIV and Hepatitis C. According to the results of a 10 year monitoring project conducted by the U.S. Department of Justice, 1.4% of all men and 1.9% of all women in state and federal prisons are reported to be living with HIV or have confirmed AIDS. With regard to Hepatitis C, individuals in correctional facilities represent roughly 1/3 (28.3%–32.8%) of all cases in the US. While Hepatitis C seroprevalence has been determined to be 1.3% among household-dwelling populations, the rate of seroprevalence among incarcerated individuals has been estimated to be an overwhelming 17.4%. As at least 95% of those in state prisons are projected to re-enter communities at some point, concerted efforts must be made to link individuals re-entering communities with effective treatment and care.

This provider kit focuses on reducing HIV and HEP C transmission and improving treatment and care for justice-involved men and women by drawing on patient-centered and evidence-based guidelines. The kit supports the following key practices:

1. Increase knowledge of the unique needs, challenges, and strengths of justice-involved men and women regarding HIV and HEP C prevention, treatment, and care.
2. Support patient-centered HIV and HEP C prevention, treatment, and care; raise awareness among patients and colleagues; and screen for HIV and HEP C as a routine part of care.
3. Improve HIV and HEP C outcomes by linking patients to community-based service providers, harm reduction programs, and patient navigation and support.

Justice-involved men and women bear disproportionate health burdens, largely attributed to the syndemic effects of substance use disorders, infectious illness, and violence, within the context of social determinants of health, including race, class, gender inequalities, and limited healthcare access. The Reentry Education Project’s (REP) messages and resource materials are tailored to address the gaps in knowledge and barriers to screening and treatment revealed through an extensive formative research process.

Ultimately, healthcare providers are uniquely positioned to reduce HIV and HEP C transmission and improve the health of those living with HIV or HEP C via care that is: patient-centered; culturally competent; and sensitive to the complex interplay of trauma, violence, substance use, mental illness, and co-occurring health conditions. We aim to support you in addressing challenges, building on strengths, and alleviating barriers to accessing and sustaining HIV and HEP C treatment, prevention, and care through integrating these important strategies into your healthcare practice.

Thank you for your partnership in providing care to justice-involved persons.

Please contact Micaela Linder (mlinder@fortunesociety.org) for more information or technical assistance.

Sincerely,

Micaela Linder, MA
Health Policy Researcher/Educator
The Fortune Society

Kathy Boudin, EdD
Founder, The Coming Home Program
Mount Sinai Institute for Advanced Medicine: Morningside Clinic
TABLE OF CONTENTS

COVER LETTER

THE FORTUNE SOCIETY’S RENTRY EDUCATION PROJECT (REP) INFORMATION SHEET
  ▶ REP’s vision, objectives, project design, and activities.
  ▶ Challenges that impact justice involved individuals.

HIV AND HEPATITIS C PREVENTION, TREATMENT, AND CARE
  ▶ Description of the 4 Key Messages.

HIV, HEP C, AND JUSTICE INVOLVEMENT: INFORMATION FOR PATIENTS
  ▶ HIV and HEP C risk factors, prevention, and modes of infection.

CARE CONTINUUM FOR HIV AND HEP C
  ▶ Where individuals in New York City are situated along the care continuum for HIV and HEP C.

WORDS MATTER
  ▶ Communication tools for providers.

REFERENCES

PROVIDER RESOURCES
  ▶ Reports, guidelines, and peer-reviewed articles.

PATIENT RESOURCES
  ▶ Reentry resource guides, community-based organizations, reentry services, health clinics, and health care support programs.
CHALLENGES:

HIV rates in NYC jails are three to four times higher than in NYC’s general population. Hepatitis C occurs at rates 8 to 21 times higher among incarcerated people. While only 1-2% of the general population is living with HEP C, at least 17% of the incarcerated population is living with HEP C.¹

The CDC estimates that 1 in 3 women and men in U.S. prisons and jails have HEP C.² Rates of STIs are 10 to 20 times higher among incarcerated women as compared to non-justice involved women and at least twice of those incarcerated males.³ Upon release, the majority of formerly incarcerated men and women return to under resourced neighborhoods in which poverty, violence, substance use, and criminal justice system involvement are prevalent and access to health care is challenging.

Common barriers to accessing care include a lack of access to correctional health records, poor treatment, discrimination, stigma, difficulties navigating complex health care systems, and treatment interruptions due to justice involvement.

VISION:

The Fortune Society, one of NYC’s largest providers of reentry services, was awarded a New York City Department of Health and Mental Hygiene (DOHMH) grant (2013-2016) to support healthcare providers in integrating culturally competent best practices into the HIV prevention, treatment, and care that they deliver to patients who are justice involved or formerly incarcerated and living within underserved NYC neighborhoods. This year’s focus is on increasing awareness and understanding of HIV as well as HEP C prevention, treatment, and care needs of justice-involved men and women.

OBJECTIVES:

1) Reduce the barriers that formerly incarcerated men and women face in accessing HIV and HEP C prevention, treatment, and care.

2) Increase the number of formerly incarcerated people who know their HIV and HEP C status.

3) Increase retention in care and viral suppression, thereby reducing new transmissions.

PROJECT DESIGN:

REP develops our training messages by:

1) Conducting focus groups and interviews among formerly incarcerated people regarding their health care experiences.

2) Interviewing healthcare providers about their health care practices.

3) Reviewing social science and public health literature.

ACTIVITIES:

REP uses a public health detailing model to share evidence-based information with various healthcare providers via face-to-face meetings in healthcare clinics. All REP activities are guided by input from public health experts, those affected by crime and incarceration, and evidence-based literature.

RESOURCE MATERIALS:

In addition to meeting with providers, REP employs an integrated communications strategy which includes newsletters and print material, to reinforce its training sessions.
THE FORTUNE SOCIETY’S REENTRY EDUCATION PROJECT (REP) INFORMATION SHEET

EVALUATION:
REP will evaluate effectiveness using evidence-based metrics, pre- and post-test surveys, and qualitative interviews with providers and patients.

KEY FACTS:

- Approximately half of those incarcerated in NYS are from NYC.
- HIV rates among NYC corrections entrants were 9.8% among females and 4.7% among males, and rates for NYS corrections entrants were 5% among females and 3% among males.
- 10% of men and 17% of women in NYS prisons are estimated to have HEP C.
- The CDC estimates that approximately 1 in 8 people living with HIV do not know their status.
- One 2009 study on transgender women living in NYC found that approximately half of the black and Hispanic transgender women in their sample of 517 were living with HIV and had high rates of HEP C (blacks: 15.7%; Hispanics 7.4%).
- High HIV and HEP C rates among those incarcerated and under community supervision reflect how many justice-involved individuals come from under-resourced communities with limited access to prevention, screening, and treatment.
- Factors that contribute towards justice-involvement—such as poverty, violence, racial and gender inequality, discrimination, and stigma—also hinder HIV and HEP C prevention, treatment, and care efforts.

For more information or technical assistance, please contact The Fortune Society at 347-510-3642.

HEP C Rates per 100,000 by Race and Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asians</td>
<td>1800</td>
</tr>
<tr>
<td>Latinos</td>
<td>1200</td>
</tr>
<tr>
<td>Whites</td>
<td>1900</td>
</tr>
<tr>
<td>Blacks</td>
<td>4400</td>
</tr>
</tbody>
</table>

Blacks were more than twice as likely to be seropositive for HEP C as Whites, Latinos, or Asians.


Of people newly reported with chronic Hepatitis C in New York City, roughly 1 in 3 have reported spending time in jail or prison.

As many as 1 in 3 men and women in U.S. prisons and jails are estimated to have Hepatitis C.

OVERVIEW:

Justice-involved men and women bear disproportionate health burdens, largely attributed to the syndemic effects of substance use disorders, infectious illness, and violence, within the context of social determinants of health, including race, class, and gender inequalities, and limited healthcare access.

Ultimately healthcare providers are uniquely positioned to reduce HIV and HEP C transmission and improve the health of those living with HIV or HEP C, via care that is: patient-centered, culturally competent, and sensitive to the complex interplay of trauma, violence, substance use, mental illness, and co-occurring health conditions.

Health providers will best be able to provide patient-centered and culturally competent care when they view their patients with justice-involvement as experts in describing the challenges they face with health and healthcare.

• Untreated STIs pose great health consequences and increase HIV and HEP C transmission as well as making it more difficult to manage HIV or HEP C.

• Estimated rates of HEP C, often co-occurring with HIV, have been as high as 41% among justice-involved populations.9

• Among justice-involved men and women, there are disproportionately high rates of undiagnosed and untreated mental illnesses, substance use disorders, IPV, chronic diseases, and STIs, including HIV and HEP C.

CHALLENGES OF REENTRY:

• Common barriers to accessing care include a lack of access to correctional health records, poor treatment, discrimination, stigma, difficulties navigating complex healthcare systems, and treatment interruptions due to justice involvement.

• Post-release is an especially vulnerable time for justice-involved men and women living with HIV or HEP C or at risk of acquiring HIV or HEP C who may experience: treatment interruptions, poor virological and immunological outcomes, and risk behaviors which may increase HIV and HEP C transmission.

• Despite potential access to HIV and HEP C testing, counseling, and information inside correctional facilities and after release, certain life challenges may limit service utilization.

• Many justice-involved men and women have a history of experiencing violence and trauma, mental health challenges, and substance use disorders, which can complicate screening and care for other conditions.

• Optimal prevention efforts, which best address increased HIV and HEP C risk factors prevalent after release include education, promotion of safer sex and needle practices, treatment, and safe, sober housing.

• The immediate aftermath of release is a particularly risky period including a worsening of chronic medical conditions, substance use with increased risk of overdose, plus an increased risk of death.

KEY MESSAGE 1:

Providers can increase their knowledge of the unique needs, challenges, and strengths of justice-involved men and women regarding HIV and HEP C prevention, treatment, and care.

• Learn more about the strengths and challenges of justice-involved people by talking with them, including your patients, or meeting with people in reentry organizations.

• Go to trainings and speak with your colleagues. Under General Information in the Provider Resources section of this kit, you will find a list of training resources.

• Use the ToolKit.

• Visit a prison or jail to learn about the experiences justice-involved people may have had.
**KEY MESSAGE 2:**

Providers can increase the number of formerly incarcerated patients who know their HIV status and support patient-centered HIV prevention, treatment and care.

- Screen for HIV as a routine part of medical care.
- Take a sexual history:
  - A sexual history allows you to identify individuals who are at risk for STIs, including HIV, and to identify appropriate anatomical sites for tests.
  - Discuss the five “P’s” with your patient (partners, practices, protection from STIs, past history of STIs, prevention of pregnancy).
- Counsel patients on STI prevention, including HIV.
- Assure the patient that there are more effective treatment options and with good medical care and patient adherence, people living with HIV can stay healthier and live longer.
- Counsel patients on measures that they can take to prevent infection, reinfection and transmission.
- Communicate with your patients about their right to culturally competent care and discuss ways your patients can access it.
- Reinforce risk reduction strategies, including:
  - Post-exposure Prophylaxis
  - Pre-exposure Prophylaxis
  - Using condoms
  - Limiting number of sexual partners
  - Avoiding alcohol and drugs when having sex
  - Using clean syringes
  - Never sharing medication vials (i.e. hormones and steroids).

**KEY MESSAGE 3:**

Providers can increase the number of formerly incarcerated patients who know their HEP C status and support patient-centered HEP C prevention and treatment.

- Screen all patients born between 1945 and 1965 for HEP C.
- Communicate with your patients about their right to culturally competent care and discuss ways your patients can access it.
- Counsel patients on STI prevention including HEP C.
- Screen persons with risk factors for HEP C as part of standard medical care. Risk factors include living with HIV, history of injection drug use, history of incarceration, received a blood transfusion or organ transplant before 1992, and received a piercing or tattoo in an unclean environment.
- Inform patients of the improvements in HEP C treatment and outcomes. HEP C treatment time has been lowered to 8-12 weeks of treatment, patients report lower side effects than in the past, and there is a high cure rate.
- Screen for co-occurring health conditions:
  - HIV
  - Hepatitis B (HBV)
  - Diabetes
  - Depression
  - End stage renal disease
- Reinforce risk reduction strategies, including:
  - Using condoms
  - Limiting number of partners
  - Avoiding alcohol and drugs before and after sex
  - Never sharing needles, works, or medication vials (i.e. hormones and steroids).

**KEY MESSAGE 4:**

Providers can take positive actions to facilitate improved HIV and HEP C outcomes and decrease barriers to prevention and care by linking patients to community-based service providers, harm reduction programs, patient navigation, and social support.

- Link patients to community-based providers and organizations specializing in service and care for justice-involved men and women.
- Partner with community-based organizations and providers to facilitate holistic, coordinated and integrated care for justice-involved men and women.
- Offer information regarding syringe exchange sites.
- Request DOHMH HIV and HEP C materials for providers and patients from 311 and distribute and post widely.
- If you do not have experience treating patients with HIV or HEP C, refer to specialists.
HIV

- The correctional setting is often the first place incarcerated men and women are diagnosed with HIV and provided treatment.
- Although correctional facilities may offer risk-reduction interventions that help prevent infection among those at highest risk, key challenges remain:
  - Implementing testing, treatment, and prevention programs in correctional facilities.
  - Providing effective linkages to care and support services that sustain clinical benefits for incarcerated individuals after their release.
- A common risk factor for HIV transmission within correctional facilities is sharing equipment used for injecting drugs, tattooing or piercing as well as sexual activity.
- Certain body fluids from an HIV-infected person can transmit HIV: blood, semen (cum), pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids, breast milk.
- HIV treatment can reduce disease progression, prolong life, and help reduce risk of transmission.

HIV PREVENTION

- Get tested and treated for sexually transmitted infections and encourage your partner(s) to do the same.
- If you are HIV negative and think that you were exposed to HIV, immediately go to a clinic or emergency room and ask for PEP (Post-exposure Prophylaxis). PEP is an emergency medicine you take right after you are exposed to HIV. PEP can stop HIV if started within 36 hours of exposure. You continue taking PEP for 28 days.
- If you are at risk for HIV, consider pre-exposure prophylaxis (PrEP), a daily medication to prevent HIV infection.
- Use condoms consistently and correctly.
- Talk to your partner(s) about their HIV status.

HEPATITIS C

- Hepatitis C can be a health challenge for men and women who have been incarcerated.
- Men and women in correctional facilities are at risk for HEP C because many people in prisons and jails already have HEP C.
- A common risk factor for HEP C transmission within correctional facilities is sharing equipment used for injecting drugs, tattooing or piercing as well as sexual activity.

WAYS TO ACQUIRE HEPATITIS C

- Sharing straws or dollars for snorting drugs
- Sharing hygiene equipment such as razors, toothbrushes, and clippers
- Contact with blood through violence
- Condomless sex
- Rough sexual activity that could lead to condom breakage and/or skin tearing
- Blood spills that are not well cleaned

Bleaching, boiling, heating with a flame or using common cleaning fluids, alcohol, or peroxide will not clean needles, tools, and other instruments. These methods are not strong enough to kill the Hepatitis C virus.
HIV, HEP C, AND JUSTICE INVOLVEMENT:
INFORMATION FOR PATIENTS

IT IS NOT POSSIBLE TO GET HEPATITIS C BY

▶ Casual contact such as hugging, kissing, or sharing food or drinks
▶ Simply living with others
▶ Eating or drinking with others
▶ Sharing a toilet or shower
▶ Playing sports in the yard or gym

HEPATITIS C PREVENTION

▶ Avoid sharing and reusing syringes.
▶ Get new syringes from a needle exchange program.
▶ Practice safe tattooing and piercing by checking that new, sterile needles and new inks are used.
▶ Avoid sharing personal hygiene items such as razors, toothbrushes, and nail clippers.
▶ Avoid sharing snorting equipment including straws and dollar bills.
▶ Use condoms when having sex. Keep in mind that rough sex, anal sex, and sex while a woman is having her period carry greater risk of transmission of HEP C.
▶ Get tested and treated for other sexually transmitted diseases.

HEPATITIS C TESTING IS A TWO-STEP PROCESS:

1. HEP C Antibody test: Tells you if you have ever had HEP C.
2. HEP C Confirmatory (RNA or PCR) Test: Tells you if you have HEP C now.
▶ There is no vaccine, but HEP C can be treated with antiviral medications and cured.

HIV AND HEP C COINFECTION

▶ People with HIV infection are often affected by viral hepatitis; about one-third are coinfected with HEP C, which can cause long-term illness and death.
▶ HEP C progresses faster and causes more liver-related health problems among people with HIV than among those who do not have HIV.
▶ Although drug therapy has extended the life expectancy of people with HIV, liver disease—much of which is related to HEP C—has become the leading cause of non-AIDS related deaths in this population.
▶ People with HIV who are coinfected with HEP C are at increased risk for serious, life-threatening complications.
▶ Anyone living with HIV should be tested for HEP C.
▶ Coinfection with HEP C may also complicate the management of HIV infection.

In the U.S., it is estimated that about 1.2 million men and women are living with HIV, compared to more than 4 million who are living with chronic Hepatitis C.
The Care Continuum or the treatment cascade is a model that is used to identify issues and opportunities related to improving HIV and HEP C prevention, treatment, and care.

HIV Care Continuum for New York City

For men and women living with HIV in NYC, the largest gap in the HIV care continuum exists between linkage to care and staying in care.

Poor retention in care along the HIV continuum of care reduces the likelihood of achieving viral suppression and increases risk of HIV transmission.

Hepatitis C Care Continuum for New York City

For men and women living with HEP C in NYC, approximately only 50% are aware of their status and fewer than 10% have achieved sustained virological response.

Many patients with chronic HEP C are asymptomatic; as a result, many cases are not diagnosed or reported.

Words matter. They shape perceptions and understanding, both of past and present events and of future possibilities and, therefore, future events. Semantic and public acceptance of terms like “formerly incarcerated” or “returning citizens” (rather than ex-felon, ex-offender, or ex-inmate) are of fundamental importance to the process of public opinion formulation, positive media images, effective social service delivery and, most importantly, progressive policy change. – Eddie Ellis

**LANGUAGE IS HELPFUL IN SUPPORTING HEALTH AND WELL-BEING:**

› “People-first language” represents the worth and dignity of all persons:
  › “Person living with HIV”
  › “Person living with depression”
  › “Person who is formerly incarcerated”
› Focuses on the medical nature of substance use and mental health disorders and treatment
› Promotes the recovery process and shifts the emphasis from pathology and suffering to resilience and healing
› Avoids perpetuating negative stereotype biases through the use of slang and idioms
› Supports the client in choosing their comfort level of self-disclosure
› Helps in recognizing strengths
› Is non-judgmental and phrases questions in ways that are more acceptable and normalizing, but less stigmatizing
› Is sensitive to stigma and discrimination
› Reflects an understanding of the realities of the lives of individuals and incorporates their strengths and challenges

**LANGUAGE THAT IS LESS HELPFUL IN SUPPORTING HEALTH AND WELL-BEING:**

› Defines people by the crime for which they were convicted (i.e., murderer, robber, drug dealer)

**EXAMPLE STATEMENTS:**

› “A lot of people I see are dealing with the justice system. Prisons and reentry can be challenging experiences and impact one’s health. Have you recently experienced incarceration?”
› “Taking care of yourself after getting out of prison can be difficult. Do you have any friends or family members that can help you with your HIV treatment appointments or medication?”
› “When you were incarcerated, how did you manage your health care? I ask because many of those same strategies can now be used out of prison.”
### WORDS TO USE WHEN DISCUSSING CRIMINAL JUSTICE INVOLVEMENT

<table>
<thead>
<tr>
<th>Avoid</th>
<th>Say:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex-offender, Thug, Criminal, Ex-felon, Ex-con</td>
<td>Justice-involved individual, Formerly incarcerated individual or person</td>
</tr>
<tr>
<td>Convict, Inmate, Offender, Felon</td>
<td>Person who is/was incarcerated</td>
</tr>
<tr>
<td>Parolee, Probationer</td>
<td>Person on parole, Person on probation</td>
</tr>
</tbody>
</table>

### WORDS TO USE WHEN DISCUSSING SUBSTANCE USE AND MENTAL HEALTH

<table>
<thead>
<tr>
<th>Avoid</th>
<th>Say:</th>
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</thead>
<tbody>
<tr>
<td>Drug abuser, Addict, Junkie</td>
<td>Injection drug user, Person affected by drug use, Person who injects drugs, Person with an addiction</td>
</tr>
<tr>
<td>Alcohol abuse, Drug abuse, Substance abuse</td>
<td>Substance use disorder (SUD)</td>
</tr>
<tr>
<td>Noncompliant, Unmotivated, Resistant</td>
<td>Not adherent to medication, Opted not to, Has not begun, Experiencing ambivalence and change</td>
</tr>
<tr>
<td>Schizophrenic, Depressive</td>
<td>Person who has been diagnosed with schizophrenia or depression</td>
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### WORDS TO USE WHEN DISCUSSING HIV/AIDS

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<tbody>
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<td>HIV when referring to HIV, AIDS when referring to AIDS</td>
</tr>
<tr>
<td>AIDS or HIV patient, Suffering from HIV, AIDS victim</td>
<td>Person living with HIV/AIDS</td>
</tr>
<tr>
<td>To catch HIV or AIDS</td>
<td>To become infected with HIV</td>
</tr>
<tr>
<td>To pass on HIV</td>
<td>Transmit HIV</td>
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### WORDS TO USE WHEN DISCUSSING SEXUALITY AND REPRODUCTIVE HEALTH

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<td>Sexually transmitted infection (STI)</td>
</tr>
<tr>
<td>Risky sex, Unprotected sex</td>
<td>Condomless sex</td>
</tr>
<tr>
<td>Promiscuous</td>
<td>Having multiple partners</td>
</tr>
<tr>
<td>Prostitute, Hooker, Street walker</td>
<td>Sex worker, A person who is involved in transactional or survival sex</td>
</tr>
<tr>
<td>Rape victim</td>
<td>Sexual assault survivor, Rape survivor</td>
</tr>
<tr>
<td>High(er) risk group</td>
<td>Highly affected communities, Key populations at higher risk</td>
</tr>
</tbody>
</table>
PATIENT RESOURCES

REENTRY RESOURCE GUIDES

Bronx Reentry Working Group (2012)
The Bronx Reentry and Resource Directory.
Contact: info@bronxreentry.org
http://bronxreentry.org/

Coalition for Women Prisoners (2013)
A Place to Call My Own, Women and the Search for Housing After Incarceration.
Contact: 212-254-5700 ext. 336 or jvelez@correctionalassociation.org
http://correctionalassociation.org

Coalition for Women Prisoners (2008)
My Sister's Keeper. A Book for Women Returning Home from Prison or Jail.
Contact: 212-254-5700 ext. 336 or jvelez@correctionalassociation.org
http://correctionalassociation.org

Crown Heights Mediation Center (2013)
Reentry Resource Directory.
Contact: 718-773-6886 or chcmcblog@gmail.com
http://crownheights.org/

Connections: A Guide for Formerly Incarcerated People in NYC.
Contact: 212-592-7553 or sarahball@nypl.org
http://www.nypl.org/help/community-outreach/correctional-services

New York State Department of Labor (2014)
The Road to Reentry.
Contact: 518-485-2151 or SpecialPopulations@labor.ny.gov
http://labor.ny.gov/workforcenypartners/tools.shtm

New York State Reentry Resource Center (2014)
NYS-Based Online Support Network and Information Clearinghouse.
Contact: 718-838-7869 or kater@bronxdefenders.org
http://www.bronxdefenders.org/

Upper Manhattan Reentry Force (2010)
Contact: 212-360-4131 or dboar@courts.state.ny.us
http://www.courtinnovation.org/project/harlem-community-justice-center

Employment Assistance

The Center for Alternative Sentencing and Employment Services (CASES)
151 Lawrence St 3rd Floor
Brooklyn, NY 11201
212-553-6300

Center for Community Alternatives
25 Chapel St
Brooklyn, NY 11201
718-858-9658

Center for Employment Opportunities (CEO)
50 Broadway
NY, NY 10004
212-422-4430

The Doe Fund
232 East 84th St
NY, NY 10028
212-628-5207

FEGS Health and Human Services
315 Hudson St
NY, NY 10013
212-366-8400

Pro-Tradional Employment for Women
243 West 20th St
NY, NY 10011
212-627-6252

Women and Work Program
25 West 43rd St
NY, NY 10036
212-642-2057

Sylvia Rivera Law Project
147 West 24th St
NY, NY 10011
212-337-8550

NY LGBT Community Center
208 West 13th St
NY, NY 10011
212-620-7310

Housing and Supportive Services

Bailey House
1751 Park Ave
NY, NY 10035
212-633-2500

The Bowery Residents’ Committee
315 Bowery St
NY, NY 10003
212-533-5151

CAMBA
1720 Church Ave
Brooklyn, NY 11226
212-787-2600

Housing Pluses Solutions
284 Sumpter St
Brooklyn, NY 11233
347-295-1377

Housing Works
57 Willoughby St
Brooklyn, NY 11201
347-473-7400

Women In Need (WIN)
115 West 31st St
NY, NY 10001
212-695-4758

Legal Aid: Advocacy/ Discrimination

Legal Action Center
225 Varick St
NY, NY 10014
800-223-4044

NYC Commission on Human Rights
In Queens, Brooklyn, the Bronx and Manhattan
212-306-7450

Reentry and Supportive Services

Correctional Association
2900 Adam Clayton Powell Blvd NY, NY 10027
212-254-5700

Exodus Transitional Community
2271 Third Ave
NY, NY 10035
917-492-0990

The Fortune Society
29-76 Northern Blvd
NY, NY 11101
212-691-7554

SELECT COMMUNITY-BASED ORGANIZATIONS AND REENTRY SERVICES

HIV AND HEP C

The Fortune Society Reentry Education Project 29-76 Northern Boulevard, Long Island City, NY 11101 347-510-3642 www.fortunesociety.org
PATIENT RESOURCES

HEALTH CLINICS SPECIFICALLY FOR JUSTICE-INVOLVED MEN AND WOMEN

The Coming Home Program at the Spencer Cox Center for Health at St. Luke’s-Roosevelt Hospital
390 West 114th St New York, NY 10025 212-523-6500

The Montefiore Transitions Clinic
305 East 164th St Bronx, NY 10456 917-853-7683

The Better Living Center at The Fortune Society
29-76 Northern Blvd New York, NY 11101 212-691-7554

HEPATITIS C, HIV, STI AND HEALTH CARE SUPPORT PROGRAMS

Hep-CAP: HEP C evaluation, care, and treatment at no cost

Mount Sinai Primary Care HEP C Program (Manhattan and Queens)
http://www.mountsinai.org/ patient-care/service-areas/liver-diseases/hepatitis-c-virus-program

Albert Einstein College of Medicine Division of Substance Abuse (Bronx)

Project Inspire HEP C Care Coordination Program
http://hepfree.nyc/projectinspire/

BOOM! Health
www.boomhealth.org 718-292-7718 mcaldron@boomhealth.org

AIDS Center for Queens County (ACQC)
http://www.acqc.org/ 718-896-2500 dcamacho@acqc.org

Community Health Action of Staten Island (CHASI)
http://www.chasiny.org/ 718-808-1300 angela.attanasio@chasiny.org

Family Services Network of New York, Inc. (FSNNY)
http://fsnny1.org/ 718-455-6010 lbobb@fsnny.org

Harlem United
http://www.harlemunited.org/programs/ 212-803-2850 lbobb@fsnny.org

Housing Works
http://www.housingworks.org/heap/supportive-services/ 347-473-7407

New York Harm Reduction Educators (NYHRE)
http://www.nyhre.org/ 718-828-8464

St. Ann’s Corner of Harm Reduction (SACHR)
http://www.sachr.org/ Mike Selick, MSW Office: 718.583.5544 x106 Cell: 201.755.3474

Safe Horizon Streetwork Project
http://www.safehorizon.org/page/streetwork-project-helping-homeless-youth-68.html 800-708-6600 rebecca.dimeo@safehorizon.org

Vocal New York
http://www.vocal-ny.org/ 718-802-9540 evelyn@vocal-ny.org

Washington Heights Corner Project
http://www.cornerproject.org/ 712-923-7600 la@cornerproject.org

Streetwork Project
http://www.safehorizon.org/helping-homeless-youth-68.html 800-708-6600 rebecca.dimeo@safehorizon.org

HIV AND HEP C

The Fortune Society Reentry Education Project 29-76 Northern Boulevard, Long Island City, NY 11101 347-510-3642 www.fortunesociety.org

Call 311 for any health-related information, including where to find additional services, information, or support with condoms, depression, alcohol and drug problems, or interpersonal violence in the five boroughs.
PROVIDER RESOURCES

REPORTS AND GUIDELINES

2014-2016 Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis.

2015 Sexually Transmitted Disease Treatment Guidelines.
Centers for Disease Control and Prevention MMWR Recommendations and Reports. June 2015.

Available at http://www.nychiv.org/pdfs/Comprehensive%20Plan%20Final%205-21-12.pdf

New York City Department of Health and Mental Hygiene Division of Disease Control Bureau of Communicable Diseases. Feb. 2015.

New York City Department of Health and Mental Hygiene. Sept. 2015.

New York City Department of Health and Mental Hygiene HIV Epidemiology and Field Services Program. Apr. 2015.

New York State’s Blueprint to End the AIDS Epidemic.
Available at http://www.health.ny.gov/diseases/aids/end_the_epidemic/docs/blueprint.pdf

“It’s War in Here”: A Report on the Treatment of Transgender and Intersex People in New York State Men’s Prisons.
Sylvia Rivera Law Project

The White House

PEER-REVIEWED ARTICLES

Hepatitis C and STIs
Views and experiences of hepatitis C testing and diagnosis among people who inject drugs: systematic review of qualitative research.

“Seek, test, treat and retain” for hepatitis C in the United States criminal justice system.

Female sex workers incarcerated in New York City jails: prevalence of sexually transmitted infections and associated risk behaviors.
Parvez F, Katyal M, Alper H, Leibowitz R, Venters H.

Care at the Crossroads: Navigating the HIV, HCV, and Substance Abuse Syndemic.

Responding to hepatitis C through the criminal justice system.
Rich JD, Allen SA, Williams BA.

Impact of new therapeutics for hepatitis C virus infection in incarcerated populations.

HIV/AIDS
HIV risk after release from prison: a qualitative study of former inmates.
Adams J, Nowels C, Corsi K, Long J, Steiner JF, Binswanger IA.

Understanding the relationship between social support and physical and mental well-being among jail detainees living with HIV.

Gender and risk behaviors for HIV and sexually transmitted infections among recently released inmates: A prospective cohort study.
Binswanger IA, Mueller SR, Beatty BL, Min SJ, Corsi KF.

Linkage to HIV care for jail detainees: findings from detention to the first 30 days after release.

Freudenberg N.
Subst Use Misuse. 2011;46(2-3):159-70.

Considerations in HIV prevention for women affected by the criminal justice system.
Kramer K, Comfort M.
Provider Resources

Peer-Reviewed Articles (Continued)


Health Care and Health Status


General Information

- American Liver Foundation 800-GO LIVER (800-465-4837) http://www.liverfoundation.org/
- Centers for Disease Control and Prevention 800-CDC-INFO (800-232-4636) http://www.cdc.gov/
- HIV, HCV and STD Clinical Education Initiative 866-637-2342 http://ceitraining.org/
- Harm Reduction Coalition 212-213-6376 http://harmreduction.org/
- Hepatitis C Support Project http://hcvadvocate.org/
- National Hepatitis Corrections Network 206-732-0311 http://www.hcvinprison.org/
- New York City Department of Health and Mental Hygiene (DOHMH) 311 http://www.nyc.gov/html/doh
- NYC HEP C Task Force www.HepFree.NYC
- Training resources can be found here: hepfree.nyc/training-and-technical-assistance/
REFERENCES


THE REENTRY EDUCATION PROJECT (REP) HELPS MEDICAL PROVIDERS DELIVER BETTER HIV PREVENTION, TREATMENT, AND CARE TO FORMERLY INCARCERATED MEN AND WOMEN.

THE PROBLEM: HIV rates in NYC jails are three to four times higher than in NYC’s general population. Additionally, of people newly reported with chronic Hepatitis C in NYC, roughly 1 in 3 have reported spending time in jail or prison. Upon release, the majority of formerly incarcerated men and women return to under-resourced neighborhoods in which poverty, violence, substance use, and involvement with the criminal justice system are prevalent and access to health care is challenging. When seeking medical services, they often encounter barriers, including a lack of access to correctional health records, poor treatment, discrimination, stigma, difficulties navigating complex health care systems, and treatment interruptions due to justice involvement.

OUR FOCUS: The Fortune Society, one of NYC’s largest providers of reentry services, was awarded a grant by the NYC Department of Health and Mental Hygiene to educate and support health care providers who serve formerly incarcerated men and women from neighborhoods including, Harlem, the South Bronx, Brownsville, Bedford-Stuyvesant, and East New York.

OUR OBJECTIVES: 1) Reduce the barriers that formerly incarcerated men and women face while accessing HIV prevention, treatment, and care; 2) Increase the number of formerly incarcerated people who know their HIV status; and 3) Increase retention in care and viral suppression of formerly incarcerated people living with HIV, thereby reducing new transmissions.

The Fortune Society Reentry Education Project is funded in part by the New York City Department of Health and Mental Hygiene. The Fortune Society’s mission is to support successful reentry from prison and jail and promote alternatives to incarceration, thus strengthening the fabric of our communities. We do this by believing in the power of individuals to change; building lives through service programs shaped by the needs and experiences of our clients; and changing lives through education and advocacy to promote the creation of a fair, humane and truly rehabilitative correctional system. Learn more today by visiting www.fortunesociety.org