

Navigator-Enhanced Case Management for Jail Inmates Transitioning to the Community

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Project Description

While some community-based services exist, there remains a critical need to improve linkages to care and adherence to care plans among HIV+ adults as they move between community and jail. An effective service delivery model used in similar high-needs populations exists, but has not been tested with HIV+ drug users leaving jails. The model is called navigator case management and is based on harm reduction, motivational interviewing and general social work principles. Case managers work with paraprofessional peer navigators to help clients make better use of available resources, more effectively communicate with providers, sustain care over time and successfully connect with multiple service provider sectors.

In this study, we propose to:

- Tailor the navigator case management approach to meet the needs of HIV+ individuals with substance use and mental health disorders.
- Pilot test the intervention and assessment procedures.
- Conduct a randomized study with 360 HIV+ men and women leaving jail. Participants will receive either navigator case management delivered by the non-profit San Francisco Pre-Trial Diversion project, or the standard of care currently provided to transitioning inmates: 90-days of as-needed case management provided by the San Francisco Department of Public Health's Forensic AIDS Project.
- Test the effectiveness of the intervention in reducing sexual and drug-related HIV transmission risk, increasing HIV medication adherence, reducing drug dependence and reducing reincarceration.
- Characterize both the navigator and Forensic AIDS Project intervention processes and conduct exploratory analyses of the mediators of HIV transmission risk and risk reduction and HIV-related adherence among HIV+ individuals leaving jail.

Significance

Each year, there are over 600 unduplicated HIV+ persons incarcerated in the San Francisco jail and almost two-thirds released with HIV-focused discharge planning were reincarcerated within one year. More than half of HIV+ jail inmates are diagnosed with mental health conditions severe enough to require medication and a similar proportion report substance abuse disorders at the time of detention.

HIV+ adults incarcerated in the US criminal justice system are predominantly active drug users and disproportionately people of color. The complex interplay of poverty, race, lack of education and sanctions—rather than treatment—for addictions, reinforces returns to the criminal justice system and pervasive health disparities for HIV+ individuals. Underlying behaviors that lead to repeated incarceration closely correlate with behaviors that are associated with HIV transmission and increased morbidity and mortality from HIV. In drug addicted adults, recidivism is driven by drug relapse and illegal activities associated with drug use, failure to engage and remain in mental health treatment or failure to break free from social instability in the form of homelessness and joblessness.

Project Recruitment Dates: February 2010

Project End Date: June 2014

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