

NAVIGATING HIV CARE AND PREVENTION FOR JUSTICE-INVOLVED INDIVIDUALS

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DISCLOSURE

Dr. Nijhawan receives research funding from Gilead Sciences

OUTLINE

Background:

- Epidemic of incarceration
- Overlap with HIV

HIV Care Cascade

- HIV testing
- HIV linkage to care

HIV Prevention

CASE

37 yo man presents to jail HIV clinic as a returning patient. He would like to restart his ART, which he has not taken since his last incarceration a year ago.

Diagnosed with HIV in 2016, when he presented with a rash, diagnosed with HIV and syphilis at that time, risk factor MSM

Linked to treatment at the county hospital clinic, had frequent missed visits and treatment interruptions. Several incarcerations over the past 8 years

After last jail release, had attempted to visit the HIV clinic. Met w/ case manager, had several missing documents, unable to re-instate his coverage

Unable to find work or housing due to criminal history

Lost his phone, did not receive outreach messages from clinic

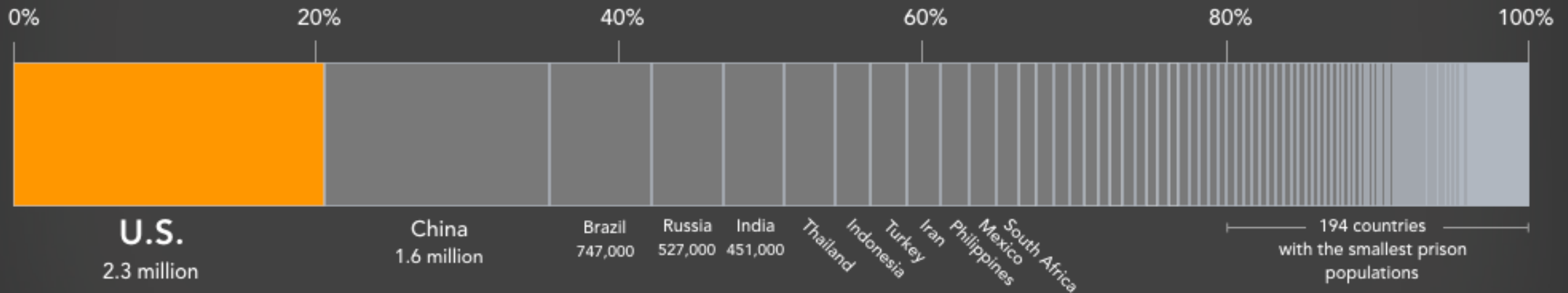
Recent ED visits for psychosis/ intoxication related to methamphetamine use

Stopped going to probation visits due to drug use, leading to reincarceration

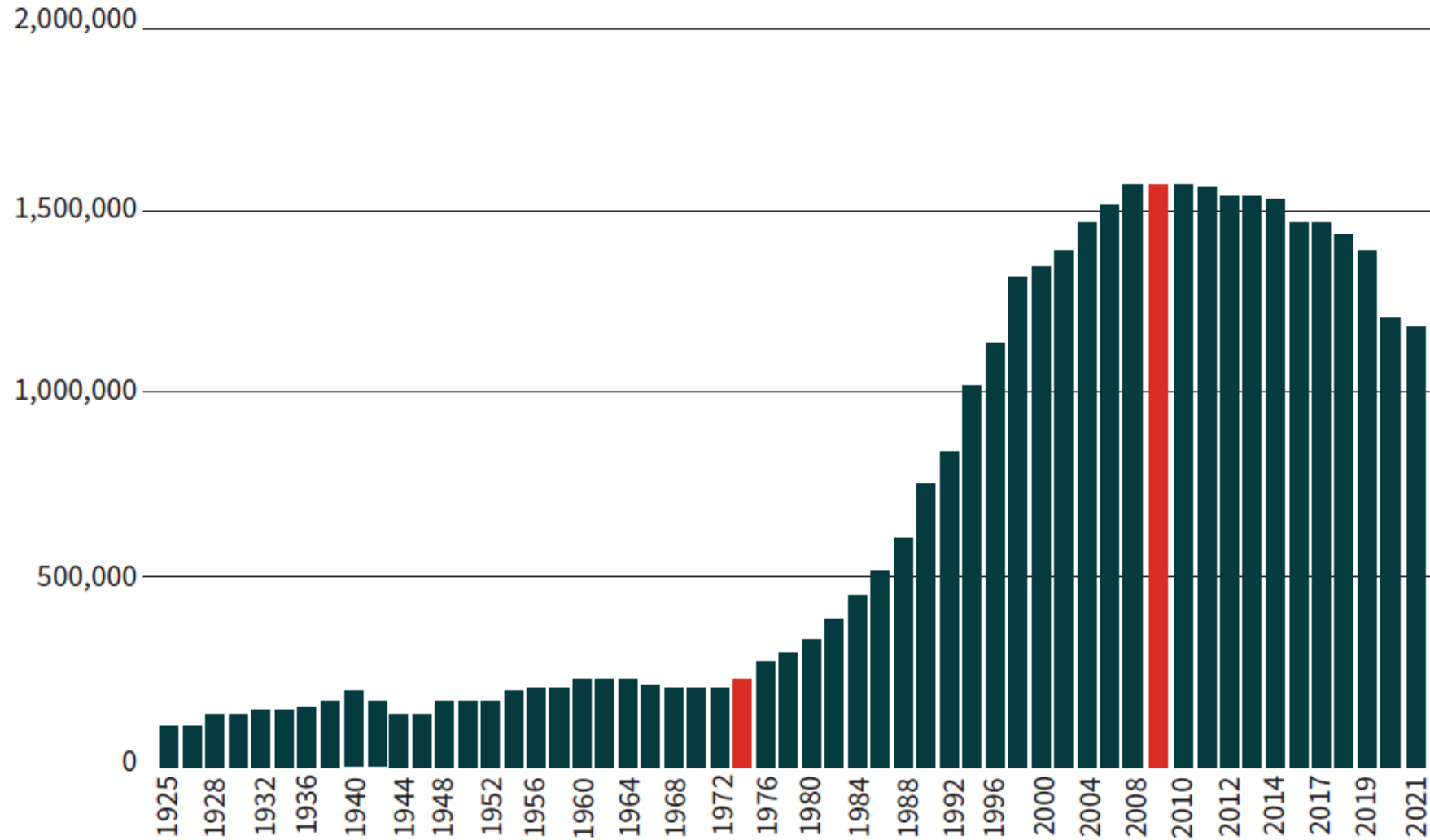
US has the highest incarceration rate worldwide

1 out of 5 prisoners in the world is incarcerated in the U.S.

Eleven million people around the world are in prisons and jails. The U.S. locks up a larger share of these people than any other country, with as many prisoners as the 194 countries with the smallest incarcerated populations combined.

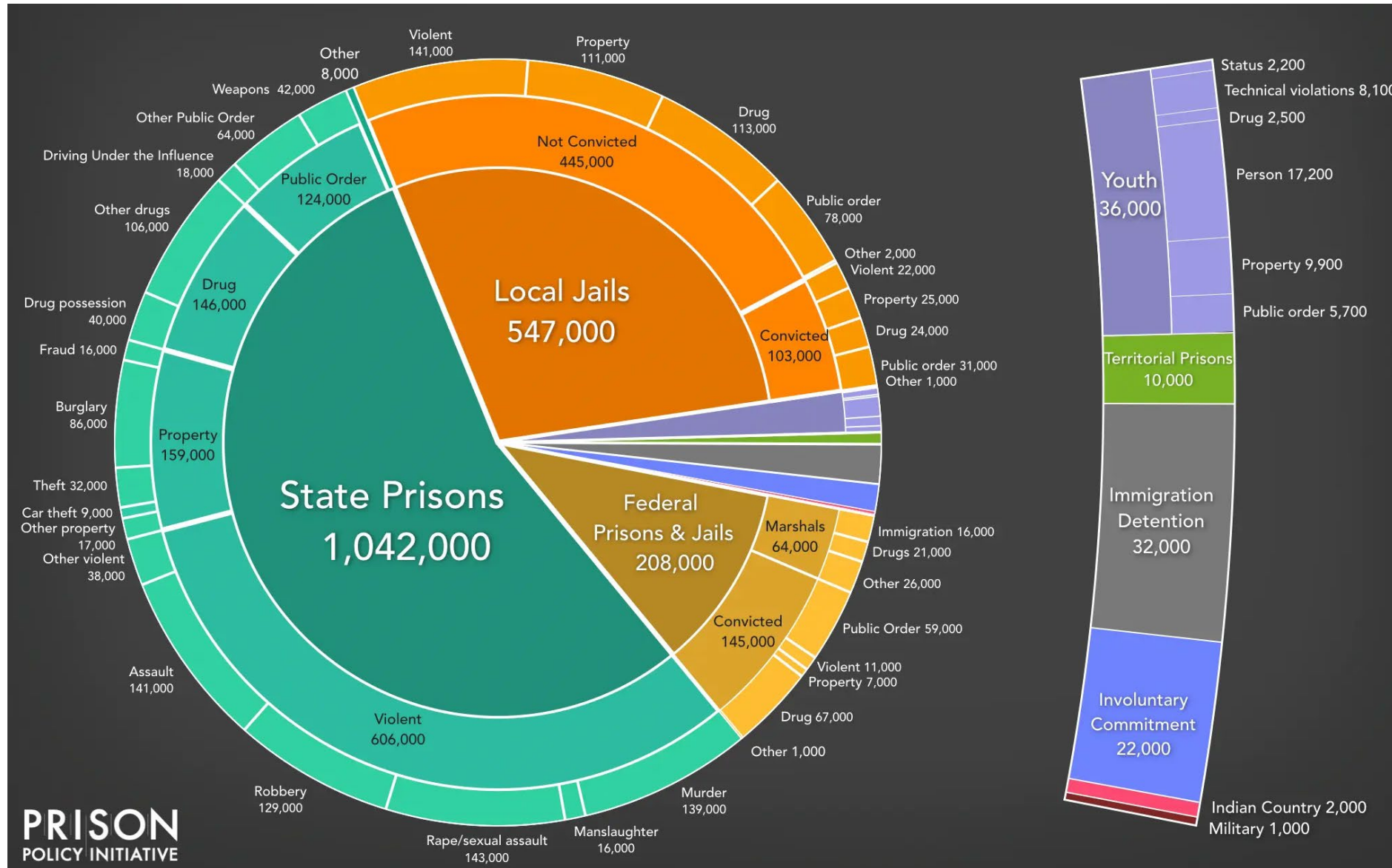


Population of US State and Federal Prisons

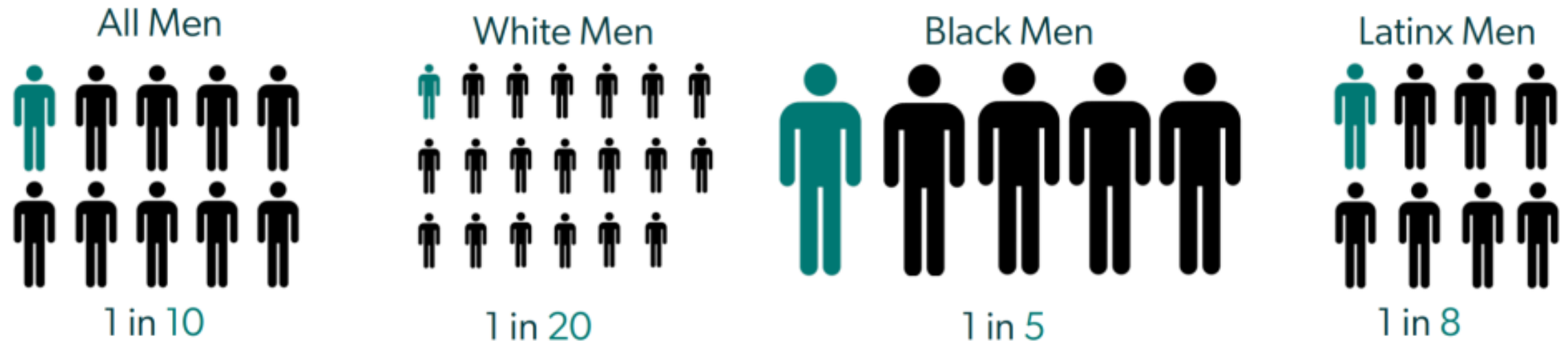


Red bars = Start and peak years for the surge of mass incarceration

How many people are locked up in the United States?

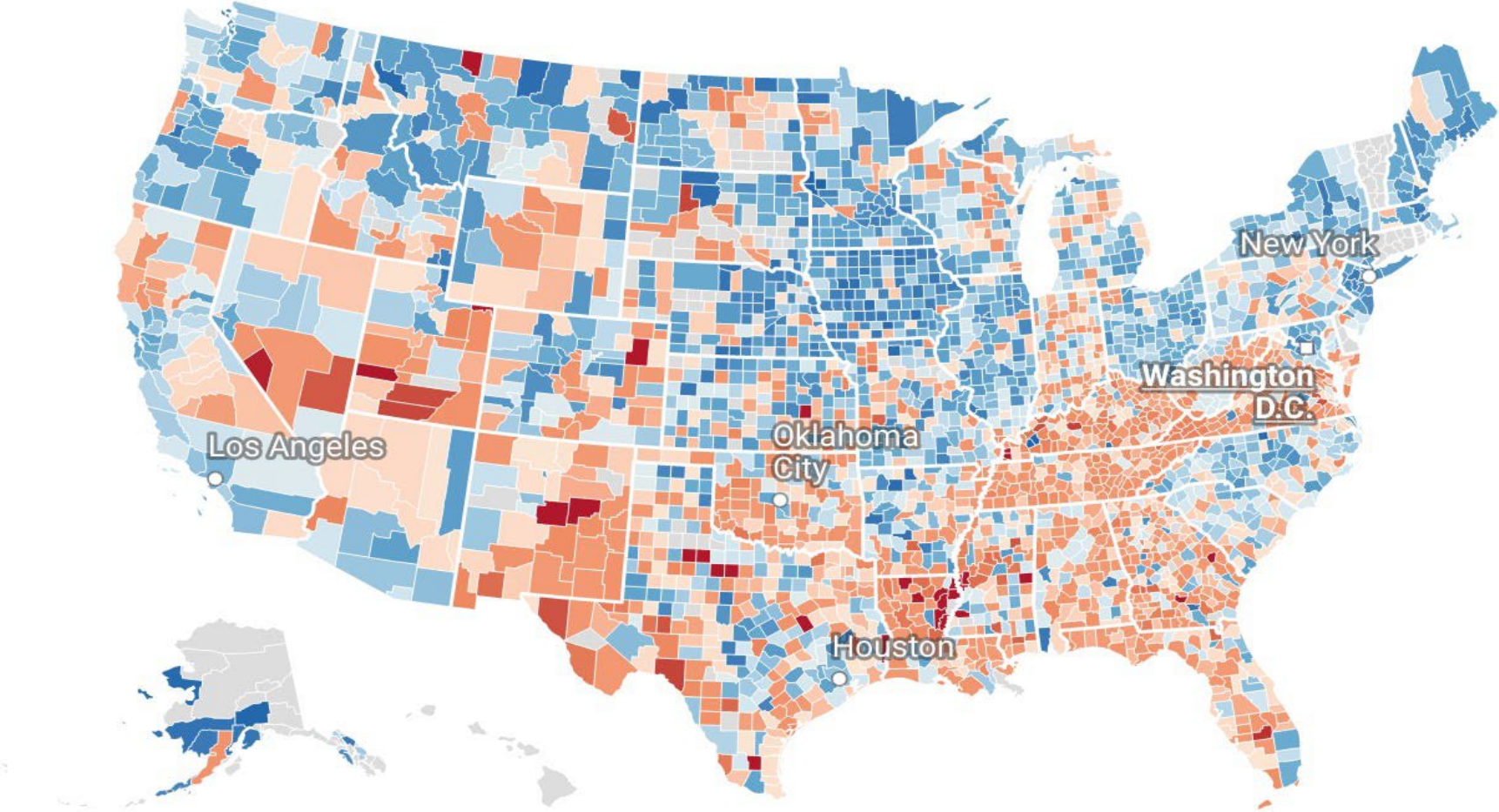


Lifetime Likelihood of Imprisonment of US Males born in 2001

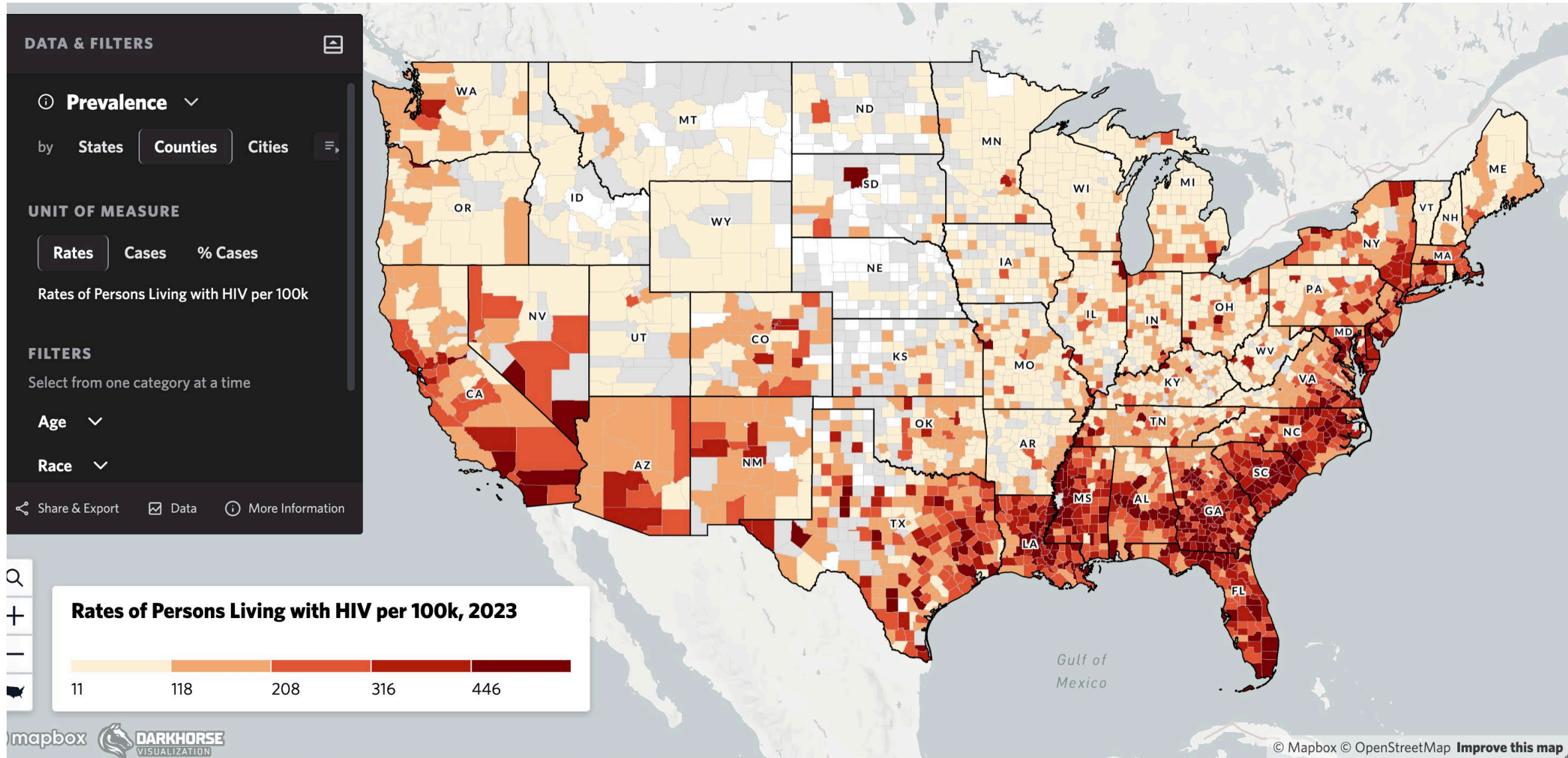


2.3 million people are in prison in America, but Oklahoma and Louisiana have the highest incarceration rates

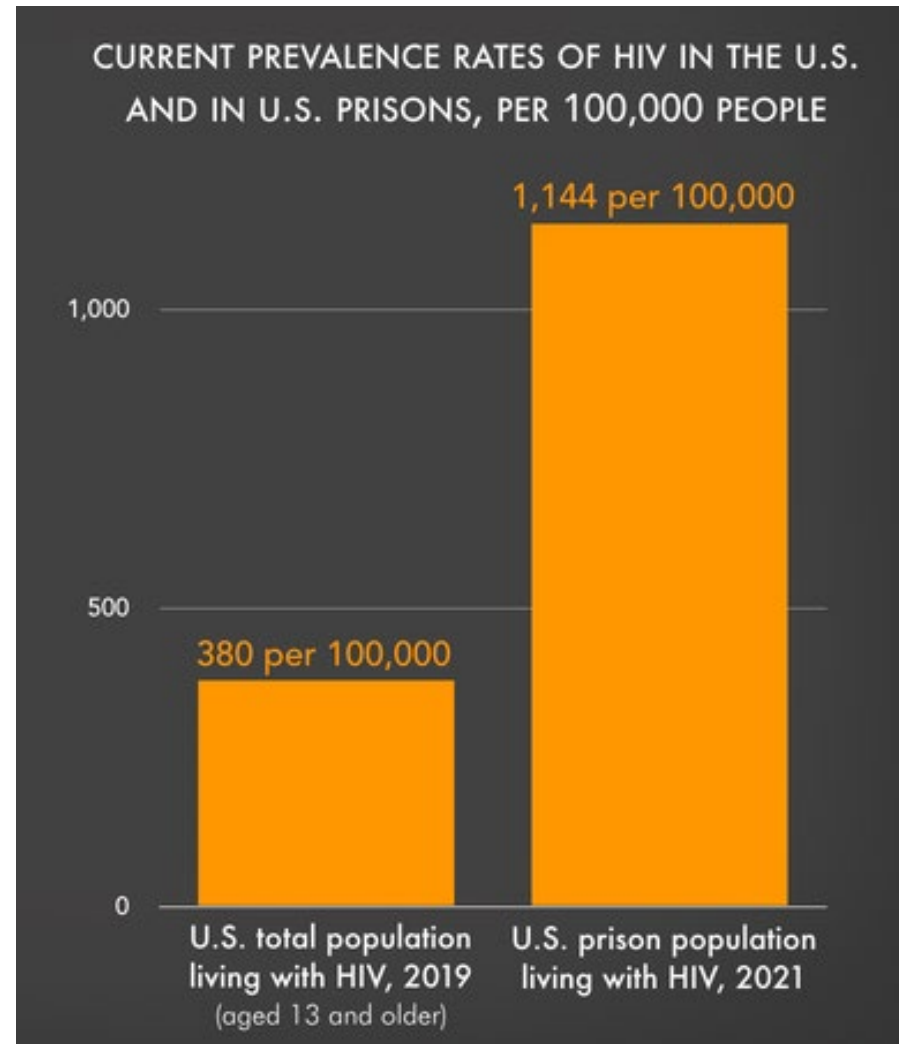
Prisoners per 100,000 people



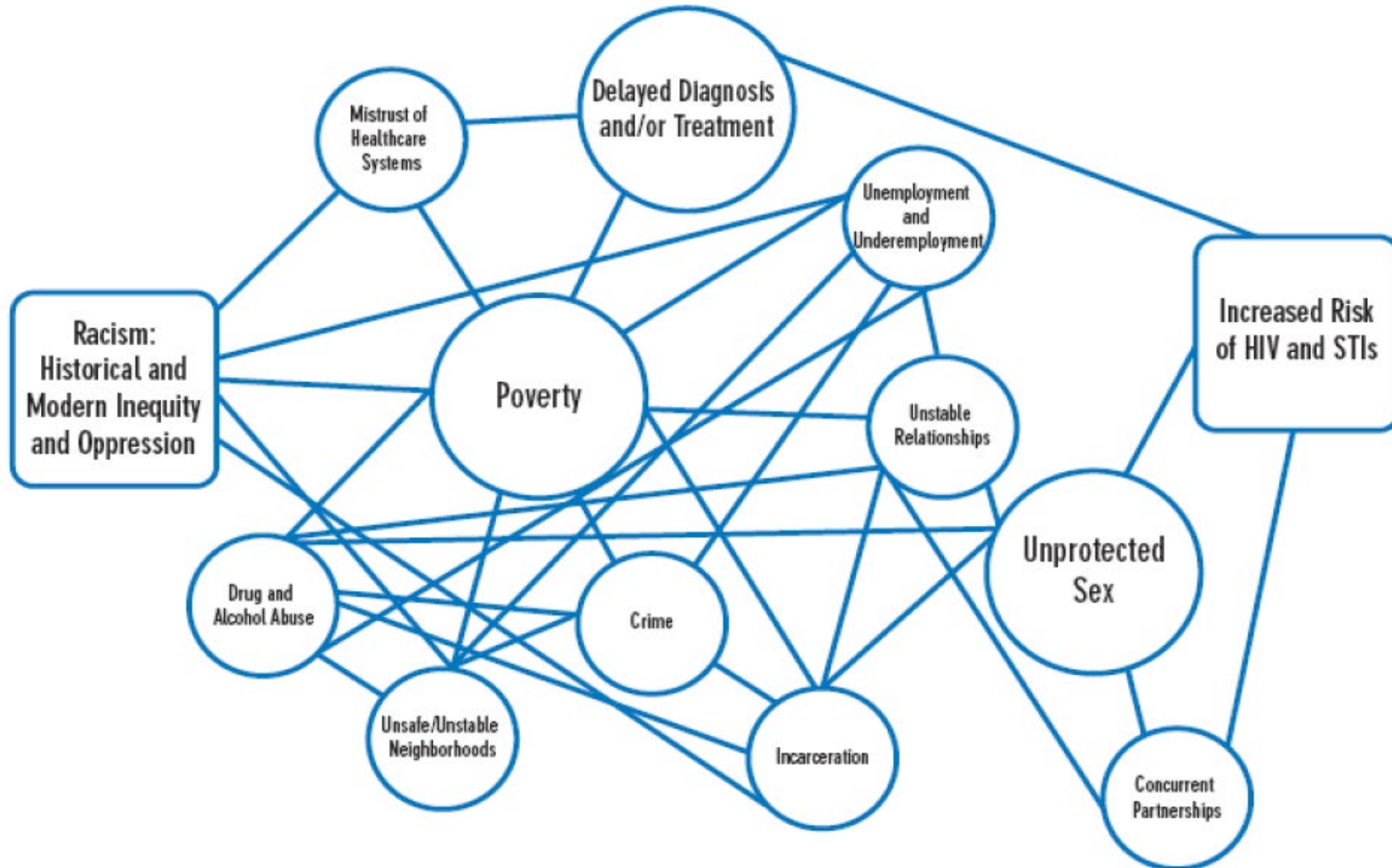
HIV Prevalence in the US, 2023



Overlap of HIV and Incarceration



HIV AND INCARCERATION



OUTLINE

Background:

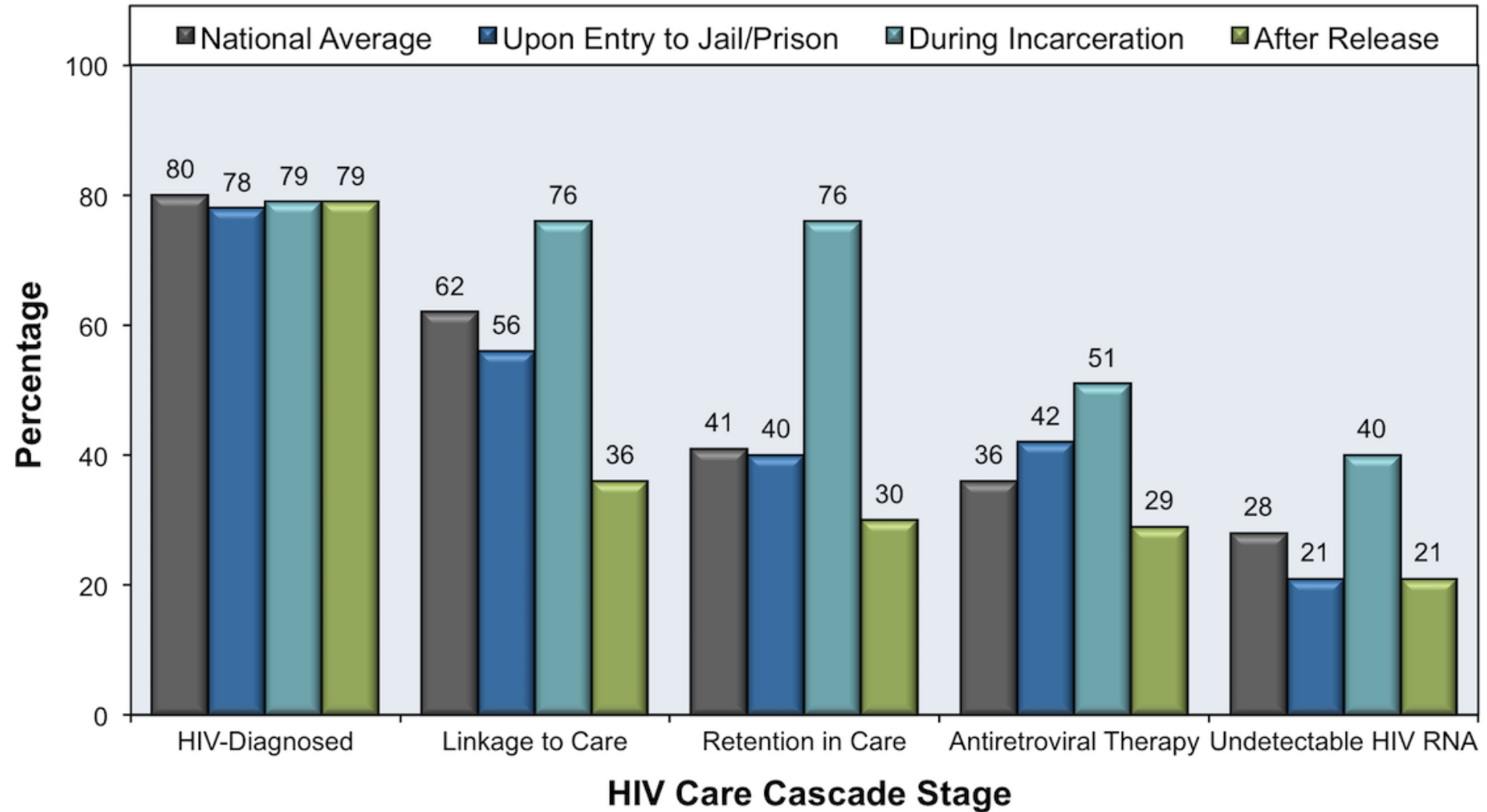
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HIV Care Cascade

- HIV testing
- HIV linkage to care

HIV Prevention

HIV CARE CASCADE BEFORE, DURING AND AFTER INCARCERATION



HIV/AIDS RE-ENTRY COALITION (HARC)



Group of local stakeholders

- Jail HIV medical providers
- Community HIV medical providers
- HIV prevention services
- Case management
- Substance abuse treatment providers
- Mental health providers
- HIV transportation
- HIV housing
- Re-entry services
- Researchers



Meetings

- Meet every 3 months
- Discuss improve care cascade in incarcerated and recently released
- Work on increasing HIV testing and prevention in jail
- Increasing “in-reach” into jail
- Streamlining referral process

DALLAS COUNTY JAIL

8th largest jail in US

Average daily intake:

- 125-275 new arrestees

Average daily census:

- 5200-6900 people

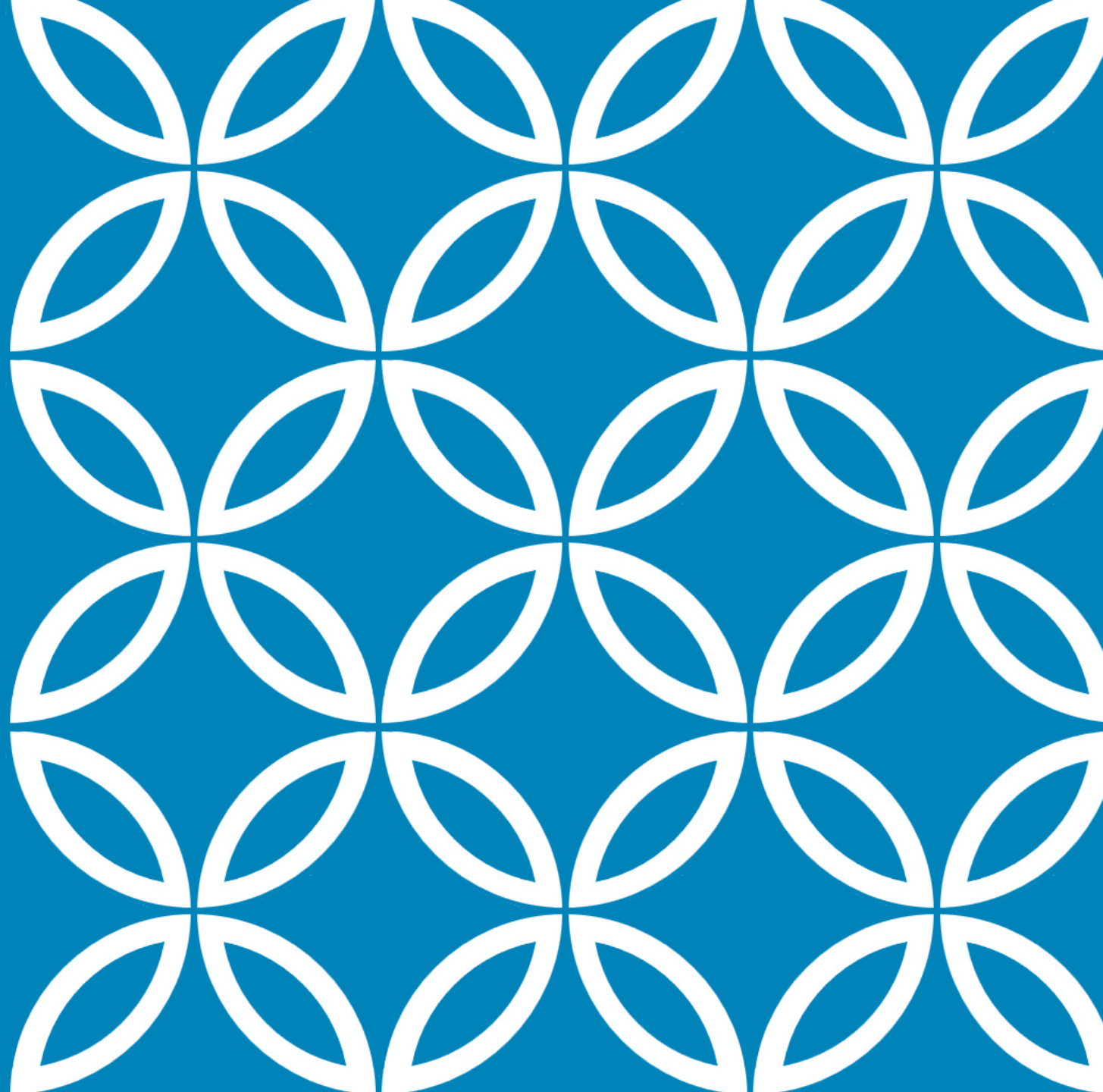
77% Male, 23% Female

Health care delivery is by
Parkland Health & Hospital
System

Over 200 (3%) known to
have HIV



HIV TESTING



New HIV Diagnosis Rates, per 100,000

- Come visit our poster at CROI in Denver on February 24 at 2:30-4pm
- Session Q-05 “Health Systems and Correctional Facilities Research”
- Title: New HIV Diagnoses in a County Jail Highlight the Importance of HIV Testing in Correctional Settings



HIV TESTING IN THE DCJ

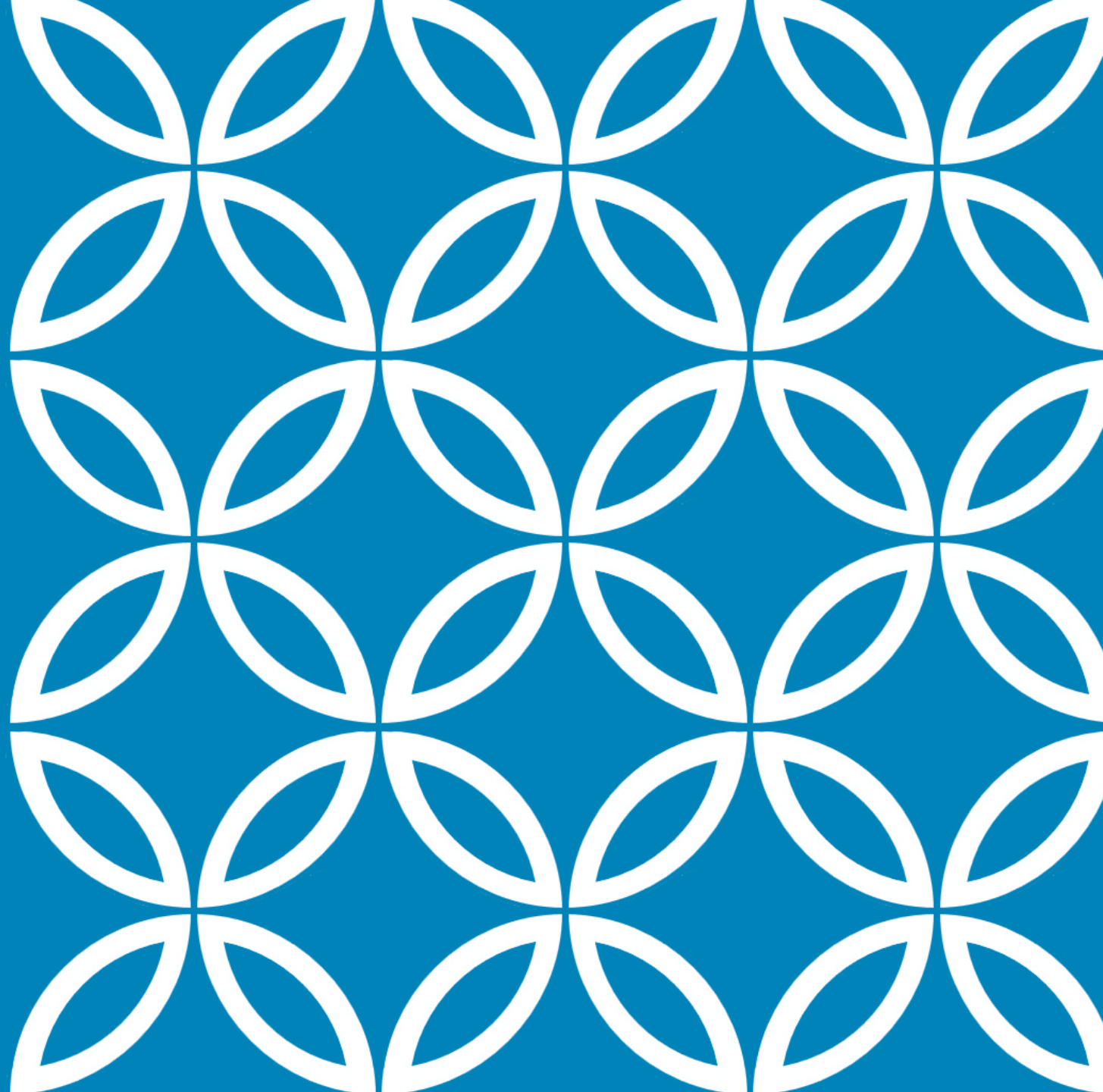
With increased testing, Jail HIV incidence rate is:

- 3 x higher than Dallas County
- 6 x higher than Texas
- Nearly 10x higher than the US overall
- Detecting HIV earlier

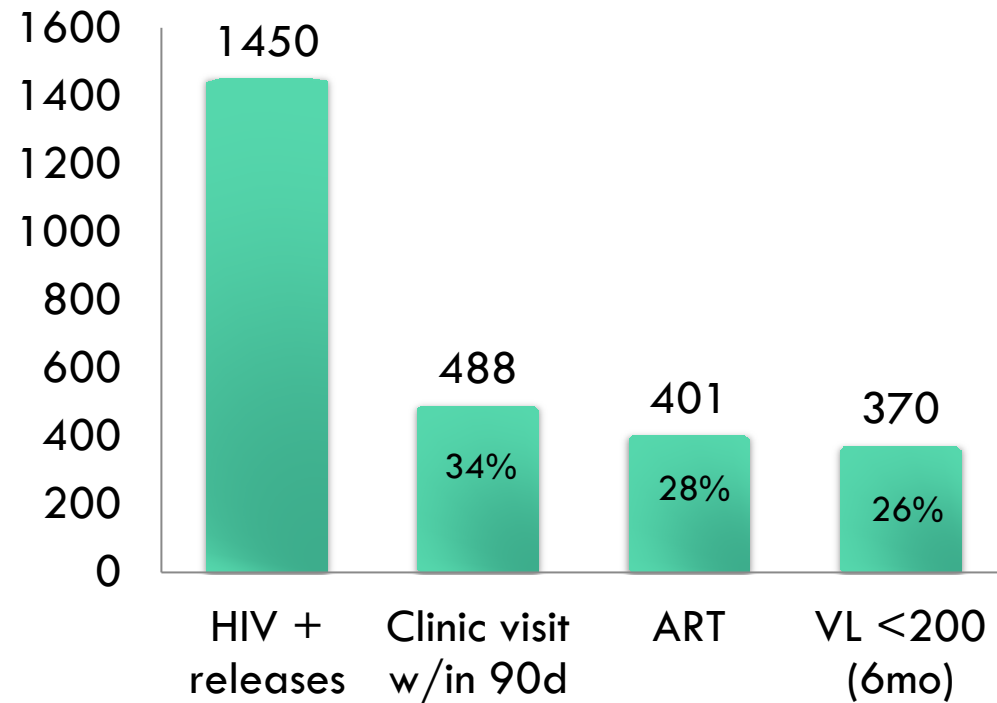
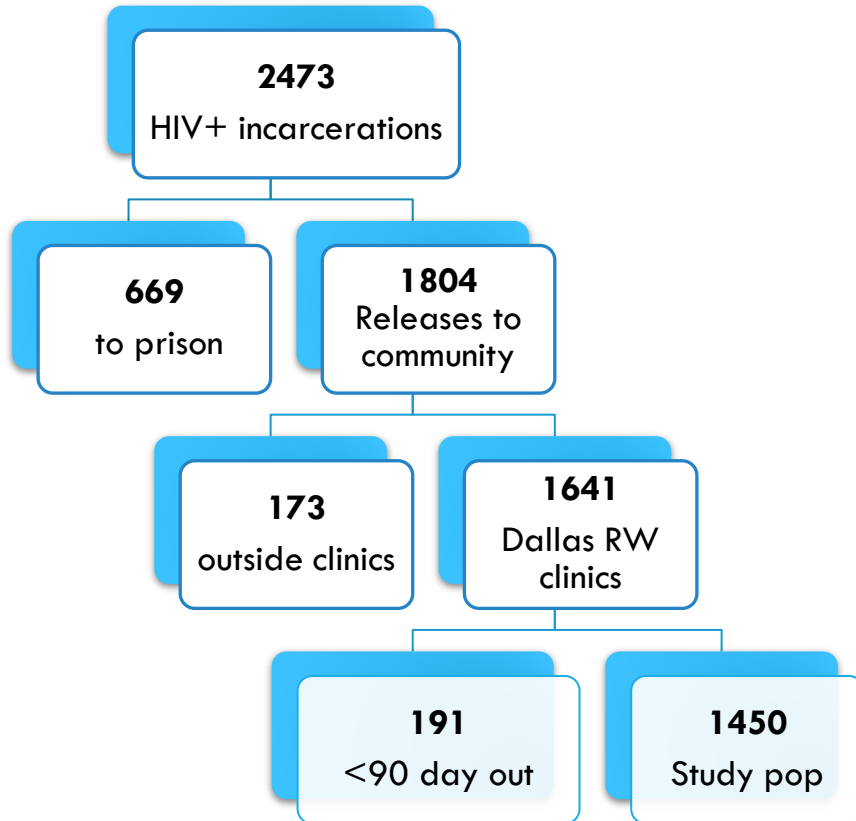
Highlights the need for

- Ongoing HIV and STI testing
- Sexual health education
- PrEP!!!

HIV LINKAGE TO CARE



LINCS: POST RELEASE CARE CASCADE



- 3-year study period
- 43% never had a visit (Lost to care)

PREDICTORS OF LINKAGE TO HIV CARE AFTER JAIL

Predictor	Adjusted OR (95% CI)	p-value
Black vs. White Ethnicity	1.20 (0.88-1.62)	0.25
Hispanic vs. White Ethnicity	2.24 (1.51-3.34)	<0.001
Age (per 5 years in units)	1.09 (1.03-1.16)	0.003
Female Gender (vs. Male)	1.49 (1.13-1.96)	0.005
Days of Incarceration	1.004 (1.001-1.006)	0.003
Socioeconomic/Structural		
Ever married	1.28 (0.97-1.68)	0.08
Stable housing (vs. unstable/other)	1.32 (1.02-1.70)	0.03
Employed (vs. other)	0.74 (0.48-1.15)	0.18
Disability benefits (vs. other)	1.22 (0.92-1.62)	0.17
Behavioral Health		
Major Drug Use (heroin, cocaine/crack, meth)	0.72 (0.56-0.92)	0.009
Severe Mental Illness (bipolar, schizophrenia)	0.69 (0.52-0.90)	0.007
Prior HIV Care		
Unknown Prior Clinic for HIV	0.45 (0.34-0.59)	<0.0001
Adherent to ART before incarceration	1.79 (1.39-2.30)	<0.0001

COMMUNITY COLLABORATION



- Unlocking DOORS
 - Non-profit founded in 2010
 - Focused on re-entry population, >2500 clients
 - CEO, Christina Crain, Esq., Former Chairman of the Board of TDCJ

- Client meets with “broker”
 - **Needs Assessment:** Recidivism risk, Training, Benefits, Experiences
 - **Individualized Re-entry Plan**
 - **Referrals** to partners in DOORS Network (>150 agencies)



COMEBACK:

COMMUNITY HEALTH WORKERS ELIMINATING BARRIERS IN ACCESS TO CARE

Population

- Uncontrolled HIV
- Substance use
- Released from jail in past 1-2 mos

Intervention

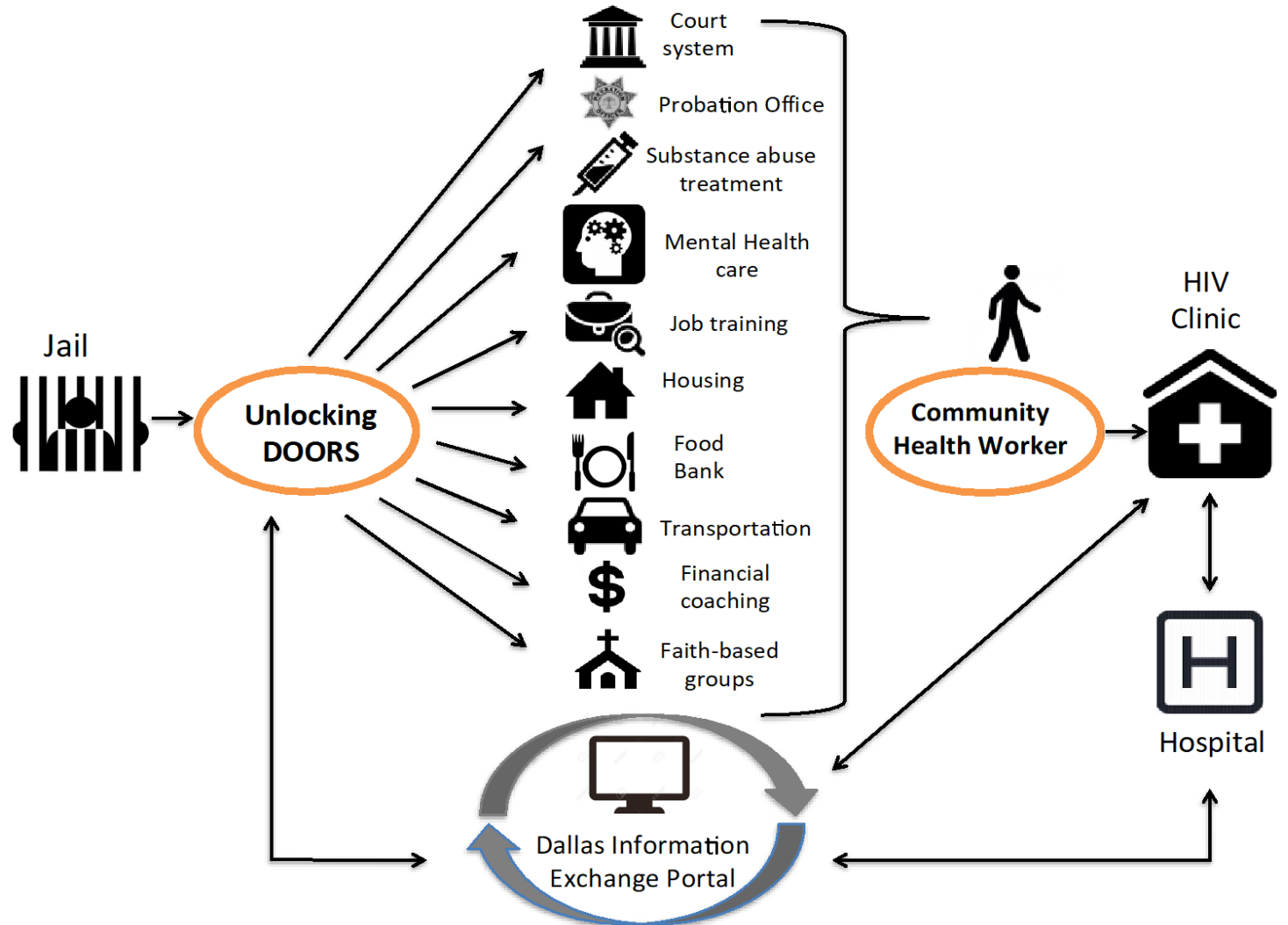
- Combined CHW + Re-entry organization

Medical-Legal Partnership

- Improve health/reduce recidivism

Transitions Clinic Model

- Formerly incarcerated CHWs



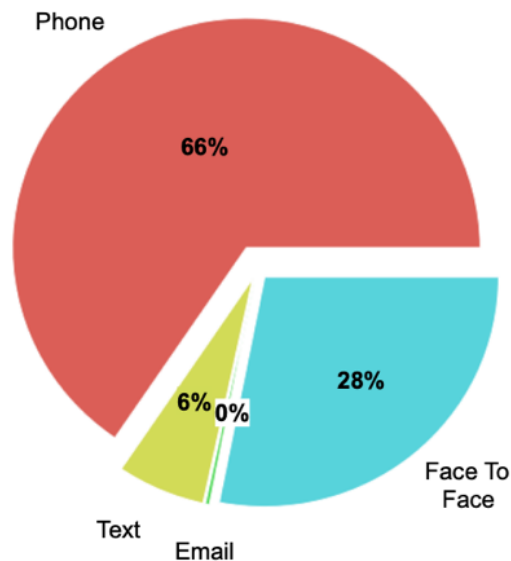
COMEBACK OUTCOMES

	Control N=14	Intervention N=17	p value
HIV viral load <200 copies/mL	3 (21%)	2 (11%)	0.61
Utox neg at 6 mo	0 (0%)	3 (30%)	0.22
Utox positive for amphetamines at 6 mo	8 (100%)	4 (40%)	0.01
Mortality*	1 (7%)	2 (12%)	0.58

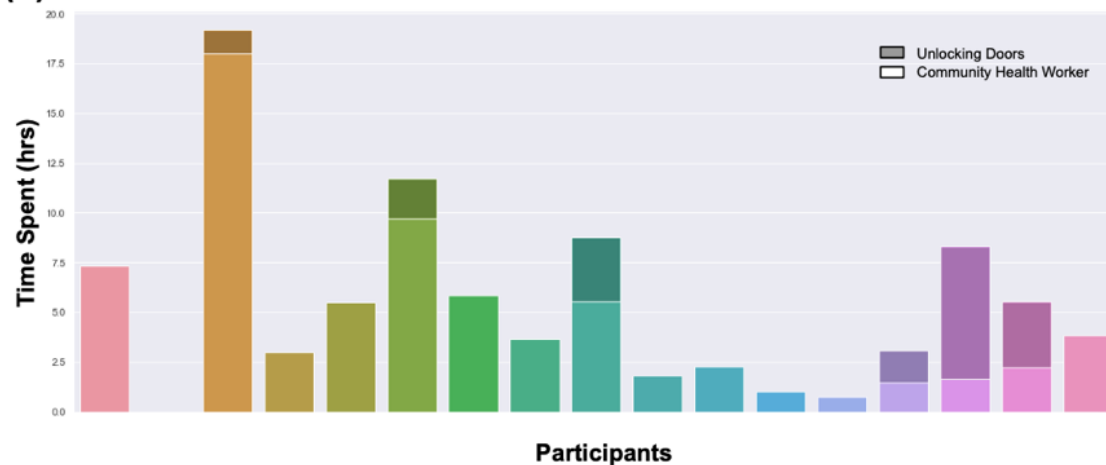
* Deaths due to AIDS, overdose, suicide

Combined Intervention provided by Community Health Workers (CHWs) and re-entry organization

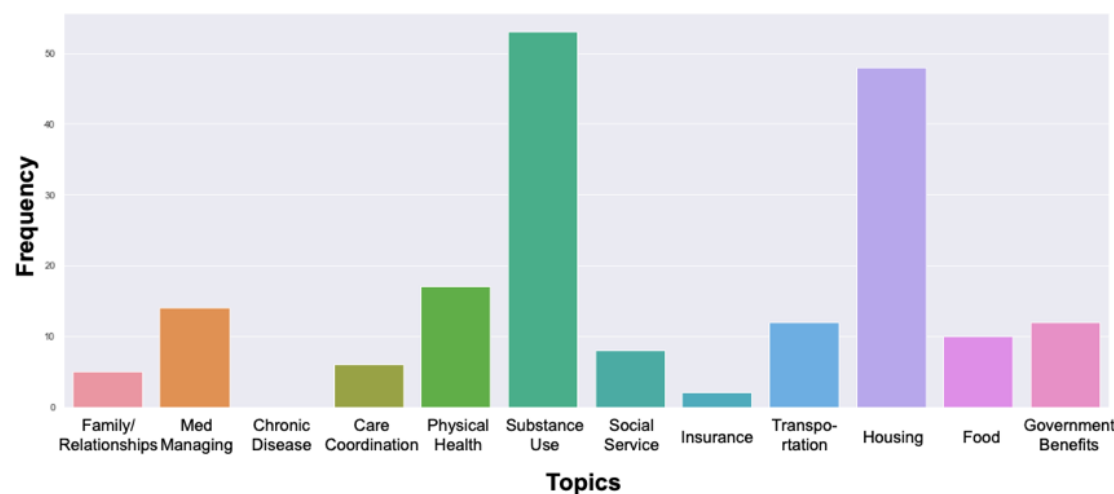
(a) Modes of Communication



(b) Dose of Intervention



(c) Topics Covered with Community Health Worker



UNLOCKING DOORS OUTCOMES

KEEPING IN CONTACT WITH CLIENTS DURING COVID-19 PANDEMIC



MINUTES ON THE PHONE WITH CLIENT
1,014

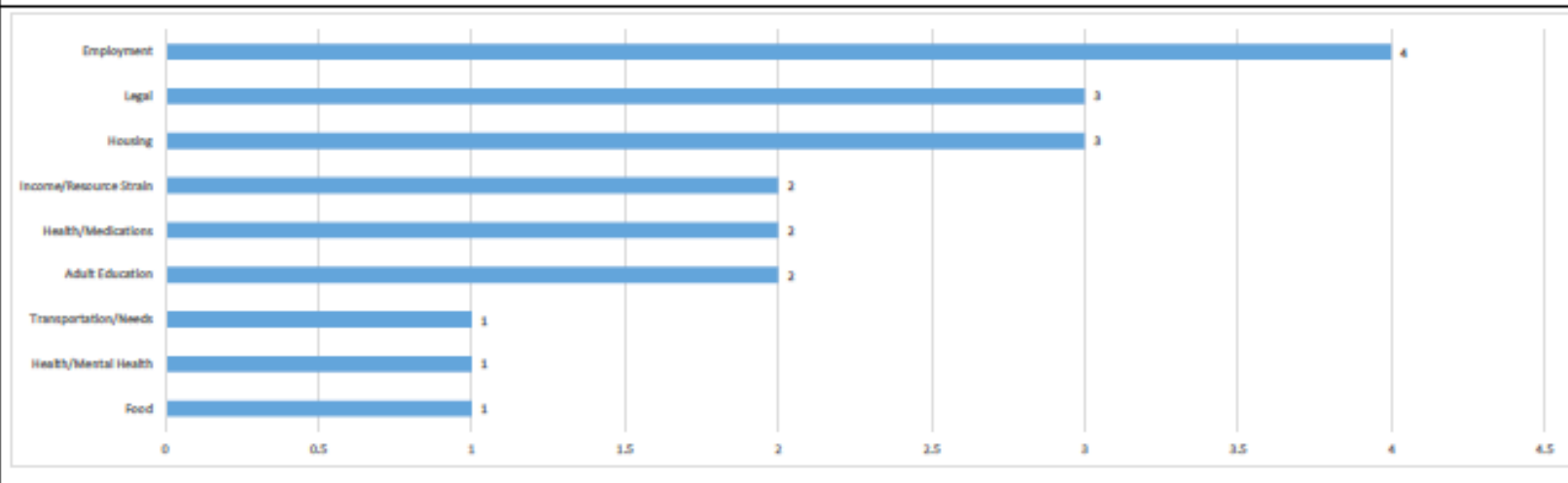
MINUTES ON THE PHONE ON BEHALF OF CLIENT
163

NUMBER OF EMAILS WITH CLIENTS
21

NUMBER OF EMAILS ON BEHALF OF CLIENT
8



ADDRESSING CLIENTS' NEEDS DURING COVID-19 PANDEMIC



EMPLOYMENT

TOTAL NUMBER OF CLIENTS FOUND
2



AVERAGE YEARLY INCOME
\$31,720.00



OUTLINE

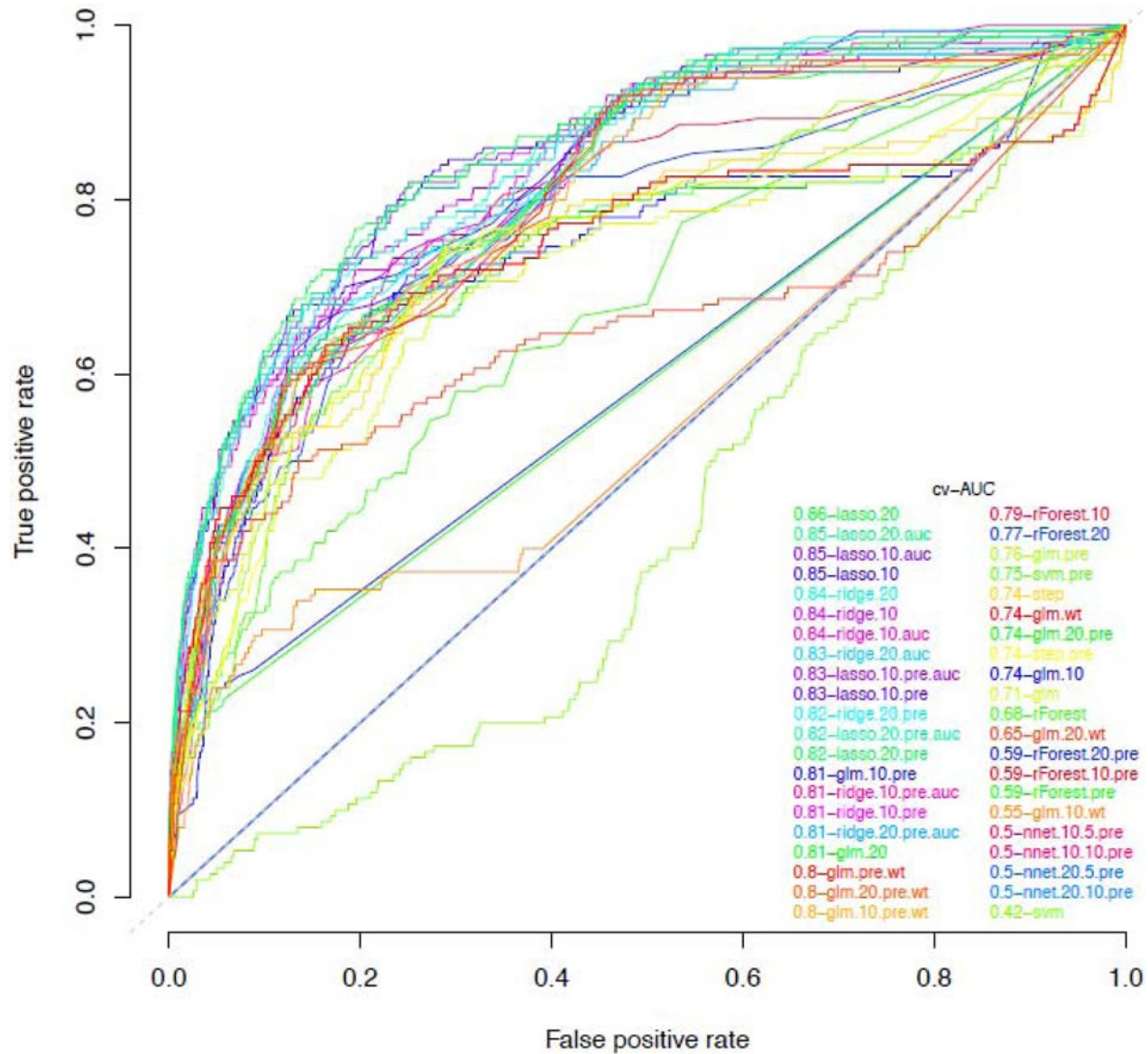
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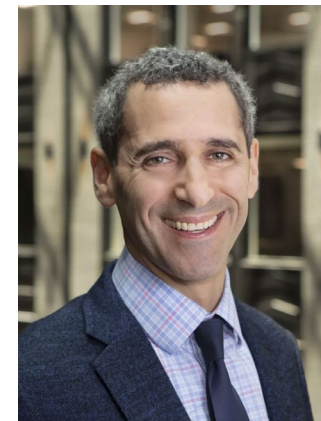
HIV Care Cascade

- HIV testing
- HIV linkage to care

HIV Prevention



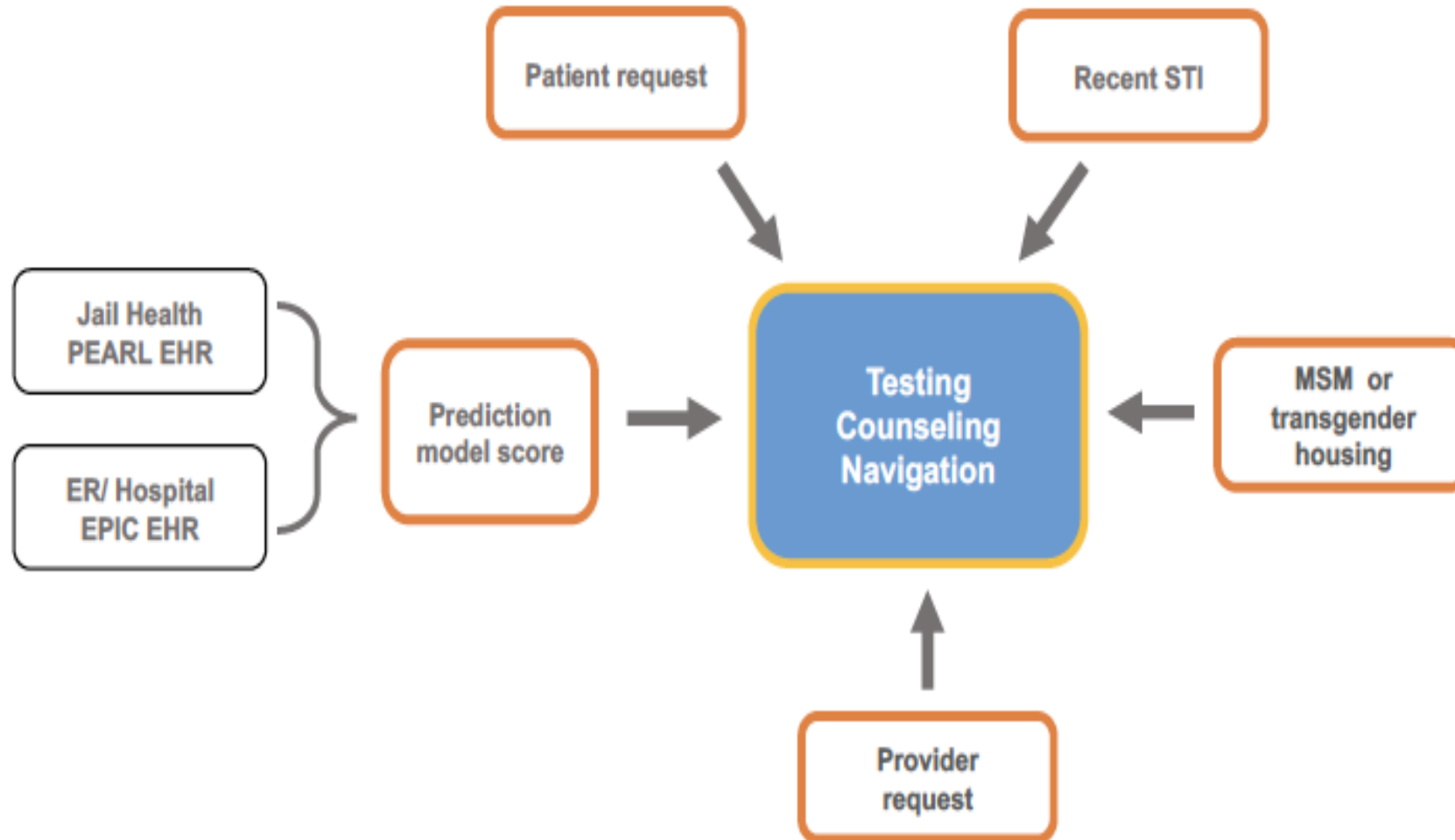
- Using electronic health data to predict who is at risk for incident HIV and may benefit from PrEP
- Machine learning used to identify best model



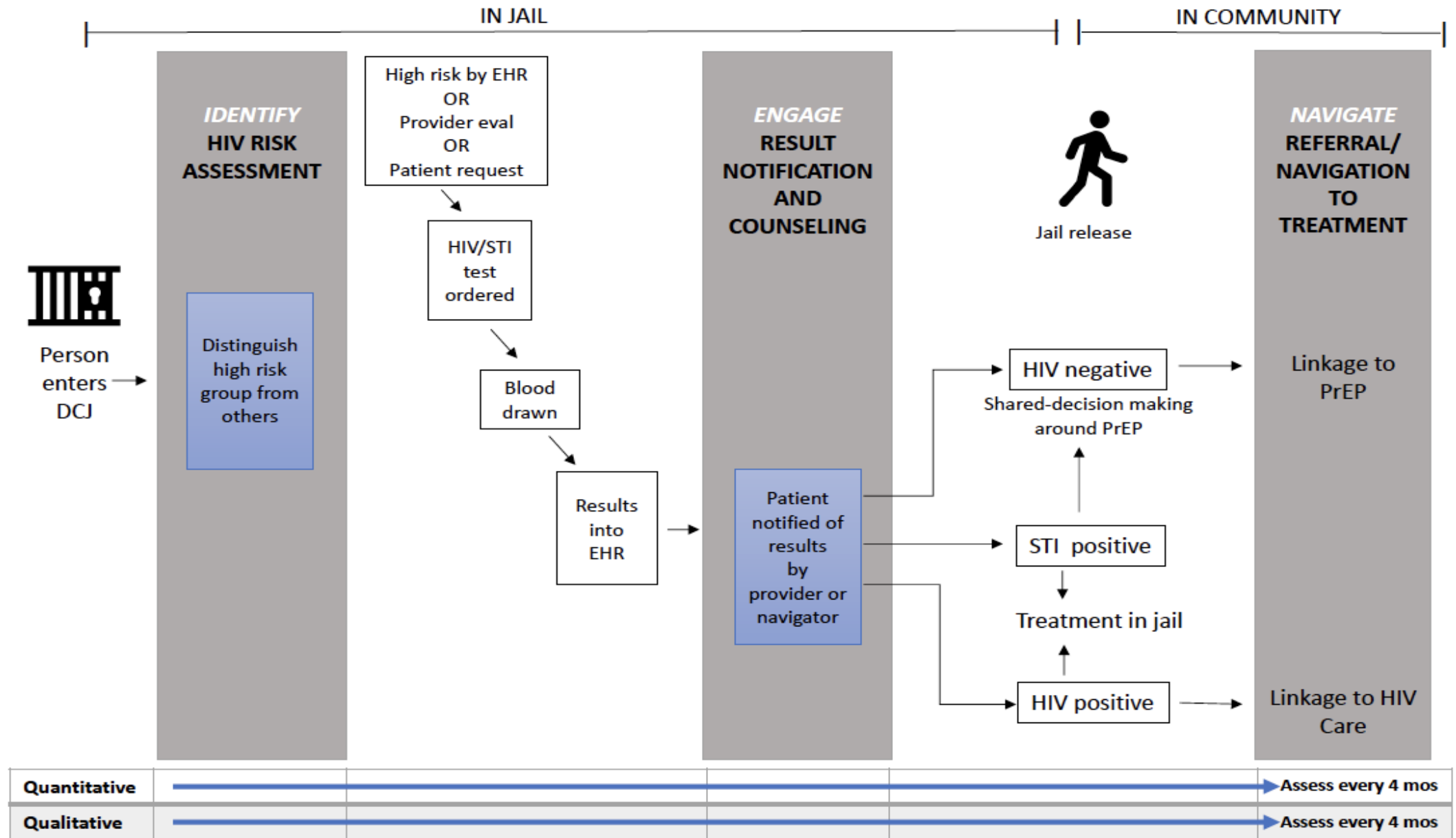
HOTSPOT:

HYBRID IMPLEMENTATION-EFFECTIVENESS STUDY TO OPTIMIZE HIV TESTING AND PREP IN A SOUTHERN JAIL

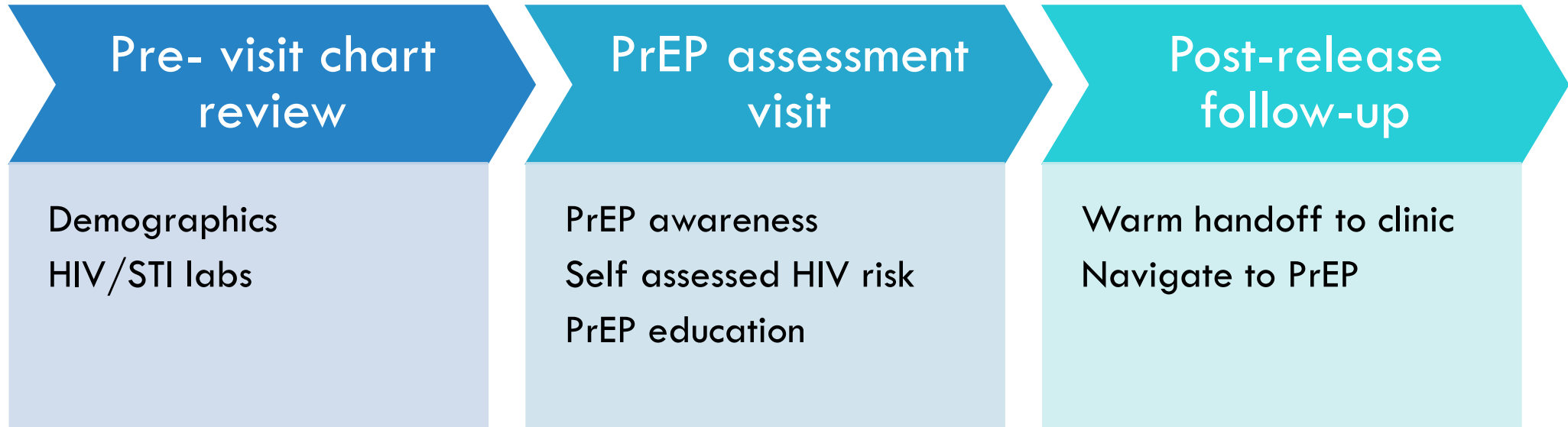
Pathways for HIV testing, Counseling and Navigation to Care at the Dallas County Jail



Intervention Steps on the Jail to Community Continuum



PREP NAVIGATOR STEPS



PRE-VISIT CHART REVIEW: BASIC CHARACTERISTICS

	N=399
Age, mean (range)	32.5 (18-64)
Gender	
Female	161 (40%)
Male	235 (59%)
Transgender (MTF)	2 (0.5%)
Hispanic	112 (28%)
Race	
Black	201 (51%)
White	195 (49%)
Asian	2 (0.5%)
Language	
Spanish	21 (5%)
English	376 (95%)
Homeless	105 (27%)

BASIC CHARACTERISTICS, CONT.

	N=399
Pregnant	2 (2% of females)
Substance use	237 (61%)
Alcohol	119 (30%)
Meth	77 (19%)
Opioids	44 (11%)
Other stimulants (cocaine)	29 (7%)
Rx drugs (e.g. benzos)	69 (17%)
Other (e.g. marijuana)	121 (30%)
Requested HIV/STI testing at intake	119 (31%)
Previously tested for	
HIV	325 (82%)
STIs	334 (84%)

HIV/STI TESTING RESULTS

HIV

- $2/399 = 0.5\%$

Gonorrhea

- $37/399 = 14\%$

Chlamydia

- $104/399 = 26\%$

Syphilis

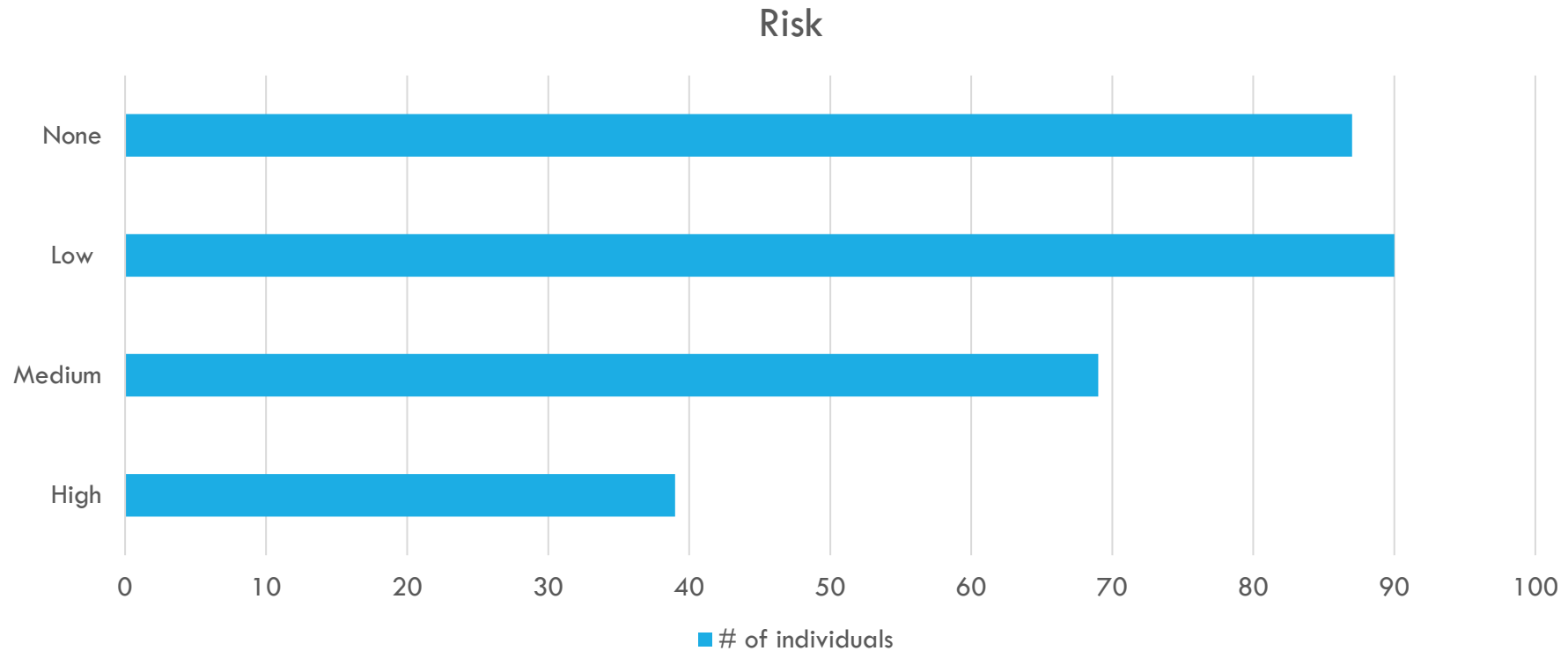
- $174/399 = 36\%$



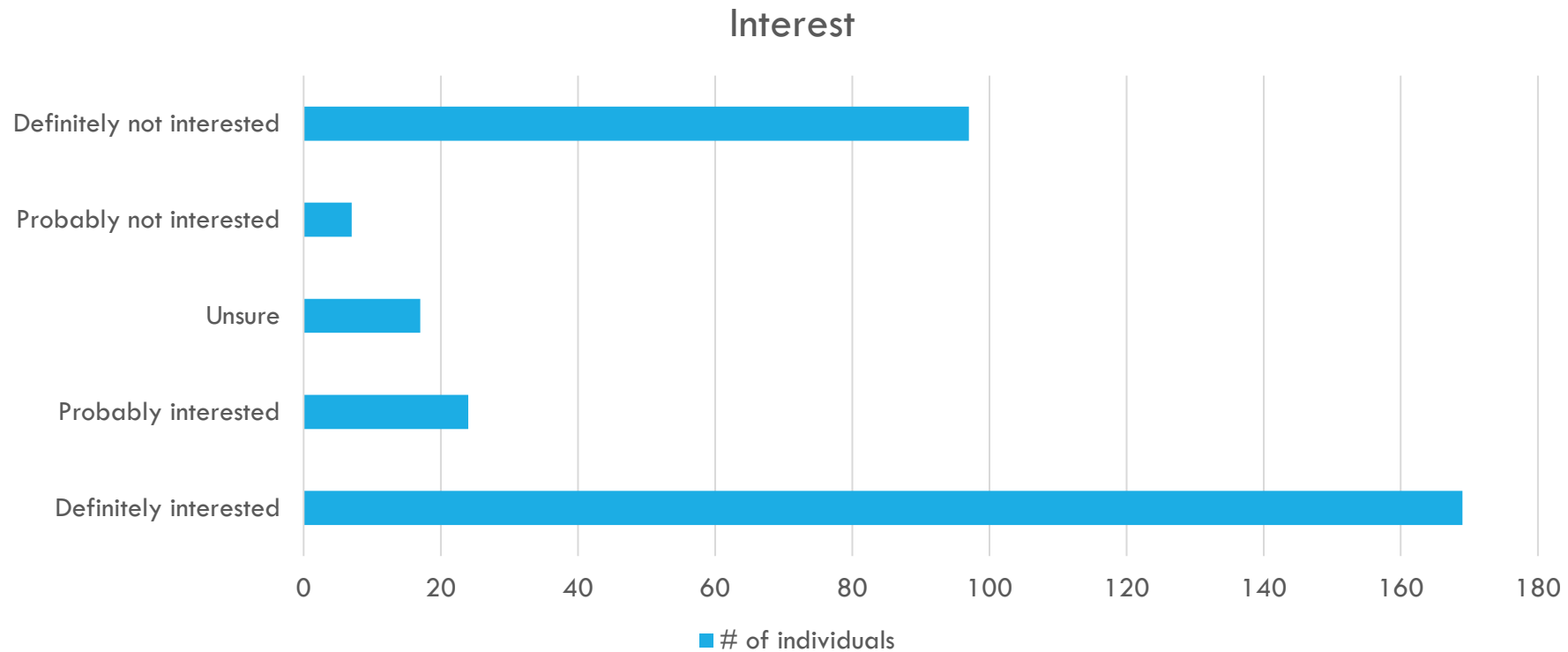
PREP ASSESSMENT VISIT DATA

Want HIV/STI testing (N=328)	
Yes	35 (11%)
No	29 (9%)
Already tested	264 (80%)
PrEP discussion offered (N=297)	292 (98%)
Heard of PrEP (N=295)	97 (33%)
Ever taken PrEP (N=95)	9 (9%)
Patients PrEP indications (N=151)	
Recently tested negative for HIV	157 (40%)
IDU	46 (12%)
Shared drug use equipment	30 (8%)
MSM	15 (4%)
Other sexual risk (e.g. multiple partners)	158 (40%)
Recent STI	181 (46%)
Partner with unknown or HIV+ status	131 (33%)

WHAT DO YOU FEEL YOUR LEVEL OF RISK IS FOR GETTING HIV?



WHAT IS YOUR LEVEL OF INTEREST IN TAKING PREP AFTER JAIL?

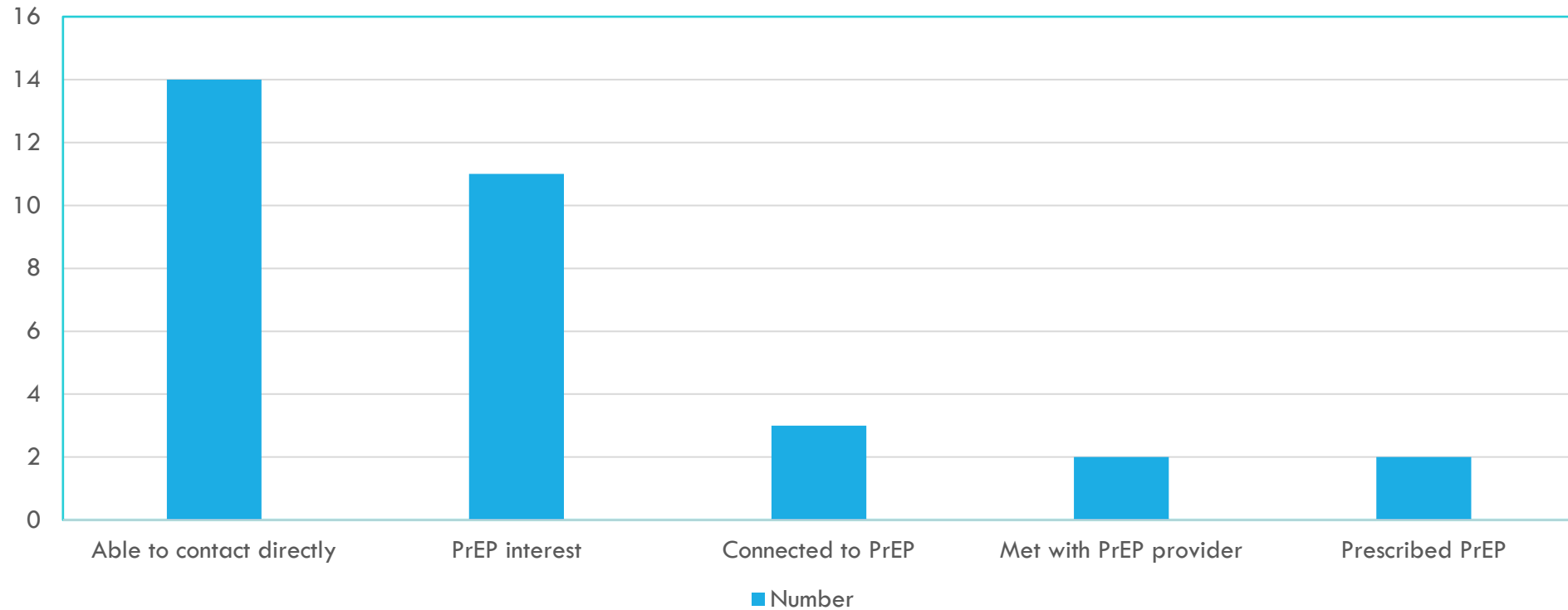


	N=392
Type of PrEP	
daily pill	84 (21%)
on demand pill	2 (0.5%)
injection every 2 months	146 (37%)
don't know	6 (2%)
not interested in PrEP	71 (18%)
Resources needed	
Transportation	156 (40%)
Insurance	170 (43%)
Housing	158 (40%)
ID	152 (39%)
Employment	151 (39%)
Clinic interest	
Parkland	148 (38%)
DCHHS	69 (17%)
Abounding Prosperity	15 (4%)
AHF	18 (5%)
MISTR	1 (0.3%)

POST-RELEASE ASSESSMENT: ABLE TO CONTACT

	N=98
No	41
Yes	13
Left voice message	19
Left message with another person	25

POST-RELEASE: PREP CARE CASCADE



WHAT IS WORKING WELL

Logistics

- Med mod location for seeing patients
- Workflow of seeing patients

PrEP assessment

- PrEP discussion generally well received
- Educational opportunity
- Connecting with resources

PN role

- Building rapport, trust
- Emotional intelligence
- Destigmatizing language and approach

Patients

- Generally open, forthcoming
- Generally good PrEP candidates

Follow up

- Multiple options for follow-up
- Various methods of reaching out (email, phone)

CHALLENGES

Logistics

- Keys tower hallway loud, not private
- Limited officer availability
- Patients initially unclear on why they are being called out

PrEP assessment

- Patients may be reluctant to discuss risk behavior
- Hard to answer questions about PrEP when it is new to patient
- Difficulty self-assessing risk for HIV

PN role

- Need for streamlining triage processes
- Leading questions
- Appropriate comparisons (PrEP more like contraception than Plan B)

Patients

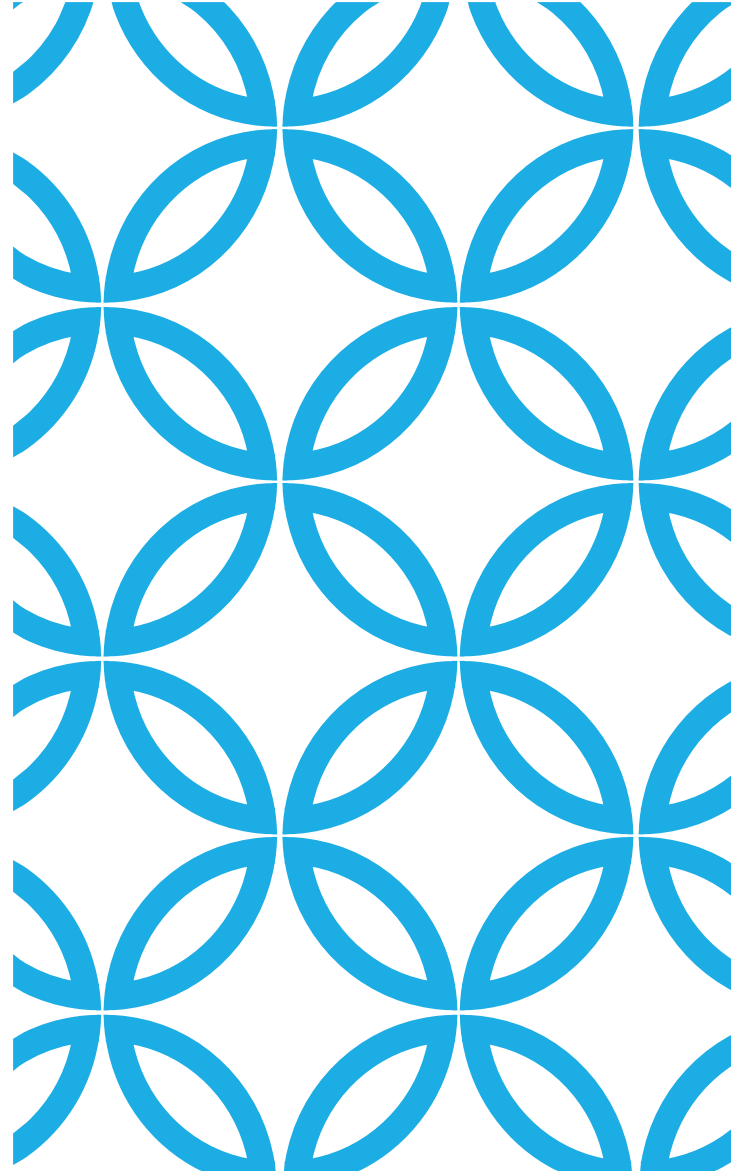
- Some are too emotional for discussion on sexual health
- Active mental health issues

Follow up

- Tremendous need for resources
- Uncertain release time
- Contact information unreliable

ADVISORY PANEL ACTION ITEMS

Task	Responsible Party	Priority level	Status	Comments
Provide PrEP pamphlets to med staff, can refer pt	Asharhri	High	DONE	Some resistance from providers
Provide PrEP pamphlets to optimization team	Asharhri/Marlon	High	DONE	Bicillin shortage (decrease reach), have referred pt
Put PrEP posters in intake, other areas	Asharhri	High	In progress	Finalizing materials with Parkland marketing team
Improve collaboration with health department	Ank	High	In progress	Had initial meeting with DIS, no referrals received yet
Restarting sexual health education classes	CHNA team	High	Not currently feasible	Security staff shortage
Finding additional space for meeting participants	Asharhri	High	In progress	Using visitation booths and med mod
Connect with HOMES	Asharhri	Medium	DONE	Has successfully referred pt to HOMES from Creuzot
Update podcast with PrEP content	Asharhri/Sophia	Medium/low	DONE	Working on youtube recording; Pt able to submit kite for PrEP after podcast?
Provide trauma-informed care for Asharhri	Ank	Medium	DONE	Trauma 101 at Parkland
Develop map of PrEP providers	Asharhri/Sophia	Medium	DONE	



ADDITIONAL PROJECTS

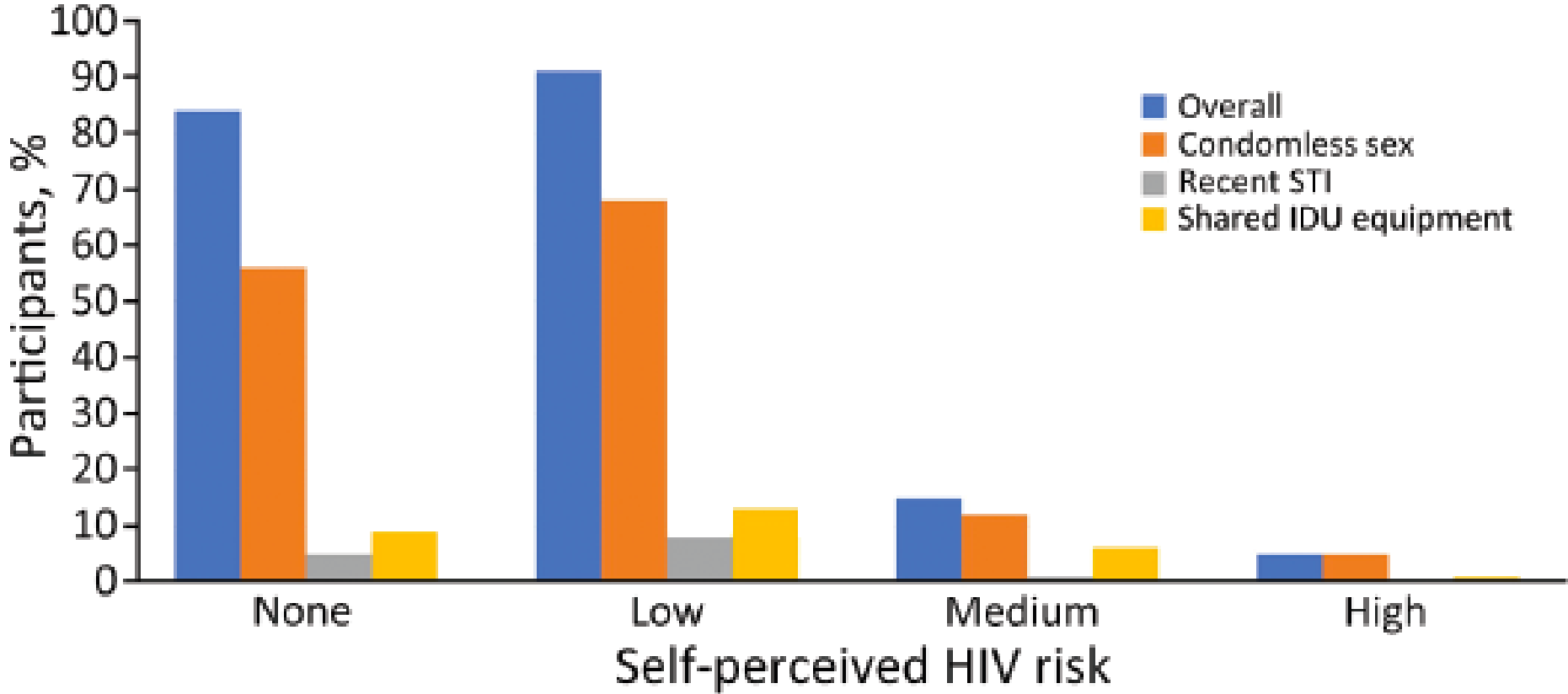
ACTION

ADDRESSING RISK THROUGH COMMUNITY TREATMENT FOR INFECTIOUS DISEASE AND OPIOID USE DISORDER NOW AMONG JUSTICE-INVOLVED POPULATIONS

Grant year	AIM 1	AIM 2
1		Pre-EPIS Community stakeholder input
2	<p>CJS-involved adults with opioid use/injection drug use <u>and</u> HIV <u>or</u> at risk for HIV N=864</p> <p>TX – Dallas County TX – Tarrant County CT- Northeast CT- Southeast</p> <p>PN N=108 MHU N=108 PN N=108 MHU N=108 PN N=108 MHU N=108 PN N=108 MHU N=108</p>	Exploration <ul style="list-style-type: none"> • Interagency workgroup • Lead partner • Needs assessment • Cascade training
3		Preparation <ul style="list-style-type: none"> • Develop procedures • Confirm target • Resource list
4	<p>Intervention: Time of release to 6 months</p> <p>↓</p> <p>PN N=432 MHU N=432</p>	Implementation <ul style="list-style-type: none"> • Promote MOUD/PrEP/ART • Information sharing • Remote training • Monitor progress
5	Sustainment	Sustainment <ul style="list-style-type: none"> • Encourage ongoing implementation of PN/MHU
OUT-COMES	<p>1^o Time to PrEP/ART initiation</p> <p>2^o PrEP/HIV/HCV/OD Care cascade</p>	<p>Feasibility</p> <p>Acceptability</p> <p>Sustainment</p> <p>Cost</p>



SELF-PERCEIVED HIV RISK OVERALL AND BY RISK FACTOR IN ACTION



RESTORE: RECOVERY AND ENGAGEMENT FOR STIMULANT USERS ON RE-ENTRY

Dynamicare intervention: contingency management

In addition to patient navigation, ppt instructed on app, saliva testing, debit card and connected to contingency management guide

Can earn a max of \$599 over 6 months through:

- Self-guided therapy modules
- Treatment attendance (GPS confirmation of medical/SUD visit)
- In-app abstinence monitoring
- CM incentives:
 - 70% negative saliva samples, 10% for 3 modules/week, 20% treatment attendance

Screenshot of reward history and Debit card

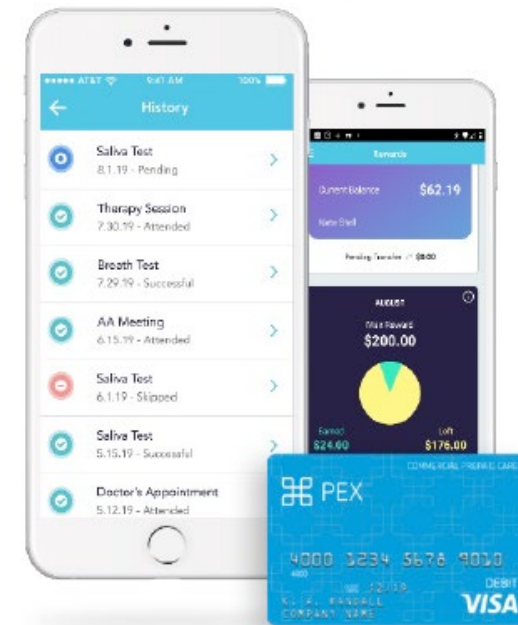
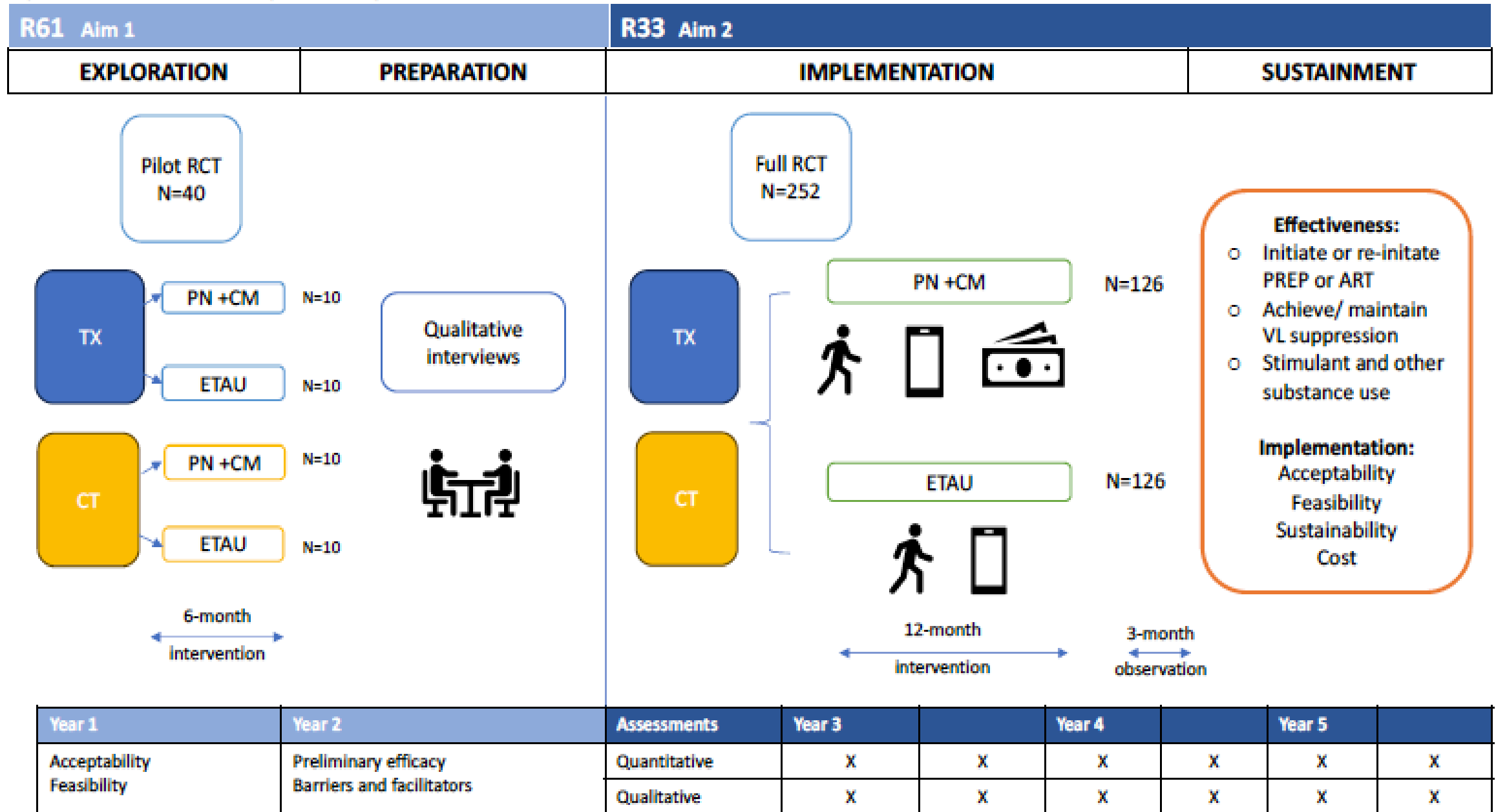


Figure 1. EPIS phases and study activities by Aim



UNLOCKING PREP



- To integrate a health coach (focused on sexual health, HIV testing and PrEP) into re-entry services
 - Identify barriers and facilitators
 - Assess feasibility, acceptability and appropriateness
 - Measure PrEP awareness and uptake
- Clients referred from Unlocking Doors brokers, self-referral, sexual education class
- Screened for PrEP eligibility
- Offered point of care HIV, syphilis testing
- Linkage to sexual health/PrEP care

SUMMARY

Mass incarceration continues in the US, with only small declines in recent years

Overlap between incarceration and HIV especially impacts men, people of color, people living in poverty, people in the South

HIV testing, linkage to HIV care and linkage to prevention are key components of ending the HIV epidemic, particularly in jails and prisons

Justice involved people with or at risk for HIV face multiple roadblocks when navigating re-entry and the health system

FUTURE DIRECTIONS

Deflection

Advocacy

Incorporating individuals with lived experience as part of research team

Medical-Legal partnerships

Community collaborations

Implementation science with a focus on equity



ACKNOWLEDGEMENTS

COMEBACK team

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QUESTIONS?

