Project START+ for People Living with HIV (PLWH)

Intervention Overview

Project START+ (PS+) is an HIV/STI/hepatitis linkage to care and risk reduction program for people living with HIV who are returning to the community after incarceration. The program consists of six one-on-one sessions with each participant, which serve as a "bridge" in their return to the community. Participants begin the program up to two months prior to their release from prison or jail, and continue the program for three months after release.

PS+ is based on research conducted with the original Project START[1] intervention that was tested at eight prisons in four states. Fewer men who participated in the multi-session program (Project START) reported unprotected anal or vaginal sex at six months after release.

Utilizing Project START with People Living with HIV (PLWH)

During the translation of Project START from research to community practice, one of the test sites piloted the intervention with people living with HIV (PLWH). Data collected from this pilot indicated that over 70% of Project START participants living with HIV attended their first medical appointment in the community after release from a correctional facility.[2] More recently, a study compared an eco-systems-based intervention to an intervention based on Project START for people living with HIV.[3] Both groups reduced sexual risk behaviors over the 12-month follow-up period, but individuals participating in the eco-systems based intervention were significantly less likely to take their HIV medication or be adherent to their HIV medication regiment than individuals participating in the Project START-based intervention. Individuals in the Project START-based intervention were also significantly less likely to be reincarcerated.

Informal Adaptation of Project START for PLWH

Since its initial national dissemination in 2009, various organizations implementing Project START have enrolled people living with HIV as program participants. Project START is a client-centered program, making it feasible to incorporate the goals and needs of PLWH as an integral part of the program and prioritize "linkage to care and treatment." Until 2016, implementing organizations had "improvised" their informal adaptation of Project START for PLWH.

Formal Adaptation of Project START for PLWH

From 2014-2015, The Bridging Group (TBG) collected process data on "lessons learned" and client-level outcome data from sites that had locally adapted Project START for PLWH. TBG utilized this information to inform the development of new, formally adapted Project START+ (PS+) materials. These formally adapted materials were piloted at two organizations currently implementing Project START for PLWH.

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[1] Wolitski, R. and the Project START Writing Group, for the Project START Study Group. *Research and Practice: Relative Efficacy of the Multisession Sexual Risk-Reduction Intervention for Young Men Released from Prisons in 4 States*. American Journal of Public Health 1854-1861 Vol 96, No 10; October 2006.

[2] Zack, B., K. Cranston, T. Barker, E. Nettle, D Fukuda, D. Isenberg, L. Levy, A. Montgomery and K. Kramer. Corrections to Community: Piloting Project START to Include HIV-Positive Inmates in Massachusetts Correctional Facilities. Abstract ID: 1093 National HIV Prevention Conference, Atlanta, GA, August, 2009.

[3] Grinstead Reznick, O., McCartney, K., Gregorich, S., Zack, B., Feaster, D. An Ecosystem-Based Intervention to Reduce HIV Transmission Risk and Increase Medication Adherence Among Prisoners Being Released to the Community. Journal of Correctional Health Care, 19(3) 178-193, 2013.

Results from the PS+ adaptation pilot demonstrated that of the 28 PS+ participants at the two sites, 100% received their supply of medications upon release from custody, 75% received a prescription for their medication, 93% filled their prescriptions in the community, and 96% were linked to HIV care in the community after release. At one site, 100% were reenrolled (or reinstated) into the AIDS Drug Assistance Program (ADAP), 58% enrolled in Medicaid and 53% enrolled in insurance.[4]

Based on results and input from the PS+ pilot sites, the formally adapted PS+ materials were finalized.

PS+ Intervention Overview

The two PS+ pre-release sessions focus on 1) post-release linkage to care; 2) reentry needs; 3) individualized risk behaviors; and 4) risk of reincarceration. More specifically, these sessions incorporate information and activities, including:

1) Complete linkage to care, behavioral risk and reentry needs assessments;
2) Utilize a strengths-based approach to develop individualized linkage to care goal sheets, behavioral risk reduction goal sheets, and other reentry needs goal sheets as appropriate;
3) Confirm, enroll or provide linkage to Medicaid or Health Insurance and AIDS Drug Assistance Program (ADAP) enrollment and complete necessary forms and applications, including Health Insurance Portability and Accountability Act (HIPAA) release forms;
4) Obtain participant's medical file (or arrange to obtain information upon release);
5) Identify participant's HIV medications and/or prescription given at time of release (or support the participant to obtain medications at time of release);
6) Support an individuals' broader reentry needs with facilitated referrals to social service providers and other treatment needs (housing, substance use treatment, mental health care, income and employment, recidivism prevention, etc.);
7) Schedule post-release follow-up session.

The four PS+ post-release sessions incorporate information and activities, including:

1) Ideally, meet with the participant within 48 hours of release at their community medical provider's location;
2) Assure medications are obtained by the participant in the community;
3) Provide ongoing facilitated referrals for other treatment and social service needs;
4) Review and update linkage to care goal sheets, behavioral risk reduction goal sheets and other reentry needs goal sheets including recidivism reduction as appropriate;
5) Provide risk reduction materials and information (e.g., condoms, syringe cleaning supplies, syringe exchange referrals, etc.) as needed;
6) Provide additional "other sessions" as needed (e.g., during crisis management, extended incarceration sentence, etc.)
7) Engage participant in longer-term system of care, medical home and other support.

[4] Zack, B. and Kramer, K. *From Incarceration to Linkage to Care: Adapting Project START for PLWH*. Abstract: 1292. National HIV Prevention Conference, Atlanta, 2015.

Staff Required to Attend a PS+ Training:
Agency staff attending this skills-based training will learn how to conduct the intervention, practice intervention delivery skills, and identify agency-specific implementation strategies. Therefore, an agency may submit up to two individual applications for staff who may be directly involved in implementing Project START+.

Priority will be given to training applicants who have the agency capacity to implement Project START+ and two staff members who meet the requirements listed below. However, if space allows, an additional staff member from a qualified agency will be considered on a case-by-case basis.

All program staff who will have primary responsibility for conducting the Project START+ individual sessions, i.e., counselors/case managers/navigators must attend a Project START+ training of facilitators (TOF). In addition, program supervisors who oversee the intervention and supervise counselors/case managers/navigators are also encouraged to attend the training.

Project START+ Staffing:
Staff should be familiar with HIV/STD/Hepatitis linkage to care and risk reduction programs for people living with HIV and the specific needs of people with HIV who are returning to the community after incarceration. (e.g., parole/probation, housing, substance use disorder prevention and treatment, and mental health issues). Staff must be comfortable working in a correctional facility setting and have personal characteristics that facilitate communication (e.g., nonjudgmental attitude, active listening skills, friendly, outgoing and trustworthy personality). Project START+ requires the following positions:

- 1 full-time (or 2 half-time) experienced counselor(s) or case manager(s) or navigator(s) to conduct all of the direct-service intervention activities.
- 1 part-time (40% time) program manager to provide program oversight, work as a liaison to the correctional facility, and oversee quality assurance and evaluation activities.
- 1 part-time (20% time) program assistant to provide administrative support for all staff and maintain an up-to-date facilitated referral database and community resource guides.
  A note about program staff who were formerly incarcerated: These staff members have many skills to offer but may also have a difficult time obtaining a security clearance to enter the correctional facility. CBOs must first check the facility's policy on criminal backgrounds, incarceration, and clearance before posting positions.

Core Elements
1. Schedule and facilitate program sessions with people living with HIV who are preparing for release from a correctional facility and continue facilitating sessions with participants after they return to the community.
2. Use a client-focused, harm reduction, strengths-based approach that helps participants develop step-by-step solutions to strengthen their abilities to link into medical care after release and to help participants minimize risk behaviors within their individual life circumstances.
3. Use assessment and documentation tools to provide a structured program which includes HIV/STI/Hepatitis education and linkage to care, behavioral risk and reentry needs assessments, goal setting, strengthening motivation, decision making, and facilitated referrals.

4. Staff your program with people who are familiar with HIV, sexually transmitted infections and hepatitis treatment, care and prevention activities and the specific needs of people being released from correctional facilities (for example, parole/probation, substance use prevention and treatment, housing and mental health issues).

5. Staff-participant relationships and rapport developed during pre-release sessions must be maintained during post-release sessions to promote participant trust and willingness to continue with the program. Thus, the same staff member should conduct both pre-release and post-release sessions with his or her participants. In the case of staff turnover or extended illness, every effort should be made to ensure a smooth staffing transition.

6. Conduct enrollment and schedule two pre-release program sessions within 60 days of a participant's release, to include the following activities:
   a. Complete linkage to care, behavioral risk and reentry needs assessments;
   b. Utilize a strengths-based approach to develop individualized linkage to care, behavioral risk reduction, and reentry needs goal sheets as appropriate;
   c. Confirm, enroll, or provide linkage to Medicaid or Health Insurance and AIDS Drug Assistance Program (ADAP) enrollment and complete necessary forms, including Health Insurance Portability and Accountability Act (HIPAA) release forms;
   d. Obtain participant's medical file (or arranging to obtain information upon release);
   e. Identify participant's HIV medications and/or prescriptions given at time of release (or support the participant to obtain medications at time of release);
   f. Support an individual's broader reentry needs with facilitated referrals to meet social service and other treatment needs (housing, substance use treatment, mental health care, employment, recidivism reduction etc.);
   g. Schedule post-release follow-up sessions.

7. Schedule four post-release sessions. Hold the first as soon as possible, ideally within 48 hours of release and at the participant's community medical providers' location. The next three sessions should be spaced out over 3 months after release. The post-release sessions to include the following activities:
   a. Assure medication is obtained by the participant in the community;
   b. Provide ongoing facilitated referrals for other treatment and social service needs;
   c. Review and update linkage to care goal sheets, behavioral risk reduction goal sheets and reentry needs goal sheets as appropriate;
   d. Provide risk reduction materials (e.g., condoms, syringe cleaning supplies, etc.) as needed;
   e. Provide additional "other sessions" as needed (e.g., crisis management, extended incarceration sentence, etc.)
   f. Engage participant in longer-term system of care and support.

8. Provide condoms at each post-release session.

9. Actively maintain contact with participants, using individual-based outreach and program flexibility to determine the best time and place to meet with them, and updating participant's contact information, as needed.