HIV Care Coordination for Patients with Incarceration Experience at Health Centers

Michelle Agnoli, RN, MSN
Program Director, UCCN

Michael Goodwin
Coordinator, RISE

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Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy

The National LGBTQIA+ Health Education Center

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - CE and HEI Credit
- Environmental Influences On Child Health Outcomes (ECHO) Programs
- Publications and Resources

Learning Module

Publication

Toolkit

Video

Webinar

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- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.

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CME/CEU Information

Physicians	AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants	AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned. •American Academy of Physician Assistants (AAPA) •National Commission on Certification of Physician Assistants (NCCPA) •American Nurses Credentialing Center (ANCC) •American Association of Nurse Practitioners (AANP) •American Academy of Nurse Practitioners Certification Program (AANPCP) •American Association of Medical Assistants (AAMA)
Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

Learning Objectives

- Review poor health outcomes and barriers to HIV care among health center patients with incarceration experience.
- Explore strategies for building trust and engagement in HIV care among health center patients with incarceration experience.
- Evaluate best practices for HIV care coordination and continuity for health center patients with incarceration experience.

Connect to Care/ Innovative Intervention Strategies to Improve Health Outcomes among People with HIV at UI Health Community Clinic Network (2iS-UCCN)

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UI Health Community Clinic Network (UCCN)

- Opened for business in 1992 in partnership with the University of Illinois Chicago's (UI) School of Public Health
  - Ryan White and CDC funding to open 3 community-based clinics
- Network of six HIV clinics located in neighborhoods of high HIV prevalence
- Storefront locales to preserve confidentiality
- Community-based care model proven effective to care.

Organizational Mission

The UI Health Community Clinic Network's (UCCN) mission is to provide nonjudgmental, culturally competent, state-of-the-art HIV primary medical care, mental health, and treatment adherence services to individuals who are living with or at risk of HIV infection regardless of their ability to pay.

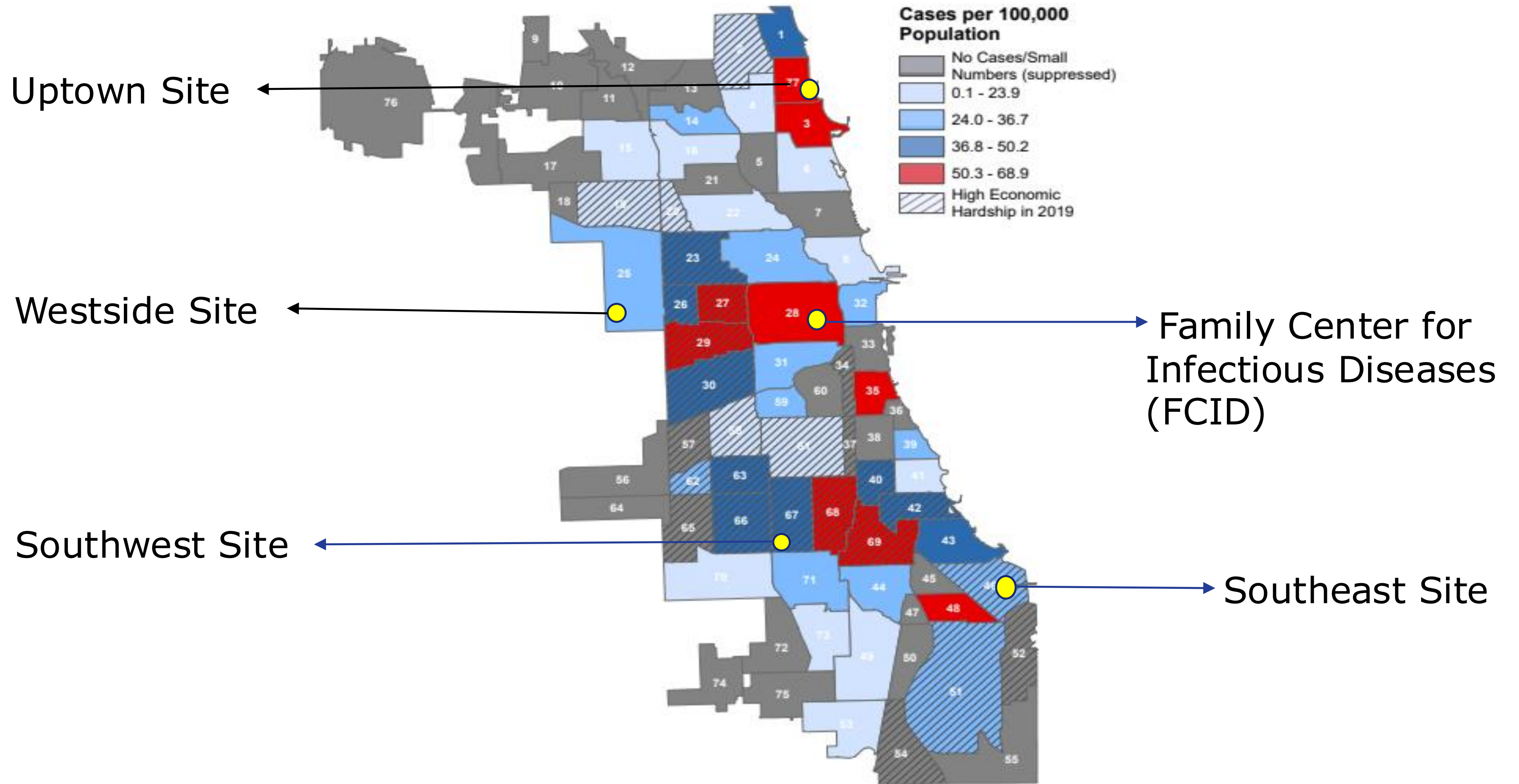
Indigenous Outreach Model

- Employ people from the target community
- Meet patients wherever they are
- Facilitate adherence to clinic visits and ART
- Provide care to all people living with HIV and in detention in the state of Illinois

UCCN: Comprehensive HIV services

- Onsite phlebotomy
- Pharmacy services
- Mental health: one-on-one and group therapy
- Case management: access to insurance programs, housing, etc.
- HIV/HCV counseling and testing
- Referral to substance use disorder treatment
- Access to UI Health for all medical needs
- Access to research

Figure 1.2 **Rate of HIV Infection Diagnoses by Community Area, Chicago, 2024**



Data source: CDPH, Enhanced HIV/AIDS Reporting System (as of 09/25/25), City of Chicago GIS Shapefiles, and U.S Census.
This map represents 90% (739/818) of total new HIV infection diagnoses.
The economic hardship index utilizes multiple indicators to measure economic conditions of Chicago Community Areas.
High hardship index scores indicate worse economic conditions.

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General Description of Our Clients

- UCCN (2024) serves 945 persons living with HIV (PLWH)
  - 70% male
  - 28% female
  - 40% MSM
  - Black (69%), Latinx (18%), white (10%), other (3%)
  - 35% clients < 55 years of age
- Total PLWH prescribed antiretroviral therapy (ART): 97%
- Total PLWH virally suppressed: 88%
- Retention in care: 70%

Partnership with IDOC Telemedicine Program

- UIC Division of Infectious Disease (ID) has had a partnership with Illinois Department of Corrections (IDOC).
- Division of Correctional Medicine provides HIV care to patients throughout the state.
- Returning citizens fall out of care at higher percentages that other PLWH.

2iS/Design for the Margins

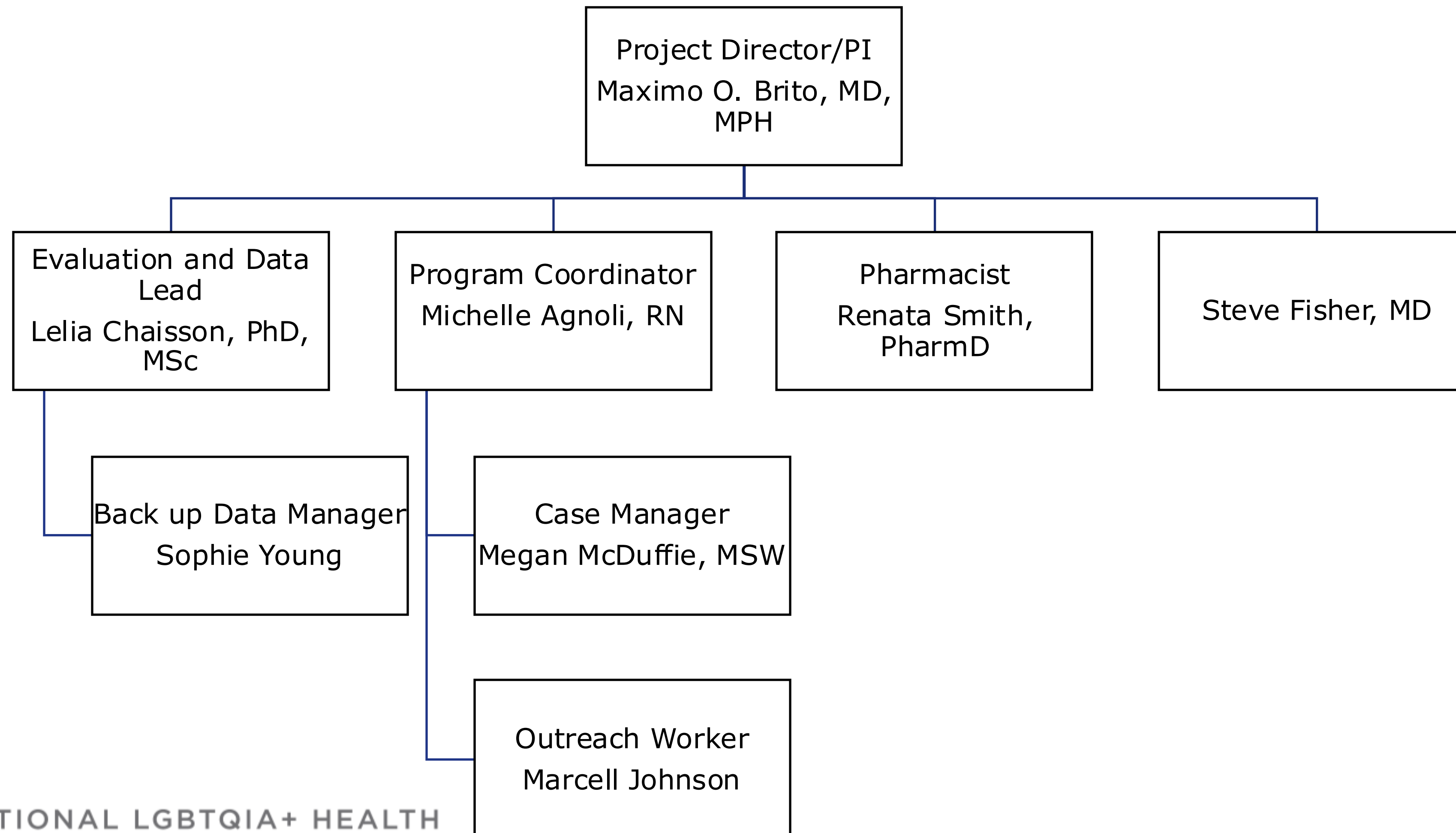
- Through grant funding we were able to support returning citizens in medical visits in their community.
- A mobile medical van instituted to deliver medical services in the community.

U-Connect: Project Specific Aims

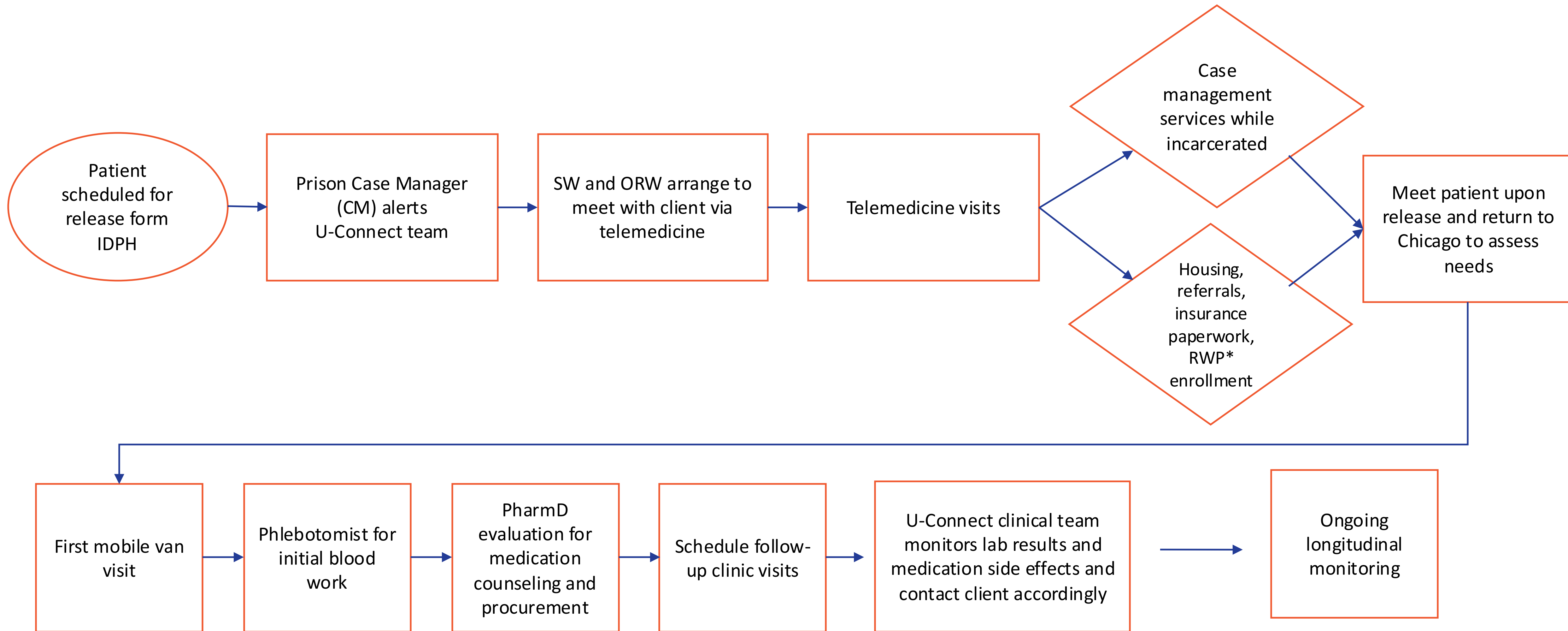
1. To implement the Design for the Margins intervention to improve health outcomes among people who are or have been justice-involved linked to or receiving care at the UCCN.

2. To implement an innovative model of mobile clinical care and intensive outreach using the Design for the Margins framework.

Organizational Chart: The U-Connect Program



U-Connect Process Map



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***University of Illinois HIV Community Clinic Network**
***RWP- Ryan White Program**
***E/D- evaluation and data team**

MOBILE
CARE
CHICAGO

Barriers

- Trust
- Other priorities
- Stigma
- How long do you have?

Trust and Engagement

- Will take some time to build trust
- Van was great for building relationships
  - small-literally, cozy, personal
- Frequent outreach

Coordination: Inside and Outside

- Meet with partners
- Talk about the program
- Discuss client’s needs and how to meet them
- Brainstorm and be creative
- Leverage your networks

Best Practices

- Listen
- Honesty
- Don’t promise what you can’t deliver

Researched Intervention Strategy of Engagement: Birmingham HIV Advocacy for the Margins (RISE BHAM)

Incarceration Experience

2iS DESIGN FOR THE MARGINS

2iS Implementation Sites by Focus Area

TELEHEALTH

Intervention to Telehealth and Texting to Improve Engagement in Care (i2TEC)

- Atlanta Harm Reduction Coalition
- Corktown Health HIV Alliance
- Newark Beth Israel Med Center
- Univ. of Nebraska Med Center
- Vivent Health

YOUTH

E-volution

AIDS Taskforce of Greater Cleveland Men's Health Foundation

LGBTQIA+ Youth Friendly HIV/AIDS Care (LYF-HAC)

Positive Impact Health Centers
UCSD Mother, Child, & Adolescent Program

Reaching Viral Suppression (RVS)

Our Lady of the Lake
Research Foundation SUNY HEAT

SUBSTANCE USE DISORDER

Max Clinic

- Denver Health and Hospital Authority
- Desert AIDS Project
- Hartford DHHS

RESULTS

- Cooper University Hospital EIP
- The Miriam Hospital

INCARCERATION EXPERIENCE

Design for the Margins

- Birmingham AIDS Outreach
- Univ. of Illinois at Chicago
- Yale University

What is the purpose?

The purpose of 2iS is to identify, implement, evaluate, and share information with other interventions designed to improve HIV-related health outcomes among people across all focus areas.

Design for the Margins: Core Elements

All-staff Training on Determinants of HIV

Intensive Re-entry Case Management

Outreach and Low-barrier Engagement in Care

Low-barrier Housing Assistance

Low-barrier Entry to Substance Use Disorder Treatment

RISE BHAM

Incarceration Experience

2iS DESIGN FOR THE MARGINS

BARRIERS

Alabama

- Alabama has 132 jails in 67 counties, 14 state prisons, and 18 work release facilities.
- In 2023, Alabama had over 93,000 residents either incarcerated or under community supervision, including approximately 14,000 held in local or county jails.
- Jefferson County Jail, Birmingham and Bessemer location, has the capacity to house 1165 inmates.
- As of 2pm 01/07/2026, the inmate search showed 1,075 inmates currently being housed.
- Black/African American and Hispanic/Latino people account for an estimated 73% of new HIV infections in Alabama in 2024.

Information sourced from
www.cdc.gov
www.pewtrusts.org
www.HIV.gov

Design for the Margins Challenges

Politics
(Local and Statewide)

Jail Medical Provider

Negative Experiences
(Clients)

Housing

Release Dates and
Times

Supporting the Client

Negative Exposure
(RISE TEAM)

RISE BHAM

Incarceration Experience

2iS DESIGN FOR THE MARGINS

BEST PRACTICES: TRUST AND ENGAGEMENT

Design for the Margins Successes

- Enrolled 54 Participants as of 4/01/2025
- Provided support for justice-involved persons in official court proceedings
- Individualized reentry case planning and rendering of supportive HIV services prior to and after release from jail custody
- Recognition of the team as local reentry leaders by criminal court judges during court proceedings.
- Building strong relationships with jail facilities and personnel to support long-term project success and sustainability.
- Linkage of justice-involved individuals to infectious disease and primary medical care, housing, and additional HIV support services through local network of case managers, social workers, counselors, medical providers, and public interest attorneys
- Establishing community footprint in reentry and criminal justice
- Fostering of nontraditional partnerships between law enforcement and community

THANK YOU!

HRSA Disclaimer

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