IDU HIV PREVENTION

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HELPING INMATES RETURN TO THE COMMUNITY

One of the great challenges for newly released inmates is avoiding a return to drug use and crime. It's in the best interest of corrections and communities to provide good transition services to help inmates return successfully to their communities.

Transition Services are Vital

In 1999, nearly 600,000 people were released from state and federal prisons and juvenile facilities. Many times, inmates are released with little or no advance notice – even in the middle of the night.

Many inmates come from poor inner-city neighborhoods. Without adequate preparation and support for life after prison or jail, the chances are great that inmates with drug use problems will return to their former situations and lifestyles. This may lead to drug use, possible infection with HIV, rearrest, and return to prison:

- Two-thirds of all parolees are rearrested within 3 years – most within the first 6 months after release. In 1980, rearrests accounted for 17 percent of all prison admissions. They now make up 35 percent.
- In a recent study of male and female inmates in Texas jails, nearly 30 percent of the inmates who had used drugs or alcohol and had served time previously stated that their abuse of drugs was a "very important factor" in their return to jail.

More and more, communities and correctional facilities are recognizing that all inmates, especially those with substance abuse, mental health, or other problems, need help when they return to their communities. They are acknowledging that helping inmates successfully return to their communities pays off for the inmates and their families. It also benefits corrections and communities by reducing drug use and crime.

Transition services focus on a range of issues.

Most inmates leave prison or jail with no savings, no stable housing, no health or unemployment benefits, and very limited job possibilities. In addition to drug use, many have mental health problems or serious medical conditions, including HIV, hepatitis, and tuberculosis.

Transition services provide a crucial link to immediate sources of help to address these issues. Transition services also focus on providing continuity of care so that inmates who received services in prison or jail continue to get them once they leave.

Organizing and Providing Effective Transition Services

They need to begin when a person enters prison or jail.

Ideally, transition services begin when an inmate is first incarcerated. A prisoner's initial intake evaluation includes an assessment of his or her needs for substance abuse treatment, health care, mental health services, education, employment training, and other services. This assessment should form the foundation for services provided while the inmate is in prison or jail and shape discharge planning and services provided after release.

More and more correctional systems are using case management in their transition services. This approach uses a team of social workers and health providers to secure and coordinate continuing services for the inmate. The team also works with community agencies to obtain and coordinate services when the inmate is released.

They need to link prison or jail services with those in the community.

Increasingly, services are delivered by community-based providers under contract with the correctional facility. In some cases, this allows inmates to continue with the same community-based provider after release. If this is impossible, case managers try to link the released inmate to programs that are similar to the ones they used in the correctional facility.

They need to focus on life after prison or jail.

Ideally, discharge planning covers pre-release enrollment in Medicaid and related benefit programs, monitoring of CD4 counts and HIV viral load and access to HIV medications for infected inmates, substance abuse treatment, HIV counseling, other psychosocial support, and sexually transmitted disease (STD) services.

Most often, prisons and jails refer inmates to community providers. Fewer systems make appointments or provide help to ensure that just-released inmates contact agencies. Many prisoners need Medicaid to cover substance abuse or HIV treatment and they should be

enrolled before release. However, administrative requirements may delay application and approval and contribute to a break in services. Without sustained attention and advocacy, such an interruption can all too easily become permanent.

Community-based services include:

- substance abuse treatment
- health care
- Medicaid
- AIDS Drug Assistance Programs (ADAP)
- Temporary Assistance for Needy Families (TANF)
- social services
- job finding and training
- housing assistance
- mental health services
- Ryan White CARE Act programs

Corrections Faces Many Challenges in Providing Transition Services

Coverage, access, and quality can be problematic.

Coverage focuses on whether services are reaching enough people to really make a difference. Limited numbers of slots in community-based programs and limited funding for programs and services may pose barriers to newly-released inmates.

Access focuses on the number and location of services and programs, whether or not they are free, whether people must have a referral to use them, and whether people know about them. Any small hurdle can seem huge to a person just out of prison.

Quality focuses on the training and competence of service providers, the adequacy of medications prescribed, and the provision of all necessary services. Do the services last long enough to have a positive, sustained impact? Do they complement and reinforce each other? Just-released parolees often have multiple, complex drug use and health problems.

Fragmented service systems make coordination difficult.

Although lots of federal, state, and local agencies, and community-based organizations provide services, the systems are often fragmented. This requires sustained attention to:

- defining the appropriate service providers;
- finding ways to get them to participate in providing services to correctional populations;
- finding ways to effectively coordinate their activities;
- ensuring they have the necessary financial and staff resources and expertise;
- keeping good records and ensuring that information on inmates is maintained and transferred appropriately and in a timely fashion.

Disagreements or philosophic differences between correctional and parole officers and community service providers can contribute to the fragmentation of the system and hamper efforts to provide comprehensive transition services to inmates. Solutions include cross-training, frequent interagency contact, and open and clear communication.

Case managers and parole supervisors are overburdened.

Too many cases with too few resources lead case managers to focus on providing only the most basic linking and monitoring activities:

- In the 1970s, parole officers usually supervised about 45 parolees; today they have caseloads of 70. This means fewer than two 15-minute face-to-face meetings between parole officer and parolee per month.

Innovative Programs and Strategies are Addressing the Problem

Across the country, agencies, organizations, and providers are working to meet these challenges by establishing and maintaining innovative programs to help drug users return to the community. Here are a few examples:

Tarzana Treatment Center. This program provides transitional case management and pre-release planning services for HIV-positive inmates and parolees who are returning to Los Angeles County. Program staff work with the inmate before release to conduct a psychosocial assessment and develop a service plan that covers transportation, housing assistance, residential substance abuse treatment, medical and psychological services, long-term case management, referrals to support groups, referrals to financial assistance, and help in obtaining food vouchers. For more information, contact HIV Incarcerated Services, Tarzana Treatment Center, Tarzana, CA, 818/324-5897 ext 152, *www.tarzanatc.org*

Project Bridge. This demonstration program, funded through a Ryan White CARE Act Special Projects of National Significance grant, provides intensive case management services to inmates with HIV who are being released from the Rhode Island state prison. Before release, a master's level social worker helps an inmate to develop a comprehensive discharge plan. At release and for 18 months after release, a second team member (an outreach worker) helps the client obtain needed health care, substance abuse treatment, and social services. The foundation of Project Bridge is the close collaboration between doctors, social workers, and outreach workers involved with each client. The project's emphasis on improving continuity of care through enhancing the stability of all elements of the client's life is another key element. For more information, see Rich et al., 2001, or contact Leah Holmes, Miriam Hospital, 164 Summit Avenue, Providence, RI 02906, 401/455-6879, Holmesleah@aol.com.

CDC/HRSA Corrections Demonstration Projects. Through this program, jointly funded by CDC and the Health Resources and Services Administration (HRSA), seven state health departments are carrying out innovative continuity-of-care programs for inmates infected with HIV, STDs, tuberculosis, or hepatitis who are being released from prison, jail, or a juvenile detention center. Emory University's Rollins School of Public Health and Abt Associates, Inc. serve as the evaluation and program support center for these projects. The Southeastern AIDS Training and Education Center (SEATEC) conducts assessments of training needs within the correctional systems and develops tailored training programs to address those needs. The Hampden County Correctional Center in Massachusetts, which has already established an innovative continuity-of-care model, provides technical assistance and guidance to the sites. The National Minority AIDS Council provides technical assistance to community-based organizations to help them

develop the capacity to work in correctional settings For more information, contact Karina Krane (kek4@cdc.gov) or R.H. Potter (hbp3@cdc.gov) CDC/NCHSTP/OD/PSO, Corrections and Substance Abuse Unit, 1600 Clifton Road, NE, Mail Stop E-07, Atlanta, GA 30333, 404/639-8011.

To Learn More About This Topic

Read the overview fact sheet in this series on drug users and the criminal justice system – Drug Users, HIV, and the Criminal Justice System. It provides basic background information, links to the other fact sheets in this series, and links to other useful information (both print and internet).

Check out these sources of information:

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