Improving Access to and Utilization of Health and Social Services for HIV-infected Jail and Prison Releases: Evaluation Results from the Corrections Demonstration Project

Sofia S. Kennedy, Abt Associates Inc., Cambridge, Massachusetts USA
Ted Hammett, Abt Associates Inc., Cambridge, Massachusetts USA
Ronald Beckett, Rollins School of Public Health, Emory University, Atlanta Georgia USA
Kimberly Jacob Arriola, Rollins School of Public Health, Emory University, Atlanta Georgia USA

Expanded Access to HIV Services in Correctional Facilities

Discussion

Almost 20% of clients served participated in the evaluation.

Not all clients were offered the option to be in the evaluation due to delays in the implementation of the evaluation (e.g., instrument development, IRB approval, site readiness).

Over half the clients recruited for the evaluation were released and eligible for community services.

80% of released cases were in case management 30 days after release.

Prison Programs

Significant numbers of clients received HIV care, including medication and participation in drug treatment after release than before prison.

This population may be interested in case management because they have been incarcerated for one or more years and may have initiated treatment in prison and never had HIV care in the community.

Evaluation

Background

- The evaluation follows clients from program recruitment (during incarceration) through 6 months after release.
- Transition clients to permanent long-term case manager.

Continuity of Care For People Living With HIV Being Released From Correctional Facilities

- Public Health Departments partnered with correctional facilities and contracted with NGOs to provide services.
- NGO case managers work with inmates living with HIV (and some HIV-negatives) in the community.

Lessons Learned/Recommendations

- Partnerships between correctional facilities (especially prisons), public health entities and NGOs help to transition back to the community.
- Connecting released clients to HIV care and medications can reduce the spread of resistant strains of HIV and may reduce the risk of transmission.
- Connecting released clients to substance abuse treatment may reduce the risk of recidivism for drug-related crimes.
- Access to some services in the community is limited.
- Housing and mental health and substance abuse treatment are scarce.
- Jails-based programs are less common than prison programs and models may have to be altered to meet the needs of this population.
- The high volume of clients, short stays and not being released to the community all need to be addressed.

For more information and final evaluation results contact:

Sofia Kennedy
Abt Associates Inc.
55 Wheeler Street
Cambridge MA 02138 USA
sofia.kennedy@abtassoc.com

Abt Associates Inc.
www.sph.emory.edu/HIVCDP/index.html
www.abtassoc.com
Cambridge MA 02138 USA

Prison Programs

Significantly fewer clients received HIV care after release than before jail (data not shown).

- There were no other significant changes.

Table 1: Total clients served and participating in the evaluation

<table>
<thead>
<tr>
<th>Program Client</th>
<th>Total</th>
<th>Released</th>
<th>Longitudinal Evaluation Clients</th>
<th>20-Year Follow-Up</th>
<th>Released</th>
<th>Follow-Up</th>
<th>Released</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>80%</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Prison</td>
<td>2103</td>
<td>658</td>
<td>247</td>
<td>28</td>
<td>103</td>
<td>43</td>
<td>84</td>
<td>35</td>
</tr>
<tr>
<td>Jail</td>
<td>3757</td>
<td>658</td>
<td>267</td>
<td>237</td>
<td>103</td>
<td>43</td>
<td>84</td>
<td>35</td>
</tr>
</tbody>
</table>

*Calculated data are not included; not participating in the client-level evaluation from 2003-2005 and 2002-2005.

*Monthly number of clients for each site (January 2003-September 2003 evaluation client data only).

**Release.**

- HIV-infected Jail and Prison Releases: Evaluation Results from the Corrections Demonstration Project

- Public Health Departments partnered with correctional facilities and contracted with NGOs to provide services.
- NGO case managers work with inmates living with HIV (and some HIV-negatives) in the community.

Lessons Learned/Recommendations

- Partnerships between correctional facilities (especially prisons), public health entities and NGOs help to transition back to the community.
- Connecting released clients to HIV care and medications can reduce the spread of resistant strains of HIV and may reduce the risk of transmission.
- Connecting released clients to substance abuse treatment may reduce the risk of recidivism for drug-related crimes.
- Access to some services in the community is limited.
- Housing and mental health and substance abuse treatment are scarce.
- Jails-based programs are less common than prison programs and models may have to be altered to meet the needs of this population.
- The high volume of clients, short stays and not being released to the community all need to be addressed.

For more information and final evaluation results contact:

Sofia Kennedy
Abt Associates Inc.
55 Wheeler Street
Cambridge MA 02138 USA
sofia.kennedy@abtassoc.com

Abt Associates Inc.
www.sph.emory.edu/HIVCDP/index.html
www.abtassoc.com
Cambridge MA 02138 USA