



Innovative Approaches to Substance Abuse Treatment and HIV Care in Correctional Settings

“Given high rates of risk behavior in inmates and the increased HIV prevalence rates behind bars ... incarceration provides an opportunity to intervene and provide HIV testing, medical care, and linkage to HIV services upon release from the correctional setting.” — Curt G. Beckwith, MD, and Michael Poshkus, MD, Rhode Island Department of Corrections and the Warren Alpert Medical School of Brown University¹

“Without some kind of continued care [after release, the] money that we have to spend on [offenders’ health] care in jail is wasted.” — Paul Sheehan, COO of Community Oriented Correctional Health Services (COCHS) and former employee, Hampden County (MA) Sheriff’s Department²

Challenges of Effective Treatment in Correctional Settings

Corrections facilities are an important treatment setting for people with many health challenges. Prisoners suffer from extremely high rates of substance abuse, HIV/AIDS, and other disabilities.³ Prison and jail are frequently the only places that at-risk populations receive non-emergency medical care. Consequently, corrections facilities can provide critical opportunities for engaging people in treatment that will promote their health and stability in the community and decrease the likelihood that they will return to incarceration.

While some prison and jail systems have implemented creative treatment options, much work needs to be done to take advantage of these opportunities for all incarcerated people. Fewer than 10 percent of drug-abusing offenders get the treatment they need,⁴ though approximately 8 of 10 state prisoners admit having a history of drug use.⁵ In addition, the management of HIV, the provision of HIV education, and the development of affiliated support services for HIV-infected persons in our nation’s prisons and jails have lagged far behind the standards in the community.⁶ Innovations in corrections-based treatment delivery have shown promising results in various locations across the country, and should be considered as important components of preparing prisoners for release to the community.

Strategies for Providing Innovative Treatment

Opt-out HIV testing: In 2007, the Centers for Disease Control and Prevention recommended that all health-care providers, including corrections, implement “opt-out” HIV screening – in other words, testing all patients unless they decline (or “opt out”) and requiring no special written consent or prevention counseling, as was

required in the past.⁷ Corrections facilities that follow this guidance are likely to diagnose new cases and will be able to initiate treatment of the disease earlier.

“Treatment team” approach: To address the intensive, co-occurring health challenges of inmates, some correctional agencies (such as Jail Health Services in King County, Washington; *see program example*) are pursuing a team approach to care. In this model, a team that may include specialists in mental health, substance abuse, or HIV, and other treatment providers meets regularly and members communicate directly to coordinate care around the individual.

HIV once-a-day pills: A once-a-day combination tablet of three antiretroviral drugs (Atripla) became available in 2006. Health care providers working with homeless people have hailed this simplified treatment option as a boon for HIV treatment compliance and adherence among their patients.⁸ Corrections providers are likely to see similar benefits, because of the significant number of people who cycle through periods of homelessness and incarceration, and the staffing and confidentiality challenges of administering medication multiple times per day to inmates (who are not permitted to manage their own medication).

Post-incarceration aftercare: Research on corrections-based drug abuse treatment in multiple states demonstrates that participation in transitional “aftercare” is essential.⁹ In one California therapeutic community, re-incarceration rates dropped by up to two-thirds among people who received aftercare compared with those who were treated only in prison.¹⁰ The Hampden County (MA) jail has been a leader in this area, implementing a model of care that is rooted in engaging community health providers to provide continuous care to individuals both in and out of jail (see box).¹¹ This Community Integrated Correctional Health Care model is being replicated in other jurisdictions nationwide with the support of the Robert Wood Johnson Foundation.¹²

Telemedicine: A study by the National Institute of Justice found that when telemedicine equipment was installed in federal prison health centers, tele-consultations substituted for and supplemented

MODEL PROGRAM:

KING COUNTY (WA) JAIL HEALTH SERVICES HIV TREATMENT TEAM

Case management services provided in the King County (Washington) Jail are intended to promote continuity of care for HIV/AIDS patients during their jail stay, after release from custody, and/or after transfer to another correctional facility (including other jails or Washington state or federal prisons). Most inmates treated in this program have no history of involvement with HIV-related care or support services whatsoever, while others were long ago lost to follow up. Initiation or re-establishment of care and services (including baseline assessment for intake into medical and social services) represent a significant portion of the program case manager's workload.

Transition planning for inmates living with HIV involves two master's-level release planners – a primary case manager and a mental health provider – who meet weekly with a prevention specialist. The prevention specialist focuses on screening for sexually transmitted diseases, partner notification, and support for other team members in achieving linkages and in-custody care coordination. One such linkage is with the HIV Enhanced Engagement Team (HEET), a multi-agency program that provides outreach, engagement, case management, and emergency and permanent housing to homeless individuals with HIV. This program was originally funded by a federal Housing Opportunities for Persons with AIDS (HOPWA) Special Project of National Significance award. Beginning in summer 2007, jail-based planners have sought to further bridge the gap between the corrections facility and the community by physically taking released offenders to their first medical and/or housing appointment in the community.

Source: Mark Alstead, Manager, Criminal Justice Involved Health Projects and Jail HIV/AIDS Program, King County Jail Health Services, personal interview, August 15, 2007.

conventional, in-prison consultations.¹³ The use of telemedicine reduced external visits to specialists and averted costly transfers to federal medical centers.¹⁴ And institutional staff hypothesized that the prisons were calmer thanks to the improved mental health care that telemedicine enabled.¹⁵

Methadone treatment: Though socially controversial as a drug treatment strategy, methadone substitution is a medical intervention that can effectively curb the spread of HIV among intravenous (IV) drug users, a high-risk population for both HIV and incarceration. The Key Extended Entry Program (KEEP) has offered this treatment to inmates at the New York City Department of Corrections' central Rikers Island facility since 1987.¹⁶ IV drug users tend to have high rates of relapse and recidivism, but during an 11-year period of study, a remarkable 79 percent of KEEP patients were incarcerated again only once or twice.¹⁷ King County (WA) Jail Health Services has sought to adopt this model, and a modified model in which community providers provide opiate substitute treatment to jail inmates operates in some Colorado counties and Orange County, Florida.¹⁸

At A Glance: Strategies for Effective Correctional HIV Care

In a special issue of *The AIDS Reader* on correctional health care, editor/researcher Anne DeGroot summarized the strategies and approaches needed to provide appropriate and effective correctional HIV care:¹⁹

- Public health-corrections partnerships in all aspects of HIV education, treatment, and prevention
- Community-based HIV/AIDS service organizations with access to clients living with HIV/AIDS behind bars
- More education, particularly peer education of inmates by inmates
- Education of correctional officers, wardens, and superintendents about HIV by their peers
- Stricter educational requirements for correctional medical providers
- Ensuring that HIV treatment in the correctional setting meets the standards set in the surrounding communities
- Public monitoring of HIV care delivered by privatized correctional health care corporations
- A national mandate to bring correctional HIV care up to the level that is practiced in the community; failing that, to bring HIV care in all correctional facilities up to the level that is achieved by some institutions
- Effective HIV prevention programs for inmates

MODEL PROGRAM:

HAMPDEN COUNTY (MA) COMMUNITY INTEGRATED CORRECTIONAL HEALTH CARE

The Hampden County Correctional Center pairs inmates with healthcare professionals from community health centers in the neighborhoods where they lived before they were incarcerated. The correctional facility reimburses the health centers for their services while the inmate is incarcerated. The doctors enter the jail to treat inmates, while case managers set appointments for inmates to visit their community health center upon release, to encourage them to continue their care.

Some benefits of this model include:

- Jail screeners have access to prior health records, allowing inmates to be treated for chronic conditions and diseases to be managed during incarceration
- Privacy issues regarding sharing of medical information between jail and community providers are reduced or eliminated
- Prescriptions that were written during incarceration can be filled or refilled in the community
- Released offenders gain access to the preventive and primary care provided by the health center

Source: Community-Oriented Correctional Health Services website. Available online: <http://cochs.org/index.php>

Ask the Expert: Roberto Hugh Potter, Ph.D.

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How can effective health care delivery in prisons and jails benefit those institutions?

In its most basic form, effective health care, especially mental health and substance abuse treatment, helps make correctional facilities operate more smoothly. That, in turn, provides a safer environment—including reductions not only in violence and victimization, but also in disease transmission and the progression of chronic diseases. These outcomes are clearly in the best interests of any correctional facility.

What effects does quality health care delivery in prisons and jails have on communities outside the walls of the correctional facility?

Since most research is based on what comes in the door of a jail or prison, and little is known about what goes out the other end, it is hard to identify with any empirical certainty the effects that effective inmate health care has on the communities to which offenders return. Limited research from Connecticut and North Carolina suggests that HIV treatment inside the walls improves the health status and slows the deterioration of formerly incarcerated individuals living with HIV/AIDS after release, if that treatment is maintained in the community.²⁰ In effect, prisons (particularly) provide a "catch-up" period whose benefit is often not maintained back in the "free world" because no agency has a responsibility for the health care of these ill or at-risk individuals outside of the corrections facility.

What treatment innovations that are not yet widespread in corrections settings would you consider most promising?

Again, the research is very limited, mostly revolving around substance abuse and mental health, and HIV. A common thread among the most successful programs in these areas is the free-world case management services they provide, as opposed to those programs that simply make a post-release appointment for a formerly incarcerated individual living with HIV/AIDS, and leave the rest to that individual. We need to begin to focus on whether it is an issue of support, supervision, or treatment programs, or a combination of those, that leads to the best outcomes.

What advice would you offer to community-based health or transition services providers seeking to partner with the corrections system?

First, understand the roles, authorities, and responsibilities of everyone involved in the criminal justice process. What the staff of a community-based organization might think is best may not be what a judge ordered for a probation or parole condition. Second, recognize that people serving probation or parole sentences must comply with conditions of release in order to remain in the community. Do not push them to participate in programs (e.g., harm reduction examples) that might cause them to violate these conditions and be revoked to prison or jail. Understand that what works on middle-class, relatively sober, functioning adults may not work on the working-class, unemployed, drug-involved (including alcohol), and/or mentally challenged people who are typically released from prisons and

jails. Once you respect the system and those who will be your clients, you will find there are ways to partner without sacrificing your integrity or endangering the freedom of those clients.

Recommended Reading

“Corrections-Based Treatment.” Institute of Behavioral Research, Texas Christian University:
<http://www.ibr.tcu.edu/evidence/evi-corrbrtr.html>

“Substance Abuse and Treatment of State and Federal Prisoners, 1997.” Bureau of Justice Statistics.
(January 1999):
<http://www.ojp.usdoj.gov/bjs/abstract/satsfp97.htm>

“NIDA Survey Shows Lack of Substance Abuse Treatment Options for Offenders.” National Institutes of Health. (April 2007):
<http://www.nih.gov/news/pr/apr2007/nida-02a.htm>

Resources

National Commission on Correctional Health Care:
<http://www.ncchc.org/>

Infectious Diseases in Corrections Report:
<http://www.idcronline.com/index.html>

Residential Substance Abuse Treatment (RSAT) program (US Department of Justice, Bureau of Justice Assistance):
<http://www.ojp.usdoj.gov/BJA/grant/rsat.html>

Sources

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