Comprehensive Transitional Case Management for Ex-offenders living with HIV/AIDS in Maryland

Melissa Dawalt
Advisors: Jessica Pollak-Kahn and Nathalia Drew
My Internship

The Maryland AIDS Administration Issued an RFP from community organizations to address the needs of Baltimore City’s returning prisoners that are living with HIV/AIDS.

The goals of my internship were to work with Nathalia Drew to:

- Understand the nature and magnitude of Baltimore City’s returning prisoner population
- Understand needs specific to HIV-infected returning prisoners
- Participate in selection of proposals to address these needs and develop a standard of care to be adopted for transitional case management
Terminology

- Reentry, reintegration, recidivism
- Convict, Inmate, Prisoner, Ex-offender, former prisoner
- Discharge Planning
- Transitional Case Management
- Prison vs. Jail vs. Detention Center
- Local, State & Federal
There were over 2 million adults incarcerated at year end 2004, of which over 1.5 million were held in State or Federal prisons.

Between 1980 and 2001, Maryland's prison population more than tripled, jumping from 7,731 to 23,752.

1 in 3 black males, 1 in 6 Hispanic males and 1 in 17 white males are expected to go to prison during their lifetime.
Correctional authorities reported that 22,028 State inmates and 1,631 Federal inmates were HIV positive in 2003.

States with the highest percentages of HIV-positive prisoners are New York (7.6%), Maryland (4.2%) and Texas (3.9%) with HIV prevalence among prisoners more than 20 times that in the non-incarcerated population.

Recent estimates suggest that up to 25% of people living with HIV pass through the correctional system every year.
The number of former prisoners in the U.S. has increased by 2.7 million in past 30 years with 630,000 released annually.

Maryland’s number of released prisoners nearly doubled in the last 20 years from 5,436 to 9,448 annually.

Re-entry and recidivism combine to create a revolving door through which prisoners circulate.

Recent studies estimate that an average of 60% of returning prisoners are re-arrested within 2 yrs.
Reentry in Maryland

- 6 out of 10 released inmates return to Baltimore City

- Return is concentrated in six highly disadvantaged Baltimore communities, which each received 159 to 277 prisoners: Southwest Baltimore, Greater Rosemont, Sandtown-Winchester/Harlem Park, Greenmount East, Clifton-Berea, and Southern Park Heights

- In 2001, 17 percent of Maryland inmates took part in educational or vocational programs, 45 percent had work assignments such as sanitation or food service, 7 percent participated in a work-release program, and 31 percent were in no programmatic or work activities
The Needs of Ex-offenders

The Maryland Office of Employment Development identified the following needs in its re-entry task force:

- Provide a comprehensive menu of services that remove barriers to employment and promote ex-offender job readiness
- Increase coordination among agencies and service organizations to ensure that ex-offenders are aware of, and have access to, available resources and services.
- Advocate to impact legislative areas that impede ex-offender employment
Addressing Reentry in Baltimore City

- In response to the task force finding the MOED established the Baltimore City Re-entry Center
- This center provides comprehensive career planning, educational and support services to the returning ex-inmate population
- This re-entry center is the only state funded comprehensive re-entry center of its kind in the country
Addressing the Needs of Ex-offenders Living with HIV/AIDS

- Ensuring continuous care to HIV infected ex-offenders, in particular, those in need of HAART
- Recognizing that medical care is only part of the many needs of re-entering ex-offenders
- Linkage to medical services that are nested within a clinic that provides case management, substance abuse and mental health services is ideal
Reentry Initiatives Show Promise for HIV-infected prisoners
The Maryland AIDS Administration

- **Funded Organization:** Chase Brextont Healthcare, Health Education Resource Organization (HERO), and Total Health Care

- **Organizations will meet the needs of 120 HIV-infected pre-release and recently released prisoners annually.**

- **Assistance includes:** obtaining ID and entitlements, housing, transportation, linkage to medical, substance abuse and/or mental health services and linkage to employment and educational opportunities.
Current Barriers

- Reluctance to disclose HIV status prior to release
- Coordination with Correctional Facility
- Unpredictable release timing
- Continuity of medical care
- Substance Abuse
The Way Forward

- The funded organizations are well poised to establish a solid foundation for transitional care of returning prisoners living with HIV/AIDS.

- Health Sub-committee has been formed to deal with the health needs of all ex-offenders passing through Baltimore City’s Reentry Center.

- The collaboration of community based organizations with the AIDS Administration and the correctional system bridges the gap between incarceration and reintegration as well as serves as a powerful voice advocating for the health and rehabilitation needs of returning prisoners.