

Get Connected: An HIV Prevention Case Management Program for Men and Women Leaving California Prisons

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Individuals leaving prison face challenges to establishing healthy lives in the community, including opportunities to engage in behavior that puts them at risk for HIV transmission. HIV prevention case management (PCM) can facilitate linkages to services, which in turn can help remove barriers to healthy behavior.

As part of a federally funded demonstration project, the community-based organization Centerforce provided 5 months of PCM to individuals leaving 3 state prisons in California. Program effects were measured by assessing changes in risk behavior, access to services, reincarnation, and program completion. Although response rates preclude definitive conclusions, HIV risk behavior did decrease. Regardless of race, age, or gender, those receiving comprehensive health services were significantly more likely to complete the program. PCM appears to facilitate healthy behavior for individuals leaving prison. (*Am J Public Health*. 2005; 95:1682–1684. doi:10.2105/AJPH.2004.055947)

HIV IS A SIGNIFICANT HEALTH

threat to prisoners because of their disproportionate rate of HIV infection and AIDS.^{1–3} Furthermore, when an individual leaves prison, community reentry introduces challenges to establishing a healthy life⁴ and remaining uninfected with HIV.⁵ In 1999, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration, in recognition of this need and opportunity, provided funding “to support demonstration projects within correctional facilities and communities that develop models of comprehensive surveillance, prevention, and health care activities for HIV, sexually transmitted diseases (STDs), tuberculosis (TB), substance abuse and hepatitis” (CDC,

unpublished grant application guidance).

As a demonstration project site, the community-based organization Centerforce (see first sidebar) provided people leaving 3 California state prisons with peer education, reentry education, health fairs, and HIV prevention case management (PCM). In this report, we describe site activities and present evaluation results from the PCM component of the project, which is called Get Connected.

PROGRAM DESCRIPTION

Get Connected provided clients with comprehensive PCM based on the CDC model (Figure 1).⁶ Prisoners were eligible if they reported being at risk for transmitting or contracting HIV.¹ Individuals from the general prison population in the prisons were recruited to participate in the program.

HIV status was not a criterion for enrollment. However, because transitional case management services were provided for HIV-infected individuals through an existing state program, most clients enrolled in Get Connected were not infected with HIV. Case managers reported anecdotally that a few Get Connected clients knew they were infected at the time they enrolled in the program and that services were tai-

lored accordingly. The 238 enrolled clients received 2 months of PCM prior to release. Once released, they were provided with up to 3 months of PCM in the community.

A single case manager worked with clients before and after their release to deliver comprehensive client-centered needs assessment, individualized care and treatment planning, facilitated referrals to community resources, liaison work with parole agents, and HIV risk reduction education and counseling. An average of 39 case management hours was delivered to each client (range= 4.5–114 hours). About half (54.6%) of the 238 PCM-enrolled clients were men. Most were African American (48.7%) or Latino (26.1%). Sixteen percent were White and 9.2% were of another ethnicity. The mean age was 37 years (range=20– 61 years).

EVALUATION AND DISCUSSION

To determine program effects, we conducted an evaluation to assess (1) changes in HIV transmission risk behavior (abstinence, condom use, and use of drugs or alcohol during sex), (2) receipt of transitional support services, and (3) successful completion of the PCM program (defined as not returning to jail

Above. Get Connected staff, clockwise from top left: Sheila McNab, Kim Starr, Gonzalo Rucobo, Annette Lerma, Derrick Duran, Katie Kramer, James Brown, Yolanda Najera, Stacy Costa-Taylor, Mick Gardner.

KEY FINDINGS

- Although response rates limit conclusions, HIV risk behavior (particularly unprotected sex and drug use during sex) decreased among those completing the behavioral assessments.
- Regardless of race/ethnicity, sex, or age, individuals receiving comprehensive health services (medical, dental, and mental health) were more likely to complete the PCM program.
- Return to prison or jail was not predicted by demographic characteristics or individual services received during PCM.

ABOUT CENTERFORCE

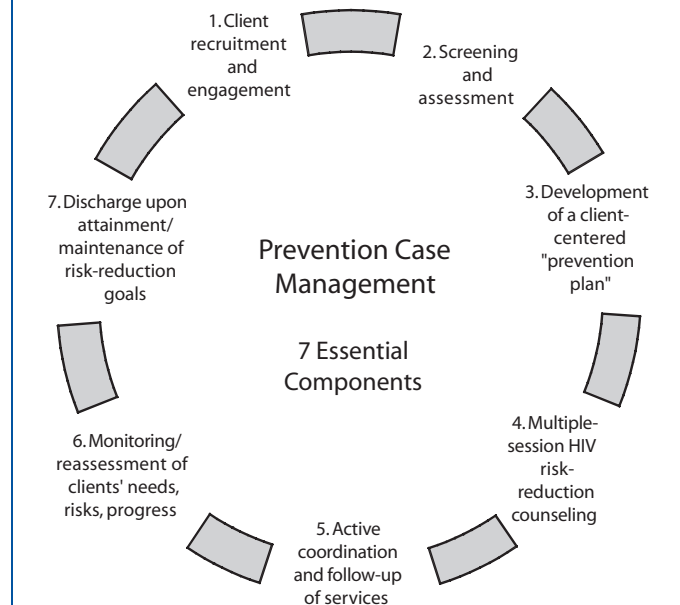
The Centerforce mission is to strengthen individuals and families affected by incarceration through a comprehensive system of education and support. Centerforce provides services for prisoners, ex-prisoners, and family members of prisoners through direct services, its annual conference, and consultation and training services. Direct services for clients are provided by our four service areas: Children and Families Services, Transitional Services, Prisoner Service, and Informational Services. For more information, see <http://www.centerforce.org>.

or prison and not being lost to follow-up). Because we did not secure institutional review board approval of our protocol until the second year of funding, we were able to enroll only 127 clients in the evaluation component. We do not have data on the number of clients approached who did not choose to enroll, although case managers report very few refusals. All clients enrolled in the PCM program after protocol approval agreed to participate in the evaluation.

Assessing Risk and Behavior Change

Clients participating in the evaluation ("participants") completed risk behavior assessments 1 week and 10 weeks after release. At the first assessment, we asked participants about HIV risk and prevention behavior during the month prior to their most recent incarceration. At the second assessment, we asked about behavior in the previous month, during which they had been enrolled in the PCM program. Seventy-five individuals completed the 1-week assessment, of whom 51 completed the 10-week assessment. Our analysis of behavior change is limited to these 51 people.

On the basis of CDC-defined criteria, about half of the participants ($n=36$, or 48%) reported behavior that had ever put them at risk for contracting HIV. Seventeen participants reported abstinence or 100% condom use during the month prior to incarceration. In the month prior to the 10-week survey, during which they received PCM, significantly more of the same participants ($n=30$) reported abstinence or 100% condom use ($P<.01$). Nine participants reported not using drugs during sexual in-



Source. Centers for Disease Control and Prevention.⁶

FIGURE 1—Seven essential components of prevention case management.

tercourse prior to incarceration. Twice as many ($n=19$) reported not combining drugs and sexual intercourse in the month during which they received PCM ($P<.05$). Similarly, compared with when they were first asked, participants reported fewer sex partners and less frequent use of alcohol during sexual intercourse at the second assessment, although these differences were not statistically significant.

Assessing Services Received and Service Outcomes

We assessed service delivery by asking case managers to fill out a report if and when participants (1) completed the 3-month transitional service period, (2) stopped receiving services because they were lost to follow-up, or (3) returned to jail or prison. Case managers completed reports of service outcomes for 119 of the 127 participants enrolled in the evaluation.

Most participants needed and received multiple services (see second sidebar). About half of the participants ($n=65$) successfully completed the program. About one quarter ($n=31$) were lost to follow-up at some point during the program, most often during the first 48 hours or after 4 weeks or more of program participation. Twenty-three of the participants who were not lost to follow-up were reincarcerated; 2 returned to prison, 8 to jail, and 13 to both jail and prison.

With regard to service outcomes (Table 1), receiving comprehensive health services (medical, dental, and mental health) was independently associated with program completion (odds ratio [OR]=8.45; 95% confidence interval [CI]=2.36, 30.21; $P=.001$). In a multivariate model including client characteristics, this relationship was sustained. Although we suspected that housing was

TABLE 1—Predictors of Completion of Prevention Case Management Among Get Connected Clients Who Participated in the Evaluation Component (n = 119)

Predictor	Univariate Odds Ratio (95% CI)	P	Adjusted Odds Ratio (95% CI)	P
African American (vs non-African American)	0.79 (0.37, 1.67)	.53	0.89 (0.35, 2.25)	.81
Man (vs woman)	1.79 (0.84, 3.79)	.13	0.59 (0.21, 1.65)	.32
Aged 30 or older	1.35 (0.57, 3.23)	.50	0.86 (0.31, 2.33)	.76
Received comprehensive health services	8.45 (2.36, 30.21)	.004	8.85 (2.03, 38.64)	.004

Note. CI = confidence interval.

important to successful transition and we did find that participants who were not reincarcerated were more likely to have successfully secured housing (85.2% vs 73.9%, respectively, of those who were reincarcerated), receipt of individual services—including housing—did not significantly predict program success.

Next Steps

The results of this evaluation suggest that certain service types—health services in particular—may be important in facilitating successful transition from prison to the community. Participating in this PCM program appears to have helped clients reduce HIV risk, which was one of its main aims. However, our findings suggest that services other than HIV prevention education and counseling may be important for helping individuals reenter the community. Future studies should use comparison groups and larger samples to determine the relative impact of diverse services.

While we did not systematically collect qualitative data on this topic, case managers have made observations about key components of a successful transitional plan (see third sidebar).

Replication of programs like Get Connected should include attention to these factors. Participating in an intensive PCM program appears to facilitate healthy behavior among people making the transition from prison to the community. ■

About the Authors

Janet Myers is with the Center for AIDS Prevention Studies, University of California, San Francisco, and is a regular evaluation collaborator with Centerforce. Barry Zack, Katie Kramer, Mick Gardner, Gonzalo Rucobo, and Stacy Costa-Taylor are with Centerforce, San Rafael, Calif.

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Contributors

J. Myers designed the evaluation with B. Zack, conducted data analysis, and led preparation of this report. B. Zack helped conceive of the intervention and evaluation components and helped write the report. K. Kramer and M. Gardner collaborated on the design of the intervention, consulted on the feasibility of the evaluation, and assisted in the interpretation of the findings and writing of the report. K. Kramer also helped design data collection instruments and supervised data collection. G. Rucobo and S. Costa-Taylor conducted PCM services, collected data, and assisted in the interpretation of the findings and writing of the report.

SERVICES RECEIVED FROM GET CONNECTED

- Services facilitated by case managers and used by clients most often were job training (53.1%), transportation assistance (30.6%), public health insurance (25.3%), and medical treatment (19.2%)
- Case managers noted that 38% of clients needed substance abuse treatment; 22.2% of clients received treatment
- Prior to release from prison, 91.5% of clients were able to make arrangements for a place to stay upon leaving prison; 82.4% actually stayed in this location on their first night, which was usually with family or friends
- Almost all clients received HIV prevention services, most often through behavioral counseling and receipt of condoms (87.8%) or through referrals to partner counseling and referral services (16.3%)

CRITICAL SERVICES FOR ENSURING SUCCESSFUL TRANSITIONS: LESSONS LEARNED

- Longer-term transitional case management (at least 6 months postrelease) not only to facilitate relationship building but also to preclude “passing” clients to other providers where relationships must start from scratch
- Transitional housing beginning with the first night after release, available for a minimum of 6 months and up to 2 years
- A comprehensive and progressive plan for transition from prison to the community, including attention to resources to support the plan, links between individuals and providers on the outside that can be made before release, and strategies for moving people in measured steps toward self-sufficiency
- Job placement programs that include salary support from the start
- Life skills–building programs that include anger management components
- Family services, including assistance with family reunification

Acknowledgments

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Human Participant Protection

This study received approval from the Committee for the Protection of Human Subjects, Health and Human Services Agency, State of California.

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