

# Innovative Strategies for Maintaining Client Contact Before and After Incarceration

Loughran, E\*, Pendo M\*, Clements-Nolle K †, Akers, N +
\*San Francisco Department of Public Health
†University of Nevada, Reno+ Continuum HIV Adult Day Services, San Francisco

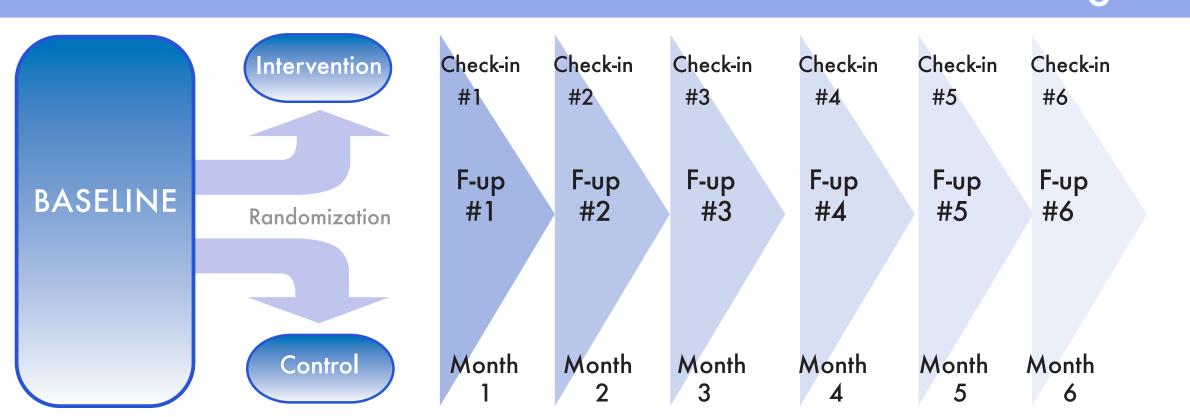
### BACKGROUND

To work effectively with ex-offenders continuity of care is essential.

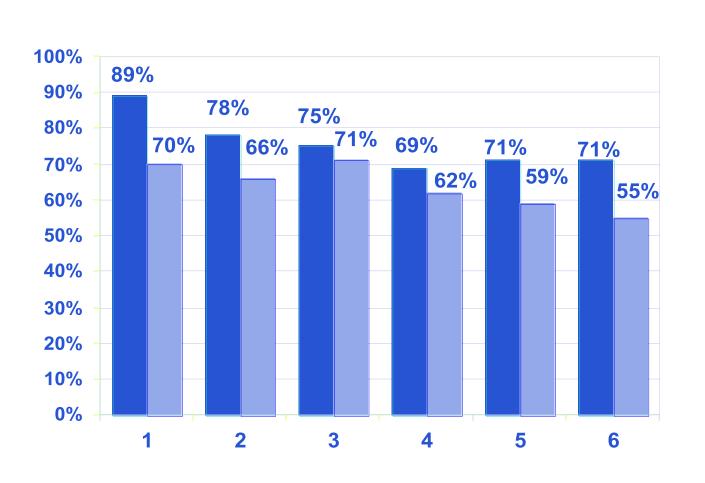
Maintaining post-release client contact over time can be challenging.

In conducting a randomized control trial with HIV positive ex-offenders, we developed effective strategies for following participants post-release.

## The HOPE STUDY: Randomized Control Trail Design



#### Follow-Up Rates



Note: Only 8 people never found during 6 month follow-up.

**■** Treatment

■ Control

#### Study Population

	Treatment (N=120)	Control (N=120)
Gender		
Male	<b>82%</b>	83%
Female	<b>12%</b>	10%
Transgender (MTF)	6%	<b>7</b> %
Race Ethnicity		
African American	55%	<b>50%</b>
White	29%	34%
Latino/ Hispanic	<b>12%</b>	11%
Other	4%	5%
Education		
< High School	35%	38%
High School Degree/ GED	33%	<b>37%</b>
Some College +	<b>32%</b>	25%
Median Age	40 years	40 years
HIV / AIDS Status		
HIV	67%	64%
CDC Defined AIDS	32%	34%
Unknown	2%	2%
Primary Housing (1 mo before)		
Streets/ Shelter	31%	30%
SRO Hotel	31%	31%
Stable Housing	32%	29%
Other	7%	10%
Lifetime Incarceration		
< 1 year	31%	18%
1- 5 years	23%	32%
5– 10 years	19%	18%
10 years +	26%	32%

### Individual Challenges

Distrust: Given participant's history with the criminal justice system, trust and confidentiality are major challenges

Participants feared being reported to probation or parole Interview included questions about illegal activities

Housing: Participants often did not have stable housing

#### Alcohol or Drug Use Relapse:

Clients who were using were more difficult to find in the field.
Participants mandated into substance use treatment, sometimes left treatment with no forwarding information.

Change in priorities: Participants' priorities often changed post-release.

# Strategies for Individual Challenges

Building relationships with participants while in jail that continued in the community was the most important strategy for ensuring post-release follow-up.

#### Strategies included:

Always re-enforcing confidentiality
Maintaining separation from the criminal justice system
Hand delivering birthday cards and holiday cards
Regular visits while incarcerated (at least twice a month)
Visiting individuals in jail if rearrested, even if in a different county
Offering refreshments during check-ins and interviews
Leaving notes for participant at their SRO, medical provider,
or counselor asking them to check-in with us.

Tracking Form: An extensive tracking form was completed at enrollment and updated during post release interviews. The tracking form covered:

Service use: medical providers, pharmacy, case managers, methodone maintenance, needle exchange, and check cashing

Hang outs: neighborhoods, streets, venues and times when they usually hung out Street names: nick names other than real name used in the community or booking name in jail

Post-release appearance: style of dress, hairstyle, hats, glasses worn in community Previous residences: hotels, or other places they had previously lived Family or friends: contact information for family or friends they were in contact with. As well as how often.

Post-release photo:

Mailing address: Address or general delivery location for mail delivery.

### Programmatic Challenges

Early Release: Participants were often released early due to jail overcrowding, or during evening or weekend hours.

Substance Abuse Treatment: Participants released into treatment, were allowed limited contact with outside agencies, including research associates.

Participant / Research Associate Ratio: Research associates had a large case load of post-release clients they were following (often more than 30).

Re-arrest: Many participants were re-arrested and although they were found, they may not have been eligible for the post-release interview.

Scheduling conflicts: Participants were often busy with required appointments, court, classes, 12 step meetings, etc.

Narrow window period: The study protocol outlined a very narrow window period for check-ins and this frustrated participants who contacted us voluntarily outside the window period.

### Conclusions

Establishing good rapport & trust with participants while incarcerated can improve follow-up rates.

Study staff must be creative, flexible, compassionate, and persistent in order to successfully follow this population.

Staff/participant ratio must be realistic and allow for "time consuming" follow-up strategies.

THESE STRATEGIES CAN BE ADAPTED BY SERVICE PROVIDERS TO SUCCESSFULLY WORK WITH EX-OFFENDERS OR OTHER HARD TO REACH POPULATIONS

# Strategies for Programmatic Challenges

We worked with the Sheriff's department to coordinate release times during business hours when service providers were open.

In the second year, additional staff were hired to decrease the participant / research associate ratio. Follow-up rates improved.

We developed relationships with substance abuse treatment programs so that we knew their rules and they understood our need to follow participants.

Memorandums of agreement and confidentiality agreements were developed

We developed relationships with service providers so that they would alert us if participant showed up for services.

We checked all jail lists daily for reincarceration.

If participant was lost to follow-up we checked other California jails, prisons, and hospitals.

Staff was flexible and did interviews in the community or at other locations or times convenient to the participant.

We changed the window period for check-ins to be more flexible

We consistently reminded participants about the need to contact us when they had time or get an appointment approved by their treatment program.

The authors want to acknowledge the participants who gave their time and the HOPE Study Research Team.

This project is part of the National Corrections Demonstration Project supported by the Health Resources & Services Administration and the Centers for Disease Control. Funded through the California Dept. Health Services, Office of AIDS; 04-35376

Please address correspondence to: Eileen Loughran, San Francisco Dept. Public Health, 25 Van Ness, Suite 500 San Francisco, CA 94102 e-mail: Eileen.Loughran@sfdph.org