



H I T T I N G T H E
B R I C K S :

**Working with Recently Released
Former Prisoners Living with HIV/AIDS**

T A B L E O F C O N T E N T S

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Recently released former prisoners living with HIV/AIDS have acute needs.

In the critical first days and weeks immediately after release, former prisoners are especially vulnerable to substance use relapse, homelessness and recidivism. Appropriate services, properly administered, can make a huge difference in a former prisoner’s chances of making a successful transition from incarceration back to society.

Former prisoners have been removed from the “free world” for an extended period of time and have been living in a different culture/society with its own rules, realities and way of life.

Fred had been in a New York State prison for 10 years until his release to parole:

“I really thought that I was ready to go home - it was all I thought of for the last 9 months of my bid. I watched the TV news, read newspapers, talked with visitors - I felt I could handle how the world had changed. On my first day out, I went to get on the subway and had no idea of how to do it - they had these new cards to go through the turnstile, MetroCards, and I didn’t know how to buy one or how to use it. I had to ask at least 10 people to help me until I found someone who slowed down long enough to even listen to me. The MetroCard turned out to be a really good thing for me, because I was

- 2,071,686 people were incarcerated in the United States at year-end 2000.¹
- At year-end 2000, 46.2% of state and federal prisoners were black; 16.4% were Hispanic.¹
- At year-end 2000, women accounted for 6.6% of all state and federal prisoners.¹
- There were 25,757 HIV positive prisoners in state and federal prisons at year-end 1999, approximately 2.1% of the total prison population.²
- 561,020 prisoners were released from state and federal custody in 1998.³
- Individuals released from correctional facilities in 1996 represented 17% of all people in the United States with AIDS that year and 13% to 19% of all people with HIV infection.⁴



living in a Safe House out in Queens in what used to be a 'two-fare' and the card allowed me to transfer for free. But man, I was really confused that first day and so frustrated that no one would help me that I almost wished I was back upstate where I knew everything I needed to know to get me through every day."

Prisoners live in an extremely ordered world, where all activity is governed by the clock, reflecting the security and institutional needs of the prison. Prisoners are, in a way, infantilized by having virtually all choices made for them — when to sleep and wake up, when to eat and when to shower, and when and where to move within the institution. Many things that are taken for granted in the “free world” are often not available — uncensored newspapers or magazines; fresh fruits and vegetables; a choice of basic consumer goods like toiletries, food and clothing.

Prisoners move from this highly structured environment, where choices are very limited, to the street — a world of almost unlimited choices.

While a prisoner might have been dreaming of this day, she or he can often be unprepared to have to make infinite decisions about how to spend time and money. A common feeling among former prisoners is that the world is moving too fast. Prisoners have experienced a numbing sameness to their everyday life — one day is no different than the next — and the “free world” with its infinite variety and fast pace can be overwhelming.

Angela was volunteering at a community-based organization (CBO) as part of her own transition to get useful work experience:

"I couldn't believe how fast everything moved out here. I did five years and got really used to the pace of life in prison — in fact, when I worked as a clerk in the AIDS peer education office inside, I thought that it was really hectic. You know, people coming in to sign up for courses, women coming down to talk with the counselor from the outside agency, all the paperwork — you know. Was I ever shocked by the street! One day, when I had been going to all sorts of appointments and running from one end of the city to the other, I just grabbed on to a lamppost because it was all moving so fast and I couldn't keep up. What I thought was busy inside was nothing like the outside world."

Former prisoners can be anxious to “get on with life” after being removed from it for months or years. Time in prison can feel like suspended animation, where life has gone on without him or her. This can lead to impatience. Impatience, combined with what is often an inability to deal with bureaucracies, can cause former prisoners to get upset at delays and frustrated when expectations are thwarted.

The remainder of this booklet is divided into two parts: the first is “Working with Recently Released Former Prisoners” and the second is “Building Your CBO’s Capacity for Working with Former Prisoners.”

WORKING WITH RECENTLY-RELEASED FORMER PRISONERS

PRIORITIES

The way that new releasees rank their own priorities may or may not overlap with the priorities discussed in this booklet. The job of a service provider is to help releasees meet their own goals by staying healthy and staying out of prison. Making sure these priorities get addressed soon after release can establish a stable foundation for releasees to plan and attain their own objectives. All of these priorities will be easier to address if your agency is able to work with the correctional system in your area so that you can establish relationships with HIV-positive prisoners *before* they are released.

Critical Needs – Day 1

- Placement in emergency transitional housing
- Start collecting paperwork, if time permits

Urgent Needs – 72 Hours

- Begin paperwork pursuant to public benefits, medical appointments
- Psycho-social assessment to determine needs
- Make medical/mental health appointment(s)
- Enrollment in substance abuse treatment program if appropriate

Important Needs – 2 Weeks

- Placement in longer-term housing if necessary
- Medical and mental health visits should have occurred
- Public benefits enrollment process should be progressing
- Enrollment in post-release services as determined by psycho-social assessment

HOUSING

It is essential that a former prisoner has a stable platform from which to begin building the rest of his or her life. Some prison systems provide for halfway houses in which former prisoners can make a gradual return to society. If any housing restrictions were imposed as a condition of parole, these may significantly restrict a former prisoner's options for housing. For example, there may be a requirement that the former prisoner take part in a residential substance abuse program. Read your client's parole contract (see Parole section, page 7) to determine any governing conditions. In some cases you may be able to work with parole authorities to interpret or adapt some housing restrictions.

A referral to a homeless shelter may have been made by the releasing authorities. As a social service provider, you should know the quality of available shelters in your area — some may be appropriate for recent releasees (who may have compromised immune systems), and some may not.

If the former prisoner states that she or he is staying with a friend or relative, determine what that situation is really like. Can she or he stay there for more than one or two days, or more than one or two weeks? Are the people living there active drug users? Do they know of the former prisoner's HIV status? Is there potential for domestic violence or sexual abuse? All these factors may affect the stability and suitability of a housing option.

Section 8 Housing, a federally funded voucher program administered through local housing agencies, is intended to help very low-income families, the elderly and people with disabilities afford housing in the private market. The Section 8 recipient is responsible for finding a suitable housing unit (that meets minimum government health and safety standards) where the landlord agrees to rent under the program. The subsidy is then paid to the landlord directly by the local housing agency, and the Section 8 recipient pays the landlord the difference between the subsidy and the total rent.



As part of the welfare reforms of the Clinton administration, former felony offenders are prohibited from living in some federally subsidized public housing. Although some jurisdictions have opted out of this restriction, it can make Section 8 housing difficult to obtain, and former prisoners living with family members may put the family at risk of eviction. It is important to know if such restrictions affect housing options for formerly incarcerated individuals in your area.

The federal government established the Housing Opportunities for People with AIDS (HOPWA) program to address the specific housing needs of people living with HIV/AIDS and their families. HOPWA funds are not subject to Section 8 restrictions. HOPWA makes grants to local communities, states and nonprofit organizations for projects that benefit low-income individuals with HIV/AIDS and their families. HOPWA grantees are encouraged to develop community-wide strategies and form partnerships with area nonprofit organizations.

MEDICAL AND MENTAL HEALTH CARE

A releasee should have medical documentation to facilitate after-care — usually in the form of a medical summary, after-care letter or service referral with a description of the former prisoner's health needs. Such documentation is the responsibility of the releasing authority, but it is not always provided, and it is sometimes incomplete or inaccurate. It can be advantageous to know how to generate appropriate paperwork if a former prisoner has been released without it. Some medical providers experienced in working with former prisoners can produce substantial documentation — enough to obtain needed services or payment for med-

ical care — on short notice. Good relations with local prisons and jails can help immensely in this task.

In some jurisdictions, ADAP (AIDS Drug Assistance Program) cards are routinely provided to HIV positive prisoners upon their release or are made available by transitional planning staff. The process of applying for Medicaid benefits may also have begun before a prisoner's release (see Benefits section for more information on ADAP and Medicaid, page 9).

In some areas, a referral can be made to appropriate medical providers without an ADAP or Medicaid card. In other areas, a means of payment must be in hand before the visit. Some providers will submit applications themselves and defer getting paid for their services until funds are available; some providers can apply for payment to a state's charity pool or emergency Medicaid fund. In some areas, however the only option for non-emergency care is to wait until the means of payment is in place.

You should also consider the non-medical treatment of former prisoners in health care settings. Some medical and mental health care facilities have an excellent reputation for the manner in which care is delivered to former prisoners — where it is done in a non-judgmental, egalitarian and welcoming manner. Unfortunately, other providers have gained distinction for their poor social treatment of former prisoners — acting in a prejudicial way, fearing them for their past crimes or addictions and generally making them feel like second-class citizens. Former prisoners will pick up on this attitude quickly, and it is likely that the poor referral will reflect back on your agency and employees.

PAROLE

Parole is a period after release when a former prisoner continues to interact regularly with the criminal justice system and is, for legal purposes, still sentenced to state custody and serving the remainder of her or his sentence. Because parole officials have the right to approve or disapprove housing arrangements, programs or services for the parolee under their supervision, it is important that you establish a relationship with parole authorities in your area.

Typically, a parolee has to report on a weekly, biweekly or monthly schedule to a parole officer (who is a law enforcement officer). He or she will be expected to comply with a parole contract — also called Conditions of Release, “Green Sheet” or other local names. Failure on the part of a parolee to comply with any of the terms of supervision is a violation. Violations can result in increased restrictions, reinstatement of previously lifted restrictions or even in the parolee being reincarcerated to serve the remainder of his or her sentence (or any portion of it) in prison.

Common restrictions on a parolee’s activities include:

- **Curfews.** The parole officer has the right and ability to drop by the parolee’s residence at any time during curfew hours and the parolee is expected to be there.
- **Travel bans.** Such restrictions may prohibit travel out of the parole jurisdiction or other area set by parole.
- **Prohibitions on contact with other parolees.** This restriction generally will not apply to programs such as Alcoholics or Narcotics Anonymous (AA/NA). (See Substance Abuse section, page 12), medical or after-care programs, employment or career programs and the like. But parole authorities can strictly enforce such restrictions if they choose.
- **Employment requirements.** Parole may require that the parolee be employed or actively seeking employment and/or that he or she be enrolled in substance abuse treatment. HIV positive parolees may even be required to be in medical care.
- **Drug testing.** Parolees, even those who are not serving drug-related sentences, may be subject to random urine toxicology testing for illegal/illicit substances. Service providers must be aware of possible false positives from HIV medications — Sustiva, for example, can give a false positive for cannabis (marijuana).

BENEFITS

It is essential that case managers be familiar with available benefits and skilled in how to apply for and expedite the approval and granting of benefits. The process of accessing public benefits usually begins with gathering the necessary paperwork. Essential documents will typically include birth certificate, Social Security card, “Green Card” (Resident Alien ID) if appropriate, a medical summary and Parole Contract.

ADAP (AIDS Drug Assistance Program)

Every state, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands participates in this federally funded program. At a minimum, every state’s ADAP program includes some HIV anti-retroviral treatments. At their option, individual states have expanded their programs to include all FDA approved HIV anti-retrovirals, opportunistic infection treatments and/or prophylaxis, primary care and even dental care. Each state also sets its own limitations, which can include caps on enrollment, maximum income levels, waiting lists, limited access to certain medications or removal of medications altogether. You should become familiar with your state’s ADAP rules.

SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance)

Both SSI and SSDI are administered by the federal Social Security Administration. While medical eligibility is the same for both programs, there are important differences in nonmedical eligibility based on work history, income and assets. A guide to SSI/SSDI for people with HIV/AIDS is available online at www.ssa.gov/pubs/10020.html. (Also see Additional Resources section at the end of this booklet).

Medicaid

Medicaid is jointly funded by the federal government and the states, and, like ADAP, different states offer different levels of benefits. Unlike ADAP, however, Medicaid is not only for people with HIV.



Qualification for Medicaid is based on financial need, disability or high medical expenses. Medicaid programs in all states must cover all FDA-approved medications, including anti-retrovirals and treatments and prophylaxis for opportunistic infections. Some states add additional benefits including case management, prevention services and hospice care.

Medicare

Although Medicare is generally thought of as the federal health insurance program for people aged 65 years or older, it also applies to certain younger disabled people. Unlike Medicaid, Medicare benefits are the same in every state. Medicare Part A is hospital insurance; Medicare Part B is broader medical insurance. Anyone receiving SSDI benefits qualifies for Medicare two years after the date they became entitled to SSDI benefits.

Food Stamps

Another federally funded program, food stamp benefits are uniform across most of the country and are based on income levels. Administered by the U.S. Department of Agriculture, food stamps aim to provide nutritious food to all citizens meeting income eligibility levels. Current gross income eligibility is 130% of the Federal Poverty Level (higher in Alaska, Hawaii and Virgin Islands).

Income Maintenance or Support

Through Departments of Social Services, most cities and counties provide some minimal cash benefits based on income level. In some areas, a former prisoner can apply for and obtain immediate cash benefits. Income maintenance and support can also include housing allowances, which in some areas are higher for individuals living with HIV or AIDS.

VA (Veterans Administration) Benefits

Anyone, including ex-prisoners, who served at least 180 days “active duty” in the U.S. military and who has an honorable or general discharge is eligible for care at VA hospitals and clinics. Cash benefits, training and counseling may also be available. Surviving spouses or children of wartime veterans may also qualify for some benefits. States operate Veterans Benefits Advocacy Agencies to provide free advice about eligibility and application processes (contact information should be available through state government directory listings). Eligibility rules for VA disability claims generally do not require that the disability was acquired during military service.

Veterans must present discharge papers (DD Form 214) in order to enroll for VA care. Copies are available by writing to the following address:

Army, Navy, Air Force, Marine or Coast Guard Liaison
Office
National Personnel Records Center
9700 Page Boulevard
St. Louis, MO 63132

The veteran must provide his or her date of birth, Social Security number, service number, dates of service, branch of service and discharge date.



SUBSTANCE ABUSE TREATMENT

A significant number of former prisoners living with HIV/AIDS have a history of habitual substance use. Relapse for a former prisoner carries with it the possibility of reincarceration, either for violation of the terms of parole or on new drug-related charges. Although some former prisoners will not require substance abuse treatment, most will need some sort of regular attention for addiction. One of the most common forms of treatment is a 12 Step program — including Alcoholics or Narcotics Anonymous (AA/NA). Regular participation in these groups can often be sufficient to keep an addict in recovery.

Other former prisoners will require more extensive treatment. Treatment options include group and individual counseling, short-term residential programs (also known as 28-day programs), long-term therapeutic communities (often 18 months) and a wide range of intermediate-term residential treatments. NA/AA groups are free-of-charge to all comers, while other options will usually require payment. Medicaid usually covers 28-day programs, as well as longer programs when relapse consistently occurs after shorter treatments.

BUILDING
YOUR CBO'S
CAPACITY
FOR WORKING
WITH FORMER
PRISONERS

There are some basic steps that every CBO can take to better serve former prisoners living with HIV/AIDS. Most of these changes do not require additional funding, adding programs or staff or even formal training. Rather, they are incremental shifts in the way a CBO interacts with its clients and other agencies. Instituting even a couple of these changes can make a CBO far more welcoming to former prisoners.

A CBO's capacity to work with former prisoners can be improved in three broad areas: Environment, Expertise and Relationships.

ENVIRONMENT

Former prisoners face a world that is often hostile to “ex-cons,” and being made to feel unwanted or feared can drive former prisoners away from seeking badly needed services.

While they might be reluctant to admit it, even trained staff in the helping professions can harbor stereotypes and preconceptions about former

GLOSSARY OF TERMS

Prison: Facility for the custody of sentenced felony offenders, usually those serving sentences longer than one year. Prisons are maintained by every state, U.S. Territory, the District of Columbia and the federal government.

Jail: Local detention facility for those awaiting trial, on trial, awaiting sentencing or for those serving sentences less than one year — usually misdemeanors. Every county, many larger cities, the District of Columbia, U.S. Territories, Native American tribes and the federal government all operate jails.

Prisoners v. Inmates: In this booklet, the term “prisoners” is used to describe anyone in the custody of a jail or prison.



prisoners. A CBO can work with staff to replace prejudice with facts:

- Many CBOs provide specialized training for staff on issues of multiculturalism and diversity — similar training can also be used to help staff learn to work effectively with former prisoners.
- Other agencies experienced in working with former prisoners will often be willing to share their experiences with other CBOs if approached.
- If no other CBO in your area has this type of experience, then other organizations working in the criminal justice field, such as parole offices, county sheriff's departments or other law enforcement-oriented groups can be approached.
- Before committing to any training, be sure to review the proposed curriculum or presentation to ensure that the training will both inform and encourage your staff in their work.

Former prisoners may be reluctant to seek services at a CBO if they do not feel that any staff or other clients can relate to them and their experiences. Including former prisoner status in the list of desirable attributes for future hiring's — much as you might look for racial, ethnic, gender and sexual orientation diversification of staff — can provide your CBO with broad staff competency and will give former prisoners a signal that they are welcomed. It is also possible that your CBO already has such staff, but they never were given any positive encouragement to “come out” of this particular closet.

The services provided by a CBO say a lot about its values. Placing staff with significant experience (either professional or life experience) in some key service areas can help shape a former prisoner-friendly environment. For example, many CBOs run a wide range of support groups catering to a variety of populations and needs. Former prisoners may have concerns that are not met by these groups and can be reluctant to talk about that part of their history out of shame, guilt or fear of discrimination. Some CBOs have added support groups specifically targeted to former prisoners, or have altered existing groups to ensure that former prisoners feel comfortable and receive attention to their needs. Such groups might be led by former prisoners or by facilitators experienced in dealing with the issues of former prisoners. Many CBOs find that their former prisoner support group focuses more on the struggle to obtain housing and benefits than other groups or that members spend significant time discussing how to deal with parole supervision. Recognizing the importance of such issues can empower former prisoners to maintain forward momentum.

Intake and assessment are often the first places of interaction between a potential client and a CBO, and they can say a lot about the CBO. The intake process itself should not present major obstacles for former prisoners. For example, if a former prisoner is in need of immediate housing assistance, will a lengthy intake process prohibit him or her from being housed that evening? Your CBO also might want to look at its assessment/intake instrument. If it does not



continued

CBO: Community Based Organization usually refers to a non-profit agency that serves a specific geographic or social community. For this booklet, CBO refers to any AIDS service organization, non-profit agency, health clinic, hospital or other organization providing assistance to people living with HIV/AIDS.

Releasing Authority: The Department of Correction, Sheriff's office, Bureau of Prisons, etc. under whose custody a former prisoner was held. The entity will vary state-to-state and county-to-county.

include (sensitively asked) questions concerning the criminal justice history of your clients, will your staff be able to provide services effectively? For example, knowing whether your client has parole restrictions or has not had an independent medical exam for a number of years can make a real difference in the quality of assistance you are able to provide.

If your CBO provides harm reduction services, especially related to substance use, understanding the special circumstances facing former prisoners is vitally important. Former prisoners are subject to arrest and prosecution at a far greater rate than individuals without a criminal record, and charges that some people might be able to avoid (or face lesser charges for) can result in stiffer penalties or new felony convictions for former prisoners. By recognizing the difference in how the criminal justice system views those with and without arrest records, a CBO can not only provide appropriate services but can help individuals stay out of prison.

EXPERTISE

Most CBOs utilize front-line staff — case managers, transitional planners, discharge planners and benefits specialists — to help clients obtain necessary services, acquire benefits and find housing. To work with former prisoners, your agency does not have to change its overall focus so that you specialize in former prisoners' issues, but you should take care to develop staff expertise in these three key areas: housing, benefits and parole.

Housing

It is critically important to have an active working knowledge of housing options available on short notice, especially overnight accommodations. CBO staff should know local shelter and temporary/transitional housing resources and should establish working relationships with housing providers covering the entire spectrum of local housing options.

Some CBOs have taken a proactive stance in helping to create housing to meet a need in their area. In New York City, such agencies

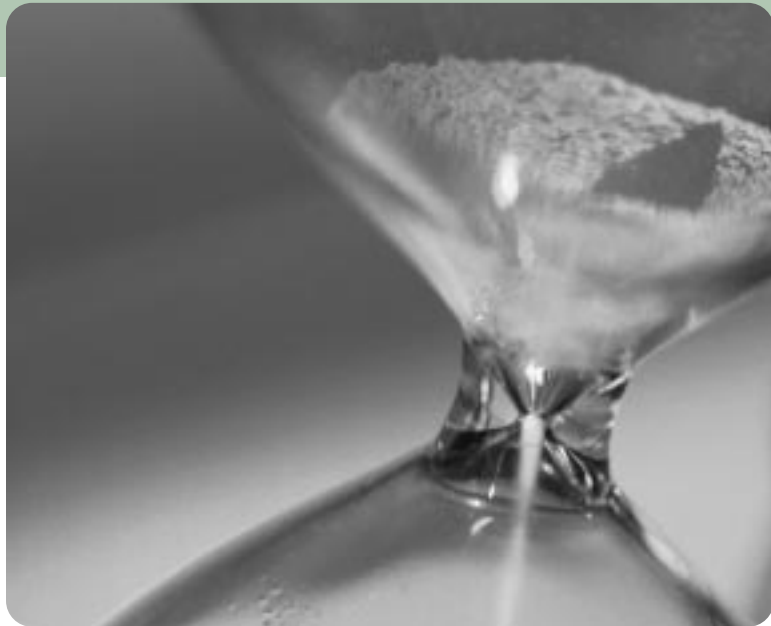
are among those who have had the greatest success providing housing to recently released prisoners:

Case Study

In New York City, the shelter system has long been considered inadequate and unsafe for people living with HIV/AIDS. The most acute need was for temporary transitional residences that could accept a returning prisoner directly out of prison without an intake process. Non-profit criminal justice organizations in the area — The Osborne Association, The Fortune Society, Centers for Community Alternatives, the Women's Prison Association and others — worked with highly motivated private citizens to create "Safe Houses." These transitional residences used a provision in the City's benefits program that provides an enhanced housing allowance to anyone with documented HIV infection. The enhanced allowance permits the owner to operate a sort of "group home" with shared bedrooms and bath. By collecting a portion of the residents' food stamp allowances, they also provide food. Donations from churches and civic groups provide some clothing and toiletry items, and food pantries provide additional food. An important feature is an on-site house manager to provide supervision and sup-



ADAP: The AIDS Drug Assistance Program provides HIV medications to otherwise uninsured or underinsured individuals. While every state, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands all have ADAP programs, they vary in terms of what medications are covered, eligibility criteria, and accessibility to those leaving prison. In most states the bar is set very low, enabling a majority of people living with HIV/AIDS to participate. Because of waiting periods for Medicaid, ADAP can be a lifeline program for anyone on an HIV drug regimen — helping to ensure continuity of care and prevent drug resistance. To get information about your local ADAP program, call the HRSA HIV/AIDS Bureau at (301) 443-6745 or check out the ADAP Monitoring Project's website at www.aidsin-nyc.org/adap/index.html.



port. The houses operate with rules such as a curfew, no drugs or alcohol permitted and no overnight guests. These rules are necessary to help provide the transition from the highly structured prison environment back to the streets. There are now about a half-dozen of these houses in New York City, ranging in size from three or four up to about 20 residents. If an HIV positive prisoner who is returning from a New York State prison has been fortunate enough to have worked with a transitional planner prior to release, she or he is almost assured a place in a Safe House.

Benefits

For recently released former prisoners, the ability of a CBO to swiftly obtain benefits for clients can be a determining factor in a successful transition back to society. Front-line staff should be able to recognize the benefits that are urgently needed and those that can wait for a week or more. Only by being thoroughly familiar with the benefits processes in your area can CBO staff make such determinations. Other ways that CBOs can accelerate the benefits process are discussed in the next section on Relationships.

Parole

Parole plays an important part in the lives of former prisoners — understanding the concerns of parole authorities, the role that parole plays and some of its regulations can enormously enhance your CBO's effectiveness in working with former prisoners. While parole varies state-by-state, some typical issues that a CBO should be aware of are:

- Reporting requirements. How often and when parolees need to report to parole officers
- Curfews
- Drug testing and its consequences
- Parole mandates such as employment, substance abuse treatment or involvement in programs

CBOs should be mindful that parole is considered a law enforcement agency and that parole officers have many of the same powers as other law enforcement officers, including the ability to arrest parolees. Along with the law enforcement aspect of their job, parole officers also often see their role as similar to a social worker or case manager and place a great deal of importance on their social interactions with parolees.

Your CBO can gain useful insight and knowledge of how parole works in your area by scheduling visits to a parole agency and/or inviting parole personnel to your site. The next section on Relationships highlights one CBO's experience with its local parole office.

RELATIONSHIPS

Useful working relationships can take many forms — from the one-on-one personal relationships that a case manager develops with a contact at the Department of Social Services to the collaboration of two executive directors when seeking a government grant. Good relationships can

be forged when staff from one CBO visit the facilities of another. When staff have seen a site for themselves, they are often much more willing to make referrals to that site. Face-to-face relationships with other agencies' staff can lead to confidence that the agencies will do what is best for referred clients and will report any difficulties. Periodic visits will keep staff updated on changes in services and in personnel.

Most non-medical CBOs already have some relationship with one or more hospitals or clinics serving people living with HIV/AIDS. This is often a mutual referral arrangement. To better serve recently released former prisoners, such a relationship can be improved by establishing more personal connections. For example, a case manager might call the clinic manager to notify her that he is sending a newly released former prisoner in order to assure that the client will receive the attention she needs to get medical documentation for benefits.

Other good relationships can be of a more formal nature:

Case Study

When one CBO started an HIV case management program targeted to former prisoners, it became clear early on that the buy-in of local parole officers was going to be a crucial component. The CBO needed to gain the trust of the parole officers and convince them that the program would actually make their job easier without taking away any of their powers. The CBO invited the parole unit to visit the case management program and observe their work with parolees. However, because the eventual turnover of officers resulted in numerous officers who were unfamiliar with the CBO's work, they decided to establish a regular presence in the parole office itself. The previously established relationship enabled the CBO to negotiate a situation in which they outposted case managers in the parole offices several days a week for 2-3 hours per day.

The result was that the CBO continuously reminded the officers of its presence and the services that its case managers could provide to HIV-positive parolees, the officers made direct on-the-spot referrals of newly released parolees. The CBO had a constant source of new intakes. The CBO found that its case managers, some of whom are former prisoners themselves, overcame their own distrust of parole officers. They were able to coach their clients on how to deal with their parole officers and were more likely to work constructively with the officers when former prisoners ran into problems.

While not every CBO can or will go this far to establish a good relationship, it is clear that by offering a valuable service, making yourself available to visits, interacting cooperatively and providing constructive feedback, your CBO can improve its overall treatment of clients.

ADDITIONAL RESOURCES

National Minority AIDS Council

website: www.nmac.org
phone: (202) 483-NMAC

Section 8 (Federally funded Housing Vouchers)

website: www.hud.gov/section8.cfm
HUD/Section 8 Administrative Offices phone: (202) 708-1112
Housing Authority Contact Information website:
www.hud.gov/offices/pih/systems/pic/haprofiles

HOPWA (Housing Opportunities for People with AIDS)

website: www.hud.gov/offices/epd/aidshousing/programs
HOPWA Administrative Offices phone: (202) 708-1934
State-by-State Information on HOPWA Programs website:
www.hud.gov/offices/epd/aidshousing/allocandapprop/execsummary

ADAP (AIDS Drug Assistance Program)

website: <http://hab.hrsa.gov/B/factsheets/ADAP1.htm>
ADAP Monitoring Project website: www.aidsinfonyc.org/adap
For State-by-State ADAP Information, phone the HRSA HIV/AIDS Bureau:
(301) 443-6745.

SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance)

website: www.ssa.gov/disability
phone toll-free 7AM-7PM Monday-Friday: 1-800-772-1213
Social Security Administration Benefit Eligibility Screening Tool website:
<http://best.ssa.gov>

Medicaid

website: www.hcfa.gov/medicaid/hiv
Regional Contacts for Medicaid and HIV/AIDS website:
www.hcfa.gov/medicaid/hiv/hivaids.htm

Medicare

website: www.medicare.gov
phone toll-free 24 hours a day, 7 days a week: 1-800-MEDICARE

Food Stamps Program

website: www.fns.usda.gov/fsp

Veterans Administration

website: www.va.gov
phone toll-free 1-800-827-1000 for locations of VA facilities and information
about VA benefits.

HIV/AIDS and Mental Health Resources

The Body's Mental Health Page website: www.thebody.com/mental.html
The American Psychiatric Association's HIV/AIDS Resource Center website:
www.psych.org/aids
The National Institute of Mental Health, Center for Mental Health Research on AIDS
website: www.nimh.nih.gov/oa

HIV/AIDS and Substance Abuse Resources

For referrals to treatment programs, call the National Institute of Drug Abuse at:
1-800-662-HELP
The Body's Substance Abuse website: www.thebody.com/whatis/druguse.html
AIDS.About.com's Substance Abuse website: <http://aids.about.com/cs/substanceabuse/>

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