

HEALTH

Video

Jeremy Travis, Senior Fellow
Urban Institute

Audio

“The public health professionals in this country are looking at the prison population and the reentry phenomena as presenting opportunities to engage people in developing discharge plans that improve their health status when they return. And return in ways that minimize the risk that they pose to others, particularly in the case of communicable diseases.

RHODE ISLAND PRISON RELEASE PROGRAM

Providence, RI

Pat Threats and Patient

V.O.#1

Pat Threats is the clinical coordinator for the Department of Corrections HIV program in Rhode Island.

Pat Threats
Clinical Coordinator

“I provide nursing care, I provide discharge planning upon release. I write referrals. We have two consulting physicians who come in to see the HIV individuals. When they’re not on the grounds, I will see these guys.”

B-roll

V.O.#2

Approximately 10 years ago, physicians from Brown University who specialize in HIV treatment started visiting the Rhode Island correctional facility and providing care to the HIV positive inmates. Ninety percent of all admissions voluntarily tested for HIV. The Department found that one-fourth of all the people in the state of Rhode Island who were HIV positive had been tested through the correctional system.

Ashbel T. Wall, II, Director
Rhode Island Department of Corrections

“What I’ve come to recognize is that public health is public safety. Somebody that has an infectious disease and that we release to the community without giving them support and the opportunity to continue to heal, is going to cause harm out there in the community as surely as if they had committed a crime.”

B-roll

V.O.#3

The Department realized that they needed to establish collaborations with medical and community resources that could provide the continuity of care to HIV-positive inmates whom they were releasing into the community. As a result, the Rhode Island Prison Release Program was born – a collaboration among the Department of Corrections, Rhode Island Department of Health, Miriam Hospital, Brown University, and a host of community-based service providers.

Scott Allen, Medical Program Director
Rhode Island Department of Corrections

“If you have someone establish a physician-patient relationship here, where there’s a level of trust, and then that physician says to them, ‘well, when you get out next week, would you come see me in the clinic,’ the follow up is very high.”

Dr. Flanigan & Paul in exam

V.O.#4

Paul, who had been in and out of prison due to his drug addiction and drug-related crimes, is being examined by Dr. Timothy Flanigan, one of a team of doctors that regularly treats HIV-positive inmates and continues their treatment upon release.

Paul Campbell
Project Bridge Client

“They were coming once every two weeks and checking to see how I was doing with my medication. I had to get my meds and things like that.”

Dr. Timothy Flanigan, Associate Director
Brown University AIDS Program

“For a lot of our individuals who are leaving the prison setting, HIV is not the top of their list. They want to know: are they going to see their kids, where they’re going to stay, are they going to be safe? So you have to address all those issues. You may not be able to solve them, but you have to be able to address them.”

B-roll Project Bridge

V.O.#5

Project Bridge, a community-based program, is another partner in the Rhode Island Prison Release Program. It is set up to improve the medical continuity of care for HIV- positive offenders and to assist them in other areas where they need it.

Leah Holmes
Director, Project Bridge

“We engage people while they are still incarcerated, within 30 to 90 days of their release date, and provide them with a discharge plan, and then with intensive case management and linkage to their medical care for a period of 18 months afterwards. Each person has a two-person team assigned to them. One is a professional-level MSW case manager and the other is a para-professional outreach worker. Their roles are complementary.”

Dr. Timothy Flanigan

“We took a look in the first year and we found that the recidivism rate was reduced by 50 percent. Many of our folks still ended up back in prison, but over 12 months, it was 17 percent compared to about 35 percent before we started the program. That’s for HIV-positive folks, so being able to make that link made a huge difference.”

Leah Holmes

“When we were doing a chart review of people who had successfully completed our program, to see whether or not they

remained in medical care afterwards, 80 percent of them were still getting their health care and 86 percent of the people completed their entire 18 months of the program.”

Dr. Flanigan & Paul

“Why don’t we see you back in maybe 6 to 8 weeks, depending on how things go. OK? And more often if something happens, give a holler. Judy will do that. Judy, how do you think Paul’s doing? I think he’s doing extremely well.”

B-roll

V.O.#6

Like Paul, some 70 percent of Rhode Island inmates are addicted to either narcotics or alcohol or both.

A.T.Wall

“Most of the money devoted to correctional systems is for custody. Our job is to run safe and orderly institutions and to keep people behind the walls. But somebody needs to pay more attention to our need for funding of programs, substance abuse in particular, both behind the walls and as people move out. If that underlying problem isn’t addressed, then those inmates are going to cycle back in after victimizing someone else.”

State Senator Liane M. Sorenson
Minority Whip (R, DE)

“It’s really important that people who come out are able to get drug treatment, that they get drug treatment in prison, and as they work their way out of prison, that they continue to get drug treatment. Because if they don’t, they’re definitely going to end up in trouble again and that’s a public safety issue.

Delegate Salima Siler Marriott
40th Legislative District
Baltimore, MD

“People are concerned about public safety. People in my community have organized in a number of different ways to prevent crime, but they’re also ready to receive, particularly as it relates to drug treatment. They know that the crime and the violence are driven by the problems of drugs. So we do not have a problem with our community embracing drug treatment programs and rehabilitation programs in our community.”

TUERK HOUSE, INC.
Baltimore, MD

Video

Peer Group Meeting

Audio

“The disease of addiction just took me from who I knew I always wanted to be to somebody whom I just flat out could not stand.”

Group Lecture

V.O.#1

The Tuerk House was established in Baltimore in 1970 as a residential alcohol and drug treatment program. Some of its clients are volunteers and some are mandated by the courts or parole and probation.

John Hickey, Director
Tuerk House, Inc.

“We actually have some people who have just been released from prison. A number of people will get an early release because they find a treatment bed and the courts release them. We have 15 beds reserved strictly for the Department of Parole and Probation.”

B-roll

V.O.#2

Clients are provided with a structured 28-day abstinence-based program. After 28 days, they receive long-term treatment, either through residency in a halfway house or through outpatient care. They are also invited to join the peer support group.

Mike
Peer Support Group

“A lot of days, I come here just to remind myself where I come from. Some days I come just to hang out. Some days I come to see my new friends. Some days I come because I still get help here.”

Gerald Carter
Peer Support Coordinator

“Well, I had quite a bit of experience with the penal system. I have a son who is 20 years old and I’ve been away from him for 15 years, 8 months of his life. “

B-roll

V.O.#3

Gerald is a former client of Tuerk House who spent most of his adult life in and out of prison due to his addiction and drug-related crimes. He continued to come to programs at Tuerk House, even after his time with the program was ended. He is currently a peer support coordinator.

Gerald Carter

“One day they came to me and said, ‘Do you want a job?’ I was like, oh my God! Me? A dope fiend, crack-head, recovering criminal like me? They gave me a job as a coordinator. I feel I have been blessed and this is my opportunity to help people.”

B-roll Charmaine and

Client V.O.#4
 Charmaine is in her second year as a team leader. She is also a former client. She says she was incarcerated numerous times during her active addiction and finally ended the cycle when she accepted help after her second visit to Tuerk House.

Charmaine Richardson
 Team Leader “Today I understand it was probably because I wasn’t ready. But I did come back to Tuerk House in 1996. For the grace of God, I have been clean and sober since then.”

Chart V.O.#5
 The Baltimore Substance Abuse Systems, Inc. conducted a study in 2002 called Steps to Success, which showed how addiction-related crimes decreased significantly as a result of effective treatment. Official arrest records saw a 38 percent decline in the number of treatment participants whose arrest led to imprisonment in the 12 months prior to treatment compared to 12 months after treatment. Tuerk House was one of the treatment centers that participated in the study.

John Hickey “If they don’t know anything about how to manage the illness, if they don’t know anything about what we call recovery, then in a matter of days, or weeks, not long, they’re going to be back into the old way of living. And they’ll come back into the courts, back into the prisons. You could be treating that person. Why not treat them? Why not get them ready? People can really change.”

Mike
 Peer Support client “Before Tuerk House, before Peer Support, I was just so afraid of life, of living. I was just terrified to try to do anything, to go anywhere. I was trapped inside my own mind. But through this process, I’ve come to believe that anything that I want to do and I am willing to do, through God’s grace and mercy, help and support and Peer Support and other positive people in my life, I can do it.”

State Representative Michael Lawlor
 Co-Chair, Joint Judiciary Committee (D,CT)
 “It seems that more and more every year, persons with mental illness, they’re homeless, they’re drug addicts, and they’re getting picked up all the time by the cops. There’s no place to put them that’s appropriate, so they end up in jails. And I don’t think the police want to bring them there, but they have no other options. The same thing happens to people coming out of prison. Quite a few of them have mental illness, have all kinds of physical and health problems, including being a drug addict or alcoholic. We need to make sure that those services are a big part of parole and probation departments.”

DANGEROUS MENTALLY ILL OFFENDER PROGRAM
Seattle, WA

Video

B-roll

Audio

V.O.#1

In 1999, the Washington State Legislature passed the Dangerous Mentally Ill Offender law to address public safety with regard to mentally ill people who were being released from prison. In order to identify, monitor, and maintain the continued treatment of high-risk mentally ill people upon release, the Department of Corrections works with the Department of Social and Health Services, the Division of Alcohol and Substance Abuse, the Division of Developmental Disabilities, Mental Health Regional Support Networks, and treatment providers. Seattle Mental Health has been serving the mentally ill since 1967 and is one of the community-based providers.

Thomas Saltrup
Program Manager, Dangerous Mentally Ill Offender Program
Washington State Department of Corrections

“There’s a statewide committee that assesses each individual offender, through a case file process, and identifies them as eligible for the program. Then we have risk management specialists, both in the institution and in the field, who work for the department of corrections. We basically all collaborate and start serving the offender while they are still in prison.”

V.O.#2

Contrary to popular belief, recent studies show that people with mental illness do not have a higher propensity to violence than people without mental illness. Indeed, the vast majority of people with mental illness are more likely to be victims of crime than they are likely to harm others. Nevertheless, people with mental illness are significantly over represented in prison and jail. Given the lack of adequate community services and supports, especially for people with substance abuse and mental health disorders, corrections administrators find it difficult to transition this population into the community safely and successfully.

Trish Blanchard
Executive Director, Seattle Mental Health

“Most of these individuals are released with no supports. They are released, perhaps, with monitoring through corrections. But this is different because they’re released into a support network. That’s not just a treatment network, that’s community resources as well.”

Gary Rink, Community Corrections Officer
Department of Corrections

“The mental health agency, for their part, has really helped us in terms of the supervision of our offenders. The day-to-day contact their case managers have with our offenders, has been tremendously helpful. “

Declan Wynne, Program Manager
Seattle Mental Health

“The first thing we do is get them medication. A nurse comes in and the person comes up everyday, and we observe them taking their medication. We also provide a doctor’s appointment as soon as they come out. Then they see a psychiatrist, so we look at ongoing medications and then we see what groups are appropriate for this person. We have found that over 80 percent of this clientele is dually-diagnosed: they have mental illness and chemical dependency issues.”

Lisabeth Gilbert, King Count Department of Community
and Human Services

“Prior to programs such as these, folks would be released from jail. If they met eligibility criteria, they would only be able to access a mainstream type of program, not a program that brings to the table the resources of all the agencies that are now working to try to build supports and build skills that help people cope in the community and not become recidivists.

B-roll

V.O.#3

The Department has found that individuals who are engaged in treatment services after they are released are more likely to comply with conditions of their release.

Jerry Vanzant
Seattle Mental Health Client

“I do three, sometimes four, AAs a week and a chemical dependency class once a week. I have a problem-solving group that I go to. I see Heather one-on-one at least once a week. I think it’s on Wednesday at 11:00. Every other week she does a home visit at my place, which she did just last Wednesday.”

William Jones, Seattle Mental Health
Client

“They provide housing for me and counseling. I have a case manager that I meet with once a week. And we discuss any issues relating to housing or any other financial issues. They also are able to monitor me, where I’m at mentally, and I find that very helpful.”

Declan Wynne

“They come out with \$40 in their pocket. They are given a bus to go downtown. They get lost. They have no medications. They have no mental health treatment. They live in the shelters and within about a month, they’re psychotic again and dangerous to the community again. I think this type of a program prevents a lot of that.

Thomas Saltrup

“When there are victim witness issues, we will involve the victim witness program and the victims themselves in the collaboration and the transitioning process if they wish to be. Actually, we have been able to have certain offenders move to other areas where there is less risk and they can still have the degree of transition services. We really work together and address all of the concerns and safety concerns as well.”

B-roll and Chart

V.O.#4

The Washington State Institute of Public Policy published an interim report on the implementation of the DMIO law. Preliminary results show that the program is making an improvement in providing pre- and post-release mental health services. After a year, 93 percent of DMIO participants were receiving post release services compared to 45 percent of non-DMIO participants.

Lisabeth Gilbert

“We could have people who are coming out of prisons and then just disappear to wherever they go without any services, without any treatment, without any support. Or we could have programs such as these that will try to provide them adequate housing, get them into the treatments they need, help them learn vocational skills, and provide supports to stay away from a life of crime.”

Bill Stetz, Victims Wrap Around
Washington State Department of Corrections

“I think that, if we are truly responsible, and I’m talking about a correctional agency, if we are truly responsible to our constituents, the victims in the community, we have to involve the victim in that reentry transition process. We talk about offender accountability. I think that without victim involvement, offender accountability is only telling half the story.”