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**TRANSITIONAL CASE MANAGEMENT
PROJECT**

**FOR INMATES WITH
HUMAN IMMUNODEFICIENCY VIRUS DISEASE:**

AN EVALUATION

NCJRS

SEP 27 1995

ACQUISITIONS

**STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS
JUNE 1995**

DEPARTMENT OF CORRECTIONS

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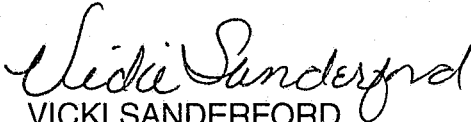
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To whom it may concern:

In July 1993, the California Department of Correction's (CDC) Parole and Community Services Division implemented a demonstration project, the Transitional Case Management Program, linking inmates with HIV disease to services in the community upon release to parole. On May 23, 1995, the Research Branch, Evaluation and Compliance Division, CDC released their evaluation of the program. In essence, the report states that the program met its goal of lowering the recidivism rate for this population by nearly 20 percent. The consequent savings in prison costs sums to \$337,649, which exceeds by \$157,649 the program costs of \$180,000 for the six month evaluation period. (See attached)

The results of the research are significant and will be of interest to other systems or agencies interested in implementing similar programs. We are submitting this report for possible submission in the NIJ catalogue. If you are interested in receiving further information on the program, please feel free to contact me at (916) 327-5414.


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U.S. Department of Justice
National Institute of Justice

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EXECUTIVE SUMMARY

The Transitional Case Management Project (TCMP), of the California Department of Corrections (CDC), was created to provide services to inmates and parolees in CDC who have been diagnosed as having Human Immunodeficiency Virus (HIV) disease. The services begin while the offender is still in prison and continue following release to parole. The purpose is to help these parolees obtain local HIV/AIDS services so that they do not need to return to prison to get the treatment required for their illness. The program, which was initiated in 1993 and evaluated during 1994, seems to have resulted in lowering the return to prison rate of inmates receiving the TCMP services by nearly 20 percentage points. The consequent savings in prison costs, including health care services, was found to exceed substantially the costs of the program. It was concluded that TCMP is effective in meeting its goals.

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AN EVALUATION**

INTRODUCTION

The California Department of Corrections (CDC) has been experiencing a growing number of inmates identified with Human Immunodeficiency Virus (HIV) disease. As of June 30, 1992, the Public Health Section (PHS) of the Health Care Services Division (HCSD) of CDC identified 784 inmates currently in prison having HIV disease. It was estimated at that time that approximately 110 HIV positive inmates were released to parole each month, and that most of these inmates required major medical and psychosocial support services.

In January 1995, PHS identified 1,057 inmates in prison with HIV disease. These inmates were housed at the California Medical Facility, California Institution for Men and California Men's Colony where separate housing is provided. Females living with HIV disease were housed at the Central California Women's Facility (CCWF) and California Institution for Women (CIW), also in separate housing.

In October 1992, the Research Branch of the CDC conducted a two-year follow-up study of 520 HIV positive inmates who had been released to parole between January 1989 and August of 1990. Seventy-one percent were returned to prison within one year; 76 percent were returned within the two year follow-up period. The return rate for all CDC felons released to parole during 1990 was 57 percent for one year and 67 percent for the two year period; which is less than for the HIV group (see report in Attachment A).

In response to the higher recidivism rate identified for this population, CDC's Parole and Community Services Division (P&CSD) developed and implemented the Transitional Case Management Project (TCMP) for HIV positive inmates being released from prison to parole. The purpose of the program is to assist

inmates with transition into the community and completing a successful parole. The overall project goals are to:

1. Link parolees having HIV disease with appropriate medical and support services offered within their community;
2. Reduce transmission of HIV, Hepatitis B, tuberculosis and other infectious diseases; and
3. Decrease the higher recidivism rate of HIV positive parolees.

The TCMP was first implemented in the latter part of 1993. P&CSD contracted with Volunteers of America in San Francisco and Alameda counties to create a Northern California transitional case management team, consisting of a registered nurse case manager, social worker, and benefits counselor. The team meets with identified inmates at each participating CDC prison facility, 90 days prior to parole. The team conducts a comprehensive, individualized medical/psychosocial assessment, and then develops a service plan to assist each participant with transition into the community, which includes referrals to community services, establishment of long-term medical case management, health education, and individual and/or group counseling

In July 1994, P&CSD contracted with Tarzana Treatment Center in Los Angeles and Orange counties to include a southern component to the project. Currently, inmates scheduled for parole to San Francisco, Alameda, Los Angeles, and Orange counties are eligible for the statewide program. TCMP project teams solicit and accept all volunteering inmates who are identified as HIV positive at any level of seriousness of the disease.

The underlying assumption of TCMP is the importance of early detection and immediate linkage with medical care and intervention programs in the community, both to assist the individual and to prevent further transmission. The concept was that linking them with local service providers upon release would prevent returns to prison made necessary by the absence of treatment in the community. The presumption was that the provision of case management services would significantly increase the likelihood of the parolees obtaining local services.

PRELIMINARY EVALUATION METHODOLOGY

A total of 339 inmates volunteered to participate in TCMP during calendar year 1994 and were selected to form the preliminary evaluation study group. Magnitude of service provided for these participants is described in the following section. Their success on parole, as measured by the return to custody rate, was tracked for a six month period. Program costs and projected bed savings, also is discussed.

PARTICIPANT CHARACTERISTICS

Medical Condition: The medical condition of each participant was assessed during the initial interview using categories devised by the Centers for Disease Control and Prevention. Individuals with documented HIV infection with one or more of the following conditions; asymptomatic HIV infection, acute HIV infection or persistent generalized lymphadenopathy are defined as "Category A." This is the least serious category. "Category B" is more serious and consists of individuals who have conditions considered by physicians to have a clinical course or to require management that is complicated by HIV infection. "Category C" individuals are seriously ill with one or more of the defining HIV illness. A detailed inventory is contained in attachment B.

Of the 339 participants, 41 percent (139) were classified as having "Category A" or HIV infection, which may still be asymptomatic. The remaining 59 percent were classified either as "Category B" (91, or 27 percent), or "Category C" (109, or 32 percent) with serious medical debilitating conditions.

The participants were asked during the initial assessment interview about the probable source of their HIV infection. Of the 139 participants who responded 59 percent (82) reported intravenous drug use as their source of HIV transmission. Sexual transmission was reported by 39 percent (51) of the participants. Two reported blood transfusion, one tattooing, and three reported they did not know.

Drug Use: Of the 135 participants responding during the initial interview to questions concerning personal drug behavior, 73 percent (98) revealed use of intravenous drugs. Eighty-nine percent (120) reported polysubstance abuse, ten percent (13) admitted to abusing alcohol, speed, or heroin, and one percent reported they did not use drugs.

Sexual Orientation: Of the 139 participants who responded to questions concerning their sexual orientation, 56 percent (77) reported they were heterosexual, 23 percent (32) were bisexual, 12 percent (17) were homosexual and nine percent (13) reported they were transgender.

Age: The average age of the participants was 36 years old, which is slightly older than the average age of 32 years for all CDC parolees. Eighty percent fell within the 27 through 46 age range.

Gender: As of July 1994, with the startup of the southern component of the program, female participants from CIW and CCWF were able to participate. Fifteen women had volunteered as of December 1994.

County of Release: Of the 339 participants, 152 were released to southern counties, specifically 134 to the Los Angeles area, and 18 to Orange. Another 187 had been released to northern counties, specifically 52 to Alameda and 135 to San Francisco.

Ethnicity: Fifty-five percent (186) of the 339 participants in this study are Black, another 31 percent (103) are White, and only 12 percent (40) are Hispanic. Two percent are Other. This ethnic breakdown is fairly consistent with the ethnicity reported for parolees in San Francisco and Alameda counties. As of May 1994, the Offender Information Services Branch of CDC reported the parole population for these counties as Black; 66 percent; White; 16 percent; and Hispanic, 11 percent. Los Angeles and Orange counties have larger percentages of White and Hispanic parolees, which would account for the larger percentage of White participants in the study than the Bay Area counties. Thus there do not seem to be large discrepancies in ethnicity between the participant group and the general parolee population in the designated counties.

Commitment Offense: The 339 program participants appear to be primarily a nonviolent group of offenders with 79 percent having been committed for a nonviolent property, drug, or other offense. More specifically, nine percent had a most serious commitment offense involving a serious violent felony, eight percent for robbery, three percent for a sex related felony, 42 percent for a nonviolent property related offense, 32 percent for a nonviolent drug related offense, and five percent for some other minor felony.

SERVICES PROVIDED

Referrals may be made to Tuberculosis (TB) programs, residential substance abuse programs, hospice care, home health or attendant care programs, transportation assistance, support groups, entitlement programs, emergency housing services, and employment opportunity assistance. The following table summarizes services that have been linked to participants up through December 1994. This table includes some participants who were in the program prior to 1994, which explains why some of the totals are higher than 339. In addition, parolees may be referred to more than one type of service.

Table I

Services Provided to HIV Positive Parolees
in the Transitional Case Management Project
As of December 1994

NUMBER OF PARTICIPANTS	SERVICES PROVIDED
415	Support Groups
279	Transportation Assistance
181	Emergency Housing
129	Entitlement Programs
81	TB Programs
51	Residential Substance Abuse Programs
19	Employment Assistance
11	Hospice
4	Home Health/Attendant Care
TOTAL 1,170	

The services most used by the Transitional Case Management participants are support groups, transportation assistance, emergency housing services, entitlement programs, and TB programs.

SIX MONTH RECIDIVISM FOLLOW-UP

Of the 339 participants in TCMP during calendar year 1994, 196 had been on parole for at least six months and were eligible at the time this report was written to be tracked for a six-month follow-up study. Of the 196 qualifying cases, 44 or 22.4 percent were returned to CDC custody within an average of 128 days for violation of parole during the six month period. The recidivism rate for all CDC parolees released from prison during 1994, for a six month follow-up period, was 30 percent with an average of 122 days until returned. This is a 7.6 percent lower return rate for the Transitional Case Management participants.

In a special study conducted by the Research Branch in December of 1990, 151 inmates who had been identified as HIV positive and had been released to parole prior to October of 1990 were tracked for a six-month period. Seventy-eight or 51.7 percent were returned to custody during the first six months. The recidivism rate for all parolees that had been released from prison during 1990, for a six-month follow-up period, was 40 percent. This is a 11.7 percent higher return rate for the HIV positive group.

It appears that Transitional Case Management participants are doing quite well on parole, when compared to the general CDC population. This group improved substantially better than the HIV positive parolees released without special case management during 1990 who did considerably worse than the general CDC population.

PROGRAM COSTS

Program costs for TCMP were approximately \$180,000 for the last half of 1994. The project had at least 260 new participants enter the program and receive services while on parole during the six-month period.

PROJECTED PROGRAM BED SAVINGS ANALYSIS

Table II shows the return to prison rates for the HIV/AIDS cases and all releases to parole.⁽¹⁾ The difference in return rates for 1994 was 7.6 percentage points, favoring those who received treatment. If we assume that many more of the HIV/AIDS cases would have been returned to prison had it not been for the program, then we may say that the program will prevent approximately 20 returns, among the 260 who entered during the last half of 1994. On the other hand, in the 1990 period, the return rate for those with HIV/AIDS was actually 11.7 percentage points higher than the overall rate. Taken together, we may infer that the return rate for the treated cases was 19.3 percentage points lower than it would have been ($-7.6\% + -11.7\% = -19.3\%$). Using this estimate, the program may be expected to reduce the number of returns by 50, among those who entered the program during the last half of 1994.

We may arrive at the same savings in a different way. The 196 HIV/AIDS cases who received case management services and were released to parole in the first half of 1994 had a recidivism rate of 22.4 percent compared to 51.7 percent for those who did not receive treatment and were released in 1990, for a difference of 29.3 percent. For all parolees, the rates were 30.0 percent in 1994 and

1. We compare the return rates for the HIV/AIDS cases with the rate for all releases during the same period, instead of all other releases, as the rate for all releases is the best overall measure of return rates. However, were the HIV/AIDS cases to be subtracted from the total release cohort, the overall rate would not be appreciably effected as the number of HIV/AIDS cases is extremely small in comparison to the total number of releases. We did not test the differences in return rates for statistical significance as they are population values as opposed to sample values. Put differently, the observed differences are the real differences in the populations. We did not control for other differences in the HIV/AIDS samples as the samples do not appear to be especially different from all parolees, except in terms of their HIV/AIDS status and exposure to treatment for those released in 1994.

then 40.0 percent in 1990, a difference of 10.0 percent. The latter may be thought of as a measure of change in parolee behavior and parole policy between the two periods. Subtracting that difference from the difference between the treated and untreated cases yields an estimated net effect of 19.3 percent in favor of the treated group.

Table II
Return To Prison Rates
For The Transitional Case Management Project
And All Releases to Parole

1990 Study Groups	1994 Study Groups	
HIV/AIDS Group 151 Released Without Treatment 51.7%	HIV/AIDS Group 196 Released With Case Management Treatment 22.4 %	Difference = 29.3%
All CDC Release Group 18,587 Released Not HIV/AIDS 40.0%	All CDC Release Group 16,575 Released Not HIV/AIDS 30.0%	Difference = 10.0%
Difference = 11.7%	Difference = -7.6%	Overall Difference = 19.3%

Overall, the average number of days from release on parole until the first return to prison for the 1994 release cohort was 122 days. Using this as the expected number of days on parole before return, the 50 persons of the 260 new participants during the last half of 1994 who probably were prevented from returning to prison, served 58 more days on parole than they would have been expected to serve. Put differently, they each spent 58 days less in a California prison during the six month follow-up period. Using the proportions found among those who entered the program (refer to paragraph 2, page 3), 20 (41 percent) would be in Category A. They would have required minimal medical care and be assigned a standard prison bed. Thirteen (27 percent) would be in Category B and would require more than standard medical care and be assigned to a "medical care ward." Sixteen would be seriously ill, requiring intensive care.

Using the standard "overcrowding" rate of \$33 per standard bed day for Category A cases, as determined by the Legislative Estimates Unit in the Offender Information Branch of CDC and presented in their Major Assumptions to be Used in Estimating Legislation (report for 1994), the program may have saved approximately \$38,280 for these parolees. A cost of \$178 per day for the remaining 29 Category B and C cases requiring medical care was used as an estimate of the cost per medical ward bed and may have saved an additional \$299,396. The \$178, which is probably a conservative estimate for medical ward beds, was derived from the \$65,000 per year figure quoted for intensive supervision beds during that year. The total savings sums to \$337,649 for these beds saved, which greatly exceeds the program costs of \$180,000 for the six month period.

SUMMARY AND CONCLUSIONS

The TCMP provides services to inmates and parolees in CDC who have been diagnosed as having HIV disease. The services begin while the offender is still in prison and continue following release to parole. The purpose is to help the parolees obtain local HIV/AIDS services so that they do not need to return to prison to get the treatment required for their HIV/AIDS disease. The program seems to have resulted in lowering the return to prison rate by nearly 20 percent. The consequent savings in prison costs, including health care services, substantially exceed the costs of the program. We conclude that TCMP is effective in meeting its goals.

ATTACHMENT A

Evaluation and Compliance Division
Research Branch
October 5, 1992

PAROLE FOLLOW-UP OF HIV POSITIVE INMATES

The California Institution for Men (CIM) identified 520 inmates from the Del Norte SPU with positive HIV test results who had been released to parole at least two years prior to August 31, 1992 and no earlier than 1989. A two-year parole follow-up study was conducted to determine how many of these cases were returned to custody at least once, how many times they were again returned to custody, and if they died.

Of the 520 HIV positive inmates, 368 or 70.8 percent were returned to custody at least once within one year following release to parole. Within two years after release to parole, 396 or 76.2 percent had been returned to custody at least once. The average number of returns was two times for those returned within the two-year period. Forty subjects died during the study.

Two year parole follow-up return rates for all CDC felons released to parole during the 2nd quarter of 1990 were 56.7 percent returned within one year and 67.6 percent returned within the two year period.

The 8.6 percent difference between the two year recidivism rates of HIV positive parolees and general population parolees indicates that the HIV infected parolees return to custody slightly more often than the general population parolees.

Most serious violations for which the HIV positive parolees were returned to custody are as follows:

VIOLATION CHARGES FOR HIV POSITIVE PAROLEES REVOKED DURING TWO-YEAR STUDY

VIOLATION CATEGORY	NUMBER REVOKED	PERCENT REVOKED
VIOLENCE	5	0.4%
ROBBERY	36	2.8%
SEX	21	1.6%
ASSAULT/DEADLY WEAPON	66	5.1%
DRUG	372	28.6%
THEFT	275	21.2%
PAROLE VIOLATION	270	20.7%
OTHER	257	19.6%

ATTACHMENT A

Page 2
HIV Study

The most serious revocation charge for all HIV positive returns to custody during the two-year period are displayed in the table above. As can be seen, the majority of revocations are for minor offenses. More than half (69.5%) of the offenses are for drug, theft, or minor other offenses. And another 20.7% are for violations of conditions of parole. However, this distribution of revocation charges is similar to that of the general CDC population. The most serious violation charges for CDC releases to parole during the 2nd quarter of 1990 and revoked during the two year follow-up period are displayed in the following table.

VIOLATION CHARGES FOR INMATES RELEASED TO PAROLE DURING 2nd QUARTER 1990
REVOKED DURING TWO-YEAR STUDY

VIOLATION CATEGORY	NUMBER REVOKED	PERCENT REVOKED
VIOLENCE	205	0.4%
ROBBERY	1574	3.2%
SEX	718	1.5%
ASSAULT/DEADLY WEAPON	3178	6.5%
DRUG	14224	29.0%
THEFT	7629	15.5%
PAROLE VIOLATION	9896	20.2%
OTHER	11679	23.7%

ATTACHMENT B

Category A:

Consists of one or more of the conditions listed below in an inmate with documented Human Immunodeficiency Virus (HIV) infection. Conditions listed in Categories B and C must not have occurred.

- Asymptomatic HIV infection
- Persistent generalized lymphadenopathy
- Acute HIV infection

Category B:

Consists of symptomatic conditions in an HIV infected inmate that are not included among conditions listed in clinical Category C and that meet at least one of the following criteria: a) the conditions are attributed to HIV infection or are indicative of a defect in cell-mediated immunity or b) the conditions are considered by physicians to have a clinical course or to require management that is complicated by HIV infection.

Examples of conditions in clinical Category B include, but are not limited to:

- Bacillary angiomatosis
- Candidiasis, oropharyngeal (thrush)
- Candidiasis vulvovaginal; persistent, frequent or poorly responsive to therapy
- Cervical dysplasia (moderate or severe) /cervical carcinoma in situ
- Constitutional symptoms, such as fever (38.5 C) or diarrhea lasting more than one month
- Hairy leukoplakia, oral
- Herpes zoster (shingles), involving at least two distinct episodes or more than one dermatome
- Idiopathic thrombocytopenia purpura
- Listeriosis
- Pelvic inflammatory disease, particularly if complicated by tubo-ovarian abscess
- Peripheral neuropathy

For clinical classification purposes, Category B conditions take precedence over those in Category A. For example, someone previously treated for oral or persistent vaginal candidiasis (and who has not developed a Category C disease) but who is now asymptomatic should be classified in clinical Category B.

Category C:

Persons listed in the AIDS surveillance case definitions as given below.

- Candidiasis of bronchi, trachea or lungs
- Candidiasis, esophageal
- Cervical cancer, invasive
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary

- Cryptosporidiosis, chronic intestinal (> 1 month's duration)
- Cytomegalovirus disease (other than liver, spleen or nodes)
- Cytomegalovirus retinitis (with loss of vision)
- Encephalopathy, HIV related
- Herpes simplex: chronic ulcer(s) (> 1 month duration); or bronchitis, pneumonitis, or esophagitis
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis
- Kaposi's sarcoma
- Lymphoma, Burkitt's (or equivalent term)
- Lymphoma, immunoblastic (or equivalent term)
- Lymphoma, Primary of brain
- *Mycobacterium avium* complex or *M. kansasii*, disseminated or extrapulmonary
- *Mycobacterium*, disseminated or extrapulmonary.
- *Mycobacterium tuberculosis*, any site (pulmonary or extrapulmonary)
- *Pneumocystis carinii* pneumonia
- Pneumonia, recurrent
- Progressive Multifocal Leukoencephalopathy
- *Salmonella* septicemia, recurrent
- Toxoplasmosis of brain
- Wasting syndrome due to HIV

For clinical classification purposes, once a Category C condition has occurred, the person will always remain in Category C.