

Community Connections



AN EVALUATION OF AN INNOVATIVE REENTRY INTERVENTION WITH HIV POSITIVE FORMER GEORGIA STATE PRISONERS

**Donna Smith, Sarita Davis, Tina Taylor, Kelvin Parker,
Richard Rothenberg**

School of Public Health, Georgia State University

Community Connections:



- **Pilot reentry intervention**
- **Linkage to care for HIV+ former Georgia state prisoners returning to metro-Atlanta**
- **Outgrowth of evaluation of Pre-Release Planning Program**

Pre-Release Planning Programs



Programs such as PRPP were created because of evidence that a significant number of recently-released HIV+ inmates were:*

Not adhering
to their
ARVs

Engaging in
risky
behaviors

More likely
to return to
prison

Bridging the Gap:

Community Connections:

Goal: Help HIV positive re-entrants stay healthy and free through consistent follow-up by project staff and volunteer Peer Guides





Community Connections

Process



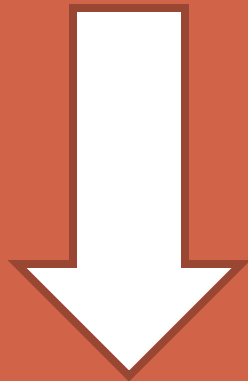
PRPP provided Community Connections (CC) with the following information for each interested HIV+ reentrant they serviced:

- **release date**
- **contact information**
- **In some cases, assessment information**



Community Connections

Process



CC Field Coordinator met with potential participants as soon as possible after release. Early contact is critical:

- Without it, reentrants can easily 'fall off the map'
- Most are marginally housed upon release
- Begin the process of establishing rapport and building trust



Community Connections

Process



CC Participants' made a 1-year commitment to:


- Maintain at least weekly phone contact with Peer Guide
- Two in-person meetings with Peer Guide per month, one of which includes CC staff for a monthly check-in
- Make reasonable progress toward self-defined goals
- Stay in medical care

Participant Demographics



- Of 22 enrolled, 20 were AA male, 1 AA female and 1 white male
- 15 identified as heterosexual, 5 identified as gay and two as MSM
- Average length of time since testing positive for HIV was 13 years
- Most had serious chronic, co-occurring conditions

Goals of CC Qualitative Evaluation



- **Gain an in-depth understanding of each Participants' overall experience**
- **Find out what about CC works and what needs improvement from the perspective of Participants, Peer Guides and Staff**

Evaluation Methods



- **Conducted in-depth qualitative interviews with 16 CC participants, 3 CC staff, and 2 focus groups with Peer Guides**
- **Reviewed and analyzed monthly meeting notes, Peer Guide logs and PRPP database assessments**
- **Coded and analyzed all data via an iterative process utilizing NVivo 8**

CC Project Outcomes



- **Of the 22 enrolled in CC, 12 completed their year-long commitment**
- **8 of 12 working fulltime by year's end**
- **All 12 who completed program found stable housing by year's end**
- **16 of 22 in medical care at year's end**

CC Project Outcomes



Of the ten CC participants who did NOT fully complete the program:

- **All have substance abuse issues**
- **1 is now in a long-term SA treatment program**
- **3 are homeless but maintain contact w CC staff**
- **3 are in jail or prison**
- **3 are lost to follow up**



Results:

Housing, Jobs & Stigma

- **All CC participants interviewed asserted that finding stable housing and income was their greatest challenge**
- **The stigma attached to having felony convictions coupled with that of being HIV positive exacerbated the search for housing and jobs**



Results:

MARTA Cards and Cell Phones as Effective Incentives

“It was the first time that I ever had a cell phone that I could say was mine... People can call me & let me know when I got an appointment. And I had a MARTA card to be able to go to my appointments and don’t worry about having to scrap up no money or stuff like that.”

**African American Male, Age
42**

Results: Importance of Peer Guide Commitment & Cultural Competence



Results: Significance of Building Trust



“My relationship with [my Peer Guide] was like talking to a big brother. Sometimes I would call him and I would try to have mercy on him because I knew he worked himself (laughter). I have a lot to talk to him about, right, but he always had time for me... He would answer that phone. If not, I would get his answering machine and within ten or fifteen minutes, he was calling me [back].”

African American male, 47

Results: Importance of Accountability



“I’ve been embarrassed [at] times when...my plans wasn’t really going through like I wanted to and I had to explain my situation... I was looking at every month that I had to report to y’all, how far I’ve moved my life ahead... KP was a drill sergeant, okay? (laughing) I’m just kidding! [But] he explained to me life-on-life’s terms. He said, ‘if you want it, it’s there for you. You just have to get it. And the way you get it is to apply yourself.’”

African American male, 50



Going Forward:

Primary Needs and Challenges

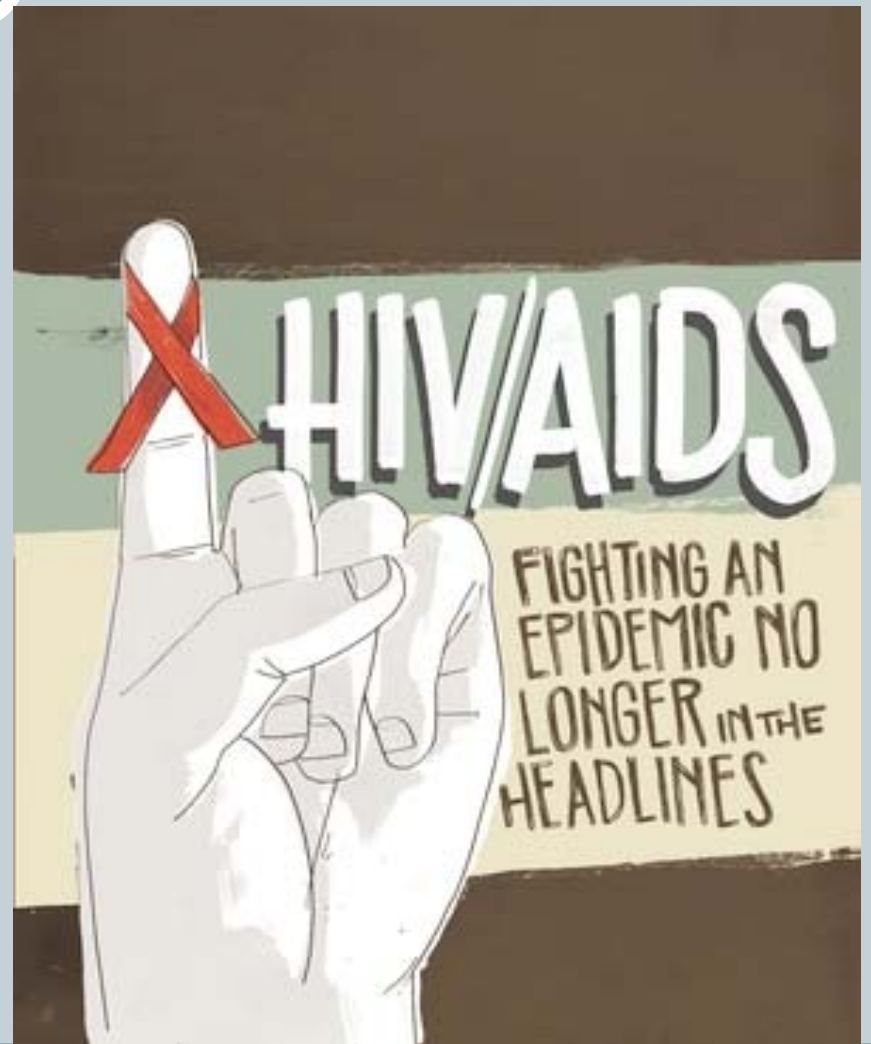
**Comprehensive mental health
assessments of all reentrants**

**Concrete linkages to structured
transitional housing for
participants**

**More training for Peer Guides
and Participants**

Acknowledgements

- ***Chayne Rensi, PRPP
Coordinator, Georgia
Department of
Corrections***
- ***Marla Stewart,
Sociology, GSU***
- ***Joshua Renfroe,
Institute of Public
Health, GSU***



References



JOURNAL ARTICLE:

*** JACQUES BAILLARGEON, THOMAS P. GIORDANO, JOSIAH D. RICH, ET AL. JAMA. ACCESSING ANTIRETROVIRAL THERAPY FOLLOWING RELEASE FROM PRISON. 2009;301(8):848-857**