CASE STUDY:
PROJECT BRIDGE
Providence, Rhode Island

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Background

Project Bridge is an outreach and intensive case management program for HIV-positive ex-offenders operated by The Miriam Hospital in Providence, Rhode Island. Rhode Island has mandatory HIV testing for all sentenced prisoners, and for many years physicians from the Miriam Hospital's Immunology Center have provided HIV medical care in the prisons. In addition to its prison program, The Miriam Hospital's Immunology Center is the state's primary HIV medical care provider and serves approximately 800 clients with HIV annually.

Project Bridge is a research and demonstration program that provides intensive case management and medical and social support to individuals after their release from prison. The goal of the program is to ensure continuity of care and the availability of support services in order to improve medical outcomes for HIV positive ex-offenders returning to the community. Project Bridge case managers ensure that clients are followed by the same physicians that cared for them while they were incarcerated. Project Bridge provides eighteen months of services post-release, and has served approximately 100 HIV positive individuals over the past four years.

The Project Bridge client population is 75% male and 25% female. Fifty-two percent of their clients are Black, 35% are White and 13% are Hispanic. All of Project Bridge clients have a substance abuse history, and 74% of the clients have used injection drugs. Clients have long histories of incarceration, with an average of almost four previous prison terms. About 63% of the clients have no insurance at intake, and the remainder has veteran's benefits, Medicaid or Medicare. After prison release, the Project Bridge staff works with clients to obtain a range of benefits, including health insurance.

Project Bridge's services are funded by a grant from HRSA's Special Projects of National Significance. Medicaid or Medicare covers the costs of medical care at The Miriam Hospital for those individuals who are eligible for this coverage. Those who are not eligible for Medicaid or Medicare receive free care from The Miriam Hospital. Ryan White Title III funds also pay for services for the uninsured at The Miriam Hospital. The state of Rhode Island's Division of Substance Abuse has a number of reduced payment slots for methadone maintenance and other substance abuse treatment services for those without insurance.

Service Delivery Model

Project Bridge's service model consists of two intensive case management teams, each of which includes a licensed social worker and a paraprofessional case management assistant. The social workers coordinate the clinical aspects of care while the paraprofessionals coordinate support services and conduct community outreach to keep people engaged in care. Several infectious disease physicians, a psychiatrist, a clinical social worker, nurses and a psychologist from the Miriam Hospital work closely with the program clients and the Project Bridge intensive case management team to coordinate services.

Physicians who provide HIV medical services in prison refer their patients to Project Bridge as the individuals prepare for prison release. The physician or correctional facilities nurse gives the client brief a brief introduction to the program and asks if he or she is interested in participating.

If the client expresses an interest, his/her name and basic information is passed on to Project Bridge case managers and the enrollment process begins. One to three months prior to release, a case manager makes an initial visit to the client in prison. Because of the stigma and potential danger resulting from being identified as having HIV and the lack of privacy in prison, case managers are particularly cautious about how they introduce themselves to clients.

Intake

Once the case manager has made an introduction, clients are given additional information about Project Bridge. Because Project Bridge is a SPNS-funded research and demonstration program, prospective clients are told that in exchange for receiving care coordination services for 18 months, they will be asked to participate in the research and evaluation components of Project Bridge. If clients agree to participate they sign an informed consent and release of information forms for other providers with whom they are involved. They also provide the case manager with the names, addresses and telephone numbers of at least two individuals who will always know how to locate them once they are released from prison.

At this point a thorough psychosocial history is taken, which includes information about the client's prospective living situation, medical condition, risk behaviors, history of substance use (ranging from tobacco use to injecting drugs) and mental health history. It is important to note that Project Bridge case managers are particularly careful when asking about substance use. If clients reveal that they have used any substances while in prison, this could result in an increase in their present sentence.

The intake process can take between two and five visits due to the constraints of the prison system and the amount of data that is collected. During the intake process the discharge needs of the clients are considered, such as methadone treatment, a bed in a residential facility, and ADAP to ensure continuity of HIV-related medications. Case managers also ensure that a post-discharge medical appointment is scheduled at the Immunology Center.

Once the intake is completed the case manager sets up an appointment for the client following release. The Project Bridge team contacts clients within 24 hours after release from prison, as staff has found that individuals' first interests after discharge are to get high and have sex. Clients are seen at least weekly for the first three months, and then as needed thereafter. Over 90% of clients are seen at least monthly through out their engagement in the program.

At Project Bridge, the goal is to integrate clients into the community in 18 months. Before discharge from the program, Project Bridge staff contacts other HIV case management providers in the community to arrange for client transfer. Project Bridge has a specific reason for choosing an 18 month period of service: it takes at least six months for a client to make an initial adjustment to life outside the institution and at least one full year to establish sobriety. The additional six months in the program ensure that clients are stable enough to be functional in the community.

Service Integration

Although Project Bridge does not provide medical services or substance abuse treatment directly, case managers accompany clients to all medical appointments. The case management assistants accompany clients to all non-medical appointments, such as appointments to apply for housing or social security benefits. This accompaniment ensures that clients make and keep their appointments, and are able to keep in touch with a member of the team about the implications of these visits and discuss the next steps.

Information is gathered on the history of substances used, age of first use, drug of choice, frequency and amount of use and method of administration. Clients are asked about past attempts at recovery, utilization of substance abuse treatment and participation in 12-Step programs. They are asked about their knowledge of and utilization of the syringe exchange program and are encouraged to explain their understanding of condom use. However, they are not asked about substance use during incarceration. Drug use while in prison is a crime, and drug use upon release is both a crime and often a violation of parole conditions, putting clients at risk of reincarceration.

The case management team assists clients who express readiness to arrange for substance abuse treatment. In addition, both the case managers and the medical staff have formal training and practical experience in recognizing signs of substance abuse. Medical providers have a congenial relationship with clients and are non-judgmental, which facilitates discussions about substance use between providers and clients.

To ensure integration between medical and non-medical care, case managers attend a weekly meeting with medical staff that focuses on patient care. The project director also meets with the physicians. There is a weekly Project Bridge administrative meeting where all caseloads are discussed and case assignments made. Each case manager and case management assistant receives weekly individual supervision from the project director.

In addition to team meetings and meetings with the medical staff, there are quarterly case conferences for each client. At the quarterly case conferences the key people from all agencies who provide services for each client exchange information regarding the client's treatment, progress and goals. Clients are also involved in these conferences as active participants and provide their input.

Relapse Prevention/ Harm Reduction

Abstinence is not a pre-requisite to participate in the program and clients are never discharged from the program if they relapse. Project Bridge's harm reduction approach is similar to the Prochaska model of Transtheoretical Stages of Change. Clients are not forced into abstinence, rather they are accepted at their level of readiness to change. Relapse is viewed as a predictable part of recovery, and the goal of Project Bridge is to get clients back on track as soon as possible after relapse and help them focus on their successes. For example, if a relapse lasts two weeks instead of three months, the Project Bridge team focuses on the success of a shorter period of relapse. As part of the relapse prevention process, clients are encouraged to identify places and

individuals that might place them at risk for relapse. Daily 12-Step meetings are held in the building next door to Project Bridge. The outreach workers offer to accompany clients to several 12-Step meetings until the client can find a meeting in which they are comfortable.

As an innovative approach to harm reduction and to maintenance in care, the Immunology Clinic is conducting a study that allows clients to obtain a prescription for syringes. This project started as a way to promote harm reduction and bring substance users into medical care. The only requirement to receive the syringe prescription is that clients receive medical care at the Immunology Center. They receive HIV testing, referrals and medical care, in addition to the syringe prescription. All services are free of charge.

Project Bridge, following the ecobehavioral practice model, is a strong proponent of the 12-Step model of recovery. One of the major strengths of the 12-Step model is its emphasis on social interaction. Through the peer support of the 12-Step model clients can identify with other people who face similar challenges of staying clean. It provides clients with an enriched social network that is focused on sobriety instead of substance use. A change in contingencies promotes learning new behaviors to improve outcomes.

Treatment and Adherence

The Immunology Center physicians assume that all HIV positive individuals should be on combination therapy, unless medically contraindicated. Substance abuse or mental illness is not a barrier to receipt of this treatment, although it is considered a barrier to adherence. Therefore, keeping addiction under control is one way to keep clients engaged in medical care. Project Bridge has found a close correlation between relapse and incarceration.

Issues such as living in extreme poverty with a fatal illness, sickness, fatigue, and fear about the future are other pressures that may cause people to become non-adherent. Substance abusing ex-offenders deal with additional stressors such as the criminal justice system, unhealthy relationships, social discrimination, the risk of overdose, suicide, and physical pain. When clients show up for their appointments, it is a sign of successful adherence to the program. Project Bridge assesses adherence by tracking clients' attendance at appointments and medical adherence by tracking laboratory results.

Outreach and Retention in Care

All of Project Bridge's clients are referred through the prison system as described above; thus there is no outreach done to attract clients from the community. However, once clients enroll in Project Bridge, outreach becomes an essential part of their treatment. The Project Bridge case management assistants are individuals who come from the neighborhoods served by the program and/or are individuals in recovery. They are well known in the community. Therefore, a case management assistant who is looking for a client in local hangouts is a familiar person, and is inconspicuous to other community members. Their familiarity with the community is a great help in locating those clients who have dropped out of care.

Cultural Competence

Although the program serves a racially and ethnically diverse population, the staff has found that the greatest barriers to culturally competent care are found in the prejudice and discrimination that clients experience due to their histories of incarceration rather than race, gender or sexual orientation. For example, many housing and employment opportunities are closed to individuals with felony convictions.

Project Bridge staff found that becoming culturally competent in the prison culture was a challenge. Although the corrections system was engaged in developing the program model, Project Bridge learned that it was different to work within the prisons once the program was implemented. Correctional Officers have the right to deny access to prisoners. There are specific times of day when offenders are not able to see visitors. There is little privacy in terms of meeting space. Client release dates are often changed and clients may be released with little or no notice. Therefore, a great deal of flexibility is required working within the system. When the Project Bridge staff are asked about cultural competence, they talk about the challenges of becoming culturally competent in the ways of the corrections system.

In addition, prisoners serving extended or repeat sentences become acculturated to the prison and see it as their home. It is a challenge to assist clients as they learn to make decisions and live without the 24-hour structure of the prison setting.

Client Input

Consumers participate in quarterly case conference meetings to review and modify their plan of care with all involved providers. In addition, Project Bridge conducts annual focus groups. These groups give clients a forum to express satisfaction, dissatisfaction and suggestions for improvement. The focus groups have proven to be particularly informative. At one point Project Bridge staff administered client satisfaction questionnaires, but the results were not useful because the return rate was very low and everyone who responded said that they were satisfied with the program.

Summary

Project Bridge has been successful in retaining a very challenging population in care and addressing their needs for both HIV medical care and substance abuse treatment, without providing any of these services directly. Through a professional/paraprofessional intensive case management team they have been successful at coordinating client’s care from prison release to community reintegration.

Project Bridge has been particularly successful in maintaining clients in care. The use of case management assistants from the community and having the names of individuals who know how to locate clients are key to this success. The acceptance of relapse is also an important contributor to medical adherence and retention in care. The Project Bridge team is clear about the goals of the program. Although abstinence and sobriety are welcome, they are not mandatory—the most important goal is to engage and keep clients in medical care. Because Project Bridge

clients participate in a follow-up interview six months after program discharge, the program is able to measure its success at retaining clients in care. It is a strong measure of success that Project Bridge has had only two clients who became lost to follow up during their enrollment.

Another major strength of Project Bridge is the continuity of medical care. Upon release from prison Project Bridge clients receive medical care from the same medical providers who saw them in prison. In addition, social workers attend weekly medical rounds with physicians to discuss client cases and promote service integration and continuity of care.

Another strength of the project is that they have learned to work with the corrections system in Rhode Island. The Project Bridge program has been a model for other community re-integration programs for HIV positive ex-offenders. The final strength of the Project Bridge model is their ability to transition clients to independence. The Project Bridge model is time-limited, providing support and trust for clients, but also moving them toward independence.

For further information, you may contact:

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