

Overview and Inventory of HHS Efforts to Assist Incarcerated and Reentering Individuals and their Families



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and Reentering Individuals and their Families**

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Introduction

Purpose

The purpose of this document is to help Department of Health and Human Services (HHS) agencies know the full range of programs and services in the Department that currently address the needs of incarcerated individuals and their families and to understand what research and evaluation efforts are underway to identify evidence-based practices. Although HHS programs are not specifically targeted to incarcerated and reentering individuals and their families, many HHS programs do serve these individuals and families as part of the broader population served. Additionally, there are HHS research, demonstration, and evaluation efforts focused on this population because incarceration is an important risk factor for adult and child well-being, as well as the well-being of families and communities. The inventory that follows will facilitate stronger intra-agency collaborations to address the many needs of these individuals and families and to improve their well being. It will also serve as an information source for other Departments and our public and private sector partners. Increasing the safety, security and well-being of individuals, families and communities requires the resources of many partners. These partnerships will be stronger when all the partners know what resources are available and what activities are already in place.

HHS Interest and Role

Over 7.3 million people are on probation, in jail, in prison, or on parole in the United States (PEW Center on the States, 2009). Incarceration and reentry adversely impact a number of areas in which the Department of Health and Human Services is heavily invested, such as family formation, parent-child relationships, economic self-sufficiency, and overall health. Incarceration not only affects incarcerated individuals, but also their families and the communities where they lived and to which they will return. The mission of HHS is to protect the health of all Americans and to provide essential human services, especially for those least able to help themselves. The overall mission of HHS gives the Department a substantial stake in ensuring that the health and human services needs of prisoners are met, inside prison and when they return to the community.

Organization and Contents

The next section provides an overview of the relevant research on the key human services and health needs of incarcerated and reentering individuals and their families along with illustrative examples from the inventory of current HHS activities addressing these issues.

The inventory portion of this document contains information on HHS activities that serve incarcerated and reentering individuals and their families. The activities include programs, demonstration projects, research, and evaluations that were funded and/or operational in FY 2009 and/or FY2010. Inventory entries begin on page 1 and are in alphabetical order by agency and sub-division.

Overview of the Relevant Research

Human Services Needs

Research reveals that many prisoners return home in need of help to reintegrate into their community and into their families. They lack the proper means to reconnect with family members, acquire housing and jobs, and overcome substance abuse and other health problems. Even worse, ex-offenders are increasingly returning to neighborhoods that are plagued with concentrated social and economic disadvantage. Landing in such communities post-release exacerbates the challenges of reentry and increases the odds of recidivating.

Families are an important source of housing, emotional support, financial resources, and overall stability for returning prisoners, and as such, they play a critical role in the successful reentry of individuals from prison to the community. HHS has a role in ameliorating the effects of incarceration on family formation and functioning, thereby increasing the support that an ex-offender has when he/she returns to the community. The Department's special focus on vulnerable children and families also extends its responsibility to families and communities experiencing distress because of disproportionately high rates of incarceration in poor and minority communities. Family instability, along with poverty, drive the need for many HHS program services, and incarceration is likely to play a direct role for some programs.

Child Outcomes

Of special concern to HHS are the nearly 7.5 million children, more than 10 percent of children under age 18, who have a parent who is currently incarcerated or on probation or parole (Mumloa, 2006). These children are disproportionately minority and poor (Glaze and Muruschak, 2008). Bruce Western and Christopher Wildeman (2009) estimate that among children born since 1990, four percent of whites and 25 percent of blacks will witness their father being sent to prison by their fourteenth birthday. In 2008, with funding from the National Institutes of Health, Joseph Murray and David Farrington published the results of a Campbell Collaborative Systematic Review of evidenced-based research entitled the Effects of Parental Imprisonment on Child Antisocial Behavior and Mental Health. Reviewing the most rigorously conducted research on the effects of parental incarceration, they found that children of prisoners have about three times the risk of antisocial behavior compared to their peers. Additionally, Steven Raphael (2010) notes that the lifetime likelihood of serving prison time for a black male child born in 2001 stands at 32 percent; whereas, for Hispanic males, the lifetime risk is 17.2 percent, and for white males that risk is six percent.

Over half of parents in prison (40 percent of mothers and 58 percent of fathers) indicated that they were not living with any of their children prior to incarceration, making it highly likely that many parents in prison have child support issues that need to be resolved (Glaze and Maruschak 2008). The Office of Child Support Enforcement (OCSE) has made resolving child support issues for incarcerated noncustodial parents a priority for its discretionary grant funding. Since FY 2000, OCSE funded over a dozen projects that involve collaborations among child support agencies, Departments of Corrections and community-based organizations. The grants provide

child support services to individuals participating in the Prisoner Reentry Initiative (PRI), which is administered by the Departments of Justice and Labor (DOJ and DOL).

Family Formation

Incarceration severely affects intimate relationships, including those with partners and children, by creating barriers to intimacy, family involvement, and economic contributions. Western (2004) documents that incarceration affects family formation. Using data from the Fragile Families and Child Well-being Study, he found that formerly incarcerated men are just as likely to have children as other men of the same age; however, they are less likely to marry and those who do are more likely to separate and divorce. In exploratory work, Eirik Evenhouse and Siobhan Reilly (2010) found a positive correlation over time and across Metropolitan Statistical Areas (MSA), between the probability that a mother has had children by more than one man and the lagged arrest rate in her MSA. The correlation is stronger among racial and educational subgroups that experience higher rates of multiple-father fertility. Both poverty and incarceration are factors likely contributing to this finding.

The Office of Family Assistance (OFA), through its Healthy Marriage and Responsible Fatherhood discretionary grant program, has funded 27 projects that provide parenting and family strengthening services to incarcerated and formerly incarcerated fathers and their partners. Some of these grants provide support to increase economic stability, including financial literacy. Twelve of the grant projects are part of a rigorous implementation and impact evaluation managed by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) to determine the effect of family strengthening services on family functioning, recidivism and employment outcomes. The implementation evaluation will be released in the late early fall of 2011. Briefs highlighting interim findings will be published periodically leading up to the release of the final impact study report in 2014.

Social and Economic Disadvantage

Empirical evidence shows that most individuals released from prison will return there for new crimes or technical violations within three years of being released (Langan and Levin, 2002). What results, then, is a cycle of removal and return in communities with already large concentrations of social and economic disadvantage. Generally, this phenomenon occurs in poor, predominately minority communities with low levels of educational attainment. The churning population of offenders into and out of the community severely affects the families left behind and the public health of the community at large. Such communities characteristically are areas plagued with high unemployment, staggering crime rates, high rates of substance abuse and mental illness; and a prevalence of fragile families.

In a one state study of families on Temporary Assistance for Need Families (TANF), Kirby, Fraker, Pavetti and Kovac (2003) found that more than one in every three TANF clients (36 percent) had been arrested during the previous six years, and nearly one in every five TANF clients (18 percent) has been convicted of a felony or misdemeanor. Arrest and conviction are considered potential liabilities to increasing family economic stability through employment. The Center for Employment Opportunities (CEO) in New York City supports an employment program for former prisoners that aims to reduce recidivism through steady employment. It is part of the Enhanced Services for the Hard-to-Employ Demonstration and Evaluation project,

sponsored by the Office of Planning, Research and Evaluation (OPRE) and ASPE with additional funding from the U.S. Department of Labor. Interim results from MDRC's rigorous impact evaluation of CEO show reduced recidivism in both the first and the second year of follow-up among former prisoners considered to be at highest risk of recidivism (Zweig, Yahner, and Redcross, 2010).

Health Care Needs

No ongoing data collection system exists to provide information on the health status of prisoners leaving prison or jail. Data are available, although not always systematically, on the health of individuals while they are incarcerated, and one can assume that these health conditions are similarly found in the population of prisoners that are released to the community. However, differences in the health status and access to care may exist between individuals leaving prison and those who cycle in and out of jail. This brief review provides information on both of these populations.

Substance Abuse and Mental Health

Substantial evidence shows that the use and abuse of illegal drugs and the abuse of legal drugs – including alcohol, tobacco/nicotine, and prescription drugs – are prevalent health issues in incarcerated populations (Hammett, Roberts, and Kennedy, 2001). This use and abuse has implications for infectious and chronic diseases. A Bureau of Justice Assistance (BJA) report indicates that in 2004, more than 80 percent of state prisoners report ever having used drugs, 70 percent report using drugs regularly, over half report having used drugs in the month before the offense and one-third were using at the time of the offense (Mumola and Karberg, 2006).

Mental illnesses are the second most frequently reported disorders among men and women incarcerated in state prisons. A survey on prisoner mental health completed by the Bureau of Justice Statistics (BJS) found that over half of all prisoners (56 percent of state prison inmates, 45 percent of federal inmates, and 64 percent of those in local jails) reported either a clinically-diagnosed mental condition or treatment for a mental condition in the 12 months prior to the interview (James and Glaze, 2006). Studies have shown that the proportion of individuals with a serious mental illness within the correctional system is two to four times higher than that found in the general U.S. population (Hammett, Roberts, & Kennedy, 2001). Co-occurring disorders (mental health and substance use) are also high: About 74 percent of state prisoners and 76 percent of local jail inmates who had a mental health problem also met criteria for substance dependence or abuse.

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) funded a total of 42 grants in FY 2009 and FY 2010 for Offender Reentry Program (ORP) projects. The program is designed to address the needs of sentenced substance-abusing juveniles and adult offenders returning to their families and communities from adult or juvenile incarceration facilities including prisons, jails, or juvenile detention centers. ORP projects expand and enhance community-based substance abuse treatment and related recovery and reentry services for sentenced juvenile and adult offenders returning from incarceration. Limited funding may be used for activities within a correctional setting.

Infectious Diseases

Infectious diseases appear at higher rates among inmates than among the general public (Colsher et al., 1992; Fitzgerald et al. 1984; Garrity et al., 2003; Kahn et al, 2004; Lindquist and Lindquist, 1999; Wallace et al., 1991; Hammett et al., 2002). The estimated prevalence of HIV infection in the United States is over two times higher among incarcerated populations than in the general population (Wilper, et. al., 2009). The rate of confirmed AIDS cases is 2.5 times higher among prison inmates than in the general population (Maruschak and Beavers, 2009; McQuillan and Kruszon-Moran, 2005). Further, high proportions of all individuals with serious infectious diseases serve time in a correctional facility (e.g., 20 to 26 percent of individuals living with HIV, 29 to 43 percent of individuals infected with Hepatitis C, and 40 percent of those with Tuberculosis) (Hammett et al., 2002).

The Center for Disease Control and Prevention (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention recently awarded a grant for demonstration and program services to support the development and evaluation of a comprehensive, routine, opt-out jail-based rapid HIV testing initiative. The grantee, the Rollins School of Public Health at Emory University, is working with the Fulton County Jail in Atlanta, Georgia to explore strategies to conduct STD and Hepatitis screenings and provide Hepatitis B vaccinations to inmates who screen preliminary positive for HIV. The services will be provided during an initial health screening or medical intake evaluation.

Chronic Diseases

Few studies look at the prevalence of chronic illness among jail or prison inmates. Although, a National Commission on Correctional Health Care report (2001) states that the prevalence of chronic illnesses and communicable diseases is greater among people in jails and prisons. Hypertension, asthma, and diabetes are among the more common chronic diseases reported; however, their presence varies with the age of the incarcerated population (Wilper et. al, 2009). One study that examines survey data finds, that among federal, state, and jail inmates, nearly 40 percent of each population reports at least one chronic illness (Wilper et. al., 2009). Several older studies indicate that nearly ten percent of jail and prison inmates have physical impairments that limit the type or amount of work they can perform (Harlow, 1998).

Oral Health

Dental health needs are commonly reported by inmates but information on severity and care is limited. One study finds that over one-third of inmates reported problems with their gums and teeth and less than a quarter of men and two-fifths of women had seen a dentist in the last year. An Iowa study found that the state's incarcerated population had more than eight times the amount of untreated tooth decay, when compared with a sample of all U.S. adults (Boyer et al., 2002). Corrections-based dentists in Minnesota reported encountering a condition known as "meth mouth," which is associated with inmates' methamphetamine usage in the community. It is characterized by lost, broken and cracked teeth and gum disease. Methamphetamine is one of the factors that has increased Minnesota's correctional dental health care costs from \$1.19 million in 2000 to \$2.01 million in 2004 (Brunswick, 2005).

Women's Health

Incarcerated women represent about ten percent of the incarcerated population. While they exhibit many of the same disease patterns as men, there are some additional factors that are worth addressing. First, the rates of mental illness appear to be significantly higher for women than for men; in one study, 73 percent of female inmates had mental health problems compared to 55 percent of male inmates (James and Glaze, 2006). The majority of female offenders have histories of trauma and abuse; 57 percent of women in state prison reported that they were physically or sexually assaulted at some point in their lives (Greenfield and Snell, 1999). Their trauma histories are often catalysts to the cycle of incarceration as victims of trauma are more likely to abuse substances.

The female prison population grew by 832 percent in the last three decades (Women's Prison Association, 2009). As the number of women entering the corrections system continues to increase, attention to issues that affect female ex-offenders becomes increasingly important. The substantial growth of female incarceration highlights the need for gender-specific services that adequately address the unique social, emotional, psychological and physical challenges faced by incarcerated and reentering women.

The Division of Cancer Prevention and Control within the CDC's National Center for Chronic Disease Prevention and Health Promotion, funds the National Breast and Cervical Cancer Early Detection Program. Two state grantees are targeting incarcerated females with outreach activities and screening services.

Where reentry is concerned, the Office on Women's Health is conducting the Incarcerated Women's Transition Project with the purpose of providing a comprehensive set of recommendations to articulate a model for creating, expanding and/or enhancing services that promote successful transition of women and girls back into their respective communities. This will promote better health for the women, their families and their communities which should also help to prevent recidivism.

Implications

At any one time, over 7.3 million people are on probation, in jail, in prison, or on parole in the United States. Each year, more than 735,000 individuals return home from prison and nine million cycle through the nation's nearly 3,000 jails (Robinson, 2010). The Department supports the reentry of formerly incarcerated individuals into communities through a variety of activities that fall into the broad categories of health and human services needs. Successful reentry begins while an individual is incarcerated. Hence, a number of activities within HHS serve those who are in prison as well as their family members.

Ensuring that an ex-offender's basic needs are met upon reentering society reduces his/her probability of recidivating. The hope then is that by addressing the needs of ex-offenders and their families, the overall health, safety, and economic well-being of communities will improve. The following inventory illustrates HHS's recognition of the critical role of families in the successful reentry of individuals from prison to the community. The activities included in the inventory illustrate the many ways in which HHS strives to increase stability, health, and general well-being for incarcerated and reentering individuals and their families.

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INVENTORY

Administration for Children and Families

Administration on Children, Youth and Families (ACYF)/Family and Youth Services Bureau (FYSB)

Mentoring Children of Prisoners Program (MCP)

Type of Activity: Demonstration Projects

Funding Mechanism: Discretionary Grants

Total Available Funding: \$49.3 Million

Number of Awards: 149

Average Award Amount per Year: \$303,504

Length of Project Period: 3 years

Federal Partners: None

Summary: MCP grant recipients provide services, both directly and in collaboration with other local agencies, to strengthen and support children of incarcerated parents and their families. This includes connecting children with their imprisoned parent, when appropriate. Grantees also cultivate mentors from within the child's family and community through:

- **Recruiting:** Grantees are required to recruit a diverse group of mentors who are committed to spending at least an hour a week with their mentee for at least a year.
- **Screening:** Grant recipients are required to screen volunteers extensively through appropriate reference checks, criminal background checks, and child and domestic abuse record checks, to ensure that they pose no safety risk to the young people.
- **Training:** Mentors must attend an orientation and training in mentoring skills before being assigned to a young person. Caregivers and mentees also receive training in an effort to strengthen the mentor, mentee and caregiver relationships.
- **Monitoring and Evaluating:** Grantees are required to provide ongoing support and oversight of the mentoring relationship to ensure that young people are receiving appropriate support and are benefiting from the mentor match. Outcomes for each participating youth are measured by such factors as academic achievement and avoidance of risky behaviors.

Background: Approximately two million children and youth in the United States have at least one parent in a correctional facility. In addition to suffering from the relationship disruption,

these young people often struggle with the economic, social, and emotional burdens of the incarceration. Mentoring programs can help young people by reducing their first-time drug and alcohol use, improving their relationships and academic performance, and reducing the likelihood that they will initiate violence. Mentored young people also have opportunities to develop a trusting relationship with a supportive, caring adult in a stable environment that can promote healthy values and strong families.

FYSB began funding mentoring projects in 2003, under the provisions of the Promoting Safe and Stable Families Amendments of 2001 (Public Law 107–133). Congress reauthorized the Mentoring Children of Prisoners Program through the Child and Family Services Improvement Act of 2006 (Public Law 109-288).

Through the MCP Program, FYSB awards grants to community organizations that provide mentors to children and youth with incarcerated parents. Each mentoring program is designed to ensure that mentors provide young people with safe and trusting relationships; healthy messages about life and social behavior; appropriate guidance from a positive adult role model; and opportunities for increased participation in education, civic service, and community activities.

Examples of current grantees: FYSB currently funds 149 MCP grantees, which represent State and local governments, community, faith-based and tribal organizations such as: The City of Longview, TX; National Alliance of Faith and Justice; Big Brothers, Big Sisters of Sioux Land.

Location(s) of Projects: FYSB funded MCP grantees are located nationwide. They include communities like the ones mentioned above.

Evaluation Activities: FYSB is currently conducting an independent evaluation studying the characteristics of the programs funded by the MCP program and their outcomes.

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Administration on Developmental Disabilities

University Centers for Excellence in Developmental Disabilities (UCEDD) Projects and Products Related to People with Disabilities in the Criminal Justice System

Type of Activity: Services, Training, Information Dissemination and/or Research (varies by university center)

Funding Mechanism: Grant

Total Available Funding: \$39 Million for UCEEDs

Number of Awards: 67

Average Award Amount per year: \$582,000

Length of Project Period: 5 years

Federal Partners: US Department of Education (ED), National Institutes of Health (NIH), Health Resources and Services Administration (HRSA), Centers for Medicare and Medicaid Services (CMS), and Centers for Disease Control and Prevention (CDC)

Summary: The National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service (University Centers, UCEDDs) is a discretionary grant program. Funding is provided to support the operation and administration of a national network of UCEDDs. The grant is used to support the operation and administration of the center and additional funds are leveraged to implement the core activities of interdisciplinary training, community service (e.g., training, technical assistance, exemplary services), research, information dissemination. These centers support activities that address various issues from prevention to early intervention to supported employment. They represent a broad range of disabilities.

Currently, the Administration on Developmental Disabilities funds 67 grants to 68 UCEDDs in every state and territory. UCEDDs are designed to increase the independence, productivity, and community integration and inclusion of individuals with developmental disabilities.

Background:

Since 1963, University Centers for Excellence in Developmental Disabilities (UCEDDs) have worked towards a nation in which all Americans, including those with disabilities, participate fully in their communities. The national network of UCEDDs is authorized under Public Law 106-402 (The Developmental Disabilities Assistance and Bill of Rights Act of 2000). Currently, there is-at least one UCEDD in every US state and territory-that enabled the flow of disability-related information between community and university.

Centers work with people with disabilities, members of their families, state and local government agencies, and community providers in projects that provide training, technical assistance, service, research, and information sharing, with a focus on building the capacity of communities to sustain all their citizens.

Relevant Grantees:

Boling Center for Developmental Disabilities, University of Tennessee Health Science Center (Memphis, TN)

Project: Youthful Offenders Project (YOP)

Contact Information:

Melissa Hoffman

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Phone: 901-448-5944

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Toll Free: (888) 572-2249

Web Page: <http://www.utmem.edu/bcdd/>

Institute on Disabilities, Temple University (Philadelphia, PA)

Products:

Under Arrest-Understanding the Criminal Justice System in PA: DVD plus companion instructional guide

Individuals with Mental Retardation and the Criminal Justice System: Complete Set of 5 Training Guides

Contact Information:

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C. Kent McGuire, PhD

Executive Director (Acting)

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Institute on Disability, University of New Hampshire (Durham, NH)

Project: RENEW Prevention

Description: RENEW Prevention provides services to select populations ages 12 through 20, located in Coos County. The program concentrates on at risk youth, dually diagnosed youth, pregnant, unwed females, and youth involved in the criminal justice system. RENEW Prevention aims to help youth avoid substance abuse and other risky behaviors, stay in high school, find jobs and develop strong secondary transition plans. It uses a comprehensive, positive approach that considers the influence of community, work, family, peers, and school environment for adolescents and young adults. RENEW Prevention reaches 50 to 60 young people and their families and encourages them to enroll in the program to receive services both in group and individual settings.

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**Institute on Disability and Human Development, University of Illinois at Chicago
(Chicago, IL)**

Products:

Obligations by Courts in Criminal Proceedings under ADA & Section 503

Obligations of Courts (state & local) to Provide Effective Communication

Contact Information:

Great DBTAC

Email: gldbtc@uic.edu

Phone: (800) 494-4232

**Oregon Institute on Disability & Development, Oregon Health & Science University,
Child Development and Rehabilitation Center (Portland, OR)**

Product: Close, D. W., & Walker, H. M. (2010). Navigating the criminal justice system for youth and adults with developmental disabilities: Role of the forensic special educator. *The Journal of Behavior Analysis of Offender and Victim Treatment and Prevention*, 2(2), 74-103.

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Schiefelbusch Institute for Life Span Studies, University of Kansas (Lawrence, KS)

Project: Self-Determination in Transition to Adulthood for Youth with Disabilities: The Impact of Interventions on Self-Determination and Adult Outcomes

Description: Despite the wide visibility of the importance of self-determination to achieve positive life outcomes for youth with disabilities, there is little research to document both the capacity of interventions designed to promote such outcomes to actually do so and of the impact of such interventions (and enhanced self-determination) on outcomes for youth. Researchers at The Kansas University Center on Developmental Disabilities and the Beach Center on Disability, both at the University of Kansas, and the Center on Self-Determination at the Oregon Health Sciences University (OHSU) are conducting three semi-longitudinal, national research studies examining the impact of interventions to promote the self-determination of students with (study 1) high incidence (learning disabilities, mild intellectual disabilities, emotional/behavioral disorders, etc.), (study 2) low incidence disabilities (moderate to severe intellectual disabilities, multiple disabilities, severe autism), and (study 3) students who are at-risk for poor adult outcomes (students with disabilities from foster systems, students who have had interactions with the juvenile justice system, etc.) on student self-determination and on the impact of self-determination on adult outcomes and quality of life.

The third study involves a randomized control study of 100 youth receiving special education who are in the foster care system and are between the ages of 16 and 21. This group of students is disproportionately represented in special education (40-50%) and is at high risk for homelessness, unemployment and involvement with the juvenile justice and adult criminal systems. The intervention evaluated is intensive, based on the Center on Self-Determination's TAKE CHARGE for the future program and is implemented through non-school settings, such as the students foster care setting, Independent Living programs and one-stops. After three years of intensive treatment, the final two years will examine adult employment, post-secondary education, independent living, and community integration outcomes through a follow-along study component.

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**Vanderbilt Kennedy Center for Excellence in Developmental Disabilities,
Vanderbilt University (Nashville, TN)**

Project: Vanderbilt Kennedy Center Partnership with Davidson County Mental Health Court

Description: The Vanderbilt Kennedy Center (VKC) partnered with Judge Dan Eisenstein of the Davidson County Mental Health Court to find solutions to the alarmingly high number of young adults in prison who have intellectual disabilities and co-occurring psychiatric and substance abuse issues. Each month, Elisabeth Dykens, Ph.D. and Judge Eisenstein bring together state commissioners in mental retardation, mental health, and substance abuse to discuss specific individuals and find solutions to their care. In doing so, they developed a pilot residential and treatment program, which now includes an innovative art therapy piece offered through the VKC recreation and arts program. Next steps are to publish a manuscript on the characteristics, prevalence and needs of these young people, as well as others with intellectual disabilities in our local court system. They are also developing plans to expand the residential and day treatment program that can move these vulnerable individuals out of prison and into treatment.

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Web Page 2: <http://www.familypathfinder.org>

Elisabeth M. Dykens, PhD

Executive Director

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Locations of Projects: See Above

Evaluation Activities: N/A

Future Prospects: The Statutory Authority for this funding opportunity is the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act of 2000) (42 U.S.C. 15001, et seq.). According to Section 152 of the DD Act of 2000, grants must be made to each UCEDD that existed in the preceding Fiscal Year that meets the requirements of subtitle D.

Contact:

Administration on Developmental Disabilities (ADD)

Office of the Commissioner

U.S. Department of Health and Human Services

370 L'Enfant Promenade, S.W.

Washington, D.C. 20447

Phone number: 202.690.6590

Website: <http://www.acf.hhs.gov/programs/add/index.html>

Office of Child Support Enforcement (OCSE)

Projects in Support of the Prisoner Reentry Initiative (PRI)

Type of Activity: Demonstration Projects

Funding Mechanism: Discretionary grants under section 1115 of the Social Security Act. Grant awards represent 29 percent of total costs; state grantees provide 5 percent; the remaining 66 percent is regular FFP.

Total Available Funding: \$2,753,748 is available in total project funds (the sum of the 29 percent grant award of \$798,587, state 5-percent contribution of \$137,687 and 66-percent FFP of \$1,817,473).

Number of Awards: 7

Award Amount over the 3-year Period: \$395,982 (Average)
\$148,920 - \$517,241 (Range)

Length of Project Period: 3 years; September 2009 – September 2012

Federal Partners: State grantees

Summary: OCSE awarded grants to child support enforcement agencies in states in which PRI projects were funded in 2007 or 2008 through the United States Department of Justice (DOJ) and United States Department of Labor (DOL). Child support agencies were invited to submit proposals that provided child support services in support of the PRI projects in their state.

Grantees have discretion to provide services meeting the pre- and/or post-release needs of their targeted clientele. Among services provided: educating participants on the value of both parents connecting emotionally with their child, the importance of financially supporting their child and successful communication methods; providing information about child support obligations and case management to address offenders' arrearage and monthly payments; establishing court-ordered paternity; conducting conflict resolution and co-parent education; removing barriers that reentering parents face with respect to the payment of current child support while improving their family connections through partnerships with public, private, and faith-based organizations; finding employment.

Background: Many parents in the child support caseload have a criminal background and, in FY 2007, 16 to 18 percent of child support arrears were held by incarcerated or recently released obligors. These reasons and others argued for a partnership among OCSE, DOJ and DOL that would help noncustodial parents address their child support case issues and reduce recidivism by helping recently released offenders find work and access to other critical services in their communities.

Current grantees:

Florida Department of Revenue, Child Support Enforcement; Iowa Department of Human Services, Child Support Recovery Unit; Kansas Department of Social and Rehabilitation Services; State of Massachusetts Department of Revenue, Child Support Enforcement Division; Minnesota Department of Human Services, Child Support Enforcement Division; Ohio Office of Child Support; Oklahoma Department of Human Services, Child Support Services; Tennessee Department of Human Service, Child Support Services

For a summary of each PRI application visit:

http://www.acf.hhs.gov/programs/cse/grants/abstracts/fy2009_1115_abstracts.html

Location(s) of Projects: Florida (Duval County); Iowa (Second Judicial District-22 counties); Kansas (Lansing Correctional Facility); Minnesota (Minneapolis and St. Paul); Ohio (Franklin County); Oklahoma (Tulsa); and Tennessee (Davidson County).

Evaluation Activities: Each grant conducts its own process and outcome evaluation. Final reports are expected by the end of January, 2013.

Future Prospects: Special one-time appropriation.

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Office of Family Assistance (OFA)

Responsible Fatherhood, Marriage and Family Strengthening Grants for Incarcerated Fathers and their Partners (FY 06-10)

Funding Mechanism: Grant

Total Available Funding: \$4 million

Number of Awards: 12

Average Award Amount per Year: \$400,000

Length of Project Period: 5 years, 2006-2011

Federal Partners: None

Summary: These grants, part of the larger ACF Responsible Fatherhood Initiative, funded programs with the primary purpose of promoting and strengthening marriage. In addition to marriage strengthening activities, grantees may also provide other authorized activity areas that improve parenting and promote economic stability. These grants focus only on fathers who are currently or very recently under criminal justice supervision. Additionally, marriage activities are the primary focus of these grants, although parenting and/or employment services can also be provided in order to strengthen the viability of the family unit. Grantee approaches involve stakeholders from the criminal justice system, as well as include diverse community sectors (e.g., government, schools, faith-based communities, healthcare and businesses). Grantees address and consider issues of couples separated by geography; the continuity of services between prison and the community; the integration of MFS services into existing reentry programs; linkages with other service approaches to families with an incarcerated parent, (e.g., mentoring children of prisoners); and the risk factors that must be considered in program planning, (e.g., domestic violence).

Background: The purpose of the Responsible Fatherhood Initiative, funded by the Deficit Reduction Act of 2006, is to promote responsible fatherhood by funding programs that support healthy marriage activities, promote responsible parenting, and foster economic stability. The Fatherhood programs enable fathers to improve their relationships and reconnect with their children. The programs help fathers overcome obstacles and barriers that often prohibit them from being the most effective and nurturing parents. While the primary goal of the initiative is to promote responsible fatherhood in all of its various forms, an essential point is to encourage responsible fatherhood within the context of marriage. Research shows that two-parent married families are the most effective environment for raising children.

Grantees: Child and Family Services of New Hampshire, Indiana Department of Corrections, Maryland Department of Human Resources, New Jersey Department of Corrections, Shelby County Division of Corrections (Memphis, TN), Centerforce (Bay Area, CA), Council on Crime

and Justice (Minneapolis-St. Paul, MN), Lutheran Social Services of South Dakota, Oakland Livingston Human Service Agency (MI), Osborne Association (New York), People of Principle (West Texas), Ridge Project (Northwest Ohio).

Evaluation Activities: Seven-year implementation and impact evaluation being performed by RTI International, under contract to the Office of the Assistant Secretary for Planning and Evaluation (ASPE). For more information on this evaluation, see the ASPE section of this compendium.

Future Prospects: None

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Office of Head Start

Fathers for Life

Type of Activity: Demonstration and program services

Funding Mechanism: Head Start Innovation and Improvement Project Grant

Total Available Funding: (none at this time)

Number of Awards: 1

Award Amount: \$999,917

Length of Project Period: 3 years (July 2008- June 2011)

Federal Partners: N/A

Summary: The Office of Head Start (OHS) funded the Family Support Division (FSD), within the Missouri Department of Social Services to support incarcerated fathers or fathers under supervision of the probation or parole system. The project, titled *Fathers for Life* was funded for three years (from 2005- 2008). Materials developed through the project will be available online free of charge for program use, beginning October 2010.

The program's five primary objectives are to:

- Support children currently enrolled in Head Start/Early Head Start who have incarcerated fathers, and increase referrals of eligible children with incarcerated fathers into Head Start/Early Head Start.
- Provide parenting support to incarcerated fathers and fathers under supervision of probation/parole whose children are enrolled in or eligible to enroll in Head Start/Early Head Start.
- Improve family well-being for families of children enrolled in or eligible for Head Start/Early Head Start, whose fathers are incarcerated/on probation or parole.
- Provide training and resources to Head Start/Early Head Start teachers, service coordinators (ex. Family Advocates, Family Service Workers, etc.), and other professionals working with children of incarcerated parents and their families.
- Develop a statewide plan to address the effects of incarceration and poverty on young children and their families.

Background: The purpose of the grant was to strengthen low-income families with children that have incarcerated fathers or fathers under supervision of the probation and parole system.

Grantee: Missouri Department of Social Services

Location of Projects: Community Action Partnership of Greater St. Joseph; East Missouri Action Agency and Grace Hill Settlement House; Children's Therapy Center Early Head Start, Sedalia; YMCA-Kansas City; Head Start, Independence School District; Head Start, Kansas City; Ozark Area Community Action Agency Head Start, Springfield; Douglass Community Services Head Start, Hannibal; Northeast Mo. Community Action Agency Head Start, Kirksville; and South Central Mo. Community Action Agency Head Start, Winona

Evaluation Activities: Evaluation conducted by the University of Missouri Institute for Human Development. The final report was submitted to the Missouri Department of Social Services Family Support Division. Available online: <http://www.fatherhood.org/Document.Doc?id=50>

Future Prospects: Materials developed through the project is available online free of charge for program use, <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/New%20Parental%20Involvement/Fatherhood/FathersLife.htm> ([link](#))

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Head Start/Early Head Start

Type of Activity: Head Start and Early Head Start Program Services

Funding Mechanism: Ongoing Head Start grant

Total Available Funding: Amounts allocated by grantees in their ongoing Head Start grant

Number of Awards: N/A

Award Amount: No special awards have been made – Grantees utilize their ongoing Head Start grant to serve this group of individuals.

Length of Project Period: Head Start grants are refunded annually

Federal Partners: Office of Head Start

Summary: Almost all Head Start/Early Head Start programs enroll children of incarcerated/formerly incarcerated families. For example, Region VI reports that 2,224 of the children enrolled in the 2008-09 school year had an incarcerated parent. Due to the

requirements regarding income eligibility, Region VI grantees typically serve at least 1 or 2 children of incarcerated individuals per school year. Some grantees report higher numbers, 3 to 4 children.

Background: See above

Examples of current grantees: See entries for Region VI Incarcerated Parents Outreach Programs and Puget Sound Educational Service District.

Location(s) of Projects: N/A

Evaluation Activities: Grantees evaluate services and referrals for all families, including those with incarcerated/formerly incarcerated parents, by implementing family partnership agreements and follow-up activities.

Future Prospects: Grantees should continue to serve this population as a part of their ongoing Head Start funding allocations. We are not aware of the availability of any special one-time appropriations from the Office of Head Start.

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Incarcerated Parents Outreach Programs --PEACE, Inc.

Type of Activity: Program services

Funding Mechanism: American Recovery and Reinvestment Act (ARRA) – Early Head Start Expansion

Total Available Funding: \$2 Million

Number of Awards: 2

Award Amount: FY2010 - \$1,017,411
FY2011 - \$1,079,820

*A portion of the award amount will be used to support the Incarcerated Parents Outreach Program

Length of Project Period: November, 2009 - September, 2011. (The program has operated for 11 years with non-federal funds. AARA expansion funding will support the project for a two year period)

Federal Partners: N/A

Summary: The “locally designed” Jamesville Correctional and Early Head Start Program serve a total of 16 inmates and their children who reside in the community with relatives or in foster care homes. Jamesville is a facility that incarcerates males and females, both of whom are enrolled in Early Head Start program. Incarcerated women who are pregnant are enrolled into the program to be educated about parenthood and appropriate self-care. Newborn children are allowed to stay with their mother at the facility for a maximum of one year. All Early Head Start children and their custodial parent or guardians receive transportation to socializations that are held at the facility twice a month.

The Family Advocates work individually with the incarcerated parent and complete weekly home visits with the families/ children in the community. During the socializations, child development, parent/ child interaction activities and educational activities are conducted. The grantee employs a Transitional Family Advocate to work with inmates as they are transitioning back into the community. The Transitional Family Advocate assists with locating housing, employment and of course works to ensure regular contact with the Early Head Start enrolled child. This person works with a caseload of 26 inmates.

Background: See Above

Current Grantee: PEACE, Inc.

Location of Projects: Syracuse, NY

Evaluation Activities: N/A

Future Prospects: As a result of AARA expansion funding the grantee expanded the number of slots, education sessions, and monthly socialization sessions to four per month.

Contact:

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Incarcerated Parents Outreach Programs – Chautauqua Opportunities

Type of Activity: Program services

Funding Mechanism: American Recovery and Reinvestment Act (ARRA) – Head Start Expansion

Total Available Funding: \$1.3 Million

Number of Awards: 2

Award Amount: FY2010 - \$714,000

FY2011 - \$641,920

*A portion of the award amount will be used to support the Incarcerated Parents Outreach Program

Length of Project Period: September, 2009 – September 2011 (The overall program has operated since January 2010. AARA expansion funding will support the project for a two year period.)

Federal Partners: N/A

Summary: Through the availability of Head Start ARRA expansion funds, Chautauqua Opportunities, Inc. Head Start implemented a model for an un-served and “High Risk” populations that included families that are homeless, involved with kinship or have a family member that is Incarcerated or involved with Probation. Through this initiative, formal partnerships have been formed with the local Chautauqua County Jail and Chautauqua County Probation Department. The program is fully enrolled and includes 54 center-based and 24 home-based slots.

Family services are coordinated through an inter-agency Multi Disciplinary Team (MDT) that includes Self Sufficiency Facilitators and Licensed Social Workers. They provide strength based and outcome based services to families. Baseline data has been obtained on all families through evidence based measurement system utilizing a family matrix system. The matrices evaluate families in life areas such as employment, housing, education, legal issues, physical and mental health, substance abuse, and relationships. Family progress will continue to be measured along continuums of care that range from “in Crisis” to “thriving” which will allow for ongoing outcome measurement of family progress.

“Long Distance Dads” is a curriculum that is being utilized with incarcerated fathers of Head Start children that will maintain communication and foster positive relationships.

Background: See Above

Current Grantees: Chautauqua Opportunities

Location of Projects: Dunkirk, NY

Evaluation Activities: N/A

Future Prospects: See Above

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Puget Sound Educational Service District (ESD)

Type of Activity: Program Services

Funding Mechanism: The primary funding source is a portion of the Early Head Start (EHS) federal funds given to Puget Sound ESD (10CH0104). The women who have their children in the child care center also receive Working Connections Child Care subsidies through Washington State. The Washington Corrections Center for Women (WCCW) contributes staff time as well as facilities and maintenance costs associated with the parent living space, the child care center, parent meeting space and staff office space.

Total Available Funding: Total amount for the EHS grant is \$1,655,838 for operations (PA25) and \$41,396 for Training and Technical Assistance (PA1126) to serve 125 total children. The EHS WCCW partnership will serve 8 pregnant women/children in FY11 using approximately \$220,000.

Number of Awards: 1

Award Amount: Same as total available funding

Length of Project Period: Ongoing discretionary EHS funding

Federal Partners: EHS and Child Care (through State Subsidies)

There are also many community partnerships that contribute to the success of this program including:

- **Rebuilding families:** Community volunteers offer transitional support to women releasing to Pierce, Kitsap and King Counties
- **Baby Read:** Washington State Library volunteer coordinates early literacy program where WCCW staff volunteer off-duty time to read and sing with children on J Unit and in the Child Development Center
- **Doula Volunteers:** Weekly childbirth preparation classes and childbirth support

Summary: The incarcerated mothers who enroll their child in EHS at WCCW are first chosen to be part of the Residential Parenting Program (RPP). RPP is a collaborative effort between Puget Sound ESD Early Head Start and the Department of Corrections and is the only on-site state licensed child development center funded by Early Head Start.

Eligibility to enter the RPP program includes:

- Must be pregnant before becoming incarcerated
- Must be classified as minimum custody
- Must be willing to meet program standards
- Must be eligible for release by the time the child reaches thirty months old

Home based services include:

- Enrolled prenatally with bi-weekly home visits
- Weekly home visits when baby is born
- New Moms Group (socialization group) meets twice monthly

Center based services include:

- State-licensed childcare with WCCC childcare subsidy
- One month and older when Mom returns to “programming”
- Monthly home visits

Background: The WCCW RPP and Early Head Start program began in 1999. It is seen in the community as a model program that reduces recidivism, increases mother/child bonding and attachment, and positively affects many inmates and staff at WCCW.

Current grantee: Puget Sound Educational Service District

Location(s) of Projects: Gig Harbor, WA

Evaluation Activities: N/A at this time.

Future Prospects: The program will continue as it is now as long as Early Head Start and state corrections funding is available. It has served over 100 babies and their mothers. Because of space restrictions in the prison, there are no plans to expand this program.

Contact:

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Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion/Division of Adult and Community Health

Preventing the Spread of HIV/AIDS & STD among Incarcerated African-American Males (Prevention Research Center: Morehouse School of Medicine)

Funding Mechanism: Cooperative Agreement

Total Available Funding: \$4,000,000

Number of Awards: 1

Average Award Amount per Year: \$800,000

Length of Project Period: 5 Years, 2010-2014

Federal Partners: Centers for Disease Control and Prevention

Summary: Researchers are attempting to decrease inmates' risky sexual behaviors before the inmates return to their communities. An assessment of HIV knowledge and risk behaviors is being conducted in the Atlanta City Detention Center with inmates with a history of drug abuse who have been jailed for 48 hours to one month. The inmates are interviewed by peer educators (PEs)--African-American men recruited from the community--about sexual practices and barriers to adopting HIV risk-reduction behaviors. PEs work with inmates to discuss a post-release plan for housing, control of substance use, employment, and other issues. PEs monitor participants' progress over the first few weeks following release from jail.

Data from this assessment will be used to create an intervention for the inmate population to prevent sexually transmitted infections (STIs) and HIV infections associated with drug use and unsafe sexual behavior. Participants will receive 12 educational modules over six weeks led by a PE facilitator on HIV knowledge, risk reduction, beliefs about condoms, safe-sex partner conversations, and social support. The 90-minute modules are delivered twice a week and are taught both during incarceration and after release. Each participant is placed in one of seven intervention groups and receives 12 modules but each group varies in the number of modules delivered during jail time and in the community.

<http://apps.nccd.cdc.gov/prcresearchprojects/Projects/ProjectDescription.aspx?PID=238>

Background: The rate of HIV infection in jail inmates is between four to six times higher than the national average, and African-American men are disproportionately affected. Over half of the people taken into custody have a history of substance abuse or high-risk sexual behavior, which increases their risk of HIV or other STIs.

Georgia has the fifth-largest correctional system in the country and had the seventh-highest number of HIV/AIDS cases in the United States in 2006.

Grantees: Morehouse School of Medicine, Atlanta, GA

Evaluation Activities: Researchers survey participants before the intervention, directly after, and 3 and 6 months later to determine changes in HIV/AIDS knowledge, drug use, sexual behaviors, perceptions of the consequences of drug use, and attitudes toward using condoms. Results from each of the seven intervention groups are compared with each other, to see if number of modules delivered in the jail or the community affects knowledge, perceptions, and behaviors and if a certain number of modules received during jail time promote higher attendance for the program after release. The results of each intervention group are also compared with those from a group of inmates who do not receive the intervention.

Future Prospects: At the end of the five year cycle, the Morehouse PRC will work with the Atlanta City Detention Center and community partners to develop effective dissemination strategies, which may include individual consulting, group trainings, conference workshops and presentations, peer-reviewed journal articles, community reports, and fact sheets.

Contact:

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CDC Prevention Research Centers Program
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National Center for Chronic Disease Prevention and Health Promotion/Division of Cancer Prevention and Control

National Breast and Cervical Cancer Early Detection Program – State Program Outreach to Incarcerated Females

Type of Activity: Outreach

Funding Mechanism: Project grantee-initiated special focus

Total Available Funding: Part of grantee activities to administer the overall Breast and Cervical Cancer Early Detection Program (BCCEDP). Grantees are required to spend 60% of awarded funds on providing breast and cervical cancer screening services to eligible low-income, uninsured, and underinsured women. Remaining awarded funds are for patient navigation, administration, evaluation, and other activities, including outreach activities to increase breast and cervical cancer screening rates and target vulnerable populations. Grantees are encouraged to develop and conduct outreach activities, such as this one, that meet the specific needs of their community and populations.

Number of Awards: This is an outreach project that one particular state grantee has decided to undertake as part of the larger BCCEDP work

Award Amount: This project is part of overall Pennsylvania BCCEDP work, which includes outreach activities. In FY 2009, Pennsylvania's BCCEDP was awarded \$2.4 million to conduct screening, outreach, etc. As described above, 60% of awarded funds must be spent on screening services. Remaining funds may be used for additional activities to support program goals, including outreach. This outreach activity will likely have relatively low costs, as costs will incur from the administration of the program, materials, etc. It is nearly impossible to calculate the specific amount of awarded funds that will be spent on this particular outreach activity, and that amount is likely a small percentage of the total \$2.4 million awarded.

Length of Project Period: Pennsylvania's BCCEDP is beginning this outreach program this year (summer 2010)

Federal Partners: CDC

Summary: This is a grantee-generated outreach activity. The Pennsylvania BCCEDP is planning an outreach activity targeting female state prisoners on pre-release status and female state parolees in community corrections centers. The Program will conduct this outreach by mailing outreach cards encouraging women to get breast and cervical cancer screening to every prison and community correction center facility. Most of these women may not be eligible for Medicaid.

Background: As noted above, Pennsylvania BCCEDP grantees are just beginning this outreach activity and are in the planning stages of conducting outreach for this population.

Examples of current grantees: Pennsylvania Department of Health

Evaluation Activities: Grantees are in the planning stage of this activity and have not yet evaluated the activity.

Future Prospects: N/A

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National Breast and Cervical Cancer Early Detection Program – State Program Outreach to Incarcerated Females

Type of Activity: Targeted Screening Services

Funding Mechanism: Project grantee-initiated special focus

Total Available Funding: Part of grantee activities to administer the overall Breast and Cervical Cancer Early Detection Program (BCCEDP).

Number of Awards: This is an outreach project that one particular state grantee has decided to undertake as part of the larger BCCEDP work

Award Amount: This project is part of overall South Dakota's BCCEDP work. In FY 2009, South Dakota's BCCEDP was awarded \$812,000 to conduct screening, outreach, programmatic support, etc. This funding amount is intended to cover the entire state. The amount spent on this particular screening activity is likely a small percentage of the total \$812,000 awarded.

Length of Project Period: 7.5 years; November 2003 to Present

Federal Partners: CDC

Summary: This is a grantee-generated activity targeting this population. The South Dakota Women's Prison has an on-site clinic for cervical cancer screening. The BCCEDP uses a mobile van to go to the prison twice a year for mammograms, however, most of the women served in this population are under 50 years of age and thus not at an age where routine mammography is recommended.

The South Dakota's BCCEDP also works with the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program to conduct screening and education

activities for women on lifestyle behaviors related to preventing, delaying, and controlling cardiovascular illness.

Background: In November 2003, the South Dakota BCCEDP began screening women for breast and cervical cancer in the South Dakota Women's Prison in Pierre, South Dakota. Between November 2003 and July 31, 2010, 914 women have been enrolled and screened. A few years ago, the BCCEDP used some carryover funding to purchase a colposcopy machine for this clinic, since most of the women screened have abnormal Pap smear results.

More information on the South Dakota BCCEDP:
<http://doh.sd.gov/AllWomenCount/default.aspx>

Examples of current grantees: South Dakota Department of Health

Location of Project: South Dakota Women's Prison, Pierre, SD

Evaluation Activities: The South Dakota BCCEDP is currently conducting an evaluation project to evaluate the effectiveness of the current lifestyle intervention materials being used or if modified materials (e.g., a self-study booklet) would be more effective.

Future Prospects: Future activities will be informed from the evaluation findings.

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National Center for Chronic Disease Prevention and Health Promotion/Division for Heart Disease & Stroke Prevention

Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) (FY 10-11)

Funding Mechanism: Cooperative Agreement

Total Available Funding: \$16.1 million for year 3

Number of Awards: Currently 1 state uses WiseWoman funds to target incarcerated women. In total WiseWoman funds 21 programs (19 states and 2 tribal organizations)

Average Award Amount per Year: \$800,000

Length of Project Period: 5 years. Currently in the 3rd year of funding

Federal Partners: None

Summary: WISEWOMAN provides heart disease screening and intervention services for low-income woman who participate in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) a cancer screening program for underinsured and uninsured women. The South Dakota Department of Health is a WISEWOMAN grantee who provides screening to women at the Women's Prison in Pierre, South Dakota. The SDDH WISEWOMAN program trains interventionist to provide heart disease risk factor screenings and lifestyle interventions to incarcerated women. The prison setting offers an opportunity to initiate a heart disease risk factor screening and intervention program in an environment conducive to high levels of participation. Implementation of health promotion programs in this setting is essential because female inmates have limited access to health care. The SDDH WISEWOMAN program has adapted screening and healthy lifestyle programs to meet the needs of women's prison population. Currently \$73,000 of the \$620,000 awarded to South Dakota in 2009-2010 is being used to provide WISEWOMAN Services targeting approximately 263 incarcerated women.

Background: CDC's WISEWOMAN program provides funding for grantees to provide cardiovascular disease risk factor screenings, healthy lifestyle programs, and health care referral services to uninsured and underinsured women aged 40–64 years. To be eligible, participants must first be enrolled in CDC's National Breast and Cervical Cancer Early Detection Program. CDC currently funds 21 WISEWOMAN programs, operating in 19 states and two tribal organizations. Since June 2008, WISEWOMAN programs have provided these critical screening and lifestyle services to more than 54,000 women.

Local programs provide preventive health services that include testing for high blood pressure, high blood cholesterol, and diabetes. Program participants, upon their release, receive referrals to local health care providers as needed. CDC WISEWOMAN programs partner with

community-based organizations to help expand the reach of their services and coordinate patient health care referrals.

Grantees: 19 states and two tribal organizations.

Evaluation Activities: : South Dakota WISEWOMAN Program completed an evaluation in August, 2010 of the Women's Prison program. In addition, South Dakota is participating in a two year CDC Division of Heart Disease and Stroke Prevention evaluation of funded programs.

Future Prospects: Funding cycle is five years under FOA (DP08-804). Future plans are to introduce a new FOA in year 5.

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National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

Jail-based Integration of HIV/STI/Hepatitis screening, Hepatitis B vaccination, and linkage to care and treatment, FY 2010

Type of Activity: Demonstration and program services to support the development and programmatic evaluation of a comprehensive, routine, opt-out HIV rapid testing jail based initiative.

Funding Mechanism: Cooperative Agreement

Total Available Funding: \$980,000

Number of Awards Anticipated: 1-2

Length of Project Period: 1 year; October 2010 – October 2011

Federal Partners: None

Summary:

Strategies to conduct STI and Hepatitis screening and provide Hepatitis B vaccination to inmates who screen preliminary positive for HIV should be explored. The services are to be provided during an initial health screening or medical intake evaluation. Effective prevention strategies implemented for high risk inmates, prior to or following release are to be explored.

This project funds the development and evaluation of a universal voluntary opt-out HIV rapid testing program which is consistent with CDC HIV testing guidelines and integrated into clinical services provided to all inmates undergoing an intake medical evaluation. STI urine-based screening and Hepatitis B vaccination complement the HIV screening component, and are provided to all inmates who screen preliminary positive for HIV. The project attempts to provide integrated services to jail inmates over the project period, to include screening, vaccination, and linkage to care. Creative strategies are being explored and implemented by clinical staff to provide screening services to high-risk inmates who are released before receiving a medical evaluation. These strategies include targeting inmates based upon charge (e.g. prostitution, drug, violence), or zip code of arrest.

Background: Addressing health disparities in the United States requires a concentrated approach to increase the availability of HIV, STI, and Hepatitis testing and prevention services for correctional populations; a population disproportionately represented by minorities and disproportionately impacted by HIV, STIs, and Hepatitis infections. In the US, an estimated 800,000 persons are detained in jails on a daily basis. People detained in jails usually serve less than 1 year, and approximately 50% are released within 72 hours. Due to repeat arrests and short durations of confinement, approximately 7-10 million jail releases occur annually. Many people entering correctional facilities have a history of high-risk sexual behaviors, substance abuse, or both. Rapid HIV testing, STI, Hepatitis B and Hepatitis C screening in jails is an effective

strategy to reach high-risk individuals who may not seek testing while in the community. The significant cost-savings and considerable impact jail-based screening programs would have on reduction of community-level disease is a significant and largely untapped public health opportunity, particularly in urban areas with large correctional populations.

Grantee: Emory University, Rollins School of Public Health

Location of Project: Fulton County Jail, Atlanta, GA

Evaluation Activities:

A. Outcome Measures

- (1) Number of persons screened for HIV (rapid testing), STIs (e.g., Gonorrhea, Chlamydia), Hepatitis B and Hepatitis C
- (2) Number of persons provided HIV, STI, Hepatitis B and Hepatitis C test results and prevention counseling
- (3) Number of persons testing HIV, STI, Hepatitis B, or Hepatitis C-positive who are linked to appropriate care, treatment and services in the facility or community
 - a. Proportion of cases with co-morbidities associated with HIV, STD, (Chlamydia, Gonorrhea, Syphilis), and Hepatitis B and C virus
 - b. Yield of new HIV cases
- (4) Number of persons provided a dose of Hepatitis B vaccination at medical intake examination
- (5) Develop a best practices/model for prevention education, screening and testing, vaccination, and linkage to care and treatment protocol for jails in the U.S.

B. Project Assessment and Evaluation: This project funds a large jail facility in a jurisdiction with high HIV prevalence ($\geq 1\%$), which has demonstrated experience integrating HIV testing programs and has the capacity to expand and evaluate a more fully integrated program. CDC project officers are continually monitoring the key outcome measures, and are making recommendations based upon testing and vaccination coverage. At the conclusion of the project, a detailed best practices/model testing, vaccination, and linkage to care and treatment protocol for jails in the U.S. will be developed by the applicant and CDC for dissemination.

Future Prospects: Continuation of project in future years is contingent upon the progress and success of the initial allocation.

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National Center for Injury Prevention and Control/ Division of Injury Response

Statewide Investigation of Traumatic Brain Injury in Prisons

Type of Activity: Research

Funding Mechanism: Cooperative Agreement

Total Available Funding: \$495,000/year

Number of Awards: 1

Award Amount: \$495,000

Length of Project Period: 4 years; September 2007 – September 2011

Federal Partners: None

Summary: Conduct a population-based retrospective cohort study in South Carolina prisons that will 1) provide interval estimates of prevalence rates of Traumatic Brain Injury (TBI), substance abuse, and violence among representative samples of male and female prisoners; 2) quantify the association between history of TBI, substance abuse, and violence and estimate the impact of this association on community integration and recidivism, and 3) investigate the feasibility of conducting routine screening for TBI in prisons by measuring the predictive value positive (PVP) of a new TBI screening tool. This proposed study will identify 292 male prisoners and 292 female prisoners who will participate in in-person interviews shortly before prison release. After entering the community, they will be followed for approximately two years to identify risk factors for recidivism. To help ensure the prevalence estimates, a second cohort of 50 prisoners (25 males and 25 females) will be interviewed. The survey instrument will measure history of TBI, substance abuse, violence, and other potential confounders. The unifying hypothesis guiding the study is that prisoners who report a history of TBI have a higher rate of recidivism mediated by substance abuse and/or violence. This study is intended to provide a clearer understanding of the outcomes of TBI among prisoners and an accurate population-based estimate of the association between TBI, substance abuse, and violence in prisons. This information can assist in providing statewide public health services. Summary can be found at: <http://www.cdc.gov/ncipc/profiles/acutecare/abstracts.htm#CE07-008>

Background: Traumatic brain injury (TBI) is a significant public health problem in the US. Yet research is sorely lacking that can generate population-based estimates of TBI in prisons. TBI's among prisoners is of particular concern because it often results in cognitive, social, emotional, and behavioral problems, including aggressive behavior.

Current grantee: Medical University of South Carolina

Evaluation Activities: Overall study findings will be disseminated through reports and scientific publications to inform corrections and policymakers. A final project report is due 90 days after the project period ends.

Future Prospects: Research project scheduled to end in September 2011; no additional funding for this project is expected.

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Health Resources and Services Administration

Bureau of Clinician Recruitment and Service

National Health Service Corps Scholarship Program (SP), Loan Repayment Program (LRP)

Funding Mechanism: Contracts with individuals

Total Available Funding: \$100.8 million

Number of Awards: 158 scholarships and 1,779 new loan repayment awards (572 NHSC participants serving incarcerated populations)

Award Amount: \$50,000 over 2 years for LRP; Scholarships vary by discipline

Length of Project Period: Minimum service requirement is 2 years. SP has maximum service of 4 years, LRP offers contract amendments in 1-year increments.

Federal Partners: Bureau of Prisons

Summary: The National Health Service Corps (NHSC) helps to recruit clinicians to underserved areas, which may include Federal and State prisons, through the provision of scholarships and loan repayment in exchange for a minimum two-year service commitment. The NHSC provides contracts to individuals who agree to or are currently working in a NHSC-approved site. Currently, the NHSC has 569 NHSC participants working in Federal prisons. In addition, there are 3 NHSC participants working in State prisons. While in service, NHSC participants address the physical and mental health needs of the incarcerated populations. There is a particular need for mental and behavioral health providers in the incarcerated populations. Of the 572 NHSC participants working in prisons nearly 400 of them are mental and behavioral health providers.

Background: Since 1972, more than 30,000 clinicians have served in the NHSC, expanding access to health care services and improving the health of people who live in health professional shortage areas (HPSAs). Included in the definition of HPSAs are medical facilities that the Secretary determines has a shortage of health providers, which includes Federal and State prisons. Given the nature of the incarcerated population, nearly all Federal and State prisons are eligible to be a NHSC-approved site.

The NHSC operates both scholarship and loan repayment programs. The NHSC scholarship is a competitive program that pays tuition, fees and provides a living stipend to students enrolled in accredited medical, dental, nurse practitioner, certified nurse midwife, and physician assistant training. Upon graduation, scholarship recipients serve as primary care providers between 2 and 4 years in a community-based site.

The NHSC Loan Repayment Program offers fully trained primary care physicians, family nurse practitioners, certified nurse midwives, physician assistants, dentists, dental hygienists, and certain mental health clinicians \$50,000 to repay student loans in exchange for 2 years serving in a community-based site in a high-need HPSA that has applied to and been approved by the NHSC as a service site.

Examples of current grantees: N/A. The NHSC provides contracts to individuals. See below for listing of current NHSC participants in prisons, by discipline.

DISCIPLINE	Federal Bureau of Prisons	State Prison Systems	Discipline Total
Clinical Psych.	299	1	300
Dentist	58		58
Dental Hygienists	12		12
Physician (DO)	13		13
Lic. PC	40	2	42
MD	52		52
MFT	1		1
NP	30		30
PA	45		45
PNS	1		1
SW	18		18
Total	569	3	572

Location(s) of Projects: NHSC clinicians serve in HPSAs across the United States.

Evaluation Activities: None

Future Prospects: The Patient Protection and Affordable Care Act provided \$1.5 billion in mandatory funding from FY 2011 through FY2015, in addition to annual congressionally appropriated funds to be determined.

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Bureau of Primary Health Care

Health Center Program¹

Funding Mechanism: Grants

Total Available Funding: For the period FY09-FY15, funding for the health center programs has come from 3 sources: regular appropriations, ARRA, and the ACA. Each year's appropriated funding (in billions) is as follows:

FY	Funding provided through regular appropriations process	ARRA Funding	Funding appropriated for operations through the ACA	Funding appropriated for construction through the ACA
2009	\$2.2		n/a	n/a
2010	\$2.2	\$2.0	n/a	n/a
2011	n/a	n/a	\$1.0	
2012	n/a	n/a	\$1.2	
2013	n/a	n/a	\$1.5	\$1.5
2014	n/a	n/a	\$2.2	
2015	n/a	n/a	\$3.6	

Number of Awards: 1131 grantees in 2009, operating over 7,900 service sites.

Average Award Amount per Year: Annual operational health center grants average approximately \$1.5 million. New Start grantees may receive up to a maximum of \$650,000.

Length of Project Period: Up to five years, based on grantee experience, organizational capability and performance.

Federal Partners: None.

Summary: HRSA's Bureau of Primary Health Care administers the Health Center program, authorized by Section 330 of the Public Health Service Act. Under this program, HRSA provides grant funding to health centers that provide comprehensive, culturally competent quality primary health care services to medically underserved communities and vulnerable populations. These include low-income populations, the uninsured, those with limited English proficiency, farm workers, individuals and families experiencing homelessness, and those living in public housing. To be eligible for grant funding, health centers must meet a range of program requirements, including being community-based and patient-directed.

¹ Includes community health centers and health centers serving migrant populations, homeless populations, and residents of public housing

In 2009, HRSA-funded health centers cared for nearly 19 million people, including providing services at approximately 60 correctional facility sites. However, the health center program does not collect data on the number of incarcerated and reentering persons and their families that the serve.

Background: The health center program originated in 1965, with the goal of providing high-quality primary and preventive care to medically-underserved areas and populations. The program is now codified in Section 330 of the Public Health Service Act. To qualify as a health center, an entity must:

- Be located in or serve a high need community (designated Medically Underserved Area or Population).
- Be governed by a community board composed of a majority (51 percent or more) of health center patients who represents the population served.
- Provide comprehensive primary health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.
- Provide services available to all with fees adjusted based on ability to pay.
- Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.

Health centers serve:

- People of all ages: Approximately 33 percent of patients in 2009 were children (age 18 and younger); about 7 percent were 65 or older.
- People with and without health insurance: The proportion of uninsured patients of all ages was approximately 38 percent in 2009, while the number of uninsured patients increased from 4 million in 2001 to over 7.2 million in 2009.
- People of all races and ethnicities: In 2009, 27 percent of health center patients were African-American, and 35 percent were Hispanic/Latino—more than double the proportion of African Americans and Hispanics in the U.S. population.
- Special populations: In 2009, health centers served nearly 865,000 migrant and seasonal farm workers and their families; more than 1 million individuals experiencing homelessness; and more than 165,000 residents of public housing.

HRSA does not have data on the number of health center patients who are incarcerated persons, reentering persons, or their family members.

Grantees: Approximately 1,130 grantees, located in all 50 states, the District of Columbia, and Puerto Rico. To locate the closest health center site to a specific geographic area, go to: http://findahealthcenter.hrsa.gov/Search_HCC_byAddr.aspx.

Evaluation Activities: HRSA engages in on-going activities to evaluate health center quality and effectiveness. All grantees are required to submit data on an annual basis, detailing patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. These data are reviewed to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or

expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. For more information on these data requirements, please see: <http://www.hrsa.gov/data-statistics/health-center-data/index.html#what>

Future Prospects: The Affordable Care Act appropriated \$11 billion for the Health Center Program for the FY 2010-2014 period. A total of \$95 billion is available to create new health center sites in medically underserved areas and expand preventive and primary health care services, including oral health, behavioral health, pharmacy, vision, and enabling services, at existing health center sites; \$1.5 billion is for construction and renovation of health centers. HRSA expects to award up to \$250 million in funding for up to 350 new health center sites in FY 2011.

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HIV/AIDS Bureau/Division of Science and Policy

Ryan White HIV/AIDS Program

Funding Mechanism: Grants to local agencies

Total Available Funding: The Ryan White HIV/AIDS Program is authorized and funded under Title XXVI of the Public Health Services Acts, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. The FY 2010 appropriation for all Ryan White HIV/AIDS Program activities was \$2.29 billion.

Number of Awards: 2081 providers received awards in FY 2009

Average Award Amount per Year: Range: \$15,587 (a Part C grantee) to \$164,425,258 (a Part B grantee)

Length of Project Period: Annual Congressional Appropriation by Fiscal Year

Federal Partners: HRSA works with other Federal agencies on the following partnerships to improve HIV care systems:

- US Department of Health and Human Services
 - CDC/ HRSA Advisory Committee on HIV and STD Prevention and Treatment
 - Centers for Medicare & Medicaid
 - Centers for Disease Control and Prevention
 - National Institutes of Health
 - Agency for Healthcare Research and Quality
 - Office of the Deputy Secretary for Health, Infectious Diseases

- US Department of Housing and Urban Development
 - Housing Opportunities for People Living with AIDS

- Veterans Administration

Summary: HRSA's Ryan White HIV/AIDS Program is the largest Federal program designed specifically for people living with and affected by HIV/AIDS. It provides healthcare and support services to individuals and families affected by HIV/AIDS, filling-in the gaps in care and treatment for the underinsured and uninsured. This program is administered by the HIV/AIDS Bureau within HRSA.

The Ryan White HIV/AIDS Program reaches more than 533,000 people each year. People living with HIV disease are, on average, poorer than the general population, and Program clients are poorer still. For them, the Program is the payer of last resort, because they are uninsured or have inadequate insurance and cannot cover the costs of care on their own and because no other source of payment for services, public or private, is available.

- Most Ryan White HIV/AIDS Program clients are from a racial or ethnic minority group. In 2008, more than 70 percent of Program clients self-identified as members of racial or ethnic minority groups.
- In 2008, 67 percent of Program clients were male, and 33 percent were female.

The Ryan White HIV/AIDS Program addresses the disproportionate impact of HIV/AIDS on the poorest and most disenfranchised Americans, and the program helps to remedy the overwhelming strain on local health and social service resources by promoting the creation of more affordable and responsive HIV/AIDS care options

The program funds:

- Care of individuals living with HIV disease;
- Care for HIV-positive mothers, children, and their families;
- Training for clinicians who treat HIV-positive individuals; and
- The development of innovative programs that improve treatment outcomes.

The Ryan White HIV/AIDS Program is divided into several “Parts,” following from the authorizing legislation.

Part A Part A provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)—population centers that are most severely affected by the HIV/AIDS epidemic. EMA eligibility requires an area to report more than 2,000 AIDS cases in the most recent 5 years and to have a population of at least 50,000. To be eligible as a TGA, an area must have at least 1,000 reported but fewer than 2,000 new AIDS cases in the most recent 5 years. The FY 2010 Part A appropriation was approximately \$679.1 million.

Part B Part B provides grants to States and Territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. Part B grants include a base grant; the AIDS Drug Assistance Program (ADAP) award; ADAP Supplemental Drug Treatment Program funds; and supplemental grants to States with “emerging communities,” defined as jurisdictions reporting between 500 and 999 cumulative AIDS cases over the most recent 5 years. Congress designates, or “earmarks,” a portion of the Part B appropriation for ADAP. With the dramatic increase in the cost of pharmaceutical treatment, the ADAP earmark is now the largest portion of Part B spending.

The FY 2010 Part B appropriation was approximately \$1.25 billion of that, \$835 million was for ADAP. Five percent on the ADAP earmark is set aside for the ADAP Supplemental Drug Treatment Program, which assists states needing additional ADAP funds.

Part B provides \$5 million in supplemental grants to states for Emerging Communities. In 2009, \$50,000 awards were made to two newly eligible U.S. Pacific Territories (American Samoa and the Commonwealth of the Northern Mariana Islands) and three Associated Jurisdictions (the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau).

Part C Part C supports outpatient HIV early intervention services and ambulatory care. Unlike Part A and Part B grants, which are awarded to local and state governments that contract with organization to deliver services, Part C grants are awarded directly to service providers, such as ambulatory medical clinics. Part C also funds planning grants, which help organization more effectively deliver HIV/AIDS care and services. The FY 2010 Part C appropriation was approximately \$206.8 million.

Part D Part D grants provide family-centered comprehensive care to children, youth, and women and their families and help to improve access to clinical trials and research. In FY 2010, Part D programs received approximately \$77.8 million in appropriations.

Part F Part F grants support several research, technical assistance, and access to care programs.

The **Special Projects of National Significance (SPNS) Program** supports the demonstration and evaluation of innovative models of HIV/AIDS care delivery to hard-to-reach populations. SPNS also funds special programs to support the development of standard electronic client information data systems by Ryan White HIV/AIDS Program grantees. A total of \$25 million set aside for the SPNS Program in FY 2010.

The **AIDS Education and Training Centers (AETC) Program** supports education and training of health care providers through a network of 11 regional and 4 national centers. In FY 2010, the AETC appropriation was approximately \$34.8 million.

Minority AIDS Initiative (MAI) was established in FY 1999 via the Congressional appropriations process to provide funding to improve access to HIV/AIDS care and health outcomes for disproportionately impacted minority populations, under Parts A, B, C, and D. The types of MAI-funded services provided under Parts A, C, and D were consistent with their 'base' programs while the Part B MAI focused on education and outreach to improve minority access to state ADAPs. The MAI was then codified with respect to each Part by the Ryan White HIV/AIDS Treatment Modernization Act of 2006, which also made the Part A and B MAI separated, competitive grant programs for EMA/TGAs and states respectively. However, under the Ryan White HIV/AIDS Treatment Extension Act of 2009, the Congress directed that both be returned to a formula grant basis and 'synchronized' with the Part A and B grant awards, similar to the Parts C and D MAI.

All grant programs of the Ryan White HIV/AIDS Treatment Extension Act of 2009 can support the provision of oral health services. Two Part F programs, however, specifically focus on funding oral health care for people with HIV:

- The **HIV/AIDS Dental Reimbursement Program** reimburses dental schools, hospitals with postdoctoral dental education programs, and community colleges with dental hygiene programs for a portion of uncompensated cost incurred in providing oral health treatment to patients with HIV disease
- The **Community –Based Dental Partnership Program** supports increased access to oral health care services for people who are HIV positive while providing education and clinical training for dental care providers, especially those practicing in community-based settings.

In total, the Dental Program receives a combined \$13.6 million in appropriations in FY 2010.

The Ryan White HIV/AIDS Program has a “Living History” project (URL: <http://hab.hrsa.gov/livinghistory/index.htm>). The main purpose of this project is to document and honor, in a creative way, the history, knowledge, and experiences of those who have contributed much to the Nation’s response to providing HIV/AIDS care and treatment services to those living with the disease and their families. One experience that is chronicled is the voice of Curtis (URL: <http://hab.hrsa.gov/livinghistory/voices/curtis.htm>). In this narrative, we learn of the experience of a man named Curtis who learned of his diagnosis with AIDS just prior to entering prison and the role the Ryan White HIV/AIDS Programs played in helping him re-enter the community as a person living with HIV/AIDS after he had paid his debt to society.

Background: The AIDS epidemic has taken an enormous toll since its onset in the early 1980s. Approximately 583,000 Americans have died from the disease, and many others are living with HIV-related illness and disability of caring for people with the disease. An estimated 56,000 Americans become infected with HIV each year, and more than 1.1 million Americans are living with HIV disease. The epidemic has hit hardest among populations who are poor, lack health insurance, and are disenfranchised from the health care system, and are from communities of color.

In response, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in August 1990 to improve the quality and availability of care for low-income, uninsured, and underinsured individuals and families affected by HIV disease. The CARE Act was amended and reauthorized in 1996, 2000, and 2006; in 2009 it was reauthorized as the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87).

Grantees: The Ryan White HIV/AIDS Program has at least one grantee in every state in the Nation, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, and the U.S. territories.

Evaluation Activities: The Division of Science and Policy (DSP) of the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), is HAB’s focal point for program data collection and evaluation, development of innovative models of HIV care, and coordination of program performance activities and development of policy guidance.

The three branches within the DSP have distinct roles that support evaluation activities:

- The Demonstration and Evaluation Branch manages the Special Projects of National Significance (SPNS) program. SPNS activities are described in greater detail in a separate inventory entry.
- The Epidemiology and Data Branch directs all program data collection and analysis activities. The branch is responsible for coordinating, conducting and documenting all HIV/AIDS science and evaluation studies and related scientific research, program evaluation, and epidemiology. One of the many activities of this branch includes analyzing health care data (including trends in health care availability, organization, and financing) to

assess whether HAB's activities address the needs of people living with HIV/AIDS in an effective, efficient manner.

- The Policy Development Branch develops and coordinates program policies and supports HAB policy development and implementation. Additionally, the branch monitors, analyzes, and assesses HIV/AIDS-related policy development activities, both within and outside of HHS, for potential impact on the Ryan White HIV/AIDS Program, and it develops recommendations for HAB's response.

Future Prospects: The Ryan White HIV/AIDS Program is authorized through FY 2013.

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Special Projects of National Significance (SPNS) Program Grants: Enhancing Linkages to Primary Care and Services in Jail Settings Demonstration Models (FY 2007 – FY 2010)

Funding Mechanism: Grant (Demonstration Sites); Cooperative Agreement (Evaluation and Support Center)

Total Available Funding: \$4.55 million

Number of Awards: 11

Average Award Amount per Year: \$400,000 (10 Demonstration Sites); \$550,000 (1 Evaluation and Support Center)

Length of Project Period: 4years; September 1, 2007 – August 31, 2011

Federal Partners: None

Summary: The SPNS *Enhancing Linkages to HIV Primary Care and Services in Jail Settings Initiative* is a multi-site demonstration and evaluation of HIV service delivery interventions coordinated by Emory University, the evaluation and support center selected for this initiative.

This initiative funds 10 demonstration sites to design, implement and evaluate innovative methods for linking persons living with HIV/AIDS who are in jail settings or have been recently released from local jail facilities to primary medical care and ancillary services. Interventions include flexible and suitable case management strategies that promote durable linkages and

follow up as the person moves between jail and the community. The study design assesses the effectiveness of the selected model(s) in identifying HIV positive persons in jail settings and providing linkages to HIV primary care services upon release and integrating services for releases within the community's HIV continuum of care.

Background: Correctional systems have an opportunity to provide coordinated prevention and treatment interventions for infectious diseases in concert with local public health officials. Individuals who are disproportionately affected by high rates of infectious diseases and adverse social conditions often cycle through jail and prison systems for various offenses, including drug related and sex offenses. Both behaviors place individuals at risk for contracting HIV disease. It is estimated that over one-quarter of all HIV-infected individuals in the U.S. pass through the correctional system each year. Many people released from jails have serious, unmanaged infectious diseases and mental illnesses. Public health and safety could be improved through greater collaboration among correctional facilities, public health agencies, and community-based organizations. Ideally, the interventions are initiated with inmates and coordinated upon their release to the community.

Grantees: AID Atlanta, Inc. (Atlanta, GA), Care Alliance Health Center (Cleveland, OH), AIDS Care Group (Chester, PA), Yale University AIDS Program (Hartford, CT), University of Chicago School of Public Health (IL), Baystate Medical Center, Inc. (Springfield, MA), University of South Carolina Research Foundation (Charleston, SC), Philadelphia FIGHT (PA) New York City Department of Health and Mental Hygiene (New York, NY), Miriam Hospital (Providence, RI) and Emory University Evaluation and Support Center (Atlanta, GA)

Evaluation Activities: A multi-site evaluation is coordinated by Emory University, Rollins School of Public Health, under cooperative agreement awarded by the HIV/AIDS Bureau. The evaluation will assess the effectiveness of the selected models in providing appropriate health services to the target population, in integrating those services within the community's HIV continuum of care, and in maximizing reimbursement for health care services, when available.

Future Prospects: A manual titled "Jail: Time for Testing" will be released August 2010. The purpose of this guide is to provide point-of-reference guidance for persons working within agencies involved with the criminal justice system, public health departments, or AIDS service organizations to assist them in implementation of an opt-out HIV testing program in a jail setting. This guide will discuss the benefits and challenges of instituting an expanded HIV testing program. For persons working in correctional settings, it will discuss the merits of collaborating with outside agencies. For outside personnel, it will focus on the essentials for getting your foot in the door to effectively partner with the criminal justice system.

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Additional information can be found at www.enhancelink.org.

Maternal and Child Health Bureau

Healthy Start Eliminating Disparities in Perinatal Health

Funding Mechanism: Competitive grant

Total Available Funding: \$105 million available in FY 2010

Number of Awards: 104 awards of which 4 serve women that are incarcerated

Award Amount: range from \$200,000 to \$2.3 million

Length of Project Period: 5 years

Background: The purpose of the Healthy Start Eliminating Disparities in Perinatal Health program is to address significant health disparities experienced by Hispanics, American Indians, African-Americans, Asian/Pacific Islanders, and immigrant populations, particularly pregnant and postpartum women and their infants. Substance abuse is included in the health issues addressed. Differences in perinatal health indicators may occur by virtue of education, income, disability, or living in rural/isolated areas. To address disparities and the factors contributing to it in these indicators, the scope of project services covers the pregnancy and inter-conception phases for women and infants residing in the high risk communities. Living within these high risk communities are women that have been incarcerated. Many children of the incarcerated with undiagnosed developmental disabilities are drug and/or alcohol exposed.

A brief description of the projects that indicated within their grant application that they outreach to women that are incarcerated is listed below.

The Wisconsin Healthy Start

Black Health Coalition of Wisconsin: The project serves clients identified as high risk, from the Milwaukee County Jail (MCJ), homeless shelters, W-2 (TANF) agencies and the Milwaukee Bureau of Child Welfare regardless of the zip codes where a client resides in Milwaukee County.

Health and Hospital Corporation of Marion County

Indianapolis Healthy Start (IHS): Indianapolis Healthy Start provides specialized case management services to women who are victims of domestic abuse. These services include one-on-one counseling and case management services to 151 women residing in the Indiana Women's Prison who are pregnant and victims of domestic abuse. In 2009, 77 clients from the Indiana Women's Prison were served. By the end of 2009, 59 were still incarcerated and 18 had been released. The Case Manager had a total of 385 encounters with these clients, and provided 181 referrals. The top referrals were for domestic violence support (66), legal services (26), baby supplies (25), and car seats (17). Additional referrals were made for depression treatment (8), employment (7), housing (7), and clothing (6).

Illinois Department of Human Services - Chicago Healthy Start

Utilizing funds from the State of Illinois Funds provides case management and health education services to pregnant women that were in Cermak, the health component of Cook County jail. Once released, they are linked to one of the Healthy Start Projects in Chicago or a family case management project. A referral is established prior to their discharge from the correctional facility.

Cleveland Department of Public Health - Cleveland Healthy Family/ Healthy Start Project

The Cleveland Moms First Project reaches out to pregnant and parenting incarcerated women in the Cuyahoga County Jail. They also serve women in the Cleveland House of Corrections and on occasion the Juvenile Detention facility.

Evaluation Activities: While we are currently conducting an evaluation of the Healthy Start program, the evaluation does not specifically address services to incarcerated or re-entering women and their families.

Future Prospects: As a result of a preference, there are no additional dollars to expand funding to additional communities.

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**Innovative Approaches to a Healthy Weight and Mental Wellness in Women
Demonstration Grants**

Funding Mechanism: Grant

Total Available Funding: \$1.15 million

Number of Awards: 8

Award Amount: Awards range from \$143,750 to \$147,000

Length of Project Period: 3years; August 1, 2009 to July 21, 2012

Federal Partners: None

Summary: The purpose of this program is to support projects which develop, implement, evaluate and disseminate novel approaches that concurrently address the relationship between women's physical health and mental health during the perinatal period. For the purposes of this

grant the perinatal period is defined as during pregnancy and up to one year after delivery, including women who may not have had a positive birth outcome. One of the awarded grantees provides mental health services to a women's correctional facility.

Background: Broadening the scope of primary care for women by adopting a women's health approach for the MCH population could be an efficient means of improving both birth outcomes and women's health status. Current areas of interest and focus in the field include the influence of pregnancy weight on maternal and child health, postpartum weight retention and perinatal depression. Currently one grantee, Christiana Care Health System, a Federally Qualified Community Health Center headquartered in Wilmington, Delaware conducts a perinatal depression support group at Baylor Women's Corrections. The MOM's HEAL (Moms' Outreach to Moms through Helping, Empowering, Advocacy and Listening) support group meets weekly with additional weekly phone support from several other community locations. The MOM's HEAL support group uses peer support mothers to lead the weekly groups. Peer support mothers follow the clients for 6-12 months through monthly phone calls and inpatient visits. Current reported barriers for women in this program include stigma, location, child care and time. The grantee plans to expand the MOM's HEAL support groups to three additional sites including the YWCA, Claymont Community Center, the People's Settlement and add one more group at the Baylor Women's Correction's facility.

Location(s) of Projects: Delaware

Evaluation Activities: Each project is responsible for designing and implementing their own evaluation, which include pre- and post-tests on knowledge, attitude and behaviors.

Future Prospects: one-time funding

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**Traumatic Brain Injury-State Implementation Grant Program - Texas TBI
Juvenile Justice Screening Pilot Study**

Funding Mechanism: Grant

Total Available Funding: \$1 million

Number of Awards: 1

Average Award Amount per Year: \$250,000

Length of Project Period: 4 years; (September 1, 2009 to September 30, 2013)

Federal Partners: Informal partnering with CDC-Division of Injury

Summary: There are approximately 106,000 children and youth in the Texas juvenile justice system, the majority of whom are from diverse cultural backgrounds whose socioeconomic conditions are usually below the Federal Poverty Line. Most are at least five years below their educational grade level, are victims of abuse and many have co-existing substance dependency issues. Many of these youth may have previously sustained a traumatic brain injury (TBI) that contributed to their behavioral dysfunction. Texas' goal is to expand and strengthen statewide, multi-agency collaboratives to screen, identify and coordinate services for those individuals found to have TBIs in order to assist them receive the necessary treatment to become productive, responsible members of society. The end result will also ameliorate economic burden on families and government agencies.

The grantee will provide training for appropriate juvenile justice personnel to administer TBI and pre-neuropsychological screenings to about 3,000 youth per year. Those diagnosed with TBI and their families will be referred to person and family-centered educational, medical, behavioral, social, economic and vocational supports and services. Data will be collected, evaluated and shared. Partners will provide individualized services and programs to ensure a seamless reintegration to school, community or the workplace. Conferences will be provided for all partners, stakeholders juvenile justice system personnel who are responsible for the care and rehabilitation of adolescent offenders, and an annual end-of-year conference will be held for stakeholders, policy-makers, and all agencies, families and the public.

Background: This grant is part of a larger grant program to address state partnerships to implement programs for those with traumatic brain injury. In July 1996, Congress enacted Public Law 104 166 to provide for the conduct of expanded studies and the establishment of innovative programs with respect to TBI. Under the Law, the Health Resources and Services Administration, (HRSA), Maternal and Child Health Bureau, is charged with implementing a state grants program, to improve access to health and other services for individuals with TBI and their families. The Federal TBI Program was reauthorized as part of the Children's Health Act of 2008. Through this program states and territories are eligible to receive two types of TBI Grants, Protection and Advocacy and State Implementation grants. State Implementation grants are to be used by states to establish an infrastructure for the delivery of TBI related services and to improve the states' ability to make system changes that will sustain the TBI service delivery infrastructure.

Grantees: Texas Health and Human Services Commission

Evaluation Activities: The Texas Juvenile Probation Commission and Texas Youth Commission will maintain complete records of the numbers of juveniles screened, diagnoses, treatment referral and outcome over the continuum of the grant. An evaluator will collect, evaluate and maintain data, and all will be provided to the Texas Health and Human Services Commission. Evaluation will be based on number of juveniles screened and diagnosed with TBI, the culturally competent service array referred for youth and parents, their educational

progress, reduction in recidivism. Ongoing monitoring and evaluation of the program, communication and collaboration with juvenile justice personnel and other partners, and quarterly leadership team meetings will ensure efficacy and sustainability.

Future Prospects: Unknown

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Indian Health Service

Office of Clinical and Preventive Services

Health Care for Individuals Incarcerated in Bureau of Indian Affairs Jails

Type of Activity: Direct and contract health care is provided for individuals incarcerated in Bureau of Indian Affairs jails, most of which (62 of 78 jails) are managed by Tribes under P.L. 93-638 compacts or contracts.

Funding Mechanism: Included in the local IHS or Tribal health budget. Bureau of Indian Affairs has no health authority or budget.

Total Available Funding: Small, but unknown

Number of Awards: N/A

Award Amount: N/A

Length of Project Period: N/A

Federal Partners: Bureau of Indian Affairs (BIA)

Summary: The IHS and Tribes provide intermittent direct health care services (medical, dental, mental health, substance abuse, etc) to individuals incarcerated in BIA/Tribal jails (total average daily inmate population for all 78 jails is 2,100). IHS/Tribes may also pay for health care services provided by the private sector through Contract Health Services (CHS) funding if the inmate is CHS eligible and if the care falls within the local medical priorities for care.

Background: Since the Bureau of Indian Affairs has no health authority or funding, all health care for incarcerated individuals may be referred to the IHS or Tribal Health facility and served subject to eligibility and medical priority for either direct or contract care. There is no separate funding for these activities. Inmates have a very high incidence of substance abuse as well as HIV and sexually transmitted diseases. Health care may be provided on-site or at a local IHS/Tribal or private sector health facilities.

Examples of current grantees: N/A

Location(s) of Projects: See above.

Evaluation Activities: N/A

Future Prospects: Unknown

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National Institutes of Health

Basic Sciences Program/Division of AIDS (DAIDS)

HIV/AIDS Research Related to Incarcerated Individuals

The Center for AIDS Research (CFAR) program funds a wide variety of research projects on HIV/AIDS. CFAR projects listed here involve research on HIV/AIDS in incarcerated populations. It is important to note, however, that neither the CFAR program nor these projects noted below focus exclusively on incarcerated individuals.

Funding Mechanism: P30 grant

Total Funding: \$37.5 M FY09 for entire CFAR Program

Number of Awards: 20 CFAR awards in FY2009; 2 of these awards are described below
*Individual Award Amount: *Please note award amounts listed are not specific to research in incarcerated individuals and their families*

Lifespan/Tufts/Brown Center for AIDS Research grant: FY09 – FY10 \$3,175,770

University of North Carolina Center for AIDS Research grant: FY09 - FY10 \$4,942,198

Length of Project Period: 5 years

Federal Partners: National Institute of Allergy and Infectious Diseases (NIAID), National Cancer Institute (NCI), National Heart, Lung, and Blood Institute (NHLBI), National Institute on Drug Abuse (NIDA), National Institute on Mental Health (NIMH), National Institute on Child and Human Development (NICHD), National Institute on Aging (NIA), National Center for Complementary and Alternative Medicine (NCCAM), Office of AIDS Research (OAR), Fogarty International Center (FIC)

Summary: The CFAR program emphasizes the importance of interdisciplinary collaboration, especially between basic and clinical investigators, that promotes basic, clinical, behavioral, and translational research in the prevention, detection, and treatment of HIV infection and AIDS.

The Lifespan/Tufts/Brown CFAR Core D provides key support to the CFAR Prisoner Health and Human Rights Scientific Working Group. It has supported new initiatives on HIV testing and treatment within corrections internationally (R01 application, regarding HIV in corrections in the country of Georgia) and stimulated new initiatives in "Seek, Test, Treat, and Care" in the correctional setting (R01 grant applications by Drs Beckwith and Martin). In 2005, Dr. Curt Beckwith received a Lifespan/Tufts/Brown CFAR Developmental Award to investigate the effect of different HIV testing and counseling strategies delivered to jail inmates on HIV risk behavior following release from jail. The goal of this study was to compare standard HIV testing coupled with standard HIV counseling delivered by the Rhode Island Department of Corrections personnel to rapid HIV testing coupled with individualized risk reduction counseling delivered

by a research team member, as well as the impact of these different testing and counseling packages on HIV risk behavior following release from jail. A manuscript entitled "HIV Risk Behavior Pre- and Post-HIV Testing in Jail; a Pilot Study" was recently published in JAIDS 2010; 53(4): 485-90. NIHMSID: 172917. He also presented a secondary analysis entitled "Identification of multiple risk HIV factors among jail detainees" [Oral Abstract 375] at the 2009 National HIV Prevention Conference, August 23-26, 2009, Atlanta, GA.

Some of the University of North Carolina CFAR work with the prison system (Wohl, DAI7501) is co-funded by NIAID and NIDA. Projects funded through the UNC CFAR focus on HIV and drug resistance testing (Leone, MH68686), and include these studies people in and leaving the prison system (Wohl, MH079720). The UNC CFAR Criminal Justice Workgroup seeks to understand and reduce the spread of infectious diseases among vulnerable communities through collaboration with community organizations. Over the last three years, and with the assistance of Core G, members from the workgroup have submitted and obtained several NIH and private foundation-sponsored grants related to its aims, including a large ROI to assess HIV prevalence and testing behavior of prison inmates, multiple grants to implement a case management service program to facilitate transition of released inmates into communities, and an R21 to describe the social networks of inmates by utilizing *Staphylococcus aureus* as a biomarker for social contact.

Current Grantees: The University of North Carolina and Lifespan/Tufts/Brown Centers for AIDS Research projects currently have working groups in the area of incarcerated populations.

Evaluation Activities: None

Future Prospects: Plans to reissue the CFAR Program in 2011

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National Institute on Alcohol Abuse and Alcoholism

Research to Provide Alcohol Treatment to Released Prisoners

Type of Activity: Research

Funding Mechanism: Grants

Total Available Funding: N/A

Number of Awards: 2

Amount (current year): about \$225,000

Length of Project Period: Varies

Summary: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) currently has a small investment in research involving incarcerated individuals reentering society. One study using telemedicine technology focuses on access to alcohol services for rural offenders reentering the community. This study is part of a larger effort to support research that examines: health and social services and the service delivery system within treatment settings; processes for identifying and implementing empirically supported and sustainable intervention strategies; and programmatic and systemic policies that promote effective intervention and supportive services in real world settings where patients and their families are found. Another study is recruiting HIV positive prisoners who are being released to assess the effectiveness of a pharmacotherapy for alcohol dependence both on drinking behavior and on adherence to HIV treatment. This study fits into NIAAA's efforts to reduce the spread of HIV/AIDS in a variety of populations and to determine which medications for alcohol dependence are most effective for certain individuals in specific settings.

Background: Alcohol dependence and harmful drinking are over-represented in the prison population. In this population, as in the population at large, the majority of individuals who could benefit from treatment for alcohol problems do not receive it. Efforts to expand accessible and affordable treatment in general also include research to understand what is most effective for prisoners and those re-entering society after incarceration.

Current Grantees:

Principle Investigator	Location	Title
Michele Tindall	University of Kentucky Lexington, KY	Reentry Alcohol Services for Rural Offenders
Sandra Springer	Yale University Department of Medicine New Haven, CT	Alcohol Pharmacotherapies Among Released Prisoners

Locations of Projects: See above

Evaluation Activities: Peer-reviewed publications to disseminate scientific data and findings; presentations of findings at scientific meetings.

Future Prospects: Future prospects dependent upon receiving highly meritorious investigator-initiated projects and funds available.

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National Institute of Allergy and Infectious Diseases

Infectious Disease Research Related to Incarcerated Individuals

The following three projects/awards fund infectious disease research related to incarcerated individuals, with a focus on treatment, prevention, and transmission of Hepatitis C virus, *Staphylococcus aureus*, tuberculosis, and sexually transmitted infections in prisoner populations. These awards are not part of a program or initiative that specifically focuses on incarcerated individuals.

Funding mechanism: Grants (U19, UR01, R21 and U01, respectively)

Total funding per award:

- Acute Hepatitis C Virus Infection in the Prison Population--TOTAL \$4,424,326
- Risk Factors for Spread of *Staphylococcus aureus* in Prisons--TOTAL funding \$3,721,808
- Disparities in sexually transmitted infections among young women: Role of individual- and community-level exposures to incarceration and crime--TOTAL \$3,594,103

Number of awards: 3

Length of project:

- (1) Acute Hepatitis C Virus Infection in the Prison Population (2005-2010)
- (2) Risk Factors for Spread of *Staphylococcus aureus* in Prisons (2009-2014)
- (3) Disparities in sexually transmitted infections among young women: Role of individual--and community-level exposures to incarceration and crime (2009-2010)

Federal Partners: None

Summary:

Acute Hepatitis C Virus (HCV) Infection in the Prison Population: Therapies for HCV infection have improved recently, but still fail in many persons and are unavailable for most infected individuals worldwide. Therefore understanding natural immunity to this infection and the development of prophylactic vaccines and immunotherapies remain urgent goals. To this end, it will be essential to better understand the earliest events during acute HCV infection, as this is the exclusive time at which spontaneous clearance of viremia has been observed to occur. In Massachusetts we are studying the problem of acute HCV infection in recently incarcerated intravenous drug users, an important underserved population with a high risk of HCV exposure. A better understanding of the complex interaction between human immune system and the virus will offer insights into the mechanisms involved in viral control and persistence, information that promises to facilitate future preventive and therapeutic interventions against HCV infection and disease.

This project is supported under the Hepatitis C Cooperative Research Center awarded to George Lauer in 2005, and renewed in 2010, in response to a NIAID RFA entitled Hepatitis C

Cooperative Research Centers, which aims to foster and stimulate high-quality, multi-disciplinary collaborative research focused on hepatitis C virus (HCV) infection and disease.

Risk Factors for Spread of Staphylococcus aureus (S. aureus) in Prisons: The dramatic rise in community-based *S. aureus* infections, many due to methicillin-resistant *S. aureus* (MRSA), has become an important public health problem. This proposal will focus on prisoners, a high-risk group that has received limited attention. Our long term goal is to develop strategies that will prevent and control transmission of *S. aureus* within the prison system as well as in similar crowded environments by: (i) identifying patterns of *S. aureus* strain transmission within the prison, (ii) determining the factors associated with the development of clinical infections within the prison and (iii) identifying risk factors associated with colonization and/or infection with *S. aureus* at prisoner intake and at release.

Disparities in sexually transmitted infections among young women: Role of individual- and community-level exposures to incarceration and crime: Although there are significant and longstanding racial disparities in sexually transmitted infections (STI) among young women, their causal mechanisms are unidentified. One factor known to differ significantly by race and correlate strongly with STI risk is incarceration. High rates of incarceration and crime in a community have also been associated with higher STI prevalence in that community. Our research aims to (i) assess whether the association between incarceration and sexually transmitted infections (STI) is stronger when incarceration precedes first STI; (ii) assess whether community incarceration and crime rates are associated with an individual's risk of STI, after accounting for an individual's incarceration history; and (iii) assess whether increased risk of STI among minority young women is diminished when accounting for an individual's differential incarceration rate and exposure to community incarceration and crime rates.

Background: The three awards are a mix of investigator-initiated and solicited research in various initiatives related to infectious disease.

Current Grantees:

Principle Investigator	Location	Title
Arthur Kim	Massachusetts General Hospital Boston, MA	Acute Hepatitis C Virus (HCV) Infection in the Prison Population
Elaine Lucille Larson and Franklin Lowy	Columbia University Health Sciences New York, NY	Risk Factors for Spread of Staphylococcus aureus in Prisons
Sarah Elizabeth Wiehe	Indiana University-Purdue University at Indianapolis Indianapolis, IN	Disparities in sexually transmitted infections among young women: Role of individual- and community-level exposures to incarceration and crime

Evaluation Activities: N/A

Future prospects: The HCV Cooperative Research Centers program was recompleted in 2010
Disparities in sexually transmitted infections among young women: Role of individual- and community-level exposures to incarceration and crime--funded until FY11

Contacts:

Acute Hepatitis C Virus (HCV) Infection in the Prison Population: Rajen Koshy, rkoshy@niaid.nih.gov

Risk Factors for Spread of Staphylococcus aureus in Prisons: Clayton Huntley, chuntley@niaid.nih.gov

Disparities in sexually transmitted infections among young women: Role of individual- and community-level exposures to incarceration and crime: Dr. Hagit David, hagit.david@nih.gov

National Institute on Drug Abuse

Behavioral Therapies Development Program

Type of Activity: Research

Funding Mechanism: Grant

Total Available Funding: N/A

Number of Awards: 6

Average Award Amount (current year): \$439,000

Length of Project Period: 5 years

Federal Partners: NIAAA/NIH

Summary: These grants are part of a broader research program on the behavioral (and combined behavioral and pharmacological) treatment of drug abuse and addiction and its consequences (i.e., HIV risk reduction). These specific grants are aimed at developing and testing behavioral therapies specifically for individuals who are part of the criminal justice system.

Background: More and better treatment is needed in the criminal justice system. It is estimated that about half of state and federal prisoners meet the criteria for drug abuse and dependence and yet fewer than 20 percent who need treatment receive it. Forced abstinence (when it occurs) during incarceration is *not* equivalent to treatment. Failure to receive needed treatment or access to services often leads to relapse and re-arrest, usually during the first 12 months after release. Moreover, criminal justice settings are important venues for providing drug abuse and HIV prevention services and for identifying and treating HIV and drug use disorders. The Behavioral Therapies Development Program was established in 1992 with the goal of comprehensively supporting the development of behavioral (and combined behavioral and pharmacological) treatments for drug abuse and addiction. In 2008, NIDA solicited research applications studying the Interaction of HIV, Drug Use, and the Criminal Justice System. Applications were required to include research projects for developing interventions or research on translating and disseminating effective interventions into criminal justice settings.

Current Grantees:

Principle Investigator	Location	Title
June Tangney	George Mason University Fairfax, VA	Jail-Based Treatment to Reduce Substance Abuse, Recidivism and Risky Behavior
Lyn Stein	University of Rhode Island Kingston, RI	Motivation and Skills for Detained Teen Smokers
Lyungai Filela Mbilinyi	University of Washington Seattle, WA	Motivating Substance Abusing Batterers to Seek Treatment
Jennifer Johnson	Brown University Providence, RI	Group IPT for Women Prisoners with Comorbid Substance Use and Depression
Lynda Stein	University of Rhode Island Kingston, RI	Motivation and Skills For THC/ETOH+ Teens in Jail
Marina Campbell Tolou-Shams	Lifespan Providence, RI	HIV Prevention in the Family Drug Court
Elizabeth Letourneau	Medical University of South Carolina Charleston, SC	Targeting HIV Risk Behaviors in Juvenile Drug Court-Involved Youth
Frederick Altice	Yale University New Haven, CT	Intervention of HIV, Drug Use, and the Criminal Justice System in Malaysia

Location(s) of Projects: See above.

Evaluation Activities: Peer-reviewed publications to disseminate scientific data and findings; presentations of findings at scientific meetings.

Future Prospects: Future prospects dependent upon receiving highly meritorious investigator-initiated projects and funds available.

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Criminal Justice Prevention Research Portfolio

Type of Activity: Research

Funding Mechanism: Grants

Total Available Funding: N/A

Number of Awards: 8 grants

Average Award Amount (current year): \$521,000

Length of Project Period: Varies

Federal Partners: N/A

Summary: The National Institute on Drug Abuse's (NIDA) Prevention Research Portfolio supports research across the lifespan to reduce risks and prevent the initiation and progression of drug use to abuse and prevent drug-related HIV acquisition, transmission and progression. This program, in particular, supports research related to drug abuse and HIV prevention for youth, adults and their families (including intergenerational studies) who are at increased risk for and involved in the criminal justice system, including incarceration and reentry. The currently funded grants cover a broad array of topics and populations. Several grants specifically target ethnic minorities including African American and Hispanic youth; these groups are over-represented in the incarcerated youth population. Other grants target adolescent girls who are involved in the juvenile Justice system; a population at particular risk for continued problem behaviors and victimization. As a whole these prevention intervention grants attempt to identify and intervene with youth who are at risk for increasingly more intense levels of criminal justice involvement. Strategies for intervention vary, but include education and empowerment activities, brief court-based substance use interventions, and motivational interviewing.

Background: More than 31 million youth aged 10 to 17 years were under juvenile court jurisdiction in 2007 (National Center for Juvenile Justice, 2010). Of the 1,666,100 delinquency cases processed in 2007, 54% involved youth younger than 16; 27% involved females; and 64% involved white youth. The problem appears to be escalating at a greater rate for females than males with the female delinquency caseload growing at an average rate of 3% per year compared to 1% per year for males between 1985 and 2007.

From the prevention perspective, it is important to examine the intergenerational impact of criminal justice involvement. Children of parents in the criminal justice system are a population of "lost" (not captured in any system) and vulnerable children, many of whom live in families who have generations of problems with drug abuse, antisocial behavior, etc. In 2007, approximately 52% of state and 63% of federal inmates were parents, and over 1.7 million children had parents in prison (Glaze & Maruschak, 2008). Proportionately more inmates were persons of color than Caucasian, and thus Black and Hispanic children were much more likely to have an incarcerated parent than a White child (8 times and 3 times, respectively). Families with an incarcerated parent experienced a variety of problems including homelessness (9%), physical or sexual abuse (20%), medical problems (41%), mental health problems (57%) and substance abuse (67%). Despite these problems, just prior to arrest or incarceration, approximately two-thirds of mothers and half of fathers reported living with their minor children and about half of both fathers and mothers reported being the primary source of support for those children. During incarceration, 85% of mothers and 78% of fathers reported contact with a child. All of these

factors must be taken into account when devising interventions to prevent the vicious cycle of drug abuse and criminal justice involvement.

Current Grantees:

Principle Investigator	Location	Title
Ronald Lloyd Braithwaite	Dept of Community Health/Preventive Medicine Atlanta, GA	Morehouse School of Medicine (M-MIDARP)
Noelle R. Leonard	New York University New York, NY	Prevention Intervention for Drug Use & Related Behaviors with Incarcerated Youth
Jeffery N. Draine	Center for Mental Health Policy Philadelphia, PA	Education and Empowerment Intervention for HIV Prevention In and Out of Jail
Leslie Diane Leve	Oregon Social Learning Center Eugene, OR	Juvenile Justice Girls: Pathways to Adjustment and System Use in Young Adulthood
Guillermo Prado	University of Miami School of Medicine Miami, FL	Preventing Drug Abuse and HIV in Hispanic First Offenders
Elizabeth J. D'Amico	Rand Santa Monica, CA	Brief Substance Use Intervention for Youth in Teen Court
Dana K. Smith	OSLC Community Programs Eugene, OR	Prevention Drug Abuse & HIV/AIDS in Delinquent Youths: An Integrated Intervention
Anthony Spirito	Brown University Providence, RI	Individual & Family Motivational Interviews for Substance Using Truant Teens

Locations of Projects: See above

Evaluation Activities: Peer-reviewed publications to disseminate scientific data and findings; presentations of findings at scientific meetings.

Future Prospects: Future prospects dependent upon receiving highly meritorious investigator-initiated projects and funds available.

Contact:

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Criminal Justice Drug Abuse Treatment Studies (CJ-DATS)

Type of Activity: Research

Funding Mechanism: Grant; Cooperative Agreement Grant (U01)

Total Available Funding: N/A

Number of Awards: 12

Average Award Amount (current year): \$538,000

Length of Project Period: Varies

Federal Partners: Center for Substance Abuse Treatment (CSAT/SAMHSA), Department of Justice, Centers for Disease Control and Prevention

Summary: The Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) is a research cooperative studying organizational processes involved in the successful implementation of high-quality drug abuse treatment services in criminal justice settings. Each Research Center has partnered with at least one criminal justice setting (i.e., prisons, jails, probation/parole offices, reentry drug courts) and the collaborative provides a platform for multi-site treatment services research trials on implementing and sustaining improved drug abuse treatment services across a coordinated continuum of care for offenders with substance use disorders who are returning to the community after detention or incarceration. Studies focus on three topics: implementation of effective screening and assessment for the development of post-release treatment service planning; implementing medication assisted treatment through the development of inter-organizational linkages between community corrections and community-based treatment service providers; and implementation of a coordinated HIV continuum of care including prevention, testing, and linkage to treatment for offenders transitioning from the institution to the community.

Background: Many research-based clinical interventions and treatment services have not been adopted for criminal justice populations and consequently few drug-involved offenders benefit from them. From 2002-2007, NIDA funded the first phase of the CJ-DATS cooperative, which fielded 13 studies in 8 topical areas, all testing the effectiveness of specific interventions and treatment practices for incarcerated populations. In the course of conducting these studies, researchers identified multiple organizational and systems-level barriers to full-scale adoption and sustainability of these interventions in routine practice. The implementation of research-based drug abuse treatment practices in criminal justice settings often faces clinical, administrative, organizational, and policy barriers. While various implementation barriers are often surmounted during the course of research, if the solutions are expedient rather than systemic the intervention may not be sustainable once the study ends – regardless of its clinical effectiveness or cost-effectiveness. Thus, the research being conducted under the second phase of CJ-DATS supports organizational and systems-level studies on implementation and sustainability of three key practices: assessment, medication-assisted treatment, and a continuum of HIV prevention, testing, and treatment services.

Current Grantees:

Principle Investigator	Location	Title
Mike Shafer	Arizona State University Phoenix, AZ	The Arizona Network for the Study of Implementation Effectiveness
Linda Frisman	University of Connecticut West Hartford, CT	CT Research Center for Criminal Justice Drug Abuse Treatment Study Center
Christy Visher	University of Delaware Newark, DE	Implementing Effective HIV/Drug Treatment in Corrections-MidStates CJ-DATS Center
Tim Kinlock	Friends Research Inst Baltimore, MD	Implementing Treatment Initiatives for Criminal Justice Clients
Carl Leukefeld	University of Kentucky Lexington, KY	Central States Criminal Justice Drug Abuse Center
Peter Friedmann	Lifespan Providence, RI	Continuum of Care for Drug-Involved Offenders
Stan Sacks	NDRI New York, NY	NDRI Rocky Mountain Research Center for CJDATS 2
Michael Prendergast	UCLA Los Angeles, CA	Pacific Coast Research Center of CJ-DATS 2
Kevin Knight	Texas Christian University Fort Worth, TX	Implementing and Sustaining Innovations in Criminal Justice-DATS 2
Steve Belenko	Temple University Philadelphia, PA	The Pennsylvania Research Center at Temple University
Howard Liddle	University of Miami School of Medicine Miami, FL	Center for Implementing Juvenile Justice Drug Abuse & HIV Systems Interventions
Faye Taxman	George Mason University Manassas, VA	Action Research to Advance Implementation in the CJS: CJ-DATS 2 Continuation

Location(s) of Projects: See above.

Evaluation Activities: Process evaluations are built into each of the three implementation trials being conducted in CJ-DATS. As a cooperative agreement, NIDA also plays an active role in study design and management. Peer-reviewed publications to disseminate scientific data and findings; presentations of findings at scientific meetings.

Future Prospects: Dependent in part on results of research studies, which are just entering the field.

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Criminal Justice Epidemiology Research Portfolio

Type of Activity: Research

Funding Mechanism: Grant

Total Available Funding: N/A

Number of Awards: 14

Average Award Amount (current year): \$493,000 total costs

Length of Project Period: Varies

Federal Partners: National Institute on Mental Health (NIMH), National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Summary: The grants within the National Institute on Drug Abuse's Criminal Justice Epidemiology Research Portfolio are primarily longitudinal studies and secondary data analyses investigating substance abuse in incarcerated or formerly-incarcerated youth and adults. Many of the grants included in this portfolio focus specifically on minority populations that are disproportionately represented in the criminal justice system (e.g., African American and Hispanic racial/ethnic groups). Grantees examine racial/ethnic and gender disparities; the effects of incarceration on the onset, persistence, desistence, and recurrence of drug abuse disorders; the dynamic relationships between patterns of drug use and adult social role performance; and how risk and protective factors mediate patterns of drug use. Some studies within this portfolio also focus on the spread of STIs and HIV/AIDS within this population, with the aim of informing future strategies to reduce the spread of these diseases. Other grantees examine the effects of parental incarceration on children with regard to mental health and substance abuse outcomes.

Background: In recent decades, the number of adults involved in the criminal justice system has soared from about 1.8 million in 1980 to 7.3 million in 2007, due in large part to prosecutions of drug-related crimes and drug-addicted offenders. Criminal offenders have rates of substance abuse and dependence that are more than four times that of the general population. To help identify solutions to address this devastating problem, NIDA funds projects that examine substance abuse disorders among incarcerated individuals. Ultimately, the studies funded follow the high-risk incarcerated or formerly-incarcerated populations in an effort to inform policy and interventions to protect and/or reduce this group from the burden of substance abuse disorders and other diseases

Examples of Current Grantees:

Principle Investigator	Location	Title
Adams, Leah Maria	George Mason University Fairfax, VA	HIV Risk Behavior in Recently Released Jail Inmates: The Roles of Perceived Risk
Golder, Seana	University of Louisville Research Foundation Louisville, KY	Victimization and Women in the Criminal Justice System
Hoven, Christina W.	Columbia University New York, NY	Paternal Criminal Justice Involvement and Substance Use in Children & Adolescents
Hoven, Christina W.	Columbia University New York, NY	Maternal Incarceration and Course of Child Psychopathology in the South Bronx
Johnson, Mark E	University of Alaska Anchorage Anchorage, AK	HIV, Drugs, and Prisoners: Barriers to Epidemiologic and Intervention Research
Khan, Maria Rabia	NDRI New York, NY	Longitudinal Study of Substance Use, Incarceration, and STI in the US
Khan, Maria Rabia	University of Maryland College Park, MD	Relationship Disruption During Incarceration and HIV Risk in African American Men
Kim, Seijeoung	University of Illinois, Chicago Chicago, IL	Incarceration Effects on Prevention of Drug Use, STI-HIV and Recidivism
Mulvey, Edward P	Western Psychiatric Inst & Clinic Pittsburgh, PA	Pathways to Desistance from SU Problems and Crime
Teplin, Linda A	Northwestern University Chicago, IL	Drug Abuse, Incarceration & Health Disparities in HIV/AIDS: A Longitudinal Study
Teplin, Linda A	Northwestern University Chicago, IL	Drug Use Disorder & HIV/AIDS Risk in Juvenile Justice Youth: A Longitudinal Study
Teplin, Linda A	Northwestern University Chicago, IL	Trajectories of Drug Abuse in High Risk Youth
Ensminger, Margaret E.	Bloomberg School of Public Health Baltimore, MD	Drug Abuse and Crime Across the Life Course in an African American Population
Wu, Ping	Columbia University New York, NY	Drug Abuse, Criminal Justice System Involvement & Health Disparities in Youth

Location(s) of Projects: See above

Evaluation Activities: Peer-reviewed publications to disseminate scientific data and findings; presentations of findings at scientific meetings.

Future Prospects: Future prospects dependent upon receiving highly meritorious investigator-initiated projects and funds available.

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Medications Development for Incarcerated Individuals and Parolees

Type of Activity: Research

Funding Mechanism: Grants

Total Available Funding: N/A

Number of Awards: 9

Average Award Amount (current year): \$360,000

Length of Project Period: Varies

Federal Partners: N/A

Summary: These projects are testing treatments for opiate addiction and its medical consequences within criminal justice settings. Specifically, studies will be evaluating the effectiveness of initiating opiate replacement therapy (methadone) prior to release from prison vs referral to a methadone-treatment program on release, on reducing HIV risk behaviors; testing the efficacy of buprenorphine as well as methadone, prior to release from incarceration; testing a long-acting form of the opiate antagonist naltrexone; and adapting and testing a continuity of care model between the prison and community settings for inmates infected with Hepatitis C virus who have a history of drug use and comorbid psychiatric disorders.

Background: There are currently two medications available for opiate addiction, methadone and buprenorphine. However, these have not been widely adopted by criminal justice systems. Research to demonstrate their effectiveness within criminal justice populations as well as the development and testing of additional medications for both drug abuse as well as its medical consequences (e.g., HIV, Hepatitis C) is necessary to encourage the implementation of these treatments within the criminal justice system.

Current Grantees:

Principle Investigator	Location	Title
Josiah Rich	Miriam Hospital Providence, RI	Opiate Replacement Therapy at Release from Incarceration
Charles O'Brien	University of Pennsylvania Philadelphia, PA	Treatment Study Using Depot Naltrexone (1/6) Philadelphia Coordinator/Data Management Site
Peter Friedmann	Rhode Island Hospital Providence, RI	Treatment Study Using Depot Naltrexone (2/6) Rhode Island Protocol Treatment Site
Joshua Lee	NYU School of Medicine New York, NY	Treatment Study Using Depot Naltrexone (3/6) Bellevue Protocol Treatment Site
Edward Nunes	Columbia University New York, NY	Treatment Study Using Depot Naltrexone (4/6) Columbia Protocol Treatment Site
Timothy Kinlock	Friends Research Institute Baltimore, MD	Treatment Study Using Depot Naltrexone (5/6) Baltimore Protocol Treatment Site
Peter Friedmann	Rhode Island Hospital Providence, RI	Stabilize Addiction/Affect, Begin Inmates' Interferon for HCV of Liver (STAABIHL)
Curt Beckwith	Miriam Hospital Providence, RI	Comprehensive HIV Strategies for Jails
Timothy Flanigan	Miriam Hospital Providence, RI	HIV and Other Infectious Consequences of Substance Abuse

Evaluation Activities: Peer-reviewed publications to disseminate scientific data and findings; presentations of findings at scientific meetings.

Future Prospects: Future prospects dependent upon receiving highly meritorious investigator-initiated projects and funds available.

Contact:

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Seek, Test, and Treat: Addressing HIV in the Criminal Justice System

Type of Activity: Research

Funding Mechanism: Grant

Total Available Funding:

Number of Awards: 9

Average Award Amount (current year): \$925,000

Length of Project Period: Varies

Federal Partners: NIAID and NIMH

Summary: Seek, Test, and Treat: Addressing HIV in the Criminal Justice System is an initiative intended for funding in FY 2011 to empirically test the ‘seek, test, and treat’ paradigm in criminal justice populations. This model involves reaching out to high risk, hard to reach groups who have not been recently tested (seek), engaging them in HIV testing (test), and initiating, monitoring, and maintaining HAART for those testing positive (treat). Researchers will develop, implement, and test strategies to increase HIV testing and the provision of HAART to HIV seropositive individuals involved with the criminal justice system, with particular focus on continuity of HAART during and after community reentry following incarceration. Key outcome measures include linkage to care (e.g., seen at care center post-release) and viral suppression (e.g., proportion with undetectable viral load 6 months or more after initiation of ART). Researchers will conduct intervention research at the individual, organizational, or system level that leads to effective approaches for expanding access to HIV testing and HAART treatment in the criminal justice system and in community organizations working with criminal justice systems and populations.

Background: The overrepresentation of both drug abuse and HIV within criminal justice populations demands better strategies to integrate services and improve outcomes for both. Fourteen percent of HIV-infected individuals pass through correctional facilities each year. Yet criminal justice-based services and health and social services offered in the community remain fragmented. Prison settings offer a good opportunity to integrate substance use treatment with early HIV diagnosis and initiation of HAART therapy and will offer a fertile testing ground for this innovative strategy—to include reliable maintenance of treatment in the community.

Current grantees:

A Randomized Controlled Trial and Cohort Study of HIV Testing and Linkage to Care (Principal Investigator: Michael Scott Gordon, DPA, Friends Research Institute, Inc., Baltimore, MD).

Effectiveness of Peer Navigation to Link Released HIV+ Jail Inmates to HIV Care (Principal Investigator: William E. Cunningham, MD, University of California at Los Angeles, CA).

HIV, Buprenorphine, and the Criminal Justice System (Principal Investigator: Frederick Lewis Altice, MD, Yale University, New Haven, CT).

Improving Linkage to HIV Care Following Release from Incarceration (Principal Investigators: Josiah Rich, MD, Miriam Hospital, Providence, RI; Liza Solomon, PhD, Abt Associates, Inc., Cambridge, MA).

Naltrexone for Opioid Dependent Released HIV+ Criminal Justice Populations (Principal Investigator: Sandra Ann Springer, MD, Yale University, New Haven, CT).

RCT (Randomized Control Trial) of an augmented test, treat, link, & retain model for NC and Texas Prisoners (Principal Investigators: David Wohl, MD, University of North Carolina at Chapel Hill, NC; Patrick Flynn PhD, Texas Christian University, Ft. Worth, TX; Carol Golin, MD, The University of North Carolina at Chapel Hill, NC; Kevin Knight, PhD, Texas Christian University, Ft. Worth, TX).

Seek, Test, Treat: An Integrated Jail-Prison-Community Model for Illinois (Principal Investigators: Lawrence Ouellet PhD, University of Illinois at Chicago, Chicago, IL; Michael Puisis DO, Cermak Health Services, Chicago, IL; Jeremy Young MD, University of Illinois at Chicago, Chicago, IL).

Seek, Test, and Treat Strategies (Principal Investigator: David W. Seal, PhD, Medical College of Wisconsin, Milwaukee, WI).

Seek, Test, Treat Strategies for Vietnamese Drug Users: A Random Controlled Trial (Principal Investigator: Vu Minh Quan, MD, Johns Hopkins University, Baltimore, MD).

START Together: HIV Testing and Treatment in and after Jail (Principal Investigator: Stanley Sacks, PhD, National Development and Research Institutes, New York City, NY).

CARE Corrections: Technology for Jail HIV/HCV Testing, Linkage, and Care (TLC) (Principal Investigators: Curt Beckwith, M.D., Miriam Hospital, Providence, RI; Irene Kuo, Ph.D., The George Washington University; Ann Kurth, Ph.D., New York University (funded jointly with NIDA and NIAID))

Finding, Testing and Treating High-risk Probationers and Parolees with HIV (Principal Investigator: Alexander Kral, Ph.D., Research Triangle Institute, Research Triangle Park, NC (Funded by NIMH))

Location(s) of Projects: Baltimore, MD; Chicago, IL; New York, NY; Washington DC, New Haven, CT; Los Angeles, CA; Madison, WI

Evaluation Activities: Peer-reviewed publications to disseminate scientific data and findings; presentations of findings at scientific meetings.

Future Prospects: Future prospects dependent upon receiving highly meritorious investigator-initiated projects and funds available.

Contact:

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National Institute of Mental Health

Basic Cognitive and Behavioral Research Grants Related to Antisocial Behavior

Type of Activity: Research

Funding Mechanism: Grants

Total Available Funding: N/A

Number of Awards: 10

Award Amount: \$2.4 Million per year

Length of Project Period: Varies (1-5 years)

Federal Partners: N/A

Summary: These projects aim to elucidate the basic cognitive and behavioral mechanism underlying sociopathy with the purpose of understanding the biological pathways to antisocial behavior and ultimately developing more effective preventive and treatment interventions. Participants in these studies are offenders, who are or have been incarcerated, their offspring, or individuals at risk for antisocial behavior and therefore incarceration. A number of methodological approaches are utilized, such as psychophysiological assessments (e.g., event-related potentials, startle reflex, electromyography), MRI imaging techniques to evaluate functioning of limbic and paralimbic brain circuitries and other relevant brain regions, and genetic assessments. These studies are funded through a variety of grant mechanisms, including training grants to support the research careers of promising investigators in this area.

Current Grantees (FY09 and FY10):

Principle Investigator	Location	Title
Naomi Samimi Sadeh	University of Illinois Urbana-Champaign Champaign, IL	Attention-Emotion Interactions in Psychopathy
Kent A. Kiehl	The Mind Research Network Albuquerque, NM	The Cognitive Neuroscience of Female Psychopathy
Christopher John Patrick	Florida State University Tallahassee, FL	Trait Fear and Disinhibition in Impulse Control Disorders
Menahem I Krakowski	Nathan S. Klein Institute for Psychological Research Orangeburg, NY	The Neurophysiology of Violence in Schizophrenia
Joseph P. Newman	University of Wisconsin Madison, Madison, WI	Cognitive-Emotion Interactions in Psychopathy
Joann Wu Shortt	Oregon Social Learning Center, Inc. Eugene, OR	Emotion-Focused Intervention for Mothers and Children Under Stress
Carla Harenski	University of New Mexico Albuquerque, NM	Multimodal Imaging of Social Emotion and Decision Making in Psychopathy
Edward M. Bernat	Florida State University Tallahassee, FL	Neurobiological Mechanisms of Impulse Control Problems
Elsa Ruth Ermer	University of New Mexico Albuquerque, MN	Social Reasoning in Psychopathy
Eyal Aharoni	University of New Mexico Albuquerque, NM	Neural Mechanisms of Passive Avoidance Learning in Psychopaths

Evaluation Activities:

Future Prospects: One time funding; may submit applications for funding of additional research.

Contacts:

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Dr. Molly Oliveri
 Director, Division of Developmental Translational Research
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HIV Prevention and Treatment Grants

Type of Activity: Research

Funding Mechanism: Grants

Total Available Funding: N/A

Number of Awards: 9

Award Amount: \$2.0 Million per year

Length of Project Period: Varies (1-5 years)

Federal Partners: N/A

Summary: These projects address the prevention and treatment of HIV infection in the context of mental illness in incarcerated populations, their families, and individuals at risk for HIV. The focus is on psychosocial interventions that rapidly impact the health of these people. A variety of grant mechanisms are used to support this research, including also training grants to support research career of investigators interested in this area.

Current Grantees (FY 09 and FY10):

Principle Investigator	Location	Title
David L. Rosen	University of North Carolina Chapel Hill, NC	Determinants of voluntary HIV testing among inmates
Renee Gindi	Johns Hopkins University Baltimore, MD	The impact of incarceration on partner selection norms and HIV
Megan L. Comfort	University of California San Francisco San Francisco, CA	HIV Risk among Male Parolees and their Female Partners
David A. Wohl	University of North Carolina Chapel Hill, NC	Incarceration and HIV-Infected Inmates
Sheryl L. Catz	Group Health Research Institute Seattle, WA	Prevention Needs of HIV+ Persons Awaiting Release from Prison
Carol E. Golin	University of North Carolina Chapel Hill, NC	Social Networks and HIV-infected Former Prison Inmates
Ronald Lloyd Braithwaite	Morehouse School of Medicine Atlanta, GA	Mentored Training Program to Increase Diversity in HIV Substance Use and Mental Health Research
Timothy P. Flanigan	Miriam Hospital Providence, RI	The Brown Initiative in HIV and AIDS Clinical Research for Minority Communities
Caron Zlotnick	Women and Infants Hospital Providence, RI	Reducing HIV/STI Risk Behaviors among Financially Disadvantaged Victimized Women

Future Prospects: One time funding; may submit applications for funding of additional research.

Contact:

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Mental Health Services and Interventions Grants

Type of Activity: Research

Funding Mechanism: Grants

Total Available Funding: N/A

Number of Awards: 17

Award Amount: \$5.6 Million per year

Length of Project Period: Varies (2-5 years)

Federal Partners: N/A

Summary: Within the NIMH Division of Services and Interventions Research, seventeen active grants support research related to improving available services and interventions for incarcerated populations and their families. The investigator-initiated studies include infrastructure development grants (two advanced centers), career development awards, pilot studies, and large-scale research projects. Topics include treatment, prevention and services intervention development across juvenile and adult correctional systems, community reentry programs, and the ethics of conducting research within jails and prisons.

Current Grantees:

Principle Investigator	Location	Title
Naomi E. Goldstein	Drexel University Philadelphia, PA	Anger Management Treatment for Female Juvenile Offenders
Caron Zlotnick	Women and Infants Hospital Providence RI	Interventions for Financially Disadvantaged Mothers
Carol Louise Caton	Columbia University New York, NY	Columbia Center for Homelessness Prevention Studies
Bartley Christopher Frueh	University of Hawaii at Hilo Hilo, HI	Mentoring/Career Development in PTSD Services Research
Jeffery N. Draine	University of Pennsylvania Philadelphia, PA	Critical Time Intervention (CTI) for Men with Mental Illness Leaving Prison
J. Steven Lamberti	University of Rochester Rochester, NY	Forensic Assertive Community Treatment: An Emerging Model of Service Delivery
Karen J. Cusack	University of North Carolina Chapel Hill, NC	PTSD and Dual Disorders at the Interface of the MH and CJ Systems
Nancy Wolff	Rutgers University New Brunswick, NJ	Advanced Center for Mental Health Services and Criminal Justice Research
Christine E. Grella	University of California—Los Angeles Los Angeles, CA	Mental Health Characteristics and Service Utilization of Substance-Abusing Offend
John Edens	Texas A&M University College Station, TX	Contextual Influences in Prisoner Research
Alison L. Miller	University of Michigan Ann Arbor, MI	Locally-Tailored Prevention Programming for Children of Incarcerated Mothers
Cathleen E. Willging	Pacific Institute for Research and Evaluation Beltsville, MD	Mental Illness and Community Reentry in a Multi-Ethnic Population of Female Inmates
Cheryl Cepelak	Connecticut State Department of Corrections Wethersfield, CT	Formalizing a Research Partnership in Corrections
Joseph P. Morrissey	University of North Carolina Chapel Hill NC	Community Reentry of Persons with Severe Mental Illness Released from State Prison
Michael Rowe	Yale University New Haven, CT	Social Inclusion and Mental Illness: Outcome Measure Development
Stephanie Hartwell	University of Massachusetts Boston, Boston, MA	Evaluating Effectiveness of a Statewide Public Mental Health Reentry Program

Future Prospects: One time funding; may submit applications for funding of additional research projects.

Contact:

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Office of the Secretary

Assistant Secretary for Health/Office of Adolescent Health (OAH)

Teen Pregnancy Prevention: Replication of Evidence-based Programs – Tier 1 (FY 10-15)

Funding Mechanism: Cooperative Agreements

Total Available Funding: \$75 million

Number of Awards: 75

Average Award Amount per Year: Range from \$400,000 to \$4 million per year

Length of Project Period: 5 years

Federal Partners: None for Tier 1

Summary: These Cooperative Agreements, part of the larger OAH TPP Initiative, will support medically accurate and age appropriate programs that reduce teen pregnancy. Funding is available for two broad program types: 1) curriculum-based programs that seek to educate young people about topics such as responsible behavior, relationships, and pregnancy prevention, and 2) youth development programs that seek to reduce teenage pregnancy and a variety of risky behaviors through a broad range of approaches. Youth development programs usually incorporate multiple components, such as service learning, academic support, or opportunities to participate in sports or the arts. They also collaborate with multiple networks and /or provide youth with development focused activities. In both cases, funding under this announcement can only be provided to applicants who seek to replicate evidence-based programs that have been shown to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors.

Under a contract with HHS, Mathematica Policy Research (MPR) conducted an independent, systematic review of the evidence-based programs shown to be effective in preventing teenage pregnancy. The review defined the criteria for quality of an evaluation study and the strength of evidence for a particular intervention. Once completed, the study identified twenty-eight (28) evidence-based programs to be replicated. Out of the twenty-eight, two of the program models eligible for replication target populations that focus on adjudicated youth and/or youth in detention settings.

- **HIV Risk Reduction Among Detained Adolescents** – This program model targets high risk adolescents in juvenile detention facilities. Participants attend single three-hour small group sessions that include group activities and video presentations. Following the three-hour session, participants engage in one-hour group discussion on alcohol use and sexual activity using motivational enhancement therapy techniques.
- **Rikers Health Advocacy Program** – This program model targets high-risk youth, particularly drug users and youth in correctional facilities. Participants attend four one-hour sessions on HIV/AIDS prevention.

Background: The purpose of the Teen Pregnancy Prevention initiative – Tier 1, funded by the Consolidated Appropriations Act, 2010 (Public Law 111-117), Division D, Title II of the Act, is to support the replication of evidence-based program models that have been proven through rigorous evaluation to be effective in preventing teenage pregnancy. Funds were made available for projects operating in one or multiple sites with an emphasis on replication of evidence-based models that have demonstrated impact on key sexual behavioral outcomes. Teen Pregnancy Prevention Tier 1 sought to fund programs that will increase the capacity of communities to implement and evaluate evidence-based interventions to prevent teenage pregnancy. Communities with high rates of teenage pregnancies were targeted.

On September 30, 2010, OAH funded a broad range of evidence-based program models. Having multiple funding ranges allowed a wide array of evidence-based programs to be funded by a diverse set of grantees that have varying capacity to implement large-scale or smaller scale projects.

- Range A: \$400,000 to \$600,000 per year
- Range B: \$600,000 to \$1,000,000 per year
- Range C: \$1,000,000 to 1,500,000 per year
- Range D: \$1,500,000 to \$4,000,000 per year

Selected Grantees:

YMCA of Metropolitan Detroit (Detroit, MI)

The YMCA of Metropolitan Detroit is implementing the Making a Difference! model to address the need for teen pregnancy prevention and STI prevention for youth ages 11-14 in Wayne, Macomb, and Oakland Counties. Approximately 10,000 youth will be served over the five-year project. During the summer months, the program will be offered to youth via YMCA branches and other youth serving organizations. Incarcerated youth at two detention centers will also be served through this project.

Contact: Tricia Hamzik, 586-469-1788, thamzik@ymcametrodetroit.org

San Diego Youth Services (San Diego, CA)

San Diego Youth Services (SDYS) is the lead agency of a 5-part collaborative effort that will implement the CAT + Project (Community Assessment Team). They will add Reducing the Risk to the existing CAT project as an enhancement. The collaborative that operates the CAT project is an established collaborative that has worked together on the CAT project (juvenile justice and life skills) and VAM (Vision Achievement Mentoring- teen pregnancy

prevention). SDYS will serve 2,160 youth per year with the CAT + Project. The target population is youth ages 13-19, males and females, who are involved in the juvenile justice system or have been identified as high risk.

Contact: Steven Jella, 619-221-8600, Sjella@sdyouthservices.org

YMCA of Cumberland Maryland (Allegany, MD)

The YMCA of Cumberland Maryland will implement Project AIM for middle school students in rural Allegany County, Maryland. The project will be implemented in four public middle schools, one private middle school, the Girls' Group Home, and the Parenting and Pregnant Teens Program, reaching a total of 750 youth each year. In addition, the grantee will implement Project AIM with 40 highly at-risk youth each year who will be recruited from foster care, homeless shelters, and juvenile probation officers. The project anticipates success in redirecting the aspirations of the targeted youth away from risky sexual behaviors and toward positive life goals.

Contact: Sharon Cihlar, 301-777-9622, scihlar@allconet.org

Southern Nevada Health District (Las Vegas, NV)

The Southern Nevada Health District (SNHD) will work with a core group of agencies such as the Clark County Division of Family Services, the Nevada Division of Child and Family Services, and the Clark County Family Courts to provide education and interventions for 9,000 high risk adolescents aged 13-18 years in seven zip codes. Youth will be served in detention centers or at one of two Division of Family Services sites. The initial project will serve youth in the Clark County Juvenile Detention Center, Clark County Probation, and Division of Family Services Foster Care Program. In year three, SNHD plans to expand to community-based organizations (i.e., Boys and Girls Clubs) to reach youth that reside in Clark County zip codes with high incidences of teen birth rates, HIV/STD infections and poverty, and disenfranchised youth (including immigrants, homeless and those involved with the judicial system).

Contact: Alice Costello, 702-759-1313, Costello@snhdmail.org

Youth Services of Tulsa, Inc. (Tulsa, OK)

This project targets high risk youth aged 12-19 years over 5-year project period. Youth in the target population are located six public housing communities, three detention centers, and five programs at Youth Services Tulsa, including adolescent emergency shelter, street outreach, first time offender, home-based counseling, and transitional living program.

Contact: David Grewe, 918-382-4491, dgrewe@yst.org

Complete state-by-state grantee lists available at:

http://www.hhs.gov/news/press/2010pres/09/teenpregnancy_statebystate.html and
<http://www.hhs.gov/ash/oah/prevention/grantees/model.html>

Evaluation Activities: OAH plans for a mixture of evaluation strategies to address the question of whether replications of evidence-based programs are effective. The evaluation strategies include: (a) Federal evaluation of a selected subgroup of all grantees and (b) grantee-level evaluations (with Federal training, technical assistance, and oversight) for projects funded in Ranges C and D. In addition, all grantees will be expected to monitor and report on program

implementation and outcomes through performance measures. Performance measures are intended for monitoring purposes and to provide feedback to programs about whether they are implementing programs as intended and seeing outcomes as expected.

Future Prospects: Dependent upon appropriation

Contact:

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Teen Pregnancy Prevention (TPP): Research and Demonstration Programs and Personal Responsibility Education Program (PREP) - Tier 2 (FY 10-15)

Funding Mechanism: Cooperative Agreements

Total Available Funding: \$25 million

Number of Awards: 19

Average Award Amount per Year: Ranging from \$400,000 to \$1 million per year

Length of Project Period: 5 years

Federal Partners: Administration for Children and Families (ACF)

Summary: The Office of Adolescent Health (OAH) and the Administration on Children, Youth and Families (ACYF) collaborated in funding competitive discretionary grants under two similar programs to support innovative youth pregnancy prevention strategies which are medially accurate and age appropriate. This single application process was developed to link the two programs which share a common goal and to help reduce the application burden on potential applicants by eliminating the need either to determine which program to apply for or to submit two applications.

TPP and PREP - Tier 2 is part of the larger OAH TPP Initiative which will support research and demonstration programs that will develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy under the TPP program, and to implement innovative strategies for preventing teenage pregnancy and target services to identified populations under PREP. These populations include high-risk, vulnerable, and culturally under-represented youth populations, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant women or mothers who are under 21 years of age and their partners, and youth residing in areas with high birth rates for youth.

Background: The purpose of the Teen Pregnancy Prevention Initiative – Tier 2, funded by the Consolidated Appropriations Act, 2010 (Public Law 111-117), Division D, Title II of the Act, is to support research and demonstration grants to develop, replicate, refine and test additional models and innovative strategies for preventing teenage pregnancy. Programs funded demonstrate that they can carefully document the intervention for possible replication by others, demonstrate the capacity to conduct a process and outcome evaluation, and plan for the dissemination of findings through various means, including but not limited to, publication of an article in a peer-reviewed journal. Funded projects are expected to address teenage pregnancy prevention and related risk behaviors in youth in communities with high need as demonstrated by high rates of teen birth or pregnancies or other associated sexual risk behaviors.

This program aims to increase the capacity of communities to develop, implement, and evaluate interventions for dissemination and replication by others. Funded projects must show that the proposed intervention is (a) based on some preliminary evidence as effectiveness, (b) a significant adaptation of an evidence-based program, or (c) is a new and innovative approach to teenage pregnancy prevention.

On September 30, 2010, OAH and ACF funded in two ranges:

- **Range A:** \$400,000 to \$600,000 per year
- **Range B:** \$600,000 to \$1,000,000 per year

Selected Grantees:

State of Alaska, Division of Public Health, Section of Women’s, Children’s & Family Health (Anchorage, AK)

The State of Alaska, Division of Public Health, Section of Women’s, Children’s, and Family Health will implement a Making Proud Choices! adaptation using trained peer health educators. The project will target youth ages 11-19, in five communities: Anchorage, the Matanuska-Susitna Valley, the Kenai Peninsula Borough, Kotzebue, and Bethel. Participants will be drawn from behavioral health residential facilities, alternative high schools, juvenile detention centers, foster care, and transitional housing; additionally, the project will serve Alaska Native youth living in rural areas that experience high teen pregnancy rates.

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Complete state-by-state grantee lists available at:

http://www.hhs.gov/news/press/2010pres/09/teenpregnancy_statebystate.html and
<http://www.hhs.gov/ash/oah/prevention/grantees/research.html>

Future Prospects: Dependent on appropriation

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Assistant Secretary for Health/Office of Minority Health (OMH)

HIV/AIDS Health Improvement for Reentering Ex-Offenders Initiative (HIRE)

Type of Activity: Demonstration

Funding Mechanism: Cooperative Agreement

Total Available Funding: \$1,974,999

Number of Awards: 8

Award Amount: \$230,000 to \$250,000

Length of Project Period: 3 years; September 1, 2009 - August 31, 2012

Federal Partners: Not applicable

Summary: As the lead agency to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities, the Office of Minority Health (SMH), through the mechanism of the HIRE Program, seeks to bridge healthcare gaps that exist with this epidemic to improve the HIV/AIDS health outcomes of ex-offenders reentering the mainstream population. This demonstration project supports 8 grantees located in the three states with the highest incidence of inmates known to be infected with HIV or to have confirmed AIDS in state prisons at year end 2006: New York (4,000), Florida (3,412) and Texas (2,693). Through a systems navigation approach, the HIRE Program seeks to provide access to prevention and treatment services to the reentry population in an effort to support the Healthy People 2010 overarching goals to increase quality and years of healthy life and to eliminate health disparities. Grantees are required to form stakeholder partnerships that will plan, develop and provide community-based HIV/AIDS-related services, transitional assistance, and substance abuse and mental health services for the reentry population. Community-based and faith-based organizations will be provided the opportunity to deliver comprehensive HIV/AIDS-related services and transition assistance to include prescription drug assistance and substance abuse and mental health services as well as issues surrounding employment, family, education, housing, and community involvement. The HIRE Program places primary focus on the reentry populations in the three targeted states, with special emphasis on the following reentry subpopulations: substance abusers, men who have sex with men, and individuals impacted by mental health disorders.

Background: Reentry into society for ex-offenders living with HIV/AIDS is a complex process. The stigma and physical challenges associated with HIV/AIDS creates barriers to employment, housing and reunification with family and friends. The need for assistance with health care is integral to an ex-offender's ability to remain healthy and productive. The HIRE project seeks to bring together multiple stakeholders, within the public health system, to work together to

implement a model transition process by establishing a connection between ex-offenders and community-based, minority-serving organizations that will provide comprehensive HIV/AIDS-related services and transition assistance to ex-offenders who are moving back into society.

According to the Bureau of Justice Statistics, the rate of AIDS has been higher among prison inmates than in the general population since 1991. At the end of 2005, the rate of confirmed AIDS cases for state and federal prisoners (0.46%) was about 2½ times that in the U.S. general population (0.17%) Three states, New York, Florida, and Texas housed 49% of all inmates known to be infected with HIV or to have confirmed AIDS in state prisons at year end 2006.

In the examination of the need for reentry population programs before the House Committee on the Judiciary in 2006, Scott A. Sylak, the President of the National TASC (Treatment Accountability for Safer Communities), a nonprofit association representing individual and agency programs across the United States that aims to improve the professional delivery of screening, assessment and case management services to justice-involved persons with substance abuse or behavioral health problems, stated that "...an estimated 80% of the state prison population report histories of substance abuse, 90% fail to obtain those services while incarcerated." He testified that "it is estimated that only 10% of offenders receive appropriate community linkage and follow-up services upon release." Sylak also testified that "a majority of those returning are young, lack a job, have two or more minor children and have a lower educational attainment and housing stability history than those who have never been incarcerated. More than two out of three returning from prison have a substance abuse or mental health history that will require treatment and support. Many also need medications to treat HIV and other communicable diseases. A growing number of released offenders do not have housing and become homeless after discharge from criminal justice custody. Without case management and appropriate services, this population will continue to drive up costs to our communities. Combining targeted clinical case management with services and resources that prevent new crime can solve many of these problems."

The Office of Minority Health seeks to bridge healthcare gaps that exist with this epidemic by collaborating with SAMHSA and HIS in providing prevention and treatment services to an affected and captive population that could result in cost savings for health care and law enforcement and more importantly, save lives and support the Second Chance Act of 2007 as critically important legislation that can address multiple challenges related to the return of incarcerated persons from prisons to their communities. The Second Chance Act is a response to the increasing number of people who return to their communities from prison and jail. According to the Reentry Population Council, there are currently 1.7 million people serving time in federal and state prisons, and millions of people cycling through local jails every year. Ninety-five percent of all prisoners incarcerated today will eventually be released. The Second Chance Act helps ensure the transition ex-offenders make from prison or jail to the community is safe and successful. The Office of Minority Health, with its Federal partners, can assist that goal by improving the HIV/AIDS health outcomes of ex-offenders re-entering the mainstream population by supporting community-based efforts to ensure the successful transition of ex-offenders as they complete their state or federal prison sentences and return to the community.

Current Grantees:

- Long Island Association for AIDS Care, Inc., Hauppauge, NY
- City of Dallas Environmental and Health Services, Dallas, TX
- Housing Works, Inc., Brooklyn, NY
- The Osborne Association, Bronx, NY
- FACES NY, Inc., New York, NY
- Healing BALM of NE Florida (DBA Fla Community Prevention Ctr), Fernandina Beach, FL
- Metropolitan Charities, Inc., St. Petersburg, FL
- Alamo Area Resource Center, San Antonio, TX

Evaluation Activities: The grantees evaluation plan must clearly articulate how the applicant will evaluate program activities. It is expected that evaluation was implemented at the commencement of the program in order to document actions contributing to program outcomes. The evaluation plan must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in improving the HIV/AIDS health outcomes of ex-offenders re-entering the mainstream population. The plans identify the expected results for each major objective and activity. Grantee evaluation plans include data collection and analysis methods, demographic data to be collected on project participants, measures describing indicators to be used to monitor and gauge progress towards reaching projected results by objectives, outcome measures accomplished, planned activities, and impact measures demonstrating achievement of the objectives to have a positive impact on the health outcomes of ex-offenders affected by HIV/AIDS.

Anticipated results of the HIRE program include the following:

- Increased availability of HIV testing, counseling and referral services for reentry populations;
- Increased access and improved coordination of health, social and support services for reentry populations;
- Increased utilization of health services and adherence to HIV treatment plans;
- Behavior modification;
- **Systems** change relative to the development or enhancement of integrated community-based health, social and support services for reentry populations.

Outcome Measures:

- Increase the number of HIV infected ethnic and racial minority ex-offenders surviving 3 years after a diagnosis of AIDS
- Reduce the percentage of diagnosis with AIDS when first diagnosed with HIV among racial and ethnic minority ex-offenders
- Reduce the rate of new HIV infections among racial and ethnic minority ex-offenders in the United States

OMH monitoring activities include review of annual and other progress reports, quarterly group conference calls, group email list service, electronic message boarding, and individual project

communication by telephone and e-mail, and site visits. Mandatory reports include the progress/mid-year and annual reports.

Future Prospects: Unknown. Dependent upon project results and availability of MAI funds in FY 2012.

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The Linkage to Life Program (L2L): Rebuilding Broken Bridges for Minority Families Impacted by HIV/AIDS

Type of Activity: Demonstration

Funding Mechanism: Cooperative Agreement

Total Available Funding: \$2,840,000

Number of Awards: Up to 6

Award Amount: Up to \$475,000 each

Length of Project Period: 3years; September 1, 2010 - August 31, 2013

Federal Partners: Health Resources and Services Administration (HRSA); Substance Abuse and Mental Health Administration (SAMHSA)

Summary: The L2L Program intends to: (1) demonstrate the effectiveness of a family-centered, integrated health and social service network approach to reducing HIV/AIDS incidence and improving health outcomes among high-risk minority populations in transition from domestic violence, incarceration, and substance abuse treatment; (2) address the health and social barriers that may contribute to HIV/AIDS incidence among high-risk racial and ethnic minorities; and (3) assist in the prevention of generational cycles of behavior that increases risk of future HIV infection among dependent youth. The L2L Program will support family-centered integrated health and social service resource networks that coordinate and assure provision of HIV/AIDS treatment and prevention services, healthcare, social and support services, substance abuse treatment, and behavioral health services.

Effective linkage to resources and services directly associated with ones hierarchy of need has proven to be successful in decreasing recidivism, improving the duration of sobriety, and

reducing the likelihood of reentry into abusive relationships among individuals in transition. Furthermore, addressing social determinants of health such as housing, food, and employment will increase the likelihood of adherence to HIV treatment, and aid in the reduction of risky behavior that contributes to HIV transmission. The L2L Program aims to address the barriers caused by system and service fragmentation by establishing networks of health and social service organizations equipped to meet the complex needs of minority families in transition.

Background: Despite significant advances in HIV prevention education and treatment, communities of color continue to suffer the brunt of the HIV/AIDS epidemic. The disproportionate impact of the epidemic on racial and ethnic minorities is well documented. Poverty, cultural barriers and other social determinants may influence the incidence of HIV/AIDS among minorities. Disenfranchisement coupled with transition from substance abuse, incarceration, and/or domestic violence increases risk for HIV infection and may exacerbate existing illness.

Upon release from incarceration, transitional housing, or substance abuse treatment programs, high-risk transitional populations may enter into a fragmented system that does not link them to appropriate health, social and supportive services, employment, and housing. While there are currently some forms of extensive case management, navigation, and coordination services provided to reentry and transitional populations, the availability of these services varies by state. Moreover, the referral and/or coordination services that are available may not be sufficiently as intensive or comprehensive, due to severely limited community resources. Decreased accessibility, lack of a medical home, and limited community resources coupled with difficulty in navigating a complex health and social service system, further decreases the quality of life of individuals who are already disenfranchised. Consequently, continued participation in risky behavior such as: unprotected sex (that may be voluntary or forced); use of substance as a coping mechanism and/or relapse into substance abuse; failure to adhere to medical treatment plans; and return to a domestically violent and/or exploitive environment may occur.

Additionally, the dependent children of high-risk minority women and men are adversely impacted by the fragmented health and social service system. Nationally, African American children are nearly eight times more likely to have a parent in prison than White Children. Latino children are nearly three times more likely than White children to have an incarcerated parent. Moreover, witnessing violence from a parent or caretaker is the strongest risk factor for transmitting violence from one generation to the next. Affected children may end up in the foster care system for prolonged periods of time, and/or may be subjected to abuse and neglect. These children are also at great risk for entering into a repetitive cycle of risky behavior and potential future incarceration. Entrance into such a repetitive cycle increases future risk for HIV infection. The HSSR Network will be expected to link children to appropriate mental health counseling, substance abuse prevention programs, HIV prevention education programs, youth violence prevention programs, and alternative education programs, as needed.

Current Grantees:

- Community Education Group, Washington, DC
- The CORE Foundation, Chicago, IL
- Metropolitan Charities, St. Petersburg, FL

- Volunteers of America Bay Area, Inc., Alameda, CA
- Latino Commission on AIDS, New York, NY
- Dominican Sisters Family Health Services, Inc., Bronx, NY.

Locations of Projects: See above.

Evaluation Activities: Grantees and partnering organizations will be expected to collect base-line data on participants upon entry into the program. Data is also expected to be collected for the duration of the project. Relevant base-line data will be inclusive of: HIV status; self-reported HIV treatment adherence; overall physical and mental health; history of domestic abuse, substance abuse, and mental health disorders; proposed living arrangement upon release from transitional housing and/or reentry programs; and health and social services needs of dependent children to include re-establishing parental rights/custody and/or reuniting families. Upon determination of immediate health and social services needs, program participants will be provided services and linked to the appropriate community resources. The HSSR Coordination Specialist will provide follow-up throughout the project period to assure actual enrollment into service and maintenance of benefits, services or housing obtained. The program is expected to be evaluated using the process and impact measures detailed below.

Process Measures

- Number of individuals with a clinical report of adherence to HIV treatment.
- Number of HIV infected individuals surviving 3 years after a diagnosis with AIDS.
- Number of individuals who learn their HIV status for the first time per the MAI fund.
- Number of individuals in receipt of HIV testing and knowledgeable of their status.
- Number of at-risk youth in receipt of HIV testing and counseling and knowledgeable of their HIV status.
- Number of individuals in receipt of HIV testing upon entry into transitional housing programs.
- Number of newly diagnosed HIV positive individuals referred and in receipt of comprehensive HIV/AIDS services.
- Number of individuals referred and enrolled into substance abuse and mental health treatment programs.
- Number of at-risk youth in receipt of education relative to HIV transmission.
- Number of at-risk youth in receipt of appropriate counseling and/or mental health services.
- Number of at-risk youth in receipt of substance abuse prevention education and/or treatment.
- Number of individuals linked to and enrolled into publicly funded social and health services programs, such as TANF, Medicaid, and HUD housing.
- Number of individuals linked and enrolled into job training/placement programs.

Impact Measures

- Increased availability of and access to prioritized services designed for the unmet needs of minority HIV/AIDS sub-populations who are knowledgeable of their status but are currently not in care.

- Improved efficiency and utilization of MAI funds via increased Federal interagency collaboration and leverage of MAI-funded community-based resources.
- Increased access to primary care, substance abuse treatment, and mental health services.
- Increased rates of adherence to HIV treatment.
- Decreased frequencies of substance abuse relapse.
- Decreased rates of HIV transmission.
- Improved quality of care, and subsequent increased rates of survival for individuals who are HIV positive.
- Initial decreased rates of recidivism at 1- year post-reentry.

Future Prospects: Unknown. Dependent upon project results and availability of MAI funds in FY 2013.

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Assistant Secretary for Health/Office of Population Affairs (OPA)

Family Planning Service Delivery Improvement Research--Sexual and Reproductive Health Outreach for Young Men of Color: A New Approach

Type of Activity: Research

Funding Mechanism: Grant; Grantee initiated special focus

Total Available Funding: \$599,881 (for the 3 year project period)

Number of Awards: 1

Award Amount: \$599,881 (for the 3 year project period)

Length of Project Period: 3 years; September 1, 2008–August 31, 2011

Federal Partners: None

Summary: OPA is currently funding a research study being conducted by the Columbia University Health Sciences Center entitled, *Sexual and Reproductive Health Outreach for Young Men of Color: A New Approach*. The goal of the study is to improve sexual and reproductive health service delivery targeting men in several ways. First, it will explore the feasibility of integrating information, messages and linkages to sexual and reproductive health care into environments that meet men's non-health related needs – namely workforce development programs. Second, it will examine the applicability of a capacity-building outreach model to increase utilization of sexual and reproductive health care by young men of color. Finally, it will incorporate sustainability as well as efficacy into the evaluation. One of the study sites is Exodus Transitional Community (ETC), a prison reentry program for men recently released from Federal prison. An intervention and referral protocol are being implemented and evaluated.

Background: This activity was conceived as an approach to develop and refine a model of outreach to promote sexual and reproductive health to young men of color in partnership with workforce programs.

Examples of current grantees: The Trustees of Columbia University

Location(s) of Projects: Exodus Transitional Community; Young Men's Clinic; and Helen B. Atkinson Community Health Center. All three project sites are in New York City

Evaluation Activities: The investigators will evaluate the capacity-building intervention at the prison reentry program. Results are expected shortly after completion of the project period.

Future Prospects: A manuscript will be prepared for publication to disseminate findings.

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Assistant Secretary for Health / Office on Women's Health (OWH)

HIV/AIDS Prevention for Women Sexually Involved with an Incarcerated or Recently Released Incarcerated Heterosexual Partner

Type of Activity: Demonstration and program services

Description: Aims to increase the number of community linkages and networks for ensuring continuum of care for women sexually involved with an incarcerated or recently released incarcerated heterosexual partner at high-vulnerability for HIV/AIDS. The activity emphasis areas include:

- Conducting gender specific multi-session interventions which include topics such as female body, condom negotiation skills, and accurate information on STDs.
- Emphasis on healthy living awareness and skills building.
- Communications with incarcerated or recently released male partner on healthy living in prison setting (tattooing, injecting drugs, health screening needs).
- Vulnerabilities and risks specific to females: body, untreated STDs, violence, self-perceived financial dependency, etc.

Funding Mechanism: Competitive Cooperative Agreements

Total Available Funding: \$1,200,000 [Minority AIDS Initiative funds – continuation to Aug 2012]

Number of Awards: 8

Average Award Amount per Year: \$125,000

Length of Project Period: 3 years; September 2009 – September 2012

Federal Partners:

- Office of HIV/AIDS Policy
- Regional Offices
- Criminal Justice System in the locations [Houston, TX, Baltimore, Los Angeles, New Jersey, and New York]

Summary: To develop and sustain comprehensive HIV/AIDS/STD prevention and support services for women sexually involved with an incarcerated or recently released incarcerated heterosexual partner in collaboration with health entities, care providers, social services, correctional facilities, community resource organizations, and criminal justice offices.

- Use of gender-specific, multi-component intervention (e.g. Female and Culturally Specific Negotiation Intervention, “light”, Project Connect, Project FIO, START, WHP, CHOICES, Voices/Voces, etc.) using existing curriculum as written or adaptation to meet needs of

target population or newly developed interventions with core elements of effective programs;

- Employ a gender responsive strategy (e.g. address issues that reduce participation of women: childcare, transportation, confidentiality, family, intimate partner violence, sexual assault, isolation, coercion, poverty, illiteracy, financial dependency, and other dynamics that disproportionately impact women and girls.)
- Provide accurate prevention education in a culturally and linguistically appropriate manner without condescension.
- Identify women through but not limited to the visiting centers within correctional facilities and family assistance organizations serving families of incarcerated individuals

Background:

The purpose of this program is to establish gender centered HIV prevention model for women sexually involved with an incarcerated or recently released incarcerated heterosexual partner. Program intent and design mandates working with viable local health departments and/or Community AIDS Service organizations.

According to CDC's most recent HIV infection data in the U.S. populations, the HIV incidence rate for black women is 15 times as high as that of white women (Estimated rate of new HIV infection: Black Women, 55.7 per 100,000; Hispanic/ Latino Women, 14.4 per 100,000; White Women, 3.8 per 100,000). In 2004, 74 percent of new HIV/AIDS cases for Women were due to heterosexual contact. Women of color represent the majority of new AIDS cases and have been affected disproportionately by the epidemic since its beginning. According to the most recent new HIV infection data, incidence among women declined in the early 1990's but has remained relatively stable thereafter.

According to M. Comfort et al, (2005), build-up sexual tension and conditions of parole promote unprotected sexual intercourse and other HIV/STD risk behavior following release from prison. In 2006, high-risk heterosexual contact (31 percent) is the second leading cause of new HIV infections to Male-to-Male Sexual Contact (53 percent). HIV, STDs and other infectious diseases are much more prevalent among correctional inmates than in the total U.S. population. Approximately one fourth of all people in the U.S. who are living with HIV or AIDS in a given year pass through the correctional facility that same year.

Prisons have been described as the epicenter for new HIV infections. As of 2007, 2,299,116 persons were held in federal or state prisons or in local jails, an increase of 1.8% from year end 2006. At mid-year 2007, there were 4.618 black male sentenced prisoners per 100,000 black males in the U.S., compared to 1,747 Hispanic male sentenced prisoner per 100,000 Hispanic males and 773 white male sentenced prisoners per 100,000 white males. In 2006, an estimated 21,980 state and federal inmates (male 19,842; female 2,138) were known to be HIV positive or to have confirmed AIDS. New York (3,650) reported the largest number of male HIV-positive inmates, followed by Florida (3,041), and Texas (2,409). Florida (371) reported the largest number of female HIV-positive inmates, followed by New York (350), and Texas (284). One state—New York (6%)—reported that over 5% of its male inmate population was known to be

HIV positive. Three states—New York (12.2%), Florida (7.6%), and New Jersey (7.6%)—reported that over 5% of their female inmates were HIV positive.

Lack of knowledge about prison policies minimizes women’s abilities to accurately assess their partner’s risk and/ or maximize their denial of risk. The United Nations Development Fund for Women (UNIFEM) and the Joint United Nations Programme on HIV/AIDS collaboratively developed a comprehensive gender and HIV/AIDS web portal to provide up-to-date information on the gender dimensions of the HIV/AIDS epidemic. Their efforts support the need for gender specific approaches toward women in HIV/AIDS prevention and services. Limited HIV/AIDS Prevention programs exist for high-risk sexual behaviors.

This demonstration project heavily weighs on social influences on women and the overall social networks of women to incorporate reproductive health education, communication skills, stigma, condom negotiation, heterosexual risk behaviors, denial of risk, self-esteem and overall wellness and healthy sexual relationships. The proposed project also is in accord with the following Healthy People (HP) 2010 Goal: promote responsible sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.

Current Grantees:

Projects are in Florida, TX, Alabama, Washington, DC, California, New York and Illinois.

Eligible entities may include not for profit community based organizations, national organizations, colleges and universities, clinics and hospitals, research institutions, state and local government agencies and tribal government and tribal/urban Indian entities and organizations. Faith based and community-based organizations are eligible to apply.

- The Regents of the University of California San Francisco, San Francisco, CA - state university
- The Osborne Association, Bronx, New York – non-profit organization targeting ex-offenders
- Center for Health Justice, Inc., Los Angeles, CA – non-profit, advocacy focus HIV/AIDS
- Metropolitan Charities, Inc., St. Petersburg, FL – non-profit, neighborhood assistance
- Calvary Healthcare, Inc., Washington, DC – faith based, multi service
- AIDS Action Coalition of Huntsville, Huntsville, AL – AIDS services organization
- Recovery Resource Council, Fort Worth, TX – non-profit focus on alcohol and substance use recovery
- South Side Help Center, Chicago, IL – non-profit, neighborhood assistance

Evaluation Activities: A multi-site evaluation will begin October, 2010 and continue through October, 2014. A plan or instrument will be developed in consultation with funded sites.

A. Outcome Measures

- Increase knowledge and knowledge sharing of accurate HIV/STD prevention information among women sexually involved with an incarcerated or recently released incarcerated heterosexual partner.

- Improve access to HIV health related services for women sexually involved with an incarcerated or recently released incarcerated heterosexual partner.
- Increase the number of women sexually involved with an incarcerated or recently released incarcerated heterosexual partner voluntarily testing for HIV/STDs.
- Improve attitudes and receptivity towards condom use and condom negotiation with sexual partners.
- Increase rates of condom use, thereby reducing current high rates of unplanned pregnancy and STIs.
- Increase the number of community linkages and networks for ensuring continuum support and resources for women engaged in high-risk heterosexual contact

B. Project Assessment and Evaluation:

- OWH Orientation for Grantees
- Site Visit (one during fiscal year; additional visit if deemed necessary)
- Quarterly and Annual Progress Reports
- Evaluation Plan
- Potential Plan for Sustainability
- Submission of Abstracts/ Draft White Paper highlighting lessons learned, best practices, and next steps
- Continuous Communication: email, telephone conferencing

Future Prospects: Continuation of projects in future years is contingent upon the progress and success of the first two years of allocation.

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Incarcerated Women’s Transition Project (FY 2010-2012)

Type of Activity: The Incarcerated Women’s Transition project was developed to define a best practice model and a set of recommendations for gender sensitive services to meet the health/social needs of women/girls reentering the community after release from incarceration. The model may include developing programs and/or adapting key elements of existing programs to best meet the needs of women re-entering the community after release from incarceration. Currently programs and services available to transitioning offenders do not adequately address these gendered differences surrounding women’s incarceration in the context of women’s lives.

Funding Mechanism: Contract

Total Available Funding: \$85,000

Number of Awards: 1

Award Amount: \$85,000

Length of Project Period: 2.5 years, September 30, 2010-March 30, 2012

Federal Partners: HHS Interagency Reentry Workgroup; Department of Justice

Summary: The purpose of the Incarcerated Women and Girls in Transition Project is to provide a comprehensive set of recommendations to articulate a model for creating, expanding and/or enhancing services that promote successful transition of women and girls back into their respective communities so as to promote the health of women and their families and communities which should also function to prevent recidivism. Federal, state and local governments cannot alone provide the full range of services required for successful reentry into the community. To that end, the recommendations developed by the contractor are designed for both public systems which incarcerate women and provide health and social services, as well for community-based organizations that are located in the communities where women released from prison will return with the purpose of creating linkages both pre and post release to ensure continuity of services.

Background:

There has been renewed interest in the provision of reintegration services to newly released offenders as a means to reduce rates of recidivism, increase public safety, and decrease financial costs associated with high rates of incarceration. However, the unique needs of transitioning female offenders are often lost in the conversation surrounding reentry. Attention to issues that affect female ex-offenders is especially important as the number of women entering the corrections system continues to increase.

The female prison population grew by 832 percent in the last three decades (compared to a 412 percent male increase during the same time period).ⁱ This proliferation of the rate of female incarceration underscores the need for gender-specific services that adequately address the unique social, emotional, psychological and physical challenges that impede a woman's smooth transition back into society.

The circumstances surrounding female criminality and incarceration are significantly different from those of males. Compared to half of all male offenders, two-thirds of incarcerated females were arrested for non-violent crimes.ⁱⁱ These are often economically-motivated offenses such as drug sales and burglary or theft. The pathways for women into criminality also differ substantially from those of men. The majority of female offenders have histories of trauma and abuse – 57 percent of women in state prison reported that they were physically or sexually assaulted at some point in their lives.ⁱⁱⁱ Their trauma histories are often catalysts to the cycle of incarceration as victims of trauma are more likely to abuse substances. In fact, half of all women

confined to state prison had been under the influence of drugs or alcohol at the time of the offense³ and 74 percent reported using drugs regularly before incarceration.^{iv}

The majority of women in the correctional system come from poor, inner-city neighborhoods where many do not complete their education and work opportunities are scarce. Sixty-four percent of women entering prison do not have a high school diploma and half were unemployed at the time of incarceration.⁴ Those who do not enroll in job training while in prison remain extremely under-skilled to enter the labor market upon release, thus increasing incentive to participate in economically-motivated crimes such as theft and drug sales. Many incarcerated women have engaged in illegal activity as a form of work to support themselves, their children, parents, partners, and addictions. Incarcerated women risk recidivism when they return to their former vocation upon reentry.

The parenting responsibilities of women further complicate successful reintegration. Sixty-five percent of women in state and federal prison are parents of minor children, compared to 44 percent of men.^v Many of these mothers are single parents and most rely on family members, acquaintances, or state or county departments to care for their children during imprisonment. Indeed, the vast majority of incarcerated fathers (88 percent) report their children in the care of their mother, compared to only 38 percent of mothers who report the father as the primary caregiver. Single parenthood creates major obstacles for a transitioning woman as she often struggles to regain custody, find housing for herself and her family, and determine how she will earn a living, all while struggling with substance abuse rehabilitation.

Examples of current grantees: N/A

Location(s) of Projects: N/A

Evaluation Activities: N/A

Future Prospects: Special one-time appropriation

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Prevention and Support Services for Women Incarcerated or Newly Released Living with or at Risk for HIV/AIDS/STDs Program

Type of Activity: Demonstration

Funding Mechanism: Competitive Cooperative Agreements

Total Available Funding: \$625,000 [OWH Appropriated funds ended Aug. 2010]

Number of Awards: 5

Average Award Amount per Year: \$125,000

Length of Project Period: 3 years; 2007 – 2010 (funded similar grant cycles with this same focus since 2002)

Federal Partners:

- Office of HIV/AIDS Policy
- Regional Offices
- Criminal Justice System in the locations [Houston, TX, Baltimore, Los Angeles, New Jersey, and New York]

Summary: The primary purpose of this OWH HIV/AIDS program is to increase health related support services available for HIV infected incarcerated and newly released women. The goals for the Incarcerated/Newly Released Program are to:

- Develop and sustain comprehensive HIV/AIDS/STD prevention and support services to incarcerated and newly released women living with HIV/AIDS in collaboration with health entities, care providers, social services, correctional facilities, and criminal justice offices;
- Establish community linkages and networks for ensuring quality continuum of care, transitional support, discharge planning and preparation, and HIV/STD prevention services for incarcerated and newly released women living with or at high risk for HIV/AIDS; and
- Improve the physical and mental health circumstances as well as the quality of life of incarcerated and newly released women living with HIV/AIDS or at high risk for HIV infection.

The OWH hopes to fulfill this purpose by providing funding to targeted community-based organizations to enhance their prevention and support activities to incarcerated and newly released women living with or at high risk for HIV infection.

The proposed program must address HIV prevention and support services for incarcerated and newly released women through a gender-specific approach. Information and services provided must be culturally and linguistically appropriate for the individuals for whom the information and services are intended. Women's health issues are defined in the context of women's lives, including their multiple social roles and the importance of relationships with other people to their lives. This definition of women's health encompasses mental, dental, and physical health and spans the life course.

The objectives of the OWH program are to:

- Increase the number of incarcerated women receiving pre-release discharge planning, particularly those who are living with HIV/AIDS or at high risk for HIV infection.

- Increase the number of HIV infected incarcerated women who are connected to drug assistance programs, medical care, and case management services prior to release or at time of release.
- Increase the number of community linkages and networks for ensuring continuum of care for incarcerated and newly released

Background:

- HIV/AIDS epidemiology data
- HIV/AIDS rates for incarcerated women
- Disproportionate representation of males from high incidence communities
- SES data for women disproportionately represented in women living with HIV/AIDS, women in severely distressed communities, etc.
- Health disparities data
- 2010 objectives

Current Grantees:

AIDS Foundation Houston, Inc., Houston, Harris Co., TX; Women Accepting Responsibility, Baltimore, Maryland; Hyacinth AIDS Foundation, New Brunswick, New Jersey; Greenhope Services for Women, Inc., New York, NY; Center for Health Justice, Inc., West Hollywood, CA

Evaluation Activities: Multi site evaluation conducted from 2006 to 2009 by GEARS, Inc. an 8-a firm based in Atlanta, GA. Report is available.

Future Prospects: N/A

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Assistant Secretary for Planning and Evaluation/Office of Disability, Aging, and Long Term Care Policy

Report on “Collaborative Law Enforcement, Health, and Community Mental Health Strategies in the Care and Emergency Room Diversion of People with Mental Illnesses: Principles and Promising Practices”

Type of Activity: Research

Funding Mechanism: Contract with Mathematica Policy Research

Award Amount: Known. This task was part of a larger contract on identifying mental health policy issues in the context of health care reform

Length of Project Period: one year, FY 2009-FY2010

Federal Partners: Bureau of Justice Assistance, U.S. Department of Justice

Summary: This is a report on the key principles communities should consider when designing strategies to reduce the inappropriate use of emergency rooms and jails by people experiencing mental health crises. It is intended to stimulate and support an on-going dialogue among professionals in the law enforcement, emergency medicine, and mental health systems about how to better serve people with mental illnesses in crisis. This report highlights unique efforts to assist law enforcement to manage mental health crises, use local mental health services more appropriately, and work with hospital staff to improve efficiency and effectiveness. An expert panel was convened to inform the development of this report which includes case studies on several communities throughout the country.

Background: The concerns about people with mental illnesses and their interactions with law enforcement and community health systems are longstanding. Previous work to develop recommendations for improving outcomes for people with mental illnesses who come into contact with the justice system have focuses on practices that should be adopted by criminal justice system staff and community mental health service providers. This report updates that work and focuses on best practices that also incorporate emergency rooms and hospital systems as key partners.

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Assistant Secretary for Planning and Evaluation/ Office of Human Services Policy

Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project, 2001–2011

Type of Activity: Evaluation

Funding Mechanism: Contract with MDRC (in partnership with the Urban Institute and the Lewin Group)

Total Available Funding: The Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project, which includes the evaluation of the Center for Employment Opportunities Prisoner Re-entry Program as one of its four sites, will be funded over ten years at \$23,386,610.

Number of Awards: 1

Award Amount: \$23,386,610

Length of Project Period: FY 2001 - FY 2011 (10 years)

Federal Partners: Administration for Children and Families and the Department of Labor

Summary: The Center for Employment Opportunities (CEO) is one of four sites in the Enhanced Services for the Hard-to-Employ Demonstration and Evaluation Project, sponsored by the Administration for Children and Families and the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services (HHS), with additional funding from the U.S. Department of Labor. The overall project is evaluating diverse strategies designed to improve employment and other outcomes for several hard-to-employ populations. MDRC, a nonprofit, nonpartisan social and education policy research organization, is leading the evaluation, in collaboration with the Urban Institute and other partners.

Based in New York City, CEO was included in the Hard-to-Employ study because it is a comprehensive employment program for former prisoners — a population confronting many obstacles to finding and maintaining work — and because it has a special focus on parenting and child support issues for participants who have children. The other three sites in the Hard-to-Employ Project are targeting Medicaid recipients with serious depression, Early Head Start parents and children, and long-term welfare recipients.

Background: There has been a tremendous increase in incarceration over the past three decades. Consequently, unprecedented numbers of prisoners are being released each year: four times as many prisoners were released in 2004 as in 1980. Ex-prisoners face a range of challenges to successful reentry into the community, and rates of recidivism are high. Within

three years of release, two-thirds are arrested and more than half return to prison or jail. Many individuals are in and out of prison or jail multiple times for the same original offense, meaning they were re-incarcerated for a violation of parole. Over one-third of prison admissions each year are for parole violations. The large number of former prisoners who fail to reintegrate and who end up back in prison costs taxpayers billions of dollars each year. Expenditures on corrections by state governments were estimated to be more than \$40 billion in 2005.

Work seems to be a key ingredient in determining the success or failure of former prisoners' transition back to society. Studies have shown a correlation between higher employment and lower recidivism, particularly for older former prisoners. Positive employment outcomes can help pave the way to better housing conditions and improved relations within the family and community. Moreover, employment may help ex-prisoners feel more connected to mainstream society and help move them away from criminal activity.

Unfortunately, finding a steady job upon release is a major challenge for this population. Many employers are reluctant to hire someone with a prison record. In a survey of 3,000 employers, two-thirds reported that they would not knowingly hire a former prisoner. Most recently released people also have other attributes, such as low educational attainment and limited work history, that make them less appealing to potential employers, and they may have competing demands from drug treatment programs and curfews or other restrictions on mobility that can further exacerbate the problem of finding and keeping full-time employment.

Well-rounded employment services for former prisoners may be critical to ensuring better post-release outcomes. While there are many community programs that aim to provide these needed supports, few operate on a large scale and little is known about how effective they are. CEO in New York City is one of the nation's largest and most highly regarded employment programs for formerly incarcerated people.

Evaluation Activities: The evaluation rigorously tests whether the core components of CEO's program produce impacts on employment, recidivism, and other outcomes. The impacts of CEO's program are being assessed using a random assignment research design.

Future Prospects: N/A

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National Evaluation of the Responsible Fatherhood, Marriage, and Family Strengthening Grants for Incarcerated and Re-Entering Fathers and their Partners

Type of Activity: Evaluation

Funding Mechanism: Contract with RTI, International

Total Available Funding: \$11 million

Number of Awards: 1

Award Amount: \$11 Million

Length of Project Period: FY 2006- FY2014

Federal Partners: Office of Family Assistance within the Administration for Children and Families

Summary: The Evaluation of the Marriage and Family Strengthening Grants for Incarcerated and Reentering Fathers and their Partners (MFS-IP) is part of the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) initiative to support healthy marriage and responsible fatherhood.

While incarceration takes a huge toll on families and children, research suggests that supportive families and positive marital/partner relationships are important for promoting positive adaptation for children of the incarcerated and for preventing subsequent criminal involvement among reintegrating prisoners. To evaluate the overall effectiveness of the MFS-IP grantees, the Assistant Secretary for Planning and Evaluation (ASPE), awarded a contract to RTI to conduct an implementation evaluation as well as a multi-site, longitudinal, impact evaluation of selected grantees.

The implementation and impact evaluation includes on-site data collection regarding program implementation and a longitudinal survey data collection effort of 2000 couples to study the effect of program participation using experimental and quasi-experimental designs. Outcomes of interest include couple and parent-child relationships, employment, and recidivism. This evaluation will add to research, policy, and practice by helping to determine what types of programs work best for those involved in the criminal justice system, what does not work, and what effects these programs may have on fostering healthy marriages, families, and children.

Background: Many relationships, including those between intimate partners and among parents and children, are affected by incarceration. In mid-year 2006, more than 2.2 million individuals were incarcerated in federal or state prisons or in local jails. The majority of incarcerated and reentering prisoners are parents, with 1999 estimates indicating that 55 percent of state and 63 percent of federal prisoners had a minor child (the total estimated minor children of these parents was 1.5 million). Relationships are at particularly high risk of disruption when parents are involved in the criminal justice system, and there is currently very little institutional support to assist inmates in maintaining these relationships and transitioning back into their families upon release.

On September 30, 2006, the Department of Health and Human Services' Administration for Children and Families (ACF), Office of Family Assistance (OFA) announced grant awards to 226 organizations to promote healthy marriage and responsible fatherhood. Originally fourteen awards were funded under the Responsible Fatherhood, Marriage and Family Strengthening Grants for Incarcerated and Reentering Fathers and Their Partners (MFS-IP) priority area. MFS-IP grantees include government (state, local, and tribal) and private (community- and faith-based) organizations. With a funding level of up to \$500,000 per year for five years, the programs implemented under the MFS-IP priority area are designed to promote and sustain healthy marriages and strengthen families affected by incarceration. Twelve grantees are currently operating programs.

Location(s) of Projects: Responsible Fatherhood, Marriage and Family Strengthening Priority Area V Grantees---Child and Family Services of New Hampshire, Indiana Department of Corrections, Maryland Department of Human Resources, New Jersey Department of Corrections, Shelby County Division of Corrections (Memphis, TN), Centerforce (Bay Area, CA), Council on Crime and Justice (Minneapolis-St. Paul, MN), Lutheran Social Services of South Dakota, Oakland Livingston Human Service Agency (MI), Osborne Association (New York), People of Principle (West Texas), Ridge Project (Northwest Ohio)

Evaluation Activities: This is the national impact and implementation evaluation of ACF's Responsible Fatherhood, Marriage and Family Strengthening grantees that implemented programs under the MFS-IP priority area. A description of the Responsible Fatherhood, Marriage and Family Strengthening Grants for Incarcerated Fathers and their Partners is located in the Office of Family Assistance section of this compendium.

Future Prospects: One-time funding

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Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

Jail Diversion and Trauma Recovery

Type of Activity: Services

Funding Mechanism: Grants

Total Available Funding: \$5.141 million

Number of Awards: 13

Average Award Amount per Year: \$395,000 per year

Length of Project Period: Up to 5 years

Federal Partners: none

Summary: The purpose of this program is to support local implementation and State/Tribe-wide expansion of trauma-integrated jail diversion programs to address the needs of individuals with mental illness such as post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related illnesses among veterans, this program prioritizes eligibility for veterans. This program focuses jail diversion programs on the underserved needs of veterans and others with PTSD involved in the justice system.

The program will also support states to pilot projects locally and to replicate them statewide. This two-pronged approach is necessary because diversion occurs locally in cities and counties where jails are operated and mental health services are delivered. However, policies and funding at the state level dramatically impact local operations and services. This approach brings together those who develop and define state policies and determine funding with stakeholders who are affected by the untreated trauma of veterans. Together they can develop knowledge dissemination and application strategies for the entire state.

Jail Diversion and Trauma Recovery is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in mental health prevention and treatment services and/or to increase the ability of States, units of local government, American Indian/Alaska Native Tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging mental health problems.

Background: As of April 2008, approximately 1.64 million men and women have been deployed to serve in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in support of the Global War on Terror. Individuals returning from Iraq and Afghanistan are at

increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services.

With increasing numbers of combat veterans returning from duty overseas, there is growing concern that the community provide adequate supports to ensure their successful reintegration into American community life. For many returning veterans, PTSD and related disorders will go untreated, placing them at risk for involvement in the justice system. This grant addresses Healthy People 2010 focus area 18 (Mental Health and Mental Disorders).

Current Grantees:

FY 2008 --- Colorado Department of Human Services, Denver, CO; Connecticut Department of Mental Health, Hartford, CT; Georgia Department of Human Resources, Atlanta, GA; Illinois Department of Human Services, Chicago, IL; Commonwealth of Massachusetts, Boston, MA; Vermont State Department of Health, Burlington, VT.

FY 2009 --- Rhode Island State Department of Mental Health, Cranston, RI; Texas State Department of Health Services, Austin, TX; North Carolina Department of Health and Human Services, Raleigh, NC; Ohio State Office of the Governor, Columbus, OH; Florida State Department of Children and Families, Tallahassee, FL; New Mexico State Department of Health, Santa Fe, NW

FY 2010 --- Pennsylvania Office of Mental Health, Harrisburg, PA

Evaluation Activities: Grantees report performance on the National Outcome Measures (NOMs) such as: behavioral health; employment/education; criminal justice involvement; stability in housing; access – number of persons served by age, gender, race, and ethnicity; rate of readmission to psychiatric hospitals; social support/social connectedness; and client perception of care. Grantees also participate in a cross-site evaluation and report program specific measures such as trauma history and recovery, as well as diversion approaches, treatment practices and support services. Data is collected at diversion, at 6 months and at discharge.

Future Prospects: Jail Diversion and Trauma Recovery grants are authorized under 520G of the Public Health Service Act, as amended.

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Center for Substance Abuse Treatment

Access to Recovery III (ATR III) Grant Program

Type of Activity: Services

Funding Mechanism: Grant

Total Available Funding: \$94.8 million per year

Number of Awards: 30

Average Award Amount: \$3,352,000

Length of Project Period: Sept. 30, 2010 - Sept. 29, 2014 (4 years)

Federal Partners: There are no joint funders. Although, the terms and conditions of the Award encourage grantee partnerships with other grantees funded by Departments of Labor and Justice.

Summary: Access to Recovery III (ATR III) is a four-year discretionary grant program that provides individuals with vouchers to purchase treatment and recovery support services for substance use disorders at the provider of their choice.

ATR has three primary goals: 1) Expand consumer choice; 2) Track and improve outcomes; and 3) Increase capacity. ATR also aims to include faith-based and community-based providers in service delivery to reach populations that might otherwise not receive treatment or recovery support services. Monitoring outcomes, tracking costs and preventing fraud waste and abuse are also important elements of the ATR program. This is the third cohort of ATR funding. ATR was also funded in 2004 and 2007. See www.atr.samhsa.gov.

Under ATR II, approximately 1/3 of grantees served the criminal justice population. In ATR III, 20 grantees (of 30) proposed to target services to criminal justice populations.

Background: The Nation's substance abuse treatment system is shaped, supported, and maintained by the States. These services are funded primarily through state revenues and Federal programs, including SAMHSA's Substance Abuse Prevention and Treatment Block Grant and Targeted Capacity Expansion grants, and Medicaid dollars. Although these resources continue to help millions of Americans obtain and sustain recovery from addiction, too many people who seek help are unable to find care. By providing individuals with vouchers to pay for the care they need, Access to Recovery is fostering consumer choice, improved service quality, and increased treatment capacity. Vouchers, along with other state operated programs, provide an unparalleled opportunity to create profound change in substance use disorders treatment and recovery financing and service delivery in America.

Current grantees:

<i>Grantees</i>	<i>City</i>	<i>State</i>	<i>First Year Awards</i>
Research Foundation for Mental Hygiene, Inc at OASAS	Albany	NY	\$3,352,000
State of New Mexico	Santa Fe	NM	\$3,352,000
Md DHM-Alcohol & Drug Abuse Admin(ADAA)	Catonsville	MD	\$3,352,000
Massachusetts Depart of Public Health	Boston	MA	\$3,352,000
AR Dept of Human Services, Div of BHS	Little Rock	AR	\$3,352,900
Wisconsin Department of Health Services	Madison	WI.	\$3,352,000
Inter-Tribal Council of Michigan, Inc.	Chippewa	MI	\$3,352,000
California Dept. of Alcohol & Drug Programs	Sacramento	CA	\$3,352,000
Missouri Division of Alcohol & Drug Abuse	Jefferson City	MO	\$3,352,000
IL Dept of Human Service, Div of Alcohol & Substance Abuse	Chicago	IL	\$3,352,000
State of Oregon Dept of Human Services	Salem	OR	\$3,352,000
Southcentral Foundation	Anchorage	AK	\$2,261,186
Utah Div of Substance Abuse and Mental Health	Salt Lake City	UT	\$1,676,000
Aberdeen Area Tribal Chairmen's Health Board	Rapid City	SD	\$3,352,000
Conn. Dept of Mental Health & Addiction Services	Hartford	CT	\$3,352,000
Indiana Family & Social Services Administration	Indianapolis	IN	\$3,352,000
Pennsylvania Department of Health	Harrisburg	PA	\$2,617,201
Dept. of Social & Health Services	Olympia	WA	\$3,352,000
Government of the District of Columbia	Washington	DC	\$3,352,000
Montana Wyoming Tribal Leaders Council	Billings	MT	\$2,366,841
Iowa Dept of Public Health	Des Moines	IA	\$3,352,000
California Rural Indian Health Board, Inc.	Sacramento	CA	\$3,352,000
Florida Dept. of Children & Families	Tallahassee	FL	\$3,349,265
State of RI and Providence Plantation	Cranston	RI	\$3,352,000
State of CO, Div of Behavioral Health	Denver	CO	\$3,352,000
Ohio Dept of Alcohol & Drug Addiction Services	Columbus	OH	\$3,352,000
New Hampshire Dept of Health and Human Services	Concord	NH	\$3,075,248
Idaho Dept of Health and Welfare	Boise	ID	\$3,328,160
Office of the Governor, State of Hawaii	Honolulu	HI	\$2,932,999
Oglala Sioux Tribe	Pine Ridge	SD	\$2,788,926

Press Release: <http://www.samhsa.gov/newsroom/advisories/1010081330.aspx>

Location(s) of Projects: See above

Evaluation Activities: An independent evaluation of the 2004 cohort is in progress. Results are expected to be available by December 31, 2010.

Future Prospects: Future prospects are unknown at this time. However, it is hoped that state systems will adopt the ATR voucher model of service delivery.

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Adult Criminal Justice Treatment Program (FY 08-11)

Funding Mechanism: Grant

Total Available Funding: \$4 million

Number of Awards: 10

Average Award Amount per Year: \$400,000

Length of Project Period: 3 years

Federal Partners: None

Summary: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) funded ten grants in FY 2008 for Adult Criminal Justice Treatment projects. This program is designed to address gaps in substance abuse treatment services for adult individuals involved with the criminal justice system by supporting rapid and strategic responses to demands for substance abuse (including alcohol and drug) treatment services in communities with serious, emerging drug problems as well as communities with innovative solutions to unmet needs. The purpose of this program is to expand and/or enhance the community's ability to provide a comprehensive, integrated, and community-based response to a targeted, well-documented substance abuse treatment capacity problem and/or improve the quality and intensity of services for adult individuals in the community who are involved with the criminal justice system. To address the broad needs of this population, SAMHSA seeks to increase substance abuse treatment and recovery services for persons who are substance-involved, substance-dependent, have a substance abuse disorder or a co-occurring disorder, and are involved in community justice systems.

Background: The Adult Criminal Justice Treatment (ACJT) grants are for adults who are under a form of the judicial or community justice supervision and who are screened and assessed as substance-involved and/or have been diagnosed with a substance abuse disorder or co-occurring disorders of substance abuse and mental health. These individuals must be under the supervision of the judiciary or community justices/corrections agencies (such as probation, parole, community corrections). SAMHSA funds treatment and recovery services for individuals in the

community. Therefore, funding cannot be used for providing services to incarcerated populations (defined as those persons in jails, prison, detention facilities or in custody where they are not free to move about in the community). The ACJT grant programs is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address the gaps in substance abuse services and/or to increase the ability of states, localities, tribes, urban Indian centers and/or tribal organizations to help the specific populations or geographic areas with serious, emerging substance abuse problems. For example, a community might seek an Adult Criminal Justice Treatment grant to add state-of-the-art treatment approaches or new services to address the emerging trends or unmet need (e.g., intensive case management and referral to services to address related HIV, tuberculosis, hepatitis B and C, and other primary health care needs of substance abusing clients) and other co-occurring issues (substance abuse and mental health).

Grantees:

<i>Grantees</i>	<i>City</i>	<i>State</i>	<i>Total Award</i>
EAC, INC.	Hempstead	NY	\$1,200,000
SPAN, INC.	Boston	MA	\$1,200,000
SPECIALIZED TREATMENT EDUC/PREV/SRVCS	Orlando	FL	\$1,057,604
CENTER FOR COMMUNITY ALTERNATIVES, INC.	New York	NY	\$1,200,000
OAKLAND FAMILY SERVICES	Pontiac	MI	\$1,199,815
PINELLAS COUNTY SHERIFF'S OFFICE	Largo	FL	\$1,176,847
CENTERSTONE COMMUNITY MENTAL HLTH CNTRS	Nashville	TN	\$1,200,000
VOLUNTEERS OF AMERICA OF LOS ANGELES	Los Angeles	CA	\$1,200,000
NORTH COUNTY SERENITY HOUSE, INC.	Escondido	CA	\$1,200,000
STAND, INC.	Decatur	GA	\$1,200,000

Evaluation Activities: This discretionary grant program is not designated for an external evaluation study. Each grantee is responsible for performance measurement utilizing GPRA client level data administered at intake, six-month, and release from treatment mileposts. Additionally, each grantee is responsible for assessing performance using basic process and outcomes questions.

Future Prospects: The FY 2011 President's budget requests \$3,177,000 for the continuation of a new three-year cycle of grants.

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Offender Reentry Program (FY09-12 and FY 10-13)

Funding Mechanism: Grant

Total Available Funding: \$9.6 million (FY 2009-2012 cohort)
\$7.98 million (FY 2010-2013 cohort)

Number of Awards: 42 total
24 (FY 2009-2012)
18 (FY 2010-2013)

Length of Project Period: 3 years

Federal Partners: None

Summary: The Substance Abuse and Mental Health Services Administration (SAMSHA), Center for Substance Abuse Treatment (CSAT) funded 24 Offender Reentry Program (ORP) grants in 2009 and another 18 for FY 2010. This program is part of the Criminal Justice grant portfolio and is designed to address the needs of sentenced substance-abusing juveniles and adult offenders returning to their families and community from adult or juvenile incarceration in facilities including prisons, jails, or juvenile detention centers. The purpose of ORP is to expand and/or enhance substance abuse treatment and related recovery and reentry services to sentenced juvenile and adult offenders returning to the community from incarceration for criminal/juvenile offenses. Applicants are expected to form stakeholder partnerships that will plan, develop and provide a transition from incarceration to community-based substance abuse treatment and related reentry services for the populations of focus. Because reentry transition must begin in the correctional or juvenile facility before release, limited funding may be used for certain activities in institutional correctional setting in addition to the expected community-based services.

Background: SAMHSA recognizes that there is a significant disparity between the availability of treatment services for persons with alcohol and drug use disorders and demand for such services. The disparity is also consistent for criminal justice populations, as estimates show only 10 percent of individuals involved with the criminal justice system who are in need of substance abuse treatment receive it as part of their justice system supervision. The Bureau of Justice Statistics (BJS) estimates that approximately 1 in 5 juveniles in the daily correctional population receive some form of substance abuse treatment (BJS, 2005; Taxman, NIDA CJDATS, 2007). Approximately one-half of the institutional treatment provided is educational programming (Taxman, NIDA CJDATS, 2007). By providing needed treatment services, this program intends to decrease the public health and social costs of substance abuse and dependence and increase public safety by reducing substance abuse related crime and violence. SAMHSA recognizes the need to successfully return and reintegrate individuals into the community by providing substance abuse treatment and other related reentry services, while also ensuring public safety for the community and family. This program builds on previous and ongoing SAMHSA/CSAT criminal and juvenile justice program initiatives (e.g., SAMHSA/CSAT FY 2004 YORP grant program), and builds on learning gained from these previous initiatives.

The Offender Reentry Program is one of SAMHSA's services grant programs. SAMHSA's services grants are designed to address gaps in substance abuse treatment services and/or to increase the ability of states, units of local government, American Indian/Alaska Native Tribes and tribal organizations, and community- and faith-based organizations to help specific populations or geographic areas with serious, emerging substance abuse problems.

Grantees: (FY 09-12 and FY 10-13)

<i>Grantees</i>	<i>City</i>	<i>State</i>	<i>Total Award</i>
Operation Par, Inc	Pinellas Park	FL	1,200,000
Gaudenzia, DRC, Inc	Philadelphia	PA	1,200,000
Illinois Department of Human Services Division of Alcoholism and Substance Abuse	Chicago	IL	1,200,000
Gaudenzia, DRC, Inc	Philadelphia	PA	1,200,000
Serving Children and Adolescents in Need	Laredo	TX	1,200,000
Guidance Clinic of The Middle Keys, Inc	Marathon	FL	1,199,268
Easter Seal- Goodwill Northern Rocky Mt	Boise	ID	1,198,849
Alethia House	Birmingham	AL	1,200,000
Health Services Center, Inc	Hobson City	AL	1,200,000
Volunteer Behavioral Health Care System	Murfreesboro	TN	1,200,000
Special Services For Groups, Inc	Los Angeles	CA	1,200,000
Intervention, Inc	Westminster	CO	1,177,890
Community Counseling Institute	Tacoma	WA	1,200,000
Boston Public Health Commission	Boston	MA	1,200,000
OIC- of Broward CO, Inc	Oakland Park	FL	1,200,000
Orange County BAR foundation	Santa Ana	CA	1,200,000
Southern California Alcohol and Drug Programs, Inc	Downey	CA	1,200,000
Greenhope Services for Woman	New York	NY	1,200,000
Milwaukee County	Milwaukee	WI	1,200,000
Argus Community, Inc	Bronx	NY	1,197,300
Fortune Society, Inc	Long Island City	NY	1,200,000
Indiana Family & Social Services Admin	Indianapolis	IN	1,200,000
Family Service Center	Houston	Tx	1,200,000
County of Chester	West Chester	PA	1,200,000
Tides Family Services	West Warwick	RI	1,198,637
Catholic Charities Services Corp	Cleveland	OH	1,200,000
New North Citizen's Council, Inc	Springfield	MA	1,200,000
Women's Treatment Center	Chicago	IL	1,200,000
Volunteers of America of LA	Los Angeles	CA	1,200,000
Phoenix Programs Inc	Columbia	MO	1,200,000
Casa Esperanza, Inc	Roxbury	MA	1,200,000
Institute for Health and Recovery	Cambridge	MA	1,200,000
Baptist Child & Family Services	San Antonio	TX	1,200,000
Homeboy Industries	Los Angeles	CA	1,199,982
University of Colorado-Denver	Denver	CO	1,200,000
Sanctuary, Inc of GUAM	Chalan Pago	GM	1,180,153
Institute for Child and Family Health	Miami	FL	1,169,340

Evaluation Activities: This discretionary grant program is not designated for an external evaluation study. Each grantee is responsible for performance measurement utilizing GPRA

client level data administered at intake, six-month, and release from treatment mileposts. Additionally, each grantee is responsible for assessing performance using basic process and outcomes questions.

Future Prospects: Discussing with BJA the possibility of a future collaborative effort.

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Targeted Capacity for Substance Abuse Treatment and HIV/AIDS Services (TCE/HIV) National Minority AIDS Initiative

Type of Activity: Services

Funding Mechanism: Grant

Total Available Funding: \$ 61.6 million

Number of Awards: 140 grants

Award Amount: Grants that provide outreach and pretreatment services are funded for an amount to pass \$400,000/year/grant. Grants that provide clinical substance abuse treatment are funded up to \$450,000/year/grant.

Length of Project Period: 5 Years

Federal Partners: Department of Health and Human Services

Summary: The TCE/HIV program implements the Congressional directive for the National Minority AIDS Initiative to enhance the quality of services and expand the service capacity of substance abuse treatment programs with a history of providing services to high risk communities of color that are severely impacted by substance abuse and HIV/AIDS. Projects address both the shortage of substance abuse treatment and HIV/AIDS services including, HIV counseling and testing, health education, and access and referral to STD, hepatitis B and C and TB testing in minority communities. All grantees under the program are required to offer rapid HIV testing, and do on-site testing for grantees within the FY 2008 and 2009 Cohorts. In addition, funds community providers/community-based organizations that serve predominantly racial and ethnic minorities to increase treatment capacity including outreach and pretreatment services for individuals living with HIV/AIDS or at risk for HIV/AIDS related to their substance abuse. Funds are also used to continue a multi-site prospective evaluation that will allow

programs to address behavioral risk factors and other related information that affect treatment outcome.

Activities:

- Address the gaps in substance abuse treatment capacity and outreach services by increasing the accessibility and availability of substance abuse treatment and HIV/AIDS services.
- Encourage state-of-the-art practices in the area of substance abuse treatment and HIV/AIDS outreach, prevention and treatment for at-risk target populations.
- Develop effective methods and approaches that will be used to reach the specified target population(s) of high risk substance abusers, partners, and substance abusing people living with AIDS.
- Increase the number of individuals that are contacted, engaged, referred to treatment, and complete substance abuse treatment; and closely monitor their substance abuse treatment outcomes and reduction in risk behaviors.
- Reduce risky behaviors associated with contracting HIV and other infectious diseases.
- Test for HIV using rapid tests.

Background: In 2008, the Centers for Disease Control and Prevention (CDC) with the use of new technology estimated that approximately 56,300 new HIV infections occurred in the U.S. in 2006— a figure that is 40% higher than CDC’s former estimate of 40,000 new infections per year. These new estimates indicate that there are about 1,106,400 adults and adolescents living with HIV infection in the United States (CDC’s MMWR, October, 2008). These new findings also indicated that African Americans and Hispanics/Latino populations continue to be disproportionately affected by HIV infection. Recent estimates showed that African Americans represented 46% and Hispanics/Latinos 18% of new HIV infections, respectively. In 2008, an estimated 18,341 blacks and 7,864 received an AIDS diagnosis (CDC, June 2008). Individuals with substance use disorders are also at increased risk for HIV/AIDS as a result of either sharing contaminated syringes or by exhibiting impaired judgment while under the influence of a legal or illegal drug with abuse potential (e.g., alcohol, cocaine, methamphetamine, marijuana, and/or other non-injection drugs) which may increase high risk sexual behavior associated with HIV infection or transmission. This public health concern is supported by the CDC 2006 estimated HIV prevalence in the United States, which found that people infected with HIV through injection drug use accounted for 12% of annual new HIV infections and 19% of all people living with HIV (204,600 persons; 131,500 males and 73,100 females).

FY 2009 Grantees:

<i>Grantee</i>	<i>City</i>	<i>State</i>	<i>Award Amount</i>
Wyckoff Heights Medical Center	Brooklyn	NY	\$350,000
Positive Impact, Inc.	Atlanta	GA	\$350,000
Muscogee Creek Nation	Okmulgee	OK	\$450,000
East Bay Community Recovery Project	Oakland	CA	\$450,000
Recovery Consultants of Atlanta, Inc.	Decatur	GA	\$450,000
AIDS Service Center of Lower Manhattan	New York	NY	\$350,000
University of Tennessee Knoxville	Knoxville	TN	\$448,146
Street Works	Nashville	TN	\$350,000
Center for Great Expectations	Somerville	NJ	\$450,000
Vocational Instruction Project Community Services	Bronx	NY	\$450,000
San Francisco Dept. of Public Health	San Francisco	CA	\$450,000
TASC, Inc.	Chicago	IL	\$350,000
Catholic Community Services	Miami Shores	FL	\$445,510
Center for AIDS Research, Education & Services	Sacramento	CA	\$366,426
Latino Health Institute, Inc.	Boston	MA	\$450,000
CODAC Behavioral Health Services, Inc.	Tucson	AZ	\$450,000

Location(s) of Projects: See above

Evaluation Activities: For the multi-site evaluation, design the overall evaluation, identify a coordinating center, prepare OMB clearance documents, develop a standardized survey instrument, design a data analysis plan, and develop reporting protocols, and a dissemination strategy. Multi-Site Evaluation was awarded in FY 08 for \$3,000,000/year.

Future Prospects: Current activities are funded under a fixed line item in the SAMHSA budget. However, the recently released Presidential National HIV/AIDS Strategy (July, 2010) makes a series of recommendations for SAMHSA. Future funding and activities will be determined by the gaps in services documented through increased and improved local, State and National surveillance. An overall goal of the plan is to increase access to care and optimizing health outcomes for people living with HIV while reducing health disparities. The accompanying Vision Statement is also quite simple but will have short and long range implications on how SAMHSA operates. The Vision: The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

More Information: No grants were funded in FY 2010 through the SAMHSA TCE-HIV program. URL for grants funded for FY 2006 to FY 2009 can be found at the following links and contains the name of grantee, location, contact information and amount of award.

FY 2009 <http://www.samhsa.gov/Grants/2009/awards/ti0806.aspx>
FY 2008 <http://www.samhsa.gov/Grants/2008/awards/ti08006.aspx>
FY 2007 <http://www.samhsa.gov/grants/2007/awards/ti07004.aspx>
FY 2006 http://www.samhsa.gov/Grants/2006/TI_06_010.aspx

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