THAT'S SIRR TO YOU

FORGING COLLABORATIONS BETWEEN RYAN WHITE AGENCIES AND CORRECTIONAL FACILITIES

Presenter:

Patrick L. Martin

Facilitator

The SIRR Partnership of Greater Houston

Program Development Director

The Resource Group

DISCLOSURES

Patrick L. Martin

Grants: HRSA HIV/AIDS Bureau

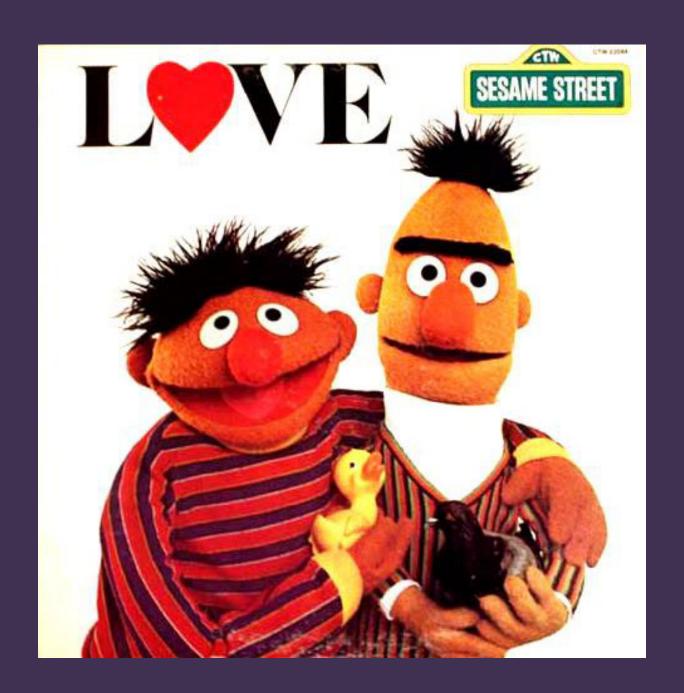
Grants: Texas Department of State Health Services

The Resource Group: Employee

- HRSA Education Committee Disclosures
 HRSA Education Committee staff have no financial interest or relationships to disclose.
- CME Staff Disclosures
 Professional Education Services Group staff have no financial interest or relationships to disclose.

FURTHERMORE

- Patrick L. Martin discloses that he:
 - Was once a proud member of the My Little Pony Fan Club (not really);
 - Skipped every Friday of his Senior year thanks to dental notes from his best friend (yeah really);
 - Is still a Momma's Boy at heart;
 - Adores all three of his nephews; and
 - Learned everything he knows about monogamy from Sesame Street.

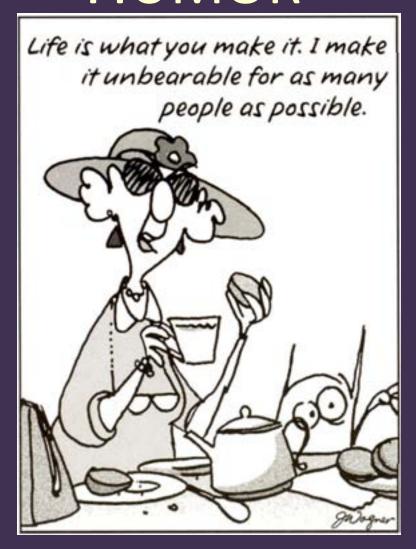


THERE ARE NO STUPID QUESTIONS . . .

JUST STUPID PEOPLE!

T-SHIRT WISDOM

RANDOM OUTBURSTS OF HUMOR



WHY ARE YOU HERE?

(NOT THE COSMIC MEANING OF LIFE STUFF?)

- What Do You Want From This Workshop?
- What Will Make This A Success?
- By the way . . .



THE MEANING OF LIFE

I know, I don't get it either!!!

PURPOSE AND OBJECTIVES

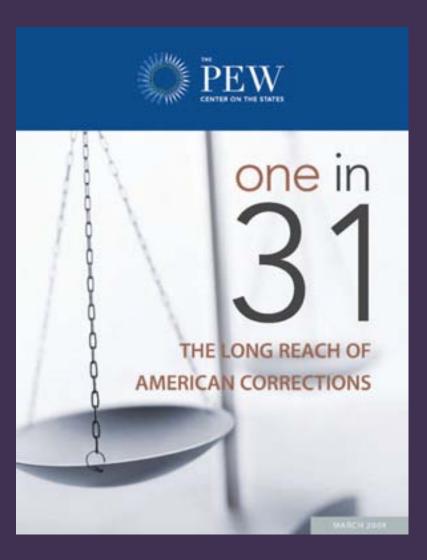
- Describe the environment that led to the creation of the Serving the Incarcerated and Recently Released (SIRR) Collaboration.
- Describe the SIRR as a model of collaboration between community based organizations (CBOs) and correctional facilities (CFs).
- Provide the strategies used to create/increase collaboration between CBOs and CFs.
- Answer questions with outlandish and inaccurate information.
- Bore you insensate.

SELF-PRESERVATION

- Lots of ground to cover may result in skipping the good stuff. Feel free to ask me to elaborate on anything you find intriguing.
- I will talk non-stop forever and ever and ever, so overwhelm is a strong possibility. But, I'm not a preacher, so giving the "church cough" won't get me to wrap up my presentation any faster.
- Snoring, however, is an acceptable form of criticism.
- Other bodily noises are not.
- If at least one person glazes over and collapses, I have accomplished my purpose.

PUTTING IT INTO PERSPECTIVE

- Debrief on Perspective Exercise
- Texas Department of Criminal Justice
- Harris County Jail EIS Program
- Linkage Into Care Pilot Project
- Serving the Incarcerated and Recently Released (SIRR) Partnership of Greater Houston.



- One In 31: The Long Reach of American Corrections, The Pew Center On the States, March 2009
- http://www.pewcenteront hestates.org/report detail .aspx?id=49382
- Overall Report and Breakout by State.

POPULATION

1 in 22 adults¹²

is under correctional control

- Growth over time: in 1982, the figure was 1 in 42 adults^{1,2}
- Percent behind bars: at year end 2007, 31 percent of the correctional population was in prison or jail (national rank: 30); the figure for 1982 was 20 percent (national rank: 45)¹

POPULATION, RATES AND RANKS (YEAR END 2007)

Population		Combined	Share of	National		
	State	Federal	Population		rank	
Probation	434,3091	2,052*	F40 735	25-22	1.7	
Parole	101,7481	11,6163	549,725	1 in 32	7	
Prison	159,016 ¹	20,6284 247,529		41. 77	-	
	67,	67,8855		1 in 71	- 5	
		797,25	54	1 in 22	4	

- 1 in 22 Texans are under correctional control:
 - 1 in 32 on Parole or Probation
 - 1 in 71 in Prison or Jail
- 2.96 Billion spent on Corrections
- ❖ Yeah, Texas!

- The Texas Department of Criminal Justice (TDCJ)
 manages offenders in state prisons, state jails and
 private correctional facilities that contract with
 TDCJ.
- The agency also provides funding and certain oversight of community supervision (previously known as adult probation) and is responsible for the supervision of offenders released from prison on parole or mandatory supervision.

The Texas Department of Criminal Justice (TDCJ) manages one hundred and fourteen (114) facilities including seven (7) privately operated correctional centers, five (5) privately operated state jails, two (2) privately operated Pre-Parole Transfer (PPT) facilities, and five (5) intermediate sanction facilities.



IT'S FEUDAL TO CHALLENGE THE SYSTEM



- When dealing with TDCJ, you must adopt a feudal mentality.
 - Lords, vassals and fiefs
 - TDCJ Administration (lord)
 - Wardens (vassals)
 - Units (fiefs)
- Outsiders play by both the rules of the lord and the vassals.

HIV/AIDS IN TDCJ FACILITIES

HIV/AIDS in TDCJ Population

Calender Year	Average Offender Population	# Tests	# Positive	HIV Population	AIDS Population
2005	151,647	70,064	615	2400	894
2006	153,271	111,045	604	2693	894
2007	155,622	111,678	567	2,458	812
2008	156,088	119,939	673	2,509	837
2009	156,088	126,692	603	2,453	838

^{*}Data from TDCJ Website: http://www.tdcj.state.tx.us/health/health-aids-stats.htm

HIV-POSITIVE INMATES RELEASED IN 2009

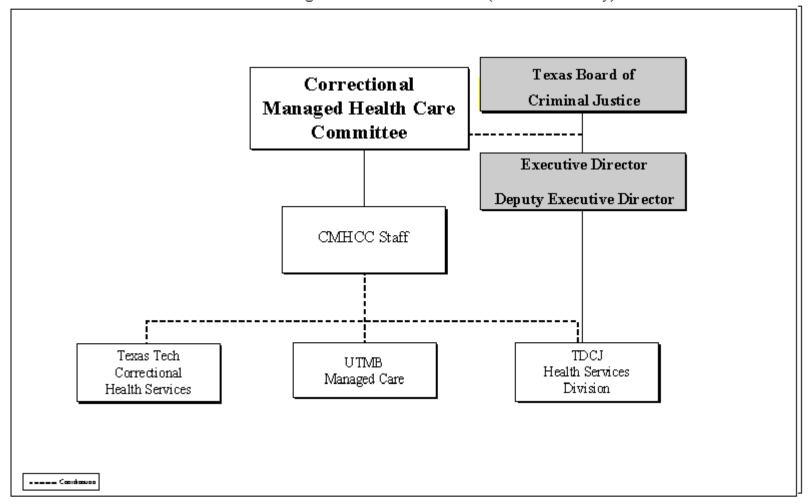
HIV-Positive Inmates Released From TDCJ Monthly 2009

January	124	July	138
February	111	August	110
March	106	September	116
April	125	October	133
May	93	November	98
June	117	December	105

Average = 115 releases per month

TEXAS DEPARTMENT OF CRIMINAL JUSTICE ORGANIZATIONAL STRUCTURE

Correctional Managed Health Care Committee (Coordination Only)



Prepared by Executive Services. Current as of September 2007.

UTMB CORRECTIONAL MANAGED CARE

- TDCJ contracts with University of Texas Medical Branch Correctional Managed Care (CMC) and Texas Tech Correctional Health Services.
- UTMB CMC manages the units in Houston area.
 - Dr. David Paar heads UTMB CMC.
 - Suzanne Graham serves as discharge planner for the CMC.



RUBES* by Leigh Rubin

CORRECTIONS IN HARRIS COUNTY

- The Harris County Sheriff's Office is the largest sheriff's office in Texas and the third largest in the United States.
- HCSO operates three facilities including:
 - The 701 Jail (also known as 701 North San Jacinto) is one of the largest detention facilities in the United States,
 - The 1307 Jail (also known as the 1307 Baker Street facility)
 - The 1200 Jail (as known as the 1200 Baker Street facility)
- As of July 28, 2010, the census of the HCSO facilities was quoted at 10,163. (But don't quote me.)

1200 BAKER STREET

- 1200 Baker
 Street opened in 2003.
- Has 4,156
 regular beds, 124
 beds for the
 Medical Division,
 and 96 beds for
 MHMRA.



THE HCJ EIS PROGRAM

- Starting in 2001, The Resource Group funded two positions through State HIV Services funds to ensure that HIV-positive inmates received appropriate care while incarcerated.
- The two care coordinators work for HCJ and coordinate with the contract medical providers.
- In September 2010, a discharge planner position will be added (a direct result of SIRR).

HIV-POSITIVE INMATES SERVED BY HCJ EIS PROGRAM

Gender							
	2008	2009	2010*	Total	UDC	Repeats	
Male	578	893	531	2002	1286	716	
Female	169	237	128	534	341	193	
Other	13	17	12	42	23	19	

^{*} January 1 through June 30

HIV-POSITIVE INMATES SERVED BY HCJ EIS PROGRAM

Race/Ethnicity								
	2008	2009	2010*	Total	UDC	Repeats		
Black	569	809	457	1835	1167	668		
White	115	203	126	444	283	161		
Asian	0	2	3	5	4	1		
Native American	7	10	3	20	11	9		
Other	1	3	1	5	3	2		
Hispanic	68	120	81	269	182	87		

^{*} January 1 through June 30

HIV-POSITIVE INMATES SERVED BY HCJ EIS PROGRAM

Age							
	2008	2009	2010*	Total	UDC	Repeats	
13-24	34	80	46	160	83	77	
25-44	478	651	390	1519	921	598	
45-64	247	414	234	895	643	252	
65+	1	2	1	4	3	1	

^{*} January 1 through June 30

CORRECTIONS AND MENTAL HEALTH



Can't Talk About
The Incarcerated
Without Noting The
Preponderance of
Mental Health
Issues

MENTAL HEALTH IN HCJ

- There are approximately 500,000 adult Harris County residents who experience a mental health condition each year;
- Approximately 140,000 of those suffer a severe mental illness, such as severe depression, bipolar disease and/or schizophrenia;
- Almost half of adult Harris County residents who suffer from a severe mental illness could not access treatment;
- And approximately 20 percent of inmates in the Harris County Jails have a history of mental illness.

THE LINKAGE-TO-CARE PILOT PROJECT

- In 2009, Bristol Meyers Squibb, the Harris County Sheriff's Office, the Ryan White Part A Grantee, and two local CBOs came together to pilot a process of increasing the collaboration between the HCJ and community to ensure that the recently released remained linked to care.
- Group met infrequently but identified several barriers to increased linkages.

THE LINKAGE-TO-CARE PILOT PROJECT

- The primary problem was documentation. The two following items were most crucial to ensure effective referral:
 - Documentation of Identity.
 - Documentation of HIV
- Each provider wanted particular data as part of the referral.
- It became obvious that a consistent and uniform referral process was needed.

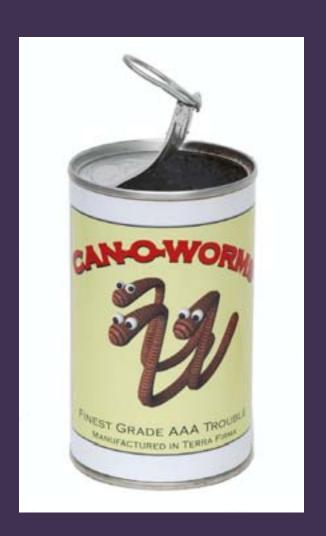
BRIDGING THE GAP

- At the annual Standards of Care workshop, HCJ requested The Resource Group to facilitate a community meeting to increase the partners in the Linkage to Care Project. TRG agreed to do so.
- HCJ aggressively followed up regarding the scheduling of the meeting.
- In truth, the Pilot Project was hampered by personality conflicts.

BRIDGING THE GAP

So, in December 2009, The Resource Group facilitated a stakeholders meeting at its office to discuss the expansion of the pilot project. Little did we know . . .

28 providers and community members showed up including representatives from DSHS.



THE SIRR PARTNERSHIP OF GREATER HOUSTON

Established Purposes:

- Encourage the entire community to gather around the table;
- Challenge the beliefs and break down the barriers to serving the Incarcerated and Recently Released (I&RR);
- Work with the participating stakeholders refine and/or create streamlined systems that better serve the I&RR;
- Expand the knowledge of resources to serve the I&RR;
- Provide a consumer perspective to what is working and offer suggestions of further improvements; and
- Pursue additional funding to support the efforts of stakeholders.
- End World Hunger!

THE SIRR PARTNERSHIP OF GREATER HOUSTON

Accomplishments:

- Revised and implemented a uniform referral process from the HCJ EIS Program to partner agencies (with established MOUs) including
 - Uniform intake/assessment form (including all partner-requested data elements)
 - Medication list
 - HIV diagnosis (accepted by all agencies and funders)
 - Referral feedback form (closing the loop)
- Regular meeting for partners to network and address problems in the system
- Increased funding for HCJ EIS Program
- Identification of an employment program friendly to RR

THE SIRR PARTNERSHIP OF GREATER HOUSTON

Ongoing:

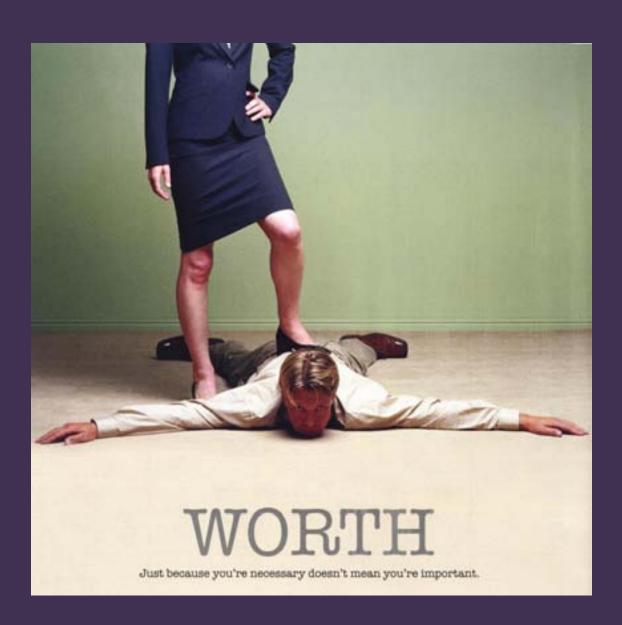
- Issuing Inmate IDs at HCJ Pending
- Transitioning of HIV Medications upon Released from HCJ. (Mental health medication scripts are currently available upon release.)
- Migrating SIRR Homepage to its new domain (www.SIRRHouston.org)
- Greater coordination between MHMRA, HCJ and CBOs.

FACING THE FUTURE

- Identity Crisis
 - Group is on the cusp of becoming more than a loose meeting
 - Interagency Response Team concept
- HCJ Medical Records Integration (EMR)
 - Paper Chart System
 - Chart doesn't always make it to appointments
 - Impacts both HIV and MH service delivery

FACING THE FUTURE

- Tackling the Beast Integrating with the TDCJ Release Process
- Filling the ADAP Gap (increasing connectivity with ADAP data).
- Mapping the MH services system to increase connection with MHMRA (HCJ), MHMRA (Freeworld) and SIRR partners.
- Taking in on the Road duplicating through entire service area.



THE PHYSICS OF COLLABORATION

Guiding Principles To Succeed

Momentum

$$\mathbf{I} = \Delta \mathbf{p} = m \Delta \mathbf{v}.$$

$$\mathbf{F} = \frac{\mathrm{d}\mathbf{p}}{\mathrm{d}t} = \frac{\mathrm{d}(m\mathbf{v})}{\mathrm{d}t},$$

Inertia

$$\mathbf{F} = \frac{\mathrm{d}}{\mathrm{d}t}(m\mathbf{v})$$

FIRST PRINCIPLE

THE MISS J@CKSON STRATAGEM

THE MISS J@CKSON STRATAGEM

- What Have You Done For Me Lately? Or in this case What Can You Do For Me Baby?
- Collaboration is NOT about what someone else can do for you.
- Collaboration is about what you can do for someone else.
- It's all about the Sell.

WHAT MOTIVATES PEOPLE?

- Money since nobody has more of that to dole out, what else?
- Reward
- Acknowledgement
- Decreased workload
- Decreased stress
- Increased productivity

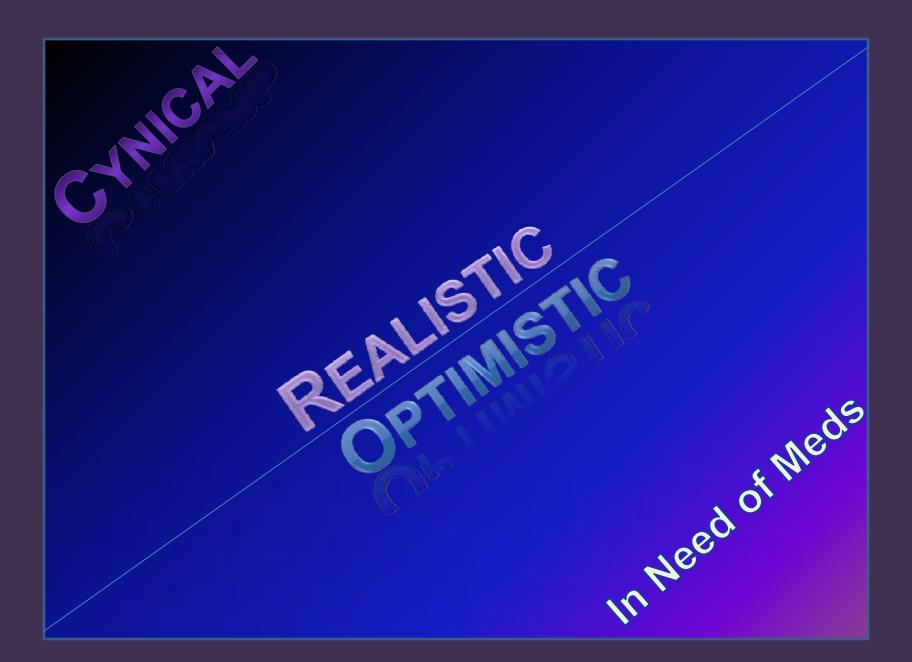
SECOND PRINCIPLE

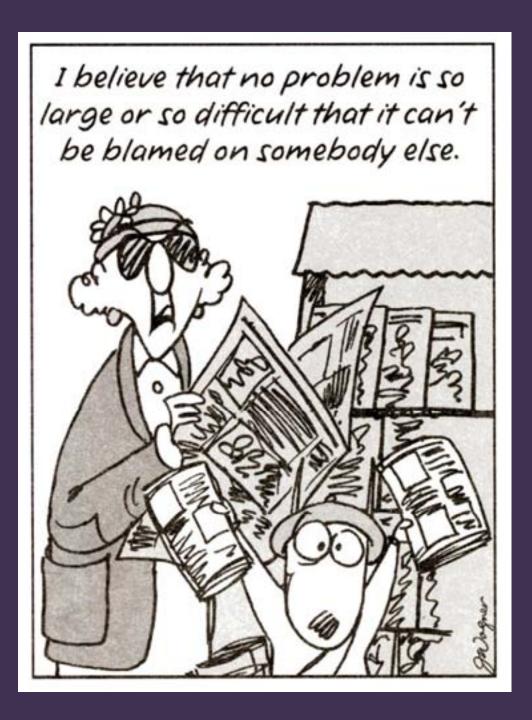
NEVER A H@PPY MEAL



BE OPTIMISTICALLY REALISTIC OR IS THAT REALISTICALLY OPTIMISTIC

- Understand the systems you are working with and time involved in changing them.
- Dream BIG but implement realistically.
- Governmental Time is measured in epochs.
- Correctional facilities will never be focused on making clients happy.





THIRD PRINCIPLE

RESEARCH ISN'T JUST FOR PAPERS

KNOW THE LAY OF THE LAND

- Any good soldier performs reconnaissance of the land where he intends to operate. You should, too.
- Learn the political landscape. Find out who are your champions.
- Learn the service provider landscape.
- Learn the personalities behind the landscapes.

USE (AND ABUSE) RESOURCES

- Pharmaceutical companies are targeting resources to the incarcerated HIV and Mental Health population.
 - Often the pharmaceutical reps know the players because they are talking "drugs" with them.
- Local Advocacy Group
- Prison Ministries/Local Ministries/Faith Based Organizations
- Incarceration and HIV both make strange bedfellows.

FOURTH PRINCIPLE

JUST GET THE
FREAKING BALL
ROLLING

OVERCOMING INERTIA

- "Nothing is ever going to change" Mentality
 - People who have been banging their heads against walls don't believe the walls can come down.
- Starting with a Sure Thing
 - Little victories overcome the feeling of inertia/resistance that is often express by participants.
 - Creates a feeling of teamwork and people do more for their friends.

FIFTH PRINCIPLE

YOU CAN'T GET ANYWHERE WITHOUT DIRECTION

FACILITATION IS KEY

Facilitate

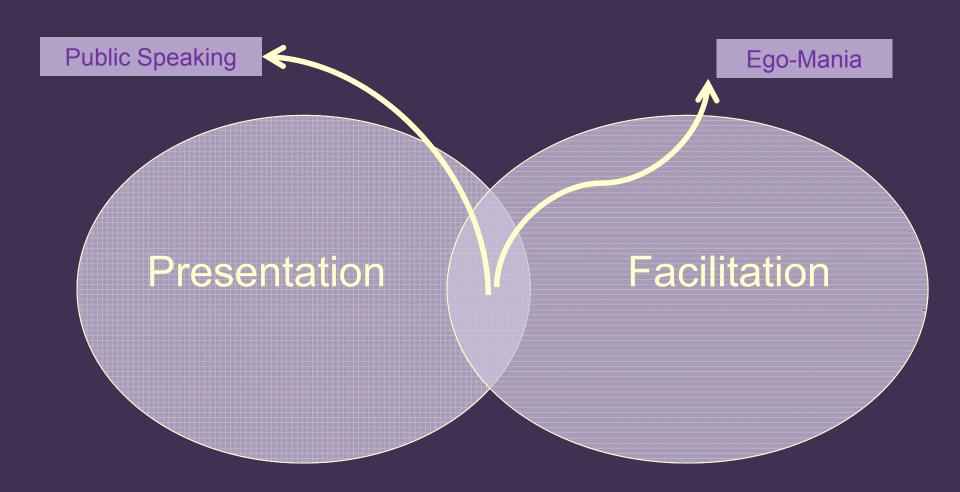
- to make easier or less difficult; help forward
- to assist the progress of
- to increase the likelihood,
 strength, or effectiveness
 of (as behavior or a response)



PRESENTATION VS FACILITATION

- A presenter is an expert expressing his/her experiences/views/opinions/research on a selected topic and answering/fielding questions.
- A facilitator is a guide leading a group on the path of discovering the answers to questions and achieve group consensus.
- Being good at one does not equate to being good at the other.

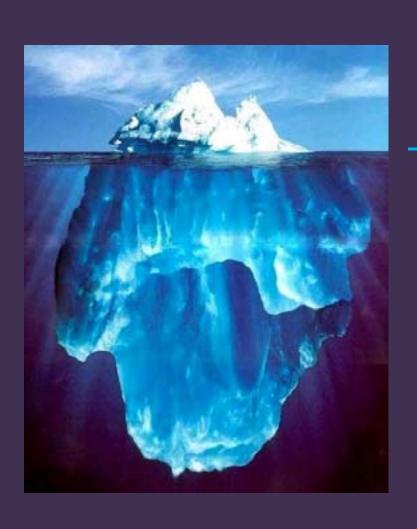
INTERSECTION OF PRESENTATION AND FACILITATION



KNOW YOUR ROLES

- √ 50% Goat Herder
 - ✓ A big portion of the facilitator's job is keeping participants focused
- √ 50% Therapist
 - ✓ Often you are dealing with people's issues
- ✓ 50% Referee
 - ✓ Whether we like to admit it or not, we don't always get along
- ✓ 50% Juggler
 - ✓ The facilitator is ultimately responsible for keeping all the myriad of agenda items moving forward

TITANIC THEORY OF FACILITATION



- Meeting Facilitation
- Reminder Emails
- Research
- Mapping the Course
- Setting the Agenda
- Confirming Presenters

TITANIC THEORY OF FACILITATION

- Preparing the meeting is 90% of the effort.
- Facilitating the actual meeting is the fun part.
 If it isn't fun for you, you aren't in the right role.
- If you are uncomfortable in front of people, your meeting will be, too.

SIXTH PRINCIPLE

PROMOTE A DYNAMIC GROUP DYNAMIC

GROUP DYNAMIC

- Must believe that the group is greater than the individual.
- Must be willing to go where the group leads.
- Compromise is a way of life
- Compromise is not failure but instead ensures success.
- Nobody can get there way all the time.
- Protect the group dynamic from black holes of negativity.

SEVENTH PRINCIPLE

CELEBRATE YOUR SUCCESSES













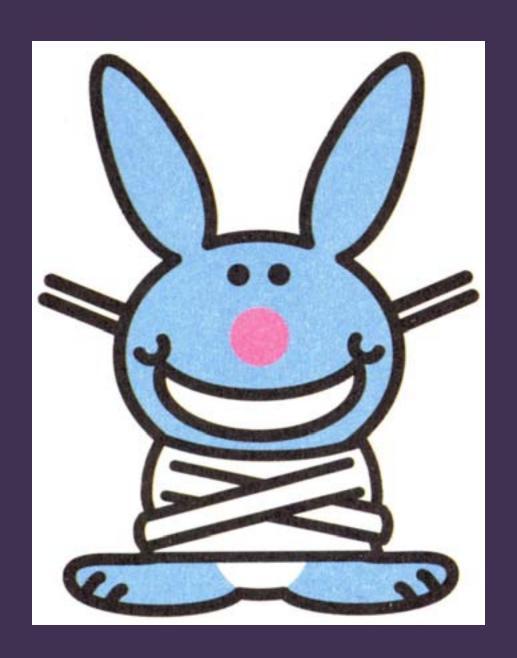


MILESTONES

- Milestones are crucial to marking a path.
- It's easy to rush into the next challenge, but you need to enjoy the sweet smell of success.
- So, never forget to remind yourself of your accomplishments.
- They will bolster you through the rough times.
- They also reinforce the teamwork

FINAL PRINCIPLE

EVALUATE! EVALUATE!



Q&A

CONTACT INFORMATION

- Patrick L. Martin
 plmartin@hivresourcegroup.org
- Anna Langford
 alangford@hivresourcegroup.org
- SIRR HomePage: www.hivresourcegroup.org/sirr.html