

POSITIVE VOICES-MARCH 2010

Your Newsletter by Positive People for Positive People

A Helpful Guide to Understanding Case Management Services

By Gayle Pado, STAP Director of Client Services

The Southern Tier AIDS Program offers several levels of case management services to HIV+ individuals and their families. The NYS AIDS Institute outlines the guidelines for each program. They are as follows:

- a. **Comprehensive Case Management**: requires case manager contact from one to four times per month.
- b. **Supportive Case Management(CSP)**: requires a minimum of one (1) contact every (180) days, with at least one (1) face to face contact per year. Case Managers usually provide more frequent contact based upon client desire.
- c. **General Services**: requires that the client contact a case manager if services are needed. This level is designed for people who need occasional assistance, but do not feel that regular contact with a case manager is necessary.

Both Comprehensive and Supportive Case Management requires that a reassessment be completed every 6 months.

The goal of all of STAP's case management programs is to assist HIV+ persons to accomplish their goals. Clients that identify several case management needs are enrolled in comprehensive case management. As goals are accomplished and the person no longer needs a lot of help, they may go into supportive case management. People who do well or request less contact are transitioned to General Services. General Service individuals are still connected to the agency and are eligible to receive all services the agency offers (i.e. Medical Advocacy, Housing, Education, etc...), but they are not required to meet with a case manager regularly. If at any time a General Service client requires assistance from a case manager they must simply contact the local office and request to speak with a supervisor. An individual can be re-enrolled in case management at any time.

When case management staff is unable to contact a client, (i.e. they move and do not provide a forwarding address) they may be disenrolled from case management. STAP staff will make multiple attempts to notify individuals either in person, by phone or by mail when they are being closed to case management and to prevent it should the person wish that. An individual who is disenrolled from case management and wishes to be re-activated may contact a case management supervisor at any time to request their case be re-opened. Reopening a case is a very simple and a quick process.

Our current staff members are listed below:

Supervisor:	Wendy Hitchcock
Location:	<i>Johnson City</i>
Case Mangers:	Teresa Wage Terri Shields Jen McKenzie April Johnson
Case Manager Tech:	Juan Rios
Community Follow-up Worker:	Todd Latzko

Supervisor:	Michelle McElroy
Location:	<i>Ithaca</i>
Case Manager:	Shannon Sprague
Case Manager Tech:	Beth Pittman
Location:	<i>Elmira</i>
Case Managers:	Jean Wilson Gry Bente-Johansen
Case Manager Tech:	Jim Jelliff
Location:	<i>Oneonta</i>
Case Manager:	Stacie Kuettel

If at any time you have a question about STAP's case management program, please feel free to contact your case manager. If you are unsure who your case manager is, or you have a concern about your services, please contact a supervisor listed above. As the Director of Client Services, I am also available if a client has concerns about their services. I simply ask that you discuss your concerns with the case manager and/or supervisor first so they have an opportunity to try to address them. Our Executive Director, John Barry encourages HIV+ persons in our community to call him or visit him at the office any time to share concerns or ideas. Our services don't get better unless you tell us how.

You can also attend a Consumer Advisory Committee (CAC) meeting. The Consumer Advisory Committee is facilitated by and made up of HIV+ persons and their significant others, caretakers and family members. The CAC meets on the 2nd Tuesday of each month. This group provides a confidential space for clients to make recommendations regarding ways to improve STAP services. The CAC publishes a newsletter for HIV+ persons and brings in speakers of interest to HIV+ persons in our community. The meetings are held following the Friends Dinner at 6:15 at Trinity Memorial Church (on the corner of Main & Oak Streets) in downtown Binghamton. Call 1-800-333-0892 for directions or more details. If you cannot attend these meetings, mail your opinions or suggestions to STAP, 122 Baldwin Street, Johnson City, 13790, Attention CAC. CAC is encouraging consumers in other counties to organize monthly meetings in their area. You are welcome to contact

EVERYONE IS INVITED TO SAY FAREWELL TO DR. BARBARA CHAFEE

Dr. Barbara Chaffee of Binghamton Family Care Center is officially retiring. Dr. Chaffee has been the lead Physician in the fight against HIV/AIDS locally since her early days working with the Department of Health HIV services. Then she moved to open the only dedicated HIV/AIDS medical service in the Binghamton area. Clients are welcome to bid her farewell at a Retirement Party on March 12 in the Russell Room, first floor, at Binghamton General Hospital from 3PM - 7PM at her official Retirement Send-off. Refreshments will be provided.

IMPORTANT CONSUMER FORUM: YOUR CHANCE TO BE HEARD!!!!!!!

There will be a **CONSUMER FORUM** on March 18th at Grande's Restaurant at Noon. STAP will have representatives present to discuss current and changing services from our Client Services and Prevention Departments. The HIV Care Network will also be there to discuss their role in the Southern Tier and how that affects the clients. There will be a group discussion about client concerns, successes, and suggestions, as well as opportunities to provide feedback on a Consumer Satisfaction Survey. This will be a safe and non-threatening environment for you to speak your concerns and be heard.

The only way that we know what clients want from STAP is when they tell us, so **WE WANT TO HEAR FROM YOU**. Lunch will be provided by the HIV Care Network so please come hungry. If you are unable to attend, but would like to complete a client satisfaction survey, please contact Gayle Pado at 1-800-333-0892 to have one mailed to you. Hope to see you there.

FROM KAREN'S MEDICINE SHOPPE PHARMACY CORNER

This month's article is going to feature a unique nutritional supplement used for immune support. The name of this product is K-Pax. Because it is a dietary supplement, it is not intended to prevent or treat HIV, however added to a stable medication regimen it can significantly increase CD4 count. K-Pax is formulated with some highly potent antioxidants which you won't find in most other vitamins. What do these antioxidants do? Well, HIV and the drugs that are used to treat it put great stress on all the cells of the body. These antioxidants work to protect the cells from these effects, and resist the inevitable damage. Stronger cells mean that they can live longer, and therefore increase in number, as is the case in the studies that have shown the increase in CD4 count.

K-pax comes in several forms, the most common being a capsule. The usual dose for a patient over 120 pounds is 8 capsules twice a day. It needs to be taken twice a day because it is absorbed quickly and used by the body, and you want to keep an even level of nutrients in your body at all times. Please remember that K-Pax is not a substitution for your anti-viral medications that your doctor has prescribed. It will do nothing to decrease your viral load, it only works to improve the *good* cells. Currently, the only insurance that covers K-Pax capsules is ADAP. If you feel that you may benefit from this supplement, talk to your doctor and ask for a prescription. You may find more information about it as well at www.kpaxpharm.com

FROM THE DIRECTOR OF CLIENT SERVICES:

With the holiday season behind us, STAP staff have been looking forward to a lull of activity and a quiet January. However, we didn't find what we were expecting. Client Services staff have been running to keep up with new client intakes. It seems the Southern Tier is becoming increasingly popular among persons with HIV. I would like to think it is because of STAP's great reputation for services! I would also like to encourage each and every STAP client that is reading this to help make those services better by providing feedback to us in a Consumer Satisfaction Survey. The survey will be available in early March through case managers, on-line at our website (www.stapinc.org) and at our Annual Consumer Forum held in Binghamton on March 18, at Noon at Grande's Restaurant. "We don't know what we don't know" ... so, please help us better serve you by providing us with some helpful feedback about our services.

We have had a Johnson City based case manager position vacant since December and are pleased to announce we have filled the position! April Johnson will be join the STAP case management team in Johnson City starting March 1, 2010. Ms. Johnson is a 30 year resident of Binghamton and is very familiar with area resources. She comes to STAP from the SOS Shelter in Owego, where she has been employed since 2006, most recently as the Director of Advocacy. She has also spent some time working at the Crimes Victim Assistance Center and Upward Bound. April will be in training her first few weeks but is eager and excited about meeting her new clients and getting her feet wet!

Karen Ruth Miller, Housing Specialist is no longer employed by the Southern Tier AIDS Program. Interviews for this position are being held in late February in Elmira. Housing Coordinator, Jessica Krohn is covering housing services with assistance from case managers until the position is filled again and new staff are trained.

The Consumer Advisory Committee worked very hard to organize a trip to Albany for AIDS Awareness Day on February 23, 2010 sponsored by the New York AIDS Coalition and the HIV Care Networks. If you were unable to attend this event but are interested in participating at a local level, watch for more information in the coming months for additional opportunities.

Jouneys: A Spiritual Retreat will be offered to STAP clients again this year. Retreat Coordinator, Carrie Juraska is scheduled to begin working on the project in late February. The Sky Lake Retreat Center is reserved for our group from June 15-17. Space is limited and registration for the event will begin in May. Watch "Positive Voices" in the coming months for more information about this exciting event!

Until next month, take care of yourselves...

Gayle Pado

Director of Client Services

WOMEN AND HIV: PART TWO OF THREE

Liz Highleyman/POZ.COM

Sideways

HIV drugs are largely tested on men, and doses are formulated based on their average body weight. Since women tend to have a lower average body weight and a higher percentage of body fat, “there’s no doubt that women metabolize certain meds differently than men,” says Meg Newman, MD, an associate professor of clinical medicine at the University of California at San Francisco’s Positive Health Program. Hormone levels can also affect how the body processes drugs. So far, research has shown that HIV meds are equally effective for men and women, but they may cause different side effects.

Women taking certain nukes are more prone to lactic acidosis—a rare but serious buildup of lactic acid in the bloodstream. Those on the non-nuke Viramune (nevirapine) are more likely than men to develop skin rashes and liver problems. Women are also more prone to side effects of the PI Norvir (ritonavir), including nausea and vomiting.

Some women on HAART report significant fat loss in their behinds, faces and limbs (lipoatrophy) as well as fat accumulation in their bellies and breasts (lipoaccumulation). Studies confirm these body shape changes but suggest that positive women on meds aren’t more likely than negative women to gain fat as they age.

Whatever the source of your symptoms, be sure to write them down and communicate with your doc. According to Dr. Cargill-Swiren, addressing side effects is an essential part of sticking to treatment. “We know that when women are given drugs that interfere with their functioning and their ability to care for their children and families, many will drop the drugs,” she says.

“The bottom line is to work closely with your practitioner,” adds Dr. Newman. “If you can’t tolerate your meds, let your clinician know. She or he may be able to make accommodations.” One possibility: Therapeutic drug monitoring, which measures the actual amount of a specific drug in your bloodstream and helps your doctor tailor a dose to your needs.

Gyno Know-How

Regular gynecological exams should rank high on your list of health care priorities. “HIV positive women should pay as much attention to their reproductive-tract health as they do to their viral load and CD4 count,” says Dr. Cargill-Swiren. Be aware of the following:

Recurring yeast infections: Chronic yeast infections can be an early sign of a flagging immune system. Don’t overlook unusual itching or vaginal discharge. Keep your ob-gyn and your HIV doctor in the loop.

Sexually transmitted diseases: STDs can be more severe and harder to treat if you’re HIV positive. Herpes outbreaks occur more often in positive women. Untreated chlamydia and gonorrhea can develop into pelvic inflammatory disease (PID), which can in turn cause infertility. Sexually transmitted diseases also make it easier to infect someone with HIV.

Human papilloma virus (HPV): Spread by sexual contact, HPV is extremely common—at least 80% of all U.S. women will have it by age 50. Depending on the strain, HPV can cause genital warts and cancer of the cervix or anus. HIV positive women have higher rates of HPV than negative women. They're also more likely to develop pre-cancerous cervical and anal cell changes known as dysplasia.

The Others

HIV is a complex disease, and at times, managing it can be all-consuming. But as you go through each stage of your life, you can't afford to ignore other health concerns. "Just because a woman is HIV positive, that doesn't preclude her from other illnesses and the effects of aging," warns Dr. Wright. "Every woman should get all the tests that normally happen—from regular mammograms and Pap smears to colonoscopies and [bone density] scans when they get older."

Look out for heart disease, which is the No. 1 killer of women in the United States. The risk is even higher among those taking HIV meds, likely due to the effects of the drugs on blood fats. HIV positive smokers and diabetics face even higher risks. Your doctor will have information about how you can benefit from HAART and maintain a healthy heart. Many people with HIV also have hepatitis B or C (HBV or HCV). Transmitted through bodily fluids, HBV and HCV can seriously damage the liver. They can also raise the risk of liver toxicity from HIV meds.

The relationship between HIV, HAART and diabetes isn't fully understood. Studies do show that some HIV drugs cause insulin resistance and raise blood sugar levels. However, obesity and inactivity remain the biggest risk factors for all women. Your doctor can help you prevent or control diabetes with diet, exercise and medication. Kidney disease caused by HIV (nephropathy) is rare overall, but African Americans are at a higher risk. Some HIV medications can cause kidney toxicity, so keep an eye on blood tests before and during treatment. And keep diabetes and high blood pressure in check; they're the leading causes of kidney disease.

HIV positive women are more vulnerable to viral cancers, such as cervical cancer caused by HPV. Ask your doctor if the new HPV vaccine will be safe and effective for you. Find out how often you need vaginal Pap smears and cervical exams. Talk about anal Paps as well. A recent study suggests that HIV positive women are more likely to have anal HPV infections than cervical HPV infections.

Community Art Class at The Cube Taught by Angelo Fiori

Board Member and Volunteer Angelo Fiori is starting a Community Art Class. It will be held at *The Cube* on Thursday Evenings, starting March 4, 7-10 PM. Depending on the funds raised and interest, it would be weekly, bi-weekly or monthly. The class would be open to all groups: HIV positive, HIV negative, LGBTQ community, gay or straight. His vision of this art class is to be one of and about our community and coming together to respect each other's differences. If you are interested in participating in this Community Art Class, please contact Angelo at angelifiori@earthlink.net and let him know what your interests are so he can finalize the planning. Look forward to more information in the next issue of Positive Voices.

ON-GOING MEETINGS AND COMMUNITY SERVICES

JOIN CONSUMER ADVISORY COMMITTEE [CAC] MEETINGS

The STAP Consumer Advisory Committee is a committee facilitated by and made up of consumers (STAP clients) who welcome other consumers and their significant others, caretakers and family members to join them on the second Tuesday of each month. This collaborative effort provides a confidential space for clients to make recommendations regarding STAP client services and other programs in a non-judgmental environment.

The meetings are held following the Friends Dinner at 6:15 at Trinity Memorial Church (on the corner of Main & Oak Streets) in downtown Binghamton. Call 1-800-333-0892 for directions or more details. If you cannot attend these meetings, mail your opinions or suggestions to STAP, 122 Baldwin Street, Johnson City, 13790, Attention CAC. CAC is encouraging consumers in other counties to organize monthly meetings in their area. Contact your case manager or Brian Wieder at 607-724-1272 to discuss developing CAC in your community.

THE DRAGON SLAYERS

Hepatitis C and Co-Infection Support Group. Meetings at 6:00 - 7:00PM on alternate Tuesdays at Trinity M, 44 Main Street, Oak Street Entrance in Binghamton. For information, call (607) 798-1706.

FRIENDS DINNER

Friends meet every Tuesday evening for a time of fellowship and good food. Join us at Trinity Memorial Church (on the corner of Main & Oak Streets) in downtown Binghamton. Doors open at 5PM and dinner is served between 5:30 & 5:45. No charge, just come with a smile and a friendly attitude - ready to meet and greet friends and have a hearty meal.

Parking is available on Oak Street behind the Church Annex. Use the Oak Street entrance for the cafeteria. Free bus passes are available for STAP clients! Call your case manager for details. Bus passes available for transportation to/from the Friends Dinner only. For more information call Bill at 607-724-0103.

FREE ANONYMOUS RAPID HIV TESTING

Walk-in Anonymous testing every Monday from 1:00 - 4:30PM and Thursday from 9AM - Noon at STAP's office, 122 Baldwin Street, Johnson City, NY. For information and other testing times available through the month, please call (607) 798-1706.

ONEONTA SOCIAL GROUP

Oneonta Social Group every Saturday at the First Methodist Church, 66 Chestnut Street in the Dolly Room from 12:30PM-1:30PM. HIV/AIDS and affected welcome - Brunch is between 11:30-1PM. This is not an official STAP Group.

ASK THE MEDICAL ADVOCATE

Have general questions or concerns regarding HIV?
Want to better manage side effects of your HIV medications?
Concerned about interactions between your HIV meds and other meds that you take?
Want to better understand the results of your blood work or other lab tests?
Concerned about HIV exposure risks to your negative partner?
Interested in alternative or complementary therapies for HIV?

STAP's Medical Advocate, James Elrod, is available to answer your questions—by phone, email, or in person—you choose! It's a great way to get a direct, individualized answer to your questions. Contact James at (607) 426-9445, or by email: jelrod@stapinc.org

HOPE DISPENSARY OF THE SOUTHERN TIER

The Hope Dispensary of the Southern Tier, a service provided by Lourdes Hospital, is a new program designed to provide medications to those that are uninsured or underinsured and have a limited income. Here is how you qualify:

1. You must have no prescription coverage
2. Have a photo ID or Social Security Card
3. Bring one of any of the following as proof of income: Pay Stubs or Bank Statement, SSI/SSD paperwork or Unemployment or Pink Slip form from employer.
4. Bring proof of residency - one piece of mail with your name and address, such as a phone bill, NYSEG bill or cable bill.
5. Bring the prescription with you

If you need assistance with providing this information to determine eligibility, they have an onsite Social Worker who can help you with the process. There is a monthly income level that you cannot exceed. The information is listed on the next page.

Family Size and Monthly Income

1 = \$1,805	2 = \$2,428
3 = \$3,052	4 = \$3,675
5 = \$4,298	6 = \$4,922
7 = \$5,545	8 = \$6,168

The Hope Dispensary will verify your information onsite and the Social Worker that is present each day they are open will also provide screenings for financial assistance to access 50% discounted up to possibly free healthcare in the Lourdes network. This is great information!!!

Hope Dispensary does not carry all medications. They do cover HIV medication as well as antidepressants. They do not carry any controlled substances or birth control. If they do not have the medication that you need, they have programs developed so that you might qualify for free medication directly from the pharmaceutical corporations. They use medication samples and generic medications. They are located at 477 State Street in Binghamton and their number is 607-584-9376. They are open Monday through Friday from 10AM - 6PM.

New LGBT Information Site Launched

www.asaging.org/larc

The American Society on Aging has created a Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging Resources Clearinghouse that holds information related to and resources for people aged 50 and older. The site's searchable resources span several categories: education and training; health and mental health; housing and support services; populations and communities; and public policy, advocacy, and legal issues. Also available are annotated listings for service providers, community and professional organizations, information sites, reports and articles, and links for ordering DVDs, books, and other useful products.

FREE CELL PHONES

There is a government sponsored program available that can provide you with a free cell phone and 68 free minutes per month. Eligibility is based on your participation in one of several State or government programs like PUBLIC HOUSING, FOOD STAMPS, MEDICAID and more. There is also a limit to the amount of income you receive each month. This program is called LifeLine Assistance and you can find out about it through safelink.com or calling 1-800-378-1684. If you need help with the application process, please call your STAP case manager for assistance.

FREE TAX PREPARATION SERVICES

Cynthia is able to do taxes for clients again this year. I am hoping that if I let you know now more will take advantage of it... She says it is easier this year with her new program they loaded on her computer and that more clients can be served this year for free...yes, for free. I am currently checking to see if she is able to do tax preparation outside of Broome County and will let you know in the next Positive Voices. Please contact me at the information below if you would like to be scheduled for Cynthia's free tax preparation services. Candace Phelan/Volunteer Coordinator/Southern Tier AIDS Program/Phone: 607.798.1706 ext. 225/www.stapinc.org

THE CUBE

The Cube is located at 208 State Street, Binghamton. It is open for drop-in education or just hang out and have fun with others in the LGBTQ Community on Tuesdays from 5:00 - 9:00PM and on Thursdays from 5:00 - 11:00PM. For information on The Cube and when it will be open for other activities, call Jon at (607) 651-9175 or check out their website at www.i3mpowerment.org. Here are some of the additional groups and events that they have at The Cube:

Men's Group - Peer discussion group for gay, bisexual or Men who sex with Men and questioning guys. Meets 1st and 3rd Tuesday at 7:00PM

Monday Movies - Men's movie night starting at 7PM. Call check The Cube website above or the number listed for Jon.

Lesbian, Bisexual, Trans, Queer Women's Group on the 2nd and 4th Friday at 7:00PM. Contact Erin at (607) 651-9120 or www.erin@idyouth.org

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SOUTHERN TIER GENDER ALLIANCE

For information, contact Ethan at (607) 651-9175 or elewis3@binghamton.edu

PFLAG

(For Parents, Families, Friends and Allies of Lesbians and Gays). Meets monthly. Contact Dee Davis at (607) 727-6935 for more information.

POSITIVE CONNECTIONS IN DELAWARE/OTSEGO COUNTIES

A Social Support Group for people infected and affected by HIV/AIDS in Delaware and Otsego counties. The group meets every Saturday at the United Methodist Church located at 66 Chestnut Street (Use the side entrance next to the Dollar General, then first door on the left).

A bread lunch is provided to the public starting at 11:00 AM, with the Support Group following from 12:30 - 1:30 PM. Sorry, no transportation is available. Call John for more information at 434-0511. THIS IS NOT A STAP SPONSORED EVENT.

HIV POSITIVE AND OUT OF PRISON: A Hard Return

Rachel Rabkin Pechman/Poz.Com

In October 2009, after 12 years behind bars, Beverly “Chopper” Henry was released from the Central California Women’s Facility (CCWF)—with \$200 and some bus tokens. Living with HIV (and hepatitis C) in prison had been difficult, and getting out offered joy and relief. But Henry’s newfound freedom also presented a range of challenges.

In prison, Henry, now 60, had been among those prisoners who pushed for better care and treatment for their HIV and helped improve prison health care. Because of them, many of the 21,980 HIV-positive prisoners in U.S. jails and prisons now have access to HIV meds and can control their virus while locked up. Unfortunately, research shows that the health of many positive prisoners takes a nosedive once they’re released. A study published online in *PLoS ONE* in September found that only 15 percent of positive prisoners released from the San Francisco County jail system continuously took antiretroviral meds after release. In other words, the majority of former prisoners stopped taking their meds or took them only intermittently—which raised their viral loads and derailed their HIV treatment.

Why, when given a new (re)lease on life, would prisoners neglect their health? It’s simple: Most released prisoners have no medical benefits and scant prison discharge planning help. That deprives them of the services and support they need to secure housing, find a job, get health care benefits and enter drug treatment (if needed)—making it nearly impossible to stay on top of HIV care.

“In prison you have a roof over your head and three meals a day,” says Frederick Altice, MD, of Yale University and an expert on HIV/AIDS care in prison. “Then all of a sudden you’re out and in survival mode, and those basic needs have to be met. So health care and medication go by the wayside.” Add to the mix drug use (rampant in the shelters where many ex-prisoners are forced to reside), and HIV management disappears.

Since her release, Henry has focused on staying healthy. But she found little help through the prison system. “The prison has a transitional case management program, or TCMP,” she says, “but they don’t go out of their way to contact individuals within 90 days of their leaving to help set them up. I happened to hear about TCMP and signed up, but the resources they gave me [were inadequate]. I’m still homeless. And the shelters they sent me to—I wouldn’t put my worst enemy in there. The world is not very welcoming. I run into one dead end after another.” With determination and the ability to speak up for herself, Henry was able to connect with the AIDS Healthcare Foundation (which provides free medical care) and stay with a friend in Los Angeles. But many ex-prisoners don’t have a clue where to turn for the services they need.

Jacqueline Walker, AIDS information coordinator for the ACLU’s National Prison Project in Washington, DC, lists another obstacle: stigma. “Everything is complicated by the fact that HIV-positive prisoners have a chronic illness that is discriminated against more than other diseases,” she says. As a result, positive ex-prisoners often have a particularly hard time finding jobs.

After telling potential employers about her criminal record and health status, Misty Rojo, 33, who was released from CCWF in March 2009, says, “I’ve watched people’s faces change during interviews, and I would get weeded out.” Rojo did find a landscaping job (with no medical benefits). Her reward? The medical benefits she had received through the county while unemployed were cut off, even though her income could not possibly cover her medical care. “It’s like I’m being punished for having employment,” she says.

What could be done to help ex-prisoners stay on their meds despite these obstacles? Start before people leave prison, Walker says. “Better prison discharge planning is not going to solve everything, but it will really help. Being hooked into services, having a case manager and having stable housing are key.” Nitika Pant Pai, MD, the lead author of the *PLoS ONE* study and a professor at McGill University Health Centre in Montreal, agrees. “Effective case management and keeping track of prisoners whenever they are released into the community,” she says, “would really help.”

Project Bridge, a small program in Providence, Rhode Island, manages to do that. Caseworkers reach out to HIV-positive prisoners six to three months before their release to help them get Social Security, medical benefits, a photo ID and housing. That way, services are in place by the time prisoners reenter the community. Caseworkers create a clinical plan for each person, accompanying him or her to doctor appointments if needed. “We continue to work with people for up to two years after their release,” says Don Laliberte, a former Project Bridge clinical social worker. “We focus on [engaging] the client. If we’re driving somewhere and we see someone on the street who [has resisted] our help, we stop and talk to them. That’s how we get people to be receptive. Our philosophy is that there is always a chance to begin again.”

Inspirational examples like Project Bridge, Altice notes, are few and far between. “Small places that do a great job often have one skilled person who goes above and beyond. In most other places, the systems are archaic, so the transitional care is not good enough,” he says. “And as states are going broke, almost all [such] programs are disappearing rapidly.” As Pai puts it, “Without funding, you never end up solving the problem. We need policy changes.”

For now, it’s up to the prisoners to educate—and advocate for—themselves, hunting down the help they need on the outside. “You’ve got to engage and ask questions of everyone,” Henry says. “I didn’t learn about HIV by being silent. I learned by taking the initiative to start treating myself. If you take an interest, you can help other people take an interest in helping you.”

More about this issue in the April Positive Voices Newsletter