REMARKS

OF

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AT THE

INTERNATIONAL AIDS CONFERENCE
CENTER FOR AIDS RESEARCH
CORRECTIONS SUBGROUP

ON

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Thank you, Dr. Rich. I'm delighted to be here. I want to thank the Center for AIDS Research for inviting me to speak, and for your efforts to address HIV and AIDS in America's prisons and jails.

I also want to thank every member of this audience for the groundbreaking work each of you is doing to advance the role of medical research in corrections management. The Department of Justice and my office – the Office of Justice Programs – share your goal of a corrections system informed by science. We're working hard to make sure the latest knowledge and most effective approaches are employed in our jails and prisons and in our probation and parole systems. We believe that evidence-based treatment of offenders – while behind bars and when they are released – provides an unparalleled opportunity to prevent recidivism and reduce crime and to prevent the spread of disease.

As you well know, America's corrections population is disproportionately in poor health. According to the National Commission on Correctional Health Care, every year more than 1.5 million people are released from jail and prison carrying a life-threatening infectious disease. Our Bureau of Justice Statistics found that, at year-end 2008, almost 22,000 state and federal prison inmates were HIV positive or had confirmed AIDS.

The rate of confirmed AIDS cases among state prisoners is more than double that of the general population. One study found that those who pass through America's correctional institutions account for almost a quarter of the general population living with HIV or AIDS. And since some 95 percent of all inmates will eventually be released, untreated HIV and other diseases will follow them back into the community, putting others at risk.

For too long, our jails and prisons have been thought of as sealed institutions, where all problems – and all dangers – are contained. But that is clearly not the case. Health care is a powerful example of how issues that are unresolved – and, too often, exacerbated – in the corrections setting can lead to public health and public safety risks.

The Department of Justice is working hard to address these issues. The Attorney General chairs a Federal Interagency Reentry Council designed to coordinate federal reentry-related efforts. My office leads the staffing of the Council. Twenty agencies are represented, and participation has been at the highest levels. Cabinet officials from across government personally attend these meetings and have been thoroughly engaged in the discussions. The Council's efforts have been very fruitful. In several cases, agencies have changed policies to promote better reentry outcomes.

The Council is also working to clarify policies and correct misinformation that may impede effective reentry. We've published more than 20 MythBusters covering topics ranging from criminal records and hiring to public housing and veterans' health care. One MythBuster focuses on Medicaid eligibility for inmates. It explains that states are not required to terminate benefits for incarcerated individuals. They may, instead, suspend benefits, making it easier for inmates to access services in the critical weeks and months after their release.

This issue of continuity of care is one of the greatest challenges in correctional health – and we now have a tremendous opportunity with the Affordable Care Act. The Reentry Council will focus future efforts on this issue, particularly in light of the recent Supreme Court ruling.

Agencies are also expanding their programmatic efforts to improve reentry. The Department of Health and Human Services recently awarded almost $7 million to address the health care needs of high-risk/high-cost Medicaid and Medicaid-eligible patients released from prison. This exciting initiative will work with departments of corrections in six states, the District of Columbia, and Puerto Rico to identify inmates with chronic medical conditions and coordinate services with community health centers.

HHS – through its Health Resources and Services Administration – is also supporting a multi-site demonstration and evaluation project to link jail inmates with HIV or AIDS to primary care and other services. And the National Institute of Corrections is collaborating with HHS on a pilot project to study whether enrolling inmates in Medicaid prior to release improves access to health care and affects other outcomes like employability and recidivism.

For our part, the Office of Justice Programs supports reentry efforts across the country. Under the Second Chance Act, we've funded more than 370 adult and juvenile reentry programs, many of which focus on issues that relate to health care. A good example is the Allegheny County Jail Collaborative in Pennsylvania. This is a partnership between the jail, the county health department, and the county's Department of Human Services. Inmates are screened at intake and referred for services, and the partners meet monthly to plan in-jail, transitional, and post-release services so that treatment continues after inmates return to the community.

Another Second Chance project involves a partnership between the San Francisco Department of Public Health and a number of community-based organizations and state agencies. This program provides intensive case management for women at high risk of recidivism, focusing on substance abuse treatment and behavioral health services.

Beyond funding, our work under the Second Chance Act focuses heavily on expanding the base of knowledge about effective reentry practices. As part of the National Reentry Resource Center, we recently launched a What Works in Reentry Clearinghouse that provides user-friendly information about evidence-based interventions in inmate reentry. The idea behind the Clearinghouse is to give practitioners the best information we have, based on the latest research, to help them develop effective reentry strategies.

And we're looking at the issues of reentry and corrections broadly, not only what we do on the back end – helping returning prisoners make a safe and effective transition – but also how we can reconfigure our policies and practices to limit our reliance on incarceration. Under an initiative called Justice Reinvestment, we're working with states

and local jurisdictions to analyze corrections and criminal justice policies and practices to determine how taxpayer dollars can be re-directed from costly corrections programs to interventions that reduce recidivism and prevent crime – and save money.

Our efforts have resulted in major policy and legislative changes. States as different politically as Oklahoma and Hawaii have passed laws that re-allocate funds from prison beds to community supervision and treatment. These changes are expected to yield significant reductions in prison populations and prison costs while protecting public safety.

Justice Reinvestment, the What Works Clearinghouse, and our work under the Second Chance Act are part of a larger effort to infuse science in corrections and criminal justice. This commitment starts with the President, who has successfully called for a two-percent set aside for research, statistics, and evaluation in my office's budget. The Attorney General has followed suit. In 2010, he appointed an 18-member Science Advisory Board to guide our work. And he has repeatedly affirmed his commitment to science and evidence-based approaches in corrections, law enforcement, juvenile justice, and other areas of public safety.

At the Office of Justice Programs, we're engaged in a comprehensive effort to expand the role of research in criminal justice. We have an agency-wide Evidence Integration Initiative that involves, not only our science bureaus – the National Institute of Justice and the Bureau of Justice Statistics – but also our program offices – the ones who provide the funding, training, and other resources. Our goal through this initiative is to improve the quality and quantity of evidence we generate and to get that information out to practitioners in an accessible and useable format.

One big part of that is an online database called CrimeSolutions.gov. This is a resource of more than 200 evidence-based programs covering the full spectrum of criminal and juvenile justice programs. Each of the programs is rated for effectiveness.

Another vital part of our mission to encourage the use of science and evidence in the field is a new effort called the OJP Diagnostic Center. This is an assessment and assistance center to help jurisdictions use local data to identify and adapt evidence-based approaches to large, systemic challenges. The Center takes an approach not unlike the medical diagnostic process. We go in and assess the community to get a feel for what the issues or symptoms are. Then we explore those symptoms and identify the public safety strategy – the remedy, if you will – to address them.

These resources represent a full-fledged effort on our part to raise the profile of science in criminal justice policy and practice. This is a top priority of mine, and we are fortunate to have the full support of our nation's Attorney General.

Of course, our success in bridging the gap between research and practice will depend on groups like yours – scholars dedicated to improving our understanding of what works and scientists devoted to exploration and discovery. I am truly excited by the work

you're doing. Your efforts promise to bring real and positive change to the corrections field, and I am confident they will lead to better health for our nation's inmates and greater safety for our communities.

Thank you.

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