

“Social and Health Care Services in Alytus and Klaipeda municipalities for Formerly Incarcerated Persons“

**Research study by the I Can Live Coalition¹,
December 2008 – February 2009
Authors: dr. Rokas Uscila, Aušra Malinauskaitė**

The I Can Live Coalition is currently implementing a project “Strengthening of primary and secondary HIV prevention among formerly incarcerated persons on local level”, which is a part of the UNDOC project “HIV/AIDS prevention and care among injecting drug users and in prison settings in Estonia, Latvia and Lithuania”.

The main findings of the research study

The overview of laws and legal acts regulating social and health care services that are relevant to formerly incarcerated persons revealed that legal preconditions for delivery of the main social and health care services do exist. However, municipalities are particularly inactive in implementing the provisions that are mandated by the laws and legal acts. In practice, only those measures that are directly, clearly and imperatively stipulated in the legal acts are being undertaken. The scope of the measures that have been left to the discretion of municipalities or the measures that are recommended rather than mandated is very narrow. The municipalities limit their services to minimal cash allowances, some information and consultation services.

One of the problematic issues which is of particular importance in ensuring continuous health care (including HIV treatment and care) is transfer of patient information between an institution of incarceration and organizations and institutions that provide health care services on the community level. Immediate amendments and/or additions of legal acts are necessary that would define clear conditions and mechanisms of transfer of the information in order to ensure the continuity of health care and other necessary services for persons released from incarceration.

Minimal attention is given to preparation of prisoners for their return to community. Persons on probation are privileged in this respect because they are required to attend mandatory informational seminars while in prison as a precondition for receiving the court’s decision to get released on probation. The information provided in the seminars, however, is fragmented, most often limited to addresses of service providers without specifying services or conditions for receiving a service. Health care and legal issues are among least addressed. In addition, the

¹ Methodology: **The goal** of the research was to describe the range and availability of social and health care services for formerly incarcerated persons, identify barriers and their causes and to review HIV prevention measures for formerly incarcerated persons. **Methodology**: a survey of specialists in institutions that provide services for formerly incarcerated persons (using a questionnaire, half structured); interviews with specialists in municipalities who are responsible for the integration of the target group; one focus group in each of the two municipalities with persons released from prisons. **Sampling**: the research based on purposive and expert sampling. In Alytus, representatives of 11 institutions and 1 specialist from the municipality were surveyed; in Klaipeda representatives of 16 institutions and 2 specialists from the municipality were surveyed; Alytus focus group included 13 and Klaipeda – 11 respondents.

information provided is often specific to the region of incarceration which does not necessarily correspond to the immediate residence of a person after the release.

Rehabilitation programs within prison received contradicting evaluation, i.e., respondents claimed that such programs are beneficiary but only for highly motivated participants. Special needs of prisoners were taken into account more seriously when they had serious illnesses (HIV, TB, etc), but the continuation of services after incarceration was not ensured.

Departments of social assistance and services in Alytus and Klaipeda municipalities are dominating in providing services to persons released from incarceration. After release former prisoners have very little information about institutions that provide social, psychological, health care assistance. In both municipalities, most information is accumulated in municipal departments of social assistance. However, both groups of respondents evaluated these departments in both municipalities quite poorly because of the negative attitude of employees of the departments towards the discussed target group and because clients were sent from one organization to another.

In both municipalities, the respondents lacked information about NGOs that provide services to them. The research also revealed that a coordinating person (a case manager) who would provide information about the full range of available services and who would serve as liaison between the client and institutions is missing. Currently, any formerly incarcerated acquaintance serves a source of information on available services relying on his/her personal experience. Both municipalities lack self-support groups where formerly incarcerated persons could share information.

Municipal departments of social assistance carry most of legal responsibilities for inter-institutional cooperation. However, municipalities have neither full information about the needs of the discussed group nor possibilities to ensure coordination of service delivery and liaising between various service delivery institutions.

In Alytus, services for persons released from prisons and dependent on psychoactive substances are poor. Only harm reduction services (needles and syringes, HIV testing, consultations, etc) are offered for these persons. Persons released from prisons would like to have pharmacotherapy with opioids or any other dependence treatment available to them. A much more favorable situation is in Klaipeda where Klaipeda Center for Drug Addiction offers a rather broad spectrum of such services.

Former prisoners are constantly stigmatized because of their former incarceration, their dependence on psychoactive substances, their HIV-positive status, etc. Thus, seeking employment and general integration into the society becomes especially complicated which, in turn, breeds ground for possible recidivism.

Recommendations:

1. To ensure the continuity of treatment and smooth patient referral (“relay”) between places of incarceration and other organizations or institutions that provide health care services. It is essential that the personnel of each place of incarceration were responsible for preparing a document with the description of the prisoner’s health condition while in incarceration and for handing it in to the prisoner upon release. Alternatively the personnel should use the form that has been approved by the Minister of Health for this purpose.
2. To pay more attention to the better preparation for a person’s release from a place of incarceration; to provide a more comprehensive (not fragmented) information about services

available after incarceration and life with HIV/AIDS, and to develop their social skills in order to prepare prisoners for life in the community.

3. In all information provided before release, to include information about services in various regions of the country and not only about services available in the region the prison is in. More attention should be given to information on health care and legal assistance.
4. In Alytus and Klaipeda municipalities, to better allot the responsibility among institutions that provide services to former prisoners; to collect information about social issues that these persons face and to organize services in a planned and coordinated way in cooperation with all institutions involved.
5. In Alytus and Klaipeda municipalities, to develop self-help groups of former prisoners.
6. In Alytus and Klaipeda municipalities, to develop the net of services in communities, to increase the role of social workers and the role of NGO's, and to involve local community into the solution of social issues.
7. To train social workers and/or NGO personnel to perform the role of case managers and to coordinate the solution of the client's problems.
8. In both municipalities, to better spread information about available services both among institutions and in the community.
9. In Alytus municipality, to expand the range of services to persons with dependence on psychoactive substances in order to ensure withdrawal treatment, pharmacotherapy using opioids and rehabilitation services; to ensure testing and treatment of HIV/AIDS, Hepatitis B and C, TB and other infectious disease, as well as counseling services in order to help affected persons to change their behavior which may cause risk to him/her and to others; to develop social skills that help promote better health.