

COST OF EXCLUDING ALABAMA STATE PRISONERS WITH HIV/AIDS FROM COMMUNITY-BASED PROGRAMS

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EXECUTIVE SUMMARY

Alabama state prisoners with HIV/AIDS are forbidden by the Alabama Department of Corrections [DOC] from participating in programs with other prisoners. The segregation policy completely bars HIV-positive prisoners from participating in community-based programs, including programs run by DOC (e.g. work release, SIR) and community corrections programs run by outside agencies. If DOC permitted HIV-positive offenders to participate in community-based programs, and they did so at a rate similar to other DOC inmates, approximately 56 of these inmates would be diverted – 44 offenders to DOC-run programs and an additional 12 offenders to community corrections programs. According to cost data from the Alabama Sentencing Commission and the recent Final Report of the Alabama Adult Corrections Master Plan, diverting 56 offenders from prison to community-based programs would save the state of Alabama between \$306,000 per year and \$392,000 per year. Expanding community-based programs and allowing HIV-positive prisoners to participate in in-prison programs could generate additional cost savings.

COMMUNITY-BASED PROGRAMS

A number of programs have been developed to divert Alabama state prisoners from the prison setting to community-based or intermediate sanctions. In addition to community corrections programs run by community-based agencies, DOC itself administers the following programs: Work Release, Boot Camp/Community Work Centers, Supervised Intensive Restitution, and Pre-Discretionary Leave.

COST OF COMMUNITY-BASED PROGRAMS

Two recent published reports have estimated the cost savings associated with transferring Alabama state prisoners to community-based programs:

1. The Alabama Sentencing Commission, created by the Alabama Legislature in 2000 to review the state's sentencing structure, states in its March 2003 report that the cost of incarceration is \$26 per day, compared with \$11 per day for "intermediate sanctions".¹
2. Also in March 2003, the consulting firm Carter Goble Associates submitted its Final Report on the Alabama Adult Corrections Master Plan. The Carter Goble report states that the cost

¹ Alabama Sentencing Commission (2003) *A Rational Approach to Sentence Reform: Recommendations for Reform of Alabama's Criminal Justice System*. Montgomery: Alabama Sentencing Commission. March 10, 2003. p.31.

of incarceration is over \$9000 per person per year, compared with \$2000 per person per year for “locally managed community corrections programs”.²

Thus, each person transferred from a state prison to a community-based program saves the state an estimated \$5475-\$7000 per year.

POTENTIAL COST SAVINGS: DOC-RUN COMMUNITY-BASED PROGRAMS

DOC publishes monthly statistical reports on the number and proportion of inmates in DOC-run community-based programs.³ DOC data for February 2003 indicate that, in total, 15.7% of offenders were involved in Work Release, Boot Camp/Community Work Centers, or Supervised Intensive Restitution:

- 12.1% of inmates were in Work Release programs
- 2.6% of inmates were in Boot Camp/Community Work Centers
- 1.0% of inmates were in Supervised Intensive Restitution
- (The proportion of inmates in Pre-Discretionary Leave was too small to be significant – only 11 inmates participated in PDL in February 2003).

There are approximately 280 HIV-positive state prisoners in Alabama. If HIV-positive prisoners were to participate in DOC-run community-based programs at the same rate as other prisoners, then 15.7% of 280 inmates – or approximately 44 qualified HIV-positive offenders – would be diverted from prison to Work Release, Boot Camp/Community Work Centers, and SIR.

Cost data from the Alabama Sentencing Commission and Carter Goble Associates show that transferring 44 offenders from prison to community-based programs would save the state an estimated \$240,900 - \$308,000 per year.

POTENTIAL COST SAVINGS: COMMUNITY CORRECTIONS PROGRAMS

According to the Alabama Association of Community Corrections, approximately 1200 offenders currently participate in community corrections programs administered by community-based agencies.⁴ If HIV-positive prisoners were to participate in community corrections programs at the same rate as other prisoners, approximately 12 HIV-positive inmates would be diverted from prison into community corrections.

Cost data from the Alabama Sentencing Commission and Carter Goble Associates show that transferring 12 offenders from prison to community-based programs would save the state \$65,700 - \$84,000 per year.

ADDITIONAL POTENTIAL SAVINGS: EXPANSION OF COMMUNITY-BASED PROGRAMS

Alabama Governor Bob Riley and Corrections Commissioner Donal Campbell have stressed that expanding community-based programs will be a key component of efforts to ease overcrowding and the prison budget crisis. The Alabama Sentencing Commission also recommends expansion of community-based sanctions.⁵

² Carter Goble Associates, Inc. with HOK, Inc. (2003) *Final Report: Alabama Adult Corrections Master Plan*. Columbia, SC: Carter Goble Associates, Inc. Dated March 1, 2003.

³ Alabama Department of Corrections, Research and Planning Division (2003) *February 2003 Monthly Statistical Report*. Available online at www.doc.state.al.us.

⁴ Personal communication 4/10/03.

⁵ Alabama Sentencing Commission (2003) *A Rational Approach to Sentence Reform: Recommendations for Reform of Alabama's Criminal Justice System*. Montgomery: Alabama Sentencing Commission. March 10, 2003. p.43.

As the number of slots in community-based programs increases, the potential cost savings of ending the prohibition on HIV-positive offenders in such programs also increases.

ADDITIONAL POTENTIAL SAVINGS: IN-PRISON PROGRAMS

In addition to direct cost-savings from allowing HIV-positive prisoners to participate in community-based programs, it is likely that allowing HIV-positive prisoners to participate with other prisoners in existing *in-prison* programs (such as vocational training, jobs, education, etc.) would increase the rate at which these prisoners obtained parole, and decrease their rate of recidivism. This would likely further reduce incarceration costs, although it is not possible to quantify these projected cost savings at this time.

ALABAMA'S ONE-OF-A-KIND HIV/AIDS POLICY

DOC policy forbids prisoners with HIV/AIDS from participating with other prisoners in any DOC programs. The policy applies both to in-prison programs – such as education, jobs, vocational training, and religious services – and to community-based programs.

Alabama is the only state in the country that forbids HIV-positive prisoners from participating with other prisoners in any programs. All other states that previously had similar HIV/AIDS segregation policies have rescinded them or scaled them back.

This total HIV/AIDS segregation policy is not endorsed by any major public health or corrections agency, and is opposed by the following:

- Alabama Governor's HIV Commission for Children, Youth and Adults
- American Correctional Association
- National Commission on Correctional Health Care
- Federal Bureau of Prisons
- American Public Health Association
- World Health Organization

DISCUSSION

Alabama's total HIV/AIDS segregation policy – which categorically excludes all HIV-positive inmates from community-based and in-prison programs – is not accepted correctional practice: it is unique to the Alabama Department of Corrections. Ending the policy of excluding HIV-positive offenders from existing community-based programs would result in immediate cost savings to the state of three to four hundred thousand dollars yearly. If the availability of community-based programs increases, the potential cost savings from abandoning the state's uniquely restrictive HIV/AIDS policy will also increase.