



Decarceration Response to COVID-19 Pandemic & Community Preparedness: An Interactive Forum

Hosted by ACOJA Consulting LLC
Alison O Jordan & Jacqueline Cruzado
views our own

www.ACOJAconsulting.com



Interactive Forum

Introductions: *Community Collaborative: e2Polls.com: acoja32620*

Setting the stage: Featured Collaborators frame the issues

Call to Action #1: Safely reduce the jail population as a critical public health response

Ask the audience: *A. What strategies and approaches can we use to safely reduce the incarcerated population, particularly the most at-risk people detained in jails and other facilities?*

Call to Action #2: Share / adapt strategies to support people after incarceration

Ask the audience: *B. What immediate needs, in addition to where each person will shelter in place, must be addressed as part of transitional care planning? Particularly the most at-risk people detained in jails and other facilities?*

C. What competing compelling priorities do community health and human service organizations need assistance to address these needs?

Next Steps: Watch for e2Poll results and a Resource Guide

Ask the audience: *What else?*

HOW ARE YOU FEELING/ DOING?

Participants: 24

- happy to see everyone here
- Good
- I'm here!
- anxious
- happy to see you!
- Ok
- Overwhelmed by the news!
- Glad to be here!
- ok
- Anxious
- Happy to see you!
- Okay
- Excited!
- Unsettled
- A little scattered but better than yesterday
- I am feeling productive
- Tired but hopeful
- Not bad
- doing ok - tired of staring at screens, tho
- alive :)
- fine!
- fine, thanks
- Fine, thank you.
- Alright!
- Motivated
- Tired but good
- overwhelmed!
- Feeling good!
- Acoja32620
- Feeling good!



ACOJA Consulting is an internationally recognized team skilled in strategic planning and guidance for health and human services, university research and government programs.

www.ACOJAconsulting.com



FORUM COLLABORATORS



Dr. Robert Cohen was the director of medical services at Rikers Island from 1982 to 1986. He now serves on the New York City Board of Correction

Credit: Marco Villalobos for CIR



Dr. Brent Gibson
Chief Health Officer, NCCHC
National Commission on
Correctional Health Care and
Managing Director of NCCHC
Resources, the Commission's
technical consulting affiliate.



Mel Wilson, LCSW, MBA
Senior Manager of National
Association of Social Workers,
Department of Social Justice
and Human Rights, has served
NASW since 2006.



Dr. Homer Venters is the former
chief medical officer of NYC
Correctional Health Services and is
currently serves as President of
Community Oriented Correctional
Health Services (COCHS)



AND YOU!

INTRODUCTIONS: WHO ARE YOU, WHAT DO YOU DO, AND WHAT INTERESTED YOU ABOUT THIS INTERACTIVE FORUM? :

Participants: 21

- Kevin Moore, PsyD: I focus on increase access to MAT; Director of Integrative Medicine for Crossroads Treatment Centers (also ARS Treatment Centers). Interested in hearing what everyone is here to share.
- Haniyyah Hopkins, Community Health Worker, Family Treatment Center at Newark Beth Israel Medical Center
- Michael Lyon, No New SF Jail Coalition, we're trying to decarcerate San Francisco to close one SF jail with no replacement needed.
- Renee, Program Specialist and HOPWA/Housing Coordinator, NJ Department of Health; NJ HOPWA program serves post-incarcerated
- RDE, Comms specialist, want to learn more about how I can make a positive impact
- Brent Gibson, MD; presenter, Chief Health Officer at NCCHC; we are really impressed with the amazing responses to the crisis from our correctional health care providers nationwide.
- Jessica Flaherty, Project Director at Boston University School of Social Work's Center for Innovation in Social Work and Health. I'm an Evaluation and Technical Assistance Provider for the HRSA SPNS funded HIV, Housing & Employment Project.
- Amy Rosenberg, from Harvard Law School - public health law & policy
- Journalist at Carolina Public Press in North Carolina. I'm writing about COVID-19 in jails and prisons; jwilkie@carolinapublicpress.org; looking for resources or contacts.
- Nikki Grant, Policy Director at Amistad Law Project in Philadelphia. We work with people incarcerated in PA prisons and their families.
- COPE Health Solutions Team: Keith, Belle, Katrina, Medha -- Looking forward to learn about how best to meet the needs for the population during this time!
- Jessica Xavier, consultant, Silver Spring, MD
- Anthony Santella, public health professor/researcher/educator.
- Lauren Brinkley-Rubinstein, Hi everyone! I'm a public health researcher but have been helping NC jails and prison system decarcerate during the COVID crisis
- I am a research coordinator at Johns Hopkins. I work on a few projects involving reproductive justice for incarcerated people
- Guadalupe Dominguez Plummer, NYC Department of Health and Mental Hygiene; provide technical assistance and support to Ryan White Part A programs
- retired State official; addiction services consultant and advocate
- Georgett Watson, Chief Operations Officer, South Jersey AIDS Alliance, we have a prison discharge program in 3 state prisons, and we work close, with our county jails
- I use data and technology to help end the HIV epidemic and reduce health disparities
- I'm Christine with Human Impact Partners' Health Instead of Punishment program in Oakland, CA
- Director of HIV Health Equity NYCDOHMH

ISSUE / CHALLENGE / PROBLEM

- Physical Distancing is a public health response to the 2019 Coronavirus pandemic
- Many fundamental aspects of operations in jail, detention and correctional facilities limit the ability to take this necessary measure.
- Such facilities can be incubators for contagious diseases with dormitory housing areas, shared bathrooms such that physical distancing and sanitary handwashing are not practicable – comparable to a cruise ship.
- Jails and detention centers operate 24/7/365 often with three tours of staff, admissions and discharges around the clock, and, until COVID-19, visitors including family and loved ones as well as legal counsel.
- Transfers among and between correctional and health facilities occur daily.



CALL TO ACTION #1: Safely reduce the jail population as a critical public health response

- There is a call to action across the globe to reduce the number of people incarcerated to due to COVID-19 pandemic.
- Many jurisdictions have already initiated reductions.
- Calls to “shelter-in-place”, “PAUSE”, “stay at home”, “Safer at Home” can help stem the tide.
- Correctional facilities are not conducive to social distancing / stay home



DR. ROSS MACDONALD

3/18/20 Twitter for iPhone

“A Message from the Chief Physician of Rikers Island for the judges and prosecutors of New York:

- *We who care for those you detain noticed how swiftly you closed your courts in response to COVID-19*
- *This was fundamentally an act of social distancing, a sound strategy in public health. But the luxury that allows you to protect yourselves, carries with it an obligation to those you detain.*
- *You must not leave them in harm’s way.*
- *To be clear, the public servants who care for those in your jails have been planning for this storm for weeks and months. We will muster every tool of public health, science and medicine to try to keep our patients safe. We will apply every novel treatment and scarce test.*
- *We will put ourselves at personal risk and ask little in return. But we cannot socially distance dozens of elderly men living in a dorm sharing a bathroom. Think of a cruise ship recklessly boarding more passengers each day.*
- *A storm is coming and I know what I’ll be doing when it claims my first patient. What will you be doing? What will you have done? We have told you who is at risk. Please let as many out as you possibly can.”*



Ross MacDonald, chief of medicine for Health + Hospitals Correctional Health Services in New York City. Image: provided. Views my own.

DR. RACHAEL BEDARD

Geriatric & Complex Care Service, Patient Panel

Team: Geriatrician, nurse, nurse practitioner, social workers, and reentry specialists

Patient Panel: 185 oldest and sickest patients in the jail system

Intervention period: Throughout stay in jail facilities, as they go to the hospital, and then for a period of time after incarceration.

Active Patient Characteristics: Folks who have been living on the margins.

- Multiple patients over 80; one is over 90 held in pretrial detention.
- Patients who meet nursing-home- or assisted-living eligibility criteria
- Multiple patients who have active cancer and are getting chemotherapy
- Patients who have to be transported three times a week to be dialyzed
- Patients bouncing back and forth from the hospital
- HIV patients with low CD4 counts.
- High number of folks with substance-use disorders
- High number with a history of traumatic brain injury.
- High concentration of pathology stemming from poor socioeconomic status, often unstable housing, poor primary preventative health care.

From: *A Rikers Island Doctor Speaks Out to Save Her Elderly Patients from the Coronavirus*, Jennifer Gonnerman, New Yorker magazine 3/20/2020



“The popular misconception, I think, is that jails are full of healthy and aggressive young men. And I can’t emphasize enough how different that is from the experience I have when I walk through our infirmary and visit with my patients.”

NYC BOARD OF CORRECTION

NYC BOC Calls for NYC Courts to Review Cases

People over 50 years old:

906 averaging 3-4 medical diagnoses; 6-7 medications

- 189 detained on technical parole violation (TPV) charges*
- 3 detained for administrative reasons
- 74 City-Sentenced, serving one year or less for low-level offenses.
- 62 men in the infirmary because they require a higher level of medical care:
- 12 detained on TPV charges
- 6 City Sentenced
- 8 women currently in the infirmary
- 3 detained on TPV charges

Systemwide:

666 detained solely on TPV charges
811 people detained on an open case and TPV charges*

551 People serving city sentences of under one year for low-level offenses and can be released through Mayoral Executive Order.

*TPV charges: Failure to make curfew, missing a meeting with a parole officer, or positive drug test

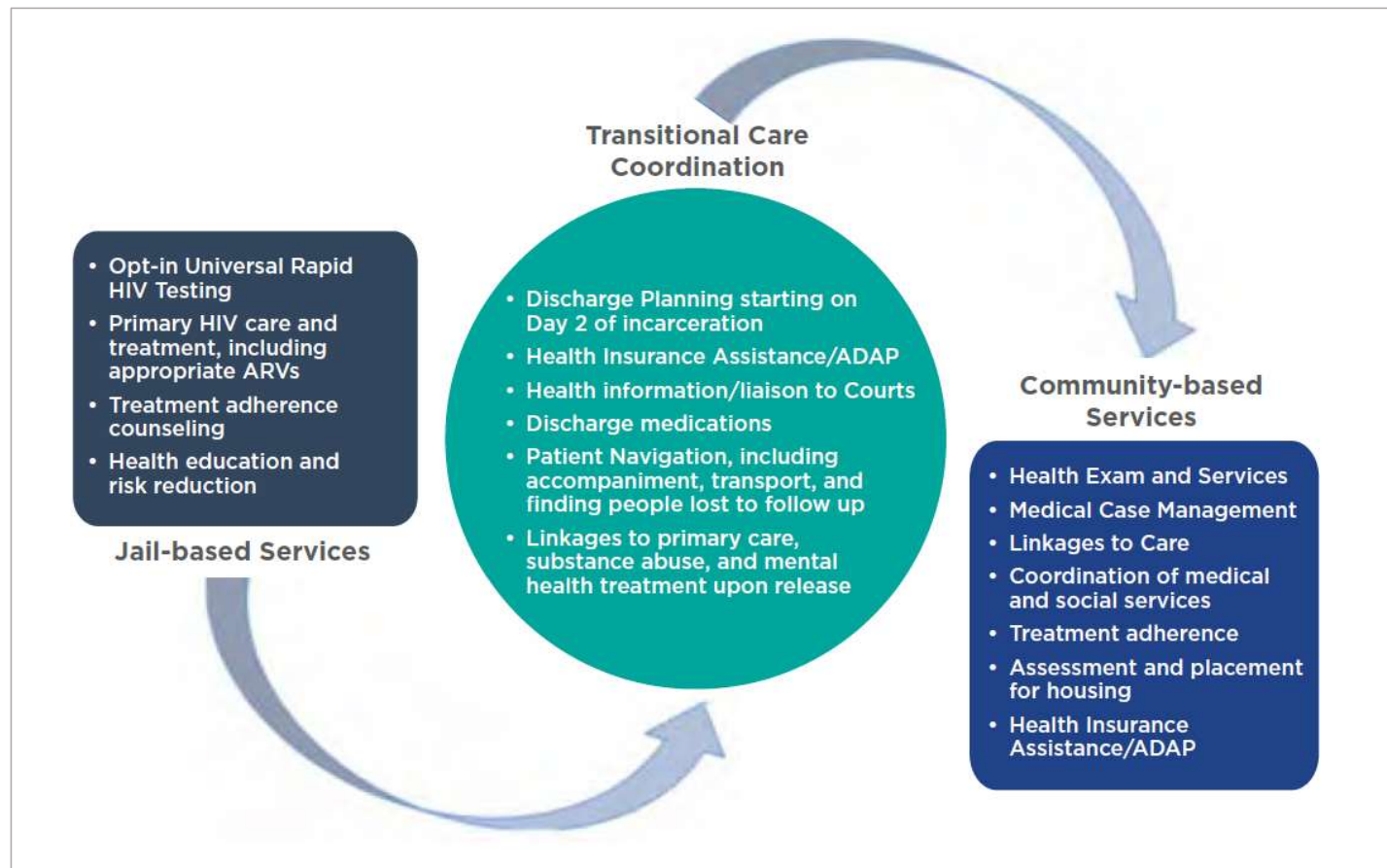
Excerpt from Letter to NYC Courts dated 3-21-2020

ASK THE AUDIENCE: CALL TO ACTION #1

What can we do to safely reduce the incarcerated population, particularly at-risk people detained in jails and other facilities? Participants: 6

- Start with the perceived lowest risk populations
- Write letters
- Educate, educate, educate
- Connect corrections with other jurisdictions to share best practices and lessons learned.
- Educate leadership and medical about best practices. Be a part of through planning if agency is housed in public health
- Provide COVID related health ed to all incarcerated. The more they know the better. No one left behind!
- Release non sentenced people from jails
- Release people with 1-2 years on sentence after majority of time served
- Reduce arrests to slow or stop new intakes
- Determine health specific parameters and release everyone who falls within those guidelines
- Address housing barriers for sex offenders and arson

TRANSITIONAL CARE COORDINATION



[Transitional care coordination in New York City jails: facilitating linkages to care for people with HIV returning home from Rikers Island.](#)

<https://www.acojaconsulting.com/providing-transitional-care-coordination-handbook>

TOOLS + TIPS FOR PROVIDING TRANSITIONAL CARE COORDINATION HANDBOOK

Synthesizes program planning, implementation, and lessons learned, offering strategic approaches to:

- * implement, expand, and refine care coordination work.
- * negotiate and form partnerships to improve health outcomes.
- * identify medical alternatives to incarceration.
- * improve continuity from jail to community healthcare.
- * benefit health and hospital care, public health, HIV services, substance use and mental health, and jail health.

It can take just one individual to initiate improvement and one team to sustain it.

<https://www.acojaconsulting.com/providing-transitional-care-coordination-handbook>



CALL TO ACTION #2: Share / adapt strategies to support people after incarceration

- Housing status is perhaps the most important factor in determining a person's health outcomes, and how long they will live. Movement of individuals in and out of the U.S. correctional system not only affects the lives of the incarcerated but also profoundly threatens their families and communities.
- Complex care needs: people living with HIV infection, cardio-vascular disease, hypertension, lung disease and mental illness
- Strategies to address competing demands on health and social service providers responding to COVID-19 emergency

ASK THE AUDIENCE: CALL TO ACTION #2

In addition to housing, what are the immediate/priority needs after incarceration?

Participants: 6

- Food, food assistance, nutritional needs, Meals on Wheels
- Clothing
- Education / informational resources
- Personal care items including hand sanitizer, socks
- Transportation
- Medication
- Financial assistance
- Phones
- Medical provider; access to healthcare
- Services/ programs that people rely on who may not be working
- Case management for total care navigation--connections to clinical and non-clinical providers
- Supportive housing or other community alternatives to incarceration
- Local Emergency procedures

 e2Polls.com Code: **acoja32620**

...THANK YOU FOR MAKING A DIFFERENCE

Check out our shared Resource Guide www.acojaconsulting.com/covid19:

- Virtual Meetings and Webinars: NCCHC Weekly Roundtable, What Every Kid Needs to Know about coronavirus from Dr. Santella
- Practical Guidance for Preventive & Protective Measures: Guidance for criminal and immigration, legal systems, COVID News for Correctional Facility Administrators Fortune Society Emergency Preparedness Plan
- Prison Policy Initiative <https://www.prisonpolicy.org/virusresponse.html> updates reducing jail population, eliminating medical co-pays, cost of phone / video calls.
- The Marshall Project's Coronavirus Tracker: How Justice Systems are Responding in Each State at <https://www.themarshallproject.org/2020/03/17/tracking-prisons-response-to-coronavirus>





Let's stay in touch!

Alison O Jordan LCSW
Ali@ACOJAconsulting.com
646.239.6388

Jacqueline Cruzado
Jackie@ACOJAconsulting.com

917.459.4098

www.ACOJAconsulting.com