Cultural Responsiveness to Facilitate Engagement & Retention after Incarceration

For Escalate TA Sites
June 2022

Alison O Jordan & Jacqueline Cruzado

www.ACOJAconsulting.com

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Internationally recognized team skilled in strategic planning and guidance for health and human services, university research and government programs.

39 years designing & developing NYC health and social service program approaches —children to seniors; last 16 in NYC Jails

Health education/ risk reduction & HIV program management grant expertise;
30+ years in NYC jails

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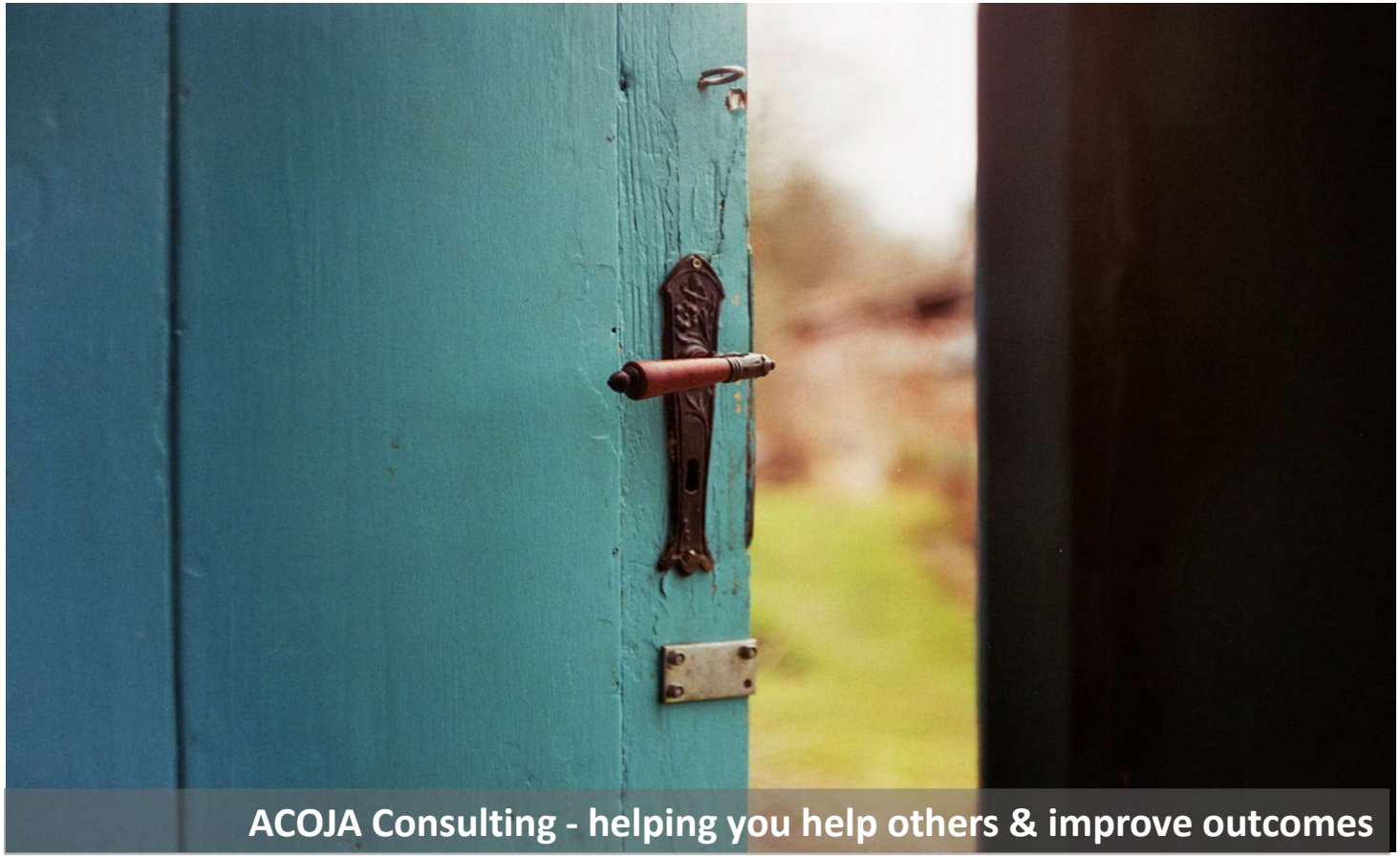
Opening Doors…



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AGENDA

Goal: Improving engagement & retention after incarceration

Learning Objectives:

1. Key Considerations:
   - Why correctional health is public health is community health
   - Framework for Culturally Responsive Healthcare
2. Practice Implications:
   - How incarceration impacts engagement in community care
   - Tools + Tips: Facilitators and Barriers

Questions from the Audience

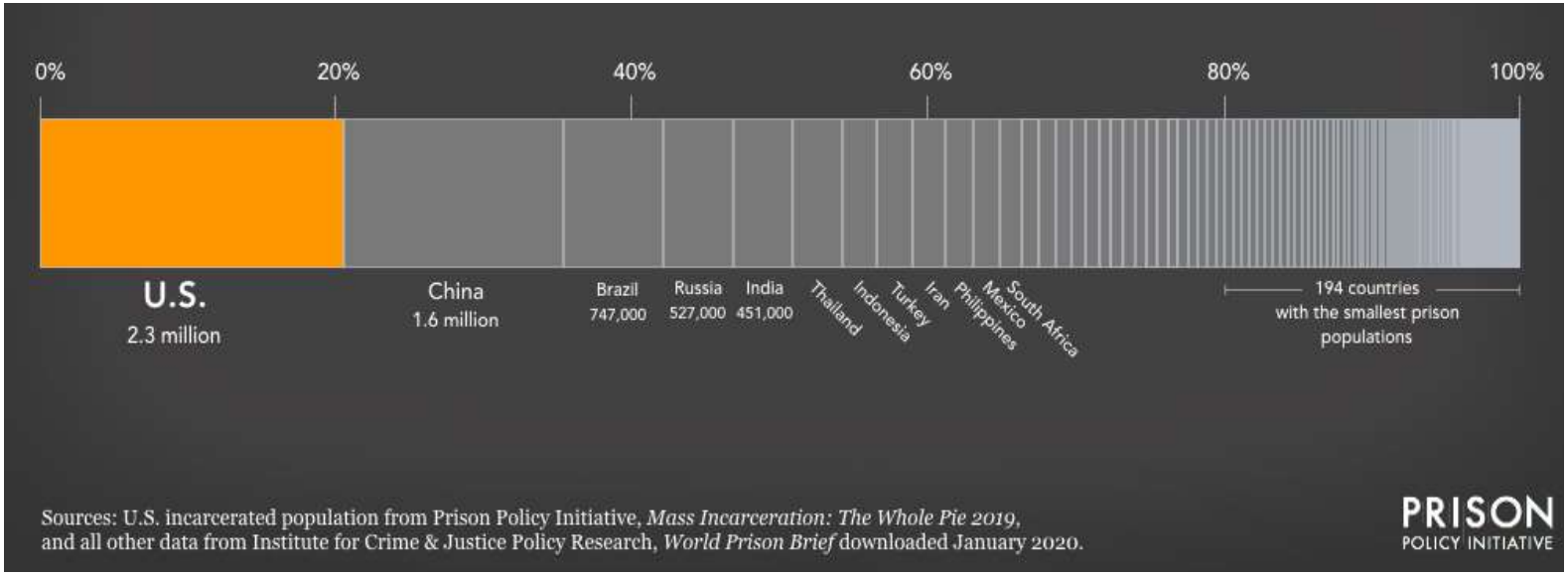
Correctional Health is Public Health is Community Health

- U.S. has the world's highest incarceration rate.
- Disproportionately impacts the poor, people of color, and those with behavioral health problems.
- Inconsistent scope and quality of care - often directed by security leadership, not health professionals.
- Vital information needed to coordinate care with community providers / consider alternatives to incarceration.

http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2016.303076

~~IN~~DE-CARCERATION NATION

- U.S. is the world's leading incarceration nation.
- U.S. carceral system is the epicenter due to structural racism.
- Decarceration helps protect our communities from COVID-19.



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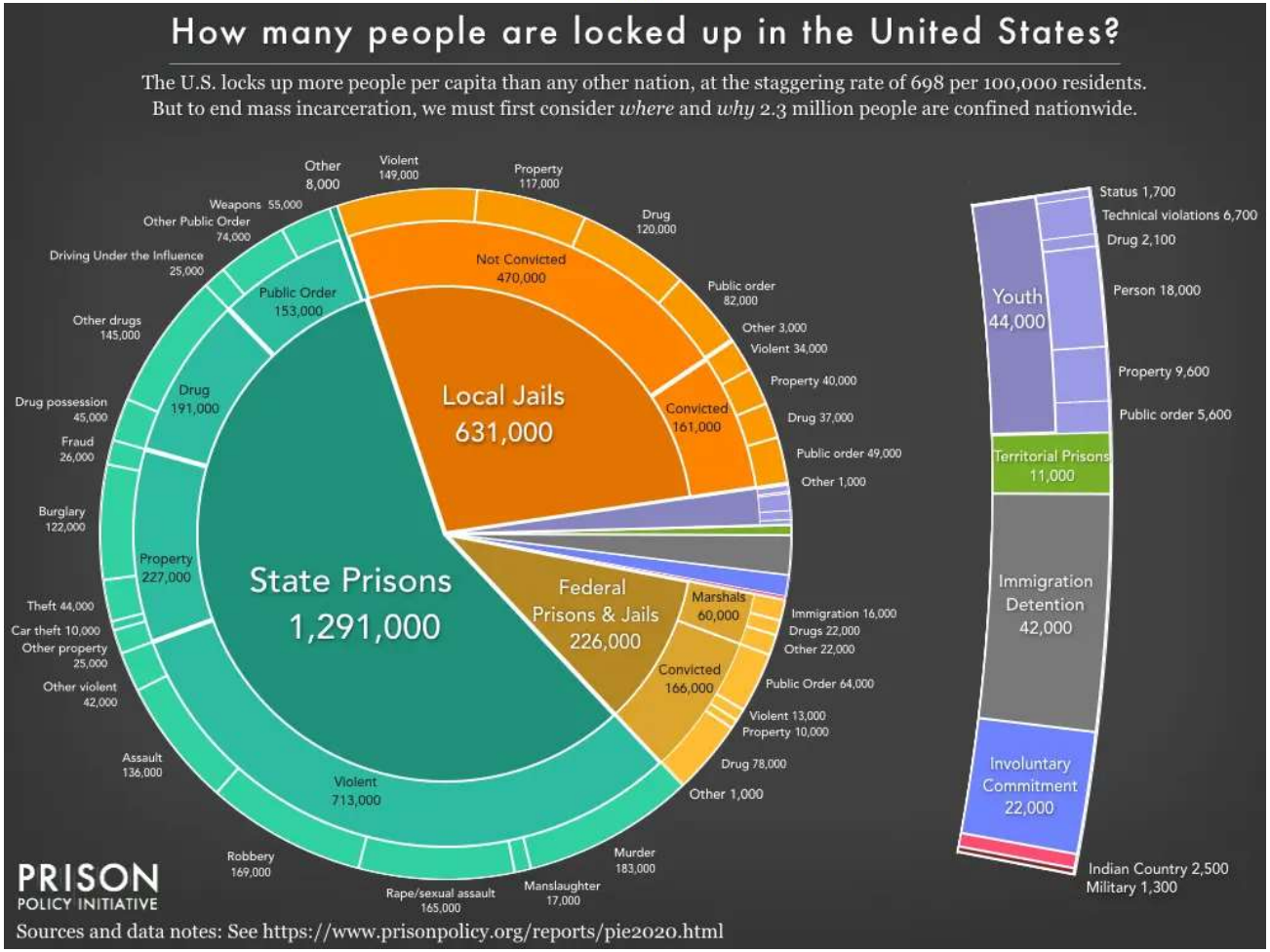
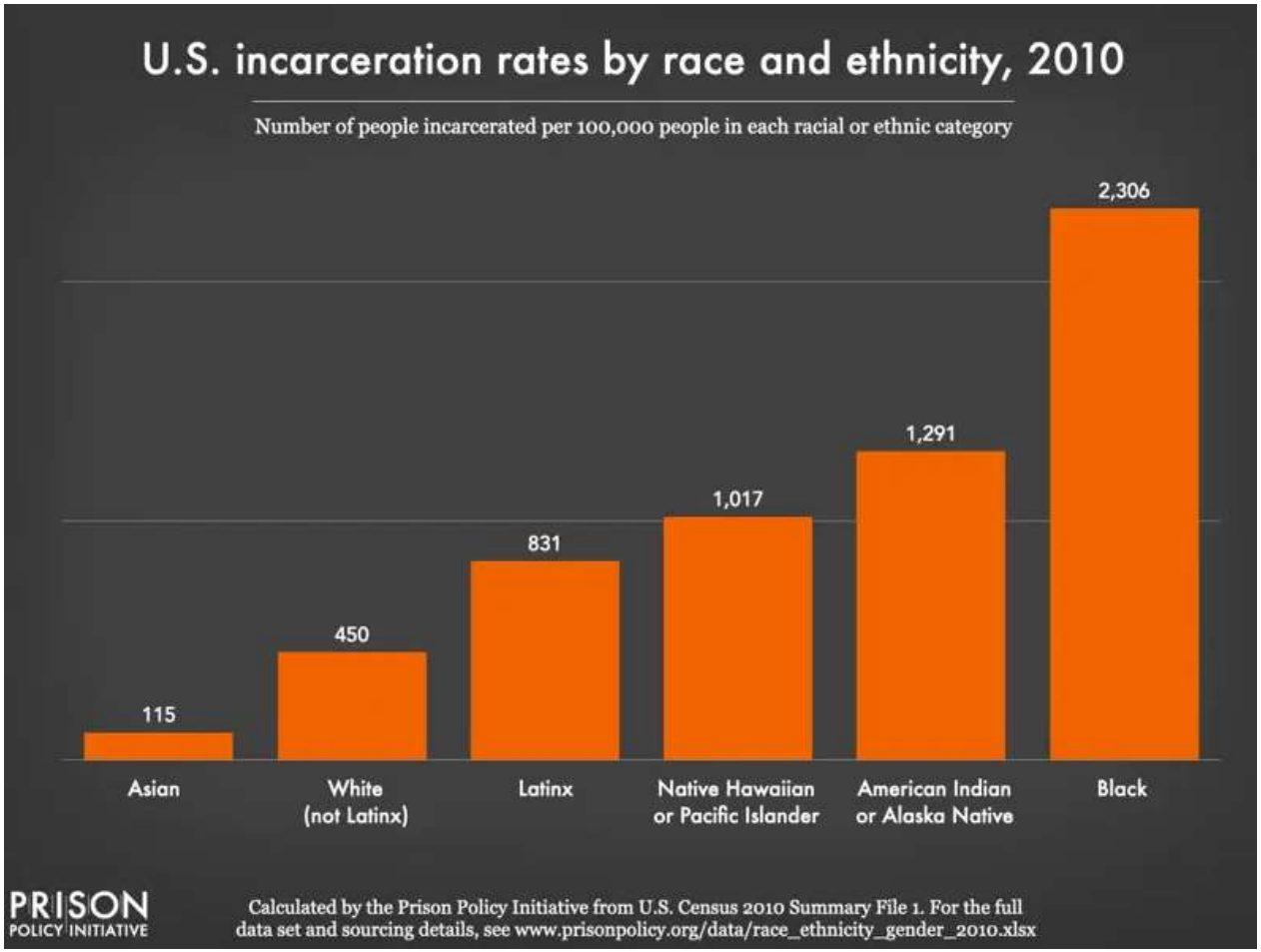


Structural Racism



Systemic inequities (housing, education, income) led to:

- overrepresentation of BIPOC in carceral system
- COVID-19 infections fueled by health inequities

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Correctional Health & Covid19

Oversight and Dual Loyalty

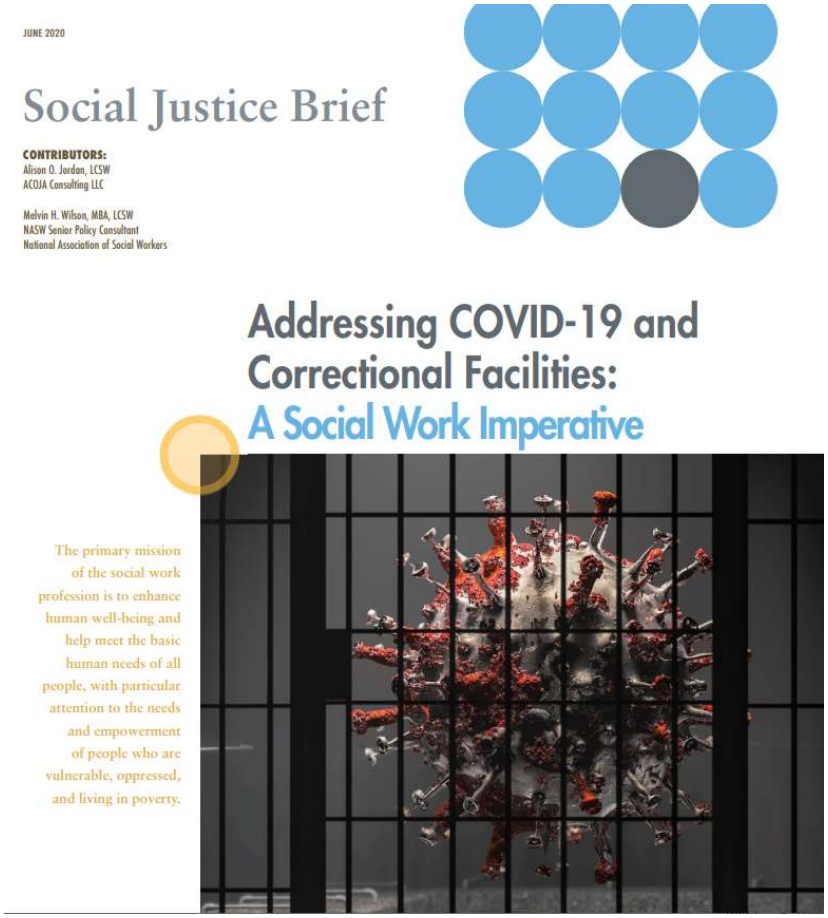
Inconsistent Access to and Continuity of Care

No public healthcare payer

- Court fees
- Pay for phone calls
- Healthcare co-pays

No visitation

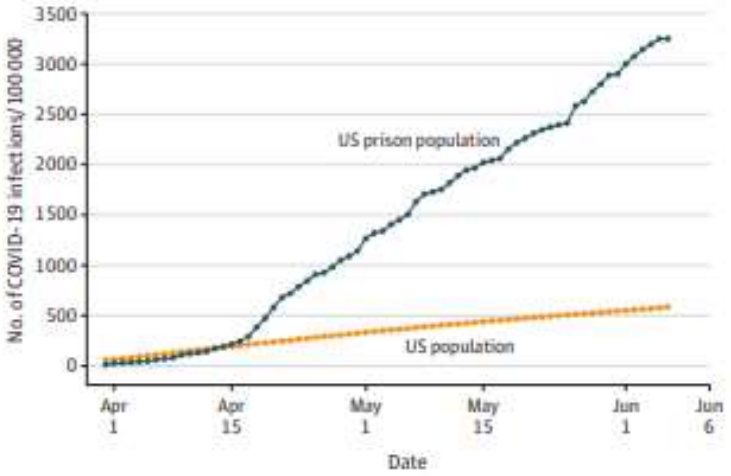
No in-person court hearings



https://www.socialworkers.org/Advocacy/Social-Justice

COVID-19 Cases & Deaths

Figure. Trends in Cumulative Coronavirus Disease 2019 (COVID-19) Confirmed Case Rate per 100 000 People for Prison and US Populations



Data are from the UCLA Law COVID-19 Behind Bars Data Project and the US Centers for Disease Control and Prevention.[3,4] The US population is 327 167 439 and the US prison population is 1 295 285.

Death rate in prisons: 39 per 100k

Death rate U.S. population: 29 per 100k

Adjusted for age and sex, the death rate in prisons was 3x higher than in a comparable U.S. population as a whole.

JAMA. 2020;324(6):602-603. doi:10.1001/jama.2020.12528

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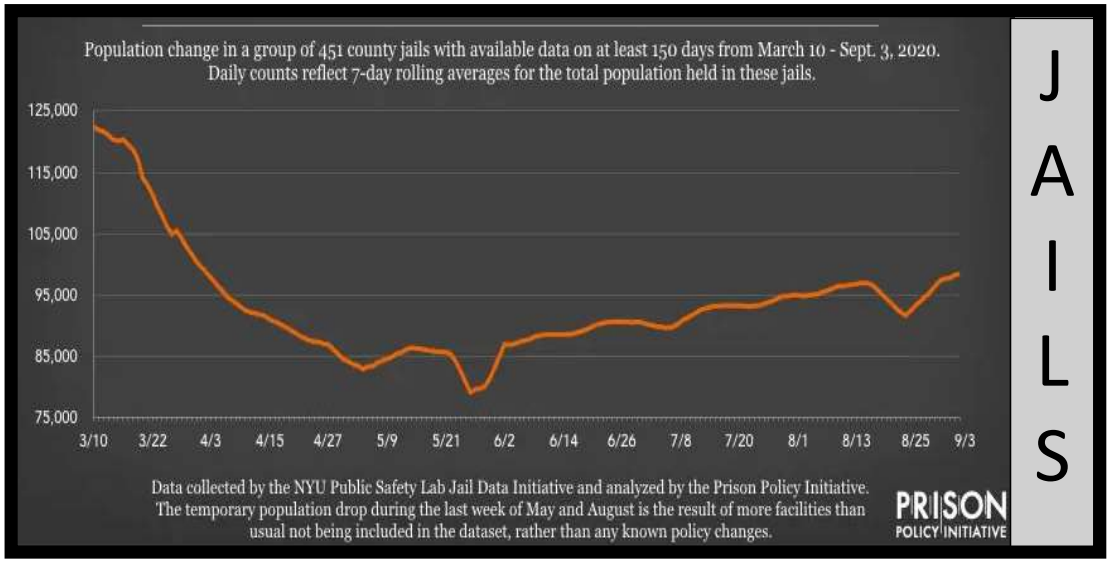
DECARCERATION

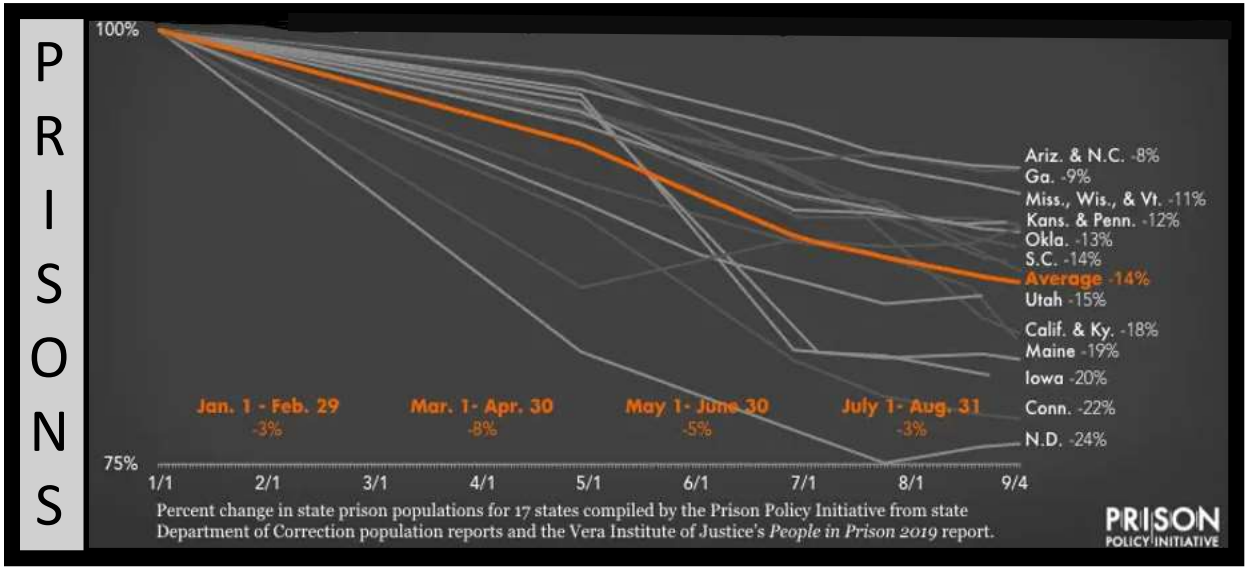
Reducing the incarcerated population to stem the tide of the COVID-19 pandemic

- Carceral settings are not conducive to physical distancing / stay home
- Many jurisdictions immediately initiated reductions.
- Calls to “shelter-in-place”, “PAUSE”, “stay at home”, “Safer at Home” helped stem the tide.
- Population-based: highest health-specific risks; lowest safety-risk
- Criminal / legal: reduce arrests; eliminate cash bail
- Health education & Advocacy
- Community Collaborations

Population Trends 2020

After an initial population decline in response to the pandemic, population an uptick started in late May (local jails) and June (state prisons).





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Dr. Ross MacDonald

3/18/20 Twitter for iPhone

To: Justices and District Attorneys of New York City
From: Chief Physician of Rikers Island

- *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.

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Dr. Rachael Bedard

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

NYC Correctional Health Services | Geriatric & Complex Care Service

Patient Panel

(n=185)

Old sick people living on the margins:

- Low SES, unstable housing
- Substance Use Disorder
- Traumatic Brain Injury
- Poor preventive/primary care

Multiple patients:

- over 80 yo; 90 yo awaiting hearing
- skilled nursing eligible
- active cancer / chemotherapy
- dialyzed offsite 3x/week
- to / from hospital
- unsuppressed HIV

"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."

Population–Based Criteria

NYC Board of Correction Calls for Courts to Review Cases (excerpt from Dr. Bobby Cohen letter dated 3-21-2020)[1]

Health specific risks:

- Older people (50 yo+)
- Complex care: 906 with 3-4 medical diagnoses; 6-7 medications

Lowest safety risks:

- 1477 detained on Technical Parole Violation charges
- 54% awaiting hearing on new case
- 551 people serving sentences of <1 year

Technical Violations:[2] No new charges – primary reason people followed by Probation & Parole are incarcerated.

After incarceration:[2]

Most likely arrested? Charges due to: drug use (51%) public order (50%) & property (45%)

Least likely?

Violent charges (25%)

https://doccs.ny.gov/doccs-covid-19-report

[1] Common TPV? Failure to make curfew, missing a meeting with a parole officer or positive drug test

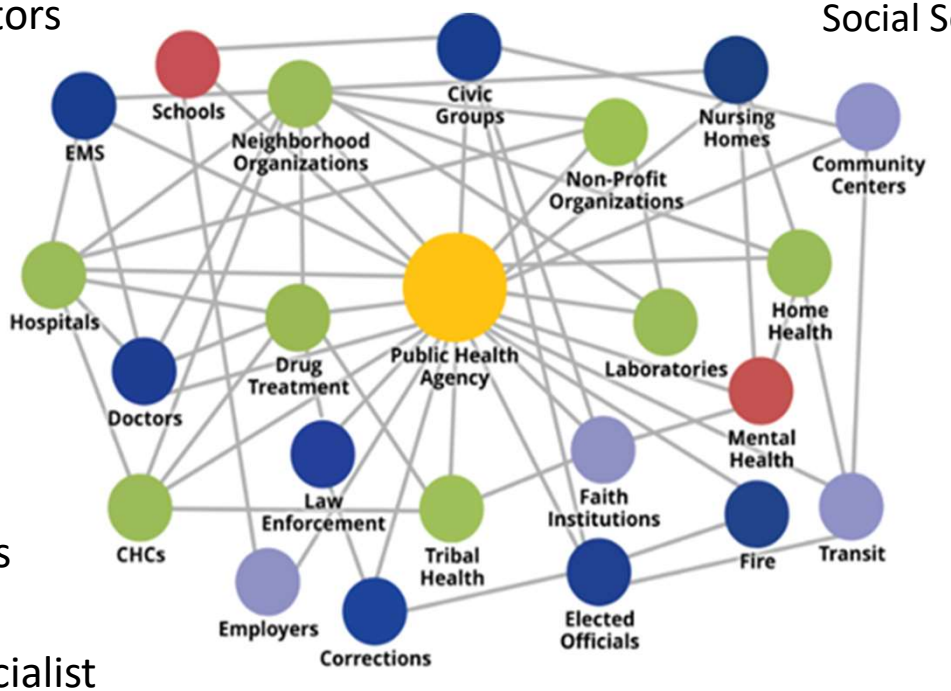
[2] Bureau of Justice Statistics, 9 year follow-up period (2005-2014) Table 7

PARTICIPANTS

n=65

Who they are:

Community Health Workers
Government administrators
Correction Officials
Consultants
Advocates
Educators
Journalist
Researchers
Social Workers
Legal Policy leaders
Medical / Health Officers
SUD Treatment Centers
HIT Communication specialist
Local health / social service agencies



What they do:

HIV, Housing & Employment Services
Social Services and reentry supports
Correctional health care
Increase access to MAT.
Front line responders
Discharge planning
Show they care
Bail reform
Petition ICE
Policy-makers
Make a difference
Reproductive justice
Use data and technology
Reduce health disparities
Information sharing resources

Survival Needs

Since COVID19, what are the most immediate/priority needs after incarceration?

Immediate personal needs:

- Food
- Clothing
- Housing / alternative settings
- COVID19 education / resources
- Personal care items (hand sanitizer /socks)
- Transportation
- Medication
- Financial assistance
- Phones

Access to:

- Healthcare
- Critical services / programs
- Case management / navigation
- Local Emergency procedures

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

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

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Opiate Overdose Prevention Training

2014:
NYC piloted nation's first Opiate Overdose Prevention program for jail visitors.

4/14 to 1/20:
75,000 doses distributed
29,000 encounters

Peer-reviewed Publication Available

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Social Determinants of Health

PLWDH involved in the Criminal Legal System:

- Come from communities with the greatest inequities related to social determinants of health
- Histories of foster care system involvement
- Under-employed or unemployed
- Unstable housing, food insecurity
- Reside in areas with the highest rates of poverty
- Challenges sustaining HIV care and treatment after incarceration
- Benefit from evidence informed interventions

Lessons from 14 site Demonstration Project Coming Soon

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Use of Humanizing Language

February 3, 2021: NCCHC Board approves position statement

"We encourage adding:

> *'use person-first language such as person/people/individuals experiencing incarceration, incarcerated person/people/individuals, the incarcerated, person living with HIV, person with substance use disorder.'*

to your protocols along with:

> *'greet your patient with a warm smile and a handshake or bow'* (or masked nod during COVID-19 pandemic).

Think of these person-first approaches as setting the stage for a therapeutic relationship with mutual objectives despite the setting. You may find that using positive language also creates a more positive environment for you and your team.

NCCHC NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

https://www.ncchc.org/blog/language-matters-ncchcs-new-position-statement-on-use-of-humanizing-language-in-correctional-health-care

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USE: PERSON, PEOPLE OR INDIVIDUAL	AVOID:	POPULATION-BASED ALTERNATIVES:
experiencing incarceration	Offender, Inmate, Felon, Criminal, Convict, Prisoner, Offender, Delinquent	The incarcerated
with incarceration history; prior criminal / legal system involvement; previously incarcerated;	ex-inmate, ex-offender, ex-convict, ex-prisoner, ex-felon, "incarceritis"	Formerly incarcerated; Incarceration history
under judicial supervision; detained	detainee	Held pending a hearing
supervised by parole or probation; under parole or probation supervision	parolee, probationer,	Under supervision
with sex offenses conviction; history of sex offense charges	Sex Offender	Formerly incarcerated; incarceration history
with mental health needs; history of mental illness	Mentally Ill, psychotic	Receiving mental health services
currently or previously experiencing homelessness; unstably housed	Homeless	Unstably housed; houselessness
living with HIV; living with diabetes	HIV/AIDS patient; HIV/AIDS infected; diabetic	People Living with Diagnosed HIV
with a history of substance use or substance use disorder (if known); living on the substance use spectrum; who used / uses substances	Substance abuser; addict; drug user, illicit drug use	Substance use spectrum
Use: Young Person / Young adult	**AVOID:**	**POPULATION-BASED ALTERNATIVES:**
with criminal / legal system involvement; impacted by the criminal / legal system; under criminal / legal supervision; detained	Juvenile Offender, Juvenile Delinquent	Held pending a hearing; Under legal supervision

USE: PERSON, PEOPLE OR INDIVIDUAL		POPULATION-BASED ALTERNATIVES:
experiencing incarceration		The incarcerated
with incarceration history; prior criminal / legal system involvement; previously incarcerated;		Formerly incarcerated; Incarceration history
under judicial supervision; detained		Held pending a hearing
supervised by parole or probation; under parole or probation supervision		Under supervision
with sex offenses conviction; history of sex offense charges		Formerly incarcerated; incarceration history
with mental health needs; history of mental illness		Receiving mental health services
currently or previously experiencing homelessness; unstably housed		Unstably housed; houselessness
living with HIV; living with diabetes		People Living with Diagnosed HIV
with a history of substance use or substance use disorder (if known); living on the substance use spectrum; who used / uses substances		Substance use spectrum
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Culturally Appropriate Care

Key concepts:

Cultural sensitivity, competence & responsiveness

Transnationalism, Socioecological & DECIDE models, Shared Decision Making

Goal:

Increasing Health Care Utilization by developing strategies to improve engagement and retention in care for people with incarceration histories.

Key Considerations:

How first impressions impact patient engagement and retention in care

Strategies for Improving Engagement and Retention in Care

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FULL CURRICULA AVAILABLE

Core Definitions

Cultural Sensitivity: "Cultural sensitivity begins with a **recognition that there are differences between cultures**. These differences are reflected in the ways that different groups communicate and relate to one another, and they carry over into interactions with health care providers."

- The Gale Encyclopedia of Nursing and Allied Health, 2006.

Cultural Competence: "Knowledge and understanding of another person's culture; adapting interventions and approaches to health care to the specific culture of the patient, family, and social group." - *Stedman's Medical Dictionary for the Health Professions and Nursing, 2012.*

Cultural Responsiveness: "[C]ultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures."- *National Center for Culturally Responsive Educational Systems (NCCREST)*

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The Socioecological Model

The socioecological model emphasizes **multiple levels of influence** and the idea that individuals' behaviors are shaped by the **social environment**.

Multi-faceted strategies that incorporate the **proximal** through **distal** influences on engagement and retention in care are warranted and sorely needed.

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TRANSNATIONALISM

Processes by which immigrants forge and sustain *multi-stranded relations* that link their societies of origin and settlement. Transnationalism impacts *migrants' cultural reference points* and sources of emotional and practical support, discrimination, social stigma, beliefs about health, access to health care and health care practices.

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Cultural Formulation Framework

Cultural Formulation Framework: analyzes cultural factors that affect clinical encounters.

- Particularly useful when the service provider does not share the patient's cultural background.
- Examines cultural boundaries between the patient and the provider.
- Assesses the impact of cultural factors on symptom presentation and health-seeking behaviors.

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DECIDE Model

- ✓ **D**ecide the problem
- ✓ **E**xplore the questions
- ✓ **C**losed or open-ended questions
- ✓ **I**dentify the who, why, or how of the problem
- ✓ **D**irect questions to your health care provider(s)
- ✓ **E**njoy a shared solution

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SHARED DECISION MAKING

Key Characteristics

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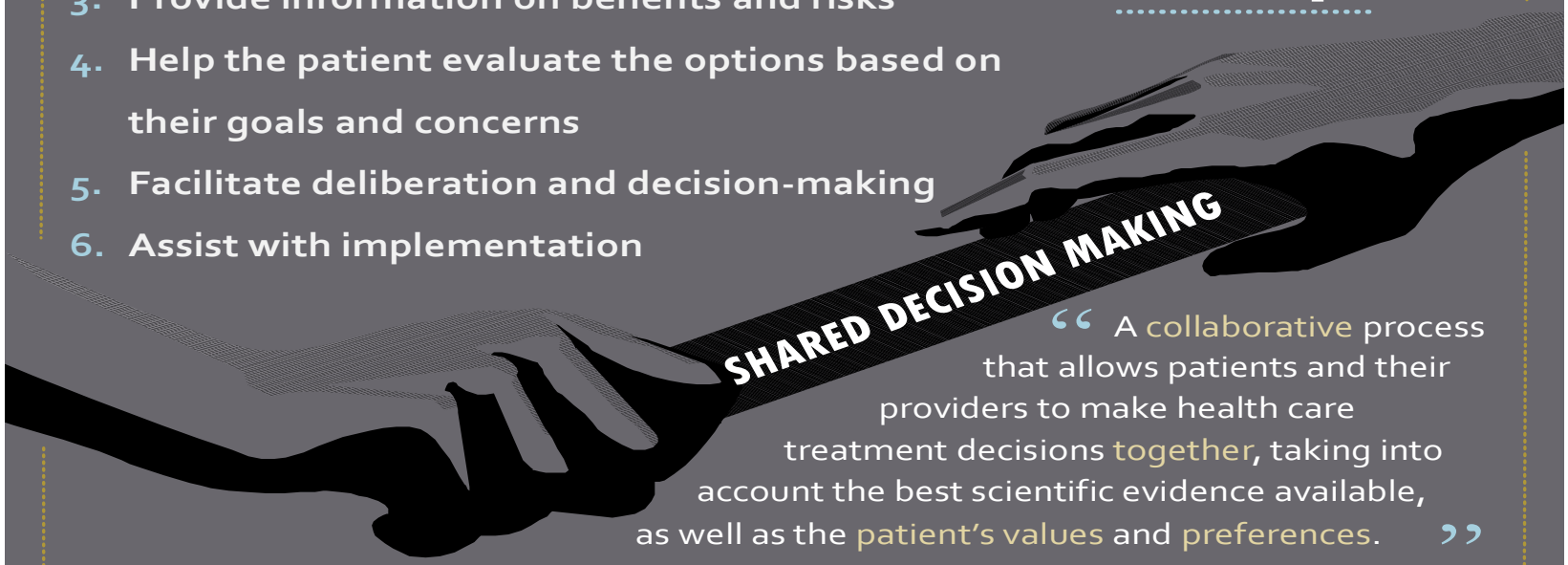
1. Invite the patient to participate
2. Present the options
3. Provide information on benefits and risks
4. Help the patient evaluate the options based on their goals and concerns
5. Facilitate deliberation and decision-making
6. Assist with implementation

6 steps



"A collaborative process that allows patients and their providers to make health care treatment decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences."

Culturally Appropriate Engagement and Service Delivery with Puerto Ricans

Wexler R. Six Steps of Shared Decision Making (SDM). Informed Medical Decisions Foundation. February 2012.

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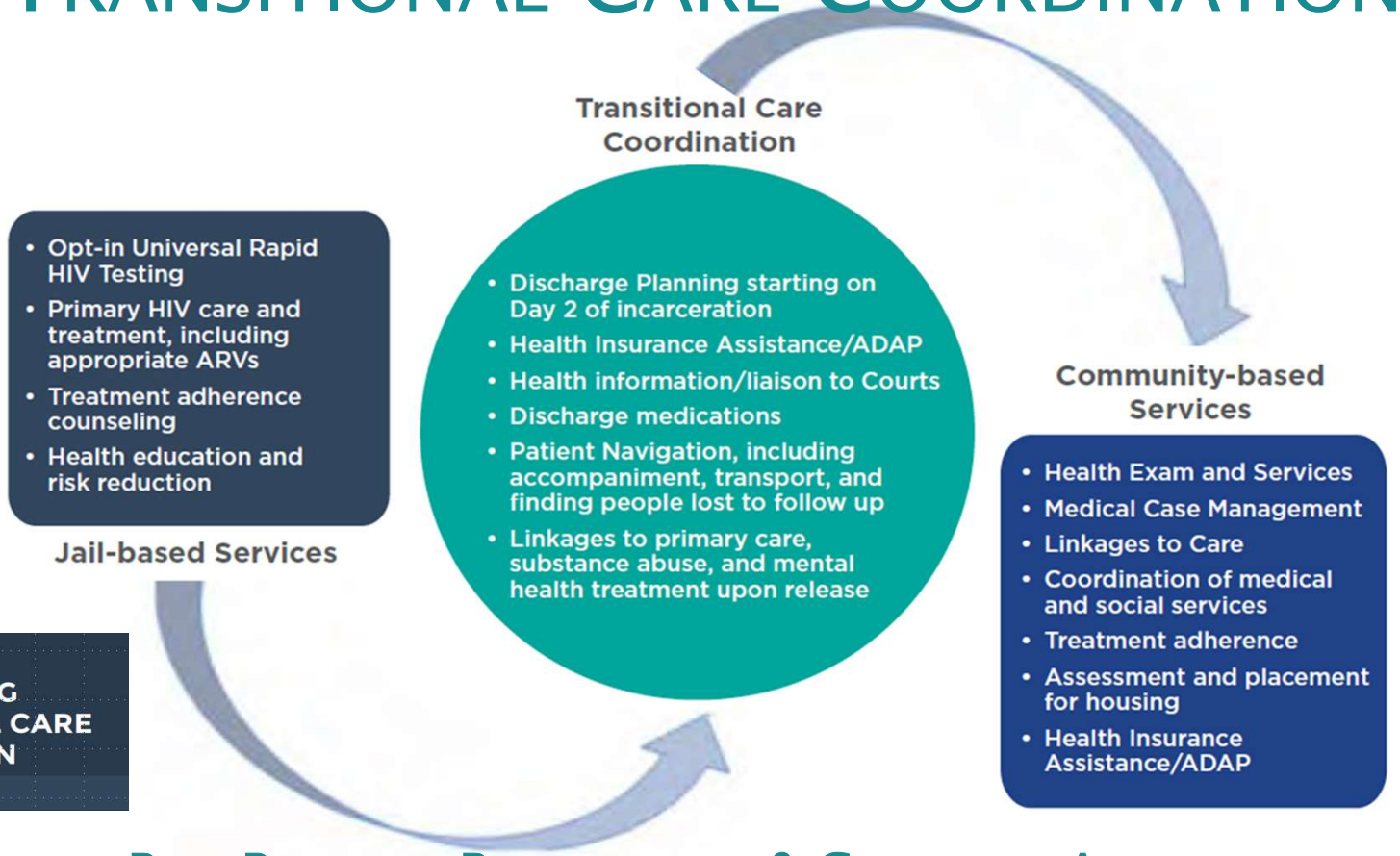
TRANSITIONAL CARE COORDINATION



TOOLS + TIPS FOR PROVIDING TRANSITIONAL CARE COORDINATION
HANDBOOK

PEER REVIEWED PUBLICATIONS & CURRICULA AVAILABLE

Ask good questions!

- Rather than "What's your address?" try **"How may I reach you in the community?" "Where do you sleep most nights?"**
- Rather than "Who is your emergency contact?" ask **"Is there a way to reach someone you'd want me to call, in case you're hurt?"**
- Ask clients what their plans are and how you can help and work with them to identify benefits and services they want and for which they are eligible.

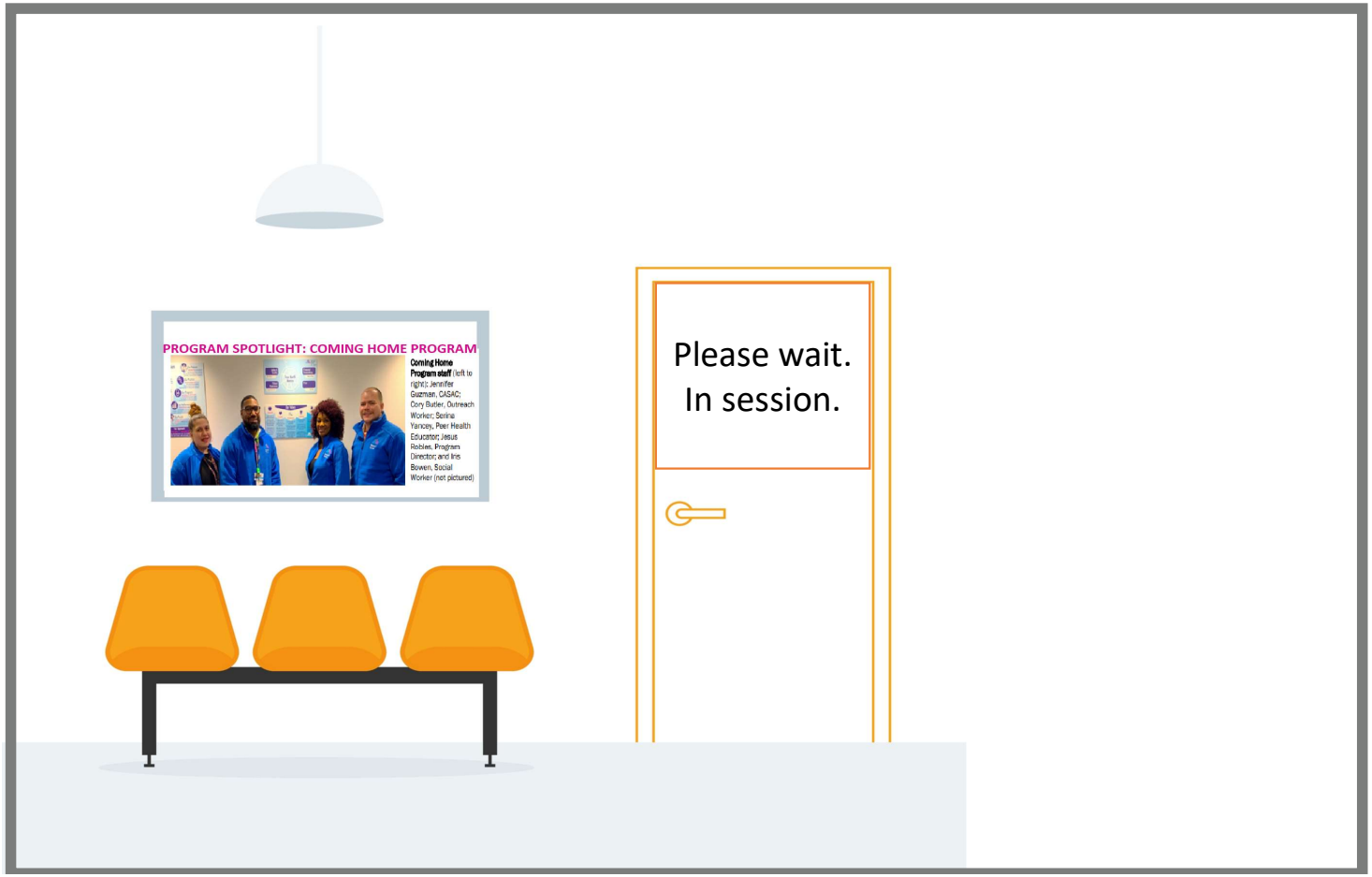
Active Listening

"Try to keep it simple. Say, 'What's the matter? I'm here to listen and here to help you.' The tone of your voice and your body language sets up the space for them to feel comfortable and open up and accept the services you're offering."

—Women's Facility Coordinator

TOOLS + TIPS FOR PROVIDING TRANSITIONAL CARE COORDINATION HANDBOOK

Trauma Informed Care



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Trauma Informed Care

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6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

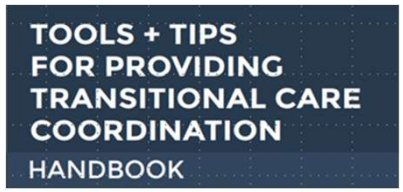
The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

Building Relationships with Corrections Staff



Transitional Care Coordination & Correctional staff

- Acknowledge burden (escort/transport, care coordinator/staff safety)
- Set clear expectations about what you are able to do
- Expect to provide something to get something

  (i.e. evidence-informed interventions, information and support)

Demonstrate that you're accessible and cheerful

- Become a familiar face
- A smile and a compliment will go a long way

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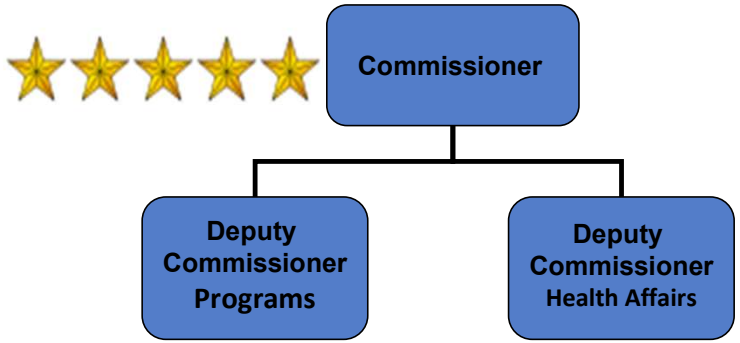
Sample Chain of Command



TOOLS + TIPS FOR PROVIDING TRANSITIONAL CARE COORDINATION HANDBOOK

What is the chain of command in your facility?

Who would you talk to about:

- *Community partner events?*
- *Space to interview clients?*

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A day in the life of a Rikers Island CO

https://www.corrections1.com/corrections-jobs-careers/videos/a-day-in-the-life-of-a-rikers-island-co-Jf1uRKhYjAgyXvTj/

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Security & Service Delivery

Trauma and TBI

For Health Staff:

Regular security activities: interfere with your workday
- Includes Searches, Count and No movement

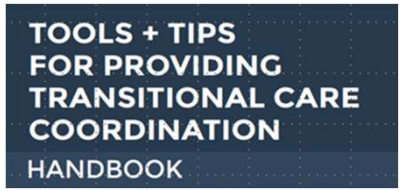
Alerts, Alarms and Tactical Searches: Follow instructions!
- Includes Lock Down, Re-count, Alarms & Tactical Search Operations (TSO)

For People incarcerated:

Loud noise at random times (sleep disruption)

Personal belongings tossed at random times (trauma)

Violence (direct / vicarious)



"Think of safety first. If you are in an area where you perceive your safety is in jeopardy, you should leave that area immediately and report it to your supervisor."

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Dual Loyalty Implications

A transwomen living with HIV housed in [facility for men sentenced to one year or less] tells her provider she is having unprotected sex in the housing area with those she is interested in. She asks for a condom. [n=609]

Do you, as the Correctional Health provider:

A. Hand 3 wrapped condoms to the patient according to DOC protocols? — A. n=339 (55.7%)

B. Put a box of condoms in a drawer or file bin with the DOC protocol posted on top, and let the patient take what she needs? — B. n=76 (12.5%)

C. Never provide condoms to the incarcerated, it's just not worth the grief from DOC. — C. n=27 (4.4%)

D. Report the patient for security violations for having sex while incarcerated. — D. n=167 (27.4%)

https://www.hhrjournal.org/2015/03/data-driven-human-rights-using-dual-loyalty-trainings-to-promote-the-care-of-vulnerable-patients-in-jail/

Stigma / Cultural Responsiveness

Consider: Self-determination related to expectations regarding time + place

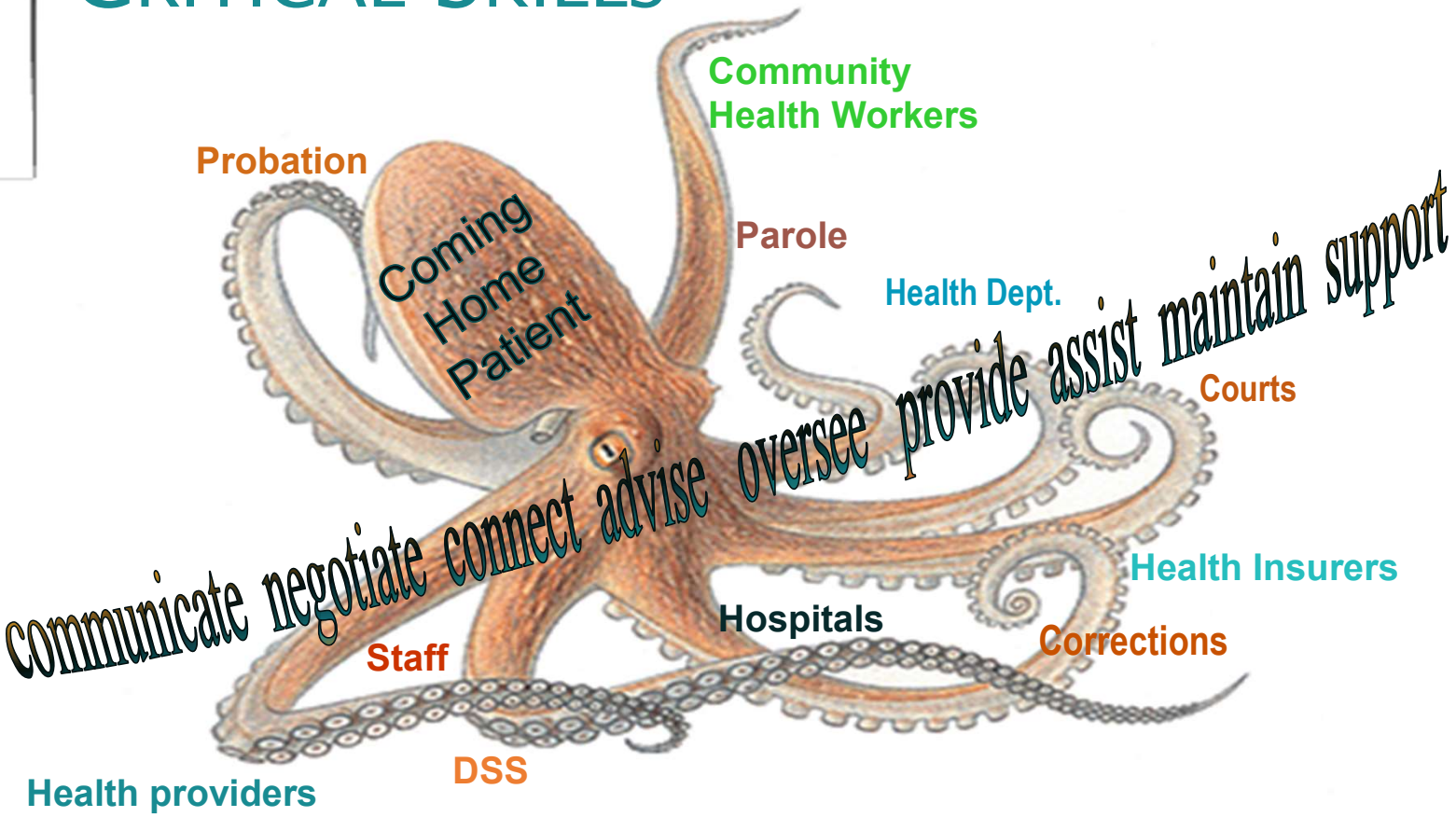
Inside:	Outside:
▪ Come when/if I call you	▪ Make and keep appointments
▪ Do as you're told (or else)	▪ Navigate transportation / internet
▪ Constant state of uncertainty/alert	▪ Manage competing priorities

Likely experienced:

- Being chained in chairs
- De-humanizing language
- Unintentional "outing" of illnesses
- Missed meals while waiting in health clinic
- Unknowns – who? when? what? Stay or Go?
- Confined behind bars in pens in a health clinic
- Discontinuation of income and health insurance
- Gendered housing based on physical presentation

Correctional Health clinics generally lack visual privacy, known appointment times, and may limit sick call hours

Critical Skills



TOOLS + TIPS FOR PROVIDING TRANSITIONAL CARE COORDINATION
HANDBOOK

"This is critical to working with incarcerated people. Communication with each entity in this diagram is critical because each and every one touches your clients one way or another.

All of this is connected and needs to be managed for your program to meet the needs of all your clients."

-Jacqueline Cruzado-Quinones

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Remove Barriers

Consider hierarchy of needs

- Anticipate survival needs (consider seasonal needs)
- Offer Personal care items, warm beverage

Focus on linkage to primary care after incarceration

- Peer Navigator / accompaniment
- Walk-in hours – be flexible
- "Pre-Show" Waiting areas

Create single point of accountability

Data sharing

- Use eHR / Health Information Exchange
- (eHR sharing PSYCKES datafeed)

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Establish Relationships

Smile

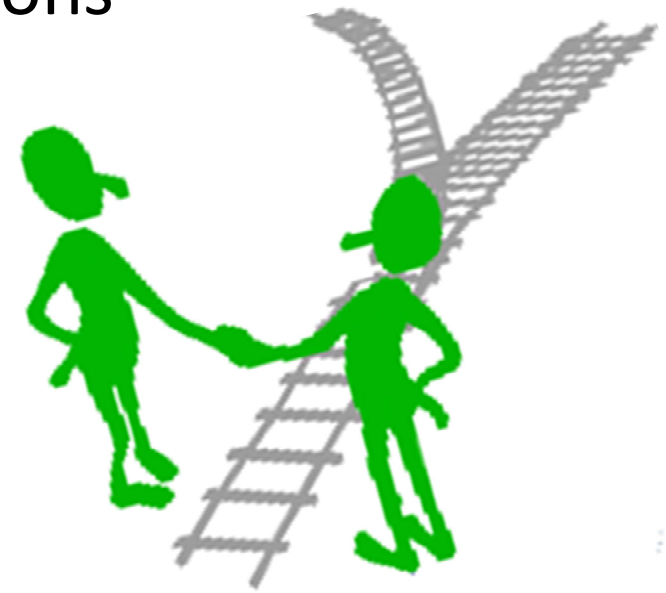
Listen first - then ask good questions

Hire people who care

Set realistic goals –

Build trust

- Start with winnable battles
- Deliver
- Don't let go!



Expect to give more than you receive!

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Linked Resources

A Day in the Life of a Rikers CO

NYC CHS COVID-19 Data Snapshot

Call on ... Mount Sinai Morningside

https://www.hhrjournal.org/2015/03/data-driven-human-rights-using-dual-loyalty-trainings-to-promote-the-care-of-vulnerable-patients-in-jail/

https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

A Three-Dimensional Action Plan to Raise the Quality of Care of US Correctional Health and Promote Alternatives to Incarceration

www.ACOJAconsulting.com

- Tools + Tips: Transitional Care Coordination Handbook*
- Cultural Appropriateness: Link to SPNS Latino Initiative Training
- NASW: COVID & Corrections: Link to NASW Social Justice Brief
- CorrDocs: Making a Difference: Link to Blogpost including 3 patient stories
- NCCHC: Language Matters: Link to NCCHC Blogpost and Position Statement
- NCCHC Public Health & COVID19: Link to NCCHC Blogpost

* Cruzado-Quinones, J., Jordan, A. O., & Cagey, R. (2016) *Tools + Tips for Providing Transitional Care Coordination: Handbook*, Health Resources Services Administration Integrating HIV Innovative Practices. targethiv.org/ihip/tools-tips-providing-transitional-care-coordination Accessed 30 December 2020.

Transitional care coordination in New York City jails: facilitating linkages to care for people with HIV returning home after incarceration. PMID: 23128979 DOI: 10.1007/s10461-012-0352-5

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THANK YOU!

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Training Outline

1. Key considerations:

A. Why Correctional Health is Public Health (is Community Health…)

1. Intro (Why is ACOJA here, SW + PH + CH,) (2)
2. Humanizing language and approach (why need correctional health policy about language);

B. Framework for Culturally Responsive Healthcare

2. Practice Implications:

A. How incarceration impacts engagement in community care

1. Intro to TCC model / COVID adaptations TCC showing you care inside – personal care items, specially trained escort officers as part of medical team, continuity of health insurance how inside impacts behavior outside [screen for TIC, TBI, MH, SU]
2. Trauma Informed care (chairs / waiting and associations w/ being locked up)
3. Dual Loyalty in correctional health [TG case example training slide re: providers chose arresting TG as an option and how this impacts community care]
4. Time / Timing / Appointments (Come when/if I call you v. be on time appointment times - inside v. out

B. Tools + Tips: Removing Barriers & Establishing Relationship

1. Facilitators: People who care, Peers, Personal care items DN Let go! Clothes box [Come in street clothes at time of arrest (summer / winter – may need a coat)](10) Coming home program is surrogate family – contact them to facilitate access to care. Be flexible [case example – 15m late] hot beverage (Sheldon) coffee cart coupons, Data sharing (eHR sharing PSYCKES)
2. Remove Barriers Recommendations: (5) Theme Park model hierarchy of needs Anticipate survival needs, personal care needs. alternatives to chairs, offer wellness activities in advance of the main event (Disney world or Harry Potter – ala ENY). outstation peer in waiting area, Be receptive. Eye contact.. Offer accompaniment. Walk-in hours. 0 wait time. (15)