

OPENING DOORS ... MAKING A DIFFERENCE

By Alison O Jordan, LCSW

Local jails have significant opportunities to impact public health. People detained in local jails have greater socioeconomic and health disparities and struggle to stay in touch with their community. They are at risk of losing their housing, family support, government benefits and access to health insurance.

Transitional Care Coordination (TCC), an internationally recognized evidence-informed intervention, uses a population-based discharge planning approach for people living with HIV (PLWH) incarcerated in jail. Over 70% were linked to care after incarceration and favorable health outcomes were demonstrated from baseline to 6-month follow up after incarceration, including improved HIV clinical indicators and over 20% reduction in hunger, homelessness and emergency department use.⁸

Many of the lessons learned about how to best implement the program and adapt it to meet the needs of the population served came from listening to our patients and learning from their lived experience:

- A fifty-year old wife and mother presenting with significant opportunistic infections, was referred to the TCC service by an Assistant District Attorney assigned to a local drug treatment court. The Judge asked the ADA to arrange for placement in a residential alternative to incarceration program. However, the client decided to plead guilty and serve the required time; she believed this would be the most expeditious way to return home and cook dinner for her husband. The TCC intervention was in reaching out and offering HIV testing outside the clinical intake process where a universal offer of HIV testing is made. This client did not know her HIV status and had several risk factors. She reported close family members had died from HIV-related complications and she was afraid to know her HIV status. Through compassionate education and outreach efforts, she agreed to a rapid HIV test, was diagnosed as living with HIV, treated and her health improved. She returned home to cook dinner for her husband and continued HIV care and treatment at her neighborhood clinic.
- Detained for several years, choosing to fight the legal case rather than pleading guilty, one father volunteered to participate in an HIV Peer Educator training class in the NYC jail system's most challenging facility. The TCC interventionists arranged for a community service provider who offered Peer Educator training to meet the volunteer, who also worked cleaning the jail health clinic. When the staff introduced the volunteer to the community program leaders, he put down the broom he was using to sweep, stood proud with hands folded behind his back, and articulated what lessons he had learned working as a volunteer with the Peer Educator training program,

for which he received thousands of community service hours, recording "Teachable Moments"⁹. The community program leaders committed to working with him; after incarceration he enrolled in the community training class and was subsequently hired, continuing employment today.

- TCC interventionists reached out to an elderly patient meeting "Hotspotter"¹⁰ criteria, spending 300 days in NYC jails over dozens of incarcerations in one year, to see how to better meet his needs. Despite being pulled off the daily methadone line by a well-intentioned correction officer, the patient explained: Commonly he would be discharged to the community on a Friday night, with the last dose of methadone administered that morning. Since Medicaid benefits were suspended, he was denied methadone treatment on Saturday morning. The public hospital would only provide methadone after hospital admission, not at the emergency department. So he would go to the local pharmacy, where he was known to the security guard, try to leave without paying for a bottle of lotion, get arrested, processed and transported back to the jail and receive methadone treatment by Saturday evening. The interventionists worked with the client to identify a Ryan White clinic with walk-in hours that would provide access to methadone and HIV care and treatment pending Medicaid reactivation. As a result, this former "HotSpotter" was able to get the needed community-based care and treatment and no longer returned to NYC jails.

This and similar approaches will be needed for Bail Reform efforts to succeed. Former HotSpotters will need community health centers, homeless shelters, food pantries and emergency rooms to be culturally responsive to people who previously used the jail system to meet their basic needs with compassion and dignity. Clean white socks, a warm meal, and continuity of care and treatment while we wrestle with the socio-economic disparities that lead our nation's local jails to be a refuge.

There are many evidence-based approaches, including Transitional Care Coordination, that map out how to effectively connect people to health care and services after incarceration. It just requires that we listen to our patients, identify "right fit" community programs, and then they must listen, too.

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⁸ Jordan AO, Cohen LR, Harrison G, Teitman PA, Cruzado-Quinones J, Ventres H. Transitional care coordination in New York City jails: facilitating linkages to care for people with HIV returning home from Rikers Island. *AIDS Behav*. 2013 Oct;17 Suppl 2:S212-9. DOI: [10.1007/s11261-012-9332-4](https://doi.org/10.1007/s11261-012-9332-4)

⁹ Paul A. Teitman, Alison O. Jordan, Nicolas Zaller, Dipal Shah, Horacio Ventres, "Health Outcomes for HIV-Infected Persons Released From the New York City Jail System With a Transitional Care-Coordination Plan", *American Journal of Public Health* 105, no. 2 (February 1, 2015): pp. 351-357. <https://doi.org/10.2195/AJPH.2014.302234> PMID: [25521800](https://pubmed.ncbi.nlm.nih.gov/25521800/)

¹⁰ A. J. HARTZKE, M. W. ROSS, D. P. SCOTT, K. MCCORM, M. KELLEY Outcomes of Project Well Talk: An HIV/AIDS peer education program implemented within the Texas State Prison System December 2008 *AIDS Education and Prevention* 18(6):504-17 DOI: [10.1521/aepe.2006.18.6.504](https://doi.org/10.1521/aepe.2006.18.6.504)

¹¹ Ross MacDonald et al. "The Rikers Island Hot Spotters: Defining the Needs of the Most Frequently Incarcerated", *American Journal of Public Health* 105, no. 11 (November 1, 2015): pp. 2262-2268 <https://doi.org/10.2195/AJPH.2015.302784> PMID: [26378829](https://pubmed.ncbi.nlm.nih.gov/26378829/)

¹² Elaine Michelle Aburton, Christopher Scanzell, Neela Adrazi, Elizabeth Barnett, "Eliminating Gaps in Medicaid Coverage During Reentry After Incarceration", *American Journal of Public Health* 110, no. 3 (March 1, 2020): pp. 317-321 <https://doi.org/10.2195/AJPH.2019.305490> PMID: [31948846](https://pubmed.ncbi.nlm.nih.gov/31948846/)