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LAC LEGAL ACTION CENTER

No Health = No Justice, Webinar Discussion Sheet

This discussion sheet has been developed to summarize the presentations and questions asked during the two Health and Justice webinars on:

June 16, 2020: Health and Justice: Restoring Communities Beyond the Pandemic

June 23, 2020: Health and Justice: Reclaiming Resources to Support Community-Led Solutions

Q. What are some of the strategies advocates have successfully used to divest from law enforcement and invest in communities? What are some of the action steps advocates have used to work towards the reprioritizing of funds for services? What additional action steps do you recommend advocates begin taking to reform the criminal legal system to prioritize diversion from incarceration?

A. In **Georgia,** advocates have seen success and promising advancements in their fight to close a local Atlanta jail. The Communities Over Cages: Close the Jail ATL Campaign is dedicated to *divesting* from Atlanta's unjust criminal legal system and *investing* in their community by closing the extra City Jail (ACDC), repurposing the facility into a Center for Wellness & Freedom, and reallocating the jail's funding towards services and supports which help people thrive. The effort to reduce the jail population and fight for the jail's closure comprised many legislative and policy wins such as ending cash bail, reclassifying marijuana, creating the Pre-Arrest Diversion Initiative, and ending the City's contract with ICE.

Atlanta's mayor signed legislation to close the Atlanta jail with the goal of re-purposing the building into a health and wellness facility. However, the campaign continues to put pressure on the mayor to ensure that she follows through on her promise to close the facility.

Additional Resources on Close the Jail ATL:
Nationwide Calls for Police Reform Put New Pressure on Atlanta to Close Its City Jail

Protesters Demand the Defunding and Demolishing of Atlanta City Detention Center

B. In **New York,** the From Punishment to Public Health ("P2PH") consortium is comprised of academic, policy and direct service organizations that joined together to design and expand systemic preventive interventions that reduce incarceration and enhance public health and public safety in New York City. The P2PH facilitates communication between 60 agencies that include governmental, nonprofit,

private, managed care, health homes, and others. Its Health and Justice Working Group brings together partners to align criminal legal system reform efforts across sectors. For example, in New York City advocates have been fighting for reforms that have led to a reduction of Rikers Island's population from 11,700 individuals in 2013 to 5,400 individuals in February 2020. The mayor's office worked to reduce that population even further to 4,000 people in June. Unfortunately, due to lack of resources and treatment options, clients with mental health challenges tend to get stuck. Consequently, Rikers is now a majority mental health facility and this population will have to be a priority as we emerge out of the pandemic.

New York City (NYC)was able to reduce their jail population by using a few different strategies:

1. NYC **expanded its supervised release program** (This term is used differently than in the federal system). In NYC the only reason people are held before trial is if judges fear that person will not show up to their next court date. The supervised release program provides individuals with a social worker who communicates with them regularly to ensure that they show up for court. Additionally, the social worker provides them with voluntary referrals to social services like drug treatment, employment counseling, and mental health services. However, as of July 1, 2020, judges can now mandate participants in Supervised Release to services in the pretrial phase of their case. This has not been very widespread thus far, but it is expected to pick up over time, as the courts return to normal and arrest volumes begin to tick up again.

   The program has contributed to declines in the city's jail population while 95% of its participants have shown up for their court dates and only 8 percent of participants have been rearrested for a new felony crime while on pretrial supervision. However, the system has had to adapt even more during the COVID-19 pandemic.
   a. One adaptation of the program as a result of the pandemic is Rikers 6A Early Release Program. The program was proposed by the Mayor's Office of Criminal Justice (MOCJ) and was developed by CASES, Center for Court Innovation, and the Criminal Justice Agency. The program allows for the early release of individuals before the end of their sentence. The 6A early release program requires participants to complete a remote check-in every day, which includes counseling, a wellness check and information on housing and food assistance along with other resources.

Additional information on The Rikers Early Release Program can be found here:
https://www.nycja.org/assets/Early_Release_Outcomes_4.30.20_FINAL3-1.pdf

2. **Creating connections to housing** has also been a part of the strategy. In New York City, the government has started buying hotel rooms to house homeless individuals during the stay at home orders. The city's contract with the hotel association, which allows hotels to be used as a temporary home for people who are currently unhoused, will remain in effect through October.
    a. One of P2PH's early successes was reducing the arrests of homeless people who shelter in subway stations overnight. Through a collaboration between transit officers and social workers, the city was able to divert them from the criminal justice system and connect them with housing.

Additional information about this diversion program can be found here:
https://www.jjay.cuny.edu/pre-arrest-diversion-homeless-individuals

3. **Increased access to medication-assisted treatment** is a critical part of New York's strategy. During the pandemic, Buprenorphine has been made more accessible. This is partly due to more physicians becoming certified to administer the treatment. New York State has also loosened restrictions on the length of Methadone dosage people are able to access. Additionally, Methadone is also being delivered to people who are currently living in hotels. These regulatory gains are crucial and need to be sustained even after the pandemic ends to help clients who are typically more challenging to engage.

4. The only population that has seen an increase in incarceration in NYC are people who have had their parole revoked due to violations. This has affected several hundred individuals. New York City has not been able to do much to curb this because parole is a state function therefore, they are unable to regulate incarceration of people on parole.

In addition to New York and Georgia's efforts to divest and invest that were highlighted during the webinar, here are several resources from various organizations on the topic:
National Juvenile Justice Network: How to Find and Use Byrne Justice Assistance Grant (JAG) Information for Juvenile Justice Reform

Urban Institute: Public Investment in Community Driven Safety Initiatives, Landscape Study and Key Considerations

Communities United for Police Reform

Q. What action steps have been taken in Illinois to protect people who are currently incarcerated from the dangers of COVID-19? What supports have been offered to people who have been released early due to the pandemic?

Through executive orders, Governor Pritzker has provided early release to over 1,000 people (as of June 16th). The governor's office has worked with Heartland Alliance to create a reentry plan for those who are being released to provide post-release reentry supports such as housing, employment, healthcare, etc. TASC and Safer Foundation which are also reentry providers in IL are working with the governor's office and lieutenant governor's office to provide post release reentry triage of people released early, in order to identify individuals' needs and to provide direct service referrals for necessities, such as: food, clothing, financial assistance, telehealth substance use treatment and mental care, physical health care, medication continuity, employment services and housing.

Information about Heartland Alliance's city, state, and federal recommendations in response to COVID-19 can be found here:
https://www.heartlandalliance.org/heartland-alliances-city-state-federal-policy-recommendations/

Q. Justice-involved peers that obtained certifications for mental behavioral health and/or substance use disorder need more options to obtain a specialized Forensic Peer Specialist Certification. Their work reduces stigma, recidivism and increases public safety. Has it been difficult for individuals in New York State and New York City to obtain this specialized certification?

Forensic Peers are: Certified Peer Specialists who use their own experience of past criminal justice system involvement and mental health recovery to provide services related to both behavioral health and criminal justice system involvement. More information about forensic peers can be found here on the SMI Adviser website: https://smiadviser.org/knowledge_post/what-roles-do-peer-forensic-specialists-play-on-forensic-teams

Unfortunately, New York does not have a forensic peer certification, yet. Jeff Coots with P2PH is currently developing a continuing education webinar for Certified Recovery Peer Advocates (CRPA) who works with different populations within different systems. The goal is to create a curriculum that is for CRPA-J (Justice). There is a CRPA F (Family), Y (Youth) and soon to come V (veterans).

Q. What are some of the unique opportunities and challenges around diverting people from the criminal justice system to health care in the South?

There is great advocacy happening locally to try to get and keep people out of the jails and prisons. However, there are some unique challenges to diverting people as well.

- Lack of affordable housing and limited emergency housing options. Many jurisdictions paid for homeless individuals to stay in hotels, however it is for temporary stays and federal funds are likely running out. Jurisdictions do not have long-term plans for how they will help house individuals who need to quarantine away from family after being released or where they can be placed in long-term supported housing.
- Medicaid eligibility restrictions. There is also the challenge that Georgia and Alabama have not expanded Medicaid eligibility for single adults. Work requirements tied to Medicaid eligibility may be obstructing people's access to health care.
- Deficits in the transportation infrastructure and the cost of public transportation are also making it hard for people to access the support they need.
- There are also health challenges that arise due to poverty. For example, some people can't afford personal protective equipment or other sanitary items that are necessary to avoid transmission and contraction.
- Food insecurity and access to Supplemental Nutrition Assistance Program (SNAP) benefits is significant.

Additionally, as it pertains to prisons and jails, overcrowding is a specific public health risk. This is highlighted in the Just Leadership's Just US Campaign. Most prisons are not structured to keep people safe, let alone adhere to social distancing guidelines. Moreover, they do not have the resources to treat people who may become infected. Facilities did not have resources before COVID, and they are even less equipped now.

However, there are promising diversion models in the South, one being the Atlanta/Fulton County Pre-Arrest Diversion Initiative (PAD) in Georgia.

PAD was intended to be a stop gap in over policing. They provide ongoing harm reduction-based case management which serves as a model to show that police intervention is often unnecessary. Additionally, the organization has created alternative response teams that respond with the following: mediation teams, quality of life, crisis interventions and connection to care (medical and/or mental health). PAD has successfully diverted over 200 people from local jails, including Atlanta City Detention Center, which advocates are pushing to close.

Q. Can the Medicaid Reentry Act and its possibility of providing funding for health-related reentry needs pave the way to a better-connected health system? If so, how?

Yes, by allowing federal dollars to pay for health care services (particularly intake and assessment services provided by health providers) through Medicaid within a prison. It would provide essential resources to community providers to do in-reach, by substance use treatment and mental health care providers along with physical care within 30 days of someone's release from incarceration. This health care access would help facilitate transitions and reentry.

Whether federal dollars would pay for the information exchange between the health care and corrections systems would be the biggest challenge. Due to the current system's structures, the systems are unable to speak to each other and there are consent issues as well. Currently, electronic health records are a reality for the health system however, they aren't yet a reality for the criminal justice system.

To successfully collaborate, these siloed systems must mitigate technological challenges involved in sharing health information. At the same time, they must also navigate confidentiality and privacy concerns related to an individual's health and to how health issues might affect a person's status within the criminal justice system. This is particularly true for individuals with substance use disorders whose underlying health issues have so often been criminalized. Cross-sector coordination is possible, however, as proven by several states that have established care coordination during and post-incarceration for people with specific chronic conditions, including tuberculosis, HIV, and substance use disorder. The most effective linkage to care models have been a result of two circumstances that have forced coordination between correctional and community health systems and provided significant funding to achieve it:

1. Perceived public health emergencies

2. Legislation or litigation

We further outline the overlap between community and correctional health in our report, Health and Justice: Bridging the Gap: Lessons from New York State Initiatives to Provide Access to Care After

Q. Why is it that family courts do not want to accept harm reduction efforts?

The child welfare system has historically been like the addiction treatment and criminal legal system in demanding abstinence and other punitive measures and conditions to be considered successful. Policies have been set up to punish parents who use drugs rather than efforts to unify families. The child welfare system, like the addiction treatment system, was built on demanding abstinence. Harm Reduction in child welfare, to the extent it relates to drug use, is incompatible with child protective laws that are meant to punish parents who use drugs. We are just realizing the policies of taking children away from their parents are more harmful than allowing them to remain with parents.

Q. Justice-involved peers can be used to assist police officers, judges, lawyers, those in professional settings and in family court to educate them in stigma, cultural competency/humility, and recovery? Why has it taken so long to include them in this process, and what have been the barriers?

We recognize that it has taken a long time for people with lived experiences to be valued and positioned to help improve the lives of others. There needs to be a shift in our society, so people value an individual's lived experience. People with those experiences are more effective in creating change and helping those in similar situations. There needs to be an acknowledgement of the value of peer support, which is another manifestation of harm reduction. We need to get other systems to understand the value of peer to peer support, and how it can lead to solutions.

Q. How can we get more reentry programs offered inside the criminal justice system during the pre and post incarceration period, especially in shelters?

We believe that funding could be used as a tool to incentivize reentry programs and housing providers to work together, and that we should advocate for policy makers to invest and create greater collaboration between systems that help people who are unhoused. Additionally, outside of organizations that run both shelters and Federally Qualified Health Centers (FQHCs), there is no connectivity between health care and shelters. Funding is needed to create incentives for facilities to have comprehensive reentry services that link people to all the support services they need before they are released.

Please visit Health Care for the Homeless' website for more information related to this issue.
http://www.nachc.org/health-center-issues/special-populations/health-care-for-the-homeless/

Q. Do you have an expungement law in your state? What political climate and other dynamics made it possible or challenging to get the law passed? If your state has an expungement law, how does the law operate? How are people made aware of the law? Is the law effective?

Please see the below resources to learn more about expungement laws in your state:

The CCRC website https://restoration.ccresourcecenter.org/#ca outlines each state's sealing and expungement laws.

To learn about the national Clean Slate initiative, visit https://cleanslateinitiative.org/

To learn about LAC's involvement in Clean Slate efforts in New York, see here: https://www.lac.org/major-project/clean-slate-ny

For more about the NY CleanSlate project visit https://www.cleanslateny.org/

To learn about Georgia's Second Chance campaign visit https://www.secondchancegeorgia.org/

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Health and Justice: Restoring Communities Beyond the Pandemic

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