



**STOP  
COVID**



**Partners  
In Health**

**UNITED STATES**

# Revolving Doors: Stopping COVID-19 in prisons, jails, and their surrounding communities

Partners In Health Webinar | 6 April 2021

# Agenda

- 1 Framing Information and Welcome
- 2 Presentations
  - Overview of disproportionate impact of COVID-19 in carceral settings
  - Reflections on conditions and access to care in prisons
  - Best practices to address COVID-19 in carceral settings
  - Case Study: Pima County efforts to prevent and address the spread of COVID-19 in jails
- 3 Panel Discussion
- 4 Announcements and Feedback Poll

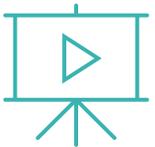
# Participants in Attendance

- AMSA
- Arizona Superior Court in Pima County - Pretrial Services
- ASTHO
- CDC Foundation
- Center for HIV Law and Policy
- Community Alliance on Prisons
- Community Health Worker
- Cook County Health
- Cornell University
- Curamericas Global
- FDIHB
- Florida State University
- Harvard Medical School
- Harvard University
- HLA
- HMA
- Hope Made Real
- IHI
- J&A
- Jhpiego
- MA Public Health Association
- MAHB
- Maryland Dept. of Health Office of Minority Health
- Massachusetts Public Health Association
- McKenzie Derfus
- Minnesota Doctors for Health Equity
- Mommie Activist and Sons
- NACDL
- NAMI
- NASCSP
- National Center for Lesbian Rights
- NCIL
- NIWRC
- NYC Board of Correction
- Ohio Department of Medicaid
- Oregon State University
- Oregon Health Authority
- OSI AF Tajikistan
- PCDC
- Pima County Attorney's Office
- Pima County Behavioral Health
- Pima County CJRU
- Pima County Health Department
- Preserve Rural Orange
- Public Health Institute
- Resolve to Save Lives
- Tasc
- Tennessee Justice Center
- Tracing Health
- UCLA School of Law/UCLA Law COVID-19 Behind Bars Data Project
- Utah Department of Health
- Vera Institute of Justice
- Vital Strategies
- Weill Cornell Medicine

# Opening Announcements



Please introduce yourself + your work in the chat!



Today's session will be recorded and slides will be shared.



Feel free to ask questions in the chat as we progress - we'll answer there or in the Q&A portion of the session. Share your experiences as well: we would love to learn from you.

# Moderator



**Justin Mendoza**  
Advocacy Manager  
Global Policy and Programs

1

## Framing Information and Welcome

2

## Presentations

- Overview of disproportionate impact of COVID-19 in carceral settings
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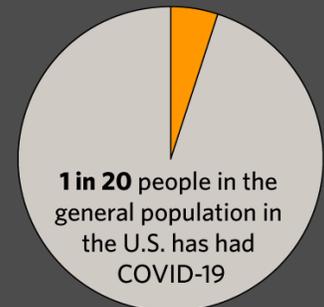
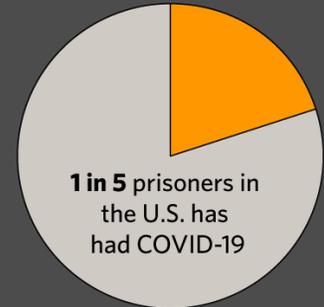
## Panel Discussion

4

## Announcements and Feedback Poll

# Today's Focus

- Incarcerated people around the world are among the **most vulnerable to ill health and are often those who have suffered most from damaging historical, social, and political forces**. From Russia to Peru, Haiti to Liberia, PIH has always worked to ensure that incarcerated people have access to health care.
- **The U.S. has the highest rate of incarceration in the world**. U.S. prisons and jails are overcrowded, and incarcerated people often lack basic health care and suffer from higher rates of chronic diseases
- People in prisons, jails, and detention facilities are **becoming sick and dying of COVID-19 at rates much higher than the general population**.



Reference: Decarceration: Seeking Justice in the Era of COVID-19.

<https://www.pih.org/sites/default/files/lc/Decarceration%20White%20Paper%20Jan%202021.pdf>

# Today's Focus

To reduce the harm being done by COVID-19 to incarcerated people, PIH recommends immediate action to:

 Depopulate carceral facilities by releasing as many currently incarcerated individuals as possible

 Slow the transmission between facilities and communities by reducing the number of admissions to jails and detention centers

 Regulate and fund facilities to ensure adequate COVID-19 testing, prevention (including a vaccine option), and care (including humane isolation and quarantine)

 Provide robust post-release health support.

 Offer incarcerated people COVID-19 vaccine prioritization, on a voluntary basis

Reference: **Decarceration: Seeking Justice in the Era of COVID-19.**

<https://www.pih.org/sites/default/files/lc/Decarceration%20White%20Paper%20Jan%202021.pdf>

# Panelists



**Sharon Dolovich, PhD, JD**  
Professor, UCLA School of Law  
Director, UCLA Prison Law &  
Policy Program



**Stacey Borden, M.Ed.,  
LADC I, MA**  
Founder and President  
New Beginnings Reentry  
Services, Inc



**Donald M. Berwick, MD,  
MPP, FRCP, KBE**  
President Emeritus and  
Senior Fellow  
Institute for Healthcare  
Improvement (IHI)



**Kate Vesely, MPA**  
Director of Justice Reform  
Initiatives, Pima County  
Board member, NAMI  
Southern Arizona

# Presentations



**Sharon Dolovich, PhD, JD**  
Professor, UCLA School of Law  
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# Presentations



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# Presentations



**Donald M. Berwick, MD, MPP, FRCP, KBE**  
President Emeritus and Senior Fellow  
Institute for Healthcare Improvement (IHI)

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Institute for  
Healthcare  
Improvement

*Partners In Health Webinar*  
*Revolving Doors: Stopping COVID-19 in*  
*Prisons, Jails, and Their Surrounding Communities*  
April 6, 2021

# NAM Consensus Report on Decarcerating Correctional Facilities During COVID-19

*Donald M. Berwick, MD*  
*President Emeritus and Senior Fellow*  
*Institute for Healthcare Improvement*



# Wang, Western, Berwick: JAMA 11/16/20<sup>13</sup>

**Viewpoint**

FREE

November 16, 2020

## **COVID-19, Decarceration, and the Role of Clinicians, Health Systems, and Payers**

A Report From the National Academy of Sciences, Engineering, and Medicine

Emily A. Wang, MD, MAS<sup>1,2</sup>; Bruce Western, PhD<sup>3</sup>; Donald M. Berwick, MD, MPP<sup>4</sup>

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2020;324(22):2257-2258. doi:10.1001/jama.2020.22109



# Extremely High Risks

## Viewpoint

FREE

November 16, 2020

### COVID-19, Decarceration, and the Role of Clinicians, Health Systems, and Prisons

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**According to the COVID Prison Project, by August 2020, 90 of the largest 100 cluster outbreaks in the United States have occurred in prisons and jails.**



**Viewpoint**

February 8, 2021

# The Triple Aim Applied to Correctional Health Systems

Donald M. Berwick, MD, MPP<sup>1,2</sup>; Adam L. Beckman, BS<sup>2</sup>; Suhas Gondi, BA<sup>2</sup>

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2021;325(10):935-936. doi:10.1001/jama.2021.0263



# Little Accreditation in Carceral Settings

## Viewpoint

February 8, 2021

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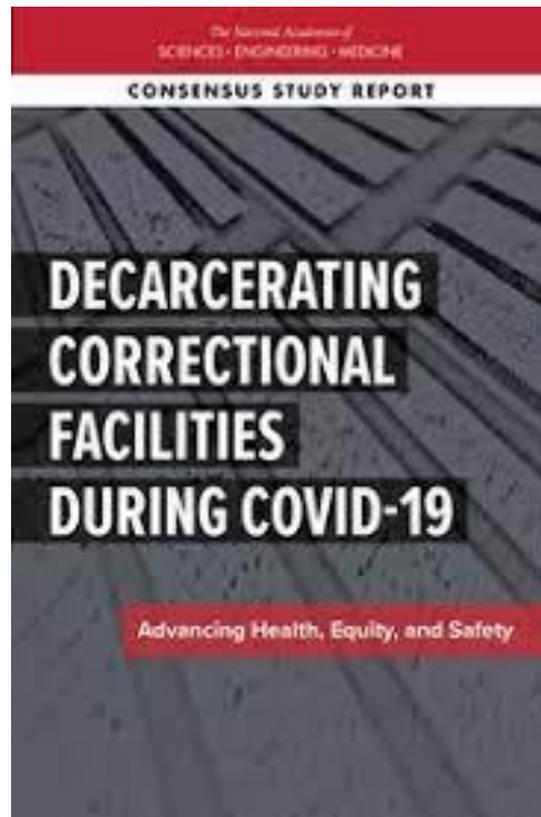
JAMA

**“A mandatory and rigorous accreditation process for health care quality standards for institutions providing health care services is needed. The National Commission on Correctional Health Care and other organizations offer accreditation, but many correctional facilities do not seek accreditation, and some accredited facilities do not satisfy constitutional requirements.”**

Health



# NAM Consensus Study: Statement of Task



....provide advice to policymakers, correctional officials, and public health officials on best practices for mitigating the spread of COVID-19 in correctional facilities through large-scale release and decarceration efforts. The short consensus report will consider the following questions:

- How can correctional facilities apply evidence-based practices to large-scale release and decarceration, while paying attention to equity issues?
- What community supports are needed to ensure successful reentry for released individuals and the community?

# Recommendation 1: Diversion

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- Federal, state, and local officials should exercise their discretion across a variety of domains to **divert individuals from incarceration**...
  - Citations in lieu of arrest
  - Presumption against pretrial detention
  - Eliminate incarceration for failure to pay fines and fees, and for misdemeanors, probation, and parole violation
  - Eliminate or reduce the use of bail



## Recommendation 2: Optimal Population Level

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- Correctional officials in conjunction with public health authorities should take steps to assess the optimal population level of their facilities to adhere to public health guidelines during the pandemic, considering factors such as overcrowding, the physical design and conditions of their facilities, population turnover, health care capacity, and the health of the incarcerated population.



# Recommendation 3: Release

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- To the extent that the current population level in a facility is higher than the optimal population level for adhering to public health guidelines, **correctional officials should identify candidates for release from prison and jail in a fair and equitable manner** and engage other officials outside the correctional system as necessary to expedite decarceration to the optimal level. Individuals assessed as medically vulnerable, nearing sentence completion, or of low risk to commit serious crime are likely to be suitable candidates for release during a public health crisis.



## Recommendation 4: Compassionate Release

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- Given the extreme medical vulnerability of some incarcerated people to COVID-19, federal and state policy makers should revise compassionate release policies to account for petitioners' medical condition, age, functional or cognitive impairment, or family circumstances. Because of the severity of the health risks, such applications should be reviewable by the courts or some other decision maker external to the standard parole process and should allow scope for representation by counsel in the process on behalf of petitioners.



# Recommendation 5: Reentry Plans

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- When releasing individuals from prisons and jails, correctional officials, in collaboration with other public officials and community-based programs, should **develop individualized reentry plans incorporating a bundle of services** encompassing health care, housing, and income supports to address individual and family needs as an important complement to decarceration efforts. **Incarcerated individuals should be eligible and approved for such services at least 30 days prior to release when possible.**



# Recommendation 6: Safe Return

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- Correctional officials in coordination with local public health authorities should implement measures to avoid creating additional COVID-19–related health risks for families and communities. These measures should include providing COVID-19 testing prior to release and facilitating quarantining as necessary. When newly released individuals lack a place to quarantine, local officials should take steps to provide them with a safe place in the community to quarantine for 14 days before returning to their families, as well as publicly support and coordinate with community officials to ensure access to and retention of housing for returning individuals and their families.



# Recommendation 7: Reduce Exposures

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- Parole and probation departments should examine their policies and procedures and take quick action where needed to **reduce the impact of community supervision on the spread of COVID-19**. Such action should include administratively eliminating or greatly limiting revocation for technical violations, replacing in-person office visits wherever possible with noncontact means of collecting supervision reports, and removing conditions on parole or probation that require an individual to apply for or obtain work. Courts and paroling authorities should **limit the application of probation and parole to those who absolutely need community supervision** and reduce the terms of probation and parole to only as long as necessary to achieve the goals of supervision.



# Recommendation 8: Medicaid

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- States should **remove barriers to eligibility for Medicaid** to ensure that incarcerated and previously incarcerated individuals have access to COVID-19 tests and related services and transitional health care needs...
  - COVID-19 testing and related services in Families First Coronavirus Relief Act
  - Medicaid for 30 days prior to release
  - Suspension, not termination, of Medicaid
  - 1115 and 1135 waivers
  - Medicaid enrollment prior to release



# Medicaid Inmate Exclusion Policy

**“When Medicare or Medicaid beneficiaries are incarcerated, they are ineligible for the benefits because of their incarceration status. The Medicaid Inmate Exclusion Policy prohibits use of federal funds and services for medical care provided to “inmates of a public institution.” About two-thirds of the jail population are held before trial and most are unable to post bail to get released. Perversely, the law denies these health insurance benefits to those who are too poor to pay bail but for defendants with more resources who can pay for their release, their Medicaid or Medicare continues.”**



# Recommendation 9: Data and Transparency

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- All correctional facilities (including jails, state and federal prisons, detention centers of the U.S. Immigration and Customs Enforcement, and juvenile facilities) should **report daily standardized, aggregated data** on COVID-19 incidence, testing rates, hospitalizations, mortality, and all-cause-mortality among incarcerated people and staff by age, gender, and race/ethnicity to public health officials as directed and via a **public-facing website or dashboard**. All correctional facilities should also report daily standardized, aggregated data on decarceration efforts (especially releases) by age, gender, and race/ethnicity via a public-facing website or dashboard.



# Recommendation 10: Research and Evaluation

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- State and federal research infrastructures should invest in the monitoring and evaluation of the changes in operations and targeted COVID-19 release mechanisms in correctional facilities to document the impact of such efforts on correctional health, public safety, public health, and racial equity. The research undertaken to systematically monitor and evaluate decarceration efforts should facilitate transparency and evidence-based decision making in criminal justice. Researchers and funders should support a fully formed research program on the implications of incarceration for the transmission of infectious disease that extends beyond the adult criminal justice system to include juvenile incarceration, immigration detention, and other forms of detention. Furthermore, research should aim to examine the mutual influence of community and correctional facility on the transmission of disease, including the influence of community health conditions on the prevalence of infection and virus transmission inside correctional facilities and the influence of correctional facilities on associated communities.



*Thank you!*



# Presentations



**Kate Vesely, MPA**  
Director of Justice Reform  
Initiatives, Pima County  
Board member, NAMI  
Southern Arizona

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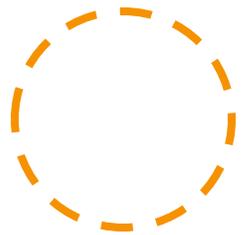
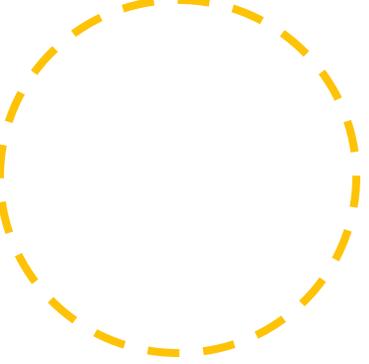
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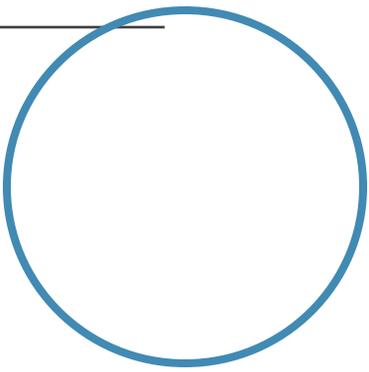
# Collaboration in the time of Coronavirus:

Pima County's Strategies to  
Address & Prevent the Spread of COVID-19 in Jail

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KATE VESELY, DIRECTOR OF JUSTICE REFORM

PIMA COUNTY ADMINISTRATION



# ABOUT PIMA COUNTY



Population: ~1.1 million residents

County Seat: Tucson

Jail Population:

- Jail Capacity: 2300+ detainees
- Pre-COVID: Averaging 1800-1900 in the prior year
- COVID Low: 1303 in May 2020
- Currently: High 1400s to low 1500s for 6 months

Approximately 9,200 square miles

- Roughly the same square miles as Vermont, and same population size of Rhode Island
- 300 miles of shared border with Mexico

# COVID-19 IN PIMA COUNTY

## COVID-19 in Pima County

**27,128**

Number of cases

**109**

Number of new cases reported Wednesday\*

**635**

Number of deaths

**1**

Number of deaths reported Wednesday\*

**286,724**

Number of tests performed

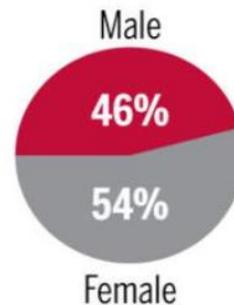
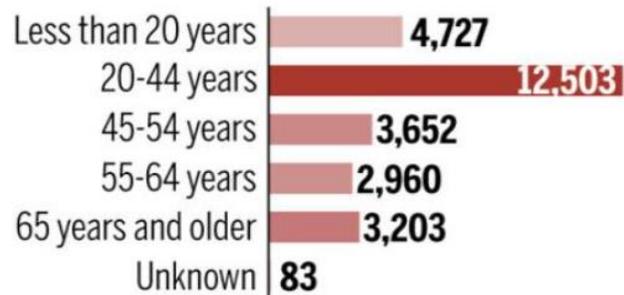
**2,415**

Number of tests reported Wednesday\*

**7.4%**

Total percent positive\*\*

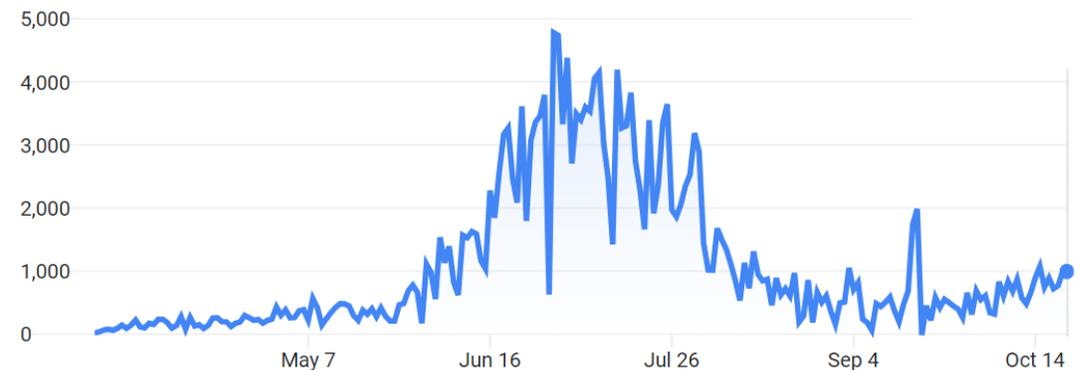
## Pima County cases by age and gender:



*As of 10/21/2020*

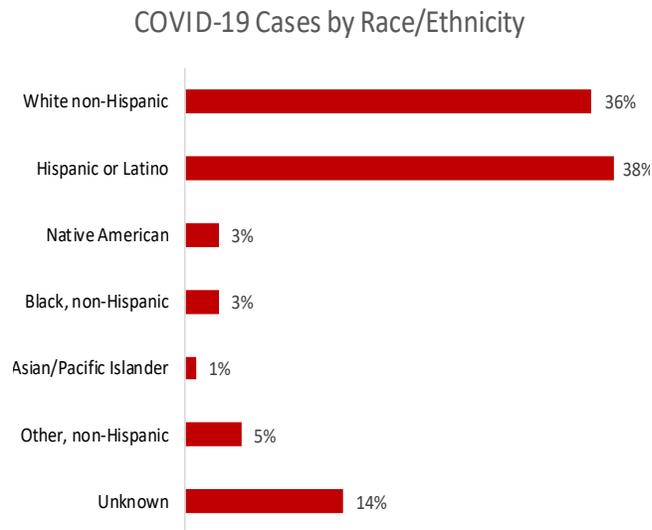
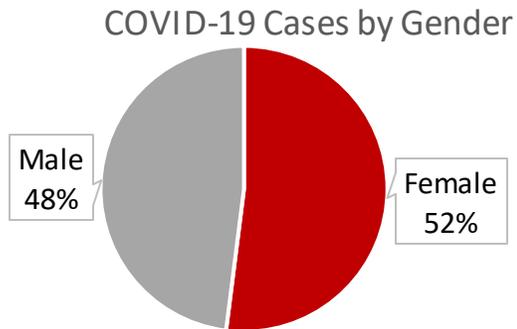
What has the pandemic looked like in Arizona & Pima County?

- Arizona was the #1 COVID hotspot in the world (sigh.... More than once...)
- Significant summertime peak – highest rate in late June and early July
- Possibly starting to head into a new peak



# COVID-19 IN PIMA COUNTY

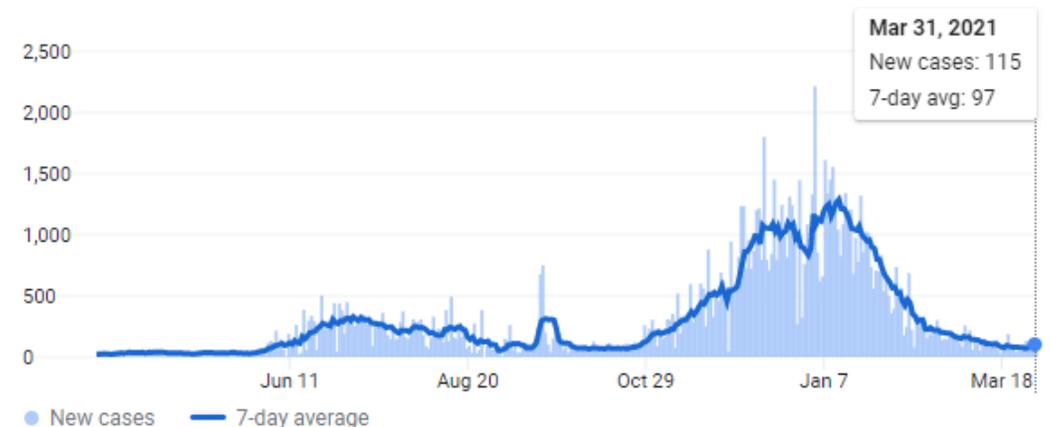
Number of Cases	112,707
Number of Deaths	2,350
Percent Positive	8.9%
Percent Vaccinated	29.3%



*As of April 1, 2021*

What has the pandemic looked like in Arizona & Pima County?

- Arizona was the #1 COVID hotspot in the world (sigh.... More than once...)
- Over 842,192 confirmed cases in Arizona & 16,977 deaths
- 30.1% of Arizonans are vaccinated



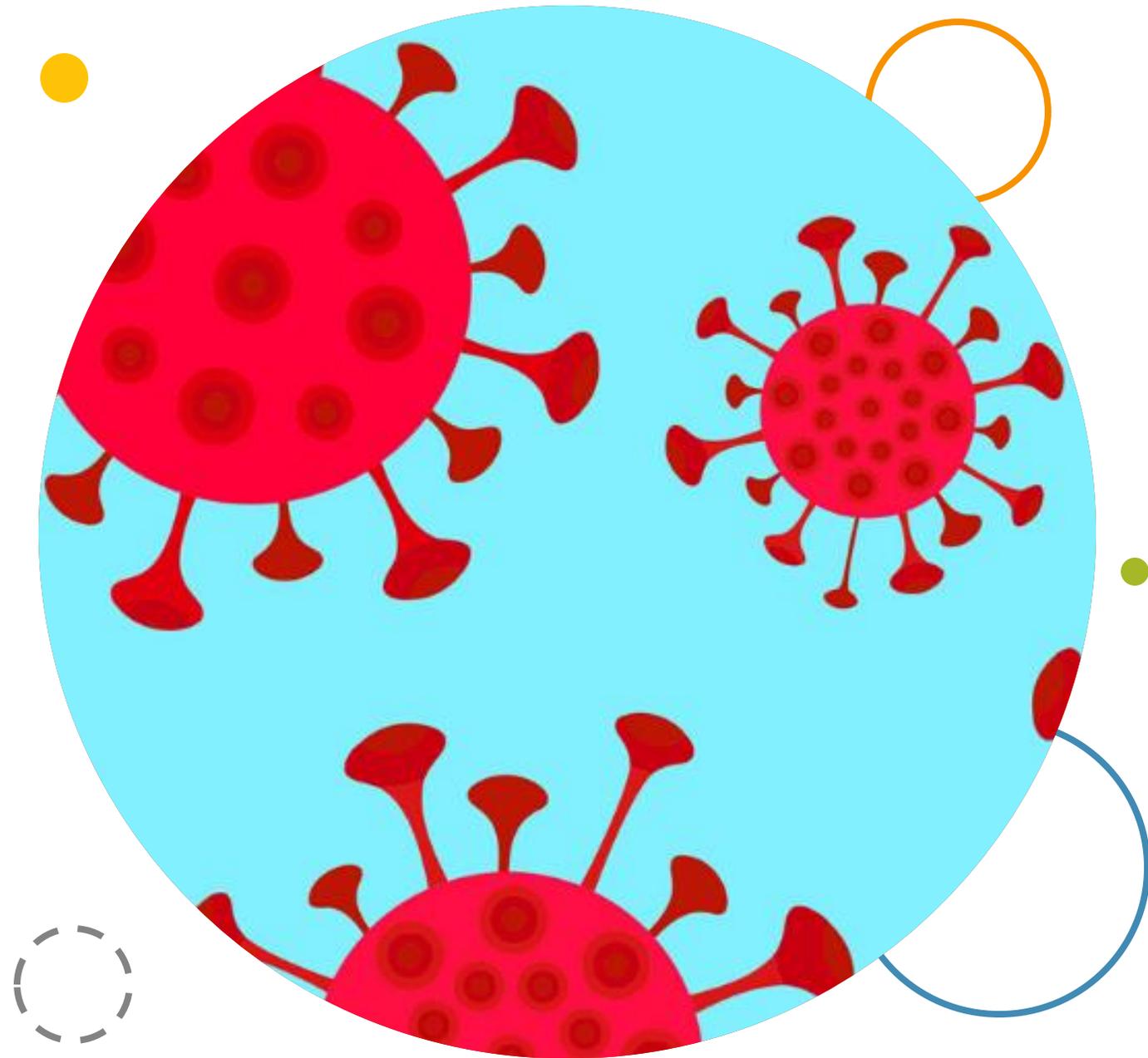


# BIG PICTURE

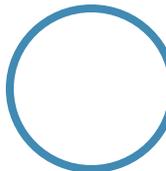
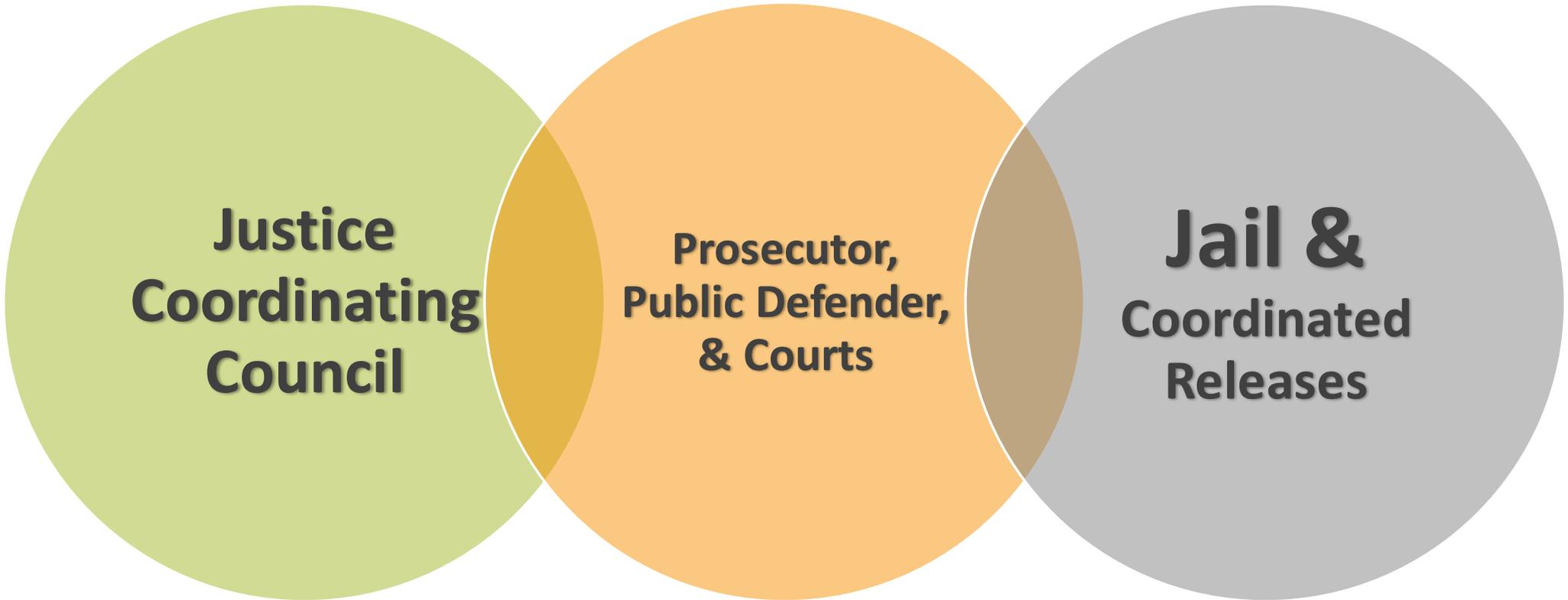
GOAL: Reduce risk of community spread of COVID-19 by reducing the spread of COVID-19 in our jail.

## Strategies:

1. Reduce jail population size by releasing non-dangerous detainees, aka “surge releases”
2. Ensure those being released are not also going into high-risk housing (like shelters)
3. Reduce the number of individuals being booked into the jail when possible
4. *Implement infection control strategies (Not covered in this presentation)*



# STRATEGY #1: REDUCE JAIL POPULATION



# MEMO FROM SHERIFF NAPIER - MARCH



## PIMA COUNTY SHERIFF'S DEPARTMENT

Mark D. Napier, Sheriff

## MEMORANDUM

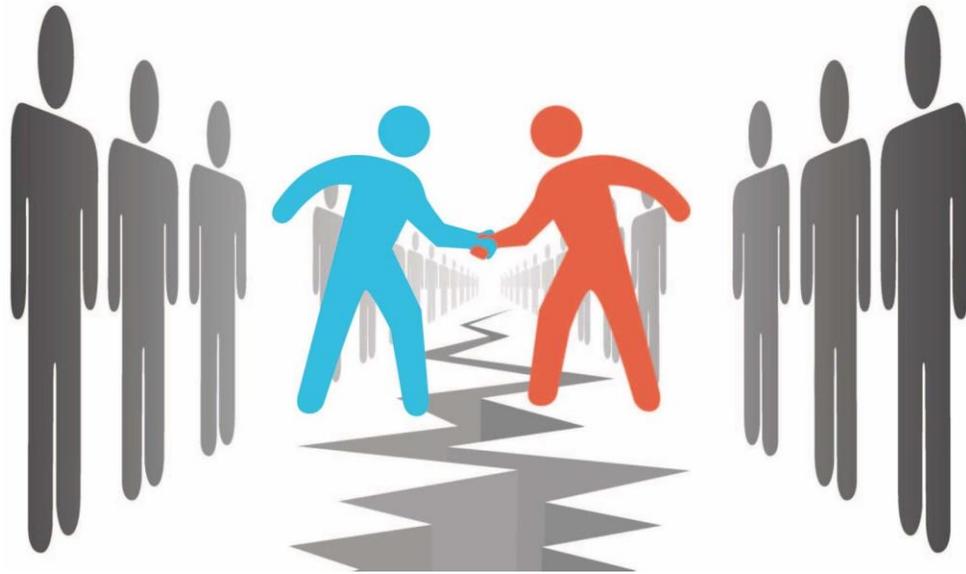
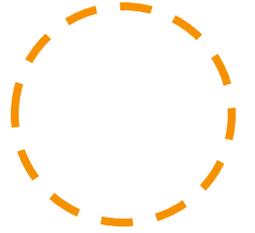
Date: March 18<sup>th</sup> 2020  
To: C.H. Huckelberry  
From: Sheriff Mark D. Napier  
Subject: PCADC Emergency measures for COVID-19 Pandemic

The current headcount of PCADC remains high at 1955 detainees. The headcount has stayed between 1950-2000 detainees for an extended period of time. We are taking strong measures to ensure the spread of the COVID-19 Virus does not take place within the Corrections Facility, but we understand that there is a possibility that the virus does indeed make its way into the PCADC.

In the event of an outbreak within the Corrections Facility, it will be vitally important to isolate those detainees that are suspected carriers of the virus. The number of detainees that may be suspected of having the virus is impossible to predict, but given the close quarters and the crowded conditions of the jail, it's reasonable to deduce that the actual number may be extremely high. Current medical facilities at the PCADC cannot facilitate a high number of inmates that require quarantine. In order to effectively isolate a large number of these detainees that are

1. Relocated remanded juveniles to the juvenile detention facility
2. Take action on detainees in custody on probation violations (either return to community supervision, prison, or term sentence) (135 detainees)
3. Suspend the work release program (in favor full release to the community) (26 detainees)
4. Release misdemeanors (non-DV) (24 detainees)
5. Returning ADOC inmates on a writ to prison (108 detainees)
6. Term or suspend "weekend sentences" (15 detainees)
7. Recommended to court to commute all sentences for individuals who has served at least 51% of a jail sentence

# PROSECUTORS & PUBLIC DEFENSE SERVICES



Stipulated release of cases:

Public Defenders and County Attorney worked together to agree on criteria for stipulated release

- Non-violent or dangerous, low level felony (such as property crime and drug offenses)

53 detainees were released in a “surge release”

- 11 individuals on probation (pending PTRs were also released)



# JAIL POPULATION REVIEW (JPR) COMMITTEE



JPR: Weekly review of eligible individuals who are currently in custody:

- Individuals detained in the jail for >10 days, who have low-level felony charges and present low-risk to the community.

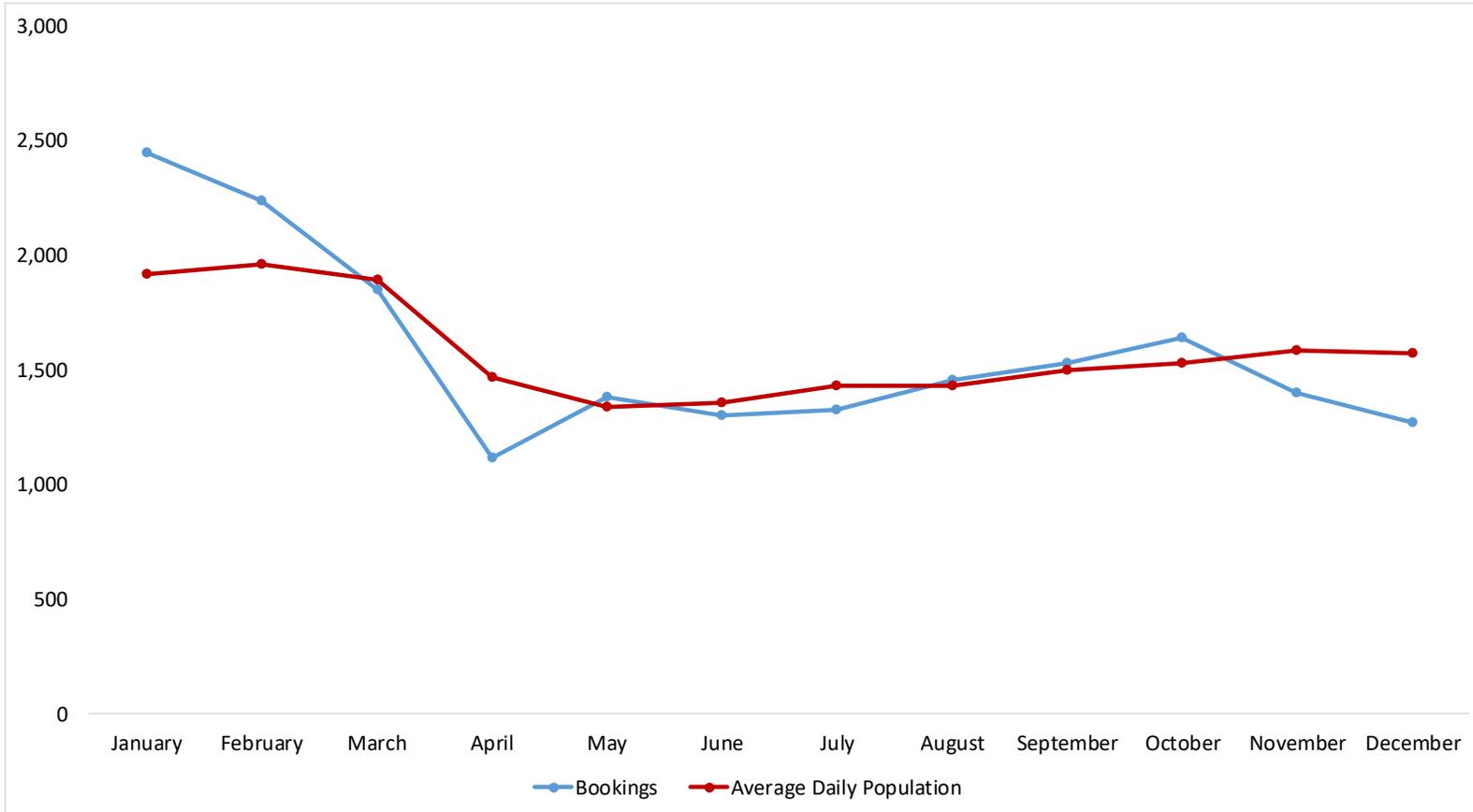
Staff cases with Prosecutor, Public Defender, Pretrial Services, Adult Probation, CJRU, Jail Population Coordinator, TPD and Sheriff's departments MHST teams, treatment providers & Community Members (including those with lived experience in the justice system)

Identify not only those appropriate for release but also identify services individual should be connected with

- Have continued SJC Housing resources

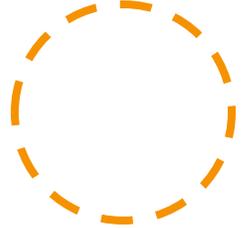


# IMPORTANCE OF DATA (AND JAIL POPULATION COORDINATOR)





# STRATEGY 2: POST-RELEASE HOUSING & SERVICES COORDINATION



Supported by the John D. and Catherine T.  
MacArthur Foundation

As an unprecedented number of individuals were being released from the jail, we worried we could be **triggering a housing crisis** in the community

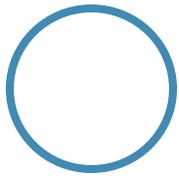
- Or COVID outbreaks in the shelters!

Worked with the MacArthur Foundation to identify funds that could be redirected to provide for **3-weeks of transitional housing**

Developed a plan with: PTS, Public Defender's case manager & Adult Probation

- Regardless of what level of supervision someone is under (including none), **housing could be provided for anyone released**

Criminal Justice Reform Unit worked with these system partners to find transitional housing for over 50 individuals in the span of approximately 1 week



# STRATEGY 3: REDUCE THE NUMBER OF PEOPLE BEING BOOKED INTO THE JAIL



**\$1.4M grant pairs Tucson police with drug counselors in effort to combat opioid crisis**

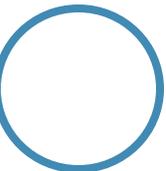


Tucson Police Department, Pima County's largest law enforcement agency, has committed to continue to do the following, even post-pandemic:

1. All eligible individuals MUST be deflected to treatment,
2. Cite and release non-violent misdemeanors,
3. Provide education on obtaining a new court date for individuals with non-DV warrants.

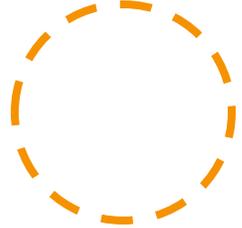
Implementing these strategies during the pandemic dropped bookings by 60-65%

**New Tucson police program will refer opioid addicts to treatment, not jail**





# COURTS



## Attachment A Criteria for Release

All persons charged with misdemeanors in Pima County Justice of the Peace and Magistrate courts shall be eligible for release consideration according to an approved, evidence-based Risk Assessment tool or other court policy or procedure, except those enumerated hereafter:

1. Failure to appear for sentencing in the Tucson City Court.

2. Failure to serve jail sentence imposed by Tucson City or Pima County Justice

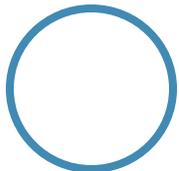
Courts.

3. Domestic violence charges filed pursuant to A.R.S. § 13-3601.

## Administrative Order from Chief Presiding Judge

Pretrial Services: Mandated use of prebooking modular for all non-DV misdemeanors

### Stipulated (“surge”) releases

- Court order releasing those without victims immediately
  - 5-day notification for victim-cases
- 

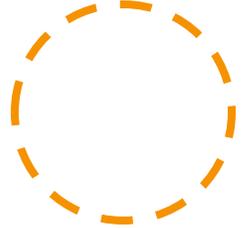
PIMA COUNTY'S MAINTENANCE STRATEGIES  
(COMMITMENT TO JAIL REDUCTION POST-COVID)

**Maintain  
Reduced  
Bookings**

**Identify &  
Release Non-  
Dangerous  
Individuals**

**Connect to  
Treatment  
& Services**





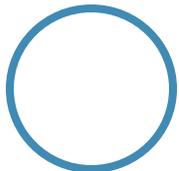
QUESTIONS?



**PIMA COUNTY**

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CRIMINAL JUSTICE REFORM UNIT



**Contact:**

Kate Vesely, Director of Justice Reform

Pima County Administration

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# Moderated Q&A

# Resources from Our Speakers

**Decarceration: Seeking Justice in the Era of COVID-19.** Beckett, A., Wispelway, B., Kiran, A., Mukherjee, J. (2021) *Decarceration: Seeking Justice in the Era of COVID-19*. [White paper]. Partners

In Health. <https://www.pih.org/sites/default/files/lc/Decarceration%20White%20Paper%20Jan%202021.pdf>

**UCLA Law COVID-19 Behind Bars Data Project.** <https://uclacovidbehindbars.org/>

**New Beginnings Reentry Services.** <https://www.newbeginningsreentryservices.org/about>

**What It's Like to be Trapped in a Women's Prison During a Pandemic.** <https://www.elle.com/culture/career-politics/a35766530/prison-pandemic-story-michele-scott/>

**Best Practices for Implementing Decarceration as a Strategy to Mitigate the Spread of COVID-19 in Correctional Facilities.** National Academies of Sciences, Engineering, and Medicine. (2021). *Decarcerating correctional facilities during COVID-19: advancing health, equity, and safety*. National Academies Press. <https://www.nationalacademies.org/our-work/best-practices-for-implementing-decarceration-as-a-strategy-to-mitigate-the-spread-of-covid-19-in-correctional-facilities>

# Resources from Our Speakers

**The Triple Aim Applied to Correctional Health Systems.** Berwick, D. M., Beckman, A. L., & Gondi, S. (2021). The Triple Aim Applied to Correctional Health Systems. *JAMA*, 325(10), 935-936. <https://jamanetwork.com/journals/jama/article-abstract/2776448>

**Pima County Program Getting People out of Jail Quicker, Speeding up Chances for a New Life.** [https://tucson.com/news/local/pima-county-program-getting-people-out-of-jail-quicker-speeding-up-chances-for-a-new/article\\_e48cc5d8-5a5a-5dcc-b23e-b0fa2a629895.html](https://tucson.com/news/local/pima-county-program-getting-people-out-of-jail-quicker-speeding-up-chances-for-a-new/article_e48cc5d8-5a5a-5dcc-b23e-b0fa2a629895.html)

# Closing Announcements

Thank you to our presenters,  
attendees, and moderator!

## Announcements

- Join us for part 2 on Tuesday, April 30 -  
**COVID and the carceral system: Actions  
for a better tomorrow**
- Do you have ideas or experiences you'd  
like to share? Questions you'd like to ask?  
Feel free to email [learningcollab@pih.org](mailto:learningcollab@pih.org)

## JOIN US!



**Session 1:** Tuesday, April 6th at 1-2:30 p.m. ET

**REVOLVING DOORS:  
Stopping COVID-19 in prisons, jails,  
and their surrounding communities**

**Session 2:** Friday, April 30th at 1-2:30 p.m. ET

**COVID AND  
THE CARCERAL SYSTEM:  
Actions for a better tomorrow**

# US Public Health Accompaniment Unit



For more information please contact [LearningCollab@pih.org](mailto:LearningCollab@pih.org)

