



Establishing State and Federal Correctional Health Coordinators to respond to the COVID-19 Pandemic

The national response to the COVID-19 pandemic is exposing life-threatening gaps in the health system's response for people who are involved in the criminal justice system. There are large and immediate health risks to people who are incarcerated and correctional officers. News out of correctional facilities is quickly evolving, but as of April 10, Cook County Jail has been identified as the largest source of new infections of COVID-19 in the country, and deaths have begun to occur among detainees.¹

While jails and prisons are often seen as parts of a single criminal justice system, the reality is that in most states, the criminal justice system is a patchwork of different agencies without a unifying authority to oversee and guide responses to health crises such as the one faced now. To mount an effective response, Community Oriented Correctional Health Services (COCHS)² proposes that states should establish correctional health coordinators to coordinate the emergency response for incarcerated people. There are at least two approaches to successfully creating a centralized health coordinator. First, states can act immediately using grant funding provided to state and local governments in the CARES Act.³ In addition, to ensure the most effective response, the United States Congress should, in upcoming coronavirus relief legislation, create a federal emergency response

¹ See, e.g., *Chicago's Jail Is Top U.S. Hot Spot as Virus Spreads Behind Bars*. The New York Times. April 8, 2020. <https://www.nytimes.com/2020/04/08/us/coronavirus-cook-county-jail-chicago.html>. (Accessed April 10, 2020).

² Community Oriented Correctional Health Services (<https://cochs.org>) is a non-profit organization that works to build connectivity between jails and community health care providers. It was originally funded by a grant from the Robert Wood Johnson Foundation in 2006.

³ States that recognize the role for such a position could use the grant funding authorized in section 5001 of the CARES Act.

coordinator and a dedicated grant program to establish correctional health coordinators in every state to coordinate the emergency response for incarcerated people. These positions and grant funding would support state and local efforts to promote public health and public safety.

Background

Correctional facilities have historically been challenged to contain infectious diseases. In prisons and jails, people live in very close proximity to each other and basic measures of infection control may be limited. These conditions place inmates, correctional officers and other staff at serious risk and pose risks to public health and public safety.

People who are incarcerated and contract coronavirus may face greater challenges accessing appropriate care than the general population.

Correctional health facilities are not equipped to serve people with serious health issues stemming from COVID-19, which is exacerbated by the lack of intensive care units. Jail infirmaries may be unable to serve the influx of people needing sub-acute, inpatient-level care. People who cannot be served in these facilities may seek treatment at local hospitals which may already be overwhelmed by the volume of patients needing services.

Reducing the number of individuals in prison or jail is a highly effective risk mitigation tactic and being used in many places across the United States.⁴ Responding to the urgency of the crisis, decisions to release inmates are being made with little lead time or clearly established priorities for release among inmate groups. Most correctional facilities have limited connections with community providers so coordination of care at release and “warm handoffs” to community providers are unlikely. Inmates may not have

⁴ See, Williams, Timothy; Benjamin Weiser; and William K. Raushbaum. ‘*Jails Are Petri Dishes: Inmates Freed as the Virus Spreads Behind Bars*. The New York Times. March 30, 2020. Available at <https://www.nytimes.com/2020/03/30/us/coronavirus-prisons-jails.html>. (Accessed April 10, 2020).

undergone medical screenings or testing for COVID-19 when they are released.⁵

The health and correctional systems are siloed, which challenges a public-health response to this pandemic for justice-involved people and correctional staff. Nationally, 2.3 million people are incarcerated and 413,000 corrections officers work in jails, prisons and detention centers.⁶ A diffuse set of entities is responsible for this population and the relationship of these entities varies in each jurisdiction. Each state's criminal justice system is the output of the interplay of state and local authorities that run the jails, courts, community corrections, and state health agencies and associated stakeholders.⁷ At the federal level, the Bureau of Prisons, the Centers for Disease Control, and the United States Marshals Service offer siloed solutions that lack a unified response. For the most part, these disparate systems create significant coordination challenges in times of sudden crisis. Few, if any, jurisdictions have a coronavirus response plan in place for people who are involved in the justice system.⁸

The crisis is growing rapidly. Already, correctional facilities have growing numbers of cases and the shortages in security and health staffing will grow

⁵ See, Parker, Ned; Linda So; Brad Health; and Grant Smith. Spread of coronavirus accelerates in U.S. jails and prisons. Reuters. March 28, 2020. Available at <https://www.reuters.com/article/us-health-coronavirus-usa-inmates-insigh/spread-of-coronavirus-accelerates-in-u-s-jails-and-prisons-idUSKBN21FOTM>. (Accessed April 10, 2020).

⁶ See, Sawyer, Wendy; Peter Wagner. *Mass Incarceration: The Whole Pie 2020*. Prison Policy Initiative. March 24, 2020. Available at <https://www.prisonpolicy.org/reports/pie2020.html>. (Accessed April 10, 2020).

⁷ The variety of flavors of local jurisdictions is almost endless: In most states, the country runs the jail and the state runs the prisons; however, there are unified jail-prison systems that are overseen by the state. In some states, a local probation office is its own agency, in other states the probation office is located within the courts. Because there is no one-size-fits-all system, a sole correctional health coordinator could effectively provide a localized response to a state's particular needs.

⁸ See, Billeaud, Jacques. Inmates: *Arizona Lacks Adequate Coronavirus Plan in Prisons*. The Cherokee Tribune & Ledger News. March 16, 2020. Available at https://www.tribuneledgernews.com/local_news/state_and_national/inmates-arizona-lacks-adequate-coronavirus-plan-in-prisons/article_2a26237f-ed4d-5b96-bc37-29455161549b.html. (Accessed April 10, 2020).

as more people contract COVID-19. Because incarcerated people are disproportionately low-income, male, and people of color, this population will bear the brunt of the health impact of these deficiencies. COVID-19 is playing out the substantial racial inequities that exist in society at large and are exacerbated by the criminal justice system.⁹

Coronavirus Relief Legislative Proposal: Federal and State Correctional Health Coordinators

Coordinating the health needs of justice-involved individuals across the systems that touch them is a critical and immediate obstacle that must be overcome. COCHS believes that the creation of a Correctional Health Coordinator with state and federal coordinating authority could cut across silos. States could move forward immediately to create a Correctional Health Coordinator through funding available in the CARES Act, but new coronavirus relief legislation could establish a leadership role and grant program in HHS that funds new state-level correctional health coordinators.

The state and federal coordinators would: 1) address the emergent health needs of inmates and correctional staff and 2) protect overall public health and public safety. These coordinators would monitor, publicly report, and coordinate the operational responses throughout the COVID-19 pandemic. After the pandemic, they would maintain an ongoing role to manage public health related to corrections during other emergencies, including national disasters and bioterrorism incidents. This role would help protect the health of the public in times of crisis.

State Correctional Health Coordinator

State correctional health coordinators would respond to COVID-19 and other public health threats by assessing the clinical status of people inside places of

⁹ See, e.g., *Racial Disparities In COVID-19 Impact Emerge As Data Is Slowly Released*. National Public Radio. April 9, 2020. Available at <https://www.npr.org/2020/04/09/831174878/racial-disparities-in-covid-19-impact-emerge-as-data-is-slowly-released>. (accessed April 10, 2020).

detention, linking these needs to broader public health emergency response efforts, and coordinating the involved entities (public health departments, emergency response, jails, prisons, courts, hospitals and other medical providers). Within states, this position would be situated in a state Department of Health or Office of Emergency Services, depending on the state and would be charged with working with sheriffs, departments of corrections, public health agencies, state Medicaid and human service programs, health care insurers and providers, and other entities.

The correctional health officer's primary responsibilities would be:

- 1. Developing and reporting a clinical profile of COVID-19 among incarcerated people and correctional staff**
- 2. Conducting an operational assessment, including:**
 - Identifying health care and behavioral health needs of incarcerated people and correctional staff, including needs for assessment, testing, prophylaxis, and treatment of conditions related to the public health crisis;
 - Assessing access to needed services and resources (including test kits and supplies, staffing, PPE, medications, vaccinations, cleaning supplies, security status, medical equipment);
 - Assessing the role and capacity of health care providers in responding to the public health emergency; and
 - Assessing the public safety implications of potential responses.
- 3. Developing and operationalizing emergency response action plans for correctional health**

- Developing an action plan in conjunction with key entities responsible for correctional health, public health, and emergency response;
- Overseeing implementation of the action plan, including coordinating activities across key entities responsible for correctional health and emergency response capabilities (jails, prisons, public health agencies, etc.); and
- Publicly reporting on actions taken and aggregate data on health staff after the conclusion of the emergency, with an assessment of any changes to the system that are needed for future emergencies.

Federal Grant Program to Establish Federal Coordinator and State Correctional Health Coordinators

Federal legislation could provide grant funding to states and authorize the federal Correctional Health Coordinator role. This could be established in the Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR), where the coordinator would oversee efforts nationally and support the state coordinators in promoting public health and public safety. A \$100 million grant program to states would be established in ASPR to fund correctional health coordinator positions in states. The federal coordinator would work across HHS operating divisions and with FEMA, the Bureau of Prisons, and other federal emergency response entities. They would also support and coordinate among the state level correctional health officers.