DECARCERATING DURING COVID-19

Issue Brief: Reentry to the Community

The National Academies of Sciences, Engineering, and Medicine, with support from Arnold Ventures and the Robert Wood Johnson Foundation, was asked to form an ad hoc committee to offer guidance on mitigating the spread of the novel coronavirus in correctional facilities and summarize findings on large-scale release and decarceration efforts. The committee comprised experts in corrections, correctional health, economics, epidemiology, law, medicine, public health, public policy, and criminology and sociology.

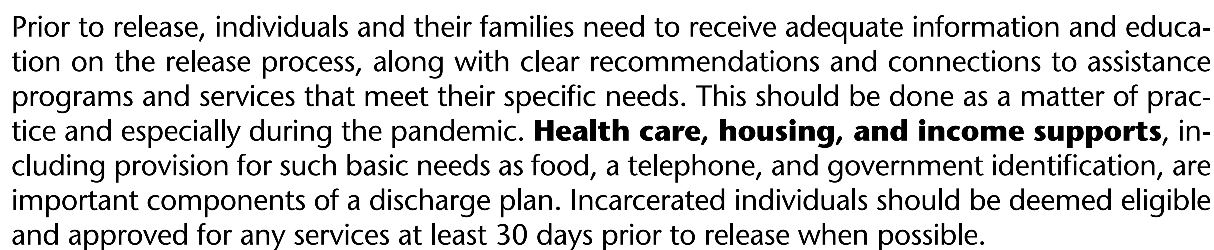
In its report *Decarcerating Correctional Facilities during COVID-19: Advancing Health, Equity, and Safety*, the committee concludes that decarceration is an appropriate and necessary mitigation strategy to include in the COVID-19 response. The current crisis necessitates a broader view of public safety, one that encompasses public health decisions.

Decarceration through accelerated releases from correctional facilities is a strategy aimed to reduce mortality and morbidity caused by the transmission of COVID-19 among incarcerated and detained people, correctional staff, and the local communities in which correctional facilities are located.

When done well (with appropriate collaboration between corrections and community supports), decarceration will reduce health risks for medically vulnerable populations and reduce demand on healthcare resources. Health equity -- the opportunity for all members of the population to be as healthy as possible -- will be an important goal in decarceration and reentry efforts. State and local officials, correctional leaders, community health care providers, and social service practitioners have an important role to play in supporting the successful reentry during the COVID-19 pandemic.

The spatial concentration of incarceration, in low-income and predominantly Black and Hispanic neighborhoods, suggests that those released from correctional facilities are returning to communities that are themselves struggling to respond to COVID-19 many without adequate health care and social support.

Ensuring safe return to communities will have financial and budgetary implications for federal, state, and local governments. Where possible, correctional officials will need to utilize existing funds and programs and ensure eligibility and enrollment of released people into existing social safety net programs as well as prioritize the incarcerated population in consideration for COVID-19 relief funds.



Prior to release, individuals and their families need to receive adequate information and education on the release process, along with clear recommendations and connections to assistance programs and services that meet their specific needs. This should be done as a matter of practice and especially during the pandemic. **Health care, housing, and income supports**, including provision for such basic needs as food, a telephone, and government identification, are important components of a discharge plan. Incarcerated individuals should be deemed eligible and approved for any services at least 30 days prior to release when possible.

HEALTH CARE

Many incarcerated people have never navigated or received treatment from community-based health systems or may have little experience using a pharmacy or health insurance. Effective discharge planning during the COVID-19 pandemic requires additional considerations of a person's risk of acquiring or transmitting SARS CoV-2 and how this intersects with their access to community health care, noncongregate housing, and food and basic needs, especially when community rates of COVID-19 are high. People released from jail or prison should be discharged with information about the disease and how best to protect themselves, their families, and communities.

Facilitate "warm handoffs" to community health care: Discharge from corrections should include a 90-day supply of medications, appointments with primary care, and a telephone with video capability. Many care providers have put a temporary halt on new appointments during the pandemic and are providing care only through telemedicine. Community health systems should accept new patients without government identification and soften restrictions for the need to connect first to an electronic health record portal prior to virtual health visits.

Help expedite access to health insurance: Without health insurance, obtaining any necessary care and treatment immediately following release can be difficult. There are a number of opportunities within federal health insurance programs, including Medicaid, Medicare, and the Veterans Health Administration, for easing the transition from correctional to community health care. Some best practices for accelerating enrollment or reenrollment include: States exercising the authority to suspend, rather than terminate, a person's Medicaid and Medicare enrollment during incarceration; training correctional staff to help incarcerated people navigate and complete insurance applications; and providing individuals with information about Medicaid and community-based systems of care prior to their release.

Avoid additional health risks to families and communities: Reentry planning will need to consider COVID-19 testing. Testing prior to discharge with timely return of results would reduce the risk of exposing others to the virus. A synergistic strategy will also provide individuals returning to congregate or crowded settings a place in the community to complete quarantine in a safer environment, such as a subsidized hotel room. Reentry planning also needs to consider adjustments to parole and probation requirements to reduce the impact of community supervision on the spread of COVID-19. This could include 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.

HOUSING

Do not contribute to increases in homelessness: Individuals who were homeless upon entry into prison or jail and have no other housing option upon release are eligible for funding and programs designed for people experiencing homelessness. Some housing-related services (i.e., housing transition, tenancy support) can be paid for by Medicaid. Housing subsidies can be provided through federal housing choice vouchers or state or local subsidies. The Veterans

Affairs (VA) system provides permanent supportive housing for veterans through HUD-VA Supportive Housing program. While resources are limited, recent expansion of Emergency Services Grant funding through the Coronavirus Aid, Relief, and Economic Security (CARES) Act could present an opportunity to expand such programs.

Enable families and friends to provide housing: Federal, state, and local authorities should identify resources for providing housing. Local housing authorities should limit restrictions on housing eligibility based on criminal history to those required by the U.S. Department of Housing and Urban Development and limit restrictions on tenants adding returning household members. Federal, state and local authorities should explore opportunities to offer financial support to families that provide housing to incarcerated individuals upon release.

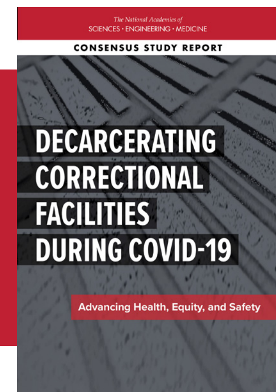
INCOME SUPPORTS

Remove barriers and aid enrollment in public benefits for income and basic needs: Food insecurity is particularly common and severe for those released from incarceration and their families. Eliminating bans for those formerly incarcerated and enrolling individuals in the Supplemental Nutrition Assistance Program prior to release may reduce unnecessary use of the health care system during the pandemic.

Facilitate enrollment in programs for financial support: A best practice, the SOAR (SSI/SSDI Outreach, Access and Recovery) program, funded by the Substance Abuse and Mental Health Services Administration, has trained case managers and provided assistance to states and communities to increase the success of obtaining Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) benefits, particularly for people who are experiencing or at high risk of homelessness and have a mental health or substance use disability. More recently, some individuals may be eligible for expanded unemployment insurance under the CARES Act of 2020.

Decarcerating Correctional Facilities during COVID-19: Advancing Health, Equity, and Safety

Available:
https://www.nap.edu/25945



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