# THE FIFTH ANNUAL

# P2PH CONFERENCE

### THE KEYS TO CLOSING RIKERS:

Building a Comprehensive Behavioral Health System

### May 2, 2018

John Jay College of Criminal Justice City University of New York



This event is delivered in partnership and with support from











# **Health Solutions Create Safety**



### Communities know how to keep people safe and healthy.



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**Reducing harm** 



Restoring justice at the community level



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Using public health strategies to respond to violence



Using justice system innovations that support health

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- Lower re-arrest and recidivism rates
- Less racial discrimination
- Fewer deaths by overdose

- Reduced medical emergency costs
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- Higher graduation rates
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Developed by the National Criminal Justice and Public Health Alliance.



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Morning Agenda			
Wednesday, May 2, 2018			
8:15	Registration and Breakfast		
9:00	Welcome: Jeffrey Coots, Director, From Punishment to Public Health		
9:30	Morning Plenary Session		
	<ul> <li>NYC Council Member Mark Levine (7th District), Chair of Committee on Health</li> </ul>		
	<ul> <li>Monnica Williams, Associate Professor of Psychiatric Services, University of Connecticut &amp; Director of the Laboratory for Culture and Mental Health Disparities</li> </ul>		
	<ul> <li>Susan Herman, Deputy Commissioner of Collaborative Policing,</li> <li>New York City Police Department</li> </ul>		
	<ul> <li>Helena Hansen, Assistant Professor, Department of Psychiatry, New York University School of Medicine</li> </ul>		
11:00	Panel One: Front-end Diversion Innovations		
	<ul> <li>Ashley Blauvelt, Director, Project Management, Staten Island</li> <li>Preferred Provider System (PPS)</li> </ul>		
	<ul> <li>Kristina Monti, Director of Special Projects, Mt. Sinai Psychiatric Emergency Room</li> </ul>		
	<ul> <li>Dira Treadvance, Criminal Justice Supervisor, Bureau of Mental Health, New York City Department of Health and Mental Hygiene (DOHMH)</li> </ul>		
	<ul> <li>Karen E. Varriale, Senior Assistant District Attorney, Drug Treatment Unit, Kings County District Attorney's Office</li> </ul>		
12:30	Lunch & Networking Hour		

# Afternoon Agenda Wednesday, May 2, 2018

# Panel Two: The Journey from Residential to Outpatient Treatment 1:45 • George Lyons, Certified Recovery Peer Advocate, Bridge Back to Life and Queens Community College Marcus Daugherty, Assistant Program Director of Healthcare Reform Consultation, The National Center on Addiction and Substance Abuse (CASA) Pat Lincourt, Division Director, Practice Innovation and Care Management, New York State Office of Alcohol and Substance Abuse Services (OASAS) Daniel Meltzer, Oversight Director for Treatment Services, Argus Community Inc. Philip Yanos, Professor of Forensic Psychology, John Jay College of Criminal Justice **Coffee Break** 3:15 Panel Three: Meeting Demand in Supportive and Affordable Housing 3:30 Markets Ayesha Delaney-Brumsey, Director of Behavioral Health Research and Programming, Mayor's Office of Criminal Justice (MOCJ) ♦ Latisha Millard, Senior Director of Housing, The Fortune Society ⋄ Carol Sainthilaire, Senior Program Manager, Corporation for Supportive Housing (CSH) (moderator) Susan Wiviott, Chief Executive Officer, The Bridge 4:50 **Closing Remarks**

# **Morning Plenary Session**



Mark Levine New York City Council (7th District)

New York City Council Member Mark Levine represents the 7th District in Upper Manhattan. Serving as the Chair of Council Committee on Health and as a member of the Progressive Caucus, he is a leader on many issues including housing, education, economic justice, transportation, the environment and more. Council Member Levine has been a lifelong advocate for addressing inequality in New York City. He recently declared victory in his fight to get legal representation for low-income tenants facing eviction in housing court by passing landmark "Right to Counsel" legislation, the first of its kind in the nation. As Parks Chair he has successfully fought for greater equity for parks in New York's low- and moderate-income neighborhoods. Mark speaks three languages, including Spanish and Hebrew, and began his career as a bilingual math and science teacher in the South Bronx. He also went on to found the Neighborhood Trust Federal Credit Union which has provided over \$25 million in loans to low-income New Yorkers in Upper Manhattan. Mark is a long time Washington Heights resident with his wife, Ivelisse and their two sons, Alejandro and Daniel.



Monnica Williams, PhD, MA University of Connecticut

Dr. Monnica T. Williams is a board-certified licensed clinical psychologist and Associate Professor at the University of Connecticut in the Department of Psychological Sciences and Department of Psychiatry. She is also Clinical Director of the Behavioral Wellness Clinic, where she provides supervision and training to clinicians for empirically-supported treatments. Prior to her move to Connecticut in 2016, Dr. Williams served as the Director of the Center for Mental Health Disparities at the University of Louisville in the Department of Psychological and Brain Sciences. Dr. Williams' research focuses on African American mental health, culture, and psychopathology, and she has published over 90 scientific articles on these topics. Current projects include the assessment of race-based trauma, unacceptable thoughts in OCD, improving cultural competence in the delivery of mental health care services, and interventions to reduce racism. She also gives diversity trainings nationally for clinical psychology programs, scientific conferences, and community organizations. Dr. Williams is a member of the American Psychological Association (APA), having served as the diversity delegate from Kentucky for the APA State Leadership Conference for two consecutive years. She is the African American SIG leader for Association of Behavioral and Cognitive Therapies (ABCT), and she serves as an associate editor of The Behavior Therapist and New Ideas in Psychology. She also serves on the editorial board of Cognitive Behaviour Therapy, and the Journal of Obsessive Compulsive and Related Disorders. She is a member of the Scientific Advisory Board of the International OCD Foundation, and is also the co-chair of the Diversity Council. Her work has been featured in several major media outlets, including NPR, Huffington Post, and the New York Times.

# **Morning Plenary Session**



Susan Herman, JD New York Police Department

Susan Herman was named Deputy Commissioner, Collaborative Policing in 2014. Her role is to foster shared responsibility for public safety through productive partnerships with individuals, government agencies, and community-based organizations. The Office of Collaborative Policing concentrates on developing more non-enforcement options for police officers, designing creative and focused enforcement strategies, and improving access to police services. A member of the NYPD from 1985 to 1990, DC Herman served as the Special Counsel to the Police Commissioner to three consecutive Police Commissioners: Benjamin Ward, Richard Condon and Lee P. Brown. Prior to her return, DC Herman was an Associate Professor of Criminal Justice at Pace University. She also served as the Executive Director of the National Center for Victims of Crime, Director of Community Services at The Enterprise Foundation, and Director of the Domestic Violence Division at Victim Services (now Safe Horizon). DC Herman holds a B.A. in Political Science from Bryn Mawr College and a J.D. from the Antioch School of Law.



Helena Hansen, MD, PhD New York University

Helena Hansen, MD, Ph.D., is assistant professor in the Departments of Anthropology and Psychiatry at NYU and a research scientist at Nathan Kline Institute for Psychiatric Research. She has published widely in clinical and social science journals ranging from JAMA to Social Science and Medicine, on faith healing of addiction in Puerto Rico, psychiatric disability under welfare reform, addiction pharmaceuticals and race, and ethnic marketing of pharmaceuticals. Her book Addicted to Christ: Remaking Men in Puerto Rican Pentecostal Drug Ministries was published by UC Press in 2018. She undertook an ethnographic study examining the social and political implications of clinicians' efforts to establish addiction as a biomedical, rather than moral or social condition, as well as the ways that neurochemical treatments may be reinscribing hierarchies of ethnicity and race, which informed her current book project, "White Opioids" with policy analyst Jules Netherland and historian David Herzberg. She just completed a feature length visual documentary based on this work, Managing the Fix, which debuted at the annual meeting of the American Psychiatric Association. She is also leading a national movement for training of clinical practitioners to address social determinants of health, which she and Jonathan Metzl call "Structural Competency," and which is the subject of her forthcoming edited volume with Springer Press, Structural Competency in Behavioral Health: Case Reports from Clinical Training and Practice. She has received major funding from NIDA, the Mellon Foundation, and the Robert Wood Johnson Foundation.

### **Panel One**



Ashley Blauvelt, MPH Staten Island PPS

Ashley Blauvelt, MPH, has been working at the Staten Island PPS providing strategic and operational oversight on the implementation of DSRIP projects and population health initiatives. She represents the PPS on borough-wide behavioral health initiatives including the Richmond County DA's Office Heroin Overdose Prevention and Education (HOPE) Program and Staten Island 911 Diversion to NYC Well in partnership with City Hall, FDNY, NYPD, NYCDOHMH and MHA NYC. Her previous experience includes outpatient operations management, EMR implementation, and providing public health outreach and engagement for CBOs in Central NY.



Kristina Monti, LCSW Mt. Sinai Psychiatric Emergency Room

Kristina Monti, LCSW, is currently the Director of Special Projects at the Mount Sinai Saint Luke's Psychiatric ER and was formerly the Co-Director of the Mount Sinai Health Home. Ms. Monti's career has included work as a Social Worker in adult behavioral health at institutions such as Mount Sinai Beth Israel where she was the clinical supervisor of detoxification services and Albert Einstein College of Medicine where she worked as an outpatient therapist. Ms. Monti received her Master's degree in Social Work from Simmons College and is currently a PhD Candidate and Adjunct Professor at the Adelphi University School of Social Work. In 2014, she presented at the Society for Social Work Leadership in Health Care, about the implementation of Health Homes in New York City and co-authored a chapter in the Society for Social Work Leadership in Health Care's publication, Advocacy in Health Care Social Work. Additionally Ms. Monti has presented at the Council for Social Work Education and the Society for Social Work Research on behavioral health related issues such as reducing high-cost admissions to inpatient behavioral health services and the intersection between the social work profession and the differential racialization of substance abusers. Ms. Monti recently co-authored a publication evaluating the impact of an addiction specific elective on MSW students' attitudes towards substance users and the philosophy of harm reduction. Currently Ms. Monti is in the recruitment phase of her dissertation, which is a qualitative inquiry about substance users' transition from opioid analgesics to heroin.

# **Front-end Diversion Innovations**



Dira Treadvance, MPA DOHMH

Moderator

Dira Treadvance is the Supervisor of the Office of Criminal Justice within the Executive Deputy Commissioner's Office at the New York City Department of Health and Mental Hygiene (DOHMH). Mrs. Treadvance is a principal contributor to DOHMH's progressive Public Health/Public Safety agenda in its efforts to eliminate the overrepresentation of people with behavioral health needs in the criminal justice system. In addition to overseeing the Office of Criminal Justice portfolio comprised of programs promoting public education, peer engagement, workforce development and policy efforts, Mrs. Treadvance plays a central role in DOHMH's internal reform and cross-systems partnership efforts that strive to dismantle structural inequities and promote health equity for marginalized communities in New York City. Her current initiatives include DOHMH's Violence is a Public Health Issue, a cross-divisional collaboration seeking to apply a health approach to mitigate all forms of violence, as well as the Co-Response Unit, implemented in partnership with NYPD and comprised of clinical and law enforcement teams working collaboratively to improve responses to people with mental illness, substance use and chronic health conditions identified as having increasing risk to themselves and/or others.



Karen E. Varriale, JD Kings County District Attorney's Office

ADA Karen Varriale is the Kings County District Attorney's Office's coordinator for Brooklyn's Collaborative Legal Engagement Assistance Response program, colloquially known as Brooklyn CLEAR. CLEAR is a pre-arraignment diversion program that offers individuals arrested for misdemeanor drug possession, who are also eligible for a desk appearance ticket, an opportunity to engage in services in lieu of prosecution. CLEAR was launched on February 15, 2018 as a pilot in six precincts in south Brooklyn. Ms. Varriale joined the Brooklyn DA's Office in December 2017 to administer CLEAR. She has been a prosecutor since 1997, beginning her career at the Richmond County DA's Office. Ms. Varriale prosecuted numerous violent felonies in various bureaus, including murders, sexual assaults, burglaries, and assaults. In 2015, she created a Narcotics Bureau dedicated to investigating and prosecuting narcotics crimes, as well as recognizing that substance use disorder is a behavioral health issue and not criminal behavior. In addition to supervising all the alternatives to incarceration programs in Richmond County, Ms. Varriale was instrumental in founding Staten Island's pre-arraignment diversion program, HOPE. Many of the most successful aspects of HOPE are being implemented in CLEAR.

### **Panel Two**



Marcus Daugherty, LMHC
The National Center on
Addiction and Substance
Abuse (CASA)

Marcus Daugherty is a licensed and credentialed mental health and substance abuse professional with over 20 years of human service experience. As a clinician Mr. Daugherty has worked with a variety of challenging populations including: the homeless mentally ill, severe and persistently mentally ill (SPMI) individuals, and individuals challenged by co-occurring disorders. Additionally, he has worked in both residential and outpatient settings with the previously mentioned populations as well as those challenged by substance addiction. As an administrator Mr. Daugherty has directed or overseen the delivery of social services in mobile homeless outreach, shelter and Drop-In programs, and in residential and outpatient settings. He has supervised and trained mid-level managers on complex clinical, administrative and diversity issues.

Mr. Daugherty holds Masters Degrees in Counseling and Clinical psychology from the State University of New York, College at New Paltz and the Fielding Graduate University respectively.



Pat Lincourt, LCSW-R NYS Office of Alcohol and Substance Abuse Services

Patricia Lincourt, LCSW-R, is a licensed clinical social worker with over 30 years of clinical and program administration experience. She currently serves as the Division Director of Practice Innovation and Care Management at the New York State Office of Alcohol and Substance Abuse Services (OASAS). She has worked with individuals with a wide range of behavioral and emotional concerns including substance use disorders, anxiety, trauma and mood disorders. She has specific training in psycho dynamic therapy and motivational interviewing. Motivational Interviewing is a method of counseling that is compassionate and seeks to facilitate change through the reduction of ambivalence and increase in commitment to self-directed change. She works with individuals and has a special interest in working with couples. She is open and flexible in approach, adapting to the individual's beliefs, values and goals in treatment



George Lyons, CRPA Bridge Back to Life

George Lyons is a graduate from Sullivan County Community College in Loch Sheldrake, New York. He holds an Associates Degree in Applied Sciences with a concentration in alcoholism and substance abuse counseling. He completed a Queens Borough Community College program to obtain his provisional certification as a Recovery Peer Advocate. As a person recovering from substance use disorder and having been formerly incarcerated, George understands the importance of becoming a voice for change for these very valuable members of society. He is currently employed at Bridge Back to Life utilizing his expertise in Peer Advocacy. Previously, he worked as an Advocacy Apprentice in the David Rothenberg Center for Public Policy at The Fortune Society. George is proud to use his knowledge and experience to connect with others, help people navigate the often complex health care system, and influence policy change for long lasting impact for the better.

# The Journey from Residential to Outpatient Treatment



Daniel Meltzer, MSW Argus Community Inc.

Dan Meltzer is currently the Oversight Director for Residential Services at Argus Community, Inc. in the Bronx. Argus treats substance dependent men and women with co-occurring mental health disorders within a modified therapeutic community in its Harbor House programs. Mr. Meltzer formerly served as the Admissions Director for Daytop Village and as the Program Director for Palladia's Starhill facility. He also worked in day treatment programs for mentally ill adults at the Federation Employment Guidance Services and with hospitalized adults at the Regent Psychiatric Hospital, both in New York. Mr. Meltzer has been working in the mental health and substance abuse fields for over 25 years. He holds a bachelor's degree in English from Grinnell College and an MSW from the Hunter College School of Social Work.



Philip Yanos, PhD John Jay College of Criminal Justice

Moderator

Philip T. Yanos, Ph.D., is a professor in the psychology department at John Jay College, and is currently the Director of Clinical Training for the Ph.D. program in clinical psychology at John Jay College/the Graduate Center. He received his doctorate in clinical psychology from St. John's University (1999). Prior to joining the faculty at John Jay, he was a faculty member in the Department of Psychiatry of UMDNJ-New Jersey Medical School. He is committed to studying issues related to the recovery and successful community participation of persons with severe and persistent mental illness and has received funding from NIMH and the NIDILRR to study these issues. He is the author of "Written Off: Mental Health Stigma and the Loss of Human Potential" (Cambridge University Press, 2018).

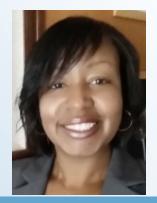
### **Panel Three**



Ayesha Delaney-Brumsey, PhD Mayor's Office of Criminal Justice

Moderator

Ayesha Delany-Brumsey is the Director of Behavioral Health Research and Programming at the Mayor's Office of Criminal Justice where she develops strategies to reduce incarceration and improve well-being for persons with justice involvement — particularly those with mental health and substance use conditions. Previously, she was the Director of the Substance Use and Mental Health Program at the Vera Institute of Justice. She earned her PhD in clinical psychology from the University of California, Los Angeles.



Latisha Millard-Bethea, MPA
The Fortune Society

Latisha Millard-Bethea is the Senior Director of Housing for The Fortune Society (Fortune), a Re-entry organization that provides holistic wraparound services to and advocacy on behalf of criminal justice-involved New Yorkers. As a member of Fortune's senior management team, Latisha oversees permanent supportive scatter-site housing programs, which targets singles and families touched by the criminal justice system and other life-debilitating conditions, including chronic substance use and other health issues. Latisha received her B.A. in Political Science from Bethune Cookman College and her Master's in Public Administration from Long Island University.

# **Meeting Demand in Supportive and Affordable Housing Markets**



Carol Sainthilaire, MS Corporation for Supportive Housing

Carol M. Sainthilaire is a homeless policy advocate, with over seven years of experience working on low income housing and homelessness issues. As Senior Program Manager for the CSH New York office, Carol is responsible for managing initiatives related to housing for reentry and child welfare involved populations. Her work includes overseeing criminal justice housing initiatives and providing technical assistance to child welfare agencies on expanding housing programs for youth and families. Prior to joining CSH, Carol was a program director, leading housing and community development projects at the County of Hudson in Jersey City, New Jersey. Carol's previous experience also includes managing HUD homeless contracts and initiatives within the non-profit and government sectors. Carol earned a master's degree in Urban Policy Analysis from the New School.



Susan Wiviott, JD
The Bridge

Susan Wiviott is the CEO of The Bridge, a nonprofit organization that provides housing and treatment services to people with a serious mental illness or substance use disorder. The Bridge currently provides supported housing to almost 1200 people, as well as a broad range of community-based treatment services, together helping over 2700 people a year. Prior to coming to The Bridge, Ms. Wiviott served as Chief Program Officer at Palladia and Deputy Executive Vice President at The Jewish Board of Family and Children's Services. She has also worked in key positions in New York City government, including at the Department of Homeless Services and the Office of the City Council President. She serves on the boards of the MQ Foundation, The Coalition for Behavioral Health, and Homeless Services United.

# **Facts on Closing Rikers**

The following infographics were excerpted from two recent reports released by the New York City Mayor's Office of Criminal Justice (MOCJ). This information is included for reference by conference attendees and speakers, as it is vital to our conversations on closing Rikers Island.

#### The reports include:

- 1) 2017. The Jail Population, Recent Declines and Opportunities for further Reductions. New York City Mayor's Office of Criminal Justice. http://www1.nyc.gov/assets/criminaljustice/downloads/pdfs/justice\_brief\_jailpopulation.pdf
- 2) 2018.Smaller Safer Fairer. A Roadmap to Closing Rikers Island.

  New York City Mayor's Office of Criminal Justice. http://www1.nyc.gov/assets/criminaljustice/downloads/pdfs/Smaller-Safer-Fairer.pdf

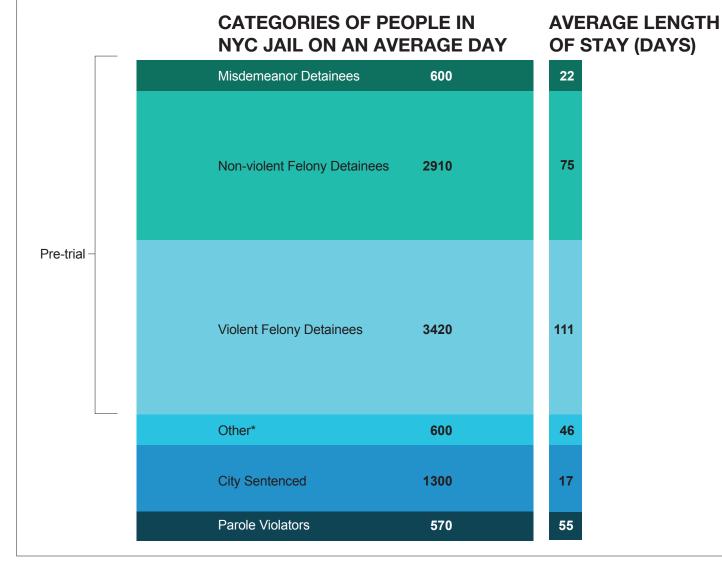
### WHO IS IN JAIL?

#### **JAIL SERVES THREE MAIN PURPOSES:**

- **1. Detention of those facing criminal charges.** 75% of the New York City jail population are people charged with a misdemeanor or felony who are held without bail (remand) or have bail set but have not paid it. These individuals can be released within a few days or stay for longer periods of time while their case (or cases) resolves.<sup>4</sup>
- **2.** Punishment for those convicted of an offense, sentenced to one year or less of incarceration. 13% of the New York City jail population is serving a sentence of one year or less. Sentences of over one year are served in state prisons.
- **3. Incarceration holds required by law.** 12% of the New York City jail population is either detained on court warrants or state parole violations, or awaiting waste to state custody or another jurisdiction.

### WHO IS IN JAIL AND HOW LONG THEY STAY (2017)

75% OF THE AVERAGE DAILY POPULATION ARE PRE-TRIAL DETAINEES; 25% ARE JAILED FOR OTHER REASONS



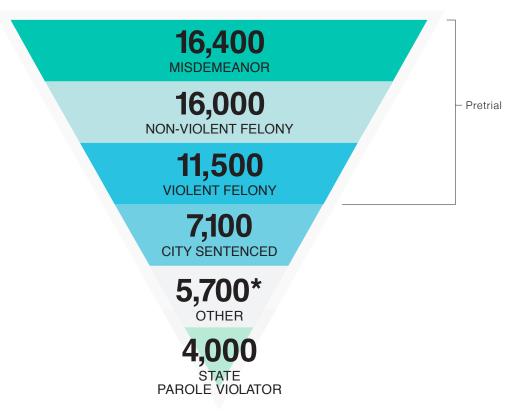
# HOW TO MEASURE REDUCTIONS IN JAIL USE

When people talk about reducing jail populations, they usually refer to two metrics: how many people enter jail each year (admissions) and how many people are in jail on any given day (average daily population).

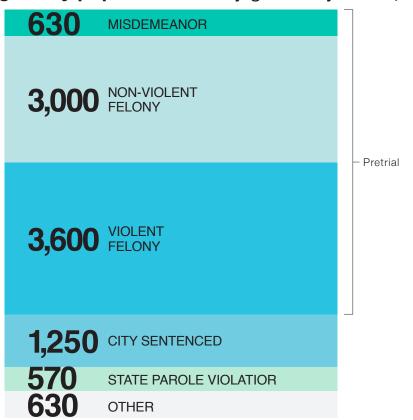
Admissions are always a much bigger number than average daily population. For example, in New York City, there were 61,000 admissions in 2016 but the average daily jail population was 9,680. This is because some people are in and out in a short period of time while some stay much longer.

One jail "bed" could be used by 365 people OR by one person over the course of a year.

# There were approximately **61,000** admissions to New York City Jails in **2016**



But because some **people only stay** a few days, the **average daily population** on any given day was **9,680** 



# WHAT IS A "BED"?

We measure the effect of our jail population reduction strategies by estimating their effect on the number of beds.

#### The daily jail population is a measure of beds occupied on any given day.

To reduce the jail population, we need to reduce the number of beds occupied. Specifically, to close Rikers Island, we will need to shrink the size of the jail population so that just 5,000 beds are occupied on any given day.

If one person is in jail for 365 days, that equals one bed.

If two people are in jail, each for six months, that is also one bed.

If 365 people are in jail for one day each, that is also one bed.

anywhere in between

anywhere in between

To save 1 bed annually, the system would need to divert or release, on average:



#### How are beds calculated?

([number of individuals affected] \* [their average length of stay])/365 = # beds

# There is not a 1 to 1 correlation between people diverted from the system and beds reduced.

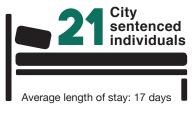
For example: 3,300 people served annually by Supervised Release would not translate to 3,300 beds saved in city jails. Using an average 15-day stay for misdemeanors and 50-day stay for felonies (calculated using eligibility requirements for Supervised Release), the estimated bed savings is 330 in one year. Over five years, as more people are diverted, the total estimated bed savings is 500.

# Both reducing admissions and length of stay affect bed days, to varying degrees.

Interventions that aim to keep people out of city jails all together tend to focus on populations that cycle in and out of jail quickly. This means that more people would have to be diverted in order to save one bed.

Interventions that aim to reduce length of stay tend to focus on individuals with more complex cases who spend months or years in city custody.









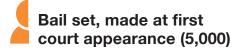
## Jail: Who is in on bail?

### OF THOSE WHO HAVE BAIL SET

13% make bail at their first court appearance

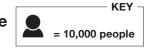
resulting in at least some time in jail

Bail set, not made

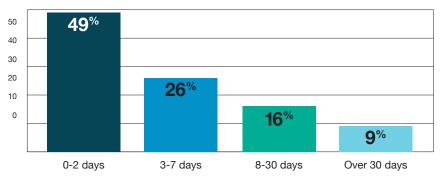


Bail set, not made at first court appearance (35,000)

% do not make bail at their first court appearance

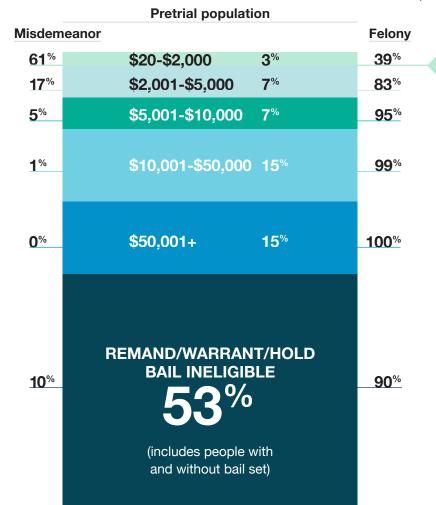


# 49% OF THE PEOPLE WHO PAY BAIL AFTER ENTERING JAIL DO SO WITHIN 2 DAYS AND 75% WITHIN A WEEK



If every person who left jail within a week in 2017 never entered, it would prevent half of the admissions to jail, but would reduce the average daily jail population by 165 people because their jail stays are so short.

# 53% OF PEOPLE AWAITING TRIAL CANNOT LEAVE—NOT EVEN BY PAYING BAIL—BECAUSE OF WARRANTS, HOLDS AND REMANDS



Pretrial population with bail \$2,000 and under

• 43% of people in jail with bail of \$2,000 or less cannot be released even if they pay bail because of warrants or holds.



- This leaves 3% of the pretrial population who can secure release by paying bail set at \$2,000 or less.
  - · 39% of this group is in on a felony charge while 61% are in on a misdemeanor.

See City strategies for low bail on the next page.

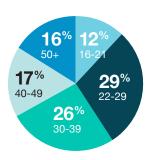
Department of Correction numbers which end in zero are estimates and rounded.

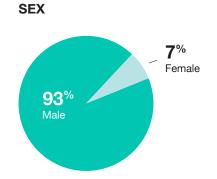
# **Appendix**

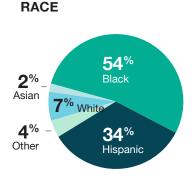
#### WHO IS IN JAIL ON BAIL

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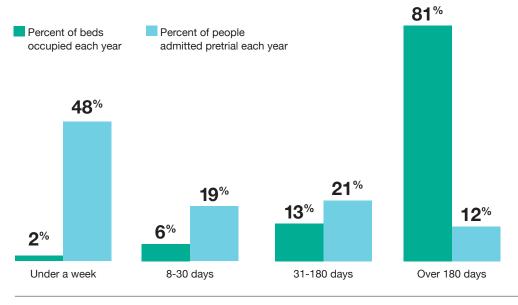
**AGE** 







# HOW ADMISSIONS AND LENGTH OF STAY RELATE TO THE DAILY JAIL POPULATION AND PRETRIAL DETAINEES



A lot of people account for a small number of beds because of short stays.

A few people account for a lot of beds because of long stays.

#### **HOW LOW-LEVEL CRIMES IMPACTED THE JAIL POPULATION IN 2017**

- In 2017 on any given day there were...
  - 2 people in jail awaiting trial for low-level possession of marijuana (PL 221.10)
  - 10 people in jail awaiting trial for turnstile jumping (PL 165.15)
  - 1 person in jail awaiting trial for prostitution (PL 230.00)

	ANNUAL ADMISSIONS TO JAIL	PEOPLE IN JAIL ON ANY GIVEN DAY
Possession of marijuana	100	4
Turnstile jumping	500	12
Prostitution	20	1



# **NYC Health & Justice Working Group Accelerating Innovation across Sectors**



Organized in partnership with the Legal Action Center, the NYC Health & Justice Working Group includes managed care, Health Home, care management and direct service providers striving to engage and serve criminal justice-involved individuals, particularly those with chronic behavioral and physical health needs. Group members recognize that an arrest is often an indication of a health emergency, but that accessing and engaging clients entangled in the criminal justice system remains a significant challenge. Last year, this group widened to include local and state government stakeholders committed to improving policy and practice surrounding justice-involved individuals with chronic behavioral and physical health issues.

The NYC Health & Justice Working Group aims to accelerate coordination between these agencies while addressing remaining structural barriers and policy concerns. In pursuit of these aims, group members articulated current best practices and areas in which policy reforms were beginning to take hold and result in practical changes in care coordination and client engagement. In order to guide our efforts at stimulating further local innovation, the group developed a trio of Policy and Practice Focus areas for discussion at our meetings with government partners. These focus areas include:

- Access and Connections to Behavioral Health Care care managers and providers across the spectrum of behavioral health services need to build stronger relationships that include better communications and coordination structures with criminal justice actors, including police, court personnel, jail-based social workers and community corrections. Members are working to build these relationships and formalize communication protocols.
- ➤ <u>Information Sharing and Consent</u> perhaps the most consistent barrier to cross-sector care coordination, the sharing of sensitive health information prior to and soon after a transition of care is vital to successful client engagement and reduction in avoidable health emergencies. Members are working to identify critical points of intervention where enhanced data sharing is needed (e.g. between arrest and arraignment) and to grow the scale and scope of institutions that can receive data from Correctional Health Services' medical records.
- ➤ Policy Concerns several key policy changes have already rolled out and the key to improving care lies with operationalizing their advantages. In particular, members of the group expressed strong interest in clients receiving Medicaid cards upon discharge from jail as well as continuing to support the state's efforts at pre-release Medicaid billing, and advocating that this structure apply to jail detainees and not only state prison inmates.

P2PH and LAC plan to hold a series of panel events to introduce key findings and successes of the working group and its members to a broader audience of public health and criminal justice partners in New York City and surrounding regions. For more information on this group and the work of its members, please contact Jeff Coots at <a href="mailto:jcoots@jjay.cuny.edu">jcoots@jjay.cuny.edu</a> or Sebastian Solomon at <a href="mailto:solomon@lac.org">solomon@lac.org</a>.

### **P2PH Team**



Jeffrey Coots, JD, MPH, serves as the Director of the From Punishment to Public Health initiative based at John Jay College of Criminal Justice. Prior to joining P2PH, Mr. Coots completed a joint Juris Doctor/Masters of Public Health degree program at Northeastern University School of Law and Tufts University School of Medicine, where he focused his studies on the social justice and health impacts of mass incarceration. While in Boston, he served as an Albert Schweitzer Fellow. He earned his B.A. in Government International Relations from Dartmouth College in 2004.



Yeireline Rodriguez is the Research Coordinator for P2PH. She is also a research associate at the Research & Evaluation Center as well as the Anthropology department at John Jay College. Previously, she was the administrative coordinator for BOOM!Health, a nonprofit organization focused on harm reduction in the Bronx. She was also one of the lead investigator for Ports & Files, leading her to work on a variety of cases in New York. She is soon to complete her Masters in Criminal Justice at John Jay and focusing her thesis on opioid consumption and overdose trends in communities of color located in NY.



Anna Giannicchi is a Research Assistant for P2PH. She is currently in a dual Bachelor's/Master's degree program in Forensic Psychology at John Jay College. Prior to joining P2PH, Anna worked for the Injection Drug User Health Alliance and the Petey Greene Program at Rikers Island. Anna is a Pinkerton Fellow and plans to pursue a PhD program in Clinical Psychology with a Forensic focus.



Jessica Tiburcio is an undergraduate student at John Jay College, who is double majoring in Economics and Philosophy. Jessica's major activities include managing the Clemency Project at John Jay and serving as a Ronald H. Brown Law School Preparatory Fellow at St. John's Law School for two consecutive years. She is also passionate about human rights, civil rights and social justice. Jessica plans to pursue a law degree in order to make her passions a reality.



Steven P. Steven Pacheco is an advocacy associate with P2PH. He is focused on restoring marginalized communities, especially those who have been formerly incarcerated, women of color, and economically disadvantaged. He uses his experiences and influence to inspire and enlighten his peers and community through civic engagement and artistic expression. He is a three-time inaugural fellow, spending time working with the Vera Institute of Justice, the David Rockefeller Fund, and the Ron Moelis Social Innovation Fellowship. As a CUNY BA student, his areas of concentration are Social Thought and Marketing and Management. Steven is a CUNY SEEK student, the current Vice President of John Jay College of Criminal Justice's Student Council, as well as the President-elect for the academic year of 2018-2019.

# **P2PH Steering Committee Members**

### Center for Alternative Sentencing and Employment Services

Joel Copperman, J.D., M.P.P. Ann-Marie Louison, M.S.W.

Chief Executive Officer/President Director of Adult Behavioral Health Programs

### **Center for Court Innovation**

Greg Berman Adam Mansky, J.D.

Director Director Operations

### City University of New York Graduate School of Public Health & Health Policy

Nicholas Freudenberg, DrPH, M.P.H.

Distinguished Professor, Division of Public Health Practice & Community Engagement

Daliah Heller, Ph.D., M.P.H.

Clinical Professor, Director of Public Health Practice

### **EAC Network**

Amanda Arcuri, L.C.S.W. Susanna Preziosi, Psy.D.

Division Director, NYC Services Bronx Clinical Director

### John Jay College of Criminal Justice

Anthony Carpi, Ph.D., M.S. – P2PH Co-Chair Ernie Drucker, Ph.D.

Professor, Dean of Research Research Professor of Criminal Justice & Anthropology

Philip T. Yanos, Ph.D. Jeffrey Coots, J.D., M.P.H.

Professor of Psychology Director, P2PH

Director of Clinical Training, Doctoral Program

### Mailman School of Public Health at Columbia University

Linda Fried, M.D., M.P.H. Alwyn Cohall, M.D.

Dean and DeLamar Professor of the Professor of Clinical Public Health and Pediatrics

Mailman School of Public Health

Lisa Metsch, Ph.D.

Chair of the Sociomedical Science Department

Professor of Sociomedical Sciences

### The New York Academy of Medicine

Jo Ivey Boufford, M.D. Peter Schafer

President Senior Policy Associate

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John Volpe, L.C.S.W.

Special Advisor on Criminal Justice and Mental Health

### New York City Health and Hospitals

Patricia Yang, Dr.P.H.

SVP for Correctional Health Services

NYC Health & Hospitals

Luke Bergmann, Ph.D., M.S.W. Senior Director, Office of Behavioral Health, Division of Medical and Professional Affairs Ross MacDonald, M.D.
Chief of Services, Medicine
Correctional Health Services

### New York University School of Medicine, NYU Langelone Medical Center

Joshua D. Lee, M.D.

Assistant Professor; Departments of
Population Health and Medicine

Helena Hansen, M.D., Ph.D.

Assistant Professor; Department Of
Psychiatry & Anthropology

### Vera Institute of Justice

Jim Parsons, M.S.

Vice President and Research Director

Leah Pope, P.h. D Senior Program Associate, Substance Use and Mental Health Program























From Punishment to Public Health (P2PH) is a consortium of academic, research, policy and direct service agencies focused on accelerating reforms at the intersections of public health and public safety.

We pursue a two-pronged approach designed to:

- 1 Convene collaborative dialogues across disciplines that present evidence-based and politically viable alternatives to punishment for policy-makers and practitioners.
- **2** Accelerate the adoption of proven strategies that address the underlying causes of criminal and anti-social behaviors.

### P2PH aims to build core competencies that include:



### **METRICS**

Effective metrics to mobilize and re-configure action and drive reform:



### **GOVERNANCE**

Coordinated and accountable governance focused on cross-sector change and outcomes-driven funding streams;



### **PARTICIPATION**

Active participation from program target populations to ensure buy-in and context-specific interventions;



### **MESSAGING**

Improved public literacy and effective mobilization around the causes and impacts of mass incarceration.