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RELEASE TO WHAT? BEHAVIORAL HEALTH-BASED STRATEGIES TO ADDRESS COVID-19

Equity for the Homeless and Justice Involved

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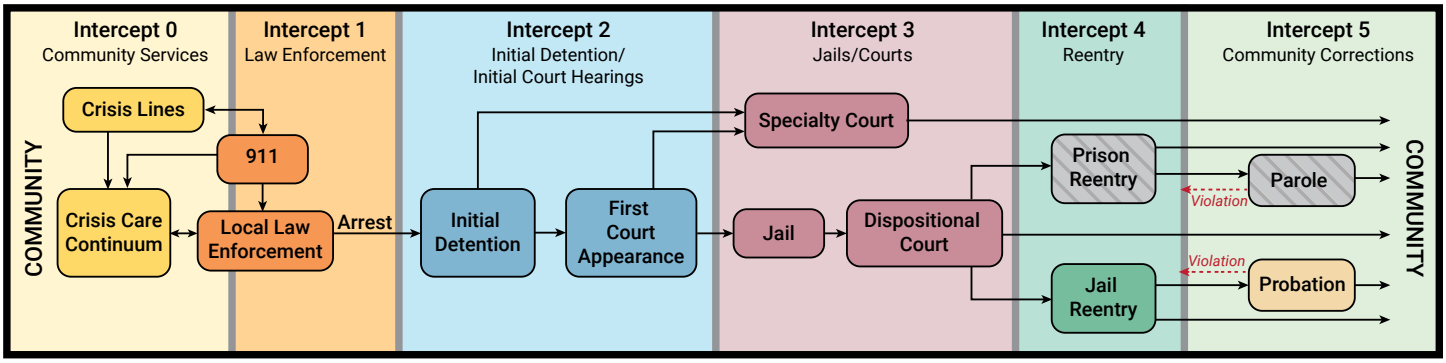
Jurisdictions around the country have implemented rapid response strategies to the COVID-19 pandemic, including diverting or releasing some individuals from jails and prisons, while maintaining public safety. Special and specific considerations are needed when considering "release to what?" during this time for populations living with complex mental health needs, substance use disorders, and medical and housing vulnerabilities. The recommendations discussed in this brief are organized across the commonly used Sequential Intercept Model (SIM) below. The SIM is a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system. The model illustrates the "flow" of someone through and around the justice system using six intercept points. The following recommendations are not intended to replace national, state, or local guidance or guidance from health, public health, homeless, or criminal justice systems. All recommendations assume that general COVID-19 prevention measures are in place and that management practices are being followed, including client screening and testing, and appropriate care is being provided to prevent the spread of the disease or manage those who are asymptomatic or symptomatic.



INTERCEPTS 0 AND 1: CRISIS SERVICES, HOMELESS SERVICES, AND LAW ENFORCEMENT

1. **Institute strategies for individuals who are experiencing homelessness or have housing needs.**

   - Prioritize and strategically use public, private, and non-profit housing and homeless resources, including hotels and motels' "board and care," university campuses, travel trailer homes, modular tiny homes, and Airbnbs. Ensure 24/7 access to homeless shelters and housing resources.
   - Contract with hotels and motels (hereafter "hotels").
     - Locally owned hotels may have greater flexibility in contracting directly with a jail or county. Search for lodging near you using independent properties, privately owned hotels, mom-and-pop hotels. Ask to speak with sales or the general manager.
     - Be clear about what you want and need prior to talking with the hotel. For example, how many units are needed, how long are they needed for, and who needs them? Are your dates set, long-term, or open-ended? Who are the contracting parties? Who or what is the payor source?
     - Typically, hotels have an average daily rate, a government rate, and a long-term negotiated rate (LNR). Concessions such as "free Wi-Fi," complimentary rooms, food, and other hospitality-related items generally increase for a block of 50 or more rooms. Rates differ based on occupancy and cost to "turn a room." Work with your local COVID-19 leads to see if negotiated rates have been determined. Request that a certain amount of rooms are set aside for justice-involved clients.
     - Coordinate with local public health officials, human service agencies, and homeless and housing departments who are likely managing the Federal Emergency Management Agency (FEMA) response and other emergency resources to ensure hotels and housing resources for essential workforce, including respite lodging, 14-day isolation, and general homeless and housing resources. Consult other resources such as the following:
       - Disaster Assistance Available from FEMA | FEMA
       - Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities | Centers for Disease Control and Prevention (CDC)
       - Responding to Coronavirus Disease 2019 (COVID-19) among People Experiencing Unsheltered Homelessness | CDC
   - Repurpose existing resources for housing, including recreation, convention, and event centers.
   - Create secure, monitored, and general step-down housing options for criminal justice-involved individuals who still "in custody" but in an alternative setting, such

as a hotel supervised by sheriff's deputies. Create security levels for COVID-19 status and individual risk.

- Develop housing options that accommodate COVID-19 positive, asymptomatic, and tested as "well" for single adults, families, and people with pets. Develop expectations and housing rules. Learn more with the following resources:
  - U.S. Interagency Council on Homelessness's *Federal Programs that Support Individuals Experiencing Homelessness*.
  - State of California's *Recommended Strategic Approaches for COVID-19 Response for Individuals Experiencing Homelessness*.
- Support harm-reduction practices in homeless encampments.
- Hold weekly meetings with criminal justice and homelessness service providers to understand needs and access.
- Partner with jails for food preparation and laundry services. Explore how jails and counties can off-set the cost of homeless shelter services by paying for or supplying mattresses, bedding, etc.
- Support clients through recovery peers, self-help services, and mental health providers. Routinely provide information and resources for self-care, connections, and entertainment.
- Establish a network of portable handwashing stations in the community and at mass transportation stops/stations. Improve access to personal hygiene care stations in shelters. Facilitate access to restrooms in critical locations to improve handwashing and sanitation.
- Ensure graphical and written information is widely distributed and visible (e.g., "Why COVID-19 is different," "How to protect yourself and others," "Where to find resources").

2. **Increase the support, access, and availability of Assertive Community Treatment (ACT) and High-Intensity Case Management (HICM).**
3. **Coordinate across detox, community triage, hospitals, and crisis centers to ensure care coordination and housing supports.**
4. **Conduct mental wellness check-ins for staff, provide consistent messaging and support, including child care, to essential employees.**
5. **Provide guidance to police about reducing enforcement, particularly for low-level misdemeanors, for which people with behavioral health issues are frequently arrested.**
   - Consult guidance from the International Association Chiefs of Police (IACP) and CDC on COVID-19.
   - Hold regular meetings with law enforcement, fire, emergency medical services, "park rangers," homeless outreach, and community behavioral health partners to discuss access and availability of mobile crisis services, crisis centers, and other behavioral health services.
6. **Provide guidance and community resources to 911 dispatch to enable phone screenings to divert calls from law enforcement.**

INTERCEPTS 2 AND 3: PRETRIAL, COURTS, AND CASE REVIEWS

1. **Maximize pre-plea diversion and deferred prosecution alternatives.**
    - Institute behavioral health-based vulnerability standards and practices for clients to reduce physical court appearances.
    - Institute behavioral health-based vulnerability-risk factors in addition to public-safety risk factors for in-custody detention.
    - Increase options for system-paid home detention and supervision services for high-risk populations.
2. **Increase the use of "virtual" court and case processing tools.**
    - Implement a process for virtual court appearances to manage those who are medically vulnerable or living with mental health concerns.
    - Establish a procedure to quash writs and holds from other jails and prisons.
    - Address non-custodial "continued cases" for individuals with mental health concerns to determine if they can be resolved, diverted to services, or reset out further if public safety is not at risk.
3. **Conduct universal mental health and substance use disorder screening at jail booking and in pretrial services; obtain consent to obtain and share protected health information with and between appropriate stakeholders. For more information, view the following resources:**
    - U.S. Department of Health and Human Services Office for Civil Rights in Action bulletin, *Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)*.
    - Feldesman Tucker Leifer Fidell LLP client alert, *Compliance with Federal Patient Confidentiality Laws and Regulations During and After COVID-19*.
4. **Implement early jail release and "second look" jail review strategies.**
    - Develop "home-detention" options; communicate clear expectations and obligations for those released with continued supervision.
    - Develop early release or sentence termination standards and processes, especially for those who are medically compromised and living with mental illness.
5. **Suspend, vacate, or reset dates for all pending "report to jail" non-violent cases involving individuals with serious mental illness, the elderly, and individuals with medically compromised conditions.**
6. **Develop strategies to address current and future incompetent to stand trial (IST) cases.**
    - Review current competence processes and triage cases appropriately. Quickly resolve IST cases for non-violent and low-level offenses.

- Use community-based competence restoration as appropriate; include appropriate housing stability.
- Consider civil processes and using Assisted Outpatient Treatment (AOT) and ACT as alternatives.
- Consider police-based diversion of clients with non-violent and misdemeanor charges to treatment instead of custodial arrest for individuals with histories of incompetence.

INTERCEPT 4: JAILS, PRISONS, RELEASE PLANNING, AND REENTRY

FACILITY HEALTH AND RELEASE PLANNING

1. **Operationalize behavioral health COVID-19 management practices in jails.**
   - Post instructions for COVID-19 prevention practices, including handwashing signage and COVID-19 prevention instructions. Provide access to soap and other cleaning products.
   - Provide or increase the frequency of free home-based video conference visitation or phone calls.
   - Take the client's temperature before reentry, release, or transfer.
   - Ensure medication-assisted treatment (MAT) continuity, including coordinating with jail medical staff for administration and opioid treatment providers (OTPs) to deliver methadone via a lockbox. See SAMHSA's *OTP Guidance for Patients Quarantined at Home with the Coronavirus* for more information
2. **Coordinate jail and prison reentry planning.**
   - Coordinate and assign release planning and reentry roles and responsibilities among the following staff roles:
     - Inmate programming
     - Jail medical and mental health
     - Clergy
     - Veterans justice outreach
     - Probation and parole
     - Department of Human Services/benefits
     - Homeless services
     - Public defender (PD)/ PD Social worker
     - Peer support services
     - Community-based mental health and substance use treatment providers
     - Employment
     - Other reentry roles, as needed
   - Create COVID-19-appropriate access to clients/inmates to allow for release planning. Obtain inmate consent to release personal health information to prosecutors, public defenders, judicial officers, and community providers.

3. **Strategically organize and match hotel and other housing resources to the population's needs.**

   - Consider the individual's functional level in jail and what you may know about their functional level in the community to help determine the level of support, care, and housing needed at release. The following table contains general statements not based on research but provided as a guide when thinking about how an individual's symptoms affect their ability to manage day-to-day life and the level of support they would benefit from in the community.

MENTAL HEALTH CARE LEVEL DESIGNATION

LEVELS	CRITERIA	CONSIDERATIONS
LEVEL ONE	Client is in general population without significant level of functional impairment associated with mental illness. In the community, the individual is generally self-directed in their mental health care.	• Co-occurring substance use disorders • Housing instability • Medically COVID-19 vulnerable and COVID-19 status
LEVEL TWO	Client has multiple jail stays but stabilizes with detox, routine mental health care, and medications. Once stabilized, client is generally in sub-acute or general population housing. Client may experience brief, crisis-oriented mental health interventions of significant intensity. In the community, the client is employable and generally manages day-to-day activities for extended periods of time, however is often inconsistent in taking medications and accessing mental health or substance use treatment and supports. May have episodes of housing instability. In addition to housing, client may benefit from peer support, routine case management, and treatment.	
LEVEL THREE	Client is living with serious mental illness (SMI) with marked functional limitations, often frequently in jail, may refuse medication and interventions often due to lack of insight (Anosognosia), generally requires withdrawal management, and is living with substance use disorders in need of residential services. Competence is often raised. In the community, the client maybe chronically homeless and a high utilizer of medical emergency and other services. Client refuses, or inconsistently uses medications and mental health supports and would benefit from ACT services, intensive case management, or placement in a residential treatment setting. Connect with peer support and access to treatment, in coordination with homeless outreach and co-responders.	
LEVEL FOUR	Clients who meet criteria for Level 3 and have medical vulnerability.	

- Create and implement policies and procedures for monetary release.
- Assess and modify parole-approval residency requirements.
- Ensure staff has current COVID-19 HIPAA, 42 CFR Part 2, Medicaid, Medicare, opioid treatment, and entitlement eligibility waivers, as well as housing information.
  - Join the HUD Exchange Mailing List to receive the most up-to-date information.
- Work with criminal justice stakeholders to develop release expectations and housing rules for individuals reentering the community. Determine "monitoring" standards, including written expectations, processes, and access to in-home use breathalysers, urine analyses, etc., if required for release from custody.

4. **Create individualized reentry plans.**

- Conduct universal/standardized reentry screenings, using tools such as the GAINS Reentry Checklist.
- Consider client needs, including the following:
  - *Health:* Medication, mental and physical health, substance use, and treatment needs.
  - *Resources:* Housing status, and benefits and entitlement eligibility.
  - *Criminogenic:* Length of time incarcerated, public safety concerns, and supervision needs.
  - *COVID-19:* Household COVID-19 vulnerability, and individual and cellblock COVID-19 status at release.
  - *Social:* Self-care and self-regulation, and social supports.
  - *Wellness:* Technology, literacy, finances, clothing, food, hygiene needs, and transportation.

DISCHARGE AND REENTRY PROCESS AND PRACTICES

5. **Implement jail and prison discharge and reentry processes and practices.**

- Establish a standard release time (no later than 3:00 p.m.) for people who are medically vulnerable, have a serious mental illness, or are being released to homeless services.
- Develop transportation services or direct release to service provider protocals as necessary for care continuity.
- Create a "warm hand-off" process to services, and a more general "Release List" (name, date of birth only) of everyone released in the past 24 hours. Provide homeless providers, treatment providers, probation, and parole (at a minimum) with access to the list.
- Develop virtual technology resources, policies, and practices for providers, probation,

parole, and public defenders to maintain post-release connection with clients.

- Create standards for initial and repeat client follow-up as well as strategies to troubleshoot issues.
- Communicate availability of and provide access to online applications for food, cash assistance, Medicaid, and other benefits.
- Develop a resource bank of computers, smart phones, or tablets; develop basic computer tutorials.
- Develop a pre-release process to confirm willingness to have individuals released to a home, including quarantine and COVID-19 vulnerability.

6. **Implement reentry release plans and include the following:**

- Paid and/or filled 30-day prescription, unless medically inappropriate;
- Warm-hand off or release notification to providers/services;
- A scheduled appointment with a provider/prescriber;
- Photo identification (ID) that includes date of birth (could be a jail or prison ID with an expiration date);
- Transportation to receiving service provider for care continuity or fare for transportation, as necessary;
- Peer support services and/or virtual support applications;
- Activated benefits and expedited access to food and other entitlements;
- Electronic devices, as required;
- Information on what to expect during the COVID-19 pandemic, including specific COVID-19-prevention information;
- Written obligations, and expectations of clients, including reporting, time and location, urine analysis, etc.;
- Access to MAT providers, medications, and Narcan;
- Access to release funds; and
- A viable COVID-19 quarantine and longer-term housing plan and case management and resources.
- If releasing an individual who will be experiencing homelessness, in addition to the appropriate housing and supportive services identified above, provide a “housing kit” with supplemental nutrition; clothing; transportation to shelters; personal hygiene products such as a tooth brush, tooth paste, face mask(s), soap, towel, facial tissue, toilet paper, feminine hygiene products, and lotion; and cleaning products such as bleach wipes and hand sanitizer.

7. **Coordinate with homelessness services and housing providers (see Intercepts 0-1).**

INTERCEPT 5: COMMUNITY SUPERVISION

1. **Encourage virtual supervision, monitoring, and education.**
    - Review currently incarcerated individuals detained on technical violations who could be released early, especially those who are medically vulnerable.
    - Develop harm reduction-based supervision standards that support, among other things, in-home breathalyzers and drug tests.
    - Conduct supervision, seeking safety, and cognitive skill classes virtually. Ensure clients have access to and know how to use smartphones, tablets/computers, and applications to enable video visitation, virtual check-ins, and classes.
    - Utilize recovery peers that can augment probation/parole check-ins (both virtual and face-to-face).
    - Minimize the need for clients to have to use public transportation.
    - Craft harm reduction-based technical violation policies that assume and incorporate substance use relapse without jail.
    - Incorporate "wellness" questions, especially mental/emotional wellness questions, into routine supervision questions.
    - Recommend early termination of supervision whenever possible.
2. **Develop reporting standards for external monitoring services.**
    - Review external-monitoring reporting policies for substance use classes, Mothers Against Drunk Driving meetings, Alcoholics Anonymous/Narcotics Anonymous meetings, etc. Create standards of who must report to external programs. Develop alternatives, such as home-based breathalyzers, urine analysis, and virtual meetings.
3. **Review clients referred to external monitoring services and allow for other options based on age and medical vulnerability.**
    - Work with providers to establish virtual check-ins, classes, and assign "homework" as appropriate.
    - Work with providers to ensure compliance with COVID-19 prevention measures, including waiting room limits, disinfection processes, and health standards.
4. **Ensure front-line staff is operating under current COVID-19 benefits, entitlements, HIPAA, and 42 CFR Part 2 information.**
    - Assist clients with benefits enrollment.
    - Ensure benefits are activated.

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