Executive Summary

**Background:** Transitional Care Coordination includes a Health Liaison to the Courts function that supports inpatient and outpatient substance use treatment, skilled nursing, hospice care, or hospital-based programs as medical alternatives to incarceration. Placements may be made through traditional alternatives to incarceration (ATI) or Alternatives to Sentencing, reduced sentences or merely as medical placements made in lieu of incarceration with court ordered time served in correctional facilities for eligible clients living with HIV or other chronic illnesses. Compassionate release is also pursued where appropriate. This approach puts a public health lens on issues affecting jails and people who are incarcerated.

Changes in drug policies, growth of drug treatment courts, “treatment alternatives for safer communities,” and other court programs looking to address the incarceration of people with substance use and other chronic health conditions led to the creation of a Health Liaison to the courts. “Intended to house only those deemed to be a danger to society or a flight risk before trial, jails have become massive warehouses primarily for those too poor to post even low bail or too sick for existing community resources to manage.”

The Health Liaison to the Courts provides an opportunity to proactively determine jail release dates and coordinate the transition from jail to community as part of an integrated team of health and legal services. Health Liaisons may facilitate community return for those incarcerated in local jails by working with:

- **Defense attorneys** (i.e. court appointed / public (i.e. Legal Aid), , or private) representing detainees awaiting court resolution / trial;
- **Treatment courts** (mental health, substance use) (i.e. Treatment Alternatives for Safer Communities (TASC)) or other programs work with the courts or prosecutor for jail diversion, Alternatives to Incarceration or Sentencing (ATI/ATS);
- **Family court** to resolve custodial and non-custodial issues for incarcerated parents;
- **Defense attorneys or judges** as a friend of the court for people that have medical needs that are not well-managed in a correctional setting;
- **Defense attorneys or judges** for people with less than a few months to live serving time and may be eligible for Compassionate Release; and
- **Defenders and Parole / probation representatives** for participants arrested for technical parole violations and at risk of having Parole / Probation revoked, may be restored to Parole / Probation supervision if the community supervision oversight agrees and program placements can be arranged.

**Purpose:** With client consent, health information is provided to assist the courts in making informed judgments.

**Need Served:** Facilitating transitions to appropriate level of care in coordination with the courts, rather than community releases at hours outside of program availability and community program hours

**Methodology:** Designated office-based contact person reaches out to defenders and appropriate programs to introduce this program approach. A meeting with court affiliates including: public defenders, treatment court and parole/probation representatives. A single office-based contact person is identified within the Transitional Care Coordination team to act as the Health Liaison and introduced to the court affiliates.

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**Health Liaison to the Courts**

- In 2015, the NYC Health Liaison collaborated on 800 court advocacy cases
- Providing health information to the courts improves health outcomes and reduces impact of incarceration on communities with the greatest health disparities.
- 80% Released and Linked to Treatment:
  - 63% court mandated ATI
  - 21% Parole R&R
  - 15% non-traditional medical ATI
  - 1% other
I. Diversion / Treatment Courts

Each jurisdiction across the U.S. has different types of Treatment Courts and more and more programs to facilitate treatment in lieu of incarceration are becoming available (see Appendix A for Resources in each of the Dissemination of Evidence Informed Intervention (DEII) locations).

In NYC, for example:
- **Defenders** – Legal Aid Society, including social work department for Parole Revocation & Restoration; 18-B court-appointed attorneys; Center for Court Innovation offers trainings and resources for defenders.
- **Treatment Court** – for those with first time non-violent felony charges; monitored by substance use treatment programs that report to the courts in Manhattan, Brooklyn, Queens and the Bronx.
- **Detox Treatment Alternatives to Prison (D-TAP)** – for those facing felony charges; run by DA offices
- **Alternatives to Incarceration** – court-mandated SATP placements monitored by justices
- **Judicial diversion programs** – at the judge’s discretion (Article 216)
- **TASC (Treatment Accountability for Safer Communities)** – facilitates Court mandated treatment for all populations; (not available in Manhattan). [http://nationaltasc.org/](http://nationaltasc.org/)

**Identifying Your Local Diversion Courts**

Prepare for setting up an introductory meeting with local court affiliates by identifying key stakeholders and contacting them to 1) describe the TCC model and 2) determine their interest in working with you. Some leads identified through past Technical Assistance guidance are attached (see Attachment A).

Consider the following types of court affiliates as you make the guest list for your introductory meeting:
- **Treatment courts** – usually prosecutor-led;
- **Alternatives to Incarceration** – court-mandated programs;
- **Judicial diversion programs** – at the judge’s discretion;
- **TASC (Treatment Accountability for Safer Communities)** – facilitates Court mandated treatment;
- **Medical Alternatives to Incarceration** – non-mandated programs the Court agrees to instead of jail;
- **Any others?**

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**Worksheet I: Diversion / Treatment Courts**

**Site:**

Record jail diversion / treatment court organization names and contact person for each below:

**Public defenders:**

**Treatment courts:**

**Alternatives To Incarceration:**

**Judicial diversion programs:**

**TASC (Treatment Accountability for Safer Communities):**

**Medical Alternatives to Incarceration:**

**Others?**

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II. Process Flow

Process Flow A: The Health Liaison receives all communication from defenders and appropriate programs (see “NYC Process Flow A.” below). The Health Liaison contacts the Patient Care Coordinator (PCC) to obtain client consent and then sends in an encrypted or secure file the medical summary, lab results (including tests needed to rule out TB) and social information (such as housing, income, family or social supports) to the defender for presentation to the courts as appropriate. The court affiliate or the PCC may identify community resources for placement in lieu of incarceration.

**NYC Process Flow**

**A.**

- Court Affiliate / Legal Aid requests Health Liaison Assistance
- Health Liaison identifies jail-based Care Coordinator (PCC)
- CC obtains client consent & sends health information to Court Affiliate
- Court affiliate identifies community resource and updates PCC and Health Liaison
- Placement Verification is documented in CHS health record

**B.**

- Health Liaison contacts Court Affiliate for medical placement (nursing home or hospice) with client consent
- Health Liaison requests PRI from CHS Nursing
- Health Liaison requests MD letter (as needed)
- Health Liaison and Medical team confer with defense / district attorneys or justices toward compassionate release or medical placement in lieu of incarceration
- Health Liaison identifies community resource and updates Court Affiliate

Process Flow A -- Case example: Ms. P from TASC contacted the Health Liaison after hearing about the possibility of obtaining health information from the jails at a meeting with the Transitional Care Coordination team held near the municipal courthouse. She called to discuss a candidate for a substance use treatment program as an Alternative to Incarceration program placement of a client who had already consented for the jail health service to provide this information to TASC. In order to obtain program eligibility, Ms. P needed documentation that the patient had: a history of outpatient treatment and subsequent substance use, a diagnosis of substance use disorder, been medically cleared for congregate settings (i.e. TB test negative), medication list, and health insurance status. The Health Liaison arranged for the PCC to meet with the client to verify his interest in the program, contacted his defender to verify they agreed to and concurred with this alternative placement and provided the information to TASC. TASC then coordinated the program placement date and jail release date, advising the TCC staff in advance so that medication and other transitional care needs could be provided in a planned and coordinated way.

Process Flow B: In some cases, the medical team may reach out to the court affiliate to send information, including medical letters, to inform the courts about patients who medical needs that are not well-managed in a correctional setting (see “NYC Process Flow B.” above). The Health Liaison, the PCC and the medical team meet with the patient, contact the defender with client consent, and then work together.
to complete a medical / social history and provide key information to the courts. With Process Flow B, the resource identification and program acceptance is the responsibility of the Health Liaison, the PCC and the Medical team. For example, nursing and medical may need to complete the nursing home (i.e. Patient Review Instrument (PRI)) or home care assessment form or other documents needed for program acceptance. These activities need to be coordinated with the defender and the courts to determine likelihood of patient placement in lieu of incarceration.

Process Flow B - Case example: Carlos*, a 42-year old limited English speaking Puerto Rican living with HIV/AIDS, 5’4” and weighing just over 100 lbs., was found in his jail-based housing area by a Patient Care Coordinator who had asked DOC to escort him to the clinic and he had refused. She went to the jail housing area to find out why he had refused and found him wasting in his cot. The other residents in the housing area were glad to see her and shared that he had been too ill to go to the cafeteria for meals or to the commissary for snacks. He was unable to ambulate without assistance and sometimes his housemates would bring him food, although they were fearful of him as he looked sick. The PCC arranged for him to be moved by DOC to another housing area where he could get to the cafeteria and the health clinic, and then arranged for a transfer to the infirmary with bed-side rounds and nursing home level of care. In the meantime, with Carlos’ consent, the PCC called his Legal Aid lawyer to discuss possible nursing home placements in lieu of incarceration. After several months of negotiating and sending nursing home placement forms to many nursing homes many times, Carlos was placed in a specialized nursing home for PLWH. Carlos’ health significantly improved and when he attended a RW Consumer Group meeting he was strong and had good clinical markers for HIV. He also was concerned about his daughter. While he was incarcerated, his wife had died from HIV and his 9-year old daughter was in foster care. He also was getting too well to stay in the nursing home. The PCC worked with Family court to restore his parental rights. The nursing home arranged for him to relocate to his own apartment where he was reunited with his daughter.

*not his real name.
Attachment A. Resources

National Resources

1. **American Public Health Association, Jail / Prison Health Committee.** Establishes national standards and policies and maintains a listserv. Coordinator: Alison O. Jordan, LCSW ajordan@nychhc.org


Las Vegas, Nevada

1. **Nevada Drug Court** is a rehabilitation program instituted in 1992 and used as an alternative to prison in some narcotics cases. It is one of the oldest Drug Courts in the nation. The program lasts about one year and persons who are eligible for the program, selected for it, and complete the program, will not get a criminal conviction. [http://www.shouselaw.com/nevada/drug-court.html](http://www.shouselaw.com/nevada/drug-court.html)


3. **Eighth Judicial District Court Specialty Court Programs.** Provides an application for admission to a Specialty Court Program. describes and outlines the process and purposes of the Specialty Court Programs, which target non-violent offenders with substance abuse or mental health issues. Since formation of the Drug Court in 1992, Specialty Courts have expanded to include, among others, Mental Health Court, Juvenile Drug Court, and Mother’s Drug Court. [http://www.clarkcountycourts.us/ejdc/courts-and-judges/specialty-courts.html](http://www.clarkcountycourts.us/ejdc/courts-and-judges/specialty-courts.html)


Camden, New Jersey

1. Court site describes mission, history, process and expansion of NJ Drug Courts, first implemented in Camden in 1996. Site provides numerous links on the operation of drug courts and criteria for transfer to drug court. [http://www.judiciary.state.nj.us/drugcourt/](http://www.judiciary.state.nj.us/drugcourt/)

2. Drug Courts pamphlet provides a succinct summary of drug courts, eligibility factors, the process and importance of drug courts. [https://www.judiciary.state.nj.us/drugcourt/pamphlet.pdf](https://www.judiciary.state.nj.us/drugcourt/pamphlet.pdf)


Raleigh, North Carolina

1. Wake County Human Services site provides description of drug courts, eligibility requirements, reasons for exclusion, referral process and participant responsibilities. [http://www.wakegov.com/humanservices/dtc/Pages/default.aspx](http://www.wakegov.com/humanservices/dtc/Pages/default.aspx)


3. Contact information for Drug Treatment Court Administration. [http://www.nccourts.org/Citizens/CPrograms/DTC/Administration.asp](http://www.nccourts.org/Citizens/CPrograms/DTC/Administration.asp)
