

CCPU-EP11-2020-0407-Criminal Justice System & COVID-19 with Noelle Deltufo, LMSW.m4a

Dr. Nicholas Van Sickels: [00:00:00] All right. Hello, everyone, this is Dr. Nicholas Van Sickels, I'm the chief medical officer at CrescentCare, a federally qualified health center here in New Orleans, Louisiana. We are coming to you semi-daily with a podcast for updates on COVID-19, how it's affecting our community, how it's affecting our patients, our clients or anyone who's listening to this podcast. We are very lucky today to have one of our amazing case managers with us, Noelle Deltufo. I will let her introduce herself and talk about her work. This is Day 2 of us wearing masks. So both of us are in our masks and doing the podcast, abiding by CDC recommendations, which we should all be doing right now. So, Noelle, I will let you introduce yourself and let's get going.

Noelle Deltufo, LMSW: [00:00:44] Hello, everyone. My name is Noelle Deltufo as Dr. Nick just said. And I am a medical case manager in the Client Services Department of CrescentCare. Client Services is a group of people who are social workers, non-social workers, and advocates of working with people who are living with HIV and people not living with HIV here in New Orleans, to try to provide social services and keep people in care with their doctors and have a medical home.

Dr. Nicholas Van Sickels: [00:01:19] So, Noelle, thank you for that intro. How long have you been at CrescentCare?

Noelle Deltufo, LMSW: [00:01:23] I've been here since the end of 2017.

Dr. Nicholas Van Sickels: [00:01:28] And tell us a little. So your work is actually a little bit unique in the medical case manager world because you work with people who are incarcerated or in jail. Tell us a little bit about what you do, specifically, before all this COVID stuff. We want to use your knowledge and your expertise to talk about some of the issues that people who are incarcerated are facing.

Noelle Deltufo, LMSW: [00:01:47] Sure. So my specific role is to work with people who are impacted by being in jail, in prison, who are either going to be released in the New

Orleans area or they are currently in the local jail, the Orleans Justice Center here. So I do videoconferences with people who are in Department of Corrections facilities across Louisiana who are within six months release, planning to come back to our whole regional area. That includes Orleans Parish, Jefferson Parish, everybody in the EMI. And then I go into the local jail here when there's either a new diagnosis or somebody who has come into the jail who is positive. And so I do like to meet people before they're getting released so that they feel more comfortable coming into the clinic. A lot of people were diagnosed when they went to prison initially or when they're coming into jail. So they may not be connected to services. It can be really intimidating; you're getting out of a facility that you've been at for a long time or even a short amount of time, and going into a clinic can just feel really hard for people. So I try to meet them before they come here so that they at least know somebody, and then try to work with them on all sorts of issues from food, housing, getting I.D., mental health, getting them connected to primary care. Some navigating the criminal justice system, which can be really difficult if you are released and you don't have the resources to do all the things that you're required to do once you've been released.

Dr. Nicholas Van Sickels: [00:03:36] And how do you usually get people to the clinic? Do you help them set up with insurance, with Medicaid or they set up without automatically for release from the facility? How are they getting to us and what's happening when they come to the clinic?

Noelle Deltufo, LMSW: [00:03:53] One thing that I found over the years is that a lot of people, if they haven't been incarcerated for a really long time, had actually been connected with NO AIDS Task Force previous to CrescentCare. A lot of people are really familiar with the services. I work with people who not only get their medical care here, but go to all of the clinics, too. So I work with the HOP Clinic as well, which is the HIV outpatient center that's at University Medical Center. A lot of people know where to get their services at. Sometimes we'll have to provide transportation for people to get in. I've been seeing in the last year a huge push from Medicaid has enrolled people before they're being released. So by the time they get here, all we usually have to do is make a phone call. For people that have not been enrolled in Medicaid before their release, the LAHAP, the Louisiana Health Access Program, can help pay for medication. And then

in-house, we have our MAP referral program to pay for medication, because we want to make sure that the day that somebody comes here, they're getting seen by a doctor, they're getting their medication. Even if they've been released with medication, it just really helps the relationship with the client to meet a provider within at least a few days. But if they don't have medication, they see people, they see their provider that day.

Dr. Nicholas Van Sickels: [00:05:19] No, that's really helpful. And I think even in the midst of all of this, it's good to remember that your services are still ongoing, even if you're not able to physically go to as many places anymore. This service still exists and we can still provide the service, and all the Ryan White clinics in the city of New Orleans are serving this population still and are available. We're just doing it a little differently right now, usually by telehealth. But we have all the mechanisms in place to still get people their medications and provide services. We're just finding out creative ways to do that. And so I just wanted to echo all that work, and thank you for all the work you've been doing here for us the last few years. I know all of us really enjoy working with you and feel that the patients feel the same way and are really supported by you. But I really want to also have you on here to discuss COVID-19 and the criminal justice system, specifically prisons and jails. Let's start by just talking about some of the larger changes that have occurred. I think a lot of us have seen this on the news and a lot of us had thought you want to prevent crowding. We're talking about social distancing. You have these big facilities where tons of people are together. I'm telling people, don't go to the hospital unless you're really, really sick right now, because I don't want them around lots of other people. And then you've got jails and prisons which are full of people. So what are some of the things on a policy and procedure level that are taking place to try and alleviate some of that burden, and alleviate some of that social crowding that happens in the criminal justice system?

Noelle Deltufo, LMSW: [00:06:47] That's a great question. And a lot of organizations across the state, mainly in New Orleans, have been doing a lot of work to ask for the early release of people who pose a small risk of being released early. The jail population in New Orleans has actually gone down quite a bit from these advocates putting letters out and asking for help from the mayor and from the governor for the release of people. We actually have the lowest jail population in Orleans Parish right

now than we have in the past 30 years because of the work that's been done. But that also sort of mirrors the problems that are really impacting people who go to jail most often, which are underlying health risks, which make people more susceptible to getting COVID-19 also. So you're seeing a lot of people who've been released who are living with diabetes, high blood pressure, mental health issues. And we've seen a lot of those people be released. Problem is, a lot of people are getting released and there's not a lot of housing or services for people if they didn't already have a place to go. A federal facility in Oakdale, Louisiana, has been releasing some federal inmates to home confinement because they have had at least five deaths since March. I know Jefferson Parish has been releasing a few people who are HIV positive. I've had several clients in the past two weeks who have been released who either knew before they went back to jail and some brand new people as well. So they know where to go. We have a relationship with Orleans Justice Centee: I go in there and I work with the nurse in there pretty often. So she will send me the records, the med list. I can get them to the providers here. As far as policies go, we're just mostly seeing advocates reaching out and asking for the release of people. There have been some bail projects also where people have been giving donations. The Southern Poverty Law Center and the public defender's office have been really crucial in identifying people who have these health risks and getting people released.

Dr. Nicholas Van Sickels: [00:09:18] That's fantastic work. It's good you mentioned the underlying health conditions, because me as a physician, I would want them nowhere near a crowded facility. But I also appreciate you pointing out the underlying social inequity and lack of housing access that still exists. It's good that they're not going to a place of crowding because they might be more at risk for COVID complications, as we've seen in the latest report from the Governor and the Louisiana Department of Health. But there's still some an underlying issues, but I think huge kudos to all the advocates for doing this work, because that is a potential nightmare. I think the fact that Louisiana is starting hopefully -knock on wood- to flatten the curve is due in large part to all of these groups of people doing this amazing work because every little bit helps. What about people that had small fines, more small kinds of crimes that people get locked up all the time for in jail and they can't make bail? What is going on with people who have those sort of situations right now?

Noelle Deltufo, LMSW: [00:10:20] Right. Those people are still getting arrested, definitely. We're getting some word back that people will be fast tracked, get booked, bail will be set, sometimes they're being released on their own recognizance. But the policies for the NOPD have not changed in arresting people. So people shouldn't think that this is a time where you wouldn't get arrested just because the jail population has been going down. Those are not mutually exclusive things. But, yeah, if you're just on fines and fees, you're going to get released. If your bail is really low, misdemeanor charges; they're trying to get more people out. But you have advocates that are looking at the jail population list every single day trying to see who doesn't need to be there and asking for their release.

Dr. Nicholas Van Sickels: [00:11:21] That's great. But also good for you to point out that things are still going on in the criminal justice; the system is still growing. It's still a machine that is processing. So good to keep in mind. Have you felt that your work has gone up because of all this? Has your rate of having to connect people with providers because they've been released a little bit more because of COVID-19? Does that increase your workload?

Noelle Deltufo, LMSW: [00:11:46] Yeah, it actually has. As far as whenever you're establishing a new patient or a new client, all the work that goes into having a new person versus somebody that you're used to working with. It's a whole different mindset. Also, just meeting people over the phone and not meeting with them in person at all has been really challenging. And I'm worried about clients that don't have access to phones at all who may be being released. But the public defender's office is trying to do a really good job of talking to people who are living with HIV before they're released. We're getting releases of information and then they're kind of getting triaged to me from them. I've talked to the Department of Corrections; they have not said anything about early releases yet, just the federal early releases. And I haven't gotten any of those referrals yet, but I'm trying to stay on top of it on a daily basis, because the second week that we were not here at CrescentCare, the case managers, I had had three or four people who had been released and they knew where to go. They knew what to do. They need to call me. So that was great. But it's harder to not be able to provide people with services face

to face. And it's also just harder to find some of the resources. But we're still doing unemployment applications for people in the client services. We're doing food stamps applications. We're on the phone with people if they're feeling anxious, if they just don't know what's going on, if they just want somebody to talk to. That's what we're here for, too. And so a lot of us are flexing that more clinical muscle right now to be able to be like, "I can't be able to get this right now, but I am here." And I think that's helping a lot, and people are feeling comfortable just knowing that they have a place to call.

Dr. Nicholas Van Sickels: [00:13:44] That IS good. I think it's tough. You providing that support and giving them somewhere they can call, which is very valuable. But you're right, that face-to-face connection is very important in trust building, because they can see in your face that you're really caring; over the phone, it's a little harder, especially for people with limited phone access. I think all this work of advocates is great, and I think, as I mentioned earlier, is a huge part of what is hopefully going to end up being a nice flattening and eventually stamping out of our curve of COVID-19 in Louisiana. But of course, we know a lot of people are still in facilities. And as I mentioned earlier, and you talked about, too, they're in a facility, in a cell, one or two people to a cell sometimes. How is this playing out in jails and prisons? How are they doing social distancing? What are the problems that are being faced in the facilities themselves, because you can't social distance that well when you have a bunch of people in jail.

Noelle Deltufo, LMSW: [00:14:43] Right. And that's where a lot of the advocacy comes from, too, because the CDC guidelines can't be followed in a lot of facilities. This information is also changing day to day. But right now, we know that if you are in a local jail in May and you are either in quarantine because you have suspected COVID or you have COVID, they're actually moving people to Angola and another facility for quarantining. Which isn't great because then you have to move people and they're going to a totally new facility, but apparently they have more space in these facilities. Some of the local jails will be moving people to hospitals, but they will be like chained to a bed, which is horrible. But they are testing staff, they're testing people who are incarcerated. I know at Orleans Justice Center, because they have released so many people, that they have people that are basically on lockdown. But they're trying to at least clear the cell- one person to a cell- which is not totally possible. And there are

bunks there, too. So the social distancing and access to soap, hygiene products and hand-washing are really harder to follow in these facilities because they're just not built for that.

Dr. Nicholas Van Sickels: [00:16:21] What is that access to hand washing and hand sanitizer things right now?

Noelle Deltufo, LMSW: [00:16:26] People have to buy their own hygiene products off of commissary. So if you don't have money in your commissary, you may not have access to other than your monthly bar of soap that you might be sharing with someone else or that somebody who got released gave you. Realistically, people barter a lot of items in there. There are some funds through the public defender's office, too, that have been allotted to putting money on people's commissaries for hygiene products for people who are not going to get released, who just don't meet any of the criteria of who the D.A. and the judges would be willing to release or lower their bail. So realistically, we do have a huge population of people who are not going to get released but still need these items. So it's just donation-based at this point that's kind of keeping people afloat. There's a really good article in The Atlantic that just came out about why can't we give prisoners soap? These are good things to get involved with while you're at home if you want to send e-mails and make calls to the governor and the mayor. There's a lot of stuff out there if you're concerned about friends, family members, neighbors, clients, the Louisiana Department of Corrections website gives a daily count of both people who are incarcerated and staffers who come up positive for COVID. So you can have an idea, if you have a loved one who is at one of these facilities, of what's going on there. And they have a little time stamp on it that they'll give you of when they update it. And as we know, the tests come back kind of staggered. So one day it might look like 30 people got tested positive that one day. But we know those tests are coming in from different days. So it's important to remember stuff like that. So you're not like, oh, my God, 80 people today. But there most of the D.O.C. facilities have some positive tests.

[00:18:35] And Jefferson Parish had local jail has positive. O.J. has at least five staff members and some incarcerated people who also come up positive that none of this is surprising to any of us. But just keep an eye on all of those things.

[00:18:54] You know, I think it's good to bring up what we can do ourselves, because as I mentioned earlier, we're we're all in this together. It's not just them who are in prison or incarcerated or in jail. It's it's all of us. So if there's an outbreak in a facility, just as we saw the outbreak spread across the globe, it's going to keep spreading. And so they may have to all these social doesn't senior CDC measures, we have to figure out ways to enact them everywhere. But otherwise it is work. We have to be together on this. And so I think it's a good point to bring up that this is an important population. It's a high risk population. It's a crowded population. We should do everything we can for them. You mentioned the five people that died at Oakdale, which is this is terrible.

[00:19:37] What are we seeing across the jails in some of the numbers? Are we seeing any hotspots or are we seeing any large spread? Are we seeing anything that's really worrisome coming down the pipe right now, or is it? Or do you feel like you're trying to stamp it out as quickly as they can?

[00:19:52] It's hard to say. The governor hasn't really talked a lot about services going to the. Prisons and jails that much, and I don't think we're getting as clear of information as we do from facilities like nursing homes.

[00:20:08] Obviously, like somebody who's doing the PR for a nursing home is going to put out information a lot differently than someone who's going to put out the information for a jail or prison. So I just have been looking at the Department of Corrections statistics every day, because those are the ones that are out there. There's really not a whole lot of information about the local jails out there.

[00:20:29] Before I came on today, I was trying to see if they update things. And it's almost more for the employees, which is good, too. But I know a lot of staffers at these facilities also don't want to go in and are a huge, huge high risk. You know, the nurses go on to the tears every day and give out medication to people. And you have guards that are you know, everybody's in extreme close contact. And I know I've talked to one person who was in prison who is his biggest concern was that the deputies go home every day and day and and they come in and out way more than any of the people who

are incarcerated because they can't leave. Right. And their concerns are I don't want to be around them because they're the ones who go home. So and, you know, when you're in prostrated, the TV is just on all day. So you can imagine the mental health impact that is going to be happening to people as well of just being trapped in a place and just having this non-stop news real, which I think, you know, all of us who are taking care of ourselves are taking a break from that or should be. This is also a PSA to not check the new life rate.

[00:21:48] Everybody has a great thing to say about him or to bring up if it's all in all the time where you're living. We are incarcerated. It's hard to take a break.

[00:21:56] Right. So for as far as the current trends go, we don't have a lot of good data. I'm trying to keep track of the people who are getting released, who are coming to us. But again, I'm only getting the people who were who are living with HIV on my radar. And there's probably a lot more people who are going to need medical care and behavioral health services. I know the Fit clinic at Ruth Fertel is getting a lot of people, too. And, you know, people are doing the work on the ground.

[00:22:25] The clinic is the formerly incarcerated in transition clinic. There could have a hub, correct, for spreading for facility people that come out to primary care facilities, which has been a great partner to us here as well. Yeah.

[00:22:39] What have you seen? Have you seen any difference, as you mentioned, having to do the telephone encounters and sort of face to face? Have you seen any differences in your clients live with HIV in terms of you talked about all the Medicaid access and medication access, things like that. Have you seen any major changes in your clients coming out of they expressed more mental health issues. Is the one who is more worried about the deputy? Has anything you've seen in your work that you will just accept a change?

[00:23:06] The first few weeks I've just been seeing like an incredible amount of resilience in people and strength. And I think what this is also bringing up to me is people were struggling so bad before the Cauvin 19 quarantine happened. And if you

were struggling before this happened, you're struggling even more than you were before, which is, I think, the same thing that we're seeing with people with underlying health issues that are having disproportionate amounts of death from this is that this just brings up way more problems than you already had for a lot of people. So I'm not seeing as many people in crisis about being scared about Covid because they were already dealing with so many issues before this. So that part has been I've had a lot of friends ask like, oh, is it just really intense because of this? I'm like the problems are the same for the same people that we're already experiencing them now. They're just harder to access the services that they need. And for people who already are living with HIV that have survived the stigma of an epidemic that was, you know, also motivated by a lot of health disparity. I've just heard people say, you know, I've already been diagnosed with something and I don't want to get this other thing that's going to socially isolate me more and more from people than I already have, because I have one client who is positive for Covid and she's isolated and she's like, oh, this feels just like when I didn't want to tell anybody about my status before. So those are kind of it's almost like not new news.

[00:24:57] Yeah. Right. People. I think that's a important part to bring up, and we've talked about it almost every time we've had someone on the podcast, has all the problems before, didn't go away right there. They're just harder to address. Mean even here, Crescent Care, we've limited we're working on trying to take new patients and we do see some new patients. But it's it's tough, right? We're seeing by phone technically a lot of doing elective procedures for a little while. They've extended the order until April 30th. So we're abiding by that actually want to help keep the curve flat. But people are struggling in the meantime and you see it every day. What information? You mentioned the D.O.C. website. That's a great resource. Any other Web sites, any other information, any other anything else you want to bring up that people should do? I think you've said Moses, but it's worth repeating it again. To help stem this problem or are incarcerated or jail population.

[00:25:56] So I've just been trying to keep up with the public defender's Innocence Project of New Orleans Justice and Accountability Center. Those are some first 72. Those are all organizations that work within the city of New Orleans to push for criminal

justice reform. And they're also taking donations at all of those organizations, just as we are for relief for people. So just keeping up with those. And I read that article in The Atlantic about dating. So because you'll never be so thankful for the soap that you have in your house.

[00:26:38] Let's go to that actually with the podcast.

[00:26:41] Yeah. Yeah. And. Yeah. So just just keep up with stuff like that. Give some local activists. You have the Sauti Gardens, which you can still go to right now because it's garden in the Lower Ninth Ward that's run by an activist, Jackie Summum. She is also reaching out to a lot of people who are in solitary right now during this said she's a good resource. And yet there's a lot of people around town doing good things to Orleans Parish Prison Coalition. The New Orleans New Orleans Worker's Justice Center had a protest yesterday, car protest that went from the Youth Study Center, which is the juvenile detention center here to Orleans Justice Center to the ICE office to do a car protest demanding that people be released if they're out at a low risk. So that's great.

[00:27:37] And all we can do is we can get those compiled and put them with the podcast. People can go take a look at what they should consider helping and supporting because again, said it five times. It's worth repeating.

[00:27:49] We're all in this together. Yeah. Got to do it together. And so, you know, it's important to just keep thinking about that. Well, thank you so much for coming on today with your work, your advocacy and everything you're offering.

[00:28:01] Yeah. Thank you.