

***Grant Application to the Field Hall Foundation  
The Osborne Association, Inc. - 11/28/22***

**I. Grant Application Cover Sheet**

Please see the attached *Application Cover Sheet*

**II. Introduction to Organization** *(one half page maximum)*

The Osborne Association is a New York 501(c)(3) nonprofit founded in 1933 to honor Thomas Mott Osborne, a former mayor of Auburn, New York who spent a week in prison in 1913 disguised as an “inmate,” where he experienced the dehumanization of incarceration and the humanity of incarcerated people. He believed that prison walls served to keep the public out as much as to keep the prisoners in, and became Warden of Westchester’s Sing Sing prison with the goal of “restor[ing] to society the largest number of intelligent, forceful, honest citizens.” Osborne has grown from having two staff in its founding years, to now having about 228 full-time and 165 part-time staff and 286 volunteers. Each year, we serve more than 12,000 justice-involved people and their children and family members, as well as tens of thousands of people who visit Osborne-run visiting centers in prisons. We work in courts, NYC jails, 30 state prisons (including several in Dutchess and Westchester counties), and sites in the Bronx, Brooklyn, Harlem, Buffalo, and Newburgh. We also have a license to operate a chemical dependency outpatient program in the Bronx.

Osborne is without peer among nonprofits in New York in its prescient decision to serve people with justice involvement in the context of their families—strengthening relationships that are the bedrock of success. Few organizations have Osborne’s credibility and experience, and few are prepared to tackle the intersection of aging and incarceration. We work to transform individuals, families, communities and the criminal justice system through services, advocacy, and training, and seek to create a system not fixated on punishment, but on reconciliation and healing. We thus design, implement, and advocate for innovative and replicable solutions that prevent and reduce the damage caused by crime and incarceration. In prisons and jails, we help people prepare for release, and in the community, we help justice-involved people find housing and jobs, stay sober, manage their health, and reunite with their families. In 2018, Nonprofit New York named us a finalist for “Overall Management Excellence” and winner for “Results and Impact” in their Nonprofit Excellence Awards.

**III. Proposal Overview** *(one half page maximum)*

Correctional healthcare is woefully insufficient and cedes little or no choice to incarcerated people. As with all aspects of the justice system, the poor health outcomes that result are disproportionately suffered by people of color. The impact of aging on strength, mobility, and cognition heightens the barriers between incarcerated elders and healthcare.

To improve care and outcomes for incarcerated elders, make correctional and reentry healthcare systems more responsive, and build the capacity of incarcerated people to act as partners in care, Osborne proposes to: (1) provide health education to older adults in NYS Dept. of Corrections and Community Supervision (DOCCS) facilities; and (2) provide training to expand their comfort with “telehealth” services. The project will serve approximately 75 elders and will aim to improve healthcare literacy, including knowledge of healthy aging, elders’ right to care, and self-advocacy; improve comfort with healthcare tech; increase peer support for incarcerated elders; and improve older adults’ capacity to act as partners during reentry. We will measure

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knowledge gain through post-training evaluations. Once tested, the interventions would be eligible for replication across DOCCS' 44 prisons.

### **IV. Project Narrative**

#### **A. The Need Statement *(one half page maximum)***

To deny health care to an incarcerated person is a violation of the 8th Amendment's prohibition on cruel and unusual punishment (*Estelle v. Gamble*, 1976), making incarcerated people the only people in the US with a constitutionally protected right to health care. However, incarcerated health care consumers—the vast majority of whom are people of color—are far from partners in these systems. Incarcerated older adults are subjected to negligence and medical mistreatment. This engenders distrust of health care systems even after their return to the community, and can have devastating consequences for their health.

Correctional health care is fractured and is an impediment to care coordination. In state prisons, the NYS Department of Corrections and Community Supervision (DOCCS) provides physical health care, while the NYS Office of Mental Health provides mental health care. It can be unclear on which side some conditions fall, especially for older adults whose cognitive impairments span both systems. For people leaving prison, enrollment in Medicaid entails long delays, and Medicare is denied to people on parole. Also, after many years in prison, older adults are often unfamiliar with modern technology which can be a barrier to accessing healthcare.

Correctional health care rarely meets community standards of care. This is particularly true for incarcerated people 50+ and those with chronic conditions, including HIV/HCV, diabetes, heart conditions, or cancer. The very old and very sick are among the fastest growing groups in NY's prisons and nationwide (*Chettiar et al.* 2012), and the consequences of this substandard care will only worsen as their numbers grow. Because these trends are driven by long sentences and parole denials, which are disproportionately meted out to people of color (*Winerip et al.* 2016), it is incarcerated elders of color who will suffer most. Works cited: <https://tinyurl.com/2p8npup9>

#### **B. Goals and Objectives *(one half page maximum)***

The overall goals of the project are to 1) Provide health education to incarcerated elders. To do so, we will retain a medical provider who specializes in geriatric health, to design and implement the training, and 2) Work with DOCCS to train older adults (most are completely inexperienced with tech) on how to use health care technology prior to their release, based on formerly incarcerated elders' experiences with this technology after their release. We have the following program objectives for the one-year grant period, keeping in mind that due to the fluctuating impact of the COVID-19 crisis, we may need to adjust our goals :

- Have approximately 75 older adults receive health education training (facilitated by Osborne staff) so they have the knowledge to make decisions about their care, and increased confidence in their self-advocacy skills as it relates to health care in prison by December 31, 2023
- Have approximately 75 older adults indicate improved knowledge about their health, and increased understanding of their rights in the correctional health care system in a post-training survey by December 31, 2023

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- Have approximately 75 older adults indicate increased comfort with using healthcare technology through post-training survey by December 31, 2023

### **C. Program Plan or Activities/Methodology (*one page maximum*)**

#### **Activities:**

1. Provide health education and self-management training to older adults in prison. Training will include education on common ailments, healthy aging, geriatric issues, COVID-19 and vaccine education, their rights to care, and healthcare systems in prison and in the community, including the VA. We will cover a range of actions participants can take on their own behalf, including pro-health behaviors, healthcare decision-making, managing medications, conducting their own health research with resources available in the prison setting, and working collaboratively with corrections healthcare staff. Our understanding of how health information is communicated in prison uniquely qualifies us for this work.
2. Work with DOCCS to train older adults on healthcare technology prior to their release. Because people in prison do not have Internet access, we will record simulations of healthcare technology (e.g. telehealth sessions, online appointment and prescription refill systems, electronic health records). We will work with DOCCS to identify how older adults will access the simulations, whether on the older adults' personal tablets or in classrooms or computer labs. We will encourage DOCCS to allow older adults to practice operating the video and tele-health technology already available to them when they have video-based consultations with specialists outside of DOCCS facilities. We will test the training with formerly incarcerated elders in the community, make adjustments based on their feedback, and (ideally) pilot the training in a single facility with a large number of elders.

#### **Staffing:**

This project will be led by our Elder Reentry Initiative (ERI) Program Director Laura Roan, MA, a Care Manager (to be hired), and a Program Coordinator (to be hired). We will also retain a consultant, Dr. Evelyn Granieri, MD, who specializes in geriatrics to advise us on the curriculum content. Laura supervises ERI in prison and jail. She was previously the Health Services Specialist for Osborne's HIV/HCV programs, and was the first health educator (and the first woman) permitted to facilitate a health class in the masjid at Green Haven Correctional Facility. The Care Manager will support Laura and Dr. Granieri in developing the health literacy curriculum, and will work with the Program Coordinator to administer it in the long-term. Laura is well-positioned to engage older adults of color because of the valuable services she provides and the trust she has built over time, as a reliable source of direct support in prison.

#### **External Partners:**

DOCCS is Osborne's primary target for this project. In order for our project to be implemented as planned, DOCCS' support is critical. They control access to the older adults during their incarceration, and must approve all curricula and activities that will be delivered in their facilities.

### **D. Evaluation (*one half page maximum*)**

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We anticipate that we will have implemented multiple sessions of each curriculum by Fall 2023, when we can begin analyzing initial data. As part of retaining consultant support in designing the courses, we will be raising awareness among healthcare providers about the opportunity and need to partner with older adults even when they are justice-involved. We are not proposing a full-scale independent evaluation at this stage of the project. Rather, we will conduct a preliminary evaluation to set the stage for future work.

After each training session, trainees will fill out a survey to measure knowledge gain and intention to engage in new behaviors. To evaluate the effectiveness of the healthcare literacy training, we will administer a post training survey measuring items like personal health knowledge, knowledge of healthy aging, understanding of COVID-related safety precautions, knowledge of their rights in the correctional healthcare system, and confidence in their self-advocacy skills and intention to self-advocate when it comes to their healthcare in prison. For the telehealth technology training, the survey will measure outcomes like comfort with using healthcare technology.

### **E. Budget and Budget Narrative** *(Excel template plus half a page narrative maximum)*

Budget: Please see the attached Budget

Budget Narrative:

Personnel: **Program Director (Laura Roan)**, who manages DOCCS leadership relationships with Osborne staff, curriculum development, and provides technical support and fiscal oversight; the **Care Manager (TBH)**, who facilitates groups and develops transitional plans tailored to the needs and interests of the older adult as they prepare for release; and the **Program Coordinator (TBH)**, who manages relationships with DOCCS staff in prisons ERI is based in, supervising the Care Manager, assisting with curriculum development, and facilitating ERI groups. We are seeking FHF support for a portion of the Program Coordinator's salary (\$65,000 x 0.25 FTE = \$16,250).

Fringe: The agency has a 35% fringe rate for its full-time staff (please refer to budget for breakdown). The total fringe costs is \$5,688.

Supplies: **Office Supplies** needed to conduct everyday tasks directly related to the program. Total supply costs are \$780. Please refer to budget for breakdown.

Contractual: **The Curriculum Consultant (Dr. Evelyn Granieri)** is a Geriatrics and corrections health professional who will help to design the health literacy curriculum. Her total anticipated costs for designing the curriculum is \$15,000. We are seeking FHF support for 16% of those costs, or an annual total of \$2,500.

Other: Total other costs are \$2,055. Please refer to budget for breakdown of costs.

Indirect: Osborne has a federally-approved **indirect rate** of 15%. Per Field Hall guidelines, we are budgeting 10% of our total direct costs. The budget is \$27,273 in direct costs x 0.10 = \$2,727.

Total Budget is \$30,000. Additional costs for the project are funded by the New York Health Foundation.

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**F. Future Funding** *(one half page maximum)*

Current funding sources for the "Improving Corrections-Based Healthcare for Incarcerated Elders" project include: The New York Health Foundation (NYHF). This program is also an Osborne innovation that DOCCS has integrated into their own budget and practices, and we are confident that through the success of the program DOCCS will expand these programs to other facilities and sustain them over time. To build support for this work, we will also use our credibility with elected officials to seek program funding on the state and local level.

**IV. Attachments** *(Label and email attachments as separate, individual documents)*

Please see the attached documents :

1. IRS determination letter, unless a unit of government
2. W-9 Form
3. 2022 Operating budget
4. 2022 Year-to-date statement of financial activities
5. Three most recent years of audited financial statements, including the independent auditor's report
6. Most recent annual report, if available
7. List the five largest individual donations or foundation grants received in the past five years (not including subsidized grants); including name, year received and amount
8. List of Board of Directors, including their affiliations
9. List of staff directly overseeing/involved with the proposed program/project, including their qualifications and length of time with the organization