Mitigating COVID-19 in County Jails
Presented by the Wayne State University School of Social Work Center for Behavioral Health and Justice

Addressing Behavioral Health and COVID-19 in Jail Settings and Beyond

Thursday, March 25, 2021
Welcome
Welcome & Zoom Housekeeping

Sequential Intercept Model: A Brief Overview

Risk Factors for People who are Incarcerated with Behavioral Health Needs During the COVID Pandemic

Incarceration, Isolation, and COVID-19: Compounding risks and possible mitigation strategies

Ask an Expert Panel Discussion

Carmen McIntyre Leon, M.D. Chief Medical Officer, Michigan Department of Corrections

Melissa Zielinski, Ph.D. Assistant Professor & Clinical Psychologist, Psychiatric Research Institute, University of Arkansas for Medical Sciences

Nanci Hambrick, MSW Project Coordinator, Center for Behavioral Health and Justice

Moderated by:

Tyler Logan, MA: Project Coordinator, Center for Behavioral Health and Justice

Conclusion and Next Steps
Slides will be made available on the CBHJ Website after today’s webinar

This session will be recorded and made publicly available

Q&A chatbox feature
Mitigating COVID-19 in County Jails
Presented by the Wayne State University School of Social Work
Center for Behavioral Health and Justice

Sequential Intercept Model: A Brief Overview

Presented by Nanci Hambrick, MSW
# Diversion opportunities across the SIM

<table>
<thead>
<tr>
<th>Intercept 0</th>
<th>Intercept 1</th>
<th>Intercept 2</th>
<th>Intercept 3</th>
<th>Intercept 4</th>
<th>Intercept 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services</td>
<td>Law Enforcement</td>
<td>Initial Detention/Initial Court Hearings</td>
<td>Jails/Courts</td>
<td>Reentry</td>
<td>Community Corrections</td>
</tr>
<tr>
<td>• Mobile crisis outreach teams</td>
<td>• Dispatch training to recognize behavioral health crisis calls</td>
<td>• Risk-based pre-trial services</td>
<td>• Transition planning by the jail or in-reach providers</td>
<td>• Specialized community supervision caseloads of people with behavioral health disorders.</td>
<td></td>
</tr>
<tr>
<td>• Emergency department diversion</td>
<td>• Specialized police responses including Crisis Intervention Team training</td>
<td>• Data-matching initiatives between the courts, jail and community-based behavioral health providers</td>
<td>• Medication and prescription access upon release from jail or prison.</td>
<td>• MAT for substance use disorders.</td>
<td></td>
</tr>
<tr>
<td>• Police officers can build partnerships with behavioral health agencies</td>
<td>• Intervening with frequent utilizers and providing follow-up after the crisis.</td>
<td>• Standard screening for mental health and substance use disorders at booking</td>
<td>• Warm hand-offs from corrections to providers increase engagement in services.</td>
<td>• Access to recovery supports, benefits, housing, and competitive employment.</td>
<td></td>
</tr>
</tbody>
</table>

---

**Thursday, March 25, 2021**
# What works according to the data?

<table>
<thead>
<tr>
<th>Intercept 0</th>
<th>Intercept 1</th>
<th>Intercept 2</th>
<th>Intercept 3</th>
<th>Intercept 4</th>
<th>Intercept 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services</td>
<td>Law Enforcement</td>
<td>Initial Detention/Initial Court Hearings</td>
<td>Jails/Courts</td>
<td>Reentry</td>
<td>Community Corrections</td>
</tr>
</tbody>
</table>

**Intercept 0**

**Community Services**

Individuals with co-occurring substance use and mental health disorders were over 2 times more likely to recidivate than those with only a mental health disorder.

Delivery of integrated treatment is hindered by separate mental health and substance use funding and data systems.

---

**Intercept 1**

**Law Enforcement**

Fidelity to the CIT Model improves officer knowledge and skills and changes behavior. In the month after CIT training, officers were 38 times more likely to use the Crisis Center; the increase was sustained 18-months later.

---

**Intercept 2**

**Initial Detention/Initial Court Hearings**

Across all jails, use of a standardized mental health screen at booking improved the identification of mental health issues; officer only identification varied from 3% - 33%.

Across all jails, 47% of individuals booking in were charged with a ‘divertible’ offense*.

---

**Intercept 3**

**Jails/Courts**

Training corrections officers in de-escalation techniques decreased forcible cell removal by 50%.

Individuals receiving an in-reach or diversion service in jail were twice as likely to receive a mental health service in the community.

---

**Intercept 4**

**Reentry**

Improving discharge services (currently, only 30% of individuals with SMI received a discharge service) and discharging during business hours (44% of those with SMI are released from jail during non-business hours (5pm – 8am)) will enhance continuity of care.

---

**Intercept 5**

**Community Corrections**

Enhancing the relationship between county-level CMH and parole/probation officers may decrease the number of individuals incarcerated for probation/parole violations. Currently four of ten counties report such a relationship.

---

* Divertible offenses are defined as misdemeanor, civil ordinance, and/or violation offenses.
Best Practices Across Intercepts

• Cross-systems collaboration and coordination of initiatives.
• Routine identification of people with mental health and substance use disorders and/or COVID-19 symptoms.
• Access to medical treatment for mental health and substance use disorders.
• Linkage to benefits to support treatment success, including Medicaid and Social Security.
• Information sharing and performance measurement among medical, behavioral health, criminal justice, and housing/homelessness service providers.
Practical Recommendations for Jails

➢ **Know your population**
  • Screen, identify, refer and treat
  • Reduce risk of harm to inmate and staff

➢ **Identify familiar faces**
  • Who is part of the revolving door?
  • Reach out to community providers

➢ **Invest in collecting data**
  • Data driven decisions
  • Data = additional funding

➢ **Partner with your health department and community mental health agency**
  • Support in-reach and provide access
  • Share information about who is in your jail daily

➢ **Smart releases**
  • Discharge planning
  • Release people in behavioral health treatment during business hours
Risk Factors for People who are Incarcerated with Behavioral Health Needs During the COVID Pandemic

Presented by Carmen McIntyre, MD
COVID-19
Racial Disparities

Black/AA Cases

LA
- % deaths: 32
- % cases: 51
- % pop: 70

IL
- % deaths: 14
- % cases: 29
- % pop: 42

MI
- % deaths: 14
- % cases: 33
- % pop: 41

Thursday, March 25, 2021
MDOC Racial Composition

- **White**: 74.67% (Michigan: 42.95%, MDOC: 52.51%)
- **Black**: 13.52% (Michigan: 2.71%, MDOC: 5.27%)
- **Hispanic**: 5.27% (Michigan: 3.26%, MDOC: 0.32%)
- **Asian**: 0.52% (Michigan: 1.11%, MDOC: 0.32%)
- **American Indian or Alaskan Native**: 0.32% (Michigan: 1.11%, MDOC: 0.32%)
Prevalence of Mental Illness

**Prison**
- SMI-14%
- PTSD-48%
- Schizophrenia-10%
- ADD-25%
- Bipolar-16%
- Major Depression-29%

**Community**
- SMI-10%
- PTSD-6%
- Schizophrenia-1%
- ADD-5%
- Bipolar-4%
- Major Depression-13%

Because of COVID-19

- 13% started or increased substance use
- 11% seriously considered suicide

<table>
<thead>
<tr>
<th></th>
<th>Jun-19</th>
<th>Jun-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>8.2</td>
<td>25.5</td>
</tr>
<tr>
<td>Depression</td>
<td>6.6</td>
<td>24.3</td>
</tr>
<tr>
<td>Either/or</td>
<td>11</td>
<td>30.9</td>
</tr>
</tbody>
</table>
# Understanding NSI

- **Risk of self-harm by condition**

<table>
<thead>
<tr>
<th>Conditions</th>
<th>All years</th>
<th>Within 1st Year</th>
<th>After 1st Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>14.1</td>
<td>23.1</td>
<td>11.7</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>11.6</td>
<td>18</td>
<td>9.7</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>8</td>
<td>12.8</td>
<td>6.7</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7.8</td>
<td>13.6</td>
<td>6</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>7.5</td>
<td>13.3</td>
<td>5.7</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>7.2</td>
<td>11.4</td>
<td>6.2</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>6.2</td>
<td>8.6</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Mental Illness as a COVID-19 Risk

- Patients with a severe mental illness have a higher risk for severe clinical outcomes of COVID-19. (Lee, Lancet 2020)
  - ADHD, bipolar disorder, major depression, schizophrenia
- Schizophrenia second only to age in increasing the risk factor for dying of COVID-19. (Goff, JAMA Psychiatry 2021)
  - Persons with schizophrenia also at higher risk for chronic health conditions associated with poor COVID-19 outcomes.
PTSD and COVID-19

Trauma exposure, especially chronic victimization, is associated with perpetration of crime.

Childhood and adult victimization of women associated with higher incidence of SMI, PTSD, and more extensive criminal history and substance abuse.

History of sexual and physical victimization much higher in incarcerated populations than general population.

Trauma continues in prison, particularly physical and emotional victimization.

Chronic or early childhood trauma associated with inflammation and chronic health conditions, increasing COVID-19 poor outcomes.

Persons with ICU admissions for COVID-19, and prolonged isolation/quarantine, at higher risk for PTSD.
Incarceration, Isolation, and COVID-19:
Compounding risks and possible mitigation strategies

Presented by Melissa J. Zielinski, Ph.D.
INCARCERATION, ISOLATION, AND COVID-19: COMPOUNDING RISKS AND POSSIBLE MITIGATION STRATEGIES

Melissa J. Zielinski, Ph.D.
Assistant Professor | Clinical Psychologist
University of Arkansas for Medical Sciences
March 25, 2021
OUTLINE

- Incarceration as a socially isolative process
- Compounding effect by COVID-19
  - Examples
  - Policy data
- Practical strategies for attempting to mitigate harm
INCARCERATION AS A SOCALLY ISOLATIVE PROCESS
INCARCERATION AS A SOCIA LLY ISOLATIVE PROCESS

Least Isolation
Dormitory Housing
Group pods
Status may change over time

Most Isolation
Double-occupancy cells
Solitary Confinement
Status may change due to COVID precautions
Association of Restrictive Housing During Incarceration With Mortality After Release

Lauren Brinkley-Rubinstein, PhD; Josie Sivaraman, MSPH; David L. Rosen, PhD, MD; David H. Cloud, JD, MPH; Gary Junker, PhD; Scott Proescholdbell, MPH; Meghan E. Shanahan, PhD; Shabbar I. Ranapurwala, PhD

Abstract

**IMPORTANCE.** Restrictive housing, otherwise known as solitary confinement, during incarceration is associated with poor health outcomes.

**OBJECTIVE.** To characterize the association of restrictive housing with reincarceration and mortality after release.

**DESIGN, SETTING, AND PARTICIPANTS.** This retrospective cohort study included 229,274 individuals who were incarcerated and released from the North Carolina prison system from January

**Key Points**

**Question** Is restrictive housing, otherwise known as solitary confinement, during incarceration associated with an increased risk of mortality after release into the community?

**Findings** This cohort study included 229,274 people who were released from
INCARCERATION AS A SOCIOLOogICALLY ISOLATIVE PROCESS
COMPOUNDING IMPACT OF COVID-19
### COMPOUNDING IMPACT OF COVID-19

**Figure 1**

*Stem and Leaf Plot of Dates States Visitation Was Suspended*

<table>
<thead>
<tr>
<th>Date of Visitation Suspension</th>
<th>State Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/07/20</td>
<td>NV</td>
</tr>
<tr>
<td>03/10/20</td>
<td>NJ</td>
</tr>
<tr>
<td>03/11/20</td>
<td>CO, FL, IN, RI</td>
</tr>
<tr>
<td>03/12/20</td>
<td>DE, KS, LA, MD, ME, MN, MO, MS, ND, OH, OR, SD, TN, UT, WA</td>
</tr>
<tr>
<td>03/13/20</td>
<td>AK, AL, AZ, CA, CN, GA, HI, ID, MA, MI, MT, NC, OK, PA, SC, TX, VA, VT, WI</td>
</tr>
<tr>
<td>03/14/20</td>
<td>IA, IL, KY, NY</td>
</tr>
<tr>
<td>03/16/20</td>
<td>AR, NE, NH, NM</td>
</tr>
<tr>
<td>03/18/20</td>
<td>WY</td>
</tr>
<tr>
<td>03/19/20</td>
<td>WV</td>
</tr>
</tbody>
</table>
COMPOUNDING IMPACT OF COVID-19

- Lockdowns
- Movement restrictions
- Medical isolation
- Quarantining
COMPOUNDING IMPACT OF COVID-19

- Anticipate that there will be negative effects of lockdown

- Almost all people subjected to prolonged isolation experience negative effects. This is true even for people who do not have pre-existing mental health diagnoses.

- Negative effects may persist even after isolation ends.
COMPOUNDING IMPACT OF COVID-19

- **Common reactions** include:
  - Physiological reactions, such as low appetite, trembling hands, heart palpitations, sweaty hands, lethargy, and sleep disturbances.
  - Confusion and impaired concentration.
  - Hallucinations, paranoid ideas, and aggressive fantasies.
  - Emotional reactions, such as mood swings, panic, anxiety, rage, depression, and irritability.
COMPOUNDING IMPACT OF COVID-19

- Certain people are at especially high risk when isolated:
  - People with existing mental illness
  - Pregnant and postpartum women
  - Older adults
PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM
PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

Lockdowns During COVID-19

Negative effects of being in lockdown

Amongst all people subjected to prolonged isolation experience negative effects. This is true even for people who do not have any existing mental health diagnosis. Negative effects may persist even after isolated areas. Common health issues:

- Psychological reactions, such as anxiety, irritability, lack of motivation, depression, and anxiety.
- Physical reactions, such as sleep disturbances, weight gain, skin rashes, and increased risk of infection.
- Emotional reactions, such as irritability, crying, anger, depression, and irritability.
- Psychological reactions, such as sexuality, panic, anxiety, and depression.

Certain people are especially at high risk when isolated. This includes:

- People with pre-existing mental health issues. This includes the experience of existing symptoms and may result in new symptoms depending on the person's mental health status.
- People with pre-existing health conditions or chronic illnesses. This includes the experience of existing symptoms and may result in new symptoms depending on the person's health status.
- People with pre-existing health conditions or chronic illnesses. This includes the experience of existing symptoms and may result in new symptoms depending on the person's health status.
- People with pre-existing health conditions or chronic illnesses. This includes the experience of existing symptoms and may result in new symptoms depending on the person's health status.

Best practices to mitigate risks of putting people in lockdown

There are many things you can do to mitigate the risks of solitary confinement, especially if you are working in an environment where mental health, memory, or communication limitations are present. We can also help you manage your mental health in this period.

Overcoming isolation

Inability to communicate a range of mental and emotional effects. It is to improve brain, brain health, and wellbeing during isolation.

- Psychological reactions, suitable for people with anxiety, irritability, lack of motivation, depression, and anxiety.
- Physical reactions, suitable for people with anxiety, irritability, lack of motivation, depression, and anxiety.
- Emotional reactions, suitable for people with anxiety, irritability, lack of motivation, depression, and anxiety.
- Psychological reactions, suitable for people with anxiety, irritability, lack of motivation, depression, and anxiety.

Use positive self-talk

- Tell yourself that you can do this! You’ve been through hard things before and you’ve made it through. You’ll get yourself through this too.
- Remember that it is temporary. It will pass.
- Remind yourself that you are loved. That you are keeping yourself and others safe.
- Tell yourself that you are the kind of person that keeps you going. That you have a plan and you are working to keep your life.
- Redo the planning. What do you want done before isolation?

Take small steps

- 5-10 minutes per day to help you decide where to start
- Make a plan
- Be realistic
- Set your goals
- Write down your goals
- Keep a regular routine
- Love your goals

Don’t get stuck in negative thinking.

- Focus on what you can control: yourself and your friends.
- If you feel that you’re not sure what to do, what to think, or what to say, just do it! What are the things you can do? What can you do? What should you do? What can you do? What should you do? What should you do?
- Remember the importance of looking at positives.
- Focus on what you can control: yourself and your friends.
- If you feel that you’re not sure what to do, what to think, or what to say, just do it! What are the things you can do? What can you do? What should you do? What should you do? What should you do?
PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

- Provide opportunities for meaningful social interaction
  - Within the facility
  - Via expanded access to technology
Table 1

Actions Taken by State Departments of Corrections (DOCs) Amid COVID-19 to Promote Communication After In-Person Visits Were Suspended

<table>
<thead>
<tr>
<th>Action</th>
<th>Number of state DOCs taking action</th>
<th>Details of action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Added free phone calls</td>
<td>48/50</td>
<td>Mean of 2.18 free calls per week&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Range of 1–10 free calls per week</td>
</tr>
<tr>
<td>1a. Number of free minutes per phone call</td>
<td></td>
<td>Mean of 11 free minutes per call</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Range of 5–30 free minutes per call</td>
</tr>
<tr>
<td>2. Added free video calls</td>
<td>16/25&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Mean of 1 free video call per week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Range of 1 per week to 3 per week</td>
</tr>
<tr>
<td>2a. Number of free minutes per video call</td>
<td></td>
<td>Mean of 19.17 free minutes per call</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Range of 10–45 free minutes per call</td>
</tr>
<tr>
<td>3. Added free email</td>
<td>15/50</td>
<td>Mean of 2.60 free emails per week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Range of 1–5 free emails per week</td>
</tr>
<tr>
<td>4. Added free postage/stamps</td>
<td>10/50</td>
<td>Mean of 4.5 free stamps per week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Range of 1–12 free stamps provided</td>
</tr>
</tbody>
</table>

<sup>a</sup> California offered unlimited free phone calls and was not included in this calculation.  
<sup>b</sup> Only 50% of state DOCs reported having the capacity to offer video calls before March 2020.
PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

- **Counteract sensory deprivation**
  - Lighting consistent with human sleep-wake cycle
  - Continuous access to amenities (radio, television)
  - Continuous access to enrichment activities, personal items
  - Snacks between meals to provide sensory variation
PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

- **Prioritize relief from confinement**
  - Daily time outside cell
  - Access to outdoor exercise
  - Daily updates/orienting information
  - Control over environment, however small
PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

- **Remember your partners**
  - If you are used to having volunteers, ask them for help
    - Written materials, activities, etc.
PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

Coping with Isolation During COVID 19

Being in isolation is hard. Here are things people have done to get through it.

**Keep busy**

Make a daily schedule. Plan how you will spend each hour. Here are some things to do:

- Read
- Plan for your future
- Daydream
- Write poetry, lyrics, or rap
- Count everything you can see
- Write down your favorite memories
- Do mental exercises to keep your mind sharp. Practice thinking of words that start with the same letter, rhyming words, counting by 7, or saying the alphabet backwards.
- Talk to people around you
- Dance
- Journal
- Draw
- Write your life story
- Write letters
- Escape into your mind: use mental imagery to picture yourself doing things like playing sports, talking with friends, or anything else you like to do.
- Teach yourself a new skill, like writing with your opposite hand.
- Watch what’s going on around you
PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

Take care of your body
- Sleep 6-8 hours per day to help you think clearly
- Jog or walk in place
- Do wall squats, sit ups, or push-ups
- Give your hands or feet a massage
- Do arm circles
- Exercise your muscles. Even squeezing your large muscle groups can help.
- Stand up and stretch every hour
- Eat enough to keep your strength up
- Keep a regular hygiene routine
- Drink plenty of water
PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

**Improve the moment**
- Look at pictures or imagine them
- Close your eyes and imagine happier times. Really let yourself feel them.
- Spend a few minutes imagining you are in the most comfortable room you have even been in. What is in your comfy room? What/who do you see? What do you hear? What do you smell? Visit this room when you get upset.
- Imagine the future
- Look on the bright side
COPIES OF RESOURCE SHEETS

- MJZielinski@uams.edu
Panel Discussion

Dr. Carmen McIntyre Leon, M.D.
Chief Medical Officer, Michigan Department of Corrections

Melissa Zielinski, Ph.D.
Assistant Professor & Clinical Psychologist, Psychiatric Research Institute, University of Arkansas for Medical Sciences

Nanci Hambrick, MSW
Project Coordinator, Center for Behavioral Health and Justice
Conclusion & Next Steps

Next Webinar: April 22nd at 1PM (EST)

Feedback

Toolkit Updates

Peer Facilitation

behaviorhealthjustice.wayne.edu/coronavirus

Thursday, March 25, 2021