

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



Mitigating COVID-19 in County Jails

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Welcome



Agenda



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



Zoom Housekeeping

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

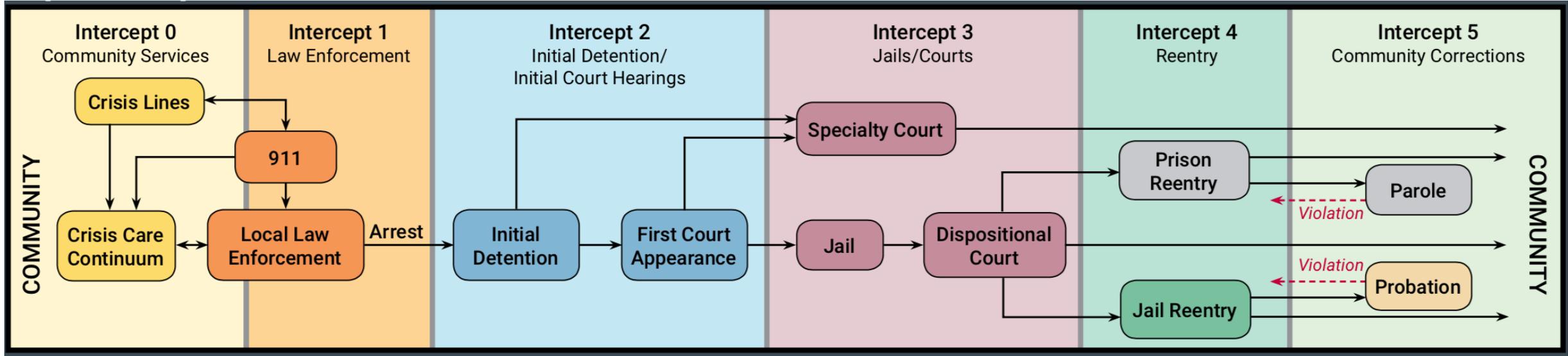


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Sequential Intercept Model: A Brief Overview

Presented by Nanci Hambrick, MSW





Diversion opportunities across the SIM

Intercept 0

Community Services

- Mobile crisis outreach teams
- Emergency department diversion
- Police officers can build partnerships with behavioral health agencies

Intercept 1

Law Enforcement

- Dispatch training to recognize behavioral health crisis calls
- Specialized police responses including Crisis Intervention Team training
- Intervening with frequent utilizers and providing follow-up after the crisis.

Intercept 2

Initial Detention/
Initial Court Hearings

- Risk-based pre-trial services
- Data-matching initiatives between the courts, jail and community-based behavioral health providers
- Specialized treatment courts for high-risk/high need individuals

Intercept 3

Jails/Courts

- Standard screening for mental health and substance use disorders at booking
- Behavioral health treatment, including substance use treatment, is required by law
- In-reach by community providers and partners

Intercept 4

Reentry

- Transition planning by the jail or in-reach providers
- Medication and prescription access upon release from jail or prison.
- Warm hand-offs from corrections to providers increase engagement in services.

Intercept 5

Community Corrections

- Specialized community supervision caseloads of people with behavioral health disorders.
- MAT for substance use disorders.
- Access to recovery supports, benefits, housing, and competitive employment.



What works according to the data?

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***.

* Divertible offenses are defined as misdemeanor, civil ordinance, and/or violation offenses.

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.



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



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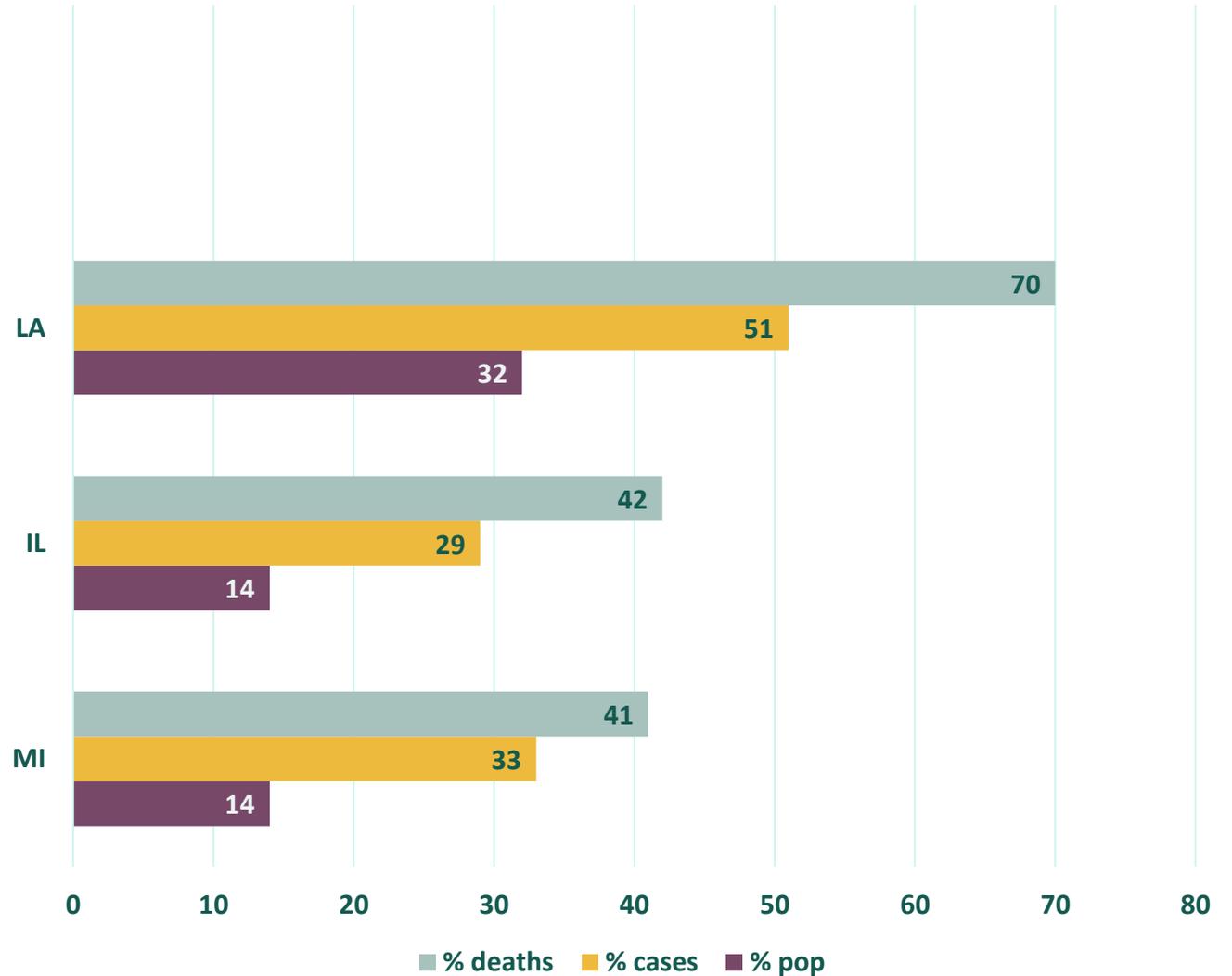
Risk Factors for People who are Incarcerated with Behavioral Health Needs During the COVID Pandemic

Presented by Carmen McIntyre, MD

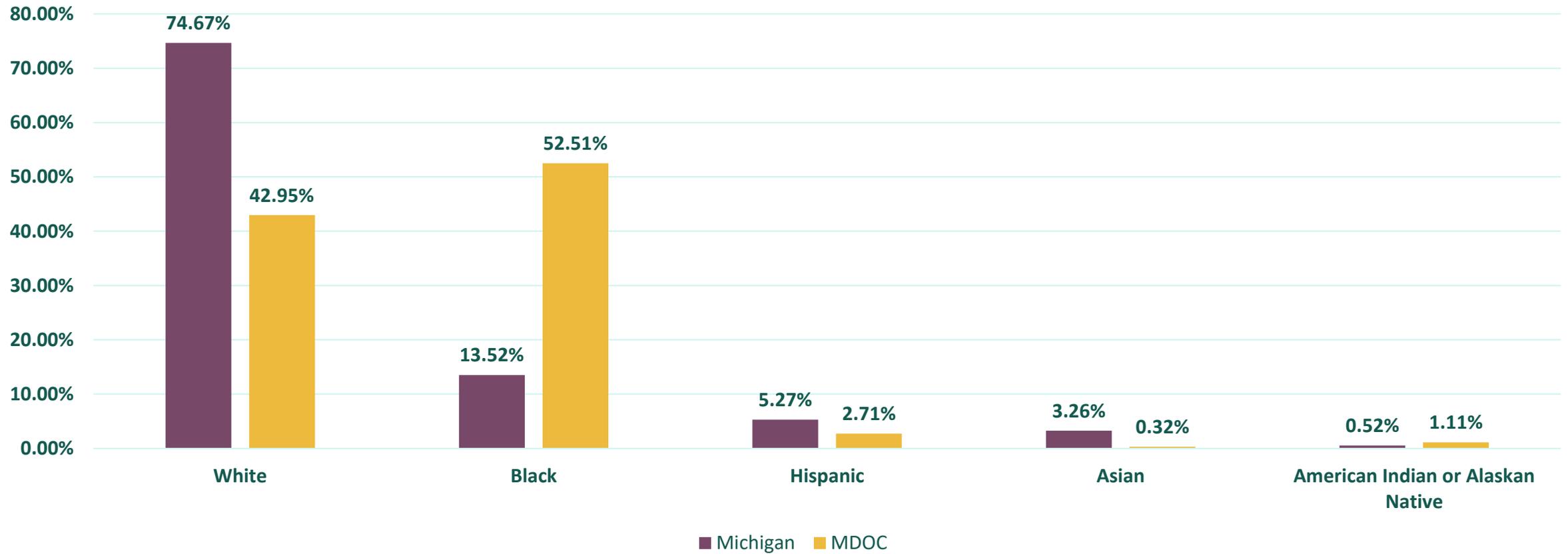


COVID-19 Racial Disparities

Black/AA Cases



MDOC Racial Composition





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

	Jun-19	Jun-20
Anxiety	8.2	25.5
Depression	6.6	24.3
Either/or	11	30.9



Understanding NSI

- Risk of self-harm by condition

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



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.



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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 SOCIALLY ISOLATIVE PROCESS



INCARCERATION AS A SOCIALLY ISOLATIVE PROCESS



Status may change over time

Status may change due to COVID precautions

INCARCERATION AS A SOCIALLY ISOLATIVE PROCESS

JAMA
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Original Investigation | Public Health

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

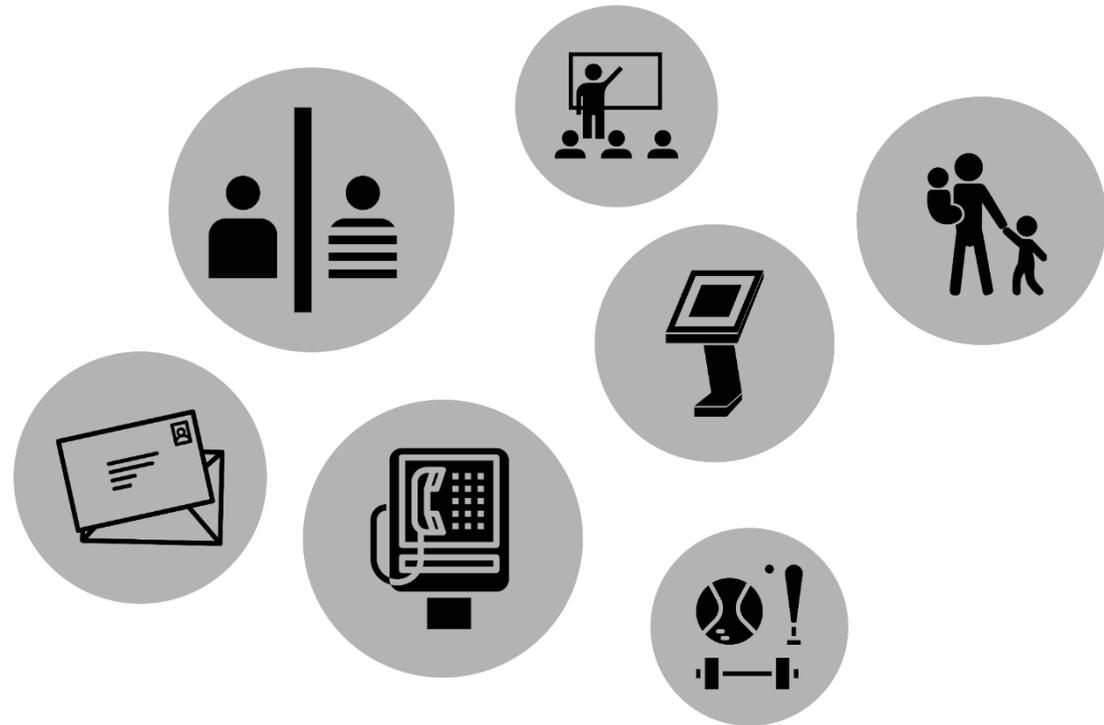
Key Points

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

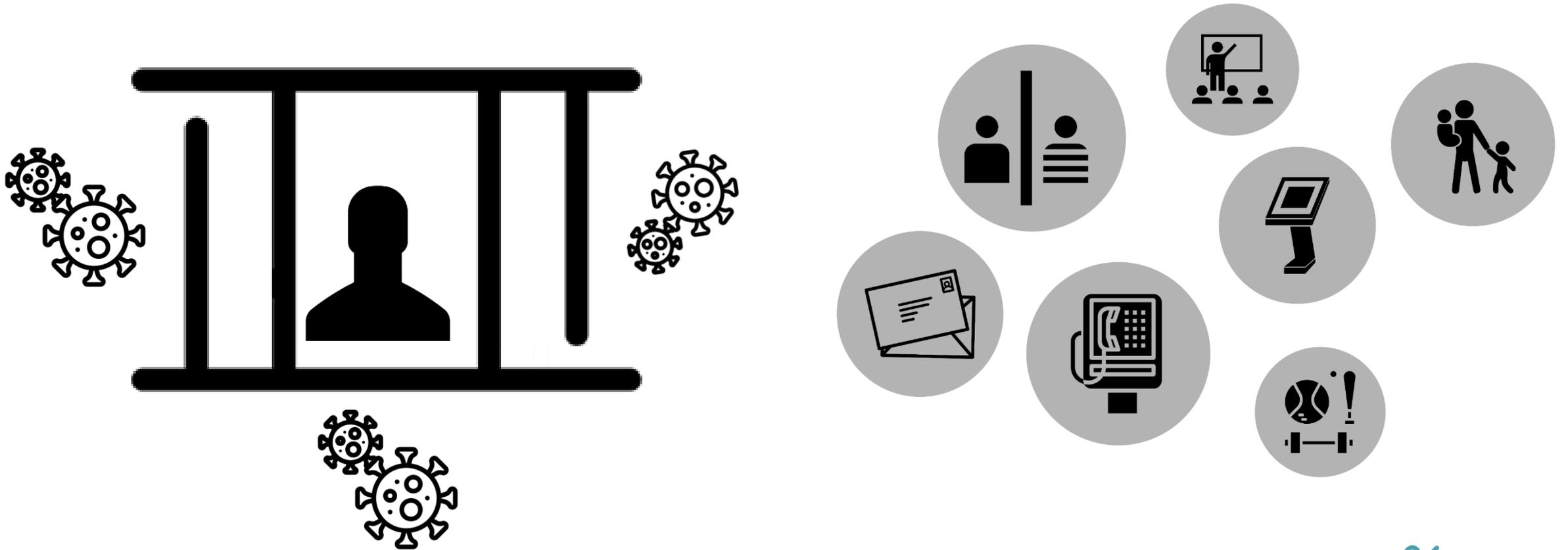
Findings This cohort study included 229 274 people who were released from



INCARCERATION AS A SOCIALLY ISOLATIVE PROCESS



COMPOUNDING IMPACT OF COVID-19



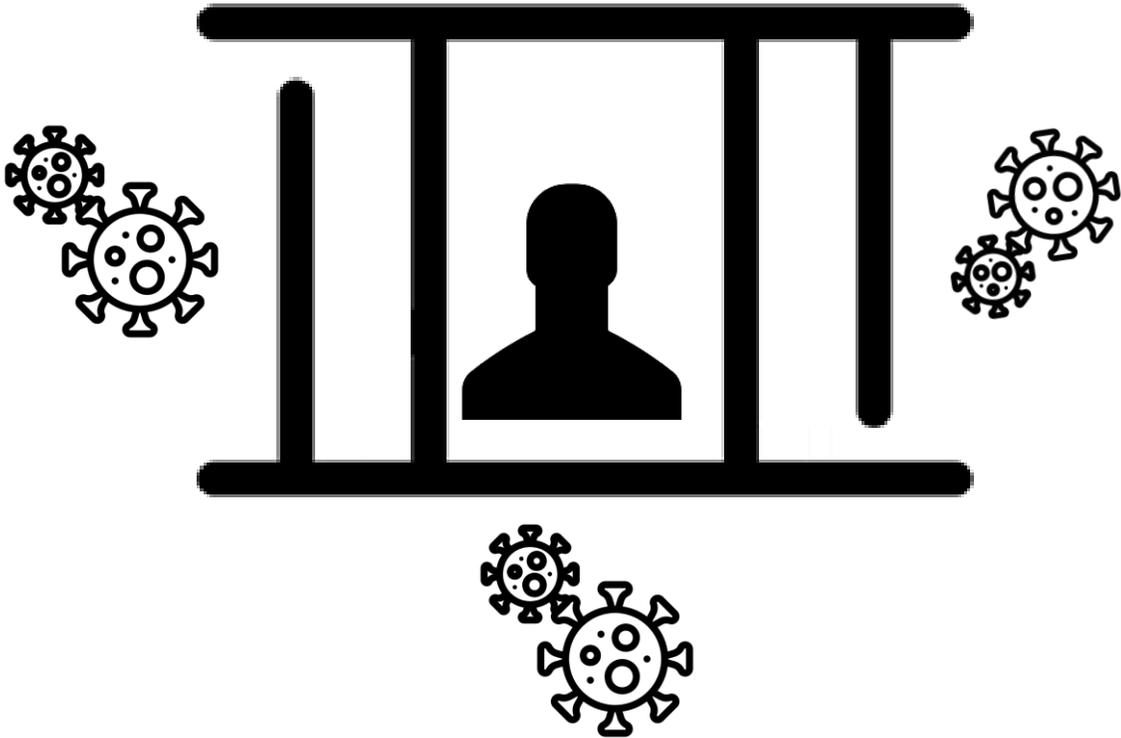
COMPOUNDING IMPACT OF COVID-19

Figure 1

Stem and Leaf Plot of Dates States Visitation Was Suspended

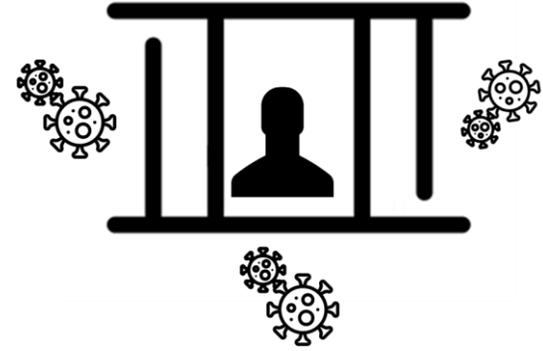
Date of Visitation Suspension	State Abbreviation
03/07/20	NV
03/10/20	NJ
03/11/20	CO, FL, IN, RI
03/12/20	DE, KS, LA, MD, ME, MN, MO, MS, ND, OH, OR, SD, TN, UT, WA
03/13/20	AK, AL, AZ, CA, CN, GA, HI, ID, MA, MI, MT, NC, OK, PA, SC, TX, VA, VT, WI
03/14/20	IA, IL, KY, NY
03/16/20	AR, NE, NH, NM
03/18/20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

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

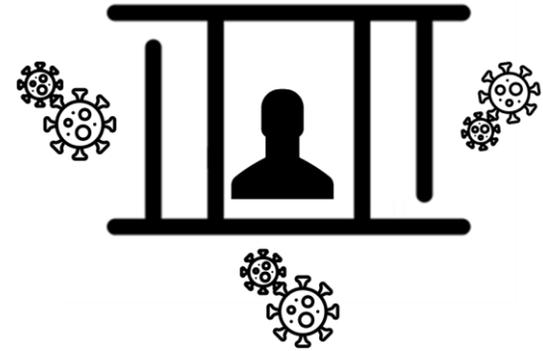
■ **Common reactions** include:

- 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.

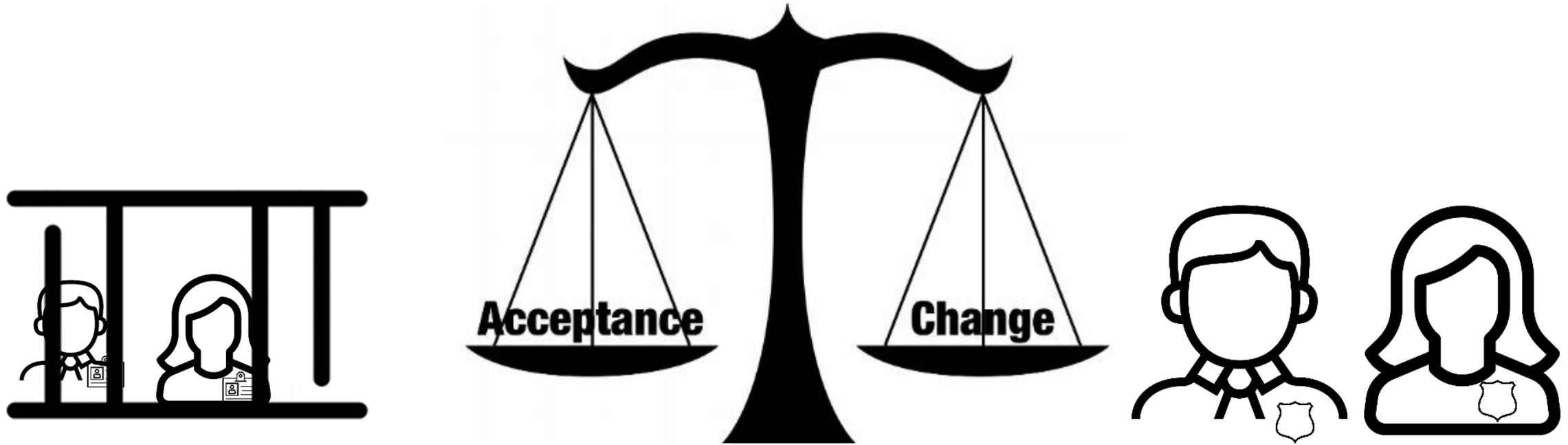


COMPOUNDING IMPACT OF COVID-19

- **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

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. 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.

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

- People with pre-existing mental illness. Risks include the worsening of existing symptoms and/or the onset of new symptoms including psychotic episodes. They are also at elevated risk for suicide attempts and self-harm behavior during isolation.
 - People with serious mental illnesses such as Schizophrenia, Bipolar Disorder, or Borderline Personality Disorder are particularly at risk for negative outcomes.
- Pregnant and postpartum women. The perinatal period is already a time of higher risk for worsening or onset of mental illness. Isolation may increase this risk further.
- Older adults. Risks include onset or worsening of confusion and memory loss.

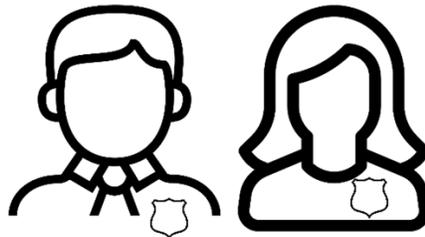
Best practices to mitigate risks of putting people in lockdown

There are things you can do to mitigate the risks of solitary confinement—especially when focusing on the potentially harmful effects of **social isolation**, **sensory deprivation**, and **confinement**. You can also do things to reduce harm in **high risk groups**.

Social isolation

Meaningful social interaction is critical for psychological wellbeing. Thus, one of the most devastating parts of isolation is the lack of interaction with other people. To minimize harm, facilities should:

- Have officers, a chaplain, residents who have movement privileges, and/or medical staff converse with people who are isolated several times a day. Ensure appropriate distancing is maintained during these routine conversations to reduce risk to the isolated person.
- Provide daily phone or television access at least daily
- Provide no-cost daily check-ins with a mental health provider
- Provide no-cost daily check-ins with a medical provider
- When possible, arrange isolated persons in a way that allows for nearby conversation or at least the sight of other people
- Allow for pictures and other personal items that may help the isolated person feel connected to be brought to isolation area



Sensory deprivation

Sensory deprivation produces a range of harmful effects. To minimize harm, facilities should:

- Ensure lighting is consistent with the human sleep-wake cycle (dark at night and varying light during the day).
- Provide continuous access to amenities, like radio and television, that provide varying noise levels during the day—ideally that the person in isolation can control to match their needs.
- Provide continuous access to materials that will allow the person in isolation to stay occupied. They need things to do and focus on. Books, educational materials, workbooks, paper, pencils, and puzzles/games can be helpful.
 - Ask the person what they need and, unless it poses serious safety concern, provide it. Keeping people from developing serious negative effects of isolation benefits all!
- Provide access to spiritual & religious materials and texts.
- Provide access to written materials normally provided in facility programs
- Provide access to personal items, including photographs and letters
- Provide snacks between meals to break up the day and allow for more sensory variation.

Confinement

The reduction in movement that results from being in a small cell can also produce negative psychological and physical reactions. In order to minimize the negative impacts of confinement, it is recommended that, when possible, facilities implement the following:

- Daily time outside of the cell
- Daily access to outdoor exercise
- When possible, provide prisoners with a sense of control over their environment even if it's small. Ask what could be changed to make the experience more bearable.
- Give daily updates that include a reminder of the date and transparent information about how long isolation is likely to be in place

High risk individuals

Given the elevated risk for bad outcomes within high risk groups, these groups likely need additional accommodations.

- Individuals with pre-existing mental illness: daily assessment to check for exacerbation of symptoms (e.g. onset of psychotic episode), increase in suicidal ideation, and self-harm urges
- Older adults: daily assessment of orientation
- Perinatal women: daily assessment of psychological distress and physical discomfort

A closing note – Remember your partners!

Many jails and prisons have volunteer programs. Even though volunteers are not allowed to enter most facilities right now, they can still help you. Ask them to provide materials they would be covering in their normal programs in writing/workbook form. Ask for donations of comfort items. Ask them to write letters. If you have the ability, consider offering programs via television. You are not in this alone.

References

- https://www.researchgate.net/publication/330002436_Social_Isolation_in_Prison_Around_the_World
- https://www.researchgate.net/publication/330002436_Social_Isolation_in_Prison_Around_the_World
- Holmes, A. (2017). Solitary Confinement of Mentally Ill Prisoners: A National Overview & How the Adu Can Be Leveraged to Encourage Best Practices. *Cal. Inmate LJ*, 27, 205.
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- Mecher, J. & Dworkin, J. (2006). An overview of correctional psychiatry. *Psychiatric Clinics*, 30(3), 781-772.
- Williams, B. A. (2016). Older prisoners and the physical health effects of solitary confinement. *American journal of public health*, 106(12), 2126.

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



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 can make it through this too.
- Remind yourself that this is temporary. It will pass.
- Remind yourself of why you're isolated. That you're keeping yourself and/or other people safe
- Remind yourself about the things that keep you going, like the people you love or things you want to do in your life.
- Find the silver lining. What don't you miss from before isolation?



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

Don't get sucked into negative thinking

- Pay attention to what you're telling yourself
- If you find yourself getting really upset or thinking negative thoughts try to distract yourself by doing something like reading a book
- Try using some positive self-talk
- Use your five senses to get out of your head and in to your life. What are five things you can see? Four things you can touch? Three things you can hear? Two things you can smell? One thing you can taste?



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 ever 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

Spend a few minutes each day relaxing

- Close your eyes and take deep breaths. Use your belly to breath instead of your chest. Can you relax your body (unclench your jaw, drop your shoulders away from your ears)?
- Tighten and relax each part of your body (make fists with your hands and release them, tense your arms and relax them)
- Imagine that you're somewhere else. Somewhere peaceful. Like the mountains or a lake. Picture it in as much detail as you can and imagine you're really there. What would you smell? What would you hear? What would you feel?



Connect with your religious or spiritual practices

- Read the bible
- Pray
- Think about your purpose
- Meditate



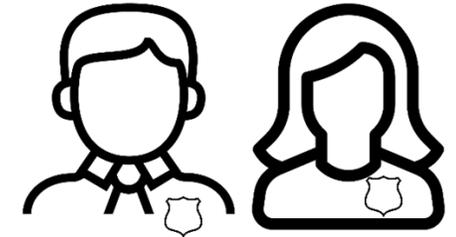
Ask for help if you're struggling

- Ask to speak to mental health if you need additional support
- If there is something that might make the experience a little easier, try asking for it. Remember, you miss 100% of the shots you don't take.



PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

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



PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

Table 1

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

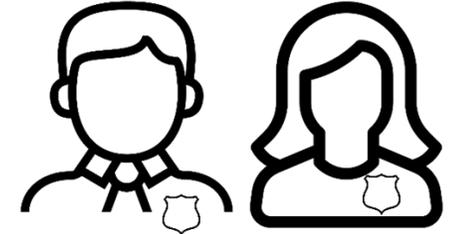
Action	Number of state DOCs taking action	Details of action
1. Added free phone calls	48/50	Mean of 2.18 free calls per week ^a Range of 1–10 free calls per week
1a. Number of free minutes per phone call		Mean of 11 free minutes per call Range of 5–30 free minutes per call
2. Added free video calls	16/25 ^b	Mean of 1 free video call per week Range of 1 per week to 3 per week
2a. Number of free minutes per video call		Mean of 19.17 free minutes per call Range of 10–45 free minutes per call
3. Added free email	15/50	Mean of 2.60 free emails per week Range of 1–5 free emails per week
4. Added free postage/stamps	10/50	Mean of 4.5 free stamps per week Range of 1–12 free stamps provided

^a California offered unlimited free phone calls and was not included in this calculation. ^b Only 50% of state DOCs reported having the capacity to offer video calls before March 2020.

PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

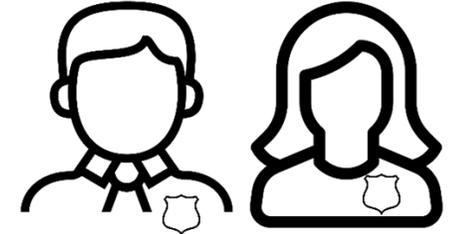
■ Counteract sensory deprivation

- 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

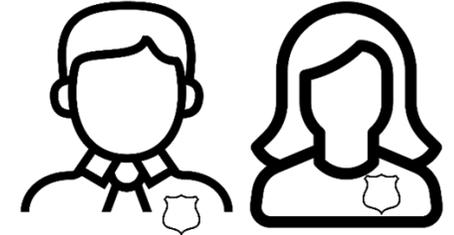
- **Prioritize relief from confinement**
 - Daily time outside cell
 - Access to outdoor exercise
 - Daily updates/orienting information
 - Control over environment, however small



PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

- **Remember your partners**

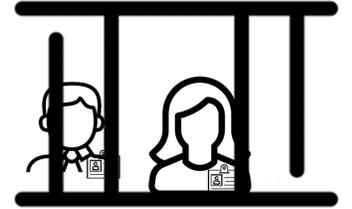
- If you are used to having volunteers, ask them for help
 - Written materials, activities, etc.



PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM

Coping with Isolation During COVID 19

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- Talk to people around you



- Dance
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PRACTICAL STRATEGIES FOR ATTEMPTING TO MITIGATE HARM



Take care of your body

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- Give your hands or feet a massage
- Do arm circles
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- Keep a regular hygiene routine
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- Imagine the future
- Look on the bright side



COPIES OF RESOURCE SHEETS

- [MJZielinski@uams.edu](mailto: 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



Brad Ray

Program Director

*Center for Behavioral Health and
Justice*

Wayne State University

BradRay@wayne.edu

Thank you

Sheryl Kubiak

Dean, School of Social Work

*Center for Behavioral Health and
Justice*

Wayne State University

Spk@wayne.edu



Tyler Logan

Project Coordinator

*Center for Behavioral Health and
Justice*

Wayne State University

Tyler.Logan1@wayne.edu

Stacey Campbell

Program Assistant

*Center for Behavioral Health and
Justice*

Wayne State University

Stacey.Campbell@wayne.edu

Bianca Burch

Project Coordinator

*Center for Behavioral Health and
Justice*

Wayne State University

Bianca.Burch@wayne.edu