



WAYNE STATE
School of Social Work
Center for Behavioral Health and Justice

COVID-19 Mitigation Strategies in County Jails (Updates)

TESTING & VACCINATIONS, CONTACT TRACING, INFORMATION SHARING, AND DISCHARGE PLANNING &
DECARCERATION IN COUNTY JAILS



Thursday, September 30, 2021

Agenda



Welcome & Opening Remarks

CBHJ Welcome
Collaboration & Key Stakeholders



Mitigation Strategies

Testing & Vaccinations
Contact Tracing
Information Sharing
Discharge Planning & Decarceration



Animated Video Clips

Panel Discussion/ Q&A Session

Alyse Wurcel, MD, MS *Infectious Diseases Physician, Tufts Medical Center Assistant Professor, Tufts School of Medicine Infectious Diseases Liaison, Massachusetts Sheriffs Association*

Paul Elam, PhD *Chief Strategy Officer, Michigan Public Health Institute*

Heather Walter-McCabe, JD, MSW *Associate Professor of Law and Social Work, Wayne State University*

Jerry Clayton, Sheriff, *Washtenaw County Sheriff's Office*

Brad Ray, Ph.D., *Associate Professor of Social Work, Wayne State University*



Conclusion and Closing Remarks

Zoom Housekeeping

Slides will be made available on the CBHJ Website after today's webinar

This session will be recorded and made publicly available

We will answer content related questions as we go along, but also at the end of the presentation during the Q&A discussion with panelist

Follow-up Survey 😊



WAYNE STATE
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We envision communities in which **research, data, and best practices** are used by multiple stakeholders to *enhance the optimal well-being of individuals with mental illness and/or substance use disorders who come in contact with the criminal/legal system.*



Collaboration & CoP Key Stakeholders

Mathew Saxton, Executive Director and C.E.O. of the Michigan Sheriff's Association (MI)

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

Paul Elam, Ph.D., Chief Strategy Officer, Michigan Public Health Institute (MI)

Jerry Clayton, Sheriff, Washtenaw County Sheriff's Office (MI)

Robert Dunlap, M.L.S., M.S., Chief of Jails and Court Operations, Wayne County Sheriff's Office (MI)

Jennifer Caruso, M.S.N.M., Division Director, Wayne County Department of Health, Human and Veterans Services (MI)

Kattie Snow, M.P.H., Contract Service Management for Jail Health, Wayne County Department of Health, Human and Veteran Services (MI)

Sheryl Kubiak, Ph.D., M.S.W., Dean and Professor in the Wayne State University School of Social Work (MI)

Brad Ray, Ph.D., M.A., Associate Professor of Social Work, Wayne State University School of Social Work (MI)

Tyler Logan, M.A., Project Coordinator, Wayne State University (MI)

Bianca Burch, M.A., M.S.W., Project Coordinator, Wayne State University (MI)

Stacey Campbell, Project Assistant, Wayne State University (MI)

Matt Costello, L.M.S.W., Opioid Treatment Ecosystem Project Manager, Wayne State University (MI)

Nanci Hambrick, M.S.W., Project Manager, Wayne State University (MI)

Heather Walter-McCabe, J.D., M.S.W., Associate Professor of Law and Social Work, Wayne State University (MI)

Lance Gable, J.D., M.P.H., Associate Professor of Law and Faculty Director, Wayne State University (MI)

Dr. Teena Chopra, M.D., M.P.H., Professor of Internal Medicine, Infections Diseases, Wayne State University (MI)

Nancy Rhodes, Ph.D., Associate Professor, Michigan State University, College of Communication, Arts and Sciences (MI)

Sheriff Brian Asbell, M.B.A., Sheriff, Peoria County Sheriff's Office (IL)

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

Dr. Alysse Wurcel, M.D., M.S., Infectious Diseases Physician, Tufts Medical Center Assistant Professor, Tufts School of Medicine Infectious Diseases Liaison, Massachusetts Sheriffs Association (MA)

Ank Nijhawan, M.D., M.P.H., M.S.C.S., Physician and Researcher at the University of Texas Southwestern Medical Center (TX)

Simone Wildes, M.D., F.A.C.P., F.I.D.S.A., Clinical Assistant Professor of Medicine, Tufts Medical Center (MA), Executive Board Member of Massachusetts Medical Society, Massachusetts Dept of Public Health Equity Advisory group and MA COVID-19 Vaccine Advisory group (MA)

Parsa Erfani, M.D. Candidate, Harvard Medical School (MA)

Douglas Burris, M.H.R., Director, St. Louis County Jail (MO)

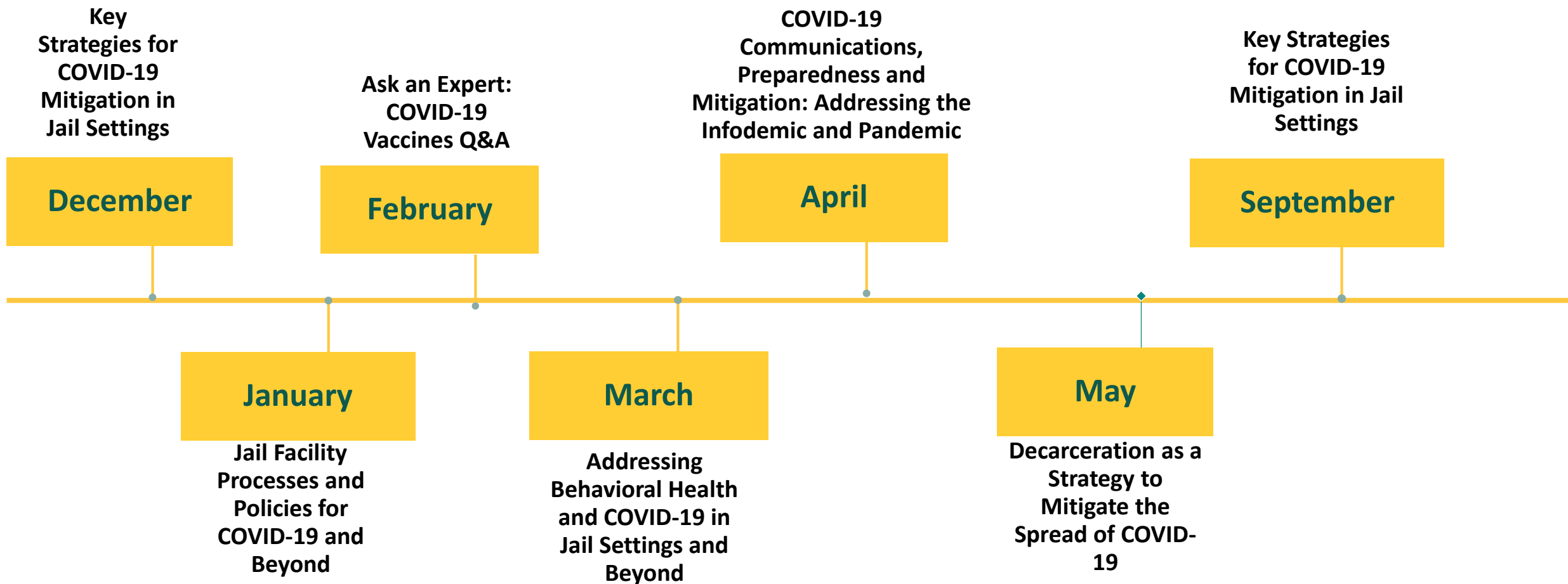
Beth Huebner, Ph.D., Professor, Department of Criminal Justice at University of Missouri - St. Louis (MO)

Miranda Gibson, M.A., Program Manager, MacArthur Safety + Justice Challenge grant in St. Louis County (MO)

Anna Gonzales, Director of Federal Programs, CDC Foundation (U.S.)

Andrea Malloy, CDC Foundation COVID-19 Senior Advisor (U.S.)

Community Of Practice Webinars Currently Available





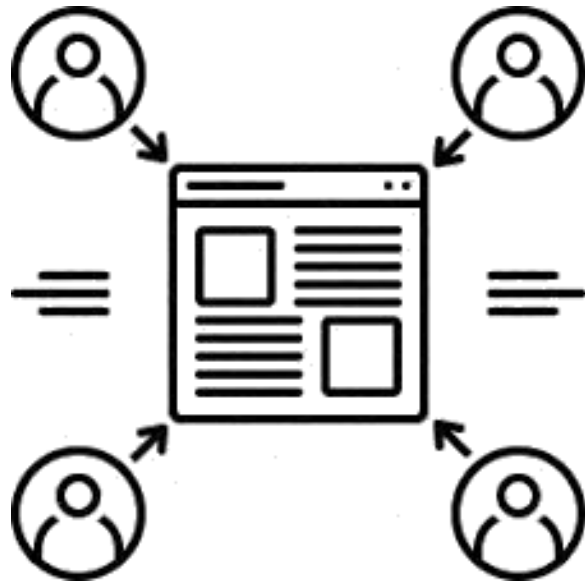
COVID-19 Mitigation Strategy #1: COVID-19 Testing & Vaccinations

*Implementation of routine diagnostic testing plans and
vaccine recommendations.*



COVID-19 Mitigation Strategy #1: Testing & Vaccinations

A key part in mitigating the spread of COVID-19 is in **identifying symptomatic and asymptomatic carriers.**



Testing strategies will vary in each jail- depending on population size, positivity rates in jail and community, access to resources.

CDC recommendations include no more than one test within a 24-hour period- includes individuals re-entering the facility.

A new diagnostic test (Flu-SC2-Multiplex) will be available starting January 1,2022.

While COVID vaccinations are not mandated in most jail facilities it is recommended that staff and any individual entering the jail be vaccinated. Booster shots may be considered if/when available, based on which vaccine was administered.



COVID-19 Mitigation Strategy #1: Testing & Vaccinations

Key Considerations

Testing strategies should include **input from the jail medical provider and/or a local public health department personnel.**

Test individuals booked into the jail and staff who interact with these detainees.

Having **more than one provider** can increase efficiency in timing in getting results.

Create flexible testing times for staff.

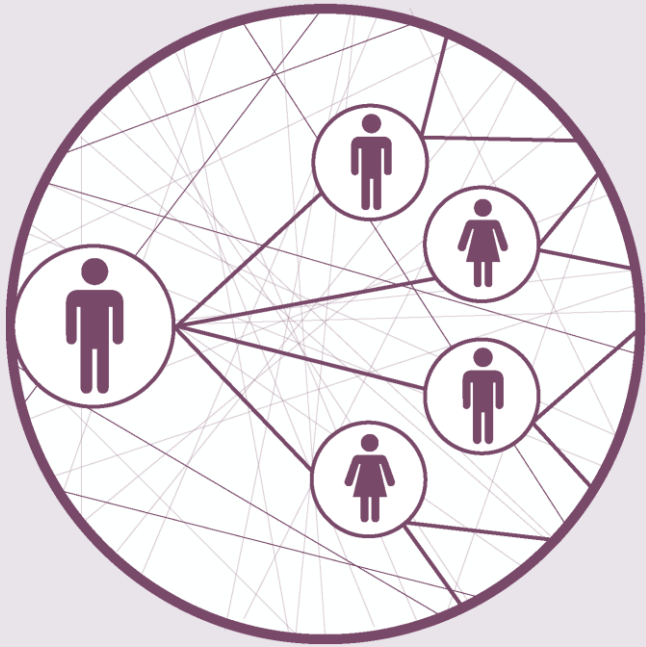
Expanding or retracting testing may be appropriate in counties based on changes in community transmission and jail transmission rates of COVID-19.

Occupational Safety and Health Administration (OSHA) designates COVID-19 as a recordable illness under its guidelines and, therefore, **requires the workplace to keep a record of COVID-19 infections in the workplace. Vaccinations are not required by labs to keep record of.**

Encourage staff to get vaccinated. Encourage anyone entering the jail to get vaccinated.

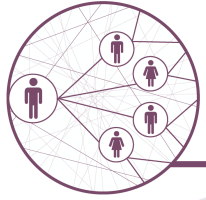
Testing policy must be objectively applied and should not target any specific high-risk groups which could implicate any concerns for discrimination under the [Americans with Disabilities Act](#)

Pooled testing may be appropriate in jurisdictions based on community transmission of COVID-19 and within the facility based on contact with others.



COVID-19 Mitigation Strategy #2: Contact Tracing

Collaboration with the health department and community contact tracers to collect information and follow-up.



COVID-19 Mitigation Strategy #2: Contact Tracing

Contact tracing is a public health tool used to identify and notify the recent contacts of someone who has COVID-19. This should always be done virtually, and only in-person after all other resources have been exhausted.

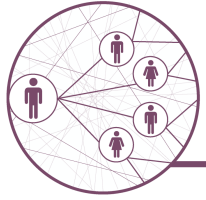


CDC recommends that **people with the training and access to social and medical support** for patients conduct contact tracing (*this may include jail personnel*)

Recommendations include **tracing all contacts from the 48-hours prior to symptoms** and in the case of **asymptomatic cases, 48-hours prior to testing.**

Includes **anyone that came in contact with the detained individual** and were within **6 feet** of that person for at least **15 minutes**, starting from **48 hours prior to showing symptoms.**

Note: The objective is to identify cases or locations that can break the transmission chain.



COVID-19 Mitigation Strategy #2: Contact Tracing

Occur when individual tests positive for Coronavirus (COVID-19) or exhibits symptoms

- Shortness of breath
- Fever
- Cough
- Loss of taste



Community Contact Tracing

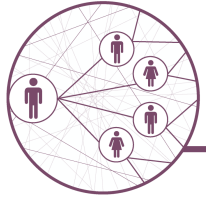
It is vital to trace COVID-19 positive cases within the community as:

- Jails are considered high risk (*like other congregate living facilities*)
- Many people cycle quickly through jail and might be released prior to receiving test results.
- Local and state efforts should work collaboratively to curve community prevalence rates

Jail Facility Contact Tracing

Contact tracing can be conducted by onsite jail staff with appropriate testing and quarantine procedures initiated such as:

- Housing COVID-19 positive individuals together, away from the non-infected population.
- Developing transitional plans for individuals that have been placed in isolation or quarantine or who require close monitoring.



COVID-19 Mitigation Strategy #2: Contact Tracing

Key Considerations

Collect COVID-19 related information from the individual and whom they may have come in contact with **upon their entry into the jail (I.e. At booking process)**

A designated person in the facility, such as a disease intervention specialist, will help in **risk reduction and implementation of COVID-19 mitigation strategies (i.e., contact tracing).**

Partnering with local health department and community agencies to ensure contact tracing is implemented efficiently may reduce burnout from all parties engaged.

If individuals have been **released prior** to receiving a positive or negative test result, **work with the local/state health department to contact that individual for contact tracing purposes & follow up.**



#3: Information Sharing

Developing and maintaining data collection, management, and sharing protocols with key partners.



COVID-19 Mitigation Strategy #3: Information Sharing

Vaccinations:

- It is recommended for the safety of everyone in the jail that staff be encouraged to get the vaccination.
- Each jail should implement their own policies and procedures around vaccinations.

Test Results:

- Testing may occur at different times.
- Booking lists ensure that you have accounted for the full population entering the jail.
- Designated staff person(s) should record the date an individual was tested, which test(s) they received, and the date test results were received.
- Refusals and mitigating circumstances which prevented testing should be documented.

Sharing Information with Public Health:

- Links with the local health department and protocols for sharing the information need to be implemented to connect jail COVID-19 mitigation strategies to the broader community.

Sharing Information with Detainees:

- Those who are released prior to receiving their results should receive communications (phone calls, texts, or mail) with their results.
- Effective communication of test results may decrease individual anxiety and mistrust between medical professionals and communities.

Sharing and Receiving Information Involving Jail Staff:

- Jails may implement requirements for routine testing of staff. If such a requirement is issued, jail administration may require documentation of testing.



COVID-19 Mitigation Strategy #3: Information Sharing

Key Considerations

Collect information for all individuals being detained and booked into the facility, as well as **staff testing results**.

At a minimum, each jail will need to **identify a person or people responsible for the data collection and management**.

Public health workers or other designated staff person(s) implementing COVID-19 risk reduction strategies and protocols within the jail, should have, but not be limited to the following: **computer literacy skills, including data management experience and public health knowledge, cultural competency, humility, and motivational interviewing skills**.

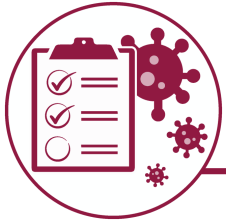
Share collected data with your local health department and collaborate to make data-driven decisions; Utilizing the Michigan Disease Surveillance System (MDSS) to track COVID-19 data has proven to be efficient- access can be gained through local public health department.

Share information on vaccinations along with how and where individuals can receive one. This information would be shared with staff and anyone entering the jail



#4: Discharge Planning & Decarceration

Assuring those with COVID-19 are provided information upon release & jails take measures to actively decrease their populations where possible.



COVID-19 Mitigation Strategy #4: Discharge Planning & Decarceration



Discharge plans should be remotely managed and facilitated given the move to teleservices, if possible.

This creates more flexibility for providers that may not be allowed in the jail, as well as, may increase efficiency in workload.



Correctional facilities are seeing rises in COVID-19 cases, are overcrowded and understaffed.



Decarceration facilitates physical distancing and other mitigation strategies, reducing the risks of COVID-19 transmission of the virus within jails.

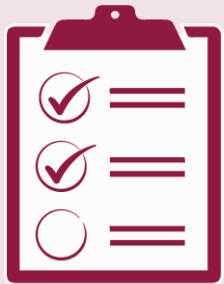


Prior to release, those leaving the jail may require one or more of the following: Transportation, Clothing, Food, Financial Resources, Documentation Assistance, Housing, Employment, Education, Healthcare, or Behavioral Health Support



COVID-19 Mitigation Strategy #4: Discharge Planning & Decarceration

Key Considerations



Review the current discharge planning processes and procedures to establish strategies that inform and provide services to those who test COVID-19 positive and/or have additional needs (i.e., behavioral health).

Create alternative methods to conduct in-jail provider services (i.e., telehealth services for behavioral health sessions and services between providers and detainees).

If possible, **utilize DIS to facilitate additional screenings at booking.**



Work with community providers to establish a process for a “warm handoffs”- processes that link the released individual with needed community resources services, including provider referrals.

Develop a release plan that **informs individuals being released of their COVID-19 test results and community supports/resources-** brief info packet may be provided.

Decarceration will require collaborative efforts from jail staff, community providers and resources (i.e. health systems, transportation and housing authorities etc.) to ensure better outcomes for the individual, and the overall community.







Panel Discussion



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Moderated by:



Bianca Burch, MA, MSW
Wayne State University



Tyler Logan, MA
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Recap

December, January, March, April,
May & September's
CoP's are available

Feedback

Toolkit Updates

The screenshot shows the Wayne State University website for the Center for Behavioral Health and Justice. The header includes the university logo, name, and the slogan "WARRIOR STRONG". A navigation menu on the left lists: About, Research and projects, Reports, publications and resources, Student experiential learning, Events, Careers, and Contact us. Below the menu are buttons for "COVID-19 Resources", "Join our mailing list", and "Contact us". The main content area features a large image of a jail hallway with red virus icons and four circular icons representing testing, contact tracing, and discharge planning. The main heading is "COVID-19 Testing and Contact Tracing within County Jails in Michigan". Below this is the title "Recommended Best Practices for Implementation of Testing, Contact Tracing, and Discharge Planning". A small text block lists the compilers: Brad Ray, Ph.D.; Sheryl Kubiak, Ph.D., M.S.W.; Tyler Logan, M.A.; Bianca Burch, M.A., M.S.W.; Stacey Campbell, B.A. A note at the bottom states: "Please note: This toolkit is for informational and educational purposes only."

behaviorhealthjustice.wayne.edu/coronavirus

Thank you

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