



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

COVID-19 TESTING AND CONTACT TRACING WITHIN COUNTY JAILS IN MICHIGAN

Recommended Practices for Implementation
of Testing, Contact Tracing,
and Discharge Planning

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The Center for Behavioral Health and Justice (CBHJ) at the Wayne State University School of Social Work envisions 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 criminal-legal systems.

With over a decade of experience facilitating collaboration between criminal-legal stakeholders and community-based treatment systems, we currently serve as external facilitators in over 20 counties across Michigan. In these engagements we coordinate efforts aimed at the diversion and deflection of individuals from jail and prison through the implementation of best and innovative practices at every intercept of the criminal-legal continuum.

Acknowledgements

The CBHJ would like to extend thanks to our partners in Wayne County, Michigan. Facing this pandemic with them has been inspiring, challenging and informative. This partnership has been essential as we've all continued to learn more about COVID-19 and best practices in keeping people safe and in mitigating the spread of this virus.

None of this would have been possible without: Genelle M. Allen, Chief Operating Officer with the Office of Wayne County Executive Warren C. Evans and Jennifer Caruso, Division Director of Clinical Services, at the Wayne County Health, Human and Veterans Services Department; the expertise and commitment of Dr. Ruta Sharangpani, Medical Director, Wayne County Public Health Division in addressing transmission in the jail; the Honorable Timothy Kenny, Chief Judge at the Third Circuit Court for prioritizing public safety concerns with in the jail; and Chief Robert Dunlap of the Wayne County Jail (WCJ), who moved quickly and developed innovative approaches. Through a community partnership, these individuals and agencies developed COVID-19 mitigation strategies and their efforts have certainly prevented further community spread of COVID-19 to those in the community, especially those in marginalized populations—including African Americans and other Black, Indigenous and People of Color (BIPOC)—who disproportionately bear the burden of both an unjust criminal justice system and the lethal impact of the COVID-19 virus.

The CBHJ would also like to thank the Michigan Justice Fund for the financial support to engage in mass testing efforts and to produce this toolkit. Special thanks to Melanca Clark, Hudson-Webber Foundation, Surabhi Pandit, and Sarah Wedepohl, Community Foundation for Southeast Michigan.

Finally, special thanks to our Wayne State University Colleagues: Dr. Phil Levy and his team for execution of the mass testing within the Wayne County Jail in May 2020; Dr. Teena Chopra, infectious disease specialist for her consultation; Lance Gable (Law) and Heather Walter-McCabe (Law and Social Work) for their expertise in health care ethics.



Toolkit Origin

Detroit was impacted early by the 2019 novel coronavirus (SARS-CoV-2), which causes the disease COVID-19. In March 2020, the Wayne County Jail (WCJ) learned that numerous staff members were infected and, ultimately, three jail medical staff died from the coronavirus. As the disease spread across Michigan and social mitigation efforts began to emerge, county administrators worked with the Wayne State University School of Medicine (WSU-SOM) and the CBHJ to develop a plan to slow the spread of the virus.

Recognizing that mass testing was the right first step, emergency funding was obtained from the Michigan Justice Fund for the WSU-SOM to organize and administer mass testing of all jail inmates. This testing included both the PCR (nasal swabs) to detect current infection and serology tests (to assess antibodies). With the results of the mass testing, the jail immediately quarantined COVID-19 symptomatic and asymptomatic positive individuals.

Following this, the CBHJ started coordinating regular meetings with key Wayne County and state government stakeholders to assist in the identification and implementation of a COVID-19 mitigation strategy for the WCJ that included testing, contact tracing, quarantine, and release strategies. Since March 2020, jails across the state have taken various measures to prevent COVID-19 transmission, including verbal screening, decreasing the population, restricting movement within facilities, prohibiting visitation, and suspending internal programming. However, few have implemented testing and we felt it was important to share the lessons and strategies using to developed these procedures.

Amidst national data showing that incarceration settings have prevalence and mortality rates five times the general population, accounting for 80 percent of the largest COVID-19 outbreaks (surpassing nursing homes and food processing plants), and the realization that asymptomatic carriers can unwittingly infect staff and detainees, a comprehensive plan for identification and mitigation is best practice. Governor Whitmer issued [Executive Order 2020-170](#), providing guidelines for correctional facilities in Michigan (both jails and prisons), clarifying the standards jails have to meet before they can transfer individuals to the Michigan Department of Corrections (MDOC), and calling for routine risk reduction and testing for COVID-19 in county jails¹). The Executive Order was issued on August 15, 2020 and is set to expire on September 30, 2020. This toolkit was finalized on September 15, 2020.

With funding from the Michigan Justice Fund, the CBHJ documented the barriers and successes that Wayne County community leaders and stakeholders faced implementing mitigation efforts in the WCJ in order to inform decision-makers across the state with practical strategies for reducing the transmission of COVID-19.²

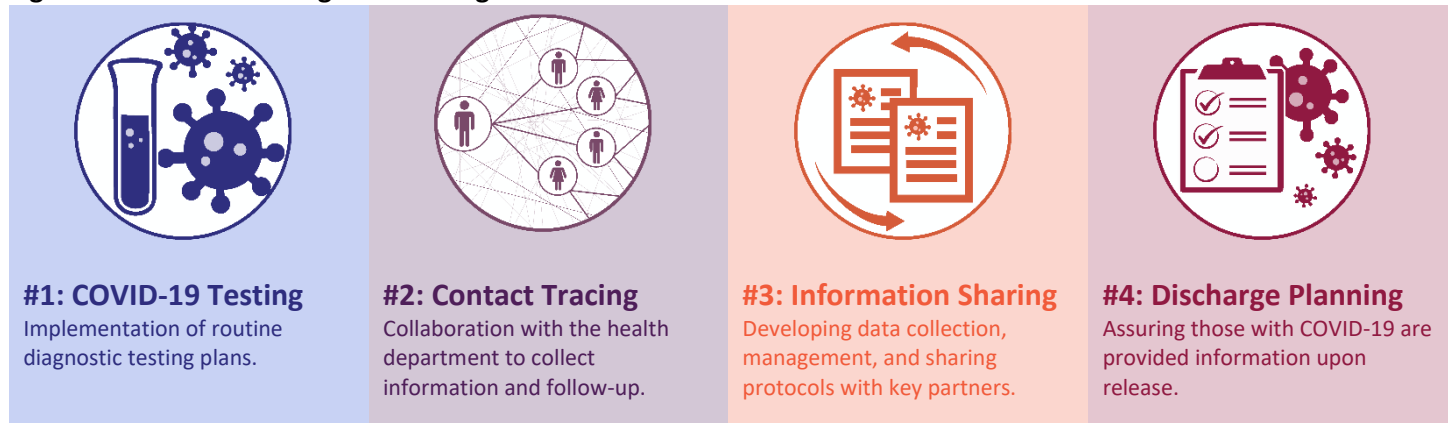
¹ See https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-537241--,00.html

² Please check <https://behaviorhealthjustice.wayne.edu/coronavirus> for additional updates

Toolkit Goals

The goal of this toolkit is to provide the experience and knowledge gained thus far in Wayne County to other county jails across the state by developing **COVID-19 Mitigation Strategies**. These strategies aim to provide key information towards implementation along with considerations and recommendations based on experiences with the WCJ efforts. Importantly, this toolkit assumes that county jails are well-versed in risk reduction measures such as disinfecting, use of PPE, and verbal screening due to past experiences with other infectious diseases (see *Appendix A* for more information), and focuses instead on four critical **COVID-19 Mitigation Strategies** (shown in *Figure 1.1* below): COVID-19 Testing, Community Contact Tracing, Information Sharing, and Discharge Planning (Re-entry).

Figure 1.1: COVID-19 Mitigation Strategies



The considerations and recommendations offered in these strategies combines federal guidelines from the Center for Disease Control and Prevention (CDC) and practiced wisdom gained from research and technical assistance within jail settings. It is important to note that this toolkit is provided for informational and educational purposes only and is written for a non-technical audience.

Intended Audience and Purpose

Our toolkit is aimed broadly at community leaders and decision-makers, particularly those persons who manage or work with county jail facilities. At the onset of the COVID-19 pandemic, many correctional facilities started to practice “decarceration” efforts, allowing people to move back to their community as a public health measure to improve capacity for distancing within the facility. This strategy also resulted from staff shortages due to workers’ COVID-19 infections or their unwillingness to risk infection from their work setting.

At a national level, the Bureau of Prisons announced efforts, including early release, to address COVID-19. However, for county jails the decisions varied by jurisdiction, stemming from local sheriffs or courts, and were additionally impacted by local police changes (and general social behavioral changes), such as reductions in arrests. Therefore, in light of this variant response, it is important to note that **decarceration is the most effective and preferred strategy, but alone is not sufficient as a mitigation strategy if the facility continues to book new individuals, which nearly all jails have continued to do throughout the COVID-19 pandemic.**

Additional mitigation efforts for COVID-19 in jail facilities are necessary but often difficult to implement. Many facilities are overcrowded and have congregate sleeping arrangements, making social distancing difficult, and limiting space for isolation and quarantine. In addition, jails are not closed systems; COVID-19 can be transmitted to and from the surrounding community through jail staff; visitor movements; and entry, transfer, and release of detained persons. Therefore, a collaboration between multiple systems and stakeholders – in and out of the jail – is required.

Within counties, this toolkit is recommended for jail administrators and corrections staff, jail health care providers, and local public health departments and is intended to offer guidance regarding practices to potentially help minimize COVID-



19 outbreaks in jails. This toolkit of resources, and its conclusions and recommendations, reflect the best available information at the time the toolkit was prepared.

Developing a Strategy for your Jail

The guidance may need to be adapted based on the geographic location of the facility, the physical space within the jail, staffing, operations, and other resources and conditions. **The recommendations contained in this toolkit should not supersede guidance from governing entities**, such as state health and correctional departments or local public health agencies. Please visit <https://www.michigan.gov/coronavirus/> for additional statewide guidance on COVID-19 FAQ, management and recommended practices.

In future iterations of this toolkit we will build on the **COVID-19 Mitigation Strategies** presented here and generate others. Efforts are underway to develop mitigation strategies that include regular diagnostic testing procedures for staff along with enhanced release strategies. Please check <https://behaviorhealthjustice.wayne.edu/coronavirus> for updates.

Public Health Partnerships

Jail testing data combined with data regarding the surrounding community and region should be used to inform decisions related to jail operations. With this in mind, mitigation strategies will look different for each jail depending on a number of factors including the community viral spread of COVID-19. For example, when positivity rates increase, mitigation strategies need to intensify, which might include decarceration along with increasing the frequency or type of testing, contact tracing strategies, and discharge planning efforts. *Appendix E* provides an example of how testing data from the jail as well as the surrounding community might guide the response.

Contact your local health department for additional guidance and access to resources!

Public health agencies are an invaluable partner and a good first step in this endeavor.



Click here for list of contacts for Michigan Health Departments



COVID-19 Mitigation Strategy #1: Testing

Testing for the virus that causes COVID-19 is fundamental in mitigating the spread of the virus by identifying symptomatic and asymptomatic carriers. When, where, how often and by whom tests are administered will vary based upon the jail and health personnel available and the community and jail COVID-19 positive rate. Understanding the variation in testing types, modes of administration, and what has been implemented in other jails will help you develop a strategy for your county that works for visitors, staff, and those booked into the jail. The CDC recommends that an individual should receive no more than one test in any 24-hour period. If an individual is moved between facilities within that period, it is not recommended to re-test. It is important to note that screening for symptoms without testing does not comply with EO-2020-170 (*set to expire on September 30, 2020*).

Diagnostic Testing

Diagnostic tests provide information on the presence of *current* COVID-19 infection and can be used to assess acute infection. These tests are administered by nasal swabs, throat swabs, or using saliva. The **RT-PCR test** (molecular test) is currently the most accurate and detects genetic materials using nasal swabs or saliva. Results from this test can be delivered as quickly as 24 hours, depending on the capacity and backlog of the testing lab.

The **antigen test** (point-of-care test) detects certain proteins on the surface of the virus and is administered by nasal or throat swabs. This is a rapid test, with results generated within an hour. These tests can be less sensitive and are becoming widely available. The antigen test is highly accurate for COVID-19 positive cases; however, negative results are less accurate, and may need to be confirmed from the molecular (RT-PCR) test. Jails may also consider onsite machines that assist in analyzing tests results onsite. Contact your local health department for additional guidance on testing efforts.

Table 1.1: COVID-19 Diagnostic Testing At-A-Glance

Test	Administration	Type
Diagnostic Testing measures presence of current infection.	Administered by health care provider	Nasopharyngeal (NP)
		Oropharyngeal (OP)
		Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW)
	Option to self-administer (supervised or at home) or done by healthcare provider	Nasal mid-turbinate swab (<u>provider or supervised self-administer</u>)
		Anterior nares (nasal swab) (<u>provider, home self-administer, or supervised self-administer</u>)
		Saliva (<u>at-home self-administered</u>)

Antibody (IgG) Testing (Optional)

The antibody test, also referred to as the **IgG or IgM test**, involves serology (blood draw) and requires medical personnel. This test determines *past* exposure to COVID-19 by assessing antibody production; however, it **does not** indicate a current or active infection from the virus. Additionally, an individual testing positive with the IgG may have no recollection of having the virus because they were previously an asymptomatic carrier or only had mild symptoms. Further research is underway to learn if or how long the antibodies may provide protection from COVID-19. Please, note that antibody tests may raise a different set of issues, as the CDC doesn't currently recommend using antibody testing for diagnosing of current COVID-19 infection status.³ Therefore, if not already done so, jails should consult with their local health departments if using antibody tests to create strategies for administering diagnostic testing for the virus as well.

³ See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#:~:text=CDC%20does%20not%20currently%20recommend,with%20viral%20detection%20tests>.

SCENARIO: COVID-19 TESTING AT BOOKING IN THE WAYNE COUNTY JAIL

In-jail medical providers refused to oversee testing in the WCJ, so arrangements were made for external public health care professionals to test individuals at booking. Currently, both RT-PCR and IgG tests are conducted to provide a full picture on asymptomatic cases. Testing is conducted Monday-Friday, with those admitted on the weekend being quarantined until testing resumes on the following weekday. Approximately 45 tests are conducted Tuesday through Friday, while up to 80 individuals are tested on Mondays due to weekend bookings.

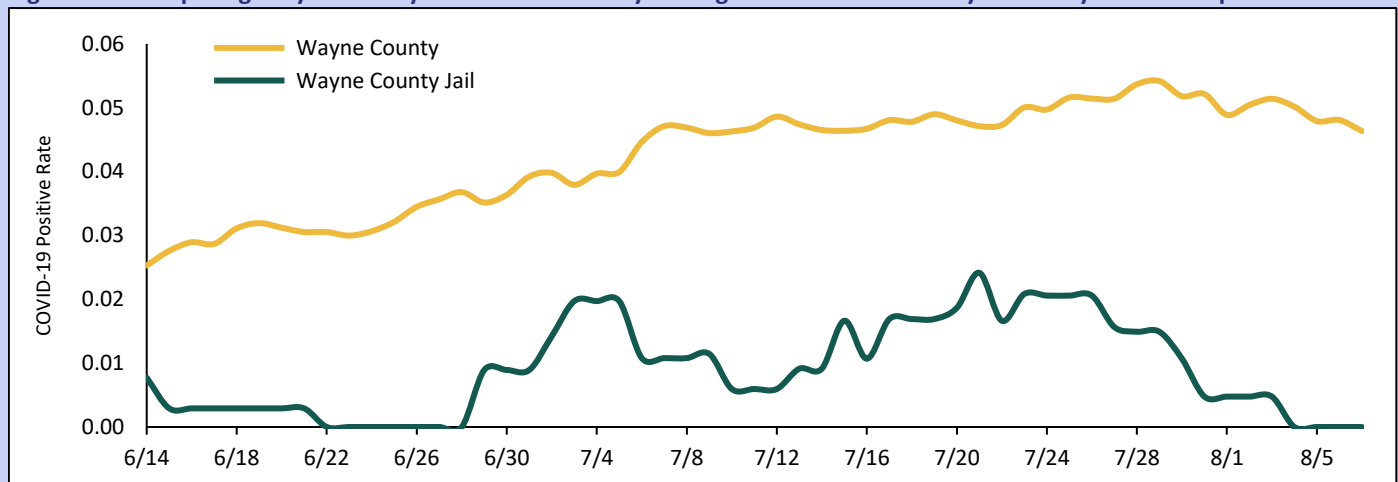
Inmates are released into general population after they test negative or after being in quarantine for at least 14 days. While the intent is to test everyone upon entering the facility, extenuating circumstances may prevent an individual from being tested at booking (e.g. acute mental health crisis) and individuals have the right to refuse. All individuals who do not receive a COVID-19 test are quarantined for 14 days. However, refusal rate for testing has been very low (less than 2% June 8, 2020 – August 7, 2020) and all individuals who do not receive a test immediately upon admission are approached the following day.

Through these practices, the WCJ has been able to reach 100% compliance with testing among detainees.

After booking, all detainees are quarantined on the same intake unit until they receive diagnostic test results (up to 14 days). Those testing positive for COVID-19 are placed in a pre-designated isolation area with other individuals (separate from the intake quarantine). If results are negative, they are released into the general population within the facility.

Using these procedures, the WCJ has achieved a 1% COVID-19 positive rate. *Figure 1.2* shows the rolling 7-day positivity rate at the WCJ compared to Wayne County. It should be noted that those in the community are likely getting tested because they experience symptoms, while those in the jail are tested routinely regardless of symptoms.

Figure 1.2: Comparing Wayne County Jail COVID-19 7-Day Average Positive Rate to Wayne County General Population



Staff Testing

One strategy to help identify staff for testing is to implement symptom and temperature checks into daily standard practices. However, this would miss asymptomatic or pre-symptomatic cases, highlighting the need to have procedures in place for re-occurring and consistent diagnostic testing for all staff entering the facility (i.e., correctional, sanitation, food services, and administrative staff).

Additionally, standardizing practices among staff to minimize unnecessary contact (i.e., contact between quarantine unit staff and non-quarantined unit staff) is crucial to help minimize spread and to inform staff testing decisions based on access and proximity to detainees. Another strategy is to implement broader facility-wide testing following any COVID-19 positive case in the facility.

Jail facilities need to have a quarantine plan in place for staff members that includes the risk reduction protocols highlighted by the State of Michigan (SOM) and the CDC (See *Appendix A* for more information). Any jail staff member



(symptomatic or asymptomatic) who learns that they have been in close contact with anyone who has tested positive for the virus that causes COVID-19 should receive a diagnostic test. At minimum, it is recommended that the staff person be required to home quarantine for ten days, and until either no symptoms have developed or symptoms have improved with at least 24-hours post fever. It is important to note that the CDC is no longer recommending a negative test result as guidance to determine when an employee can return to work following COVID-19 positive status (additional information can be found [here](#)).

At the WCJ, every two to three weeks, more than 1,000 jail staff are encouraged to seek testing at one of the contracted testing sites in Wayne County; however, *WCJ is currently developing protocols for mandatory staff testing for all jail staff.* To facilitate this, county public health agencies are working to increase the number of providers administering COVID-19 testing, including an onsite mobile testing near the jail, allowing for more geographic and time-related flexibility for staff seeking testing.

Key Considerations for Testing

Determining which type of testing strategy(ies) works best for your facility should be made **with input from the jail medical provider and/or a specialist from your local public health department.**

Pooled testing (batch testing), or conducting one laboratory test on a combined pool or batch of samples may be appropriate in jurisdictions based on community transmission of COVID-19 and within the facility based on contact with others.

Testing individuals booked into the jail and staff who interact with these detainees is a key component to mitigating the spread of COVID-19 (in the jail and the community).

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

Create flexible testing times where staff can seek testing opportunities that will not interfere with ongoing work will support facility efforts to mitigate spread.

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.**

Any discussion of mandatory **testing of unionized employees** should begin with an **examination of the collective bargaining documents.**

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](#) (additional information is available [here](#)).

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

Other factors to consider, which will vary by county, include: the availability of jail medical providers to administer tests, testing costs, the accuracy of testing and capacity of nearby labs.

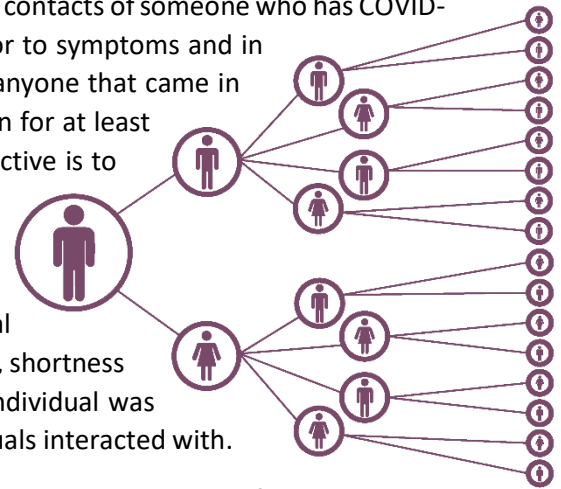


COVID-19 Mitigation Strategy #2: Contact Tracing

Contact tracing is a public health tool used to identify and notify the recent contacts of someone who has COVID-19. Recommendations include tracing all contacts from the 48-hours prior to symptoms and in the case of asymptomatic cases, 48-hours prior to testing. This 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. The objective is to identify cases or locations that can break the transmission chain.

Facility Contact Tracing

Contact tracing within a jail facility would ideally occur when any individual tests positive for the virus that causes COVID-19 or exhibits symptoms (i.e., shortness of breath, fever, cough, loss of taste). This means looking at where an individual was situated in the facility and which staff members and detainees the individuals interacted with.



The CDC recommends that people with the training and access to social and medical support for patients conduct contact tracing. However, within jail facilities, especially those restricting access who have with limited staff and those located in remote areas, this may not be feasible. Therefore, 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, and developing transitional plans for individuals that have been placed in isolation or quarantine or who require close monitoring. We highly recommend contacting your local health department for additional guidelines, training, and contact tracing support.

Community Contact Tracing

One of the key mitigation gaps in COVID-19 mitigation nationally with county jails is community contact tracing. As individuals who are booked into a jail test positive for the virus that causes COVID-19, there is currently *no mechanism in place* to trace who that individual has come in contact within the community during the previous 48-hours. This is a *vital* part of reducing the spread of COVID-19 in the surrounding community but is uniquely complex with individuals involved with the criminal/legal system. Many people cycle quickly through jail and might be released prior to receiving test results. Establishing steps to contact trace those in the community when a positive case is detected in the jail may be key to mitigating an outbreak in the community.

The scenario below outlines the WCJ procedures, but is important to note that in order to conduct this level of tracing, local jails **must** coordinate with their local health department. The county health department needs to oversee the collection of identifiable tracing information, report positive cases to the state, and conduct the follow-up case investigation phone calls.

SCENARIO: COMMUNITY CONTACT TRACING AT THE WAYNE COUNTY JAIL

To our knowledge, the WCJ is one of the first county jails to establish community contract tracing in the US. To do this, the Wayne County Public Health Division hired two disease intervention specialists to enter the jail facilities during weekdays and facilitate risk reduction protocols such as testing and tracing procedures. All persons who are tested complete a brief customized community contact tracing tool with the DIS (see *Appendix D* for more information). In the event that someone tests positive for the virus that causes COVID-19, DIS can make the initial call to those identified in the contact tracing tool. Then, the DIS uploads the positive test and contact information to the Michigan Department of Health and Human Services (MDHHS) Michigan Disease Surveillance System (MDSS) for continued follow-up by state and county contract tracers.



In Michigan, contact tracing for positive COVID-19 can be conducted by the state or, when a high-risk population is involved, local health departments can coordinate contact tracing efforts. These local and state efforts can be coordinated through the MDSS via the Outbreak Management System (e.g., TraceForce), which is used by local health departments to record positive cases and their contacts. Depending upon the county system, permission can be granted for someone within the jail to enter the COVID-19 positive case information directly into MDSS. Otherwise, the information can be shared verbally or electronically within the local health department.



[Click here to see full Contact Tracing form](#)

Since jails, like other congregate living situations, are considered high risk, it is important to note that the local county health department will use the information obtained from the detained individual at booking to engage in contact tracing after a positive result. If this information is not collected at booking, a valuable opportunity is lost as it becomes more difficult to locate individuals post jail discharge.

Key Considerations for Contact Tracing

For all persons tested for the virus that causes COVID-19, **collect information on who the individual was in contact with during the prior 48-hours during the booking process** along with first responder contact information when possible.

With the information shared by the justice-involved individual, **public health workers will notify contacts and assist in arranging for proper isolation, information on testing location, encouragement to follow up with a doctor as needed, and identifying others** they may have come into contact with.

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

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



COVID-19 Mitigation Strategy #3: Information Sharing

Data collection and information sharing is critical to mitigate the spread of COVID-19 within jails and their surrounding communities. As processes are defined to implement testing and contact tracing, it is also necessary to implement processes to capture, record and share information. Depending upon the size and resources of a jail, including the technological tools available, each jail may have varying solutions. At a minimum, *each jail will need to identify a person or people responsible for the data collection and management.* Information will need to be shared within the jail, as well as with local and/or state health departments.

Collecting and Sharing Data to Drive Decisions

Test Results. Depending on policies within the jail, testing may occur at different times. Ideally, with the guidelines provided by the CDC, as well as local and state government, testing will be implemented routinely upon admission to the jail, including routine testing of staff. Booking lists are helpful to ensure that you have accounted for the full population entering the jail. The 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 also be documented.

Prevalence Rates. Aggregate booking numbers, including the number of positive cases returned from the lab, will provide the jail with their COVID-19 prevalence rate (proportion or percentage of COVID-19 cases in the population at a given time). Prevalence can be tracked on a weekly basis to account for lab processing time. Tracking prevalence over time can provide jail administration with timely warning signs of when mitigation efforts might be implemented or reduced (see *Appendix E* for more information). Additionally, it is suspected that changes in the community's COVID-19 prevalence rate may foreshadow changes in the jail's prevalence rate. Therefore, monitoring changes in the community can also be valuable data to inform jails of altering mitigation efforts.

Sharing Information with Public Health. Public health officials at the state and local level track positive cases in an attempt to determine community prevalence and to employ preventative efforts. A confirmation of a positive COVID-19 case is not only a cause of concern within the jail—it is public health issue. If someone enters the jail with COVID-19, there are individuals in the community that have now been exposed. Because jail medical and the emerging outside labs they use for COVID-19 testing might report results only back to the jail or jail health staff, routine practices for sharing information with the health department may not have been established. 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. Knowing test results – and especially having a record of the results – is important. We recommended that jails share a paper copy of the testing results with justice-involved individuals. Those who are released prior to receiving their results should receive communications (phone calls, texts, or mail) with their results, irrespective of whether they are positive or negative. Proof or knowledge of COVID-19 test results can help justice-involved individuals seeking additional support or services upon discharge. If the jail is engaged in diagnostic as well as antibody testing, the results of the antibody test are also highly valued, as those found to have antibodies may have some limited immunity to COVID-19. 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. A process for collecting and tracking staff testing will require resources of employee time. Because labs are required to report positive test results to the state, it is assumed that contact tracing efforts – as well as disclosure of the employee – will activate prevention and intervention measures within the jail.



SCENARIO: REMOTE DATA COLLECTION AND MANAGEMENT IN THE WAYNE COUNTY JAIL

In the WCJ, the DIS uses laptops to enter information on testing and contact tracing to manage data collection. Software applications that require no internet connectivity (MS Excel) are used daily to enter and track data. The DIS use the jail booking list (copied and pasted onto an excel spread sheet) to track the date of testing, any reason for a test not being conducted, and the results of the test. Lab personnel and the DIS use this testing information to circle back to and test anyone from a previous day who may have refused testing or missed testing because they were at court or unavailable.

A weekly report is generated to provide data on the number booked, the number tested, and the number of positive diagnostic (PCR) and antibody (IgG) tests. Prevalence rates were tracked across weeks and analyzed by an interdisciplinary team of county stakeholders. Requests for test results are constant and Wayne County has provided a mechanism in which they use their Excel data to generate letters with testing results that are provided to those tested. If someone is released prior to test results, attempts are made to contact this individual via phone, but the results may be mailed to the address on file if there is no contact made.

The disease intervention specialist within the jail also used a contact tracing form, modified from the state's approved form, to record recent close contact information onto the iPad. Access to MDSS was granted to the county public health staff working within the jail. If a PCR test does result in a positive, DIS use the previously collected close contacts information and upload the positive test result directly into MDSS, along with the contact tracing information. As stated previously, in order for this to work the MDSS system needs to be activated by a public health worker or other health care professional within the jail to receive access to the appropriate systems for the case report and close contacts to be entered into the state/county system.

Key Considerations for Data Sharing

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.

Please note that MDSS is used by the state and local health departments to record positive cases, as well as contacts. Depending upon the jail/county system, permission can be granted for someone within the jail to enter the positive case information directly into the MDSS system. Otherwise, the information can be shared verbally or electronically with the local health department. Positive cases within the jail should not be lost to tracking due to an absence in the relationship within the county health department.



COVID-19 Mitigation Strategy #4: Discharge Planning

Discharge planning should begin at the moment an individual is booked into the jail, assessing needs that may be associated with increased risk (i.e., behavioral health, housing, and employment needs). The best practice for this is a ‘warm handoff’ where a service provider would be present at jail release to transport an individual to treatment or housing. At minimum, justice-involved individuals should be **released with a plan that includes a referral or appointment to necessary providers**. However, it is generally the case that justice-involved individuals are often discharged with little or no planning.

In Wayne County, the majority of justice-involved individuals with positive cases were released prior to their test results being returned. In order to minimize the risk of COVID-19 transmission into the surrounding communities, county jails need to integrate COVID-19 mitigation strategies into the discharge process.

Discharge Planning During COVID-19

Prior to discharge, conversations with community providers need to be facilitated. The facility should provide individuals with COVID-19 testing results, resources, and updated safety guidelines. Additionally, facilities should facilitate connections to treatment providers, housing, transportation, and financial assistance-related resources. Pamphlets, business cards and other small flyers for local resources can also be provided upon discharge. Jails could also consider working with providers to administer home medication delivery, bulk pick-up of medications upon discharge, or take-home lockboxes for medication.

To the extent possible, plans should be remotely managed and facilitated given the move to teleservices, following the pandemic. This creates more flexibility for providers that may not be allowed in the jail. As community stakeholders, service providers, correctional, administrative and medical staff navigate the implementation of services during COVID-19, they must work collaboratively.

Table 1.2: Barriers to Reentry and COVID-19⁴

BARRIER	WHY THIS POSES A BARRIER & COVID-19-SPECIFIC CONSIDERATIONS
Transportation	Transportation after release is often an issue for many individuals post-release from jails or prisons. COVID-19 and its social distancing requirements make finding transportation even more difficult for individuals. Individuals released from jails or prisons often need to attend mandated services or appointments, including job placement activities, and these types of activities are even more difficult in an environment battling an infectious disease.
Clothing, Food, and Amenities	Lack of food and clothing is often a barrier amongst people being released from jail or prison. The resources given normally may need to be updated and confirmed due to COVID-19 restrictions.
Financial Resources	Many indigent individuals find their way into the jails, and upon release are given community resources and access to public assistance. Due to the increased COVID-19 restrictions and precautions access to these helpful resources can prove more difficult.
Documentation	Individuals may not have a valid state-issued identification card and, if they do, that card may have expired during their incarceration. COVID-19 closures might mean waiting even longer for state and local agencies to reopen before obtaining IDs.
Housing	Individuals who need help with housing such as halfway houses may find it more difficult to secure due to the effects of COVID-19 and the CDC guidelines and social distancing requirements for many group homes or halfway house settings.
Employment & Education	Because of restrictions on cash assistance and or unemployment benefits, individuals who are released need to secure employment in order to survive. With the effects COVID-19 has had on the economy this is uniquely difficult.
Health Care	Social distancing measures in place due to COVID-19 may make it more difficult for individuals who need medical, dental, mental health and substance abuse treatment services.
Support Systems	Many people released from jails and or prisons lack support and have limited knowledge of resources. Many places where they would access the internet like the public library have limited hours or are closed to the public due to COVID-19. Many may also have trouble securing a cell phone as well.

⁴ Adopted from Bresler, J., & Beletsky, L., COVID-19, Incarceration, and the Criminal Legal System (July 31, 2020). Burris, S., de Guia, S., Gable, L., Levin, D.E., Parmet, W.E., Terry, N.P. (Eds.) (2020). Assessing Legal Responses to COVID-19. Boston: Public Health Law Watch, Available at SSRN: <https://ssrn.com/abstract=3675919>



SCENARIO: DISCHARGE PLANNING THROUGH COVID-19 AT THE WAYNE COUNTY JAIL

Public health practitioners work with the WCJ medical staff to ensure that detainees are tested and provided with their test results prior to and upon discharge when possible. For justice-involved individuals who may be discharged prior to receiving their testing results, the DIS contact those individuals directly through information provided in the contact tracing tool. This information helps to reduce further spread in the community and it also provides justice-involved individuals with critical resources to utilize post-release.

Upon re-entry into the community, individuals in need of behavioral health services are referred to the Wayne County local Community Mental Health (CMH) agency's hotline, further triaging support services where applicable. The families of the individuals being released are also contacted to ensure that the individual has a place to go upon being released from the jail. However, if an individual is scheduled for release and does not have a place to go, and/or is COVID-19 positive, staff connect eligible individuals to housing facilities that are suited to meet their needs (i.e., temporary housing facilities for COVID-19 positive individuals, or those seeking alternative housing options that are COVID-19 negative).

Key Considerations for Discharge Planning

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.

Consider developing a release plan that **informs individuals being released of their COVID-19 test results.**

Develop or identify a **brief packet of information** that shares basic public health information on COVID-19, local resources that are low-cost or free, easily accessible resources, and any additional information needed to help mitigate the spread of COVID-19 in a safe and efficient way to be shared with individuals upon release.



Lessons from the Field

Jails have limited resources to implement public health mitigation strategies in the midst of a pandemic. Moreover, the implementation of these strategies requires translating a growing field of research and guidelines around COVID-19. The CBHJ has familiarity working with county jails, as well as multiple adjunctive stakeholders within the county to implement new practices related to deflecting, diverting, and treating justice-involved individuals with behavioral health issues. In this role we often serve to translate research into practice.

Working with Wayne County during the most challenging and early days of the pandemic and identifying practices and procedures during times where there was limited information available was often a turbulent process. However, our goal is to disseminate these real-world problem-solving experiences through additional **COVID-19 Mitigation Strategies** aimed at equipping other decision-makers across the state to face as they respond to the challenges of this pandemic.

To this end, we will continue to update this toolkit with additional strategies that include, but are not limited to, routine testing of jail staff and additional discharge plans to minimize community transmission. Therefore, we want to conclude this toolkit with the lessons learned from the community leaders in Wayne County.

LESSONS LEARNED FROM COVID-19 MITIGATION IN THE WAYNE COUNTY JAIL

Collaboration. Jails need solid relationships with local and state health departments to engage in this work. In addition, procurement of collaborative arrangements with health professionals and labs are helpful. Conversely, health departments need to develop strong partnerships with jails to prevent transmission involving this high-risk population.

Philosophical Orientation. Do not assume that everyone has the same philosophy regarding prevention activities. This is particularly true when working with the medical staff within the jails, who may seem the most likely to be responsible for implementation. Consensus building on best practice standards for testing and other prevention efforts is essential for everyone to move in the same direction simultaneously.

Roles and Responsibilities. Having a clear understanding of expectations around roles and tasks associated with implementation and ongoing operation is essential. These roles and tasks are new or added responsibilities and decisions need to be made as to whether they are added to existing staff, by hiring new staff, or taken on by a partner organization.

Routine Communication. Create discussions and agendas around prevention efforts involving justice-involved individuals and jail staff. Establishing weekly meetings is helpful in reviewing updates and activities, as well as problem-solving.

Develop a Champion or Leader. Someone needs to lead these efforts for implementation of testing and contact tracing, ensuring that they are prioritized. To lead, there must be belief in the importance of these activities in protecting the jail (staff and those confined) as well as the surrounding community.

Communication. Communication is a key factor in addressing fear and stigma among individuals coming into the jail. As jail staff and health departments learn of new or updated information, sharing that information with individuals confined in the jail is critical.

Helping All to Understand. Tailoring messages and developing strategies to reduce the potential spread of the virus based on culture and language needs is important. Creating multiple methods to relay messages helps to ensure that all are able to understand the importance of mitigating the virus and maintaining a safe environment.

Pre-Existing Conditions. Many are struggling with pre-existing health conditions. Some may not be aware of existing health conditions and risks due to lack of health care. These conditions place individuals, sometimes unknowingly, at higher risk for contracting the COVID-19 virus.

Access to Proper Hygiene and Protective Equipment. Incarceration challenges the ability to properly social distance. Regular and consistent access to proper hygiene and sanitation materials and personal protective equipment is critical in the jail environment.

Appendix A: Risk Reduction Protocols During Correctional Facility Stay

It is important to note that anyone can be at risk for contracting COVID-19 (Coronavirus). This includes justice-involved persons, law enforcement personnel such as police, first responders, custodial and food staff, and correctional officers. Similar to testing, screening and contact tracing, setting up quarantine, sanitation and social distancing procedures is imperative in helping correctional facilities decrease transmission of the virus. Implementing measures such as testing all inmates and staff upon entry, and establishing evidence-based policies for both asymptomatic and symptomatic individuals would be recommended.^{5 6}

- Telehealth and Communication
 - [COVID-19 in Prisons and Jails in the United States.pdf](#)
 - [Effectiveness of telehealth on correctional.7.pdf](#)
 - [Emergent Use of remote technologies in jails and prisons](#)
 - [Continuity of care for Opioid Use Disorder during COVID-19](#)

Addressing the needs of correctional facilities, especially as it pertains to health outcomes, is imperative. The safety of both staff and justice-involved persons is inherently a matter of public health. The following are key considerations when creating a safe environment for everyone in correctional facilities: provide proper personal protective equipment (PPE), increase healthcare infrastructure and equipment where applicable, implement policies that limit contact between the officers and inmates, and expand efforts of de-incarceration (decreasing the population of those in correctional facilities). Coordination between facilities, arranging for sharing information, and maintaining consistent contact can also help with safety. Providing soap, tissue, proper PPE, and hand sanitizer to inmates at no cost can help with sanitation.

- Safety and Sanitation (for correctional officers and booked inmates)
 - [A call to protect patients, correctional staff in jails.pdf](#)
 - [COVID-19 and the Correctional Environment.pdf](#)

Executive Order 2020-170 (Michigan) ⁷	CDC Guidelines	Compliance (yes/no)
Screening of all persons, including staff, inmates, vendors etc. entering the facility. See CDC guidelines for screening measures.	A verbal screening and temperature check should be done on anyone entering the facility. Inquire if the individual has come into contact with any infected people and ask about symptoms experienced in the past 24 hours.	
Isolating and testing of any inmate who exhibits any symptoms of COVID-19. See CDC guidelines for list of symptoms and updates.	Upon entry and in housing, any individuals who were exposed to COVID-19, or experiencing any symptoms which include, fever/chills, a cough, and difficulty breathing. If any of these symptoms are present, individuals should be placed in quarantine for observation. During this time testing should be conducted. If staff are experiencing symptoms they should notify their supervisor and put on a mask immediately.	
Restriction of all visitors except attorneys. No contact visitation should be implemented if possible. (i.e., Telehealth)	For safety communicate with potential visitors discouraging in person visits. Temporarily suspend cost of phone use for inmates and increase phone privileges. Also, you can provide virtual visitations. Make sure to clean devices and area after use.	

⁵ See <https://www.hhrjournal.org/2020/03/covid-19-and-detention-respecting-human-rights/>

⁶ See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7164863/pdf/main.pdf>

⁷ Set to expire on September 30, 2020. See https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-537241--_00.html for additional details.



Executive Order 2020-170 (Michigan) ⁸	CDC Guidelines	Compliance (yes/no)
Coordinating with local public health departments on isolation plans and outbreak response.	Coordinate with local health departments when an individual has suspected or confirmed COVID-19, and request any necessary assistance with medical isolation, evaluation, clinical care, contact tracing and quarantine of close contacts.	
Notifying the local public health department of any suspected or confirmed case of COVID-19.	Notify the local health departments when an individual has suspected or confirmed COVID-19, and request any necessary assistance with medical isolation, evaluation, clinical care, contact tracing and quarantine of close contacts.	
Providing, to the fullest extent possible, appropriate PPE to all staff as recommended by the CDC.	Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available and have a plan in place to restock as needed.	
Increase ventilation and air circulation where feasible in facility.	Based on CDC guidelines for office space and buildings: If possible to help increase circulation of outdoor air open a window and/or door and use fans. Also, if there is one, ensure the ventilation system in your facility is operating properly. (<u>for more details please see below on CDC guidance on protections in office buildings</u>)	
Conducting routine cleaning and sanitizing consistent with CDC guidance.	Frequently clean and disinfect all areas where individuals (with confirmed or suspected COVID-19, and negative cases) spend time. Whip down all surfaces with a disinfectant. (<u>for more guidance on disinfectants please see below</u>)	
Ensuring access to personal hygiene products for inmates and correctional staff, including soap and water sufficient for regular handwashing.	Encourage hand washing by setting up stations equipped with soap (liquid or form) and/or signage of the importance in hand washing and best hand washing practices to decrease possible infection.	
Ensuring that protective laundering protocols are in place	Anyone handling laundry of those who were infected with COVID-19 should wear proper PPE and take extra caution. After placing laundry in washing machine make sure to wipe down all surfaces and wash hands.	
Posting signage and continually educating on the importance of social distancing, handwashing, and personal hygiene.	Place signs in designated areas as gentle reminders in efforts to mitigate the spread by social distancing, wear a mask around others and wash hands frequently. (<u>Please see below for link to CDC guidelines</u>)	
Practice of strict social distancing practices (i.e. facial masks and 6ft social distancing) amongst staff and inmates when separate housing is not possible.	Within the facility staff and inmates should practice proper hand washing when needed, wear a mask when in contact with other people. And encourage social distancing. This can be done by removal of furniture and staggering schedules.	
Minimization of large gatherings over 10 people for recreation and meals.	Stagger mealtimes and recreation times, and consider implementing broad movement restrictions to minimize larger gatherings.	
Reducing vehicle capacity and implementing strict social distancing practices including facial coverings during transfer.	When transferring inmates consider the following: Vehicle type (<u>refer to CDC EMS guidelines below</u>), wearing proper PPE, communication with receiving facility, air circulation, and cleaning the vehicle after transport.	

Links: [CDC guidelines for jails and prisons](#)
[CDC guidelines for office building](#)
[CDC guidance on EMS transporting](#)
[List of disinfectants for use against COVID-19](#)

⁸ Set to expire on September 30, 2020. See https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-537241--,00.html for additional details.



Appendix B: Operational Preparedness Checklist

Safety and Sanitation

- Set up a consistent schedule for cleaning and disinfecting all areas (bathrooms, cells, common areas)
- Clean shared equipment after every use
- Express importance in the use of a mask
- Provide at least 60% alcohol-based hand sanitizer when permissible
- Promote proper hand washing by supplying liquid or form soap. If bar soap, please encourage individual use.
- Limit work release and other outside programming.
- Create a plan for in-person court appearances, as needed
- Consider suspending co-pays for inmates seeking medical care for COVID-19 symptoms
- Limit the number of entrances and exits of the facility. This may include de-incarceration efforts.

Prevention Strategies

- Conduct COVID-19 testing for all individuals entering the facility.
- Conduct screening questions and temperature checks for all entering the jail in an outdoor space or area with proper ventilation before entry.
- If inmate came in close contact with a person with COVID-19, quarantine and monitor for symptoms for 14 days.
- If coordinating transfer with another facility designate a point person for clear communication.
- Implement proper social distancing strategies (6 ft minimum) between individuals.
- In all common and housing areas remove or rearrange furniture to help with creating proper social distancing. Stagger times for recreation spaces and meals.
- Limit the size group activities and ensure social distancing.
- Stagger times or arrange appointment times for medical services. And arrange for telehealth when possible.
- Designate a room for medical checks for those entering the jail.
- Provide updated information on COVID-19 on regular bases.
- Provide COVID-19 test upon release.
- Assist re-enrollment in Medicaid for those who qualify.
- Upon reentry, if individuals need to quarantine, try to assist with housing and shelter.
- Develop a COVID-19 plan for suspected cases (isolate, evaluate, test, medical care).

Communication

- Connect and coordinate with public health department(s) (local, state, and tribal) and other local and state law enforcement or court officials.
- Communicate changes/updates on changes to facility operations and visits to the public.

Staff Recommendations

- Review current staff policies and procedures (sick leave) and revise as needed to allow for further flexibility.
- Provide updated information on COVID-19 on regular bases to all staff.
- Consider tasks that can be completed remotely by staff and allow for flexibility where possible.
- Revise and reallocate staff duties as needed to help prevent transmission.
- Upon entry into the facility perform verbal COVID-19 screenings and take temperature checks for all staff.
- Enforce proper safety and sanitation (wear masks, wash hands, use sanitizers, wiping down surfaces, social distancing).
- Train staff on COVID-19 procedures and contingency plans.

See the “Operational Preparedness” section of <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#operational-preparedness>



Appendix C: Michigan Health Department Contacts

<u>Alcona</u>	<u>Grand Traverse</u>	<u>Midland</u>
<u>Alger</u>	<u>Gratiot</u>	<u>Missaukee</u>
<u>Allegan</u>	<u>Hillsdale</u>	<u>Monroe</u>
<u>Alpena</u>	<u>Houghton</u>	<u>Montcalm</u>
<u>Antrim</u>	<u>Huron</u>	<u>Montmorency</u>
<u>Arenac</u>	<u>Ingham</u>	<u>Muskegon</u>
<u>Baraga</u>	<u>Ionia</u>	<u>Newaygo</u>
<u>Barry</u>	<u>Iosco</u>	<u>Oakland</u>
<u>Bay</u>	<u>Iron</u>	<u>Oceana</u>
<u>Benzie</u>	<u>Isabella</u>	<u>Ogemaw</u>
<u>Berrien</u>	<u>Jackson</u>	<u>Ontonagon</u>
<u>Branch</u>	<u>Kalamazoo</u>	<u>Osceola</u>
<u>Calhoun</u>	<u>Kalkaska</u>	<u>Oscoda</u>
<u>Cass</u>	<u>Kent</u>	<u>Otsego</u>
<u>Charlevoix</u>	<u>Keweenaw</u>	<u>Ottawa</u>
<u>Cheboygan</u>	<u>Lake</u>	<u>Presque Isle</u>
<u>Chippewa</u>	<u>Lapeer</u>	<u>Roscommon</u>
<u>City of Detroit</u>	<u>Leelanau</u>	<u>Saginaw</u>
<u>Clare</u>	<u>Lenawee</u>	<u>Sanilac</u>
<u>Clinton</u>	<u>Livingston</u>	<u>Schoolcraft</u>
<u>Crawford</u>	<u>Luce</u>	<u>Shiawassee</u>
<u>Delta</u>	<u>Mackinac</u>	<u>St. Clair</u>
<u>Dickinson</u>	<u>Macomb</u>	<u>St. Joseph</u>
<u>Eaton</u>	<u>Manistee</u>	<u>Tuscola</u>
<u>Emmet</u>	<u>Marquette</u>	<u>Van Buren</u>
<u>Genesee</u>	<u>Mason</u>	<u>Washtenaw</u>
<u>Gladwin</u>	<u>Mecosta</u>	<u>Wayne</u>
<u>Gogebic</u>	<u>Menominee</u>	<u>Wexford</u>

From: https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5461_74040---,00.html



Appendix D: Sample Disease Intervention Contact Tracing Form

Disease Intervention Specialist: _____ Booking #: _____

Patient Contact Form – Infectious Disease: COVID-19

Date of Data Collection: _____ / _____ / 2020 Date of Booking: _____ / _____ / 2020

First Name: _____ Last Name: _____

Date of birth: ____/____/____ Age: _____ Sex at Birth: Female // Male Race: _____

Gender Identity (*circle one*): Female / Male / F to M Transgender Male / M to F transgender Female / Other / Decline

Marital Status (*circle one*): Single / Married / Separated / Divorced / Remarried / Engaged / Widowed / Cohabiting

Division currently housed (*circle one*): Division I Division II Division III

Patient's address (pre-booking) : _____ City: _____ State: _____ Zip: _____

Patient phone #(s): _____ / _____ Patient Email: _____

HIV status (*Circle One*): Unknown / Positive / Negative Date of last HIV Test (if known): _____

Close Contacts:

	Relationship	Name	DOB	Phone	Address
1.	Household Frequent Visitor Significant Other				
2.	Household Frequent Visitor Significant Other				
3.	Household Frequent Visitor Significant Other				
4.	Household Frequent Visitor Significant Other				
5.	Household Frequent Visitor Significant Other				



6.	Household Frequent Visitor Significant Other				
7.	Household Frequent Visitor Significant Other				
8.	Household Frequent Visitor Significant Other				
	Arresting Officer(s) Booking Officer(s)				Agency:

Date: 06/14/2020

Confidential

Charge Type (circle): FELONY // MISDEMEANOR

Has a Covid-19 test been conducted (circle)? PCR NP Swab? YES // NO Antibody/Serology? YES // NO

Date of testing: _____ / _____ / 2020

SYMPTOMS (circle all apply):

Shortness of Breath / Cough / Sore Throat / Fever / Chills / New loss of taste or smell / Diarrhea / Nausea / Vomiting

Results of COVID-19 PCR Nasopharyngeal (NP) Swab test (circle one): Positive // Negative

Results of Serology (COVID-19 Antibody) test (circle one): Positive // Negative *If positive, list value:* _____

DIS reported COVID-19 test results to inmate on (insert date): _____ / _____ / 2020

DIS Additional Notes:



Appendix E: Sample COVID-19 Management Metrics

Location	Metric	Heightened Alert	Targeted Actions	Depopulate Facility
In Jail	What percentage of tests are positive?	If greater than 5%	>10%	>15%
In Jail	Are there clusters (defined as 5 or more cases related to each other via contact tracing) of cases?	1 cluster	2 clusters in a seven-day period	3 or more clusters in a seven-day period
In Jail	Are the number of cases in jail increasing?	More than 3 cases/day increase in a rolling seven-day average	>5 new cases/day in facility	3-day average of > 15 new cases/day
In Jail	Are stakeholders complying with public health measures?	Anecdotal evidence reveals lack of desire to comply with interventions	If combined with other indicators	If combined with other indicators
In the region	What phase of re-opening is your region of the state in?	State pauses re-opening in your region of the state	N/A	If state reverts to earlier stage in your region of the state
In the region	Is the percentage of positive tests in your city increasing or decreasing?	> 5% positivity over a seven-day period	>10% positivity over seven days	> 15% positivity over a seven-day period
In the region	Is there sufficient hospital capacity in the county?	Fewer than 25% of hospital beds and/or 25% of ICU beds are available	N/A	Fewer than 15% of hospital beds and 15% of ICU beds are available

Adapted from Tuscany Strategy Consulting, Center for Health Security Johns Hopkins Bloomberg School of Public Health, Council for Higher Education Accreditation, COVID-19 Planning Guide and Self-Assessment for Higher Education (June 2020), and Wayne State University, Tipping Point Metrics (September 2020).