

Addressing the Behavioral Health Needs of Michigan Prisoners During the COVID-19 Pandemic

By Gregory Powers, MPH; Nancy Baum, PhD, MHS; Marianne Udow-Phillips, MHSA

Approximately one in every five prisoners in the U.S. has a diagnosed serious mental illness (SMI) and many of these individuals have a co-occurring substance use disorder (SUD) as well.

While in jail, these individuals often receive important behavioral health services, such as therapy, medication, and other supports that are crucial to their recovery and rehabilitation. Over the last several weeks, however, COVID-19 has disrupted many of these treatment activities in jails across the country.

With the isolation and quarantine expected to continue for several more weeks, prisons will need to find new ways to support inmates with mental health and substance use disorders.

Divert low-risk, low-level offenders to treatment

In response to the COVID-19 pandemic, jails across the country have implemented policies aimed at reducing arrests for minor offenses, as well as releasing low-risk, non-violent inmates to reduce crowding within jails and stem the spread of the virus.¹

In Michigan, which has seen COVID-19 spread rapidly across multiple correctional facilities, Governor Gretchen Whitmer issued an Executive Order (2020-29) outlining temporary COVID-19 protocols and recommendations for correctional facilities, including authorization for county jail officials to consider early release for those assessed as low-risk for public safety, including “anyone with behavioral health problems who can safely be diverted for treatment.”²

Employ telehealth to continue treatment

For individuals with behavioral health needs who need to remain incarcerated, COVID-19 presents an additional challenge to an already complex situation. As policies and procedures are changed or interrupted because of social distancing and safety issues, many jail-based behavioral health services are being delayed, reduced, or halted.

In the wake of COVID-19, Wayne State University’s Center for Behavioral Health and Justice has outlined a number of [resources](#) for jail-based behavioral health service providers. A key strategy is the use of remote technology that provides audio and/or visual services.

While many inmates with behavioral health needs have traditionally received in-person services from psychiatrists, case managers, and other health professionals, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) has temporarily removed restrictions for formerly noncompliant technology so that providers may provide “good faith telehealth services” during the pandemic.³

Jail-based behavioral health professionals are now able to provide services -- such as screenings, assessments, and routine check-in care -- through previously unallowable platforms. And because HHS has approved the use of a

¹ <https://www.naco.org/resources/featured/coronavirus-disease-2019>

² https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-523422--,00.html

³ <https://behaviorhealthjustice.wayne.edu/coronavirus/remotetechnologies>

number of free video conferencing services -- including Skype, Google Hangouts, and Apple FaceTime⁴ jails with limited resources that may not have been set up to provide remote services for inmates can also participate.

Use remote technology for visitation

The same technology can also be used for visitation between inmates and their loved ones. COVID-19 has caused many correctional facilities to suspend outside visitations to protect the health of both inmates and visitors. While county jails have the autonomy to make their own visitation policy changes, Michigan's state prisons have ceased all visits since March 13th.⁵ However, it is well-documented that regular communication from a support system is vital to a person's emotional well-being, with numerous research studies noting its positive effect on people who are incarcerated.⁶

In response, some jails have reduced or removed fees associated with phone and video calls, in addition to increasing the number of permitted calls, allowing inmates to continue regular contact with loved ones.⁷ The Prison Policy Initiative recommends providing unlimited, free phone calls to inmates as a method for reducing stress and anxiety within correctional facilities.⁸ They have also noted that facilities without video calling systems could temporarily use empty visiting rooms to support video conferencing that is both free and simple to install.

And employ additional safety measures

There are a number of broad safety measures correctional facilities can implement that will also benefit inmates with behavioral health needs. The Centers for Disease Control and Prevention (CDC), for example, has released [guidance](#) on the management of COVID-19 within correctional facilities and the Washington State Office of Corrections Ombuds developed a 40-point response [checklist](#), based on the CDC recommendations, to help correctional facilities assess their procedures. The checklist encourages jail officials to increase suicide risk screening, implement alternative activities to support mental health, enhance access to all forms of communication for inmates, and identify alternative means for inmates to communicate with community professionals.

⁴ <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

⁵ https://www.michigan.gov/corrections/0,4551,7-119-68854_68856_63694-179676--,00.html

⁶ <https://www.crimesolutions.gov/PracticeDetails.aspx?ID=71>

⁷ <https://behaviorhealthjustice.wayne.edu/coronavirus/remote-technologies>

⁸ <https://www.prisonpolicy.org/blog/2020/03/27/slowpandemic/>