Emergent Use of Remote Technologies in Jails and Prisons

In light of the current COVID-19 crisis, the <u>Center for Behavioral Health and Justice</u> (CBHJ) recognizes that availability of and access to jail-based behavioral health services (including mental health (MH) and substance use disorder (SUD) services) and discharge planning or connection to community-based services may *decrease or be temporarily eliminated*. At the same time, the acuity of mental health and substance misuse concerns among detainees is likely to rise. Strategies to maintain services within the jail and facilitate community discharge can be *enhanced by the use of technology (e.g. phone or internet) between the jail and community providers*. As such, the CBHJ has compiled the following recommendations and information relating to telehealth and technology to address gaps in service delivery:

- Expansion of Qualifying Remote Technology
- Activities Supported Through Remote Technology
- Identification and Prioritization of Need
- Access to Video Visitation and Phone Calls

Michigan county jails in need of financial support in obtaining remote technology software or equipment to provide MH and SUD services, in-reach, and/or discharge/continuity of care planning during the COVID-19 crisis are encouraged to contact <u>Liz Tillander</u>, Deputy Director, Center for Behavioral Health and Justice at <u>liz.tillander@wayne.edu</u>. The CBHJ is currently working with foundation partners across the state to support county jails' efforts in sustaining access to and coordination of MH and SUD services for this vulnerable population.

Expansion of Qualifying Remote Technology

In the absence of official Telehealth technology, consider the use of existing video-conference systems, phones, and apps during this time.

- The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) recently put out a <u>notice</u> that they will **not be penalizing** covered providers for using noncompliant technology to provide good faith telehealth services during the COVID-19 health emergency.
 - Examples of applications that can be used during this time include Apple Facetime, Google Hangouts, Skype, or Facebook Messenger video chat. Public-facing applications such as TikTok and Facebook Live are not covered and should be avoided.
 - This notice covers not only health directly related to COVID-19 such as checking symptoms, but also covers care such as psychological assessments.
- Inmates should be given privacy for these services as space and security allow.



Activities Supported Through Remote Technology

Continuation of jail-based services

Jail-based MH and SUD case managers/clinicians can continue to provide screenings, assessments, services and crisis care via in-reach using remote technology. Examples of Michigan counties moving to remote technology at this time include:

- Barry County CMH is using existing telehealth technology to provide services to inmates while clinicians are unable to access the jail.
- Monroe County SUD providers are working to connect with inmates via phone.



Community-based in-reach

Community-based MH and SUD case managers/clinicians can **begin or sustain in-reach using remote technology**. Remote in-reach services can include **check-in, crisis care,** and **advocacy for diversion**.



Discharge/continuity of care planning

Community-based MH and SUD case managers/clinicians can begin or sustain discharge and continuity of care planning for consumers being released from jail using remote technology. Remote discharge/continuity of care planning services can include:

- Referrals for temporary housing and shelter.
- Food
- Appointments/referrals to MH and/or SUD services.
- Medication continuity and/or prescriptions.
- Reactivation of Medicaid.

Identification and Prioritization of Need

Jails and jail-based MH and SUD providers across the state use various methods of identifying and prioritizing MH and SUD needs within the jail. When possible, **MH and SUD screening systems should remain in place during this time with high-need and prioritized cases being shared by jail staff with off-site clinicians using remote technology**.



In the absence of or unavailability of an automated system to identify and prioritize MH and SUD needs within the jails, **it is** possible to develop a cross-referencing system in which the jail can provide MH and SUD providers with the daily jail roster. Clinicians/case managers can then cross-reference the jail roster

Clinicians/case managers can then cross-reference the jail roster with the CMH/SUD provider database to identify known consumers (e.g., Genesee and Macomb County Jails).



Access to Video Visitation and Phone Calls

In order to allow inmates access to their natural supports, consider reducing the cost of video visitation and phone calls. A growing number of correctional facilities have considerably reduced or completely eliminated in-person visitation to lessen the risk of COVID-19 exposure.

There is considerable <u>evidence</u> that consistent, meaningful contact with natural supports greatly benefit those who are incarcerated. This connection is even more important in this time of crisis.

Several facilities have made an effort to supplement this loss of in-person visitation by waiving fees for phone calls and video communication:

- Shelby County, Tennessee suspended jail visitations, but are waiving fees for all phone calls and video communication.
- Jails in Middlesex County, Massachusetts; Harris County, Texas and Montgomery County, Ohio are offering detainees free calls each per week.
- The <u>Utah Department of Corrections</u> is giving those in prison 10 free phone calls per week, with each call limited to 15 minutes.
- Prisons in <u>Connecticut</u>, <u>Delaware</u>, <u>Florida</u>, and <u>Vermont</u> are also offering a small numbers of free calls per week.

