

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Training and Technical Assistance

Preparing People for Reentry from Jails and Prisons During the COVID-19 Epidemic

PREPARING PEOPLE FOR REENTRY FROM JAILS AND PRISONS DURING THE COVID-19 EPIDEMIC

Many county and municipal jails and state prison systems are taking measures to reduce the incarcerated population to help alleviate close living conditions conducive to the spread of disease. State prison systems are expediting scheduled releases by moving up release dates. Jails are releasing individuals who present minimal risk to public safety but are at elevated COVID-19 morbidity and mortality risk.

Because RSAT program generally serve inmates who are nearing the end of their sentences, they are likely candidates for early release if these measures are implemented. Re-entry for individuals with substance use disorders (SUDs) is a crucial transition even when solid release plans, stable housing, and linkages to community-based SUD treatment and recovery support are all in place. The added task of re-entry preparation that includes precautions and restrictions to reduce the spread of COVID-19 is an added challenge for justice professionals as well as RSAT clients whose may find their release date suddenly moved up. Plus, the risks associated with a return to drugs and alcohol are now exponentially higher.

RSAT program staff simply do not have all the answers, but the list below may help guide steps that can help support individuals about to be released, given limited time and competing priorities.

- **RSAT programs with a distinct pre-release phase can integrate pre-release planning into the daily program schedule to encourage re-entry planning for all participants in the event early releases are implemented.**
- Programs can integrate a health literacy component to educate participants about basics of preventing transmission of COVID-19 while in custody and upon release. Low reading comprehension, high health literacy needs, and a preponderance of misinformation are typical challenges in custody settings. Using short videos or handouts from the CDC can help explain basics such as:
 - **Handwashing:** explain how, when and why. The action of scrubbing, as well as soap and water is important. Demonstrating and practicing helps. [CDC Handwashing video & handouts](#)
 - **Define or demonstrate** — explain specifics of **social distancing, covering coughs** or sneezes, and define terms such as ‘shelter-in-place.’ [CDC Social Distancing Video](#); [Shelter-in-Place webpage](#), [Cough Etiquette Video](#)
- **Make people with elevated risk factors aware of what they are and what they mean.** Many individuals in custody have one or more chronic health conditions in addition to mental health and substance use disorders. They will need to know if they have risk factors that make them more susceptible to the virus, or to becoming seriously ill and more likely to die as a result. The CDC has identified the following factors that elevate risks (<https://www.cdc.gov/coronavirus/2019-nCoV/specific-groups/high-risk-complications/older-adults.html>):

- **Age:** 55 and over are at higher risk. The CDC reports 8 out of 10 deaths are among adults aged 65 and older.
- Chronic health conditions:
 - Chronic lung disease or moderate to severe asthma
 - Heart disease with complications
 - Diabetes, renal failure, or liver disease, particularly if not well controlled
 - People who are immunocompromised including those undergoing cancer treatment
 - People of any age with severe obesity

Note: Currently, no data suggest pregnant women are at higher risk for contracting COVID-19; however, due to the seriousness of viral infections during pregnancy and possibility of mother-to-child transmission, the CDC recommends careful monitoring. For those receiving treatment for HIV, no data suggest they are at elevated risk (unless HIV is untreated and CD4 cell counts are low). However, people with hepatitis C have a higher prevalence of other chronic conditions that elevate risks.

- **Ask verbal screening questions and teach people to self-screen:** It is important to know the symptoms to look for and monitor, especially after contact with others who may be sick, and to understand purpose of a 14-day ‘quarantine.’ People should be aware of the high likelihood of recovering at home, the signs that their condition is serious, and what to do if that is the case.
 - [CDC Symptom Self-Checker](#)
 - CDC verbal screening questions
 - Today or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
 - In the past 14 days, have you had contact with a person known to have COVID-19?
 - Signs of serious illness
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face
- **Provide re-entering clients with contacts they will need and how they will be expected to communicate:** Individuals may need to understand how to report to probation/parole, if required and how to access video conferencing or other telecommunications.
- **Provide current information on what is in place in communities of release to prevent the spread of the virus**
 - Explain local directives including stay-at-home orders
 - Inform people about closures of public offices and businesses

- Check state executive orders for available emergency supports (housing, etc.)
- Provide local contacts for public health, emergency shelter, and medical care

Note: Many state directives that have closed all but essential services and business exclude recovery centers and sober homes and workers who provide shelter and safety net services to vulnerable individuals.

- **Immediate medical and behavioral health needs:** Individuals will need access to at least a 14-day supply of all medications to prepare to stay at home for quarantine periods, linkages to prescribers, treatment providers, and alternatives to face-to-face recovery support.
 - A federal directive has been issued that allows states to authorized 28-day take home supplies of methadone, as well as buprenorphine. Contact the state opioid treatment authority for current regulations. Long-acting formulations of MAT drugs may also be an option.
 - Provide harm reduction contacts including syringe exchanges, access to naloxone, and emergency contacts.
 - If re-entry support groups, recovery coaching, etc. are suspended, provide information about alternatives such as online meetings or peer recovery coaching/check ins by phone. [SAMHSA: virtual recovery resources](#)
- **Provide concrete examples specific to COVID-19 of the added risks of substance use behaviors.** Because of the nature of addiction, impulses to return to drug and alcohol use are usually accompanied by denial rather than common sense. It is best to repeat and reinforce examples of risk behaviors that now carry the compounded risk of COVID-19 transmission. Examples may need to be as explicit as:
 - “You should not smoke anything shared with another individual, even a cigarette”
 - “Do not drink alcohol out of a container someone else drank from.”
 - “Drugs that come in a balloon were probably in someone’s mouth. Wash your hands and the balloon”
 - “Sharing any drug use equipment, not just injecting equipment, is dangerous” (pipes, straws, etc.)

These simple steps may help protect RSAT program staff, other facility staff, re-entering individuals, and support community efforts to reduce the spread of COVID-19.

Stay safe, stay well.