# DETECTION AND MITIGATION OF COVID-19 IN CONFINEMENT FACILITIES

INTRODUCTORY WEBINAR FOR CONFINEMENT FACILITIES

**JANUARY 12, 2023** 





# Important Information for Today's Webinar

- Today's webinar is being recorded. The **recording, transcript, and slides** will be posted to BJA's project page.
- Live-captioning Available for the deaf or hard of hearing individuals.



- Submit questions in the chat at any time during the presentation.
- Please complete the webinar evaluation.



# **Agenda**

- Welcome and introductions
- Program overview
- CNA Team introduction
- Available TTA support
- Questions and feedback

## **WELCOME**

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#### **Program Overview**

- American Rescue Plan Act (2021) authorized federal funding to support COVID-19 detection and mitigation in confinement settings.
- \$700M provided through CDC's Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement.
  - 50 states
  - District of Columbia, New York City, Chicago, Los Angeles County, Houston, and Philadelphia
  - Guam, US Virgin Islands, Marshall Islands, Mariana Islands, Puerto Rico,
     American Samoa, Federated States of Micronesia, Palau
- CDC is working with BJA to support program implementation and the operation of BJA's COVID-19 Detection and Mitigation in Confinement Facilities Training and Technical Assistance (TTA) Center.
- Project period: August 2021 July 2024



#### **Eligible Facility Types**

- For the purpose of this cooperative agreement, the term "confinement facilities" includes:
  - Adult prisons and jails
  - Juvenile confinement facilities
  - Police lock-ups
  - Community confinement facilities as defined by 28 CFR § 115.5.



#### **Allowable Activities**

#### **Mandatory Activity**

 Assist facilities in establishing and implementing diagnostic and screening testing programs for residents/detainees/inmates, staff, and visitors.

#### **Optional Activities**

| • | Testing | and | contact | tracing |
|---|---------|-----|---------|---------|
|---|---------|-----|---------|---------|

- Isolation and quarantine strategy planning and implementation
- Distancing policies
- Staffing strategies
- Transportation policies
- Visitor policies
- Infection control practices

- Facility preparedness and response
- Coordination with public health
- Environmental hazard mitigation
- Sanitation supplies
- Sanitation education and training
- Technology for distancing
- Population reduction and diversion



#### **Examples of Allowable Costs**

- Personnel (term, temporary, students, overtime, consultant and/or contract staff, etc.)
   related to testing and mitigation efforts.
- COVID-19 testing supplies, including testing efforts for re-entry.
- PPE supplies for those collecting samples and/or conducting testing.
- Contracts for provision of end-to-end services such as tests, collection, and reporting.
- Building renovations/enhancements related to COVID-19 detection and mitigation, such as additional space for social distancing or adding ultraviolet light to HVAC systems for infection prevention.
- Telehealth equipment costs (e.g., tablets) may be within scope if related to activities in approved work plan.
- Contractors to assist with the program implementation in a phased approach (e.g., needs assessment, followed by program design, piloting, and implementation)



#### **CNA Team Introduction**



- ✓ Nonprofit research and analysis organization
- √ 80 years of experience serving government entities
- ✓ Operates Centers of Expertise in Criminal Justice, Public Health, and Vulnerable Populations Protection
- ✓ Supports several national TTA programs for BJA and HHS



- √ 150+ years experience supporting practitioners in corrections
- ✓ Offers correctional operations and health care expertise
- ✓ Providing TTA Coaches and access to extensive network of SMEs



- ✓ Represents 2,500 members from jails across the country
- ✓ Facilitates peer learning among jail administrators
- ✓ Maintains extensive network of SMEs



- ✓ National organization representing the correctional administrators of the 50 states and US territories
- ✓ Focuses on critical issues impacting the field, such as Behavioral Health, Program and Training, and Staff
- ✓ Maintains extensive network of SMEs



#### **TTA Approach**

- ELC recipients will be assigned a TTA Team consisting of a TTA Coach, 2 Analysts, and Subject Matter Experts (as needed)
- TTA Coaches
  - Dr. Jennifer Clarke: physician and former Medical Director of the Rhode Island
     Department of Corrections
  - Dr. Kathleen Maurer: physician and public health professional with extensive experience delivering training in corrections settings
  - Mr. Robert Lampert: licensed attorney and former director of the Wyoming Department of Corrections
  - Ms. Wendy Kelley: former deputy attorney general and Secretary of the Arkansas Department of Corrections
- TTA Analysts: Bring expertise in corrections/justice and public health
- Subject Matter Experts: Supplement TTA team capabilities in specific focus areas



## **TTA Engagement**

• The BJA CDMCF TTA team will receive requests for TTA and work with the requestor, ELC recipient, and BJA to identify the appropriate level of TTA engagement.

Informational TTA Response

**Informational TTA Responses** will typically entail verbal and written assistance over a brief period. These may include a limited engagement by phone or email to provide a requesting agency with information about available resources or make connections to relevant SMEs or peer sites. In consultation with BJA, the TTA Coach will respond to these requests immediately or coordinate an expedited response.

Short term TTA response

**Short-term TTA responses** will involve the provision of TTA support over a few days or weeks. Engagement with the TTA Team will occur virtually with some limited onsite assistance. For example, a short-term response may include preparing for and delivering a one-day training course or a peer-to-peer site visit.

**Comprehensive TTA response** 

**Comprehensive TTA responses** will include a combination of intensive offsite and onsite assistance over a period of weeks or months. These will focus on a significant need or problem in the site that has an impact on the criminal justice system or a significant aspect of the system.



## **Accessing TTA Resources**

- We are conducting a baseline needs assessment with ELC recipients
  - Examine progress made to date in implementing work plan
  - Discuss engagement efforts between recipients and confinement facilities
  - Identify COVID-19 challenges and planned mitigation strategies
  - Identify potential near-term and longer-term TTA needs
- Confinement facilities are encouraged to request TTA
  - Requests can be submitted via email <u>bjacdmcf@cna.org</u>
    - TTA Center website (in development)
  - Any confinement facility can request TTA support
  - Requests will be reviewed by Lead TTA Coordinator in coordination with BJA (e.g., scope, recommended service level)
  - TTA team will work with requesting entity to develop action plan



#### **Examples of TTA Support Available**

- Guidance on using available funding
- Peer-to-peer collaboration and learning
- Webinars highlighting best practices, lessons learned, and other aspects of program implementation
- Curriculum development and training delivery (train-the-trainer)
- Development of detection and mitigation strategies and resources, as well as access to updated guidance, tools, and information
- Access to a cadre of subject matter experts (SMEs) in correctional operations, correctional health care, curriculum development and training, corrections administration, and public health



# **Questions?**

bjacdmcf@cna.org



# **Participant Feedback**



## **Next Steps**

- For questions or TTA Requests: <u>bjacdmcf@cna.org</u>
- Complete the webinar evaluation
- Publish Fact Sheets and FAQs
- Schedule future webinars
- Finalize initial resource library