Abstract: COVID-19 and Congregate Settings: Program Evaluation in a Secure Behavioral Rehabilitation Center

Purpose

The goal of this program evaluation is to examine the COVID-19 facility policy, case rates, and percent positivity at a secure behavioral rehabilitation facility, in order to inform policy recommendations for the mitigation of COVID-19 transmission in congregate living facilities.

Question

In residents of a secure behavioral rehabilitation facility, what is the relationship of a facility COVID-19 program on resident case rates as measured by interval change of total cases and percent positivity from first mass testing event in October 2020 to consequent mass testing events through the end of December 2020.

Design

A systematic review of literature encompassing COVID-19 policy and mitigation in correctional facilities and nursing homes was completed as the foundation for this program evaluation. Retrospective chart review will be performed to count total positive COVID-19 cases,

interval change in cases, and percent positivity during the study period. Iterative facility policy changes over time will be described.

Population/Sample/Setting

The program evaluation will be conducted at a secure behavioral rehabilitation center in the southeastern U.S. The facility serves the entire state and receives former Department of Corrections inmates who are civilly committed adults for rehabilitation prior to release into the community.

Variables studied

Case rates will be calculated based on facility census at the time of each testing event. Cases will be stratified by units to further evaluate mitigation efforts. Case rates and percent positivity will be compared to that of the surrounding community at the time of each testing event.

Method

Retrospective data collection through facility record review will begin June 2021 to include deidentified data from October 9, 2020 until the end of December 2020. Results from mass testing events as well as any large group testing between mass testing events will be counted, if available. Positive results from Polymerase Chain Reaction (PCR) and rapid antigen (RA) tests will be counted as a case. Case rates and percent positivity will be compared to that of the surrounding community at the time of each testing event for further evidence on that topic.

The PRECEDE model by Green and Kreuter (2005) provides the framework for this program evaluation. This includes social assessment, epidemiologic assessment,

educational/ecological assessment, and evaluation of predisposing, reinforcing, and enabling factors (Green and Kreuter, 2005).

The logic model as described by McDavid et al. (2013) will also be applied to this program evaluation.

Findings/Conclusions

Pending data collection.

Implications

It is possible that this program evaluation will be used to inform future mitigation efforts for disease management in congregate settings.

References

Green, L,W., and Kreuter, M.W. (2005). *Health Program Planning: An Educational and Ecological Approach*. McGraw-Hill.

McDavid, James C., et al. Understanding and applying logic models. *Program Evaluation and Performance Measurement: An Introduction to Practice* (pp. 39-71). 2nd ed, SAGE, 2013.