

The Pennsylvania Department of Corrections (DOC) is responsible for approximately 43,000 incarcerated individuals as well as another approximately 41,000 individuals under parole supervision. The challenges presented by the current COVID-19 pandemic have been extraordinary, and 100 percent of the credit for the department's success in managing this crisis goes to the brave women and men who work for the department and serve their fellow citizens by enhancing the safety of communities throughout Pennsylvania. It is imperative as a department, and as a commonwealth, that we take advantage of every opportunity we have to mitigate the spread of COVID-19 and protect the health and safety of the dedicated correctional staff and inmates, as well as the communities where our facilities operate. The risk goes beyond our walls and fences. Any spread of this disease within the correctional setting places our employees' families at risk, as well as the community, and has the potential to threaten the communities' healthcare infrastructure.

We all know that the virus spreads rapidly in large groups, which is why we all have been asked to shelter in place, wear masks and maintain social distancing in order to mitigate the transmission of the disease from one individual to another. However, social distancing inside a prison is difficult, if not impossible, to implement long term. Moreover, there are over 12,000 individuals housed in our facilities who are at very high risk for complications of COVID-19 as defined by the Centers for Disease Control and Prevention (CDC).

### **Mitigation Strategies**

The Department of Corrections began its mitigation work in February. Understanding that COVID-19 was an outside threat, we needed to prevent it from breaching our fences. As a result, on March 13, 2020, the DOC suspended all inmate visits. This step helped to eliminate direct contact with someone from the community who may be infected. While suspending visits lowered risk, we needed to address the risk that employees could be carriers. We began performing enhanced employee screening which included the taking of temperatures, and asking employees if they were exhibiting signs or symptoms of COVID-19. Employees who failed the screening were not permitted to enter the prison and were directed to see their primary care physician. Employees turned away have to follow a protocol in order to return to work which reflects the CDC criteria for health care workers.

An important step taken by the DOC was to bring Dr. Nicholas Scharff back as a consultant to DOC leadership. Dr. Scharff had previously served the DOC as chief of clinical services for eight years prior to his retirement in 2013. He now serves as an expert consultant in public health issues. All decisions the department makes are in consultation with Dr. Scharff, the DOC's medical team, the PA Department of Health and CDC guidelines.

After suspending visits and implementing the enhanced staff screening, we addressed the other avenue of entry to the DOC -- new inmate commitments. The DOC controlled the process of both court commitments and parole violators by designating SCI Retreat as a reception facility. All incoming inmates are quarantined by the day of their arrival. Furthermore, transfers among the facilities have been drastically reduced by only allowing for mission critical moves.

In addition to our efforts to prevent the breach of our facilities, we implemented strategies within our facilities including:

Transparency and Education. Keeping staff and inmates informed was paramount to all of our efforts. We immediately began daily emails to all DOC staff that provides operational changes in addition to general information for employees. These messages included the importance of proper hygiene and sanitation, how to properly wear and care for face masks, etc. We also began providing informational and inspirational videos for both staff and inmates. Every facility is holding town hall meetings and responding to questions and concerns. On our agency's intranet, which is only accessible by DOC employees, we post the daily PA Department of Health news releases and other information about COVID-19. The DOC also provides daily updates on the department's website: <https://www.cor.pa.gov/Pages/COVID-19-Dashboard.aspx>

Personal Protective Equipment (PPE). PPE is provided to all staff. Over 500,000 masks have been manufactured by the DOC's Correctional Industries. All CDC and DOH protocols are being followed in reference to masking and other PPE usage throughout the facility.

Antibacterial Soap. Free antibacterial soap has been provided to all inmates with messaging on the importance of handwashing to prevent spread. Correctional Industries (CI) has produced more than 700,000 bars of antibacterial soap. In addition, CI is providing cleaning supplies for inmates to clean their cells on a daily basis.

Contact Tracing. Thorough contact tracing has been implemented statewide to identify inmates and staff who may have had contact with an individual with influenza like illness or who has tested positive for COVID-19. This information is used to place inmates in an enhanced quarantine and regularly monitor their health.

Quarantine. Currently, the DOC is in a statewide quarantine with inmates and staff confined to a housing unit. All meals and activities are provided on the housing unit. Inmates are brought out of their cells in cohorts of 8-10 for 40 minutes each day to shower, make phone calls and have video visitations.

Enhanced Quarantine. Any inmate who has had a direct contact with a symptomatic inmate or staff member, or with any individual who tested positive for COVID-19 is placed in an enhanced quarantine for 14 days. Out-of-cell time is limited to showers. All inmates in enhanced quarantine are observed/assessed for symptomology and have their temperatures checked twice per day.

Isolation. Any inmate who has tested positive for COVID-19, or who has been tested and is awaiting results, is placed in medical isolation, and separated from all other inmates.

Testing. Currently, the DOC tests inmates for COVID-19 that are scheduled for transfer to another correctional facility. Testing occurs 3-6 days prior to the scheduled transfer date. If an inmate tests positive, the transfer is postponed, and the inmate is medically isolated for a minimum of 14 days and/or until medically cleared for transfer. Current studies indicate that 10-30% of patients that receive testing may be asymptomatic carriers and have a negative test result; however, the test may lack the sensitivity for a positive result; therefore, they have the potential to spread the virus to others. Due to this potential for testing inaccuracy, and in an effort to prevent/minimize the introduction of COVID-19 into other congregate settings, all

inmates are required to be quarantined for 14 days upon reception to any SCI. Strengthening the requirement for significant holistic and wide ranging mitigation for the entire population is paramount. In other words, systems should treat everyone, staff and inmates, as if they were asymptomatic carriers of COVID-19, and therefore potential transmitters of this disease.

Medical Co-pays. Medical co-pays for inmates with influenza like illness have been waived. Inmates are encouraged to report signs of illness to prevent further spread.

Mental Health. The mental health of staff and inmates is extremely important. The DOC has provided inmates with Zoom visits, five free phone calls, emails and envelopes to maintain that critical connection to loved ones. We have received inspirational videos from former Pittsburgh Steeler Rocky Bleier and Dallas Mavericks owner Mark Cuban, as well as College GameDay commentator, Kirk Herbstreit. In addition, Marcus Allen, the CEO of Big Brothers/Big Sisters of Philadelphia, and Charlie Gerow, Vice Chairman of the American Conservative Union have submitted messages. They have been shared on the DOC's intranet for staff and the DOC's inmate channel.

### **Vulnerable Housing Units**

Early on in this crisis, leadership identified several facilities and housing units where we had concerns about our ability to mitigate disease spread due to the facility design. Specifically, as it relates to large, old housing units that have cells with open bars, SCIs Rockview and Huntingdon were targets to depopulate. In general, dormitory housing units were also targeted to reduce population. To be very clear – targeted depopulation of housing units are, and will continue to be, an essential component of the DOC's strategy to manage our facilities into the foreseeable future.

### **SCI Phoenix**

Despite our best efforts, the DOC's first inmate positive test result was received on March 28, at SCI Phoenix, which located in Montgomery County. Immediately, the DOC proactively implemented a statewide quarantine. All inmates and staff remained on the same housing units in an effort to contain the spread of the virus. Inmates are provided all meals in their cells, and they are afforded out-of-cell time for video visits, phone calls, access to the law library, as well as being provided with in-cell programming. All inmate movement is controlled to conform to social distancing recommendations.

Since March 28, despite our robust mitigation efforts, we have seen an increase in both staff and inmate cases. As of May 11, SCI Phoenix has had 60 staff test positive, as well as 33 inmates. However, only six inmates are active. The remaining inmates have since recovered from COVID-19. Tragically, three inmates have passed away as a result of COVID-19. Staff at SCI Phoenix continue to do an extraordinary job to keep the virus from spreading to a population of nearly 3,000 inmates.

### **SCI Huntingdon**

Unlike Montgomery County where COVID-19 cases were one of the highest in the state, Huntingdon County had very few positive cases countywide. This situation highlights the risk associated with certain housing unit designs and specifically the need to redefine operational capacity throughout or system. One individual who was COVID-19 positive, coming into Huntingdon on April 9, 2020, lead to our most significant outbreak to date. Even with little

county impact, SCI Huntingdon had its first inmate positive test result on April 20. The inmate had been sent to Penn Highland ER for treatment. SCI Huntingdon began experiencing staff call offs due to employees reporting COVID-19-like symptoms, and by April 22, the prison had three positive inmate cases and five employee positives reported. As is the case with COVID-19, cases grow exponentially.

The institution immediately began contact tracing to identify inmates that may have had contact with the ill inmate. This information was used to place inmates in quarantine in order to separate them and medically monitor them.

An issue with SCI Huntingdon is that it is an old facility of an old design. Opened in 1889, the facility consists of multiple four-tier housing units that have open-bar cell doors; and all inmate and employee movement travels through a central hub area near the prison's control center.

On April 26, the entire prison was placed in enhanced lockdown/quarantine, which included limited out-of-cell movement to medical emergencies and screenings of inmate workers, feeding inmates in their cells, etc.

Department of Corrections officials worked to identify staff from other facilities – such as maintenance staff – to report to the prison to assist in converting the gym, other housing areas, a warehouse area and rooms in the education department into isolation areas for the observation and care of inmates ill with COVID-19. This conversion was important due to the fact that SCI Huntingdon does not have an infirmary. The conversions were done to allow the prison to care for inmates at the prison and not overwhelm the local hospitals. Of course, inmates who need hospital-level care are taken to local hospitals for such care. The prison isolation units have the ability to administer oxygen and intravenous fluids to inmates and to provide nursing care and oversight. Appropriate medical supplies were acquired for and sent to the prison.



### **SCI Huntingdon's gym has been converted to an isolation area.**

At the same time, SCI Huntingdon and DOC medical staff reached out to local hospitals and EMS to discuss their protocols as well as the DOC's protocols for the transfer of inmate patients who might become too ill to be managed in the prison isolation areas. An understanding of what these systems can and cannot handle was achieved, and the DOC used that information to form contingency plans should they require more assistance than the local medical systems could provide.

More space was needed at SCI Huntingdon to allow better separation of inmates into smaller groups. DOC officials decided to move approximately 90 inmates to SCI Phoenix, where there is a standalone, self-contained unit. That unit had been planned as a reentry unit for female inmates, however those plans never were finalized. So, DOC and SCI Phoenix officials reconfigured that unit into operation to house SCI Huntingdon inmates, who would be those that are close to being released from prison.

In preparation for the transfer of the inmates to SCI Phoenix's Female Transition Unit (FTU), officials tested the selected inmates for COVID-19 on May 5. Of the 82 inmates tested, 52 returned positive test results. Only the 18 inmates who tested negative for COVID-19 were transferred to the FTU on May 7. The remaining inmates were moved to SCI Huntingdon's outside service unit, where they will remain isolated until they recover. It should be noted that ALL of the positive inmates were asymptomatic. Once the inmates in the outside service unit test negative, they will be transferred to FTU.

Throughout the entire situation at SCI Huntingdon, DOC staff has assisted the facility by monitoring staff call offs and providing staffing relief as needed using employees from other state prisons. The facility has no staff shortages and continues to operate normally, albeit under an enhanced quarantine facility-wide.

With the move of inmates to SCI Phoenix's FTU and the remainder of the inmates moved later this month, SCI Huntingdon should experience some relief. As of May 11, Huntingdon has 35 staff cases and 131 positive inmate cases, with 15 inmates having already recovered.

Again, this situation had the potential to be significantly worse had it not been for strong facility leadership, and the dedication, creativity and commitment of DOC staff throughout our system, who rallied to get this outbreak under control.

### **Population Reduction**

Although our proactive mitigation strategies have been effective, the challenges continue and they are extraordinary, especially in older facilities such as SCI Huntingdon and those with dormitory style housing. Population reduction has to be a part of the conversation to address all these challenges. To that end, the department worked with the Parole Board to identify individuals who are otherwise eligible for release and transition them safely to the community where they can shelter in place with families. We reviewed state detainees, parole violators and those whose release was granted by the Parole Board but were delayed due to program completion or home plan investigations. We used all available legal avenues to assist reentrants in safely transitioning to home confinement.

We also drafted legislation that identified individuals who are incarcerated for non-violent offenses and are within 9 months of release, or 12 months for those at high risk of complications

of COVID-19. We worked with both the Victim Advocate's Office and the District Attorney's Association to ensure that consideration was given to victims and/or with public safety being of the utmost importance. Secretary Wetzel briefed leadership from both caucuses explaining the crisis that prisons face and the threat to communities from an outbreak in prison. This legislation was a collaborative effort with those who have expertise in corrections, victim advocacy and public safety.

Legislation would have provided the most effective means to reduce population; unfortunately, the proposal was not successful.

### **Reprieve**

Without legislation and the continued need to reduce population, the Governor acted swiftly and on April 10, 2020, signed an Executive Order pursuant to Article IV, Section 9(a) of the Pennsylvania Constitution and the Emergency Management Service Code, 35 Pa. C.S. § 7301. The Reprieve Order authorized the department to establish a reprieve program to identify eligible inmates with eligibility similar to the intended legislation (See Gov. EO)

The reprieve process was implemented as follows:

- Using the ineligible offenses as a basis, the department initially identified inmates to review for Wave 1 of the reprieve program which included those within zero to three months of their minimum sentence or those within twelve months of their minimum sentence and who were determined "vulnerable" per CDC guidelines. Wave 2 of the reprieve process included individuals who are within three to nine months of their minimum sentence.
- The next step in the process involved a thorough review of all cases by Central Office staff and Office of Victim Advocate (OVA) to verify eligibility and remove cases with registered victims.
- The DOC began processing Wave 1 cases first. On April 8, 2020, the identified inmates from Wave 1 was provided to courts and prosecutors from the committing county. Wave 2 list was provided on April 23, 2020. Both prosecutors and courts had the opportunity to provide feedback on each case.
- Each SCI received the list of inmates in their respective facilities and began additional screening processes. Exclusionary factors include:
  - persons found guilty of a class 1 misconduct within the last year.
  - persons with a negative board action.
  - persons with a registered victim through OVA.
  - Persons with a felony or misdemeanor warrant or detainer
  - Persons who are considered an identifiable risk to public safety
  - Active protection from abuse orders
  - Lack of support from the home facility

- For those who continue to be eligible, the SCI begins reentry planning to include viable home confinement plan, rehabilitative needs, medical needs
- SCI will confirm continuity of care including MA enrollment, release medications, Medication Assistant Treatment (MAT) protocols and IDs,
- SCIs may request additional inmates be added to the list but Central Office must verify eligibility and provide any additional names to the courts and prosecutors
- After an inmate passes all screenings, the facility manager must approve the submission of the inmate to the secretary of corrections
- Secretary of corrections will review each case and make the final decision whether to present the name to the governor for an order of reprieve
- Governor signs order of reprieve
- SCI will coordinate plan for transportation with family or through DOC
- Inmate is tested for COVID-19 prior to release
- Inmate is released to approved home plan with supervision by field agents
- Inmates may be returned to the SCIs for any violations of supervision of reprieve

A breakdown of reprieve numbers can be found in the below chart(s):

	<b>WAVE 1</b>	<b>WAVE 2</b>
Time eligibility	0-3 months of minimum; 0-12 months of minimum AND are defined as “vulnerable” per CDC	3-9 months of minimum
Initial number based on EO crime ineligibility only	1,185	617
Number following Central Office & OVA review	861	377
<b>Total moving on to SCI Review</b>	1,248* (an additional 10 were added later)	

<b>Total Submissions Reviewed - 292</b>	
Number Approved	150 (or 51%)
Number Denied	75 (or 26%)
Held Under Advisement	67 (or 23%)

<b>Other SCI Review Breakdown - 956</b>
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Paroled/ Paroling in near future	191
Additional finding of ineligibility	397* (See below for breakdown) Drug Trafficking – 37 Class 1 Misconducts – 22 Conviction while incarcerated – 20 Firearm charges – 46 Negative Board Actions – 89 Detainers – 10 Pending Charges – 13 Sex Offenses – 24 Violent history – 78 Violent Offense – 34 PFA/OVA – 7 Denied by Facility – 7 RRL – 1 Not time eligible – 3 Overlapping county sentence – 3 Concurrent Sentence – 3
Burglary cases being held (current & History)	76
Currently under review for Reentry planning	31
Programming needs	245
Refusals	16

#### SCI Findings of Ineligibility

RETURNS - 7	
Number	Reasons
7	Reprive rule violations
0	Criminal charges

As the above numbers indicate, the reprive process has been implemented with multiple levels of careful review and emphasis on public safety. Many of individuals who have been released on reprive were within weeks of a lawful release by parole. Because a reprive is a “suspension” of a sentence, those who have been released may be forced to return to serve mere days or a few weeks just to satisfy their sentence. Returning these individuals does not make sense. It would be costly and ineffective to do so. Legislation to credit time served on reprive towards the sentence is the fairest and most practical approach.

Our population reduction efforts have resulted in a total reduction of nearly 2,500 inmates since March 1, 2020.

### **The Future of Corrections**

While our current population reduction is significant, the new normal of corrections requires more. COVID-19 will continue challenging the department and all correctional systems on a scale we have never seen. Experts indicate a resurgence of the virus could happen this coming fall, which, coupled with a serious influenza season could result in an even more challenging environment. Thus, the need for the system to reduce the population is driven by its need to ensure social distancing in facilities. Such efforts are challenging at older prisons based on centuries-old prison designs and at facilities with dormitory-style housing, including community corrections.

The DOC can't just keep transferring inmates around our system. We are actually working to take these housing areas offline. We need to continue to reduce our population. To be clear – we plan to redefine operational capacity – setting it at a level that allows for social distancing within our “new normal” operation.

Corrections facilities must have appropriate and sufficient resources, a strong medical infrastructure, and alternatives to incarceration to manage this crisis properly and be prepared for future crisis. There is much that is still unknown about the future of COVID-19 and the potential impact. As new information becomes available, we need to continue to adapt and manage within a correctional setting. We need to reduce operational capacity and make better decisions about who is incarcerated and for how long. Reducing prison populations is no longer merely a criminal justice issue. It is a paramount public health issue.

It is also a financial issue. Projections are that from early March through the end of July – we would have spent \$45 million in mitigation and response to COVID-19. The reality is that much of this will be reimbursed through the federal government – it would be fool hearty to expect that this funding source is something we can rely on long term. Annualized over a year – a \$135 million spend is (admittedly) a worst case scenario in trying to manage COVID-19 given our current population. Further population reduction is necessary to ensure safe operation into the future. The recent confirmation of two board members is a great step in that direction. We would respectfully request further legislative efforts to safely continue to reduce our population in the coming months. Since 2012 – the DOC has seen a reduction of 8,000 inmates – and crime in Pennsylvania is lower than it was at that point. Current legislative efforts around probation/parole reform and medical parole are a great place to start this effort. We have exhibited the ability to both reduce the use of incarceration and see crime reductions continue. COVID-19 makes further work in this direction imperative.