

# Institutional Roadmap to Reopening-August 14, 2020

## Introduction

This document outlines, at a high-level, the Roadmap to Reopening major programs within the California Department of Corrections Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS). In an effort to mitigate the spread of COVID-19, the Departmental Operations Center (DOC) was established to provide statewide oversight and direction for COVID-19 efforts. The following are examples of actions taken to decrease exposure and increase physical distancing in California's prisons:

- Expedited release of inmates.
- Suspended normal visiting.
- Suspended intake from county jails.
- Modified housing assignments in dorm settings to facilitate physical distancing.
- Screening to include both a verbal questionnaire and temperature checks for all individuals entering state prisons.
- Conducted Board of Parole Hearings via videoconference.
- Continued to reinforce the importance of hand-washing and frequent cleaning.
- Provided and mandated the use of reusable cloth barrier masks
- Provided hand sanitizer to staff/inmates.
- Provide face coverings to staff/inmates
- Modified programming at all institutions to increase physical distancing and implemented enhanced cleaning.
- Implemented a screening process for all inmate workers.
- Provided daily updates on the CDCR website to ensure transparent communications with staff, families, stakeholders, and the public.
- Continued communication with local and state authorities to determine current mitigation levels in the community.

The CDCR-CCHCS Roadmap to Reopening incorporates a multi-phased approach to reopen statewide operations, relying on the recommended guidelines set forth by the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and other stakeholders. It is important to note that multiple considerations may affect the speed at which institutions and various program areas reopen. Institutions will continuously evaluate and monitor positive COVID cases and will reinstate precautionary measures, as needed, to protect all of those who live and work in California's prisons. This document is not intended to replace other COVID-related policies, but to work in concert with companion policies. As such, and as an example, specific questions related to transferring of inmates between institutions would be detailed via the CDCR/CCHCS test-and-transfer policy.

## Phases Defined

Phase 1: Most restrictive modifications

Phase 2: Ease Phase 1 restrictions

Phase 3: Expand opportunities outside housing units

Phase 4: Return to "new" normal program for all staff and the population

Movement between the phases will be at the discretion of the Warden and Chief Executive Officer who shall report daily to the Department Operations Center (DOC) their current phase, and any plans to move to different phases in subsequent days. Depending on institutional design, movement between phases may apply to the entire institution or individual facilities within an institution, at the discretion of the Warden and CEO. This is to recognize significant differences related to design, dorm/cell housing, and intermixing of inmates and staff in various facilities. Throughout the phases, the Department is committed to ensuring the safety, security, and well-being of all staff and inmates by continuing to perform the precautionary measures listed above.

## Factors for Determining Movement from One Phase to the Next

When assessing an institution's readiness to move from one phase to the next, whether loosening or tightening restrictions, the following factors will be considered:

1. Is the institution experiencing a stabilizing or decreasing disease burden for the inmate population? Case Rate:
  - Phase I to II: No new cases on a rolling 14-day cumulative new case rate.
  - Phase II to III: No new cases on a rolling 60-day cumulative new case rate.
  - Phase III to IV: No positive or new cases for a 90-day period.
  - Phase IV: Reopening to new normal operations. Note that this may include continuing precautionary measures such as face coverings, more frequent cleanings, etc.
2. Is the institution able to sustain adequate testing levels to monitor the ongoing health of the institution? If inadequate, remain in Phase 1.
3. Is the institution able to sustain adequate staffing coverage for both custody and nursing posts? If inadequate, remain in Phase 1.
4. Does the institution have access to an adequate supply of personal protective equipment (PPE) and hand sanitizer should an outbreak occur? If inadequate, remain in Phase 1.
5. Has the institution instituted Physical Distancing with the ability to monitor, sustain, and enforce the measures successfully? If inadequate, remain in Phase 1.
6. Ongoing employee testing and contact tracing program in place.

## General Operation Provisions

### *Phase 1*

- The institution has a current outbreak – three or more COVID-19 positive patients
- Movement and programming access severely restricted within the individual facility or institution

### *Phase 2*

- The institution has outbreak contained
- Movement and program-area access within the facility or institution eased based on location and COVID status of the inmate population

### *Phase 3*

- No current positive inmates
- Increased movement and program access

### *Phase 4*

- Resumption of pre-COVID-19 programming. Note that this may include continuing precautionary measures such as face coverings, more frequent cleanings, etc.

## Health Care Operations

### *Phase 1*

- Essential and critical health care appointments only.

### *Phase 2*

- Careful resumption of routine clinical operations:
  - Episodic non-essential
  - High-risk and chronic care patients
  - Telemedicine (including ISUDT)
  - On-site specialty services

- Allow Mental Health services where physical distancing can be maintained
- Resume Dental

### *Phase 3*

- Resume all clinical operations

## Institutional Operations

### *Phase 1*

- The institution is closed to visitors, volunteers, and activities involving outside groups.
- No outside vendors, non-essential contractors, or non-employees permitted on institutional grounds, other than those who are essential for supplying the institution with needed goods.
  - ISUDT Program Providers, including Alcohol And Other Drug (AOD) Counselors; are essential contractors
- Inmate workforce limited to essential functions.
- Yard/feeding with the same population within the same housing unit.
- Limited dayroom access to the same rotating groups. Physical distancing to be maintained.
- No family visiting (overnight visits).
- Limited recreational dayroom access to allow physical distancing.

### *Phase 2*

- Visitation limited to one visitor for one hour, per inmate per month. Tables in visiting rooms must be six feet apart, staggered schedule, mandatory masks, and tables disinfected between visits.
- Outside vendors, non-essential contractors, or non-employees may be permitted.
- Inmate workforce limited to essential functions.
- Continue yard/feeding access with the same population groups cohort.
- Continue limited dayroom access to the same rotating groups. Physical distancing to be maintained.
- Family visiting still prohibited.

### *Phase 3*

- Expand visitation to allow two visitors to visit for one hour per inmate, twice per month. Tables set six feet apart, staggered schedule, mandatory masks, and tables disinfected between visits.
- Inmate workforce may be expanded beyond essential functions.
- Expand yard access to up to two housing units at a time or by isolated/quarantined, orientation status, or general population status cohorts.
- Expand dayroom access to allow for more inmates while ensuring they maintain physical distance.
- Re-open family visiting to allow for one family visit per week, per family visiting unit.

## Inmate Programs

Rather than prescribing a particular response to apply to all, individual institutions shall adapt to their local, changing needs. To that end, the roadmap conceptualizes many potential programming options as a “menu” from which institutions may select the program delivery methods which meet current operational and safety needs within the phased guidelines. These options include reduced group sizes, staggered schedules, outdoor, or programming in other non-traditional spaces to allow for physical distancing, tents, canopies, or modified hours. Best practices and solutions will be collected and shared with all institutions to add to the operations menu. The Division of Rehabilitative Programs (DRP) will

work with the In-Prison DRP CCIII to collect data on the conditions, and rationale leading to each institutional program decision and modification for historical and reporting purposes.

### *Phase 1*

- All students receive independent study packets and teachers telework 2-4 days per week.
- Active Integrated Substance Use Disorder Treatment (ISUDT) participants receive Program Engagement Packets from ISUDT AOD Counselors.
- Inmates with legal deadlines may go to the law library so long as physical distancing is maintained. All others may request books, forms, and paging for library and law library access.
- Students may be administered educational assessments with approval from the Warden.
- The following programs remain closed: Offender Mentor Certification Program and Innovative Grants Program/Arts in Corrections.

### *Phase 2*

- Law library limited to paging and where physical distancing can be achieved.
- Blended instruction: The number of students in class will be dependent on appropriate physical distancing. The remainder of students will receive independent study while not in class.
- Students shall be administered educational assessments if physical distancing permits.
- ISUDT Allow for Integrated/ Offender Mentor Certification Program services to resume in a group setting, but not to exceed a 1:6 ratio. Institutions may exceed these ratios if reasonable alternatives such as outdoor programming are available.
- Arts in Corrections/Innovative Grants Program/Inmate Self Help Groups where appropriate capacity exists to allow physical distancing.

### *Phase 3*

- Continue blended instruction: Number of students in class will depend on appropriate physical distancing. The remainder of students will receive independent study while not in class.
- Inmates may use the library and law library, physical distancing permitting.
- Inmates are administered educational assessments, physical distancing permitting.
- ISUDT continues as in Phase 2. Integrated/Interventions for Sexual Offenders Program/Offender Mentor Certification Program services in a group setting using program option 'menu'.
- Expand reopening of Arts in Corrections/Innovative Grants Program/Inmate Self Help Groups by allowing the institution discretion to allow volunteers to return. Continue physical distancing.