

Colorado DOC Population Management Plan - COVID-19

Introduction

At the outbreak of COVID-19, the DOC quickly reviewed all relevant strategies and approaches to prevent the spread of the virus. These strategies mirror many of the public facing strategies, but there are some profound challenges that are unique to the prison environment. In a letter to the Department on March 23, 2020, Dr. Carlos Franco-Peredes, an infectious disease expert at University of Colorado/Anschutz Campus, summarized what we were facing as a Department:

“The COVID-19 virus will inevitably enter and expand exponentially in jails, prisons, community corrections, and juvenile detention facilities. These facilities are not designed to contain the spread of a highly contagious disease or to treat those with significant illness. It is likely that there will be high numbers of ill incarcerated individuals, as well as the staff critical to these facilities. The broader health system does not have the capacity to handle a wave of critically ill patients coming from jails and prisons in addition to the expected community outbreak.”

In addition to the Dr.’s observations, we knew that an outbreak in a prison would not only risk the lives of inmates and staff, but prisons could become hotbeds of spread to the local community as essential staff moved in and out of prisons back to their homes. The current outbreak at Sterling Prison is unfortunately going to be our first proving ground on what might be a longer journey.

Goals/Strategy

We’ve had four major strategies to mitigate the virus. The CDC has recommended many of these strategies and other states have taken similar actions.

- 1) **Reduce all unnecessary traffic and contacts in and out of prisons, and also within the prison** - This has been accomplished and we have different phases of staffing and movement based upon the specific threat at that prison. (See details below.)
- 2) **Implement a temporary moratorium on all incoming inmate transfers to prison while quarantine locations and protocol set** - This is being accomplished and we will start admissions on a step by step basis April 29. (See details below.)
- 3) **Reduce overall prison populations** - We started at 99% occupancy and we are now at 93%. We need approximately 90% occupancy to move staff to Centennial South to realign intake. Without new academies to bring on staff, and the average monthly loss of 75-100 staff per month (still a dramatic improvement over the past), we need to drive down overall populations. If we don’t we risk having more inmates than staff to operate the living units. May and June are also the largest retirement months for the Department. We believe that our target occupancy for the pandemic should be 80-85% to adjust for the loss of fully trained staff. 90% occupancy is a reduction of 1,200 inmates, 85% - 1,800 inmates, and 80% - 2,500 inmates.
- 4) **Reduce prison population density** - The last lever to mitigate the pandemic and the only one not in play at this point is the effort to reduce prison density. There are two ways to accomplish this:

1. Stand up all available beds statewide (including all 3 towers at Centennial South) and use the National Guard to help accomplish this or
2. Continue to aggressively pursue prison population reductions that get us to 75% - 80% occupancy. Even at this level we cannot get single cell occupancy, but at least we can have margins to reduce double bunking in cells and reduce overall spread and mortality.

We will still need as many staff as possible as we will lose economies of scale with staff spread out at multiple locations. (See details in the following sections that describes the impact of reducing prison density and mortality rates of inmates and staff.)

To repeat, the last lever we have in play to reduce loss of life is #4, reducing prison population density. In addition to providing details of what we have done in the following sections, we will describe the projected impact of reducing prison density. National experts have been working with us on prison modelling of COVID-19 outbreaks.

Modeling

The DOC has worked with Recidiviz and their COVID-19 model for incarcerated populations to predict the impact of COVID-19 on DOC's incarcerated population). The Recidiviz model is derived from the leading epidemiological SEIR-model (Susceptible-Exposed-Infectious-Recovered) which is used to predict disease occurrences and it has been modified specifically for prison populations. Prisons can amplify the spread of infectious diseases such as COVID-19 because conditions used to control the rate of spread, such as social distancing, are difficult to achieve. DOC is experiencing a COVID-19 outbreak at the Sterling Correctional Facility (SCF) and this analysis, therefore, focuses primarily on that one location.

SCF houses 2,381 men of which 312 are housed in single cells and the remaining are housed two per cell. The facility is currently operating with 494 staff who rotate through on two twelve-hour shifts of 247 staff per shift. The facility identified its first positive COVID-19 offender on April 16. As of April 20, the facility has 8 offenders and 2 staff who have tested positive for COVID-19.

Following are Recidiviz model projections for SCF given current staffing and population density:

COVID-19 cases:

Number of Weeks	Inmates	Staff
One	49-65	7-9
Two	158-282	23-38
Three	450-954	69-141
OVERALL	2,107-2,257	437-468

COVID-19 deaths:

Number of Weeks	Inmates	Staff
One	0	0
Two	0	0
Three	1	0
OVERALL	31-34	8

Reducing SCF's prison population (density) and moving away from housing more than one inmate to a cell, decreases the severity of COVID-19 impact as follows:

- # of inmate infections at peak decreases 77% from 358 to 81.
- # extends days to peak inmate infections by 44% from 34 days to 49 days (both of those data points "flattens" the curve of the infection).
- # inmate deaths decrease by 65% from 31 to 11.
- # of staff infections at peak decreases 61% from 74 to 29.
- # of staff deaths decrease by 38% from 8 to 5.

Please find included (*pages 8-13*) Recidiviz models and detailed analysis for SCF at current population and density as well as reduced population and density. There is one additional model that projects overall impact on all DOC facilities.

Reduce Population

The data (*included on pages 14-15*) would be published on the external DOC website and linked from the COVID-19 information page (found here: [CDOC COVID-19 Webpage](#)).

Additional language on the web page will include:

In an effort to provide the public with up-to-date information on the Colorado Department of Corrections' (CDOC) response to the COVID-19 pandemic, the Department is providing a dashboard with current data, to include:

- The number of inmates currently medically quarantined by facility location.
- The number of inmates tested and the number of tests per facility.
- The number of inmates who have tested positive for COVID-19 and their facility location.
- The number of inmates who still actively have the virus and their facility location.
- The number of inmates who have recovered and their facility location.
- The number of inmates who have died as a result of COVID-19 and their facility location.
- Population and vacancy rate.
- Tracking staff out on administrative leave/quarantine and staff positives.

Since the beginning of the COVID-19 pandemic in Colorado, CDOC has been working with state and local partners to proactively prevent the introduction and spread of COVID-19 into the state prison system. In response to the COVID-19 pandemic, and in accordance with Executive Order D 2020 016 issued by Governor Jared Polis (found here: [EO D 2020 016](#)), the

Department has been working to effectively manage the prison population in a manner consistent with the best practices outlined in the Center for Disease Control guidance, while continuing to protect public safety.

In an effort to manage the prison population, the Department has implemented a temporary moratorium on receiving new intakes from county jails. During this moratorium, CDOC will be able to create empty bed space in facilities which will allow for staff resources to be shifted to open more living units at Centennial Correctional Facility South (CCF-S) in Canon City. CCF-S will become the initial intake for male inmates. By moving the initial intake to CCF-S, DOC will be able to medically isolate new arrivals for up to fourteen days to ensure they are not symptomatic for COVID-19. After inmates are cleared for COVID-19 symptoms, they will be transferred to the Denver Reception and Diagnostic Center (DRDC) to complete the intake and assessment process. Moving the initial intake to CCF-S will minimize the risk of introducing COVID-19 to DRDC where a large number of inmates with high medical needs are housed.

Additionally, the Department has created criteria to evaluate the current inmate population for potential release under Intensive Supervision Program Inmate (ISPI), Special Needs Parole, and Earned Time credit under the Executive Order.

In addition to providing the testing numbers, the Department is also providing updated data on the number of inmates who have met the criteria for release for ISP-I, Special Needs Parole, and Earned Time Credit.

The current criteria that will be used to screen potential inmates for ISP-I, Special Needs Parole, and Earned Time Credit is as follows:

Special Needs or Medically Necessary Parole:

- If the offender is at a higher risk of mortality from contracting COVID-19 due to underlying medical conditions, they will be recommended by their prison facility medical team for release.
- If the offender represents a low public safety risk to the community.
- If the offender can be cared for in the community and can adequately access care in the community within the context of the pandemic. DOC understands that the presence of COVID-19 creates new challenges for those with medical needs and does not wish to release anyone who would struggle to access care in the community.

At the present time, the DOC is reviewing offenders who do not have victims.

Intensive Supervision Parole – Inmate

Strategy:

In addition to reviewing offenders within 6 months of PED who meet base criteria for ISP-I, a review of offenders nearing scheduled release was prioritized. The intent of this strategy is to select candidates who have served significant portions of their sentence.

Criteria:

On April 1, 2020 CDOC began the process of review/approval based on criteria and scheduling as follows:

- Offenders who have not yet been paroled may be placed directly on ISP-I and are subject to the Code of Penal Discipline (COPD).
- An offender must be within 180 days to their parole eligibility date (PED).
- To be considered for ISP-I plan development and investigation, an offender housed in a DOC facility must demonstrate acceptable institutional behavior including:
 - No Class I COPD convictions within the previous 18 months.
 - No Class II COPD convictions in the previous 12 months.
 - Participating in available DOC recommended programs.
 - No documented Security Threat Group activity as defined by C.R.S 17-1-109 for two (2) years.
 - Has not been on any Management Control Unit status as defined by DOC AR 600-09 (Special Management) for two (2) years.

Other considerations:

- Confirmation by DOC Victim Services Unit that no victim notification is required.
- No sex offenders.
- No homeless release – verified with sponsor via phone call.
- NCIC/CCIC check for pending charges or warrants.

Reviews will be completed in the following order:

1. Six months to PED meeting criteria.
2. Offenders identified with release dates in May, 2020 meeting criteria.
3. Offenders identified with release dates before December, 2020 meeting criteria.
4. Offenders identified who were previously reviewed and approved by a parole panel for ISP-I.
 - a. Additional consideration - approved after review by a panel established by Parole.
5. List of offenders approved for community placement in Denver but that will not be moving due to suspension through April 20, 2020.

Earned Time Award:

May provide up to 180 additional days of earned time.

Criteria:

- Only offenders serving Class 4, 5, and 6 felonies will be considered.
- Drug offenses, only Felony 3 and 4.
- Offenders must have release dates prior to August, 2021.
- No active detainers.
- No Class I COPD within the last 12 months.
- Has not been on any Management Control Unit status as defined by AR 600-09 (Special Management) for two (2) years.

- Confirmation by DOC Victim Services Unit that no victim notification is required.
- No sex offenders.
- No program refusal.
- No community or parole regression within the past 12 months.

Additional Population Reduction Efforts:

DOC has also collaborated with the Parole Board to grant early parole for inmates that had release dates scheduled between May 2020 and December 2020. As of April 21, 2020, 129 inmates have been released on early parole.

From March 25, 2020, through April 21, 2020, the above efforts combined with normal inmate releases have reduced the overall prison population by 934 inmates.

Proposal for Next Steps

In order to rapidly open all towers at CCF-S, the DOC requests 117 soldiers from the Colorado National Guard be deployed to meet staffing needs. These soldiers would be assigned to work alongside current DOC employees. Part of their duties would include escorting inmates to and from the showers, delivery food trays and hygiene items, assisting with inmate counts and basic inmate supervision. With the soldiers being partnered with and supervised by DOC employees, high ranking soldiers are not required unless a requirement exists through the National Guard's policies.

By utilizing the 117 soldiers, this would allow DOC to activate and operate four additional housing units, which equates to 632 additional beds at CCF-S. These 632 additional beds will be filled with inmates from SCF. Movement of the 632 inmates would allow us to single occupy every cell on the East Side and create 116 single occupancy cells on the West Side at SCF. This movement on the West side will empty Living Unit 4 of general population offenders in order to create the opportunity for isolation, if indicated. This would leave 484 double occupancy cells (968 inmates) at SCF.

Reduce Contact

Prison Operational Phases I & II:

- Phase I: Normal operations at a facility, pre-pandemic.
- Phase II: Inmates in Phase II facilities will continue to have recreation opportunities outside the living units but will recreate in smaller groups limited to their assigned unit. Continuing existing practices, as each group leaves the dining areas, recreation areas, and other multi-use areas, are disinfected prior to any new group entering the area. To the greatest extent possible, staff members are being consistently assigned to specific units and work areas to prevent unnecessary crossover with other areas of the facilities.

All DOC prison facilities have moved to at least Phase II operations, to include:

- Temporary suspension of all visiting in our facilities, as well as volunteers.
- The Phase II operational plan requires that inmates living in each unit be isolated from others in the prison. The plan increases social distancing space by reducing the amount

of people permitted in any area during dining and other activities that might otherwise be done in larger groups. This means that if one unit has a person that contracts COVID-19, they would not have had any contact with other living units.

- DOC has stopped all communal programs to include; education and in-person congregant religious services and is developing and deploying in-cell and in-unit program opportunities and individualized religious engagement resources in order to continue to provide support. Inmates will continue to have recreation opportunities outside the living units but will recreate in smaller groups limited to their assigned unit.
- Continuing existing disinfection practices; as each group leaves the dining areas, recreation area or other multi-use areas, they are disinfected prior to any new group entering the area. To the greatest extent possible, staff members are being consistently assigned to specific units and work areas to prevent unnecessary crossover with other areas of the facilities.

Prison Operational Phase III:

- Phase III: Any correctional facility that has a staff member or inmate test positive will immediately go to Phase III operations. Phase III operations mean that inmates will remain in their cells during the quarantine period outside of opportunities to shower. All meals and medications will be delivered to inmates in their living units. The inmates will have access to their normal personal property during the quarantine period. Currently, Sterling Correctional Facility, Bent County Correctional Facility, and Crowley County Correctional Facility are all on Phase III. They may move back to a Phase II protocol once the facility no longer has COVID-19 cases.

Inmates testing positive for COVID-19 will be medically isolated from the general population as much as possible dependent on facility structure. The Department risk management and medical teams will conduct a thorough contact investigation and any inmates who may have been in contact with that individual would be quarantined in the facility if they are an inmate, or sent home to self-quarantine if they are a staff member. When a facility has a confirmed positive COVID-19 test result for a staff member or an inmate, the facility's leadership communicates this information to the staff and inmate population at that facility.

Parole Operations

Modifications have been made to allow for alternative methods to ensure contact with Parolees that do not require an office visit.

- Parolees who are sick, immune compromised, over 60, and/or considered to be at higher risk of infection (people who have traveled to areas where community transmission is occurring or had direct close contact with a presumptive positive case of COVID-19) will not be required to come into the parole office, but will still be required to maintain contact with their parole officer. Those parolees will be directly contacted by their parole officer. If a parolee is ill, they should immediately notify their parole officer via phone/CWISE or email and stay home until they contact their healthcare provider.
- The Department also temporarily suspended technical parole violations (exception of public safety risks) to reduce incoming traffic to county jails.

MODELING DATA

(pages 8-13)

Tuesday, April 21, 2020

1

COLORADO (SCF ONLY)

Briefing on Projected Impact of COVID-19 on Staff and Incarcerated Offenders

Data from CDOC current as of:

Tuesday, April 21, 2020

Data on community cases/deaths current as of:

Monday, April 20, 2020

Version of the COVID-19

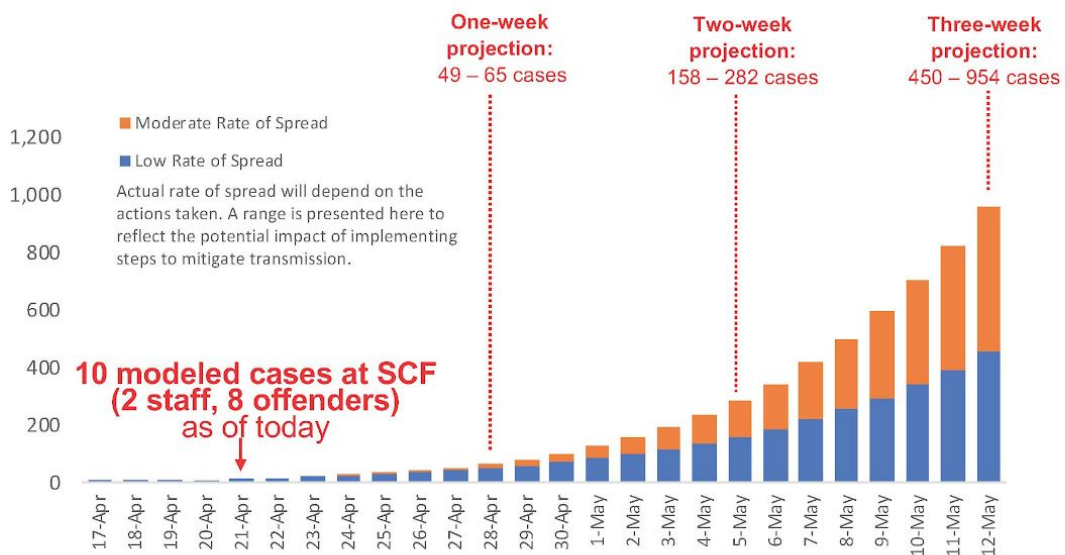
Incarceration Model: 6.0

(4/16/2020)

Note: CDOC's Office of Planning & Analysis calculated CDOC staff mortality rate at 0.76% based upon age-related mortality rates provided in the Recidiviz model

STATEWIDE VITAL STATISTICS

Projected Transmission at Sterling Correctional Facility*



*Scenario based on SCF only, which is currently reporting 8 incarcerated offenders and 2 facility staff positive for COVID-19.

Low rate = reduced unnecessary personal contact and quarantined at-risk groups;

Moderate rate = taken some steps to reduce contact but are still working on others.



**2,875
people**

Total offenders and
staff currently at
Sterling Correctional
Facility



**421
people**

incarcerated
offenders age 55+
at Sterling
Correctional Facility



**8
offenders**

with confirmed
cases of COVID-19
at Sterling
Correctional Facility



**2
staff**

with confirmed
cases of COVID-19
at Sterling
Correctional Facility

Tuesday, April 21, 2020

2

COLORADO (SCF ONLY)

FACILITY-SPECIFIC PROJECTION

SCF



2,381 offenders
reside in the facility



421 incarcerated
offenders 55+



100% of offenders
housed in cells

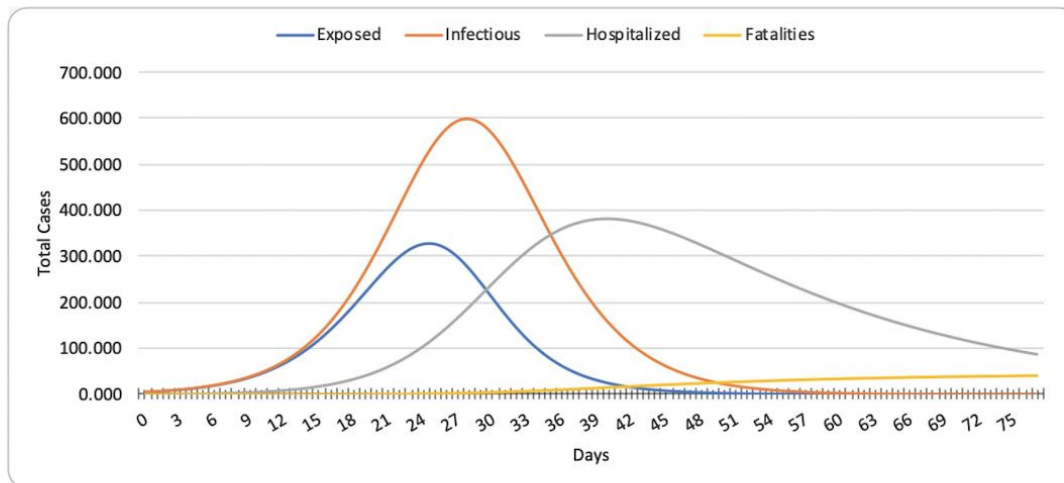


494 staff work
in the facility



17 COVID-19 cases
in county

Estimated Impact (moderate rate of spread)



Incarcerated Population Projection (based on current population of 2,381)

	One week		Two weeks		Three weeks		Overall	
	Low Rate	Moderate Rate	Low Rate	Moderate Rate	Low Rate	Moderate Rate	Low Rate	Moderate Rate
Cases	49	65	158	282	450	954	2,107	2,257
Deceased	0	0	0	0	1	1	31	34

Staff Projection (based on current staffing level of 494 employees)

	One week		Two weeks		Three weeks		Overall	
	Low Rate	Moderate Rate	Low Rate	Moderate Rate	Low Rate	Moderate Rate	Low Rate	Moderate Rate
Infected	7	9	23	38	69	141	437	468
Unable to work	3	4	10	15	29	58	(N/A)	(N/A)
Deceased	0	0	0	0	0	0	8	8

COLORADO (SCF ONLY)

Baseline Scenario

ASSUMPTIONS

- 8 incarcerated offenders and 2 facility staff test positive for COVID-19
- Modified staffing protocol results in two alternating teams of 247 staff (494 total) in the facility
- CDC mitigation actions reduce rate of spread to lowest level viewed as possible in prisons given current data (2.4)

INCARCERATED OFFENDERS			STAFF	
# Infectious at Peak	Days to Peak	Deceased	# Infectious at Peak	Deceased
358	34	31	74	8

All SCF Offenders Housed in Single Cells

ASSUMPTION CHANGES

- 980 offenders are re-assigned elsewhere (across age groups), permitting those remaining to be entirely single-bunked
- Rate of spread reduced from **2.4 to 1.6** if overall 50% occupancy rate can be achieved

INCARCERATED OFFENDERS			STAFF	
# Infectious at Peak	Days to Peak	Deceased	# Infectious at Peak	Deceased
81	49	11	29	5
▼ 77%	▲ 44%	▼ 65%	▼ 61%	▼ 38%

Tuesday, April 21, 2020

4

COLORADO (TOTAL)

Briefing on Projected Impact of COVID-19 on Staff and Incarcerated Offenders

Data from CDOC current as of:

Tuesday, April 21, 2020

Data on community cases/deaths current as of:

Monday, April 20, 2020

Version of the COVID-19

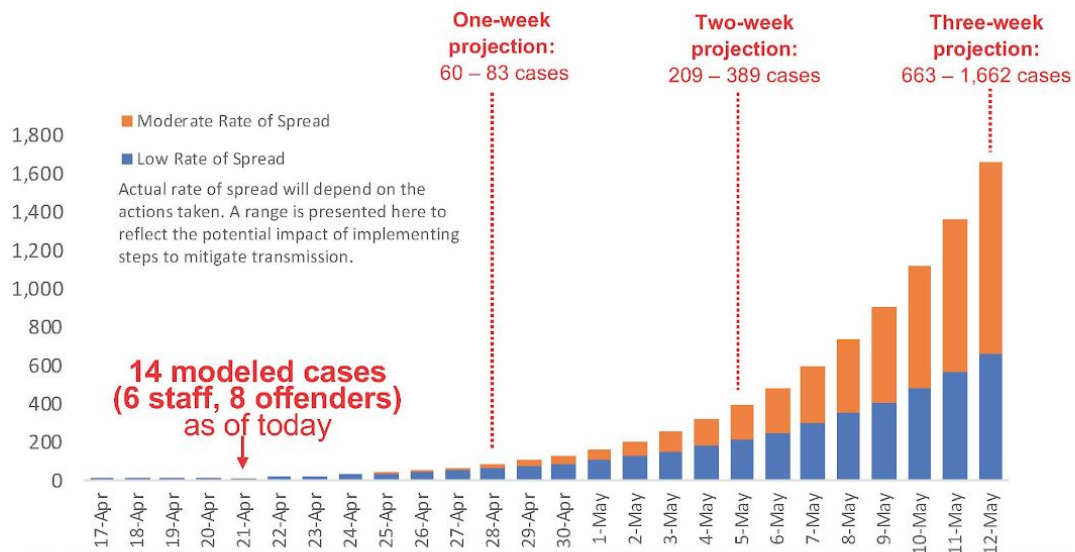
Incarceration Model: 6.0

(4/16/2020)

Note: CDOC's Office of Planning & Analysis calculated CDOC staff mortality rate at 0.76% based upon age-related mortality rates provided in the Recidiviz model

STATEWIDE VITAL STATISTICS

Projected Transmission at All Facilities*



*Scenario based on aggregate data across facilities, currently reporting 8 incarcerated offenders and 6 facility staff positive for COVID-19.

Low rate = reduced unnecessary personal contact and quarantined at-risk groups;

Moderate rate = taken some steps to reduce contact but are still working on others .



**18,727
people**

Total offenders and
staff currently at
CDOC facilities



**2,000
people**

incarcerated
offenders age 55+



**8
offenders**

with confirmed
cases of COVID-19



**6
staff**

with confirmed
cases of COVID-19

Tuesday, April 21, 2020

5

COLORADO (TOTAL)

STATEWIDE PROJECTION

ALL PRISON FACILITIES



13,689 total
incarcerated offenders



2,000
incarcerated
offenders 55+



100% of offenders
housed in cells

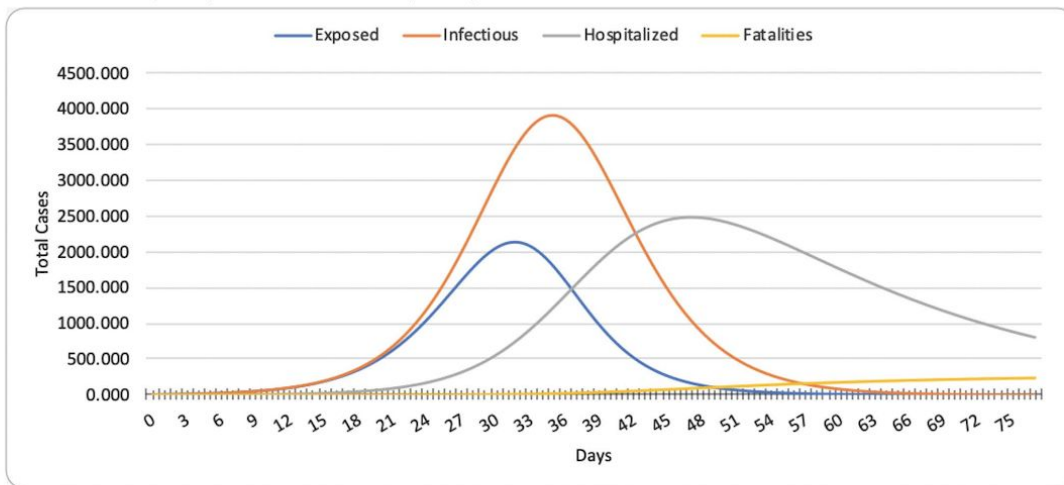


5,038 total staff



10,106 COVID-19
cases in Colorado

Estimated Impact (moderate rate of spread)



Incarcerated Population Projection (based on current population of 13,689)

	One week		Two weeks		Three weeks		Overall	
	Low Rate	Moderate Rate	Low Rate	Moderate Rate	Low Rate	Moderate Rate	Low Rate	Moderate Rate
Cases	60	83	209	389	663	1,662	12,106	12,975
Deceased	0	0	0	0	1	1	150	170

Staff Projection (based on current staffing level of 5,038 employees)

	One week		Two weeks		Three weeks		Overall	
	Low Rate	Moderate Rate	Low Rate	Moderate Rate	Low Rate	Moderate Rate	Low Rate	Moderate Rate
Infected	19	22	55	91	169	384	4,455	4,776
Unable to work	8	9	23	35	69	149	(N/A)	(N/A)
Deceased	0	0	0	0	0	0	73	83

COLORADO

EXTERNALLY* VALIDATED ASSUMPTIONS DRIVING THE MODEL

**Assumptions taken from latest research, including Center for Disease Control, and validated by epidemiologists at Yale and Stanford*

Rate of Spread	Timing	Offender Mortality Rate	Severity Rates
Bunked offenders: 3.0 - 5.0	Time to symptoms: 5.1 days	20-44: 0.15%	Mild case rate: 74%
Offenders in cells: 2.4 - 3.0	Non-contagious incubation period: 2 days	45-54: 0.65%	Hospitalization rate: 26%
Exposed-to-infectious rate: 0.4878	Contagious / infections period: 4.1 days	55-64: 2.00%	Average time from symptoms to hospitalization: 9 days
	Severe case recover time: 31 days	65-74: 3.80%	
		75-84: 7.40%	
		85+: 18.85%	

Note: CDC's Office of Planning & Analysis calculated CDC staff mortality rate at 0.76% based upon age-related mortality rates provided in the Recidiviz model

ACTIONS TAKEN BY OTHER STATES TO ADDRESS COVID-19

Transmission

States are in various degrees of implementation of the [CDC's COVID-19 guidance for correctional facilities](#) which is intended to help reduce the rate of transmission.

To estimate the impact of more rigorously implementing the CDC's guidance, states can contact covid@recidiviz.org to discuss updating the assumptions used in the model. As data is analyzed from how the virus spreads in correctional facilities, these assumptions may also be updated in the overall model's design.

Population & Reentry

Utah, Iowa, and North Dakota are putting more cases before the **parole** board and/or reducing delays in getting cases before the board or released once approved.

Connecticut is working with community-based providers to arrange **housing in hotels** and case management for individuals who would otherwise be homeless upon reentry.

Many states have temporarily **halted admissions from county jails**.

New York and Wisconsin have taken steps to **reduce the number of individuals held due to technical violations of supervision**.

Kentucky identified 743 **people within 6 months of completing their sentence** for potential release.

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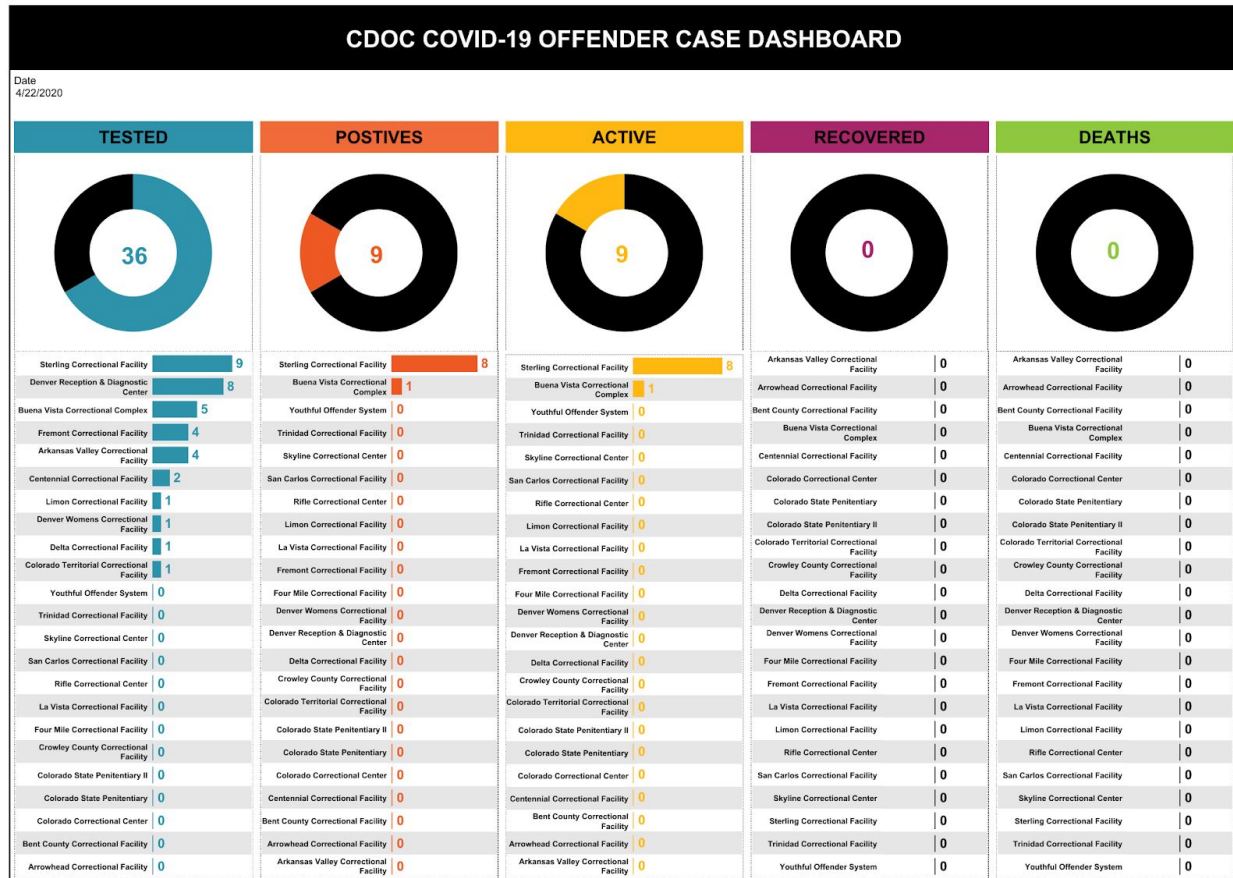
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Proposed Dashboards

Pages 15-16

COLORADO DEPARTMENT OF CORRECTIONS

1 2



COLORADO DEPARTMENT OF CORRECTIONS

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OTHER CDC COVID-19 MEASURES

