



BOARD OF CORRECTION

DAVID MCCLUSKY
Chair

DODDS HAYDEN
Vice Chair

KAREN NEILL
Secretary

MINUTES

BOARD OF CORRECTION (BOC) MEETING

April 8, 2020 1:00 PM – 2:30 PM MT

Idaho Department of Correction, 1299 N. Orchard Street, Suite 110, Boise, ID 83706

VIA CONFERENCE CALL

Members Present:

Dr. David McClusky, Chair – via conference call
Dodds Hayden, Vice Chair – via conference call
Dr. Karen Neill, Secretary – via conference call

Others Present:

IDOC: Josh Tewalt, Bree Derrick, Christine Starr, Mark Kubinski, Cheryl Iseri
Members of the public (no roll taken)

- Call to order Business Meeting; welcome and introductions
 - Chair McClusky called the meeting to order at 1:00 p.m. Board members confirmed presence via conference call, Josh Tewalt announced those that were present in the conference room.
 - Board of Correction meeting minutes approval

Vice Chair Hayden moved to approve the minutes from the February 27, 2020 and March 18, 2020 meetings. Secretary Neill seconded the motion. Vote Taken: Chair McClusky – yes, Vice Chair Hayden – yes, Secretary Neill – yes.

- COVID-19 Update – Josh Tewalt
 - Still are in Incident Command Structure, in Phase 2 since March 13. Unified command structure in operational and meets daily. Situation reports prepared and distributed twice daily. From IDOC standpoint, 465 staff are now telecommuting at least part time. As a result of medical screenings implemented for staff, 135 have either called out due to symptoms or been turned away as a result of screening. 45 of those staff have been cleared to return to work.
 - Dodds asked what changes were made to allow people to work from home, or what needs to change for them to have that ability?
 - Josh replied that there were system limitations for remote access, and some employees did not have equipment to work from home. IT staff have been fantastic at finding solutions, most challenges have been infrastructure related. Has been quite a learning process, and a lot of staff have experienced in a lot of ways how much more productive they can be while away from the office environment and distractions.
 - Testing systemwide – conducted 21 tests, 20 have been negative, 1 is pending. Eagle Pass has conducted 3 tests, 2 have been negative, 1 is pending.
 - Created tracking page on our website so public can see testing numbers, how many have been negative/positive, and where they are located. Website tracker is updated at least once daily. Also includes information on any operational impacts as a result of a medical quarantine or testing that is taking place.

- 24 staff have been tested, 14 negative, 8 pending, 2 positives. Both positive staff members self-isolated, no exposure prior to becoming symptomatic.
 - On March 2, population was 9560; today is 9409. Reduction of over 150 people. Attribute that to facilitation of releases occurring in a timely fashion. Also has been a precipitous drop in referrals from courts.
 - Dr. Neill asked how many were as a result of early releases?
 - Most are not considered early releases. Commission is re-reviewing those who are parole eligible who didn't have dates. We don't have a hard number yet, but a lot of the work that's been done by the Commission has been for those folks who had already been seen and approved with a date, and making that date open, which means that they're eligible to be release once all their requirements are met, but it's not a change from the process. We still have to ensure that their programming is complete and they have an approved release plan before they can be released. Of that amount, best guess right now is a very small number of those are people who might have fallen into that category that have been reviewed by the Parole Commission. Most of those would be normal releases, riders who are releasing from our custody and other people set to be paroled continuing as scheduled, with a reduction of new commitments to IDOC in that same time period.
 - Dodds asked if the lack of people coming in the front door become a crush once this is over?
 - Josh: Hard to say at this point. Criminal justice system has tried to put a stop to elective incarceration and everyone is using maximum discretion to avoid incarceration. Courts are still doing their best to move forward with sentencing for felony convictions.
 - Facilities and CRCs remain on modified restricted status. Visitation and volunteer activities are still suspended through April 15, which will be reevaluated later this week and likely extended. Everyone entering prisons or CRCs are subject to medical screening, but recreation, education and programming are all continuing, albeit some of those are happening in different forms. Stopped all ancillary movement to the courts to the best of our ability. Have facilitated 203 court hearings via video or teleconference in past couple of weeks. Has been a significant change and workload increase for program and case managers, which has affected programming to a certain extent. We are still finding ways to continue programming. Case managers have really made this work! IT resources will be added to allow case managers to email incarcerated individuals via the kiosks rather than meeting face to face for some services.
 - Have implemented a layered safety plan by identifying the people in our custody whose age or medical condition puts them at higher risk for complications related to COVID-19. They've been moved into special housing. When we move to Phase 3, this will allow us to provide an additional layer of protection to this population that is most vulnerable.
 - Dodds – is there anything as far as interaction with correctional officers that is being adjusted to limit their exposure?
 - Josh – Yes. There are some populations that present some acute risk. Those populations have been placed on more secure status that restricts movement in and out. They're being fed on the units, we're trying to provide recreation and other opportunities in areas that aren't shared with the rest of the population. The challenge is, when the entirety of that population is put on secure status, will be how to provide some of those opportunities for the duration.
 - For the incarcerated population at large, have suspended all medical copays, CenturyLink is providing two free phone calls per week for the entire population, JPay is providing two free emails per week, and on April 2nd, we rolled out video visitation system-wide on a limited basis. JPay is also providing one free 15 minute visit per month (temporarily) and more can be purchased, but scheduling has still been a challenge due to bandwidth issues.
 - Dr. McClusky asked about bandwidth challenge.

- Josh – we have overcome part of the challenge. We still need to schedule the use of video visitation to avoid system overload. Pursuing increased bandwidth in some areas that have limited bandwidth. Christine Starr and Randy Turner have been aggressively pursuing increased bandwidth at all of our facilities. Working with Department of Commerce and the State Broadband Task Force. Federal stimulus package in response to COVID-19 includes funds for increasing broadband access to improve access. It's worth noting, we have no intention of allowing video visitation to replace in-person visitation at our facilities. We really see it as an opportunity to provide more opportunities for family and friends to remain connected to those in our custody. But what's especially exciting about increasing the bandwidth are the opportunities it affords us to increase our educational capacity, to be able to facilitate better release planning by having PPOs be able to have a video conference with the person who might be releasing to their caseload before they actually get out.
- Some off-compound employment is continuing on a limited basis in jobs that are deemed essential, with the caveat that they pass medical screening upon leaving and returning. Employers are also required to have a safety plan in place to minimize potential exposure and ensure that they're providing the same safeguards as IDOC such as screening their civilian employees, minimizing contact, practicing social distancing, reporting any employees who possibly exhibit symptoms, etc.
- As proud of we are of how staff have responded, we are equally proud of our incarcerated population. Their patience and understanding have been phenomenal, and they've really done a great job at keeping common areas clean and providing extra sanitizing services.
 - Dr. McClusky asked about the types of jobs still being worked
 - Josh: in CRCs, people are engaged in skilled labor that's been deemed essential such as construction and trades. We also have people at SICI and SAWC that work at agricultural supply chain jobs. Some others are working at CS Beef, and a number of people working in potato sheds.
- P&P has emergency staffing plans developed and in place. Have the ability to provide assistance to CRCs and Prisons if needed, as well as to local law enforcement, if critical staffing shortages should occur. Working in small teams to minimize numbers in offices and mitigate exposure, and also doing some telecommuting. However, our P&P doors are still open, and we are still available to connect our supervised population with the resources they need. P&P is reporting that communication with supervised population has been very positive, but it's still a challenge to find housing, food, employment, clothing, etc.
 - Tomorrow night we will be piloting our first telehealth group in District 4
 - Dodds asked whether PPOs are adhering to contact standards with supervised population.
 - Josh: Yes, contacts are up. Use of technology in different, creative ways has made contacts more efficient than traditional in-person office visits. Being able to facilitate contacts through video and phone has significantly decreased the number of no-shows – it's really helping for those people who have transportation or other barriers.
- Continue to meet weekly with Courts and Sheriff's Association.
- RDU currently provides 72-hour isolation process, but soon transitioning to 14-day isolation period so people can be observed for a longer period of time upon arrival.
- Agreements in place with State laboratory to give priority testing for IDOC's incarcerated population and staff working in correctional facilities. Working with infectious disease control experts at H&W to ensure that the safeguards we have in place are consistent with CDC guidelines.
- IDOC is well positioned to ensure that our facilities, staff, and those in custody, will have enough PPE, as well as a 14-day supply of food. We have also acquired an additional 10 day supply of non-perishable food and utensils and other items to ensure we can maintain feeding people on the units instead of in a main dining hall. CDC is now suggesting that voluntary cloth face coverings

can provide some protection and can help slow the spread of COVID-19, so ICI will start production tomorrow for those. Our goal is to provide enough for all staff and incarcerated individuals so they can all have a fresh cloth face covering while the rest are being laundered.

- Dr. McClusky – Canyon County Jail has a pod specifically for treating those who tested positive via telehealth. What is our plan to isolate if someone does test positive?
 - Josh: If we get to Phase 3 (a positive test in our system or a likely exposure from a positive staff member), each facility has an area designated to house anyone who does test positive and provide treatment as appropriate, as well as to isolate any of those who may have been exposed. We have also acquired some temporary medical hospitals we can deploy as needed. For CRCs, we have a different plan in place with our prisons division to ensure that we have some shared infrastructure so that an individual who may test positive in a CRC can receive medical treatment.
- Dodds – what is our plan if any incarcerated need hospitalization?
 - Josh – Corizon has been working closely with local hospitals. Our plan from the medical side is consistent with normal operations. If a patient requires a level of care that cannot be provided onsite, they will be transported to a local hospital. When recovered to a point that hospitalization is no longer required, they will be returned to facility medical care.
- Dodds – what is the mechanism by which we are capturing lessons learned, and to institutionalize these improvements that we are seeing?
 - Josh – we have built this into our emergency response. We are documenting every operational change that we make in our system, and will evaluate each action to justify keeping those are more efficient, and to study outcomes.
 - Bree – on the evaluation component, as we are moving populations and thinking differently about populations, we are tracking all of those people. Not only will we be able to see what happens for the duration of their incarceration, but we plan to follow them in the community to see what kind of long-term outcomes they have as well.
- On March 13, all IDOC leadership was involved in change management training and a lot of that was geared toward developing and rolling out a new strategic plan, and really highlighting the philosophical changes that we wanted to see implemented agency-wide. As that training was wrapping up, we got word that Idaho got its first positive COVID-10 case, and we activated phase 2 of our emergency management plan. It's amazing how many long-term goals have been fast-tracked as a result of COVID-19, such as being able to provide support for people on supervision to meet basic needs, release planning, education, programming, and opportunities to maintain connections with loved ones as essential functions of the agency. The infrastructure improvements such as broadband and our capability to facilitate and improve processes through technology will help us roll out many of those future plans much more easily.
 - Dodds asked if we have a stated goal by facility?
 - Josh, no, but we will start working on it.
 - Dr. McClusky – is there anything that IDOC does that is not an essential activity?
 - Josh – honestly, no. We are all feeling this. We are trying our best to communicate with staff that all functions are critical, so we have to be creative in our ability to still carry out those functions when our traditional methods are no longer appropriate. There are some functions, sure, that can be delayed, but ultimately they are still essential.
 - Dr. Neill – You are all doing an excellent job, and I think it's fabulous that you will be studying outcomes of new processes.

Vice Chair Hayden moved to adjourn meeting at 1:52 p.m.; Secretary Neill seconded the motion. Vote Taken: Chair McClusky – yes, Vice Chair Hayden – yes, Secretary Neill – yes.

Submitted by:

Cheryl Iseri, Program Coordinator

Date

Dr. David McClusky, Chair

Date