



MN Department of Corrections (DOC) COVID-19 Impact Report

Paul Schnell | Commissioner

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Transforming Lives for a Safer Minnesota | mn.gov/doc

MISSION

Transforming lives for a safer Minnesota

VISION

Achieving justice through promotion of racial equity, restoration from harm, and community connectedness

DOC - By The Numbers

- More than 4,300 employees
 - 10 prisons
 - 17 statewide district field supervision offices
 - About 20,000 individuals on DOC community supervision
 - Agency budget \$624M
- Typical Pre–COVID: +/- 9200 prison population
 - 8,857 - March 2020 Population
 - 7,958 - July 1, 2020 Population
 - 7,325 - January 1, 2021 Population
 - During the typical month, the DOC releases +/-600 people from its prisons

Overview of the DOC – State Correctional Facilities



MCF-Shakopee
est. 1986
capacity: 656



MCF-Faribault
est. 1989
capacity: 2026



MCF-Lino Lakes
est. 1963
capacity: 1325



MCF-Red Wing
est. 1889
capacity: 42-A, 111-J



MCF-Rush City
est. 2000
capacity: 1018



MCF-Oak Park Heights
est. 1982
capacity: 444



MCF-St. Cloud
est. 1889
capacity: 1058



MCF-Stillwater
est. 1914
capacity: 1626



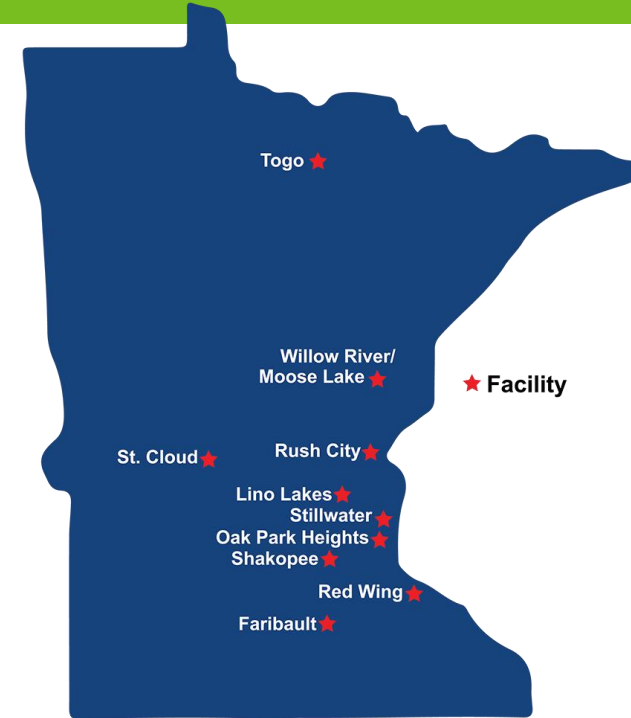
MCF-Togo
est. 1955
capacity: 75



MCF-Moose Lake
est. 1938
capacity: 1057



MCF-Willow River
est. 1992
capacity: 177



Overview of the DOC

The roles and obligations of the agency:

- Provide healthcare to those incarcerated, including substance use disorder, sexual offender treatment, mental health, and other rehabilitative programs
- Provide transition planning and other reentry services
- Provide education to those incarcerated
- Inspect and license county jails and juvenile detention facilities
- Approve Community Correction Act (CCA) County comprehensive plans and oversee the pass-through funding to CCA and county probation office counties
- Provide correctional supervision services in a variety of Minnesota counties

Overview of the DOC's COVID-19 Response

The DOC's COVID-19 Response & Management Strategy includes the following:

- **Planning and Population Management**
- **Hygiene and Personal Protective Equipment (PPE)**
- **Quarantine, isolation, & medical care**
- **Health Screening & Comprehensive Testing Strategy**
- **Program Modification, Communication, & Visitation**
- **Information Management & Sharing**

Overview of the DOC's COVID-19 Response

- **Planning and Population Management**



Overview of the DOC's COVID-19 Response

- Hygiene and Personal Protective Equipment (PPE)



Overview of the DOC's COVID-19 Response

- **Hygiene and Personal Protective Equipment (PPE)**



Overview of the DOC's COVID-19 Response

- Quarantine, isolation, & medical care



Overview of the DOC's COVID-19 Response

- Health Screening & Comprehensive Testing Strategy



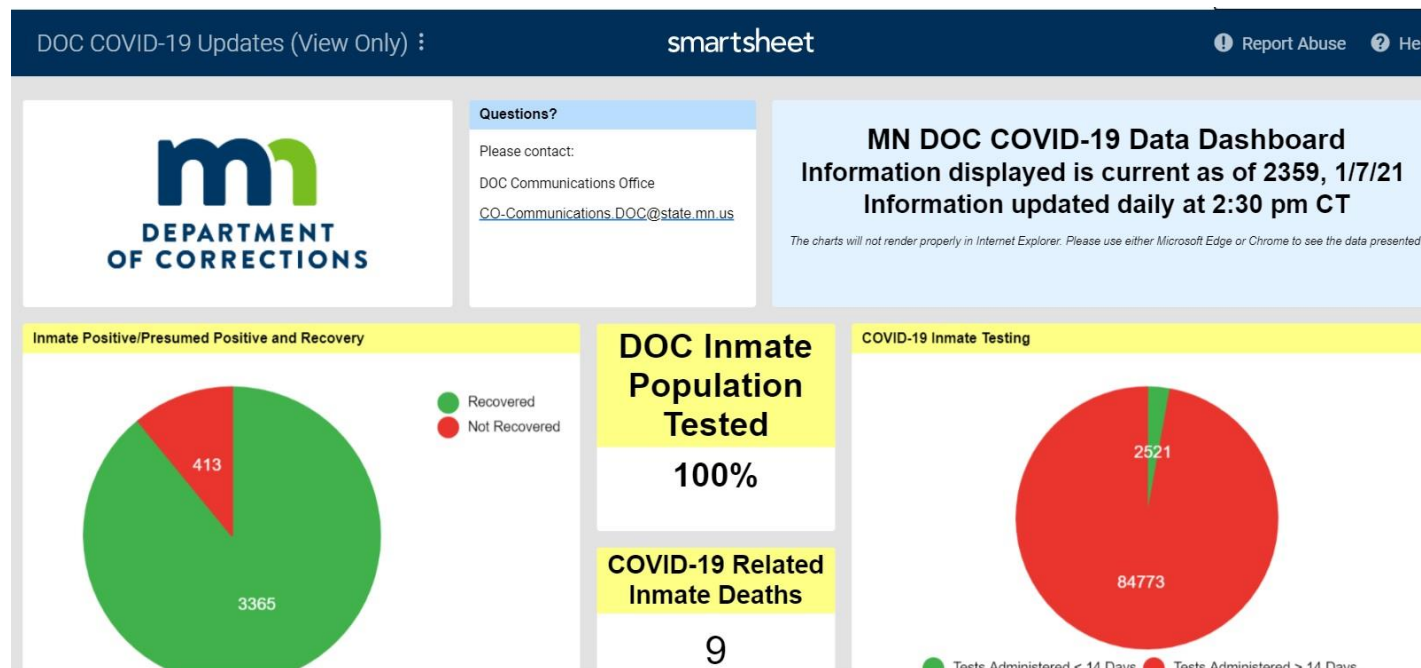
Overview of the DOC's COVID-19 Response

- **Program Modification, Communication, & Visitation**



Overview of the DOC's COVID-19 Response

- Information Management & Sharing
- COVID-19 Dashboard and comprehensive information available at: <https://mn.gov/doc/about/covid-19-updates/>



COVID Release Programs**

COVID release programs were statutorily authorized programs that were modified to the COVID environment, specifically:

- COVID Work Release**
- COVID Conditional Medical Release**
- Release Violator management strategy

***To date, 320 incarcerated people have been granted early release through a COVID release program.*

DOC's COVID-19 Impact Report – Federal Funding

- **Information on federal funding DOC has received through the Coronavirus Relief Fund**, and how the Department has used it to pay for ongoing costs driven by COVID-19.

Federal Coronavirus Relief Fund Requests	Amounts
CRF Request #1	\$9,090,000
CRF Request #2	\$5,526,000
CRF Request #3	\$4,382,000
Total	\$18,998,000
Federal Coronavirus Relief Fund Expenditure	Amounts
Total amount expended in FY20 and FY21 to date	\$15,488,000
Transfer Out to MMB for Refinancing	\$3,100,000
Balance (to be used for December 2020 staffing costs)	\$410,000
Total	\$18,998,000

DOC's COVID-19 Impact Report

- Information on federal funding DOC has received through the Coronavirus Relief Fund, **and how the Department has used it to pay for ongoing costs driven by COVID-19.**
- Uses of the CRF Fund: staffing, overtime, PPE, medical supplies, cleaning supplies, food distribution supplies and equipment, staff testing, paid COVID leave, supervision/programming services, air quality studies and equipment – all related to pandemic management activities.

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- PPE Supply Levels

<u>Month End</u>	<u>Face Masks</u>	<u>Face Shields</u>	<u>Gloves</u>	<u>Gowns</u>	<u>N95</u>
3/31/2020	26,859		20,059	4,407	69,093
07/31/2020	27,362	6,216	23,637	15,947	53,091
08/30/2020	112,393	14,811	22,347	26,240	49,711
09/30/2020	210,958	3,516	20,403	23,856	48,845
10/31/2020	337,336	9,804	23,442	31,950	44,485
11/31/2020	587,732	7,845	21,053	24,217	38,911
12/31/2020	780,752	8,447	14,513	61,017	56,722

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- **How often are staff allowed to change out the PPE?**
 - 4-day rotation for N95s
 - Surgical masks need changing daily
 - As often as needed if damaged, soiled, etc.
- **Do incarcerated people and staff receive PPE for their protection?**
 - The population and all DOC were provided MINNCOR made barrier masks.
 - Each facility is responsible for reordering when necessary.
 - Surgical masks also distributed when significant outbreaks occurred.

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- **How do you enforce the use of PPE and/or mask requirements?**
 - Facility leadership makes rounds on each shift
 - Periodic video audits to assess compliance
- **How often are staff/inmates tested for COVID-19?**
 - Following direction from MDH – more than 2 cases of COVID triggered sentinel testing
 - Minnesota has administered the 4th highest number of COVID tests in the country to an incarcerated population -- 87,217 as of Jan. 6.
- **Are these tests always supervised?**
 - Yes – testing strike force was trained and then trained facility staff.

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- **Who receives this personal medical information within the agency?**
 - For staff – Human Resources
 - For members of the population – Info documented in the medical record
- **Have you had issues with incarcerated people refusing to be tested (if so, how is that handled)?**
 - Yes – but infrequently. Those who refuse are treated as if they are positive – isolated for 14 days.
- **Is testing mandatory?**
 - Yes, testing is required for both staff and the population

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- **How much has the Department spent on staff testing?**
 - The DOC contracts for testing services for DOC employees. As of 1/4/2021 actual expenditures have been \$1.056M. Services yet to be billed/paid through December 30, 2020 are estimated to be \$2.49M – resulting in a total of \$3.555, all charged to the federal CRF.
- **How much has the Department spent on testing for its population?**
 - DOC does not pay for the testing of the population. Population testing costs are covered by the state contract with Mayo and invoices go to the testing task force at SEOC.

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During COVID incarcerated people can be confined to their cells for long periods of time with recreation and industry jobs curtailed, and in-person visiting cancelled. Please make general comments on the mental health of those in the prison population.

- DOC's population management strategies: social connections through phone calls, video visitation, stay with unit plans.
 - Since the start of the pandemic, Minnesota's incarcerated population made more than 550,000 free (5-minutes) phone calls to family, friends, and loved ones.
- DOC's behavioral health staff did check-ins when outbreaks occurred.
- DOC treatment and education services were modified to maintain

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What is your plan for rolling out the vaccine for staff/inmates? Do you have an approximate time range for when this will become available for staff/inmates?

- The DOC will follow the guidance and directives of the CDC & MDH
- The DOC started with vaccinations to health services personnel
- Members of the population:
 - Transitional Care Unit at Oak Park Heights for men with acute medical conditions
 - Linden Unit at Faribault for geriatric males, and
 - Monahan Unit at Shakopee for women who are in either of these categories

DOC's COVID-19 Impact Report

Vaccine Rollout continued...

- DOC staff are prioritized as first responders
- We regard vaccination as a public health issue
- Vaccination should not be a correctional or criminal justice issue
- Supply chain will influence the speed with which the rollout occurs
- Educating the population on the efficacy of the vaccine will be important for advancing the “new normal” in correctional settings.

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The courts are not processing criminal cases as quickly as usual, are you planning for a surge in prison population?

- Yes, we know there is an increased case backlog and anticipate a population increase.
- We do not believe there will be a crush of cases creating a population capacity crisis.

What is the plan to manage COVID as the population increases?

- The combination of the vaccine rollout and the continued prevention practices will be the prevention and management strategies for population increases.

DOC's COVID-19 Impact Report

Of all of the COVID changes your agency has made since March, what policies do you plan to make permanent?

- Though the DOC had a comprehensive pandemic plan, which helped in our early response, COVID-19 taught us a lesson about how critical these plans are.
- We look forward to discussing the states' double-bunking strategy in facilities that were not intended for double-bunking (a safety issue, as well).
- On-going use of stepped-up facility hygiene practices
- Prioritization of facility deferred maintenance related to air handling systems

Questions?

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