

Government Operations,
Public Safety, and Criminal
Justice Committee
Recommendations to the
ReOpen DC Advisory Group
Steering Committee

May 21, 2020

For more information, and to see the ReOpen DC Advisory Group Steering Committee's full recommendations, please visit <https://coronavirus.dc.gov/>.

GOVERNMENT OPERATIONS, PUBLIC SAFETY AND CRIMINAL JUSTICE COMMITTEE MISSION & FOCUS

Modifications to critical District operations occurred almost immediately in responding to COVID-19. Mayor Bowser ordered the District to transition to an unprecedented telework posture -- where beginning March 16, 60 percent of DC government employees began teleworking and many critical services administered by agencies including the DMV, DCRA, Planning, and Housing became available online. Similarly, the District's bifurcated criminal justice system (both local and federal) began handling criminal justice matters virtually, including filing online police reports, remotely deciding whether to bring criminal charges or papering, releasing misdemeanants with enhanced good time credits, and working with Court-appointed inspectors on best practices for detention facilities facing infectious disease.

The committee has focused on both the challenges and key positive learnings from the District's response to the pandemic, including how to capitalize on fewer in-person engagements in the process to how to sooner identify, how to better train and resource staff working in the DC Jail, and how to make the system more resilient to the shock of a health emergency. The committee recommends a phased approach to a new normal in government operations with a continued focus on service to DC residents and businesses.

COMMITTEE CHAIRS

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OVERVIEW & STATUS

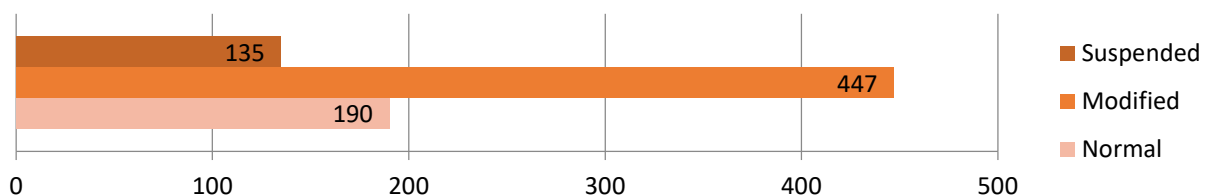
CURRENT STATUS

At the start of the public health emergency, the Government Operations team in the Office of the City Administrator provided agency leadership with a decisionmaking blueprint that required them to be urgent and decisive. Agencies were required to make operating status decisions that fell into three categories – services, staff, and facilities. Without knowing the duration of this new operating status, leadership needed to answer the following questions:

- What services should be suspended and what services need to continue?
- For those services that will continue, will they do so normally or through modified processes?
- Which staff would telework and to what degree?
- Will your facility stay open and to what degree?

First, District agency leadership determined whether nearly 800 services and operations would continue to operate normally, operate through modified processes, or be temporarily suspended during the public health emergency. In this most restrictive phase, 135 services (17%) have been suspended, 447 services (58%) are continuing through modified processes, and 190 services (25%) are continuing without modification.

Figure 1. Modified and Suspended Services



Of the total services and operations identified across District government, agencies under the Deputy Mayor for Operations and Infrastructure had the highest percentage of services and operations (37%), and also had the highest percentage of services modified (36%) and

suspended (40%) during the health emergency.¹ Within this cluster, the Department of Energy and Environment had the highest number of modified and suspended services and operations. Modified services included water quality monitoring, air quality permitting and asbestos complaints among others. Suspended services included Anacostia Boat Tours, Food Service Ware and Hazardous Waste Inspections, and Mold Inspections among others.

The Deputy Mayor for Health and Human Services had the highest percentage (97%) of modified services and operations for agencies within this cluster.² The majority (66%) of modified services and operations were performed by CFSA, DBH and DHS. Those modified services are generally categorized as: entry services—investigations, and in-home family assessments; infrastructure and supportive services; case management; health services; and recreational programs among others.

Table 1. Modified and Suspended Services by Cluster³

Cluster	% of Total Services	% of Total Services Modified	% of Total Services Suspended	% of Cluster Services Modified	% of cluster of Cluster Services Suspended
Internal Services	14	15	8	90	10
DMPSJ	12	11	14	78	22
DMOI	37	36	40	80	20
DMPED	13	12	17	75	25
DME	13	12	14	79	21
DMHHS	7	8	1	97	3

¹Agencies include the Department of Regulatory Affairs (DCRA), the Department of Transportation (DDOT), the Department of For Hire Vehicles (DFHV), the Department of Insurance, Securities, and Banking (DISB), the Department of Motor Vehicles (DMV), the Department of Energy and Environment (DOEE), the Department of Public Works (DPW) and independent agencies such as DC Water and the Office of the People’s Counsel.

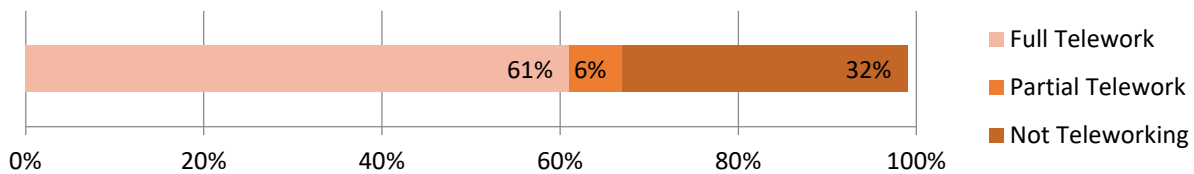
²Agencies include the Children and Family Services Agency (CFSA), the Department of Aging and Community Living (DACL), the Department of Behavioral Health (DBH), the Department of Human Services (DHS), the Department of Health (DOH) and independent agencies such as the Health Benefit Exchange (HBX).

³Note: The Executive Office of the Mayor (EOM) is not generally considered a cluster but serves important administrative functions. In this analysis, the offices included are the Office of the City Administrator (OCA); the Office of Federal and Regional Affairs (OFRA); Internal Services; the Office of Policy and Legislative Affairs (OPLA); the Office of the Senior Advisor (OSA); and the Office of the Secretary (OSEC). These services and operations were included in this analysis to show the totality of services and operations performed by District government and to determine which services and operations could be performed remotely during the health emergency. Some EOM services and operations may be double counted if EOM offices provided individual responses—separate from those provided by EOM or OCA.

EOM	4	4	5	77	23
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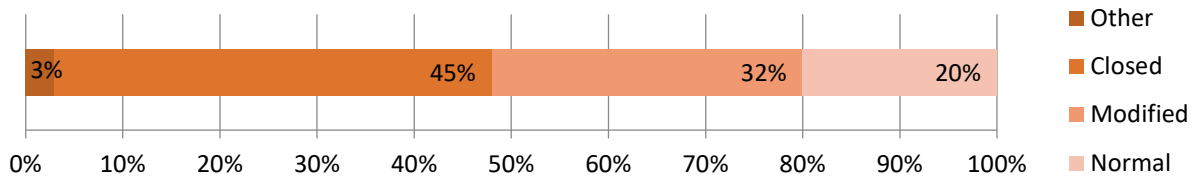
Next, District agency leadership determined whether their employees would continue service delivery in-person, partially remote, or fully remote. Currently, 61% of District employees are working fully remote, 6% are partially remote, and 32% are continuing to deliver services in-person.

Figure 2. Employee Telework Status



Finally, based on prior decisions made about services and service-delivery mechanism, agency leadership determined whether their facilities would be closed, open to employees only, or open to the public and employees. Currently, 45% of facilities are closed, 32% are modified (i.e., only open to select employees or visitors), and 20% are operating normally with protective measures in place.

Figure 3. District Government Facility Operation Status



In order to have a data-driven understanding of changes resulting from the District government’s new operating posture and the demand for public services as a result of the public health emergency, the government set up an operations command center – the Emergency Operations Center (EOC). The EOC includes the Mission Support and Modified Government Operations Section, which uses a data-informed approach via dashboard to monitor service delivery and to determine the necessity of further modifying government operations. The dashboard includes eight sections:

Service Usage: This section contains data on the daily number of unique online applications for benefits (e.g., SNAP, TANF, and medical) as well as the number of calls and call wait times for the Department of Human Services (DHS) call center. Additionally, this section shows the number of individuals quarantining in hotels.

People: This section contains data on the number of people teleworking, quarantining due to exposure to COVID-19, or testing positive for COVID-19. Additionally, this section

contains trends for District employee overtime hours for COVID and non-COVID related items.

Supply Chain: This section contains data on the supply and distribution of personal protective equipment (PPE) specific to the COVID-19 response.

Technology: This section contains data on the number of computers powered on with McAfee anti-virus and the number of users logged on to the District government virtual private network (VPN) each day. Additionally, this section provides data on the top technology issues experienced by District government employees.

Facilities: This section contains data on facility operating and contract statuses as well as the number of facilities with recorded quality assurance/quality control (QA/QC) inspections after enhanced cleanings.

Call Center Operations: This section contains data for EMS transports and 311 service requests, including 311 service requests related to COVID-19.

Energy Usage: This section contains data on the energy usage of closed Department of Parks and Recreation (DPR) and District of Columbia Public Schools (DCPS) sites.

Meals Distribution: This section contains data on the number of District residents receiving free meals at DCPS schools during the COVID-19 response. This data is only a part of the efforts to distribute meals to District residents and does not include all meals distributed by various agencies.

In an effort to help the public understand the modified schedule and service adjustments taking place, each agency developed an operating status one pager. These documents were then [posted to the District's new Coronavirus response website](https://coronavirus.dc.gov) (coronavirus.dc.gov).

Operating status highlights for individual agencies within the six government clusters (education, health and human services, internal services, operations and infrastructure, planning and economic development, and public safety and justice) can be found below.

Education Cluster

- DC Public Schools are following a modified operating schedule that began on March 16 and will continue through the end of the school year that ends on Friday, May 29. During this period, DCPS has implemented learning at home and students are not reporting to school.
- The Office of the State Superintendent of Education remains operational through telework. Pick-up meals have been made available to all students every weekday since the beginning of the public health emergency.

- All Department of Parks and Recreation facilities including recreation centers, aquatic centers, playgrounds, parks, athletic fields, courts, and all other outdoor spaces remain closed.
- All Department of Employment Services participant programs are suspended. DOES continues to provide some services, including Unemployment Compensation and Worker's Compensation.
- The Public Charter School Board is using a full telework model and is holding their monthly board meetings virtually.
- The State Board of Education remains operational using a full telework model.
- The University of the District of Columbia has implemented online classes and alternative teaching methods.
- The Workforce Investment Council remains operational using a full telework model.

Health and Human Services Cluster

- The Child and Family Services Agency continues to provide essential services to ensure the safety of children in the District, including the operation of the child abuse and neglect hotline, which is available to accept reports 24/7.
- The Department of Aging and Community Living continues to provide some services as usual. However, there may be changes to how other services are offered.
- The Department of Behavioral Health remains operational with some service modifications.
- The Department of Health continues to provide essential services, however there may be changes to how services are provided. The DC Health and Wellness Center is currently only seeing patients on an urgent basis. The DC Health Vital Records Division continues modified operations and will only be providing services online and via phone.
- The Department of Health Care Finance is continuing to provide all health benefits without interruption. This includes Medicaid, the DC Healthcare Alliance Program, the Children's Health Insurance Program, and the Immigrant Children's Program.
- The Department of Human Services continues to provide essential services. Emergency shelters and three DHS service centers remain open. Case management services continue to be provided across DHS programs by phone or video whenever possible.
- The Health Benefit Exchange Authority remains operational using a full telework model.

Internal Services Cluster

- The Board of Ethics and Government Accountability is operating on full telework status.
- The Contract Appeals Board remains operational; however, in-court proceedings and in-person filings of new cases/pleadings are suspended.
- The DC Retirement Board remains operational; however, staff are teleworking with the benefits administration and member services are operating under modified service.

- The Department of General Services continues to provide facilities maintenance, capital construction projects, protective services, procurement, and leasing.
- The Office of the Chief Technology Officer is working to ensure the District Government can easily and securely access systems and collaboration tools to work efficiently while a significant percentage of the workforce is teleworking.
- The Office of Contracts and Procurement continues to provide contracting and procurement services to client agencies and issues new solicitations virtually. The Surplus Property Division is suspended.

Operations & Infrastructure Cluster

- The Alcoholic Beverage Regulation Administration remains operational using a full telework model.
- DC Water remains operational; however, all facilities are closed to the public until further notice.
- The DC Department of Energy & Environment remains operational using a full telework model. DOEE continues to inspect construction sites and commercial building to ensure ongoing compliance.
- The District Department of Transportation continues to offer most services with some modifications. The DC Circulator and DC Streetcar are operating under a reduced schedule and modified service.
- The Department of Motor Vehicles remains operational with most necessary services provided online. All in-person services at DC DMV locations are currently closed, however the DMV has extended the expiration date for all documents expiring March 1 through the duration of the health emergency, until June 29.
- The Department of Public Works remains open and operational with essential staff. Trash and recycling collection will continue as scheduled. However, through the duration of the health emergency, some residential services have been suspended.
- The Department of Consumer and Regulatory Affairs services has closed its public facilities; however, the vast majority of DCRA's services remain available online. Inspections continue on a daily basis, and there are no changes in the process to schedule inspections.
- The Department of For-Hire Vehicles is continuing normal operation of the Senior MedExpress, Non-Emergency Medical Transportation, and VetsRide. DFHV is maximizing telework, with a limited number of employees on-duty to monitor for-hire vehicle operators as part of Vehicle Inspection Officer shifts.
- The Department of Insurance, Securities, and Banking remains operational using a full telework model.
- The DC Public Service Commission remains operational with inspectors continuing their services; walk-in visits are suspended.

Planning & Economic Development Cluster

- The DC Commission on the Arts and Humanities remains operational using a full telework model.
- The DC Office of Planning remains operational using a full telework model, with the exception of historic preservation inspections.
- The Department of Housing and Community Development remains operational using a full telework model.
- The Department of Small and Local Business Development remains operational using a full telework model.
- The DC Housing Authority remains operational through a partial telework model. DCHA continues to provide essential services to maintain and secure our communities and provide rental assistance to voucher participants.
- The DC Housing Finance Agency remains operational using a full telework model.
- The DC Office of Zoning remains operational using a full telework model; meeting and hearings are being held virtually.
- The Office of Cable Television, Film, Music, and Entertainment remains operational using a full telework model.
- The Real Property Tax Appeals Commission remains operational using a full telework model. The Filing of appeals and requests for re-hearing are being conducted electronically.

Public Safety & Justice Sector

DC Fire and Emergency Medical Services (FEMS)

- Currently, all FEMS administrative staff are teleworking and FEMS front-line workers are reporting for duty. Call volume has decreased approximately 30%. However, FEMS has seen a substantial increase in cardiac arrest cases, consistent with other major cities.
- FEMS has been preparing for the coronavirus pandemic since January, and had already put established pandemic/flu scenario protocols in place before then.
- FEMS has had 95 firefighters infected, and, as of April 30, 2020, has 220 staff in quarantine. FEMS has been executing established protocols for contact tracing, quarantining and infection control. FEMS also utilizes personal protective equipment, including booties and gloves, lowering the risk of infection and need for quarantining.
- FEMS has an infection control group staffed with paramedics and nurses executing a detailed infection control plan, led by two clinical doctors.
- Infection control protocols include rules for social distancing when in firehouse; 100.0 F temperature checks upon report to work; administration of daily seven-question survey regarding symptoms based on current information on COVID (sore throat, chills, fever, lost

sense of smell or taste, cough or short of breath, diarrhea); with exclusion from work and referral for testing for any symptom; detailed contact tracing interview covering all contacts in previous 48 hours and cross-check bystander interview. Home quarantining for those testing positive, including alternative housing for those in households with immunocompromised members; check-ins with those quarantined.

DC Metropolitan Police Department (MPD)

- MPD has continued all front-line operations but has adjusted some practices to mitigate risk of COVID transmission. Officers are performing necessary police functions such as responding to calls for service, but they ask complainants to step outdoors to talk if practical, reducing times when police officers must step into a residence.
- Also, MPD has expanded capability for residents to file police reports electronically or by phone, and has transferred additional personnel to the telephone-reporting unit, further limiting the number of officers in contact with residents. While all stationhouses remain open, MPD is encouraging residents to report issues online if possible. Meetings, events and functions have either been suspended or modified to be done virtually. Indeed, many executive staff and commander meetings are held remotely.
- 111 MPD staff (including 12 civilian) have tested positive for COVID; one member is in the hospital on a ventilator. Of 111 testing positive, 60 have returned to full duty. MPD has had as many as 300 members on quarantine, currently about half that number. All staff are wearing PPE, including masks and gloves and are using hand sanitizer, especially when interacting with residents and in stores. Residents have been vocal when they have seen officers not wearing masks in public; in some cases citizens have filed complaints with the Office of Police Complaints about officers not using PPE. These complaints have been referred to MPD. PPE moved from surgical masks to N95 masks, and now to reusable cloth masks.
- Like FEMS, MPD is screening all employees before they enter facilities and sending approximately 10 to 11 staff for testing daily; 2 to 3 test positive on average. MPD is also conducting contact tracing interviews with all staff who test positive regarding all contacts in the previous three days. MPD has stood up a decontamination unit used when members are exposed to residents with COVID.
- MPD is working closely with DC Superior Court, the DC US Attorney's Office (USAO) and the Office of the Attorney General for DC (OAG) to develop remote processing capacities for suspects.
- One effective development has been officer-less papering, which allows officers to work with USAO and OAG remotely using the RMS data management system, to process matters for prosecution. This capability was underutilized in the past but has proven to be efficient and effective. Indeed, USAO is papering more drug cases now because the RMS system is

more consistent in providing needed paperwork. Moreover, court appearances can now be handled remotely. This has saved significant overtime costs.

- MPD's training academy continues to operate but has transitioned to a 90% virtual academic platform save for "defensive tactics" classes for recruits. Even testing is remote and monitored by Zoom. Most retraining of seasoned officers has transitioned to an online platform as well, no longer requiring 50 individuals to be housed in the same room.
- MPD has been working with the courts to prioritize critical case processing. For example, the health risk outweighs execution of some misdemeanor bench warrants, so they have been suspended to not introduce people to the system unnecessarily. Good partnership with the courts has facilitated these changes.

DC Department of Corrections (DOC)

- DOC has been fully operational since the beginning of the pandemic, albeit with modified operations and practices.
- Staff and inmates receive medical screenings daily, and new intakes are screened upon arrival. PPE has been provided for staff and inmates to use when proximate to others.
- A "Medical Stay in Place" protocol is being followed at both Central Detention Facility (CDF) and Central Treatment Facility (CTF), intended to mitigate the possible spread of the virus throughout the facilities. DOC is also operating the Central Cellblock, using it to provide video access for inmates expected in court. All new arrestees are screened at the Central Cellblock.
- Due to the Medical Stay-in-Place order, inmates have one hour of out-of-cell time currently, down from pre-COVID four-plus hours of out-of-cell time. No more than five to six people receive out-of-cell time simultaneously in all housing units. DOC is working to change out-of-cell social practices among inmates. Face masks must be worn and social distancing protocols requiring physical separation of six feet at all times is encouraged through public announcements, signage and officer and staff reinforcement. Inmates typically use their out-of-cell time for unmonitored legal calls with attorneys and monitored family calls.
- All in-person visits have been suspended except for legal visits. All visitors must don PPE and are screened at visitor entrances to the facilities. Family is able to video call inmates from their home on their own device; family members need not visit the READY Center for video visits.
- All programs offered at both facilities are currently suspended. The Ready Center is currently closed, though remote access to reentry services such as DMV and DC Health are offered.
- DOC is utilizing over 450 tablets to provide programs and leisure activities to inmates. In addition, all inmates are provided educational packets. DOC continues virtual partnerships with colleges and universities.

- DOC has facilitated and provided remote video access for court hearings in DC, Maryland, and Virginia.
- DOC is acting in accordance with CDC and DC Health guidance on infection control protocols. These strategies have proved effective in quelling the initial outbreak of COVID-19 at the CTF.
- Anyone presenting with symptoms related to COVID-19 through one of the six paths to medical care receives it. The majority of inmates identified for testing have been through temperature checks, urgent care, initial quarantine assessments at intake, or sick call (non-emergency requests for care). About 65% of those identified for testing through assessments and contact tracing tested positive, were placed in isolation units where they received enhanced medical treatment and care, and monitored until they recovered. If inmates require more medical care than can be provided onsite they are sent to a local hospital for treatment. The housing unit where an inmate was tested is placed on quarantine until the outcome of the test is known. If the inmate tests positive, then the housing unit remains on quarantine and others are monitored for symptoms and tested if indicative, until 14 days lapse without any further infections. At that time, quarantine is lifted.
- CTF was the first to be impacted by COVID -19; currently no one at CTF is infected. At CDF 44 inmates were in isolation as of May 11, 2020. To date, 130 DOC inmates have recovered and returned to general population housing.
- Population levels are significantly reduced, allowing for implementation of social distancing and Medical Stay-in-Place orders. As of May 11, 2020, the DOC population count was roughly below 1350, down from over 1850 at the onset of the crisis.
- DOC's ability to provide good time credits for misdemeanor inmates, who usually comprise less than 10% of average daily population, provided some limited ability to reduce population. However, the DOC Director does not have legal authority to affect the release of the remaining inmates. DOC assisted Superior Court in facilitating hearings for individual appeals for release. DOC has partnered with each of the deciding agencies to provide requested data on inmates under their jurisdiction to facilitate decision making.

DC Superior Court

- In collaboration with MPD, Superior Court is now able to process between 20 to 30 arrest or search warrants remotely each day.
- As a result of a combination of initiatives, including an expansion of the types of cases for which citation can be issued in lieu of custodial arrest, authorization for MPD to release a limited category of individuals with outstanding misdemeanor bench warrants on citation, and earlier and remote papering of cases, a reduced number of individuals appear on the daily lock up list.

- Within Superior Court, five courtrooms are operational now – all of which are handled remotely except for one courtroom for new arrests. One courtroom is assigned to Family Court for emergency hearings, juvenile presentments, and neglect initial hearings and one courtroom is assigned to handle civil, probate and tax emergencies.
- Within the Criminal Division, three courtrooms are operational. One courtroom is dedicated to arraignments and presentments for defendants within 24 to 48 hours post-arrest. In cases in which the government is not requesting detention, given DOC's increased technological capacity, defendants are presented remotely and released directly from Central Cellblock. In cases in which the government requests detention, arrestees are brought to Superior Court to allow them to appear before the court and speak directly with their attorney. On a case-by-case basis, remote presentments are also conducted in these cases, with defendants having semi-private telephonic communication with counsel prior to the hearing.
- One remote courtroom is dedicated to emergency bond review hearings for individuals at the DC Jail.
- As of April 30, 2020, a remote courtroom was operationalized to conduct hearings via video conferencing for individuals at St. Elizabeths Hospital undergoing competency restoration.
- Effective May 18, 2020, the Criminal Division will add three additional remote courtrooms in order to commence hearing detained preliminary hearings and increase capacity to conduct hearings for both detained and non-detained defendants.
- The Superior Court Domestic Violence Division has continued to process emergency Temporary Protection Orders (TPOs) requests remotely 24 hours a day, as well as Extreme Risk Protection Orders. The Court has seen a proportional increase in domestic violence misdemeanor cases on the lock-up list.

The Office of the Attorney General (OAG)

- OAG services continue primarily as normal with modifications made to diminish in-person contact in order to reduce exposure risks.
- Customers are not being serviced in person, but they can access nearly all services online or via phone or email.
- Currently about 95% of OAG's staff 620 employees are working virtually. Of the 5% working in the office, most are Information Technology (IT) staff, Support and Mail Services, and some Public Safety Division staff. These staff stagger their attendance at the office.
- OAG has seen an uptick in calls for the consumer protection services, mostly concerning price gouging by corner stores and gas stations selling masks, hand sanitizer, and other safety equipment, approximately four to five complaints per day. OAG has processed preliminary investigations of the complainants and has issued 21 cease and desist orders.
- Some of the office's most critical work resides within the Public Safety Division, including all

criminal and juvenile prosecution functions. Currently, essential public safety functions such as case papering and arraignments are operational and are being performed almost entirely via remote work and video conferencing. All other hearings and trials are postponed.

- It should be noted that OAG staff operate in US District Court, the DC Circuit and the DC Court of Appeals as well as Superior Court, and have been litigating and appearing in these courts to ensure that the District’s critical legal work continues apace during the crisis. As these courts resume in-person operations, so too will OAG.
- OAG’s Cure the Streets Violence Reduction Program is fueled by personal interactions between contract Violence Interrupters and Outreach Workers and community members. These critical workers build relationships and trust with residents, help mediate past and future conflict, and support high-risk individuals in their efforts to stay away from violence. During the crisis, Cure the Streets staff have been helping provide food and essential supplies to members of their communities, using PPE and social distancing protocols.

ASSESSING RISK BY SECTOR

The Government Operations, Public Safety, and Criminal Justice Committee is focused on five sectors: education; health and human services; operations and infrastructure; planning and economic development; public safety and justice and independent agencies within those sectors. The matrices below (Figures 4 & 5) provide a risk assessment for each sector by examining contact intensity, number of contacts, and the degree to which activities can be modified.⁴

Figure 4. Risk Matrix for Government Operations Sectors

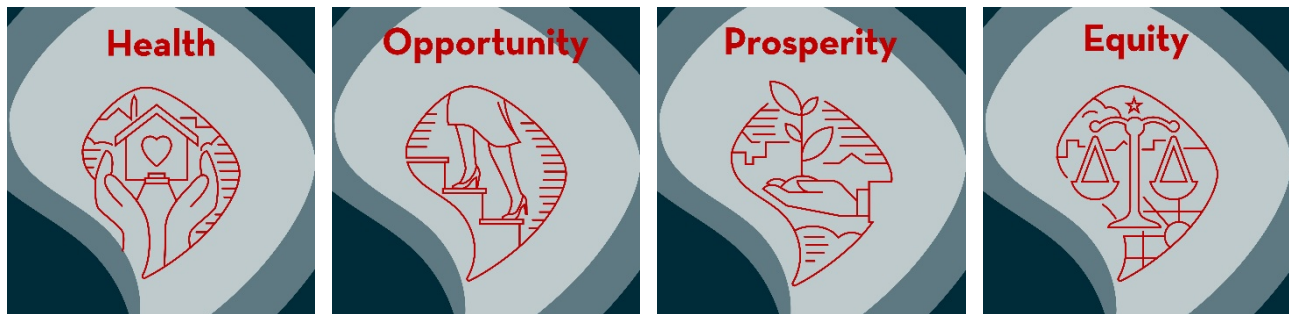
Sectors	Contact Intensity	# of Contacts	Modification Potential
Education Cluster	High	Medium/High	Low
Health & Human Services Cluster	Medium/High	Medium	Medium
Operations & Infrastructure Cluster	Low	Medium	Low
Planning & Economic Development Cluster	Low	Low	High

Figure 5. Risk Matrix for Public Safety and Criminal Justice Subsectors

⁴ Adapted from: Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors. See page X for further description of risk assessment.

Public Safety & Criminal Justice Sector	Contact Intensity	# of Contacts	Modification Potential
FEMS	High	High	Medium
MPD	High	High	Medium
DOC	High	Medium/High	Low/Medium
Superior Court	High	High	Medium
OAG	Low/Medium	Low/Medium	Medium

MOVING TOWARD OUR VALUES



COMMITTEE APPROACH AND ENGAGEMENT

The Government Operations, Public Safety, and Criminal Justice Committee cultivated recommendations through regular meetings and discussions featuring subject matter experts and stakeholders, focus groups with target populations, and public input received through the ReOpen DC survey, which received over 15,000 responses.

Date	Meeting
April 28, 2020	Full Committee Meeting #1
April 29, 2020	Government Operations Breakout Meeting #1 <ul style="list-style-type: none"> Dr. John Davies-Cole, State Epidemiologist, DC Health
April 30, 2020	Public Safety & Criminal Justice Breakout Meeting #1
May 1, 2020	Government Operations Breakout Meeting #2 <ul style="list-style-type: none"> Councilmember Brandon Todd, Chair of the Committee on Government Operations

Government Operations, Public Safety and Criminal Justice Committee submission to the Steering Committee for its recommendations to the Mayor

	<ul style="list-style-type: none"> • Kasmin Holt, Department of General Services
May 2, 2020	Public Safety & Criminal Justice Breakout Meeting #2 <ul style="list-style-type: none"> • Councilmember Charles Allen, Chair of the Committee on the Judiciary and Public Safety
May 4, 2020	Full Committee Meeting #2 <ul style="list-style-type: none"> • Dr. Holman, Medical Director, DC Fire and EMS
May 6, 2020	Government Operations Breakout Meeting #3 <ul style="list-style-type: none"> • Assistant City Administrator Jay Melder
May 7, 2020	Government Operations Breakout Meeting #4 <ul style="list-style-type: none"> • Director Ventris Gibson, DC Department of Human Resources
May 7, 2020	Public Safety & Criminal Justice Breakout Meeting #3 <ul style="list-style-type: none"> • Laura Hankins, General Counsel, Public Defender Service • Patrick McGlone, Board President, Council for Court Excellence • Shelley Broderick, Taskforce Chair, District Taskforce for Jails & Justice
May 11, 2020	Full Committee Meeting #3 <ul style="list-style-type: none"> • Dr. Anneta Arno, Director of Office of Health Equity, DC Health
May 12, 2020	Full Committee Meeting #4

ReOpen DC Survey

Over 60 respondents submitted feedback to the Government Operations, Public Safety, and Criminal Justice Committee. Key takeaways include:

- Approximately 20% of survey respondents advocated for continuing District government telework for at least one more month, expanding telework options to more employees when government operations reopen, implementing staggered shifts, or continuing telework indefinitely for government workers who can perform their duties from home.
- Respondents were particularly concerned about telework policies for seniors and workers with underlying health conditions.
- Approximately 10% of respondents advocated for requiring government employees to wear PPE, particularly masks and gloves.
- Multiple respondents advocated for certain social distancing orders to remain in place when District government agencies return to their worksites and government facilities reopen.
- Some respondents raised concerns about crime during the pandemic, suggesting that law enforcement laxity, early release from jail, and deferred prosecutions might be leading to an increase in crime.
- Several respondents advocated for releasing individuals from the DC Jail to address health concerns and addressing conditions for inmates in the DC Jail.

Focus Groups

The Committee gained direct feedback from over 70 community members through focus group conversations.

Date	Meeting
May 5, 2020	Focus Group #1 - Democratic Caucus of Returning Citizens
May 6, 2020	Focus Group #2 – National Association for the Advancement of Returning Citizens
May 8, 2020	Focus Group #3 - Recovery Support Community
May 12, 2020	Focus Group #4 – Labor Representatives
May 12, 2020	Focus Group #5 – Consumers of Court Services

Returning Citizen Focus Group

Feedback:

- Multiple participants expressed frustration and concern at the District not having a men’s halfway house within the city.
- Many participants believed an education/information gap was partly responsible for some DC communities, particularly teens and young adults, not taking the coronavirus pandemic seriously.
- Several participants expressed fear that post-COVID-19, high unemployment and a competitive job market would make it very difficult for returning citizens to secure employment.
- Nearly all participants expressed concern that individuals currently returning to the community from incarceration had severely limited reentry supports due to many social services being suspended or only delivered virtually. Specific challenges voiced included inability to get vital records, enroll in health insurance and get medications, and receive housing vouchers. Particular concern was voiced to individuals returning from long sentences and those who may not be tech adept.
- Two participants expressed support for adjustments that allowed residents who had been living in Hope Village to be moved to home confinement but questioned whether service delivery had been adjusted to accommodate this change.
- Multiple participants acknowledged that budget cuts were on the horizon but expressed hope that programming that supported the vulnerable returning citizen population would be protected from cuts.

Requests/Recommendations:

- Multiple participants spoke to a need for more creative and relatable social distancing and mitigation practice education campaigns, including mask distribution and mask wearing demonstrations as well as practical social distancing guidance for those

unwilling to follow the Stay-at-Home Order. During this conversation, participants drew upon harm-reduction lessons learned from other health crisis, including the HIV/AIDS epidemic and the opioid epidemic. Multiple participants expressed concern that the returning citizens were largely ineligible to apply for DC Health's contact tracing jobs due to education and other requirements. They recommended that position requirements be adjusted so as to be more inclusive and to ensure a representative contact tracing force.

- One participant suggested the need for practical suggestions for families for how to stay occupied during the Stay-at-Home Order, including recommendations of family games and pastimes.
- One participant expressed support for all individuals being tested before reentering the community, given that nationwide, jails and prisons are frequently hotspots for COVID-19 infections.
- Participants supported the use of citation programs and alternatives to detention for petty, non-violent offenses.
- One participant recommended that DOC establish processes to help individuals get vital records like social security cards and birth certificates prior to release.

Recovery Support Focus Group

Feedback:

- While all participants acknowledged that the loss of in-person meetings was a challenge for many recovery groups and their members, participants were conflicted about how soon they felt it would be safe and necessary to transition away from virtual engagement.
- Several participants expressed concern that a lack of computers, smart phones, and/or WiFi, or access to these items at treatment facilities, prevented community members needing services from joining virtual support sessions.
- Several participants suggested there would be an uptick in substance abuse during and after the pandemic and that there should be enhancements or changes in upcoming budgets to prepare for that.

Requests/Recommendations:

- Multiple members suggested the District government provide assistance with identifying larger, alternate indoor and outdoor spaces where support groups could meet in-person while still following social distancing protocols.
- One participant suggested District government post public notices about how to access resources for recovery.
- One participant suggested that DC Health consider hiring certified Peer Specialists to be contact tracers.

Consumers of Court Services Focus Group

Feedback:

- All of the participants expressed concern with the ultimate consequences of the restrictions and delay of jury trials. Participants noted that the longer the delay in holding jury trials the more difficult it is to move cases forward.
- Due to select enforcement of crimes and issuing citations on misdemeanors, several participants were concerned about a potential backlog on citation arrangements once the courts begin to reopen. Participants generally agreed that more cases could be handled virtually prior to the courts reopening to reduce any potential backlog and future issues with scheduling.
- Many participants expressed concern about being able to maintain social distancing during the *voir dire* process once courts reopen. Participants were concerned about managing large jury selection processes and the space issues around sitting jurors for trials while maintaining social distancing.
- Some participants expressed concern that courts do not have the recording technology in order to hold hearings on the record virtually.

Requests/Recommendations:

- Many of the participants suggested that judges should have access to their court smart technology and be able to hold virtual hearings or use a live court reporter until they are able to virtually record hearings. Some of the participants suggested holding live hearings by teleconference with a live court reporter. Some of the participants suggested whittling down jurors during *voir dire* remotely until a smaller selection has been made and can safely maintain social distancing in person. Some participants also suggested holding *voir dire* in larger, presently unused public spaces, such as gymnasiums, so that social distancing can be maintained.
- Some participants suggested organizing a working group to help make recommendations to local courts about how to safely reopen and conduct court business.

Labor Representatives Focus Group

Feedback:

- Nearly all of the participants expressed concern with the access and availability of proper PPE for employees as well as for the populations that employees provide care for. Many participants also expressed concerned over the lack of consistent education and training on how to properly use and discard PPE.
- Several participants expressed that management staff were not trained on how to identify staff with high exposure to initiate quarantining of staff and noted that identifying potentially exposed staff and tracing after exposure needs to be improved.

- Several participants expressed that the communication and dissemination of information about current spread and infections amongst staff, generally, needs to be improved, and specifically needs to occur faster in order to prevent further spread.
- Some participants expressed that agencies need to provide the proper equipment (e.g., government cell phones) so that employees are not using personal devices to telework.

Requests/Recommendations:

- Nearly all participants suggested that an adequate supply of PPE and training on how to use PPE should be made available prior to and during phased reopenings.
- Some participants recommended that employees and labor units should be notified by email within 24 hours of a confirmed test or exposure of a fellow employee.
- Some participants suggested that once reopening begins, teleworking should be a priority for employees who are most vulnerable and employees that are caregivers for vulnerable family members at home.
- Some participants expressed concern that employees should not be forced to make choices between childcare and work if childcare is still not available once reopening begins.
- Some participants also suggested that agencies that are public-facing will need to emphasize that although we are reopening, the way we do business is changing (e.g., obtaining a driver's license may take longer due to social distancing or having to make an appointment).

Council of the District of Columbia

Councilmember Charles Allen, Chair of the Committee on the Judiciary and Public Safety, joined the Public Safety and Criminal Justice breakout group to discuss specific reforms the Council and partners have undertaken in response to COVID-19, additional plans in the works, and immediate reopening concerns.

At the time, the Council had passed two COVID-response bills and was actively working on a third. The first two bills included several elements that impacted the public safety and criminal justice sector, including

1. *Expanded Department of Corrections credits for USAO-sentenced misdemeanants:* This granted 75 days of additional good time credits to eligible misdemeanor residents in the DC Jail, with the goal of reducing the population of the DC Jail.
2. *Expanded Sentencing Review based on Compassion or Good Time Credits:* All inmates have the ability to earn good time credit on an annual basis while incarcerated. This bill expanded the Court's ability to review sentencing for aging, ill, and other long-serving inmates with the goal of reducing the population of the DC Jail, a high-risk area for a coronavirus outbreak.

Councilmember Allen also highlighted several challenges the Council and partners were grappling with, including Federal Bureau of Prison transparency; ability to hold virtual parole hearings; ensuring timely victim notification process continues; addressing untenable elements of current parole process; and the ability to continuously evaluate the impact of COVID-response reforms.

Councilmember Brandon Todd, Chair of the Committee on Government Operations, joined the Government Operations Breakout Session to discuss specific topics surrounding telework and the phased reopening of government facilities and services. He shared ways in which his committee is closely working with District Government leadership to address the needs of residents and employees, while ensuring that critical government functions are accessible.

Councilmember Todd highlighted two of his key priorities: 1) making sure that employees are safe and have the protective materials and equipment they need, and 2) ensuring that District agencies are empowered to identify innovative solutions to challenges posed by the public health emergency. Councilmember Todd also mentioned his support of the possible implementation of a phased reopening in the District. He commended the Bowser Administration's rapid response to the pandemic and expressed thanks for government employees providing essential services.

OPPORTUNITIES

Cost Savings from Facility Closures

The Department of General Services Sustainability and Energy Team has piloted a "Power Down" program at DC Public Schools and the Department of Parks and Recreation facilities. This program transitioned these temporarily closed facilities to the weekend energy usage cycle, which is projected to result in a 20% reduction in electricity consumption for closed buildings. These significant reductions will translate into measurable cost savings for the District. DC's fleet services are also anticipating a significant reduction in use, which will translate to cost savings in auto fuel.

Positive Environmental Impacts of Teleworking

Maintaining expanded teleworking in the long term could help the District reduce traffic congestion, improve air quality by substantially reducing CO2 emissions, and reduce energy consumption.

Modernizing District Government Services & Embracing Virtual Work

Over the past several decades, ever-expanding and evolving technologies have penetrated every aspect of day-to-day life. Advances in information and database technology have made workers dramatically more productive and the development of new communications technologies has fundamentally altered how workers collaborate with their colleagues. And yet,

some government services have remained stubbornly in the past – relying on outdated practices like fax machines, an abundance of paperwork, and antiquated software. This Public Health Emergency forced District Government to shift how it does businesses virtually overnight. The urgent nature with which this shift took place was far from ideal, but the shift itself has the potential to usher in positive changes in how government does business for the long term.

Sector	Opportunities arising from stay-at-home order that should be maintained as determined by Agency leadership
FEMS	<ul style="list-style-type: none"> ● The normalization of telework for most administrative functions as it has cut down on traffic and pollution. ● Teleworking for those with small children has mostly worked and could be expanded.
MPD	<ul style="list-style-type: none"> ● Maintain officer-less papering at the United States Attorney’s Office and the Office of the Attorney General ● Explore potential for virtual DMV hearings. ● Potentially continue and make wider use of virtual Office of Police Complaints hearings.
DOC	<ul style="list-style-type: none"> ● Work with partners to maintain a greatly reduced jail population that is 700 inmates or fewer. ● Support continuation of remote paperwork and hearing processes. ● Greatly expand interagency cooperation/detailing to enhance and expand ONSE services. ● Reduce operating costs (and capital costs at the District level) by reducing onsite footprint (workspace requirements) at Reeves Center. ● Enhance and expand meaningful alternatives to jail. ● Institute periodic alerts along with length of stay to partner agencies regarding persons in pretrial status at DOC on a monthly basis. ● Don’t incarcerate pretrial unless very strong evidence of danger to society and guilty as charged exists. ● Practice restorative justice for crimes that can be addressed through restoration.
Superior Court	<ul style="list-style-type: none"> ● Remote authorization of search and arrest warrants. ● The expansion of citation eligible offenses.
OAG	<ul style="list-style-type: none"> ● OAG’s 24-hour juvenile prosecution “hotline” for police officers dramatically accelerates charging and prosecution decisions and reduces the number of youth arrested and detained pending court. ● Law enforcement increased use of juvenile pre-petition custody orders (PPCO) have helped prosecutors make better prosecution

	<p>decisions by giving them time to speak with victims, communicate with CFSA, and explore diversion options.</p> <ul style="list-style-type: none"> • For criminal cases, officer-less papering and increased use of citation have improved efficiency for OAG prosecutors.
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LESSONS LEARNED FROM THE STAY-AT-HOME ORDER

Sector	Lessons Learned
FEMS	<ul style="list-style-type: none"> • Wellness checks upon entry to workplaces degrade over time and need constant reinforcement. • Many members do not recognize symptoms of COVID-19 and come to work with a few symptoms. • We assumed that the risk to our members would be from our patients, but it has turned out that the vast majority of member infections have come from other members at work.
MPD	<ul style="list-style-type: none"> • Need to be consciously aware of social distancing (with public and internally). • Issuing ATV riders citations during the pandemic has not changed behavior. • Gun offenders have not changed behavior due to the pandemic.
DOC	<ul style="list-style-type: none"> • We need a new jail that is designed with public health and public safety in mind. • We need a smaller jail population and we need it as soon as possible. • We need a lot more technology and a bigger investment in it to support enhanced levels of remote program and service provision and remote/virtual business processes. • The remote processing works – we have been able to maintain continuity of operations using virtual processes.
Superior Court	<ul style="list-style-type: none"> • Communication and frequent COOP exercises and training with all partner agencies are essential for pandemic preparedness. • Portable technology must be readily available for remote operations. • Must maintain a supply of PPE in the event of future pandemics.
OAG	<ul style="list-style-type: none"> • We were able to embrace technology tools to enable teleworking better and quicker than anticipated. Our shift to remote/virtual status allowed for relatively normal continuation of our services and functions. • A fair amount of our workforce needs basic/refresher technology training to fully function in an enhanced technology work environment. • Need to maintain PPE supply in the event of future pandemics.

CHALLENGES

Sector	Challenges with COVID Operations and Phasing Planning
FEMS	<ul style="list-style-type: none"> FEMS’s 1850 workforce in operations is heavily exposed. High rates of quarantine would disable agency. Members do not take social distancing and the wearing of masks in the firehouse seriously enough.
MPD	<ul style="list-style-type: none"> MPD members not wearing PPE often enough. MPD recommends exercising extreme caution in attempting to reduce the jail population, solely based on the underlying charge. Specific focus and consideration should be given to the history of behavior and the person(s) danger to the community. The potential difficulty of enforcing social distancing in a consistent and equitable manner.
DOC	<ul style="list-style-type: none"> Need to greatly increase emphasis and united communitywide messaging on behavior norms, peaceful conflict mediation, and drastically reduce the level of anger, outrage and intolerance, including anger expressed in the media. Must increase resources to community mediation through ONSE – greatly expand ONSE. Require non-law enforcement contact to be the first point of contact for mediation. Increase citation and paper vs. no-paper decisions made remotely and prior to completing arrest. This would reduce the number impacted by arrest records. DOC should no longer house out-of-state/non-DC residents charged at USDC or DCSC.
Superior Court	<ul style="list-style-type: none"> Need increased coordination of remote video and telephonic capacity with partner agencies in order to increase the number of hearings that may be held remotely.
OAG	<ul style="list-style-type: none"> Delayed court operations for some residents create continued hardship. Victims of domestic violence, child abuse and the elderly are highly vulnerable at this time. Criminal and juvenile justice litigation suffers with delay; victims give up on cases, evidence becomes stale, and witnesses are harder to contact.

REOPENING GUIDANCE AND PREPARATION

COMMITTEE MEMBER RECOMMENDATIONS

These recommendations were brought forward by individual committee members; they do not necessarily represent committee recommendations as a whole.

Government Operations

- **The District Government should make testing more widely available and free of charge.** The District should also establish mobile testing sites in underserved communities and ensure that members of vulnerable populations such as undocumented individuals and returning citizens are the recipients of specialized outreach and receive priority testing.
- **The District's Contact Tracing force should incorporate at least 30% specialty staff that can gain access and relate to the District's most vulnerable populations who are bearing the brunt of COVID-19 infections.** Current position requirements, including college degrees, shut out many community members from this job opportunity. A pairing process might allow contact tracers who do not have degrees, but have community ties and cultural competence to be able to play a role in this life-saving work. Having trusted community members in these roles will be key to successful contact tracing in communities that don't trust the government.
- **The Department of Employment Services should convert workforce development and transitional employment programs to virtual trainings.** This shift will ensure District residents with barriers to employment can continue receiving job skills training and earning stipends. Wherever possible, all effort should be made to spend down federal workforce development funding.
- **The Department of Employment Services and other DC agencies that hold contested hearings should create an advisory committee of attorneys to provide feedback and recommendations on the reopening of the workers' compensation system, etc.** On May 15, 2020, DOES will start using a video conferencing system for hearings. Attorneys have expressed concerns regarding the use of this system in more complex cases and the requirement that witnesses need to sit 10 feet away from the camera. Having an advisory committee of attorneys who practice workers' compensation would aid DOES in establishing guidance for the types of hearings that are appropriate for video conferencing. Furthermore, the committee would aid DOES in identifying issues, provide solutions, and it would provide feedback on those procedures.

- **The Department of Employment Services should implement a mandatory mediation program to avoid having a backlog of practice compensation cases. The recommendation would be similar to the DC Superior Court mandatory mediation program that has reduced the time and expense to resolve cases.** Injured workers in the District of Columbia depend on the workers' compensation system so that they can receive the benefits they need to live. COVID-19 has delayed hearings from March 30 to at least May 15, 2020. Due to a backlog of cases, it currently takes approximately six months to get a hearing to determine if an injured worker should be awarded benefits. Having mandatory mediation would lead to more claims being resolved without going to hearing and would allow workers to receive the benefits they need to live.

Public Safety and Criminal Justice

- **The District should ensure the safe opening of a new reentry center.** A state-of-the-art reentry center with community and multi-agency integration is long overdue and the current public health emergency makes the need for one even more urgent.
- **The Department of Corrections should urgently work to safely increase out-of-cell time.** Under DOC's current Medical Stay-In-Place Order, inmates have one hour of out-of-cell time each day. Urgent efforts should be made to increase that to at least two hours. Additionally, DOC should encourage partners to push for additional decarceration measures wherever possible.
- **The burden and expectation must not remain on police as the sole officials for enforcing stay-at-home orders and influencing behaviors.** It is unfair and ineffective to believe that police can be the only agents to influence behavior, or that enforcement is the only or best way to create compliance with social distancing and face mask requirements. The city should deploy credible individuals, in particular with hard-to-reach communities, to education and influence. Non-law-enforcement government representatives such as health inspectors and liquor board inspectors should have a role in investigating complaints regarding non-compliance.
- **The Metropolitan Police Department should strive to be transparent about its mask and social distancing enforcement policies and procedures.** When policies and procedures change, MPD should make that information broadly known in a timely manner.
- **Superior Court should create an advisory committee of attorneys and other stakeholders to provide feedback and recommendations on how to reopen court services.** The current limitations on in-person interactions have substantially disrupted parts of the Court system. These disruptions affect many areas of law and will likely require new and innovative solutions, many of which will likely be technological. Having an advisory committee consisting of consumers of court services, attorneys from various

practice areas would aid the Court in identifying issues, finding solutions to those issues, and provide feedback on the effectiveness of the solution.

- **Superior Court should consider holding jury trials in the convention center, gyms, theatres.** Current limitations on in-person interactions make it difficult to hold a jury trial safely in a traditional courtroom. Converting large venues such as gyms, theatres, or rooms in the convention center, into temporary courtrooms would allow for the overall size of the courtroom to be expanded, including the jury box. These temporary courtrooms could provide the space necessary to conduct a jury trial.
- **To avoid a backlog of cases and to promote judicial efficacy, the court should implement a video conferencing system for hearings.** This system would be used to conduct scheduling conferences, motions hearings, mediations, pretrial hearings, and evidentiary hearings. Many video conferencing services allow the hearing to be recorded allowing for a transcript to be produced if needed. Implementing video conferencing software would allow for cases to continue to move and prevent a backlog.

PRIORITIZATION AND PHASING OF SECTORS

The committee recommends District Government continue its current most restrictive operating status until (1) the DMV area fully satisfies the gating criteria outlined in the Johns Hopkins University *Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors* report or other evidence-based gating criteria put forth by DC Health, (2) government agencies can obtain an adequate supply of screening equipment and personal protective equipment (PPE) for employees and clients, and (3) government agencies can develop comprehensive protection plans and educate employees on said plans.

Phase

Suggestions for District Government

Phase 1	<ul style="list-style-type: none"> • Essential services that cannot be performed or facilitated online should resume in-person. District Government should prioritize front-facing services that, while deemed non-essential when closed for a few weeks, are deemed essential when closed for months. • Employees that provide essential functions or support essential functions return to work. Reasonable accommodations, including a continuance of telework status, should be made for employees who require additional protections or have mitigating circumstances. • Duties that are currently performed in-person, but could be facilitated online, are transitioned to virtual service delivery.
Phase 2	<ul style="list-style-type: none"> • Employees that can telework, but prefer not to, may be permitted to return to work. • Some non-essential programming resumes, with reduced capacity when appropriate or necessary.
Phase 3	<ul style="list-style-type: none"> • Many services resume, with as many being provided virtually as possible. • Employees with mitigating factors (childcare, personal or household health risks) will work with human resources to determine work status.

FIRE AND EMERGENCY MEDICAL SERVICES

1 st Phase Reopening	Mitigation Strategies	Changes Needed
<p>Emergency Medical Services</p> <ul style="list-style-type: none"> • Fully operational <p>Administrative staff</p> <ul style="list-style-type: none"> • Will return when social distancing possible within office • Will return provided individuals have childcare 	<p>Emergency Medical Services</p> <ul style="list-style-type: none"> • Infection Control group • Questionnaire and wellness checks upon workplace entry • Use of PPE, contact tracing, quarantining <p>Administrative staff</p> <ul style="list-style-type: none"> • Alternate teleworking for 	<ul style="list-style-type: none"> • Monitoring supply of PPE. Currently adequate supply.

	<p>those in cubicles rather than build-up of cubicle walls by several feet</p> <ul style="list-style-type: none"> • Screening questions and temperature checks • Frequent disinfecting of high-touch surfaces • Social distancing; routine mask usage 	
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Metropolitan Police Department

1 st Phase Reopening	Mitigation Strategies	Changes Needed
<p>Policing Services</p> <ul style="list-style-type: none"> • Fully operational; vast majority in-person <p>Metropolitan Police Academy</p> <ul style="list-style-type: none"> • Virtual except for defensive tactics training and other necessary portions <p>Public Document Unit</p> <ul style="list-style-type: none"> • Open with advanced scheduling <p>Community Outreach Activities</p> <ul style="list-style-type: none"> • Ride-Along Program, Community Engagement Academy, and other in-person outreach activities would remain on hiatus <p>Civilian Personnel</p> <ul style="list-style-type: none"> • Those presently identified as emergency telework eligible would continue to telework. 	<p>Policing Service</p> <ul style="list-style-type: none"> • Maintain PPE for front-line personnel • Modification to engineering and administrative controls • Maximizing physical distancing <p>Filing Police Reports</p> <ul style="list-style-type: none"> • Increased use of electronic or telephone reporting <p>Civilian Personnel</p> <ul style="list-style-type: none"> • Those who can telework would continue to do so • As restriction level reduces, emergency telework personnel would move to intermittent telework 	<ul style="list-style-type: none"> • Release a public statement providing MPD guidelines for mask and social distancing enforcement • Publicize the mechanism for the public to file complaints about lack of social distancing at businesses

DC Department of Corrections

1 st Phase Re-opening	Mitigation Strategies	Changes Needed
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<p>Front-line staff</p> <ul style="list-style-type: none"> Fully operational <p>Select support services staff</p> <ul style="list-style-type: none"> Remote telework <p>Ready Center and In-person programming and services</p> <ul style="list-style-type: none"> Services would be scheduled, greatly reduced, and controlled by number and scheduling of visits for social distancing <p>Educational programs</p> <ul style="list-style-type: none"> Need to be reestablished remotely <p>Volunteer Services (including religious services)</p> <ul style="list-style-type: none"> Need to be reestablished either remotely or with social distancing 	<p>Physical Distancing</p> <ul style="list-style-type: none"> This is already underway and will continue. <p>Engineering Controls</p> <ul style="list-style-type: none"> Some workstations may need to be moved or removed in some locations to allow for sufficient physical distancing <p>Administrative Controls</p> <ul style="list-style-type: none"> Additional wipes, hand sanitizer, disinfectants, soap, and cleaning supplies may need to be provided to returning staff in non-facility locations that are currently not fully operational <p>PPE</p> <ul style="list-style-type: none"> This is already in place <p>Future Phases:</p> <ul style="list-style-type: none"> Expand testing to incorporate antibody testing with annual TB testing Require or at least encourage vaccination once a vaccine becomes available Limit intakes so that they can be safely quarantined for 14 days 	<p>Reduced population</p> <ul style="list-style-type: none"> 720 inmates or fewer would allow for four hours of out-of-cell time while maintaining social distancing. <p>Information Technology</p> <ul style="list-style-type: none"> Need to greatly expand DCNet bandwidth and repeater networks for housing unit-based WiFi. Need additional OCTO-compliant devices to enable telework with rotating schedules for some positions, and additional tablets for residents (65 are inadequate, need to provide at least 700 so that half the residents can use them for 6 hours and then switch to the other half). <p>Video access</p> <ul style="list-style-type: none"> Need to provide greater number of services via video-visiting (e.g., appointments with community-based providers, supervision agents, attorneys, employers or potential employers, other government agencies, etc.)
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Additional DOC functions that could be moved to remote:

- IT and IS functions except for onsite services
- Portions of the recruiting and interviewing process
- Other human resource and administrative functions, such as hearings
- Portions of Basic Correctional, pre-service, in-service and specialized training that can be conducted online (instructor-facilitated in virtual class or remote self-paced modular)
- Many professional development offerings
- Time and attendance recording process
- Many meetings including routinely scheduled meetings such as DOC Stat meetings
- Much of the planning and analysis functions, except for on-site observations and

operational analysis

- Procurement and requisitioning
- Budget, annual performance planning, and performance reporting
- Many legal functions (not hearings) including FOIA
- Policy development and review process
- Behavioral health services including pre-release planning. Privacy would need to be maintained/assured.
- Telemedicine implementation could be expanded as appropriate. It could be possible through DC Health to network all regional providers so that residents could continue to receive care through their primary care provider who would agree to provide services at pre-negotiated rates set by the District (which could be a condition of licensing). There could also be a radical rethinking of how to best provide jail-based healthcare.

DC Superior Court

1st Phase Reopening	Mitigation Strategies	Changes Needed
<p>Expansion of remote operations</p> <ul style="list-style-type: none"> • The Criminal and the Domestic Violence Divisions will expand remote operations, consistent with partner agencies' capacity • Attorneys and defendants scheduled in Courtroom C10 will have the opportunity to appear remotely 	<p>Remote work</p> <ul style="list-style-type: none"> • Continue to maximize telework • Continue remote court proceedings as appropriate • Continue to conduct Clerk's Office functions remotely as appropriate <p>Engineering Controls</p> <ul style="list-style-type: none"> • Place protective barriers on public counters • Place signage to maintain six-foot distancing in public court spaces • Space courtroom seating and hallway seating to maintain social distancing <p>Administrative Controls</p> <ul style="list-style-type: none"> • Use of staggered calendaring schedules where feasible • Use of remote court proceedings as appropriate • Use of technologies that support telework • Rotate staff to perform onsite work <p>PPE</p>	<p>Physical distancing for in-person hearings</p> <ul style="list-style-type: none"> • The court will implement physical distancing in the courtrooms and designate the number of people in each open courtroom at one time • The court will utilize multiple courtrooms to conduct hearings in order to provide public access to proceedings and continue to utilize remote technology to conduct certain hearings • Minimizing the number of people in the building through designating maximum capacities for various spaces and staggered scheduling of hearings <p>Technology</p> <ul style="list-style-type: none"> • Reliable and available remote technology • Ability for bond payments to be made remotely (a feasibility study for electronic payments to

	<ul style="list-style-type: none"> • Require employees to wear face masks • Encourage members of the public to wear face masks and provide masks for those who do not have them • Require court security officers to wear face masks and gloves • Require contractors to wear face masks 	<p>minimize the in-person payments is currently being conducted)</p> <p>Health protocols</p> <ul style="list-style-type: none"> • A robust protocol for health screening for defendants requesting an in-court appearance • A protocol regarding notification of employees, partners, and consumers of known positive COVID tests consistent with HIPAA requirements • A contact tracing protocol in collaboration with DC Health • A policy instructing employees not to report to work when ill • Provision of adequate sanitizer and hand washing facilities • Signage regarding social distancing and hand hygiene
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DC Office of the Attorney General

1 st Phase Reopening	Mitigation Strategies	Changes Needed
<p>Personnel return</p> <ul style="list-style-type: none"> • The first staff to return would be emergency mission critical personnel, including C-suite staff/Immediate Office personnel • Programming requiring in-person meetings (e.g., Cure the Streets, Restorative Justice, Victim Services) will begin field work • Lawyers will return when court tribunals commence in-person matters • Maximization of telework will continue throughout all 	<p>Physical Distancing</p> <ul style="list-style-type: none"> • Maximizing telework for staff • Social distancing of workspaces by staggering the schedules of the staff so that they are not working in direct close proximity <p>Engineering Controls</p> <ul style="list-style-type: none"> • Exploring provision of barriers such as protective face shields and clear, stationary shields for reception areas <p>Administrative Controls</p> <ul style="list-style-type: none"> • Optimizing use of 	<p>Changes to Court Rules</p> <ul style="list-style-type: none"> • Service of Process needed to initiate a matter in court in Child Support Services available electronically • Some tribunals, especially on administrative personnel matters, still require in-person filings in some or all of their matters such as the Office of the Employee Appeals, arbitrators, the Metropolitan Police Department Adverse Action Panels, the Office of Human Rights, the

<p>phases</p>	<p>technology to support communication among staff and external contacts</p> <ul style="list-style-type: none"> • Distributing technology to staff at all levels of the organization to facilitate teleworking • Facilitating more training opportunities for staff to improve technology skills <p>PPE</p> <ul style="list-style-type: none"> • Will need a continuous stocked supply of basic PPE supplies including masks (cloth and disposable), hand sanitizer, gloves, disinfecting wipes, tissues, disinfectant and paper towels <p>Policies</p> <ul style="list-style-type: none"> • Expanding leave options for our staff and alternative work arrangements for those unable to telework • Increasing computer literacy skills for all staff 	<p>Office of Administrative Hearings, and the Administrative Hearings Division and the Compensation Review Board of the Department of Employee Appeals. These tribunals must change their rules and procedures to allow for full electronic filings.</p> <p>Physical Distancing</p> <ul style="list-style-type: none"> • Develop policies for field staff working with residents in the community (e.g., do not enter residences, wear PPE at all times) • Revise the telework policy to reflect the flexibility under our COVID-19 plan • Stagger in-office work assignments so that staff may maintain social distancing • Continued communication to customers as to how to access our services
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MITIGATION AND GUIDELINES FOR REOPENING

The experiences of the District’s Fire and Emergency Medical Services should serve as a model, to be adapted in consultation with public health experts and/or DC Health, for how to safely reopen other government functions. FEMS has had to stay open through the public health emergency. If it were a city unto itself, FEMS was able to bend their curve downward before the broader city was able to. At its core, their story is one of adapting to events and learning as they worked. Importantly, they also invested in the following pillars:

1. Broad, easy-to-access testing
2. Internal contact tracing (1 contact tracer for every 120 employees)
3. Unbending requirements to put employees on quarantine after exposure
4. Guidelines to socially distance outside of work
5. Mitigation measures including physical changes to their workplace
6. Access to an adequate supply of PPE for all staff
7. Workplace screening for all staff

Further explanation of the work happening within each of these pillars is provided below.

Broad, Easy Access to Testing

Currently, there are tests for viral ribonucleic acid (RNA), i.e., genetic material both in the nasopharynx (NP) and the saliva. Performing the NP test exposes the health care worker (HCW) and is uncomfortable for the patient. The salivary test is more sensitive, does not involve HCW exposure, and does not involve patient discomfort.² The saliva test is new and not yet readily available. The turnaround time for each of these tests can be 24 to 48 hours. The new Abbott NP for RNA point-of-care testing can deliver results in 5 to 15 minutes.⁵

Serologic tests detect antibodies to SARS-CoV-2 in the blood, and those that have been adequately validated can help identify patients who have had COVID-19. Serologic tests may also be able to identify some patients with current infection (particularly those who present late in the course of illness), but they are less likely to be reactive in the first several days to weeks of infection, and thus may have less utility for diagnosis in the acute setting.⁶ As of early May 2020, there have been significant problems with the reliability of the antibody tests.⁷ There are no data at this time to suggest that serologic testing will be useful in the screening process or in early diagnosis.

Currently, testing for symptomatic members is mandatory. Both FEMS (and MPD) employees are referred for testing offsite at two DC Health testing centers. Test results are given both to the individual and to the ordering agency's contact tracing group. Employees are told to maintain quarantine until the results are known.

Internal Contact Tracing

Wherever an employee has tested positive (or is presumed positive) an internal contact tracer will work with them to trace all contact they have had with other employees in the workplace. Using the information collected, internal contact tracers notify staff who were identified as having been exposed to the COVID-19-positive individual and instruct them to quarantine for 14 days. (The definition of exposure, i.e., how many minutes and at what distance, should be based on the most recent public health information available.)

Contact tracers do not rely upon email to notify members; instead, they call them and then text them if they do not answer these calls. As the coronavirus incubation period, or time between

⁵<https://www.abbott.com/corpnewsroom/product-and-innovation/an-update-on-abbotts-work-on-COVID-19-testing.html>

⁶ [Zhao J, Yuan Q, Wang H, et al. Antibody responses to SARS-CoV-2 in patients of novel coronavirus disease 2019. Clin Infect Dis 2020.](#)

⁷<https://www.washingtonpost.com/health/2020/05/04/fda-steps-up-scrutiny-coronavirus-antibody-tests-ensure-accuracy/>

when someone is infected and begins shedding the virus, can be as few as two days, expeditiously and accurately determining and relaying exposure information is critical to the effectiveness of this process.

Unbending Requirements to Put Employees on Quarantine After Exposure

When employees are notified that they have been exposed or self-disclose exposure outside of the workplace, they will be required to quarantine for 14 days since the date of exposure. This is because 14 days is believed to be the coronavirus's maximum incubation period.

Internal contact tracers follow up with employees in quarantine to learn if they develop symptoms and to provide information and support. Those employees who report symptoms to the contact tracer while they are on quarantine will undergo mandatory testing. The quarantine period dates are then adjusted from the onset of symptoms.

Guidelines to Socially Distance Outside of Work

FEMS has also developed return-to-work procedures. For employees who self-report symptoms, but who have a negative COVID-19 test, they are returned to work after symptoms clear. For employees who test positive, the return to work policy is symptom-based and not test-based. They may be returned to work 14 days after symptom onset as long as they have resolution of fever and improvement of symptoms for 72 hours. FEMS does not bring employees back to work if their cough is still present.

Mitigation Measures

Essential workers should be screened regularly upon entrance to the workplace and trained on how to maintain social distancing and good workplace hygiene. While there are CDC guidelines there are no published scientific data on screening asymptomatic individuals to protect the workplace. As point-of-care rapid tests become available, they might be used periodically for essential workers whose work affords them heightened risk of COVID-19 infection, e.g., health care workers, first responders, or grocery store employees. A limitation of screening asymptomatic workers is that a negative screening might create a false sense of security for an individual which might impede the practice of social distancing.

The challenges of mitigation strategies have centered on compliance with social distancing in an open co-working space, compliance with PPE, and strict hand hygiene.

Other mitigation strategies for the workplace include but are not limited to:

- Instructing all staff to wear a cloth face covering when unable to maintain appropriate social distancing of six feet or greater
- Restrict access to office space to employees who are on duty
- Minimize shift overlap to reduce contact between employees

- Actively encourage sick employees to stay home
- Agency directors, in consultation with DC Health, should educate employees about how they can reduce the spread of COVID-19
- Consider improving the engineering controls using the building ventilation system
- Support respiratory etiquette and hand hygiene for employees, customers, and worksite visitors
- Perform daily cleaning and disinfection of high use surfaces
- Perform deep environmental cleaning following instances of confirmed cases on site.

Access to Adequate Supply of PPE

FEMS has developed Personal Protective Equipment policies that address

- Distribution frequency
- Training
- Donning and doffing practices
- Use during patient care
- Soiling and reuse guidelines
- Safe disposal
- Oversight of adherence

Workplace Screening for All Staff

Current approaches to screening individuals presenting to the workplace involve both the temperature measurement and a clinical symptom questionnaire.⁸ Having a temperature >100.0 degrees or a positive answer to any one of the questions should excuse an employee from that shift and should result in a referral to the agency infection control group as established by DCHR or the DC Health team. In addition, some agencies with longer work shifts or overtime should perform a repeat screening in 12 hours. FEMS has successfully implemented a widespread screening strategy with the questionnaire above in the workplace which has maintained adequate staffing through the pandemic thus far. This screening procedure is not 100% effective in identifying infected employees.

We are not in the position of screening all employees with a rapid diagnostic test before entering the workplace due to privacy concerns, employee comfort, and availability of diagnostic testing on such a large scale.

COMPLIANCE RECOMMENDATIONS

⁸ https://www.medrxiv.org/content/10.1101/2020.04.16.20067835v1#disqus_thread

Achieving widespread community compliance with social distancing and other mitigation strategies is key to the District's ability to fight the Coronavirus outbreak. How compliance is best enforced was a regular topic of discussion within the committee. Committee members recognized that customers who do not wear masks and do not socially distance inside businesses place business owners and employees in an awkward position as those individuals want to reopen their businesses successfully and lawfully, yet would very much prefer to avoid potentially dangerous confrontations.

Committee members largely agreed with MPD's goal of obtaining voluntary compliance when encountering members of the public failing to comply by educating them on the health and safety risks as well as the potential legal consequences of non-compliance. We determined that existing community groups, including violence intervention organizations like DYRS Credible Messengers, direct social-service providers, and community health institutions should play a prominent role in community education about the continued importance of social distancing and other mitigation strategies so as to reduce the need for enforcement.

PREPARATION AND RESOURCES NEEDED FOR REOPENING

Enhanced Cleaning Protocols

All District-leased and -owned facilities should introduce enhanced cleaning protocols in preparation for any physical reopening. Janitorial logs should be updated to ensure accurate tracking of these enhanced protocols. The Department of General Services, which has introduced two enhanced methods in response to COVID-19, Special Attention Cleaning and Deep Cleaning, provides a helpful example of what these enhancements may look like.

Special Attention Cleaning should be performed daily for the duration of the public health emergency.

- Cleaning staff focus particular cleaning on all frequently touched surfaces in common areas and restrooms, including but not limited to doorknobs and push/pull doors, light switches, elevator buttons, tables, sinks faucets, toilets, chairs, and any other common-area hard surfaces.
- After cleaning is performed, staff disinfect each cleaned surface using a disinfectant spray.

Deep Cleaning should be performed when an individual confirmed positive for COVID-19 is known to have been in a District facility. It is also performed on an as directed basis as a precautionary measure.

- Deep cleaning of all vertical and horizontal surfaces, in addition to Special Attention Cleaning outlined above.

- If surfaces are dirty, they will be cleaned using a detergent or soap and water prior to disinfection.
- For disinfectant, staff will refer to the list of CDC-recommended chemicals.
- For soft porous surfaces, such as carpeted floors, rugs and drapes, cleaning staff should remove visible contamination if present, and clean with appropriate cleaners for these surfaces.

MAPPING MITIGATION BY SPACE AND WORK TYPE

When reopening physical facilities, agencies should map out mitigation and protection measures for to be implemented in spaces that serve different functions.

Role	Ex: Lobby Areas & Walk-In Counters	Ex: Service Centers
Government Employees	<ul style="list-style-type: none"> • Face Coverings • Conferencing technology in the lobby area • Protective barriers • Signage • Training on proper cleaning • Automatic doors • Enhanced cleaning schedules and enhanced cleaning • Personal responsibility of cleaning your workspace (need to provide supplies) 	<ul style="list-style-type: none"> • Require face coverings • Limited number of people in the office and distancing • Spacing chairs • Segregate services by appointments • Video conferencing technology provided by the agency • Protective barriers • Staggered schedules • Bullpen style offices need to be organized at least six feet apart • Signage
Members of the Public	<ul style="list-style-type: none"> • Require face coverings • Limited number of people in the lobby • Spacing chairs • Segregate services by appointments • Video conferencing technology provided by the agency • Protective barriers • Security equipment modified • Signage 	<ul style="list-style-type: none"> • Require face coverings • Limited number of people in the office and distancing • Spacing chairs • Segregate services by appointments • Video conferencing technology provided by the agency • Protective barriers • Staggered schedules • Bullpen style offices need to be organized at least six feet apart • Signage • Scanners for documents

COMMUNICATION AND SIGNAGE

Communications Strategy

The District should offer communication formats that allow residents a meaningful opportunity to comment, make suggestions as well as relay conditions and challenges on the ground within the local communities in each ward. The message must reach the various target groups in a timely and efficient manner through the various media including print, flyer, network, town hall, robocall, social media platforms, and other formats. Every available means must be used to communicate and educate businesses and residents to combat this pandemic. Additionally, metrics or targets should be established to measure the effectiveness of the District's communications strategy.

The focus of the communication should start with the most vulnerable populations – older adults, individuals with compromised immune systems, and people who have serious chronic medical conditions (e.g., heart disease, diabetes, lung disease). A demographic and public health analysis of the District's wards and 51 statistical neighborhoods should be used to ensure targeted communication is received and implemented by those communities most at risk or combatting higher rates of COVID-19 infection.

Peer support and communication is vital to information sharing. The District should use existing platforms to relay ReOpen DC messages to businesses and residents. Although there are different tracks for vulnerable populations, there must be one clear and consistent message.

Gating Criteria

When public health experts announce the start of a phased reopening of DC, District government employees and the public will want to know on what public health basis that decision was made. In line with guidance issued by the White House, the Centers for Disease Control and Prevention, and Johns Hopkins University's Center for Health Security, the committee recommends communication around the reopening of DC be centered around gating criteria, or conditions that must be satisfied before proceeding to a phased reopening. While the calculations behind individual criterion may be complex, the checklist framework of gating criteria is simple.

There is a very real possibility that after initiating a phased reopening, the District may need to reverse course due to a resurgence in new infections. To prepare the public for this possibility, the committee proposes that the District also establish "closing or reversal criteria" that clearly outlines the conditions that would necessitate such a reversal.

The District's gating and reversal criteria should be explained to the public through infographics and/or an instructional videos and should be shared by District Government through social media and on coronavirus.dc.gov. Additionally, COVID-19 data made available to the public on coronavirus.dc.gov should align with the metrics being tracked for gating and reversal criteria (i.e., if one criterion is 14-day decrease in the number of new cases, daily case data should be the default metric shared, instead of cumulative case data.)

Recommended Signage

The committee recommends the following materials be designed, printed, and distributed to all District agencies with open facilities to ensure consistent, accessible, and accurate messaging. All signs should include infographics wherever possible and be written clearly and simply to ensure readability. As nearly a quarter of District area residents speak a language other than English at home, signs should be translated into alternate languages whenever possible.

- **Practicing Social Distancing:** Reminds employees/visitors to social distance.
- **Know the Symptoms:** Includes a description and graphic of all CDC-recognized COVID-19 symptoms.
- **Capacity Signs:** To be placed outside elevators or meeting rooms to indicate maximum number of persons permitted inside to ensure proper social distancing.
- **Hand Hygiene:** To be displayed in bathrooms, kitchens, and other target areas for hand washing.
- **Face Mask Required:** To remind individuals entering a building of face mask requirements.
- **Palm Cards:** To be distributed to individuals with limited access to, or use of, the internet; featuring testing hotline, symptoms list, and other critical information.
- **COVID-19 Testing:** Visual representation of testing sites around city that includes site-specific information on Metro accessibility and scheduling/referral requirements.
- **Visitor Policy:** Provides transparent explanation of visitor policy when restrictions are in place.
- **Children Friendly:** In locations frequented by children/families, signs may need to be simplified or adjusted to increase accessibility.

ISSUES FOR FUTURE PHASES

CONSIDERATIONS FOR FUTURE ROUNDS OF REOPENING

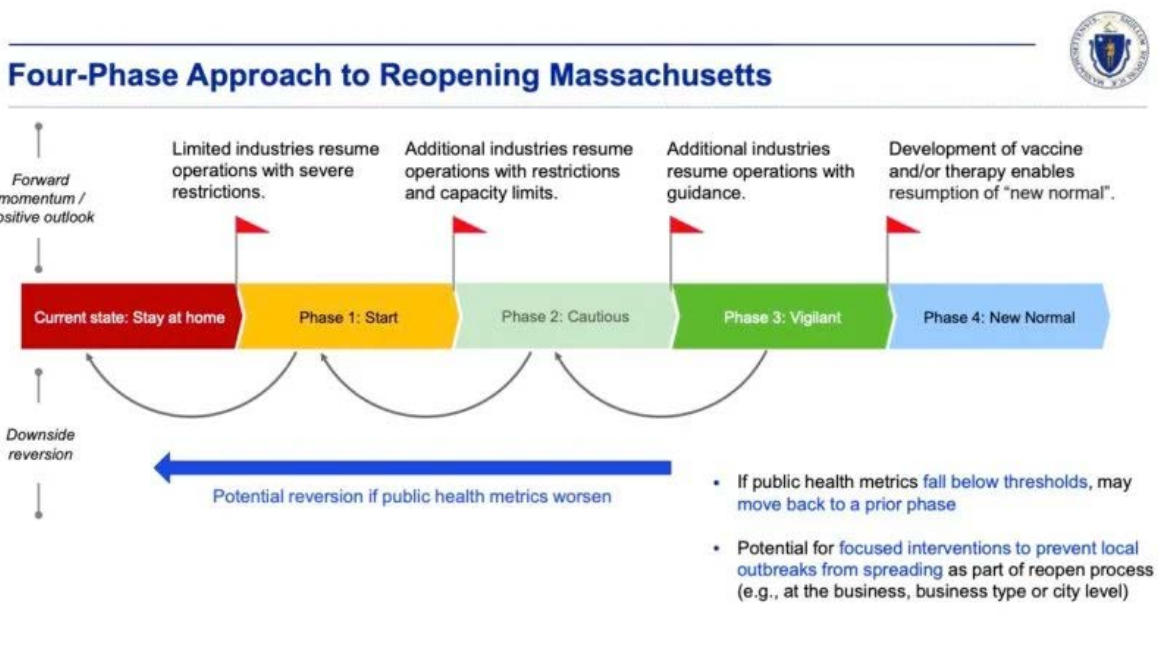
Reopening the economy is necessary to alleviate the severe economic, social and psychological distress of the District residents. When the gating criteria for reopening are met the District can begin slowly to lift some business and gathering restrictions and open government in a phased approach. However, there are no published scientific data to guide the District in reopening. A

sound approach would maintain social distancing to keep the infection rates low enough to prevent the overwhelming of the health facilities. Mayor Bowser will have to clearly announce that she will likely have to reimpose these restrictions in the future for recurrent outbreaks. Ideally, all District residents should understand which phases or parts of reopening will have to be closed again should there be another spike in cases.

Many models account for successive waves of COVID-19 infection cases as reopening occurs. The best outcome is for each of these waves to promote some herd immunity while not straining the health care facilities. The District should closely monitor and publicly report the gating criteria all throughout the reopening phases. When there is a recurrent outbreak or spike in cases the District may have to tighten the restrictions that it has recently loosened. The clear and public announcements of these subsequent restrictions will have to communicate the data set upon which these decisions are made.

In its ReOpen DC documents the District of Columbia should adopt this path to reversion seen in the phased approach to reopen Massachusetts (Fig. 6).

Figure 6. Massachusetts four-phase approach to reopening



CONSIDERATIONS FOR RECOVERY

Supporting Healthcare Workers and Emergency Responders

The District's healthcare workers and emergency responders have been on the front lines of the coronavirus pandemic for nearly three months. They have faced extra shifts and longer hours, faced the fear of spreading the virus to their families, and carried the emotional burden of an ever-growing death toll. Their work can be exhausting, overwhelming and lonely.

Failing to support these critical workers during this crisis could lead to worse outcomes for patients and an increase in psychological or physical illness amongst employees. The committee recommends the District develop a plan to support healthcare workers and emergency responders' mental health and well-being, to prevent burnout, and to ensure a resilient workforce. Possible services may include

- Regular mental health screening
- Free telehealth counseling services
- Peer support groups
- Family or support network engagement or education

RESEARCH, RESOURCES, AND REFERENCES

RESEARCH AND RESOURCES

Law Enforcement Response to the Public

Many law enforcement agencies are discouraging arrests for low-level offenses to avoid introducing new people to jails. For example, a department in Illinois has instructed officers to issue a Notice to Appear, or cite and release, and not perform a custodial arrest for misdemeanor crimes. There may be exceptions to this and officers are directed to contact a supervisor if this arises. In some jurisdictions this also applies to enforcement of the governors' stay-at-home and social distancing orders. For example, a senior ranking officer, captain or above, must approve the arrest or the issuing of a summons for violating these orders.

Some departments have instructed officers to limit the enforcement of traffic stops to more serious offenses, such as reckless driving and driving while under the influence. Agencies are encouraging their officers to have fewer proactive interactions. Minor, discretionary arrest offenses that do not imminently impact public safety may be documented by an incident report

and deferred to a department's investigative bureau to be charged in the future if feasible and based on criminal history, warrants, and risk to any person.

Key Takeaways from other Departments⁹

- Police are using social media to provide COVID-19 information and engage in Q&A with the community. Through the use of Zoom, Nextdoor, ELUCD, and other virtual meeting platforms police are able to hold conference call meetings with the community and direct them to resources. Police are able to use YouTube to create and publish informative videos, and take to Twitter to dispel public health and safety rumors and warn the community about scams.
- These previous and new methods of engaging with the community will remain vital as states slowly reopen and large gathering of community outreach events are still temporarily prohibited.
- Police are informing residents about how to comply with public health guidelines.
- Police are using online tools and traditional approaches to assist vulnerable populations.
- Police are maintaining visibility in the community through creative outreach methods.
- Police are using social media to thank the community, volunteers, first responders and donors.

Santa Cruz, CA

- This department is taking a three-fold approach: 1) educate through social media, messaging, and press information; 2) engage those businesses or groups who are violating the stay-at-home orders and educate them toward compliance; and 3) enforcement – if groups or businesses refuse to comply after being contacted and provided with instruction, citations may be issued.
- Officers are directed to not proactively search for violations and not to use the stay-at-home order as reasonable suspicion to detain an individual. Even if a call for service generates a response to a location or business potentially violating the order, the goal is to handle the violation through information sharing and educate the involved parties.
- There are first, second, and subsequent offense violation actions for all non-essential businesses.
- There are also first, second, and subsequent offense violation actions for persons in public, remaining stationary in groups of 10 or more (non-family members) that are not social distancing. An example of those actions are:

⁹ <https://www.policeforum.org/coronavirus>

- First offense: subject will be contacted, receive a verbal warning and copy of the health order.
- Second offense, or refusal to immediately comply with the initial warning: the subject will be cited for a violation of “Emergency Preparedness” (misdemeanor).
- Subsequent offense: subject will be cited for violation of the public health order (also a misdemeanor).
- If subject still refuses to comply, the supervisor will be notified, subject will be taken into custody, transported to the jail for identification purposes, and then cited and released. If the subject refuses to sign the citation (but does provide identification), the supervisor will be notified and a report will be generated for a further code and public health order violation and forwarded to the D.A.’s office for prosecution.

New York City has seen an increase in stops and arrests for violating social distancing orders. New York City’s Police Department was one of the first to release its data on arrests and summons issued for non-compliance of the public health orders. The data contained inequities in enforcement with the overwhelming majority of arrests and summons occurring within minority communities.¹⁰ Several incidents of violent arrests during enforcement of public health orders have also surfaced.¹¹ New York City will adjust its enforcement policies, which includes the hiring of an additional 1,300 (for a total of 2,300) social distancing ambassadors (non-law-enforcement workers) to assist with compliance.¹² Chicago, Seattle, and Minneapolis are just a few cities that have also taken steps in hiring social distancing ambassadors to remind the public about social distancing guidelines and to record data on park usage.¹³ In Seattle, ambassadors have been instructed to close any park where usage is too high or when the public is not complying with social distancing guidelines. Police Unions have noted that officers should not be involved with social distancing enforcement.

Protecting Inmates and Employees in Jails and Prisons

Correctional settings present unique challenges for control of communicable diseases such as COVID-19 because pathogens are easily transmitted in an institutional or congregate environment where people live in close proximity to others. There are also many opportunities for COVID-19 to be introduced into a correctional or detention facility, including daily staff

¹⁰ <https://www.cnn.com/2020/05/08/us/social-distancing-stats-nyc/index.html>

¹¹ https://www.washingtonpost.com/local/public-safety/social-distancing-enforcement-is-ramping-up-so-is-concern-that-black-and-latino-residents-may-face-harsher-treatment/2020/05/10/b1bcf490-8fbd-11ea-9e23-6914ee410a5f_story.html

¹² <https://abc7ny.com/coronavirus-nyc-update-corona-virus-cases/6169592/>

¹³ <https://www.nbcchicago.com/news/local/chicago-considers-hiring-workers-to-enforce-social-distancing/2268936/>

ingress and egress, and transfer of incarcerated/detained persons between facilities and systems, to court appearances, and to outside medical visits. Options for medical isolation of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions.¹⁴

Adequate levels of custody and healthcare staffing must be maintained to ensure safe operation of the facility, and options to practice social distancing through work alternatives, such as telework, or reduced/alternate schedules are limited for many staff roles. The ability of incarcerated/detained persons to exercise disease prevention measures (e.g., frequent hand washing) may be limited and is determined by supplies. The nationwide shortages in PPE have continued to impact jails and prisons.

Many states have developed guidelines in accordance with the CDC's recommended guidance for correctional detention.

Virginia¹⁵

Testing & Screening Inmates

- Testing symptomatic offenders, as well conducting point-prevalence testing on asymptomatic offenders in order to obtain a snapshot in time, and testing for surveillance purposes rather than just symptoms. This enables the correctional system to monitor and treat positive cases sooner, rather than after symptoms occur.
- Utilizing their COVID-19 medical guideline and the offender screening questionnaire and medical evaluation tool to evaluate and monitor offenders' health. If an offender meets the criteria for testing, the procedure is to contact the VA Department of Health and follow their guidance regarding testing.
- All offenders being released from VA DOC facilities as they finish their sentences are also screened for COVID-19 on the day of their release.
- VA Department of Correction (DOC) employees must use the employee screening tool to assess their risk on a daily basis prior to reporting for work.

¹⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

¹⁵ <https://vadoc.virginia.gov/news-press-releases/2020/covid-19-updates/>

- All persons entering correctional facilities will be screened using temporal artery thermometers.

Sanitation and Personal Protective Equipment

- VA DOC continues to attempt to order more PPE. The Virginia Correctional Enterprises (VCE) is now manufacturing about 30,000 sneeze/cough guard masks per day. All DOC staff and offenders have been issued VCE masks. These utility masks are available to other local and state governments, and 34 have placed orders.
- VCE also manufactures cleaning supplies approved by the EPA for use in combating the coronavirus.
- Sneeze/cough guard masks made by VCE have been provided to each staff member. Staff members are required to wear their VCE masks unless wearing another form of mask. The sneeze/cough guard mask is providing an added level of protection but should not be worn in place of PPE in situations where PPE is required.
- All offenders are required to wear their VCE masks at all times unless instructed to remove it by a staff member. The sneeze/cough guard mask should not be worn in place of PPE in situations where PPE is required.
- VA DOC has also received 170 gallons of alcohol-based hand sanitizer purchased from local distilleries. The majority of this distillery hand sanitizer is for use in the infirmaries.

Pennsylvania¹⁶

- Utilized early quarantining to prevent spread. Inmates are fed in their cells and afforded out-of-cell time for video visits (held seven days a week), phone calls, access to the law library, as well as being provided with in-cell programming. Inmate movement is controlled to conform to social distancing recommendations.
- During quarantines, individuals housed in those housing units cannot participate in video visitation for the duration of the lockdown.
- To mitigate the mental health aspect of quarantines, inmates have been given additional controlled out-of-cell time, video visitation, free phone calls, an increased amount of free mailing envelopes, COVID-19 programming on a shared inmate channel, inspirational videos from celebrities and free cable TVs.

Early Release of Inmates

¹⁶ <https://www.cor.pa.gov/Pages/COVID-19.aspx>

States are using various early release plans in order to keep reduce jail admissions and keep prison populations low.

- Furloughing paroled individuals from centers to home plans
- Working with the parole board to maximize parole releases
- Reviewing parole detainers for individuals in county jails and state prisons
- Expediting the release process for anyone with a pending home plan
- Reviewing inmates within the state prison system who are beyond their minimum sentences
- Accessing the temporary program to reprieve sentences of incarceration

Impacts on Court Systems and the Legal Community

Courts around the country are responding to COVID-19 in numerous ways, working to balance public health and safety with access and openness. The most common efforts state courts have taken to combat the virus are¹⁷:

- Restricting or ending jury trials (48 states are restricting jury trials and 7 states have restricted them **until further notice**)¹⁸;
- Restricting entrance into courthouses;
- Generally suspending in-person hearings;
- Granting extension for court deadlines, including deadlines to pay fees/fines; and
- Encouraging or requiring teleconferences and videoconferences in lieu of hearings.

Some criminal courts will only be handling cases that are in custody and/or where time is not waived, as well as any constitutionally time sensitive items. Even states that have started to ease restrictions, such as Georgia, have continued to extend their restrictions on in-person proceedings and suspensions of jury trials¹⁹

When considering reopening, courts should consider:

- **Judge and Court Staff Health:** Courts should take precautions to ensure judges and courts staff do not enter the courthouse when there is a likelihood that they have been exposed. Courts should consider encouraging teleworking for judges and court staff whenever feasible and possible.

¹⁷ <https://www.ncsc.org/pandemic>

¹⁸ <https://public.tableau.com/profile/ncscviz#!/vizhome/StatewideJuryTrialRestrictions/StatesRestrictingJuryTrialsD>

ash

¹⁹ https://www.gasupreme.us/wp-content/uploads/2020/05/Second-Order-Extending-Declaration-of-Statewide-Judicial-Emergency_as-issued.pdf

- **Scheduling:** Courts should continue remote proceedings in all cases where it is possible and practicable. Clear criteria should be established that will provide clear guidance on when an in-person hearing will be held. Courts should consider how to coordinate scheduling to reduce occupancy in the courthouse. In-person proceedings must be scheduled in a manner to reduce people entering or congregating in the courthouse at any one period of time.
- **Social Distancing:** Courts will need to consider how to ensure distancing in public common areas, galleries of courtrooms, wells of the courtroom, hallways, elevators, restrooms, and other locations where the public may gather. The Courts will also need to consider how it will ensure screening of all individuals entering the building and ensure the use of face coverings.

The Pandemic Rapid Response Team (RRT), a group of chief justices and state court administrators established in March, has created a plan to help state courts move forward during the pandemic and after it ends. This group was created by the Conference of Chief Justices and the Conference of State Court Administrators and is supported by the National Center for State Courts. The State Justice Institute is funding the project.²⁰ The working group, consisting of court leaders from all levels of state courts, will identify what the “new normal” is going to look like and how to get there. Recommendations will be released around July 2020.

“There’s a real risk that you’ll trigger an outbreak that you may not be able to control and, in fact paradoxically, will set you back, not only leading to some suffering and death that could be avoided, but could even set you back on the road to try to get economic recovery.”

- Dr. Anthony S. Fauci, M.D., NAID Director

²⁰ <https://www.ncsc.org/Newsroom/News-releases/2020/Pandemic-roadmap.aspx>