

Prison Reduction Initiative for COVID-19 and Emergencies (PRICE)

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Abstract

The Prison Reduction Initiative for COVID-19 and Emergencies (PRICE) is a program design for reducing state prison populations during the COVID-19 pandemic and future emergencies. Mass incarceration grew out of decades of punitive policy, including the War on Drugs and the 1994 Crime Bill, and crowded prisons are especially dangerous during a pandemic because of close confinement and constant movement among prisoners and staff. PRICE targets the state prisoners most vulnerable to COVID-19: a primary group of elderly, critically ill, organ transplant, and immunocompromised prisoners, and a secondary group of prisoners with previous critical illnesses and pregnant women, with a minimum of 150,500 prisoners assisted over 3 years. Eligibility rules exclude prisoners sentenced to death or to life without parole, limit eligibility for those convicted of serious violent offenses, and set offense-based guidelines for full or partial house arrest, parole, and rehabilitation. After a yearlong awareness campaign for state officials and prisons, prisoners move through three stages: recruitment with medical documentation, screening with a risk/needs assessment and court documentation, and selection. Committees for administration, staging, parole, and rehabilitation run the program, and participants must be vaccinated, follow CDC quarantine guidelines, and enter rehabilitation when required. The program aims to protect vulnerable prisoners, reduce overcrowding and costs, and move the criminal justice system toward rehabilitation.

Keywords: mass incarceration, COVID-19, prison population reduction, house arrest, parole, program design

Prison Reduction Initiative for COVID-19 and Emergencies (PRICE)**Topic Overview and Problem Summary**

The Prison Reduction Initiative for COVID-19 and Emergencies (PRICE) is a program design to reduce the prison population in the United States. Wildeman (2012) described mass incarceration as the current American approach to incarceration, marked by rates of imprisonment that are extreme by both historical and international standards and by the concentration of imprisonment among young African American men from disadvantaged neighborhoods. Black Americans are imprisoned at several times the rate of White Americans (Beck & Blumstein, 2018). There is no single reason for prison overcrowding; rather, it depends on a variety of factors, including politics, policies, policing, and economic strategies within impoverished communities. Understanding what mass incarceration is and how it came to be provides context for this program design.

The prison population began to grow in the 1970s, when politicians in both parties played on fear, often with thinly disguised racial appeals, to push for increasingly punitive crime control policies (Cullen, 2018). Crime control became a central issue in U.S. politics, and both the Democratic and Republican parties were determined to claim it. In 1971, the Republican Party claimed the first of these efforts when President Nixon declared a war on drugs (Cullen, 2018). The War on Drugs became a global campaign in which the United States combined drug prohibition with military aid and intervention against drug cartels and gangs, with the aim of reducing the illegal drug trade in the United States. By reducing the drug trade, overall crime was also expected to go down. However, the War on Drugs did more harm at home than anywhere else. After Presidents Ford and Carter, President Reagan continued the campaign aggressively, and the U.S. prison population almost doubled during his 8 years as president (Cullen, 2018). In

the 1990s, it was the Democratic Party's turn. The Violent Crime Control and Law Enforcement Act of 1994, known as the 1994 Crime Bill, was passed under President Clinton. It gave states incentives to build more prisons and pass truth-in-sentencing laws, which further increased prison populations (Ofer, 2019). The War on Drugs and the 1994 Crime Bill drove up the U.S. prison population by focusing on punishment rather than rehabilitation in the correctional setting. Policies that reflected this ideology included the following (Fair Fight Initiative, 2021):

- Three Strikes Laws – mandated a sentence of 25 years to life after conviction of an individual's third felony
- Mandatory Minimum Sentencing – laws that dictate minimum sentencing strip judges of the ability to account for individual circumstances
- Problematic probation and parole – strict rules regarding probation and parole cause many people to be sent back to prison for minor violations
- Private prisons leading to profit motive – private prisons and a vast number of private vendors are financially incentivized to maintain mass incarceration

The policies and political motives of the following decades made prison overcrowding a substantial problem in the criminal justice system. The United States is one of the top countries in the world for the number of people incarcerated and for money spent on incarceration. In fact, the United States has the highest incarceration rate in the world (Sawyer & Wagner, 2020), at 655 people per 100,000 (Walmsley, 2018). Mass incarceration costs governments and the families of people in the justice system at least \$182 billion every year (Wagner & Rabuy, 2017), and nearly 1% of U.S. adults are incarcerated (Prison Policy Initiative, n.d.). The term *mass incarceration* was coined to describe this unusual phenomenon, and recent political action has

aimed to reduce the U.S. prison population. However, the problem remains at its peak, and recent global events have made reducing the prison population more important than ever.

The COVID-19 pandemic is an ongoing global pandemic of coronavirus disease, which can cause severe respiratory illness. COVID-19 spreads easily between people through respiratory droplets produced when an infected person coughs, sneezes, sings, talks, or breathes (Centers for Disease Control and Prevention [CDC], 2020). The droplets, depending on their size, can stay in the air and be inhaled by people nearby, or land on surfaces, where the virus can survive for up to about 3 days. A person who touches a contaminated surface and then touches their eyes, mouth, or nose can contract the virus, although the CDC considers the risk of surface transmission low (CDC, 2021b). This poses a serious problem for incarcerated individuals, especially in the growing number of overcrowded prisons. Prisons are among the worst places to be during an outbreak of a virus such as COVID-19 because of the number of people confined in one space and the constant movement between shared spaces; by June 2020, the COVID-19 case rate among prisoners was 5.5 times that of the U.S. population (Saloner et al., 2020). Prisoners frequently move between cells, yards, cafeterias, and other facilities. When someone is convicted of a crime and sent to prison, that person could have been exposed outside and could bring COVID-19 into the prison. Additionally, guards rotate through the facility and go home every day. They usually interact with their families, and even if they do not leave their homes, their families have likely interacted with others outside. If any guards contracted COVID-19 outside and brought it back to the facility, this would pose a significant threat to the prison's population. Prisons have taken steps to help prevent the spread of the virus, including canceling outside visits, sanitizing routinely, and adopting guidelines to address the pandemic. However, these steps do little given the amount of movement and direct contact prisoners have with each other

and with the guards. Reducing prison populations, starting with those most vulnerable to COVID-19, is key to protecting the sanctity of justice and is a starting point for ending mass incarceration.

Target Population

The PRICE program will focus on state prisoners only.

Current state prison population in the U.S.: 1,300,000.

Prisoners assisted through PRICE (minimum): 150,500 over 3 years of operation (including the PAC year; see the Awareness, Selection, and Screening section)

Primary Target Population: the first population that will be affected by this program (PAC year and beyond)

- Elderly [20,000 limit + minimum eligibility] (Widra, 2020)
 - 65+ years old (CDC, 2021a)
- Critically ill, imminent death [no limit + minimum eligibility]
 - Current illness (e.g., pneumonia, cancer)
- Organ transplant patients [no limit + minimum eligibility]
- Immunocompromised [100,000 + minimum eligibility]
 - HIV/AIDS (Maruschak & Bronson, 2017)
 - Heart disease, lung disease, etc.
 - Currently has a specific immune system disease (e.g., congenital IgA deficiency)

Secondary Target Population: the second population that will be affected by this program (1½ years and beyond)

- Previous critical illness [30,000 + minimum eligibility]
 - Example: cancer survivor

- Recovered from critical illness in the past 6 months
- Pregnant women [500 + minimum eligibility] (Advocacy and Research on Reproductive Wellness of Incarcerated People [ARRWIP], n.d.)

- Any stage of pregnancy

Minimum Eligibility:

- Primary Target Population must not have been previously sentenced to
 - Capital punishment
 - Life without possibility of parole
- Secondary Target Population must not be convicted of an offense involving
 - Homicide (murder, manslaughter)
 - Rape/sexual assault
 - Arson
 - Assault with a deadly weapon
 - Weapons (use in act for violent, property, or drug)

Minimum Eligibility Discretionary Case Guidelines:

Good behavior set upon as currently defined, absolutely necessary for consideration of immediate or delayed parole upon program completion.

If parole is violated, individual will immediately be disqualified from the program and serve the original full sentence in prison +3 months for parole violation, +6 months if crime is committed as/during parole violation plus sentence of crime.

Highest offense counted: For example, intoxication during an armed robbery does not count toward the Drug category but does count toward the Violent Crime/Weapons Use category.

- Homicide, Rape/Sexual Assault, Arson (**applies only to the Primary Target Population**)

- Age 65+ must have served 2/3 years minimum of their total sentence
 - Fully/Partially restricted house arrest 1 year (or remainder of sentence if >1 year)
 - Possibility of full parole upon program completion likely
 - Must enter rehabilitation program (unspecified)
- Age 40-64 must have served 2/3 years minimum of their total sentence
 - Fully restricted house arrest 6 months (or remainder of sentence if >6 months)
 - Possibility of full parole upon program completion unlikely
 - Possibility of delayed parole upon further sentencing serve likely
 - Must enter rehabilitation program (unspecified)
- Age 18-39 must have served 1/3 years minimum of their total sentence
 - Fully restricted house arrest 6 months (or remainder of sentence if >6 months)
 - No possibility of full parole upon program completion
 - Possibility of delayed parole upon further sentencing serve unlikely
 - Must enter rehabilitation program (unspecified)

- Assault with a deadly weapon, Weapons (use in act for violent, property, or drug)
(**applies only to the Primary Target Population**)

- Age 65+ must have served 1/3 years minimum of their total sentence

- Partially restricted house arrest 1 year (or remainder of sentence if >1 year)
 - Possibility of full parole upon program completion likely
 - Must enter rehabilitation program (unspecified)
- Age 40-64 must have served 2/3 years minimum of their total sentence
 - Fully/Partially restricted house arrest 6 months (or remainder of sentence if >6 months)
 - Possibility of full parole upon program completion likely
 - Must enter rehabilitation program (unspecified)
- Age 18-39 must have served 1/3 years minimum of their total sentence
 - Fully/Partially restricted house arrest 6 months (or remainder of sentence if >6 months)
 - Possibility of full parole upon program completion unlikely
 - Possibility of delayed parole upon further sentencing serve likely
 - Must enter rehabilitation program (unspecified)
- Assault
 - Age [any] must serve partial house arrest for remainder of sentence if >1 year + retain probationary period **OR** enter and successfully complete anger management program and courts will dismiss probationary period
 - If remaining sentence is <1 year, 6 months partial house arrest + return to prison **OR** 6 months partial house arrest + enter and successfully complete anger management program and courts will dismiss probationary period
 - Possibility of full parole upon program completion likely

- Weapons (possession), Property (w/o weapon use)
 - Age [any] must serve partial house arrest for remainder of sentence if >1 year + retain probationary period
 - If remaining sentence is <1 year, 4 months partial house arrest
 - Possibility of full parole upon program completion likely
- Drug (use/distribution)
 - Age [any] must serve partial house arrest for remainder of sentence if >1 year + retain probationary period **OR** enter and successfully complete drug rehabilitation program and courts will dismiss probationary period
 - If remaining sentence is <1 year, 4 months partial house arrest
 - Possibility of full parole upon program completion likely
- All other minor offenses, Drug possession and misdemeanor drug use, etc.
 - Age [any] must serve partial house arrest for remainder of sentence if >1 year + retain probationary period **OR** enter and successfully complete drug rehabilitation program and courts will dismiss probationary period
 - If remaining sentence is <1 year, 4 months partial house arrest
 - Possibility of full parole upon program completion likely

Parole Information:

Full House Arrest – home incarceration

Partial House Arrest – home confinement/curfew

Full/Partial House Arrest – parole board decision

PRICE sets guidelines for Full and Partial House Arrest based on empirical research and general parole procedures (Kratcoski et al., 2020, Chapter 15; White, 2020). Full/Partial House

Arrest applies to groups of individuals who may receive either. These guidelines are set to protect the PRICE program and the community and to prevent miscommunication or misinformation in parole board decisions that could result in negative outcomes.

Every prisoner must see the state parole board for specific guidelines and a final determination before release.

Awareness, Selection, and Screening

An initial PRICE Program Awareness Campaign (PAC), funded to last about 1 year, will spread program information to state prisons across the United States. The PRICE PAC will reach out to state political officials for networking and to state prison administrations for an initial information session. In this meeting, PRICE PAC will inform the state and its prisons of the specific program details, costs, and dedicated comprehensive support for facilities that wish to participate. In 2015, the average annual cost per state prisoner across 45 states was about \$33,300 (Mai & Subramanian, 2017). Participation in the program could reduce both the annual cost and the prison population of the facility. If the administration is interested in the program, a formal meeting will take place between PRICE officials and the state prison administration to review and sign legal agreements. There will be no limit to the number of state prisons per state that can participate in the program. More state prisons may join the program after the one-year PAC.

Stage 1: Recruitment. All prisoners must qualify under one of the two Target Population groups. To be recruited to the program, prisons, prisoners, or their representatives (lawyer, guardian, doctor/nurse, etc.) must provide the program valid medical documentation that satisfies the criteria of one or both Target Population groups. This documentation will be verified by medical and legal professionals and signed by the PRICE staging committee to advance the

prisoner to Stage 2. Inmates may ask the prison administration to help refer them to PRICE, and prisons will be asked to help with these requests as part of the federal government's effort to reduce mass incarceration (assuming federal funding is granted).

Stage 2: Screening. The prisoner must pass a risk/needs assessment conducted and verified by the rehabilitation committee (see the Offender Risks/Needs Assessment section). From there, all qualifying prisoners must satisfy both the Minimum Eligibility and the corresponding Discretionary Case Guidelines. To complete the screening process, prisons, prisoners, or their representatives (lawyer, guardian, doctor/nurse, etc.) must provide the program valid court documentation regarding their case. The PRICE staging committee will review the prisoner's case details and verify their accuracy with the courts. Any significant fabrications or misleading details in the initial documentation will result in automatic disqualification from the program. If a prisoner selected for the screening process cannot obtain valid court documentation for financial or other reasons, the prisoner must submit a letter to PRICE explaining this, and the PRICE staging committee will review the court case information separately. If a recruited prisoner passes the screening committee's qualifications, they will be entered into one of two selection pools (Target Populations), depending on their medical status.

Stage 3: Selection. All qualifying prisoners at this point have been verified to have a medical condition that meets one of the two Target Population groups and have met the Minimum Eligibility and corresponding Discretionary Case Guidelines. Qualifying prisoners will be placed in their selection groups based on their most significant medical status. For example, if a prisoner had pneumonia 3 months ago but is an organ transplant patient (either former or current), they will be placed in the Primary Target Population. If they only had pneumonia 3 months ago, they will be placed in the Secondary Target Population. The PRICE staging

committee will choose individuals from their respective groups in the order in which they were placed into a Target Population.

Program Components

PRICE Committees

Board of Directors/Administration

Runs the daily operations of PRICE; sets goals and objectives; and handles finances, employment, and all other administrative duties as assigned. Evaluates the program monthly to determine its effectiveness and provides a comprehensive summary of results to top officials and funding partners. As the original committee of PRICE, operates or organizes the hiring of independent operators for the one-year PRICE PAC.

Key staff – *Chief Executive Operator*: maintains operational efficacy and is the face of the program; facilitates weekly meetings between directors; keeps the program on track toward its goals and objectives while changing or creating goals and objectives; makes desired outcomes clear and concise; organizes program-wide meetings and events; manages funding partner relationships; helps interpret monthly evaluations of the program.

Staging

Runs the three stages of intake: Recruitment, Screening, and Selection. Follows specific guidelines set by the PRICE program for prisoner intake. Conducts the initial risks/needs assessment for applicants to the program (see the Offender Risks/Needs Assessment section). Works closely with legal and medical professionals; members may have legal or medical experience. Keeps clear and documented communication with the prison administration, parole board, and parole committee on prisoner placement and parole recommendations.

Key staff – *Staging Director*: has advanced knowledge of the legal or medical profession to provide insight and organize meetings to determine prisoner placement; primary communicator between the committee and the Board of Directors.

Parole

Works closely with legal professionals and the staging committee to determine appropriate parole guidelines. Works closely with the state parole board to determine precise guidelines that work for the prison, the PRICE program, and the prisoner. Schedules vaccination appointments to fulfill one of the three key Parole COVID-19 Requirements. Mandates house arrest and quarantine guidelines to fulfill another of the three key Parole COVID-19 Requirements. Works closely with local law enforcement and documents confirmed communication with local law enforcement about prisoners deemed dangerous by a full house arrest status or by the state parole board. For prisoners on temporary parole, the parole committee determines the length of temporary parole based on the Minimum Eligibility Discretionary Case Guidelines, as well as the prisoner's transfer back to the state prison. For prisoners on designated parole and prisoners moving to a probationary period, the parole committee documents communication with the state prison and the courts, either of which will set further procedures for the prisoner once their parole sentence has been fulfilled.

State prisons agree to the possibility of the parole committee, with the approval of the Board of Directors, assigning specific parole officers or organizations to inmates.

Key staff – *Parole Director*: experienced in corrections to provide familiar insight to the committee; ***ensures parole guidelines are clear and concise to parole officers and prisoners***; confirms that all parole guidelines will be followed; maintains documented communication among the state parole board, courts, and local law enforcement; determines whether specific

prisoners need extra attention; primary communicator between the committee and the Board of Directors.

Rehabilitation

Responsible for placing prisoners in a rehabilitation program that fits the Minimum Eligibility Discretionary Case Guidelines and a risk/needs assessment. Prisoners with lesser charges may have the option to choose a rehabilitation program in exchange for part of their sentence or a change in how it is served. It is the sole duty of the rehabilitation committee to give prisoners an adequate choice of rehabilitation programs based on their crimes. Documenting the decisions made in this process is crucial to keeping track of each individual's sentence, and documenting program progress is crucial to evaluating each program as a viable option for PRICE.

Key staff – *Rehabilitation Director*: understands corrections and the need for a rehabilitative approach; understands the various rehabilitation programs and what they can offer specific individuals; understands the Minimum Eligibility Discretionary Case Guidelines and how to organize the committee around intervention within those guidelines; maintains a system of communication and documentation for prisoner program entry and progress; provides insight to the Board of Directors on successful or unsuccessful programs, policies, or prisoner parole guidelines; primary communicator between the committee and the Board of Directors.

Parole COVID-19 Requirements

These are specific requirements for prisoners participating in the PRICE program. These individuals are being released on either temporary or full parole because of their medical condition during the COVID-19 pandemic, so they will be required to adhere to the following:

- Vaccine

Participants must receive any of the current or future COVID-19 vaccines. Vaccination must occur within the first 2 months of parole and will be scheduled by the PRICE parole committee.

- Quarantine

All individuals must follow basic CDC quarantine guidelines, even if on partial house arrest (home confinement/curfew). Prisoners are being conditionally released for medical reasons related to their safety during the COVID-19 pandemic. Home quarantine is meant to be the safer option compared with prison. Prisoners will be notified of this and of the immediate punishment they will face if they break parole guidelines. There are no second chances.

- Rehabilitation

Depending on offender status under the Minimum Eligibility Discretionary Case Guidelines, an individual may be required or may choose to attend a rehabilitation program. The PRICE rehabilitation committee oversees this process and program placement.

Offender Risks/Needs Assessment

There will be a risks/needs assessment for applicants to and participants in the PRICE program. The rehabilitation committee will conduct the assessment to determine whether the individual is a significant threat to themselves or to others. This assessment will be formatted similarly to federal prison system risks/needs assessments (James, 2018) and will be compared with the state corrections assessment conducted when the prisoner arrived, or, if the prisoner arrived within the past 6 months, the state corrections assessment will be used as is. If there was

no state corrections assessment, the rehabilitation committee will compare the results with other in-state prison risks/needs assessments. The rehabilitation committee will confirm or deny participation in the program. If the prisoner is not deemed a threat to themselves or others based on the assessment, they may continue with the staging committee to be entered into PRICE. The rehabilitation committee will use the assessment to choose a specific rehabilitation program if the offender is required to enter one or chooses to. Any offender may request a specific rehabilitation program, but admission to that program is not guaranteed and depends on the risk/needs assessment and the program's capacity at that time.

Program Completion

An offender is considered "complete" from this program when they

- (a) are released on probation,
- (b) are sent back to prison, or
- (c) die of natural or other causes.

An offender who disqualifies themselves from the program is not counted in the "complete" statistic and is instead counted in the "regression" statistic. The PRICE program expects a 95% complete statistic in the first 3 years (including the PAC year), with regression no higher than 5%.

A Note from the Creator

Participation in this program is completely voluntary, though strict guidelines will be enforced to keep offenders from taking advantage of an already advantageous opportunity. This program is not like compassionate release; it is meant to relieve the overcrowded U.S. prison system during a global pandemic. The COVID-19 virus is unlike many viruses civilization has seen, and extra caution is needed to protect everyone's lives. It is morally irresponsible, arguably

even negligent, to let hundreds of thousands of people sit in overcrowded prisons with preexisting conditions that can very easily become fatal if they contract COVID-19. The virus feeds off groups of confined individuals, making prisons a death trap for those who may already be too weak to withstand it. Mass incarceration has been a problem for some time now, but emergencies like the COVID-19 pandemic give us an opportunity to reflect on our systems and policies. This program also saves money, and a lot of it. The average state prisoner costs taxpayers about \$33,300 a year. If this program reaches its minimum projection of 150,500 participants, it could save about \$5.0 billion per year ($150,500 \times \$33,300$). Supporting this program will save lives and money, a win-win. It will help turn the U.S. criminal justice system away from punitive justice and back toward effective rehabilitation practices. The United States leads the world in many respects, and incarceration should not be its weak spot. Support the Prison Reduction Initiative for COVID-19 and Emergencies.

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