
A CalPROTECT Brief Report
COVID-19 Outbreak: Correctional Treatment Facility (CTF) in Soledad, California

March 24, 2021

SUMMARY

This brief report comes in the early months of 2021, more than 12 months into the COVID-19 pandemic, following a substantial surge in cases in California state prisons with seven of the top 10 largest clusters of COVID-19 cases in jails and prisons located in California, and with accelerating vaccine coverage within California state prisons. On March 2, 2021, members (*) of the UCSF and UC Berkeley CalPROTECT team visited the Correctional Treatment Facility (CTF) in Soledad, California. Initial findings and recommendations arising from that visit are detailed below.

Background

The CalPROTECT team visited CTF after the California state prison had experienced a sustained and widespread COVID-19 outbreak. The goal of the visit was to examine vulnerabilities in a facility of relatively older age, in contrast to the Substance Abuse Treatment Facility and State Prison (SATF), a newer facility located approximately 145 miles away. During our visit, we endeavored to understand the barriers and facilitators to vaccination delivery and uptake, and to determine the potential utility of conducting a future environmental assessment (focused on the facility's ventilation and air filtration systems) at CTF, which is comprised of buildings erected in the late 40's and early 50's. We relied on conversations with medical and custody leadership and prison residents, and our evolving, in-person standardized interview guides for staff and residents which are focused on the experiences of working or living in prison during the pandemic.

Initial Findings and Recommendations

In September 2020, CTF experienced its first and smaller outbreak which peaked at about 70 cases. This event was followed by a much larger, sustained outbreak which occurred between

November 2020 and February 2021, resulting in 2,717 confirmed cases. CTF leadership and staff now have control of the outbreak; the facility has had no active cases since February 23, 2021.

1. **A combination of effective control measures, a high proportion of recovered residents and accelerating vaccination have worked together to dramatically slow transmission and end the outbreak.** The CTF team should be commended for working incredibly hard to get to zero cases.
 - Custody and medical staff have worked with the inmate councils to achieve a high rate of vaccine acceptance among residents. At the time of our visit, only 12% of residents who had been offered the vaccine had refused, the third lowest total in the state. Between the outbreak and vaccination efforts, 95% of the population has either been vaccinated or previously infected with COVID-19, which will offer substantial protection against further outbreaks. This is also to be recognized and commended.
2. **During our visit there was a profound willingness to engage with our team among CTF leadership, staff, and residents and a genuine interest in receiving input and assistance.**
 - Our recommendation: Continue to build the relationship between our team of advisors and CTF leadership, if it is of interest to them. Our team is available to support their efforts to increase the wellbeing of their staff and residents during this difficult time, as well as to implement best practices going forward.
3. **There is hesitation amongst the correctional staff at CDCR facilities, including CTF, about vaccination.** Maximizing the number of staff who are vaccinated is critical to avoiding future outbreaks and moving towards resuming programming and operations.
 - Our recommendation: Send targeted messages to staff about vaccination and make medical resources readily available to them to answer their vaccine questions. Consider asking staff about their preferences for receiving information (e.g., email, printed fact sheet, recorded or live Q&A with health care professionals). If union leadership continues to strongly support vaccination, work with unions to answer questions, address unfounded rumors, and confront misinformation. To the extent possible, ensure that unvaccinated staff are not working in settings that would put residents and staff members at potential risk, especially those who are most at risk for severe disease or death.
4. **Staff in non-leadership positions at CDCR facilities, including CTF, have reported that they don't feel comfortable communicating openly about their needs or expressing thoughts about what is and is not working within the facility.**
 - Our recommendation: Implement a process to (i) anonymously solicit questions, ideas, suggestions, positive feedback, and concerns from staff and (ii) determine a time and

space for leadership to circle back and communicate about these issues, providing an outlet for staff to share their genuine concerns and providing leadership with information that more accurately reflects the state of the facility's functioning.

5. **There has been a significant reduction in mental health support for residents at CTF and an increased need for these services over the course of the pandemic.** We were told by residents and staff that many residents have to file approximately three requests before receiving mental health care and that residents don't have access to AA, NA and other resident-led groups.
 - Our recommendation: Draft and implement a plan to proactively offer mental health support to residents who have filed a mental health request and haven't received help, residents who have lost programming important to their recovery, and residents who have experienced trauma as a result of this pandemic. If indoor groups are the problem, consider outdoor group programming if a suitable venue with appropriate privacy and security can be identified.
6. **The number of residents living together in close proximity at CTF makes it incredibly difficult to avoid rapid spread, even with the best mitigation strategies in place.** Space constraints due to population size also undermine staff and leadership's ability to effectively implement quarantine and isolation strategies.
 - Our recommendation: Reduce the number of residents at CTF and, if not feasible currently, devise plans for rapid decarceration if another surge of COVID-19 or when another respiratory pandemic occurs.
7. **Despite high rates of vaccine acceptance at CTF, vaccination delivery has been complicated by testing procedures.** Residents at CTF who are interested in getting vaccinated are not able to be vaccinated if they have tested positive for COVID-19 within the last 90 days. We were told that, as a result, there are instances of individuals who refused to be tested (and so do not have a positive COVID-19 test result within the last 90 days) and subsequently are able to get vaccinated. This has caused frustration and confusion for residents who feel that opting out of COVID-19 testing is resulting in a benefit and who are worried about their health.
 - Our recommendations: Medical and other trusted staff should meet with inmate councils to understand concerns and provide clear and detailed information about the following topics:
 1. Recovery from the virus,
 2. Protection that recovery from the virus offers against future infection, particularly within the first 90 days following initial infection,
 3. Benefits for the individual associated with waiting for 90 days for vaccination,
 4. Monthly updates about vaccine supply and eligibility at CTF

- In addition, staff should also schedule regular “office hours,” if possible, to answer questions directly from concerned residents. At the same time, we recommend the facility move as quickly as possible to fully expand eligibility and simplify vaccination availability to “anyone, anytime” for all people living or working at CTF.

8. Although COVID-19 spreads much more easily inside than outside, given current constraints, residents at CTF are spending almost all of their time inside. Based on what is now known about SARS-CoV-2 aerosol transmission precautions, from a ventilation standpoint it is critical to change course and stop prison-wide lockdowns. Residents must get outside in order to give indoor spaces time to ventilate with fresh air to exchange virus-laden air. Outdoor transmission of COVID-19 among masked individuals is rare and now that CTF and many other institutions are meeting herd immunity thresholds through vaccination and recent infection, it is critical that yard time and outdoor programming be reinstated.

- Our recommendation: Maximize masked time outside, based on evidence from exposure science and the high levels of population immunity. Re-open the CTF yards allowing for staggered yard-time. For example, one housing unit could use a yard at a time or two housing units could use the yard at a time with each housing unit limited to using a single side of the yard to avoid intermingling. Similar measures could be implemented across CDCR facilities based on the proportion of the population and staff that is vaccinated or recently infected. (Our group is willing to assist in defining the immunity targets to make this possible.)

9. Across CDCR facilities, identifying the presence and location of the virus early is critical to avoid spread. Regularly testing residents is an effective strategy but is time consuming, difficult to implement, and can be hindered by delayed results. At CTF, residents expressed frustration about delayed test results, and nurses expressed significant difficulty in meeting testing goals given current staffing levels and test turnaround times.

- Our recommendation: Consider complementing testing of residents and staff with sewage testing to more quickly and efficiently identify the presence of the virus at the start of a future outbreak. This has been undertaken successfully at CMF and at San Quentin, both of which may serve as a model for the Department. In outbreak settings, a surge staffing program may be needed, particularly around large-scale rapid antigen testing, which can prove vital in managing an outbreak but requires increased staffing at the level of the institution.

10. Like at other CDCR facilities, the movement of correctional staff between housing units and the potential impact on the spread of the virus was cited as a concern at CTF.

- Our recommendation: If sewage testing or screening identify a reintroduction of infection into the prison, implement an emergency measure in cooperation with staff to

immediately limit the movement of staff between housing units. To the extent that such movement is unavoidable, work with staff to restrict movement most for those working in a housing unit(s) with active infection, ensure daily rapid testing of any staff crossing over, and try to limit unvaccinated staff from working between multiple housing units.

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CalPROTECT (California Prison Roadmap for Targeting Efforts to Address the Ecosystem of COVID Transmission) is an initiative of AMEND at UCSF that brings together a multidisciplinary team of academics and health professionals at the [University of California, San Francisco](#) and the [University of California, Berkeley](#) with expertise in clinical medicine, public health, epidemiology, health economics, infectious disease, health systems, geriatrics, and palliative care. Our work aims to document and assess capacity in California state prisons to respond to COVID-19 and provide recommendations that prioritize the dignity, health, and wellbeing of currently incarcerated people, staff, and surrounding communities.

The University of California, Berkeley School of Public Health is working on the leading edge of research, educating the public, and mobilizing to serve California's most vulnerable populations during the COVID-19 pandemic.

For more information:

<https://amend.us/calprotect/>