U.S. Department of Justice
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EFFECTS OF COVID-19 ON PRISON OPERATIONS

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Disclaimer

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EXECUTIVE SUMMARY

The coronavirus disease 2019 (COVID-19) pandemic continues to pose a substantial problem for our country's correctional agencies. Since the onset of COVID-19, practical information about effective responses for correctional agencies has been lacking. Correctional leadership has been forced to innovate to keep their staffs and populations safe and ensure continuity of operations. Along with the need to make modifications, many state departments of corrections have faced drastically reduced budgets. After two years of these challenges, correctional leaders and staff as well as incarcerated populations have been severely affected. In addition to their normal responsibilities, staff have had to take on additional duties and adjust to major changes in their work environment.

The National Institute of Corrections (NIC) recognizes the importance of understanding how correctional systems across the country continue to modify their operations. Studying the outcomes of these modifications is essential to assist the broader correctional system in reaching a new normal. CNA, the Correctional Leaders Association (CLA), and the National Sheriffs' Association (NSA) worked with NIC to gather and synthesize fact-based, practical information regarding these modifications. CNA, CLA, and NSA, in conjunction with NIC, recruited individuals from jails and prisons from all 50 states to participate in a survey and focus groups to assess the effect of the COVID-19 pandemic on their operations.

This report focuses on the effect of COVID-19 in state correctional systems, referred to as correctional facilities moving forward, by providing information on the modifications correctional facilities made in response to COVID-19, a summary of effects on operations, a discussion of themes that emerged during the focus groups, and highlights of the innovative responses that correctional facilities have taken. The following are our key findings.

SUMMARY OF KEY QUANTITATIVE FINDINGS

Through a national survey, we gathered quantitative data about how respondents felt COVID-19 had affected their operations. Below is a summary of the key findings.

- Overall custodial population counts in state correctional agencies declined by 17 percent from January 1, 2020, to January 1, 2021.
- About 4,600 fewer security personnel worked in state correctional agencies in 2021 than in 2020, an average decline of 2 percent; about 2,100 fewer non-security personnel worked in state correctional agencies in 2021 than in 2020, an average decline of 1 percent.

- Ninety-six percent of survey respondents reported screening incarcerated people for COVID-19 symptoms at intake and at release, with testing being more common among the incarcerated population than among correctional staff.
- All 28 agencies in the study used quarantining.
- Ninety-three percent of agencies reported masks were required among staff at all times, while 61 percent reported masks were required among incarcerated residents at all times.
- One hundred percent of survey respondents reported offering vaccinations to incarcerated people, and 96 percent reported offering vaccinations to correctional employees; as of June 2021, survey respondents reported mean vaccination rates of 44 percent among incarcerated residents and 51 percent among employees.
- Twenty-six percent of agencies reported offering incentives for vaccination completion, with the bulk of incentive efforts targeted at incarcerated residents (e.g., commissary deposits, additional phone calls/tablet credits, co-payment coupons, events, care packages).
- All survey respondents (100 percent) reported providing face masks for incarcerated people as well as for employees.
- Ninety-three percent of survey respondents indicated that they ceased or reduced intra-state transfers, and 89 percent indicated that they ceased or reduced inter-state transfers.
- The National Incident Management System (NIMS) was implemented in sixty-seven percent of agencies; however, 93 percent of agencies had to develop new policy for using NIMS. Most agencies (63 percent) relied on a combination of new and existing policy.
- The biggest challenge related to staffing and rule enforcement was hiring new employees, which 50 percent of agencies viewed as a "major problem" and 21 percent of agencies viewed as a "moderate problem."
- Work details inside and outside of facilities were either completely or partially suspended due to the pandemic. Offsite work details were the most likely to be completely suspended (64 percent), while work details within facilities were the least likely to be completely suspended (4 percent).
- Programming declined in 86 percent of state departments of corrections (DOCs), a likely consequence of the pandemic, while most agencies indicated that TV time, reading materials, commissary, and tablet time remained unchanged.
- Sixty-seven percent of the agencies indicated that they reviewed their classification and custody levels of incarcerated people. Of those, 81 percent indicated that their review resulted in the release of people from custody, and 13 percent indicated that their review resulted in incarcerated people being placed into less restrictive housing.
- Based on reports from 27 correctional agencies, over 200,000 incarcerated people and 63,000 employees were infected with the disease as of the date they completed the survey. There were also 1,245 reported deaths of incarcerated people and 118 reported deaths of employees due to COVID-19.

SUMMARY OF KEY QUALITATIVE FINDINGS

Through structured focus groups, we gathered qualitative data about how respondents felt COVID-19 had affected their operations. Four themes emerged from the conversations with focus group respondents: (1) staffing shortages, (2) community trust, (3) implementing public health guidelines, and (4) disruptions to programming and services.

Staffing shortages

The most apparent hardship that emerged in discussion was staffing shortages. Many participants reported operating at significantly reduced staffing capacities, which complicated their pandemic response efforts. Some drivers of staffing shortages included hiring freezes and interruptions in trainings and other hiring initiatives. Other drivers of staffing shortages included staff call-offs, staff quarantines, spikes in retirements, staff burnout, declines in mental health and morale among staff, and a lack of access to vaccination. Correctional agencies were also unable to offer competitive salaries, particularly among nursing staff, given budget constraints and pandemic-related demands for health care providers and services nationally.

KEY TAKEAWAY

Respondents noted that correctional agencies need expanded capacity, staffing, supplies, and resources to operate effectively both during public health emergencies and under nonemergency conditions.

Community trust

Institutions experienced greater public attention and criticism regarding how they were handling the pandemic. The distrust was partly driven by general public distrust towards the criminal justice system, but respondents discussed how the constantly changing circumstances of the pandemic worsened this distrust. Compounding the issue, incarcerated residents have limited abilities to access real-time information from outside prison walls, resulting in the spread of misinformation regarding disease risk and mitigation among this population. Some respondents felt it demoralizing, frustrating, and exhausting that the public—particularly advocacy groups and the media—was unfair in summaries of the circumstances. Depictions of correctional workers were negative despite massive efforts, including overseeing the mass production of personal protective equipment (PPE) (e.g., masks, sanitizer, gowns) within correctional facilities to respond to the pandemic.

KEY TAKEAWAY

Respondents agreed that developing policy to address vaccine hesitancy was especially important during the pandemic. For example, policy was needed to address hesitancy among incarcerated residents to receive vaccines and follow other COVID-19 protocols that further reduced their already limited freedoms and privileges. One effective strategy was establishing peer ambassadors and monitors to help with policy-related buy-in and information sharing.

Implementing public health guidelines

Implementing public health guidelines in correctional facilities was challenging because of barriers that minimized progress, despite correctional staff taking on substantial workloads to implement these guidelines. For example, architectural limitations made quarantining and social distancing difficult. Other hardships included low mask compliance among staff and incarcerated residents, low vaccination rates among staff and incarcerated residents, and the increased costs of various pandemic procedures (e.g., preparing individual sack lunches for each incarcerated person, incurring fees to extend the custody of individuals who could not be transferred). Respondents shared that implementing new—and often changing—COVID-19 policies also required fundamental cultural shifts within corrections, especially policies related to hand sanitizer and PPE.

KEY TAKEAWAY

Respondents considered the success of operations during the pandemic to be linked to effective collaboration among personnel, institutions, agencies, and community partners. Moving forward, respondents believe that such collaboration must be nurtured and expanded. To do so, agencies should be committed to expanding information-sharing capabilities and fostering a culture of interdisciplinary collaboration and networking.

Disruptions to programming and services

Programming and services disrupted during the pandemic included educational and vocational programming, mental health and substance use disorder treatment, family visitation, and attorney visits. The pandemic also slowed multiple aspects of operations, including intakes, programming, and the implementation of new initiatives.

KEY TAKEAWAY

Respondents offered examples of using technology to adapt to the pandemic, such as implementing video visits with families and attorneys, expanding the use of tablets for recreation and programming, holding court hearings remotely, and offering virtual academy trainings. Respondents agreed that efforts to expand technology use should continue given their demonstrated value during the pandemic. Even though circumstances were stressful, respondents generally perceived the pandemic as an opportunity for necessary expansion and growth.

The findings documented in this report capture the effects of COVID-19 on correctional operations and provides information on innovative approaches to meeting these challenges. These findings can be used to help correctional leaders improve operational readiness and response to future infectious disease outbreaks and public health-related emergencies.

INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic continues to pose a substantial problem for our country's correctional agencies. Correctional leadership has been forced to innovate to keep their staff and populations safe and ensure continuity of operations. Along with the need to make modifications, many correctional agencies have faced drastically reduced budgets. After two years of these challenges, corrections administrators and staff as well as incarcerated populations have been severely affected. In addition to their normal responsibilities, staff have had to take on additional duties and adjust to major changes in their work environment.

Since the onset of the pandemic, practical information about effective responses of correctional facilities to COVID-19 has been lacking. Understanding the nature and prevalence of the changes agencies made in response to the pandemic is important to determine which innovations were the most valuable in supporting the health and well-being of people who live in these facilities and work in these correctional operations.

The National Institute of Corrections (NIC) recognizes the importance of understanding how correctional systems across the country are continuing to modify their operations. Studying the outcomes of these modifications is essential to assist the broader correctional system in reaching a new normal. CNA, the Correctional Leaders Association (CLA), and the National Sheriffs' Association (NSA) worked with NIC to gather and synthesize fact-based, practical information regarding these modifications. CNA, CLA, and NSA, in conjunction with NIC, recruited individuals from jails and prisons from all 50 states to participate in a survey and focus groups to assess the effect of the COVID-19 pandemic on their operations.

APPROACH

NIC is working to improve the delivery of correctional services and to facilitate the sharing of potential solutions to the safety concerns of incarcerated individuals and correctional staff. To support these goals, CNA implemented a mixed-methods approach, focusing on two activities: we developed a survey questionnaire for state departments of corrections nationwide, and we held focus groups to facilitate in-depth discussions about events and experiences. Below we describe our quantitative and qualitative methods.

QUANTITATIVE (SURVEY)

We worked with NIC, CLA and NSA to develop a survey instrument to capture leading issues that correctional agencies faced during the pandemic. To create this survey, we drew on guidance in the Centers for Disease Control and Prevention's (CDC) "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities." As of February 2022, the CDC has issued 12 updates

to their guidance over the course of the pandemic, but this survey relied primarily on the guidance issued on October 21, 2020. The CDC's guidance is organized around three themes: operational preparedness, prevention of transmission, and clinical management.

Our survey incorporated the CDC's themes as well as guidance from NIC, NSA, and CLA. The survey instrument ultimately contained 104 items within 13 core domains: (1) administrative, (2) screening, (3) testing, (4) COVID-19 positive cases, (5) vaccination, (6) quarantining, (7) transfers and transportation, (8) staffing, (9) discipline, (10) medical, (11) programming and services, (12) communication, and (13) hygiene/cleaning. The survey instrument was composed primarily of discrete questions but also included open-ended questions.

FOCUS GROUPS

Focus groups complement surveys by fostering meaningful dialogue within a group setting and capturing a range of participant responses.[1] To that end, we held five focus groups with representatives from state correctional agencies. In collaboration with NIC and CLA, we developed an interview guide to facilitate discussion across the focus groups. This interview guide consisted of 11 open-ended questions that targeted how agencies adapted to achieve continuity of operations during the first year of the COVID-19 pandemic (see appendix B). In addition to the interview guide questions, the focus group moderator incorporated follow-up prompts and clarifying (non-scripted) questions throughout to help facilitate a natural flow of discussion.

ORGANIZATION OF THIS REPORT

This report contains two primary sections. The first section provides the quantitative results of our nationwide survey of jail facilities. Specifically, we organize these findings around the following topics:

- Custodial population changes
- Personnel changes
- Preventive measures: screening, testing, and masking
- Preventive measures: vaccination, prioritization, and incentives
- Preventive measures: supplies and food
- Changes in court appearances, transfers, transportation, training, and policy
- Challenges in staffing management
- Changes to programs, privileges, and visitation
- Review of classification and custody levels
- COVID-19 infections and deaths

[1] Liamputtong, P. (2011) Focus Group Methodology: Principle and Practice. Sage Publications.

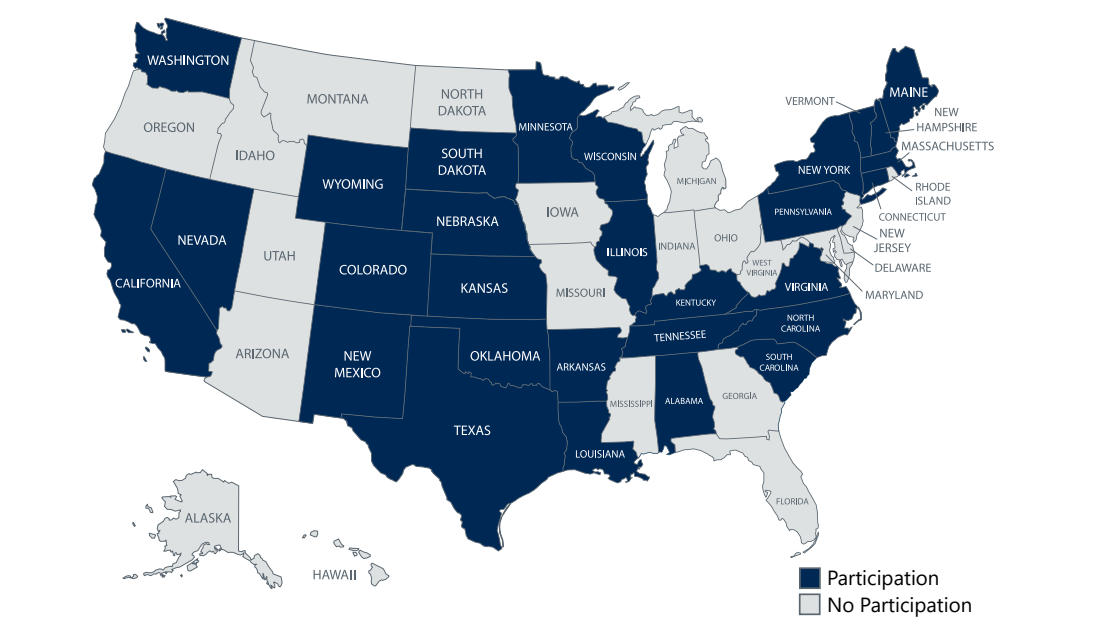
The second part of the report contains the qualitative findings, organized by the major themes that emerged from the participant focus groups: staffing shortages, community trust, implementing public health guidelines, and disruptions to programming and services. This section also provides lessons learned for correctional leaders to consider in their continued and future pandemic response. Where appropriate, we provide figures to graphically display findings and links to the full data tables provided in appendix B of this report.

PART I – QUANTITATIVE FINDINGS

We administered the survey instrument to county and state correctional agencies between April and May 2021. We sent invitations to participate in the study to individuals listed in the contact databases maintained by NIC, NSA, and CLA. These individuals represented prison systems in all 50 states. We sent these individuals an initial email inviting them to participate in the study, as well as a follow-up email two weeks later encouraging participation. We also made targeted contacts with nonrespondents until the survey was closed in May. Individuals who agreed to participate on behalf of their agencies provided their consent.

Individuals from 31 state correctional agencies participated in this study. The on-hand custodial population of these agencies is 705,000, which is about 56 percent of the 2019 year-end estimates reported by the Bureau of Justice Statistics. Figure 1 offers a geographical breakdown of the states from which correctional agencies participated in the study. Participants represented all regions of the country, along with larger (e.g.,

FIGURE 1. STATE CORRECTIONAL AGENCIES REPRESENTED



California, Texas) and smaller (e.g., Tennessee, Vermont) prison systems. The results are not generalizable to all prison systems across the United States because this non-probability sample of participants was derived from agencies in contact with NIC and CLA. Response and participation rates were likely reduced by employee turnover and leave, participation ability and interest, and other factors outside the control of researchers. The duration of the survey could also have lowered the participation rate, since this survey was longer than those typically fielded by the CLA. Although we cannot make representative inferences based on our sampling approach, we can still derive valuable information from the agencies that elected to participate in the survey, especially when we consider the qualitative data from the focus groups.

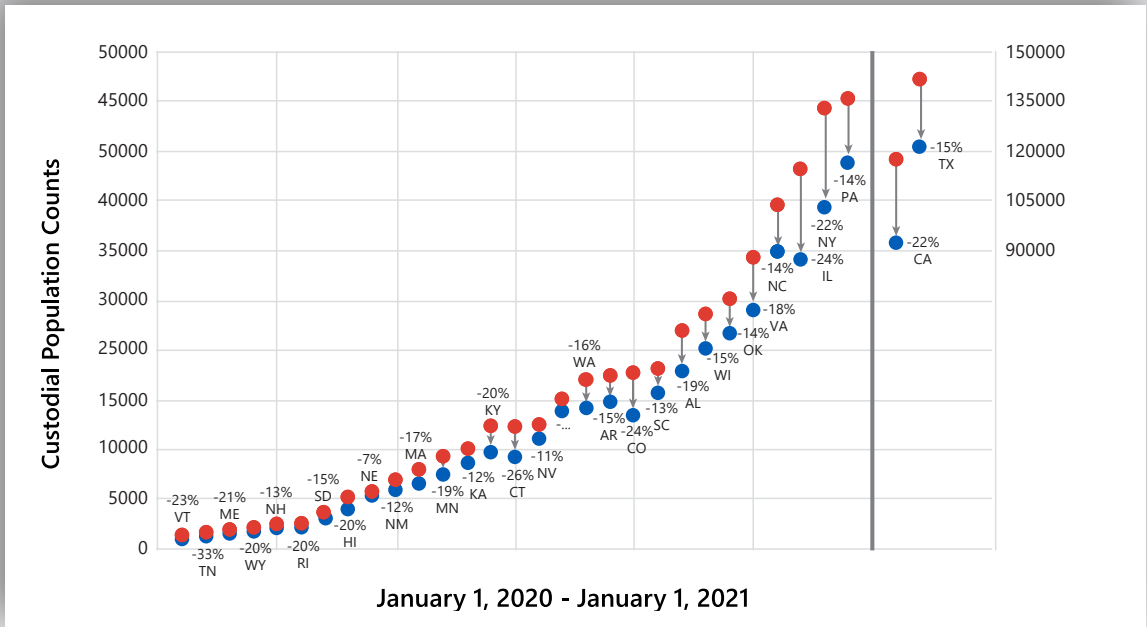
The individuals who contributed to completing the survey were most commonly from an agency's research office. Individuals from upper-level administration and the medical staff also commonly contributed to the survey. Over 100 individuals offered input to the survey, with the average agency involving three offices or units in its responses. This was expected given the breadth and depth of the domains included within the survey instrument. *Table 1* in appendix A details the positions of the individuals who completed or were consulted to complete the survey.

CUSTODIAL POPULATION CHANGES

Overall custodial population counts across state correctional agencies declined by a total of 122,563 persons from January 1, 2020, to January 1, 2021, which is a 17 percent reduction. Every correctional agency participating in the study reported a reduction in their custodial population count. Figure 2 shows the changes in the custodial population from January 1, 2020, to January 1, 2021.

The average reduction was 17.5 percent, but there was a fair amount of variation, with Nebraska reporting the smallest (-6.5 percent) and Tennessee the largest (-32.7 percent) year-over-year change. *Table 2* in appendix A contains complete information about the yearly changes that occurred in population counts.

FIGURE 2: CHANGES IN CUSTODIAL POPULATION



Note: Red dots refer to custodial population counts on January 1, 2020, and blue dots refer to custodial population counts on January 1, 2021.

PERSONNEL CHANGES

The number of personnel in correctional agencies declined during the pandemic. Security personnel declined an average of 2 percent, with reductions of up to 15.2 percent (Hawaii). A minority of state departments of corrections (DOCs) reported growth in security personnel (i.e., Alabama, New Mexico, Rhode Island, South Dakota, and Wyoming) or no changes in security staffing estimates (i.e., Maine, Kansas, and Pennsylvania). Overall, about 4,600 fewer security personnel were working in state correctional agencies in 2021 than in 2020. *Table 3* in appendix A provides a state-by-state breakdown in personnel changes disaggregated by security and non-security personnel.

Non-security personnel declined an average of 1 percent, with reductions of up to 18.7 percent (Wyoming). A minority of state correctional agencies reported growth in non-security personnel (i.e., Kentucky, Nebraska, New Hampshire, South Carolina, South Dakota, Massachusetts, Virginia, and Washington) or no changes in non-security staffing estimates (i.e., Maine, and Kansas). Overall, just over 2,100 fewer non-security personnel were working in state correctional agencies in 2021 than in 2020.

PREVENTIVE MEASURES: SCREENING, TESTING, AND MASKS

Screening, testing, quarantining, and masking practices were common across participating agencies. All participants with valid responses reported screening employees for COVID-19 symptoms at entry to the facility. Ninety-six percent of survey respondents reported screening incarcerated people for COVID-19 symptoms at intake and at release. *Table 4* in appendix A details preventive measures taken to stop the spread of COVID-19.

All participating agencies also reported implementing testing efforts. Testing was more common among the incarcerated population than among correctional staff. Incarcerated people were tested after contact with confirmed cases (96 percent), when they were symptomatic for COVID-19 (96 percent), or when they voluntarily requested a test (96 percent). Incarcerated people were less often tested upon release (79 percent). Although 93 percent of agencies confirmed testing their employees, the agencies most often tested their staff when they made voluntary requests (96 percent). Fifty-two percent of agencies reported testing staff who were symptomatic for COVID-19, and 41 percent of agencies reported testing employees who had contact with suspected cases.

All 28 agencies in the study used quarantining. Nearly all agencies reported quarantining incarcerated people upon admission to the facility and upon contact with suspected or confirmed cases. All agencies quarantined individuals who were suspected or confirmed as having COVID-19. Nearly all agencies used contact tracing to identify the sources of infection. Most agencies had to make bed space to accommodate quarantine demands.

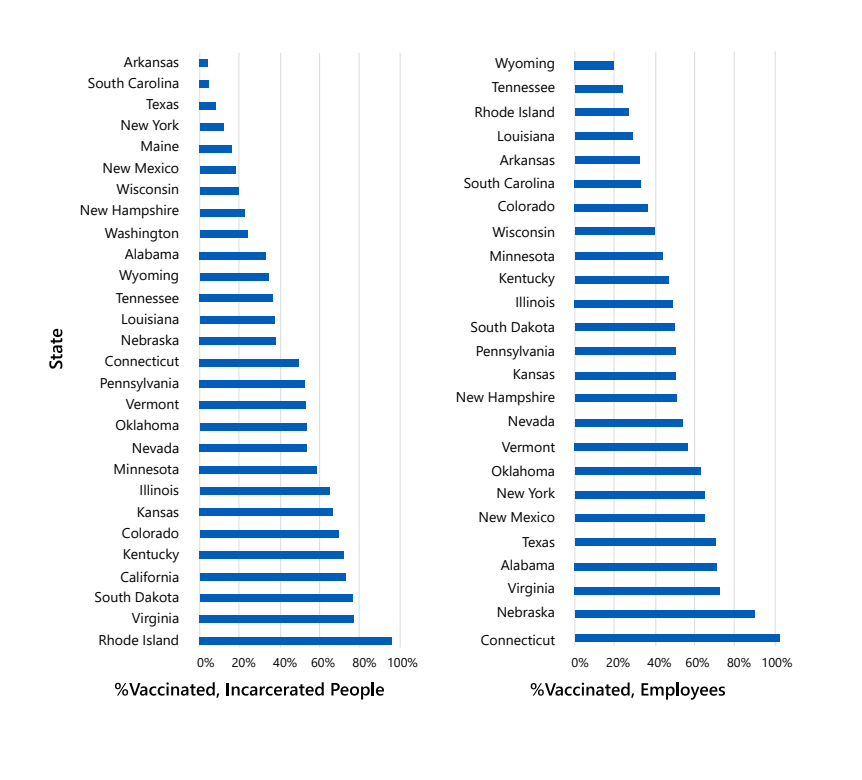
With regard to masks, 93 percent of agencies reported masks were required among staff at all times, while 61 percent reported masks were required among incarcerated residents at all times. In contrast, 39 percent required incarcerated people to wear masks only in common areas. Both incarcerated people and employees could be subject to discipline for not following COVID-19 protocols.

PREVENTIVE MEASURES: VACCINATION, PRIORITIZATION, AND INCENTIVES

One hundred percent of survey respondents reported offering vaccinations to incarcerated people, and 96 percent reported offering vaccinations to correctional employees. Most agencies are tracking refusals among incarcerated people (85 percent), but less than half are tracking refusals among employees (48 percent). Twenty-six percent reported offering incentives for vaccination completion, with the bulk of incentive efforts targeted at incarcerated residents (e.g., commissary deposits, additional phone calls/ tablet credits, co-payment coupons, events, and care packages). *Table 5* in appendix A contains detailed information about vaccination provision, prioritization, and incentives.

As of June 2021, survey respondents reported mean vaccination rates of 44 percent among incarcerated residents and 51 percent among employees. However, these estimates could be inflated since the denominator is January 1, 2021, population counts, and the custodial and personnel counts may have continued to decline. The vaccination rates of incarcerated people and employees across states varied considerably, which is reflected in figure 3.

FIGURE 3: PERCENTAGE OF INCARCERATED PEOPLE AND EMPLOYEES VACCINATED



PREVENTIVE MEASURES: SUPPLIES AND FOOD

All survey respondents (100 percent) reported providing face masks for incarcerated people as well as for employees. Cloth masks were the most common for incarcerated people (93 percent) while KN95 masks were the most common for employees (100 percent). In fact, correctional agencies were much more likely to make KN95 masks available to employees than to incarcerated people (54 percent). Most survey participants indicated receiving enough supplies in all categories (e.g., disposable gloves, respirators, surgical/cloth masks, disposable gowns, equipment to collect and test SARS COV-2 specimens, hand sanitizer, standard medical supplies, and cleaners/disinfectants).

Eighty-nine percent of participants reported that incarcerated residents were manufacturing personal protective equipment (PPE). Face masks were the most manufactured (96 percent), followed by gowns (64 percent), sanitizer/disinfectant (52 percent), face shields (44 percent), and soap (16 percent). Food preparation entailed more intensive cleaning protocols, and gloves and masks were mandated for preparers in most agencies, along with cohorting food preparers. The availability of food was mostly unchanged. Additional information about supplies and food can found in *Table 6* in appendix A.

CHANGES IN COURT APPEARANCES, TRANSFERS, TRANSPORTATION, TRAINING, AND POLICY

Most state correctional agencies reduced transfers of incarcerated people during the pandemic. Ninety-three percent of survey respondents indicated that they ceased or reduced intra-state transfers, and 89 percent indicated that they ceased or reduced inter-state transfers. Transportation practices changed within agencies, primarily in terms of cleaning vehicles (96 percent), limiting the number of people in vehicles (89 percent), and requiring mask use in vehicles (100 percent). Virtual court appearances majorly increased in over half of the agencies and moderately increased in 19 percent.

Employees were trained on the epidemiology of COVID-19 and preventive measures in all agencies. Communication from leadership about COVID-19 occurred pretty frequently with employees and incarcerated people. Agencies regularly reported to their state public health board (67 percent doing so daily). The National Incident Management System (NIMS) was implemented in 67 percent of agencies; however, 93 percent of agencies had to develop new policy for using NIMS, though most agencies (63 percent) relied on a combination of new and existing policy. *Table 7* in appendix A contains the complete results of these changes.

CHALLENGES IN STAFFING MANAGEMENT

According to survey respondents, the biggest challenge related to staffing and rule enforcement was hiring new employees, which 50 percent of agencies viewed as a "major problem" and 21 percent viewed as a "moderate problem." Other issues presented significant problems to agencies, such as employees calling in sick or taking leave (79 percent of agencies viewed this as a moderate/major problem), employees quarantining (75 percent of agencies viewed this as a moderate/major problem), and employees caring for sick family members (71 percent of agencies viewed this as a moderate/major problem). Most agencies reported that employees wearing masks, employees disobeying COVID-19 protocols, and incarcerated people disobeying COVID-19 protocols were minor problems. The remainder of these findings are reported in *Table 8* in appendix A.

CHANGES TO PROGRAMS, PRIVILEGES, AND VISITATION

Work details inside and outside of facilities were either completely or partially suspended due to the pandemic. Offsite work details were the most likely to be completely suspended (64 percent), while work details within facilities were the least likely to be completely suspended (4 percent). It was rare for any work detail to continue unchanged over the course of the pandemic.

Agencies sought to compensate for operational changes by increasing the communication, services, and privileges available to incarcerated people. The number of phone calls increased in 68 percent of prison systems while the cost of phone calls decreased in 67 percent of prison systems. Eighty-two percent of survey respondents indicated that video visitation increased, while nearly half (45 percent) reported that the cost of video visitation decreased.

Fewer beneficial changes were made to the services and privileges afforded to incarcerated people. Programming declined in 86 percent of state DOCs, a likely consequence of the pandemic, while most agencies indicated that TV time, reading materials, commissary, and tablet time remained unchanged.

Access to prisons changed over the course of the pandemic. At the beginning of 2020, a large majority of agencies allowed family/friends (82 percent), legal professionals (93 percent), and volunteer service providers (82 percent) in the facilities. That changed by April 2020, when just 4 percent of agencies still allowed family/friends and volunteers, and 43 percent allowed legal professionals. Eventually these restrictions lessened in 2021, as family/friends (43 percent), legal professionals (68 percent), and volunteers (32 percent) were more likely to be allowed into the facilities than in the previous year. *Table 9* in appendix A contains the complete results of these changes.

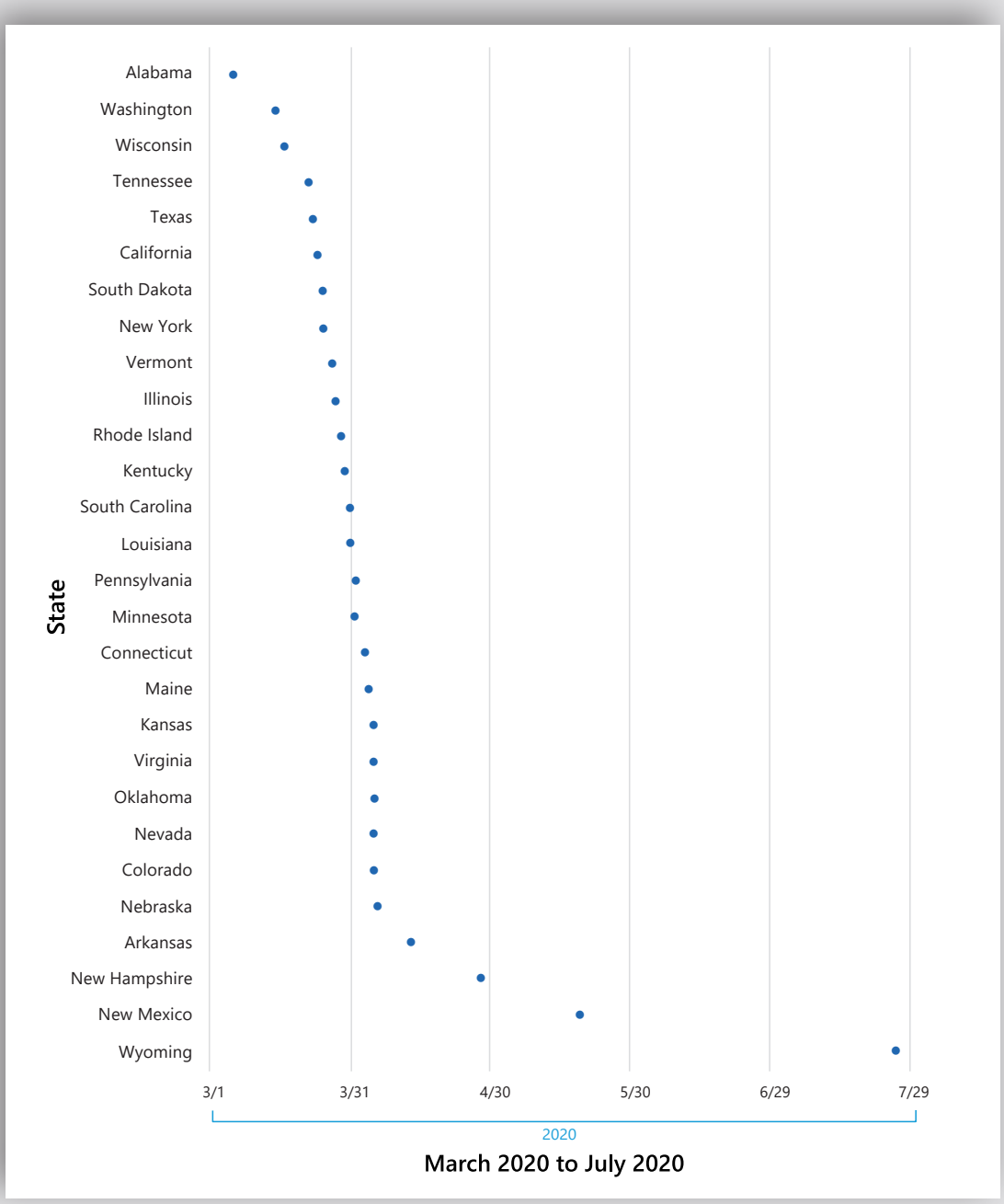
REVIEW OF CLASSIFICATION AND CUSTODY LEVELS

Sixty-seven percent of the agencies indicated that they undertook a review of their classification or custody levels of incarcerated people. Of those, 81 percent indicated that this resulted in the release of people from custody, and 13 percent indicated that this resulted in the placement of incarcerated people into less restrictive housing. *Table 10* in appendix A contains the complete results on these changes.

COVID-19 INFECTIONS AND DEATHS

Like the outbreak of COVID-19 in non-institutional settings, the pandemic took hold quickly in state DOCs, with 80 percent reporting their first case by March 2020. Figure 4 contains a timeline of the first report of COVID-19 infections in correctional agencies.

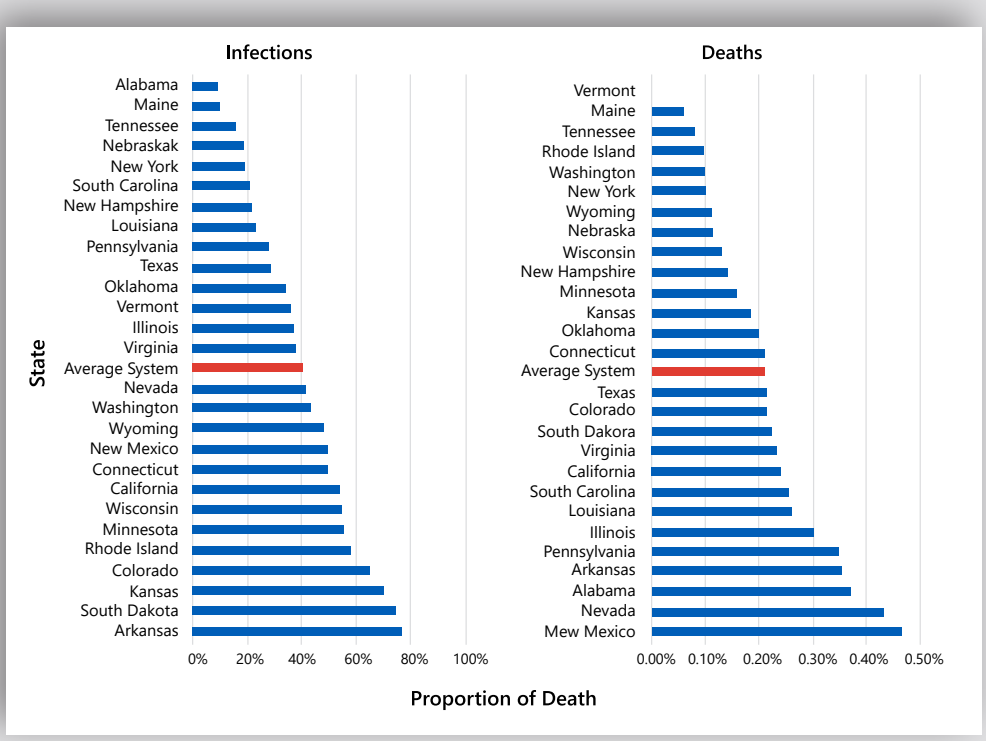
FIGURE 4: TIMELINE OF PRISON SYSTEMS' FIRST REPORT OF COVID-19 INFECTION



Based on reports from 27 correctional agencies, over 200,000 incarcerated people and 63,000 employees were infected with the disease as of the date they completed the survey. Around 38 percent of incarcerated people and 30 percent of employees were infected. These state DOCs reported 1,245 deaths of incarcerated people and 118 deaths of employees. The fatality rate (per 100,000 cases) was 6.14 for incarcerated people and 1.86 for employees. The numbers of both infections and deaths varied greatly across state DOCs. *Table 11* in appendix A reports the cumulative number of infections and deaths for incarcerated people and employees.

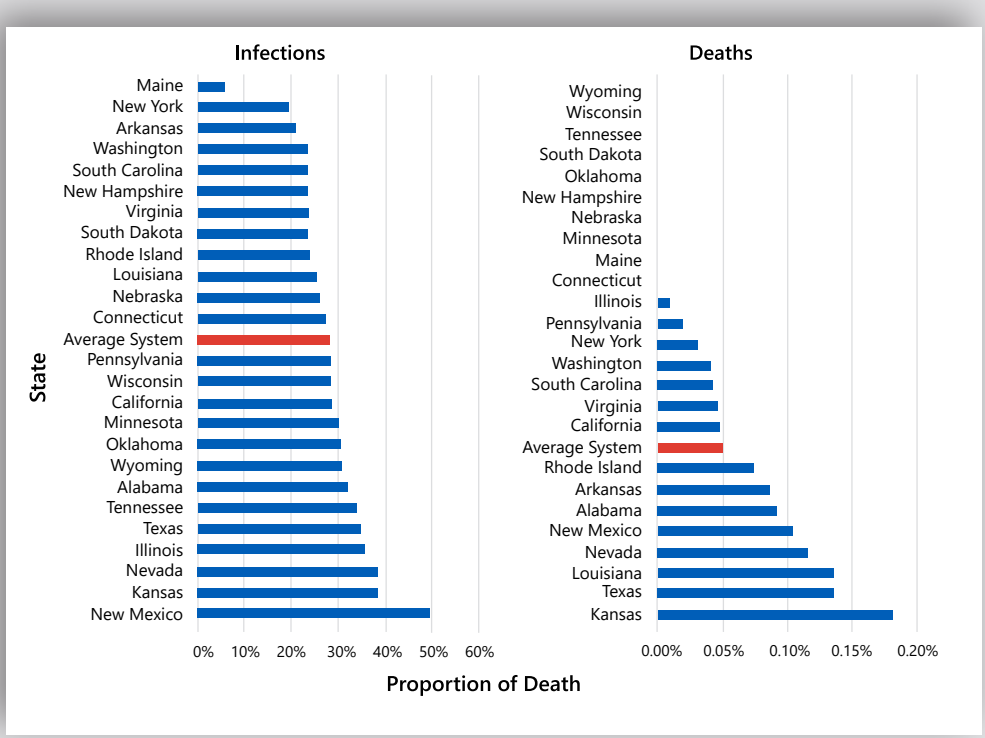
Regarding the proportion of infections and deaths for incarcerated people and employees, we found variation across all four focus areas. Only one correctional agency reported no deaths among incarcerated people (Vermont), while 10 agencies reported no deaths among employees. The variation in infections was tightly clustered among employees but more spread out among incarcerated people. Figures 5 and 6 contain the proportion of infections and deaths of incarcerated people and employees, respectively.

FIGURE 5: PROPORTION OF INFECTIONS AND DEATHS AMONG INCARCERATED PEOPLE



Note: January 1, 2021, population counts are used for the denominators.

FIGURE 6: PROPORTION OF EMPLOYEE INFECTIONS AND DEATHS AMONG EMPLOYEES



Note: January 1, 2021, population counts are used for the denominators.

PART II – QUALITATIVE RESULTS

Our goal was to organize focus groups by the following five staff types: (1) directors and deputy directors, (2) human resources and training, (3) custody and support staff, (4) medical and behavioral health, and (5) wardens and deputy wardens. We derived emails for individuals who represented these staff types from all 50 states from the CLA contact database. They received an initial email inviting them to participate in the appropriate focus group, along with follow-up emails over several weeks to encourage participation. If the number of willing participants exceeded our desired focus group size, we selected participants to diversify the sample by geographical region and sex. If the number of willing participants fell short of meeting our desired focus group size, we made targeted contacts with nonrespondents until enough participants registered for each focus group.

All focus groups took place over Zoom between July and September of 2021, with each focus group lasting an average of 70.2 minutes. The focus groups were audio-recorded and later transcribed verbatim. These methods resulted in approximately 216 double-spaced pages of data. This study was approved by the Institutional Review Board at CNA, and all participants provided informed consent.

The final sample included a total of 62 respondents, including 11 individuals in the directors and deputy directors group, 8 in the human resources and training group, 7 in the custody and support staff group, 16 in the medical and behavioral health group, and 20 in the wardens and deputy wardens group. A total of 22 state departments of corrections were represented in the focus groups (see figure 7). We secured participation from all regions of the country, including larger (e.g., California, and Texas) and smaller (e.g., Tennessee, and Vermont) prison systems.

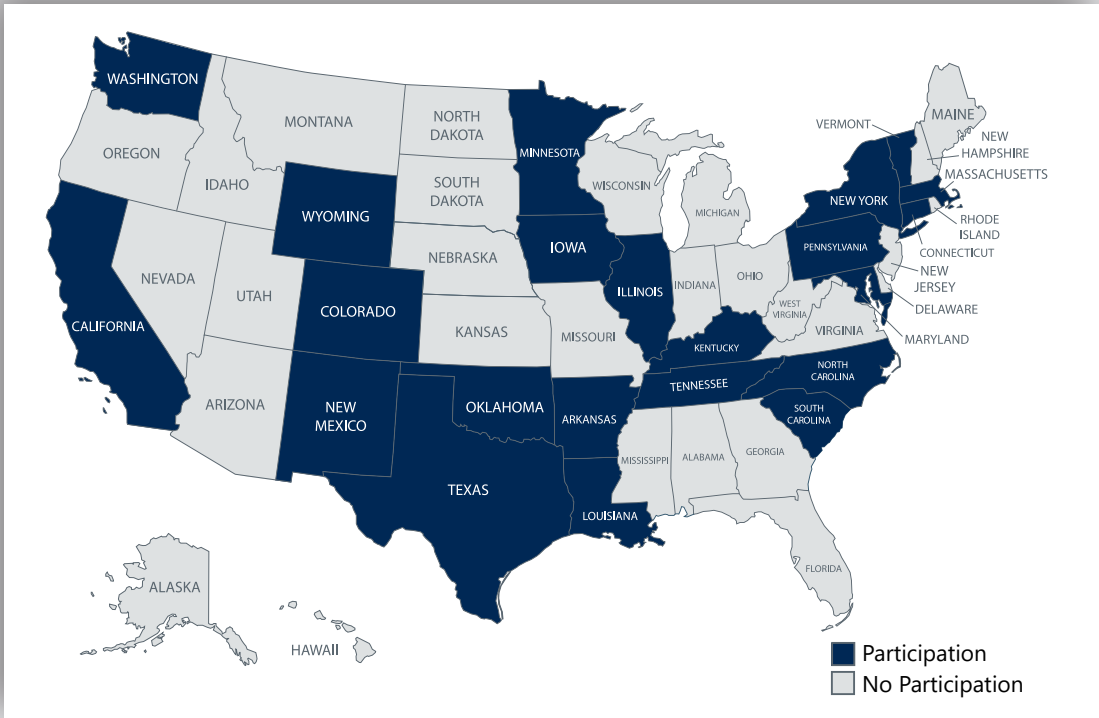
Following transcription, we deidentified and analyzed all data with NVivo v.12 (NVivo, 2018) using a general thematic analysis approach. We used open coding to initiate the inquiry and develop a list of exhaustive themes that emerged in the data.[2,3] We then followed a process of refined or secondary coding to expand the initial list of exhaustive themes into more meaningful categories and to eliminate any overlapping codes. Following the process of secondary coding, we reviewed the data again, and we selectively coded the most prominent themes.[4] We used a Microsoft Excel document to track patterns in the data during analysis.

[2] Strauss, A.L. (1987) Qualitative Analysis for Social Scientists. Cambridge University Press, New York.

[3] Glaser, B. G. & Strauss, A. L. (1967). The Discovery of Grounded Theory. Strategies for Qualitative Research. Chicago: Aldine.

[4] Lofland, John, David A. Snow, Leon Anderson, and Lyn H. Lofland. 2006. Analyzing social settings: a guide to qualitative observation and analysis.

FIGURE 7. STATE DEPARTMENTS OF CORRECTIONS REPRESENTED



Overall, respondents agreed that the pandemic had drastically affected daily operations at their respective institutions. When asked to summarize these effects in just a few words, they chose words such as "profound," "daunting," "complicated," "extremely challenging," "distracting," and "circus-like." The unprecedented circumstances created by the pandemic as well as the frequently shifting pandemic-response guidelines contributed to these outcomes. One respondent compared their working conditions to "trying to fly a plane while also building it." Another respondent described conditions as "hypersensitive" and said that "if someone even cleared their throat, we were sending them to get tested just to make sure."

Four themes emerged from the conversations with focus group respondents: (1) staffing shortages, (2) distrust from community members and incarcerated residents, (3) implementing public health guidelines, and (4) disruptions of programming and services. We review each area in detail below and provide lessons learned identified by the focus group participants.

STAFFING SHORTAGES

The most apparent hardship that emerged in discussion was staffing shortages. Many participants reported operating at significantly reduced staffing capacities, which complicated pandemic response efforts. Some acknowledged that staffing shortages were already problematic before COVID-19 but were worsened by the pandemic. Some drivers of staffing shortages during the pandemic included hiring freezes and interruptions in trainings and other hiring initiatives. One respondent described the effect of their agency pausing their academy training.

> ***"We had to cease our academy training, so we missed out on multiple classes. All in all once we did we resume, we were half capacity. We were about 1,300 staff down as far as what we would have hired had it not been for COVID. So there were staffing challenges, we were already short staffed going into COVID and now, not being able to have academy classes for four months. Then once we did start, operating at half capacity. It's going to take us several years to come out of that."***

Other drivers of staffing shortages included staff call-offs, staff quarantines, spikes in retirements, staff burnout, declines in mental health and morale among staff, and a lack of access to vaccination. In addition, correctional agencies were unable to offer competitive salaries given budget constraints, particularly among nursing staff. One respondent also explained how staffing levels were affected by the way that correctional officers were prioritized for vaccine dispersal.

> ***"Our governor decided that our correctional officers weren't first responders. And so our correctional officers were set to get vaccinated according to their age bracket. And so when you have these folks that are literally not going home because they don't want to get their families sick, and on top of that, you then tell them you don't value them, you can imagine what that does to morale."***

In addition to a lack of support from their government leaders, respondents perceived the general lack of community support for correctional staff during the pandemic as another source of staffing shortages.

> ***"One of the biggest issues was the lack of empathy for staff that we have, that work in our agency every day. Whereas everybody else in the community was shown as being heroes, with our staff, they were talking about them being the source [of infection]. Our employees were first-line workers, they went into COVID-positive environments daily and weren't recognized for that. So that was a real struggle."***

Respondents explained that the trauma of working through the pandemic has been multifaceted: Staff have had to perform risky work, witness the deaths of colleagues and incarcerated residents, and take on new job responsibilities. They received very little recognition in the process. One respondent also mentioned the effect the pandemic had on medical staff in the correctional agencies.

"We're seeing the fallout…we've lost a significant number of our nurses in the last couple of months. And every single one of them has listed the stress of COVID as being part of the reason that they're looking for alternative work."

KEY TAKEAWAY

One respondent shared steps taken to create information-sharing opportunities with incarcerated residents and correctional staff to address the uncertainty of the pandemic.

"One of the biggest challenges was the lack of communication—due to roll call being stopped—to our frontline staff and the ability for them to ask questions. This was also an issue with the inmate population. In an order to rectify this, we installed monitors in the officer's breakroom just for staff awareness and notifications related to the pandemic. We also conducted numerous tours and held community forums in an attempt to relay the necessary information and to be there for staff."

Another important lesson learned by respondents was that capacity, staffing, supplies, and resources need to be expanded. In particular, one respondent highlighted the importance of prioritizing recruitment and retention efforts for the medical field in corrections.

"It's always been hard to hire nurses, there's a national shortage and particularly in the field of corrections. So I think to ensure that we all have adequate medical staff and have the ability to recruit and retain, whether it's a push from the federal government or preferably at the federal level, to recognize corrections as an area of critical staffing when it comes to medical titles and nursing, and to run incentives, whether it's tuition forgiveness or loan forgiveness, things such as that. Because we can't move as nimbly as the community and the private sector, which giving signing bonuses and to steal nurses in that regard. You get involved in public safety because you have a commitment to public safety or public service, you're not in it for the money. But to give us a leg up in attracting those individuals as we go forward in everyday operation, but particularly when we have a health emergency, I think it's an area that gets overlooked."

Another respondent explained how they partnered with their state department of health to supplement the nurse shortage in their agency.

"One of the things we learned is that teamwork was very important. As we worked with our partners from the [state] department of health, we brought them into the fold very early on, and they visited with us on a weekly basis with our epidemiologists. They looked at every quarantine situation, they staffed critical staff with our nurses, every incident that we had of COVID early on and throughout the pandemic…[they] worked really well with us in terms of sending nurses to assist us, they worked with us on vaccination clinics down the road. We found that working with those partners really made a big difference for us."

Another respondent mentioned that their agency acquired lab equipment to shorten the wait time for COVID-19 test results, allowing their staff to get back to work more quickly.

> ***"One of the lessons I would say that we learned was we were very dependent on [a vendor], and a lot of times we were waiting for our [COVID] test results, so we ended up getting our own testing equipment to be able to perform our own labs, so that we could get those results back faster and get people where they needed to be. With that timeframe, [COVID] was just spreading, and so that was one of the things that we adjusted, that we will keep. It worked out very well, so that's one of the things we'll keep."***

Respondents emphasized that staffing initiatives were incredibly important because many agencies were understaffed with high turnover rates.

COMMUNITY TRUST

Correctional facilities experienced greater public attention and criticism regarding how they were handling the pandemic. The distrust was partly driven by general public distrust towards the criminal justice system, but respondents discussed how the constantly changing circumstances of the pandemic worsened this distrust. Compounding the issue, incarcerated residents have limited abilities to access real-time information from outside prison walls. This matters because limited abilities to research CDC guidelines and access other resources about COVID-19 could increase anxieties about the pandemic among incarcerated residents. This is especially the case in prisons where trust in security and medical staff may already be low among patients relative to community settings. Specific to the community, many people were worried about their incarcerated loved ones during the pandemic. Thus, demand for regular and transparent updates about prison conditions were desired. One respondent explained how the demands for information from the public put a strain on staff as they were navigating a new state of affairs.

> ***"I think for the agency a big challenge was just the external interest in what was happening. So many community organizations and outside people really wanting to know. For me, it was about data…but it was really about people wanting to understand what was happening and they wanted [information] quick and fast. And we had no standards for what we were capturing…our staff did a really tremendous job in building a database so we could start capturing who was tested, when they were tested, was it a retest, was it a first positive, a second positive, when were they vaccinated, what kind of vaccination they [had]. And so those kinds of systems did not exist, yet that was the information people wanted. They wanted to know what was happening, they wanted to know how many people were sick, they wanted to know how many people were hospitalized. And so there was that added additional external pressure that we don't see on a normal basis to really put a microscope on our operations at the same time we were trying to figure it out. For us, [that] was a huge challenge."***

Some respondents felt that despite their best efforts, the public—particularly advocacy groups and the media—were unfair in their summaries of the circumstances, which was demoralizing, frustrating, and exhausting. One respondent felt that sharing information with the public was detrimental to the agency.

> ***"It's a time in corrections probably where we were more transparent than ever before, and we got beat over the head with it in every state. As we provided information on what was going on in our institutions, the media just took it and ran with it, and it made it easy for them to write negative stories…much more negative than usual, and you couldn't get a break."***

Respondents pointed out that depictions of correctional workers were negative despite massive efforts within correctional facilities to respond to the pandemic, including overseeing the mass production of PPE (e.g., masks, and gowns).

KEY TAKEAWAY

Respondents agreed that developing policy in this area was especially important during the pandemic. For example, policy was needed to address hesitancy among incarcerated residents to receive vaccines and follow other COVID-19 protocols that further reduced their already limited freedoms and privileges. One effective strategy was establishing peer ambassadors and monitors to help with policy-related buy-in and information sharing.

"That worked really well here, really well. Even amongst the mentally ill population, we had ambassadors who were designated as seriously mentally ill and went in and had conversations with others. And, I think that's one of the reasons our compliance rate for our individuals in custody is so high. We also got our monitors from all our various lawsuits to do video [public service announcements]. Because a lot of times we find that, you know, individuals in custody kind of identified more and had more trust with the monitors because they're here to watch us, right? And so we ran those PSAs constantly on loop, in all of our institutions, and that also helped."

Implementing public health guidelines

Implementing public health guidelines in correctional facilities was challenging because of a variety of barriers, which minimized progress despite correctional staff taking on substantial workloads to implement these guidelines. One example was the difficulty of effectively isolating people given population sizes, halts on transfers, and information delays.

> ***"Our dormitories were going at an amazing rate of COVID positives once they started, so we were trying to isolate those folks and get people transferred out of our facilities to other facilities, but transfers were put on hold because of the pandemic…so we had to try to manage it [on] our own. Things like that were definitely difficult, especially in the beginning when there was not a lot of information or not a lot of testing available."***

Others emphasized architectural limitations as barriers to implementing quarantining and social distancing.

> *"We were very limited on space, and we had a lot of older dorm style settings. We just didn't have the room to be able to social distance and isolate."*

Other hardships included low mask compliance among staff and incarcerated residents, low vaccination rates among staff and incarcerated residents, and the increased costs of various pandemic procedures (e.g., preparing individual sack lunches for each incarcerated person, and incurring fees to extend the custody of individuals who could not be transferred).

KEY TAKEAWAY

Respondents shared that implementing new—and often changing—COVID-19 policies also required fundamental cultural shifts within corrections, especially related to hand sanitizer and PPE. For example, one respondent explained the culture change of providing masks and hand sanitizer to incarcerated residents within their facility.

> *"We pushed the masks real hard for staff and [the] inmate population. It was difficult at first because in the prison system, we don't like the inmates to have masks. So it was a culture change for all of us. And now everybody's got to wear a mask, and that didn't come out right away…everything came out piecemeal."*

Respondents considered the success of operations during the pandemic to be linked to effective collaboration among personnel, institutions, agencies, and community partners. One respondent described the importance of interdisciplinary collaboration to their agency's success.

> *"It was vastly important…that all of the different disciplines, whether it's in the county or state system, really had to come together, communicate effectively, and work closely with one another. The pandemic really showed the importance of that."*

Notably, these collaborative efforts included scientists and public health experts. One respondent described how this looked in practice.

> *"Our meetings were not just with correctional practitioners. For us, we had the [state] department of health epidemiologists on every call…we had that connection to public health, connection to the broader focus of state government. This was really, really important because continuity of message and making sure that the message got out as quickly as we could get it out, before it turned to rumor, was extremely, extremely important."*

Moving forward, respondents believe that such collaboration must be nurtured and expanded. To do so, agencies should be committed to fostering a culture of interdisciplinary collaboration, and networking, and expanding information-sharing capabilities.

Respondents also believed that initiatives to enhance the availability of PPE supplies and to improve the structure of physical buildings, such as the installation and repair of HVAC systems, would be helpful. One respondent also felt that addressing housing would be important moving forward, given that crammed dormitory-style housing units were difficult to manage during the pandemic and that community release mechanisms were difficult to navigate.

> ***"Lord forbid this [pandemic] happen again down the road. I think one thing that would be valuable would be to have a general protocol in place or a basic system in place for the housing of positive cases. And what we ran into was for two to three months, we basically had all these inmates and nothing to do with them. We couldn't release them back to the community. We did not have the equipment to provide proper medical care. And there was conversation about bringing in National Guard medical tents. There was conversation about putting inmates out in sallyports. There were conversations about putting inmates in hotel rooms. Maybe some of the states had those plans in place, we just didn't…I think emergency housing for 30 days would [be] something that we will try to correct."***

Disruptions to programming and services

Programming and services disrupted during the pandemic included educational and vocational programming, mental health and substance use disorder treatment, family visitation, and attorney visits. One respondent explained how the pandemic affected the agency's ability to provide required mental health services to incarcerated residents.

> ***"We have found it to be challenging throughout the pandemic to continue to deliver the primary essential mental health services that are required. It's been difficult because staff call offs have occurred and institutional lockdowns have occurred….Because of the virus spread, our clinical staff are pulled from their clinical responsibilities, and they are now doing the duties that individuals who are incarcerated typically do, like making lunches and feeding the population. And so we're unable to do clinical responsibilities that we would typically do, and it has become a dance of triage that we've become very accustomed to."***

The pandemic slowed multiple aspects of operations, including intakes, programming, and the implementation of new initiatives. One respondent explained how the pandemic halted innovative programming the agency was implementing.

> ***"It's [COVID] been a distraction from the innovations that we were trying to put in place and the things that we were moving forward. When you have to stop everything to focus on COVID and not move people and not bring intakes in, it really shut down the innovation we were trying to deploy at the time."***

Other respondents shared experiences about the pandemic disrupting their normal responsibilities and affecting new programming.

KEY TAKEAWAY

Respondents offered examples of using technology to adapt to the pandemic, such as implementing video visits with families and attorneys, expanding the use of tablets for recreation and programming, holding court hearings remotely, and offering virtual academy trainings. Respondents agreed that efforts to expand technology use should continue given their demonstrated value during the pandemic. One respondent felt the pandemic was a catalyst for meaningful and useful expansions in technology.

> ***"[The pandemic] forced us to look at ways to do things differently and more efficiently with things like Zoom, video visiting. We had never offered that before, which hasn't been real popular, but it's forced us to look at some things. We were piloting to do some self-reporting using technology in our supervision population so because we had the pilots in place, we were able to turn those on. Really, with technology, I think it [the pandemic] forced us to look at new ways to do things and not just stay where we were."***

Another respondent stated that agency staff addressed lapses in programming and services by providing more phone calls or by providing tablets to incarcerated residents.

> ***"We had to become creative in how we ensured that our population received the services needed, while also juggling the staff that was either positive and isolated at home, quarantined at home in a system that already has quite a bit of shortages when it comes to correctional staff. So becoming innovative in doing that. Also of course, at that point in the beginning our governor had ceased visitation for family and loved ones with inmates. And at the time our state did not have tablets in place, and we just now are going live in the next few months. So we quickly had to pivot and find different avenues to mitigate the loss of that human touch or human contact with visitation. Whether it be through phone calls or…we actually came up with some tablet visitation with some handhelds."***

One problem that was particularly difficult to solve was identifying housing for individuals ready for release from custody. A respondent discussed how their agency coordinated efforts with agencies in the community to accomplish the aims of pandemic response initiatives.

> ***"When it [the institution] was running very sick with COVID positives, we had a serious housing problem, not being able to find places that would take our released people. We had people going out basically homeless because we couldn't find a place that would take them or if they were COVID positive, you can't really make them stay in prison to finish out their quarantine….what we finally ended up doing is contracting with hotels so we didn't have any homeless because we did not want to turn an inmate loose and he didn't have a place to go. And of course we contracted separate ones for females, one for males. And if they didn't have a good family support group, we made sure they had a house and then these***

hotels that we paid for, and we gave a letter to each hotel member and we gave a letter to the families on how to quarantine when they're released from prison. And that was another monumental task that we had to figure out so we're not just turning people out of the gate and they go sleep under a bridge somewhere and COVID-19 is going on."

Even though circumstances were stressful, respondents generally perceived the pandemic as an opportunity for necessary expansion and growth. One respondent shared how their agency implemented a structure to update their policies annually as a result of the pandemic.

"We became very cognizant that our policies were outdated, and that we had not really taken a sharp keen eye and taken a look at them. So this [the pandemic] created a whole new policy initiative for us; not only did we have to create new policies related to COVID, we had to look at our existing policy structures, some of which hadn't been updated since the '90s. And so now we have a structure that we are analyzing each one of our policies annually. But it really made us take a look at, okay, what really works for corrections now, during COVID, as well as post COVID? It was an eye-opening experience when it comes to policies for us."

CONCLUSION

The results from the survey of agencies make apparent that the pandemic upended the operations of state correctional agencies. These facilities are typically full of activity, including the activity in congregate housing and the regular movement of people to classrooms, medical units, exercise areas, and visitation. As a result of the pandemic, correctional agencies have had to develop new policy and practice for responding to an airborne infectious disease.

Very few agencies were completely immune to the effects of COVID-19, and most reported a large number of infections among incarcerated people and employees. Nearly all of the respondents indicated that their agency sought to prevent the spread of the disease, though there was no universal strategy for responding. Preventive procedures varied greatly, such as masking, screening, testing, and vaccination.

Institutional corrections changed in significant ways as a result of the pandemic. Staffing was a major concern, as hiring, sick leave, and quarantining presented serious challenges to institutional operations. Incarcerated populations, in turn, resided in an environment that was subject to greater isolation and fewer privileges than prior to the pandemic. Work details, particularly outside of the facility, were suspended as well as programming inside of the facility. Some efforts were made to accommodate technologies such as video visitation and programming, but this was not universal across agencies.

Staffing was a major concern, since hiring, sick leave, and quarantining presented serious challenges to institutional operations. In addition, the populations who live and work in these facilities reduced rather dramatically over a short period of time. Through the focus groups, we learned about the experiences of the people who lived and worked in these facilities during the pandemic, including how they perceived the associated decision-making about institutional operations.

Focus group participants reported that policy responses shifted frequently, sometimes from shift to shift. Respondents described updating COVID-19 and emergency response handbooks, only to update them again soon after. Respondents agreed that they had to be open-minded, flexible, and quick to implement new information as it came in. However, they also experienced noticeable increases in workloads for the duration of the pandemic, which created frustration among staff and incarcerated residents alike.

Despite these challenges, respondents were generally proud of their efforts to identify and implement creative and targeted solutions to complex problems. They reported learning valuable lessons about operations through the pandemic and had a variety of ideas for expanding upon those efforts moving forward.

APPENDIX A: DATA TABLES AND FIGURES

Table 1. Participating Agencies and Positions of Individuals Contributing to Survey (Agency Count, N=31)

	PIO	Director	Deputy Director	Assist. to Director	Central Office	Research Office	Medical Staff	Counseling Staff	Contract Medical	Other	Count
Alabama	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	6
Arkansas	No	Yes	Yes	No	No	Yes	No	No	Yes	Yes	5
California	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	6
Colorado	No	No	Yes	No	No	No	No	No	No	No	1
Connecticut	Yes	No	No	No	No	Yes	Yes	No	No	No	3
Hawaii											n/a
Illinois	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	No	6
Kansas	No	Yes	No	No	No	No	No	No	No	No	1
Kentucky	No	No	No	No	No	No	No	No	No	Yes	1
Louisiana	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	6
Maine	No	No	Yes	No	No	No	No	No	No	No	1
Massachusetts											n/a
Minnesota	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes	6
Nebraska	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	7
Nevada	No	No	Yes	No	Yes	No	Yes	No	No	No	3
New Hampshire	No	Yes	No	No	No	No	No	No	No	No	1
New Mexico	No	Yes	No	No	No	No	No	No	No	Yes	2
New York	No	No	Yes	No	No	No	No	No	No	No	1
North Carolina											n/a
Oklahoma	No	Yes	No	No	No	No	No	No	No	No	1
Pennsylvania	No	No	Yes	No	Yes	Yes	Yes	No	No	Yes	5
Rhode Island	No	No	Yes	No	No	Yes	No	No	No	Yes	3
South Carolina	No	No	Yes	No	Yes	Yes	Yes	Yes	No	No	5
South Dakota	No	Yes	Yes	No	Yes	Yes	No	No	No	Yes	5

Table 1. Participating Agencies and Positions of Individuals Contributing to Survey (Agency Count, N=31) (cont'd)

	PIO	Director	Deputy Director	Assist. to Director	Central Office	Research Office	Medical Staff	Counseling Staff	Contract Medical	Other	Count
Tennessee	Yes	Yes	No	No	No	No	No	No	Yes	No	3
Texas	No	No	Yes	No	No	Yes	No	No	No	No	2
Vermont	No	No	No	Yes	Yes	Yes	No	No	No	No	3
Virginia	Yes	No	No	No	Yes	Yes	Yes	Yes	No	No	5
Washington	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes	5
Wisconsin	No	No	No	No	Yes	Yes	Yes	No	No	No	3
Wyoming	Yes	Yes	No	No	Yes	No	No	No	Yes	No	4
Count	9	12	15	6	13	16	12	6	3	8	

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Table 2. Changes in the Custodial Population Count from January 1, 2020, to January 1, 2021 (Agency Count, N=31)

	Custodial Population			
	Yearly Count		Yearly Change	
	2020	2021	County	Percent
Tennessee	1,849	1,245	-604	-32.7%
Connecticut	12,284	9,094	-3,190	-26.0%
Colorado	17,777	13,528	-4,249	-23.9%
Illinois	38,082	29,095	-8,987	-23.6%
Vermont	1,665	1,279	-386	-23.2%
New York	44,276	34,405	-9,871	-22.3%
California	117,344	92,087	-25,257	-21.5%
Maine	2,175	1,712	-463	-21.3%
Hawaii	5,208	4,169	-1,039	-20.0%
Wyoming	2,259	1,812	-447	-19.8%
Kentucky	12,221	9,804	-2,417	-19.8%
Rhode Island	2,573	2,069	-504	-19.6%
Minnesota	9,381	7,593	-1,788	-19.1%
Alabama	21,900	17,761	-4,139	-18.9%
Virginia	29,258	23,978	-5,280	-18.0%
Massachusetts	7,936	6,569	-1,367	-17.2%
Washington	17,000	14,231	-2,769	-16.3%
Wisconsin	23,778	20,121	-3,657	-15.4%
South Dakota	3,730	3,159	-571	-15.3%
Arkansas	17,398	14,784	-2,614	-15.0%
Texas	141,549	120,873	-20,676	-14.6%
Pennsylvania	45,254	38,807	-6,447	-14.2%
North Carolina	34,469	29,716	-4,753	-13.8%
Oklahoma	25,077	21,683	-3,394	-13.5%
New Hampshire	2,464	2,136	-328	-13.3%
South Carolina	18,122	15,726	-2,396	-13.2%
New Mexico	6,879	6,034	-845	-12.3%
Kansas	9,928	8,723	-1,205	-12.1%
Nevada	12,445	11,116	-1,329	-10.7%
Louisiana	15,087	13,866	-1,221	-8.1%
Nebraska	5,680	5,310	-370	-6.5%
Mean	22,743	18,790	-3,954	-17.5%
Standard Deviation	31,233	25,796	5,659	-6.5%
Overall	705,048	582,485	-122,563	-17.4%

Note: Sorted by custodial population percentage change from 2020 to 2021.

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Table 3. Changes in security and non-security personnel count from January 1, 2020, to January 1, 2021 (Agency Count, N=28)

	Count of Security Personnel				Count of Non-Security Personnel			
	Yearly Count		Yearly Change		Yearly Count		Yearly Change	
	2020	2021	Count	Percent	2020	2021	Count	Percent
Tennessee	394	364	-30	-7.6%	149	144	-5	-3.4%
New Hampshire	380	374	-6	-1.6%	360	372	+12	3.3%
South Dakota	464	484	+20	4.3%	315	318	+3	1.0%
Wyoming	490	600	+110	22.4%	477	388	-89	-18.7%
Maine*	800	800	0	0.0%	400	400	0	0.0%
Rhode Island	943	961	+18	1.9%	414	392	-22	-5.3%
New Mexico	901	957	+56	6.2%	991	973	-18	-1.8%
Nebraska	1,161	1,178	+17	1.5%	955	960	+5	0.5%
Hawaii*	1,650	1,400	-250	-15.2%	600	500	-100	-16.7%
Nevada	1,742	1,721	-21	-1.2%	894	872	-22	-2.5%
Kentucky	1,749	1,628	-121	-6.9%	929	1,542	+613	66.0%
Alabama	1,781	1,991	+210	11.8%	1,349	1,272	-77	-5.7%
Kansas*	2,066	2,066	0	0.0%	1,261	1,261	0	0.0%
Minnesota	1,603	1,518	-85	-5.3%	2,320	2,181	-139	-6.0%
Oklahoma	1,754	1,593	-161	-9.2%	2,627	2,524	-103	-3.9%
Louisiana	3,298	3,063	-235	-7.1%	1,389	1,378	-11	-0.8%
South Carolina	2,761	2,462	-299	-10.8%	2,180	2,215	+35	1.6%
Washington	3,689	3,562	-127	-3.4%	1,296	1,344	+48	3.7%
Arkansas	3,925	3,414	-511	-13.0%	1,534	1,268	-266	-17.3%
Massachusetts	3,579	3,471	-108	-3.0%	2,516	2,575	+59	2.3%
Connecticut	4,492	4,446	-46	-1.0%	1,692	1,634	-58	-3.4%
Wisconsin	3,947	3,997	+50	1.3%	4,964	4,906	-58	-1.2%
Virginia	5,459	5,039	-420	-7.7%	5,920	5,942	+22	0.4%
Illinois	8,596	8,301	-295	-3.4%	3,998	3,784	-214	-5.4%
Pennsylvania	9,399	9,398	-1	0.0%	7,089	6,854	-235	-3.3%
New York	18,609	18,171	-438	-2.4%	8,471	8,281	-190	-2.2%
Texas	24,477	23,273	-1,204	-4.9%	10,589	9,921	-668	-6.3%
California	24,525	23,793	-732	-3.0%	33,796	33,173	-623	-1.8%
Colorado[x]	.	.	.	.	.	.	.	.
North Carolina[x]	.	.	.	.	.	.	.	.
Vermont[x]	.	.	.	.	.	.	.	.
Mean	4,808	4,643	-165	-2.0%	3,552	3,477	-75	-1.0%
Standard Deviation	6,705	6,468	291	7.4%	6,494	6,351	222	14.3%
Overall	134,634	130,025	-4,609	-3.4%	99,475	97,374	-2,101	-2.1%

*Note: Sorted by total personnel count in 2020. * Refers to estimates of personnel counts.*
[x] Means that no data were available.

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Table 4. Preventive Measures: Screening, Testing, Quarantining, and Masks

	Agencies, Valid N*	Yes		No	
		%	(N)	%	(N)
Screening					
Incarcerated people					
At intake, self-reported symptoms	29	93%	(27)	7%	2)
At intake, temperature checks	28	96%	(27)	4%	(1)
At release, self-reported symptoms	28	96%	(27)	4%	(1)
At release, temperature checks	28	96%	(27)	4%	(1)
Employees					
At entry, self-reported symptoms	29	100%	(29)	0%	(0)
At entry, temperature checks	28	96%	(27)	4%	(1)
Testing					
Incarcerated people					
Conduct testing	29	100%	(29)	0%	(0)
Upon entry to facility	28	82%	(23)	18%	(5)
Upon contact with suspected cases	28	71%	(20)	29%	(8)
Upon contact with confirmed cases	28	96%	(27)	4%	(1)
Showing symptoms	28	96%	(27)	4%	(1)
Voluntary request	28	96%	(27)	4%	(1)
Upon release from prison	28	79%	(22)	21%	(6)
Employees					
Conduct testing	29	93%	(27)	9%	(2)
Upon contact with suspected cases	27	41%	(11)	59%	(61)
Upon contact with confirmed cases	27	59%	(16)	41%	(11)
Showing symptoms	27	52%	(14)	48%	(13)
Voluntary request	28	96%	(27)	4%	(1)
Quarantining					
Use quarantining for incarcerated people	28	100%	(28)	0%	(0)
Admission to facility	28	96%	(27)	4%	(1)
Release or transfer	28	57%	(16)	43%	(12)
Suspected/confirmed cases	28	100%	(28)	0%	(0)
Contact with suspected/confirmed cases	28	93%	(26)	7%	(2)
Use contact tracing	28	93%	(26)	7%	(2)
Made bed space to accommodate	26	54%	(14)	46%	(12)

** Number of agencies that provided a response.*

Table 4. Preventive Measures: Screening, Testing, Quarantining, and Masks (cont'd)

	Agencies, Valid N*	Yes		No	
		%	(N)	%	(N)
Masks					
Incarcerated people					
Masks encouraged, but not required	28	0%	(0)	100%	(28)
Masks required only in common areas	28	39%	(11)	61%	(17)
Masks required at all times	28	61%	(17)	39%	(11)
Discipline for not following protocols	28	89%	(25)	11%	(3)
Employees					
Masks encouraged, but not required	28	0%	(0)	100%	(28)
Masks required only in common areas	28	7%	(2)	93%	(26)
Masks required at all times	28	93%	(26)	39%	(2)
Discipline for not following protocols	28	100%	(28)	0%	(13)

** Number of agencies that provided a response.*

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Table 5: Preventive Measures: Vaccination Provision, Prioritization, and Incentives

	Agencies	Yes		No	
Vaccinations	Valid N	%	(N)	%	(N)
Offered to incarcerated people	28	100%	(28)	0%	(0)
Offered to employees	28	96%	(27)	4%	(1)
Track refusals, incarcerated people	26	85%	(22)	15%	(4)
Track refusals, employees	25	48%	(12)	52%	(1)
	Valid N	Mean	(SD)*		
Proportion vaccinated, incarcerated people	28	0.44	(0.25)		
Proportion vaccinated, employees	25	0.51	(0.20)		

		Yes		No	
Vaccination Prioritization	**Valid N**	**%**	**(N)**	**%**	**(N)**
Incarcerated people	24	79%	(19)	21%	(5)
Employees	23	52%	(12)	48%	(11)
	Valid N	Mean	(SD)*		
Incarcerated People (0=lowest, 5=highest)					
Elderly	19	1.37	(1.95)		

Table 5. Preventive Measures: Vaccination Provision, Prioritization, and Incentives (cont'd)

	Agencies	Yes		No	
New admissions	19	2.32	(1.38)		
High-risk groups	19	1.11	(1.97)		
Prior positive cases	19	2.37	(1.54)		
Housing assignments	19	1.89	(1.41)		
Voluntary requests	19	2.84	(1.64)		
Employees (0=lowest, 5=highest)					
Elderly	12	0.92	(1.16)		
New employees	12	2.08	(1.16)		
High-risk employees	12	0.67	(1.44)		
Prior positive cases	12	2.33	(1.67)		
Housing assignments	12	1.83	(1.47)		
Voluntary requests	12	2.17	(1.03)		

		Yes		No	
Vaccine Incentives	**Valid N**	**%**	**(N)**	**%**	**(N)**
Any incentives	27	6%	(7)	74%	(20)
Incarcerated people					
Commissary, financial	7	10%	(4)	43%	(3)
Additional phone calls, tablet credits	7	0%	(2)	71%	(5)
Care packages, snacks	7	0%	(1)	86%	(6)
Other	7	10%	(2)	71%	(5)
Employees					
Financial	7	0%	(1)	86%	(6)
Vacation/leave time	7	0%	(1)	86%	(6)
Free meals	7	0%	(0)	100%	(7)
Other	7	10%	(1)	86%	(6)

SD - Standard Deviation*

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Table 6. Prevention Supplies and Food Acquisition, Preparation, and Distribution

	Agencies, Valid N	Yes		No	
		%	(N)	%	(N)
Prevention Supplies					
Face masks for incarcerated people	28	100%	(28)	0%	(0)
KN95 or N95		54%	(15)	46%	(13)
Cloth		93%	(26)	7%	(2)
Surgical		71%	(20)	29%	(8)
Hand sanitzer for incarcerated people	28	54%	(15)	46%	(13)
Provided in common areas	15	80%	(12)	20%	(3)
Provided individual bottles	15	27%	(4)	73%	(11)
Provided by commanding officers	15	73%	(11)	27%	(4)
Face masks for employees	27	100%	(27)	0%	(0)
KN95 or N95		100%	(27)	0%	(0)
Cloth		78%	(21)	22%	(6)
Surgical		81%	(22)	19%	(5)
Hand sanitzer for employees	27	100%	(27)	0%	(0)
Provided in common areas		96%	(26)	4%	(1)
Provided individual bottles		63%	(17)	37%	(10)
Protective gloves for employees	28	100%	(28)	0%	(0)
Enough of the following					
Disposable gloves	28	93%	(26)	7%	(2)
Respirators	28	93%	(26)	7%	(2)
Surgical masks	27	100%	(27)	0%	(0)
Disposable gowns	27	85%	(23)	15%	(4)
Collection/testing of SARS-COV-2 specimens	26	100%	(26)	0%	(0)
Hand sanitizer	28	100%	(28)	0%	(0)
Standard medical supplies	27	100%	(27)	0%	(0)
Cleaners/disinfectants	28	100%	(28)	0%	(0)
Manufacturing Supplies					
Incarcerated people manufacturing preventions supplies	28	89%	(25)	11%	(3)
Face masks	25	96%	(24)	4%	(1)
Face shields	25	44%	(11)	56%	(14)
Gowns	25	64%	(16)	36%	(9)

Table 6. Prevention Supplies and Food Acquisition, Preparation, and Distribution (cont'd)

	Agencies, Valid N	Yes		No	
		%	(N)	%	(N)
Sanitizer/disinfectant	25	52%	(13)	48%	(12)
Soap	25	16%	(4)	84%	(21)
Food Acquisition, Preparation, and Distribution					
Cohorting preparers	28	57%	(16)	43%	(12)
More intensive cleaning protocols	28	96%	(27)	4%	(1)
Mandating mask use	28	100%	(28)	0%	(0)
Mandating glove use	28	89%	(25)	11%	(3)
Decrease in food availability	28	14%	(4)	86%	(24)
Increase in food availability	28	11%	(3)	89%	(25)
Purchasing of meals ready-to-eat	28	14%	(4)	86%	(24)
Staff preparing food	28	14%	(4)	86%	(24)

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Table 7. Court Appearances, Transfers, Transportation, Training, and Policy

	Agencies, Valid N	Yes		No	
		%	(N)	%	(N)
Transfers and Transportation					
Intracounty transfers	28				
Ceased altogether		14%	(4)	86%	(24)
Some reduction, but still occurs		79%	(22)	21%	(6)
Unchanged		7%	(2)	93%	(26)
Intercounty transfers	28				
Ceased altogether		25%	(7)	75%	(21)
Some reduction, but still occurs		64%	(18)	36%	(10)
Unchanged		11%	(3)	89%	(25)
Changes in transportation	28				
Windows open		29%	(8)	71%	(20)
Fan running		29%	(8)	71%	(20)
Vehicles cleaned after use		96%	(27)	4%	(1)
Limit number of passengers/drivers		89%	(25)	11%	(3)
Require face mask use		100%	(28)	0%	(0)

Table 7. Court Appearances, Transfers, Transportation, Training, and Policy (cont'd)

	Agencies, Valid N	Yes %	Yes (N)	No %	No (N)
Virtual Court Appearances	26				
Small increase		27%	(7)	73%	(19)
Moderate increase		19%	(5)	81%	(21)
Major increase		54%	(15)	46%	(11)
Training Employees	28				
Disease, symptoms, and transmission		100%	(28)	0%	(0)
Using PPE		100%	(28)	0%	(0)
New protocols		100%	(28)	0%	(0)
Enforcing use of PPE, COVID-19 protocols		100%	(28)	0%	(0)
Communication					
Updating incarcerated people on COVID-19	27				
Multiple times per week		44%	(12)	56%	(15)
Multiple times per month		33%	(9)	67%	(18)
Monthly or less than monthly		22%	(6)	78%	(21)
Updating employees on COVID-19	28				
Multiple times per week		46%	(13)	54%	(15)
Multiple times per month		35%	(10)	65%	(18)
Monthly or less than monthly		18%	(5)	82%	(23)
Policy					
Reporting to public health board	31	97%	(30)	3%	(1)
Communicate daily/weekly	28	64%	(18)	36%	(10)
Communicate biweekly/monthly	28	36%	(10)	64%	(18)
Implemented National Incident Managment System	28	64%	(18)	36%	(10)
Policy leveraging					
Relied mostly on new policy	30	30%	(9)	70%	(21)
Relied equally on new/existing policy	30	63%	(19)	27%	(11)
Relied mostly on existing policy	30	7%	(2)	93%	(28)

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Issue	Agencies, Valid N	Not a Problem		Minor Problem		Moderate Problem		Major Problem	
		%	(N)	%	(N)	%	(N)	%	(N)
Employees calling in sick or taking leave	27	4%	(1)	19%	(5)	53%	(14)	26%	(7)
Employees caring for sick family	28	4%	(1)	25%	(7)	50%	(14)	21%	(6)
Employees homeschooling children	28	11%	(3)	39%	(11)	32%	(9)	18%	(5)
Hiring new employees	28	11%	(3)	18%	(5)	21%	(6)	50%	(14)
Retaining employees	27	22%	(6)	30%	(8)	11%	(3)	37%	(10)
Employees quarantining	28	0%	(0)	25%	(7)	39%	(11)	36%	(10)
Employees social distancing	28	11%	(3)	36%	(10)	39%	(11)	14%	(4)
Employees wearing masks	28	29%	(8)	36%	(10)	29%	(8)	7%	(2)
Employees disobeying COVID-19 protocols	28	14%	(4)	64%	(18)	21%	(6)	0%	(0)
Incarcerated people disobeying COVID-19 protocols	28	7%	(2)	54%	(15)	36%	(10)	4%	(1)

Note: Percentages in rows may not sum to 100 percent due to rounding.

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	Agencies,	Complete Suspension		Partial Suspension		Unchanged	
Work Detail	**Valid N**	**%**	**(N)**	**%**	**(N)**	**%**	**(N)**
Inside of facility	28	4%	(1)	93%	(26)	4%	(1)
Outside on facility grounds	28	25%	(7)	75%	(21)	0%	(0)
Offsite of the facility	28	64%	(18)	32%	(9)	4%	(1)

		Decreased		Unchanged		Increased	
Communication	**Valid N**	**%**	**(N)**	**%**	**(N)**	**%**	**(N)**
Number of phone calls	28	7%	(2)	25%	(7)	68%	(19)
Minutes for phone calls	27	4%	(1)	48%	(13)	48%	(13)
Cost of phone calls	27	67%	(18)	33%	(9)	0%	(0)
Number of video visitations	25	0%	(0)	8%	(2)	82%	(23)
Cost of video visitations	22	45%	(10)	55%	(12)	0%	(0)

		A lot less		A little less		Equivalent		A little more		A lot more	
Services/Privileges	**Valid N**	**%**	**(N)**	**%**	**(N)**	**%**	**(N)**	**%**	**(N)**	**%**	**(N)**
Medical services	27	0%	(0)	11%	(3)	41%	(11)	22%	(6)	26%	(7)
TV time	28	4%	(1)	4%	(1)	61%	(17)	7%	(2)	25%	(7)
Reading materials	28	0%	(0)	0%	(0)	54%	(15)	36%	(10)	11%	(3)
Commissary	28	0%	(0)	14%	(4)	61%	(17)	14%	(4)	11%	(3)
Tablet time	21	0%	(0)	5%	(1)	62%	(13)	14%	(3)	19%	(4)
Day room	28	14%	(4)	39%	(11)	36%	(10)	7%	(2)	4%	(1)
Recreation	28	21%	(6)	46%	(13)	25%	(7)	7%	(2)	0%	(0)
Programming	28	36%	(10)	50%	(14)	11%	(3)	4%	(1)	0%	(0)

Table 9. Changes to Programs, Privileges, and Visitation (cont'd)

Access to Facilities	Valid N	The Months in Which Groups Had Access to Facilities									
		Jan/ Feb 2020	Mar 2020	Apr 2020	May/ Jun 2020	Jul/ Aug 2020	Sep/ Oct 2020	Nov/ Dec 2020	Jan/ Feb 2021	Mar 2021	Apr 2021
Family/friends	28	82%	11%	4%	0%	7%	11%	7%	11%	21%	43%
Legal professionals	28	93%	43%	43%	43%	54%	54%	50%	57%	61%	68%
Volunteer service providers	28	82%	11%	4%	0%	0%	4%	0%	4%	18%	32%

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Table 10. Review of Classification and Custody Levels

	Agencies, Valid N	Yes %	Yes (N)	No %	No (N)
Review of classification/custody levels	27	67%	(18)	33%	(9)
Resulted in release	16[a]	81%	(13)	19%	(3)
Percentage released	13				
5% or less		31%	(4)	69%	(13)
6-10%		38%	(5)	62%	(13)
11-20%		31%	(4)	69%	(13)
21-40%		13%	(2)	87%	(13)
41% or more		10%	(8)	90%	(70)
Resulted in less restrictive housing	15[b]	19%	(19)	81%	(80)

[a]Two survey respondents answered "don't know" [b]Three survey respondents answered "don't know" **Back to page 10**

Table 11. Total COVID-19 Infections and Deaths Across 27 Agencies

	Incarcerated People	Employees
Total positive cases	202,887	63,362
Total deaths	1,245	118
Fatality per 100,000 positive cases	6.14	1.86

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APPENDIX B: FOCUS GROUP PROTOCOL

Introductions: To get started, I would like for everyone to please share their title, time in corrections and time in position, and basic areas of responsibilities at their facility [facilities]. Who would like to start?

Content Questions: Now we are going to ask some questions about the pandemic.

1. First, please share information about the first confirmed case of COVID-19 associated with your facility [facilities] (when did this occur, was the first case a resident or a staff member, etc.?).
2. If you were to describe how the pandemic has impacted daily operations at your facility [facilities] in just a few words, how would you summarize those impacts?
3. What were some of the biggest [top 5] challenges to operations you faced in response to the COVID-19 pandemic? Explain.
4. Please describe the extent to which you relied on existing policies, new policies, or a combination of existing and new policies when responding to the challenges of COVID-19 [probe for examples].
5. What specific operational challenges do you feel prisons faced in light of the pandemic, versus jail settings?
6. What strategies worked well in attempts to overcome the challenge(s) described above?
7. What did not work so well in attempts to overcome the challenge(s) described above?
8. What strategies (if any) were used to coordinate your efforts with representatives from community corrections? [If no strategies were used, inquire as to why].
9. In your view, what additional resources (if any) would have helped you in your efforts to maintain effective operations during the pandemic?
10. Based on your experiences during COVID-19, what could be done to help facilities be as prepared as possible for any future pandemics? Explain.
11. What else do you think is important for us to know right now regarding effective response to COVID-19?