

2020 Restrictive Housing Annual Report

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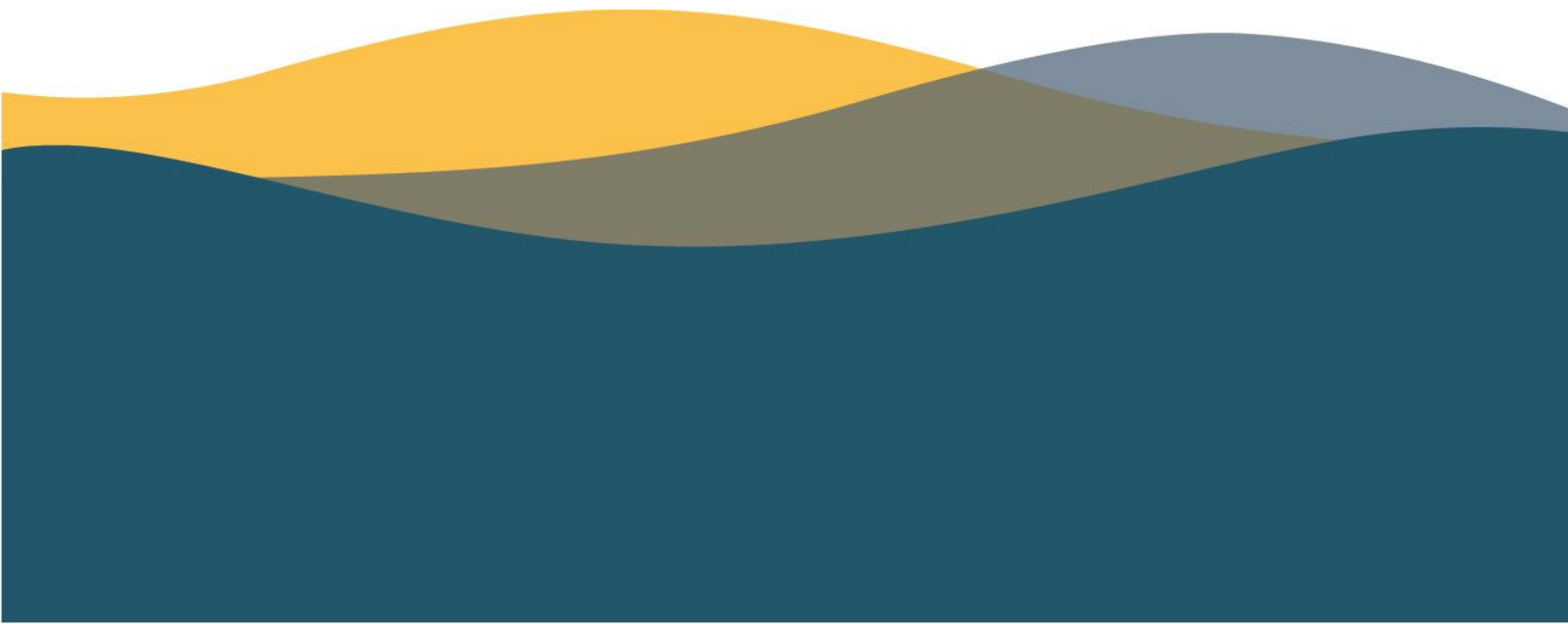


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Introduction

Restrictive Housing Reform in Nebraska

This report describes the use of restrictive housing within the Nebraska Department of Correctional Services (NDCS) between July 1, 2019 and June 30, 2020 (Fiscal Year [FY] 2020). As of July 1, 2016, NDCS does not use restrictive housing for disciplinary purposes, but to assess and mitigate the risk of those persons who pose a significant threat to the safety of themselves or others.

There are two categories of restrictive housing in Nebraska: immediate segregation (IS) and longer-term restrictive housing (LTRH). IS is a short-term (30 days or fewer) placement used as an immediate response to a disruptive act or security threat. LTRH is a placement of longer than 30 days that provides rehabilitative programming and behavior management intervention for persons who pose continual risk to the safety of themselves and others, or to the security of the institutions. IS and LTRH will be discussed in greater detail in later sections of this report.

Report Outline

This report is divided into five topical areas: (1) demographics of the restrictive housing population; (2) restrictive housing placement types, including the number, lengths of stay, and general characteristics of each stage of restrictive housing management (i.e., holding, IS, LTRH); (3) special needs populations; (4) direct releases from RH into the community; and (5) the use of restrictive housing in surrounding states.

Report Contents

There are a wide variety of topics that could be included in any discussion of restrictive housing (e.g., specific analyses of program effectiveness, recidivism, staffing considerations). While these issues are important, the scope of this report is specifically defined in Nebraska Revised Statute [N.R.S.] §83-4,114(4). As such, the five topical areas described above will address the eight specific points of interest outlined in statute:

1. The race, gender, age, and length of time each inmate has continuously been held in restrictive housing;
2. The number of inmates held in restrictive housing;
3. The reason or reasons each inmate was held in restrictive housing;
4. The number of inmates held in restrictive housing who have been diagnosed with a mental illness or behavioral disorder and the type of mental illness or behavioral disorder by inmate;
5. The number of inmates who were released from restrictive housing directly to parole or into the general public and the reason for such release;
6. The number of inmates who were placed in restrictive housing for his or her own safety and the underlying circumstances for each placement;
7. To the extent reasonably ascertainable, comparable statistics for the nation and each of the states that border Nebraska pertaining to items listed in 2 through 6, above; and
8. The mean and median length of time for all inmates held in restrictive housing.

In addition to the statistical contents described above, this report will also highlight restrictive housing reforms that were made during FY2020, and changes that will be forthcoming in FY2021.

Data Notes

In November of 2017, a restrictive housing data tracking system was added to the Nebraska Inmate Case Management System (NICaMS), the official source of record for electronic inmate information. The addition of an electronic tracking mechanism provided improvements over the paper documentation submitted in previous years by increasing the standardization of information collected across facilities, enhancing the integrity of reported data, and making restrictive housing information more readily available. FY2020 is the second full year for which the data presented in this report could be gathered entirely from the electronic restrictive housing data in NICaMS. As such, any missing or incomplete records that may exist in the system should be limited to what would reasonably be expected from routine errors in data entry (e.g., typos, late entries).

Restrictive Housing Population Demographics

Average Daily Population (ADP)

Average Daily Population (ADP) is a population metric that assesses the average number of people incarcerated on any day during a given time frame (in this case, between July 1, 2019 and June 30, 2020). To calculate the average daily population for this report, the total number of days all individuals spent in restrictive housing between July 1, 2019 and June 30, 2020 was divided by 366 (accounting for the February 29, 2020 leap year day). This calculation is a more accurate reflection of population levels relative to snapshot, or point-in-time, estimates because it controls for the normal fluctuations that occur within any population.

ADP Distribution by Facility

Table 1 shows the restrictive housing ADP for each facility, and the agency total, for fiscal years 2016 through 2020. Details regarding the length of time spent on specific restrictive housing statuses (i.e., immediate segregation [IS] vs. longer-term restrictive housing [LTRH]) are discussed in later sections of this report. On average, approximately 292 people were held in restrictive housing on any given day during FY2020. This is a significant decrease of nearly 80 people per day relative to FY2019, and a decrease of 111 people relative to FY2018.

Table 1: Restrictive Housing Average Daily Population (ADP) by Facility

Facility	FY2016	FY2017	FY2018	FY2019	FY2020
LCC	84.27	71.05	67.28	46.47	14.90
NCCW	10.20	9.06	9.96	3.78	4.58
NCYF	7.72	5.45	4.52	7.42	4.32
NSP	84.49	86.59	120.29	128.72	95.61
OCC	13.46	7.89	12.03	12.73	7.44
TSCI	188.40	168.17	189.78	173.07	165.40
NDCS Total	388.54	348.22	403.86	372.19	292.24

General facility trends

The overall distribution of the restrictive housing population across institutions has remained relatively consistent since FY2016. In addition, these distributions are consistent with the known missions of each facility and the respective compositions of their populations. Tecumseh State Correctional Institution (TSCI) has the largest RH population in the system, averaging about 165 individuals per day (56.6% of the agency RH population), because its original design included mission-specific housing dedicated to managing high risk populations. TSCI’s design allows it to house the largest concentration of individuals assigned to LTRH which, by nature, does not turnover as quickly as the IS population. The Nebraska State Penitentiary (NSP) was not specifically designed for restrictive housing populations, as was the case with TSCI, but it is the largest facility. As such, NSP has the second highest restrictive housing ADP of 95.61 (32.7%). That is a decrease of 33 people from FY2019.

Consistent with previous years, the Lincoln Correctional Center (LCC) has seen another significant reduction in their ADP. The population in FY2019 was 46.47, whereas the FY2020 population was only 14.90 people (5.1% of the total restrictive housing inmates, system-wide). During FY2019, NDCS made significant changes in managing inmates requiring protective custody and those with significant mental health concerns. These changes were expanded upon in FY2020 with the implementation of a Limited Movement Unit and the development and implementation of a 3-tiered specialized mental health care unit at LCC. Both of these operational enhancements will be discussed in more detail in later sections of this report.

The ADP of 7.44 (2.5%) at the Omaha Correctional Center (OCC) is the smallest for institutions that house males over the age of 19; and, is as low as it has ever been since FY2016. OCC does not have a unit for inmates assigned to LTRH, so inmates placed on IS status at this facility necessarily have a shorter length of stay than inmates at other institutions. Second, OCC houses medium and minimum custody inmates – a large concentration of whom are close to transitioning into the community. This population generally presents fewer management challenges, as these individuals are more cautious to not jeopardize their release.

The Nebraska Correctional Youth Facility (NCYF) and the Nebraska Correctional Center for Women (NCCW) have the lowest restrictive housing populations due to their sizes and the specific nature of their populations. The total ADP for NCYF as an institution was 64, and the facility was designed with a maximum restrictive housing capacity of eight. The FY2020 restrictive housing average daily population of 4.32 was nearly a 42% reduction from FY2019. This reduction can be attributed largely to two significant legislative changes affecting the youthful offender population. The first is LB686 (2019), which eliminated longer-term restrictive housing placements for individuals under the age of 18, or those who would be admitted directly to NCYF. The second is LB230 (2019), which eliminated room confinement for juveniles. Both of these changes will be discussed in more detail, below.

NCCW also had a relatively small institutional ADP in FY2020 (323.70), and a restrictive housing ADP of 4.58 (1.6%). The low restrictive housing ADP at NCCW, however, is likely because of the differing challenges that exist in men's and women's prisons. Relative to male inmates, there is much less physical violence among female populations, and issues can often be deescalated verbally or through techniques that do not require the use of restrictive housing. As a result, restrictive housing at NCCW is utilized for more serious (and more rarely occurring) events.

Fiscal year changes in ADP

There are noticeable annual variances in the NDCS RH populations between FY2016 and FY2020, which reflect a shift in the theoretical framework regarding the use of restrictive housing, as well as improvements in managing individuals in general population.

The FY2016 ADP data (N=388.54) reflects the baseline population prior to the implementation of new reform efforts. The fluctuations in population between FY2017 and FY2019 can be attributed to the following factors: 1. a shift in philosophy from using restrictive housing as a disciplinary sanction to a resource for risk management; 2. a reduction in large-scale disturbances resulting in many restrictive housing placements; 3. the implementation of risk-reducing programs in restrictive housing; and, 4. the development of more mission-specific housing units to provide living arrangements for special needs populations (e.g., limited movement units, controlled movement units, expanded mental health units).

The restrictive housing ADP decrease to 292.24 in FY2020 is the lowest it has been since the changes to restrictive housing went into effect. This reduction can be attributed to NDCS's continuing efforts to house people in the least restrictive environment possible, while still maintaining the safety and security of the individual, other incarcerated persons, and staff. Specifically, during FY2020, NDCS created a 64-bed controlled movement unit at TSCI. These beds are used for higher-risk inmates to gradually step-down into a general population environment from restrictive housing, and they are also used as an alternative to longer-term restrictive housing for individuals who have a demonstrated history of institutional behavior that is disruptive to the effective operations of the facility.

A 17-bed acute/subacute mental health stabilization unit was also created at TSCI. This allows individuals in crisis to receive more intensive mental health services and support in a dedicated, on-site environment. If individuals are unable to stabilize in this environment, or are assessed to need chronic treatment, they are transferred to LCC.

A long-standing component of restrictive housing reform within NDCS has been to uphold the principle that separation and isolation are different concepts. The decrease in ADP at NSP provided an opportunity to demonstrate this conceptual difference in a tangible manner. Specifically, the significant population decrease allowed for the repurposing of one of the restrictive housing units as a 36-bed mission-specific general population housing unit for minimum custody incarcerated individuals employed by Cornhusker State Industries.

Legislative changes also played a key role in shaping the Department's restrictive housing policies and operations. LB686 (2019) went into effect on March 1, 2020, and prohibits NDCS from placing any member of a vulnerable population in a longer-term restrictive housing environment. A "vulnerable population" members is defined as "... an inmates who is eighteen years of age or younger, pregnant, or diagnosed with a serious mental illness as defined in section 44-792¹, a developmental disability as defined in section 71-1107², or a traumatic brain injury as defined in section 79-1118.01.³" A workgroup formed in July of 2019 to identify individuals who would be

¹ N.R.S. §44-792(5)(b) defines "serious mental illness" as "...any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the serious mental illness. Serious mental illness includes, but is not limited to (i) schizophrenia, (ii) schizoaffective disorder, (iii) delusional disorder, (iv) bipolar affective disorder, (v) major depression, and (vi) obsessive compulsive disorder."

² N.R.S. §71-1107 defines "developmental disability" as: "... a severe, chronic disability, including an intellectual disability, other than mental illness, which: (1) is attributable to a mental or physical impairment unless the impairment is solely attributable to a severe emotional disturbance or a persistent mental illness; (2) Is manifested before the age of twenty-two years; (3) Is likely to continue indefinitely; (4) Results in substantial functional limitations in one of each of the following areas of adaptive functioning: (a) Conceptual skills, including language, literacy, money, time, number concepts, and self-direction; (b) Social skills, including interpersonal skills, social responsibility, self-esteem, gullibility, wariness, social problem solving, and the ability to follow laws and rules and to avoid being victimized; and (c) Practical skills, including activities of daily living, personal care, occupational skills, health care, mobility, and the capacity for independent living; and (5) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized support, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth through the age of nine years who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without manifesting substantial functional limitations in three or more of the areas of adaptive functioning described in subdivision (4) of this section if the individual, without services and support, has a high probability of manifesting such limitations in such areas later in life."

³ N.R.S. §79-1118.01(15) defines "traumatic brain injury" as: "... an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, including cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic

affected by the new law, review existing policies and operations, and develop strategies for safely managing risk among this population without using restrictive housing.

LB230 (2019) was approved by the Governor on February 12, 2020 and prohibits the use of room confinement for juveniles unless it is done to “eliminate substantial and immediate risk of harm to self or others” and requires the person to be “released from room confinement as soon as the substantial and immediate risk of harm to self or others is resolved.” In preparation of this bill’s effective date, NCYF took proactive measures to discontinue the use of restrictive housing within the facility for all inmates, as of April 15, 2020. Individuals 18 years or older are managed on a case-by-case basis and, in extraordinary circumstances, may be transferred to OCC for placement on IS status.

ADP Distribution by Race/Ethnicity and Gender

Table 2a shows the distribution of the FY2020 restrictive housing population across racial/ethnic groups, as well as by gender. Table 2b presents the same distribution across the entire NDCS population. Among male inmates, those who identify as Black and Hispanic are overrepresented in restrictive housing (31.04% and 20.82%, respectively), relative to their proportion of the NDCS population (28.30% and 14.78%, respectively). These trends are comparable to the distribution of the restrictive housing populations in both FY2018 and FY2019. One of the most active, and violent, STG organizations within NDCS organizes itself around Hispanic racial/ethnic lines. Given the proliferation of this group within NDCS, it should be expected that a greater concentration of Hispanic individuals are held in restrictive housing relative to their proportion in the overall system.

Table 2a: ADP of Restrictive Housing by Race/Ethnicity and Gender¹

<u>Race/Ethnicity</u>	<u>Male ADP</u>	<u>Male %</u>	<u>Female ADP²</u>	<u>Female %</u>	<u>Total ADP</u>	<u>Total % by Race/Ethnicity</u>
ASIAN	0.78	0.27%	0.00	0.06%	0.78	0.27%
BLACK	89.30	31.04%	0.70	15.38%	90.00	30.80%
HISPANIC	59.89	20.82%	0.58	12.70%	60.47	20.69%
NATIVE AMERICAN	17.40	6.05%	1.20	26.12%	18.60	6.36%
OTHER	0.71	0.25%	0.08	1.79%	0.79	0.27%
PACIFIC ISLANDER	0.20	0.07%	0.00	0.00%	0.20	0.07%
WHITE	119.08	41.40%	2.01	43.95%	121.44	41.44%
(blank)	0.30	0.11%	0.00	0.00%	0.30	0.10%
Total	287.66	100.00%	4.58	100.00%	292.24	100.00%

¹Total ADP and percentages may not appear to total exactly due to rounding.

²Restrictive housing for female inmates exists only at NCCW.

brain injury does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma.”

Tables 2a and 2b further highlight the gender differences in the assignment of individuals to restrictive housing. Specifically, while 288 males were in RH on any given day during FY2020 (5.5% of the male population), the entire population of women incarcerated within NDCS was only 436 women; fewer than five women per day were on a restricted housing status (1.1% of the total female population). Given these small numbers, comparisons of the racial/ethnic composition of the female restrictive housing population to the larger female population is not appropriate, as it may be misleading. For example, while about 28% of the restrictive housing ADP was composed of black and Hispanic women, this percentage translates to a total ADP value of approximately 1.3 women.

Table 2b: ADP of NDCS by Race/Ethnicity and Gender¹

<u>Race/Ethnicity</u>	<u>Male ADP</u>	<u>Male %</u>	<u>Female ADP²</u>	<u>Female %</u>	<u>Total ADP</u>	<u>Total % by Race/Ethnicity</u>
ASIAN	45.35	0.87%	1.71	0.39%	47.06	0.84%
BLACK	1470.22	28.30%	65.30	14.98%	1535.51	27.27%
HISPANIC	767.68	14.78%	39.66	9.10%	807.34	14.34%
NATIVE AMERICAN	228.14	4.39%	39.29	9.01%	267.43	4.75%
OTHER	33.69	0.65%	7.19	1.65%	40.88	0.73%
PACIFIC ISLANDER	3.55	0.07%	0.39	0.09%	3.94	0.07%
WHITE	2642.31	50.87%	281.99	64.68%	2924.30	51.94%
(blank)	3.45	0.07%	0.45	0.10%	3.90	0.07%
Total	5194.39	100.00%	435.96	100.00%	5630.34	100.00%

¹Total ADP and percentages may not appear to total exactly due to rounding.

²Incarcerated Female ADP includes women housed in the Community Corrections Centers, in addition to NCCW.

ADP Distribution by Age and Gender

Table 3 provides the distribution of the restrictive housing population across age groups, as well as by gender. Over half of the average daily population during FY2020 (53.2%) was accounted for by individuals between the ages of 22-31. Slightly more than one-quarter of the population (28.6%) was between the ages of 32 and 41. Individuals under the age of 22 made up approximately 8.9% of the RH population, while the remaining 9.3% was accounted for by persons 42 years of age or older.

Table 3: ADP of Restrictive Housing by Age Group and Gender¹

Age Group	Male ADP	Male %	Female ADP²	Female %	Total ADP	Total % by Age Group
18 and Under	2.02	0.70%	0.00	0.00%	2.02	0.69%
19-21	23.95	8.33%	0.15	3.34%	24.11	8.25%
22-26	77.39	26.90%	0.37	7.99%	77.75	26.61%
27-31	76.56	26.61%	1.01	22.05%	77.90	26.54%
32-36	46.24	16.07%	1.83	39.87%	48.07	16.45%
37-41	34.77	12.09%	0.71	15.49%	35.48	12.14%
42-46	13.02	4.53%	0.18	3.93%	13.20	4.51%
47-51	4.75	1.65%	0.11	2.44%	4.86	1.66%
52-56	5.60	1.95%	0.02	0.36%	5.61	1.92%
57-61	2.31	0.80%	0.19	4.17%	2.51	0.86%
62 and Above	1.06	0.37%	0.02	0.36%	1.07	0.37%
Total	287.66	100.00%	4.58	100.00%	292.25	100.00%

¹Total ADP and percentages may not appear to total exactly due to rounding.

²Restrictive housing for female inmates exists only at NCCW.

These age distributions for the NDCS restrictive housing population are similar, though not identical, to the age distribution patterns of criminal offending, in general. The average age of onset for criminal behavior is between the mid-teenage years and early 20s. There is then an “aging out” phenomenon in which crime rates reduce significantly for people between the ages of 20-25, and steadily continue to decline as people get older.

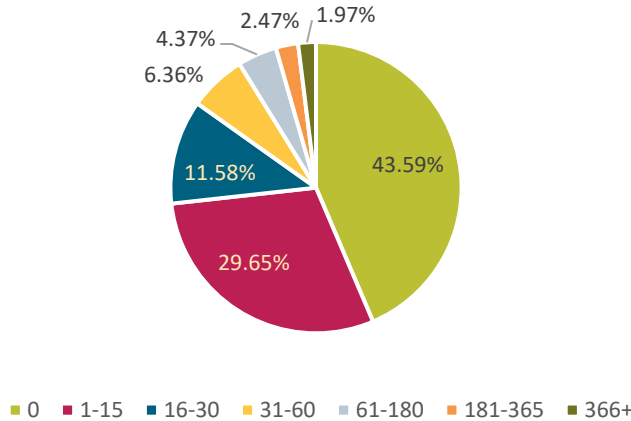
The same aging out trend is present in the restrictive housing population, but appears to be delayed. Specifically, the highest proportions of the restrictive housing population are in the 22-26 (26.61%) and 27-31 (26.54%) year age ranges. The expected sharp decline does not begin until the 32-36 year age range (16.45%). This trend in the FY2020 population is consistent with the restrictive housing population from previous years. The shift from the typical age-crime curve can likely be explained by the logistics of court processing and the fact that this report focuses on a prison population. It is likely that people who are sentenced to prison began their criminal offending at ages younger than when they entered prison. In addition, judges typically use prison sentences only after other lower-level alternatives (e.g., fines, probation, jail) have been exhausted for repeat offenders, or when first-time offenders have committed especially heinous crimes against another person. Because people are likely to be older by the time they first enter prison and have more ingrained patterns of deviant behavior, it is logical that the population with significant risk management needs in prison is older than what is represented in the community. In addition, inmates over the age of 40 likely have the largest proportion of individuals serving lengthy, if not life-long sentences. Individuals with long sentences generally find ways to adapt to the prison environment and build a routine that allows them to pass their time with the fewest disruptions possible.

Holding Placements and the Restrictive Housing Pass-Through Population

During FY2020, a total of 1,793 unique individuals were held in restrictive housing for at least one day during the year. The average length of time spent in a given restrictive housing event was 34.28 days, though the distribution varies widely, with the median length of stay⁴ being four days. Figure 1 shows the distribution of the restrictive housing population by length of stay, as well as the proportion of people placed in holding who were not subsequently assigned to immediate segregation. While holding placements do not constitute restrictive housing, they play an important role as a necessary precursor.

About 46% of individuals sent to holding were released the same day. Facility staff are encouraged to use alternatives to restrictive housing whenever possible, and to use restrictive housing placements for the shortest amount of time necessary. These practices are evidenced in the data. About 41% of the restrictive housing placements are for 30 days or less, with over a quarter of those stays (26.65%) ending within 15 days.

Figure 1: Time in Holding and Restrictive Housing, in Days, FY2020



Only 6.4% placements were between 31 and 60 days, which is consistent with FY2019 (6.6%) and a significant downward departure from 20.5% of placements in FY2018. Four percent of placements lasted between two and six months, and only 2% were for more than one year (a slight decrease from 3.03% in FY2019). The next section of this report discusses holding placements and both of the restrictive housing stages – immediate segregation and longer-term restrictive housing – in greater detail.

⁴ Length of stay for restrictive housing events are calculated as the number of days from a person’s initial placement in holding to their restrictive housing release date. For individuals who were assigned to a restrictive housing status on the last day of FY2020, their event length of stay was calculated as the number of days from their initial holding placements through June 30, 2020.

Restrictive Housing Placement Types

On July 1, 2016, the Nebraska Department of Correctional Services (NDCS) discontinued the use of restrictive housing for disciplinary or punitive purposes. Since then, restrictive housing has been used to mitigate the risk a person poses to him- or herself; fellow inmates; staff; and/or the safety, security, and good order of the institution. When a significant event occurs, an individual may be taken to a holding cell, which is a secure, temporary placement location away from the general population, while staff determine the best way to resolve the situation. While holding is not a restrictive housing status, it is the catalyst for immediate segregation (IS) and longer-term restrictive housing (LTRH), and it plays an important role in contextualizing the use of restrictive housing within NDCS.

Holding Placements

Between July 1, 2019 and June 30, 2020, 5,013 unique holding events were recorded in the electronic restrictive housing data tracking system. On average, there were around 14 holding placements per day. Because holding placements are temporary, there is no length of stay to be calculated for this event. If persons are to be held for 24 hours or more, they are assigned to IS.

Table 4 shows the outcomes of the holding events from FY2018 through FY2020. As discussed in the previous section, an alternative to restrictive housing (i.e., alternative placement or mission-specific housing) was deemed appropriate in 46% of these cases, and individuals were released from holding on the same day. Alternative placements may include returning persons to their regularly assigned housing location, moving them to another facility or housing unit, or referring them to a mission-specific general population housing unit. Mission-specific housing units place individuals with common demographics, interests, challenges and/or needs together to provide safe and effective living environments; thereby reducing the need for restrictive housing. Although a significant proportion of holding events were resolved through the use of alternative housing options, over one-half of the holding placements (54.24%) could not be resolved on the same day, and resulted in assignments to IS.

Table 4: Holding Outcomes

<u>Holding Event Disposition</u>	<u>FY2018</u>		<u>FY2019</u>		<u>FY2020</u>	
	<u>Count of Events</u>	<u>% of Events</u>	<u>Count of Events</u>	<u>% of Events</u>	<u>Count of Events</u>	<u>% of Events</u>
Immediate Segregation	2,525	57.53%	2,595	53.69%	2,719	54.24%
Alternative Placement	1,673	38.12%	2,025	41.90%	2,106	42.01%
Mission Specific Housing	191	4.35%	213	4.41%	188	3.75%
Total	4,389	100.00%	4,833	100.00%	5,013	100.00%

Reasons for holding placements

To ensure restrictive housing placements are used only for risk management purposes, NDCS classifies placements into one of the six categories identified below:

1. A serious act of violent behavior (i.e., assaults or attempted assaults) directed at correctional staff and/or at other inmates.
2. A recent escape or attempted escape from secure custody.
3. Threats or actions of violence that are likely to destabilize the institutional environment to such a degree that the order and security of the facility is significantly threatened.
4. Active membership in a “security threat group” (prison gang), accompanied by a finding, based on specific and reliable information, that the inmate either has engaged in dangerous or threatening behavior directed by the security threat group, or directs the dangerous or threatening behavior of others.
5. The incitement or threats to incite group disturbances in a correctional facility.
6. Inmates whose presence in the general population would create a significant risk of physical harm to staff, themselves and/or other inmates.

If reason #6 is used, staff must include a written explanation of the event and a justification for why this placement type is necessary.

Table 5 provides a distribution of the various reasons why individuals were sent to holding between FY2018 through FY2020.

Table 5: Holding Placement Reasons

<u>Reason for Placement</u>	<u>FY2018</u>		<u>FY2019</u>		<u>FY2020</u>	
	<u>Count of Events</u>	<u>%of Events</u>	<u>Count of Events</u>	<u>%of Events</u>	<u>Count of Events</u>	<u>%of Events</u>
1. Serious act of violent behavior	957	21.80%	1004	20.77%	907	18.09%
2. Recent escape or attempted escape	21	0.48%	10	0.21%	10	0.20%
3. Threats or actions of violence	533	12.14%	512	10.59%	914	18.23%
4. Active membership in a Security Threat Group	99	2.26%	74	1.53%	25	0.50%
5. Incitement or threats to incite group disturbances	50	1.14%	91	1.88%	56	1.12%
6. Presence in General Population will create a significant risk of physical harm	888	20.23%	904	18.70%	807	16.10%
No reason recorded (holding event did not result in IS placement)	1,841	41.95%	2,238	46.31%	2,294	45.76%
Total	4,389	100.00%	4,833	100.00%	5,013	100.00%

Recall that holding placements may be used as a temporary assignment while staff identify the best resolution to a situation. If a holding event occurs, it may not

necessarily be for reasons related to restrictive housing placements. As such, the 2,294 records with no placement reason recorded were all holding events that were disposed of on the same day with alternative placements or transitions to mission-specific housing units. When holding placements resulted in assignment to immediate segregation (IS), over one-third (36.32%) were for serious acts of violent behavior (18.09%) or threats or actions of violence (18.23%). The risk for significant harm to themselves or others if the person were to remain in the general population was listed as the assignment reason in 16.10% of cases. The remaining placements were due to recent escapes or attempted escapes (0.20%), active membership in a security threat group (0.50%), or inciting or threatening to incite group disturbances (1.12%).

It is significant to note that while the proportion of individuals placed in holding for their active membership in a security threat group is small, placements for that reason have continually decreased since FY2018. This is likely due to two operational changes. The first change was a reconceptualization of the events that resulted in a person's placement. For example, individuals who are involved in trafficking activities or pressuring other inmates off to the yard on the behalf of their STG had previously been placed in restrictive housing under reason #4. Over the last two years, staff have begun using reason #3 to capture these events, as they are a better representation of the actions that have occurred and not the underlying reason for the actions. The second operational change is a gradual acceptance among staff that simply belonging to, or being active in, a security threat group is generally not a sufficient reason to place someone in restrictive housing. There will always be instances in which Intelligence staff request an inmate be placed in holding due to their STG involvement, and line staff use this option because other confidential details of the situation are not known to them at the time. However, as shown in the data, these holding placements occurred in only one-half of one percent of the time during FY2020.

Immediate Segregation (IS)

Immediate Segregation (IS) is a short-term housing assignment of not more than 30 days used in response to behavior that creates a risk to the person assigned, others, or the security of the institution. This type of restrictive housing is used to maintain safety and security while investigations are completed, and/or appropriate housing is identified. During FY2020, there were 2,719 total assignments to IS. The reasons for these placements are presented in Table 6, along with the corresponding data from FY2018 and FY2019.

Table 6: Immediate Segregation Placement Reasons

<u>Reason for Placement</u>	<u>FY2018</u>		<u>FY2019</u>		<u>FY2020</u>	
	<u># of Events</u>	<u>%of Events</u>	<u># of Events</u>	<u>%of Events</u>	<u># of Events</u>	<u>%of Events</u>
1. Serious act of violent behavior	944	37.42%	1004	38.69%	907	33.36%
2. Recent escape or attempted escape	21	0.83%	10	0.39%	10	0.37%
3. Threat of actions of violence	530	21.01%	512	19.73%	914	33.62%
4. Active membership in a Security Threat Group	99	3.92%	74	2.85%	25	0.92%
5. Incitement or threats to incite group disturbances	50	1.98%	91	3.51%	56	2.06%
6. Presence in General Population will create a significant risk of physical harm	879	34.84%	904	34.84%	807	29.68%
<i>Inmate does not feel safe in General Population</i>	39		59		52	
<i>Inmate does not feel safe in Protective Custody</i>	32		40		21	
<i>Inmate has destroyed property</i>	N/A		N/A		5	
<i>Inmate has requested Protective Custody</i>	284		491		448	
<i>Inmate refused approved housing</i>	84		173		163	
<i>Inmate requires involuntary protective custody</i>	17		24		31	
<i>Other</i>	423		117		87	
Total	2,523	100.00%	2,595	100.00%	2,719	100.00%

About two-thirds of IS placements in FY2020 were related to serious acts of violent behavior (33.36%) or threats of actions of serious violent behavior (33.62%). This is consistent with the mission of using restrictive housing as a risk management tool, rather than a disciplinary sanction for minor rule violations. This also demonstrates a growth in NDCS’s culture change initiatives, as these two reasons accounted for about 58% of placements in each of FY2018 and FY2019. In addition, there was a reduction in placements for reason category 6 (“Inmates whose presence in the general population would create a significant risk of physical harm to staff, themselves, and/or other inmates”) in FY2020 (29.68%), relative to FY2018 and FY2019 (34.84% in each year).

Specifically, about half of the placements under reason category 6 (n=448; 55.5%) were due to individuals requesting protective custody (PC). About 20% of individuals (n=163) refused to leave restrictive housing and go to their assigned housing location, and another 12.9% were persons who noted they did not feel safe in general population (n=52) or in PC (n=21), or whom NDCS staff deemed to be in need of involuntary PC for their own protection (n=31). NDCS is committed to ensuring that the number of people placed into restrictive housing for reason 6 is kept to a minimum, and that when people are admitted for this reason, they are transitioned to an appropriate permanent housing assignment as quickly as possible.

About one-quarter of people assigned to immediate segregation under the reason #6 subcategory of “other” (n=21 of 87) were under the influence of drugs or alcohol, had drugs or alcohol in their possession, or were attempting to introduce contraband into the facility. IS placements were warranted for these individuals to ensure their safety and the safety of others while the person was intoxicated, as well as to investigate the source of the dangerous contraband (e.g., drugs, cell phones, weapons) and prevent further introductions of such items into the institution.

The average length of stay⁵ for sentenced inmates assigned to IS was 15.02 days, with a median stay of 12 days. Current NDCS policy (210.01) requires IS placements to be reviewed by the wardens after 15 days, and either end or transfer to longer-term restrictive housing (LTRH) status at 30 days. Thirty days is generally enough time for the warden and his/her staff to determine whether the person can be released or whether a referral to LTRH is warranted. There are instances, however, in which an immediate decision regarding LTRH placements cannot be made and more time is needed to gather intelligence or find a suitable alternative living arrangement. In these situations, wardens or their designees may submit up to two 15-day extension requests, which could result in a potential maximum IS term of 60 days. These extension requests are reviewed by the Deputy Director – Prisons (or the Director, if a second request is submitted) and used in lieu of assignment to LTRH, if approved. In order to continue the Department’s goal of reducing the restrictive housing population by ensuring it is used for risk management purposes only, the timeframes for IS and LTRH placements will be changed in FY2021. Specifically, IS will constitute a short-term stay of not more than 21 days. Wardens will be required to review IS placements after seven days. For instances which additional time is needed to gather intelligence or find a suitable alternative living arrangement, the wardens or their designees may submit up to two 14-day extension requests; this could result in a potential maximum IS term of 49 days.

Longer-Term Restrictive Housing (LTRH)

Longer-term restrictive housing (LTRH) is a restrictive housing assignment of more than 30 days and used as a risk management intervention for individuals whose behavior continues to pose a risk to the safety of themselves or others. LTRH assignments provide individuals with the opportunity to participate in evidence-based, risk-reducing cognitive behavioral programming, as well as collaborate in developing a plan for transitioning from restrictive housing back to general population or a mission-specific housing unit.

While the warden or his/her designee may recommend individuals be placed on LTRH, such assignments are decided by the five-member Central Office Multidisciplinary Review Team (MDRT), which meets weekly to review and authorize all new assignments to LTRH. The team (chaired by the Deputy Director of Prisons, with

⁵ Length of stay for immediate segregation placements are calculated as the number of days from a person’s initial IS assignment to either their restrictive housing release date or their date of assignment to LTRH status. For individuals who were assigned to IS on the last day of FY2020, their event length of stay was calculated from their initial IS assignment through June 30, 2020.

representatives from behavioral health, classification, research, and intelligence) reviews each inmate on LTRH status at least once every 90 days to assess compliance with behavioral and programming plans, and to determine if his/her promotion to a less restrictive setting is compatible with the safety of the inmate, others and security of the facility.

When it comes to risk assessment and management, NDCS operates under the least restrictive environment standard in order to safely and effectively transition people out of restrictive housing to general population. As a result, the amount of time required to address one's needs and mitigate the risk a person poses to the safety of themselves or others cannot be standardized. This provides NDCS with the needed flexibility to manage individuals in accordance with their own unique set of circumstances and risk factors, with the goal of transitioning people out of restrictive housing to the least restrictive environment in which they can safely be housed as soon as possible. The informed use of this flexibility is evidenced by the fact that, while the average length of time individuals spent on LTRH status⁶ during FY2020 was 245.93 days with a median length of stay of 63 days, placements on LTRH varied between five days and 1,035 days. One person spent five days on LTRH status, and another person spent six days on LTRH status, because they needed protective custody housing and staff had been unable to find appropriate living locations, even after using two IS extensions. On the other end of the spectrum, there were five people in FY2020 who spent 1,000 days or more in restrictive housing. Two individuals are persons of interest in the March 2017 disturbances at TSCI, which resulted in the homicides of two inmates. MDRT referred the other three to complete The Challenge Program (TCP)⁷ because of their assaults on staff and/or other inmates, and they have continually refused to engage with the program. All three have also refused all other risk-reducing programming opportunities offered to them in restrictive housing. This lack of engagement shows that these individuals are not motivated to change and will likely continue the same behaviors that resulted in their LTRH placements if they were to be removed.

Multidisciplinary Review Team (MDRT) referrals

Between July 1, 2019 and June 30 2020, the MDRT conducted 1,869 LTRH reviews. This is a 30% reduction from FY2019, in which the team reviewed 2,654 unique referrals, and a 63% reduction from the 5,011 reviews conducted in FY2018. This is a strong indication that, while holding and IS placements have been fairly stable, with minor increases (see Tables 5 and 6, above), the levels of elevated risk present in general population, as well as the perceptions of which behaviors warrant referrals for LTRH placement, has significantly decreased over the past year. Table 7 compares the facility LTRH recommendations to the decisions made by the MDRT.⁸

⁶ Length of stay for longer-term restrictive housing placements are calculated as the number of days from a person's initial LTRH assignment to their restrictive housing release date. For individuals who were assigned to LTRH on the last day of FY2020, their event length of stay was calculated from their LTRH assignment through June 30, 2020.

⁷ TCP is a risk-reducing pathway out of restrictive housing. This program will be discussed in more detail later in this report.

⁸ See Appendix 1 for more detailed information on MDRT decisions issued during FY2018 and FY2019.

Table 7: Longer-Term Restrictive Housing Referral Outcomes

<u>Facility Submissions</u>		<u>MDRT Decision</u>			
<u>Recommendation</u>	<u># of Referrals</u>	<u>Assign</u>	<u>Continue</u>	<u>Remove</u>	<u>MDRT Approval Rate</u>
Assign to LTRH	516	282	-	234	54.65%
Continue Placement	1239	-	992	247	80.06%
Remove	114	-	14	100	87.72%
Total	1869	282	1006	581	

With regard to initial LTRH assignments, the MDRT approved wardens' recommendations in just over half of their reviews (54.65%). This is a significant decrease from the 81% and 76% agreement rates in FY2018 and FY2019, respectively. This low rate of assignment by the MDRT is likely due to a combination of factors, including new initiatives and alternative housing arrangements that can be implemented to manage risk outside of a restrictive housing environment. In addition, it demonstrates that the system of checks-and-balances NDCS has implemented in the restrictive housing review process is functioning as intended. MDRT serves as the gatekeepers, and works to manage the restrictive housing population from a system level as opposed to the facility level. In addition, many of the MDRT representatives are the leaders of their divisions. As such, they are typically involved in the development of, and are early adopters of, new policies, procedures, and ideas. It takes time for messages to be communicated, and for all staff to get on board with new initiatives. The relatively low MDRT approval rate of facility assignment recommendations, combined with the high rate of agreement in continuation and removal recommendations, indicates there is still a difference of opinion between MDRT and facility staff regarding which actions are appropriate for LTRH assignments and which actions can be managed through less restrictive means (e.g., custody demotion, transfer to another facility or housing unit).

Table 8, below, identifies the placement reason for the 282 cases MDRT assigned to LTRH. Notably, close to 90% of MDRT assignments (87.59%) were due to serious acts of violent behavior (66.67%) or threats or actions of violence (20.92%). This is in stark contrast to FY2018, when these reasons comprised only 44.25% of assignments, and to FY2019, in which 57.77% of placements occurred for these reasons. Similarly, MDRT assignments due to the potential for a person's presence in general population to create a significant risk of physical harm (i.e., reason #6), decreased from 33.07% in FY2019 to only 7.8% of all cases during FY2020. Nearly all of these cases (19 of 22) were due to a person's request for protective custody (n=10) or because a person refused their approved housing assignment (n=9).

The increase in LTRH placements due to reasons #1 and #3, and a decrease due to reason #6 can be attributed to familiarity with NiCaMS and to more precision in data entry. FY2018 was the first year in which all restrictive housing information was captured in NiCaMS. Over the years, staff have continued to refine their use of this system, ensuring that better and more complete records are entered in a timely fashion.

In addition, staff have become more precise in their record entry. For example, in FY2018, someone found to have a weapon on his or her person may have been captured in reason #6 because the ready availability of a weapon poses a general risk of significant harm to others while that person is in general population. In FY2020, however, that same event would be more accurately entered as constituting threats or actions of violence, because the significant risk posed to the general population by a person in possession of a weapon is one of violence.

With regard to MDRT decisions to continue active LTRH placements, Table 7 shows a facility recommendation approval rate of around 80%, and removals are approved in about 88% of cases. These rates are generally more consistent than the decisions issued in previous years.

Table 8: Longer-Term Restrictive Housing Assignment Reasons

Reason for LTRH Placement	FY2018		FY2019		FY2020	
	Count of Events	% of Events	Count of Events	% of Events	Count of Events	% of Events
No reason available, due to data conversion	174	21.04%	N/A		N/A	
1. Serious act of violent behavior	288	34.82%	249	49.60%	188	66.67%
2. Recent escape or attempted escape	6	0.73%	1	0.20%	0	0.00%
3. Threats or actions of violence	78	9.43%	41	8.17%	59	20.92%
4. Active membership in a Security Threat Group	84	10.16%	29	5.78%	7	2.48%
5. Incitement or threats to incite group disturbances	14	1.69%	16	3.19%	6	2.13%
6. Presence in General Population will create a significant risk of physical harm	183	22.13%	166	33.07%	22	7.80%
<i>Inmate does not feel safe in General Population</i>	12		13		1	
<i>Inmate does not feel safe in Protective Custody</i>	21		9		0	
<i>Inmate has requested Protective Custody</i>	109		101		10	
<i>Inmate refused approved housing</i>	15		33		9	
<i>Inmate requires involuntary protective custody</i>	5		5		0	
<i>Other</i>	21		5		2	
Total	827	100.00%	502	100.00%	282	100.00%

Programs and services offered in restrictive housing

Appendix 2 provides a list of programs and services offered in restrictive housing at each facility. In November 2019, NDSC introduced a Restrictive Housing (RH) Program Menu in all longer-term restrictive housing locations. The RH Program Menus are individualized per location and include a comprehensive list of all non-clinical

programming options available to the individual assigned to LTRH, to include both in-cell and congregate programming opportunities. Courage to Change, a cognitive-behavioral Interactive Journaling System, was introduced as an in-cell, self-guided programming option. Coupled with motivational feedback from a program facilitator, this series of nine journals helps the individual address a specific area of concern including substance use, personal relationships, criminal thinking errors and more. Additionally, a non-traditional programming option was introduced. This non-traditional program allows individuals to make selections from a collection of pro-social books and writing prompts in an effort to engage the person in contemplation and change-talk.

In September 2017, NDCS introduced The Challenge Program (TCP)⁹, which is a cognitive-based intervention program that provides a safe alternative to restrictive housing in a structured environment with an emphasis on non-clinical cognitive programming. The target population for this program is individuals who have demonstrated serious violence in NDCS facilities or where there is sufficient documented intelligence that they have orchestrated violence while in NDCS custody. Specifically, when a person's behavior and institutional record meet the eligibility criteria, MDRT may recommend a person complete TCP as their risk-reducing pathway out of restrictive housing in instances in which the event involves serious injury to the victim, an assault on an NDCS staff member, violence carried out on behalf of a security threat group (STG), or participation as one of multiple aggressors in an assault. Recall from earlier that about two-thirds of longer-term restrictive housing placements are for serious acts of violence.

The Challenge Program underwent some structural changes beginning in November 2019, in which the Challenge Series became available for participation during assignment to LTRH and Phase III was dissolved. TCP aims to reduce criminal thinking patterns and the deviant behaviors they inspire among high risk individuals. One of the primary challenges of TCP is that those recommended for the program represent the highest risk, most violent segment of the LTRH population. They are also the individuals most resistant to participating in programs and effecting positive changes in their own lives. This is especially problematic because many STG members in restrictive housing adhere to a self-imposed "code" that prohibits members from engaging in The Challenge Program. By refusing to engage in risk-reducing programming, these individuals prolong the length of time they spend on LTRH status. To encourage participation, MDRT continues to send personalized letters to those who refuse, outlining the benefits of this program and how it serves as their pathway back to the general population. Additional outreach occurred at the beginning of FY2021, in which motivational face-to face conversations were attempted and program brochures and booklets were sent to inmates continually refusing to participate in any portion of

⁹ The Challenge Program combines Moral Reconciliation Therapy, a cognitive-behavioral intervention (CBI) offered in a group setting, with the Challenge Series, a series of seven self-guided interactive journals designed to guide individuals toward prosocial behavior. If an individual participates in his or her clinical violent offender or sex offender treatment while in restrictive housing, the MDRT may waive a person's requirement to complete TCP prior to release from restrictive housing, given the higher-level of CBI provided in those programs. To date, 17 individuals have received a waiver due to clinical programming.

TCP. As a further method of engagement, individuals who continue to refuse participation in TCP are regularly offered the opportunity to engage in other non-clinical programming options that allow the individual the opportunity to gain Tiers II and III incentives. Specifically, all individuals continually refusing to participate in TCP have received the first module of Courage to Change, a self-guided journaling series similar to the Challenge Series. Ultimately, the continued goal is to offer individuals the opportunity to engage in risk-reducing programming as one method of assisting in their rehabilitative journey.

Some individuals who refuse to participate in TCP will engage in their required clinical programs (Violence Reduction Program [VRP], inpatient sex offender treatment [iHeLP], and residential substance use treatment). Because these programs are also grounded in cognitive-behavioral intervention strategies, and provide a much higher level of intervention than what is offered in TCP, MDRT may waive the TCP requirement as the risk-reducing pathway out of restrictive housing for those who successfully complete their clinical recommendations. To increase the availability of clinical programming, NDCS developed two VRP groups for restrictive housing. The first cohorts began in July of 2019 with one group located at TSCI and the other at NSP.

At the end of FY2018, NDCS began partnering with the Mental Health Association of Nebraska to implement the Intentional Peer Support (IPS) program. Due to the notable success of the program during FY2019, the presence of IPS has been expanded during FY2020 to include a total of three facilities: NSP, TSCI, and LCC. There are additional plans for the expansion of IPS to NCYF, OCC, and NCCW during FY2021. While the IPS program is available to all residents of NDCS, particular priority is given to those individuals residing in a restrictive housing setting.

Special Needs Populations

Two special needs populations warrant careful consideration in any discussion of restrictive housing: individuals needing protective management housing, and inmates with diagnosed mental illnesses. This section discusses these two groups in greater detail.

Protective Management

Protective management units are designed for inmates who cannot be safely housed in other general population units. These units operate similarly to general population units in terms of out-of-cell time, as well as access to programming, work, and recreation opportunities, and are not part of restrictive housing. Any discussion of restrictive housing would be incomplete without considering inmates with protective custody (PC) needs because of their contribution to the restrictive housing population. Recall from earlier sections of this report that people with PC needs, whether voluntary or involuntary, accounted for about 30% of all immediate segregation (n=807) and 8% of longer-term restrictive housing assignments (n=22).

Presently, only individuals who have a PC investigation underway, refuse a protective management housing assignment (but cannot safely return to general population), or

are awaiting bed space in protective management are assigned to restrictive housing. Upon such assignment, NDCS works with these individuals to identify the most appropriate alternative housing assignment at the earliest opportunity. A number of changes were implemented during FY2019 to create a more efficient, effective process for managing these individuals and limiting the time they spend in restrictive housing. Such changes included: (1) transferring the PC investigation process from facility staff to members of the Intelligence Division, allowing investigations to be completed more quickly and comprehensively; (2) repurposing 32 restrictive housing beds at LCC into a Limited Movement Unit to allow those who must be separated from other individuals while a permanent protective custody housing assignment, or alternative general population housing assignment, is made to stay in a general population environment; (3) MDRT requiring institutional staff to submit an IS extension while appropriate housing is found for individuals in need of PC placement, in lieu of assigning the person to LTRH; and (4) MDRT adding language to their assignment decisions allowing staff to remove people from LTRH status when appropriate bed spaces had been identified without the need for an additional MDRT review. These changes significantly reduced the number of people placed on LTRH status due to protective custody considerations during FY2019, and continued to reduce such assignments during FY2020.

Mental Illness in Restrictive Housing

A primary area of concern in any restrictive housing discussion is how to address the needs of mentally ill individuals whose behavior presents a risk to themselves, others, and/or the safety and security of the institution. These individuals require a secure, therapeutic environment that provides critically needed mental health treatment while maintaining the safety of the patient, staff, and other inmates.

During FY2019, NDCS realigned the operations of the LCC Secure Mental Health Unit, which was an intensive therapeutic environment for individuals with serious, chronic, and persistent, mental health issues. This allowed the unit more flexibility in its operations and ability to manage inmates outside of a restrictive housing unit structure. Specifically, individuals in this 30-bed unit were allowed additional out-of-cell time (i.e., more than four hours per day) and they were more precisely organized into a 3-tiered level of care system. This system still provides a controlled and highly structured alternative to restrictive housing for individuals in need of residential mental health treatment due to chronic and unstable mental illnesses, developmental/intellectual disabilities and/or traumatic brain injuries that interfere with their safety or their ability to function effectively in other general population units. The three tiers of care allow for more precise triaging of individuals based on their level of acuity:

- Acute Care: five beds for people with serious, immediate, mental health care needs. This is generally a short-term status that allows for immediate stabilization.
- Subacute Care: 10 beds for people with serious issues in need of clinical treatment and intervention for emergent needs.
- Chronic Care: 15 beds for inmates who are clinically determined to be chronically and persistently mentally ill and unable to reside in a more open housing environment.

Mental health staff assigned to this unit provide a higher level of care to these high risk individuals with the goal of transitioning them to less restrictive options when it is safe and appropriate to do so. During FY2020, acute and subacute beds were added at TSCI (n=17) and NCCW (n=2). This allows individuals in crisis at these facilities to receive more intensive mental health services and support in a dedicated, on-site setting, outside of a restrictive housing environment. The availability of these units provides a greater continuity of care, and individuals are transferred to LCC if they are determined to need chronic mental health care.

These units serve crucial functions within NDCS, especially in light of LB686 (2019), which prohibits NDCS from placing any member of a vulnerable population in a restrictive housing environment. A vulnerable population member is defined as "... an inmate who is eighteen years of age or younger, pregnant, or diagnosed with a serious mental illness as defined in section 44-792, a developmental disability as defined in section 71-1107, or a traumatic brain injury as defined in section 79-1118.01."¹⁰ It should be recognized, however, that many persons with mental illnesses who are placed in restrictive housing are stabilized on medications and with other therapeutic interventions. Their placements in restrictive housing have nothing to do with their cognitive states, nor does the restrictive housing environment necessarily result in decompensation. During FY2020, 608 of the 1,793 unique people in restrictive housing (33.9%) at any point during the year, and 94.24 of the restrictive housing average daily population (N=132.74; 32.25%), had a serious mental illness (SMI),¹¹ as defined in Nebraska Revised Statute 44-792(5)(b):

Serious mental illness means, on and after January 1, 2002, any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the serious mental illness. Serious mental illness includes, but is not limited to (i) schizophrenia, (ii) schizoaffective disorder, (iii) delusional disorder, (iv) bipolar affective disorder, (v) major depression, and (vi) obsessive compulsive disorder.

Table 9 provides the serious mental illness diagnoses for these individuals.¹² A high priority for NDCS is to reduce assignments to restrictive housing for individuals whose functionality is impaired by their mental illnesses to restrictive housing and to limit the time these individuals spend outside of a general population or mission-specific housing assignment. To accomplish this, mental health treatment is provided to individuals in

¹⁰ See page 7 for statutory definitions of serious mental illness, developmental disability, and traumatic brain injury.

¹¹ With the addition of new, and better, data tracking modules in NiCaMS during FY2020, behavioral health staff conducted significant reviews of inmate mental health histories to ensure all active diagnoses were accurate and clinically supported. Those conditions determined to have been entered in error, contradictory to another diagnosis, in remission, or otherwise invalid, were end-dated. To account for these data management practices, a person's SMI status for this report was based on his or her current diagnoses. This is in contrast to last year's report, in which diagnoses from a person's current and previous incarcerations were considered.

¹² Some people had more than one diagnosis, so the total count of diagnoses will exceed the number of individuals.

restrictive housing, and mental health staff partner with their clients to develop behavior and programming plans that allow individuals to gradually step down into less restrictive environments and transition to the mental health unit or general population.

Recall from above, the behaviors that result in restrictive housing placements are not necessarily manifestations of a person's underlying SMI condition. Although some conditions may cause individuals to behave in disruptive ways or to decompensate when placed in a restricted environment, the majority of inmates with SMI are well-managed through a combination of medication, psychotherapy, and group-based interventions. During FY2019, NDCS laid the groundwork for appropriately managing inmates with SMI in the least restrictive environment possible, and implemented a more robust level of care system in FY2020. By considering a person's level of care in combination with his/her diagnoses, NDCS can more clearly identify the level of services and interventions appropriate for persons with SMI, and ensure those who need enhanced levels of treatment receive such care.

Table 9: Serious Mental Illness Diagnoses, FY2020

<u>Diagnosis</u>	<u>FY2020 Total</u>		<u>FY2020 ADP</u>	
	<u>Count of Individuals with Diagnosis</u>	<u>% of Diagnoses</u>	<u>ADP of Individuals with Diagnosis¹</u>	<u>% of Diagnoses</u>
Bipolar Disorder ²	279	33.33%	47.60	35.86%
Major Depressive Disorder	258	30.82%	35.73	26.92%
Psychotic Disorder ³	111	13.26%	22.79	17.17%
Schizoaffective Disorder	92	10.99%	15.50	11.67%
Schizophrenia	57	6.81%	6.84	5.15%
Delusional Disorder	10	1.19%	0.78	0.59%
Obsessive Compulsive Disorder	25	2.99%	2.23	1.68%
Schizophreniform Disorder	5	0.60%	1.27	0.96%
Total Diagnoses among RH Population	837	100.00%	132.74	100.00%
Unique Individuals with Any Diagnosis	608		94.24	

¹ Because individuals may have multiple diagnoses, the ADP and count of diagnoses will exceed the ADP and count of unique individuals in restrictive housing at any point during FY2020 with a serious mental illness.

² “Bipolar Disorder” includes: Bipolar I Disorder, Bipolar II disorder, Bipolar Disorder NOS (not otherwise specified), and Substance-/Medication-Induced Bipolar and Related Disorders.

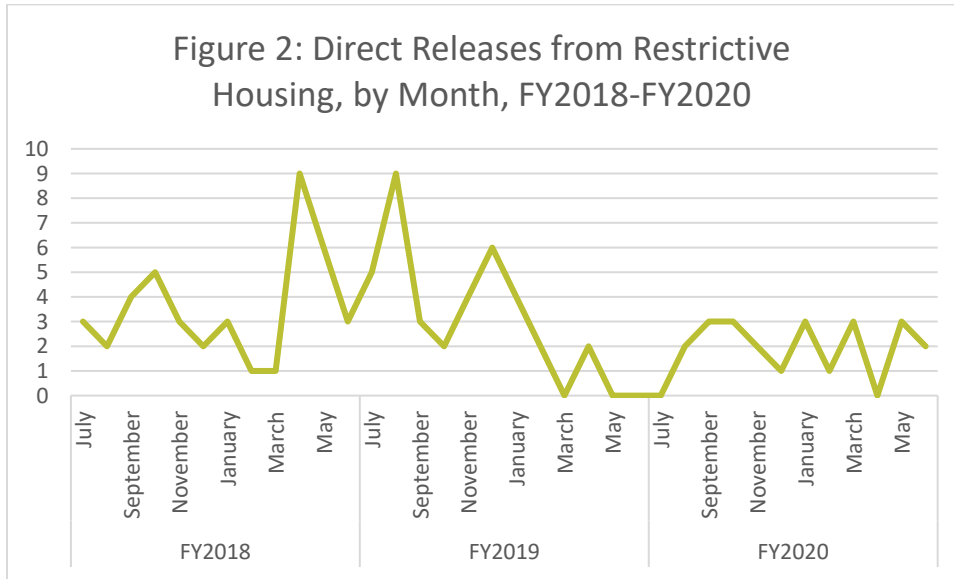
³ “Psychotic Disorder” includes: Brief Psychotic Disorder, Psychotic Disorder due to another Medical Condition, Psychotic Disorder NOS (not otherwise specified), and Substance-/Medication-Induced Psychotic Disorders

Direct Releases from Restrictive Housing to the Community

In addition to the use of restrictive housing for risk reduction purposes, another central objective of NDCS’s ongoing restrictive housing reform is to reduce the number of individuals who discharge directly from restrictive housing into the community. Consistent with the department’s mission, “Keep People Safe,” multiple measures have been put into place to prevent as many people as possible from releasing to the community without a period of transition through general population. The Discharge Review Team is required to review every person in restrictive housing within 120 days of their release. Facility staff also collaborate with their clients to develop a release plan that allows the person to transition out of restrictive housing and into general population, mission-specific housing, or treatment/behavioral-focused housing prior to release, when possible. Moreover, individuals who have spent more than 60 days in restrictive housing in the 150 days prior to their release have specialized reentry plans developed to avoid mandatory discharge from restrictive housing.

During FY2020, 23 people released from restrictive housing into the community; this is a 45% decrease from the 42 direct releases in FY2018, and a 38% reduction from the

37 direct releases in FY2019. Of these 23, eight finished their sentences and were directly discharged from NDCS, seven were released into the community under parole supervision, and eight were released to the jurisdiction of the Administrative Office of Probation to complete their term of post-release supervision. Figure 2 shows the monthly counts of restrictive housing direct releases between FY2018 and FY2020; Appendix 3 provides information about the individuals directly discharged during FY2020 and their restrictive housing placements.



There was much less fluctuation in the number of people released from restrictive housing over the course of FY2020 than in previous years. In most months, between one and three people were released directly into the community; no one was paroled or discharged directly from restrictive housing in July 2019 or April 2020. The average amount of time spent in restrictive housing prior to discharge for these individuals was 116 days, although the range of actual time spent was between one day and 1,167 days. The median length of time for these persons was 23 days, which is more representative of actual time served as nearly 75% of individuals were on IS status when they were released (17 of 23). A total of nine people were released to a detainer (six on IS status and three assigned to LTRH).

Table 10 shows the restrictive housing assignment reasons for those released directly to the community, as well as their restrictive housing status at the time of their release. Individual case file reviews reveal that a little more than half of all individuals (n=11; 52.4%) requested to be placed in restrictive housing or refused their approved housing assignment in order to avoid trouble (e.g., threats of violence from other inmates, pressuring to commit assaults before release) and the chance of jeopardizing their parole and/or their tentative release date through the loss of good time. Of the 11, seven requested protective custody or otherwise refused general population housing within two weeks of their release date. An additional eight people were placed in restrictive housing due to their actions, or threats of actions, of violent behavior while incarcerated.

Table 10: Direct Discharge to the Community

Reason for Restrictive Housing Placement	IS Status	LTRH Status	Total
1. Serious Act of Violent Behavior	3	5	8
2. Recent escape or attempted escape	0	0	0
3. Threats of actions of violence	3	0	3
4. Active membership in a Security Threat Group	1	1	2
5. Incitement or threats to incite group disturbances	1	0	1
6. Presence in general population will create a significant risk of physical harm	9	0	9
Total	17	6	23

It is important to note that the risk a person poses to the safety of others in a prison environment does not necessarily translate into the same level and type of risk they may pose to others in the community once released.¹³ For example, most incidents of prison violence are targeted at those within the prison STG structure and inmate hierarchy, or at authority figures. In this way, they are a means for someone to demonstrate the degree of power and control they are able to exert over others, and the threat they pose to those who subscribed to different ideologies or would try to control their behavior. This influence is easier to wield in prison where options for the targets of such aggression to physically leave a situation are more limited than in the community. In addition, the informal prison subculture requires individuals respond to perceived disrespect, most often with violence. In the community, responses to perceived disrespect may take different forms and, when violent, may involve a lower level of physical harm than what is expected to occur within prison.

Recall from above that half of the people who left restrictive housing voluntarily placed themselves in an environment that would minimize the likelihood of their release being jeopardized. Multiple individuals noted they were tired of having to do things for their STGs and wanted to leave that life behind when they left prison. In these instances, restrictive housing placements were used to minimize the risk others posed to that person’s safety while they finished their sentence, and to help ease their transition into the community. These individuals are less likely to pose a significant risk to, or be at risk from, their community upon release.

Restrictive Housing Use in Surrounding States

As noted in previous years’ reports, it is incredibly difficult to find standardized definitions of restrictive housing policies and practices across states. Attempts in previous years to collect exact data through a customized survey distributed by the Correctional Leaders Association (previously the Association of State Correctional Administrators [ASCA]) resulted in low response rates, continued definitional differences, and lack of data collection in an easily retrievable way prevented some

¹³ Mears, D.P., Stewart, E.A., Siennick, S.E., & Simons, R.L. (2013). The code of the street and inmate violence: Investigating the salience of imported belief systems. *Criminology*, 51(3), 695-728.

states from being able to respond. Data in this report has been compiled from the most recent, most comprehensive, national study of restrictive housing conducted in collaboration with the Association of State Correctional Administrators (ASCA) and The Liman Center for Public Interest Law at Yale Law School (Liman), specifically their October 2018 publication, "[Reforming Restrictive Housing: The 2018 ASCA-Liman Nationwide Survey of Time-in-Cell](#)."^{14,15}

The 2018 ASCA-Liman report is their fourth publication of cross-state comparisons on the use of restrictive housing in the United States. Data for their report was collected from surveys administered through ASCA to all 50 states, the Federal Bureau of Prisons, the District of Columbia, and four large metropolitan jail systems. In addition to total system and restrictive housing population numbers, as well as the number of individuals with mental illnesses in restrictive housing, the 2018 report also includes the first set of reporting regarding length of stay in restrictive housing, gender, race and ethnicity, and age. This information is presented in more detail in the tables that follow. Please note that each table in this section contains two data points for Nebraska. The first is the data provided by Nebraska for the ASCA-Liman report. This data is different than the average daily population measures presented throughout the Restrictive Housing Annual Report due to differences in counting rules and the timeframe under examination. More specifically, the ASCA-Liman data is based on a snapshot of the NDCS population during the fall of 2017. The ADP values from this year's Restrictive Housing Annual Report have been provided to illustrate what the FY2020 data looks like after controlling for normal fluctuations that occur within any population.

The 2018 ASCA-Liman report notes that the 43 reporting jurisdictions identified a total of 1,087,671 incarcerated individuals, of whom 49,197 (or 4.5%) were held in restrictive housing.

Race, Gender, Age, and Length of Stay

With regard to the demographics of restrictive housing populations, nationally, racial/ethnic minorities are somewhat overrepresented in restrictive housing populations relative to white inmates. Table 11a provides the total agency population for each state surrounding Nebraska, broken down by race/ethnicity, while Table 11b provides the restrictive housing racial/ethnic distribution for each of these agencies.

¹⁴ For more information about the 2018 ASCA-Liman report, its background, the data selected for use in this report, and clarification on definitions used throughout the study, please refer to the original document, available at <https://www.documentcloud.org/documents/4999225-ASCA-Liman-2018-Restrictive-Housing-Revised-Sept.html>.

¹⁵ At the time of this report's publication, CLA and Liman were in the process of finalizing their report, "Time-In-Cell: A 2019 Snapshot of Restrictive Housing based on Nationwide Surveys of U.S. Correctional Facilities." Because the data in this publication were still in draft form and subject to change at the time of this report, 2018 remains the most up-to-date publicly available source of information on restrictive housing usage across the country. NDCS's FY2021 annual restrictive housing report will use updated data from the forthcoming CLA-Liman publication.

Table 11a: Agency Population by Race/Ethnicity, 2018 ASCA-Liman Data¹

<u>Race/Ethnicity</u>	<u>Colorado</u>	<u>Iowa</u>	<u>Nebraska</u>	<u>South Dakota</u>	<u>Wyoming</u>	<u>Nebraska (FY2020 ADP)</u>
ASIAN	206	60	37	20	7	47.06
BLACK	3,221	2,109	1,442	304	110	1,535.51
HISPANIC	5,858	534	697	141	274	807.34
NATIVE AMERICAN	596	152	218	1,267	145	267.43
OTHER ²	2	(not reported)	42	6	0	40.88
PACIFIC ISLANDER	(not reported)	(not reported)	6	2	0	3.94
WHITE	8,414	5,428	2,736	2,187	1,618	2,924.30
Total	18,297	8,283	5,178	3,927	2,154	5,626.46

¹Information on race/ethnicity was not reported by Kansas or Missouri.

Table 11b: Agency Restrictive Housing Population by Race/Ethnicity, 2018 ASCA-Liman Data¹

<u>Race/Ethnicity</u>	<u>Colorado</u>	<u>Iowa</u>	<u>Nebraska</u>	<u>South Dakota</u>	<u>Wyoming</u>	<u>Nebraska (FY2020 ADP)</u>
ASIAN	0	3	1	0	0	0.78
BLACK	2	66	116	6	15	90.00
HISPANIC	6	23	76	4	9	60.47
NATIVE AMERICAN	0	2	24	44	16	18.60
OTHER	0	(not reported)	5	1	0	0.79
PACIFIC ISLANDER	(not reported)	(not reported)	0	0	0	0.20
WHITE	2	73	175	35	41	121.10
Total	10	167	397	90	81	291.94

¹Information on race/ethnicity was not reported by Kansas or Missouri.

Please note that not all jurisdictions reported on each racial/ethnic category, and two states (Kansas and Missouri) did not provide any racial/ethnic distributions to the ASCA-Liman study. For additional information about national trends in the use of restrictive housing by race/ethnicity, please refer to the original 2018 ASCA-Liman report.

It is not surprising that a higher proportion of restrictive housing populations, nationally, is comprised of males relative to females (4.6% of males and 1.2% of females are held in restrictive housing). This same trend exists in Nebraska, with approximately 5.5% of males and 1.1% of females are in restrictive housing. Table 12 provides the distribution of males and females in restrictive housing in surrounding states.

Table 12: Restrictive Housing Population for Surrounding States by Gender, 2018 ASCA Liman Data

State	Total System Population	Total Restrictive Housing Population	Males in Restrictive Housing	Females in Restrictive Housing
Colorado	18,297	10	10	0
Iowa	8,283	167	159	8
Kansas	9,889	459	(not reported)	(not reported)
Missouri	33,204	2,990	(not reported)	(not reported)
Nebraska	5,178	397	389	8
South Dakota	3,927	90	89	1
Wyoming	2,154	81*	81	4
Nebraska (FY2020 ADP)	5,630.34	292.24	287.66	4.58

**All data were taken directly from the 2018 ASCA-Liman report. There appears to be a discrepancy between the published total restrictive housing population of Wyoming, and the total of the male and female restrictive housing subpopulations in that state.*

Nationally, the majority of individuals in restrictive housing are between the ages of 26 and 50. This is in contrast to Nebraska where most people in restrictive housing are 36 years old or younger. Table 13 provides the age distribution for the restrictive housing populations in states surrounding Nebraska.

Table 13: Restrictive Housing Population by Age Group, 2018 ASCA-Liman Data¹

<u>Age Group</u>	<u>Colorado</u>	<u>Iowa</u>	<u>Nebraska</u>	<u>South Dakota</u>	<u>Wyoming</u>	<u>Nebraska (FY2020 ADP)</u>
Under 18	0	0	0	0	0	2.02 (18 and under)
18-25	2	62	119	25	21	101.86 (19-26)
26-35	3	68	179	33	39	125.63 (27-36)
36-50	5	31	82	19	24	53.54 (37-51)
50 and Over	0	16	17	13	1	9.19 (52 and over)
Total	10	167	397	90	85	292.25

¹Age distributions were not provided by Kansas or Missouri.

Thirty-six jurisdictions reported information regarding the amount of time individuals were held in restrictive housing. This information is presented in Figure 3 and Table 14. Relative to Nebraska, fewer restrictive housing placements are resolved within 30 days (31% nationally, compared to 41% in Nebraska). Nebraska also has a much lower percentage of restrictive housing placements that last longer than one year (1.97% in Nebraska compared to 19.1%, nationally).

Figure 3 - National Average Time Spent in Restrictive Housing, 2018

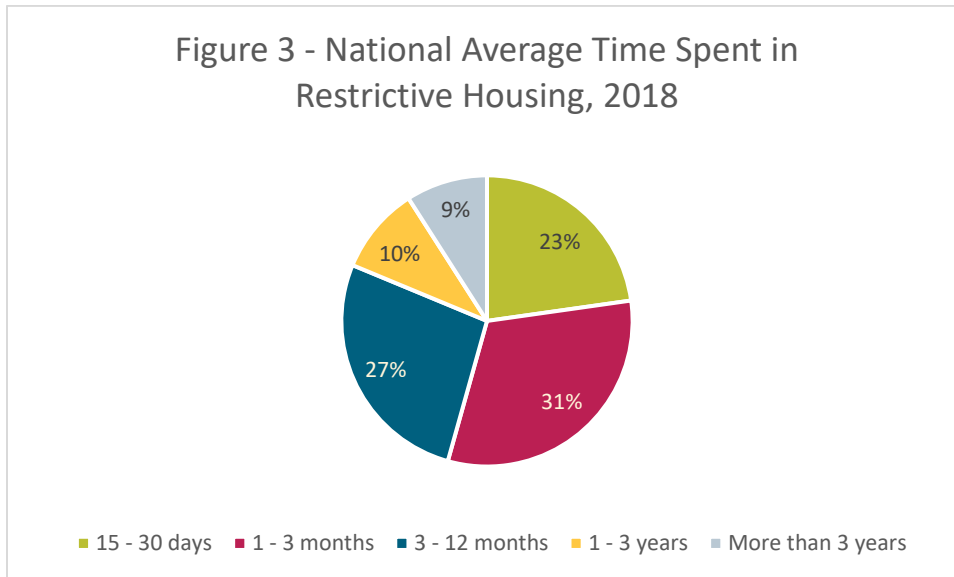


Table 14: Length of Stay for Surrounding States, 2018 ASCA-Liman Data

State	15-30 Days	1 – 3 Months	3 – 6 Months	6 – 12 Months	1 – 3 Years	3 – 6 Years	6 Years or More
Colorado	10	0	0	0	0	0	0
Iowa	56	98	10	3	0	0	0
Kansas	176	207	61	15	0	0	0
Missouri	1,122	842	215	229	80	20	2
Nebraska	19	94	102	81	32	1	3
South Dakota	18	6	10	16	21	12	7
Wyoming	21	31	25	2	1	1	0
Nebraska (FY2020 ADP)	599	555		128	102		

Mental Illness in Restrictive Housing, Nationally

As noted on page 47 in the 2018 ASCA-Liman report:

...the definitions of serious mental illness vary substantially, as do the policies governing placement of individuals with mental health issues – classified as ‘serious’ or otherwise – in restrictive housing. In addition to correctional department rules, some legislatures provide statutory direction and, in some jurisdictions, litigation has resulted in specified definitions and constraints. [...] Given this variation in scope and detail, a person could be classified as seriously mentally ill in one jurisdiction but not in another.

Because of these definitional differences, it is difficult to make cross-state comparisons about the use of restrictive housing for individuals with mental illnesses. The report further notes that the data in the report has not been scaled nor transformed in any other way to allow for comparisons, but are instead reported as provided by each jurisdiction. Table 15 provides the count of individuals in restrictive housing in each of the surrounding states who are noted by that agency to have a serious mental illness.

Table 15: Inmates with Serious Mental Illnesses (SMI) in Restrictive Housing in Surrounding States, 2018 ASCA Liman Data

State	Custodial Population with SMI	Population with SMI in RH
Colorado	1,713	1
Iowa	1,176	27
Kansas	3,202	43
Missouri	4,871	751
Nebraska	263	54
South Dakota	151	13
Wyoming	268	43
Nebraska (FY2020 ADP)	(not reported)	94.24

Unfortunately, the 2018 ASCA-Liman report still does not report information regarding the reasons people in other states were held in restrictive housing, nor does it provide details regarding people released from restrictive housing directly to parole or into the general public. As such, no comparable information can be provided in this report.

Conclusion

The content of the FY2020 Restrictive Housing Annual Report illustrates the strides NDCS has made since FY2016 in reducing the use of restrictive housing, and ensuring that it is used only for cases in which a person's risk level cannot be managed in a less restrictive setting. Specifically, the average daily restrictive housing population decreased from about 404 people in FY2018 to 292 in FY2020. This reduction can be attributed to changes in the management of special populations throughout the agency, legislative changes related to restrictive housing, and increase programming opportunities. In addition, the reasons people are placed into immediate segregation and longer-term restrictive housing have been refined. During FY2020, the majority of placements in FY2020 were related to a serious acts of violent behavior or threats or actions of violence, and many fewer placements were due to the overall significant risk of physical harm a person's presence might create in general population.

It should be noted the global pandemic due to the coronavirus did not leave NDCS unaffected during FY2020. Interestingly, however, the changes in NDCS operations did not affect the ways in which restrictive housing was used and ultimately contributed to a reduction in the restrictive housing population. The implementation of social distancing efforts and smaller program group sizes helped reduce the restrictive housing population. Fewer inmates in the same place at the same time presented less opportunity for interpersonal conflicts and, if such conflicts did arise, the possibility of them expanding into large-scale multiple-inmate events was minimized. Unlike many other states, NDCS did not place inmates in restrictive housing in order to quarantine individuals. Rather, general population units were converted to provide this mission-specific housing in order to keep people quarantined in the least restrictive environment possible. The overall reduction in the restrictive housing population at NSP also allowed one 40-bed restrictive housing unit to be repurposed as a quarantine unit. This unit was not operated as restrictive housing for quarantined inmates, but was managed as any other general population quarantine unit. The fact that the change in mission for this unit did not negatively affect NDCS's ability to manage the restrictive housing population demonstrates the possibility for these beds to be permanently converted to a general population unit once the coronavirus concerns have passed.

One final shift in population management put in motion during FY2020 was the design of a new facility between DEC and LCC. This facility will consolidate many healthcare functions in the Lincoln area, which will increase the quality and efficiency of services. Included in this project are 32 beds designated for inmates with significant behavioral health needs who need to be managed in a specialized therapeutic environment in close proximity to providers and other health care services. The project also includes 384 maximum security general population beds. In order to remove the challenges associated with coordinating the movement of large numbers of inmates across the

institution throughout the day, programming space and large day rooms for these inmates will be available on their units. Large yards will be accessible from the units. It is important to note that these maximum security beds are not designed to be restrictive housing beds, nor are they intended to be used in that fashion at any point in the future. Rather, these beds will allow NDCS to build the environment necessary to manage our higher-risk population by keeping them in a secure general population environment that still allows them opportunities for programming, pro-social activities, and interactions with others. As NDCS moves into FY2021, the agency continues to find opportunities to reduce the restrictive housing population through new and continued initiatives, and to expand opportunities for risk-reducing programming offered to those in restrictive housing to increase their chances of continued success when released back into the general population.

Appendix 1: Longer-Term Restrictive Housing Referral Outcomes, FY2018 through FY2020

Table A1a: Longer-Term Restrictive Housing Referral Outcomes, FY2018

<u>Facility Submissions</u>		<u>MDRT Decision</u>				
<u>Recommendation</u>	<u># of Referrals</u>	<u>Assign</u>	<u>Continue</u>	<u>Remove, Alternative Placement, Mission Specific Housing</u>	<u>Returned for Resubmission</u>	<u>MDRT Approval Rate</u>
None recorded; data conversion	339	298	11	30	0	
Assign to LTRH	1506	1220	-	283	3	81.01%
Continue Placement	2809	-	2355	453	1	83.84%
Remove	696	0	104	592	0	85.06%
Total	5011	1235	2444	1328	4	

Two different data sources were used to track restrictive housing assignments during FY2018, which produced less standardized data than would be available in future years.

Table A1b: Longer-Term Restrictive Housing Referral Outcomes, FY2019

<u>Facility Submissions</u>		<u>MDRT Decision</u>			
<u>Recommendation</u>	<u># of Referrals</u>	<u>Assign</u>	<u>Continue</u>	<u>Remove</u>	<u>MDRT Approval Rate</u>
Assign to LTRH	646	489	-	157	75.70%
Continue Placement	1748	-	1416	332	81.01%
Remove	260	13	31	216	83.08%
Total	2654	502	1447	705	

Table A1c: Longer-Term Restrictive Housing Referral Outcomes, FY2020

<u>Facility Submissions</u>		<u>MDRT Decision</u>			
<u>Recommendation</u>	<u># of Referrals</u>	<u>Assign</u>	<u>Continue</u>	<u>Remove</u>	<u>MDRT Approval Rate</u>
Assign to LTRH	516	282	-	234	54.65%
Continue Placement	1239	-	992	247	80.06%
Remove	114	-	14	100	87.72%
Total	1869	282	1006	581	

Appendix 2: Longer-Term Restrictive Housing Programs and Services by Facility,
FY2020

Program Name	Description	LCC	NCCW[^]	NSP	TSCI
Adult Secondary Education		X	X	X	X
Anger Management High Risk High Need*	<i>Provides instruction and practice on basic anger control strategies in a group facilitated by clinicians</i>	X		X	X
Beyond Trauma*	<i>A gender-specific, trauma-informed program for women</i>		X		
Challenge Series ^{††}					X
Core Group*	<i>Introduction to psychotherapy group</i>	X			
Courage to Change [†]		X	X	X	X
Creative Expressions*		X			
Current Events*		X			
Dialectical Behavioral Therapy*	<i>Cognitive behavioral mindfulness-based coping skills; 10 weeks</i>		X		
Etiquette*		X			
Fear: The Anger Trigger*			X		
Interpersonal Problem Solving Skills*	<i>Clinical programming to assist inmates in addressing problems; 8 weeks</i>			X	X
Introduction to Mental Health*		X			
Journaling Group*		X			
Life Skills*		X			
Living Skills*	<i>DVD series; Each session addresses a different life skills topic which provides beneficial information to assist inmates in making the behavioral changes necessary to transfer back to general population.</i>	X	X		
Longer-Term Restrictive Housing Mental Health Group*					X
METEOR*	<i>Introduction to the stages of change and how a person can move forward if s/he chooses</i>	X		X	
Moral Reconciliation Therapy	<i>A cognitive behavioral treatment system that leads to enhanced moral reasoning, better decision-making, and more appropriate behavior</i>		X		X [‡]
Mental Health Association Intentional Peer Support		X		X	X
Relaxation Group*		X			
START Now*	<i>Mental health programming re-enforcing personal responsibility for behavior; teaching the connections between thoughts, feelings, and behavior; identifying strengths to build on</i>		X		

Succeeding in Less Restrictive Housing*					X
Symptoms Management*		X			
Table Talk*		X			
Thinking for a Change	<i>A cognitive behavioral-based program that concentrates on changing criminogenic thinking and increases awareness of self and others. This deepened attentiveness to attitude, beliefs, and thinking patterns is combined with explicit teaching of interpersonal skills relevant to offenders' present and future needs.</i>		X		
Trauma Class*		X			
Trauma-Informed Peer Support			X		
Victim Empathy Class*	<i>Increases a participant's understanding of the harm/damages they caused their victims, communities, and themselves. The program also provides an important life skill module that teaches how to become emotionally proficient, which translates into better decision-making and reduced conflicts.</i>	X			
Violence Reduction Program*	<i>Intensive treatment option for inmates at high risk for violent re-offense, those with strong antisocial beliefs or lifestyles, and those with evidence of psychopathy.</i>	X		X	X
Wellness Recovery Action Planning (WRAP)*	<i>Discusses de-escalation, decision making and consequences, how trauma affects a person, and how to overcome negative ways of dealing with stressful situations and crises.</i>			X	X

^Women in restrictive housing at NCCW are allowed to attend general population programming

**Program led by mental health staff*

‡Denotes availability as component of The Challenge Program, a behavioral intervention designed specifically for individuals who have demonstrated an institutional history of violent and/or STG behavior

†In-cell programming format

Appendix 3: Individuals Released from Restrictive Housing into the Community, FY2020
(blue font indicates release to detainer)

<u>Release Date</u>	<u>Placement Reason</u>	<u>Length of Stay</u>	<u>Status</u>	<u>Released From</u>	<u>Release Type</u>	<u>Released to Detainer</u>
8/8/2019	Presence in GP will create a significant risk of physical harm	24	IS	NSP	PRS	Yes
8/14/2019	Presence in GP will create a significant risk of physical harm	4	IS	NSP	DISC	Yes
9/19/2019	Incitement or threats to incite group disturbances	4	IS	NSP	DISC	No
9/21/2019	Presence in GP will create a significant risk of physical harm	13	IS	NCY	DISC	Yes
9/27/2019	Serious act of violent behavior	34	LTRH	NSP	DISC	No
10/14/2019	Presence in GP will create a significant risk of physical harm	20	IS	NSP	PRS	No
10/15/2019	Presence in GP will create a significant risk of physical harm	8	IS	OCC	DISC	No
10/29/2019	Serious act of violent behavior	14	IS	NSP	PRS	No
11/15/2019	Presence in GP will create a significant risk of physical harm	1	IS	NSP	DISC	Yes
11/26/2019	Threat of actions of violence	8	IS	NCY	DISC	No
12/23/2019	Serious act of violent behavior	29	IS	TSC	PRS	No
1/23/2020	Presence in GP will create a significant risk of physical harm	29	IS	NSP	PROL	No
1/24/2020	Serious act of violent behavior	154	LTRH	TSC	PRS	Yes
1/27/2020	Threat of actions of violence	6	IS	TSC	PRS	No
2/24/2020	Threat of actions of violence	23	IS	TSC	DISC	No
3/2/2020	Serious act of violent behavior	409	LTRH	TSC	PROL	Yes
3/22/2020	Active membership in STG	23	IS	TSC	PRS	Yes
3/26/2020	Presence in GP will create a significant risk of physical harm	6	IS	OCC	PROL	No
5/5/2020	Serious act of violent behavior	418	LTRH	TSC	PROL	No
5/18/2020	Active membership in STG	1167	LTRH	TSC	PROL	No
5/18/2020	Serious act of violent behavior	255	LTRH	TSC	PROL	Yes
6/23/2020	Serious act of violent behavior	4	IS	LCC	PROL	Yes
6/26/2020	Presence in GP will create a significant risk of physical harm	6	IS	OCC	PRS	No