

2022 Restrictive Housing Annual Report

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Introduction

Restrictive Housing Reform in Nebraska

This report describes the use of restrictive housing (RH) within the Nebraska Department of Correctional Services (NDCS) between July 1, 2021 and June 30, 2022 (Fiscal Year [FY] 2022). 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). Immediate segregation is a short-term (30 days or fewer) placement used to maintain safety and security of the facility. Longer-term restrictive housing 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 or others, or to the security of the facilities. Immediate segregation 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 restrictive housing into the community; and (5) the use of restrictive housing in surrounding states.

Report Contents

The scope of this report is specifically defined in Nebraska Revised Statute [N.R.S.] §83-4,114(4). 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 FY2022, and changes that will be forthcoming in FY2023.

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. FY2022 is the fourth 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, 2021 and June 30, 2022). To calculate the average daily population for this report, the total number of days all individuals spent in restrictive housing between July 1, 2021 and June 30, 2022 was divided by 365. 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

Figure 1 shows the restrictive housing ADP for the agency for fiscal years 2018 through 2022. Table 1 includes the ADP counts of the respective years, by facility. 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 242 people were held in restrictive housing on any given day during FY2022. This is a small increase of just over two people per day relative to FY2021 (an overall increase of 0.1%), and a decrease of 50 people relative to FY2020 (an overall reduction of 17.1%).

Figure 1: Restrictive Housing Average Daily Population (ADP)

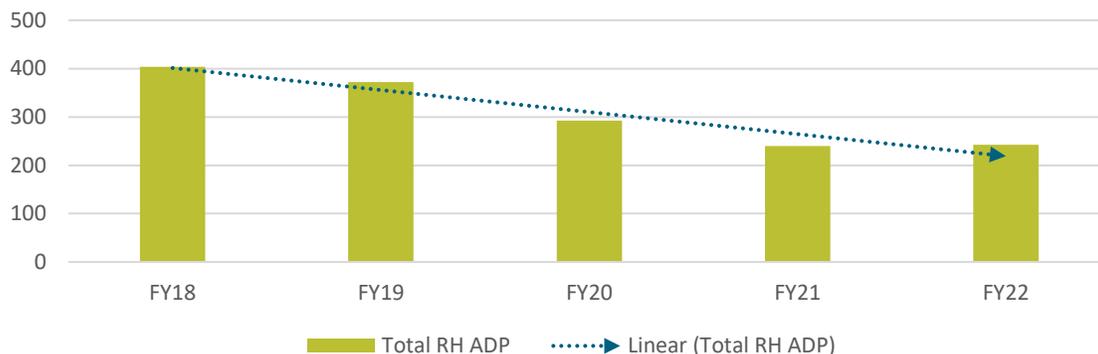


Table 1: Restrictive Housing Average Daily Population (ADP) by Facility

Facility	FY2018	FY2019	FY2020	FY2021	FY2022
NCCW ¹	9.96	3.78	4.58	5.90	0.42
NCYF	4.52	7.42	4.32	0.00	0.00
NSP	120.29	128.72	95.61	63.81	65.15
OCC	12.03	12.73	7.44	8.12	5.82
RTC ²	67.28	46.47	14.90	15.03	14.68
TSCI	189.78	173.07	165.40	147.05	156.09
NDCS Total	403.86	372.19	292.24	239.91	242.17

¹On 7/26/2021 NCCW ceased the use of restrictive housing.

²On 1/6/2022 DEC and LCC became a single facility, the Reception and Treatment Center (RTC).

General facility trends

The overall distribution of the restrictive housing population across institutions has remained relatively consistent since FY2018. In addition, these distributions are consistent with the known missions of each facility and the respective compositions of their populations. The downward trend in the use of restrictive housing is attributable to the continued dedication of NDCS to house individuals in the least restrictive setting possible.

Tecumseh State Correctional Institution (TSCI) has the largest RH population in the system, averaging about 156 individuals per day (64.5% 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. Furthermore, TSCI is the only facility that offers The Challenge Program (TCP). As such, individuals assigned to LTRH and TCP are moved to TSCI so that they may participate in their programming.

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 65.15 (26.9%).

Consistent with FY2021, the Reception and Treatment Center (RTC), formerly the Lincoln Correctional Center (LCC), has maintained a reduction in its restrictive housing ADP. 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 three-tiered specialized mental health care unit at RTC. The restrictive housing population in FY2019 was 46.47, whereas the FY2020 population was only 14.90, and 15.03 people in FY2021. During FY2022, there was an average of 14.7 people in restrictive housing at RTC (6.1% of the agency RH population).

The Omaha Correctional Center (OCC) is the smallest for facilities that house males over the age of 18, and 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. Also, 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. This helps to contextualize its low restrictive housing ADP of 5.82 (2.4% of the total RH population).

The total ADP for NCYF as an institution was 72, and the restrictive housing ADP for FY2022 is zero. The facility was originally designed with a maximum restrictive housing capacity of eight, but during FY2021, the restrictive housing cells were repurposed for general population capacity. These changes are attributable to two significant legislative changes affecting the youthful offender population. The first was LB686 (2019), which eliminated longer-term restrictive housing placements for individuals 18 years of age or younger, or those who would be admitted directly to NCYF. The second was LB230 (2020), which limited room confinement for juveniles. These legislative changes are discussed in more detail below.

NCCW also had a relatively small institutional ADP in FY2022 (287.52), and a restrictive housing ADP of 0.42 (0.2% of the total RH population). In July 2021, NCCW discontinued the use of restrictive housing and implemented a behavior improvement unit to respond to management needs. The very small RH population included in this year's report is representative of those housed in RH at NCCW during the month of July leading up to the transition. A more thorough discussion of this transition can be found in the conclusions of this report.

Fiscal year changes in ADP

There are noticeable annual variances in the NDCS restrictive housing populations between FY2016 and FY2022, 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 of 239.91 in FY2021 was the lowest it has been since the changes to restrictive housing went into effect. This reduction can be attributed to NDCS's continuing dedication to house people in the least restrictive environment possible, while still maintaining the safety and security of the individual, other incarcerated persons, and staff. In FY2022 the trend continued with an ADP of 242.17.

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 member of a vulnerable population 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 44-792¹, a developmental disability as defined in section 71-1107², or a traumatic brain injury as defined in section 79-

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."

1118.01.³ A workgroup formed in July of 2019 to identify individuals who would be 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 (2020) was approved by the Governor on February 12, 2020 and prohibits the use of room confinement for juveniles unless it is done to “eliminate the 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 for 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

Figure 2 shows the distribution of the FY2022 male restrictive housing population across racial/ethnic groups. Table 2a presents the ADP counts and percentages of the same distribution. Table 2b presents the racial/ethnic distribution of the restrictive housing and institutional ADPs for the female population. The graphic for the female distribution was omitted due to the sensitivity caused by the low counts of females in restrictive housing. Further explanation on this issue can be found below. Among male inmates, those who identify as Hispanic are overrepresented in restrictive housing (23.84%), relative to their proportion of the NDCS population (14.99%). Although their proportion in the overall NDCS population is comparable to the distribution in both FY2020 and FY2021, there is an increase in their representativeness in the restrictive housing population (19.54% in FY2021). 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, a greater concentration of Hispanic individuals are held in restrictive housing relative to their proportion in the overall system.

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

Figure 2: Male Restrictive Housing and Institutional ADP by Race/Ethnicity

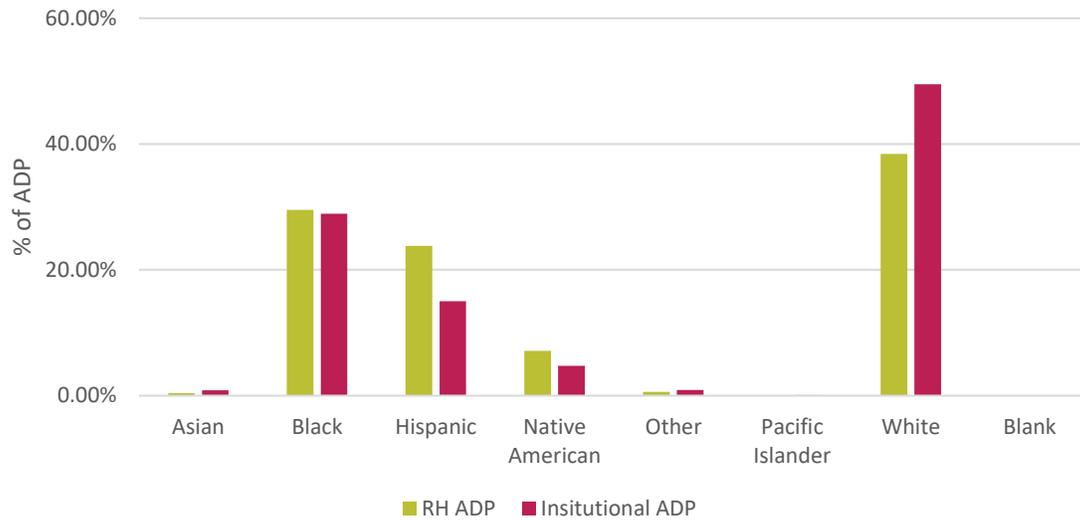


Table 2a: Male Restrictive Housing and Institutional ADP by Race/Ethnicity¹

<u>Race/Ethnicity</u>	<u>Male RH ADP</u>	<u>% of Male RH ADP</u>	<u>Total Male Institutional ADP</u>	<u>% of Total Male Institutional ADP</u>
ASIAN	1.01	0.42%	43.35	0.84%
BLACK	71.41	29.54%	1494.25	28.93%
HISPANIC	57.63	23.84%	774.24	14.99%
NATIVE AMERICAN	17.23	7.13%	245.06	4.74%
OTHER	1.43	0.59%	45.36	0.88%
PACIFIC ISLANDER	0.09	0.04%	3.62	0.07%
WHITE	92.94	38.44%	2558.22	49.53%
(blank)	0.0	0.0%	1.19	0.02%
Total	241.75	100.00%	5165.28	100.00%

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

Table 2b: Female Restrictive Housing and Institutional ADP by Race/Ethnicity¹

Race/Ethnicity	Female RH ADP²	% of Female RH ADP	Total Female Institutional ADP³	% of Total Female Institutional ADP
ASIAN	0.00	0.00%	1.0	0.25%
BLACK	0.08	18.71%	59.58	15.18%
HISPANIC	0.07	16.77%	41.73	10.63%
NATIVE AMERICAN	0.1	23.23%	37.66	9.6%
OTHER	0.0	0.0%	12.62	3.22%
PACIFIC ISLANDER	0.00	0.00%	0.00	0.00%
WHITE	0.18	41.29%	238.82	60.86%
(blank)	0.00	0.00%	1.00	0.25%
Total	0.43	100.00%	392.41	100.00%

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

²Restrictive housing for female inmates exists only at NCCW

³Incarcerated 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. Although women are included in the overall totals, given their extremely low numbers, the effect on those totals is almost nil. Just under half of the restrictive housing average daily population during FY2022 (46.5%) were between the ages of 22-31. Approximately 30% were between the ages of 32 and 41. Individuals under the age of 22 made up 4.8% of the RH population, while the remaining 18.8% are accounted for by persons 42 years of age or older.

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

Age Group	Male RH ADP	Male %	Female RH ADP²	Female %	Combined RH ADP	Combined % by Age Group
18 and Under	0.38	0.16%	0	0.0%	0.38	0.16%
19-21	11.27	4.66%	0	0.0%	11.27	4.65%
22-26	46.61	19.28%	0.18	42.58%	46.79	19.32%
27-31	65.87	27.25%	0.07	17.42%	65.95	27.23%
32-36	40.10	16.59%	0.09	21.29%	40.19	16.60%
37-41	31.99	13.23%	0.07	16.77%	32.06	13.24%
42-46	20.10	8.31%	0	0.0%	20.10	8.30%
47-51	13.56	5.61%	0	0.0%	13.56	5.60%
52-56	4.58	1.89%	0	0.0%	4.58	1.89%
57-61	4.42	1.83%	0.01	1.94%	4.42	1.83%
62 and Above	2.87	1.19%	0	0.0%	2.87	1.18%
Total	241.75	100.00%	0.42	100.00%	242.17	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 categories among those 36 years of age or younger (67.96%). The expected decline does not begin until the 37-41 year age range (13.24%). This trend in the FY2022 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

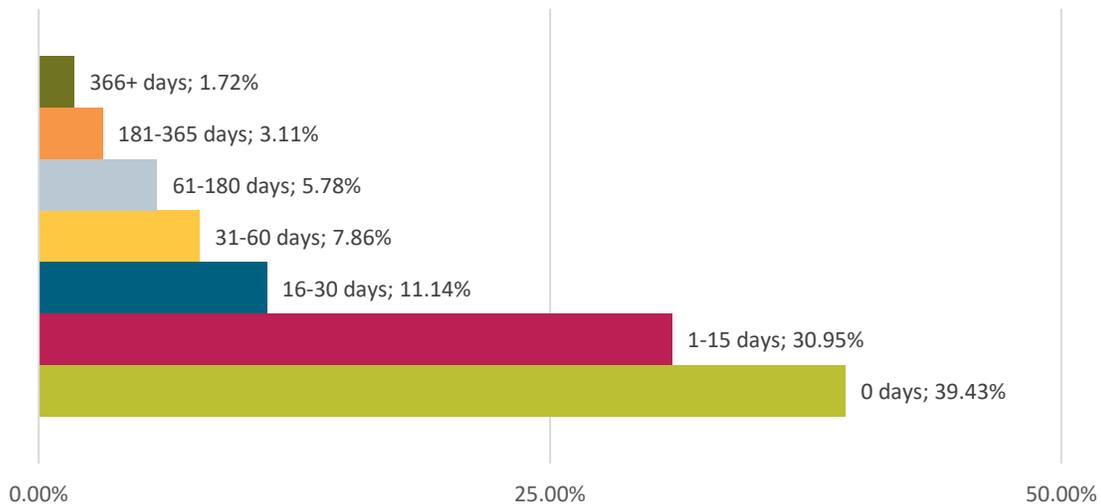
and build a routine that allows them to pass their time with the fewest disruptions possible.

Holding Placements and the Restrictive Housing Pass-Through Population

During FY2022, a total of 1,542 unique individuals were held in restrictive housing for at least one day during the year. The average length of time spent for a given restrictive housing event was 36.73 days, a 35% increase from FY2021 and a 7% increase relative to FY2020. The distribution varies widely, with the median length of stay⁴ being one day. Figure 3 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 40% 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. Excluding same day releases, about 42% of the restrictive housing placements are for 30 days or less, with over a quarter of those stays (31%) ending within 15 days.

Figure 3: Time in Holding and Restrictive Housing, in Days, FY2022



Only 8% of placements were between 31 and 60 days, which is slightly higher than FY2021 (6%). Six percent of placements lasted between two and six months, and only 1.72% were for more than one year. The next section of this report discusses holding

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 FY2022, their event length of stay was calculated as the number of days from their initial holding placements through June 30, 2022.

placements and both restrictive housing stages – immediate segregation and longer-term restrictive housing – in greater detail.

Restrictive Housing Placement Types

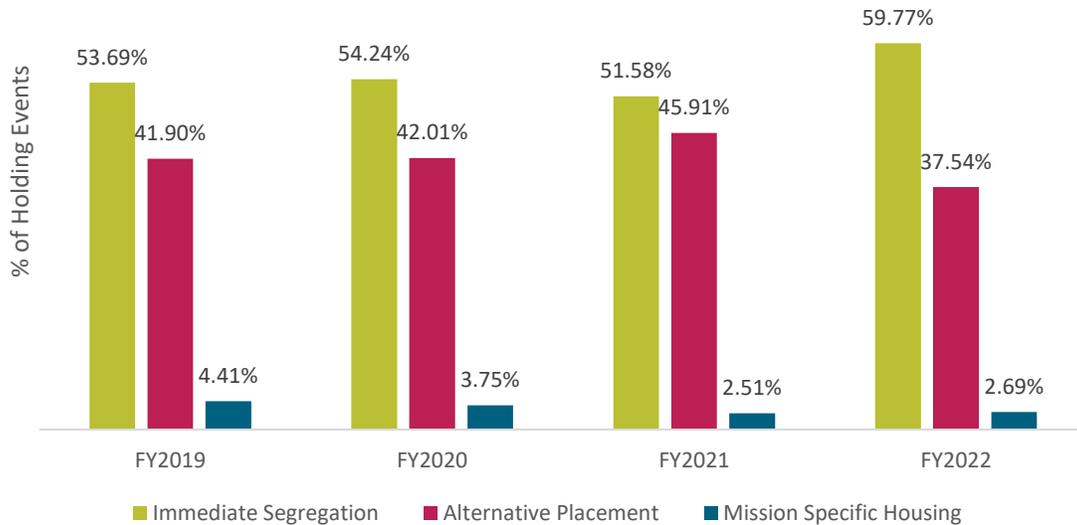
On July 1, 2016, the Nebraska Department of Correctional Services (NDCS) discontinued the use of restrictive housing for disciplinary or punitive purposes. Since then, restrictive housing has been used to mitigate the risk a person poses to him- or herself; fellow inmates; staff; and/or the safety, security, 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, 2021 and June 30, 2022, 3,490 unique holding events were recorded in the electronic restrictive housing data tracking system. On average, there were around 10 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.

Figure 4 shows the outcomes of the holding events from FY2019 through FY2022. As discussed in the previous section, an alternative to restrictive housing (i.e., alternative placement or mission-specific housing) was deemed appropriate in 40% 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, just under 60% could not be resolved on the same day, and resulted in assignments to IS.

Figure 4: Holding Outcomes



Reasons for holding placements

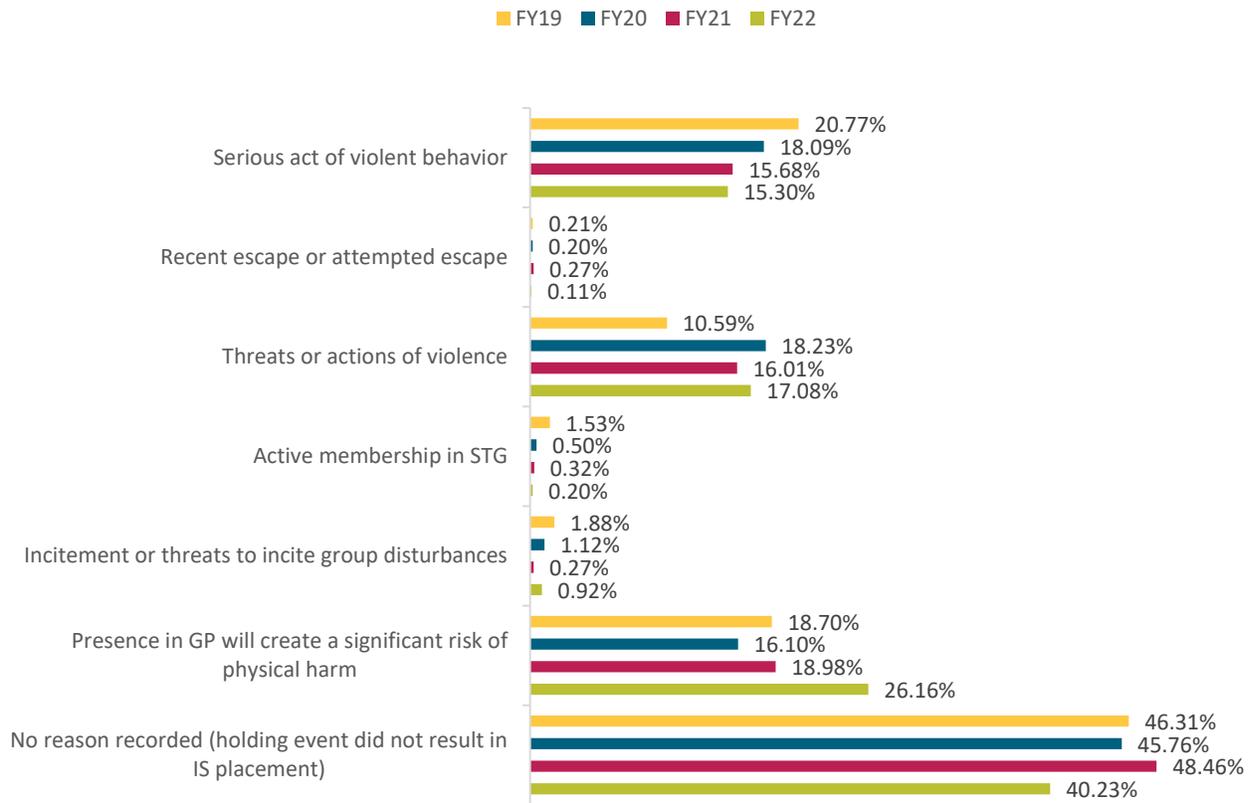
To ensure restrictive housing placements are used only for risk management purposes, NDCS classifies placements into one of the six categories identified below:

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.

Figure 5 provides a distribution of the various reasons why individuals were sent to holding between FY2019 through FY2022.

Figure 5: Holding Placement Reasons



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 1,404 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. About one-third (32.38%) of holding placements were for serious acts of violent behavior (15.30%) or threats or actions of violence (17.08%). 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 a quarter (26.16%) of cases. The remaining placements were due to recent escapes or attempted escapes (0.11%), active membership in a security threat group (0.20%), or inciting or threatening to incite group disturbances (0.92%).

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 FY2019. 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 three 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 occurred in 0.34% of IS placements and only in 0.2% of holding events overall during FY2022.

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 FY2022, there were 2,086 total assignments to IS. The reasons for these placements are presented in Table 4, along with the corresponding data from FY2020 and FY2021.

Table 4: Immediate Segregation Placement Reasons

<u>Reason for Placement</u>	<u>FY2020</u>		<u>FY2021</u>		<u>FY2022</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	907	33.36%	744	30.42%	534	25.60%
2. Recent escape or attempted escape	10	0.37%	13	0.53%	4	0.19%
3. Threats or actions of violence	914	33.62%	760	31.07%	596	28.57%
4. Active membership in a Security Threat Group	25	0.92%	15	0.61%	7	0.34%
5. Incitement or threats to incite group disturbances	56	2.06%	13	0.53%	32	1.53%
6. Presence in General Population will create a significant risk of physical harm	807	29.68%	901	36.84%	913	43.77%
<i>Inmate does not feel safe in General Population</i>	52		45		50	
<i>Inmate does not feel safe in Protective Custody</i>	21		47		38	
<i>Inmate has destroyed property</i>	5		5		3	
<i>Inmate has requested Protective Custody</i>	448		480		434	
<i>Inmate refused approved housing</i>	163		250		301	
<i>Inmate requires involuntary protective custody</i>	31		25		24	
<i>Other</i>	87		49		63	
Total	2,719	100.00%	2,446	100.00%	2,086	100.00%

Just over half of IS placements in FY2022 were related to serious acts of violent behavior (25.60%) or threats of actions of serious violent behavior (28.57%). This is consistent with the mission of using restrictive housing as a risk management tool, rather than a disciplinary sanction for minor rule violations.

Specifically, about half of the placements under reason category 6 (n=434; 47.54%) were due to individuals requesting protective custody (PC). About 33% of individuals (n=301) refused to leave restrictive housing and go to their assigned housing location, and another 12.27% were persons who noted they did not feel safe in general population (n=50) or in PC (n=38), or whom NDCS staff deemed to be in need of involuntary PC for their own protection (n=24). 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.

The average length of stay⁵ for sentenced inmates assigned to IS was 15.7 days, with a median stay of 12 days. Current NDCS policy (210.01) requires IS placements to be

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

reviewed by the warden after 15 days, and either end the RH event or transfer to 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, the warden or their designee 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.

Longer-Term Restrictive Housing (LTRH)

Longer-term restrictive housing 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 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 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 FY2022 was 214.94 days with a median

LTRH status. For individuals who were assigned to IS on the last day of FY2022, their event length of stay was calculated from their initial IS assignment through June 30, 2022.

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 FY2022, their event length of stay was calculated from their LTRH assignment through June 30, 2022.

length of stay of 124 days, placements on LTRH varied between one and 1,765 days. Eighteen individuals spent a week or less on LTRH. In contrast, there were eighteen people in FY2022 who spent three years or more in restrictive housing. Two of those individuals are persons of interest in the March 2017 disturbances at TSCI, which resulted in the homicides of two inmates.

Multidisciplinary Review Team (MDRT) referrals

Between July 1, 2021 and June 30 2022, the MDRT conducted 1,444 LTRH reviews. This is a 4% increase from FY2021, in which the team reviewed 1,392 unique referrals but is a 23% reduction from completed reviews in FY2020. This is a strong indication that, while holding and IS placements have been relatively stable (see Figure 5 and Table 4, above), the levels of elevated risk present in general population, as well as the perceptions of which behaviors warrant referrals for LTRH placement, has maintained over the past year. Table 5 compares the facility LTRH recommendations to the decisions made by the MDRT.⁷

Table 5: 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	416	339	-	77	81.5%
Continue Placement	891	-	728	163	81.71%
Remove	137	1	11	125	91.24%
Total	1444	340	739	365	

Regarding initial LTRH assignments, the MDRT approved wardens’ recommendations in over three-quarters of their reviews (81.5%). This is a significant increase from the 55% agreement rate in FY2020, and an increase from the 73% agreement in FY2021. The higher rate of agreement in assignment by the MDRT is likely due to a confluence of factors. Over the past years, concerted efforts have been made to communicate the expectations and proper use of LTRH to facility staff. During FY2020, those communications were underscored by the MDRT by refusing to assign referrals to LTRH when less restrictive options had not been adequately pursued and that the use of LTRH was justified. The efforts of the MDRT and the responsiveness of facility staff have resulted in a reduction in the overall number of referrals for LTRH; the MDRT reviewed 477 fewer referrals in FY2021 than in FY2020, and 425 fewer in FY2022 from FY2020. Accordingly, of those referrals that do make it to the MDRT for review, the likelihood that alternatives have been exhausted is increased, and the agreement rate has therefore also increased. Furthermore, the continued high concordance rate for continuations (81.71%) and removals (91.24%) demonstrates an understanding by staff of the appropriate use of LTRH, not just upon initial assignment, but also for continued management, intervention, and release to an alternative setting. Overall, the reduction in referrals and the increase in agreement on appropriate placement is indicative of an

⁷ See Appendix 1 for more detailed information on MDRT decisions issued during FY2020 and FY2021.

acceptance among staff that less restrictive options must be continuously sought and that LTRH is to be used only when no other options are available.

Table 6, below, identifies the placement reason for the 340 cases MDRT assigned to LTRH. Notably, 67.94% of MDRT assignments were due to serious acts of violent behavior (44.12%) or threats or actions of violence (23.82%). Although the majority of placements were for violence, this is a decrease from years past (87.59% in FY2020 and 89.76% in FY2021). In contrast, 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), increased significantly from 7.2% of cases in FY2021 to 30.59% of placements in FY2022. Among these individuals, 86.5% (90 of 104) were due to a person’s request for protective custody (n=43), refusing approved housing assignment (n=33), or an individual not feeling safe in protective custody (n = 14).

Table 6: Longer-Term Restrictive Housing Assignment Reasons

Reason for LTRH Placement	FY2020		FY2021		FY2022	
	Count of Events	% of Events	Count of Events	% of Events	Count of Events	% of Events
1. Serious act of violent behavior	188	66.67%	205	69.97%	150	44.12%
2. Recent escape or attempted escape	0	0.00%	0	0.00%	0	0.00%
3. Threats or actions of violence	59	20.92%	58	19.80%	81	23.82%
4. Active membership in a Security Threat Group	7	2.48%	8	2.73%	4	1.18%
5. Incitement or threats to incite group disturbances	6	2.13%	1	0.34%	1	0.29%
6. Presence in General Population will create a significant risk of physical harm	22	7.80%	21	7.17%	104	30.59%
<i>Inmate does not feel safe in General Population</i>	1		0		7	
<i>Inmate does not feel safe in Protective Custody</i>	0		3		14	
<i>Inmate has requested Protective Custody</i>	10		4		43	
<i>Inmate refused approved housing</i>	9		12		33	
<i>Inmate requires involuntary protective custody</i>	0		0		1	
<i>Other</i>	2		2		6	
Total	282	100.00%	293	100.00%	340	100.00%

Programs and services offered in restrictive housing

In November 2019, NDCS 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.

Supplemental Interactive Journaling programs are also available to individuals assigned to LTRH. *Remodeling My House* encourages participants to use free drawing as a method to explore their personal stories, identify personal values, and consider potential for positive change. *My Recovery Song* gives participants the opportunity to practice self-reflection and positive self-expression through song. 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)⁸. At its inception, the program was a cognitive-based, non-clinical, intervention program that began in restrictive housing and continued in a structured non-restrictive housing environment. The target population for this program are 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 (continued TCP programming in a non-restrictive setting) 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

⁸ 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.

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 who continued to refuse to participate in any portion of 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 (e.g., extra visit, extra yard) and III incentives (e.g., personal television, authorized congregate activities). 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 Violence Reduction Program (VRP). 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 VRP 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. Individuals who engage in VRP while in restrictive housing may be transitioned out of restrictive housing where they can complete the program in a less-restrictive setting.

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 was expanded during FY2020 to include NSP, TSCI, and LCC, and was further expanded in FY2021, with trained IPS specialists at NCCW and OCC, and was brought to NCYF in FY2022. As of June 2022, 107 individuals had been trained. At three of the facilities (NSP, OCC, and TSCI), specialists were also trained as co-facilitators in Thinking for a Change. While the IPS program is available to all residents of NDCS, priority is given to those individuals residing in a restrictive housing setting.

In November 2020, Hustle 2.0 was introduced as a behavior intervention resource for the most challenging and program resistant individuals with NDCS. During the initial launch, Hustle 2.0 was offered to individuals assigned to longer-term restrictive housing, individuals assigned to the controlled movement unit at TSCI, and individuals assigned to Housing Units 2 and 3 at NSP. Since then, Hustle 2.0 programming has been expanded to all custody levels within six NDCS institutions (OCC, NSP, NCYF, TSCI, NCCW, and LCC). Hustle 2.0 is a self-study, mail-based correspondence program that offers evidence-based and trauma-informed programming to incarcerated individuals in a self-directed format. The Hustle 2.0 curriculum is written through a collaborative process that includes academics, practitioners, and individuals currently incarcerated in Pelican Bay State Prison in California. Its peer-written characteristic allows important lessons to be presented in an easy-to-understand vernacular, while the format allows

the program to be offered to a variety of individuals among all custody levels and throughout all security levels.

In January 2021, digital workbooks were introduced at LCC, NCCW, NSP, and TSCI. The digital workbook is an electronic device with no wireless capabilities that offers a variety of content to individuals in restrictive housing who are complying with their behavior programming plan. Access to the workbooks is offered three or more days per week for two or more hours at a time and includes videos (e.g. Ted Talks, and exercise and meditation tutorials); hundreds of books (available in audio and reader format); applications that support learning and betterment in areas like foreign languages, spelling, cognitive exercises, yoga, math, and religion; and applications like coloring, sudoku and crossword puzzles. As a resource, the digital workbooks have been well-received by the population in restrictive housing, citing the opportunity to interact with modern technology that would otherwise be unavailable to them as well as the opportunity for self-betterment while in restrictive housing.

Appendix 2 provides a list of programs and services offered in restrictive housing at each facility. Table 7 below, provides a count of successful program completions during LTRH assignment in FY2022. Individuals may participate in multiple programs at a time and can elect to take a program more than once even after a prior successful completion. As such, the counts in Table 7 are representative of successful program completions and are not representative of unique individual participants.

Table 7: Program Completions while on LTRH Assignment During FY2022¹

Program Name	Count of Completions
Anger Management High Risk High Need ²	6
Challenge Series	38
Courage to Change	108
Hustle 2.0 – The Preseason	5
MRT Challenge Program	32
RH Reading Selection	119
Succeeding in Less Restrictive Settings ²	10
Violence Reduction Program ^{2,3}	16

¹Individuals may complete multiple programs and/or complete a program more than once during a given LTRH stay or across multiple LTRH stays.

²Denotes program is delivered by clinical staff

³ Individuals that engage in VRP while in restrictive housing may be transitioned to a less-restrictive setting to complete the program.

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 43.77% of all immediate segregation (n=913) and 30.59% of longer-term restrictive housing assignments (n=104).

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 RTC into a Limited Movement Unit (LMU) 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.

In April of 2021, NDCS expanded the availability and use of limited movement mission specific housing by bringing a 40 bed LMU online at NSP. The mission of the unit, like the aforementioned LMU at LCC, is to provide a less restrictive housing assignment for those that require separation from the general population while an alternative housing solution is identified.

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 RTC 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 unit are allowed additional out-of-cell time (i.e., more than four hours per day) and they were more precisely organized into a three-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. Originally, the unit provided 30 beds for secure mental health treatment. In the fall of 2020, the unit was expanded to include an additional 20 beds. The 50-bed unit has three tiers of care allowing for more precise triaging of individuals based on their level of acuity. Five beds are reserved for an acute level of care, as these people have serious, immediate, mental health care needs. Acute care is generally a short-term status that allows for immediate stabilization. The remaining 45 beds are used for those with subacute and chronic care needs. People with a need for subacute care have serious mental health issues that require clinical treatment and intervention for emergent needs. In contrast, those requiring chronic care have been clinically determined to be chronically and persistently mentally ill and are unable to reside in a more open housing environment. The flexibility in assigning beds based on individual needs allows the unit to be adaptive and responsive to the evolving needs of the population.

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 RTC 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 longer-term 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."⁹ 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 FY2022, 463 of the 1,542 unique people in restrictive

⁹ See page 7 for statutory definitions of serious mental illness, developmental disability, and traumatic brain injury.

housing (30.9%) at any point during the year, and 68.59 of the restrictive housing average daily population (30.02%), had a serious mental illness (SMI),¹⁰ 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 8 provides the serious mental illness diagnoses for these individuals.¹¹ 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 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, most inmates with a 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. It is also important to note that while an individual with an SMI may be placed on LTRH status, those with a level of care of 3 or higher (3 – Chronic/Residential Services, 4 – Sub-Acute Services, 5 – Acute/Crisis Stabilization Services) are not placed in a restrictive housing setting.

¹⁰ 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 FY2019 report, in which diagnoses from a person's current and previous incarcerations were considered.

¹¹ Some people had more than one diagnosis, so the total count of diagnoses will exceed the number of individuals.

Table 8: Serious Mental Illness Diagnoses, FY2022

<u>Diagnosis</u>	<u>FY2022 Total</u>		<u>FY2022 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	201	31.85%	29.02	29.98%
Major Depressive Disorder	177	28.05%	25.88	26.74%
Schizoaffective Disorder	95	15.06%	14.87	15.36%
Psychotic Disorder ³	56	8.87%	12.88	13.31%
Schizophrenia	81	12.84%	9.97	10.29%
Obsessive Compulsive Disorder	15	2.38%	2.55	2.63%
Delusional Disorder	6	0.95%	1.64	1.69%
Schizophreniform Disorder	0	0.00%	0.0	0.00%
Total Diagnoses among RH Population	631	100.00%	96.82	100.00%
Unique Individuals with Any Diagnosis	463		66.87	

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 FY2022 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

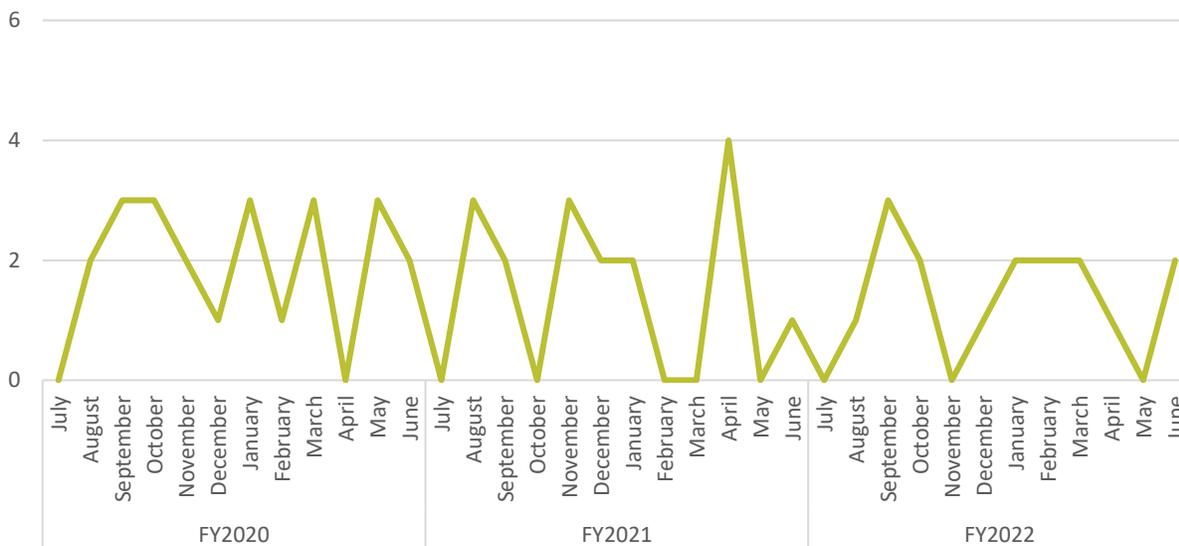
Direct Releases from Restrictive Housing to the Community

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 individuals to develop a release plan that allows them to transition out of restrictive housing and into general population, mission-specific housing, or treatment/behavioral-focused housing prior to release, whenever 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 FY2022, 16 people released from restrictive housing into the community. This is one less direct release than in FY2021. Of these 16, eight finished their sentences and

were directly discharged from NDCS, five were released into the community under parole supervision, and three were released to the jurisdiction of the Administrative Office of Probation to complete their term of post-release supervision. Figure 6 shows the monthly counts of restrictive housing direct releases between FY2020 and FY2022; Appendix 3 provides information about the individuals directly discharged during FY2022 and their restrictive housing placements.

Figure 6: Direct Releases from Restrictive Housing, by Month, FY2020-FY2022



There was much less fluctuation in the number of people released from restrictive housing over the course of FY2022 than in previous years. In most months, between one and three people were released directly into the community; no one was directly released from restrictive housing in July or November of 2021 nor in May of 2022. The average amount of time spent in restrictive housing prior to discharge for these individuals was 97 days, although the range of actual time spent was between one and 798 days. The median length of time for these persons was 20 days, which is more representative of actual time served as 62% of individuals were in restrictive housing for 21 days or less before they were released (10 of 16). A total of five people were released to a detainer (three on IS status and two assigned to LTRH).

Table 9 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 69% (11 of 16) 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) and the chance of jeopardizing their parole and/or their tentative release date through the loss of good time. Of the eleven, all either requested protective custody or otherwise refused alternative housing within forty-five days of their release date. The additional five people were placed in restrictive housing due to their actions, or threats of actions, of violent behavior while incarcerated.

Table 9: Direct Discharge to the Community

Reason for Restrictive Housing Placement	IS Status	LTRH Status	Total
1. Serious act of violent behavior	0	3	3
2. Recent escape or attempted escape	0	0	0
3. Threats or actions of violence	1	1	2
4. Active membership in a Security Threat Group	0	0	0
5. Incitement or threats to incite group disturbances	0	0	0
6. Presence in general population will create a significant risk of physical harm	11	0	11
Total	12	4	16

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.¹² 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 about half of the people who left restrictive housing voluntarily placed themselves in an environment that would minimize the likelihood of their release being jeopardized. In many of these instances, individuals had very little time before their upcoming release when placing themselves in restrictive housing. Despite them voluntarily entering restrictive housing prior to their releases, alternative and less restrictive housing options were continuously pursued.

Restrictive Housing Use in Surrounding States

As noted in reports from previous years, it is incredibly difficult to find standardized definitions of restrictive housing policies and practices across states. Attempts in prior 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, and continued definitional differences. Lack of data collection in an easily retrievable way prevented some 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

¹² 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.

Correctional Leaders Association (CLA) and The Liman Center for Public Interest Law at Yale Law School (Liman), specifically their August 2022 publication, "[Time-In-Cell: A 2021 Snapshot of Restrictive Housing based on a Nationwide Survey of U.S. Prison Systems](#)"¹³,

The 2021 CLA-Liman report is the sixth publication of cross-state comparisons on the use of restrictive housing in the United States. Data for this report was collected from surveys administered through CLA 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, the survey includes data on the number of individuals with mental illnesses in restrictive housing, as well as measures 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 CLA-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 CLA-Liman data is based on a snapshot of the NDCS population at the beginning of July of 2021. The CLA-Liman survey's definition of restrictive housing excludes individuals with a length of stay in a restrictive housing environment that is 14 days or less. The ADP values from this year's Restrictive Housing Annual Report have been provided to illustrate what the FY2022 data looks like after controlling for normal fluctuations that occur within any population and includes individuals that were housed in restrictive housing for 14 days or less.

The 2021 CLA-Liman report notes that the 34 reporting jurisdictions identified a total of 731,202 individuals under their direct control, of whom 25,083 (or 3.4%) 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 10a provides the total agency population for each state surrounding Nebraska, broken down by race/ethnicity, while Table 10b provides the restrictive housing racial/ethnic distribution for each of these agencies.

¹³ For more information about the 2021 CLA-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://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1025&context=amlaw>.

Table 10a: Agency Population by Race/Ethnicity, 2021 CLA-Liman Data¹

Race/Ethnicity	Iowa	Kansas	Nebraska	South Dakota	Wyoming	Nebraska (FY2022 ADP)²
ASIAN	(not reported)	70	45	26	7	44.35
BLACK	1,968	2,349	1,508	277	99	1,553.83
HISPANIC	551	1,071	790	148	257	815.96
NATIVE AMERICAN	179	233	271	1,165	165	282.72
OTHER	79	(not reported)	58	10	4	57.98
PACIFIC ISLANDER	(not reported)	(not reported)	2	1	7	3.62
WHITE	4,977	4,848	2,774	1,725	1,655	2,797.04
Total	7,754	8,571	5,448	3,352	2,194	5,555.50

¹Information on race/ethnicity for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on race/ethnicity was not reported by Missouri.

²Excludes individuals that did not provide race/ethnicity information.

Table 10b: Restrictive Housing Population by Race/Ethnicity, 2021 CLA-Liman Data¹

Race/Ethnicity	Iowa	Kansas	Nebraska	South Dakota	Wyoming	Nebraska (FY2022 ADP)²
ASIAN	(not reported)	0	0	0	0	1.01
BLACK	170	183	50	5	1	71.50
HISPANIC	58	95	40	2	3	57.70
NATIVE AMERICAN	9	7	19	26	2	17.33
OTHER ²	4	(not reported)	1	0	0	1.43
PACIFIC ISLANDER	(not reported)	(not reported)	0	0	0	0.08
WHITE	321	319	76	18	18	93.11
Total	562	604	186	51	24	242.17

¹Information on race/ethnicity for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on race/ethnicity was not reported by Missouri. Excludes stays in restrictive housing of 14 days or less.

²Excludes individuals that did not provide race/ethnicity information. Includes individuals with a length of stay of 14 days or less.

Please note that not all jurisdictions reported on each racial/ethnic category, and Missouri did not provide any racial/ethnic distributions to the CLA-Liman study. For additional information about national trends in the use of restrictive housing by race/ethnicity, please refer to the original 2021 CLA-Liman report.

It is not surprising that a higher proportion of restrictive housing populations, nationally, is comprised of males relative to females (the median percentage for males was 3.4% and 0.7% of females held in restrictive housing). This same trend exists in Nebraska, with approximately 4.7% of males and 1.5% of females in restrictive housing. Table 11 provides the distribution of males and females in restrictive housing in surrounding states.

Table 11: Restrictive Housing Population for Surrounding States by Gender, 2021 CLA-Liman Data¹

State	Total System Population	Total Restrictive Housing Population	Males in Restrictive Housing	Females in Restrictive Housing
Iowa	7,754	562	546	16
Kansas	8,571	604	600	4
Nebraska	5,448	186	182	4
South Dakota	3,352	51	51	0
Wyoming	2,194	24	24	0
Nebraska (FY2022 ADP) ²	5,555.50	242.17	241.75	0.42

¹ Information on race/ethnicity for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on race/ethnicity was not reported by Missouri. Excludes stays in restrictive housing of 14 days or less.

² Includes individuals with a length of stay of 14 days or less.

Nationally, most individuals in restrictive housing are between the ages of 26 and 50. This contrasts with Nebraska where 68% of those in restrictive housing are 36 years old or younger. Table 12 provides the age distribution for the restrictive housing populations in states surrounding Nebraska.

Table 12: Restrictive Housing Population by Age Group, 2021 CLA-Liman Data¹

Age Group	Iowa	Kansas	Nebraska	South Dakota	Wyoming	Nebraska (FY2022 ADP)²
Under 18	2	0	0	0	0	0.38 (18 and under)
18-25	143	61	43	16	3	58.05 (19-26)
26-50	384	455	133	33	19	171.86 (27-51)
51-70	33	84	10	2	2	9.01 (52-61)
Over 70	0	4	0	0	0	2.87 (62 and over)
Total	562	604	186	51	24	242.17

¹Information on race/ethnicity for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on race/ethnicity was not reported by Missouri. Excludes stays in restrictive housing of 14 days or less.

² Includes individuals with a length of stay of 14 days or less.

Thirty-three jurisdictions reported information regarding the amount of time individuals were held in restrictive housing. This information is presented in Figure 7 and Table 13.

Figure 7 - National Average Time Spent in Restrictive Housing, 2021 CLA-Liman Data¹

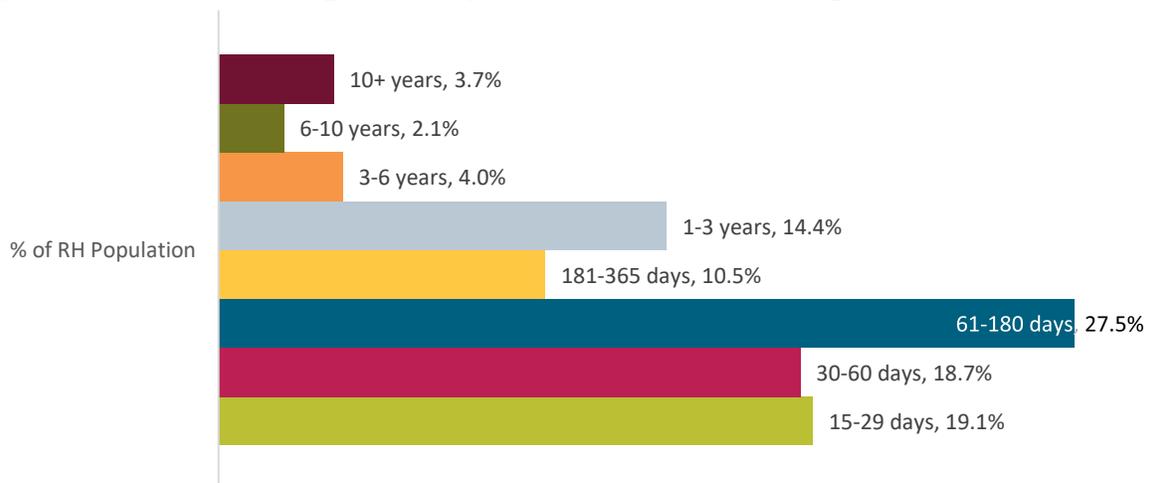


Table 13: Length of Stay for Surrounding States, 2021 CLA-Liman Data¹

State	15-29 Days	30-60 Days	61-180 Days	181- 365 Days	1 – 3 Years	3 – 6 Years	6 Years or More
Iowa	423	47	59	22	11	0	0
Kansas	135	152	212	59	46	0	0
Nebraska	27	32	65	28	18	16	0
South Dakota	0	7	18	11	13	1	1
Wyoming	12	6	2	1	3	0	0
Nebraska (all FY2022 RH events) ²	401	491		112	62		

¹Missouri did not report on length of stay in restrictive housing. Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing

²Excludes RH events that were 14 days or less.

Mental Illness in Restrictive Housing, Nationally

As noted on page 51 in the 2021 CLA-Liman report:

...definitions of “serious mental illness” vary substantially across jurisdictions. Sources for definitions include correctional agency rules, sometimes keyed to psychiatric manuals, statutes, and rulings by courts. Thus, some jurisdictions have adopted the ACA’s definition of serious mental illness. Others define SMI through certain diagnoses, and the terms and scope of included diagnoses vary. Other jurisdictions relied on mental health professionals’ individual assessments of the severity of a person’s illness. Given the variation in the scope and detail of jurisdictions’ definitions, a person could be classified as seriously mentally ill in one jurisdiction and 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 is instead, reported as provided by each jurisdiction. Table 14 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 14: Inmates with Serious Mental Illnesses (SMI) in Restrictive Housing in Surrounding States, 2021 CLA-Liman Data¹

State	Custodial Population with SMI	Population with SMI in RH
Iowa	1,504	150
Kansas	1,842	309
Nebraska	1,725	47
South Dakota	154	0
Nebraska (FY2022 ADP) ²	(not reported)	66.87

¹Information for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on SMI population was not reported by Missouri or Wyoming. Excludes individuals with a length of stay of 14 days or less.

² Includes individuals with a length of stay of 14 days or less.

Reasons for Placement and Community Releases, Nationally

The 2021 CLA-Liman is the first year that the survey obtained data for the reasons for placement in restrictive housing across jurisdictions. The categorizations offered are “administrative”, “safety”, “punishment”, “personal choice”, “COVID-19”, and “other”. It is worth noting that like the challenges in defining serious mental illness across jurisdictions, there is also variance among the categorizations of reasons for placement into restrictive housing. What may qualify as “safety” from one jurisdiction may be counted as “administrative” in another. For Nebraska, reasons one through five (Serious act of violent behavior, Recent escape or attempted escape, Threats or actions of violence, Active membership in a Security Threat Group, Incitement or threats to incite group disturbances) were included in the “Safety” category, and reason six (Presence in General Population will create a significant risk of physical harm) was categorized as “Personal Choice” with the exception of those with a placement reason of six and a subcategorization of “Other”. The latter individuals were categorized as “Other” for the purposes of the CLA-Liman survey.

Table 15: Reasons for Placement for Surrounding States, 2021 CLA-Liman Data^{1,2}

State	Administrative	Safety	Punishment	Personal Choice	COVID-19	Other
Iowa	159	68	267	68	(not reported)	(not reported)
Kansas	380	1	55	166	2	0
Nebraska	0	156	0	27	0	3
South Dakota	(not reported)	50	(not reported)	(not reported)	(not reported)	1
Wyoming	0	0	23	0	0	1
Nebraska (all FY2022 IS placements)	0	1,173	0	850	0	63

¹Missouri did not report on placement reasons to restrictive housing. Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Excludes individuals with a length of stay of 14 days or less.

² Includes individuals with a length of stay of 14 days or less and excludes holding events without IS placement.

Another addition to the 2021 CLA-Liman survey are data focused on releases from restrictive housing back to the general prison population and direct releases from restrictive housing to the community. For more detailed information on the individuals released from restrictive housing to the community in Nebraska, see Appendix 3.

Table 16: Individuals Released back to General Population and Direct Releases to the Community during FY2021 for Surrounding States¹

State	Released to General Population	Released to the Community
Iowa	390	5
Nebraska ²	833	17
South Dakota	104	4
Wyoming	0	0

¹Kansas and Missouri did not report on releases from restrictive housing. Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing.

²Representative of the total number of unique individuals that had a restrictive housing event end between 7/1/2020 and 7/1/2021. Only restrictive housing events with a length of stay of 15 days or more are included. Total number of qualifying restrictive housing events that ended in the timeframe was 1,010.

Conclusion

The content of the FY2022 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 situations in which a person's risk level cannot be managed in a less restrictive setting. Specifically, the average daily restrictive housing population has declined from about 372 people in FY2019 to 242 in FY2022. This reduction can be attributed to changes in the management of special populations throughout the agency, legislative changes related to restrictive housing, and increased programming opportunities. In addition, the reasons people are placed into immediate segregation and longer-term restrictive housing have been refined. During FY2022, the majority of placements were related to a serious act of violent behavior or threats or actions of violence, and fewer placements were due to the overall significant risk of physical harm a person's presence might create in general population. That said, while the overall number of IS placements in FY2022 declined from past years, the proportion of placements due to "risk of physical harm a person's presence might create in general population" increased. Most of these placements were for individual's requesting protective custody or refusing housing. In FY2023, new maximum-security units are opening at the RTC. The 384-bed expansion to NDCS' available maximum custody beds allows for additional management strategies for our most dangerous individuals. The effects of being better situated to manage our most difficult incarcerated individuals will be, in part, a reduction in the number of individual's requesting protective custody and/or otherwise refusing housing based on their perceived risk in general population.

It should be noted the global pandemic due to the coronavirus did not leave NDCS unaffected during FY2022. Unlike many other states, NDCS did not place inmates in restrictive housing to quarantine individuals. Rather, general population units were converted to provide this mission-specific housing to keep people quarantined in the least restrictive environment possible.

The increased demands on staff and resources during FY2022 did cause a delay in the Department's goal of restructuring the timeframes for IS and LTRH placements. Prior to the pandemic, the Department's plan was to reduce the length of IS placements to be no longer than 21 days. Under this plan, wardens will be required to review IS placements after seven days. In instances where additional time is needed to gather intelligence or find a suitable alternative living arrangement, 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. The Department still aspires to complete this goal and it will be pursued again during FY2023.

One final shift in population management that began in FY2021, and came to fruition at the beginning of FY2022, was the elimination of restrictive housing at NCCW. On July 26, 2021, the Nebraska Correctional Center for Women (NCCW) ceased the use of restrictive housing and the Behavior Intervention and Programming Unit (BIPU) was developed to replace the use of immediate segregation and longer-term restrictive housing. The BIPU functions as a controlled movement unit, and the individuals assigned to the BIPU have demonstrated institutional behavior that is disruptive to the

effective operations of the facility. The BIPU is a gender responsive approach to reducing trauma during incarceration, with the objective of identifying high-risk behaviors and addressing those behaviors through interventions such as cognitive behavioral programming, clinical programming, and intentional peer support. Programming can be completed in rooms and outside of the unit.

The BIPU allows NCCW team members to identify and target the specific needs of an individual. Shift supervisors can place individuals in the BIPU if they become disruptive to the facility and all placements are reviewed by the warden/designee within 72 hours of placement. After initial placement, each woman in the BIPU is reviewed weekly to determine their progress and identify programming needs with the focus being successful transition and return of residents to general population. As a mission-specific housing unit, the BIPU has similar conditions of confinement as those found in the general population. The unit allows for at least four hours out-of-cell each day, congregate activities, full property and canteen privileges, and less use of physical restraints. The residents can participate in an incentive program that encourages pro-social behaviors and allows them to work toward assignment back to general population.

Appendix 1: Longer-Term Restrictive Housing Referral Outcomes, FY2020 through FY2022

Table A1a: 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	

Table A1b: Longer-Term Restrictive Housing Referral Outcomes, FY2021

<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	401	293	-	108	73.07%
Continue Placement	896	-	717	179	80.02%
Remove	95	-	7	88	92.63%
Total	1392	293	724	375	

Table A1c: Longer-Term Restrictive Housing Referral Outcomes, FY2022

<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	416	339	-	77	81.49%
Continue Placement	891	-	728	163	81.71%
Remove	137	1	11	125	91.24%
Total	1444	340	739	365	

Appendix 2: Longer-Term Restrictive Housing Programs and Services by Facility, FY2022

Program Name	Description	RTC	NSP	TSCI
Adult Secondary Education	<i>Helps students prepare for taking the high school equivalency test</i>	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
Challenge Series††	<i>A series of cognitive-behavioral interactive journals, for a targeted audience of high-risk incarcerated individuals. The comprehensive curriculum explores how to live a life free of criminal activity, violence, drug use, and emphasizes the importance of building a healthy support community</i>			X
Courage to Change†	<i>A series of cognitive-behavioral interactive journals in which participants can address their individual problem area on a criminogenic risk and needs assessment</i>	X	X	X
Dialectical Behavioral Therapy*	<i>Cognitive behavioral mindfulness-based coping skills; 10 weeks</i>	X	X	X
Interpersonal Problem Solving Skills*	<i>Clinical programming to assist inmates in addressing problems; 8 weeks</i>			X
Longer-Term Restrictive Housing Mental Health Group*	<i>Individual, correspondence based material focused on learning cognitive-behavioral skills and acting in a manner consistent with personal values</i>			X
METEOR*	<i>Introduction to the stages of change and how a person can move forward if s/he chooses</i>		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‡
Mental Health Association Intentional Peer Support	<i>A resource focused on pro-social relationships amongst peers. IPS participants learn to have a connection to one another in a manner that is both supportive and transformative</i>	X	X	X
My Recovery Song Interactive Journal	<i>Exploring ideas about recovery through music. Connect with music that encourages efforts to move away from substance use. Express thoughts, feelings, and ideas</i>	X	X	X
Reading Selections and Thoughtful Responses	<i>Multiple reading selections which explore topics of self-betterment and pro-social growth; accompanied by a series of</i>	X	X	X

	<i>thought-provoking questions aimed to assist in reading comprehension, retention, and practical application of learned skill</i>			
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*	<i>Discusses motivations for personal change, cognitive distortions, risk factors for institutional violence, and relapse prevention planning. This course is comprised of 8 sessions provided through correspondence</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

Appendix 3: Individuals Released from Restrictive Housing into the Community, FY2022
(blue font indicates release to detainer)

Release Date	Placement Reason	Length of Stay in Days	Status	Released From	Release Type	Released to Detainer
8/26/2021	Presence in GP will create a significant risk of physical harm	20	IS	NSP	PROL	No
9/7/2021	Serious act of violent behavior	798	LTRH	TSC	PROL	Yes
9/13/2021	Presence in GP will create a significant risk of physical harm	2	IS	NSP	DISC	No
9/28/2021	Presence in GP will create a significant risk of physical harm	5	IS	NSP	DISC	No
10/20/2021	Presence in GP will create a significant risk of physical harm	12	IS	NSP	DISC	Yes
10/28/2021	Presence in GP will create a significant risk of physical harm	38	IS	NSP	PROL	No
12/7/2021	Serious act of violent behavior	117	LTRH	TSC	DISC	Yes
1/20/2022	Presence in GP will create a significant risk of physical harm	21	IS	TSC	PRS	No
1/21/2022	Presence in GP will create a significant risk of physical harm	42	IS	RTC	DISC	No
2/15/2022	Presence in GP will create a significant risk of physical harm	8	IS	OCC	PROL	Yes
2/17/2022	Presence in GP will create a significant risk of physical harm	8	IS	TSC	PRS	Yes
3/1/2022	Serious act of violent behavior	292	LTRH	TSC	DISC	No
3/24/2022	Threats or actions of violence	16	IS	NSP	PROL	No
4/25/2022	Presence in GP will create a significant risk of physical harm	1	IS	NSP	DISC	No
6/2/2022	Presence in GP will create a significant risk of physical harm	8	IS	TSC	PRS	No
6/13/2022	Threats or actions of violence	174	LTRH	TSC	DISC	No