

2021 Restrictive Housing Annual Report

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Submitted by:
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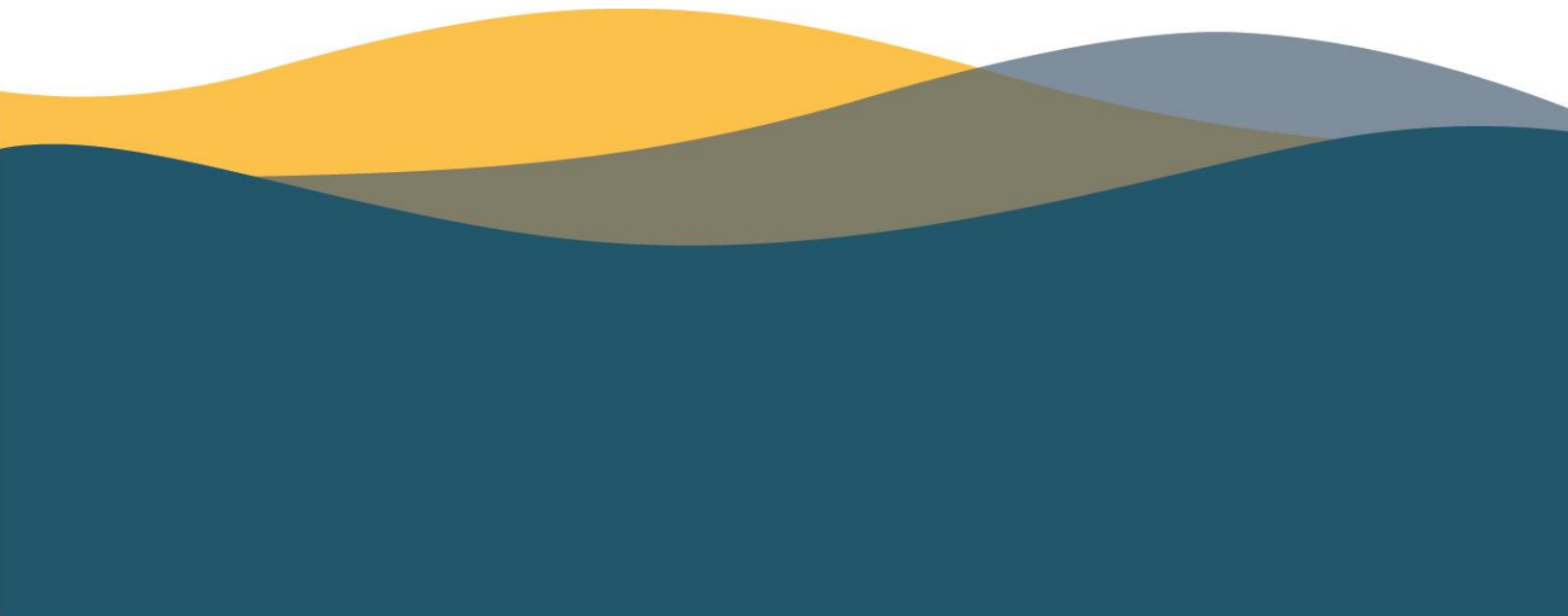


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Introduction

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, 2020 and June 30, 2021 (Fiscal Year [FY] 2021). 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 as an immediate response to a disruptive act or security threat. 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 institutions. 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

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

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

In addition to the statistical contents described above, this report will also highlight restrictive housing reforms that were made during FY2021, and changes that will be forthcoming in FY2022.

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. FY2021 is the third 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, 2020 and June 30, 2021). To calculate the average daily population for this report, the total number of days all individuals spent in restrictive housing between July 1, 2020 and June 30, 2021 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 each facility, and the agency total, for fiscal years 2017 through 2021. 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 240 people were held in restrictive housing on any given day during FY2021. This is a significant decrease of just over 52 people per day relative to FY2020 (an overall reduction of 17.9%), and a decrease of 132 people relative to FY2019 (an overall reduction of 35.5%).

Figure 1: Restrictive Housing Average Daily Population (ADP)

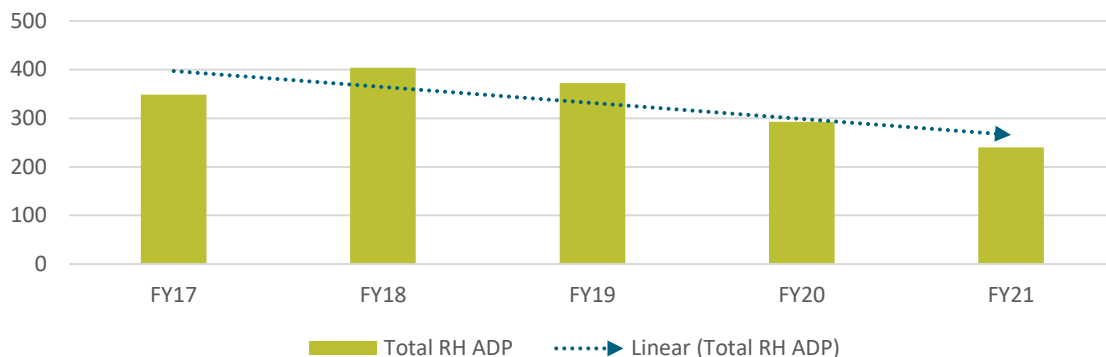


Table 1: Restrictive Housing Average Daily Population (ADP) by Facility

Facility	FY2017	FY2018	FY2019	FY2020	FY2021
LCC	71.05	67.28	46.47	14.90	15.03
NCCW	9.06	9.96	3.78	4.58	5.90
NCYF	5.45	4.52	7.42	4.32	0.00
NSP	86.59	120.29	128.72	95.61	63.81
OCC	7.89	12.03	12.73	7.44	8.12
TSCI	168.17	189.78	173.07	165.40	147.05
NDCS Total	348.22	403.86	372.19	292.24	239.91

General facility trends

The overall distribution of the restrictive housing population across institutions has remained relatively consistent since FY2017. 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 147 individuals per day (61.3% of the agency RH population), because its original design included mission-specific housing dedicated to managing high risk populations. TSCI’s design allows it to house the largest concentration of individuals assigned to LTRH which, by nature, does not turnover as quickly as the IS population.

The Nebraska State Penitentiary (NSP) was not specifically designed for restrictive housing populations, as was the case with TSCI, but it is the largest facility. As such, NSP has the second highest restrictive housing ADP of 63.81 (26.6%). That is a decrease of approximately 32 people from FY2020 (33.3%).

Consistent with FY2020, the Lincoln Correctional Center (LCC) has maintained the reduction in their restrictive housing ADP. The population in FY2019 was 46.47, whereas the FY2020 population was only 14.90, and 15.03 people in FY2021 (6.3% of the agency RH population). During FY2019, NDCS made significant changes in managing inmates requiring protective custody and those with significant mental health concerns. These changes were expanded upon in FY2020 with the implementation of a Limited Movement Unit and the development and implementation of a 3-tiered specialized mental health care unit at LCC.

The ADP of 8.12 (3.4%) at the Omaha Correctional Center (OCC) is the smallest for institutions that house males over the age of 19; and, is within one person (0.68) from the FY2020 ADP of 7.44. OCC does not have a unit for inmates assigned to LTRH, so inmates placed on IS status at this facility necessarily have a shorter length of stay than inmates at other institutions. 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.

The total ADP for NCYF as an institution was 63, and the restrictive housing ADP for FY2021 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 eliminated room confinement for juveniles. These legislative changes are discussed in more detail below.

NCCW also had a relatively small institutional ADP in FY2021 (269.46), and a restrictive housing ADP of 5.9 (2.5% of the total RH population). The low restrictive housing ADP at NCCW, however, is likely because of the differing challenges that exist in men's and women's prisons. Relative to male inmates, there is much less physical violence among female populations, and issues can often be deescalated verbally or through techniques that do not require the use of restrictive housing. As a result, restrictive housing at NCCW has been utilized for more serious (and more rarely occurring) events. In July 2021, NCCW discontinued the use of restrictive housing and implemented a controlled movement unit to respond to management needs. A more thorough discussion of this transition can be found in the conclusions section below.

Fiscal year changes in ADP

There are noticeable annual variances in the NDCS restrictive housing populations between FY2016 and FY2021, 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 is 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.

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 are 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 79-1118.01.³" A workgroup formed in July of 2019 to identify individuals who would be

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

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

³ N.R.S. §79-1118.01(15) defines "traumatic brain injury" as: "... an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or

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 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 FY2021 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 (19.54%), relative to their proportion of the NDCS population (14.94%). These trends are comparable to the distribution of the restrictive housing populations in both FY2019 and FY2020. One of the most active, and violent, STG organizations within NDCS organizes itself around Hispanic racial/ethnic lines. Given the proliferation of this group within NDCS, it should be expected that a greater concentration of Hispanic individuals are held in restrictive housing relative to their proportion in the overall system.

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

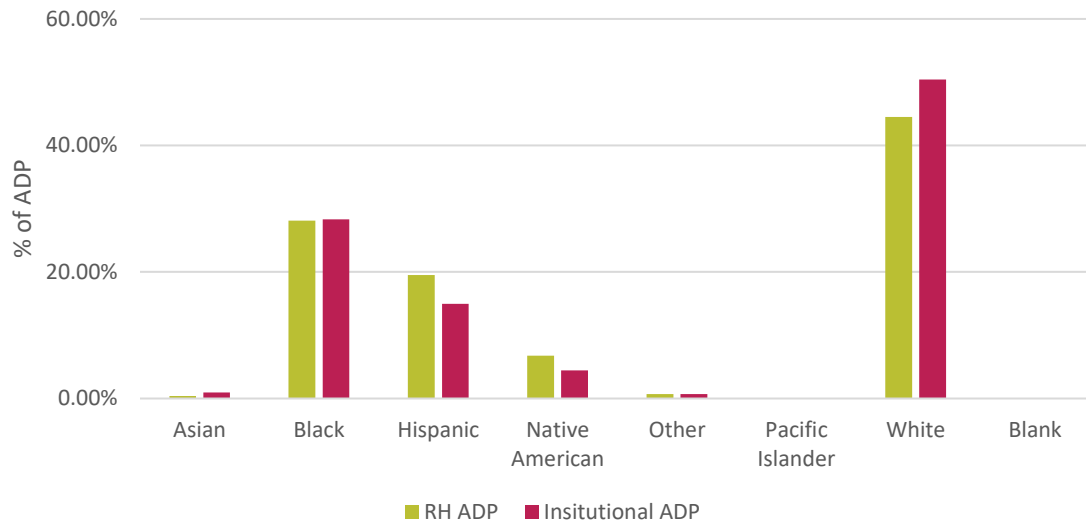


Table 2a: Male Restrictive Housing and Institutional ADP by Race/Ethnicity¹

<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	0.95	0.41%	46.00	0.93%
BLACK	65.77	28.11%	1407.37	28.34%
HISPANIC	45.73	19.54%	741.90	14.94%
NATIVE AMERICAN	15.84	6.77%	226.521	4.46%
OTHER	1.59	0.68%	35.56	0.72%
PACIFIC ISLANDER	0.003	0.001%	2.61	0.05%
WHITE	104.1	44.49%	2503.93	50.41%
(blank)	0.03	0.01%	3.00	0.06%
Total	234.01	100.00%	4966.88	100.00%

¹Total ADP and percentages may not appear to 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%	2.27	0.58%
BLACK	1.47	24.87%	57.15	14.70%
HISPANIC	0.85	14.39%	40.30	10.37%
NATIVE AMERICAN	1.10	18.56%	31.86	8.19%
OTHER	0.04	0.65%	11.53	2.97%
PACIFIC ISLANDER	0.00	0.00%	0.00	0.00%
WHITE	2.45	41.53%	244.65	62.93%
(blank)	0.00	0.00%	1.00	0.26%
Total	5.9	100.00%	388.76	100.00%

¹Total ADP and percentages may not appear to 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.

Contrasting Table 2a and Table 2b highlights the gender differences in the assignment of individuals to restrictive housing. Specifically, while 234 males were in RH on any given day during FY2021 (4.7% of the male population), the entire population of women incarcerated within NDCS was only 389 women; only 6 women per day were on a restricted housing status (1.5% of the total female population). Given the small number of females in restrictive housing on any day, comparisons of the racial/ethnic composition of the female restrictive housing population to the larger female population is not appropriate, as it may be misleading. For example, while about 39.26% of the female restrictive housing ADP was composed of black and Hispanic women, this percentage translates to a total ADP value of approximately 2.3 women.

ADP Distribution by Age and Gender

Table 3 provides the distribution of the restrictive housing population across age groups, as well as by gender. Just under half of the restrictive housing average daily population during FY2021 (49.87%) 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 6.12% of the RH population, while the remaining 13.38% 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	0.96	0.41%	0.00	0.00%	0.96	0.40%
19-21	13.48	5.76%	0.24	4.04%	13.72	5.72%
22-26	52.51	22.44%	1.66	28.17%	54.18	22.58%
27-31	64.25	27.46%	1.21	20.46%	65.46	27.29%
32-36	46.67	19.94%	1.59	26.91%	48.25	20.11%
37-41	24.32	10.39%	0.92	15.59%	25.24	10.52%
42-46	14.08	6.02%	0.18	2.97%	14.26	5.94%
47-51	7.23	3.09%	0.06	0.93%	7.28	3.04%
52-56	5.34	2.37%	0.01	0.09%	5.55	2.31%
57-61	2.63	1.13%	0.05	0.84%	2.68	1.12%
62 and Above	2.33	0.99%	0.00	0.00%	2.33	0.97%
Total	234.01	100.00%	4.58	100.00%	239.91	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.

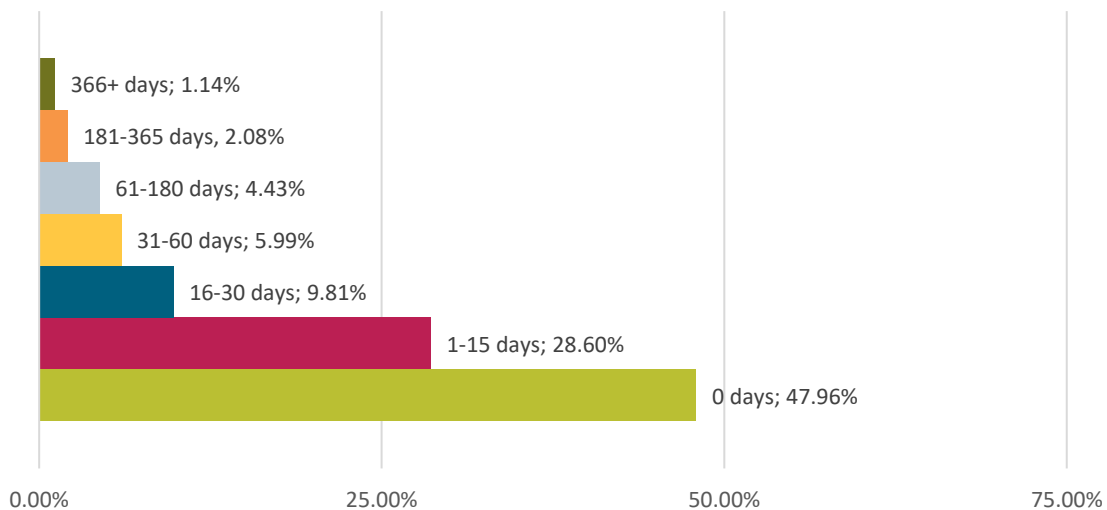
The same aging out trend is present in the restrictive housing population but appears to be delayed. Specifically, the highest proportions of the restrictive housing population are in the categories among the 22-36 year age ranges (69.98%). The expected decline does not begin until the 37-41 year age range (10.52%). This trend in the FY2021 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 FY2021, a total of 1,800 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 27.25 days, a 20.5% decrease from FY2020 and a 34.74% decrease relative to FY2019. 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 48% 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 38% of the restrictive housing placements are for 30 days or less, with over a quarter of those stays (28.6%) ending within 15 days.

Figure 3: Time in Holding and Restrictive Housing, in Days, FY2021



Only 6% of placements were between 31 and 60 days, which is consistent with FY2020 (6.4%). Four percent of placements lasted between two and six months, and only 1.14% were for more than one year (a decrease from 1.97% in FY2019). The next section of this report discusses holding placements and both restrictive housing stages – immediate segregation and longer-term restrictive housing – in greater detail.

⁴ Length of stay for restrictive housing events are calculated as the number of days from a person's initial placement in holding to their restrictive housing release date. For individuals who were assigned to a restrictive housing status on the last day of FY2021, their event length of stay was calculated as the number of days from their initial holding placements through June 30, 2021.

Restrictive Housing Placement Types

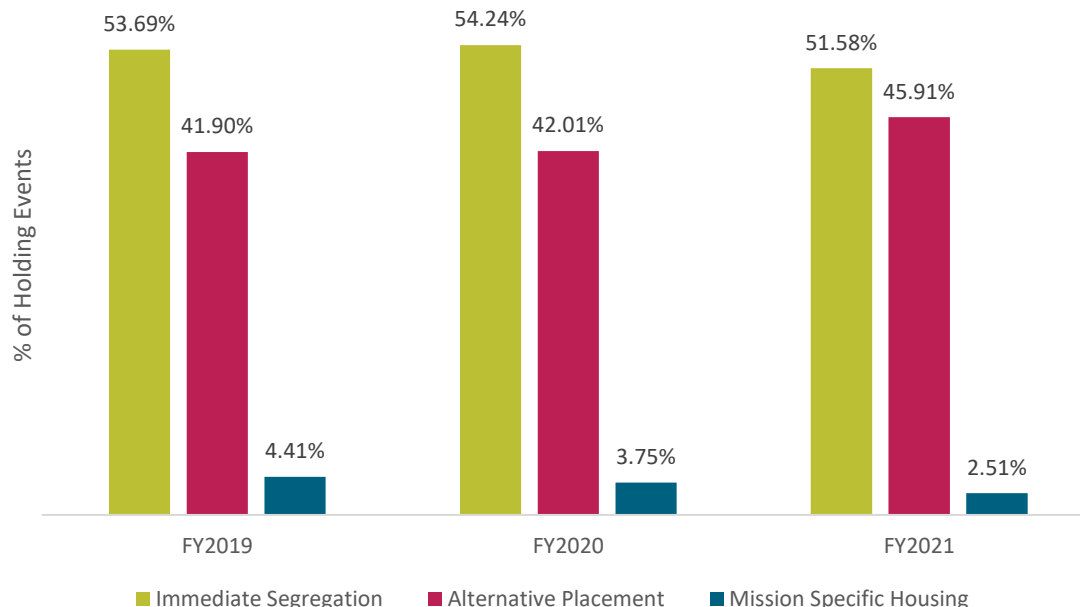
On July 1, 2016, the Nebraska Department of Correctional Services (NDCS) discontinued the use of restrictive housing for disciplinary or punitive purposes. Since then, restrictive housing has been used to mitigate the risk a person poses to him- or herself; fellow inmates; staff; and/or the safety, security, 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, 2020 and June 30, 2021, 4,746 unique holding events were recorded in the electronic restrictive housing data tracking system. On average, there were around 13 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 FY2021. As discussed in the previous section, an alternative to restrictive housing (i.e., alternative placement or mission-specific housing) was deemed appropriate in 48% 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 over one-half of the holding placements (51.58%) could not be resolved on the same day, and resulted in assignments to IS.

Figure 4: Holding Outcomes



Reasons for holding placements

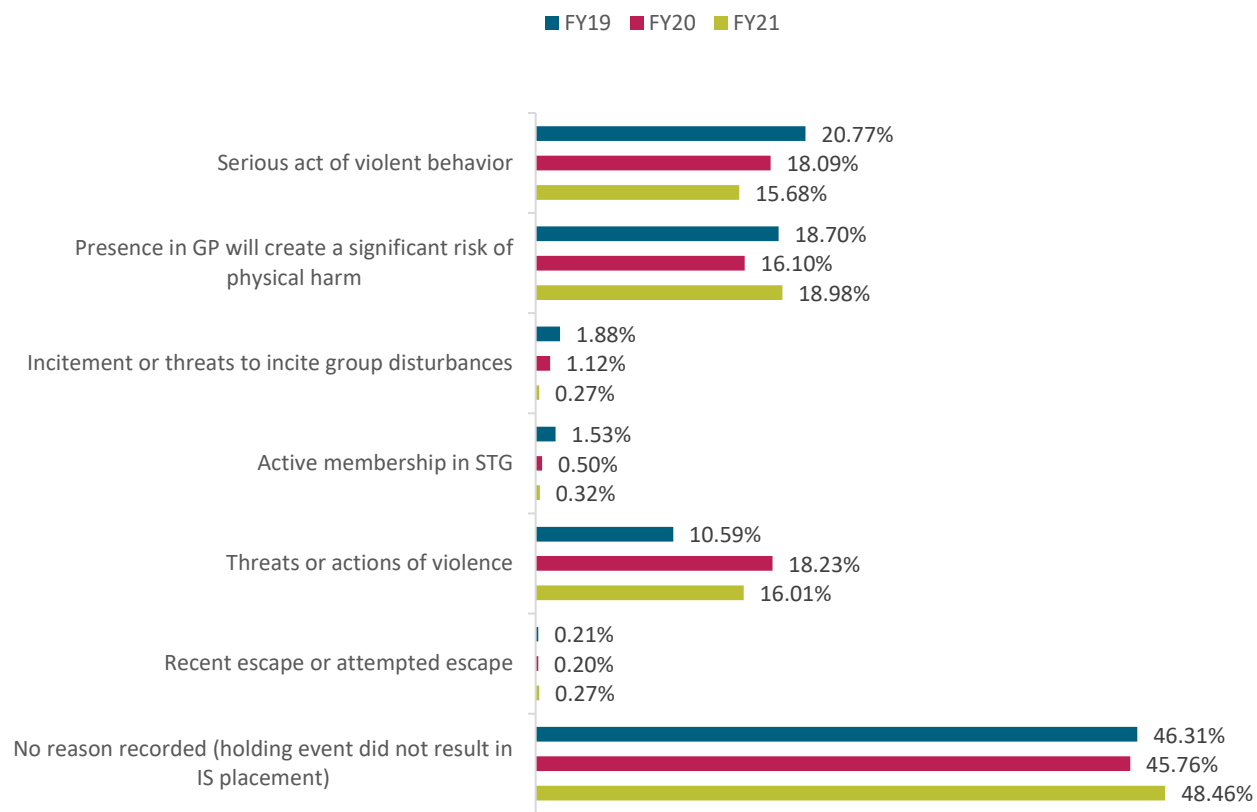
To ensure restrictive housing placements are used only for risk management purposes, NDCS classifies placements into one of the six categories identified below:

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 FY2021.

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 2,300 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 (31.69%) were for serious acts of violent behavior (15.68%) or threats or actions of violence (16.01%). 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 18.98% of cases. The remaining placements were due to recent escapes or attempted escapes (0.27%), active membership in a security threat group (0.32%), or inciting or threatening to incite group disturbances (0.27%).

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 0.61% of IS placements and only in 0.32% of holding events overall during FY2021.

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 FY2021, there were 2,446 total assignments to IS. The reasons for these placements are presented in Table 4, along with the corresponding data from FY2019 and FY2020.

Table 4: Immediate Segregation Placement Reasons

<u>Reason for Placement</u>	<u>FY2019</u>		<u>FY2020</u>		<u>FY2021</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	1004	38.69%	907	33.36%	744	30.42%
2. Recent escape or attempted escape	10	0.39%	10	0.37%	13	0.53%
3. Threats or actions of violence	512	19.73%	914	33.62%	760	31.07%
4. Active membership in a Security Threat Group	74	2.85%	25	0.92%	15	0.61%
5. Incitement or threats to incite group disturbances	91	3.51%	56	2.06%	13	0.53%
6. Presence in General Population will create a significant risk of physical harm	904	34.84%	807	29.68%	901	36.84%
<i>Inmate does not feel safe in General Population</i>	59		52		45	
<i>Inmate does not feel safe in Protective Custody</i>	40		21		47	
<i>Inmate has destroyed property</i>	N/A		5		5	
<i>Inmate has requested Protective Custody</i>	491		448		480	
<i>Inmate refused approved housing</i>	173		163		250	
<i>Inmate requires involuntary protective custody</i>	24		31		25	
<i>Other</i>	117		87		49	
Total	2,595	100.00%	2,719	100.00%	2,446	100.00%

About two-thirds of IS placements in FY2021 were related to serious acts of violent behavior (30.42%) or threats of actions of serious violent behavior (31.07%). 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=480; 53.3%) were due to individuals requesting protective custody (PC). About 28% of individuals (n=250) refused to leave restrictive housing and go to their assigned housing location, and another 15.65% were persons who noted they did not feel safe in general population (n=45) or in PC (n=47), or whom NDCS staff deemed to be in need of involuntary PC for their own protection (n=25). 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 14.9 days, with a median stay of 11 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 FY2021 was 214.23 days with a median

LTRH status. For individuals who were assigned to IS on the last day of FY2021, their event length of stay was calculated from their initial IS assignment through June 30, 2021.

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 FY2021, their event length of stay was calculated from their LTRH assignment through June 30, 2021.

length of stay of 122 days, placements on LTRH varied between one and 1,400 days. Four individuals spent a week or less on LTRH. All four were placed on LTRH for initially refusing appropriate housing. On the other end of the spectrum, there were four people in FY2021 who spent 1,350 days 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. MDRT referred the other two to complete The Challenge Program (TCP)⁷ because of their assaults on staff and/or other inmates, and they have continually refused to engage with the program. One of these individuals has made multiple threats to assault staff during their time on LTRH, and the other has refused all program recommendations in addition to TCP. Continued threats of violence and lack of engagement indicates that these individuals are not motivated to change and will likely continue the same behaviors that resulted in their LTRH placements if they were to be removed.

Multidisciplinary Review Team (MDRT) referrals

Between July 1, 2020 and June 30 2021, the MDRT conducted 1,392 LTRH reviews. This is a 26% reduction from FY2020, in which the team reviewed 1,869 unique referrals, and a 48% reduction from the 2,654 reviews conducted in FY2019. 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 significantly decreased over the past year. Table 5 compares the facility LTRH recommendations to the decisions made by the MDRT.⁸

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

Regarding initial LTRH assignments, the MDRT approved wardens’ recommendations in just under three-quarters of their reviews (73.07%). This is a significant increase from the 55% agreement rate in FY2020. 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

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

⁸ See Appendix 1 for more detailed information on MDRT decisions issued during FY2019 and FY2020.

number of referrals for LTRH; the MDRT reviewed 477 fewer referrals in FY2021 than in FY2020, a 25% reduction. 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 (80.02%) and removals (92.63%) 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 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 293 cases MDRT assigned to LTRH. Notably, 89.76% of MDRT assignments were due to serious acts of violent behavior (69.97%) or threats or actions of violence (19.8%). This is consistent with the percentage of placements in FY2020 with violent behavior accounting for 66.67% and threats or actions of violence at 20.92%. Similarly, MDRT assignments due to the potential for a person's presence in general population to create a significant risk of physical harm (i.e., reason #6), remained steady from 7.8% of all cases during FY2020 to 7.2% in FY2021. Nearly all of these cases (19 of 21) were due to a person's request for protective custody (n=4), refusing approved housing assignment (n=12), or an individual not feeling safe in protective custody (n = 3).

The stability in placement reasons can be attributed to staff familiarity with NICAAMS and precise data entry. FY2018 was the first year in which all restrictive housing information was captured in NICAAMS. Over the years, staff have continued to refine their use of this system, ensuring that better and more complete records are entered in a timely fashion. In addition, staff have become more precise in their record entry. For example, in FY2018, someone found to have a weapon on his or her person may have been captured in reason #6 because the ready availability of a weapon poses a general risk of significant harm to others while that person is in general population. In FY2021, however, that same event would be more accurately entered as constituting threats or actions of violence, because the significant risk posed to the general population by a person in possession of a weapon is one of violence.

Table 6: Longer-Term Restrictive Housing Assignment Reasons

Reason for LTRH Placement	FY2019		FY2020		FY2021	
	Count of Events	% of Events	Count of Events	% of Events	Count of Events	% of Events
1. Serious act of violent behavior	249	49.60%	188	66.67%	205	69.97%
2. Recent escape or attempted escape	1	0.20%	0	0.00%	0	0.00%
3. Threats or actions of violence	41	8.17%	59	20.92%	58	19.80%
4. Active membership in a Security Threat Group	29	5.78%	7	2.48%	8	2.73%
5. Incitement or threats to incite group disturbances	16	3.19%	6	2.13%	1	0.34%
6. Presence in General Population will create a significant risk of physical harm	166	33.07%	22	7.80%	21	7.17%
<i>Inmate does not feel safe in General Population</i>	13		1		0	
<i>Inmate does not feel safe in Protective Custody</i>	9		0		3	
<i>Inmate has requested Protective Custody</i>	101		10		4	
<i>Inmate refused approved housing</i>	33		9		12	
<i>Inmate requires involuntary protective custody</i>	5		0		0	
<i>Other</i>	5		2		2	
Total	502	100.00%	282	100.00%	293	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. Additionally, a non-traditional programming option was introduced. This non-traditional program allows individuals to make selections from a collection of pro-social books and writing prompts in an effort to engage the person in contemplation and change-talk.

In September 2017, NDCS introduced The Challenge Program (TCP)⁹, which is a cognitive-based intervention program that provides a safe alternative to restrictive

⁹ The Challenge Program combines Moral Reconciliation Therapy, a cognitive-behavioral intervention (CBI) offered in a group setting, with the Challenge Series, a series of seven self-guided interactive journals designed to guide individuals toward prosocial behavior. If an individual participates in his or her clinical violent offender or sex offender treatment while in restrictive housing, the MDRT may waive a person's

housing in a structured environment with an emphasis on non-clinical cognitive programming. 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 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 clinical programs (Anger Management High Risk High Need [AMHRHN], Independent Study Sessions with clinical staff, Succeeding in Less Restrictive Settings, and 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

requirement to complete TCP prior to release from restrictive housing, given the higher-level of CBI provided in those programs.

pathway out of restrictive housing for those who successfully complete their clinical recommendations. To increase the availability of clinical programming, NDCS developed two VRP groups for restrictive housing. The first cohorts began in July of 2019 with one group located at TSCI and the other at NSP. Individuals that 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. As of March 2021, 82 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. In FY2022, there are plans to bring co-facilitators to LCC. 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, and NSP. 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 FY2021. 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 FY2021¹

Program Name	Count of Completions
Anger Management High Risk High Need ²	12
Challenge Series	52
Courage to Change	87
Hustle 2.0 – The Preseason	10
MRT Challenge Program	65
RH Reading Selection	19
Succeeding in Less Restrictive Settings ²	21
Violence Reduction Program ^{2,3}	4

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 36.84% of all immediate segregation (n=901) and 7.17% of longer-term restrictive housing assignments (n=21).

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

are awaiting bed space in protective management are assigned to restrictive housing. Upon such assignment, NDCS works with these individuals to identify the most appropriate alternative housing assignment at the earliest opportunity. A number of changes were implemented during FY2019 to create a more efficient, effective process for managing these individuals and limiting the time they spend in restrictive housing. Such changes included: (1) transferring the PC investigation process from facility staff to members of the Intelligence Division, allowing investigations to be completed more quickly and comprehensively; (2) repurposing 32 restrictive housing beds at LCC into a Limited Movement Unit (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. These changes significantly reduced the number of people placed on LTRH status due to protective custody considerations and continued to be at historic lows in FY2021.

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

These units serve crucial functions within NDCS, especially in light of LB686 (2019), which prohibits NDCS from placing any member of a vulnerable population in a restrictive housing environment. A vulnerable population member is defined as "... an inmate who is eighteen years of age or younger, pregnant, or diagnosed with a serious mental illness as defined in section 44-792, a developmental disability as defined in section 71-1107, or a traumatic brain injury as defined in section 79-1118.01."¹⁰ It should be recognized, however, that many persons with mental illnesses who are placed in restrictive housing are stabilized on medications and with other therapeutic interventions. Their placements in restrictive housing have nothing to do with their cognitive states, nor does the restrictive housing environment necessarily result in decompensation. During FY2021, 564 of the 1,800 unique people in restrictive housing (31.3%) at any point during the year, and 64.45 of the restrictive housing average daily population (26.86%), had a serious mental illness (SMI),¹¹ as defined in Nebraska Revised Statute 44-792(5)(b):

Serious mental illness means, on and after January 1, 2002, any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the serious mental illness. Serious mental illness includes, but is not limited to (i)

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

¹¹ With the addition of new, and better, data tracking modules in NiCaMS during FY2020, behavioral health staff conducted significant reviews of inmate mental health histories to ensure all active diagnoses were accurate and clinically supported. Those conditions determined to have been entered in error, contradictory to another diagnosis, in remission, or otherwise invalid, were end-dated. To account for these data management practices, a person's SMI status for this report was based on his or her current diagnoses. This is in contrast to FY2019 report, in which diagnoses from a person's current and previous incarcerations were considered.

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

¹² 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, FY2021

<u>Diagnosis</u>	<u>FY2021 Total</u>		<u>FY2021 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	262	34.61%	30.44	32.70%
Major Depressive Disorder	223	29.46%	26.07	28.00%
Schizoaffective Disorder	102	13.47%	13.75	14.77%
Psychotic Disorder ³	70	9.25%	10.17	10.92%
Schizophrenia	69	9.11%	9.30	9.99%
Obsessive Compulsive Disorder	20	2.64%	1.96	2.10%
Delusional Disorder	9	1.19%	1.18	1.26%
Schizophreniform Disorder	2	0.26%	0.24	0.26
Total Diagnoses among RH Population	757	100.00%	93.10	100.00%
Unique Individuals with Any Diagnosis	564		64.45	

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 FY2021 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

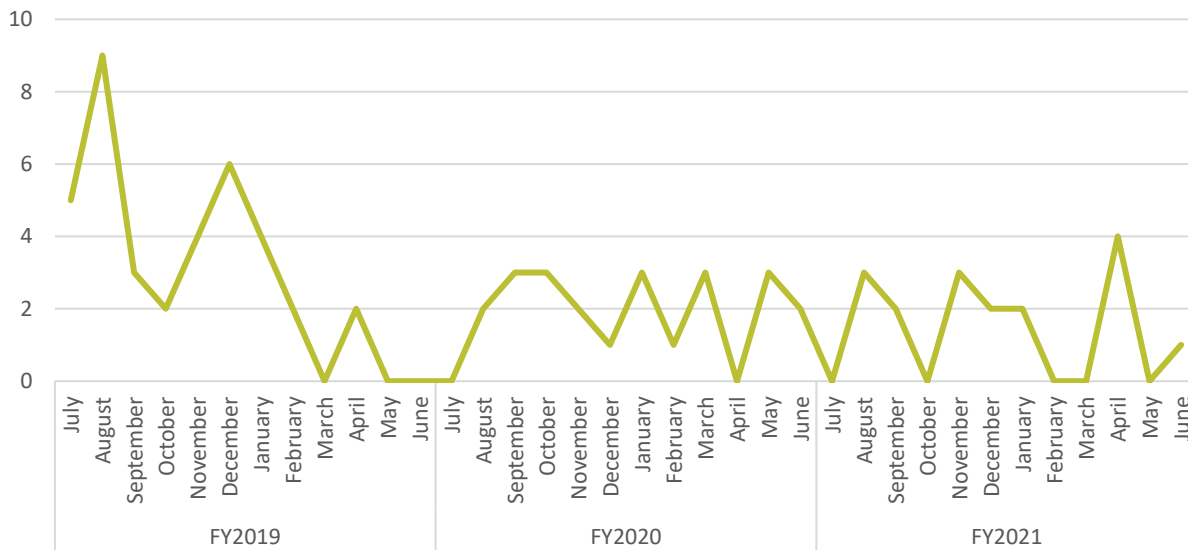
Direct Releases from Restrictive Housing to the Community

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 the 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 FY2021, 17 people released from restrictive housing into the community. This is a 26% decrease from the 23 direct releases in FY2020 and a 54% reduction from the 37

direct releases in FY2019. Of these 17, nine finished their sentences and were directly discharged from NDCS, four were released into the community under parole supervision, and four 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 FY2019 and FY2021; Appendix 3 provides information about the individuals directly discharged during FY2021 and their restrictive housing placements.

Figure 6: Direct Releases from Restrictive Housing, by Month, FY2019-FY2021



There was much less fluctuation in the number of people released from restrictive housing over the course of FY2021 (7/1/2020 to 6/30/2021) 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 October of 2020 or in February, March, and May of 2021. The average amount of time spent in restrictive housing prior to discharge for these individuals was 39 days, although the range of actual time spent was between one and 241 days. The median length of time for these persons was 17 days, which is more representative of actual time served as 65% of individuals were on IS status when they were released (11 of 17). A total of six people were released to a detainer (two on IS status and four 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 a little less than half of all individuals (n=8; 47.1%) 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 eight, all either requested protective custody or otherwise refused alternative housing within thirty-three days of their release date. The additional

nine 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	1	5	6
2. Recent escape or attempted escape	0	0	0
3. Threats or actions of violence	3	1	4
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	7	0	7
Total	11	6	17

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

Recall from above that 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

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

respond. Data in this report has been compiled from the most recent, most comprehensive, national study of restrictive housing conducted in collaboration with the Correctional Leaders Association (CLA) and The Liman Center for Public Interest Law at Yale Law School (Liman), specifically their September 2020 publication, "[Time-In-Cell 2019: A Snapshot of Restrictive Housing based on a Nationwide Survey of U.S. Prison Systems](#)"^{14,15}

The 2020 CLA-Liman report is their fifth 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 during mid-July of 2019. The ADP values from this year's Restrictive Housing Annual Report have been provided to illustrate what the FY2021 data looks like after controlling for normal fluctuations that occur within any population.

The 2020 CLA-Liman report notes that the 39 reporting jurisdictions identified a total of 825,473 individuals under their direct control, of whom 31,542 (or 3.8%) 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.

¹⁴ For more information about the 2020 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>.

¹⁵ At the time of this report's publication, CLA and Liman were in the process of collecting data for their 2021 report. NDCS's FY2022 annual restrictive housing report will use updated data from the forthcoming CLA-Liman publication.

Table 10a: Agency Population by Race/Ethnicity, 2019 CLA-Liman Data¹

<u>Race/Ethnicity</u>	<u>Kansas</u>	<u>Missouri</u>	<u>Nebraska</u>	<u>South Dakota</u>	<u>Wyoming</u>	<u>Nebraska (FY2021 ADP)²</u>
ASIAN	84	62	43	26	8	47.06
BLACK	2,780	9,591	1,489	293	98	1,464.51
HISPANIC	1,249	586	791	141	243	782.2
NATIVE AMERICAN	217	92	254	1,326	148	258.38
OTHER	(not reported)	36	45	5	4	47.10
PACIFIC ISLANDER	(not reported)	(not reported)	5	4	9	2.61
WHITE	5,675	17,805	2,872	2,063	1,500	2,748.58
Total	10,005	27,924	5,499	3,858	2,013	5,351.65

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 Iowa.

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

Table 10b: Restrictive Housing Population by Race/Ethnicity, 2019 CLA-Liman Data¹

<u>Race/Ethnicity</u>	<u>Kansas</u>	<u>Missouri</u>	<u>Nebraska</u>	<u>South Dakota</u>	<u>Wyoming</u>	<u>Nebraska (FY2021 ADP)²</u>
ASIAN	6	3	0	0	0	0.95
BLACK	208	982	67	2	1	67.24
HISPANIC	133	0	56	9	9	46.58
NATIVE AMERICAN	10	7	22	21	8	16.94
OTHER ²	(not reported)	5	1	1	0	1.63
PACIFIC ISLANDER	(not reported)	(not reported)	0	0	0	0.003
WHITE	329	1,261	110	22	18	106.55
Total	686	2,258	256	55	36	239.88

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 Iowa.

²Excludes individual's that did not provide race/ethnicity information.

Please note that not all jurisdictions reported on each racial/ethnic category, and Iowa did not provide any racial/ethnic distributions to the ASCA-Liman study. For additional information about national trends in the use of restrictive housing by race/ethnicity, please refer to the original 2020 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, 2019 CLA-Liman Data¹

State	Total System Population	Total Restrictive Housing Population	Males in Restrictive Housing	Females in Restrictive Housing
Kansas	10,005	686	679	7
Missouri	27,924	2,258	2,187	71
Nebraska	5,499	256	253	3
South Dakota	3,858	55	54	1
Wyoming	2,013	36	36	0
Nebraska (FY2021 ADP)	5,351.65	239.88	234.01	5.9

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 Iowa.

Nationally, the majority of individuals in restrictive housing are between the ages of 26 and 50. This is in contrast to Nebraska where most people in restrictive housing are 36 years old or younger. Table 12 provides the age distribution for the restrictive housing populations in states surrounding Nebraska.

Table 12: Restrictive Housing Population by Age Group, 2019 CLA-Liman Data¹

<u>Age Group</u>	<u>Kansas</u>	<u>Missouri</u>	<u>Nebraska</u>	<u>South Dakota</u>	<u>Wyoming</u>	<u>Nebraska (FY2021 ADP)</u>
Under 18	0	1	0	0	0	0.96 (18 and under)
18-25	140	411	80	18	13	33.95 (19-26)
26-35	343	914	113	21	15	113.72 (27-36)
36-50	162	676	55	14	5	46.78 (37-51)
50 and Over	41	256	8	2	3	10.55 (52 and over)
Total	686	2,258	256	55	36	239.91

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

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, 2019 CLA-Liman Data¹

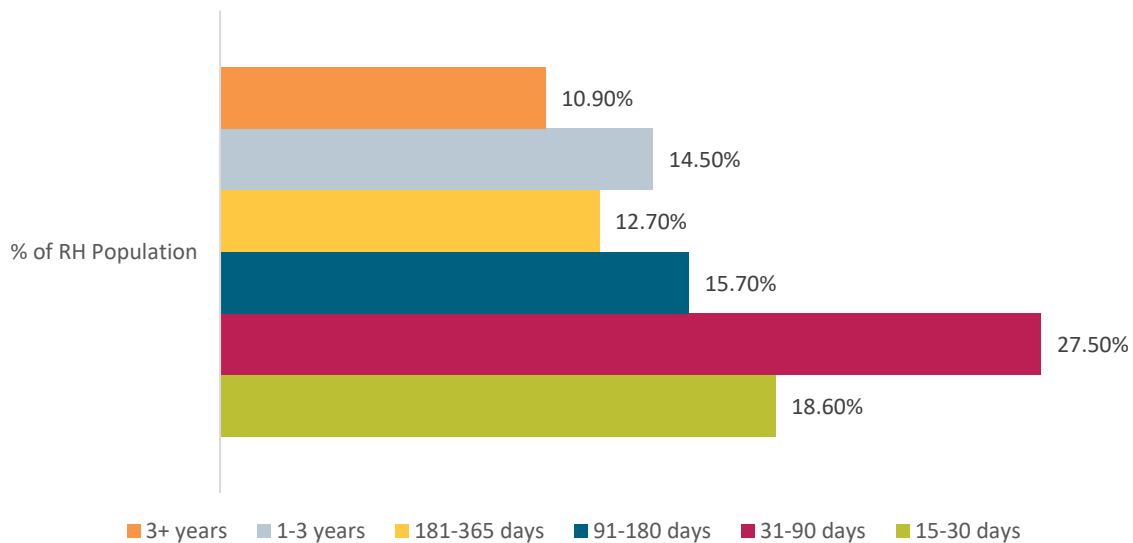


Table 13: Length of Stay for Surrounding States, 2019 CLA-Liman Data¹

State	15-30 Days	1 – 3 Months	3 – 6 Months	6 – 12 Months	1 – 3 Years	3 – 6 Years	6 Years or More
Kansas	238	265	115	53	15	0	0
Nebraska	53	64	40	30	65	4	0
South Dakota	7	15	9	14	7	1	2
Wyoming	14	16	5	0	0	0	1
Nebraska (FY2021 ADP)	463	492		98	54		

¹Iowa and Missouri 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

Mental Illness in Restrictive Housing, Nationally

As noted on page 47 in the 2020 CLA-Liman report:

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

Because of these definitional differences, it is difficult to make cross-state comparisons about the use of restrictive housing for individuals with mental illnesses. The report further notes that the data in the report has not been scaled nor transformed in any other way to allow for comparisons, but 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, 2019 CLA-Liman Data¹

State	Custodial Population with SMI	Population with SMI in RH
Kansas	1,763	212
Missouri	6,149	793
Nebraska	1,528	78
South Dakota	159	1
Wyoming	96	0
Nebraska (FY2021 ADP)	(not reported)	64.45

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 Iowa.

Unfortunately, the 2020 CLA-Liman report still does not report information regarding the reasons people in other states were held in restrictive housing, nor does it provide details regarding people released from restrictive housing directly to parole or into the general public. As such, no comparable information can be provided in this report.

Conclusion

The content of the FY2021 Restrictive Housing Annual Report illustrates the strides NDCS has made since FY2016 in reducing the use of restrictive housing, and ensuring that it is used only for cases in which a person's risk level cannot be managed in a less restrictive setting. Specifically, the average daily restrictive housing population continues to decline from about 372 people in FY2019 to 292 in FY2020 and to 240 in FY2021. 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 FY2021, the majority of placements were related to a serious act of violent behavior or threats or actions of violence, and many fewer placements were due to the overall significant risk of physical harm a person's presence might create in general population.

It should be noted the global pandemic due to the coronavirus did not leave NDCS unaffected during FY2021. Interestingly, however, the changes in NDCS operations did not affect the ways in which restrictive housing was used and ultimately contributed to the further reduction in the restrictive housing population. The implementation of social distancing efforts and smaller program group sizes helped reduce the restrictive housing population. Fewer inmates in the same place at the same time presented less opportunity for interpersonal conflicts and, if such conflicts did arise, the possibility of them expanding into large-scale multiple-inmate events was minimized. Unlike many other states, NDCS did not place inmates in restrictive housing to quarantine individuals. Rather, general population units were converted to provide this mission-specific housing in order to keep people quarantined in the least restrictive environment possible. The overall reduction in the restrictive housing population at NSP also allowed one 40-bed restrictive housing unit to be repurposed as a quarantine unit. This unit was not operated as restrictive housing for quarantined inmates but was managed as any other general population quarantine unit. That the change in mission for this unit did not negatively affect NDCS's ability to manage the restrictive housing population was a driving force for the permanent conversion of these beds to a mission specific unit in the spring of FY2021.

The increased demands on staff and resources because of COVID-19 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. The pandemic caused a postponement but not an abandonment of the change, and it will be pursued again during FY2022.

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.

Overall, the team at NCCW has been receptive to the changes from RHU to the BIPU. There was significant buy-in from the executive team in developing and supporting the transition, and the majority of the staff believe that high-risk individuals at NCCW can be managed without keeping them confined to their room 23 hours per day. The transition to the BIPU has been very successful thus far and we are proud of this milestone of the NDCS' commitment to safely and securely manage the population in the least restrictive manner available.

Appendix 1: Longer-Term Restrictive Housing Referral Outcomes, FY2019 through FY2021

Table A1a: Longer-Term Restrictive Housing Referral Outcomes, FY2019

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

Table A1b: 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 A1c: 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	

Appendix 2: Longer-Term Restrictive Housing Programs and Services by Facility, FY2021

Program Name	Description	LCC	NCCW[^]	NSP	TSCI
Adult Secondary Education	<i>Helps students prepare for taking the high school equivalency test</i>	X	X	X	X
Anger Management High Risk High Need*	<i>Provides instruction and practice on basic anger control strategies in a group facilitated by clinicians</i>	X		X	X
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	X
Dialectical Behavioral Therapy*	<i>Cognitive behavioral mindfulness-based coping skills; 10 weeks</i>		X		
Interpersonal Problem Solving Skills*	<i>Clinical programming to assist inmates in addressing problems; 8 weeks</i>			X	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		X	
Moral Reconciliation Therapy	<i>A cognitive behavioral treatment system that leads to enhanced moral reasoning, better decision-making, and more appropriate behavior</i>		X		X [‡]
Mental Health Association Intentional Peer Support	<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	X
My Recovery Song Interactive Journal	<i>Explore your ideas about recovery through music. Connect with music that encourages your efforts to move away from substance use. Express your thoughts, feelings, and ideas</i>				
Reading Selections and Thoughtful Responses	<i>Multiple reading selections which explore topics of self-betterment and pro-social growth; accompanied by a series of 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 session provided through correspondence</i>				X
Thinking for a Change	<i>A cognitive behavioral-based program that concentrates on changing criminogenic thinking and increases awareness of self and others. This deepened attentiveness to attitude, beliefs, and thinking patterns is combined with explicit teaching of interpersonal skills relevant to offenders' present and future needs</i>		X		
Victim Empathy Class*	<i>Increases a participant's understanding of the harm/damages they caused their victims, communities, and themselves. The program also provides an important life skill module that teaches how to become emotionally proficient, which translates into better decision-making and reduced conflicts</i>	X			
Violence Reduction Program*	<i>Intensive treatment option for inmates at high risk for violent re-offense, those with strong antisocial beliefs or lifestyles, and those with evidence of psychopathy</i>	X		X	X
Wellness Recovery Action Planning (WRAP)*	<i>Discusses de-escalation, decision making and consequences, how trauma affects a person, and how to overcome negative ways of dealing with stressful situations and crises</i>			X	X

[^]Women in restrictive housing at NCCW could attend general population programming

^{*}Program led by mental health staff

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

[†]In-cell programming format

Appendix 3: Individuals Released from Restrictive Housing into the Community, FY2021
(blue font indicates release to detainer)

Release Date	Placement Reason	Length of Stay in Days	Status	Released From	Release Type	Released to Detainer
8/11/2020	Threats or actions of violence	3	IS	NSP	PRS	No
8/25/2020	Serious act of violent behavior	44	LTRH	NSP	DISC	Yes
8/28/2020	Serious act of violent behavior	241	LTRH	TSCI	DISC	Yes
9/11/2020	Presence in GP will create a significant risk of physical harm	22	IS	NSP	DISC	No
9/28/2020	Presence in GP will create a significant risk of physical harm	11	IS	LCC	DISC	No
11/13/2020	Serious act of violent behavior	49	LTRH	TSCI	DISC	No
11/23/2020	Threats or actions of violence	56	LTRH	TSCI	PROL	No
11/26/2020	Presence in GP will create a significant risk of physical harm	2	IS	NSP	DISC	No
12/9/2020	Presence in GP will create a significant risk of physical harm	6	IS	OCC	DISC	Yes
12/17/2020	Serious act of violent behavior	5	IS	NSP	PROL	No
1/4/2021	Threats or actions of violence	2	IS	NSP	PROL	Yes
1/8/2021	Serious act of violent behavior	89	LTRH	TSCI	PRS	Yes
4/7/2021	Threats or actions of violence	1	IS	TSCI	PRS	No
4/20/2021	Presence in GP will create a significant risk of physical harm	12	IS	OCC	DISC	No
4/23/2021	Presence in GP will create a significant risk of physical harm	17	IS	NSP	PROL	No
4/23/2021	Serious act of violent behavior	77	LTRH	TSCI	DISC	Yes
6/17/2021	Presence in GP will create a significant risk of physical harm	33	IS	TSCI	PRS	No