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DEPT OF CORRECTIONAL SERVICES

2018 Restrictive Housing Annual Report

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Table of Contents

Introduction	3
Restrictive Housing Reform in Nebraska	3
Report Outline.....	3
Report Contents.....	3
Data Notes	4
Restrictive Housing Population Demographics.....	5
Average Daily Population (ADP).....	5
ADP Distribution by Facility.....	5
General Facility Trends	5
Fiscal Year Changes in ADP	6
ADP Distribution by Race/Ethnicity and Gender.....	7
ADP Distribution by Age and Gender	9
Holding Placements and the Restrictive Housing Pass-Through Population.....	10
Restrictive Housing Placement Types	11
Holding Placements	11
Reasons for Holding Placements	11
Immediate Segregation.....	13
Longer-Term Restrictive Housing.....	14
Multidisciplinary Review Team (MDRT) Referrals	15
Program Expansion and Partnerships with Outside Organizations.....	17
The Challenge Program.....	18
Secure Mental Health Unit	18
Protective Management	21
Direct Releases from Restrictive Housing to the Community.....	22
Restrictive Housing Use in Surrounding States	24

Index of Tables

Table 1: Average Daily Population (ADP) by Facility.....	5
Table 2a: ADP of Restrictive Housing by Race/Ethnicity and Gender.....	8
Table 2b: ADP of NDCS by Race/Ethnicity and Gender.....	8
Table 3: ADP of Restrictive Housing by Age Group and Gender.....	9
Table 4: Holding Outcomes.....	11
Table 5: Holding Placement Reasons.....	12
Table 6: Immediate Segregation Placement Reasons.....	13
Table 7: Longer-Term Restrictive Housing Referral Outcomes.....	15
Table 8: Longer-Term Restrictive Housing Assignment Reasons.....	16
Table 9: Restrictive Housing Serious Mental Illness Diagnoses.....	20
Table 10: Reasons for Direct Discharge to the Community.....	23
Table 11: Restrictive Housing Statics for Surrounding States (ASCA-Liman Data)	24

Index of Graphics

Figure 1: Time in Holding and Restrictive Housing, in Days.....	10
Figure 2: Direct Releases from Restrictive Housing, by Month	22

Index of Appendices

Appendix 1: Longer-Term Restrictive Housing Programs and Services, by Facility	26
Appendix 2: Mental Health Diagnoses for Individuals in Restrictive Housing during FY2018.....	27
Appendix 3: Individuals Released from Restrictive Housing into the Community	30

Introduction

Restrictive Housing Reform in Nebraska

This report describes the use of Restrictive Housing within the Nebraska Department of Correctional Services (NDCS) between July 1, 2017 and June 30, 2018 (Fiscal Year FY] 2018). In early 2015, NDCS partnered with the Vera Institute of Justice on their Safe Alternatives to Segregation Initiative. Vera examined the use of restrictive housing in Nebraska and identified various ways to improve not only the reasons for which persons are placed into restrictive housing, but also to create more rehabilitative environments for those assigned to such units. One of the most significant recommendations involved transforming the culture surrounding the use of restrictive housing from one of punishment to one of risk management.

As of July 1, 2016, NDCS no longer places individuals in restrictive housing for disciplinary purposes, but uses it to assess and mitigate the risk of those persons who pose a significant threat to the safety of themselves, other individuals, or NDCS staff members. The two primary categories of restrictive housing in Nebraska are immediate segregation (IS), which is a short-term (30 days or fewer) placement used as an immediate response to a disruptive act or security threat, and longer-term restrictive housing (LTRH), which is used as an opportunity to provide rehabilitative programming and behavior management intervention for persons who pose continual risk to the safety of themselves and others, or to the security of the institutions. IS and LTRH will be discussed in greater detail in later sections of this report

Report Outline

This report is divided into four 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) direct releases from RH into the community; and (4) the use of restrictive housing in surrounding states.

Report Contents

Within these four sections, the report will address the eight specific points of interest outlined in Nebraska Revised Statute §83-83-4,114(4):

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 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/her own safety and the underlying circumstances of 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
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 provide a summary of the restrictive housing reforms currently underway in the department.

Data Notes

An important process improvement that was made in November of 2017 was the implementation of an electronic restrictive housing data tracking system into the Nebraska Inmate Case Management System (NICaMS) the official source of record for electronic inmate information. This automation allowed NDCS to eliminate the manual tracking processes that existed previously to document the use of restrictive housing assignments and alternative placements. Not only did this make information more readily available on demand, but it also ensured a greater integrity in the collection and recording of restrictive-housing related events.

As with any manual process, some records are inevitably missing or inaccurate because the original documents were incomplete, illegible, lost, or otherwise unavailable for analysis. During the development of the NICaMS application, efforts were made to locate as many historical records as possible to ensure the greatest degree of completion in restrictive housing events. Nearly every person who was actively in restrictive housing on the date the NICaMS screen was implemented had the complete record for their current event uploaded into the electronic system. To the degree possible, historical event records were also uploaded for these individuals. The restrictive housing records for those persons who were not on an active status at the time of the NICaMS implementation were maintained in an Excel database for retrieval and analysis.

Although not all records for FY2018 restrictive housing events were complete, efforts were made to minimize their effects on the information presented in this report. To the extent possible, other data sources were used to triangulate data points and fill in missing information. For example, inmate living location records were used to identify movement in and out of restrictive housing units. This helped fill in gaps regarding missing placement and removal dates. In addition, records from the Multidisciplinary Review Team (MDRT) meetings helped identify the date certain individuals were first assigned to longer-term restrictive housing. Finally, it is important to remember that these limitations apply only to those restrictive housing placements that ended during the first four months of FY2018. After that point, all necessary information was collected for analysis from the newly implemented NICaMS application, which provided data of significantly better quality. The report issued for Fiscal Year 2019 will rely entirely on NICaMS data, limiting any missing and/or incomplete records to what should reasonably be expected from routine data entry errors only.

Restrictive Housing Population Demographics

Average Daily Population (ADP)

Average Daily Population (ADP) is a population metric that assess the average number of people incarcerated on any day during a specific time frame (in this case, between July 1, 2017 and June 30, 2018). To calculate the average daily population for this report, the collective number of days for all individuals who spent in restrictive housing between July 1, 2017 and June 30, 2018 was divided by 365. This calculation improves over snapshot, or point-in-time, estimates because it controls for the normal fluctuations that occur within any population.

ADP Distribution by Facility

Table 2, below, shows the restrictive housing ADP of each facility, and the NDCS total, for fiscal years 2016 through 2018. ADP calculations were based on time spent in restrictive housing units, and consider a person’s entire length of stay. 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 future sections of this report. On average, approximately 404 people were held in restrictive housing on any given day during FY2018. This is an increase from the ADP levels in both 2016 and 2017 (388.54, and 348.22, respectively).

Table 1: Average Daily Population (ADP) by Facility

Facility	FY2016	FY2017	FY2018
LCC	84.27	71.05	67.28
NCCW	10.20	9.06	9.96
NCYF	7.72	5.45	4.52
NSP	84.49	86.59	120.29
OCC	13.46	7.89	12.03
TSCI	188.40	168.17	189.78
NDCS Total	388.54	348.22	403.86

General facility trends

The overall distribution of the restrictive housing population by institution has remained stable since FY2016. In addition, these distributions are consistent with expectations, given the known missions of each facility and the respective compositions of their populations. Tecumseh State Correctional Institution (TSCI) has the largest RH population in the system, averaging just under 190 individuals per day, because it was originally designed with mission specific housing dedicated to managing high risk populations. As will be discussed later, TSCI also houses the largest concentration of individuals assigned to longer-term restrictive housing. Nebraska State Penitentiary (NSP) has the second highest restrictive housing ADP (120.29). NSP was not specifically designed for restrictive housing populations like TSCI was, but it is the largest facility within NDCS, and has a large maximum custody population and the second highest concentration of medium custody individuals.



While still generally large, relative to the other institutions, the ADP of 67 at the Lincoln Correctional Center (LCC) are housed in two different types of restrictive housing units. In addition to the standard restrictive housing unit, which is similar to those of TSCI and NSP, LCC is also home to the Secure Mental Health Unit (SMHU). As will be discussed in more detail later in this report, the SMHU is an intensive therapeutic environment for individuals with serious chronic, and persistent, mental health issues. Although this unit is classified as restrictive housing because of the out-of-cell time limitations, its operations and inmate management techniques are more closely aligned with a mission-specific residential mental health housing unit. Another unique feature of LCC's ADP is that it has decreased each year since FY2016. The reduction from FY2017 to FY2018 is likely due, in part, to the closing of the Control Unit. The Control Unit was built in the 1970s, was small with poor ventilation, and had little to no programming space. Given the shift of restrictive housing from a disciplinary sanction to a risk management alternative, NDCS deemed the unit no longer able to meet the standards for adequately addressing the needs of this challenging population, and the Control Unit was closed on April 17, 2017.

The ADP of 12.03 at the Omaha Correctional Center (OCC) is the smallest for institutions that house males over the age of 19. This is likely due to two factors: First, OCC does not have a unit for inmates assigned to LTRH. As a result, the inmates placed on IS status at this facility necessarily have a shorter length of stay than at other institutions. Second, OCC houses medium and minimum custody inmates, a large concentration of whom are close to transitioning into the community. This population generally presents fewer management challenges, as these individuals may be more cautious to not jeopardize their release.

Finally, the Nebraska Correctional Youth Facility (NCYF) and the Nebraska Correctional Center for Women (NCCW) have the lowest restrictive housing populations due both to their size and the specific nature of their populations. The total ADP for NCYF as an institution was just under 52, and the facility was designed with a maximum restrictive housing capacity of eight. NCCW also had a relatively small institutional ADP in FY2018 (366.95), but their low restrictive housing ADP is likely due to the differing natures of men's and women's prisons. The nature of challenges presented in women's prisons are different than those that appear in all male institutions. There is much less physical violence among female inmates, and issues can often be deescalated through verbal skills or other techniques that do not require the use of restrictive housing. As a result, the restrictive housing population is generally low and reserved for more serious events.

Fiscal year changes in ADP

There are noticeable annual variances in the NDCS RH populations between FY2016 and FY2018, which reflect the shift in theoretical framework regarding the use of restrictive housing. The FY2016 data reflects the baseline population prior to the implementation of the new reform efforts put into place based on recommendations from the Vera Institute of Justice and other correctional advances in evidence-based practices.

The ADP decrease in FY2017 is a reflection of the new efforts put forth to reduce the restrictive housing population by no longer using it as a disciplinary sanction, and instead reserving it only for those people deemed to pose a significant risk to themselves or others.

Although there appears to be a substantial increase in the ADP for FY2018, the change can be attributed to events that occurred toward the end of FY2017, as well as continual refinements in the use of restrictive housing as a risk management tool. In March of 2017, there was a significant disturbance at TSCI which resulted in the deaths of two inmates and the destruction of state property by fires. Thirty-five individuals were assigned to IS until the main perpetrators could be identified and the threats to safety, security, and good order could be reduced. The behaviors demonstrated by certain participants in this event, including murder, clearly indicated their need for risk reducing programming in a secure environment. As a result, those who were subsequently placed on LTRH would have had much more influence on the FY2018 ADP number than for their time at the end of FY2017.

Another contributing event from FY2017 that would manifest in the FY2018 data was a controlled, protective measure of removing security threat group (STG) leaders from NSP. This occurred in April 2017, when suspected STG leaders were transferred to TSCI for closer monitoring and investigations, in an effort to reduce STG-related violence within the prison system. Because this happened near the end of FY2017, these individuals had a stronger contribution to the FY2018 population than to the previous year. In addition, the status of these individuals as leaders of STGs creates a longer, and more specialized, process to reduce their risk; thus increasing their lengths of stay and contribution to ADP.

Finally, one refinement of restrictive housing as a risk management tool has come with the implementation of The Challenge Program (TCP) in FY2018. TCP, which will be discussed in more detail later in this report, is a risk-reduction program for individuals who have demonstrated histories of violence against staff or other inmates. In order to be released from restrictive housing, individuals must demonstrate their commitment and willingness to change by participating in specific evidence-based programs designed to change criminal thinking patterns and reduce deviant behaviors.

ADP Distribution by Race/Ethnicity and Gender

Table 3a, below, shows the distribution of the FY2018 restrictive housing population across racial/ethnic groups, as well as by gender; Table 3b presents the same distribution for the entire NDCS population. Among male inmates, those who identify as Hispanic are overrepresented in restrictive housing, relative to their proportion of the NDCS population. Recall from above, however, the efforts to reduce gang-related violence that occurred in FY2017, and which continue today. One of the most active STG organizations within NDCS organizes itself around Hispanic racial/ethnic lines. Given the proliferation of this group within NDCS, as well as the efforts to minimize their

influence, it makes sense that restrictive housing has a larger concentration of Hispanic individuals than would be expected from their proportion in the overall system.

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

<u>Race/Ethnicity</u>	<u>Male ADP</u>	<u>Male %</u>	<u>Female ADP²</u>	<u>Female %</u>	<u>Total ADP</u>	<u>Total % by Race/Ethnicity</u>
ASIAN	1.03	0.26%	0.07	0.69%	1.10	0.27%
BLACK	116.98	28.85%	3.33	33.44%	116.98	28.97%
HISPANIC	83.10	21.10%	0.98	9.87%	84.08	20.82%
NATIVE AMERICAN	26.23	6.66%	1.10	11.03%	27.33	6.77%
OTHER	0.48	0.12%	0.45	4.48%	0.93	0.23%
WHITE	168.84	42.86%	4.03	40.48%	172.88	42.81%
(blank)	0.56	0.14%	0	0.00%	0.56	0.14%
Total	393.90	100.00%	9.96	100.00%	403.86	100.00%

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

²Restrictive housing for female inmates exists only at NCCW.

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

<u>Race/Ethnicity</u>	<u>Male ADP</u>	<u>Male %</u>	<u>Female ADP²</u>	<u>Female %</u>	<u>Total ADP</u>	<u>Total % by Race/Ethnicity</u>
ASIAN	36.70	0.75%	1.98	0.46%	38.67	0.72%
BLACK	1379.41	28.10%	82.17	18.91%	1461.58	27.35%
HISPANIC	644.88	13.14%	39.64	9.12%	684.52	12.81%
NATIVE AMERICAN	197.49	4.02%	27.34	6.29%	224.83	4.21%
OTHER	15.45	0.31%	9.46	2.18%	24.91	0.47%
PACIFIC ISLANDER	5.41	0.11%	0.09	0.02%	5.50	0.10%
WHITE	2618.06	53.33%	273.87	63.02%	2891.93	54.12%
(blank)	11.77	0.24%	0	0.00%	11.77	0.22%
Total	4909.17	100.00%	434.55	100.00%	5343.72	100.00%

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

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

Tables 2a and 2b further highlight the gender differences in the assignment of individuals to restrictive housing. Specifically, while close to 400 males were in RH on any given day during FY2017 (about 8% of the male population), only 434 women, in total, were incarcerated within NDCS; fewer than ten women per day were on a restricted housing status (about 2.3% of the total female population). Given these small numbers, comparisons of the racial/ethnic composition of the female restrictive housing composition to the larger female population can be misleading. For example, while approximately one-third of the restrictive housing ADP appears to be composed of black women, the actual ADP value is approximately three women.

ADP Distribution by Age and Gender

Table 3, below, shows the distribution of the restrictive housing population across age groups, as well as by gender. Over half of the average daily population during FY2018 (52.57%) was accounted for by individuals between the ages of 22-31. Slightly more than one-quarter of the population (28.81%) was between the ages of 32 and 41. Individuals under the age of 22 made up approximately 7.7% of the RH population, while the remaining 10.9% was accounted for by persons 42 years of age or older.

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

<u>Race/Ethnicity</u>	<u>Male ADP</u>	<u>Male %</u>	<u>Female ADP²</u>	<u>Female %</u>	<u>Total ADP</u>	<u>Total % by Race/Ethnicity</u>
18 and Under	2.69	0.68%	0.04	0.44%	2.73	0.68%
19-21	27.65	7.02%	0.72	7.21%	28.37	7.02%
22-26	111.62	28.34%	2.61	26.24%	114.24	28.29%
27-31	95.55	24.26%	2.53	25.39%	98.07	24.28%
32-36	63.49	16.12%	2.24	22.44%	65.72	16.27%
37-41	49.98	12.69%	0.66	6.66%	50.64	12.54%
42-46	17.03	4.32%	0.42	4.26%	17.45	4.32%
47-51	8.93	2.27%	0.49	4.90%	9.42	2.33%
52-56	8.46	2.15%	0.18	1.79%	8.64	2.14%
57-61	4.96	1.26%	0.07	0.69%	5.03	1.24%
62 and Above	3.54	0.90%	0	0.00%	3.54	0.88%
Total	393.90	100.00%	9.96	100.00%	403.86	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 trends should not be considered surprising, as they are similar, though not identical, to the typical age patterns for criminal behavior. In general, the average age of onset for criminal behavior is in the mid-teenage years through the early 20s. There is then an “aging out” phenomenon in which crime rates reduce significantly for people between the ages of 20-25, then steadily continue to decline as people get older.

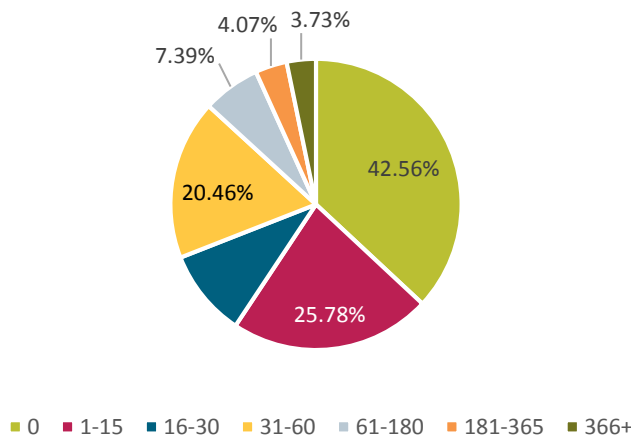
In the FY2018 restrictive housing population, the same “aging out” trend is present but appears to be delayed. Specifically, the highest proportion of the restrictive housing population is in the 22-26 year age range, and the sharp decline does not begin until the 32-36 year age range. This shift from 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 younger ages 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 who have committed especially serious 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 seen 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. Typically, individuals with long sentences find ways

to adapt to the prison environment and build a routine that allows them to pass their time with the least amount of disruptions as possible.

Holding Placements and the Restrictive Housing Pass-Through Population

During FY2018, a total of 1,856 unique individuals were held in restrictive housing for at least one day during the year. The average length of time spent in a given restrictive housing term was 48.39 days, though the distribution varies widely, with the median length of stay being 3 days. Figure 1, below, shows the distribution of the restrictive housing population by their length of stay, as well as the proportion of people placed in holding who were not subsequently assigned to immediate segregation. While holding placements are not restrictive housing, they do play an important role as a necessary precursor.

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



Over 42% of individuals sent to holding were released the same day. This indicates NDCS is moving in the right direction in terms of culture change. Facility staff are encouraged to use alternatives to restrictive housing whenever possible, and this practice is evidenced in the data. Over 36% of the restrictive housing placements are for 30 days or less, with over a quarter of those stays ending within 15 days. About 20% were between 31 and 60 days, while only seven percent were between 2 and 6 months. Only three percent of restrictive housing placements are for more than one year, but there significant variance in length of stay within that group. The next section of this report discusses holding placements and each of the restrictive housing stages – immediate segregation and longer-term restrictive housing – in greater detail.

Restrictive Housing Placement Types

Since July 1, 2016, the Nebraska Department of Correctional Services (NDCS) does not use restrictive housing for disciplinary or punitive purposes. Instead, restrictive housing is used as a way 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 transforming the use of restrictive housing within NDCS.

Holding Placements

Between July 1, 2017 and June 30, 2018, NDCS recorded 4,389 unique holding events. On average, there were approximately 12 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 more than 24 hours, they are assigned to IS. Unlike FY2017, in which notable incidents resulted in multiple individuals (five or more) being taken to holding and assigned to IS once, no such events occurred during FY2018.

Table 4, below, shows the outcomes of the FY2018 holding events. As discussed in the previous section, an alternative to restrictive housing (i.e., alternative placement or mission-specific housing) was deemed appropriate in 42% 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 general population location, or referring them to a mission specific housing unit. Mission specific housing units place individuals with common demographics, interests, challenges and/or needs together to provide safe and effective living environments, which reduce the need for restrictive housing. Although a significant proportion of holding events were resolved through the use of alternative housing options, over one-half of the holding placements could not be resolved on the same day, and resulted in assignments to IS.

Table 4: Holding Outcomes

<u>Disposition</u>	<u>Count of Events</u>	<u>% of Events</u>
Immediate Segregation	2,525	57.53%
Alternative Placement	1,673	38.12%
Mission Specific Housing	191	4.35%
Total	4,389	100.00%

Reasons for holding placements

Prior to the reform efforts that were initiated on July 1, 2016, restrictive housing placements were based on documented misconduct or other high risk behavior, but the specific rationale for placement was not uniformly tracked. Since that time, the department has limited the types of incidents that could result in placement on IS status to the six categories defined 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 this option is selected, staff must include a written explanation of the event and a justification for why this placement type is necessary.

The department has gathered and tracked this information as part of the reform efforts, and data collection has improved with the NiCaMS restrictive housing automation project, which was implemented in November of 2017. Table 5, below, provides a distribution of the various reasons why individuals were sent to holding during FY2018.

Table 5: Holding Placement Reasons

Reason for Placement	Count of Events	%of Events
1. Serious act of violent behavior	957	21.80%
2. Recent escape or attempted escape	21	0.48%
3. Threat of actions of violence	533	12.14%
4. Active membership in a Security Threat Group	99	2.26%
5. Incitement or threats to incite group disturbances	50	1.14%
6. Presence in General Population will create a significant risk of physical harm	888	20.23%
No reason recorded	1,841	41.95%
Total	4,389	100.00%

The 1,841 records with no reason recorded all correspond to holding events that were disposed of with alternatives placements or transitions to mission-specific housing units. The most prevalent reason for placement in holding was due to serious acts of violent behavior (21.80%), followed closely by the significant risk of harm if that person were to remain in the general population (20.23%). Individuals were placed in holding for threats of actions of violence in approximately 12% of cases, while the remaining four percent were placed for reasons related to active membership in a security threat group, inciting or threatening to incite group disturbances, or recent escapes or attempted escapes. Given that the majority of these holding events resulted in IS placements, these topics will be covered in more detail in the following section.



Immediate Segregation (IS)

Immediate Segregation (IS) is a short-term housing assignment of not more than 30 days in response to behavior that creates a risk to the inmate, others, or the security of the institution. This type of restrictive housing is used to maintain the safety and security while investigations are completed, and/or appropriate housing is identified. During FY2018, there were 2,523 total assignments to IS¹, and the reasons² for these placements are presented in Table 6, below.

Table 6: Immediate Segregation Placement Reasons

Reason for IS Placement	Count of Events	% of Events
1. Serious act of violent behavior	944	37.42%
2. Recent escape or attempted escape	21	0.83%
3. Threat of actions of violence	530	21.01%
4. Active membership in a Security Threat Group	99	3.92%
5. Incitement or threats to incite group disturbances	50	1.98%
6. Presence in General Population will create a significant risk of physical harm	879	34.84%
<i>Inmate does not feel safe in General Population</i>	39	
<i>Inmate does not feel safe in Protective Custody</i>	32	
<i>Inmate has requested Protective Custody</i>	284	
<i>Inmate refused approved housing</i>	84	
<i>Inmate requires involuntary protective custody</i>	17	
<i>Other</i>	423	
Total	2,523	100.00%

Close to 60% of IS placements were related to serious acts of violent behavior (37.42%) or threats of actions of serious violent behavior (21.01%). This is consistent with the mission of using restrictive housing as a risk management tool, rather than a disciplinary sanction for minor rule violations. Although just under 35% of the remaining placements fell into reason the seemingly generic category 6 (“Inmates whose presence in the general population would create a significant risk of physical harm to staff, themselves, and/or other inmates”), closer examinations reveal consistent trends in the use of this reason for risk management purposes, as well. Specifically about one-third of the placements under reason category 6 (n=284) were due to individuals requesting protective custody. About 10% of individuals (n=84) refused to leave restrictive housing and go to their assigned housing location, and another 10% were from persons who noted they did not feel safe in general population (n=39) or in protective custody (n=32),

¹ While Table 5 notes there were 2,525 assignments to immediate segregation, two records did not contain enough information to be included for analysis in this section.

² Reasons for immediate segregation placement may have been changed or updated to more appropriately categorize a person’s assignment as more information surrounding the event was available, or if a person exhibited more serious behaviors while in restrictive housing. As such, the numbers and percentages presented in this section may not correspond exactly to the information presented in Table 6.

or whom NDCS staff deemed to be in need of involuntary protective custody for their own protection (n=17). 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 target is to keep this portion of the restrictive housing population below 20%; as of September 10, 2018, it was 18.5%.

The primary contributors to immediate segregation assignments for persons with a subcategory reason of “other” (n=423) were for being under the influence of alcohol or drugs, introducing contraband into the facility, or discovering evidence of involvement in physical altercations with other inmates. The reason these physical altercation cases fall into reason category 6 instead of the categories specifically related to acts or threats of actions of violence is because they are usually based on circumstantial evidence (e.g., cuts or abrasions on ones knuckles, spots of blood found on clothing or shoes) where such allegations of violence cannot be substantiated and the individual’s victim or perpetrator status cannot be determined.

The average length of stay on IS for sentenced inmates was 17.88 days, with a median stay of 16 days. While 30 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 in which more time may be required to determine an adequate resolution for the situation, or in which an immediate decision regarding LTRH placements cannot be made. In these situations, the Warden or his/her designee may submit up to two requests for a 15-day extension. This allows staff to gather additional information or complete investigative research into a specific case, and may result in a potential maximum IS term of 60 days. These extension requests are reviewed by the Central Office Multidisciplinary Review Team (MDRT) in lieu of assignment to LTRH.

Longer-Term Restrictive Housing (LTRH)

Longer-term restrictive housing (LTRH) is a restrictive housing assignment of more than 30 days. These placements are used as risk management interventions 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, and collaborative participation in the development of 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 refer individuals from immediate segregation for placement on LTRH, the actual assignment to LTRH is governed by the Central Office Multidisciplinary Review Team (MDRT), which is a five member team headed by the deputy director of operations with representatives from behavioral health, classification, research, and intelligence. The MDRT meets weekly to review and authorize all new assignments to LTRH. The MDRT also reviews each inmate on restrictive housing at least every 90 days to assess his/her 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.

The average length of time individuals spent on LTRH status during FY2018 was 116.69 days, with a median length of stay of 88.5 days. When it comes to risk assessment and management, there is no standard length of time that can be set to fully address one’s needs and mitigate the risk a person poses to the safety of themselves or others. This is evidenced by the fact that LTRH placements for FY2018 varied between 1 day and 452 days. As a result, NDCS uses the least restrictive environment standard for restrictive housing to provide the flexibility needed in managing individuals in accordance with their own unique set of circumstances and risk factors. This allows for an individualized examination of the risk presented in each case while keeping the focus on 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.

Multidisciplinary Review Team (MDRT) referrals

Between July 1, 2017 and June 30 2018, the MDRT conducted 5,011 LTRH reviews. Table 7, below, compares the facility LTRH recommendations to the decisions made by the MDRT.

Table 7: Longer-Term Restrictive Housing Referral Outcomes

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

With regard to initial LTRH assignments, the MDRT approved the Warden’s recommendation in 81% of their reviews, which is almost a four percentage point increase from FY2017 (77.6%). This is likely due to facility staff becoming more familiar with the new restrictive housing mission. During FY2018, the MDRT saw fewer referrals for lower-level rule violations (e.g., possession of unauthorized article) and more referrals for dangerous or violent behavior, or actions consistent with the need for a period of intensive monitoring and risk assessment.

Recall from earlier that two different data sources were used to track restrictive housing assignments during FY2018, and not all relevant information could be readily retrieved. With regard to the LTRH assignments, the reasons for 653 of the 827 known placements could be identified and are reported in Table 8, below.

Table 8: Longer-Term Restrictive Housing Assignment Reasons

Reason for LTRH Placement	Count of Events	% of Events
No reason available, due to data conversion	174	21.04%
1. Serious act of violent behavior	288	34.82%
2. Recent escape or attempted escape	6	0.73%
3. Threat of actions of violence	78	9.43%
4. Active membership in a Security Threat Group	84	10.16%
5. Incitement or threats to incite group disturbances	14	1.69%
6. Presence in General Population will create a significant risk of physical harm	183	22.13%
<i>Inmate does not feel safe in General Population</i>	12	
<i>Inmate does not feel safe in Protective Custody</i>	21	
<i>Inmate has requested Protective Custody</i>	109	
<i>Inmate refused approved housing</i>	15	
<i>Inmate requires involuntary protective custody</i>	5	
<i>Other</i>	21	
Total	827	100.00%

Consistent with the reasons for IS placement, a large portion of LTRH assignments (44.25%) were due to exhibited or threatened actions of violence. Relative to IS assignments, however, a significantly higher proportion individuals were placed into LTRH due to their involvement in security threat groups (STG). Recall from earlier discussions that measures were taken in April of 2017 to remove key players and STG leaders from the general population in order to minimize their influence and the potential for violent group- conflicts. Due to the timing of this effort, the removals occurred during FY2017, but the LTRH referrals for these individuals were not conducted until FY2018. Just under one-quarter of the LTRH placements were because the person’s presence in the general population would create a significant risk of physical harm to him-/herself or others. The vast majority of these placements (n=109) were because the person requested placement in protective custody, while an additional 38 people did not feel safe in general population (n=12), in protective custody (n=21) or because they required involuntary protective custody assignment (n=5).

With regard to the MDRT decisions to continue active LTRH placements, Table 7, above, shows a facility recommendation approval rate of around 84%; this is consistent with the MDRT continuance approval rate in FY2017 (84.9%). The removal rate of 85% in FY2018, however, reflects a significant downward departure from the removal rate in FY2017 (93.6%). The reason for this decrease rate is likely due to the same factors that affected the increase in the FY2018 average daily population. One factor, as just discussed, was the removal of STG members from general population and their placement into restrictive housing for risk management purposes. One of the hallmarks of an STG leader is their lack of direct involvement in violent actions. Instead, they rely on and direct those with lower ranks within the organization to carry out the violent actions they orchestrate. While it is easy to identify the risk posed by those who

perpetrate such STG-related violence, the leaders, themselves, are not always readily apparent. Confidential intelligence documentation identifying these high-ranking STG leaders and their influence may not be available to the facility staff making LTRH referrals, due to its sensitive nature. It is, however, available to the MDRT, which often relies on this important information to make determinations about the risk of individuals with STG affiliations. As a result, the approval rates between facility staff and the MDRT may vary, simply due to the availability of relevant information.

Another factor for the lower removal approval rate in FY2018 relative to FY2017 has to do with the additions and enhancements made to the risk reducing programs offered to individuals on LTRH status, as well as the mission-specific housing units that provide risk reducing services to individuals with significant needs. This intentional approach to managing risk may create longer lengths of stay in restrictive housing, but the wrap-around support services provided in these environments play a key role in helping to ensure the successful reintegration of individuals back into general population. The sections below examine these programs and mission-specific housing units in greater detail.

Program expansion and partnerships with outside organizations

During FY2018, NDCS enhanced the provision of risk-reducing programs to individuals in restrictive housing. Appendix 1 provides a list of services offered in restrictive housing at each facility. In addition to the expansion of internally-provided programs and services, NDCS also furthered important partnerships with outside organizations to provide innovative risk-reduction programs to help the rehabilitation of those in longer-term restrictive housing. One of the longest-running restrictive housing programs operated in collaboration with an outside organization is the Transformation Project, which was developed by, and implemented with the assistance of, researchers at the University of Nebraska at Omaha (UNO). The Transformation Project is a series of 12 self-guided modules that provide participants with the stories of real-life individuals who have overcome significant changes in their lives and made lasting personal transformations. Through the use of motivational interviewing principles, the program materials teach participants how to identify the important processes related to change motivation and encourage them to implement these changes in their own lives. UNO is currently in the process of collecting and analyzing data in order for the Transformation Project to gain evidence-based program certification, and NDCS's continued partnership plays an important role in this endeavor.

NDCS has also implemented a new restrictive housing initiative in collaboration with BetaGov. BetaGov is a non-profit organization that partners with government agencies to find effective, innovative solutions to problems through the use of randomized clinical trials. One BetaGov trial involved pairing restrictive housing residents with a peer support mentor in an effort to reduce misconduct. A small trial was conducted at TSCI, which demonstrated the feasibility of testing mentorship on a larger sample. Currently, the peer mentoring initiative is being conducted at NSP.

The Challenge Program (TCP)

Mission-Specific housing is used at NDCS to reduce the use of restrictive housing for special populations and offer risk- and needs-responsive and behaviorally targeted interventions. The Challenge Program (TCP) is a three-phase mission-specific housing program, implemented in September of 2017, which provides a controlled and highly structured alternative to restrictive housing for those who have demonstrated serious violence in NDCS facilities or where sufficient intelligence exists documenting that individuals have orchestrated violence while in NDCS custody.

To be eligible for placement into TCP, individuals must have committed one or more of the following in the past three years: a serious staff assault, serious assault on another inmate, serious STG related alterations, or mutinous actions. Any escape attempt in the past three years, or completed escape within the past 10 years, also qualifies candidate for transition into TCP. As individuals progress through each phase of the program, they earn more incentives, privileges, and are gradually transitioned to less restrictive environments, in keeping with the restrictive housing mission.

TCP provides a safe alternative to restrictive housing in a structured environment with an emphasis on non-clinical cognitive programming. By incorporating evidence-based programming, such as Moral Reconciliation Therapy and Thinking for a Change, TCP aims to reduce criminal thinking patterns and the deviant behaviors they inspire among high risk individuals. The phases are structured to provide inmates with a combination of self-guided program materials and group sessions, which allow for interpersonal programming opportunities with other TCP participants. These risk-reducing programs, combined with behavior incentives, prepare participants to successfully transition into general population and/or the community.

One of the challenges of TCP, however, is due to the nature of people referred to the program. Because those recommended for TCP represent the highest risk, most violent segment of the LTRH population, they are also the individuals most resistant to program participation and effecting positive changes in their own lives. As a result, many individuals refuse to participate in any of the TCP components. This unwillingness to engage in risk reducing programming necessarily increases the amount of time they spend in restrictive housing, specifically on LTRH status. In order to help these individuals understand the benefits of TCP participation, the MDRT began sending personalized letters to those who have refused to outline the various ways in which their participation in this program will help them transition out of restrictive housing and back into general population where they will have more freedoms and privileges.

Secure Mental Health Unit

One of the primary areas 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. Mentally ill individuals who present this type of high risk require a secure environment to receive residential mental health treatment that provides for the safety of the patient, staff and other inmates. To accomplish this goal, the department expanded the secure mental

health unit (SMHU) at the Lincoln Correctional Center to be used for individuals with serious mental illnesses who require intensive residential mental health treatment. It is important to note that the SMHU is a mission-specific housing unit classified as restrictive housing only because of the out-of-cell time limitations that exist for its residents. Operationally, however, it is an intensive therapeutic environment for individuals with severe mental health issues that disrupt their normal functioning, often presenting in extremely violent or otherwise disruptive tendencies. 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. There will always be a need for a small number of dedicated beds for individuals diagnosed with a serious mental illness whose behavior presents a high safety risk. Efforts are currently underway to identify ways to increase the out of cell time for individuals in this unit. Not only will this enhance the rehabilitative opportunities offered to this unit's residents, but it will also remove the restrictive housing designation, allowing it to be recognized for its specific therapeutic mission instead of the time its residents spend in their assigned cells.

While the SMHU serves a very important function within NDCS, it should be recognized that not all individuals with mental illnesses in restrictive housing require placement in this intensive environment. Indeed, many persons with mental illness in restrictive housing are stabilized on medications and with other therapeutic interventions, and their placements in restrictive housing have nothing to do with their cognitive states. During FY2018, 308 of the 1,856 unique people in restrictive housing had any mental illness diagnosis; only 30 of these people were identified as seriously mentally ill.

Table 9, below, provides the major mental illness diagnoses for those 30 individuals who spent time in restrictive housing during FY2018 and were identified as seriously mentally ill.³ Note that individuals may have had more than one diagnosis, so the total count of diagnoses will exceed the number of individuals. Appendix 2 includes a similar breakdown of all diagnoses for all 308 individuals with mental illnesses who were held in restrictive housing during FY18.

NDCS prioritizes reducing the assignment of individuals with diagnosed mental illnesses to restrictive housing and limiting 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 will allow individuals gradually step down into less restrictive environments and transition to the mental health unit or general population.

³ NDCS transitioned to the use of ICD-10 and DSM-5 diagnostic codes in its electronic data system during the latter half of FY2017. This required the updating of historical records, when appropriate, to be consistent with the relevant diagnostic information. As a result of these updates, some information may have been changed or missing for the 30 individuals flagged as meeting the criteria for having a serious mental illness.

Table 9: Restrictive Housing Serious Mental Illness Diagnoses

Diagnosis Code	Diagnosis	Count of Diagnoses
292.9	Cannabis-Related Disorder NOS	1
295.3	*Schizophrenia, Paranoid Type	3
295.7	*Schizoaffective Disorder	7
295.9	*Schizophrenia, Undifferentiated Type	6
296.3	*Major Depressive Disorder, Recurrent	1
296.8	*Bipolar Disorder NOS	1
296.89	*Bipolar II Disorder	1
296.9	Mood Disorder NOS	6
297.1	Delusional Disorder	1
298.9	*Psychotic Disorder NOS	3
300	Anxiety Disorder NOS	7
300.02	Generalized Anxiety Disorder	2
300.3	Obsessive-Compulsive Disorder	2
301.7	Antisocial Personality Disorder	7
301.83	Borderline Personality Disorder	1
301.9	Personality Disorder NOS	1
302.2	Pedophilia	2
302.9	Paraphilia NOS	1
303.9	Alcohol Dependence	4
304.2	Cocaine Dependence	2
304.3	Cannabis Dependence	6
304.4	Amphetamine Dependence	2
304.8	Polysubstance Dependence	5
304.9	Other Substance Dependence	1
305	Alcohol Abuse	2
305.2	Cannabis Abuse	2
307.5	Eating Disorder NOS	1
309.81	Posttraumatic Stress Disorder	1
309.9	Adjustment Disorder Unspecified	2
312.3	Impulse-Control Disorder NOS	3
312.34	Intermittent Explosive Disorder	2
312.82	Conduct Disorder, Adolescent-Onset Type	1
312.9	Disruptive Behavior Disorder NOS	1
Total		88

*Indicates serious mental illness diagnosis

Protective Management

Protective management units are used to house inmates who cannot be safely housed in other general population units. These units are operated 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 a discussion of those classified to protective custody, however, because of their contribution they have to the restrictive housing population. Recall from earlier sections of this report that people with protective custody needs, whether voluntary or involuntary, accounted for about 15% of all immediate segregation placements (n=372) and about 23% of all longer-term restrictive housing assignments (n=147).

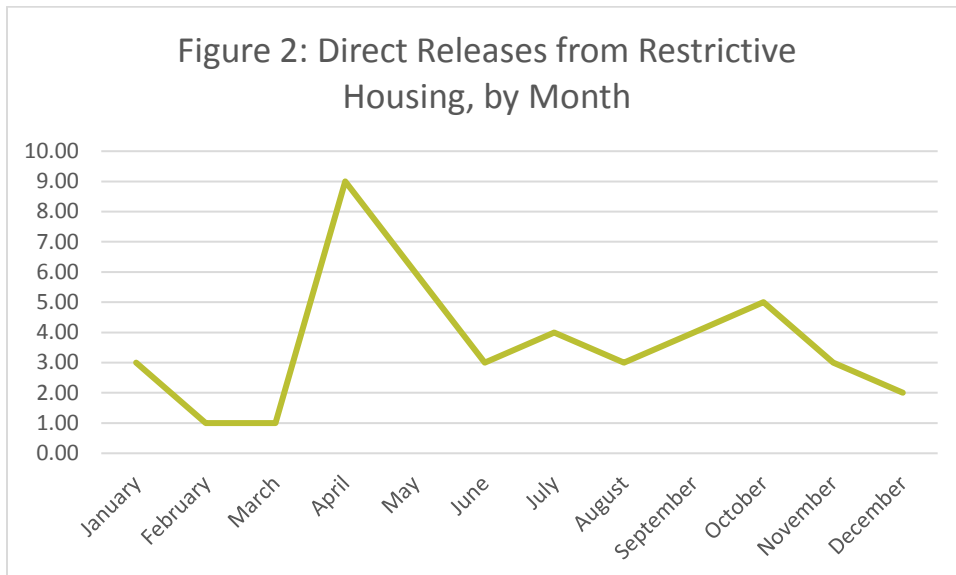
In the fall of 2015, the department reorganized protective custody using the mission specific housing philosophy to establish protective management units at TSCI and LCC. These units provide at least 4 hours per day out of cell time, programming on the unit, group recreation opportunities and other privileges which allows it to operate more like a general population unit. Over 90% of inmates who were previously in protective custody in other institutions have been moved into protective management units. This consolidation and intentional focus on providing units to meet the unique needs of certain subsections of the inmate population has significantly reduced the number of protective custody inmates who are being managed in restrictive housing.

Today, only those individuals who are being investigated for placement into protective custody, those who refuse a housing assignment in protective management but who cannot safely return to general population, or those awaiting bed space in protective management are assigned to restrictive housing. Upon such assignment, NDCS continues to work with these individuals to find the most appropriate alternative housing assignment at the earliest opportunity. To help minimize the time some of these individuals spend in restrictive housing, NDCS used specialized teams to assist facility staff in conducting protective custody investigations. This ability to decrease the workload of line-level staff resulted in investigations being completed more quickly, individuals spending less time in restrictive housing, and greater efficiency of facility staff. In addition, staff continue to consider the transfer of individuals to alternative facility or housing unit placements, where appropriate, in lieu of protective custody assignments to help reduce the restrictive housing population and house people in the least restrictive environments appropriate for their needs. As the department continues to expand its mission specific housing options, such as active seniors units, incentive galleries, and veterans housing, the need for protective custody should decrease.

Direct Releases from Restrictive Housing to the Community

In addition to the use of restrictive housing for risk reduction purposes and housing people in the least restrictive environments available to meet their needs, another central objective of the department’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 to 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 who is in restrictive housing within 120 days of their release, and the facility staff are to develop a release plan to transition the person out of restrictive housing and into general population, mission specific housing or treatment/behavioral focused housing prior to release, when possible. In addition, 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. The department is also collaborating with the Board of Parole to provide opportunities for inmates who have spent significant time in restrictive housing to transition into the community on parole.

During FY2018, 44 people released from restrictive housing into the community. Of these, 21 finished their sentences and were directly discharged from NDCS, while 17 were released into the community under parole supervision, and 16 were placed on post-release supervision under the jurisdiction of the Administrative Office of Probation. Figure 2, below, shows the number of direct restrictive housing released by month during FY18, and Appendix 3 provides information about these individuals and the reasons for their direct releases.



There are no discernable trends in the seasonality of direct releases from restrictive housing, and there were no notable events that resulted in the placement of multiple inmates into restrictive housing. April accounted for the highest number of releases, with nine people transitioning from restrictive housing directly into the community.

Table 10, below, shows the reasons these individuals were placed into restrictive housing and their restrictive housing status at the time of their release. Individual case file reviews reveal that 14 persons placed themselves into restrictive housing immediately prior to release in order to avoid trouble and the changes of jeopardizing their parole and/or their tentative release date through the loss of good time (i.e., for category 6). Many of these persons requested protective custody placement within one week of their release date, while others requested such placements up to four months in advance and refused to leave restrictive housing when appropriate arrangements were made. These placements are projected to decrease in the future as mission-specific housing units increase. As described previously, mission-specific housing units place individuals with common demographics, interests, challenges and/or needs together to provide safe and effective living environments. These units should provide a safe and functional alternative to both restrictive housing and protective management, which will reduce the number of people releasing to the community without first transitioning back through general population.

Table 10: Reasons for Direct Discharge to the Community

Reason for Restrictive Housing Placement	IS Status	LTRH Status	Total
1. Serious Act of Violent Behavior	3	8	11
3. Threats of actions of violence	9	5	14
4. Active membership in a Security Threat Group	0	4	4
5. Incitement or threats to incite group disturbances	1	0	1
6. Presence in general population will create a significant risk of physical harm	10	4	14
Total	23	21	44

An additional 25 were placed in restrictive housing due to their actions, or threat of actions, of violent behavior while incarcerated. Although only four people released from restrictive housing due to their security threat group affiliations, these individuals each spent over one year in restrictive housing prior to their release. All were known security threat group members with extremely violent histories while incarcerated with NDCS; at the time of his release, one individual was pending investigation for his involvement with the March 2, 2017 disturbance at TSCI, which resulted in significant damage to the prison, itself, and the death of two inmates. In these situations, NDCS could not return these individuals to the general population prior to release due to intelligence indicating their direct threat to others within the prison system.

The average amount of time spent in restrictive housing prior to discharge for these individuals was 105 days, although the range of actual time spent was between 1 day and 878 days. The median length of time for these persons was 31.5 days. In addition, 14 of the 44 people were released to a detainer. See Appendix 3 for additional details.

Restrictive Housing Use in Surrounding States

As noted in previous years’ reports, it is incredibly difficult to find standardized definitions of restrictive housing policies and practices across states. Seemingly minute nuances in nomenclature or criteria may produce significantly different results in terms of calculating length of stay, or even in identifying how many people have been held in restrictive housing across states. To date, the most comprehensive cross-state comparison of restrictive housing usage has been led by the Arthur Liman Center for Public Interest Law at Yale Law School, in collaboration with the Association of State Correctional Administrators (ASCA). The information presented in Table 11, below, was adapted from the November 2016 publication, *Aiming to Reduce Time-In-Cell*.⁴

Table 11: Restrictive Housing Statistics for Surrounding States – ASCA-Liman Data*

State	Total System Population	# Inmates in Restrictive Housing	# Restrictive Housing Inmates with Serious Mental Illnesses
Wyoming	2,128	131	26
Colorado	18,231	217	8
South Dakota (from survey)	3,526	106	16
Iowa	8,302	247	90
Missouri	32,266	2,028	630
Kansas	9,952	589	302
Nebraska (from survey)	5,456	598	257
Nebraska (FY2018 data)	4,909.17 (ADP)	403.86 (ADP)	308 (Total in FY)

*Please see full ASCA and Liman collaborative reports for important notes about the counting rules used in various states.

The ASCA-Liman report provides comparable information for states regarding the total system populations, each state’s restrictive housing population, and the number of inmates in restrictive housing who were identified to have serious mental illnesses. Note that information for Nebraska is presented to include the data reported in the ASCA-Liman study, as well as the statistics prepared for this year’s annual restrictive housing report, for ease of comparison.

No studies published by ASCA-Liman allow for easy comparisons of the reasons people were held in restrictive housing, the number of inmates released from restrictive housing directly into the community, or the number of persons placed into restrictive housing for their own safety. While these topics are alluded to in the August 2014 study, *Time-in-*

⁴ Association of State Correctional Administrators, & The Arthur Liman Public Interest Program – Yale Law School. (Nov. 2016). *Aiming to reduce time-in-cell: Reports from correctional systems on the numbers of prisoners in restricted housing and on the potential of policy changes to bring about reforms*. Retrieved from <https://law.yale.edu/system/files/area/center/liman/document/aimingtoreducetic.pdf>.

Cell, they are discussed in broad generalities and do not provide state-specific comparisons.⁵

⁵ The Liman Program – Yale Law School, & Association of State Correctional Administrators. (Aug. 2015). *Time-in-cell: The ASCA-Liman 2014 national survey of administrative segregation in prison*. Retrieved from https://law.yale.edu/system/files/area/center/liman/document/time_in_cell_2014_final_combined.pdf.

Appendix 1: Longer-Term Restrictive Housing Programs and Services by Facility

Program Name	LCC	NCCW	NCYF	NSP	TSCI
Interpersonal Problem Solving Skills*					X
Living Skills	X	X	X	X	
Fear: The Anger Trigger*		X			
Living in Balance		X			
Thinking for a Change		X	X		
Dialectical Behavioral Therapy		X			
Beyond Violence		X			
Beyond Trauma		X			
GED		X			
MRT		X			
Succeeding in Less Restrictive Settings*					X
Anger Management*					X
Longer-Term Restrictive Housing Mental Health Group*					X
Wellness Recovery Action Planning (WRAP)				X	X
Transformation Project	X			X	X
The Challenge Program					X
7 Decisions*					X
Victim Empathy Class	X				
Trauma Class	X				
Current Events*	X				
Journaling Group*	X				
Introduction to Mental Health*	X				
Creative Expressions*	X				
Core Group*	X				
Table Talk*	X				
Etiquette*	X				
Life Skills*	X				
METEOR†	X			X	
Symptoms Management†	X				
Relaxation Group†	X				
Introduction to Mental Health†	X				
Peer Mentoring				X	
Aggression Replacement Training*			X		

Appendix 2: Mental Health Diagnoses for Individuals in Restrictive Housing during
FY2018

Diagnosis Code	Diagnosis	Count of Diagnoses
291.3	Alcohol-Induced Psychotic Disorder w/ Hallucinations	1
291.9	Alcohol-Related Disorder NOS	3
292.12	Amphetamine-Induced Psychotic Disorder w/ Hallucinations	1
292.12	Cannabis-Induced Psychotic Disorder w/ Hallucinations	1
292.9	Cannabis-Related Disorder NOS	6
292.9	Cocaine-Related Disorder NOS	1
293	Delirium Due to - General Medical Condition	1
293.84	Anxiety Disorder Due to General Medical Condition	1
294.9	Cognitive Disorder NOS	1
295.3	Schizophrenia, Paranoid Type	5
295.4	Schizophreniform Disorder	1
295.7	Schizoaffective Disorder	9
295.9	Schizophrenia, Undifferentiated Type	12
296	Major Depressive Disorder	16
296.2	Major Depressive Disorder, Single Episode	4
296.3	Major Depressive Disorder, Recurrent	19
296.4	Bipolar I Disorder - Most Recent Episode Hypomanic	3
296.4	Bipolar I Disorder - Most Recent Episode Manic	2
296.5	Bipolar I Disorder - Most Recent Episode Depressed	1
296.6	Bipolar I Disorder - Most Recent Episode Mixed	3
296.7	Bipolar I Disorder - Most Recent Episode Unspecified	1
296.8	Bipolar Disorder NOS	17
296.89	Bipolar II Disorder	7
296.9	Mood Disorder NOS	50
297.1	Delusional Disorder	2
298.9	Psychotic Disorder NOS	18
299	Autistic Disorder	2
300	Anxiety Disorder NOS	52
300.01	Panic Disorder without Agoraphobia	1
300.02	Generalized Anxiety Disorder	34
300.23	Social Phobia	2
300.29	Specific Phobia	1
300.3	Obsessive-Compulsive Disorder	5

Diagnosis Code	Diagnosis	Count of Diagnoses
300.4	Dysthymic Disorder	2
300.9	Unspecified Mental Disorder (nonpsychotic)	3
301	Paranoid Personality Disorder	3
301.22	Schizotypal Personality Disorder	1
301.5	Histrionic Personality Disorder	1
301.6	Dependent Personality Disorder	1
301.7	Antisocial Personality Disorder	66
301.81	Narcissistic Personality Disorder	2
301.83	Borderline Personality Disorder	5
301.9	Personality Disorder NOS	6
302.2	Pedophilia	2
302.4	Exhibitionism	1
302.85	Gender Identity Disorder in Adolescents or Adults	1
302.9	Paraphilia NOS	1
303.9	Alcohol Dependence	49
304	Opioid Dependence	4
304.1	Anxiolytic Dependence	1
304.2	Cocaine Dependence	16
304.3	Cannabis Dependence	77
304.4	Amphetamine Dependence	41
304.5	Hallucinogen Dependence	5
304.6	Inhalant Dependence	2
304.6	Phencyclidine Dependence	1
304.8	Polysubstance Dependence	26
304.9	Other Substance Dependence	3
305	Alcohol Abuse	21
305.1	Nicotine Dependence	1
305.2	Cannabis Abuse	31
305.3	Hallucinogen Abuse	2
305.5	Opioid Abuse	5
305.6	Cocaine Abuse	7
305.7	Amphetamine Abuse	10
305.9	Inhalant Abuse	1
307.1	Anorexia Nervosa	1
307.42	Insomnia	4
307.45	Circadian Rhythm Sleep Disorder	1
309	Adjustment Disorder w/ Depressed Mood	5
309.24	Adjustment Disorder w/ Anxiety	3
309.28	Adjustment Disorder w/ Mixed Anxiety and Depressed Mood	15

Diagnosis Code	Diagnosis	Count of Diagnoses
309.3	Adjustment Disorder w/ Disturbance of Conduct	1
309.4	Adjustment Disorder w/ Mixed Disturbance of Emotions & Conduct	3
309.81	Posttraumatic Stress Disorder	22
309.9	Adjustment Disorder Unspecified	13
311	Depressive Disorder NOS	25
312.3	Impulse-Control Disorder NOS	10
312.34	Intermittent Explosive Disorder	9
312.81	Conduct Disorder, Childhood-Onset Type	1
312.82	Conduct Disorder, Adolescent-Onset Type	1
312.89	Other Conduct Disorder	1
312.9	Disruptive Behavior Disorder NOS	2
314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type	4
314.01	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Implusive Type	1
314.9	Attention-Deficit/Hyperactivity Disorder NOS	3
F06.2	Psychotic Disorder Due to Another Medical Condition	1
F10.10	Alcohol Use Disorder	3
F12.10	Cannabis Use Disorder	2
F12.20	Cannabis Dependence	1
F15.20	Amphetamine Dependence	2
F19.20	Other Dependence	1
F20.9	Schizophrenia	1
F25.0	Schizoaffective Disorder, bipolar type, first episode, currently in acute episode	1
F31.11	Bipolar I Disorder, manic episode	1
F31.9	Unspecified Bipolar and Related Disorder	1
F32.9	Unspecified Depressive Disorder	2
F33.1	Major Depressive Disorder, recurrent episode, Mild or Moderate	2
F34.8	Disruptive Mood Dysregulation Disorder	1
F41.1	Generalized Anxiety Disorder	1
F41.9	Unspecified Anxiety Disorder	1
F43.10	Posttraumatic Stress Disorder	2
F60.2	Antisocial Personality Disorder	2
F60.3	Borderline Personality Disorder	1
F90.2	Attention-Deficit/Hyperactivity Disorder	1
F98.3	Pica	1
G47.00	Insomnia Disorder	1

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

Release Date	Placement Reason	Length of Stay	Status	Released From	Release Type	Released to Detainer
7/2/2017	1. Serious Act of Violent Behavior	69	LTRH	NSP	Discharge	Yes
7/6/2017	6. Presence in general population will create a significant risk of physical harm	1	IS	NSP	Parole	No
7/18/2017	1. Serious Act of Violent Behavior	11	IS	NSP	Discharge	No
8/7/2017	3. Threats of actions of violence	2	IS	NCCW	Post-release supervision	No
8/14/2017	3. Threats of actions of violence	115	LTRH	NSP	Discharge	No
9/12/2017	4. Active membership in a Security Threat Group	159	LTRH	TSCI	Discharge	Yes
9/19/2017	1. Serious Act of Violent Behavior	108	LTRH	LCC	Parole	No
9/22/2017	6. Presence in general population will create a significant risk of physical harm	8	IS	NSP	Discharge	No
9/28/2017	3. Threats of actions of violence	29	IS	NCYF	Parole	No
10/4/2017	1. Serious Act of Violent Behavior	107	LTRH	NCYF	Discharge	No
10/24/2017	3. Threats of actions of violence	27	IS	NSP	Discharge	Yes
10/25/2017	3. Threats of actions of violence	51	LTRH	NCYF	Discharge	No
10/27/2017	1. Serious Act of Violent Behavior	130	LTRH	LCC	Discharge	Yes
10/30/2017	3. Threats of actions of violence	17	IS	OCC	Parole	No
11/17/2017	3. Threats of actions of violence	43	LTRH	LCC	Discharge	Yes
11/24/2017	6. Presence in general population will create a significant risk of physical harm	33	IS	TSCI	Discharge	Yes
11/24/2017	3. Threats of actions of violence	129	LTRH	NSP	Discharge	No
12/7/2017	1. Serious Act of Violent Behavior	121	LTRH	NCYF	Discharge	No

Release Date	Placement Reason	Length of Stay	Status	Released From	Release Type	Released to Detainer
12/18/2017	4. Active membership in a Security Threat Group	219	LTRH	NSP	Post-release supervision	No
1/5/2018	6. Presence in general population will create a significant risk of physical harm	2	IS	OCC	Discharge	No
1/24/2018	6. Presence in general population will create a significant risk of physical harm	20	IS	NCCW	Parole	No
1/29/2018	6. Presence in general population will create a significant risk of physical harm	58	LTRH	LCC	Parole	Yes
2/18/2018	3. Threats of actions of violence	12	IS	LCC	Post-release supervision	No
3/5/2018	6. Presence in general population will create a significant risk of physical harm	3	IS	NSP	Parole	No
4/16/2018	3. Threats of actions of violence	1	IS	NSP	Discharge	No
4/16/2018	6. Presence in general population will create a significant risk of physical harm	99	LTRH	TSCI	Parole	Yes
4/16/2018	5. Incitement or threats to incite group disturbances	26	IS	TSCI	Parole	Yes
4/16/2018	4. Active membership in a Security Threat Group	686	LTRH	TSCI	Parole	Yes
4/19/2018	3. Threats of actions of violence	1	IS	TSCI	Discharge	No
4/22/2018	6. Presence in general population will create a significant risk of physical harm	113	LTRH	NSP	Discharge	No
4/26/2018	1. Serious Act of Violent Behavior	33	LTRH	LCC	Parole	Yes
4/28/2018	6. Presence in general population will create a significant risk of physical harm	43	LTRH	TSCI	Discharge	No
4/30/2018	1. Serious Act of Violent Behavior	1	IS	OCC	Parole	No
5/15/2018	6. Presence in general population will create a	8	IS	LCC	Parole	No

Release Date	Placement Reason	Length of Stay	Status	Released From	Release Type	Released to Detainer
	significant risk of physical harm					
5/17/2018	6. Presence in general population will create a significant risk of physical harm	3	IS	LCC	Parole	Yes
5/21/2018	1. Serious Act of Violent Behavior	7	IS	NSP	Post-release supervision	No
5/21/2018	6. Presence in general population will create a significant risk of physical harm	30	IS	NSP	Parole	No
5/21/2018	1. Serious Act of Violent Behavior	122	LTRH	NSP	Parole	No
5/29/2018	3. Threats of actions of violence	1	IS	NSP	Parole	Yes
6/5/2018	1. Serious Act of Violent Behavior	459	LTRH	TSCI	Discharge	No
6/19/2018	6. Presence in general population will create a significant risk of physical harm	25	IS	LCC	Post-release supervision	Yes
6/25/2018	3. Threats of actions of violence	6	IS	NSP	Post-release supervision	No
7/1/2018	4. Active membership in a Security Threat Group	878	LTRH	TSCI	Discharge	No
7/1/2018	3. Threats of actions of violence	607	LTRH	TSCI	Parole	No