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The Safe Alternatives to Segregation Initiative: Findings and Recommendations on the Use of Segregation in the Middlesex County Adult Correction Center

Jessa Wilcox

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Requests for additional information about this report should be directed to Sara Sullivan at the above address or to contactvera@vera.org.

Executive Summary

In 2016 the “Isolated Confinement Restriction Act” passed both houses of the New Jersey Legislature.¹ This bill would have restricted the use of segregation, otherwise referred to as restrictive housing or solitary confinement, in New Jersey prisons and jails by, among other things, prohibiting vulnerable populations from being placed into segregation and limiting lengths of stay in solitary confinement to 15 consecutive days or no more than 20 days total in a 60-day period. Although Governor Christie vetoed this bill, a diverse range of international and national bodies, advocates, federal and state policymakers, and corrections practitioners continue to call on prisons and jails to reform their use of segregation in New Jersey and across the nation. Whether citing the potentially devastating psychological and physiological impacts of spending 23 hours per day alone in a cell the size of a parking space or the lack of conclusive evidence that segregation makes correctional facilities or communities safer, these voices agree that change and innovation are necessary.

In 2015, with funding from the U.S. Department of Justice, Bureau of Justice Assistance, the Vera Institute of Justice partnered with the Middlesex County Office of Corrections and Youth Services to assist Middlesex County Adult Correction Center’s (MCACC) efforts to reduce its use of segregation. Vera’s assistance included conducting an assessment of MCACC’s use of segregation and recommending ways to decrease this use.

Key Reforms

During the initiative, MCACC began instituting several remarkable reforms. Some of these have included:

- The creation of a committee that meets weekly to review every person in segregation, with the goal of returning them to general population. As a result of the first meeting, roughly one quarter of the people in segregation were transferred to general population;
- The creation of Precautionary Security Units (PSU) as an alternative, less-restrictive housing unit to administrative segregation. At a minimum, people in the PSU are able to spend six hours per day of congregate time out of their cells; and
- The purchase of a new jail management system that will allow MCACC to conduct electronic, system-wide data collection, tracking, and analysis to, among other things, better understand its use of segregation and the impact of future reforms.

Key Findings

This report presents the findings of Vera’s assessment, which come from a period prior to the enactment of some of these reforms but provide a useful baseline against which MCACC can

¹ Isolated Confinement Restriction Act, New Jersey Senate Bill 51, 2016.

measure the impact of recent and future changes. Vera’s findings were limited by a lack of administrative data, but were based on meetings with MCACC staff, facility tours, a review of MCACC policies, and observations of various MCACC meetings and hearings related to segregation. During Vera’s assessment and prior to reforms, MCACC’s population in segregation remained fairly constant at around six percent of the population, or roughly 50-60 people.

People in segregation were held in conditions of isolation and sensory deprivation.

At the time of the assessment, people in the primary segregation unit, C Pod, spent a minimum of 23 hours a day in their cell with severely limited interaction with other people. Out-of-cell time consisted primarily of individual recreation in a small secure enclosure in the unit for one hour a day, five days a week. There was no opportunity to go outside or participate in congregative activity.

Staff reported that segregation was used frequently as a sanction in the formal disciplinary process for low-level, non-violent infractions.

Hearing officers reported that the most common infraction they adjudicated at the Disciplinary Board was “conduct which disrupts,” and while administrative data was not available, officers reported that segregation was the primary sanction given at disciplinary hearings. Staff, however, did report use of on-the-spot corrections—such as verbal reprimands, loss of recreation privileges, and extra work duty—as a way to divert some low-level infractions from the formal disciplinary process.

Some people placed in protective custody were housed in the restrictive conditions of C Pod.

Incarcerated people in disciplinary segregation, administrative segregation, or protective custody could all be housed in C Pod. On March 26, 2016, 20 percent of the people in segregation were in protective custody in C Pod. While people were placed in protective custody to “provide protection to the inmate from injury or harm,” conditions for these people were analogous to individuals in C Pod for administrative segregation.² At the time of the assessment, a person’s placement in protective custody was reviewed every 30 days. A few people had been in protective custody for years.

There was a lack of therapeutic housing for people with mental health treatment needs who also required additional security.

On February 15, 2016, a substantial proportion of people in segregation had mental health treatment needs. Many of these people were housed in C Pod. For people who were not cleared for C Pod by the mental health clinicians, MCACC placed them on administrative segregation

² MCACC policy 3.11.04-2 (February 10, 2016).

status in the medical unit. These people would be placed on a “Low Visibility Psychiatric Watch,” where they would receive one additional hour of out-of-cell time a day, but still no ability to recreate outdoors, congregate with other people, or receive programming.

Key Recommendations

Vera commends MCACC on the steps it has already taken to reform its use of restrictive housing and offers recommendations that will further its efforts to safely reduce that use. The full report details numerous specific recommendations, including:

- Improve conditions of confinement in segregation by allowing opportunities for out-of-cell time and congregate activity, providing daily outdoor recreation time, and creating more opportunities for productive in-cell activities;
- Limit the number of violations that are eligible for a disciplinary segregation sanction;
- Ensure that all incarcerated people who are on protective custody status have similar privileges, out-of-cell time, and opportunities for safe congregate activity as people in general population;
- Explore ways to make the medical unit more therapeutic, by allowing for more out-of-cell time and congregate activity, while still ensuring greater observation, security, and access to mental health clinicians, and by considering the importance of the environment and physical plant of the medical unit, which can foster or hinder a therapeutic environment;
- Provide staff with all necessary training to effectively communicate with incarcerated individuals and de-escalate situations; and
- Use the new jail management system to track and share individual-level data and establish a set of performance indicators to assess the use of segregation.

As MCACC continues to implement current and future reforms, Vera is confident that Warden Cranston and his staff will build on the remarkable changes already underway, continue to learn from the experiences of others in the field, and use the findings and recommendations in this report to facilitate continued reforms to the use of segregation.

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Appendix I: Summary of Recommendations

About this Report

In 2015, with funding from the U.S. Department of Justice, Bureau of Justice Assistance, the Vera Institute of Justice partnered with the Middlesex County Office of Corrections and Youth Services to conduct an assessment of the agency's use of segregation at the Middlesex County Adult Correction Center (MCACC). This report outlines the findings of that assessment and provides recommendations to the MCACC on how to safely reduce its use of segregation. This report includes (1) background information on segregation and the movement to reduce its use, (2) reforms in a county jail, (3) Vera's assessment process, (4) an overview of restrictive housing in MCACC, and (5) findings, reforms, and recommendations.

I. Background

Over the past several decades, correctional agencies in the United States have increasingly relied on the use of segregation—also referred to as restrictive housing, solitary confinement, or isolation—as a routine management strategy.³ Recent reports have estimated that the number of people in restrictive housing in prisons nationwide is between 80,000 and 100,000 individuals.⁴ The Bureau of Justice Statistics has estimated that 18 percent of people in jail had spent time in restrictive housing in the past 12 months.⁵ The use of segregation remains a mainstay of prison and jail management and control, despite mounting evidence pointing to the potentially devastating psychological effects on individuals placed there, the potentially negative impact on safety within institutions and in the communities to which those who have been held under such severe conditions will return, and the increased expense accrued from housing people in segregation.⁶

As these negative impacts have come to light, concern about the overuse of segregation has grown. A diverse range of national organizations, corrections officials, researchers, policymakers, and international organizations have called for reform of these practices and the development of more rehabilitative alternatives. Advocacy organizations such as the American Civil Liberties Union have continued to call for an end to the use of segregation, and media outlets like Solitary Watch and The Marshall Project have published reports, news articles, and fact sheets on the topic.⁷ The National Commission on Correctional Health Care recently issued a position statement encompassing 17 principles and called for the elimination of “prolonged solitary confinement” (defined as more than 15 consecutive days).⁸ And in 2016, the U.S. Department of Justice (DOJ) issued a report calling for widespread reform of restrictive housing

³ This report will use the term “restrictive housing” and “segregation” interchangeably.

⁴ Association of State Correctional Administrators and The Liman Program, Yale Law School, *Time-In-Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison* (New Haven, CT: Yale Law School, August 2015). These numbers do *not* include people in local jails, juvenile facilities, or immigration detention centers.

⁵ Allen J. Beck, *Use of Restrictive Housing In U.S. Prisons And Jails, 2011–12* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, October 23, 2015, NCJ 249209).

⁶ For psychological effects, see Stuart Grassian, “Psychiatric effects of solitary confinement,” *Washington University Journal of Law & Policy* 22 (2006): 325; and Craig Haney, “Mental health issues in long-term solitary and ‘supermax’ confinement,” *Crime & Delinquency* 49, no. 1 (2003): 124-156. For lack of evidence of increased safety, see Natasha Frost and Carlos E. Monteiro, “Administrative Segregation in U.S. Prisons” (Washington, DC: U.S. Department of Justice, National Institute of Justice, March 2016, NCJ 249749R.M), citing Ryan Labrecque, “The Effect of Solitary Confinement on Institutional Misconduct: A Longitudinal Evaluation” (PhD diss., University of Cincinnati, 2015). About increased expense, see Daniel P. Mears and William D. Bales, “Supermax Incarceration and Recidivism,” *Criminology* 47, no. 4 (2009): 1135.

⁷ To view recent work by these organizations, see <https://www.aclu.org/issues/prisoners-rights/solitary-confinement>, <https://www.themarshallproject.org/?ref=nav#.MIjJITEOC>, and <http://solitarywatch.com/>.

⁸ National Commission on Correctional Health Care, “Position Statement: Solitary Confinement (Isolation),” April 2016, <http://www.ncchc.org/filebin/Positions/Solitary-Confinement-Isolation.pdf> (accessed June 28, 2016).

practices in the Federal Bureau of Prisons (BOP) and beyond.⁹ Professional organizations representing corrections practitioners and administrators have also promoted changes to this practice—the American Correctional Association recently developed new restrictive housing standards and the Association of State Correctional Administrators has established guiding principles regarding the use of restrictive housing.¹⁰

On the international level, in 2015, the United Nations General Assembly unanimously adopted the revised Standard Minimum Rules for the Treatment of Prisoners (known as the “Mandela Rules”), which prohibit solitary confinement longer than 15 consecutive days and support specific restrictions on the use of solitary confinement for juveniles, pregnant women, and people with mental or physical disabilities.¹¹ Although non-binding, the Mandela Rules represent widely accepted international principles on the treatment of incarcerated people.¹²

Against this backdrop, many jurisdictions have begun implementing policy changes to reduce the number of adults and juveniles held in restrictive housing, improve conditions in restrictive housing units, and facilitate the return of segregated people to a prison’s or jail’s general population. These reforms have come through agency-driven changes, by state legislation, and through legal settlements.¹³ For example, Washington state implemented an innovative step-down program to create a pathway to get people out of long-term segregation, the New York legislature passed a law to prevent people with serious mental illness from being

⁹ U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing: Final Report* (Washington, DC: U.S. Department of Justice, January 2016). Subsequent to the report’s release, the Obama Administration adopted its recommendations for the BOP.

¹⁰ American Correctional Association, “Restrictive Housing Performance Based Standards” (August 2016), http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Standards___Accreditation/Standards/Restrictive_Housing_Committee/ACA_Member/Standards_and_Accreditation/Restrictive_Housing_Committee/Restrictive_Housing_Committee.aspx?hkey=458418a3-8c6c-48bb-93e2-b1fcbca482a2 (accessed December 1, 2016); Association of State Correctional Administrators, “Restrictive Housing Policy Guidelines” (August 2013), <http://www.asca.net/system/assets/attachments/6145/B.%20ASCA%20Restrictive%20Status%20Housing%20Policy%20Guidelines-Final%2008092013.pdf?1375723019> (accessed December 1, 2016).

¹¹ United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), General Assembly Resolution 70/175, U.N. Doc. A/Res/70/175 (2015), Rule 44. Two U.S. corrections officials, and members of Vera’s Safe Alternatives to Segregation Initiative Advisory Council, were involved in the drafting of the rules.

¹² These international human rights norms regarding the use of solitary confinement have been further supported by the UN Committee Against Torture, the UN Special Rapporteur on Torture, and the UN General Assembly.

¹³ For examples of agency-led change see Dan Pacholke and Sandy Felkey Mullins, *More than Emptying Beds: A Systems Approach to Segregation Reform* (Washington DC: Bureau of Justice Assistance, 2016); Rick Raemisch and Kellie Wasco, *Open the Door: Segregation Reforms in Colorado* (Colorado Department of Corrections, 2015); and Barbara Pierce Parker and Michael Kane, *Reshaping Restrictive Housing at the South Dakota State Penitentiary* (Boston, MA: Crime and Justice Institute, December 2015). For examples of legislative reform, see New Jersey S 2003 (2015); New York Correction Law § 137 (6)(d)(i); Colorado SB 11-176 (2011), SB 14-064 (2014), and H1328 (2016); Nebraska LB 598 (2015); Connecticut SB 75 (2016); and Texas HB 1083 (2015). For legal settlements see *Peoples v. Annucci*, 2016 U.S. Dist. LEXIS 43556 (S.D.N.Y., Mar. 31, 2016) (among other things, it precludes pregnant women, most adults with disabilities, and incarcerated people age 17 and under from being placed into restrictive housing) and *Ashker v. Governor of California*, Settlement Agreement C 09-05796 CW (N.D. California, 2015) (among other things, it no longer allows affiliated gang members to be sent to segregation based on affiliation alone).

placed in long-term segregation, and California entered into a landmark settlement that ended indeterminate segregation.¹⁴

Building upon the growing national interest in segregation reform, the Vera Institute of Justice (Vera) developed the Segregation Reduction Project in 2010 and helped foster reform through collaborative partnerships in New Mexico (at the state level and in Bernalillo County), Washington, Pennsylvania, Illinois, and Maryland. In 2015, Vera expanded the Segregation Reduction Project by launching the Safe Alternatives to Segregation Initiative. Through the Safe Alternatives to Segregation Initiative, Vera partnered with the Middlesex County Office of Corrections and Youth Services to assess Middlesex County Adult Correction Center's (MCACC) segregation policies and practices, analyze outcomes of that use, and provide recommendations for safely reducing the use of segregation and enhancing the use of alternative strategies.¹⁵

¹⁴ Pacholke and Felkey Mullins, *More than Emptying Beds*, 2016; New York Correction Law § 137 (6)(d)(i); *Ashker v. Governor of California*.

¹⁵ The other jurisdictions working with Vera under this initiative are Nebraska, North Carolina, Oregon, and New York City, NY.

II. Reforms in a County Jail

Annually, there are nearly 19 times more admissions to jails than to state and federal prisons, yet discussion about, and reform to, restrictive housing has frequently focused on state prison systems or very large local jails.¹⁶ Many of the reforms undertaken by state systems—such as implementing cognitive behavioral programming or creating secure but therapeutic mental health units for incarcerated people who have both greater security and treatment needs—are a challenge for many county jails. Challenges faced by jails include limited resources; often the use of only one facility, which provides housing and space challenges; and a more transient population. Limited resources can impact the ability of county jails to purchase electronic jail management systems with the capacity for robust data collection.

There are, however, attributes of county jails that may make some reforms easier to implement. A reform-minded warden or head administrator often has the authority to make decisions and change policy and then directly implement these reforms in a jail, as opposed to a warden in a larger state system who is constrained by the policies that apply to that system's many diverse prison facilities. This authority, coupled with the fact that a warden in a county system often knows the staff and incarcerated people in the restrictive housing unit by name, can lead to quicker identification and implementation of meaningful reforms.

The Middlesex County Adult Correction Center's commitment to reform during the course of this initiative demonstrates many of the strengths and challenges of reducing the use of segregation in a county jail. Warden Cranston had the will, authority, and ability to make immediate changes to MCACC's use of restrictive housing as the assessment process uncovered areas in need of change. However, financial constraints and limited physical space continue to present challenges to housing people with both greater security needs and serious mental illness. Vera hopes that this report will be of assistance to MCACC as it continues to reduce its use of restrictive housing.

¹⁶ For number of admissions, see Ram Subramanian et al., *Incarceration's Front Door: The Misuse of Jail in America* (New York, NY: Vera Institute of Justice, 2015).

III. Vera's Assessment Process

Vera, in partnership with Middlesex County Office of Corrections and Youth Services, conducted an assessment of MCACC's use of segregation between May 2015 and May 2016. The assessment included the following three components: policy analysis, site visits to MCACC, and a limited review of administrative data.

Policy Review

MCACC provided Vera with numerous policies including, but not limited to, policies regarding segregation practices, the disciplinary process, and medical and mental health services. Additionally, Vera reviewed New Jersey state administrative law that governs adult county correctional facilities.¹⁷

Administrative Data Analysis

To gain a clearer understanding of how MCACC used restrictive housing, Vera requested administrative data relating to any person who was held in MCACC custody for any length of time during the year-long period ending June 30, 2015. Due to an antiquated jail management system, MCACC did not have the ability to provide this data for the assessment. However, in February 2016, MCACC began documenting who was in restrictive housing, their length of stay, and why they were in restrictive housing (for a disciplinary sanction, administrative segregation, or protective custody). MCACC shared this information with Vera in February, March, and August of 2016 to assist in Vera's assessment and recommendations.

Site Visits

The third component of Vera's assessment consisted of intensive site visits. The Vera team's goal for each site visit was to learn more about MCACC's restrictive housing practices, capacity, challenges, and provision of services. The Vera team conducted informational meetings with the warden and administrative officials, corrections officers, other security personnel, mental health staff, and program staff. These meetings gave the assessment team the opportunity to learn how restrictive housing was used and the range of services provided for segregated populations. The assessment team also gained an understanding of disciplinary practices, decision points for restrictive housing placement, use of alternatives to segregation, procedures for administrative segregation, procedures for protective custody, use of special housing, and practices for release to the general population. The assessment team then toured the relevant housing units. Over the course of three visits, the team also observed disciplinary hearings, classification committee

¹⁷ New Jersey Administrative Code 10A:31 (December 5, 2016).

meetings, and the intake process and interviewed additional program, mental health, and custody staff.

At the time of the assessment, MCACC was comprised of 13 units:¹⁸

- Units A-E, each with a capacity of 96 incarcerated people classified as medium/maximum security. These units included the following housing types:
 - General population
 - High-bail area, a housing unit for men with high bail amounts
 - Administrative Special Housing Unit (ASH), a protective custody unit with general population privileges
 - Special Needs Unit (SNU)
 - Overflow from the Special Needs Unit (SNU2)
 - Segregation Unit (C Pod)
- Dorms H-K, each with a capacity of 130 incarcerated individuals classified as minimum/medium security.
- Intake Unit (N Unit)
- Female Unit
- Medical Unit
- Work Release Unit

¹⁸ See Appendix II for an updated list of MCACC's unit structure.

VI. Overview of Middlesex County Adult Correction Center

At the time of the assessment, C Pod was the primary housing unit for incarcerated males in segregation, including people held in disciplinary segregation, administrative segregation, and protective custody. Males in psychiatric segregation were housed in the medical unit. Women in segregation were primarily housed in a separate area on the female unit.

Disciplinary Segregation

Disciplinary segregation could be used as a sanction for any infraction committed in MCACC. New Jersey state law limits the length of stay in disciplinary custody to 15 days for a single infraction, with total time not exceeding 30 days.¹⁹ New Jersey law also precludes congregate activity, visitation, and phone calls in disciplinary custody.²⁰ People are alone in their cells for 23 hours a day, five days a week. Recreation takes place in indoor recreation enclosures; there is no outdoor recreation.

MCACC policy also allows for pre-hearing detention in segregation, pending a disciplinary hearing, if the incarcerated person constitutes a threat to other incarcerated people, staff members, himself or herself, or the orderly operation of the facility.²¹

Administrative Segregation

The Warden or his designee may remove an incarcerated person from general population and place him or her in administrative segregation, “due to the inmate posing imminent danger and/or a threat to the safety and security.”²² The conditions for people in administrative segregation are very restrictive and, overall, similar to conditions for those in disciplinary segregation, although in-person, non-contact visits are allowed. Individuals are alone in their cells all day, with only one hour of out-of-cell recreation per day, five days a week, in an indoor secure recreation enclosure.²³ There is no opportunity for outdoor recreation, no congregate activity, and no incentives offered for positive behavior. People in administrative segregation do receive librarian visits three times per week, social worker visits one time per week, and access to clergy and GED materials upon request. They are allowed full commissary privileges and are able to watch television in the security enclosure during their hour of daily recreation. These individuals also have the same visitation rights as inmates in general population. To be allowed an in-person, non-contact visit, they must have no incidents in the prior 90 days and have never

¹⁹ New Jersey Administrative Code 10A:31-16.6(c).

²⁰ New Jersey Administrative Code 10A:31-17.6(b); 10A:31-17.7(b)

²¹ MCACC policy 2.17.01-7.

²² MCACC policy 3.11.08-1.

²³ See MCACC policy 3.11.08-1 Procedures (5).

assaulted staff. Lengths of stay in administrative segregation are indeterminate. At the time of Vera's assessment, a person's placement in administrative segregation was reviewed every 30 days.

Protective Custody

An incarcerated person can be placed, voluntarily or involuntarily, into protective custody status "in order to provide protection to the inmate from injury or harm actually threatened, or reasonably believed to exist based on events, investigative reports, informants' reports or other reliable sources of information."²⁴ Incarcerated people in protective custody are held in conditions analogous to people held in administrative segregation. Individuals in protective custody are allowed full commissary privileges and are able to watch television in the security enclosure during their hour of daily recreation. They also have the same visitation rights as those in general population. To receive an in-person non-contact visit, they must have no incidents in the prior 90 days and have never assaulted staff. Lengths of stay in protective custody segregation are indeterminate. At the time of the assessment, a person's placement in protective custody was reviewed every 30 days.

Psychiatric Segregation

Dr. Sandrock, a mental health clinician at MCACC, described psychiatric segregation as a "clinically driven, as opposed to custody driven, form of segregation," which primarily takes place in the medical unit. This segregation is for incarcerated people who "exhibit mental health problems and/or unstable medical conditions requiring intense supervision" or "are at risk of self-injury or of attempting suicide."²⁵ People placed in segregation in the medical unit can be placed on 15-Minute High Visibility Watch or Low Visibility Watch. People on the 15-minute watch are not permitted out-of-cell recreation time, nor any commissary.²⁶ People placed in segregation on a Low Visibility Watch remain in their cells 22 hours a day and have access to a small day room for recreation; outdoor time is not offered.²⁷ Since these placements are based on a clinical determination, the person can be removed from segregation when he shows signs of stabilization. Women placed in psychiatric segregation remain in the female segregation unit.

²⁴ MCACC policy 3.11.04-2.

²⁵ MCACC policy 2.22.06-4; MCACC policy 2.22.05-4.

²⁶ MCACC policy 2.22.06-4(11).

²⁷ Ibid.

V. Findings, Reforms, and Recommendations

Vera's findings come from its assessment of MCACC's use of segregation from May 2015 to May 2016. The reforms included below are ones undertaken by Warden Cranston and MCACC staff since the start of the assessment in May 2015. Vera has included recommendations to help Warden Cranston and MCACC continue to build on their progress in reforming the use of segregation.

A. System-wide

Findings

Finding A1. From approximately January 2015 through January 2016, the percentage of MCACC's population in segregation remained constant, at around six percent of the population, or roughly 50-60 people. This number included incarcerated people housed in C Pod, in segregated housing in the medical unit, and in segregation in the female unit.

Finding A2. MCACC lacked the capacity to collect, track, and analyze administrative data. There was no electronic, centralized system to track data at either the individual or system-wide level. To fully understand how restrictive housing is used at a facility, an agency must collect and analyze data to determine who is being sent to restrictive housing, why they are being sent there, how long they stay, and what happens to them upon release. During the assessment phase, it became evident that at MCACC there was no central clearinghouse for this type of information and all relevant files were on paper rather than digitized. Each incarcerated person had a separate paper disciplinary file, classification file, and, where appropriate, mental health file.

Since February 2016, staff have been compiling a handwritten daily snapshot of the number of people in restrictive housing; whether they are in disciplinary segregation, administrative segregation, or protective custody; which housing unit they are in; and their total length of stay in restrictive housing. This snapshot is a useful measurement until a new, comprehensive data system is in place.

Finding A3. Incarcerated people in segregation spent approximately 23 hours a day in conditions marked by isolation, idleness, and sensory deprivation. People in segregation remained in their cells for up to 23 hours a day, with an option to shower and an hour to spend out-of-cell in a security enclosure. MCACC did not provide outdoor recreation for people in segregation; all recreation occurred in the unit in secure recreation enclosures. There was almost no ability to engage in productive activity and there was rarely any opportunity to have meaningful contact with other people while in segregation. Some staff reported to Vera that

the restrictive environment in disciplinary segregation fostered further infractions, which could lead to longer stays in disciplinary segregation or indeterminate placement in administrative segregation.

Finding A4. Upon first entering the jail, incarcerated people were housed in the intake unit (N Unit) in conditions similar to the segregated housing unit in terms of out-of-cell time. Very early in the initiative, Vera and Warden Cranston identified that the intake unit (N Unit) had restrictive conditions similar to those in the segregation unit: incarcerated men on N Unit were confined to their cells for 23 hours a day, unless they had a meeting relevant to the intake process. Men remained on N Unit until they were medically cleared and classified to a housing unit, a process that takes eight days on average.

Finding A5. Men and women were prohibited from having any visits, including video visitation, for the first seven days they were incarcerated. This ban was not based on an individual determination of safety or risk, but applied to all people according to MCACC policy and practice.²⁸

Reforms Enacted Since the Beginning of the Assessment Period

Reform A1. Through the creation of a Weekly Review Committee in February 2016, MCACC has steadily decreased the number of people housed in segregation. In February 2016, Warden Cranston began convening a Weekly Review Committee, comprised of himself, his operations team, gang intelligence staff, and mental health staff. The team meets and discusses every individual in restrictive housing, with the goal of moving them back to general population whenever possible.²⁹ As a result of the first review meeting, 11 people (roughly a quarter of the segregation population) were moved from restrictive housing to the general population. Six of these individuals had been in administrative segregation. According to the department, this committee has led to a reduction in the restrictive housing population from almost eight percent of the total population to two percent.³⁰

Reform A2. MCACC purchased a new jail management system in September 2016, which will allow them to conduct electronic, system-wide data collection, tracking, and analysis. To better understand a system's use of restrictive housing, administrative data must be consistently collected and analyzed. With the purchase of a new jail management

²⁸ MCACC policy 6.01.01-9.

²⁹ This is in line with the DOJ's Guiding Principles, which state that, "An inmate's initial and ongoing placement in restrictive housing should be regularly reviewed by a multi-disciplinary staff committee, which should include not only the leadership of the institution where the inmate is housed, but also medical and mental health professionals." U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing*, p. 95.

³⁰ Data supplied by MCACC staff on March 15, 2017.

system, MCACC will increase its data-collection capacity and develop a system that records the incidence and prevalence of restrictive housing, including the total number of incarcerated people in each type of segregation, the reasons for their placement, their length of stay, and the number of people who return to restrictive housing again after being released.

Reform A3. Conditions of confinement in N Unit now more closely resemble conditions in general population, in terms of out-of-cell time and recreation.

Warden Cranston and MCACC staff implemented a new policy to dramatically change conditions on N Unit, the intake unit. All administrative processing required during intake, such as interviews by social services organizations, are now conducted in the morning. Individuals housed in N Unit are now allowed out of their cells in the afternoon—approximately five hours a day—and are able to recreate outdoors and access television and books in the day room.

Recommendations

Recommendation A1. Improve conditions of confinement in segregation units.

- a. Allow more opportunities for out-of-cell time and congregate activity.** Increase the amount of out-of-cell time afforded people in segregation. Consider matching individuals for compatibility to have congregate recreation time.
- b. Provide daily outdoor recreation time.** Other jurisdictions are moving towards ensuring that every incarcerated person has the opportunity to recreate outside. For example, the Colorado Department of Corrections recently settled a class action lawsuit around the provision of outdoor recreation; now even the highest security prisoners will have access to outdoor recreation.³¹
- c. Create more opportunities for productive activities in-cell.** Consider installing televisions or handing out MP3 players or tablets that could deliver programming and entertainment to incarcerated people, to prevent mental de-compensation and incentivize positive behavior. For example, in 2008, the Hampden County Sheriff's Department in Massachusetts began distributing pre-programmed MP3 players to people in segregation as a reward for demonstrating positive behavior and following the rules. The material programmed into the MP3 players included self-help audio programs, treatment programs, contemporary and classical music, nature sounds, and

³¹ Susan Green, "Legal settlement ends Colorado's practice of denying inmates fresh air," *Colorado Independent*, July 5, 2015.

audio books. The Sheriff's Department found MP3 players to be a cost-effective way to keep inmates engaged in productive activities and to reinforce positive behavior.³²

- d. Create de-escalation spaces in the segregation unit and establish a system that allows people in segregation access to these spaces for a meaningful amount of time.** MCACC could consider creating something similar to Oregon's "Blue Room," which gives people in a segregation unit the opportunity to "cool off" by requesting to go into a special room in the segregation unit where videos of nature are shown. While the data is preliminary, in Oregon the rate of disciplinary infractions in the segregation unit was higher for people who did not use the Blue Room compared to the rate for those who did.³³ Colorado has also seen success with its use of de-escalation rooms in its residential mental health units; people can request to go into the rooms, stay as long as they feel they need, and then request to leave.³⁴ MCACC should consider repurposing an unused cell for something similar.

Recommendation A2. Create individualized plans for every person entering segregation, with the goal of returning them to general population. Upon admission to segregation, staff should work with individuals to create a clear plan on how they can return to general population.³⁵ MCACC should develop policies on who is responsible for developing the plans, how the plans are communicated to incarcerated people, and how to keep incarcerated people updated on their progress towards returning to general population. Staff from the unit that sent an individual to segregation, staff in the segregation unit, and staff from the unit the person is likely to return to should collaborate with any treatment providers to create a plan for each person in segregation to return to general population. To ensure transparency in how incarcerated people are reviewed, these plans should be shared with both incarcerated people and staff, and incarcerated people should have input into their plans. In making the plan, staff should consider the behavior that led to placement in segregation, programming and treatment needs, and clear expectations that, if met, will result in return to general population.

³² For more on the Hampden County Sheriff's Department's use of MP3 players, see Francis Olive and John Evon, "The Utilization of MP3 Players in Correctional Segregation Units," *Corrections Today* 74, no. 6 (December 2012-January 2013), 53.

³³ National Institute of Corrections, "Oregon Prison Tackles Solitary Confinement with Blue Room Experiment," August 26, 2014.

³⁴ These de-escalation rooms often have soothing wall colors, dim lights, and a comfortable chair. Individuals can listen to calming music, use exercise balls, read, and participate in art therapy. See Raemisch and Wasko, *Open the Door*.

³⁵ Hampden County's jail has seen success through the use of corrective action plans for every person in the segregation unit. The corrective action plan continues once the person returns to general population. For more information see Hampden County, "Disciplinary Segregation Reform," <http://hcsdma.org/wp-content/uploads/2015/09/DISCIPLINARY-SEGREGATION-REFORM.pdf>.

Recommendation A3. Create procedures so incarcerated people can have access to visits during their first days and weeks in custody. Research shows the importance of family visitation for incarcerated people in promoting positive outcomes, including reduced recidivism.³⁶ Warden Cranston and MCACC staff have successfully changed the conditions in N Unit to allow increased out-of-cell time and access to television and books in the day room. By also allowing visits while in N Unit, MCACC will continue to make conditions more closely approximate those in general population.

Recommendation A4. Enact policies that institutionalize the Weekly Review Committee and delineate its mission, membership, responsibilities, and accountability procedures. As discussed in Reform A1, Warden Cranston and MCACC staff instituted a Weekly Review Committee to examine who is in restrictive housing and who can be safely moved to a less-restrictive housing unit. Other jurisdictions have also found this to be a successful way to provide for a more meaningful review process and identify people who can be safely released from segregation.

- a. Mission:** Policies should be clear that the mission of this committee is to safely return individuals in restrictive housing to the general population.
- b. Membership:** The committee should be as multidisciplinary as possible, including the Warden or his Chief of Staff; security staff from general population, restrictive housing units, and gang intelligence; and staff from any step-down or specialized units to which individuals might be returning. Mental health clinicians should also be part of the committee, along with any program staff or social workers who could provide input on the people in restrictive housing.
- c. Responsibilities:** In addition to reviewing every person in segregation with the goal of returning them to general population, the Weekly Review Committee, in conjunction with any specific treatment providers, could be responsible for creating individualized restoration to population plans (see Recommendation A2).
- d. Accountability mechanism:** MCACC should establish an accountability mechanism to ensure that the Weekly Review Committee's reviews lead to segregation being used rarely and fairly.

Recommendation A5. The new jail management system should track and share individual-level data throughout the system in a centralized electronic clearinghouse. Classification, disciplinary files, and health and mental health records should be kept digitally and be accessible through the jail management system. Once all of these

³⁶ Grant Duwe and Valerie Clark, "Blessed Be the Social Tie That Binds: The Effects of Prison Visitation on Offender Recidivism," *Criminal Justice Policy Review* 24(3) (2013), 271-79.

records are digital and shareable within the system, valuable information regarding an incarcerated person will be available to pertinent staff, such as members of the Disciplinary Board and the classification committee, to ensure that appropriate sanctions and housing options are given to each person.³⁷ While specific diagnoses and other health records must be kept private from correctional staff, per MCACC policy, staff should be “advised, as needed, of inmate’s health status in order to preserve the health and safety of the inmate, other inmates and correctional staff and to assure appropriate housing and/or work conditions.”³⁸

Additionally, MCACC should ensure that it tracks the demographic information of individuals in segregation, including race, age, gender, and disability status. This data will also allow MCACC to determine how often particular people are placed in restrictive housing and to better identify strategies to ensure their return to general population.

- a. MCACC should periodically provide this information to the public to maintain transparency and promote oversight.** One option is to make this information available on MCACC’s website—as recommended in the Department of Justice’s report, which recommends the U.S. Bureau of Prisons post monthly data from its Special Housing Unit on its external website, to allow the public to track the total number of incarcerated people in restrictive housing.³⁹

Recommendation A6. Establish a set of performance indicators to assess the use of segregated housing and conditions in segregation units, and then examine how reforms impact these outcomes. MCACC should include data on segregated individuals’ race, age, gender, and disability status in the performance indicators. When MCACC is able to examine who is in segregation units, reforms will be able to be tailored and targeted to specific populations. MCACC will also be able to use this data to ensure that reforms are reaching all incarcerated people in segregation.

Recommendation A7. Establish a standing committee to regularly evaluate existing policies, practices, and data around the use of restrictive housing and consider new ways to further reduces its use. This committee should be multidisciplinary and include line staff and supervisors to ensure it receives information from all parts of the jail, in order to make the most impactful reforms.

³⁷ The Disciplinary Board adjudicates alleged disciplinary violations within MCACC. The classification committee determines housing placement.

³⁸ MCACC policy 2.20.17-4(8).

³⁹ U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing*, p.117.

B. Disciplinary Segregation

Findings

Finding B1. On March 23, 2016, 54 percent of the population in restrictive housing (27 people) were in disciplinary segregation.

Finding B2. On March 23, 2016, the length of stay of the incarcerated people in disciplinary segregation ranged from 1 to 20 days, with 8 days being the average.⁴⁰

There was no process for incarcerated people to earn time off of a disciplinary segregation sanction.

Finding B3. MCACC staff reported use of “on-the-spot corrections” to divert incarcerated people who committed minor infractions from the formal disciplinary process.⁴¹ Prohibited acts at MCACC are divided into two classes: minor violations, which *may* be handled informally through on-the-spot correction, and major violations, which must be resolved through the formal disciplinary hearing process. For minor violations, the officer or staff member involved in or witnessing the incident prepares a disciplinary report listing his or her recommendations for disciplinary action, which is then sent immediately to the shift supervisor. The shift supervisor can concur with the report and impose the on-the-spot correction within 24 hours. On-the-spot correction can be a verbal reprimand; loss of recreation privileges for no more than five days; up to four hours of extra work duty; up to four hours of confinement to tier, room, or cell; loss of radio or television privileges for no more than five days; and/or loss of visiting privileges for up to two video visits. Alternatively, the shift supervisor can refer the incident to the disciplinary committee.

Finding B4. The Disciplinary Board, which conducts disciplinary hearings, is composed of both custody and non-custody staff and includes a person from outside of the jail. The Disciplinary Board conducts disciplinary hearings twice a week. The Board is composed of three people—one custody staff member and two non-custody staff, one of whom comes from outside the facility. Hearing officers reported that most incarcerated people come to the hearing and plead “guilty with an explanation,” which means they have the opportunity to explain what happened.

⁴⁰ With administrative data not available, Vera was unable to establish a release cohort, which is needed to get a true length of stay number. The numbers here are unavoidably an underestimate, as people will have stayed in segregation beyond this day. The number above is our best estimation with the limited data available.

⁴¹ MCACC policy 2.17.01-7. Segregation can only be given as a sanction through the formal disciplinary process.

Finding B5. Disciplinary hearing officers reported heavy reliance on pre-hearing segregation when an incarcerated person is scheduled to appear before the Disciplinary Board. Disciplinary hearing officers reported to Vera that approximately 60-70 percent of incarcerated people were held in segregation pending their disciplinary hearing. One officer reported that pre-hearing segregation was often used as a way to separate and control people after a fight (verbal or physical). On the day Vera observed disciplinary hearings, all six people with a hearing had been in pre-hearing segregation.

Finding B6. The chief hearing officer reported that the most frequent infractions adjudicated by the Disciplinary Board were (1) conduct which disrupts, (2) possession of narcotics/drug paraphernalia, and (3) fighting. Once the jail management system is in place, MCACC can begin to collect data on disciplinary infractions and determine which are the most frequent infractions to go before the Disciplinary Board and which ones receive disciplinary segregation sanctions. This will allow MCACC to identify lower-level infractions that are driving their disciplinary segregation population and develop alternative responses for those violations. As reforms continue to be implemented, MCACC will be able to quantify and track the reduction in the use of disciplinary segregation in order to continue to develop targeted strategies.

Finding B7. Segregation was used as a sanction for non-violent infractions. Hearing officers reported that they do not frequently use alternative sanctions to segregation at disciplinary hearings, although they will sometimes reduce or eliminate a segregation sanction (see Finding B8, below). Hearing officers also reported that the most common infraction they adjudicate at the Disciplinary Board is “conduct which disrupts,” suggesting that a significant proportion of disciplinary segregation sanctions are given in response to non-violent, minor violations.

Finding B8. The Disciplinary Board does not always give the maximum sanction allowed for each infraction. The chief hearing officer reported, and Vera observed, that the Disciplinary Board frequently suspended days of a person’s sanction: for example, an individual might have committed two infractions and therefore been eligible for the statutory maximum of 30 days segregation, but the board might suspend 10 of those days, resulting in a sanction of 20 days segregation.

Finding B9. People in disciplinary segregation had very limited options for out-of-cell time, access to congregate activity, and programming. Conditions in C Pod were very restrictive. Incarcerated people were allowed one hour out of their cell per day, five days a week, for “recreation” in an indoor secure recreational enclosure in the unit. There was no opportunity to recreate outdoors or to interact meaningfully with other people, including during recreation. Per New Jersey administrative code, incarcerated people in disciplinary segregation

received neither contact nor video visits.⁴² Additionally, MCACC did not provide any programming to incarcerated people on C Pod.

Recommendations

Recommendation B1. Limit the number of violations that are eligible for a disciplinary segregation sanction.

- a. Prohibit segregation sanctions for all minor violations.**
- b. Conduct a full-scale examination to determine which, if any, violations should be eligible for a disciplinary segregation sanction.** The U.S. Department of Justice provides guidance, stating that segregation sanctions should be limited to offenses that involve violence, escape, or posing a threat to institutional safety by encouraging others to engage in such conduct.⁴³
- c. Amend its policies to specify that disciplinary segregation is a sanction of last resort that may only be used after the Disciplinary Board has determined that alternative punishments are not appropriate.**

Recommendation B2. Create a graduated sanction grid to provide sanctioning guidelines for hearing officers based on behavioral-change management, with an emphasis on alternatives to segregation. A sanction grid will also ensure transparency and enable monitoring for consistency. Several jurisdictions have implemented sanctioning guidelines that outline a variety of options ranging from reprimand and warning, to extra work duty hours, to evening confinement to quarters. MCACC already uses alternative sanctions in the form of on-the-spot corrections. These alternative sanctions could be expanded to all prohibited acts—minor and major violations—and be formalized in a sanction grid for hearing officers to use.

Recommendation B3. Amend policy to reduce the maximum permitted amount of time in disciplinary segregation. Currently, MCACC mirrors New Jersey law in allowing 15 days per infraction, with a maximum disciplinary sanction of 30 days.⁴⁴ Researchers have found no evidence that longer stays in segregation decrease future infractions or violence upon return to regular population.⁴⁵ This is consistent with research on crime deterrence in general, which

⁴² New Jersey Administrative Code 10A:31-17.7(b).

⁴³ The DOJ Guiding Principles also emphasize the importance of training correctional officers not to use disciplinary segregation for “infrequent lower-level misconduct.” U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing*, p. 97.

⁴⁴ New Jersey Administrative Code 10A:31.

⁴⁵ Frost and Monteiro, “Administrative Segregation in U.S. Prisons.”

finds that the certainty of punishment is far more effective in deterring crime than the severity of the punishment.⁴⁶ The Nebraska Department of Correctional Services has eliminated disciplinary segregation as a sanction altogether.⁴⁷

- a. Provide incentives, including disciplinary segregation time reduction, for positive behavior in segregation.** MCACC should implement an incentive system that provides people placed in disciplinary segregation with meaningful opportunities to earn reductions in their length of stay or earn meaningful privileges and out-of-cell time by complying with the rules or voluntarily participating in constructive programming. Additionally, a process could be implemented where people are reviewed at the half-way point of their disciplinary sanction, or earlier, to see if they have abided by the rules and could safely reenter general population.

Recommendation B4. Limit the use of pre-hearing detention.

- a. Prohibit an incarcerated person's placement in pre-hearing detention for infractions that are not eligible for a disciplinary segregation sanction.** Once MCACC establishes which infractions are no longer eligible for a disciplinary segregation sanction, MCACC should enact a policy that precludes pre-hearing detention in response to those infractions.
- b. Amend policy to limit the use of pre-hearing detention to times when an incarcerated person is a danger to the safety of staff or other people.** Current policy allows pre-hearing detention if the inmate constitutes a threat to other inmates, staff members, himself or herself, or to the orderly operation of the facility.⁴⁸ If an incarcerated person is exhibiting signs of being threatening to him or herself, he or she needs contact with appropriate medical or mental health clinicians, not to be placed in segregation. The policy should be amended to approve pre-hearing detention only for times when the person is a danger to the safety of staff or other people.⁴⁹
- c. Mandate frequent reviews of a person's placement in pre-hearing segregation.** If a person is placed in pre-hearing segregation, the shift supervisor should frequently review the placement to determine if it becomes safe for the person to reenter the general population pending a disciplinary hearing.

⁴⁶ Valerie Wright, *Deterrence in Criminal Justice: Evaluating Certainty vs. Severity of Punishment* (Washington, DC: The Sentencing Project, November 2010).

⁴⁷ NDCS, "Administrative Regulation 210.01: Restrictive Housing" (effective July 1, 2016).

⁴⁸ MCACC policy 2.17.01-7.

⁴⁹ The U.S. Department of Justice provides guidance that restrictive housing pending an investigation should not be used unless an inmate's presence in the general population would "pose a danger to the inmate, staff, other inmates, or the public." U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing*, p. 96.

Recommendation B5. Provide opportunity for daily outdoor recreation and productive in-cell activities while in disciplinary segregation. MCACC should explore ways to offer both additional out-of-cell time and enhanced in-cell opportunities to improve behavior and prepare individuals for return to general population. This should include providing outdoor recreation areas, establishing an indoor exercise cell complete with safe exercise equipment, and increasing access to reading and educational materials for in-cell instruction.

Recommendation B6. Support changes to New Jersey Administrative Code that would allow phone calls and visits while in disciplinary segregation. Research has shown that increasing family involvement and visits with incarcerated people can exert a positive impact on people's behavior in facilities and decrease their likelihood of recidivism. Currently, New Jersey Administrative Code prohibits inmates in disciplinary detention from receiving visits or phone calls.⁵⁰ MCACC should support changes to the administrative code that would allow phone calls and visits unless staff have made an individualized determination that someone receiving calls or visits would create a safety risk.

Recommendation B7. Provide staff with all necessary training to effectively communicate with incarcerated individuals and de-escalate situations. Staff training on how best to communicate with incarcerated people in tense situations is an important component of preventing a situation from escalating to one where harm or a restrictive housing sanction is likely. Many corrections agencies are providing Crisis Intervention Team training and other de-escalation trainings to assist correctional officers in preventing incidents from escalating to infractions. Dr. Sandrock currently provides some de-escalation training; MCACC should be provided with additional resources to fund this training for all staff who interact with incarcerated people.

Recommendation B8. Conduct data analysis on the use of disciplinary segregation. After MCACC acquires the capacity to better track and analyze data, relevant questions to ask about disciplinary segregation include: total admissions, length of stay, and total bed-days in segregation; types of charges most commonly resulting in disciplinary segregation; the settings where people were most frequently located prior to being sent to disciplinary segregation; use of pre-hearing segregation; mental health status of people in disciplinary detention; demographic characteristics of those entering disciplinary segregation; and frequency of those in disciplinary segregation being reclassified to administrative segregation, protective custody, or psychiatric segregation at the end of their sanction. Additionally, MCACC should electronically track the use

⁵⁰ New Jersey Administrative Code 10A:31-17.7 (2016) (though legal visits or telephone calls are allowed, as are special visits or telephone calls when compelling reasons exist).

of on-the-spot corrections to see how frequently they are being used and for which infractions. Data should be analyzed regularly to ensure that new policies are being implemented and followed as intended, and to identify further opportunities for reducing the use of segregation.

C. Administrative Segregation

Findings

Finding C1. On a snapshot date (March 23, 2016), 18 percent of people in restrictive housing (nine people) were in administrative segregation.

Finding C2. On this snapshot date, the length of time these individuals had spent in administrative segregation ranged from 3 to 318 days, with 96 days being the average.⁵¹

Finding C3. Staff reported that drivers of administrative segregation were prior behavioral history in MCACC, gang intelligence, or court mandated “keep separate” orders. By policy, MCACC can classify an incarcerated person into administrative segregation due to the individual “posing imminent danger and/or a threat to the safety and security of the institution.”⁵² Additionally, men were sometimes housed in C Pod because of court mandated “keep separate” orders. MCACC has limited space for people who it classifies as not being appropriate for dorm units, but who instead need the higher security level of general population units with cells or who have high bail so are classified into the high bail unit. In practice, since MCACC has limited space (such as only one high bail unit), staff place some people into administrative segregation in C Pod to comply with “keep separate” orders.

Finding C4. Administrative segregation had indeterminate lengths of stay. There was not a clear plan for either the incarcerated person or staff detailing how a person in administrative segregation could achieve reclassification to a less-restrictive housing unit. At the time of the assessment, the classification committee reviewed each person in administrative segregation every 30 days.⁵³ From Vera’s observations of the classification committee, it appeared that movement out of administrative segregation depended more on facility housing needs than on the behavior demonstrated by people in segregation.

Finding C5. People in administrative segregation had very limited options for out-of-cell time, congregate activity, and programming. The conditions for people in segregated housing on C Pod were very restrictive and, overall, similar to conditions for those in

⁵¹ With administrative data not available, Vera was unable to establish a release cohort, which is needed to get a true length of stay number. The numbers here are unavoidably an underestimate, as people will have stayed in segregation beyond this date. The number above is our best estimation with the limited data available.

⁵² MCACC policy 3.11.08-1.

⁵³ People in administrative segregation are now reviewed weekly by the Weekly Review Committee (see Reform A1).

disciplinary segregation (see Finding B9), although non-contact visits were allowed for people in administrative segregation.

Reforms Enacted Since the Beginning of the Assessment Period

Reform C1. MCACC has created Precautionary Security Units (PSU) as an alternative, less-restrictive housing unit to administrative segregation. Warden Cranston and the MCACC staff recently opened two new general population housing units (PSU1 and PSU2) to create additional housing space for people the Weekly Review Committee determined did not need to be in segregation, but who were not currently appropriate for other general population units. The Weekly Review Committee (see Reform A1) reviews and assesses everyone in protective custody or administrative segregation status for placement in this new unit. In August 2016, MCACC moved 11 people who had formerly been in segregation in C Pod to this new unit, leaving only four people in administrative segregation. PSU1, the more restrictive of the two new units, allows a minimum of six hours of out-of-cell time a day, with plans to include the people in this unit in the general population recreation yard schedule. People in PSU receive regular visits and have access to the telephone and law library.

Recommendations

Recommendation C1. Limit classification to administrative segregation to those people who (1) commit a major disciplinary infraction(s) and (2) pose an imminent risk to the life or safety of other incarcerated people or staff. Individuals who have not committed a major disciplinary infraction and do not pose an imminent threat to the life or health of others should be diverted to a less restrictive housing unit, such as the PSU, where closer supervision than general population can be provided. In no case should administrative segregation be used as a response to lower-level nuisance misbehavior, due to a “keep separate” order from the court, or due to gang affiliation alone. The U.S. Department of Justice provides guidance that people should only be placed in this type of segregation if correctional officials conclude, based on evidence, that no other form of housing will ensure the individual’s safety and the safety of staff, other incarcerated people, and the public.⁵⁴ This determination must be made based on evidence, not due to a “keep separate” order from the court or security threat group affiliation alone.

Recommendation C2. For people remaining in administrative segregation, create a step-down program to facilitate their transition to general population or the PSU.

⁵⁴ U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing*, p. 98.

- a. **Create clear criteria so both staff and incarcerated people know what must be done to “step down” out of administrative segregation.** It is imperative for both staff and incarcerated people to know what is required of individuals in administrative segregation to move through a leveled step-down program. Criteria can include things like abiding by jail rules, respectfully communicating with staff, and participating in programming.⁵⁵
- b. **Create an individualized behavioral and/or treatment plan for each person in administrative segregation, with the goal of returning him or her to regular population.** Upon entering administrative custody, both staff and incarcerated people should be involved in creating an individualized plan aimed at returning the individual to general population. Part of this plan could involve abiding by the rules of the step-down program, with other more particularized elements dependent upon the individual’s specific risks and needs.
- c. **Set clear time limits on the length of each phase in the step-down program to ensure that people in the program are able to progress through the phases and reenter a less-restrictive housing unit.** Capping the length of each phase should not prevent a person from being stepped down earlier due to compliance with requirements.
- d. **Develop a disciplinary matrix that delineates the consequences for different infractions on different levels of the program.** Responses to misconduct should take into account an incarcerated person’s progress through the program and commitment to the program. Non-violent infractions should be addressed through on-the-spot corrections. If an infraction rises to the level that an individual goes before the disciplinary hearing board and is given disciplinary segregation, all efforts should be made to continue with any in-cell programming being offered. Upon completion of the disciplinary segregation time, the person should be able to return to the level he or she was on prior to the infraction.
- e. **Provide programming and interventions based on behavior, risk, and needs.** Corrections departments around the country are providing cognitive behavioral interventions and programming to people in segregation to help them change their behavior and successfully reenter the general population. Even with the limited resources available to jails compared to statewide corrections systems, an easy start could be a program that allows for in-cell journaling and radios or MP3 players that are able to provide programming. The goal, however, should be for the individuals to leave their cells and participate in group programming. As the number of people in

⁵⁵ See also Recommendation A2, concerning creating individualized “restoration to population” plans for every person entering segregation.

administrative segregation continues to drop, staff will have more availability to bring individuals out of their cells to meet in small groups.

f. Provide greater out-of-cell time and increasing incentives and privileges.

Successful step-down programs incorporate both cognitive behavioral interventions and increasing incentives as an individual moves through each level. Incentives can include access to additional commissary, contact visits, or increased out-of-cell time, for example.

g. Monitor the step-down program to ensure it is an effective pathway out of segregation. Assign the Weekly Review Committee or another group to follow people's progress through the program. Examine if individuals are moving through the program in accordance to the plan, if people are re-entering general population, and the rate of return to segregation for those who have successfully completed the program and reentered general population.

D. Protective Custody

Findings

Finding D1. MCACC has an Administrative Special Housing Unit (ASH) for some incarcerated people who require a protective housing unit. The ASH houses former law enforcement officers, people charged with sex crimes, and small or frail individuals. These people are segregated from the general population, but are able to spend congregate time together out of their cells in a unit that closely resembles general population.

Finding D2. Other people who are placed in Protective Custody status are primarily housed in the restrictive conditions of C Pod. People requiring protective custody but not housed in ASH, however, are often housed in C Pod, with the same isolating conditions as other forms of segregation—no congregate activity, no programming, and indoor recreation for only one hour a day, five days a week. Staff reported that many of these individuals are part of a security threat group and have requested protective custody for their own safety.

Finding D3. On March 26, 2016, 28 percent of the segregated population (14 people) were in protective custody status. Of these, ten people were in C Pod, three were housed in the medical unit, and one was in the Special Needs Unit.⁵⁶

Finding D4. The length of stay of those in protective custody on March 26, 2016 ranged from 6 to 680 days, with 160 days being the average.⁵⁷ The long lengths of stay in protective custody demonstrate the difficulty of those who are classified as protective custody ever entering general population.

Reforms Enacted Since the Beginning of the Assessment Period

Reform D1. MCACC has been able to successfully transition some people who were in protective custody status to the Precautionary Security Unit (PSU).⁵⁸ According to the department, the number of people in protective custody as of March 2017 is five people, down from an average of 16 people. Five of the eleven people in PSU on August 11, 2016 were formerly housed in C Pod under a protective housing classification. One of those men had been in protective custody in C Pod for 384 days prior to being moved to the less-restrictive PSU.

⁵⁶ The Special Needs Unit is much less restrictive than C Pod.

⁵⁷ Because administrative data was not available, Vera was unable to establish a release cohort, which is needed to get a true length of stay number. The numbers here are unavoidably an underestimate, as people will have stayed in segregation beyond March 26, 2016. The number above is our best estimation with the limited data available, compiled by hand by MCACC staff.

⁵⁸ See Reform C1 for additional information on the PSU.

Recommendations

Recommendation D1. Ensure that all incarcerated people who require protective housing are in a housing unit where they have similar privileges, out-of-cell time, and opportunity for safe congregate activity as people in general population.

Because protective custody is not a punishment, MCACC should ensure that, at a minimum, everyone who requires a more protective housing environment has similar out-of-cell time and congregate activity to general population, but can remain under closer observation than in general population, for their protection. PSU is an excellent beginning but should be expanded to include all people in protective custody that are not in ASH.

Recommendation D2. Examine promising practices in other jurisdictions of ways to assist incarcerated people who are fearful of leaving their cells. Individuals who have been in an isolated setting for long periods of time or who voluntarily requested protective custody may be afraid to spend time out of their cell. MCACC should examine strategies used in other jurisdictions to assist these people. For example, Colorado uses a progressive series of three “interventions” with such individuals, including the use of de-escalation rooms where people can listen to soothing music or participate in art therapy.⁵⁹

⁵⁹ Raemisch and Wasco, *Open the Door*.

E. Mental Health

Findings

Finding E1. A substantial proportion of people in segregation had mental health treatment needs. On February 15, 2016:

- a. **32 percent of the individuals in disciplinary segregation (6 people) were on the mental health caseload;**⁶⁰
- b. **50 percent of the 14 people in administrative segregation (7 people) were on the mental health caseload; and**
- c. **50 percent of the 12 people in protective custody (6 people) were on the mental health caseload.**

Finding E2. There was a lack of therapeutic housing for people with mental health treatment needs who also required additional security. A mental health clinician reported that during Vera's assessment there were many individuals with mental health treatment needs on C Pod, with as many as 17-20 people on a psychiatric watch.⁶¹

The mental health clinician reported that he tried to see people on the mental health caseload who were in segregation once a month, although he said that many people should be seen more frequently. Resource constraints inhibited his ability to see more people; in particular, he reported that it was challenging to have enough custody staff to restrain and escort inmates from C Pod to his office.

- a. **Incarcerated people not psychiatrically cleared for C Pod could be housed in the medical unit or the Special Needs Unit (SNU).** Dr. Sandrock reported that if he did not clear an individual for placement in restrictive housing, he could place the person on administrative segregation status in the medical unit or in the SNU. The individual in the medical unit would still be subject to the same restrictive conditions of those in C Pod but, Dr. Sandrock reported, would benefit from being on a smaller and quieter unit than C Pod, with greater access to clinicians. These people would be placed on a Low Visibility Psychiatric Watch, where they receive one additional hour of out-of-cell time a day, though still no ability to recreate outdoors or congregate with others. These alternatives can still place an individual with a serious mental illness in an extremely restrictive setting, without providing a therapeutic environment.

⁶⁰ People with mental health treatment needs that are seen by mental health clinicians are colloquially referred to as "being on the mental health caseload."

⁶¹ The clinician puts people on a psychiatric watch so they are observed more frequently.

Finding E3. Mental health professionals did not make rounds in C Pod. Although nurses made contact with people in segregation at their cell doors to review a checklist of medical, dental, and mental health questions, mental health clinicians did not conduct rounds in C Pod. If an individual requested to see a mental health clinician or staff felt someone needed the assistance of a mental health professional, arrangements would be made for the person to be escorted to the medical unit.

Finding E4. Custody staff, social workers, and mental health staff reported good communication between staff. Members of both the classification committee and the Disciplinary Board reported excellent communication with mental health clinicians. A mental health clinician also reported that he felt that at both classification and disciplinary meetings he could raise any concerns about individuals with disciplinary charges and mental health needs and that staff were responsive to his concerns.

Finding E5. The mental health caseload was not tracked electronically. As discussed previously, MCACC did not have an electronic management system for tracking incarcerated people. During Vera’s visit, there were approximately 100-120 individuals on the mental health caseload, and all of their mental health information was in paper files. A mental health clinician expressed concern to Vera about the challenges of keeping track of everyone on the mental health caseload because there was such a high turnover in population and the records system was not computerized.

Finding E6. An incarcerated person’s disciplinary file did not convey if the individual had a serious mental illness. Hearing officers had to rely on self-reporting by these individuals. The chief hearing officer reported that it was challenging to keep track of those who had greater psychiatric needs and ensure that he did not send someone to C Pod who was “at risk.” Vera observed the disciplinary hearing officers asking an incarcerated person if he was on psychotropic medication, because there was no information in disciplinary files as to whether a person was on medication or even on the mental health caseload. When the person replied yes, the hearing officers stated that they would speak with Dr. Sandrock prior to making a decision regarding the disciplinary sanction.

Finding E7. Per policy, disciplinary procedures were the same for incarcerated people with serious mental illness and for people with no mental health treatment needs. The Disciplinary Board, however, would communicate with a mental health clinician to determine if a segregation sanction in C Pod was appropriate for someone on the mental health caseload. The chief hearing officer reported that he frequently suspended part of a segregation sanction for individuals on the mental health caseload or on a psychiatric or high visibility watch after discussing the case with the psychologist. Depending on the severity of the infraction, a clinician might only have the option

of denoting where a person would serve their disciplinary segregation time (in C Pod versus the medical unit), rather than whether they would or would not serve a disciplinary segregation sanction at all. This process is not standardized or formalized in policy, but an informal practice that has developed over the years.

Finding E8. There was a long wait time for court-ordered psychiatric evaluations, which resulted in a housing challenge for MCACC. During Vera’s assessment, some incarcerated people were waiting for a court-ordered psychiatric evaluation to be conducted at either Trenton Psychiatric Hospital or Anne Klein Forensic Center. This presented an on-going challenge to the jail, when staff had to determine where to house these individuals pending their evaluation. During Vera’s assessment, some of the people who were waiting for these evaluations were housed in C Pod, some were in SNU, and one was housed in medical.

Reforms Enacted Since the Beginning of the Assessment Period

Reform E1. The PSU is now being used instead of segregation to house some individuals who require mental health treatment and greater levels of observation. See Reform C1 for more information.

Reform E2. MCACC contracted for a new jail management system and a new health care provider with the provision that healthcare records are now electronic and interface with the jail management system. Case files will now provide as much mental health information as allowed by law, such as if there is any mental health history in the past three years and if the individual is on psychotropic medication.

Reform E3. Under MCACC’s new health care contract, a qualified mental health professional makes rounds three times per week in the segregation unit. The mental health professional will make contact with everyone in segregation, not only those already on the mental health caseload. Pending the new contract, mental health clinicians in MCACC began doing weekly rounds in C Pod.

Reform E4. A mental health clinician now reviews every person prior to placement in segregation. This review occurs for every person sent to segregation for disciplinary, administrative, or protective custody, not only for people already on the mental health caseload. Hearing officers no longer depend on self-reporting from incarcerated people as to whether or not they have mental health treatment needs. Moreover, this allows a mental health clinician to conduct an additional screening of people who were not identified as having mental health needs during the intake process.

Recommendations

Recommendation E1. Enact policies and advocate for state assistance to ensure that people with serious or persistent mental illness are never placed in forms of segregation that limit meaningful access to social interaction, environmental stimulation, and therapeutic programming. The literature is rich with evidence of the negative impacts of restrictive housing on individuals with a serious mental illness.⁶² Around the country, jurisdictions such as New York City and Cook County, Illinois are prohibiting individuals with serious mental health issues from being placed into restrictive housing.

To help prevent incarcerated people with mental health needs from being placed in restrictive housing, MCACC should explore the following options:

- a. Increase capacity for delivering quality mental health services to people in general population.** MCACC has recently entered into a new contract for the provision of social and mental health services in its facility. Part of the contract requires that there will be more frequent rounds by mental health clinicians in the segregated housing unit. Additionally, MCACC could consider increasing mental health provision to people in general population.

- b. Explore creating an alternative, therapeutic housing unit for people with mental illness who engage in serious behavioral infractions, instead of housing them in C Pod or the medical unit.** The U.S. Department of Justice, the National Commission on Correctional Health Care, and the American Correctional Association all recently released statements to the effect that people with serious mental illness should not be placed in restrictive housing due, in part, to the increased vulnerability these people have to the harms of isolating conditions.⁶³ The number of people this applies to may be small, and MCACC has limited capacity and resources, so MCACC will need to think creatively about how to best house this population. This will require a number of significant improvements and additional resources devoted to increased staffing, therapeutic programming, and training for security and mental health staff. Working in conjunction with other county correction centers to pool resources and have one location specialize in housing this population could be an effective and efficient way of housing people with significant mental health needs who also require additional supervision. MCACC could benefit by modeling this unit after other clinical units.⁶⁴

⁶² See Alison Shames et al., *Solitary Confinement: Common Misconceptions and Emerging Safe Alternatives* (New York: NY: Vera Institute of Justice, 2015), p. 17-18.

⁶³ U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing*, p. 99; National Commission on Correctional Health Care, "Position Statement: Solitary Confinement (Isolation)"; American Correctional Association, "Restrictive Housing Performance Based Standards" (August 2016), p. 36.

⁶⁴ For example, Clinical Alternative to Punitive Segregation (CAPS) units were created by the New York City Department of Correction for persons with serious mental illness (SMI) who were judged to have

Even if committed to ensuring that people with a serious, persistent mental illness are never housed in segregation, county jails may lack the necessary resources to provide therapeutic but secure housing units. Vera recommends that Middlesex County Office of Corrections and Youth Services advocate for state assistance in helping to house this vulnerable population.

Recommendation E2. Prohibit people with serious mental illness from being placed into disciplinary segregation.

- a. Provide people identified as having a serious mental illness with a mental health assessment to determine if (a) they are able to participate in the disciplinary process, and (b) they require a higher level of mental health treatment.** If a higher level of treatment is required, then the incarcerated person should be diverted to SNU, or to the new vulnerable population unit, rather than continue with the disciplinary process. If they can participate in the disciplinary process, ensure their mental health status is taken into account (see below for ways to do this).
- b. For people who can take part in the disciplinary process but are on the mental health caseload, make every effort to use alternative disciplinary sanctions, rather than placing them in disciplinary segregation.** Prioritize using alternative sanctions for violations. Ensure that a disciplinary sanction does not inhibit an incarcerated person's access to mental health treatment; incarcerated people must be able receive the services required even while under a disciplinary sanction.

Recommendation E3. Explore ways to make the medical unit more therapeutic.

- a. Consider the importance of the environment and physical plant of the medical unit, which can foster or hinder a therapeutic environment.** For example, in a Pennsylvania prison facility that houses people with serious mental illness,

violated jail rules (and previously would have been sanctioned to disciplinary segregation). Each CAPS unit has a capacity to house 30 patients and offers a more comprehensive range of therapeutic interventions, including individual and group therapy, art therapy, medication counseling, and community meetings with patients and health and security staff. CAPS units are clinical settings where patients are not locked in isolation; SMI patients are encouraged to maximize the time spent outside their cells interacting with others, unless there is a clinical reason to be in their cell. The CAPS unit employs an interdisciplinary team, based within the unit's housing area with a dedicated office space, that is significantly more robust than other mental health housing areas. The staffing model includes four social workers, a psychologist, a nurse, a psychiatrist, and four mental health treatment aides per housing unit. The mental health treatment aides are responsible for engaging patients in therapeutic activities, sharing clinical observations with other staff, and helping patients cope with any problems throughout the day. The security and health staff volunteered to work on these units and were required to complete a week of joint training on de-escalation and communication. A recent study on CAPS units found they led to improved health and safety outcomes. S. Glowa-Kollisch et al., "From Punishment to Treatment: The 'Clinical Alternative to Punitive Segregation' (CAPS) Program in New York City Jails," *International Journal of Environmental Research and Public Health* 13, no. 2: 182.

incarcerated people have painted murals throughout the facility. Other things to consider include increasing natural light, plants, textiles, and improving the acoustics of the space.

b. Allow for more out-of-cell time and congregate activity, while allowing for greater observation, security, and access to mental health clinicians.

Incarcerated people in the medical unit are under greater observation and have increased access to mental health clinicians. Even in this unit, however, MCACC could ensure that people are able to leave their cells and congregate in the day room area.

Recommendation E4. Provide training in crisis intervention to the security staff in the medical unit, and ensure that they receive Mental Health First Aid and are certified in the Mental Health/Behavioral Health ACA certification. Additional trainers may be needed to provide relief to the mental health staff who currently provide such trainings.

F. Women

Findings

Finding F1. On March 26, 2016, four women were in restrictive housing in the Female Unit, one in administrative segregation and three in disciplinary segregation.

Finding F2. Women in disciplinary segregation were housed in cells for 23 hours a day, either in the segregation unit or on the regular housing unit, with no opportunity for congregate activity.

Finding F3. Women housed in administrative segregation or protective custody were segregated from the general population, but were able to spend congregate out-of-cell time together. These women were able to recreate outdoors, while women in disciplinary segregation recreated for one hour a day in an indoor recreation enclosure.

Recommendations

Recommendation F1. Develop gender-specific and trauma-informed programming and responses to violations, where appropriate, to help prevent infractions in general population. Utilize organizations like the National Institute of Corrections, the Association of Justice-Involved Females and Organizations, and the Bureau of Justice Assistance's National Resource Center on Justice Involved Women as resources for best practices for women in confinement and as support for policy revision and review.

Recommendation F2. As with men, allow women in disciplinary segregation to recreate outdoors and have opportunities to take part in productive activities. Additionally, ensure that any and all reforms around restrictive housing apply to both men and women.

VI. Conclusion

In recent years, a diverse range of international and national organizations, policymakers, and corrections practitioners have called for reform of restrictive housing. Whether citing the potentially devastating psychological and physiological impacts of spending 23 hours alone in a cell the size of a parking space, the costs of operating such highly restrictive environments, or the lack of conclusive evidence demonstrating that segregation makes correctional facilities safer, these voices agree that reform and innovation are worthwhile endeavors. In 2017, many segregation reform efforts are still in their infancy, particularly reforms in local correctional agencies with their specific challenges of transient populations and limited resources.

As the Middlesex County Adult Correctional Center continues to move forward with implementation of current and future reform efforts, Vera has every confidence that MCACC will learn from its peers in the field, capitalize on its own strengths, and use these recommendations as a springboard for improving the lives of the men and women who pass through MCACC.

Appendix I: Summary of Recommendations

System-wide

Recommendation A1. Improve conditions of confinement in segregation units.

- a. Allow more opportunities for out-of-cell time and congregate activity.
- b. Provide daily outdoor recreation time.
- c. Create more opportunities for productive activities in-cell.
- d. Create de-escalation spaces in the segregation unit and establish a system that allows people in segregation access to these spaces for a meaningful amount of time.

Recommendation A2. Create individualized plans for every person entering segregation, with the goal of returning them to general population.

Recommendation A3. Create procedures so incarcerated people can have access to visits during their first days and weeks in custody.

Recommendation A4. Enact policies that institutionalize the Weekly Review Committee and delineate its mission, membership, responsibilities, and accountability procedures.

Recommendation A5. The new jail management system should track and share individual-level data throughout the system in a centralized electronic clearinghouse.

- a. Periodically provide this information to the public to maintain transparency and promote oversight.

Recommendation A6. Establish a set of performance indicators to assess the use of segregated housing and conditions in segregation units, and then examine how reforms impact these outcomes.

Recommendation A7. Establish a standing committee to regularly evaluate existing policies, practices, and data around the use of restrictive housing and consider new ways to further reduce its use.

Disciplinary Segregation

Recommendation B1. Limit the number of violations that are eligible for a disciplinary segregation sanction.

- a. Prohibit segregation sanctions for all minor violations.
- b. Conduct a full-scale examination to determine which, if any, violations should be eligible for a disciplinary segregation sanction.
- c. Amend its policies to specify that disciplinary segregation is a sanction of last resort that may only be used after the Disciplinary Board has determined that alternative punishments are not appropriate.

Recommendation B2. Create a graduated sanction grid to provide sanctioning guidelines for hearing officers based on behavioral-change management, with an emphasis on alternatives to segregation. A sanction grid will also ensure transparency and enable monitoring for consistency.

Recommendation B3. Amend policy to reduce the maximum permitted amount of time in disciplinary segregation.

- a. Provide incentives, including disciplinary segregation time reduction, for positive behavior in segregation.

Recommendation B4. Limit the use of pre-hearing detention.

- a. Prohibit an incarcerated person's placement in pre-hearing detention for infractions that are not eligible for a disciplinary segregation sanction.
- b. Amend policy to limit the use of pre-hearing detention to times when an incarcerated person is a danger to the safety of staff or other people.
- c. Mandate frequent reviews of a person's placement in pre-hearing segregation.

Recommendation B5. Provide opportunity for daily outdoor recreation and productive in-cell activities while in disciplinary segregation.

Recommendation B6. Support changes to New Jersey Administrative Code that would allow phone calls and visits while in disciplinary segregation.

Recommendation B7. Provide staff with all necessary training to effectively communicate with incarcerated individuals and de-escalate situations.

Recommendation B8. Conduct data analysis on the use of disciplinary segregation.

Administrative Segregation

Recommendation C1. Limit classification to administrative segregation to those people who (1) commit a major disciplinary infraction(s) and (2) pose an imminent risk to the life or safety of other incarcerated people or staff.

Recommendation C2. For people remaining in administrative segregation, create a step-down program to facilitate their transition to general population or the PSU.

- a. Create clear criteria so both staff and incarcerated people know what must be done to “step down” out of administrative segregation.
- b. Create an individualized behavioral and/or treatment plan for each person in administrative segregation, with the goal of returning him or her to regular population.
- c. Set clear time limits on the length of each phase in the step-down program to ensure that people in the program are able to progress through the phases and reenter a less-restrictive housing unit.
- d. Develop a disciplinary matrix that delineates the consequences for different infractions on different levels of the program.
- e. Provide programming and interventions based on behavior, risk, and needs.
- f. Provide greater out-of-cell time and increasing incentives and privileges.
- g. Monitor the step-down program to ensure it is an effective pathway out of segregation.

Protective Custody

Recommendation D1. Ensure that all incarcerated people who require protective housing are in a housing unit where they have similar privileges, out-of-cell time, and opportunity for safe congregate activity as people in general population.

Recommendation D2. Examine promising practices in other jurisdictions of ways to assist incarcerated people who are fearful of leaving their cells.

Mental Health

Recommendation E1. Enact policies and advocate for state assistance to ensure that people with serious or persistent mental illness are never placed in forms of segregation that limit meaningful access to social interaction, environmental stimulation, and therapeutic programming.

- a. Increase capacity for delivering quality mental health services to people in general population.
- b. Explore creating an alternative, therapeutic housing unit for people with mental illness who engage in serious behavioral infractions, instead of housing them in C Pod or the medical unit.

Recommendation E2. Prohibit people with serious mental illness from being placed into disciplinary segregation.

- a. Provide people identified as having a serious mental illness with a mental health assessment to determine if (a) they are able to participate in the disciplinary process, and (b) they require a higher level of mental health treatment.
- b. For people who can take part in the disciplinary process but are on the mental health caseload, make every effort to use alternative disciplinary sanctions, rather than placing them in disciplinary segregation.

Recommendation E3. Explore ways to make the medical unit more therapeutic.

- a. Consider the importance of the environment and physical plant of the unit, which can foster or hinder a therapeutic environment.
- b. Allow for more out-of-cell time and congregate activity, while allowing for greater observation, security, and access to mental health clinicians.

Recommendation E4. Provide training in crisis intervention to the security staff in the medical unit, and ensure that they receive Mental Health First Aid and are certified in the Mental Health/Behavioral Health ACA certification.

Women

Recommendation F1. Develop gender-specific and trauma-informed programming and responses to violations, where appropriate, to help prevent infractions in general population.

Recommendation F2. As with men, allow women in disciplinary segregation to recreate outdoors and have opportunities to take part in productive activities.