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The Safe Alternatives to Segregation Initiative: Findings and Recommendations for the Virginia Department of Corrections

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Introduction and Background

In recent years, a diverse range of corrections practitioners, national and international organizations, policymakers, and the public have called for reform of restrictive housing (also known as segregation or solitary confinement) in prisons and jails.¹ Whether citing the potentially devastating psychological and physiological impacts of spending 22 to 23 hours a day 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 or communities safer, these voices agree that reform and innovation are imperative. The Virginia Department of Corrections (VADOC) has been one of the agencies at the forefront of addressing this challenging issue. In 2011, the department began developing reforms, including the Restrictive Housing Reduction Step-Down Program, that made considerable strides in reducing the use of restrictive housing in its facilities (for more information on the Step-Down Program and VADOC's other reforms prior to 2018, see p. 10 below; for more information on its reforms in 2018, see p. 36 below).

In December 2016, the Vera Institute of Justice (Vera)—in partnership with the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA)—selected Virginia as one of five new states to join the Safe Alternatives to Segregation Initiative (SAS Initiative).² The goal of the initiative was for Vera to assess how partner corrections agencies use segregation and provide recommendations on ways they could safely reduce that use. Due to VADOC's previous efforts to reduce its use of restrictive housing, Vera was excited to partner with the department to identify additional opportunities for reform, providing targeted recommendations and technical assistance to facilitate further progress. The initiative consisted of three phases: (1) working with VADOC to assess how segregation is used throughout its facilities; (2) developing concrete, measurable recommendations for changes to policy and practice to safely reduce the use of segregation; and (3) assisting with implementation and measuring impacts of segregation reforms.

¹ This report will use the general terms "restrictive housing" and "segregation" interchangeably.

² The other four state departments of corrections joining the SAS Initiative included Louisiana, Minnesota, Nevada, and Utah. Jurisdictions that were previously involved in the initiative included Middlesex County, NJ; Nebraska; New York City, NY; North Carolina; and Oregon.

Vera launched this partnership with Virginia in April 2017 with a kickoff meeting to introduce the initiative to department leadership, followed by site visits to two prison facilities, the Greensville Correctional Center in Jarratt, VA, and the Buckingham Correctional Center in Dillwyn, VA. The Vera team returned to Virginia in June 2017 to visit three additional facilities: Red Onion State Prison in Pound, VA, Marion Correctional Treatment Center in Marion, VA, and River North Correctional Center in Independence, VA. Next, in September 2017, the Vera team presented its observations and preliminary recommendations for reform strategies. Over the next few months, including during visits in December 2017 and March 2018, Vera delivered its final recommendations and provided technical assistance to VADOC in discussing the recommendations, developing strategic priorities, and planning the implementation of reforms. Vera staff also visited the Fluvanna Correctional Center for Women in March 2018, and Vera and VADOC had a close-out meeting at the end of the formal partnership in October 2018.

This report provides a summary of the assessment process and an overview of Virginia’s reform efforts made prior to and during Vera’s assessment, in particular establishment of the Restrictive Housing Reduction Step-Down Program at Red Onion State Prison and the Restrictive Housing Pilot Program. The report then lists the findings from Vera’s assessment and recommendations for reform, as Vera provided them to VADOC in late 2017 and early 2018. Lastly, the report provides an overview of the significant reforms that Virginia has implemented since that time, some of which correspond directly to Vera’s recommendations.

The Assessment Process

Kickoff Meeting and Facility Visits

The goals for Vera’s first site visit to Virginia were threefold: (1) to provide VADOC staff with a broad overview of the SAS Initiative and project timeline and to review project expectations; (2) to allow the Vera team to gain a better understanding of VADOC’s current segregation policies and practices, system capacity, successes, challenges, recent or planned reform efforts, and provision of services and programs throughout the VADOC system, and (3) to learn how segregation was being used at two key facilities. Based on these goals, the structured activities for the first trip included a project “kickoff” meeting with leadership and the Segregation Reduction Committee, which was made up of members of the department’s previously-formed Segregation Reduction Taskforce, who were designated by VADOC to work with Vera on this initiative. Vera staff also met with administrators and staff at Greensville Correctional Center (GCC) and Buckingham Correctional Center (BKCC), followed by tours of each facility. Similarly, the second round of site visits included meetings with staff and tours of the facilities at Red Onion State Prison (ROSP), Marion Correctional Treatment Center (MCTC), and River North Correctional Center (RNCC).

Kickoff Meeting

On April 10, 2017, the Vera team met at VADOC headquarters with Director Harold Clarke and the department lead for this initiative, Tori Raiford—then Statewide Restrictive Housing Coordinator, and currently Chief of Restrictive Housing and Serious Mental Illness—along with other members of the Segregation Reduction Committee. The kickoff meeting provided an opportunity to discuss the department’s current segregation and disciplinary policies and practices, responses to special needs populations, successes, challenges, and provision of services and programs throughout the system.

Facility Visits

The Vera team conducted five facility visits in 2017, accompanied by Tori Raiford and other members of the Segregation Reduction Committee. Each visit included an extensive meeting co-facilitated by the warden of the facility and Vera staff and attended by a range of facility staff including administrators and security, mental health, program, and social work staff. Each meeting began with the Vera team providing a description of the SAS Initiative and a discussion of the agency’s goals for reducing segregation, followed by an interactive conversation about the facility. As part of the discussion at each prison, staff provided an overview of the facility’s mission; characteristics of its custodial population; descriptions of the facility’s housing units, services, and programs; and explanations of policies, procedures, and practices relating to the use of segregation. One of the primary goals of the meeting was to identify decision points for segregation placement, lengths of stay in segregation, and processes for release to general population. Staff explained how and why people are admitted to segregation, the frequencies of status reviews, reasons and processes for discharge from segregation units, staff’s options for responding to rule violations, the provision or restriction of incarcerated persons’ privileges and access to services, and support services provided for people in segregation (such as programming and mental health treatment). Other important goals included the identification of specific challenges and opportunities at each facility and learning about innovative practices the staff had developed.

After each meeting, the Vera team was taken on a tour of each facility, with particular attention given to segregation and other housing units. Throughout each facility visit, during both meetings and tours, Vera asked staff to share their perspectives on current challenges related to working in segregated and general populations and to provide their insights into strategies for safely reducing the use of segregation. The Vera team also spoke with incarcerated individuals throughout the tours at all five facilities.

Greenville Correctional Center (GCC)

On April 11, 2017, the Vera team conducted a facility visit at GCC. Notably, at the time of Vera’s visit, GCC was one of four facilities operating the Restrictive Housing Pilot Program (RHPP) (see page 10 for more information on the program). Staff reported that the restrictive housing unit had rarely been at capacity since the pilot started. Staff consistently referred to the former “lock-em up” culture that used to pervade

the facility, and reported that this mindset had given way to an environment where greater communication between staff and with the incarcerated population is encouraged and promoted.

Buckingham Correctional Center (BKCC)

On April 12, 2017, the Vera team visited BKCC, which also served as an RHPP site. A key component of the visit was a discussion of the successes and challenges surrounding the pilot program. Some staff expressed mixed feelings regarding the culture shift away from disciplinary segregation as the de facto response to infractions. Several staff acknowledged the positive impact communication efforts can have on incarcerated people's behavior, while others expressed feeling unsupported by management as they adjusted to a workplace where segregation could no longer be used as punishment. Additionally, staff were enthusiastic about plans to create a Secure Allied Management (SAM) pod as an alternative to restrictive housing.³

Red Onion State Prison (ROSP)

On June 13, 2017, the Vera team visited ROSP. A key focus during this visit was the Restrictive Housing Reduction Step-Down Program (the Step-Down Program—see page 10 for more details on the program). Facility leadership and staff provided a detailed description of the Step-Down Program, and staff shared their perspectives on the program, discussing its successes and challenges to date. Most notably, staff that had been at ROSP since the Step-Down Program's inception explained how the expectations of leadership had changed, as staff are now responsible for helping to reduce the use of segregation. Staff also reported that there had been significant culture change, including development of a strong facility-wide emphasis on expanding treatment and reentry programming.

Marion Correctional Treatment Center (MCTC)

On June 14, 2017, the Vera team visited MCTC, VADOC's main specialized institution for those with significant mental health needs; it is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a Behavioral Health Care facility, and is licensed for acute, outpatient, and residential mental health services by the Virginia Department of Behavioral Health and Developmental Services (DBHDS).⁴ Highlights from the visit included a discussion of the Acute Care, Residential Care, and Cadre (work program) units. Staff stressed the extent to which efforts are made to place people in the least restrictive environment possible and reported that MCTC had seen success in reducing the number

³ To learn more about SAMs pods, see Finding 5 on p. 30.

⁴ According to its website, the JCAHO is an "independent, not-for-profit organization" that "accredits and certifies nearly 21,000 health care organizations and programs in the United States." See "About the Joint Commission," https://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx.

of people they place in restrictive housing as well as shortening the lengths of time people spend there. Notably, housing conditions in many of the Residential Units looked similar to general population. Conditions for many people in the Acute Units, however—including everyone who is newly admitted, during a period of assessment, evaluation, and stabilization—resembled segregation. To alleviate such restrictive conditions in the Acute Unit, staff explained that MCTC had developed a tool called Segregation Release Plans (SRPs). For people they determine are ready, staff work together to create an individualized SRP, targeting the person’s specific needs and behaviors, which allows the person to come out of their cells to spend time with staff, socialize with other incarcerated people, and/or attend group programming on the unit. Such out-of-cell time can vary depending on the person, and the amount may gradually be increased. Staff say that SPRs allow the treatment teams to assess whether an individual is ready to transition to a less restrictive setting. Additionally, staff at MCTC made a point during a discussion of successes and challenges to emphasize the mounting challenge of an increasing elderly population and their growing health needs.

River North Correctional Center (RNCC)

On Thursday, June 14, 2017, the Vera team conducted a site visit at the RNCC facility. RNCC leadership and staff described the types of programming available including education, vocational training, and cognitive behavioral therapy. Staff also emphasized the Positive Behavior Unit (PBU) and the criteria for placement there. Staff reported that the PBU model effectively incentivizes good behavior both in the unit and among those seeking to join the unit.

Data Analysis

In addition to learning how VADOC uses restrictive housing from conversations with department administrators and facility site visits, the Vera team reviewed data analysis provided by the department to better understand who was in restrictive housing, for what reasons, and for how long. Some key findings from this analysis are included in the Findings and Recommendations section below.

Early on in the partnership with VADOC, Vera’s research team, Léon Digard and Jessi LaChance, had conference calls with department staff to discuss the administrative data that the department was able to furnish on its custodial and facility operations for the previous year, 2016. After these discussions, Vera submitted a data request to VADOC. The department then conducted an analysis of its administrative data related to demographic and sentence information, as well as disciplinary and incident records, and presented its analysis to the Vera team. The data reported included information on the system’s use of segregation, such as admissions to segregation, releases from segregation, the use of disciplinary segregation, and a breakdown of the average daily population and demographics of people in general population and segregation by type. Vera has also continued to receive regular data updates from VADOC throughout the partnership.

Reforms Prior to and During Vera's Assessment

The Virginia Department of Corrections has been engaged in efforts to significantly reduce and reform the use of restrictive housing in its facilities for the last several years, and during Vera's assessment process VADOC continued to develop and implement innovative strategies. In 2011, the department launched the Restrictive Housing Reduction Step-Down Program (called the Administrative Segregation Step-Down Program at the time) in an effort to reduce the number of people held in long-term restrictive housing at two of its maximum-security facilities. In 2014, VADOC convened a department-wide summit to discuss ways to reduce the use of disciplinary segregation at lower-security level institutions. VADOC followed this up by establishing a task force with six workgroups charged with developing a system-wide approach to restrictive housing reform. These efforts resulted in development of the Restrictive Housing Pilot Program, a new system of restrictive housing operations that was piloted at four medium-security institutions beginning in April 2016. This section briefly describes these reforms, as they were implemented prior to and during Vera's partnership with Virginia.

The Restrictive Housing Reduction Step-Down Program

The Restrictive Housing Reduction Step-Down Program ("the Step-Down Program") was developed in 2011 at Red Onion State Prison (ROSP) and Wallens Ridge State Prison (WRSP), two of Virginia's maximum-security facilities. The Step-Down Program was designed to create a pathway for incarcerated participants who are classified as Security Level S—the most restrictive security level, a type of segregation—to gradually step down to lower security levels in a way that maintains public safety, staff safety, and the safety of the incarcerated population. The Step-Down Program uses a risk reduction model rather than a traditional risk control model, aiming to motivate incarcerated people to make positive changes and providing programming to address needs and develop new skills.

Individuals going through the Step-Down Program receive in-cell and out-of-cell cognitive behavioral programming and can progress through various phases, with gradually increasing levels of out-of-cell time and congregate activity and gradually decreasing restrictions. There are two different pathways of the program, each with their own set of step-down levels: the Intensive Management (IM) track and the Special Management (SM) track, with IM being designed to house incarcerated people who the department determines pose the greatest threat, in particular that of extreme and deadly violence.

An integral part of the Step-Down Program model is the requirement that incarcerated people be assessed regularly by multidisciplinary teams of staff using validated instruments to determine criminal risks, underlying reasons for behaviors that led to placement in Security Level S, and motivation to change. Those assessments include a review, when an individual is initially assigned to Security Level S, by a Dual Treatment Team made up of staff from ROSP and WRSP, to determine whether that assignment is appropriate and which pathway (IM or SM) the person should go to; a monthly review by the Building Management Committee, a multi-disciplinary team of staff who are directly involved in the person's housing unit, to evaluate each person's progress and whether they are ready to move to the next level of

the program; and a bi-annual review by an External Review Team to (re)evaluate the placement of everyone in Level S at ROSP or WRSP. The External Review Team consists of a variety of staff external to ROSP and WRSP, such as the department's chief of mental health services, chief of offender management, and operations chiefs for the two department regions that do not contain ROSP or WRSP (the eastern and central regions).

According to VADOC, since the Step-Down Program began, a significant number of individuals have progressed through the phases and successfully transitioned to general population settings; between its launch in 2011 and October 2018, the number of people in Security Level S (the most restrictive housing level) decreased from 511 to 72.⁵

The Restrictive Housing Pilot Program

The Restrictive Housing Pilot Program (RHPP) was implemented beginning in 2016 at four facilities (including Greensville and Buckingham Correctional Centers), with the intention of testing the program before eventually rolling it out to all facilities statewide.⁶ The program sought to eliminate the use of disciplinary segregation, reduce the number of people who are placed in restrictive housing for purposes of security, and decrease the amount of time people spend in restrictive housing. Under the program, restrictive housing is no longer utilized as a disciplinary sanction imposed by a hearing officer after an incarcerated person has been found to have committed a disciplinary infraction. Instead, alternative disciplinary sanctions are used. People may now only be placed in restrictive housing if their presence in the facility's general population (GP) poses "an unacceptable risk" to people's safety or the security of the institution. Before someone is placed in restrictive housing, shift commanders must document whether alternatives were considered prior to placement. A multidisciplinary team made up of institutional program managers, counselors, corrections officers, and qualified mental health providers (QMHPs) reviews and makes recommendations on restrictive housing placement, release, transfers, and security levels.

As Vera observed the program at Greensville Correctional Center, the RHPP includes three levels. Participants start in a restrictive housing unit (RHU) and can then progress through two step-down levels within the program—each of which offer some interactive journal-based programming opportunities and increased privileges. For example, people in the first step-down level (SD1) are allowed unrestrained out-

⁵ To learn more about the Step-Down Program soon after it was established, see "Virginia DOC Administrative Segregation Step Down Program: Partnering Science with Corrections," 2013, http://www.slcatlanta.org/STAR/2013documents/VA_Step_Down.pdf; and for additional information on the Step-Down Program, see Harold W. Clarke, "Science and Corrections: Virginia Department of Corrections' Administrative Step-Down Plan," *Corrections Today*, July/August 2016, <https://vadoc.virginia.gov/documents/correctionstodaystepdown.pdf>.

⁶ VADOC rolled out the RHPP to all other male facilities statewide in fall 2018. For more information on reforms that VADOC implemented in 2018, see the "Summary of Reforms in 2018" section on p. 36, below.

of-cell movement with two officers for escort, two hours of recreation a day, every day, and four phone calls per month. The second step-down level (SD2) allows unrestrained movement with one officer for escort, group programming (with up to 10 people in a class, twice a week for an hour), and six calls per month. In some facilities, SD2 participants are actually housed in GP. There is no minimum or maximum length of stay in the step-down levels, and not everyone goes through both levels before returning to GP. VADOC reports that in 2017, the median length of stay in each step-down level was 7 days.

Programming in Restrictive Housing

Notably, prior to the launch of the Step-Down Program at ROSP and the Restrictive Housing Pilot Program, no real programming options were available to people placed in any type of restrictive housing. However, programming is a core component of the Step-Down Program, and as part of the RHPP, individuals in restrictive housing units are provided with some journal-based in-cell programming. In addition, Step-Down Program staff as well as pilot program staff report an increased emphasis on promoting the gradual transition of people currently in segregation back to general population and eventually the outside community.

Other Restrictive Housing

During Vera's partnership with Virginia, VADOC facilities that were not part of the RHPP employed additional types of restrictive housing, which the department refers to collectively as "short-term restrictive housing." This includes "disciplinary segregation"—a period in restrictive housing that is imposed as a sanction for a disciplinary infraction—as well as other types of separation for various administrative reasons, such as "segregation – general detention" and "segregation – investigation."⁷ Vera did not focus its assessment and recommendations on these forms of segregation, however, because VADOC was already planning to expand the restrictive housing pilot program to all facilities statewide. This roll-out—which was completed this fall at all VADOC institutions for men—has essentially been phasing out these other types of segregation and replacing them with the restrictive housing program of RHUs and, at some facilities, step-down levels 1 and 2.⁸

⁷ VADOC data shows that the median lengths of stay in each of the short-term restrictive housing types were between 3 and 10 days in 2016, and between 3 and 12 days in 2017.

⁸ The department has not rolled out the RHPP to its women's facilities; instead, they report they are working to develop gender-responsive segregation reform that is tailored to those facilities. For more information, see "Summary of Reforms in 2018" on p. 36.

Findings and Recommendations

The kick-off meeting, five facility visits, a review of the administrative data analysis that Virginia provided to Vera, and ongoing discussions with VADOC leadership and staff allowed the Vera team to better understand the department's use of segregation and the reforms that have been piloted and implemented so far. The team was also able to discuss strengths, challenges, and innovations at each facility visited with both leadership and line-level staff.

The following findings and recommendations reflect VADOC policy and practice *at the time of Vera's assessment in 2017*, though Vera is aware that the department has continued to move forward with significant reforms in the subsequent period (which are discussed later in this report, on p. 36). These findings and recommendations are centered on the three goals for further reform that VADOC articulated at the beginning of this partnership: enhancement of the Step-Down Program and system-wide implementation of the Restrictive Housing Pilot Program; culture change, particularly regarding ending the use of restrictive housing for disciplinary infractions; and reducing restrictive housing for people with mental health needs.

These recommendations are all grounded in the underlying principle that restrictive housing should be used *only* as a last resort, *only* as a response to the most serious and threatening behavior, for the shortest time possible, and with the least-restrictive conditions possible.

Overall Restrictive Housing and the Step-Down Program

Findings

Finding 1: VADOC has significantly reduced the population in restrictive housing settings over the past two years—from 5 percent of its total population in 2016 to 4.1 percent in 2017, and then to 3 percent in 2018.

According to the department's data analysis, at the end of January 2016, 1,513 incarcerated people were in any restrictive housing status, representing 5 percent of the total population of VADOC facilities.⁹ At the end of July 2017, 1,195 incarcerated people—or 4.1 percent of the total population—were in a restrictive

⁹ In this data analysis, restrictive housing status refers to people housed in Security Level S.

housing setting. At the end of July 2018, there were 870 people in some form of restrictive housing, representing 3 percent of the total population.

Finding 2: Non-segregation sanctions were utilized in response to a majority of disciplinary infractions, while 20 percent of infractions resulted in a segregation sanction.

Data analysis from VADOC indicates that in 2016, a non-segregation sanction was imposed for 80 percent (23,118) of the 28,749 Disciplinary Offense Reports.¹⁰

Finding 3: There has been a reduction in the number of people released directly to the community from segregation, though not a complete elimination of the practice.

In FY2016, 312 people left VADOC custody and returned to the community directly from restrictive housing; three of those individuals were released directly from the generally longer-term restrictive housing of Level S at ROSP or WRSP. In FY2017, 232 people returned to the community directly from restrictive housing, with one of those individuals being released from Level S.¹¹ In addition to fewer people being released directly from restrictive housing, there has been an increased focus on providing reentry programming and preparation, even to people in the higher security levels at ROSP and WRSP.

Finding 4: There is a need for safe, appropriate housing and programming for individuals who have gone through the Intensive Management track of the Step-Down Program but who are still housed in a restrictive setting for long periods of time, as they are considered by the department to be too dangerous to be released from the Step-Down Program.

As noted above, individuals who VADOC has deemed particularly dangerous are placed in the IM track of the Step-Down Program. After progressing through the IM step-down levels, some people may “cross over” by being reclassified to the SM track, where they may progress through the SM levels and eventually be released to general population housing.¹² However, for those people who remain in the IM track, the

at Red Onion or Wallens Ridge State Prisons; in RHUs, SD1, or SD2 at facilities with the Restrictive Housing Pilot Program at the time; or in the various types of “short-term restrictive housing” at other facilities. While VADOC does not consider SD1 and SD2 to be restrictive housing, Vera is including those statuses in this restrictive housing count due to the restrictive nature of their conditions. People in SD1 or SD2 made up relatively small proportions of the total restrictive housing population, however; in January 2016 there were 0 people in each status (as the pilot program had not yet been launched), in July 2017 there were 23 people in SD1 and 5 in SD2, and in July 2018 there were 15 and 33 people in SD1 and SD2, respectively.

¹⁰ Since Vera’s assessment, VADOC has shared updated data analysis showing this proportion has increased: non-segregation sanctions were imposed 92 percent of the time (for 23,024 of the 25,135 Disciplinary Offense Reports) in 2018, as of this report’s release in December.

¹¹ The department reports that these numbers have continued to decline: in FY2018, 219 people were directly released from restrictive housing to the community, none of whom were released directly from Level S.

¹² VADOC reports that since 2016, 42 people who were initially classified to the IM pathway of the

last level of the Step-Down Program that they can progress to is a housing unit called IM Closed Pod. At the time of Vera's visit to ROSP, conditions in this pod were less restrictive than other levels of the IM track but still restrictive in nature, especially in comparison to general population.¹³ People in this environment had only segregated recreation time (in separate recreational enclosures), were not allowed unrestrained contact with staff (though they could walk unrestrained to recreation and showers, alone), were provided programming and jobs on the unit only while being restrained in secure programming desks, could not receive contact visits until progression to "Phase II" (after at least 12 months), and in general did not have access to the kinds of off-unit opportunities that individuals in GP receive, such as education, vocational training, and group meals and recreation.

Some people have remained in these restrictive conditions for long periods, sometimes years, because the department judges them to pose a threat to others and be too dangerous to advance to a lower security level. In an attempt to address this issue, the department at one point brought in FBI profilers to assess these individuals in order to help determine how to best manage them, but this did not result in a clear path forward. Therefore, the challenge of how to ensure safety but also transition incarcerated people out of long-term restrictive housing conditions remains, and during Vera's visit to ROSP this issue was raised by staff who desired to find the best way forward.

Recommendations

Recommendation 1: Expand strategies to further increase out-of-cell time and reduce isolation, idleness, and restrictions throughout the Step-Down Program, in order to minimize the negative effects of segregation.

As noted above, the Step-Down Program model entails providing incarcerated people with in-cell and out-of-cell programming, gradually increasing privileges, and gradually decreasing restrictions. For example, people in certain levels of the program are allowed some unrestrained movement and can attend programming in small groups, while they are restrained in secure programming desks. However, there is still more that can be done, and it is crucial for VADOC to continually look for safe and effective ways to further expand their efforts to make each level of the Step-Down Program less isolating and restrictive. This is essential in order to mitigate the negative impacts of living in segregation, particularly on mental health, and to better prepare people for release to GP and ultimately the community.

Accordingly, VADOC should work to increase the amount of out-of-cell time permitted for people in each level, including by allowing small group recreation for compatible individuals and expanding other congregate activity and privileges where appropriate. Additionally, the department should create more

Step-Down Program have been transferred to the SM track.

¹³ The department considers the IM Closed Pod to be a type of general population housing unit. In this report, however, Vera is referring to GP conditions as those that are far less restrictive than highly-restrictive environments like the IM Closed Pod, with more out-of-cell time and fewer restrictions.

opportunities for productive in-cell activities, such as delivering programming and activities via televisions, MP3 players, or tablets and using the facility’s treatment officers (TOs) to further engage incarcerated people.¹⁴ This should not, however, be a substitute for the provision of out-of-cell individualized or group counseling and other programming.

It is also important to progressively introduce opportunities for individuals to make decisions, exercise agency, and control aspects of their environment. Research shows that the lack of control incarcerated people have over their surroundings and their inability to make many decisions can lead to “institutionalization” or “learned helplessness,” a condition associated with poor mental health and lack of motivation and which could make readjustment to less restrictive housing more difficult.¹⁵ Accordingly, the introduction of environmental conditions to counter this may help improve mental health outcomes. These could include simple privileges and responsibilities that allow people to develop or retain some sense of control of their surroundings, such as access to an alarm clock, use of a radio, control of their cell lighting, and wall decorations.

Staff at ROSP seem to have demonstrated creativity and flexibility in implementing the reforms of the Step-Down Program. The department should engage with staff as well as people incarcerated at ROSP, to get their input and ideas for additional opportunities to make conditions at the facility less isolating and restrictive, so that they increasingly resemble the general population housing into which the department hopes to eventually transition the Step-Down Program participants.

Recommendation 2: Modify conditions in the IM Closed Pod to create the least restrictive environment safely possible for people in the IM track of the Step-Down Program who have not progressed to a lower-security level, general population setting.

Continued separation from general population need not mean severe isolation and restrictions. The goal of separating people deemed too dangerous for GP can still be achieved by housing this group separately and in an environment with increased security measures and higher staffing levels, for example, but which is less restrictive than traditional segregation or the IM phases of the Step-Down Program. This environment could serve as an in-between option for those who have gone through the steps of the program but who are not yet considered ready for GP. The goal would be to create the least restrictive

¹⁴ Treatment officers are corrections officers who receive special training in communication, mental health, and other areas and are then able to facilitate certain programs, in addition to performing security-related tasks.

¹⁵ For example, see M. Schweitzer, L. Gilpin, and S. Frampton, “Healing spaces: elements of environmental design that make an impact on health,” *Journal of Alternative and Complementary Medicine* (New York, N.Y.), 10 Suppl 1, S71-83.; Ulrich et al., “Effects of interior design on wellness: theory and recent scientific research,” *Journal of Health Care Interior Design: Proceedings from the ... Symposium on Health Care Interior Design*, Symposium on Health Care Interior Design, 3, 1991, 97–109; and Ulrich et al., “Environment’s impact on stress,” in *Improving healthcare with better building design* (Chicago, IL: Health Administration Press, 2006).

setting possible—as close to a GP-like setting as possible in terms of out-of-cell time, congregate activity, use of restraints, and programming—while still maintaining a smaller, more structured and secure environment. This would help to ensure that no one spends significant periods of time in highly restrictive conditions that could lead to significant mental health impacts and other negative effects of isolation.

Recommendation 3: Develop transition plans for program continuation once participants complete the Step-Down Program.

Program staff observed that some participants can lose their programmatic gains upon completion of the Step-Down Program and transfer to another facility. It is important that program graduates have a comprehensive plan in place for their transition to a less restrictive setting that continues to support and preserve cognitive behavioral growth.¹⁶ For example, the post-program plan could continue mental health symptoms management classes like those in the Step-Down Program, to further emphasize healthy relationships and to practice self-regulation techniques. Also, staff expressed their belief that participation in cognitive behavioral programming prior to reentry programming would improve program participation and ultimately lead to better outcomes overall. Accordingly, whenever possible, reentry programming could be timed to begin later, to coincide with graduation from the Step-Down Program and therefore follow cognitive behavioral programming.

Recommendation 4: Conduct an in-depth, independent process and impact evaluation of the Step-Down Program.

Vera recommends that VADOC consult with an external researcher who would have the ability and capacity to further evaluate the Step-Down Program, now that it has been operational for several years. This researcher could closely examine all relevant data, interview numerous staff and incarcerated people, and review all relevant policies and procedures, in order to provide detailed feedback; quantify the impact that the program has had on the use of segregation, behavioral outcomes, and institutional safety; and suggest modifications to further improve the program, along with expanding the data reporting and data collection processes. A more comprehensive study such as this could also benefit the field by identifying evidence based practices. The Step-Down Program is a pioneering and significant program for reducing the number of people in long-term restrictive housing. It will be crucial for VADOC to continue evaluating and measuring the program’s success, as well as to make further reforms to continue to progress and advance its goals. It will also be imperative for the department to promote transparency by sharing information about the program and its outcomes with staff, incarcerated people, external stakeholders, and the public.

¹⁶ VADOC notes that it provides a “booster” version of the “Thinking for a Change” program to people who have progressed out of the Step-Down Program and into Level 5 GP, and those program graduates also have access to the same programming available to others in GP.

Restrictive Housing Pilot Program

Findings

Finding 1: At the pilot sites, the median length of stay in restrictive housing units (RHUs) was around 2 weeks.

According to VADOC data for calendar year 2017, the median length of stay in an RHU was 13 days, and it was 7 days for each step-down level, SD1 and SD2.

Finding 2: The populations in RHUs decreased in the pilot program sites.

Both the Greenville and Buckingham pilot sites reported that their RHUs had often had many empty beds since implementation of the pilot program began. Staff attributed some of the reduction to the reforms brought by the pilot program, particularly the focus on increased communication with incarcerated people and using alternatives to restrictive housing whenever possible. The increased number of empty beds at both facilities may also have be due in part to the fact that the pilot sites no longer accepted transfers to segregation from other facilities that were not part of the pilot.

Finding 3: Staff reported seeing improved behavior, a calmer environment, and higher staff morale in RHUs.

Staff reported that the elimination of disciplinary segregation and having fewer people overall in RHUs had resulted in fewer incidents in restrictive housing units, a more peaceful living environment for RHU participants, and a more desirable work assignment for RHU staff.

Finding 4: Staff reported a perceived increase in disciplinary infractions in general population at pilot facilities.

Vera has not seen specific data on infractions at the pilot facilities, which could support or counter this perception, but staff suggested that a perceived spike in disciplinary infractions may have been an unintended consequence of returning individuals to general population from restrictive housing without having in place sufficient alternatives and programmatic responses to negative behavior that do not include disciplinary segregation.

Finding 5: Staff noted a significant cultural shift towards more communication and the use of alternatives to segregation.

The staff Vera spoke to at the two pilot sites noted a significant cultural shift towards more communication—among staff and, notably, between staff and incarcerated people—as well as a growth in receptiveness to utilizing alternatives to segregation. Staff at Greenville and Buckingham reported that greater efforts are now employed to resolve conflicts by moving people to different GP housing units,

mediating disputes, and employing other responses, rather than resorting to restrictive housing.¹⁷ Several facility staff reflected on how, in the past, any infraction could potentially result in someone being placed in segregation, either temporarily or for extended periods. Now, however, behavior must represent a “real threat” to pilot program facilities in order to warrant restrictive housing.

Finding 6: RHUs offer some programming—though it remains limited.

A key part of the pilot program model involves offering programming in RHUs, in contrast to disciplinary segregation, where there was no programming. However, staff reported that the only programming offered in RHUs is in-cell journaling. The programming is meant to include interaction with treatment officers, but staff at the pilot sites reported that, due to lack of availability of TOs and other staffing limitations, such interaction was not always provided on a consistent basis.

Finding 7: Conditions in the RHU step-down levels SD1 and SD2 are less restrictive than RHU, but still significantly more restrictive than general population.

SD1 and SD2 are step-downs from the RHU, in the sense that these levels allow some additional privileges and unrestrained movement, plus SD2 allows some out-of-cell programming. However, at the time of Vera’s assessment, both SD levels allowed people only two hours out-of-cell recreation per day, seven days per week. VADOC reports that people in SD2 also receive some out-of-cell group programming, for one hour twice per week, and may be allowed to eat their meals in small groups on the unit. Nevertheless, SD1 allows the confinement of people in their cells for 22 hours per day and does not afford meaningful opportunities for congregate activity, and SD2 is also still considerably more restrictive than GP.

Finding 8: Staff at Buckingham Correctional Center reported occasionally placing individuals in restrictive housing for a temporary respite or “cool-down” period.

While the practice is relatively rare, staff at BKCC described occasionally using their restrictive housing unit as a place to allow incarcerated people to “cool down” for a few hours at a time. In such instances, the involved party or parties still receive a charge for any related disciplinary infraction, but can usually return to general population after the “cool-down” period, as opposed to being placed in restrictive housing for a typically longer period. In addition, staff at Marion Correctional Treatment Center referenced the effectiveness of a former similar use of “time out” rooms (prior to the elimination of these rooms in order to meet standards to receive licensure from the Department of Behavioral Health and Developmental Services); these rooms had been used to de-escalate volatile situations by allowing individuals to “cool off” for no more than four hours at a time, in lieu of placement in segregation for longer time periods.

¹⁷ Staff in the ROSP Step-Down Program reported similar culture changes.

Recommendations

Recommendation 1: Increase the use of designated “cool-down” spaces.

Overall, there is a need to provide incarcerated individuals with opportunities, not involving placement in segregation, to cool down in the build-up to, during, or following volatile or otherwise intense situations. VADOC should develop designated spaces, located somewhere besides restrictive housing, that are a calming environment designed to promote de-escalation. The Oregon Department of Corrections, for example, has “blue rooms” where nature videos are shown, while Colorado has de-escalation rooms with murals, soothing music, and comfortable chairs.¹⁸ The use of such spaces should become a standardized practice throughout the system, in general population as well as restrictive housing. Accordingly, VADOC should examine each facility to identify spaces that could potentially be used and create a policy to promote their use.

Recommendation 2: Provide clear and objective guidelines to help staff determine what constitutes an “unacceptable risk” or true “threat” that merits restrictive housing placement.

According to policy, under the Restrictive Housing Pilot Program, incarcerated people should only be placed in restrictive housing if “their presence in the general population poses an unacceptable risk to the offender, other offenders, institutional staff, or the safe, secure operation of the institution.”¹⁹ While there needs to be flexibility to account for various situations, it is important to have clear guidelines for staff as they determine what does or does not rise to the level of an “unacceptable risk” that merits RHU placement. Such guidelines should not be overly specific or rigid, such as a list of infractions for which individuals should always be placed in restrictive housing. But, for example, some jurisdictions specify that restrictive housing should be used only in response to certain situations, like serious acts of violence or recent escapes.²⁰ Clarifying the criteria for what constitutes a “real threat” to a facility will help ensure that staff responses throughout the system are consistent, and that moving away from disciplinary segregation towards using restrictive housing based on risk does not result in people being placed in RHUs due to minor misconduct.

¹⁸ See National Institute of Corrections, “Oregon Prison Tackles Solitary Confinement with Blue Room Experiment,” August 26, 2014; and Rick Raemisch and Kellie Wasco, *Open the Door: Segregation Reforms in Colorado* (Colorado Department of Corrections, 2015).

¹⁹ VADOC, Operating Procedure 841.4 “Restrictive Housing Units,” April 1, 2016, p. 4.

²⁰ For example, the Nebraska Department of Correctional Services (NDCS) limits placement of a person into “immediate segregation” to situations that meet certain fairly specific criteria, such as “[a] serious act of violent behavior (i.e., assaults or attempted assaults)..., [a] recent escape or attempted escape from secure custody..., [and t]hreats or actions of violence that are likely to destabilize the institutional environment to such a degree that the order and security of the facility is significantly threatened,” among others. NDCS, “Administrative Regulation 210.01: Restrictive Housing” (effective July 1, 2016).

Recommendation 3: Review a person’s initial placement in RHU within 24 hours.²¹

Decreasing the time between placement in RHU and a higher-level review of such placement—from the 72 hours required in the RHPP policy to 24 hours—would help to more quickly ensure that no one is in RHU unnecessarily. This is in line with both the American Correctional Association’s restrictive housing standards and the U.S. Department of Justice’s guiding principles on restrictive housing, which call for a review of segregation placement by a higher authority within 24 hours.²²

Recommendation 4: Expand programming in RHUs.

This could include the following:

- a. Ensure that the existing programming is truly interactive by having treatment officers work in all RHUs, so that they can facilitate interactions with incarcerated people. It would also be helpful to prioritize the presence of TOs in RHUs, so they are not frequently pulled to work in other positions.
- b. Offer out-of-cell programming for people in RHUs, especially for those who remain for longer periods of time.
- c. Offer additional programming in RHUs for people who have already finished—or previously completed—the existing, journal-based programming curriculum.
- d. Ensure incarcerated people receive sufficient programming once they are released to general population, to support them in the transition to a less restrictive environment. For example, post-RHU programming could reinforce the types of interpersonal skills necessary to navigate life in general population and emphasize healthy relationships and self-regulation techniques. According to VADOC, the interactive journaling programming used in the RHPP is continued for people once they return to GP, as part of their case plan. The plan also identifies what other programming they need, and they have the same access to this programming as others in general population. The department should ensure that in the period after release from restrictive housing, people are supported with as much appropriate programming and services as possible, to make it more likely they will be able to succeed in general population—and less likely they will be returned to restrictive housing.

²¹ Note: VADOC reports that it has implemented this policy change; as of January 1, 2018, a person’s initial placement in restrictive housing must be reviewed within *24 hours* by the facility unit head or an administrative duty officer. For more on reforms made in the last year, see p. 36.

²² American Correctional Association (ACA), “Restrictive Housing Performance Based Standards” (2016); and 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).

Recommendation 5: Implement strategies to minimize isolation, idleness, and restrictions in RHU, as well as in SD1 and SD2.

There is widespread acknowledgement that there are some scenarios when correctional agencies need to be able to “separate” people in a segregated housing unit for legitimate reasons.²³ However, as the American Bar Association standards on the treatment of prisoners note, these individuals can and should not be deprived of “items or services” that are “necessary for the maintenance of psychological and physical well-being.”²⁴ VADOC has made significant efforts to reduce the amount of time that incarcerated people spend in restrictive housing (as well as in SD1 and SD2), working to move people through the program and back to general population as quickly as possible. Still, even for types of restrictive housing where the average length of stay is of relatively short duration, it is important to expand efforts to make restrictive housing less isolating in order to mitigate the negative impacts of living in segregation—particularly on physical and mental health—and to better prepare people for release to general population and ultimately the community. In particular, since SD1 and SD2 are meant to be “steps” on the way to GP, and people in those levels are classified as general population status, it is crucial that their environments resemble GP as much as possible while being separate.

Such efforts should include the following:

- a. Ensure that people in restrictive housing and the step-down levels are held in the least restrictive environments safely possible; maximize out-of-cell time and provide people with meaningful opportunities for recreation, congregate activity, and effective rehabilitation.** At the time of Vera’s assessment, people in the pilot program were allowed only two hours out of their cells per day, on average, five days per week initially (in RHU) and seven days per week later (in SD1 and SD2), plus people in SD2 received an extra two hours out per week for programming. Having such minimal time outside of a cell is not healthy for the body or mind. Daily outdoor recreation should be provided—in spaces adequate for physical activity and with equipment for exercising—in addition to expanded opportunities for indoor recreation, particularly when weather conditions prevent outdoor activities. VADOC should also expand the current process for assessing individuals in restrictive housing for compatibility to spend time together in pairs and small groups. This would allow for the introduction of strategies to reduce isolation and idleness by increasing out-of-cell time and congregate activities that provide opportunities for meaningful socialization, such as group programming and structured activities, as well as informal socialization like group time on the tier.

²³ See American Bar Association (ABA), *Standards on Treatment of Prisoners* (2010), Standard 23-3.8; and U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing: Final Report*.

²⁴ ABA, *Standards on Treatment of Prisoners* (2010), Standard 23-3.8.

- b. Implement strategies for increasing in-cell activities that reduce idleness, sensory deprivation, and isolation.** In addition to increased out-of-cell time and programming, VADOC should create more opportunities for productive in-cell activities beyond the existing in-cell journaling. Consider delivering programming and activities via televisions, MP3 players, or tablets. However, this should not be a substitute for the provision of out-of-cell programming.
- c. Progressively introduce opportunities for individuals to make decisions, exercise agency, and control aspects of their environment.** As noted above, research shows that the lack of control incarcerated people have over their surroundings and their inability to make any decisions can lead to “learned helplessness,” a condition associated with poor mental health and lack of motivation. Accordingly, the introduction of environmental conditions to counter this can help improve mental health outcomes. These could include simple privileges that allow people to develop or retain some control over their surroundings, such as access to an alarm clock or control of their cell lighting; VADOC could consult with incarcerated people and staff for ideas.

Recommendation 6: Consider using SD1 or SD2 as “step-up” options, where placement could serve as an alternative to RHU.

In addition to being a step-down from RHU, SD1 and/or SD2 *could* also be used as a “step up” from general population, for people “who have been identified as needing a more structured living environment than in GP but [who] do not need the level of control provided in RHU” (as noted in VADOC policy).²⁵ It is important, however, that this is not used as a way to expand the number of people removed from GP, but rather to further limit how many people are placed in RHU, by providing an alternative to RHU that is less restrictive but still more secure than GP. There would need to be a careful process for review of placements from GP into these step-up levels—similar to the review process for placing someone in RHU—as well frequent reviews of people once there, so they can return to GP as soon as possible. These levels could also be a better place for people who remain in restrictive housing while awaiting placement in the STAR Program or other non-restrictive housing, which Vera heard was a frequent occurrence (see below for more on the STAR Program).

Recommendation 7: Expand the Steps to Achieve Reintegration Program (STAR Program) and create additional Secure Allied Management Units (SAMs).²⁶

Expanding the STAR program—a program for incarcerated people who refuse to leave segregation, often due to fear, to help them gradually transition out of restrictive housing and into general population—would help eliminate the long wait times for the program (which Vera was told people often spend in

²⁵ VADOC, Operating Procedure 841.4 “Restrictive Housing Units,” p. 6.

²⁶ See pp. 37-38 for information on VADOC’s recent creation of additional SAMs units and planned expansion of the STAR Program.

restrictive housing). The department should consider adding beds to the existing STAR Program and/or replicating STAR at other facilities throughout the system. Leadership should consider adding cognitive counselors and other staff that can lead and deliver the STAR curriculum as well as using select program graduates to assist in facilitating STAR and other programs, which could potentially further the reach of staff facilitators and provide expanded capacity in the program.

Additionally, replicating SAMs units throughout the department could help address mental health concerns that individuals leaving segregation often face when reintegrating back into general population, and would provide an alternative, non-restrictive housing placement option for certain populations who might otherwise end up in segregation (see page 30 for a description of the SAMs units).

Recommendation 8: Support staff during the roll-out of the pilot statewide:²⁷

- a. Ensure that all staff and incarcerated people understand the purpose and goals of the new RHU program.** Employ a coordinated communication strategy, using Learning Teams as well as other measures, to generate staff buy-in and make sure staff statewide have a common understanding of the purpose and goals of RHU. Also ensure that the new system is clearly and adequately explained to the incarcerated population.
- b. Provide training for all staff.** Include training on how the new system works and why it is being implemented, as well as training on skills that will be helpful to staff, such as communication, de-escalation, and conflict resolution, so staff feel supported and that they have the tools they need to respond to behavior.
- c. Follow up with communication about how reforms have affected the system.** Share data and other information as it becomes available, especially as it relates to changes in key outcomes such as restrictive housing populations, number of infractions, and frequency of assaults and other violent incidents.

Recommendation 9: Continuously evaluate the effectiveness of the Restrictive Housing Pilot Program and the statewide roll-out of the pilot with quality assurance measures, outcome measures, and feedback loops, and share the findings of such evaluations.

It is important during and following the roll-out of the pilot to carefully monitor data to determine the program's effects, particularly whether or not RHU populations decrease at other facilities as they did in the pilot sites. Close data monitoring, including rigorous statistical analysis, should be used. In particular, the department should regularly collect and analyze quality assurance measures to ensure fidelity of implementation of the new policy and consistency between facilities, to make sure that the program is being implemented as intended.

²⁷ To learn how VADOC supported staff during the statewide roll-out in 2018, see p. 37-38 below.

It will also be important to regularly collect, analyze, and report on key outcome measures, in both restrictive housing units and GP, and at the facility and system-wide level. Measures should include the following:

- Number of people in restrictive housing, as well as the reasons for their placement (and any disciplinary infractions that directly preceded placement).
- Lengths of stay in restrictive housing and each step-down level.
- Progression of individuals through the levels of the program, from RHU to SD1 and SD2, and ultimately to GP.
- Numbers of disciplinary infractions, assaults, uses of force, and other incidents in GP and in restrictive housing settings.
- The above measures, at the facility level or even the unit level or shift level, to note any differences or outliers in terms of implementation and impact.

The department should also create feedback loops between departmental and facility leadership and those implementing the program on the ground. This will allow VADOC to identify challenges, make adjustments where necessary, and provide additional supports, which will help ensure the program is as successful and sustainable as possible. The department notes that it currently has “facility liaisons” at each institution, who are charged with coordinating and communicating with VADOC leadership. However, it would be useful to have multiple means of receiving information, concerns, and other feedback from as many people as possible. For example, it could be helpful to survey both staff and incarcerated people to examine their understanding of and opinions on the reforms, as well as the reforms’ impact on their wellbeing and morale. In addition, leadership should regularly communicate to staff on the ground about the impact of reforms and any adjustments or changes being made, including how staff feedback has been received and taken into account. It is crucial for the department to encourage transparency and inform people about these reform efforts by sharing relevant information with staff, incarcerated people, external stakeholders, and the general public.

Culture Change

Findings

Finding 1: Staff at facilities implementing reforms were generally positive about reforms.

In addition to the Step-Down Program and RHPP, there are multiple mission-based housing and other reform efforts which seem to enjoy the support of many staff. For example, staff at RNCC shared their enthusiasm and support for reform efforts in general and specifically for the Positive Behavioral Units (PBUs) that facility staff were instrumental in developing, which promote and reward positive behavior through greater incentives and privileges (such as a microwave on the unit, more commissary, and increased out-of-cell time). Staff were also particularly enthused about the prospect of expanding housing specifically for veterans.

Finding 2: Some staff were reticent about the shift away from using segregation as a disciplinary sanction.

Some staff reported feeling unsure and unsupported by management following the dramatic policy change to no longer use segregation as punishment for disciplinary infractions.

Finding 3: Staff value the improved communication fostered through Learning Teams, Motivational Interviewing training, and Correctional Crisis Intervention Training (CCIT).

Several years ago, as VADOC began developing major initiatives and reforms, the department created “Learning Teams”—small groups of staff, typically formed around natural work groups such as a housing unit, which meet regularly and are facilitated by staff who are trained “communications and dialogue coaches.” The goal is to share information, generate knowledge and innovation, help staff develop new skills, and promote continuing education, development, and culture change. Everyone working in VADOC is a member of a Learning Team.²⁸

During each of the facility visits, staff at all levels made positive references to the value of the Learning Teams, not just for facilitating subject-matter information, but also for promoting greater dialogue and communication among staff and between departments. Additionally, staff at Greenville and other facilities referenced Motivational Interviewing training as a means to improve their interactions with incarcerated people both in segregation and in general population. Moreover, a selection of security and non-security staff from each facility take part in CCIT training. For example, RNCC leadership told us that in 2017, they set a goal of having one-third of their staff trained in CCIT by the end the year. While the training is focused on interacting with people with mental illness, the emphasis on communication, de-escalating volatile situations, and avoiding the use of force promotes valuable skills for working with

²⁸ Scott Richeson, “Can Corrections Heal? Reducing Recidivism and Increasing Public Safety in Virginia,” American Correctional Association, 2014.

all incarcerated people. Many staff seem to recognize the value of establishing and maintaining positive communication with incarcerated people, especially those with mental health needs. This appears to reflect a culture shift at both the department and facility level and a realization among some staff of the positive impact that effective communication strategies can have on incarcerated people's behavior.

Finding 4: There's a recognition—on the part of agency leadership as well as facility-level staff—that staff in restrictive housing units need to be well-suited for the position.

During each facility visit, staff emphasized the need for a better screening process to identify people who are well-suited to the challenges of working in restrictive housing units, beyond just having an ability to “cope” in that difficult work environment.

Recommendations

Recommendation 1: To support successful management without the use of disciplinary segregation, ensure staff in general population have appropriate tools to respond immediately to behaviors on the unit, both positive and negative.

- a. Consider a “swift and certain” response model, with a structured response matrix, as an alternative or supplement to the formal disciplinary process.** VADOC should explore the possibility of using a swift and certain disciplinary model as an alternative to the traditional, formal disciplinary process for certain lower-level infractions. Such a model could allow correctional officers and/or unit supervisors to swiftly respond to certain non-serious infractions on the unit, through the immediate use of fair and proportionate sanctions. Types of responses, such as a reprimand and warning or loss of privileges, could be less restrictive than those given in the disciplinary process; there should also be a review system to ensure that sanctions are used appropriately and consistently.

To provide specific guidance to staff, VADOC should consider creating a clear, structured response matrix that provides on-unit staff with a “menu” of possible sanctions for each infraction that is eligible for an immediate response, with graduated sanctions for more serious or repeat infractions. This matrix should also include clear guidance on offering additional privileges and *positive* reinforcements in response to positive behavior. Research shows that this model is most effective when sanctions for negative behavior are combined with rewards for positive behavior; in addition, many decades of research on human behavior indicate that an immediate response to behavior is more effective than a delayed response.²⁹ For example, State Correctional Institution

²⁹ See, for example, Valerie Wright, *Deterrence in Criminal Justice: Evaluating Certainty vs. Severity of Punishment* (Washington, DC: The Sentencing Project, November 2010); and “Swift Certain & Fair,” <http://swiftcertainfair.com/> (accessed December 1, 2017). Most of this research has focused on community corrections, but its principles of behavioral modification are relevant to institutional corrections as well.

Somerset, an adult prison facility in Pennsylvania, piloted a program where officers on the unit impose swift and certain sanctions—such as loss of dayroom time or restriction to cell except for meals, programming, etc.—for specified misbehaviors. The facility saw promising results after the first preliminary review, as did a women’s facility when they tried a similar pilot, and Pennsylvania is planning to expand the program to more facilities.³⁰

- b. Increase and encourage use of incentives for positive behaviors.** In addition to including positive reinforcements in any structured response matrix developed, this could include expanding the use of Positive Behavior Units (PBUs) and other incentive housing, which could further motivate individuals to remain infraction-free and discourage negative behaviors. For developing both incentives and sanctions, it would be useful to seek input from staff and incarcerated people to promote buy-in and gain valuable input on what might be most effective.
- c. Monitor immediate (on-unit) sanctioning activity to ensure consistency, proportionality, and adherence to the matrix.** VADOC leadership should implement protocols for routinely monitoring sanctioning activity to track how facilities, units, and officers are responding to behaviors. Such a monitoring system will permit leadership to recognize and reward correctional officers who are managing behavior successfully and to respond to any instances where officers are using sanctions inappropriately.

Recommendation 2: Reexamine the current selection criteria for staff assignment to restrictive housing and other specialized units, and provide a staff incentive system to attract and support suitable staff for these units.

Given that restrictive housing units are often the most challenging areas to work within correctional facilities, it is critical that corrections officers in these units are equipped to effectively respond to negative behaviors and volatile situations using de-escalation techniques and communication skills. It is also crucial that all restrictive housing staff receive the support and training necessary to interact with people who have mental health needs or present behavioral challenges, who are often more prevalent in segregation than in general population. Accordingly, prospective staff should receive enhanced training in de-escalation techniques, cognitive behavioral methods, and other relevant skills. However, it is also important that staff more generally be well-suited to, and willing to work in, the difficult environment of restrictive housing.

To ensure that staff that are well-suited for restrictive housing and other specialized units (such as mental health therapeutic diversion units), it is critical to (1) have a rigorous staff selection process in

³⁰ Presentation by Trevor Wingard, Superintendent, SCI-Somerset, Pennsylvania Department of Corrections, on September 27, 2016; and BetaGov, “A Swift, Certain, Fair Model in a Women’s Prison,” 2017, <http://www.betagov.org/html/trials.html>.

place that will identify the qualities and characteristics necessary for staff to excel at working in restrictive housing, and (2) establish appropriate incentives for working in segregation as opposed to other posts.

- a. Staff Selection Process:** VADOC could convene a “staff selection workgroup” to identify specific restrictive housing staff selection criteria. These criteria could include, for example, a candidates’ willingness and ability to work with challenging populations, workplace reliability, and demonstrated ability to communicate effectively with incarcerated people.
- b. Staff Incentive System:** The staff selection workgroup could also be responsible for identifying system-wide incentives for attracting and retaining quality staff to work in restrictive housing units. For example, the department could consider implementing a unique work schedule for restrictive housing unit staff, resulting in fewer consecutive workdays, shorter shifts, and/or having more weekend days off. Other possible incentives could involve a pay differential where restrictive housing officers receive higher wages than officers who work in other posts.

Reducing Restrictive Housing for People with Mental Health Needs

Findings

Finding 1: A substantial number of people in restrictive housing have a mental health diagnosis, and in 2016 half of people with the most serious mental health needs were in restrictive housing conditions in mental health units.

According to VADOC data analysis, in July 2017, while 25 percent of the general population had a mental health diagnosis, 40 percent of people in short-term restrictive housing had a diagnosis, a disproportionately high percentage.³¹

In addition, while only a small population in total numbers, people with the most serious mental health needs (designated as code MH4) are often placed in mental health units where conditions can be very restrictive. People who are transferred to the Acute Care Unit at Marion Correctional Treatment Center (MCTC) for mental health treatment are initially housed in an environment which amounts to a form of restrictive housing—with just two hours out of their cells per day—while staff conduct screenings, assessments, and evaluations. When deemed stable and ready by staff, they are moved to a slightly less restrictive unit, where they may receive some additional out-of-cell time as well as some programming and group activities.³² In December 2016, 26 of the 47 people with mental health code MH4 were in restrictive housing environments within mental health units—25 men at MCTC and one woman at Fluvanna Correctional Center.

³¹ Incarcerated people with a mental health diagnosis are given a mental health code of M1, M2, M3, or M4, which designates them as having a mental health need. The severity of the need determines the mental health code, with level M4 signifying the highest need.

³² See p. 9, above, for information on the use of Segregation Release Plans at MCTC to increase out-of-cell time and provide programming.

Finding 2: The percentage of people in restrictive housing with a mental health diagnosis decreased over the last two years.

Data reported to Vera by VADOC show that, while people with mental health diagnoses remain over-represented in all forms of restrictive housing, the percentage of the restrictive housing population with a mental health diagnosis has declined. In April 2016, 53 percent of people held in short-term restrictive housing had a mental health diagnosis; by July 2017, this figure had dropped to 40 percent. The proportion of people in the Step-Down Program with a mental health diagnosis followed a similar trend, dropping from 47 percent in February 2016 to 32 percent in July 2017.

Finding 3: Facilities face challenges recruiting and retaining qualified mental health professionals (QMHPs).

Relatively low salaries, stressful jobs, competition with other potential employers, and rural locations of facilities—particularly in the case of Marion Correctional Treatment Center—have resulted in difficulty recruiting and maintaining enough qualified mental health staff to meet the significant needs of the incarcerated population. Yet these staff are crucial to providing treatment and programming to individuals in general population as well as those in restrictive housing and specialized housing units.

Finding 4: Treatment officers and cognitive counselors provide valuable support to QMHPs, delivering programming and motivating people to engage in mental health treatment.

Vera heard from staff at multiple locations about the value of having treatment officers and cognitive counselors available in facilities. While not a replacement for QMHPs, the counselors play a unique role in supporting mental health treatment, and the treatment officers are able to facilitate additional programming. Step-Down Program staff referenced how the integration of these staff into security and programming settings has assisted in the quality and quantity of program facilitation and helped to promote therapeutic relationships between staff and incarcerated people with mental illness. Staff suggested that increasing the number of counselors and treatment officers would enable the facilities to provide more programming.

Finding 5: Special housing units—such as Shared Allied Management (SAMs) units—and creative treatment and programming approaches assist people with mental illness in transitioning out of restrictive housing and provide alternative, more supportive housing options.

The first SAMs unit originated in 2005 at Wallens Ridge State Prison, and another was developed during implementation of the Step-Down Program at Wallens Ridge and Red Onion State Prisons. They were designed to be specialized housing pods for people who might otherwise have difficulty transitioning out of restrictive housing and succeeding in a regular general population setting—such as people who were

afraid to return to GP due to mental health needs, developmental disability, youth, small stature, or other potential vulnerabilities. The SAMs pods have more intensive mental health staffing levels and provide group programming and congregate activity. Overall, staff reported the success of the SAMs pods, particularly in addressing people’s mental health needs and the reluctance of some individuals to leave their cells, or transfer out of segregation altogether—factors which might otherwise prevent people from successfully taking part in treatment, programming, or congregate activity. During the assessment period, VADOC was already making plans to create additional SAMs units in other Virginia facilities. Staff were enthusiastic about the prospect of expanding SAMs throughout the system.

In addition, to address mood disorders, ROSP staff developed Providing New Pathways to Healing, an eight-week program provided to cohorts of incarcerated people with mental illness, to help reduce the need for crisis intervention. The cohort approach facilitates group symptoms management programming through a creative range of mediums including art, horticulture, and music—programs which staff said would have been unimaginable at ROSP in previous years. In addition to decreasing the need for resources associated with crisis intervention and crisis management, the model helps participants develop healthy relationships and promotes emotional self-regulation.

Finding 6: There are few alternatives to segregation for people with mental health diagnoses who engage in dangerous behavior or pose a serious threat.

This likely contributes to the high number of individuals with mental illness who have ended up in restrictive housing.

Finding 7: MCTC staff reported witnessing decompensation among people with serious mental illness (SMI) after their transfer to a different facility.

Staff at MCTC reported that people with SMI who transfer to a different facility often decompensate and lose the therapeutic gains made during treatment at MCTC, sometimes even having to return to MCTC for additional stabilization and treatment. Given the degree of transfers of individuals between facilities in the VADOC system, staff at ROSP, MCTC, and BKCC reported that lack of adequate continuity-of-care following transfers is a major challenge. There is a need for better coordination of all aspects of the therapeutic process when individuals are transferred between facilities. Likewise, MCTC staff reiterated the importance of maintaining the quality of treatment at all facilities throughout the system, so that transfers do not result in lapses in treatment.

Recommendations

Recommendation 1: Eliminate the use of restrictive housing for individuals with SMI.

Use alternatives to restrictive housing for people with mental illness who pose a threat to others and need to be separated from GP.³³

- a. Implement plans to create therapeutic diversion units as an alternative to restrictive housing for people with SMI who engage in dangerous behavior.**
VADOC's new Secure Diversionary Treatment Program (SDTP), which was introduced this year, is a positive step toward alternative placement for people with SMI who would otherwise be sent to restrictive housing (for more on SDTPs, see p. 36). It will be crucial to ensure that diversionary units are therapeutic environments that are significantly different from restrictive housing.
- b. Consider similar alternative responses and placements for people who engage in problematic or dangerous behavior who have mental illnesses that do *not* rise to the level of SMI.**
- c. Ensure that all incarcerated people's mental health needs are met in general population, and that those who need higher levels of care are sent to appropriate mental health units and facilities such as MCTC.**

Recommendation 2: Expand creative mental health programming.

Programming designed to address mental health needs (such as the aforementioned horticulture, art, and music group therapy cohorts provided at ROSP) can be replicated at other facilities, possibly using treatment officers and/or cognitive counselors to help structure and deliver group sessions.

Recommendation 3: Ensure that conditions in all mental health units are truly and consistently distinct from those in restrictive housing.

It is important that conditions in all mental health units, particularly the diversionary treatment units, are truly and consistently distinct from those in restrictive housing. They should be the least restrictive environments possible, with only those restrictions necessary for safety and security and with individualized determinations of restrictions whenever possible. Moreover, the therapeutic emphasis of these units should be reflected in the units' environment, conditions, out-of-cell time, programming offered, and staff outlook and training.

³³ Note: VADOC reports that as of the publishing of this report, everyone with SMI who was incarcerated at Red Onion State Prison has been transferred to the newly-created Secure Diversionary Treatment Programs, and the department has ceased sending anyone else with SMI to ROSP. Virginia also notes that people with SMI are now held in restrictive housing for no more than 30 days—unless an exception is granted after a review by mental health clinicians and a regional operations chief. For more on the SDTP and VADOC's other reforms, see p. 36.

Recommendation 4: Expand transitional care plans for people with mental illness transferring between facilities, in particular those transferring out of the intensive treatment environment of MCTC.

Ensure that staff at the receiving facility are adequately prepared for the person they are receiving and can provide the appropriate services, supports, and programming to meet the person's needs, help facilitate their reintegration to a less treatment-intensive environment, and ensure the facility uses the least restrictive conditions possible. Currently, VADOC creates discharge summaries for anyone leaving an acute or residential mental health unit, to provide the receiving facility with relevant information such as diagnoses, medications, and recommendations for treatment and housing. The department could build upon these efforts with more detailed transitional care plans that entail meaningful, proactive, and hands-on engagement between sending and receiving facility staff and the incarcerated people themselves. If resource constraints are an issue, the department could begin by prioritizing individuals whom staff are concerned may be particularly at risk of decompensating, such as people who have a history of frequently going back and forth between MCTC and other facilities. These plans could include elements such as the following:

- A pre-transfer assessment to ensure that the receiving facility has the capability to meet the person's needs;
- An assigned treatment officer or cognitive counselor at the receiving facility to act as a point-person or case manager;
- Briefings for relevant staff at the receiving facility on the person's condition, care plan, medication, behavior, triggers, etc.;
- Teleconferences for relevant staff (particularly treatment staff) and the incarcerated person *before* the transfer, so that they can meet each other and start developing a working relationship;
- Teleconferences *after* the transfer between the incarcerated person and staff at their previous facility, particularly mental health staff with whom they have positive relationships, to further ease their transition;
- Regular check-ins from treatment staff at the receiving facility to monitor treatment engagement and needs;
- Consultations with staff at the originating facility on appropriate housing and restrictions for the individual at the new facility (including what restrictions may *not* be needed or may be harmful for the individual); and
- Peer mentors who have successfully transitioned to the receiving facility to support the new arrival.

Additional Strategies to Consider

The following proposed strategies are additional reforms for VADOC to consider that are broader in scope and system impact than the previous recommendations. Due to the department's track record with implementing major reforms, VADOC seems ripe for pursuing additional strategies and serving as a national leader in these areas.

Recommendation 1: Eliminate restrictive housing at lower-security level facilities.

VADOC should consider eliminating restrictive housing entirely for this population which, by definition of their lower security level, have not recently exhibited violent behavior or the level of serious infractions that might land someone in restrictive housing. If such behavior does occur, this could initiate consideration of a reclassification to GP in a higher security level facility, in lieu of placement in restrictive housing. Other behaviors could be addressed within a lower-security facility without the use of segregation, using alternatives such as communication, conflict resolution, and alternative disciplinary sanctions.

Recommendation 2: Transform conditions in restrictive housing to be the least restrictive possible.

For instances where VADOC finds it inappropriate to eliminate restrictive housing, steps can still be made to transform the conditions within segregated settings in order to mitigate the negative effects of isolation. A “reframing” of restrictive housing could be an extremely useful exercise: instead of starting with what restrictive housing currently looks like and considering how restrictions can be lessened, VADOC could start with the environment that people are coming from—general population—and see how much (or how little) restriction needs to be added to achieve safety and security, while preserving the maximum amount of out-of-cell time, congregate activity, and access to treatment, programming, and services.

Recommendation 3: Adapt the Learning Teams model for use with incarcerated people.

As noted above, VADOC's Learning Teams were originally established to provide all staff with forums to learn and become adept at using evidence based practices (EBP) in everyday work situations. The mandatory participation of all staff in Learning Teams within the department creates shared understanding by engaging all voices in continued evolution of the organization, and the Vera team consistently heard positive appraisals of Learning Teams from staff at multiple facilities.

Accordingly, Vera believes the model—or at least some components of the model, such as training in the use of dialogue for more effective communication—could be adapted and used similarly to improve communication, positive social interaction, and continued learning for incarcerated people.

Recommendation 4: Promote transparency and communication by continuing and increasing engagement and information-sharing with external stakeholders.

VADOC has the opportunity to engage around its reforms with a variety of external stakeholders—including Virginia government officials, the media, families of incarcerated people and of VADOC staff, advocacy organizations, and the general public. The department reports that in the past, it has held meetings with advocacy groups and provided informational tours of the Step-Down Program at Red Onion State Prison. The department should build on its past work to share information by establishing additional formalized, structured ways of informing and engaging external stakeholders about reforms and their impacts so far, as well as challenges that remain to be addressed. This could help the public better understand the reforms and their significance, and it could also enable the legislature, governor’s office, and others to provide needed resources or support. External stakeholders could also contribute their knowledge, ideas, and feedback to help further the success of reforms. Regularly sharing more information and data about reforms would also increase VADOC’s ability to be a model for other jurisdictions and agencies to learn from when reforming their use of restrictive housing.³⁴

³⁴ Vera would like to note that while most of the recommendations above were initially presented to VADOC in late 2017, this recommendation was added more recently to this report, and refers to efforts the department can make going forward.

Summary of Reforms in 2018

As previously discussed, the Virginia Department of Corrections has developed and implemented significant restrictive housing reforms over the past few years, including during the period of Vera's assessment and technical assistance. As a supplement to the section on p. 10 above, "Reforms prior to and during Vera's assessment," the following provides a brief summary of reforms the department reports that it has implemented in the last year, since Vera presented our findings and recommendations, as well as expectations for further accomplishments over the next few months.³⁵

Launch of the Secure Diversionary Treatment Program

In 2018, VADOC launched the Secure Diversionary Treatment Program (SDTP) to divert incarcerated people with serious mental illness (SMI) from restrictive housing. The SDTP aims to significantly reduce the use of segregation for SMI individuals; rather than being placed in restrictive housing, people with SMI who have engaged in assaultive or disruptive behaviors can now be diverted to an alternative housing environment that provides increased security but also a higher level of treatment services and intensive programming. VADOC established three SDTP locations at three different facilities: Wallens Ridge State Prison, Marion Correctional Treatment Center, and River North Correctional Center.

Placement of someone in the SDTP must be approved by the regional operations chief and the mental health clinical supervisor for the referring region. A Multi-Institution Treatment Team (MITT), made up of high-level administrative and mental health staff, meets weekly and makes decisions regarding people's placement in one of the three SDTP locations, as well as progression through the four phases of the program. Conditions of confinement vary within the four phases and between the three SDTP locations (with the program at Wallens Ridge State Prison being the highest-security SDTP), but out-of-cell programming and treatment are provided throughout. People in the SDTP receive a minimum of 20 hours out-of-cell time per week (10 of those hours for structured programming, plus 10 hours of unstructured time). Staff who work in SDTP units were provided with additional training, such as Mental Health First

³⁵ The information presented in this section summarizes what has been conveyed to Vera by VADOC staff during phone and in-person meetings.

Aid and Corrections Crisis Intervention Training (CCIT), and each facility was allotted treatment officer positions to provide further support in the SDTPs.

Once the diversion program was established, VADOC transferred everyone with SMI who was incarcerated at Red Onion State Prison to one of the SDTP locations, and the department has also ceased transferring anyone else with SMI to that facility. VADOC has also limited the amount of time people with SMI can be held in any type of restrictive housing to 30 days—unless an exception is granted after a review by mental health clinicians and the regional operations chief—and the department reports that the aim is to get these individuals out of restrictive housing in an even shorter period of time.

Expansion of Shared Allied Management (SAMs) Units

As noted above, SAMs units are residential pods intended to provide a safe environment for housing and delivering intensive support, programming, and services to three populations that typically require a higher level of services from security, mental health, and/or medical staff—some of whom might otherwise be at risk of ending up in restrictive housing. These populations are:

- Those with a mental health diagnosis (not rising to the level of SMI) who present management difficulties in GP or frequently cycle in and out of segregation and/or mental health units.
- Those with a medical condition requiring frequent nursing attention but not requiring admission to the infirmary.
- Those vulnerable to bullying or manipulation in general population, due to characteristics such as intellectual challenges, age, or stature.

SAMs units are specialized general population units, with the goal of providing an alternative to placement in restrictive housing or mainstream general population. Based on the success of the initial SAMs units at Wallens Ridge and Red Onion State Prisons, in 2018 VADOC created several additional SAMs units. There are now 772 SAMs beds available across 11 institutions statewide.

Expansion of the Restrictive Housing Pilot Program System-wide

The Restrictive Housing Pilot Program (RHPP), which dramatically changed the types and use of restrictive housing, was initially piloted in just four facilities beginning in 2016.³⁶ Based on the success of the pilot, VADOC decided to expand the program to all facilities statewide. Over the last several months, the department has “rolled out” the program to all male VADOC facilities, with plans to implement similar but adapted reforms in the women’s facilities.

³⁶ See p. 10, above, for more information on the pilot and its origins.

At most facilities, the new restrictive housing program has been set up to operate in essentially the same manner as it did at the pilot locations. One notable exception is that a person's placement in restrictive housing must now be reviewed by a higher official within 24 hours (rather than within 72 hours, which was policy when the pilot began). In addition, VADOC decided that at the lowest-security level facilities (such as field units and work centers), restrictive housing stays will be shorter, and consequently there will not be either of the program's step-down levels (SD1 and SD2). Instead, when people are placed in restrictive housing units, facilities must make a decision about their subsequent placement—either return to general population, referral to an appropriate specialized program, or transfer to a higher-security facility—within 3 or 10 working days (depending on the facility security level).³⁷ After the decision is made, it may take some time before the person is able to move to the new housing assignment, depending on availability of bedspace and other factors.

Prior to and during the roll-out, the department took multiple steps to educate and support staff in this major reform—including by holding town halls at facilities, addressing the reforms in Learning Teams, and providing additional trainings for staff. VADOC reports that the roll-out has been successful so far, and the department has begun collecting and analyzing data on how the new system impacts the restrictive housing population.

Additional Reforms Planned

As of the publishing of this report, it is Vera's understanding that VADOC has additional plans to continue its reforms, including the following:

- **Expansion of the STAR Program:** The department has plans to expand this program—which aims to gradually integrate people who have been in restrictive housing for long periods back into general population settings—by allotting additional beds at Keen Mountain Correctional Center, where the program is located.
- **Significant reform of restrictive housing for women:** As part of a larger effort to improve its approach to incarcerating women, the department is considering how best to implement gender-responsive restrictive housing reforms at the women's facilities (rather than implementing the RHPP in a manner identical to that at the men's facilities). It is Vera's understanding that VADOC is planning to significantly limit the length of time women can be held in restrictive housing, particularly at the lower-security level women's facilities, and to

³⁷ At Security Level 1 facilities, a multidisciplinary team must assess people in restrictive housing within 3 working days of their placement and decide whether to release them back to GP or transfer them to a higher-security facility. At Security Level 2 facilities, staff have an additional 7 working days to make the decision, for a total of 10 working days.

examine ways to dramatically reform what restrictive housing looks like at the higher-security level Fluvanna Correctional Center for Women.

- **Implementation of dialogic practices for incarcerated people:** VADOC has decided to implement dialogic practices—which are critical components of the staff Learning Teams—to enhance incarcerated people’s communication skills and interactions with staff and each other. VADOC is developing a plan to implement this reform in certain therapeutic and cognitive community housing units, beginning in 2019.
- **Continuing to pursue opportunities for additional reforms:** The department also notes that it has convened groups to hold “working dialogues” to discuss the feasibility of implementing reforms based on some of Vera’s other recommendations, in particular those in the “Culture Change” section (see p. 26, above).³⁸

³⁸ VADOC explains that it employs “working dialogues,” where a representative group of staff (all of whom have been trained in dialogue skills) meet to discuss a challenge or situation, define a desired outcome, determine the changes needed to get there, and create an action plan to achieve it. See VADOC, “What is a Working Dialogue?” *Around Corrections*, July 2016, <http://www.prisondialogue.org/files/files/What%20is%20a%20Working%20Dialogue%20-%20July%2016.pdf>.

Conclusion

The Virginia Department of Corrections has been working to tackle the complex but critical issue of restrictive housing reform for several years, with efforts such as the Restrictive Housing Reduction Step-Down Program and the more recent statewide roll-out of the Restrictive Housing Pilot Program. It has already seen some great successes—including substantially reducing the proportion of its total population in restrictive housing in the last few years. Rather than stopping there, however, Virginia continues to pursue reform. Vera hopes that the findings and recommendations in this report will support and encourage the department in that significant effort, as well as benefit other corrections agencies wishing to follow Virginia’s lead and pursue reform.

As the department continues to effect change by improving conditions of confinement in restrictive housing and through its continued efforts to reduce the segregation population altogether, Vera is confident that VADOC will continue to innovate, capitalize on its strengths and its own experience, learn from evidence based and promising practices in other systems, and use the recommendations in this report as a catalyst for improving the safety and quality of life of the men and women incarcerated in Virginia’s prisons, the staff who work there, and their communities on the outside.