

May 2018

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# Rethinking Restrictive Housing

Lessons from Five U.S. Jail and Prison Systems

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## About This Report

This project was supported by Grant No. 2014-DB-BX-K009, awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

## From the Director

Throughout the country, government officials, policymakers, the nonprofit sector, advocates, allies, and others are working to reimagine justice systems in ways that respect the human dignity and potential of all people. This cannot be achieved without confronting one of jails' and prisons' most troubling practices—the use of restrictive housing (sometimes referred to as 'solitary confinement' or 'segregation'). This type of housing is widely considered “a prison within a prison” for the young people, men, and women who reside there. The deprivation of human contact, physical activity, and mental stimuli associated with such dramatic isolation has been shown to cause adverse effects for many people that often last long after their release.

As Vera began the Safe Alternatives to Segregation Initiative, our instincts told us that we would see the same trends in restrictive housing that exist in U.S. justice systems overall—from arrest to sentencing to conditions in jails and prisons. Although the data varies among our project partners, this proved to be true. Minor nonviolent offenses are too often met with extreme sanctions instead of finding other ways to hold people accountable for their actions. People are frequently detained and confined, but they rarely get the treatment or support they need to grow, adjust, or heal. In short, just as systems have come to rely too heavily on incarceration, departments of corrections now rely too much on restrictive housing within their facilities. And, as in other parts of the justice system,

restrictive housing affects disproportionate numbers of young people, people living with mental illness, and people of color.

These problems can be solved. Our partners in this initiative are acting boldly to tackle these challenging issues. Agency leaders opened their doors to our staff with a commitment to examine and rethink their policies and practices, drawing on Vera's expertise in reducing the use of restrictive housing. They did so knowing that the people in their care must be treated with decency—and that this form of incarceration can be detrimental not only to incarcerated people and corrections staff, but also to the public. Placement in restrictive housing can prevent people from accessing the services and social supports that help them adjust to life after release and become successful members of their communities.

Our partners' work shows that agencies can take steps to reduce their use of restrictive housing. Other leaders who are serious about rethinking conditions of confinement can benefit from the practical solutions described in this report.



Fred Patrick  
Director, Center on Sentencing and Corrections  
Vera Institute of Justice

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# Introduction

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After decades of misuse and overuse, the tide appears to be turning on the role of solitary confinement in U.S. jails and prisons. In recent years, this practice—also known as restrictive housing or segregation—has been the subject of increased scrutiny from researchers, advocates, policymakers, media, and the government agencies responsible for people who are incarcerated. In restrictive housing, a person is held in a cell, typically 22 to 24 hours a day, with minimal human interaction or sensory stimuli. Since the 1980s, the rise in its use has mirrored the exponential rise of incarceration. Originally intended to manage people who committed violence within jails and prisons, restrictive housing has become a common tool for responding to all levels of rule violations, from minor to serious; managing challenging populations; and housing people considered vulnerable, especially those living with mental illness.<sup>1</sup> Also reflecting incarceration trends, evidence suggests that in a substantial number of jurisdictions, younger people, people of color, and those living with mental illness are held in restrictive housing at higher rates.<sup>2</sup> In light of this information and growing evidence that restrictive housing may harm people without improving safety in facilities, a number of departments of corrections are taking steps to reduce their reliance on this type of housing.

The effects of being held in restrictive housing can be significant. An extensive body of research in psychiatry, neuroscience, epidemiology, and anthropology spanning more than 150 years has documented the potential detrimental effects of restrictive housing on the health and well-being of incarcerated people.<sup>3</sup> This evidence confirms what is perhaps understood intuitively: the practice can result in physical and psychological damage whose negative repercussions can persist well after release, making the transition to life in a prison's general population or in the community considerably more difficult. Social isolation, sensory deprivation, and enforced idleness are a toxic combination that can result in psychiatric symptoms, including anxiety, depression, anger, difficulties with impulse control, paranoia, visual and auditory hallucinations, cognitive

disturbances, obsessive thoughts, hypersensitivity to stimuli, post-traumatic stress disorder, self-harm, suicide, and psychosis.<sup>4</sup>

At an institutional level, restrictive housing is extremely resource-intensive, although research provides no conclusive evidence that it makes facilities or communities safer.<sup>5</sup> Attention has also turned toward the impact restrictive housing has on staff. Studies have demonstrated that corrections officers working in general-population units face stressors that can negatively affect their mental and physical health and family relationships.<sup>6</sup> Researchers have recently started to explore whether working in the unique conditions found in restrictive-housing units is associated with depression, stress, or trauma—or with other markers of safety and well-being, such as injury and sick leave.<sup>7</sup>

✂ **Research provides no conclusive evidence that restrictive housing makes facilities or communities safer.** ✂

For more than a decade, Vera has been working to shed light on the use of restrictive housing in U.S. jails and prisons, and to partner with departments of corrections to address the issue head-on. In 2005, Vera established the Commission on Safety and Abuse in America's Prisons. The following year, the commission published a comprehensive report of its findings and recommendations, drawing attention to the overuse of restrictive housing.<sup>8</sup> Vera launched its Segregation Reduction Project in 2010 and worked with corrections agencies to put those recommendations into practice and develop new strategies to reduce the use of restrictive housing.

Vera's work with local and state agencies has been part of a national movement to rethink the use of restrictive housing. Mainstream journalists and media outlets are focusing on the conditions in these settings, while

advocacy organizations such as the American Civil Liberties Union and the National Religious Campaign Against Torture have mounted high-profile campaigns against its use.<sup>9</sup> In recent years, corrections officials and policymakers have joined the call for change and are leading these efforts throughout the country. Some of the most prominent steps taken to address the use of restrictive housing in recent years include the following:

- › The Association of State Correctional Administrators and the American Correctional Association passed new principles and standards regarding the use of restrictive housing.<sup>10</sup>
- › The National Commission on Correctional Health Care issued a strong position statement calling for the elimination of restrictive housing longer than 15 consecutive days.<sup>11</sup>
- › The U.S. Department of Justice published a report that called for far-reaching revisions to the Federal Bureau of Prisons' restrictive housing practices and outlined a number of principles to guide local and state jurisdictions seeking to make similar changes.<sup>12</sup>
- › The National Institute of Justice issued a report that questions whether restrictive housing achieves the intended goals of maintaining safety and order.<sup>13</sup>
- › The United Nations General Assembly unanimously adopted the revised Standard Minimum Rules for the Treatment of Prisoners (known as “the Nelson Mandela Rules”), which prohibit restrictive housing that is indefinite or prolonged and support restrictions on its use with juveniles, pregnant women, and people who have a disability or mental illness.<sup>14</sup>

Against this backdrop, many U.S. jurisdictions are changing their approach to restrictive housing.<sup>15</sup> A growing number of corrections leaders want to tackle this issue, motivated by a desire to improve the safety and well-being of those who live and work in their facilities; make better use of their resources; respond to interest from external stakeholders; and ultimately enhance public safety in the communities to which people will return after their release.<sup>16</sup> In 2014, administrators from 40 state departments of corrections reported that they had recently conducted reviews of their restrictive-housing policies; by 2016, many of those



jurisdictions had planned or enacted changes to reduce their reliance on this type of custody.<sup>17</sup> But the task is a challenging one. Jails and prisons are complex environments, and many forces are at play in changing their policies, practices, and cultures. Correctional staff have become so reliant on the practice of placing people in restrictive housing that in many jails and prisons it has become a part of everyday life and institutional culture; any attempts to reduce its use must therefore be carefully and strategically implemented. What's more, to solve a problem one must first define and understand it—yet in many jurisdictions, antiquated record systems make it difficult to assess how restrictive housing is being used.

In 2015, Vera expanded its efforts to support departments of corrections in doing this work by launching the Safe Alternatives to Segregation Initiative, with funding from the U.S. Department of Justice's Bureau of Justice Assistance. Through this initiative, Vera partnered with five corrections agencies on the local and state level to assess their policies and practices, analyze related outcomes, and provide recommendations for safely reducing the use of restrictive housing in their jails or prisons. While these were tailored to each agency's needs, many recommendations could be effective in addressing the use of restrictive housing in jurisdictions across the country. Vera recommends that jails and prisons use restrictive housing only as follows:

- › as a last resort;
- › as a response to the most serious and threatening behavior;
- › for the shortest time possible; and
- › with the least-restrictive conditions possible.

For the initiative, Vera selected five sites through a competitive application process, based on their willingness to address this difficult issue head-on. By reducing their use of restrictive housing, the partner sites hope to promote a culture of safety and security in their facilities and increase opportunities for rehabilitation. Through these efforts, the department leaders believe they can improve the well-being of people who live and work in their systems.<sup>18</sup>

This report summarizes the key findings and recommendations Vera presented to its five partner agencies:



- › Middlesex County Adult Correction Center (New Jersey)
- › Nebraska Department of Correctional Services
- › New York City Department of Correction
- › North Carolina Department of Public Safety
- › Oregon Department of Corrections

Conducting this work in five jurisdictions that vary by size, mission, and geographic location has given Vera an unparalleled opportunity to describe in detail how restrictive housing is being used in a cross-section of U.S. jails and prisons. Vera has been able to identify differences among these locations, but also many commonalities.

### Types of restrictive housing: Terminology

A number of terms are used to describe the practice commonly known as solitary confinement. The definitions associated with these terms also vary. For example, the American Correctional Association recently defined “restrictive housing” as the confinement of a person to a cell for 22 or more hours per day. In conducting its assessment and in this report, Vera used a broader definition of this term, including any form of housing where a person was held separately from—and in more confining conditions than—a jail’s or prison’s general population. This included units where people were held in their cells for 22 hours a day or more, but also less-restrictive units where people may have been allowed out of their cells for longer periods or given more opportunities for human interaction.

Different jurisdictions use different terms to describe restrictive housing, including segregation, special housing, and isolation. Each jurisdiction typically has more than one type of this housing within its jails or prisons. The following are the most commonly used types:

**Disciplinary (or punitive) segregation:** This form of housing is used to sanction incarcerated people found guilty of violating facility rules, ranging from minor infractions, such as swearing, to serious ones, such as assault. A set length of time in disciplinary segregation is typically given as a

sanction, often by a hearings officer. The officer considers the evidence and circumstances of a charge before making a determination of guilt or innocence and deciding on a sanction, if any. While awaiting a hearing, the incarcerated person is sometimes held in another type of restrictive housing known as “pre-hearing detention.”

**Administrative segregation:** This housing is usually used to remove people from a jail’s or prison’s general population if they are thought to pose a risk to the safety of others, the security of an institution, or both. This may be determined on the basis of an escape attempt, violence, or low-level but persistent disruptive behavior. In some jurisdictions, placement in administrative segregation may also be determined by a person’s status (such as the type of offense for which he or she was incarcerated or whether an investigation is pending, for example) and not just behavior. Placement in administrative segregation can last indefinitely.

**Protective custody:** This type of housing is used to remove incarcerated people from a facility’s general population when they are thought to be at risk of abuse, victimization, or other harm. Some people in protective custody are housed in conditions similar to that of typical restrictive housing units. Other protective custody units allow for privileges and out-of-cell time similar to those granted in the general population.

The report provides background information on each site and a description of Vera’s assessment process. It then presents highlights of Vera’s findings about how the systems use restrictive housing, as well as recommendations for changes in policy and practice to reduce that use safely. This paper offers a high-level overview of the project; Vera also produced detailed technical reports for each site, which interested readers should consult for further information about a specific jurisdiction, including descriptions of the methods used and data analyzed. (Visit [www.vera.org/rethinking-restrictive-housing](http://www.vera.org/rethinking-restrictive-housing) to find those reports.)

## Five partner sites committed to change

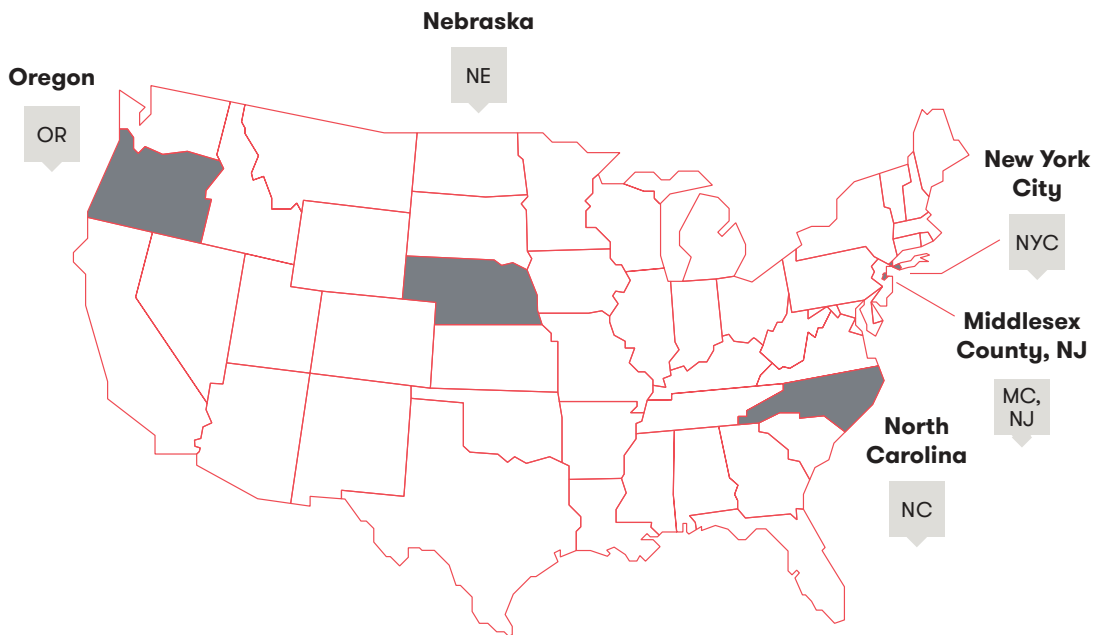
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The five correctional agencies Vera partnered with are diverse geographically, operationally, and in terms of their size and use of restrictive housing. They include state prison systems in Nebraska, North Carolina, and Oregon and local jail systems in New Jersey’s Middlesex County and New York City.<sup>19</sup> The following summaries briefly describe the sites as Vera encountered them at the start of the Safe Alternatives to Segregation Initiative in early 2015. Since this time, however, each agency has taken steps to address its use of restrictive housing; the figures presented below should be considered a baseline against which the impact of current and future efforts can be measured.

### **Middlesex County Adult Correction Center (New Jersey):**

The Middlesex County Adult Correction Center (MCACC) is a jail responsible for the care and custody of almost 900 people. MCACC is a facility with 20 housing units, ranging in custody level from daily work-release to maximum security. From January 2015 through January 2016, approximately 6 percent of the population was held in restrictive housing at any given time—and other than a small number of women in

administrative segregation or protective custody, all of these people were housed in individual cells for at least 23 hours a day, with no access to the outdoors.



**Nebraska Department of Correctional Services:** The Nebraska Department of Correctional Services (NDCS) operates 10 prisons designed to hold 3,275 people. Nebraska has one of the most severely overcrowded systems in the country, however, and has been operating at almost 160 percent capacity (with more than 5,000 people) in recent years. Vera found that 13.9 percent of the population was held in some form of restrictive housing, on average, during a two-year period ending June 30, 2015. About half of these people were in highly restrictive settings where they were kept in their cells for approximately 23 hours a day. The other half were in less-restrictive environments, which placed limits on out-of-cell time but typically allowed for more than one hour per day out of their cells.

**New York City Department of Correction:** The New York City Department of Correction (NYC DOC) jail system has 12 facilities, two hospital wards, and 16 court-holding facilities in the city's five boroughs. In 2015, the department had an average daily population of approximately

10,240 people in custody. On average, about 3 percent of NYC DOC's population was in some form of restrictive housing: 1.6 percent of people were in highly restrictive housing (in their cells 20 to 23 hours per day) and another 1.6 percent were in less-restrictive settings.

## Methodology

To assess the use of restrictive housing in each jurisdiction, Vera used information gathered from three main sources: departmental policies; visits to jails and prisons, where Vera spoke with line staff, supervisors, administrators, and people who were incarcerated; and administrative data. For more detail on the methods used in each jurisdiction, refer to the technical reports. (To read those reports, visit [www.vera.org/rethinking-restrictive-housing](http://www.vera.org/rethinking-restrictive-housing).)

**Policy review:** Vera reviewed each agency's policies relating to all forms of restrictive housing to understand the mechanisms by which people are placed in such housing, the conditions there, and the processes used for their release to other forms of housing. Vera staff also looked at policies relating to special or vulnerable populations (such as people with mental illness or those younger than 18) and policies relating to the facilities' general population that might affect incarcerated people's conduct (such as disciplinary procedures or rewards systems that provide incentives for positive behavior).<sup>a</sup>

**Site visits:** Project staff visited correctional facilities in each jurisdiction to understand how policies are applied in practice, the challenges staff face in their work, the various cultures of each system, and the physical constraints imposed—and opportunities presented—by the buildings' architecture. During site visits, Vera met with staff from all disciplines and levels of authority (including corrections officers, unit managers, mental health staff, counselors, medical staff, and education and other programming staff), toured the facilities, observed relevant proceedings (such as disciplinary hearings), and conducted focus groups with staff and with incarcerated people.

**Data analysis:** Vera analyzed administrative data from each jurisdiction to identify who was being placed in restrictive

housing, the reasons they were placed there, how long they stayed, and where they went upon release from these units. To accomplish this, Vera staff requested individual-level data relating to disciplinary charges and hearings, people's housing and movement among units while in custody, demographics, and mental health information. This data referred to all people who were in the agency's custody during a period of time prior to the assessment. Time frames varied, depending on the start date of the partnership, the timing of any recent changes to the use of restrictive housing, and the availability of data.<sup>b</sup>

Correctional data systems vary in their quality and completeness—for example, not all systems track mental health needs or gang affiliation—meaning that Vera staff were sometimes limited in the conclusions they could draw from a site's data. This report notes instances when data limited Vera's scope of inquiry. At the time of the assessment, no individual-level data was available for the Middlesex County Adult Correction Center, so Vera was unable to conduct data analyses when assessing that facility.

<sup>a</sup> People who have experienced violence in a facility, including sexual assault, may be considered vulnerable. This may also be true of individuals who are lesbian, gay, bisexual, and/or transgender—or are perceived to be. More data about these populations is needed and was not consistently available as part of this initiative.

<sup>b</sup> NDCS provided data for July 1, 2013 to June 30, 2015 (FY 2014 and FY 2015); NYC DOC provided admissions and movement data for January 1, 2014 through August 31, 2015, as well as infraction data from January 1, 2014 through December 31, 2015; NCDPS provided data for July 1, 2014 through June 30, 2015; and ODOC provided data for January 1, 2014 through July 22, 2015.

**North Carolina Department of Public Safety:** The North Carolina Department of Public Safety (NCDPS) oversees the care and custody of more than 37,000 incarcerated people in 56 facilities, 44 of which had restrictive housing units at the start of Vera’s assessment. Slightly less than 8 percent of the prison population was housed in “typical” restrictive housing—where an incarcerated person spends approximately 23 hours a day alone in a cell—and 1 percent of people were housed in restrictive housing units that allowed more out-of-cell time.

**Oregon Department of Corrections:** The Oregon Department of Corrections (ODOC) operates 14 state prisons, six of which hold the vast majority of Oregon’s restrictive housing population. At the beginning of April 2015, the total population in Oregon’s prisons was 14,934, and 7.5 percent of people were in some form of restrictive housing. The majority of these people were in a highly restrictive setting, confined to their cells for 22 to 24 hours.

## Findings on restrictive housing in practice

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Vera identified a number of commonalities in agencies’ use of restrictive housing, in addition to their leaders’ motivation and desire to study and change their practices. This section presents key findings related to the conditions in restrictive housing, the use of disciplinary and administrative segregation, the demographics of people placed in restrictive housing, and the practice of releasing people directly from such housing to the community. Examples from the jurisdictions illustrate each point. (The use of protective custody varied widely among Vera’s partners and is addressed in each site’s technical report.)

A few caveats should be kept in mind when considering these findings. First, the data presented refer to the period directly before the initiative

started and do not reflect changes agencies have made to their policies and practices since then. Second, some variations in the agencies' operations and use of restrictive housing were substantial, so not all of the findings discussed here are relevant to all jurisdictions. A more detailed picture of each department can be found in the technical reports provided to each site.<sup>20</sup>

## Conditions in restrictive housing

### **Finding: Conditions in restrictive housing units were marked by isolation and sensory deprivation.**

Although the physical and operational characteristics of restrictive housing units—such as cell sizes and types of recreational areas—varied among the partner agencies and within them, incarcerated people in these units were typically held in stark, isolated environments with little sensory stimulation or social interaction. In the most-restrictive housing, people were held in their cells for at least 23 hours a day, with up to one hour of out-of-cell recreation, often held in a small caged area or a bare concrete space, sometimes with limited access to fresh air and direct sunlight. In some systems, barred indoor enclosures were used for recreation at times. Many cells were small, sparsely furnished, and lacked fresh air, and some had no windows or natural light. Opportunities for therapeutic programming or any form of productive activity were scarce.

## Disciplinary segregation

People are placed in disciplinary segregation (sometimes referred to as “punitive segregation”) as punishment for behavior that violates a facility’s rules, typically including minor as well as serious infractions. A sentence to disciplinary segregation is usually given after a disciplinary hearing, when the case is reviewed and a finding of guilt is made. Depending on the policies of the jurisdiction, this decision may be made by a disciplinary hearings officer—who may be a designated officer with special training and the specific responsibility of hearing disciplinary cases; or a staff member, such as a sergeant or lieutenant, who hears cases in addition to performing other duties. In some jurisdictions, a disciplinary committee

made up of multiple staff from the facility may make this decision. Incarcerated people are sometimes placed directly into restrictive housing for a period of pre-hearing detention while their cases are investigated

**Finding: Low-level nonviolent offenses were among the most common infractions to result in disciplinary segregation sanctions.**

All five sites participating in the initiative frequently used restrictive housing to respond to nonviolent infractions. In Nebraska, North Carolina, and Oregon, “disobeying an order” was the most common infraction to result in disciplinary segregation. (See Table 1 on page 17.) In New York City, a higher proportion of disciplinary segregation sentences were given in response to violent infractions; even there, however, disobeying an order was still the fifth-most-common charge to receive a restrictive housing sentence. Sentences ranged from a couple of days to several months—though in some jurisdictions, a person charged with multiple rule violations at the same time may have been required to serve multiple sentences back-to-back. Some people were released to the general population at the end of their assigned sentence and some were released earlier, but others were transferred to other forms of restrictive housing upon completing the sanction, thus extending their stay in restrictive conditions.

In Nebraska, North Carolina, and Oregon, the most common infractions resulting in disciplinary segregation were low-level nonviolent offenses. In Nebraska, “disobeying an order” accounted for 28 percent of such sentences. In North Carolina, none of the top 10 infractions resulting in disciplinary segregation were among the most serious charges as determined by the Department of Public Safety. And in Oregon, 58 percent of disciplinary segregation sentences were for nonviolent infractions.

It should be noted that since Vera conducted these analyses, the North Carolina Department of Public Safety has significantly altered its policies governing disciplinary practices and the Nebraska Department of Correctional Services has ended its use of disciplinary segregation altogether.<sup>21</sup>

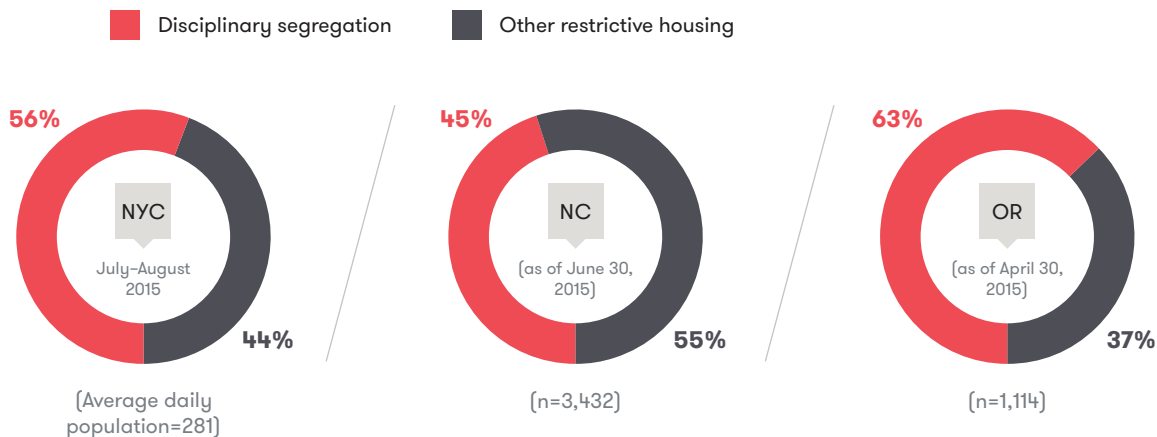


**Finding: Disciplinary segregation accounted for a substantial proportion of the people in restrictive housing.**

Punishment of misbehavior was a substantial driver of the populations in restrictive housing at Vera’s five partner sites. The charts below show the percentages of people in restrictive housing held for disciplinary reasons in three jurisdictions, either serving time in these units in response to an infraction or awaiting a disciplinary hearing.

Figure 1 shows that a substantial proportion of people in restrictive housing are held there for disciplinary reasons. What’s more, many of those who end up in this type of housing enter through disciplinary segregation before being transferred to administrative segregation or another form of restrictive housing. For example, approximately 90 percent of incarcerated people in Oregon who spent time in any type of restrictive housing first entered through the disciplinary unit.

Figure 1  
**Percentage of population in restrictive housing held in disciplinary segregation**



Source: Vera Institute of Justice analysis of data from the New York City Department of Correction, the North Carolina Department of Public Safety, and the Oregon Department of Corrections. Note that in New York City, disciplinary segregation includes people held in the Central Punitive Segregation Unit, Punitive Segregation Unit II, and Restrictive Housing Units. These units range from 17 hours in a cell per day to 23 hours. This data includes people who are pending the results of an investigation or hearing, as well as those charged and sent to disciplinary segregation.

Overall, the number of people who serve time in disciplinary segregation can be high: in Nebraska, for example, 44 percent of all incarcerated people had been placed in restrictive housing as punishment for an infraction or pending an investigation during the course of their incarceration.

Table 1

**Top five infractions leading to disciplinary segregation sanctions**

NE Nebraska		NC North Carolina		OR Oregon		NYC New York City	
Charge	%	Charge	%	Charge	%	Charge	%
Disobeying an order	28%	Disobeying an order	20%	Disobedience of an order I	16%	Fighting/physical struggle with an inmate; no injury	21%
Use of threatening language or gestures/fighting	25%	Profane language	10%	Inmate assault I	12%	Assault on staff with injury or attempted injury	14%
Assault	8%	Unauthorized tobacco use	10%	Inmate assault II	10%	Fighting/physical struggle with an inmate resulting in injury	10%
Swearing, cursing, or use of abusive language or gestures	7%	Sexual act	5%	Disrespect II	7%	Assault on inmate with injury or attempted injury	8%
Disruption	6%	Fighting	5%	Disobedience of an order II	6%	Disobeying staff orders	8%

Data refer to all charges that resulted in a sentence to disciplinary segregation, though does not necessarily mean that the sentence was served. Nebraska (N=6,769) July 1, 2013-June 30, 2015; North Carolina (N=60,528) July 1, 2014-June 30, 2015; Oregon (N=9,846) January 1, 2014-July 22, 2015; New York City (N=9,793), calendar year 2015.

Note: Data for infractions at the Middlesex County Adult Correction Center was not available for analysis. Facility staff there reported that the most frequent infractions to receive adjudication and lead to disciplinary segregation were “conduct which disrupts,” “possession of narcotics/drug paraphernalia,” and fighting. Disciplinary segregation in New York City ranges from 17 hours in a cell per day to 23 hours.

**Finding: Staff and people who are incarcerated believe that some individuals committed infractions in order to be placed in restrictive housing because they feared victimization or violence in the general population.**

This finding is difficult to quantify using administrative data. Still, at many of the facilities Vera visited, staff and incarcerated people reported that they believed people sometimes violated rules with the express purpose of being placed in restrictive housing because they feared for their safety in the general population. The reasons cited for these concerns included belonging to a vulnerable group (such as people who are young), being targeted by gang members, and a fear of violence. Perceptions of threat and insecurity therefore appear to increase the number of infractions committed (actions that often cause physical, emotional, and material harm) and the number of people in restrictive housing.

## Administrative segregation

People held in restrictive housing for reasons other than punishment for violating rules are held in what is typically referred to as administrative segregation. This type of housing is often used to manage someone who is considered dangerous or disruptive or to hold someone temporarily while certain administrative processes, evaluations, or paperwork are completed. Vera's technical reports about each site discuss these uses of administrative segregation in greater detail. This report focuses on one use of such housing that Vera found contributed substantially to the population in restrictive housing across partner sites: indefinite administrative segregation to manage people staff considered dangerous or disruptive. This determination may have been based on factors such as an incarcerated person's previous behavior or information relating to a threat an individual posed.

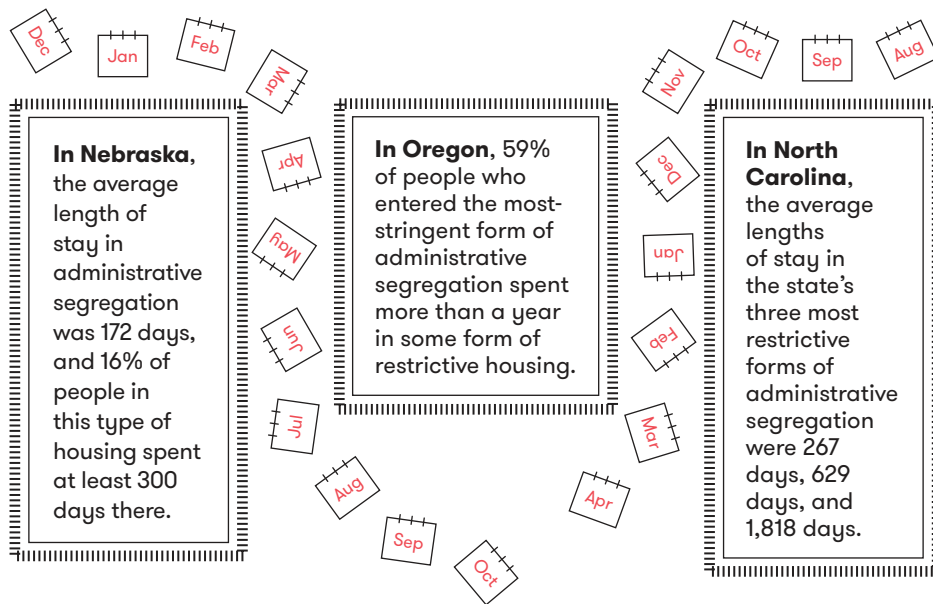
**Finding: Infrequent reviews and the lack of set release dates and clear pathways out of administrative segregation contributed to long stays there.**

Placing people considered dangerous or disruptive in administrative segregation without a predetermined release date was common practice. In North Carolina, for example, more than 1,200 people were being

held in indefinite administrative segregation at the time of Vera’s initial assessment. For these individuals, as in other jurisdictions, release from restrictive housing was granted only when their cases were reviewed by a staff member or committee and they were judged ready to return to the general population. Vera found that these reviews were conducted infrequently. In Oregon, for example, people who were incarcerated typically spent between 60 and 150 days (approximately two to five months) in the Intensive Management Unit—a form of administrative segregation—before their first review.<sup>22</sup>

In many jurisdictions, the criteria used to make release decisions from administrative segregation were unclear. People were often required to demonstrate that they did not pose a threat to the safety of others in order to be granted release from this type of unit—for example, by participating in programming or interacting with other incarcerated people and staff. But such opportunities were rare; most agencies offered little in the way of

### Stuck in segregation



Note: Data refers to 2015. Since then, NCDPS has restructured its “control” status housing and introduced a new step-down process designed to provide programming and cognitive behavioral therapy while progressively introducing less-restrictive housing conditions to people in long-term restrictive housing.

meaningful programming or congregate activity in which the incarcerated person could demonstrate positive behavior. Further, the harmful effects that isolation can have on a person's mental well-being and behavior may have made it increasingly difficult for people to “earn” their release from administrative segregation through good behavior.<sup>23</sup> Opportunities to engage in therapeutic programming were often limited to in-cell workbooks or absent entirely.

✦ Echoing disparities seen throughout the criminal justice system, Vera's analysis found that people with mental health needs, young men, and people of color were more likely to be held in restrictive housing. ✦

These factors contributed to long stays in administrative segregation. In addition, people were sometimes transferred directly to administrative segregation from disciplinary segregation or other types of restrictive housing, leading to even longer continuous periods in such settings.

## Specific populations

In addition to understanding the reasons people are placed in restrictive housing and how long they stay, it is also important to look at who is placed there. Doing so helps identify groups that are disproportionately affected by a system's policies and practices, as well as populations that may

have unmet needs. More research is needed about groups of people who are likelier to be held in restrictive housing and why.<sup>24</sup> Echoing disparities seen throughout the criminal justice system, Vera's analysis found that people with mental health needs, young men, and people of color were more likely to be held in restrictive housing than was true of other incarcerated people.

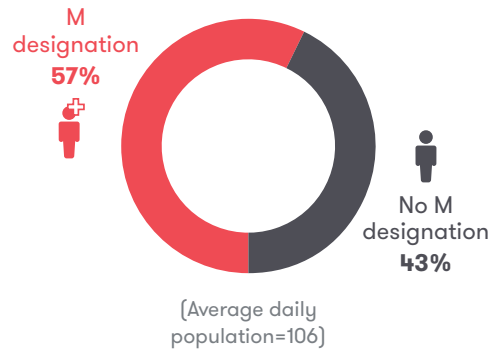
**Finding: People with mental health needs had high levels of placement in restrictive housing.**

Identifying how frequently people with mental illnesses are held in restrictive housing can be difficult; some data systems do not record incarcerated people's mental health status, and systems that do may include only limited information, such as whether an individual has ever used mental health services. During the initiative, data indicating the mental health needs of people held in Nebraska prisons or the Middlesex County Adult Correction Center were unavailable. This lack of clear, precise data makes it difficult to gauge how often people with mental illness are sent to restrictive housing. It also presents challenges for the unit officers who are responsible for people who are incarcerated, and for the disciplinary hearing officers who try to appropriately respond to or adjudicate their behavior. Still, Vera's assessment suggests that people with mental health needs were often placed in restrictive housing in the partner jurisdictions.

In the New York City jail data system, for example, the electronic records of incarcerated people who have had a certain level of contact with mental health services are indicated as having an "M" designation. It does not necessarily indicate that the individual has a diagnosed mental illness. It is, however, the only information consistently available to officers and disciplinary hearing staff regarding the incarcerated person's mental well-being. As shown in Figure 2, people with an M designation accounted for the majority of people held in the New York City jails' most-restrictive form of disciplinary segregation.<sup>25</sup> People in this type of unit are held in their cells 23 hours a day. The numbers in Figure 2 do not include people held in the disciplinary segregation units specifically for those who have an M designation; these units allow more out-of-cell time incrementally after the first week.

Figure 2

**NYC** **Highly restrictive disciplinary segregation population in New York City, by “M” designation**

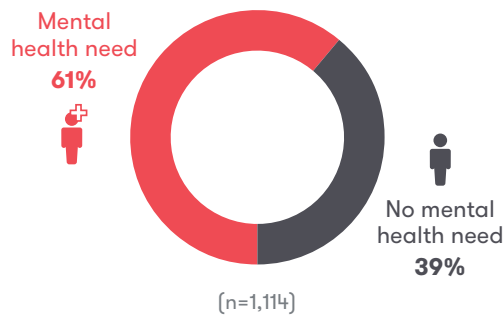


Source: Vera Institute of Justice analysis of data from the New York City Department of Correction for the third quarter of 2015. An M designation indicates a certain level of contact with mental health services during an incarceration period, but does not necessarily mean that the person has a diagnosis of mental illness. Note that this chart presents the average daily population of people held in the DOC's most-restrictive disciplinary segregation setting, the Central Punitive Segregation Unit.

In Oregon, the majority of people in disciplinary segregation units were those identified as having mental health needs ranging from mild (the person has a diagnosis but no need for immediate treatment) to severe.<sup>26</sup>

Figure 3

**OR** **Disciplinary segregation population by identified mental health needs in Oregon**

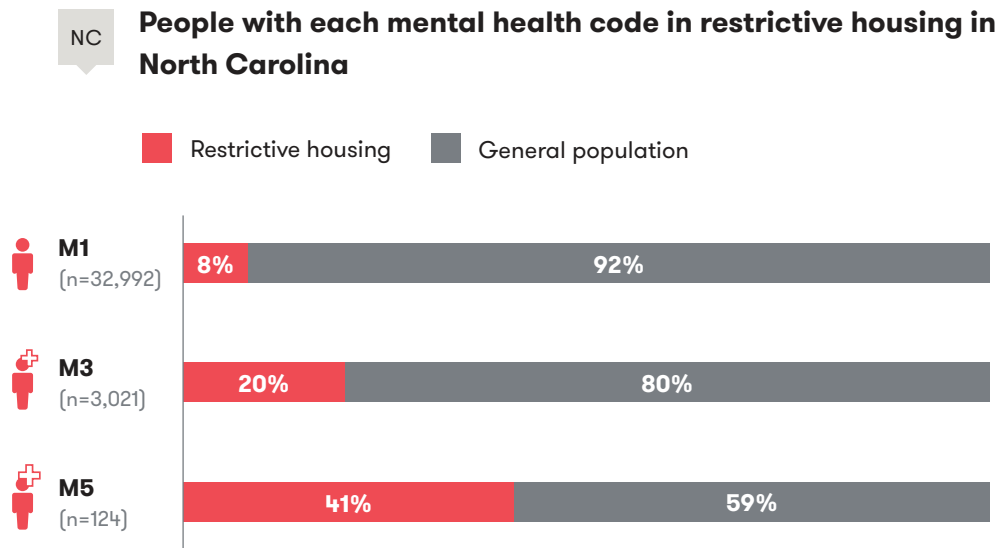


Source: Vera Institute of Justice analysis of data from the Oregon Department of Correction as of April 2015.



In North Carolina, incarcerated people are classified using a mental health scale from 1 (no mental health needs) to 5 (most-significant mental health needs). As Figure 4 shows, 41 percent of people with the most serious health needs (designated “M5”) were in segregation in June 2015.

Figure 4



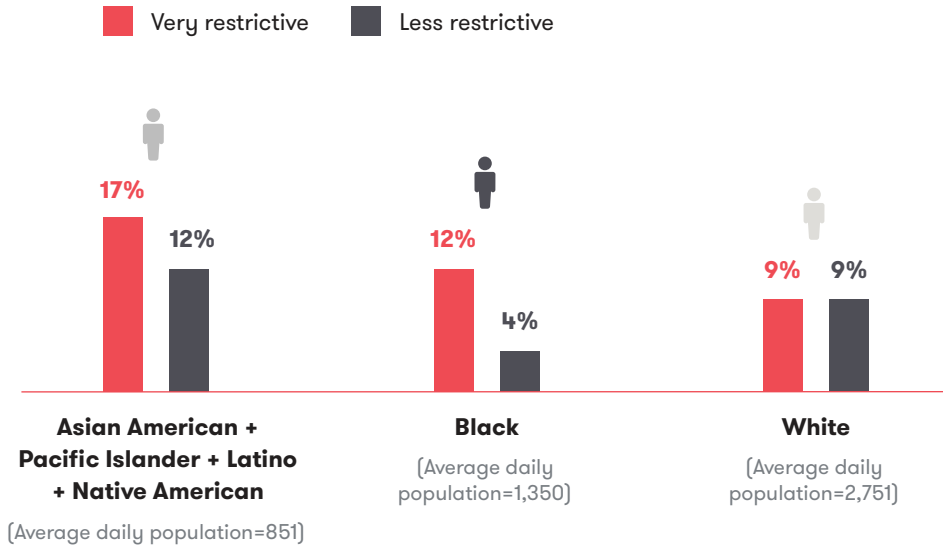
Source: Vera Institute of Justice analysis of data from the North Carolina Department of Public Safety as of June 30, 2015. Note that M1 indicates no mental health treatment needs; M3 means that treatment is being provided by psychology and psychiatry staff; and M5 reflects a level of need equivalent to inpatient psychiatric treatment.

**Finding: People of color were placed in restrictive housing at higher rates than white people were.**

Overall, people of color at Vera’s partner sites had higher rates of contact with restrictive housing than white people did—especially with the most severe types of this housing.<sup>27</sup> Figure 5 shows, for example, that in Nebraska prisons, a combined group of Asian Americans, Pacific Islanders, Latinos, and Native Americans had the highest rates of contact with restrictive housing, with 17 percent in the most-restrictive settings as compared to 9 percent of white people.<sup>28</sup> In addition, black people were less likely to be placed in the less-stringent forms of restrictive housing (the

Figure 5

NE **Percentages of people in each racial and ethnic group in Nebraska prisons who spent time in restrictive housing during an average month**



Source: Vera Institute of Justice analysis of data from the Nebraska Department of Correctional Services for the year ending June 30, 2015.

majority of which is considered “protective custody”): 4 percent of black people, as compared to 9 percent of white people.

Similarly, Vera’s findings in the other jurisdictions reflected higher rates of placement in the most isolating forms of restrictive housing among people of color, who were also underrepresented in more treatment-oriented forms of restrictive housing and in other less-stringent alternatives.

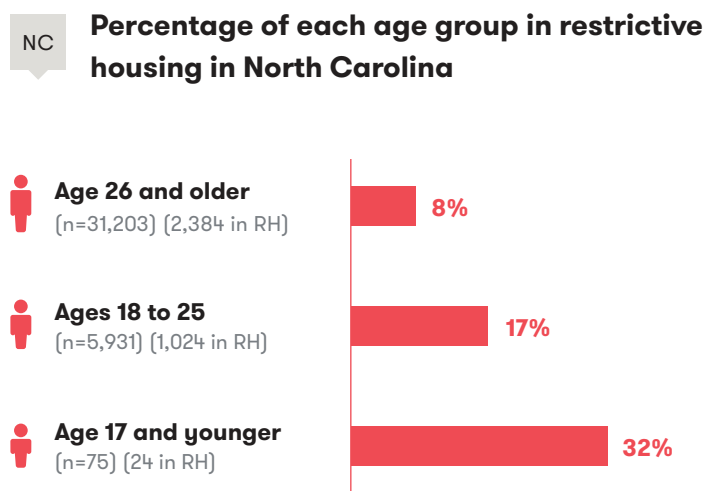
- › In Oregon, people of color made up 26 percent of the total incarcerated population but 34 percent of those in restrictive housing. Black and Latino people were overrepresented in the most punitive forms of administrative segregation and underrepresented in the most treatment-oriented and least-restrictive housing units.

- › In North Carolina, while 35 percent of the white incarcerated population had spent at least one night in restrictive housing during the previous year, this was true of 47 percent of black people and 50 percent of Native Americans. Black people were overrepresented in all forms of restrictive housing except the least-restrictive type of this housing (which North Carolina calls the “Protective Control Unit”), where there was a disproportionately high rate of white people.
- › In New York City, black people were admitted to punitive segregation at 5.7 times the rate that white people were; however, they were less likely to be admitted to units designed as alternatives to restrictive housing for people with severe mental illnesses who had committed infractions, entering those units at 0.6 times the rate that white people did.

**Finding: Young people were overrepresented in restrictive housing populations.**

Younger people were more likely than older people to be placed in restrictive housing. For example, as Figure 6 shows, at the time of Vera’s assessment in North Carolina, Vera found substantial disparity in the

Figure 6



Source: Vera Institute of Justice analysis of data from the North Carolina Department of Public Safety as of June 30, 2015.

placement of people in this type of housing by age group. At the end of June 2015, 8 percent of adults age 26 or older were held in restrictive housing, while nearly a third—32 percent—of the incarcerated population age 17 or younger was held in restrictive housing. As Figure 6 shows, incarcerated people ages 18 to 25 in North Carolina were also more likely than older adults to be in restrictive housing. Notably, the state has since abolished the use of restrictive housing for those age 17 or younger. (Similarly, New York City has eliminated the use of disciplinary segregation for people who are 21 or younger.)

The placement of young adults in restrictive housing followed a similar pattern in Nebraska, as shown in Figure 7.

Disproportionate restrictive housing by age was also apparent in Oregon, where people ages 18 to 25 represented 11 percent of the total prison population but 30 percent of those held in disciplinary segregation. By contrast, people ages 41 and older represented 44 percent of the prison population but just 15 percent of those in disciplinary segregation.

Figure 7

NE **Percentage of each age group in highly restrictive housing in Nebraska**



Source: Vera Institute of Justice analysis of data from the Nebraska Department of Correctional Services for the average daily population from July 2014 through June 2015.

**Finding: Women were less likely than men to be placed in restrictive housing but had high levels of mental health needs.**

In all five jurisdictions, women were placed in restrictive housing at a lower rate and for shorter periods, on average, than men were. But in Oregon and North Carolina, where mental health information about women in the prison systems was available, the level of mental health needs among these women was high.

In North Carolina, 5 percent of women were in some form of restrictive housing. These women had higher rates of serious mental health needs, with 38 percent requiring some level of psychiatric treatment, as compared to 18 percent of women in the general population. In Oregon, 84 percent of women in restrictive housing had been diagnosed with a mental illness that required treatment, compared to 53 percent of the total female population. And 27 percent of those in restrictive housing were assigned the department's highest indicator of mental health need, while this was true for 11 percent of women in the general population.

## Release from restrictive housing to the community

**Finding: Contrary to best practices, incarcerated people are sometimes released directly to the community from restrictive housing, often with little preparation for reentry.**

Reentering the community after a period of incarceration is often a difficult process—psychologically, emotionally, and in practical terms, especially in regard to securing housing, health care, and employment or other financial supports. This can be especially true for people who are released directly from restrictive housing, moving from an environment of extreme isolation into one of autonomy and complex social interactions. Nevertheless, it is a practice that Vera regularly observed. (It is worth noting that circumstances may make it difficult to avoid releasing someone from restrictive housing—for example, if an individual's release date was unanticipated or for people who fear for their safety and refuse to reenter a facility's general population.)

In Oregon, Vera identified 348 people who were released directly to the community from restrictive housing during an 18-month period ending April 30, 2015, after spending an average of almost five months in such housing immediately prior to their release.

In North Carolina in 2015, 1,892 people were released from restrictive housing directly to the community—roughly 35 people every week. Among them, 15 percent spent more than six months in such housing immediately prior to their release. In both states, programming and preparation for release from restrictive housing were inadequate.

## Recommendations

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Vera staff based their recommendations on the findings from the assessment of each site, as well as on many years of experience working to reduce restrictive housing in other systems and on emerging best practices identified in other U.S. jurisdictions. Vera also drew on the guiding principles on restrictive housing established by the U.S. Department of Justice in 2016, and policy statements from associations of corrections, medical, and public health professionals.<sup>29</sup> Some changes are relatively easy to make, while others are more challenging and may require additional resources, especially in staffing.

Just as Vera's assessments showed variations in the sites' use of restrictive housing, its recommendations also varied to respond to the specific needs and challenges of each jurisdiction.<sup>30</sup> There were, however, a number of common recommendations—discussed below—which aim to do the following:

- › Reduce the flow of people into various types of restrictive housing.
- › Exclude certain vulnerable groups from restrictive housing.
- › Shorten the length of time people spend in restrictive housing.

- › Improve conditions in restrictive housing.
- › Assist people in transitioning to a facility’s general population—and whenever possible, avoid releasing them from restrictive housing to the community.

Vera commonly made the recommendations below, although not every one of them applied to all partner agencies. The recommendations are summarized here in six categories: conditions in restrictive housing; disciplinary segregation; administrative segregation; specific populations; release from restrictive housing to the community; and systemwide policy changes.

## Conditions in restrictive housing

Although in some circumstances correctional agencies need to be able to remove people temporarily from the general jail or prison population, that should not entail excessively restrictive and isolating conditions.

### Innovative programming in restrictive housing

The following examples reflect innovative uses of technology, design, and programming for those held in restrictive housing, with the potential to decrease the harmful effects of the environment and improve people’s well-being.

**MP3 players:** The Hampden County Sheriff’s Department in Massachusetts distributes preprogrammed MP3 players to people in restrictive housing as a reward for positive behavior. The content provided in the MP3 players includes self-help and treatment material, contemporary and classical music, nature sounds, and audiobooks. The department has found MP3 players a cost-effective way to keep people engaged in positive activities and to reinforce constructive behavior.

**De-escalation rooms:** The Colorado Department of Corrections has introduced de-escalation rooms in its restrictive housing units, where a person can go for a

temporary “time-out” to cool down. These rooms often have soothing wall colors, dim lights, and a comfortable chair. People can listen to calming music, use exercise balls, read, and participate in art therapy while there.

**“Blue Rooms”:** In 2013, Oregon created the first Blue Room in a state correctional system, to give people in restrictive housing the opportunity to view nature videos. Staff as well as people who were incarcerated said that the room was helpful and led to a calmer atmosphere in the unit. According to preliminary data, the rate of disciplinary infractions appears to be lower for people who had access to the Blue Room as compared to those who did not.<sup>a</sup>

<sup>a</sup> Bryan Denson, “Oregon Prison Tackles Solitary Confinement with Blue Room Experiment,” *The Oregonian*, August 21, 2014, <https://perma.cc/Z4JY-TCCS>.



**Minimize social isolation and provide access to programming and mental health treatment.** Improving conditions in these ways respects the dignity of all people held in restrictive housing and can reduce its negative effects. In particular, Vera recommended that partner agencies do the following:

- › Maximize out-of-cell time. This includes providing meaningful opportunities for indoor and outdoor recreation, with ample room and equipment for exercise; therapeutic programming; education; and other activities, ideally with others who are incarcerated.
- › Adopt strategies that reduce sensory deprivation and isolation and increase opportunities for physical activity and mental stimulation. A basic way to begin is by examining the physical spaces of restrictive housing cells, units, and recreation areas and making modifications to increase their size and natural light and decrease isolation. People should have opportunities for productive in-cell activities in addition to out-of-cell activities. This could include delivering programming and activities through written materials, televisions, MP3 players, or tablets. Increasing access to telephone calls and visits with family and other supportive people can also reduce isolation. (See “Innovative programming in restrictive housing” on page 29.)
- › Increase access to medical, mental health, and program staff. Interactions should be frequent and face-to-face—and outside of cells whenever possible, rather than through a cell door.

## Disciplinary segregation

**Revise disciplinary policies and practices to emphasize proportional sanctions in order to minimize the use of restrictive housing for disciplinary infractions in facilities.** Vera encouraged its partner agencies to use the following strategies:

- › Substantially reduce the number of violations that can result in disciplinary segregation. Only the most serious violent infractions—such as assault—should be eligible for such a severe sanction.

- › Maximize the use of alternative disciplinary sanctions, such as verbal reprimands, loss of privileges, work duty, or cell restrictions. Agencies should develop additional alternative sanctions to disciplinary segregation and encourage their staff to use them more often. It may help facilities to create a “graduated response matrix” by providing guidelines as to which sanctions staff can use in response to which types of behavior and emphasizing alternatives to restrictive housing. Instead of the formal disciplinary process, agencies could also allow corrections officers to respond swiftly to less-serious infractions on the unit through the use of predefined proportionate sanctions. This approach is supported by decades of research, largely in community corrections, demonstrating that “swift and certain” responses to behavior are more effective than more severe, delayed punishments.<sup>31</sup>
- › Train corrections officers to use communication and de-escalation techniques to resolve conflicts and address minor infractions on the unit without resorting to a formal disciplinary process. Punitive responses to infractions often do little to identify or resolve the issues underlying problematic behavior. Training staff to use communication skills to respond to minor infractions and help prevent other rule violations allows for a more supportive and solution-oriented response. Research on community corrections shows that outcomes may improve and recidivism may decrease when officers recognize the dignity of the people they supervise and those relationships are based on mutual respect.<sup>32</sup>
- › Reduce the maximum amount of time an incarcerated person can be held in disciplinary segregation. Throughout the country, numerous states have been reducing the maximum disciplinary-segregation sanctions that can be handed out. Some states have reduced their maximum to 30 days, and others have even moved to a 15-day cap.<sup>33</sup>

**Implement preventive strategies to reduce the occurrence of behavior that violates facility rules and often leads to placement in restrictive housing.** Vera recommended that the sites introduce or expand the following policies, programs, and activities to promote well-being, safety, and positive behavior in the general population:

- › Expand programming, education, pro-social activities, and positive incentives in the facility's general population. This could help reduce idleness, alleviate tension and stress, provide incentives for positive behavior, and address mental health, substance use, and behavioral issues. These positive effects may lower the incidence of misbehavior and violence.
- › Develop strategies to reduce the number of people who commit rule violations in order to go to disciplinary segregation because they fear living in the general population. Agencies should provide supports to those in their facilities' general population who are vulnerable to victimization (such as youth, people new to incarceration, those with mental health needs, elderly people, and those who have developmental, intellectual, or some physical disabilities). One option is to create mission-specific housing units that mix compatible vulnerable populations in a setting that is similar to the general population in terms of privileges and out-of-cell time, but is made safer through higher levels of staffing. Implementing violence-prevention strategies—such as ones based on the “Operation Ceasefire” deterrence model used in the community—may also reduce violence and make general population housing areas safer.<sup>34</sup>

## Administrative segregation

**Minimize the placement of people in administrative segregation and shorten the length of time people spend there.** Vera's recommendations included the following strategies to reduce this type of restrictive housing:

- › Include procedural safeguards, such as frequent multidisciplinary team reviews, in the process for placing people in administrative segregation, to ensure that it is used 1) only as a last resort, when people cannot be housed in the general population because they pose a serious threat to the safety of others; and 2) only when a less-restrictive setting is not sufficient. The hearing process for classification in administrative segregation should provide ample review by a multidisciplinary team that includes program, mental

health, and security staff, to assess each individual's situation and determine whether such placement is warranted.

- › Ensure that the status of each individual in administrative segregation is reviewed frequently and by a multidisciplinary team. The goal of these reviews should be to return people safely to a less-restrictive setting as soon as possible.

**Take actions to make people's time in administrative segregation more productive and ease their return to the general population.**

Vera recommended the following strategies to provide needed behavioral interventions and pathways out of this type of restrictive housing:

- › Provide programming and treatment in administrative segregation, including interventions to address the behaviors that may have resulted in placement there. Facilities should provide instructor-led programming in a secure classroom setting. Staff should help develop clear behavioral plans for everyone in administrative segregation, with the aim of creating a road map to guide people's return to less-restrictive housing. Individuals should also have regular opportunities to demonstrate that they can reside safely in a less-restrictive setting.
- › Create a structured reentry process or "step-down" program—with progressively increasing levels of out-of-cell time, group activities, and privileges—to address behavioral issues, provide incentives for positive behavior, and prepare people to transition to the general population as soon as possible. The broad goal of step-down units and transitional programs is to help people successfully reenter general-population housing and, ultimately, the community, after a stay in restrictive housing. These units and programs may be structured differently, but most include graduated levels of structured out-of-cell time and group activity. One approach that many agencies have taken is creating a phase or level system that allows incarcerated people to gradually earn privileges as they move through the program.

## Specific populations

Certain groups of people—such as youth, women, people with mental illness, and people of color—may have different pathways into restrictive housing, be likelier to end up there, or be more vulnerable to its negative effects than others are. It is important to develop targeted strategies to address people's underlying needs or vulnerabilities and reduce the use of restrictive housing for these populations.

### **Prohibit the use of restrictive housing for certain populations.**

In particular, Vera recommended that its partner corrections agencies prohibit the placement of youth (younger than 18), pregnant women, and people who have serious mental illness, developmental disabilities, or neurodegenerative diseases in any form of restrictive housing that limits meaningful access to social interaction, exercise, environmental stimulation, and therapeutic programming. To this end, Vera recommended that agencies adopt the following strategies:

- › Use alternative disciplinary sanctions and other less-stringent forms of restrictive housing for members of vulnerable populations. For example, agencies should establish secure therapeutic housing units for people who have serious mental health needs and also require heightened security.
- › Establish developmentally responsive policies, practices, and programming for youth and young adults, and train staff to better understand and manage members of special populations.
- › Ensure that people placed in protective custody units or other specialized housing are not placed in restrictive housing-like conditions. These units should mirror the general population to the extent possible in terms of out-of-cell time, privileges, and programming. (At some sites, protective custody units already look and operate like those in the general population. For more information, see the technical reports for Vera's partner agencies.)

**Take the following steps to give special consideration to other specific populations:**

- › Adhere to gender-responsive policies and practices and make sure that incarcerated women benefit from improvements and alternatives to restrictive housing to the same extent as those devised for men.<sup>35</sup>
- › Create a multidisciplinary committee to study disproportionate contact with restrictive housing among people of color. Such a committee could help the agencies better understand the issue, set goals, recommend and consider changes to practices or policies, oversee implementation of any changes, and conduct periodic reviews of data and practice.
- › Monitor the impact of policy changes closely to ensure that they improve and do not perpetuate or worsen current rates of disproportionate contact among people of color.

## Release from restrictive housing to the community

**Never release people directly to the community from restrictive housing.** Vera recommended that its partner jurisdictions prioritize people who are within months of release for step-down programs or other structured reentry processes. This is to help them transition out of restrictive housing as soon as possible and within a meaningful time before release, allowing for appropriate resocialization and reentry planning. Use alternative disciplinary sanctions and housing other than administrative segregation (such as units with increased supervision that are less isolating) for any individual who will soon be released to the community.

## Systemwide strategies

The overuse of restrictive housing in U.S. jails and prisons cannot be seen as a separate, isolated problem. It reflects systemic challenges facing departments of corrections relating to the well-being of people who are incarcerated and of staff, and to the resources available to meet their needs. Agencies cannot address restrictive housing solely by examining their use of these types of units. They will also need to improve conditions of confinement for the general population to improve the well-being, safety, and conduct of incarcerated people broadly, thereby reducing the need for typical restrictive housing options.

✦ **Research suggests that the most-effective structured approaches to behavior modification provide a framework for officers to acknowledge and reward incarcerated people's positive behaviors.**



**Jurisdictions must pursue system-level strategies to foster people's well-being and positive behavior in their facilities' general population and ultimately reduce their use of restrictive housing.** In addition to improving policies and practices directly related to restrictive housing, Vera recommends the following actions:

- › Increase programming, mental health treatment, education and vocational classes, and other pro-social activities available to incarcerated people.



- › Continue and expand efforts to support and train staff, including strategies to address high levels of staff vacancies, turnover, and burnout; improve staff wellness; increase training on communication, de-escalation skills, and mental health and crisis intervention; and seek staff input when designing and implementing policy changes.
- › Develop robust systems for collecting and reporting data on the use of restrictive housing and other relevant measures, such as outcomes of the disciplinary process. Such data should be used to measure the impact of policy changes, identify areas in which the desired outcomes are not being achieved, and ensure that all people benefit from the improvements (including populations such as youth, women, and people of color).
- › Incentivize and reward positive behavior. Research suggests that the most-effective structured approaches to behavior modification provide a framework for officers to acknowledge and reward incarcerated people's positive behaviors rather than focusing solely on responding to rule violations.<sup>36</sup> For example, research on the effectiveness of community supervision suggests that people's compliance with rules is optimized when supervising officers reward four positive behaviors for each negative behavior they sanction.<sup>37</sup> These rewards need not be large—and may be as small as verbal recognition of an achievement. As with punishments, the same research found that the consistency of the response was more important than its magnitude. For many officers, this increased emphasis on rewarding positive behaviors required a significant change in how they understood their work. To help staff make this adjustment, they should be trained to respond to incarcerated people's positive behavior, using clearly structured policies that define the types of rewards officers can give in response to specific behaviors. Explicit policies such as this also set clear expectations for people who are incarcerated. Encouraging positive behavior and rule compliance in this way might decrease the problematic behaviors that have too often driven the use of restrictive housing.

# Conclusion

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**A**t the start of the Safe Alternatives to Segregation Initiative, Vera encountered five vastly different corrections systems at various stages in the process of reducing their use of restrictive housing. Many of the agencies were already planning and implementing alternative strategies to ensure safety and security and promote pro-social behavior. Through a careful analysis of data and policies and in-depth conversations with incarcerated people and corrections staff, Vera was able to create a detailed picture of how such housing was being used in each jurisdiction and recommend strategies to safely reduce its use. This would not have been possible without the commitment, transparency, and critical, innovative thinking that Vera's partners demonstrated. For too long, restrictive housing has been a deeply hidden issue—and most departments of corrections have allowed it to remain that way. The five sites that participated in this initiative are commended for opening their doors to Vera and for welcoming assistance as they tackle this urgent issue.

These agencies are now embarking on the critical work of implementing the recommendations and have all actively made changes to their systems during the assessment process. For example, they have taken steps to limit or end the use of restrictive housing for certain populations or in specific situations. **North Carolina** has enacted new policies that prohibit the use of restrictive housing for anyone 17 or younger; **New York City** has ended the use of disciplinary segregation for people aged 21 and younger. New arrivals to the **Middlesex County jail** are no longer automatically held in this type of housing while going through the intake process but are instead held in conditions much more like those for the general population. **North Carolina, New York City, and Nebraska** have implemented programs that divert people with serious mental illness from restrictive housing into units better suited to their treatment needs. Similarly, the **Oregon Department of Corrections**, in conjunction with the nonprofit Disability Rights Oregon, has sought to improve the quality of life in its administrative segregation unit for adults with serious mental illness by

increasing and improving the therapeutic programs and leisure activities available there.<sup>38</sup>

**North Carolina** has created a step-down program designed to move people safely out of long-term restrictive housing and into a prison's general population, while providing programming and treatment to assist them with the transition. **New York City** has capped the time someone can serve in restrictive housing at 30 consecutive days and 60 cumulative days in a six-month period. **Nebraska** recently took the rare step of eliminating the use of disciplinary segregation as a punishment for rule violations and now uses such housing only to "manage risk," based on the assessment of an individual's risk to the safety of others or the security of the institution.

In enacting substantial changes to their policies and practices, these corrections agencies are affirming their dedication to providing accountable, safe, and secure administration of jails and prisons, while respecting the dignity and worth of those in their care and the staff who are responsible for providing it. As these sites continue to build on the progress they have made, their examples will provide motivation and practical ideas for other jurisdictions willing to rethink their use of restrictive housing.

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## Endnotes

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- 2 Association of State Correctional Administrators (ASCA) and The Arthur Liman Public Interest Program, Yale Law School, *Time-In-Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison* (New Haven, CT: Yale Law School, 2015), 4; and Allen J. Beck, *Use of Restrictive Housing in U.S. Prisons and Jails, 2011–2012* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2015, NCJ 249209), <https://perma.cc/GKL3-TDDD>.
- 3 Craig Haney and Mona Lynch, “Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement,” *New York University Review of Law and Social Change* 23 (1997), 477–570, <https://perma.cc/V3HF-UFMR>.
- 4 Stuart Grassian, “Psychiatric Effects of Solitary Confinement,” *Washington University Journal of Law & Policy* 22 (2006), 325; Craig Haney, “Mental Health Issues in Long-Term Solitary and ‘Supermax’ Confinement,” *Crime & Delinquency* 49, no. 1 (2003), 124–156; Peter Scharff Smith, “The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature,” *Crime and Justice* 34, no. 1 (2006), 441–528; Stuart Grassian and Nancy Friedman, “Effects of Sensory Deprivation in Psychiatric Seclusion and Solitary Confinement,” *International Journal of Law and Psychiatry* 8, no. 1 (1986), 49–65; Paul Gendreau, N.L. Freedman, G.J. Wilde, and G.D. Scott, “Changes in EEG Alpha Frequency and Evoked Response Latency During Solitary Confinement,” *Journal of Abnormal Psychology* 79, no. 1 (1972), 54; Fatos Kaba et al., “Solitary Confinement and Risk of Self-Harm Among Jail Inmates,” *American Journal of Public Health* 104, no. 3 (2014), 442–447, <https://perma.cc/7Z85-DHYZ>; and Lars Moller et al., eds., *Health in Prisons: A WHO Guide to the Essentials in Prison Health* (Copenhagen: World Health Organization, 2007), 36, <https://perma.cc/25MZ-YQVP>.
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- 6 Michael D. Denhof, Caterina G. Spinaris, and Gregory R. Morton, *Occupational Stressors in Corrections Organizations: Types, Effects and Solutions* (Washington, DC: U.S. Department of Justice, National Institute of Corrections, 2014, NIC 028299, <https://perma.cc/F2KU-KWEQ>).
- 7 Lionel Smith, “Why We’re Studying the Causes and Consequences of Solitary Confinement,” Think Justice Blog, Vera Institute of Justice, January 26, 2017, <https://perma.cc/5L4C-4V7F>.
- 8 John J. Gibbons & Nicholas de B. Katzenbach, *Confronting Confinement: A Report of the Commission on Safety and Abuse in America’s Prisons* (New York: Vera Institute of Justice, 2006), <https://perma.cc/3AYS-BGDW>.
- 9 To view recent work by such organizations, see <https://perma.cc/8E8U-XMY7>, <https://perma.cc/R9N5-4BPK>, <https://perma.cc/M7SN-UKBQ>, and <https://perma.cc/2TJP-9A4E>.
- 10 In August 2016, the Standards Committee of the American Correctional Association voted to pass standards for restrictive housing. In 2012, the Association of State Correctional Administrators (ASCA) teamed up with the Arthur Liman Public Interest Program at Yale Law School to survey directors of state and federal correctional systems on their policies regarding administrative segregation. The results of that survey were published in the report *Administrative Segregation, Degrees of Isolation, and Incarceration: A National Overview of State and Federal Correctional Policies* (New Haven, CT: Yale Law School, 2013) and updated in 2015 with *Time-in-Cell: The Liman-ASCA 2014 National Survey of Administrative Segregation in Prison*. Additionally, in 2013, the ASCA issued Restrictive Housing Status Policy Guidelines, available at <https://perma.cc/R6JQ-R8ZK>.
- 11 National Commission on Correctional Health Care, “Position Statement: Solitary Confinement (Isolation),” <https://perma.cc/4F5G-M2BN>.
- 12 See U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing: Final Report* (Washington, DC: U.S. Department of Justice, 2016), <https://perma.cc/WLQ6-8YFK>; and Frost and Monteiro, 2016.
- 13 Frost and Monteiro, 2016, 23.
- 14 “Prolonged solitary confinement” is defined as the confinement of prisoners for 22 hours or more a day without meaningful human contact for a period longer than 15 consecutive days per the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), General Assembly Resolution 70/175, U.N. Doc. A/Res/70/175 (2015), Rules 43–45, <https://perma.cc/TFS6-48LD>. Two U.S. corrections officials and members of Vera’s Safe Alternatives to Segregation Initiative advisory council were involved in drafting the rules.
- 15 See U.S. Department of Justice, 2016, pages 74–78, for descriptions of states and counties that have actively sought to reform their restrictive housing practices, including Colorado, Washington, New Mexico, Virginia, and Hampden County, Massachusetts.
- 16 ASCA and the Liman Program, *Time-In-Cell*, 2015, 58.

- 17 Association of State Correctional Administrators and the Arthur Liman Public Interest Program, Yale Law School, *Aiming to Reduce Time-In-Cell: Reports from Correctional Systems on the Numbers of Prisoners in Restricted Housing and on the Potential of Policy Changes to Bring About Reforms* (New Haven, CT: Yale Law School, 2016), <https://perma.cc/TF4E-59U6>.
- 18 Vera Institute of Justice, “Vera Selects Five Corrections Departments for Initiative Aimed at Reducing the Use of Solitary Confinement,” press release, March 24, 2015, <https://perma.cc/6D68-AEBS>.
- 19 While prisons are operated by state-level departments of corrections and hold people convicted of crimes, jail systems are usually operated by a local (county or city) agency, and hold people awaiting trial as well as people serving shorter sentences.
- 20 For more information and to read the technical reports, visit <https://perma.cc/9G74-AEEZ>.
- 21 In Nebraska, the Department of Correctional Services may impose a range of sanctions in response to a rule violation—such as extra work details or limiting certain privileges—but placement in restrictive housing is no longer a routine response to an infraction. Placement in restrictive housing is instead based on an assessment of the risk a person poses to the safety and security of others and to facility operations.
- 22 Oregon’s Intensive Management Units are restrictive housing units for people who demonstrate behaviors that are difficult to control in the general population because of their severity. These behaviors include chronic rule violations, escape activity, or security threat group (gang) activity.
- 23 Grassian, 2006, 325.
- 24 Benjamin Steiner and Calli M. Cain, “The Relationship Between Inmate Misconduct, Institutional Violence, and Administrative Segregation: A Systematic Review of the Evidence,” in *Restrictive Housing in the U.S.: Issues, Challenges, and Directions* (Washington, DC: U.S. Department of Justice, National Institute of Justice, 2016, NCJ 250315), <https://perma.cc/5GJR-H4A9>.
- 25 In New York City’s jail data system, an “M” designation indicates that, during one period of incarceration, a person has had contact with mental health services at least three times or is prescribed a certain class of psychiatric medication. It does not necessarily indicate that an individual has a mental health diagnosis or the severity of diagnosis. It is therefore an imperfect measure of people’s mental well-being. It does, however, provide some indication of a higher level of mental health need.
- 26 By administrative rule in Oregon, people with severe mental health needs are not sanctioned to stays in disciplinary segregation units beyond 30 days. Facilities are required to divert people with severe mental health needs to other environments at or before the 30-day mark.
- 27 Pathways to restrictive housing are complex and many factors and decision points contribute to someone being placed there. Vera’s analysis describes the outcomes of the use of restrictive housing; it does not assess the determinants for those outcomes or make inferences about causality.
- 28 Vera used the racial and ethnic categories that existed in the administrative data provided by each site.
- 29 U.S. Department of Justice, 2016, 94.
- 30 Because of this, not all of the recommendations presented here are relevant to all corrections agencies; the individual technical reports are the best sources for a complete understanding of each jurisdiction Vera worked with and a comprehensive list of all recommendations.
- 31 Amy L. Solomon, Jenny W. L. Osborne, Laura Winterfield, and Brian Elderbroom, *Putting Public Safety First: 13 Parole Supervision Strategies to Enhance Reentry Outcomes* (Washington, DC: Urban Institute, Justice Policy Center, 2008), 13, <https://perma.cc/3WV9-4623>. Valerie Wright, *Deterrence in Criminal Justice: Evaluating Certainty vs. Severity of Punishment* (Washington, DC: The Sentencing Project, 2010); Mark A.R. Kleiman and Angela Hawken, “Fixing the Parole System,” *Issues in Science and Technology* 24, no. 4 (2008), <https://perma.cc/XX7P-98UZ>; and Swift Certain & Fair, <https://perma.cc/SN6G-5SAH>.
- 32 Alison Shames and Ram Subramanian, “Doing the Right Thing: The Evolving Role of Human Dignity in American Sentencing and Corrections,” *Federal Sentencing Reporter* 27, no. 1, (Oakland, CA: University of California Press, 2014), 9-18.
- 33 For example, see Washington State, Colorado, and Delaware. Dan Pacholke and Sandy Felkey Mullins, *More than Emptying Beds: A Systems Approach to Segregation Reform* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, 2016); Rick Raemisch and Kellie Wasko, *Open the Door: Segregation Reforms in Colorado* (Colorado Springs, CO: Colorado Department of Corrections, 2015); and Community Legal Aid Society, Inc. v. Coupe, No. 15-688 (D.D.E. Sept. 1, 2016).
- 34 Communities have experimented with group violence intervention strategies dating back to Operation Ceasefire, a gun violence-reduction effort launched in Boston in the 1990s. This approach has since been replicated in other communities and has been shown to reduce violence significantly. Unlike suppression and containment models—traditionally used by law enforcement and correctional agencies to punish individuals for singular offenses—the Ceasefire model is based on principles of deterrence and recognizes that many serious offenses are motivated by group dynamics. See National Network for Safe Communities, “Prison Violence Intervention,” <https://perma.cc/3RBN-SGAY>; and Bernie Warner, Dan Pacholke, and Carly Kujath, *Operation Place Safety: First Year in Review* (June 1, 2014), <https://perma.cc/QQ42-QR4E>.
- 35 “Gender-responsiveness” can be defined as “creating an environment...that reflects an understanding of the realities of women’s lives and addresses the issues of the women.” Barbara Bloom, Barbara Owen, and Stephanie Covington, *Gender-*

*Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* (Washington, DC: U.S. Department of Justice, National Institute of Corrections: June 2003), page v, citing Barbara Bloom and Stephanie Covington, “Gendered Justice: Programming for Women in Correctional Settings,” Paper presented to the American Society of Criminology (San Francisco: November 2000), 11.

36 See Paul Gendreau, “The Principles of Effective Intervention with Offenders,” in *Choosing Correctional Options That Work*, edited by Alan T. Harland (Thousand Oaks, CA: Sage Publications, 1996), 117-130, <https://perma.cc/F2EE-LRU8>; and Eric J. Wodahl, Brett Garland, Scott E. Culhane, and William P. McCarty, “Utilizing Behavioral Interventions to Improve Supervision Outcomes in Community-Based Corrections,” *Criminal Justice and Behavior* 38, no. 4 (2011), 386-405, <https://perma.cc/G7A7-JUVD>.

37 Gendreau, 1996; and Wodahl et al., 2011.

38 Oregon Department of Corrections, “The Oregon Department of Corrections Agrees to Reduce Isolation and Improve the Care of Seriously Mentally Ill Adults in Custody in the Behavioral Health Unit,” press release (Salem, Oregon: ODOC, January 13, 2016), <https://perma.cc/ZLJ6-P98F>.

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## Acknowledgments

The authors wish to thank the entire SAS Initiative team at Vera for their work on this project, and the five corrections agencies whose partnership was crucial to the initiative's success—the Middlesex County Adult Correction Center, Nebraska Department of Correctional Services, New York City Department of Correction, North Carolina Department of Public Safety, and Oregon Department of Corrections. In particular, we would like to thank the leaders of these departments and the staff who served as our site coordinators, our main partners in this work. We would also like to thank the incarcerated people and staff who shared their time, opinions, and experiences with us.

This report, and the SAS Initiative, would not have been possible without the support of the U.S. Department of Justice's Bureau of Justice Assistance, and in particular Juliene James, Andre Bethea, and Ruby Qazilbash. The authors also thank Mary Crowley, Allison Hastings, Christian Henrichson, Jim Parsons, Fred Patrick, and Ram Subramanian for their thoughtful reviews and comments. A special thank you to Jules Verdone for her skillful editing; Erika Turner and Karina Schroeder for providing editorial support; and Paragini Amin for designing the report.

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## Suggested Citation

Léon Digard, Elena Vanko, and Sara Sullivan. *Rethinking Restrictive Housing: Lessons from Five U.S. Jail and Prison Systems*. New York: Vera Institute of Justice, 2018.

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