Vera INSTITUTE OF JUSTICE

Safe Prisons, Safe Communities: From Isolation to Dignity and Wellness Behind Bars
Closing Memo – December 2020

Introduction and Summary

From February 2019 through December 2020, the Vera Institute of Justice (Vera) partnered with the Washington State Department of Corrections (DOC) for the initiative *Safe Prisons, Safe Communities: From Isolation to Dignity and Wellness Behind Bars*. Together, Vera and DOC committed to developing reforms to safely and significantly reduce DOC's use of restrictive housing (RH)—both Administrative Segregation (AdSeg) and Maximum Custody (MAX). The partnership laid out several ambitious goals:

Goals of the Partnership

1. **Decrease the total restrictive housing population by at least 20 percent** by the end of the partnership, and at least 50 percent in four years.
2. **Significantly reduce the length of time people spend in restrictive housing,** moving towards a long-term goal of ending prolonged restrictive housing (more than 15 days).
3. **Improve conditions in restrictive housing,** including but not limited to a less isolated environment, additional out-of-cell time, opportunities for meaningful human contact, and access to programs and services.
4. **Eliminate the use of restrictive housing in response to non-violent/low-level behavior, and eliminate its use for particularly vulnerable populations**—including people with serious mental illness (SMI).
5. **Address racial and ethnic disparities** in the use of restrictive housing.

The DOC, with technical assistance and support from Vera staff, implemented numerous reforms during the course of the partnership. However, responding to the 2020 COVID-19 crisis unfortunately slowed some of the reforms and diminished the impacts of previous reform work. Nevertheless, the department has seen some significant progress during the project and continues work on numerous reform efforts.

Below is a brief summary of the DOC's main progress to date and Vera's key recommendations for strategies the department should pursue going forward. Following the summary are more detailed sections on the reforms DOC has implemented, impacts of the COVID-19 crisis, Vera's analysis of DOC data, and Vera's detailed recommendations.

Summary – Main progress during the partnership:

- Implemented updated restrictive housing policies (effective March 2020), with reforms including:
  - narrowing the reasons people can be placed in AdSeg or MAX,
  - reducing the maximum time limit in AdSeg to 30 days, and
  - expanding access to visitation for people in AdSeg and MAX.
- Developed plans and made preparations to repurpose several RH pods into specialized, non-restrictive types of housing.

- Provided additional training for restrictive housing staff.
- **Impacts seen in the data:**
  - A 3.3 percent decrease in the total number of people in RH over the course of the project.[1]
  - A 33 percent decrease in the median length of stay in Maximum Custody.
  - A 57 percent reduction in serious staff assaults in restrictive housing.
  - A 45 percent reduction in self-harm/suicide attempts in restrictive housing.

Summary – Key strategies to pursue going forward, to meet project goals:

- Implement existing plans to repurpose restrictive housing pods into other, non-restrictive housing: Transfer Pods, Transition Pods, and Limited Privilege Pod(s).
- Implement existing plans to eliminate disciplinary segregation.
- Transform conditions in Maximum Custody to ensure that people housed there have ample out-of-cell time, meaningful human interaction, programming, and treatment, so that MAX no longer constitutes restrictive housing.
- Continue to reduce lengths of stay in MAX by offering increased programming and expanding Transition Pods.
- Continue ongoing efforts to reduce the use of, and lengths of stay in, AdSeg—including through more frequent reviews of people placed in AdSeg, expediting investigations for people who are housed there, and working to find alternate placements for the small number of individuals who spend long periods in AdSeg.
- Ensure all people with a serious mental illness who need to be separated from general population (GP) are housed in a Special Offender Unit (SOU) and make SOU a fully therapeutic, non-restrictive housing environment.
- House all probation/parole violators in conditions comparable to GP, not restrictive housing.
- Implement further reforms at the two women's facilities, with the ultimate goal of ending the use of restrictive housing for women.
  - Implement gender-responsive reforms throughout the facilities to reduce drivers of RH.
  - Repurpose one RH pod at WCCW into non-restrictive housing and transform conditions in the remaining RH pod.
- Conduct racial equity evaluations of current policies and procedures as well as any changed policies, new programs or units, or other restrictive housing reforms. Revise those that are determined to have a disproportionate impact on people of color.
- Continue a concerted communications strategy and specialized training for staff to promote culture change and buy-in to reforms.
- Increase meaningful two-way communication and engagement with families of incarcerated people and external stakeholders.

[1] The department had achieved a **9 percent reduction** in total restrictive housing population as of March 31, 2020, but some of this progress was lost during the COVID-19 pandemic, as the population in AdSeg increased. For more, see data analysis section below.

Progress during the Project – Reforms Implemented

The DOC, with technical assistance and support from Vera, implemented numerous reforms during the course of the partnership (February 2019-December 2020). Highlights include the following.

Updated policy (effective March 2020) – Administrative Segregation (DOC 320.200)

- Further limits the reasons people can be sent to AdSeg, to situations when people pose "a *significant risk* to the safety and security" of other people, are "pending investigation for behavior that represents a *significant* threat," request or require protection, are pending transfer to a more secure facility, or pose a serious escape risk.
    - Provides clear, specific examples of behavior that is *not* considered to pose a "significant risk" in most cases—including diluted or dirty urinalysis results, refusal to submit to a urinalysis, possession of alcohol, possession of a cell phone, tattooing, interfering with count, and horseplay.
- Reduces to 30 days the maximum time period people can be kept in AdSeg (from 47 days).[2]
- Allows people in AdSeg to receive visits from approved visitors.
- Allows people in AdSeg to earn time towards the Levels system (the graduated system of privileges used in MAX Custody), except in certain cases.
- Requires superintendents to receive updates every 3 business days on people in AdSeg with high mental health needs, to prioritize GP placement for these individuals.

Updated policy (effective March 2020) – Maximum Custody (DOC 320.250)

- Further limits the reasons people can be sent to MAX, to situations where individuals pose "a significant risk to the safety and security of employees, contract staff, volunteers, or other incarcerated individuals," such as "commission of violent serious infraction(s)."
- Makes adjustments to the Levels system of progressive privileges:
    - Reduces it from 4 to 3 MAX levels, to facilitate quicker progress through the levels and back to GP.
    - Counts any time a person spent in AdSeg towards their MAX level.
    - Codifies the process for transferring people to the **Transition Pod**, where they can finish their MAX programming while receiving additional out-of-cell time, unrestrained and with other individuals, to help prepare them for the transition back to GP housing.
- Allows people in MAX to receive visits from any approved visitors.[3]

[2] However, in extraordinary situations, a superintendent can request a 7-day extension of a person's time in AdSeg; extensions must be reviewed and approved every 7 days by the Mission Housing Administrator at Headquarters.

[3] Previously, people in MAX were only allowed visits from immediate family members.

Communication and training for staff

- Developed and implemented a communications plan about the updated policies, to educate all staff and incarcerated people about the changes prior to their enactment.
- 2019 as "The Year of AdSeg": Provided ongoing communication and supervision to staff—coming from the highest levels of leadership as well as line staff's direct supervisors—to emphasize that AdSeg must be used *only* in response to serious behavior that poses a significant risk to the safety of others, and not in response to low-level or non-violent infractions.
- Created and provided a 3-hour training for all restrictive housing staff, focused on the updated RH policies as well as the reasons for, and importance of, restrictive housing reform (including its harmful effects on incarcerated people and staff) and key strategies to achieve reform.
- Developed, piloted, and implemented the Restrictive Housing Training Program featuring an RH Field Officer Training (FTO) booklet, which contains policies, guidelines, and assessments on numerous topics relevant to working in RH. Each trainee is paired with a more experienced peer mentor and, over several months, must work through the booklet, complete the assessments, and receive sign-offs from supervisory staff. This program supplements the academy training new officers receive and reinforces DOC's expectations for RH to both new staff and seasoned officers. As of December 2020, the booklets had been provided to all RH staff at nine DOC facilities.

Repurposing restrictive housing beds and creating specialized units

- Expanded the "Safe Harbor" at CBCC, a unit which houses incarcerated people who—for various reasons, such as their offense of conviction or former security threat group affiliation—would not be safe in regular GP housing.
    - Repurposed part of an RH unit to create 25 Safe Harbor beds.
    - Began allowing placement of individuals with violent infraction histories in Safe Harbor, on a case-by-case basis, as an alternative to housing them in MAX.
- Prepared to repurpose restrictive housing pods into other, non-restrictive types of housing.
    - Assessed which pods could be repurposed and what existing needs they could meet.
    - Developed plans and made preparations to repurpose pods, including drafting new operational procedures, communicating to staff about the new pods, and making physical plant changes (such as painting and adding TVs and tables).
    - See "Reforms Currently in the Works," below, for more.

Progress during the Project – Impact of the COVID-19 Crisis

By early 2020, DOC was well on its way towards meeting some of the project goals and had multiple reforms in the works aimed at achieving further progress. As of March 31, the department's **total restrictive housing population had been reduced by about 9 percent** from the beginning of the project—halfway to the goal of a 20 percent decrease by the project's end. This was due primarily to a large decrease in the use of AdSeg (see data below). Impacts of the newly-updated restrictive housing policies (which went into effect in March) and plans to complete the repurposing of multiple RH pods in the spring and summer held the promise of further decreasing the restrictive housing population significantly.

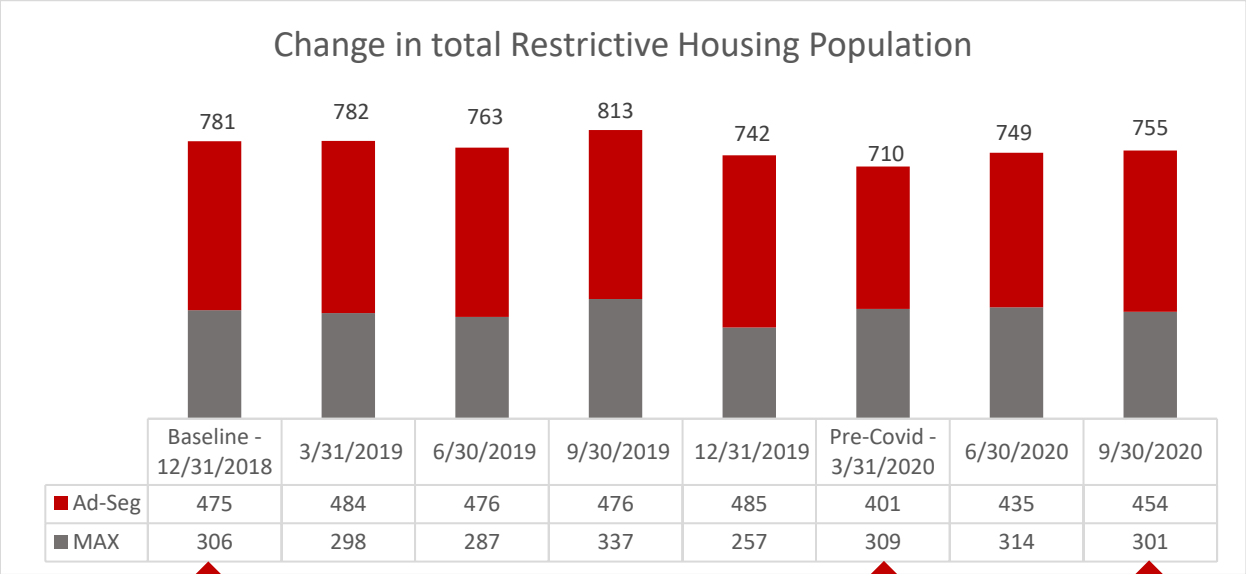
Unfortunately, the COVID-19 crisis slowed or stalled numerous aspects of reform. The final launch of the repurposed RH pods as new, non-restrictive types of housing was delayed due to the urgent challenges of creating other new housing types, such as medical isolation and quarantine. In addition, COVID-19 restrictions placed stringent limitations on movement and transfers between facilities, which led to some individuals remaining in AdSeg for longer than usual while awaiting transfers. During the second and third quarters of 2020, the total AdSeg population increased by 13.2 percent. Programming in MAX units was also limited, since social distancing requirements mean that classrooms can only accommodate half as many students at a time; this threatened to delay people's releases from MAX and even potentially increase the total MAX population.

However, reform efforts continued throughout 2020, as the department and the Vera Institute of Justice remained committed to this important work. Vera and the DOC's Restrictive Housing Steering Committee adapted to remote meetings, final preparations for repurposing units were made (though at a slower pace), and staff continued to participate in the RH Training Program. The MAX Committee continued to meet weekly to review whether people should be placed in, remain in, or be removed from MAX, and the department worked to ensure people could still access programming and progress out of MAX and back to GP; the total MAX population actually decreased slightly from March 31 to September 30, 2020.

Progress during the Project – Data Analysis

Vera's most recent analysis of DOC data (through quarter 3 of 2020) shows that despite the unprecedented challenges of the pandemic, DOC has made some progress towards the reform goals.

Goal 1: Decrease total RH population by *at least 20 percent* (156 people) by the end of 2020.



	Baseline - 12/31/2018	3/31/2019	6/30/2019	9/30/2019	12/31/2019	Pre-Covid - 3/31/2020	6/30/2020	9/30/2020
Ad-Seg	475	484	476	476	485	401	435	454
MAX	306	298	287	337	257	309	314	301

Start of project (baseline) to the early days of COVID (3/31/20)

- AdSeg decreased by 15.6%

- Max was around the same
- **Total RH *decreased* by 9.1%**

Six months during COVID (3/31/20 – 9/30/20)

- AdSeg increased by 13.2%
- Max decreased slightly
- **Total RH *increased* by 6.3%**

The project overall (baseline through 9/30/20)

- AdSeg decreased by 4.4% (475 to 454 people)
- Max decreased slightly, by 1.6% (306 to 301 people)
- **Total RH *decreased* by 3.3% (781 to 755 people)**
  - 26 fewer people – achieved 16.7% of the goal (a 20% decrease/156 fewer people)

Goal 2: Significantly reduce people's lengths of stay (LOS) in restrictive housing, moving towards a long-term goal of ending prolonged restrictive housing (more than 15 days).

Administrative Segregation – from baseline (12/31/18) to 9/30/20:

- Average LOS *increased* from 27 to 28.8 days
- Median LOS *decreased* from 19 to 16 days
- This indicates that while many people spend less than the 30-day limit in AdSeg, some remain there for longer periods of time, with a very small number of outlier cases where people are kept in AdSeg for years.[4]

Maximum Custody – from baseline to 9/30/20:

- Average LOS ***decreased by 18%*** – from 424 to 348 days (76 fewer days)
- Median LOS also ***decreased by 33%*** – from 199 to 133 days (66 fewer days)
- However, these are still *very long* periods to spend in restrictive conditions.

Goal 4: Eliminate the use of restrictive housing in response to non-violent/low-level behavior, and for particularly vulnerable populations, including people with serious mental illness (SMI).

Washington has reduced the use of Disciplinary Segregation (DS) in practice.

- The number of people who served DS time *after* their disciplinary hearing (vs. those who were in AdSeg and, at their disciplinary hearing, received "time served" instead of placement in DS) **decreased by 77%** between 12/31/18 and 9/30/20.

People with SMI remain overrepresented in RH, though some progress has been made.

[4] The longest LOS in AdSeg, as of 9/30/20, was over 1,000 days. As noted above, the restrictions on movement due to COVID-19 have likely exacerbated this trend, with some people having to wait for longer periods of time to transfer out of AdSeg.

- Almost 10% of people in RH have SMI, compared to only 5% of the overall incarcerated population.
- The number of people with SMI in RH has decreased by a quarter – from 12/31/18 to 9/30/20:
  - There's been a **24% decrease** in people with SMI in AdSeg (from 38 to 29 people)
  - There's been a **25% decrease** in people with SMI in MAX (from 61 to 46 people)
    Note: Many of the people in MAX who have SMI are in the Special Offenders Unit (SOU), where they receive more intensive mental health treatment, rather than in regular MAX units.
- However, 75 people with SMI in restrictive housing is still too many.

Young adults (ages 18-25) are also overrepresented in restrictive housing.

- As of 9/30/20, young adults made up 9.1% of the overall incarcerated population, but:
  - 22.9% of people in MAX
  - 15.9% of people in AdSeg

Goal 5: Address racial and ethnic disparities in the use of restrictive housing.

Hispanic/Latino people remain overrepresented in RH, though some progress has been made:

- At the baseline, Hispanic people made up **21%** of RH but only **13%** of GP.
- On 9/30/20, Hispanic people made up **20%** of RH, compared to **15%** of GP.

Other positive trends

- 45% reduction in self-harm/suicide attempts in restrictive housing (from 20 to 11 in a quarter)[5]
- 57% reduction in serious staff assaults in restrictive housing (from 14 to 6 in a quarter)
- 17% reduction in serious staff assaults in non-restrictive housing (from 18 to 15 in a quarter)

Reforms Currently in the Works

Despite the ongoing demands of responding to the COVID-19 crisis, DOC staff are continuing work to develop and implement additional restrictive housing reforms. Highlights include the following.

- **Final preparations for repurposing restrictive housing pods – including:**
  - Transfer Pods: To house individuals who have been approved to leave RH but who, for various reasons such as protection concerns, cannot return to their facility's GP and therefore must wait to be transferred to GP at another facility. Instead of waiting in restrictive housing, these people will be housed in a Transfer Pod, where they can remain safely separated from GP but experience GP-like conditions, particularly

[5] In other words, there were 20 incidents of self-harm or suicide attempts in the baseline quarter (the fourth quarter of 2018, ending 12/31/18), and 11 incidents in the most recent quarter for which we have data (the third quarter of 2020, ending 9/30/20).

additional out-of-cell time, unrestrained and with others. DOC is planning Transfer Pods at four facilities (SCCC, MCC, WCC, and WSP).

- Limited Privilege Pod: A close-custody pod to provide GP housing conditions with enhanced security for individuals whose behavior may pose an elevated risk in regular close custody GP but are not appropriate for MAX placement. DOC is preparing this pod at CBCC, and in the future, may consider a similar pod at WSP.
- Additional Transition Pod(s): A pod where people nearing the end of their time in MAX custody can be housed to help prepare them for the transition back to GP housing. The pod allows them to finish their MAX programming while receiving additional privileges and out-of-cell time, unrestrained and with other individuals. The current Transition Pod at MCC was established in 2017 and has been successful, and DOC is preparing to create additional pods at other facilities with MAX units.
- Consideration of repurposing IMU North at WSP: The department has also been considering repurposing some or all of the pods in IMU North at WSP into other types of housing, including Transfer Pods, Transition Pods, a Limited Privilege Pod, or others.

- **Ending Disciplinary Segregation**
  - In 2021, the department plans to eliminate the use of disciplinary segregation (DS), a type of restrictive housing sometimes imposed as a sanction for disciplinary infractions. Instead, the emphasis will be on using alternative sanctions that are meaningful without generating the harms of restrictive housing placement.
  - DOC is creating a communications plan to educate staff, incarcerated people, and external stakeholders about this major reform before it is enacted.
- **Serious Mental Illness disciplinary pilot at WSP, MCC SOU, and WCCW**
  - The DOC is piloting a new hearings process for people with serious mental illness (S-3 or above) who committed serious infractions resulting from their mental illness symptoms. The new process will ensure that the department responds to this behavior with the necessary care and treatment and diverts people particularly vulnerable to restrictive housing conditions to more appropriate housing options. The pilot's proposed areas include WSP Bar Units and restrictive housing, WCCW, and the SOU at MCC.
  - The pilot will also include training on the new process for various department staff such as disciplinary hearings staff, mental health staff, custody staff, restrictive housing managers, and facility leadership.
- **Pipe pilot at MCC**
  - The pipe pilot will help the department keep electronic records of how much out-of-cell time people receive. This information can help create a baseline of the current time out-of-cell for people at MCC and can guide potential future reforms to expand time offered.
- **Earned time for people assigned to MAX Custody**
  - In 2021, the department plans to update policy to allow people assigned to MAX custody meeting programming and behavioral expectations identified by the MAX custody committee to be awarded earned time credits.

Moving Forward: Vera's Recommendations for Reform

In order to build on the progress that has been made, successfully implement the reforms currently in the works, and achieve the original goals of the partnership, Vera recommends that Washington DOC pursue the following strategies.

- **Minimize the restrictions and isolation caused by responses to COVID-19; in particular, ensure that medical isolation and quarantine are significantly different from restrictive housing.**
  - Take further steps to ameliorate the harmful impacts of quarantine and medical isolation by providing increased access to property, reading materials and entertainment, mental health care, personal hygiene (including showers), and opportunities for communication with loved ones.

- **Maintain a departmental focus on and commitment to restrictive housing reform, including:**
  - Continue the internal, department-wide Restrictive Housing Steering Committee (RHSC) as well as facility-level subcommittees to help develop and implement reforms.
  - Guide reform efforts using the Guiding Principles created by the RHSC.
  - Use the biennial policy review process as an opportunity to improve and develop further reforms and to continuously set the bar higher.
  - Engage with, and incorporate input from, families, incarcerated people, and external stakeholders during the reform process (see below for more).

- **Implement plans for repurposing pods in restrictive housing units.**
  - Launch **Transfer Pods** at the four planned facilities, and eventually every major facility. Ensure conditions in these pods are as similar to GP as possible, in policy and in practice.
  - Begin operating the **Limited Privilege Pod** (LPP) at CBCC, and evaluate the need for a second LPP at WSP. Ensure that conditions are as similar to GP as possible, and that there is adequate review and due process for placement into and removal from the pod.
  - Develop a second **Transition Pod**, and work towards having enough Transition Pods so that everyone who needs to can go through them as they leave Maximum Custody.
  - Renew consideration of ways to repurpose pods in **IMU North at WSP**, including a specialized pod with less restrictive conditions for incarcerated individuals awaiting out-of-state placement.

- **Continue to shorten lengths of stay in MAX Custody.**
  - Continue efforts to reduce waitlists for programming:
    - Offer more programming, and expand methods of delivery—including through distance learning such as using tablets or computers, to supplement in-person programming and also to ensure programming can continue during emergencies such as the COVID crisis.

        - Offer programming much earlier, beginning as soon as people get to MAX.
        - Create additional classrooms in MAX.
        - Obtain additional escort staff, and/or make operational changes to free up escort staff time (like letting people go unescorted to showers and recreation).
        - Obtain additional program staff, and/or reimagine the role of custody staff to include facilitating programming and activities.
    - Further work to move people out of MAX sooner:
        - Create more Transition Pods to help people better transition to GP.
        - Continue to provide (and, where needed, create additional) GP housing options that allow people to safely leave MAX—such as Safe Harbor pods, the LPP, other specialized units, and overrides to medium custody where appropriate.
        - Consider creating a peer mentor program to help people cope with being in MAX, participate in programming, and successfully transition to GP.

- **Transform conditions in MAX to a point where it no longer constitutes restrictive housing.**
    - It likely will not be possible to reduce everyone's lengths of stay in MAX to under 15 days, so to meet the goal of ending prolonged restrictive housing, it is necessary to transform MAX into a different type of housing, which provides enhanced security in an environment separate from GP but does *not* rise to the level of restrictive housing:
        - Increase out-of-cell time—aim for at least **4-6 hours per day**—including access to recreation areas, exercise cells, dayrooms, and de-escalation or blue rooms.
        - Provide even more programming, treatment, and services to address people's underlying needs and any issues that may have led to their MAX placement.
            - Consider further tailoring MAX units to certain populations or needs.
        - Increase the availability of in-cell and out-of-cell activities—such as in-cell reading or education materials, tablets or MP3 players, book clubs, chess games, movie nights, etc.
        - Provide more congregate (small group) out-of-cell time and activities.
        - Make individualized decisions regarding the necessity of restraints and escorts, and progressively decrease these restrictions as people progress through MAX.

- **Implement the plan to eliminate disciplinary segregation.**
    - Precede ending the practice with an extensive communications strategy to staff and incarcerated people, as well as families and external stakeholders.
        - Emphasize the reasons for reform, and the persistence of the disciplinary process to hold people accountable with meaningful, non-RH sanctions.

- Move away from using loss of visits and calls with loved ones as sanctions.
- Create additional privileges and incentives for positive behavior in GP.
- Use alternative *responses* (rather than sanctions) to some behaviors, such as a drug treatment program in response to drug possession or dirty urinalysis results.
- Consider creating de-escalation rooms in GP, to help avoid or defuse crises and conflicts.
- Provide GP staff with additional skills training to better manage behavior and incidents without using the formal disciplinary process and/or sending people to restrictive housing (such as motivational interviewing or crisis intervention team training).
- Monitor administrative data and staff decisions to ensure that there are no unintended consequences of the elimination of disciplinary segregation (such as in increase in AdSeg placements as a way to impose a "de facto" segregation sanction).

- **Continue the focus on reducing both admissions and lengths of stay in AdSeg, moving towards a maximum of 15 days, in line with international standards.**
  - For example, require superintendents to review and approve all AdSeg placements within 24 hours (rather than the current requirement of 2 business days).
  - Hold intermediate reviews of everyone in AdSeg more frequently, such as every 7 days (rather than the current policy of holding reviews within 14 days).
  - Continue work to speed up the pace of investigations, and prioritize investigations related to people who are being housed in AdSeg pending the outcome.
  - Particularly work to find alternate placements for the small number of individuals who currently spend long periods of time in AdSeg; until such placements are found, make individualized modifications to their conditions of confinement to reduce isolation and restrictiveness.

- **House all violators in conditions comparable to GP (*not* restrictive housing conditions).**
  - If probation/parole violators being held in DOC facilities must be kept separate from the general population, house them in separate pods or units that mirror conditions of confinement in GP.

- **House all people with a serious mental illness who need to be separated from GP in a Special Offender Unit (SOU) and make SOU a fully therapeutic, non-restrictive housing environment.**
  - When examining administrative data, look at whether people with SMI who are in MAX custody are in SOU or in regular MAX units, to ensure they are all housed in SOU.
  - If needed, increase the number of SOU beds by expanding the SOU and/or creating another SOU, perhaps at WSP.

- Continue and expand programming, treatment, out-of-cell time, and congregate activity in SOU to ensure that it is a therapeutic environment with conditions significantly different from restrictive housing.
- Focus particularly on this population—consider creating a committee to focus specifically on mental health and RH reform (in collaboration with the RHSC).
- For individuals with mental health needs who are viewed as primarily displaying "behavioral problems," ensure that they are housed in an environment which provides necessary safety but that also allows for sufficient mental health treatment—this may be the SOU, or perhaps a separate therapeutic unit such as a behavioral health unit.
- Monitor data to determine the number and lengths of stay of people with SMI in AdSeg and whether the updated AdSeg policy is helping reduce these measures. Emphasize the need to find alternative placements for this population, either in GP or in SOU.

➢ **Establish specialized housing for young adults.**

- Create developmentally-appropriate, specialized GP housing for young adults, to support their success and help avoid incidents that might lead to their placement in restrictive housing. Look to Vera's Restoring Promise initiative for resources and models.

➢ **Implement comprehensive reforms at Washington Corrections Center for Women and Mission Creek Corrections Center for Women, with the ultimate goal of ending the use of restrictive housing for women.**

- Empower a key group of staff at the facilities to design and implement reforms, with the support of headquarters staff and the RHSC.
- Repurpose one pod of the restrictive housing unit at WCCW to have GP-like conditions.
- Transform conditions in the other RH pod to eliminate traditional restrictive housing, while providing a secure environment separated from GP if needed.
- Implement gender-responsive reforms throughout the facilities, to reduce the drivers of restrictive housing for women:
  - Provide more programming to address key underlying needs of the population, including substance use treatment, intimate partner violence programs, and mediation and conflict resolution.
  - Implement a gender-responsive disciplinary process.
  - Create and expand incentives for positive behavior, such as the levels systems.
  - Increase communication and training for staff on the need for gender responsive and trauma-informed practices.

➢ **Address the overrepresentation of Hispanic/Latino men in restrictive housing.**

- Conduct further data analysis and other information-gathering to examine any racial or ethnic disparities at various decision points (such as infraction write-ups, AdSeg placements and reviews, and MAX referrals and placements), to identify drivers of disparities.

- Conduct a racial equity evaluation of current department policies and procedures to determine areas that may be leading to disparities.
- Monitor all data by race and ethnicity, and conduct racial equity evaluations of any policy changes, new units or programs created, and other reforms that are implemented to ensure they don't create or exacerbate disparities.

- **Continue to implement a concerted communications strategy and provide specialized training for staff (in restrictive housing and in GP), to promote culture change and buy-in to reforms and to provide important skills.**
  - Continue to emphasize the reasons reform is important and how it improves staff safety and wellbeing—including by sharing data on the impact reforms are having.
  - Communicate with staff *as reforms are being developed* and get their input and ideas, and solicit feedback from staff on implemented reforms and their impacts (including potentially by surveys or town halls).
  - Build on the restrictive housing field training booklet to provide additional specialized training, supervision, and mentorship for staff who work in restrictive housing or other specialized units (such as SOU).

- **Increase meaningful, two-way communication and engagement with families of incarcerated people and other external stakeholders.**
  - Engage these groups in the development of reforms and policies, *before* they are finalized, to allow them to provide input and ideas and contribute to the process
    - Incorporate families' perspective when planning to create new or update RH policies and practices, especially on relevant issues (e.g., notifying families when their loved one is placed in RH, etc.)
  - Continue to share data on restrictive housing, including by:
    - Launching the planned RH reform page on the DOC website and regularly updating key data points on the page going forward.
    - Considering the development of independent data share agreements with external stakeholder groups, to increase data transparency.
  - Diversify communication methods and strategies to engage families to ultimately increase families' knowledge of the restrictive housing process and gain more insights on RH reforms—such as through newsletters, listening sessions, town halls, focus groups, advisory councils, etc.

Conclusion

Due to the COVID-19 pandemic, DOC increased its use of restrictive from January 2020 through December 2020. However, their use of restrictive housing is still less than before they engaged with Vera, but now only by 3%. Despite unprecedented challenges, the department has remained committed to restrictive housing reform. Vera is impressed by the department's continued commitment to these efforts as they forge ahead in their work to improve the safety and well-being of incarcerated people, staff, and the community by reducing restrictive housing.