

HUMANITY IN NORTH DAKOTA

***LEARNING FROM NORWAY
TO MAKE BETTER NEIGHBORS,
NOT BETTER PRISONERS.***

“A judge took away his freedom. We have no right to take away his human dignity. For our own benefit and security, we should on a daily basis remind him of his own human dignity.”

Judge Donovan Foughty, North Dakota

‘THE CONCEPTS OF RESPECT AND HUMANITY ARE UNIVERSAL.’

DEPUTY GOVERNOR OF HALDEN PRISON

- **No life sentences; longest possible sentence is 30 years**
- **Mission of public safety and rehabilitation**
- **Suffered from soaring incarceration and recidivism rates**
- **98% of North Dakota prisoners will be released**
- **Mission of public safety and rehabilitation**
- **Suffering from soaring incarceration and recidivism rates**



**OUR ENVIRONMENTS ARE
DIFFERENT,
BUT OUR GOAL IS THE SAME.**



NORTH DAKOTA IS KNOWN FOR...

- **Friendliness**
- **Kindness**
- **Being nice**
- **Helpfulness**
- **Good neighbors**
- **Working hard**
- **Resilience**

But without clear direction of how to apply these characteristics to our penal system, we mimicked other prisons and began getting the same results.

HERE'S WHAT HAPPENED

- **Prison admission rates increased 212% in 20 years**
- **Population growth brought increased substance use**
- **Prisons became the treatment destination for the state**
- **Prisons began to overcrowd**
- **Staff turnover increased**
- **\$64 Million dollar addition reached capacity in year one**
- **Security procedures tightened. Privileges dwindled.**
- **Solitary confinement use almost doubled**
- **Rehabilitation prioritized when resources, time, and bed space allowed**

AS RECIDIVISM NEARED 40%, WE FOUGHT FOR BETTER OUTCOMES.

- **Engaged an agency wide evidence based program redesign**
- **Trained 800 correctional staff in motivational interviewing and core correctional practices**
- **Created a program to reinforce people in prison for desirable behaviors**
- **Increased risk reduction strategies for case managers and probation officers**
- **Implemented treatment programs in restricted housing units**

AND THEN WE WENT TO NORWAY

- **Focus on the human, not just criminogenic risk and need**
- **Create the environment where the interventions will work**
- **Rehabilitation is the other side of the security coin, not ancillary**
- **Don't let risk of the strange & unique events dictate DOCR policy**
- **Empower staff from the lowest level to make decisions and view their role as a change agent**
- **Don't accept doing harm based on the fear possible risk**

NORWEGIAN PRINCIPLES IN NORTH DAKOTA

Normalization: Find ways to make life inside prison more like life outside prison.

Dynamic Security: Increase the relationship between security and people living in prison to enhance security.

Import Model: Invite the community in to participate in rebuilding bonds with their future neighbors.

Progression: Create opportunities to transition from prison to community starting at the beginning of incarceration.

THE NEED FOR HUMANITY IN SOLITARY CONFINEMENT

- **In March 2015, 82 men were housed in Administrative Segregation (in a 750 person prison).**
- **Offenses that resulted in their placement ranged from assault on staff, fighting, sexual assault, all the way to tattooing and chronic failure to follow the rules (multiple low level reports).**
- **Lengths of stay ranged from 3 days to 2 years with the average between 3-8 months.**
- **Treatment was offered to 5-10 people in the unit but typically led to longer stays in segregation to complete programming**

EASY COME, HARD TO GO.

- **The behaviors warranting placement in segregation were broad**
- **The criteria for release from segregation were subjective and unrealistic (usually time oriented)**
- **Release from segregation had more to do with the avoidance of risky stimulus and absence of ‘bad behavior’ rather than the demonstration of less risky behavior**
- **Segregation was not to be punishment, but it was unclear what other purpose it was serving**

POST NORWAY

- Evaluated the behaviors of the people living in segregation
- Create a transition wing in segregation that allowed for increased socialization, interaction with general population, and less restricted movement in the unit.
- Released people whose behaviors did not demonstrate an acute risk to the safe operation of the institution
- Reduced unit numbers to a manageable capacity to facilitate intensive intervention and increased interaction.
- Developed a new mission: *“Separate, assess, and equip individuals with skills to reduce serious risk to the institution.”*

CURRENT SEGREGATION PHILOSOPHY

Behave your way into segregation.

**We will help you behave your way out
of segregation.**

LIMIT BEHAVIORS THAT RESULT IN PLACEMENT

- Homicide Escape from a MAX or MED custody facility
- Taking Hostages Assault and Battery on Staff *which causes significant, intentional bodily injury or exposure to a biological contaminate to include aggravated sexual assault or predatory behavior resulting in sexual assault*
- Assault or Battery on an inmate *which causes significant, intentional bodily injury or exposure to a biological contaminate to include aggravated sexual assault or predatory behavior resulting in sexual assault*
- Arson
- Inciting or participation in riots, work strikes or disturbances
- Trafficking/Smuggling Contraband *into a MAX or MED facility*

CONSIDER ALTERNATIVES TO SEGREGATION

- **Increased monitoring in general population**
- **Engage intense treatment intervention without changing housing**
- **Utilize restriction to quarters and other sanctions**
- **Segregation to be used as a last resort to ensure safety and order in the institution**
- **Investigating use of a pre-screening tool that will identify likely placement in segregation for early intervention**

ASSESS PEOPLE SENT TO SEGREGATION

- 1. Mental Health Screen**
- 2. Intervention Needs Assessment conducted by Psychologist (occurs within first 3 days in the unit)**
- 3. Behavior Observation Checklist completed by unit staff during the formal Intervention Needs Assessment**
- 4. Violence Risk Assessment (when recommended by Psychologist)**

Results of assessment process dictate:

- Recommendations for intensive intervention in the segregation unit**
- Recommendations for not being placed in segregation**
- Where the person should be placed on the unit**
- Parameters of individualized behavior plan to exit the unit**

A WING: ACUTE INTERVENTION

- **Persons who demonstrate acute impulsivity or aggression**
- **Receive individualized behavioral analysis plan**
- **Engage with a psychologist weekly**
- **Receive reinforcers for interacting with staff and practicing coping, emotional regulation, and social skills**
- **Goal is to stabilize and engage person for step down to a less restricted wing for group intervention**

BEHAVIOR MODIFICATION WING

- **Persons with demonstrations of aggression and impulsivity (typically chronic violence towards others)**
- **Attend open-ended treatment group 3 times per week**
- **Interventions focused on motivation, impulsivity, and aggression through the teaching and practice of coping, social, and emotional regulation skills**
- **Engage twice daily with staff to practice treatment content**
- **Receive increased recreation, reinforcers, and enrichment for participating in group and practice activities**
- **Receive an individual behavior plan that articulates target and goal behaviors to step down to less restricted housing**

ADMINISTRATIVE TRANSITION UNIT

- **Persons who have demonstrated progress in behavior modification wings**
- **Step down into increased interaction with general population and other people in the unit without restraints or staff escorts**
- **Attend treatment group in general population twice per week**
- **Engage in voluntary enrichment program**
- **Eat meals with others both in the unit and in general population daily**
- **Demonstrate progress before step down to general population**

CONVINCING STAFF TO CHANGE

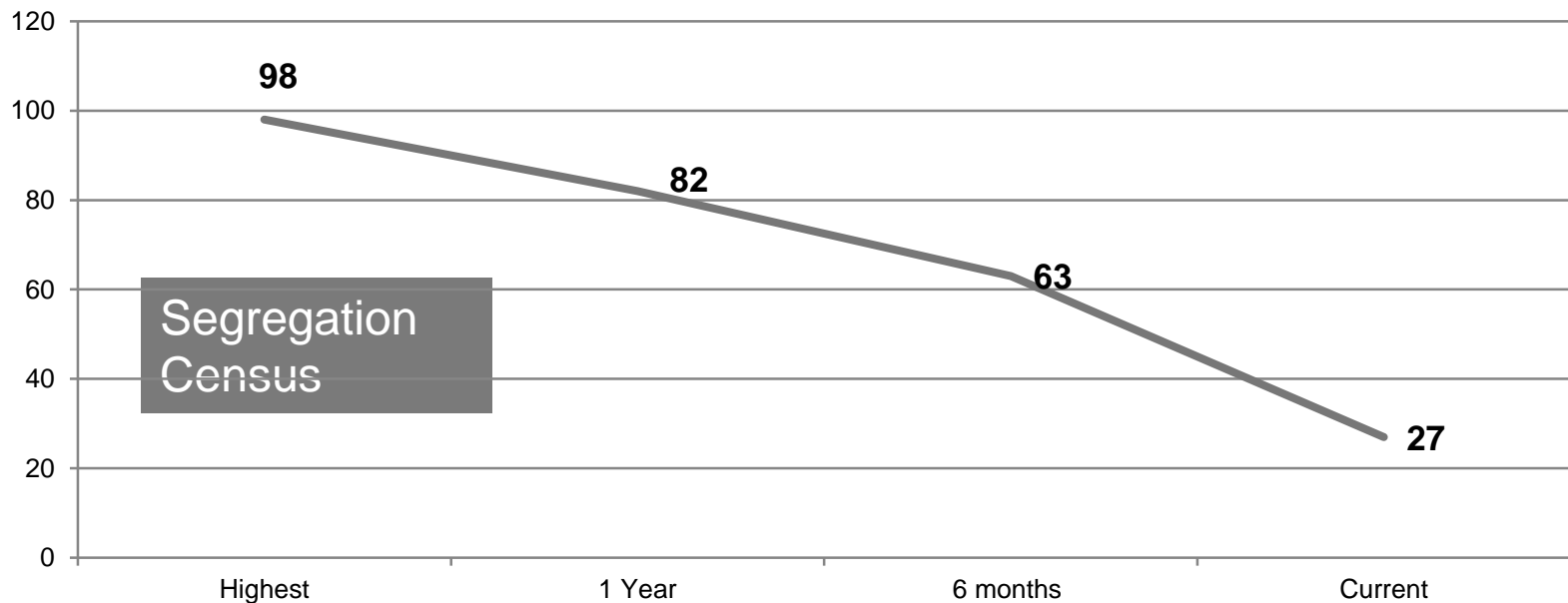
- **Engage line staff leaders in the development of program**
- **Survey staff to identify perceived problems in the unit as it pertains to long term security of facility**
- **Draw parallel between rehabilitation and long term security of facility**
- **Share successful outcomes from other restrictive housing projects as well as internal outcomes as data is available**
- **Educate staff to the harm of solitary confinement and engage them in recognizing the symptoms in long term residents**
- **Reinforce staff for curiosity, willingness, performance, and progress.**
- **Leaders must model the approach and values of organization to the staff**

RESULTS: CAPACITY

Highest segregation census was 98 in 2015.

April 11, 2015 segregation census was 82.

April 11, 2016 segregation census was 27.



GENERAL RESULTS

- **Increased friendly interactions between staff and individuals living in the unit**
- **More recreational and enrichment opportunities (out of cell time and more to do while in cell)**
- **More opportunities for therapeutic interventions**
- **Assessment for each entry to the unit**
- **Each person in the unit has a behavior plan**
- **Clear expectations required to exit the unit**
- **Movement away from lengthy time-oriented segregation stays**
- **Alternatives to segregation used more frequently**
- **Narrow criteria to even be considered for segregated placement**

RESULTS: STAFF PERCEPTION

‘I hope this works, because this is a lot more fun to work down here like this.’

‘I was skeptical, but it felt really good when A.A. did his skill practice with me. It worked.’

‘I’m actually starting to practice some of the skills in my own life.’

‘I used to hate working down here when all we did was fight with these guys, this is so much better.’

‘I actually feel like we are rehabilitating people, not just locking them up and hoping they don’t do the same thing again.’

RESULTS: WARDEN'S PERSPECTIVE

There were many questions asked, but it was very difficult to answer. I was so impressed when some of the answers were no or we really aren't sure how we are going to do something, because most of the residents accepted these answers.

If there was argument or further requests; other residents would explain that this is new and we will build it as we figure it out. These are the same guys we felt needed to be locked up, because they couldn't reason or accept an authoritative response. This truly solidified my belief in the changes we are making.

RESULTS: DEPUTY WARDEN'S PERSPECTIVE

When the cells were opened none of the inmates would come out of their cells. We would go to a cell and open the door and tell the inmate to come out and he would say, "are you sure? For real?" Eventually all of the inmates came out and we brought the 6 from the other pod over. The inmates were excited to be out and full of questions for us.

They engaged in some sort of physical contact with each other, a pat on the back, a tap on the shoulder, a knuckle bump or maybe even a bro hug. We explained the plan and told them that they would be able to come out in groups for tier recreation, eat their meals together, go out of the unit for recreation in the main gymnasium and eat one meal a day in the main dining room.

Watching the inmates on camera afterwards really solidified what we have been told about segregation and how important physical contact is.

RESULTS: THE PERCEPTION OF PEOPLE LIVING IN SEGREGATION

'I decided to join group because you guys are more enthusiastic and I feel like I should be.'

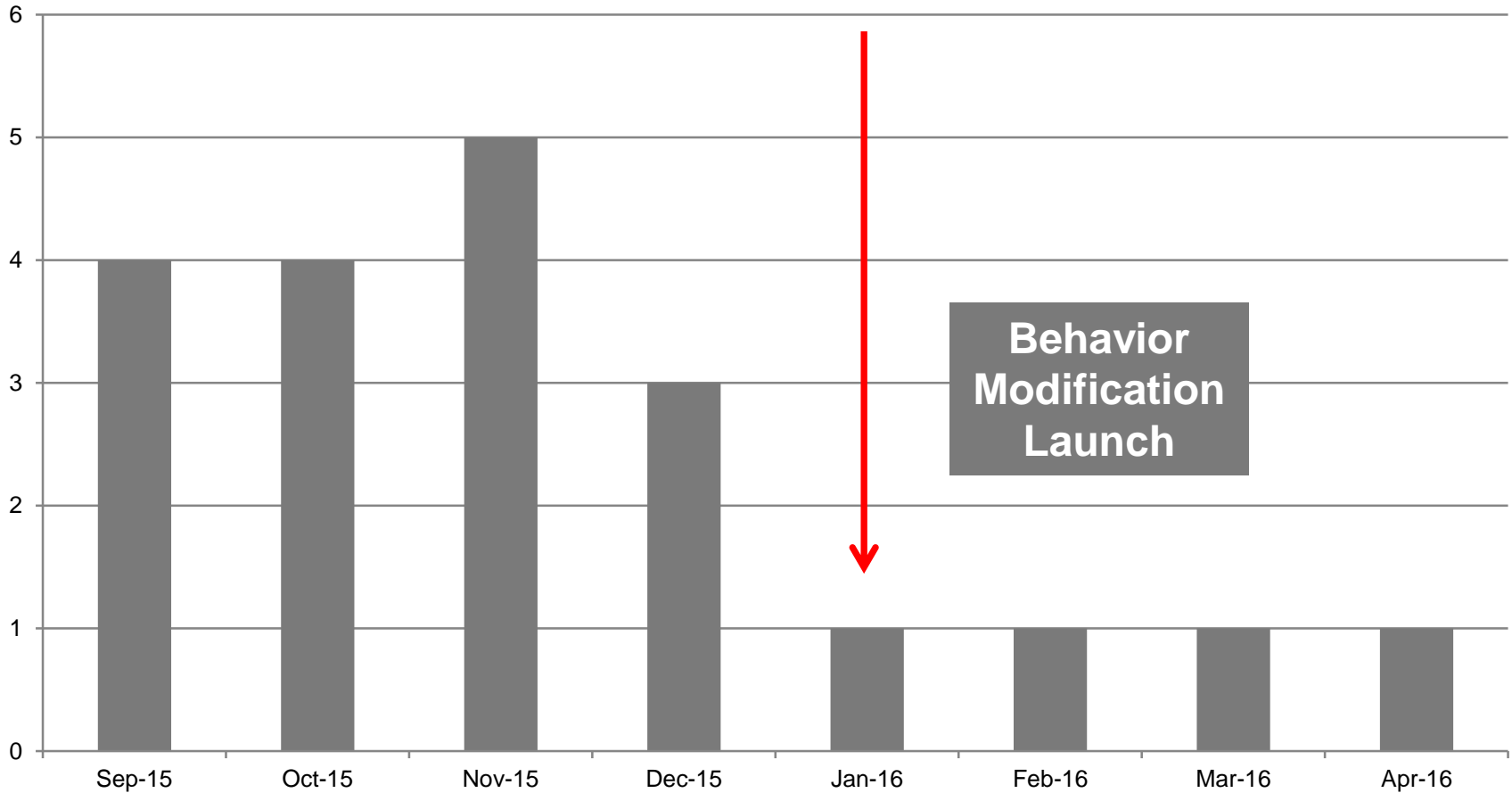
'Staff just used to rush passed my door, now they stop and talk and I'm seeing they're kind of like us, I mean, we're the same.'

'People will say disrespectful things about you and what you're doing, but I don't want you to lose faith. You're doing a good thing.'

'A person gets bored and starts talking to themselves back here, now I can talk to an officer about what's going on with me.'

'I'm learning to be more understanding of the officers, like, I don't take it so personal when they forget something I asked for.'

RESULTS: USE OF FORCE



RESULTS: INSTITUTIONAL SAFETY AND SECURITY

Despite the release of over 50 people from segregation over the course of the last 6 months, there has been no significant increase in level II incident reports displayed in the facility.

RESULTS: PEOPLE LIVING IN THE UNIT ENGAGED IN THE PROGRAM

'Shane' demonstrates violence and threats towards staff, medication non-compliance, quitting behaviors, and self harm.

Medication Refusal Prior to Engagement: 78

Medication Refusal NOW: 9

Violence towards staff Prior to Engagement: 1

Violence towards staff NOW: 0

Threats Prior to Engagement: 13

Threats NOW: 0

Quitting Behaviors Prior to Engagement: 35

Quitting Behaviors NOW: 11

SISTER PROJECT AT JRCC

The Specialized Assistance Unit at our medium security prison is designed to equip people to function with reduced risk.

Developed to treat and intervene for the people with the most serious mental illness who demonstrate acute need and/or the inability to function in general population.

Increased therapeutic interventions, medical monitoring, and increased staff presence.

Launched behavior modification (same framework as Administrative Segregation Project) pilot in August 2015.

SAU OVERVIEW

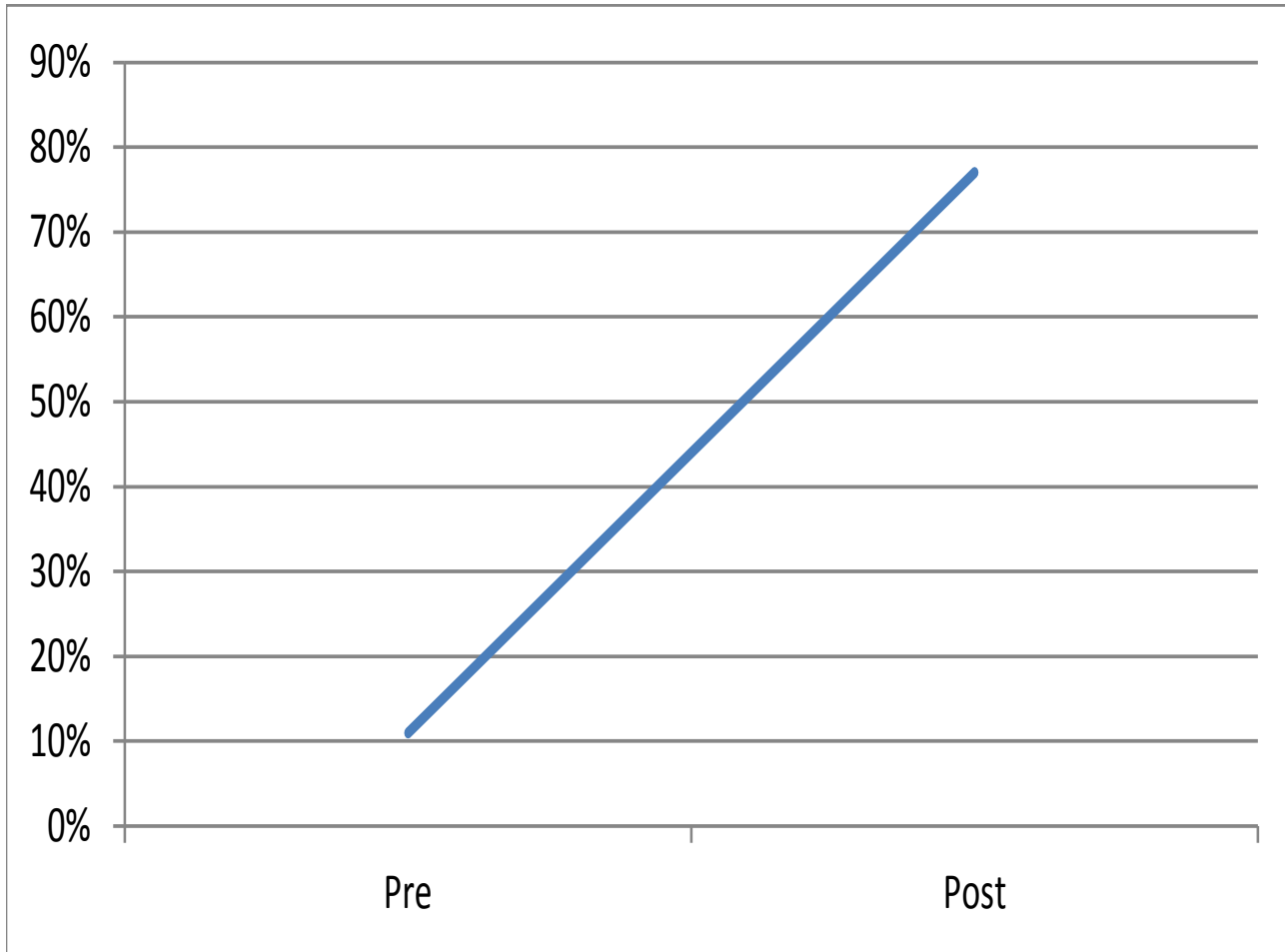
- **Individuals receive a specific behavior plan**
- **Receive intense therapeutic intervention with social worker and unit psychologist**
- **Staff engage daily skill practice and social interactions**
- **Individuals receive a high level of tangible, social, verbal, and activity reinforcers for participation and pro-social skill demonstration**
- **People move from a most restricted level (100 unit) to a miniature general population unit (500 unit) and gain the ability to 'day guest' in general population as behavior dictates.**

RESULTS

Outcomes can be seen for the first 5 individuals to participate in the behavior modification program based on their initial target behaviors.

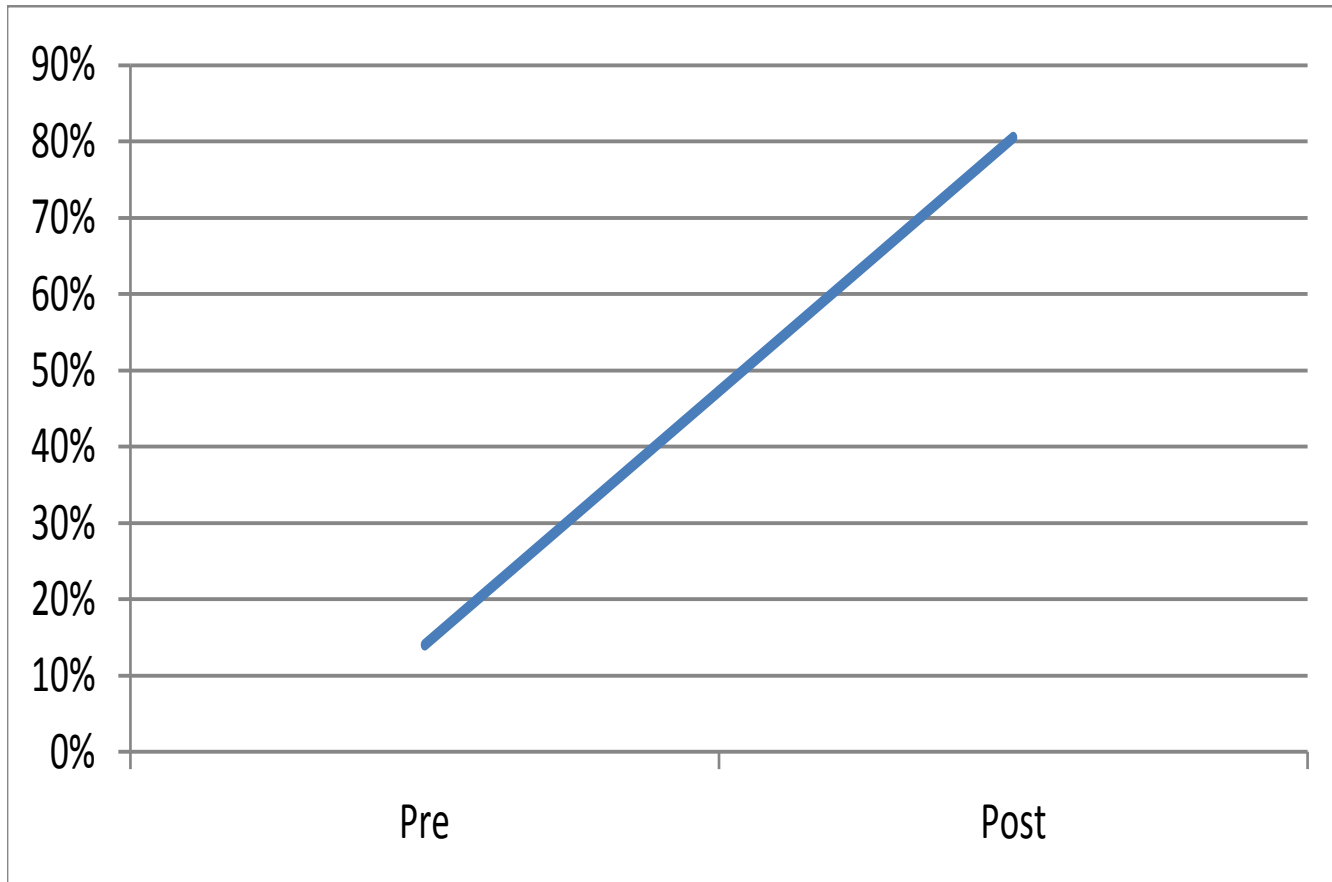


Goal Behavior: Depakote compliance



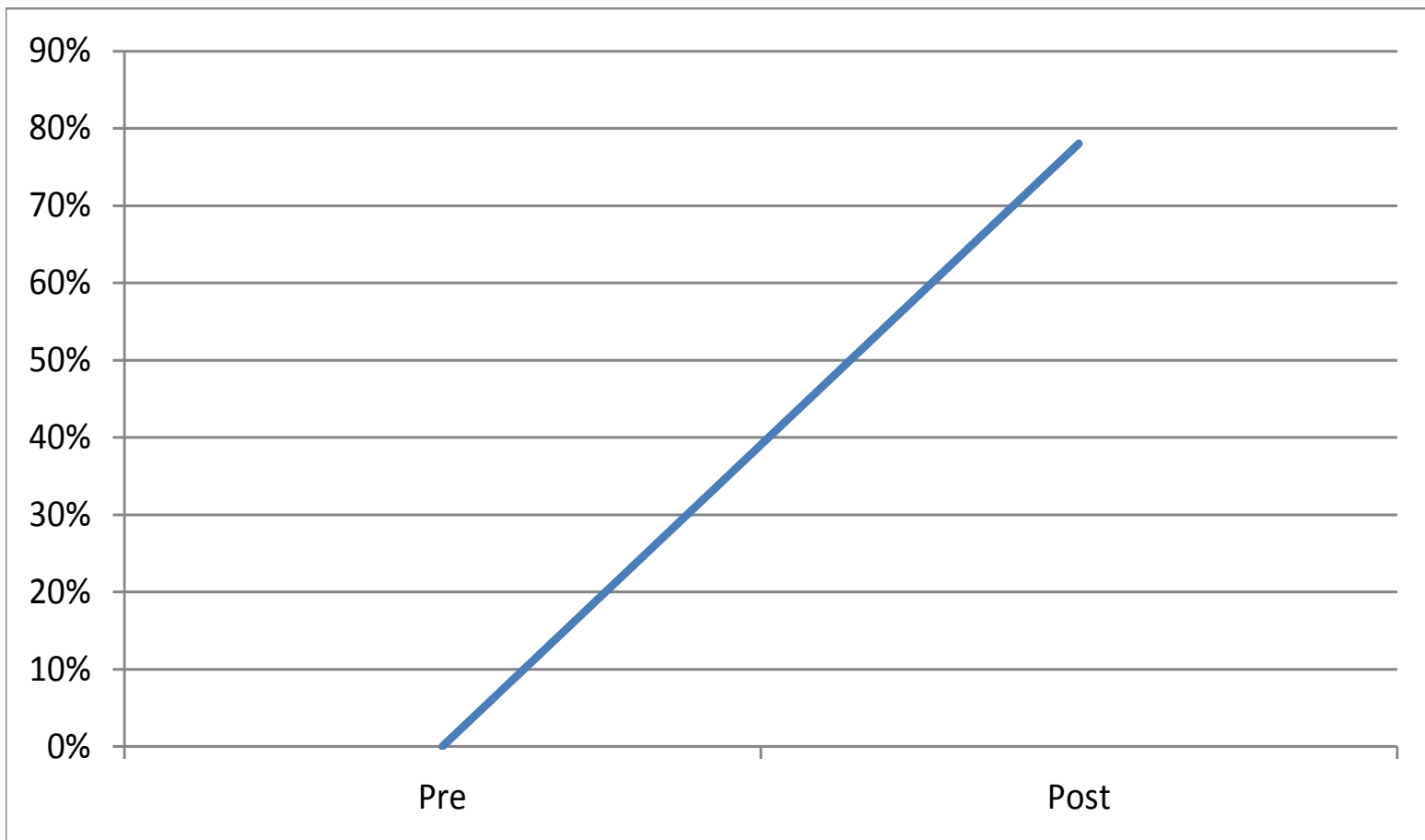


Goal Behavior: Depakote compliance

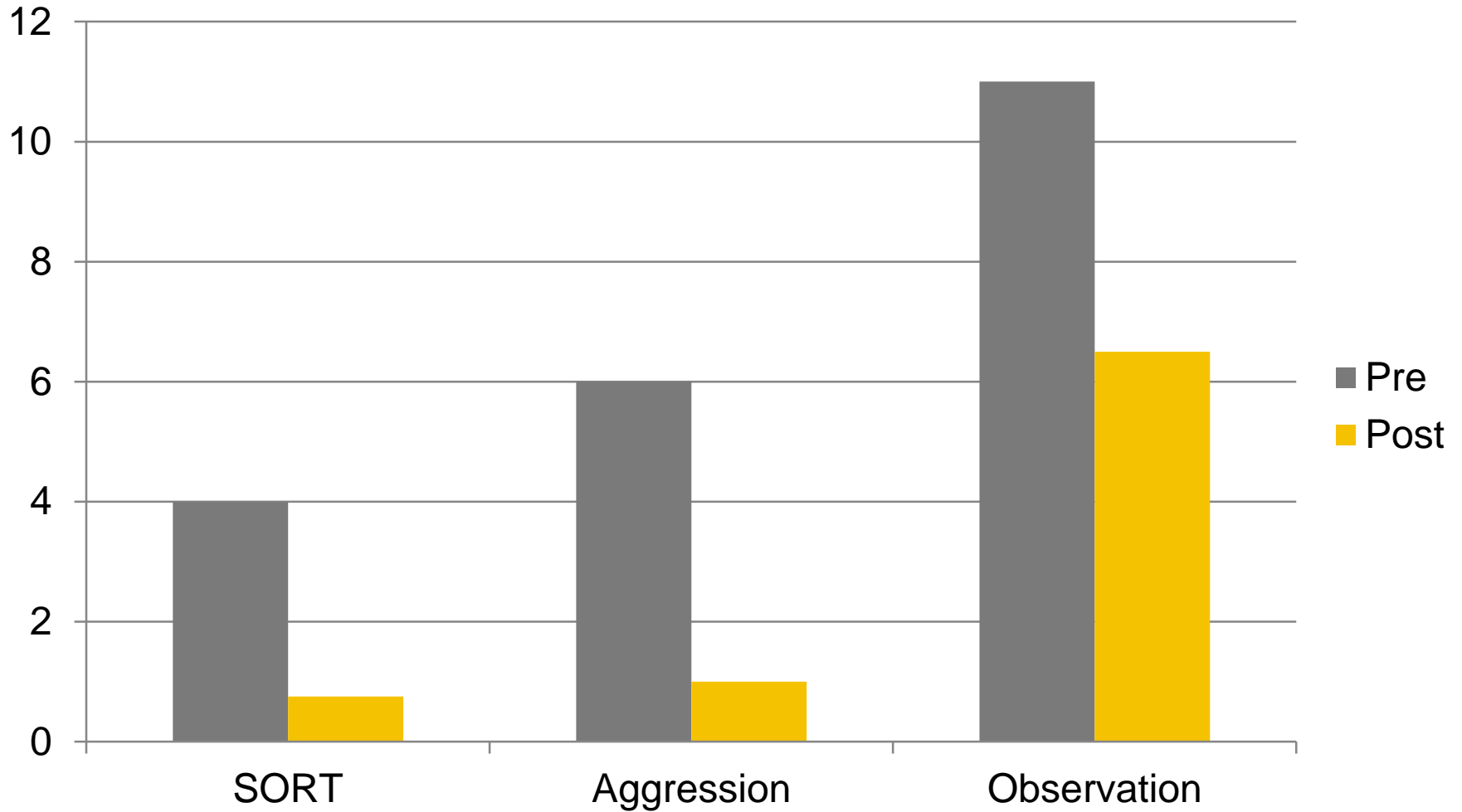




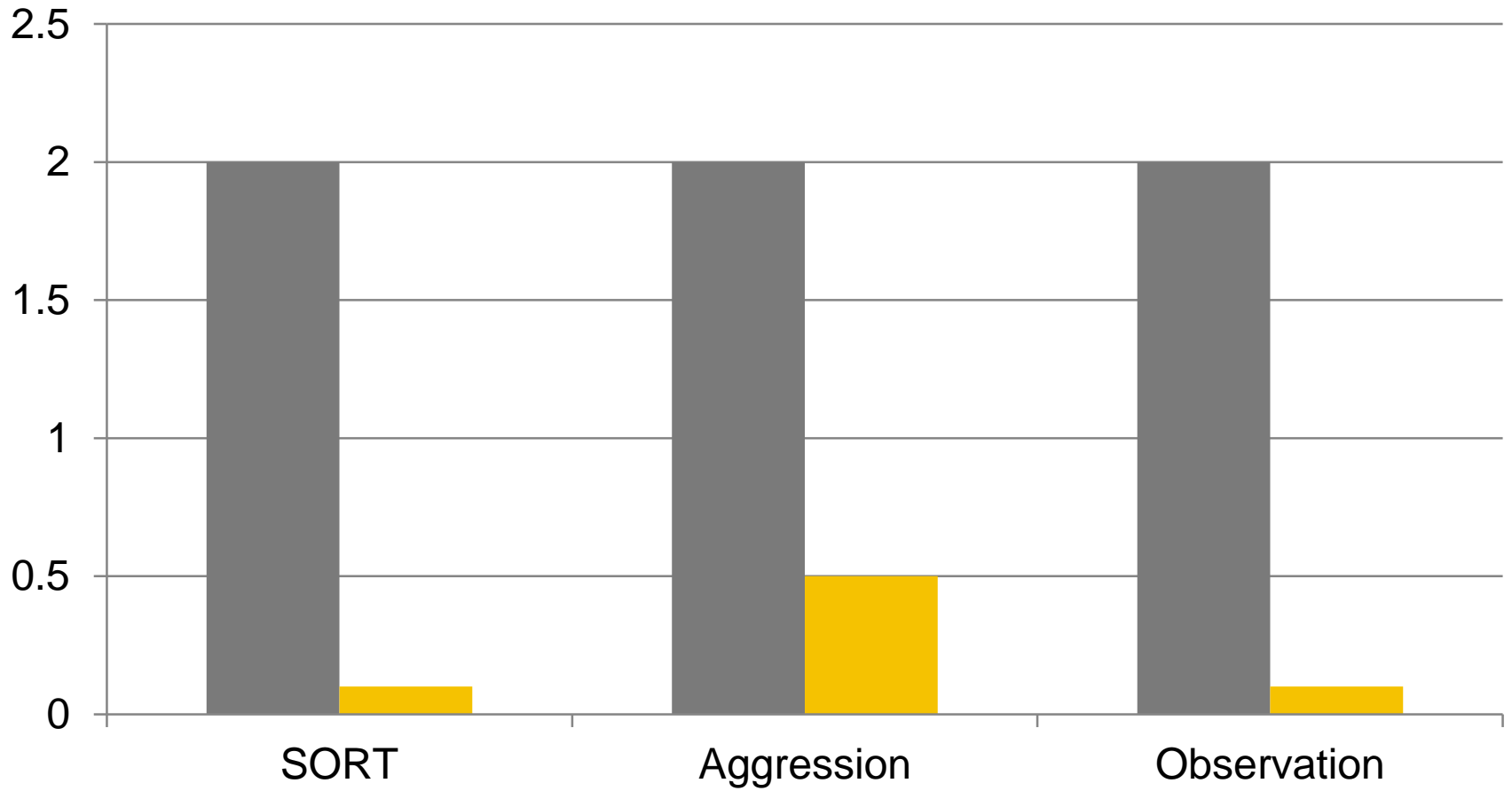
Goal Behavior: Hygiene and cleaning



J.H.



S.L.



NEXT STEPS FOR THE ND DOCR:

- **Collect, analyze, and share/publish relevant data**
- **Increase wraparound services for people leaving segregation**
- **Pilot a segregation prevention screening tool for early intervention away from segregation**
- **Extend principles of segregation project into other units of DOCR prisons**