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# The Safe Alternatives to Segregation Initiative:

Findings and Recommendations for the Louisiana Department of  
Public Safety and Corrections, and Progress Toward Implementation

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# Executive Summary

Across the United States, corrections leaders, legislatures, advocacy and human rights organizations, faith-based organizations, and healthcare professionals associations have called for an end to the use of prolonged solitary confinement, also known as segregation or restrictive housing, in jails and prisons. Whether citing the detrimental psychological and physiological impacts of spending 23 hours per day alone and idle in a cell the size of a parking space, the fiscal burden of operating highly restrictive environments, occupational health hazards for officers and other staff, or mounting body of research indicating that exposing incarcerated people to segregation makes our communities less safe, these voices collectively agree that bold and sustainable reforms are urgently critical.

Since 2010, the Vera Institute of Justice (Vera) has been working with state and local corrections agencies to address the use of solitary confinement in jails and prisons with support from the Bureau of Justice Assistance (BJA) and private philanthropies. The goals of Vera's Safe Alternatives to Segregation (SAS) Initiative include: assisting corrections agencies document drivers and implement reforms to safely reduce segregation; expanding humane, alternative responses to common challenges occurring in correctional settings; and facilitating a professional learning community for correctional systems to share knowledge about promising practices and cutting-edge reform strategies. In 2017, the Louisiana Department of Public Safety and Corrections (LADOC) joined Vera's SAS Initiative and kicked off a two-year partnership to analyze current practices, develop a bold vision and set of recommendations for addressing segregation in Louisiana prisons, and implement reforms.

This report presents Vera's findings and recommendations for addressing the use of segregation in Louisiana prisons, which were derived from a combination of administrative data analysis; in-depth analysis of department policies; surveys, focus groups, and key stakeholder interviews with incarcerated people, corrections officers, and clinical staff; intensive site visits to maximum security prisons; and regular meetings with agency leadership. It also discusses the department's progress and challenges with implementing early reforms. Vera's main findings and recommendations are highlighted below, with more detail on each in the main body of the report. This is a non-exhaustive list of reforms that prioritize concrete actions within the responsibilities and power of LADOC, while acknowledging challenges related to resource constraints. We hope that lawmakers, advocates, and other stakeholders will also find the information in this report valuable for advancing change and supporting the implementation, improvement, and sustainability of LADOC's early reform efforts.

## Commitment to reform

Throughout Vera's partnership, LADOC leadership was transparent about the challenges facing its correctional system and demonstrated a genuine commitment to reforming policies and practices governing its use of segregation. In the age of mass incarceration, along with many other corrections departments across the country, Louisiana has experienced a multitude of challenges in its prison system—a high incarceration rate, deteriorating infrastructure, high rates of mental illness, a growing

elderly population with chronic health problems, deep budget cuts, and high staff turnover—that underscore an urgency for large-scale reforms seeking to achieve the dual aim of downsizing the prison population while improving conditions behind bars.

Fortunately, a new era of justice reform is blossoming in Louisiana, and continued progress is on the horizon. A bipartisan task force of policymakers, nonprofit leaders, and community advocates, chaired by LADOC Secretary James LeBlanc, advanced a historic package of 10 legislative reforms, collectively known as the Justice Reinvestment Initiative (JRI) that Governor Edwards signed into law in 2017. In one year, these reforms achieved a 7.6 percent reduction in the state prison population. While there is still a long road ahead, Louisiana has started downsizing its prison system to foster safer and healthier communities.

Improving living conditions in correctional facilities is an integral, but at times overlooked, aspect of statewide justice-system reforms designed for shrinking prison populations, curbing recidivism, and saving tax dollars. Louisiana prisons hold a greater proportion of its population in some form of segregation than any other state corrections system.<sup>1</sup> Since the launch of the SAS initiative, Louisiana’s corrections leaders have demonstrated a commitment to changing the policies and practices that directly and indirectly underlie its high rates of segregation.

Since the start of this project, LADOC has launched pilots at Elayn Hunt Correctional Center, the Louisiana State Penitentiary (LSP), commonly known as Angola, and Raymond Laborde Correctional Center with the aim of reducing segregation. LADOC implemented a pilot to increase out-of-cell time, access to programming, and congregate activities for people sentenced to death at Angola. LADOC is piloting a disciplinary matrix that aims to dramatically cut the number of rule infractions eligible for segregation as a sanction and reduce lengths of stay by setting clearly defined, determinate sanctions aligned to the severity and circumstances of each infraction. Additionally, Elayn Hunt Correctional Center is piloting a program to transition people out of extended lockdown units into dormitories that provide additional services, programming, and privileges. LSP implemented a similar program for people coming out of their closed-cell restriction unit (a segregation-like unit). In 2018, the department closed Camp J at Angola, which housed more than 450 people on any given day in isolating conditions for long durations. Community leaders, incarcerated people, and correctional staff celebrated its closure, which has reduced the institutional capacity for segregation significantly, and symbolizes an early step toward meaningful change.

LADOC leadership has taken steps that went beyond their obligations under the SAS Initiative. LADOC leadership visited Colorado to learn more about the steps Colorado Department of Corrections Executive Director Rick Raemisch and his staff took to gradually end prolonged solitary confinement for any purposes in its state facilities. Louisiana policymakers joined Vera leadership and a delegation of legislators, correctional officials, advocates, and philanthropists on a trip to Germany and Norway to visit maximum security facilities where segregation units are essentially nonexistent and principles of human dignity underpin correctional policy and practice. Finally, LADOC sent delegates to a gathering of state corrections officials in Montgomery, Alabama, to visit the Equal Justice Initiative’s National Memorial for Peace and Justice and participate in a convening devoted to learning and reckoning with the role of

histories of racial oppression in shaping racial inequalities in the U.S. criminal justice system. These initial steps are encouraging and signal that possibilities for bolder and more impactful changes in Louisiana are on the horizon.

Going forward, strong leadership will remain vital to building support for reform across the agency. And building bridges between department leaders, lawmakers, and community stakeholders who value transparency and accountability, and share a commitment to ongoing transformative change in the state's justice system will be critical.

## Main findings

The following is a summary of many of the key findings Vera found during its assessment of LADOC's use of segregation.<sup>2</sup> The assessment was informed by administrative data from 2015 and 2016, as well as policies, on-the-ground practices, and qualitative research from 2017 and 2018, and only includes people housed in state-run prisons (excluding state-sentenced people housed in local jails, out-of-state facilities, and two privately run facilities). More details and context regarding these findings, additional findings, and information on related reforms that Louisiana has implemented can be found in the Findings and Recommendations section on page 19.

### Systemwide

- Between January 2015 and November 2016, 17.4 percent of people on any given day incarcerated in Louisiana prisons were housed in segregation, which was about 3.9 times the national average.<sup>3</sup>
- People in extended lockdown<sup>4</sup> and administrative segregation<sup>5</sup> units comprised the largest share of Louisiana's segregation population.
- Living and working conditions within many segregation units are often harmful to the health and safety of incarcerated people and staff.

### The disciplinary process

- Correctional officers routinely relied on segregation in response to nonviolent and minor rule violations.
- Disciplinary rules and processes are vaguely defined in policy and inconsistently enforced in practice, which leads to lengthy placements in segregation.
- People found not guilty or not receiving a segregation sanction at their disciplinary hearing often remained in administrative segregation for weeks or months before being released back to general population.
- LADOC's disciplinary matrix pilot, which began in 2018 at select facilities, is an important step toward addressing inconsistently enforced and indeterminate sanctions, but requires additional modifications to further decrease use of segregation in response to rule violations.

## **Transitions out of segregation**

- People remain in segregation for indeterminate and prolonged periods of time, in part because: 1) the 90-day review process for transitioning people out of segregation back into the general population is lengthy, inconsistently applied, and perceived as unfair by incarcerated people and some staff; and 2) lack of bed space in the general population (GP) dormitories creates backlogs of people waiting to transfer out of segregation for eight or more weeks.
- Elayn Hunt Correctional Center (EHCC) has begun piloting a peer-mentor-based program for helping people transition out of extended lockdown, and the Louisiana State Penitentiary (LSP) has created a program for transitioning people out of closed-cell restriction (see Protective Custody and Closed-Cell-Restriction section for more on this); however, other facilities lack a clear program for transitioning people out of segregation.
- People were regularly released directly from segregation to the community, and without receiving reentry services that are typically provided to those in GP.

## **People with mental health needs**

- More than one-third of people housed in Louisiana segregation units had a mental health diagnosis.<sup>6</sup>
- Self-injurious behaviors were common among people with mental health diagnoses in segregation units and were responded to with additional time in segregation.
- LADOC leadership has piloted a few treatment-oriented units for people with mental health needs.
- LADOC prisons lack sufficient housing options and resources to meet the growing mental health needs of the population, including Elayn Hunt Correctional Center's ability to address the backlog of patients that would benefit from placement into the Health Services Unit.

## **Women**

- Nearly 15.8 percent of women in 2015 and 12.1 percent of women in 2016 were housed in segregation on an average day.
- Rates of administrative segregation were higher for women (39 percent) than men (29 percent).
- Rates of mental health diagnoses were exceedingly high among women in segregation, ranging from 43 to 63 percent on any given day in 2015.<sup>7</sup>
- Department policy permits housing pregnant women in segregation.

## **Young adults**

- Young adults (18–25 years old) were overrepresented in segregation. They comprised roughly 6.6 percent of the LADOC population, but 12 percent of all people in a segregation cell.



## **Older adults**

- The Louisiana prison system currently needs additional resources to support leadership’s goals of improving housing areas and clinical services for many older adults with chronic health needs.
- A considerable number of older adults (more than 12 percent) reside in segregation units in conditions that can be detrimental to their health.
- Outdoor recreation spaces for people in segregation in some of the facilities are inaccessible for people with age-related and mobility issues.

## **Racial disparities**

- Black people were overrepresented in segregation units at every state-operated prison.

## **Protective custody and closed-cell restriction (CCR)**

- LADOC facilities lack designated housing for people requesting or requiring protective custody (PC) that provides privileges and programming on par with the general population. As a result, most people assigned PC status are held in segregation.
- People remain in CCR—a housing status for people who are deemed “unable to live in general population at any institution” based on the nature of their crime, prior employment history, age, or other significant protection concern, and whose conditions are similar to other types of segregation—for years or sometimes decades. LSP has implemented a program for transitioning people out of CCR into congregate dormitory settings that provide specialized programming.
- Incarcerated people and correctional officers stated that people commonly seek placement in segregation for protection.

## **People sentenced to death**

In 2017, LADOC implemented a pilot program that provides people sentenced to death with increased out-of-cell time and opportunities for congregate activity. The increased out-of-cell time and congregate activities have had positive impacts and have not decreased feelings of safety on the unit among residents or staff.

## **Staff culture, training, and wellness**

- Security staff widely agreed that the LADOC training academy does not adequately prepare officers for their jobs, particularly for working in segregation units.
- Many mid-level and entry-level corrections officers and some health staff seem deeply resistant to segregation reforms.
- Staff reported that working conditions on segregation units are harmful to their psychological health, but expressed reluctance to seek out services to cope with job-related stress.

## **Data management and transparency**

- There are significant inconsistencies as to how each LADOC facility tracks the custodial population's movement throughout the facility's housing units.
- The Criminal and Justice Unified Network (CAJUN) system (LADOC's administrative database) is out of date and provides limited information for monitoring implementation of segregation reforms.
- LADOC lacks sufficient data systems for overseeing and monitoring segregation practices in parish jails.

## **Facility design and infrastructure**

- The physical design and infrastructure of housing areas within LADOC's maximum security prisons pose significant challenges for long-term segregation reform.
- Crowding in dormitories gives rise to an array of situations that lead to segregation and poses some challenges to reform.
- People incarcerated in Louisiana are housed either in bunks within general population dormitories or in cells within segregation units. Therefore, repurposing celled units to function as general population areas is critical to achieving substantial and long-term reductions in segregation. High temperatures, especially during the summer months, interfere with the delivery of mental health services in some segregation units and are associated with incidents of self-harm.

## **Main recommendations**

The following is a summary of the key recommendations Vera made to LADOC that provide a roadmap for addressing segregation practices in Louisiana prisons while maintaining safety for the people who work and live there. More details and context regarding these recommendations, additional recommendations, and information on ways LADOC has started implementing reforms related to these recommendations can be found in the full Findings and Recommendations section. It is important to note that implementation of some of these recommendations may require a redistribution of current resources and additional resources.

### **Disciplinary process**

- Progressively move toward policies that eliminate the use of prolonged segregation in Louisiana prisons.
- Expand existing and develop additional programs and privileges to foster positive incentives to reduce rule infractions, also creating alternative responses to charging and sanctions.
- Create a diversion program for people continuously found in possession or engaging in minor transactions of drugs.

- Incorporate a range of substantive modifications to the disciplinary matrix pilot to maximize its potential for long-term segregation reform.
- Provide educational, vocational, and therapeutic programming regardless of housing designation and allow people to earn good time as an incentive for participation.

### **Transitions out of segregation**

- Create a program in every facility to safely transition people out of segregation, replicating components of EHCC and LSP's programs.
- Eliminate direct release to the community from segregation, and ensure that reentry programming is tailored to addressing the psychological traumas of people exposed to prolonged periods in segregation.

### **People with mental health needs**

- Enact firm policies that prohibit placing people with psychiatric illness in any form of segregation that limits meaningful access to social interaction, counseling, medical care, visitation, physical exercise, and other therapeutic programming.
- Expand and create additional rehabilitative housing units for people with serious mental illness as alternatives to segregation and dormitory housing.
- Change department policy to exclude self-harm as a disciplinary infraction, and ensure that these behaviors trigger immediate clinical assessments.
- Expand mental health training to all security staff, including crisis intervention training, mental health first aid, and educational sessions conveying the impacts of segregation conditions on health.

### **Women**

- End the use of any form of segregation and use of force for pregnant, post-partum, and breastfeeding women in accordance with national and international guidelines.
- Ensure that conditions in women's facilities are gender-specific and trauma-informed.
- Develop and implement plans to renovate and re-design the Louisiana Correctional Institute for Women (LCIW) to permanently convert segregation units into settings that promote socialization, programming, family visitation, and other needs.

### **Young adults**

- Implement policy changes that prohibit the placement of young adults in any setting where they lack meaningful opportunities for socialization, family engagement, formal education and career training, and exercise.

- Develop units founded on principles of restorative justice that foster empowerment, conflict resolution, and self-expression for young adults in the general population and as alternatives to segregation.

### **Older adults**

- Enact policies that restrict placing elderly individuals, especially those with disabilities, in administrative segregation, extended lockdown, and working cellblocks.<sup>8</sup>
- Implement routine screening and neurocognitive testing for dementia and neurological deficits that may contribute to changes in behavior for people over the age of 50, and potentially lead to rule infractions and placement in segregation.

### **Racial disparities**

- Segregation policy changes should be accompanied with racial impact statements and evaluated on whether they narrow and close racial disparities where they historically or currently exist.

### **Protective custody and closed-cell restriction**

- Ensure that people assigned to protective custody receive the same privileges, educational opportunities, work assignments, medical services, and other resources as those housed in the general population.
- Conduct analysis of PC population to assess needs for mission-specific housing.
- Expand LSP's CCR transition program to other facilities, including the Compassion Cultivation Training component.

### **People sentenced to death**

- Continue expanding out-of-cell time, congregate activities, healthcare services, and programming options for people sentenced to death.
- Consider giving people sentenced to death an option for integrating into GP or other less restrictive environments.

### **Staff culture, training, and wellness**

- Develop a comprehensive, systemwide restrictive housing training module to LADOC training academy and the annual in-service trainings.
- Survey correctional staff regularly to gauge their perceptions of reform efforts and its overall impact on staff morale and satisfaction.
- Promote more meaningful interactions between staff and incarcerated people to establish healthy and respectful communication, and mitigate reliance on segregation.

- Explore strategies for incentivizing professional development for staff and rewarding correctional officers who demonstrate leadership and effectiveness in carrying out segregation reduction reforms.

### **Data management and transparency**

- Develop new data tracking systems to more accurately document facility movements, housing placements, and other information related to monitoring segregation reforms in state-operated prisons and parish jails. Establish an external entity comprised of directly impacted parties and experts to help assess progress and guide implementation of reforms.

### **Facility design and infrastructure**

- Decommission and repurpose segregation units at multiple facilities to alleviate crowding in GP dorms, reduce the system's overall segregation capacity, and provide supportive settings tailored to the needs of different groups of incarcerated people.
- Following LADOC's closure of Camp J in 2018, develop, implement, and evaluate a comprehensive plan for transforming Camp J into a supportive setting rooted in principles of human dignity, health, and safety for incarcerated people.
- Utilize the future re-opening LCIW as an opportunity to implement renovations to convert cellblocks into rehabilitative settings tailored to the needs of incarcerated women.

## **Implementation of early reforms**

Since the start of this project, LADOC has been piloting several reforms aimed at achieving long-term reductions in segregation practices:

- LADOC leaders have taken the first steps toward revising the department's policies to decrease reliance on indeterminate segregation sanctions in response to rule violations. The department is piloting a disciplinary matrix in several facilities that provides alternative responses to behaviors that commonly result in lockdown, substantially reduce reliance on administrative segregation and extended lockdown, and set limits of lengths of stay.
- Elayn Hunt Correctional Center has implemented a pilot program that utilizes peer mentors to help transition people out of extended lockdown units into the general population dorms with programs that aim to meet some of their underlying needs such as histories of substance dependency.
- As noted above, LADOC also implemented a pilot program in 2017 to increase out-of-cell time, programming, and congregate activities for people sentenced to death at the LSP, who are housed in a unit that has been the target of several lawsuits regarding its restrictive conditions.

- LSP leadership has also strengthened an existing program to help people transition out of CCR into a dormitory by implementing weekly compassion training sessions with a certified community partner.
- In 2015, Dixon Correctional Institute (DCI) converted a decommissioned segregation tier into an air-conditioned trustee unit where people are housed in unlocked cells with access to personal property, access to programming, and other privileges.
- In 2018, the department closed and vacated Camp J at Angola, which was the most notoriously punitive housing area in the state's prison system, where more than 450 people were housed on any given day in isolating and harmful conditions for prolonged periods of time. Since its closure, LADOC leadership has begun considering the possibility of converting Camp J into an environment that meets the needs of residents and embodies principles of human dignity and rehabilitation. These are encouraging steps toward meaningful reform.

# Overview

In 2016, the Vera Institute of Justice (Vera), in partnership with the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA), released a request for proposals from state and local corrections departments seeking technical assistance for safely reducing the use of segregation (or solitary confinement). The Louisiana Department of Public Safety and Corrections (LADOC) was one of five jurisdictions that applied and was selected as members of Vera's second cohort of corrections agencies to participate in the Safe Alternatives to Segregation (SAS) Initiative.<sup>9</sup> The SAS Initiative consists of three phases: an assessment of a corrections agencies' current segregation use, recommendations for changes to policy and practice to reduce segregation, and assistance with implementation.

In partnership with the LADOC, Vera launched the project and assessment phase in February 2017 with a kickoff meeting at the LADOC headquarters in Baton Rouge, Louisiana, introducing the initiative to leadership, the department's project team, and various staff within the agency.

This report details findings and recommendations from Vera's assessment phase of the project, which entailed site visits, informational meetings, policy review, data collection and analysis, and ongoing discussions with the LADOC leadership and key stakeholders. The assessment phase was completed in February 2018. This report also includes observations of LADOC's progress in advancing reforms in the implementation phase through September 2018.

## SAS Initiative goals

The goals of Vera's SAS Initiative included:

- Assisting corrections departments to document drivers of its segregation population and develop policies, programs, and institutional practices to reduce segregation;
- Developing and expanding alternative strategies in response to common challenges occurring in correctional settings;
- Facilitating a professional learning community for correctional systems to develop and share knowledge between experts, researchers, advocates, community organizations, and practitioners for addressing segregation; and
- Sharing promising practices with stakeholders through policy briefs and the online Safe Alternatives to Segregation Resource Center (SASRC).<sup>10</sup>

## Assessment methods

The purpose of the assessment phase was to gain an accurate and comprehensive understanding of how segregation is currently—and historically—used in the LADOC system. Vera adopted a three-pronged approach to studying segregation practices in Louisiana prisons. The three primary activities included in the assessment phase were: 1) policy review; 2) descriptive analysis of LADOC’s administrative data; and 3) analysis of data from field observations, focus groups, workshops, and surveys.

### Policy review

Vera reviewed and analyzed both department- and facility-level policies related to segregation and other relevant subjects. Facility-level policy review was necessary, because of the decentralized, operational structure of the LADOC’s prisons. The facilities whose policies were reviewed included: LSP, EHCC, DWCC, and RCC—the four prisons Vera visited during the assessment phase. In addition, Vera met with LADOC leadership, staff, and incarcerated people to learn more about the specific components of policies that contribute to segregation admissions, prolonged lengths of stay, and challenges transitioning people out of segregation units into the general population.

### Quantitative analysis

Vera analyzed various types of LADOC administrative data in order to assess who is placed in segregated housing, how people move through the different segregated housing units, the amount of time individuals spend in segregated settings, and to better understand the disciplinary process and its outcomes in LADOC prisons. The types of data that were provided to Vera by the LADOC included: individual-level demographic, sentence, movement, disciplinary, and mental health status and treatment information for everyone who was incarcerated in a LADOC prison between January 1, 2015, and December 31, 2016.

In April 2018, Vera administered surveys to incarcerated men and staff at LSP to preliminarily assess their perspectives of how a pilot program to increase out-of-cell time and congregate activities for people housed on death row. This pilot program, survey content, and initial findings are discussed in more detail in the section on death row on page 71.<sup>11</sup> Vera also administered surveys to incarcerated men and staff housed in Elayn Hunt Correctional Center to assess the early impacts of a pilot program that relies on peer advocates to help people transition out of long-term segregation into general population settings. Vera collected all completed and uncompleted surveys to protect confidentiality and left each person with an informed consent document.

### Qualitative analysis

Vera conducted 23 semi-structured focus groups with incarcerated people, correctional officers of varying ranks, healthcare providers, and social service providers to document different perspectives on segregation practices, as well as the facilitators and barriers to reform within LADOC facilities: the Louisiana State Penitentiary (LSP or “Angola”), Elayn Hunt Correctional Center (EHCC), David Wade Correctional Center (DWCC), and Rayburn Correctional Center (RCC). Within each facility, we spoke with



the following groups: 1) line officers; 2) unit managers; 3) members of the mental health, treatment, and programming staff; and 4) incarcerated people. Each focus group lasted between 60–90 minutes.

Vera requested to speak with staff with a mix of experience levels (both new and veteran staff) who currently work in segregation units and general population units. For the groups of incarcerated people, Vera asked to speak with people that had experienced segregation within the past five years, but were not currently housed in those units. All focus group respondents were unrestrained, and these groups were conducted without the direct presence of a LADOC staff. Topics discussed in these focus groups included an overview of LADOC disciplinary policies and how they are understood by both staff and the incarcerated population, living conditions of segregated units, use of segregation for people with mental health needs and other vulnerable groups, and suggestions on how segregation could be reduced.

Vera also conducted focus groups with incarcerated men, correctional officers, and healthcare staff to assess potential opportunities and challenges associated with repurposing a vacated segregation unit to help address a range of interrelated problems at LSP. Vera consulted a team of architects to conduct a preliminary assessment of Camp J's infrastructure and to identify possibilities for renovating the space in ways that promote socialization, safety, and human dignity. As described in more detail below, based on the request of LADOC leadership, Vera and consultants from the University of California, San Francisco also conducted an additional site visit to evaluate the potential for developing a new housing area for older men at Angola. For this preliminary assessment, Vera visited designated units in LSP's main prison where people with chronic health problems are housed. We also conducted focus groups with medical staff, residents of medical units, and healthcare orderlies who provide care to patients in these units.

## **Data limitations**

Some important information was not available in LADOC's administrative database (CAJUN) that significantly limited the scope of Vera's assessment. First, more than half of people sentenced to a prison term in Louisiana are housed in local parish jails; however, CAJUN does not record data on the housing assignments or disciplinary histories of people in parish jails.<sup>12</sup> Thus, unfortunately, Vera's analysis and findings are limited to people housed in state-operated facilities and focus mostly on the state's maximum security prisons with the most infrastructural capacity for segregation. Future work is needed to assess segregation practices in these settings.

Second, the dataset Vera obtained had limited information on the reasons for which people are sent to segregated housing. In many instances, if the basis for placement in segregation was related to a disciplinary event, then Vera was able to link disciplinary report files with accompanying movement files into administrative segregation, extended lockdown, and other segregation units. However, Vera was unable to discern an individual's reason for placement if the move was not associated with a disciplinary write-up (e.g., a request for protective custody or administrative classification) and the housing assignment was not to a designated unit based on a person's mental health classification. In addition, because movement data is captured in daily snapshots, Vera was unable to fully analyze lengths of stay in segregation units for periods longer than two years.

Despite this significant limitation, based on the two-year cohort of administrative data that Vera received, along with information gathered through the policy analysis and the focus group discussions, Vera was able to draw meaningful conclusions on length of stay in different types of segregation settings, as well as barriers to transitioning out of those units.

There were also several limitations related to qualitative data collection and analysis methods. For one, while given selection criteria by Vera, the selection of focus group participants at each facility was largely based on decisions made by wardens and potentially influenced by the availability of staff to escort people and timing of the focus groups. Therefore, we do not know the extent to which selection bias may have impacted who was chosen to participate and what information was collected. Also, at times, the unpredictable nature of correctional operations affected the amount of time we were able to speak with the focus groups, the types of meeting spaces that were provided, and the number of interruptions experienced in the focus group discussions. Despite these limitations, Vera was able to empirically investigate segregation practices at the state and facility level, and draw important recommendations for reform based on these findings.

# Findings and Recommendations

Each component of Vera’s assessment sheds light on how segregation is used within LADOC. For purposes of this report, the terms segregation, restrictive housing, and solitary confinement are used interchangeably, and generally refer to the practice of housing a person alone in a cell for an average of 22 hours per day with limited access to programming, recreation, and other privileges. The following sections describe findings and recommendations. Systemwide use of segregation

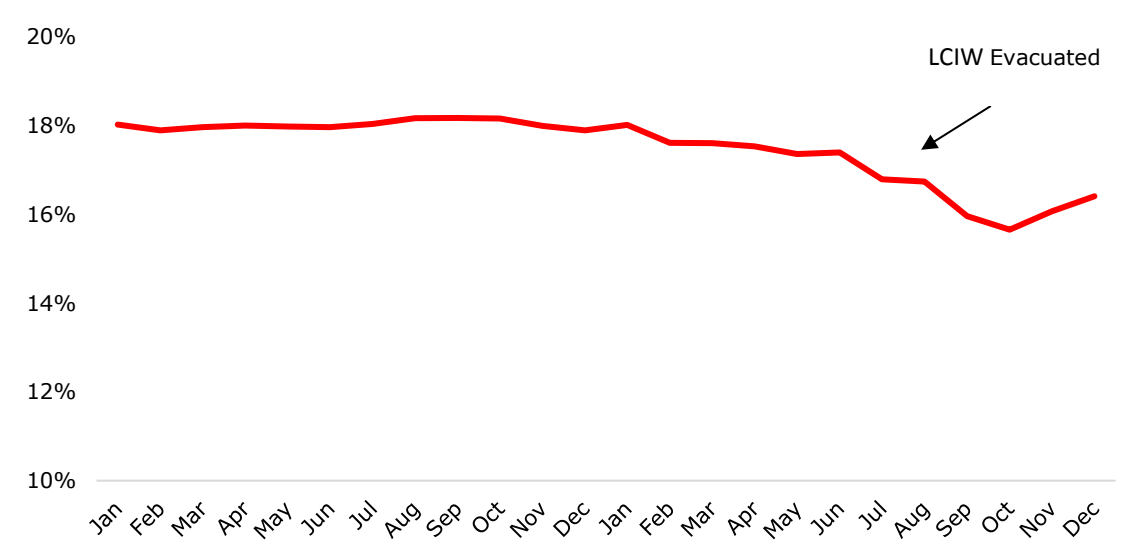
## Findings

**Finding 1. On average, 17.4 percent of people incarcerated in Louisiana’s state-operated prisons were housed in some form of segregated housing, which is approximately 3.9 times the estimated national average of 4.5 percent.<sup>13</sup>**

On average, 17.4 percent of the nearly 15,000 people (n=2,546) incarcerated in Louisiana’s state-operated prisons were housed in some form of segregated housing between January 2015 and November 2016. Vera’s estimate for Louisiana’s segregation population includes people housed in administrative segregation (AS), extended lockdown (EL), closed cell restriction (CCR), death row, and treatment cellblock units (i.e., units where people are confined in their cells for 22–23 hours per day and receive less programming, services, and privileges than those in general population dorms). This estimate does not count people housed on tiers designated as working cellblocks (WCBs), where an additional 5 percent of the LADOC population resides. Under LADOC policy, WCBs are considered step-down (from segregation) units where people are released from their cells to work on weekdays, usually doing unpaid, manual field labor for eight hours per days. Also, several WCBs were functioning as EL or AS units, because of staffing shortages or overflow in demand for disciplinary segregation.

Figure 1

**Percent of average daily population in segregation (January 2015 to December 2016)**



**Finding 2. People in extended lockdown and administrative segregation comprised the largest share of Louisiana’s segregation population.**

Figure 2 breaks down the percentages of people housed in different types of segregation units relative to the total population in LADOC facilities. The total distribution of people in each type of segregation unit was stable between 2015 and 2016. On any given day, an average of 6 percent (n=877) of all people imprisoned in Louisiana facilities were in administrative segregation, where most were awaiting adjudication for a disciplinary rule violation. On any given day, an average of 9.2 percent (n=1,332) of people imprisoned in Louisiana were held in extended lockdown for indeterminate periods of time after receiving segregation as a sanction. They are reviewed every 90 days to determine if they will stay in this unit or move to general population or another unit.

Figure 2

**Average daily counts and percent of total LADOC population by type of segregation unit**

	<b>2015</b>	<b>2016</b>	<b>Average</b>
AS	914 (6.3%)	839 (5.7%)	877 (6%)
EL	1,352 (9.4%)	1,323 (9%)	1338 (9.2%)
CCR	100 (.07%)	98 (0.7%)	99 (0.7%)
Death row	79 (0.6%)	73 (0.5%)	76 (0.55%)
Treatment	27 (0.2%)	27 (0.2%)	27 (0.2%)
WCB	724 (5.0%)	719 (4.9%)	722 (4.95%)
Max custody	104 (0.7%)	105 (0.7%)	105 (0.7%)
Total with WCB	3,324 (23.0%)	3,211 (21.8%)	3,268 (22.4%)
Total w/o WCB	2,600 (17.9%)	2,492 (16.8%)	2,546 (17.35%)

## The disciplinary process

Vera closely analyzed department policies and practices related to the disciplinary process at each LADOC facility visited. This section outlines findings and recommendations of Vera’s assessment related to six areas:

- Disciplinary Write-ups in General Population Dormitories;<sup>14</sup>
- Pre-hearing/Administrative Segregation (AS);
- Segregation as a Sanction;
- Disciplinary Write-ups in Cellblocks;
- Isolation and Strip-Cell Status; and
- Camp J.

### Findings

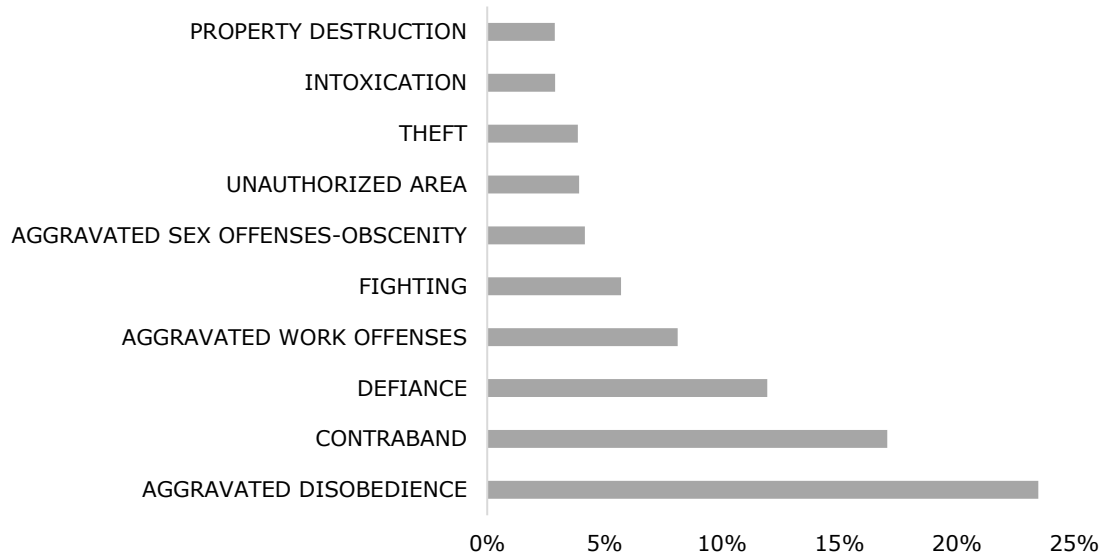
**Finding 1. LADOC officers filed 70,263 charges over a two-year period, often for minor rule violations—a factor that plays a significant role in the high rates of segregation in Louisiana.**

Correctional officers’ charging practices contribute to high rates of segregation. Vera’s analysis revealed that correctional staff routinely relies on the disciplinary process and AS to respond to minor rule violations. Over two years, calendar years 2015 and 2016, security staff filed a total of 70,263 disciplinary charges against incarcerated people.

Figure 3 displays the 10 most frequently filed charges, which together comprise nearly 84 percent of all charges filed. By far, aggravated disobedience, a broadly defined rule that requires incarcerated people to follow verbal orders, was the most common charge, accounting for 23 percent of all charges.<sup>15</sup> Contraband, which is broadly defined to include possession of items ranging from unauthorized property or food to drugs and weapons, accounted for 17 percent of charges.<sup>16</sup> Fighting was the only top-10 charge involving an act of physical violence, and accounted for 5.7 percent of charges. Aggravated sex offenses comprised 4.2 percent of all charges, which typically involves masturbation or exposing oneself.

Figure 3

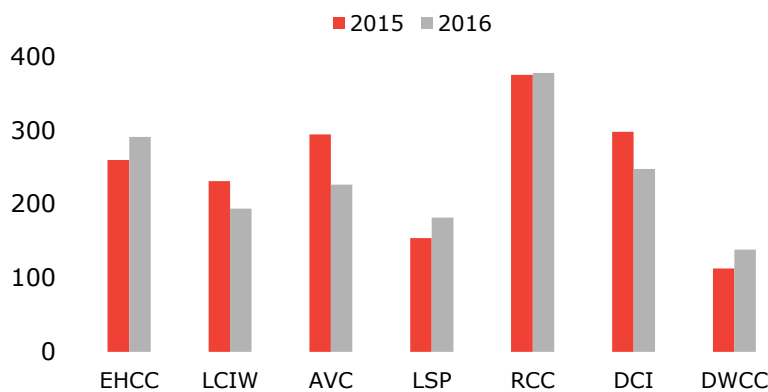
**Ten most frequent charges filed systemwide**



Rates of write-up rates varied between facilities (Figure 4). For instance, DWCC had the lowest rates of disciplinary write-ups (113 per 100 persons in 2015; 138 per 100 persons in 2016); while RCC had the highest rates (375 per 100 persons in 2015; 378 per 100 persons in 2016).

Figure 4

**Rate of disciplinary write-ups by facility, per 100 incarcerated people**



**Finding 2. LADOC policies give correctional officers wide discretion in deciding when to use AS, which contributes to an over-reliance on pre-hearing segregation.**

Systemwide, about 30 percent of all disciplinary write-ups that occurred in *general population dorms* resulted in a person being moved into administrative segregation. LADOC policies do not explicitly

identify charges or describe specific circumstances to instruct correctional officers when to use administrative segregation. As a result, officers routinely exercise their authority to place people in segregation prior to a disciplinary hearing in response to minor rule infractions that do not pose an imminent safety risk.

As shown in Figure 5, people charged with low-court violations were more frequently placed in administrative segregation than those charged with high-court crimes (36 percent vs. 29.4 percent).<sup>17</sup> During focus groups, officers acknowledged that AS is supposed to be reserved for de-escalating violent situations, but many participants also reported that it is commonly overused for minor, nonviolent incidents. During focus groups, unit managers, clinicians, and incarcerated people described how some officers, especially younger and less experienced cadets, more frequently turn to the disciplinary process in situations that could be resolved informally through verbal communication and conflict resolution. This is an example of how high turnover can impact the use of segregation and highlights the importance of effective and sufficient training. Some unit managers emphasized the effectiveness of tactics that prioritize mutual respect, taking the time to talk to people involved in conflicts or disruptive behaviors rather than reactionary responses that involve the disciplinary process. As one veteran unit manager stated: *“Whenever I first started, I was wanting to put paper [write a disciplinary charge] on just about everything. Eventually you just start realizing there’s no need, and all that if you can take care of it yourself. It’s [having] people skills.”*

Figure 5

**Systemwide use of AS by charge severity class (2016)**

Charge class	Number of write-ups in GP	Number of AS placements	Percentage placed in AS
High-court	42,208 (86.8%)	12,390	29.4%
Low-court	7,192 (13.2%)	2,588	36%
Total number of charges	49,400 (100%)	14,978	30.3%

**Finding 3. During focus groups, incarcerated people, and a few staff, described aspects of LADOC disciplinary rules and processes as vaguely defined in policy and inconsistently enforced in practice, and it was unclear which rule violations were permitted to result in segregation.**

Incarcerated people and staff participating in focus groups described a range of problems related to the disciplinary process. Generally, most incarcerated participants described the process as lacking fairness,



transparency, and consistency. Many felt that policy and correctional officers do not clearly communicate expectations regarding the types of behaviors that result in specified sanctions. They also reported that disciplinary board members inconsistently rely on different factors when assigning sanctions or determining when a person is eligible for release from segregation. For example, they reported reliance on factors such as “credibility of the officer” and “nature of past offense” as routinely utilized justifications for finding people guilty in disciplinary court or denying approval for release during 90-day reviews. They stated that disciplinary board members commonly cite prior rule violations dating back many years or even their original criminal convictions when deciding what sanctions to impose for the current violation or when denying release from segregation.

Vera’s policy analysis corroborates many of these themes. For instance, the department regulation and book of rules and procedures distributed to incarcerated people at intake does not provide clear guidance of specific types of rule violations eligible for segregation sanctions. Instead, it just states that “sanctions must fit the offense and the offender” and authorizes correctional officers to levy more severe sanctions against people with a “poor conduct record” when charged with the same offense. Under the existing “Penalty Schedule,” sanctions are categorized into low-court (Schedule A) and high-court (Schedule B) penalties.<sup>18</sup> Most rule violations are classified as Schedule B (high-court) violations and are eligible for segregation. However, some charges in the rule book lump together dissimilar behaviors differing in seriousness and severity, which contributes to perceptions of unfairness and inconsistent enforcement. For example, “defiance” (Rule 3), one of the most frequently issued write-ups, is a Schedule B offense that prohibits committing or verbal threatening bodily harm to another person, but also includes cursing or insulting another person.

During focus groups, Vera learned that some officers occasionally file charges or give harsher sanctions in retaliation to people filing grievances or lawsuits, despite policy forbidding such actions. Both incarcerated people and staff described instances of security staff threatening placement in segregation to persuade individuals into pleading guilty to an infraction, dropping an appeal or grievance report against staff, providing information on staff or incarcerated people who might be bringing in contraband, or signing off on removing someone from an enemies list in exchange for a transfer to another facility or housing unit or a lesser sanction.

**Finding 4. About half of the people sent to AS were not subsequently sanctioned to segregation at a disciplinary board hearing.**

Altogether, 22.5 percent of *all* disciplinary write-ups that occurred in general population dorms later resulted in segregation as a formal sanction after a hearing. About 53 percent (2015) and 46 percent (2016) of incidents that occurred in GP *and* led to pre-hearing AS resulted in a segregation sanction post-hearing. In other words, about half of the time, people held in AS are released to GP after a hearing (Figure 6).

However, it was not uncommon for people who were charged with a rule violation, but not sent to AS prior to adjudication, to receive a segregation sanction at the disciplinary hearing. Over the study period, 36 percent of people sanctioned to segregation were *not* placed in AS for that particular incident. In these

situations, individuals were removed from a general population bed and placed into extended lockdown after a hearing.

Figure 6

**Percentage of AS cases resulting in segregation sanction**

<b>Segregation Sanction</b>	<b>2015</b>	<b>2016</b>	<b>Total</b>
Yes	3,891 (53%)	3,448 (46%)	7,339 (49%)
No	3,511 (47%)	4,128 (54%)	7,639 (51%)

**Finding 5. Many people spent more than 72 hours in AS awaiting a disciplinary hearing, despite policy stating that disciplinary hearings should occur within 72 hours of AS placement.**

To evaluate compliance with this policy, Vera analyzed the lengths of stay in AS for people who returned to GP after their disciplinary hearing, either because they were found not guilty or because they did not receive a segregation sanction. Results showed that people who were found not guilty or returned to general population after their disciplinary hearing spent more than 72 hours in AS, contrary to department policy. LADOC policy states that disciplinary hearings are to occur within 72 hours of placement in AS. To evaluate compliance with this policy, Vera analyzed the average and median lengths of stay among people who were placed in AS but returned to general population post-disciplinary hearing. Results show that this policy is frequently not followed. People often remained in AS for weeks or months, despite being found not guilty or not receiving a segregation sanction at their disciplinary hearing. Across all facilities, the average length of stay among people who were placed in AS and released to general population after being found guilty at their disciplinary hearing was 27 days (median=5 days). For people who were found *not guilty* at their hearing, the average length of stay in AS was 20 days (median=8.5 days) (See Figure 7).

**Finding 6. People at David Wade Correctional Center endured the longest stays in AS without being found guilty of a rule violation.**

Vera compared average lengths of stay (LOS) in administrative segregation between facilities. On the lowest end of the spectrum, people placed in Avoyelles Correctional Center’s (AVC’s) AS units and found *not guilty* at a disciplinary hearing spent an average of 6.5 days on lockdown before release. In stark contrast, people at DWCC who were subsequently found *not guilty* spent an average of 115 days in AS before their release. This suggests that people are spending months in segregation *before* they are convicted of a rule violation. There are four plausible explanations: One reason may be that the hearing process is taking longer at certain facilities, as can be seen in places like DCI where the average time to a

hearing is actually longer than the average stay in AS. A second, likely more common reason, is that when someone is sent to AS, their GP bed is given to someone else, and thus they must wait until another GP bed opens up before they can leave AS. During focus groups and site visits, staff and residents of facilities reported backlogs of people waiting to transition out of segregation back into general population dorms. Third, as reported during focus groups, some correctional officers may abuse their discretion by placing people in AS as a de facto sanction after a minor incident and then issue a not guilty verdict at a hearing. Finally, another possible explanation is that units defined as AS units in the data have since been temporarily converted into extended lockdown units or vice versa. During site visits, for example, Vera learned that tiers designated for one type of segregation may fluctuate depending on the number of people with pending charges and bed space issues.

Figure 7

**Frequency and average number of days in AS for people found not guilty of a rule infraction**

Facility	N	Avg. time to hearing (days)	Average LOS (days)	Median LOS (days)
AVC	301	6.27	7.27	6
DCI	21	36.30	19.57	5
DWCC	19	4.42	115.45	83
EHCC	54	26.63	17.07	10
LCIW	107	7.07	11.61	8
LSP	76	13.01	20.11	17
RCC	23	30.01	11.61	8

**Finding 7. Rates of disciplinary write-ups were 1.9 times higher in segregation units than in general population dorms.**

Vera compared rates of disciplinary write-ups in segregation units to rates in general population settings. Over the study period, an estimated 29.5 percent of all disciplinary charges took place in segregation units and increased by 11 percent between 2015 and 2016 (Figure 8).

Figure 8

**Total disciplinary charges in segregation versus general population dorms**

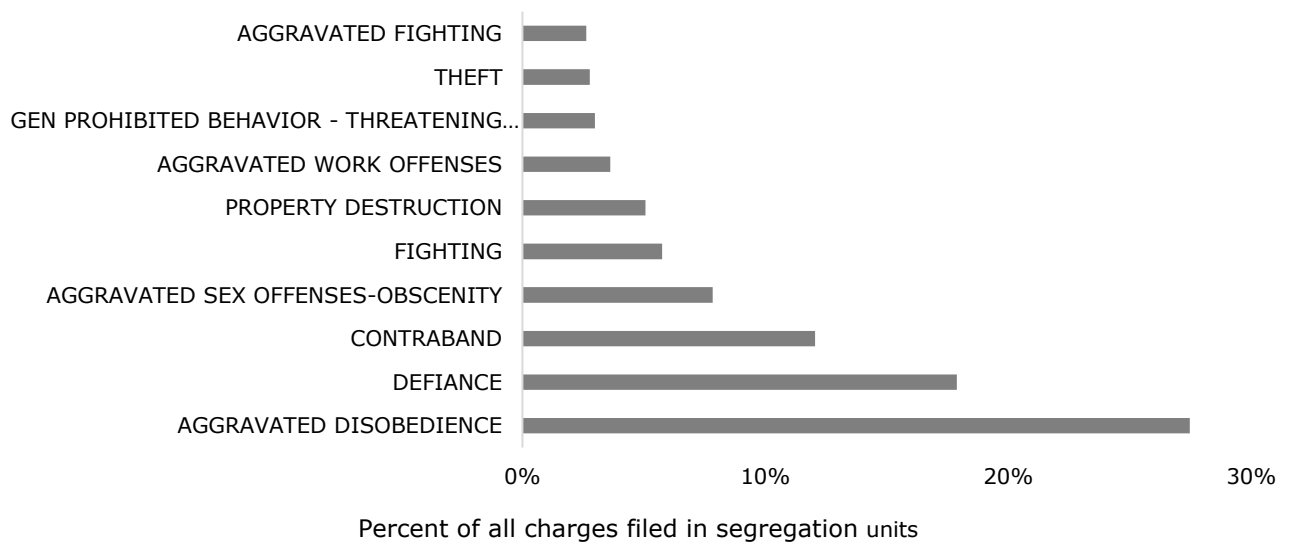
Location of write-up	Total number of write-ups	High-court charges (percent)
Segregation unit	20,863	17,368 (83%)
GP	49,400	42,208 (85.5%)
Total	70,263	59,576 (84%)

**Finding 8. Aggravated disobedience, defiance, and contraband comprised 57.3 percent of all charges filed in segregation units.**

Figure 9 displays the 10 most frequent charges issued in segregation units. Overall, percentages of low-court versus high-court charges were similar in segregation and general population settings. Aggravated disobedience, defiance, and contraband comprised 57.3 percent of all charges filed in segregation units. Together, about 45 percent of charges given in segregation units were for aggravated disobedience or defiance, which cover behaviors ranging from disobeying orders, talking back, to throwing bodily fluids at corrections officers or staff.<sup>19</sup> Fighting and aggravated fighting were the only physical violent charges in the top 10 and accounted for just 8.4 percent of all charges.

Figure 9.

**Ten most frequent charges filed: Segregation units**



**Finding 9. People in segregation found guilty of a rule violation frequently lose visitation and recreation as punishment.**

Depriving people of social connections with family and opportunities for physical exercise is a harmful practice that escalates tensions between staff and people in custody and exacerbates behaviors that result in infractions. About 92.5 percent (n=20,863) of all rule violations issued in segregation units were adjudicated as guilty at a disciplinary board hearing. Of the total disciplinary write-ups filed in segregation units resulting in a guilty disposition, many lost phone privileges or recreation time for months at a time. When people lose their recreation time, this leads them to typically spend 24 hours per day in their cell, with the exception of showering. Among this group, nearly one-third (29.5 percent, n=5,305) received loss of phone or visitation and about 17.5 percent (n=3,347) lost recreation privileges as a sanction, for an average of eight weeks for both (Figure 10).

Figure 10

**Loss of visiting and recreation as sanctions among people in segregation**

Year	Counts of guilty verdicts in segregation	Loss of visiting/phone	Loss of recreation
2015	9,046	2,583 (29%)	1,625 (18%)
2016	10,241	2,722 (27%)	1,722 (17%)
Total	19,287	5,305	3,347

**Finding 10. Disciplinary detention/isolation (DD/I) is among the most restrictive and isolating forms of segregation in Louisiana prisons.**

DD/I is used a type of “segregation within segregation” and imposed on people accused of violating rules while housed in lockdown. LADOC policy describes the additional restrictions imposed on people placed on DD/I status. LADOC regulations define DD/I as a “punitive holding area [within a segregation unit] where offenders are temporarily confined in a restricted situation after being sentenced by the Disciplinary Board.” In addition to being isolated in their cells for more than 23 hours per day, people on DD/I status do not have access to bed linens or mattresses during the day. People are prohibited from lying down on their concrete beds during “working hours” and must sit up. Vera was not able to quantify the prevalence of or reasons for placement on DD/I status, because there is not a marker in CAJUN data. However, during site visits, we observed multiple people in different facilities who were currently assigned DD/I status, which was apparent by the placement of their mattress outside their cell door. It is the only

form of disciplinary segregation with a determinate time limit. Policy states that a person cannot be held in DD/I for more than 10 consecutive days without at least a 24-hour break or for more than 20 days in a 30-day period.

Research shows that people exposed to such conditions develop psychiatric symptoms that manifest in decompensating behaviors, such as self-harm, smearing or throwing bodily excrements, paranoia, anxiety, and emotional dysregulation.<sup>20</sup> This form of punishment is excessively severe and likely exacerbates psychological states and behaviors that it was created to deter, such as verbal combativeness, spitting, and throwing bodily fluids or feces at staff.

**Finding 11. At DWCC, shift supervisors are authorized to place people on “strip-cell status” without a formal disciplinary board hearing and for extended periods of time.<sup>21</sup>**

DWCC policy (OPPS 34, sections S–W) gives unit supervisors the authority to place people in segregation units on “strip-cell status,” a form of DD/I used for people who engage in behaviors such as destroying property and throwing items out of a cell at staff (e.g., food, soap, and human excrement). They are not permitted to have any clothing or personal property other than a paper gown, toilet paper, and a mattress (although the mattress can be taken as a disciplinary sanction). Shift supervisors determine whether a person is allowed to have a cup or spork when eating meals. People are provided with limited personal hygiene items when escorted for a shower. Data shows that most people on strip-cell status are housed on N4B and N4C at DWCC.

Policy requires shift supervisors to monitor anyone placed on strip-cell status at least every four hours and to document reasons for keeping a person in these conditions for longer than 24 hours. However, with concurrence of the warden, DWCC policy (OPPS, Section T) authorizes “upgrad[ing]” a person’s strip-cell status, where, in addition to aforementioned conditions, they are also placed on the Food Loaf Program and have all bed linens removed from their cells, except between the hours of 9:00 p.m.–5:00 a.m. for indeterminate periods of time. Policy requires a review board, comprised of all security staff, to consider a person’s eligibility for “release back to regular assignment” every 30 days. Once a person is cleared for release, they return to another segregation cell and often resume serving a DD/I status that was suspended while on strip-cell status. DWCC policy does not provide clear guidance on how to achieve release from this status. And policy does not define a role or procedures for psychiatrists or mental health professionals for screening, monitoring, or responding to the psychological conditions of people entering, housed in, or exiting strip-cell status, despite known effects of such living conditions on mental health.

**Finding 12. LADOC regulations permit indeterminate stays in extended lockdown with reviews every 90 days, which exposes people to lengthy periods of segregation.**

Most people who are sentenced to segregation via the department’s disciplinary process are placed in an extended lockdown unit. Department regulations state that “assignment to extended lockdown is for an indeterminate period of detention characterized by routine 90-day classification reviews.” Due to data limitations, Vera was unable to quantify stays in extended lockdown (or any other segregation unit) lasting longer than two years. However, focus group participants reported that people commonly spend

indeterminate periods of months or years in extended lockdown. Correctional leadership, focus group participants, and incarcerated individuals cited a lack of clear and determinate sanctions coupled with lack of bed space in general population dorms as primary drivers of long stays in extended lockdown.

**Finding 13. LADOC developed and began piloting a disciplinary matrix in 2018, which is likely to help address problems related to inconsistently enforced rules and indeterminate sanctioning. However, it preserves segregation as a sanction for a wide range of rule violations.**

In the summer of 2018, LADOC started piloting a disciplinary matrix at Elayn Hunt Correctional Center with the aim of reducing lengths of stay in segregation, increasing consistency in enforcement, and providing incarcerated people with knowledge of eligible sanctions for specific rule violations. Since, LADOC has started piloting the matrix at Raymond Laborde Correctional Center, Dixon Correctional Institute, and B.B. Rayburn Correctional Center.

While a significant improvement, the pilot matrix that Vera reviewed did not explicitly reserve disciplinary segregation as a last resort for only serious acts of violence and permitted months of segregation for a range of minor and nonviolent behaviors. The draft matrix placed a 10-day cap on placement in disciplinary segregation for Schedule A low-court rule violations. It authorizes disciplinary board members to place a person in disciplinary segregation for 0–10 days, depending on whether it is a person’s first (0–6 days), second (0–8 days), or third or greater (0–10 days) offense. Schedule A/low-court rule violations include disobedience, disorderly conduct, disrespect, abuse of radio/tape CD or electronic media player, unsanitary practices, and work offenses. At the discretion of the board, people can receive reprimand, loss of minor privileges, loss of use of electronic media player or television, extra work duty, loss of canteen privileges, loss of telephone privileges, room confinement, and failure to earn incentive wages, loss of yard or recreation activities, and disciplinary segregation. Offenses defined as Schedule B high-court remain eligible for longer stays in segregation. Examples include defiance, aggravated disobedience, attempted escape, simple escape, aggravated escape, fighting, aggravated fighting, intoxication, property destruction, self-mutilation, all sex offenses, theft, and refusing to work.

Frequently occurring, but nonviolent, rule violations remain eligible for disciplinary segregation as an option. For instance, the matrix authorized disciplinary boards to give a person between 30–180 days in segregation for possession of drugs or a cell phone, depending on whether it was a first (30–60 days), second (60–90 days), or third (90–180 days) offense. It also allows disciplinary segregation sanctions between 15–60 days for intoxication (Rule 14), again depending on whether it was a first (15–30 days), second (30–45 days), or third (45–60 days) offense. The matrix also allows sanctioning a person to disciplinary segregation for work offenses (Rule 28) for between 30–180 days, depending whether it was first (15–30 days), second (30–60 days), or third (90–180 days) offense.

While further research is needed to monitor implementation, a preliminary analysis of agency data indicates that implementing this early version of the matrix may not reduce entries into segregation as significantly as intended. For instance, of the nearly 70,263 disciplinary incidents over a two-year span, roughly 86 percent were high-court charges that remain eligible for segregation sanctions under the draft

matrix.<sup>22</sup> Without addressing these limitations, this reform is unlikely to achieve substantial and sustainable reductions in segregation. It also does not define specific charges that are ineligible for administrative segregation, and thus might permit placing a person in segregation prior to adjudication for offenses that might otherwise not result in a segregation sanction.

## **Recommendations**

### **Recommendation 1. Progressively move toward policies that eliminate the use of prolonged segregation in Louisiana prisons.**

LADOC should adopt policies to significantly shorten the amount of time people are held in segregation, with the ultimate goal of ensuring that no person is placed in segregation for longer than 15 days in alignment with international standards and the frontier of domestic prison reform.<sup>23</sup> Louisiana has an opportunity to adopt a similar strategy and provide leadership and guidance to other states in the South grappling with similar problems related to segregation.

### **Recommendation 2. Expand existing and develop additional programs and privileges to foster positive incentives to reduce rule infractions. These incentives can also serve as alternative sanctions to disciplinary charges.**

The department should develop incentive-based, behavioral management tools, which involve rewarding people for positive behavior, rather than just punishing them for negative behavior. It will be necessary to expand the programming, activities, and other incentives available in order to promote and reward positive behavior. To develop effective incentives, each facility's leadership should engage incarcerated people to determine the types of activities, programming, and privileges that they view as most rewarding. Staff should also be consulted for ideas and to provide feedback. Incorporating these perspectives will likely improve the effectiveness of any new incentive structure. As an example, providing people with an option to acquire tablets that provide programming, entertainment, and a way to communicate with family and loved ones via phone or email may be an effective incentive. Enhancing people's ability to communicate with loved ones is a viable strategy for curbing the informal supply and demand for contraband cell phones, a major driver of segregation in Louisiana.<sup>24</sup>

### **Recommendation 3. Create alternative sanctions and a diversion program for people continuously found in possession or engaging in minor drug transactions.**

Possession of drugs is among the most common types of contraband charges that result in lengthy segregation sanctions. Correctional staff, treatment staff, and incarcerated people all expressed the need to expand the capacity to provide drug treatment to people with substance use disorders. Some focus group participants supported the idea of creating a treatment-based program for people who are caught using or engaging in small transactions of drugs in the facility. Such a program would not necessarily require creation of a new specialized housing unit and could be structured on an outpatient or specialized court model. To revamp the LADOC's approaches to treating those with substance use disorders, the department should engage social workers, treatment staff, external addiction experts, and incarcerated



people in organizing support groups, developing programming goals, securing clinical space, and developing eligibility criteria.

**Recommendation 4. Remove loss of visitation and phone privileges as sanctions for disciplinary infractions systemwide.**

Decades of research confirms the importance of policies that facilitate contact with family and loved ones during incarceration for individuals' psychological health and behavior, prison order and safety, and recidivism.<sup>25</sup> Vera recommends discontinuing policies that cut social ties between incarcerated people and their loved ones as sanctions. (See Recommendation 7 for examples of other sanction options.)

**Recommendation 5. Restrict loss of recreation as a sanction systemwide, expand opportunities for exercise, and decommission the use of recreation cages.**

Ensuring that people have daily access to meaningful exercise and recreation is a vital component for reducing the use of segregation and promoting healthy outcomes among incarcerated people. Research shows the importance of physical exercise in reducing anxiety, anger, and psychological stress.<sup>26</sup> An inability to engage in physical exercise is especially damaging in correctional environments, as it is associated with increased disruptive behaviors and causing a sense of hopelessness among incarcerated people.<sup>27</sup> LADOC should implement a department-wide regulation to remove loss of yard time as a disciplinary sanction, while expanding opportunities for congregate exercise and use of sporting equipment.

In doing so, Vera recommends decommissioning the use of individual fenced areas where people do not have meaningful opportunities to engage in exercise that promotes cardiovascular health and mental well-being. Instead, recreation yards should be safely reconfigured to allow people more physical mobility, access to exercise equipment, congregate sports, and spaces dedicated to meditation. Implementing this recommendation will require reevaluating staffing models and training correctional officers to ensure safety.

Other systems have adopted strategic exercise programs that promote mindfulness and meditation to help people cope with histories of trauma and develop emotional regulation skills. Studies have shown that programs that teach mindfulness contribute to reductions in verbal aggression, substance use, and recidivism.<sup>28</sup> One example, The Prison Yoga Project, is a program that was developed at San Quentin Prison in California that combines yoga with mindfulness practices, and is currently implemented in more than 100 correctional facilities nationwide, including many maximum custody prisons.<sup>29</sup> Two evaluations suggest that the program improved emotional well-being of incarcerated people and helped curb violence at San Quentin.<sup>30</sup> Further, in LADOC's own death row, incarcerated people have access to basketball hoops in their recreation areas. LADOC facilities have adequate space and sporting equipment to implement similar changes.

**Recommendation 6. Discontinue DD/I at all facilities, including strip-cell status at DWCC. Create therapeutic response for individuals with histories of psychological decompensation.**

As noted above, practices of DD/I in LADOC extended lockdown units are characterized by highly restrictive living conditions that advance a culture and values that are inconsistent with correctional goals of rehabilitation and segregation reduction. Correctional psychiatrists with expertise in the psychological consequences of segregation practices consider disruptive behaviors that are prevalent in highly restrictive units, such as flooding cells, and throwing, smearing, or consuming human excrement, as symptoms of psychiatric decompensation.<sup>31</sup> Undoubtedly, such behaviors exact significant stress and harm on correctional officers and other staff working on segregation units. However, according to clinical experts, underlying mental health conditions are exacerbated by conditions of isolation and idleness, and lack of intensive, therapeutic services from credentialed mental health professionals often contribute to these behaviors.<sup>32</sup> Therefore, specialized housing areas staffed with multiple clinicians devoted to developing individualized treatment plans that offer a combination of anger management, cognitive-behavioral therapies, trauma-informed counseling, and medication management are needed to reduce occurrence of problematic behaviors and to gradually transition people out of segregation settings.

**Recommendation 7. Incorporate the following substantive modifications to the disciplinary matrix to maximize its potential for long-term segregation reform.**

- **Clearly define the goals, responsibilities, and implementation strategies for the disciplinary matrix.** Currently, the matrix does not clarify a range of important topics, including but not limited to when investigative segregation can and cannot be used; whether segregation sanctions are to be served consecutively or concurrently when someone is charged with multiple infractions; whether sanctions can be stacked or not; and whether the policy is retroactive or not (Does someone who is currently in disciplinary segregation get to leave after the capped amount of time specified by the current matrix?). It also does not establish roles and responsibilities for different ranks of correctional officers in implementing the new policy.
- **Eliminate loss of visitation and phone privileges as sanctions for disciplinary rule violations.** The current draft of the disciplinary matrix still allows for the loss of phone for all low-court rule violations and the loss of visitation and/or phone for contraband, defiance, fighting, gambling, property destruction, self-mutilation, malingering, theft, and general prohibited behavior—most of which are the most frequently used rule violations (see Recommendation 4, above).
- **Prohibit the use of segregation for minor and nonviolent rule violations.** The new matrix allows for disciplinary segregation to be used in response to all rule violations except for gambling, malingering, property destruction, self-mutilation, and general prohibited behaviors—all of which still allow for disciplinary detention and/or cell-restriction. Eliminating the option of segregation as a penalty for low level violations will allow the department to create alternative

sanctions that can build on, rather than undermine, the progress made to enhance the disciplinary process.

- **Eliminate loss of recreation as a sanction for people in segregation.** The current matrix does not restrict the loss of yard and recreation for any rule violations or for any housing assignments (see Recommendation 5, above).
- **Prohibit punishment for self-harm behaviors.** The current rule book and matrix allows for the punishment of “direct or indirect harm to oneself” (Rule 30B), and sanctions can include cell confinement and disciplinary detention. LADOC should immediately remove self-harm as a disciplinary offense and respond to such behavioral with clinical approaches.
- **Clearly define over-expansive rule violations including Rule 30.** Rules such as 30C do not include any actual negative behaviors or rule violations, but rather allow for the complete discretion of employees to write up someone without clear description of evidence required to substantiate charges. Further, Rule 30D is already covered in the sex offenses category, Rule 30E is covered by the contraband rules, and Rule 30I includes only staff misconduct. Vera recommends clearly articulating the types of behavior and evidentiary requirements included under these rules, or eliminating them from the rule book.
- **Include more alternative sanctions in the matrix.** For example, drug treatment for drug-related offenses, loss of receiving incentives provided through an incentive-base system, cleaning a unit, or participating in a restorative justice program.<sup>33</sup> In addition to the general sanctions listed at the beginning of the matrix, the department should increase its responses to disruptive yet minor behavior. For example, the department can add “reprimand” as a *specific* penalty to nonviolent and low-court violations, rather than it being listed as a general sanction given at the discretion of the disciplinary board.<sup>34</sup>
- **Consider reclassifying high-court violations as low-court offenses.** By increasing violations classified as low-court violations, the department can further reduce its use of segregation as a penalty while also minimizing the movement and housing placement of incarcerated people after they complete their disciplinary board sanction. Examples of high-court violations that can be considered and moved to low-court in the matrix include nonviolent and lower-level infractions such as #1 Contraband (cell phone and minor drug possessions), #22 Theft, and #24 Unauthorized Area.
- **Consider developing a gender-specific matrix:** When Vera presented findings and recommendations to LADOC in early 2018, members of the department’s leadership suggested that it would be beneficial to adopt a gender-specific matrix for women. Vera supports this idea, given the unique experiences and needs of incarcerated women. Adopting a gender-specific disciplinary matrix for women also represents an opportunity for the department to incorporate additional segregation reduction recommendations (see “Women” section for more detail). The National Resource Center on Justice Involved Women provides a *Gender Responsive*

*Disciplinary and Sanction Policy Guide for Women's Facilities* that could serve as a resource for LADOC.<sup>35</sup> Vera also recommends consulting formerly and currently incarcerated women as well as women in positions of leadership, clinical care, and custody to collaboratively develop alternative sanctions for disciplinary infractions and conduct follow-up to monitor the success of new approaches.

- **Ensure that disciplinary rule violations, “offender rule books,” and matrices follow PREA standards.** The current policies likely violate PREA in three areas:
  - **Rule 21D punishes incarcerated people for having consensual sex with staff, and this rule violation can lead someone to spend time in both disciplinary detention and disciplinary segregation.** PREA only allows departments to punish incarcerated people for having sex with staff if found to be nonconsensual toward employees.<sup>36</sup> This rule violation needs to be deleted from policies and the change needs to be communicated to staff and incarcerated people.
  - **Rule 21C punishes consensual sex between incarcerated people at the same level as nonconsensual sex or abusive sexual misconduct.** PREA allows punishment for consensual sex between incarcerated people *as long as* it is differentiated from nonconsensual sex or sexual abuse.<sup>37</sup>
  - **Rule 21G punishes incarcerated people for not reporting advances by staff.** This is in direct opposition to the goals of PREA, which are to encourage a reporting environment and to ensure that incarcerated people are not punished for staff misconduct.

While these provisions are in the current rulebook, LADOC issued a memorandum to the facilities instructing wardens and officers not to enforce these provisions. Vera learned from LADOC leadership that the “offender rulebook” is currently in the process of being revised as part of segregation reforms and statewide reform efforts. LADOC leadership reported that these provisions of Rule 21 will be removed from the new version under new promulgations in the future.

### **Recommendation 8. Devise and adopt a robust implementation and transparent evaluation strategy for assessing the impact of the disciplinary matrix.**

Implementing new policy as significant as a disciplinary matrix requires detailed communications and training strategies that engage both staff and incarcerated people. At the time of assessment, the department was planning to communicate changes to facility residents through a magazine and through incarcerated individuals who serve as “inmate” counsel.<sup>38</sup> Vera learned that for staff, the department was relying primarily on roll call meetings at the start of shifts to communicate policy changes.

### **Vera recommends additional strategies for implementing the matrix pilot:**

- **Provide training for all staff on the new disciplinary matrix.** Vera encourages the department to take the time necessary for training staff during each shift, along with follow-up communication to shift supervisors and line staff.
- **Make the new matrix available to all incarcerated people, along with updated definitions and sanctions for rule violations.** In addition to the inmate magazine at Elayn Hunt Correctional Center and inmate counsel, the department should ensure that the matrix is disseminated and understood thoroughly by those under the department's custody. Ensuring proper and systematic access to a major disciplinary reform will allow for greater success first as a pilot and later in policy.
- **Provide training for all legal counsel on how to properly represent their clients and what sanctions they can ask for when plea bargaining.** Incarcerated individuals who serve as counsel play a critical role in ensuring that people charged with disciplinary violations receive due process. Vera recommends conducting training sessions with current counsel to educate them on the goals of the matrix and any substantial changes to policy to ensure that they can provide adequate representation to their clients. As part of the implementation process, Vera also recommends discussing the changes with counsel to obtain their input into changes and to seek guidance on effective alternatives to segregation.
- **Seek as much buy-in for the matrix from staff and incarcerated people.** Garnering buy-in from staff and residents is critical to successful implementation and sustainability of reforms. Vera encourages further effort by the department to include the voices of staff in decision-making processes as well as giving space for incarcerated individuals to share how those regulations and reforms affect them. Further, these actions will reflect the department's commitment to due process. The piloting phase of the matrix provides an opportunity to devise processes for soliciting and incorporating the perspectives of incarcerated people to maximize perceptions of fairness. Research shows that when people perceive rules as procedurally fair and just, then they are more likely to comply with rules.<sup>39</sup> Another strategy might entail conducting surveys or focus groups with incarcerated people to gather information on people's experiences and perceptions of the new matrix. Such information can provide important context to inform implementation and to make modifications that can improve compliance.
- **Develop a system for monitoring outcomes.** As the agency moves forward with exploring possibilities for upgrading or modifying existing data-systems, Vera recommends creating metrics for tracking frequencies of alternative sanctions, lengths of sentences, lengths of stay, backlogs, and other performance metrics that allow leadership to closely monitor which components of the matrix are succeeding in reducing segregation and others that require modification. In the

interim, we encourage the department to continue utilizing other data collection methods (daily reports, Excel spreadsheets, surveys, and focus groups) to monitor progress.

- **Monitor transitions from disciplinary segregation to preventative segregation.** Placement in a preventive unit appears similar in conditions as the most restrictive forms of segregation. If long stays in disciplinary segregation are replaced by short stays in disciplinary segregation, followed by preventative segregation, the change in disciplinary policy will have diminished impact. Vera recommends adopting procedural safeguards that protect against routine transfers from disciplinary segregation to other forms of segregation without multi-disciplinary reviews, due process, and transparent justifications for doing so. People should not be held or transferred from extended lockdown to preventative segregation for minor and nonviolent rule violations that occur in a segregation unit. Such a practice will preserve the indeterminate nature of segregation sanctions and compromise the determinate matrix guidelines from achieving their intended goals.

## Living conditions in segregation

This section discusses findings and recommendations related to living conditions in segregation units.

### Findings

#### **Finding 1. Exposure to living conditions in LADOC segregation units can be detrimental to the health, safety, and dignity of incarcerated people and correctional staff.**

People in extended lockdown, administrative segregation, working cellblocks, closed-cell confinement, and death row are mostly prohibited from accessing educational, vocational, and rehabilitative programming offered in the general population. Living conditions in these units are characterized by social isolation, idleness, boredom, and sensory deprivation, often for prolonged and indeterminate periods of time.<sup>40</sup> Research has shown that such conditions contribute to a distinct typology of psychiatric symptoms—emotional distress, cognitive deficits, social withdrawal, uncontrollable anger, and lasting psychological trauma for incarcerated people; and worse among people with underlying mental illnesses, young adults, and other vulnerable populations.<sup>41</sup>

In every focus group with incarcerated people, participants disclosed personally experiencing, or witnessing others experience, psychological distress while in segregation and after returning to the general population.<sup>42</sup> Additionally, in four of the seven focus groups conducted with incarcerated people, the fear of dying in the cellblock—or anecdotes about the trauma of witnessing another person die in a cellblock—came up in response to questions regarding access to healthcare on the cellblocks.

As one incarcerated person elaborated: *“You’re going to get claustrophobic, you’re either going to start talking to yourself, you’re going to get anxiety attacks, like what happened with me this last time because I was back there so long. It gets to be overkill... And you see, it gets that way because humans were not meant to be in a cage, and it is bad enough you’re locked up, but see, when you put a person in a box, if there’s four walls, for some reason, mentally it messes with you.”*

Mental health staff and nurses also described how spending time in segregation can cause otherwise healthy and social individuals to become reclusive, idle, and increasingly prone to paranoia. As one clinician stated: *“Spending time in lockdown makes it harder for people to reacclimatize and live in general population. They become paranoid. They don’t trust all the people around them. They are not used to having to watch their back.”*

Others described how people’s physical health noticeably improves after exiting segregation. As one medical staff respondent said, *“I have seen one inmate finally transition from the transitional unit to the dorm. And when you go see them, they look healthier, they have a better complexion. They are walking around the yard and mingling around with others. Just their physical appearance. They look healthier when they are not in that cell.”*

**Finding 2. Especially during the summer months, high temperatures in segregation units interfere with the delivery of mental health services and are associated with incidents of self-harm.**

Dorms and segregation tiers are not air-conditioned, which has been a topic of litigation in the Louisiana and other southern states.<sup>43</sup> Problems related to the high temperatures on the cellblocks during the summer months were constantly raised by staff and incarcerated people during focus groups, site visits, and meetings. Studies outside the prison context show significant relationships between heat exposures, psychological distress, aggression, and different forms of violence.<sup>44</sup> Other studies have shown heat-related stress underlies upticks in a range of health conditions and deaths, especially among elderly populations.<sup>45</sup> Additionally, research shows that heat-related risks may be exacerbated in institutional settings with poor ventilation where depression, cardiovascular and cerebrovascular conditions, and diabetes are prevalent among residents.<sup>46</sup>

Each housing area has a thermostat to track internal temperatures. Staff described procedures for monitoring people taking psychotropic medications or with other health problems that increase their vulnerability to heat during summer months. For example, RCC uses an electronic database that uses red flags to identify medically vulnerable individuals. During Vera’s summer visit, many people on segregation units were shirtless and wearing undergarments. Staff reported supplying ice and wet towels as one strategy for coping with heat. Fans were observed on some segregation tiers, and staff was in the process of installing additional fans during Vera’s visit to RCC. During focus groups, veteran officers and clinicians cited high temperatures and poor ventilation in segregation units as a factor underlying increases in the frequencies of conflicts, aggression, and other behaviors that result in infractions. Unprompted, correctional officers, clinicians, and incarcerated people alike stated that air-conditioning in housing areas would likely reduce disciplinary infractions.

As one nurse stated: *“The heat aggravates already agitated people. It agitates staff. The heat makes people strip naked.”* As one mental health provider stated: *“If all the inmate housing units were air-conditioned, I could almost swear on a stack of Bibles that half of the disciplinary problems would go down.”*

- **Heat on segregation tiers interferes with the delivery of mental health services.**

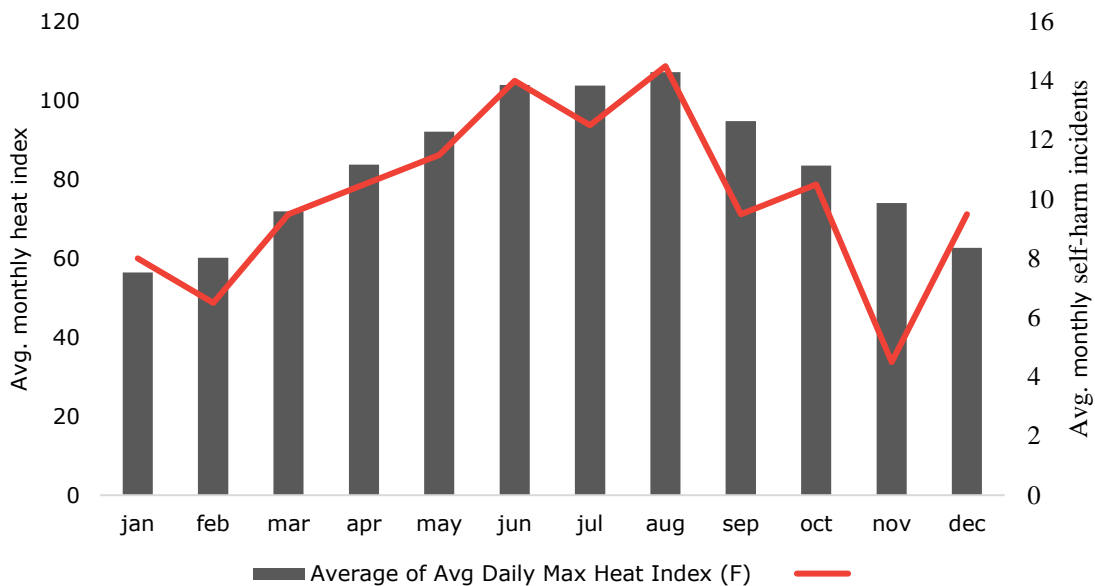
Mental health staff described being over-worked, under-staffed, and fearful of liability, especially on segregation units. Clinical staff described how high temperatures in the cellblocks sometimes interfere with their professional duties. For example, mental health staff at one facility, during a focus group conducted by Vera, disclosed that peaks in temperature during summer deter them from conducting rounds and fully engaging patients on the cellblocks, which undermines trust and rapport with patients. As one mental health staff member stated during a focus group: *“When I am going down the tier, they [incarcerated people] want someone to talk to. . . . But by the time I’ve done rounds on half of the building, I am drenched and exhausted and need to take some time to refresh myself, which signals to the patient that I just want to exit the tier.”* When asked about whether installing fans helped alleviate discomfort for patients vulnerable to heat, a mental health provider remarked that that, *“the fans only blow hot hair and make it difficult to hear clients at their cell door.”*

- **Exposure to heat and poor ventilation is associated with self-harm on the segregation tiers.** Mental health staff and nurses also reported noticing an increase in the frequency of suicide watches and self-harm behaviors during the summer months, which they attributed to physical discomfort, psychological deterioration, and an attempt to exit the segregation tier to consult the psychiatrist in a part of the prison where there is air-conditioning. To examine this further, Vera calculated the average monthly heat index across the state and examined an unadjusted association between heat index and instances of self-harm.<sup>47</sup> We conducted a simple, bivariate linear regression and found a significant, positive correlation ( $r=0.791$ ,  $p<0.01$ ) between average monthly heat index and number of self-harm incidents per month over a two-year period. It’s important to note that this analysis only measures a correlation and does not imply causation. While it was beyond the scope of this assessment, more rigorous analysis would be needed to account for other factors that may explain this association, such as access to mental health services and psychosocial factors of people engaged in this behavior. Yet the relationship between heat and self-injury was a theme that was corroborated by focus group participants and warrants further examination. As seen in Figure 11 below, patterns of self-harm closely traced patterns in average monthly heat index. Self-mutilation charges were more frequent during summer months with hotter temperatures.



Figure 11

**Plot of average monthly heat index and self-harm incidents**



**Finding 3. People in Louisiana’s segregation units experience idleness and are only permitted to recreate alone in a caged area, for 45–60 minutes at a time without access to exercise equipment. Due to staffing shortages, it is not uncommon for people to not receive their daily recreation time.**

Without equipment or structured activities, people lack opportunities to engage in meaningful exercise, such as those that benefit one’s cardiovascular and psychological health, and therefore, may be more likely to opt out of yard time, whenever offered.

**Finding 4. Segregation practices that result in a loss or destruction of personal property cause emotional and financial burdens, which escalate tensions between incarcerated people and staff.**

Staff at some facilities (e.g., Angola) described practices that require people moved to segregation to mail any personal property that is not authorized on the cellblock to an outside address. If they do not have money for postage or a place to send their belongings, then their property is often destroyed. During focus groups, people described the agony of losing property accumulated from loved ones or purchased with prison wages over years of incarceration. During site visits, several officers at Angola acknowledged the detrimental effects of this practice and viewed it as unfair, especially for people without resources to preserve their property.

## Recommendations

### **Recommendation 1. Provide educational, vocational, and therapeutic programming regardless of housing designation and allow people to earn good time and other incentives for participation.**

As noted, most people housed in extended lockdown units are generally unable to access programming and services provided to those in the general population and are ineligible for earning good time by participating in programs designed to promote rehabilitation. To address this issue, LADOC should extend existing programs and resources to people regardless of their housing designation.

### **Recommendation 2. Consider installing air-conditioning in Louisiana prisons, prioritizing housing areas where people are medically vulnerable to extreme temperatures.**

Increasing the number of housing areas with air-conditioning stands to benefit everyone living and working in Louisiana prisons. Cooling housing areas during summer months is likely to alleviate mental and physical health risks for incarcerated people, reduce disruptive behaviors on segregation units, and provide staff with a healthier and more comfortable working environment.

Intermediate steps to achieving this long-term goal might include:

- **Prioritize air-conditioning in housing areas where people are medically vulnerable.** As noted above, cooling living spaces during summer months is one strategy for reducing health-related harms associated with segregation. As a growing share of Louisiana's prison population becomes elderly and regional temperatures are projected to increase along a 30-year trend,<sup>48</sup> investing in air-conditioned living areas may avert problems that will likely reduce violence, save lives, and translate to financial savings on healthcare and litigation expenses in the long-term.<sup>49</sup>
- **Provide clinical staff with an air-conditioned setting to conduct private mental health consultations with their patients.** Currently, many areas within facilities' infirmaries and clinical spaces are air-conditioned, which provide a comfortable space for conducting clinical exams and mental health consultations. However, most clinical encounters on segregation units take place at the cell door, and few units have access to a private room where they can provide confidential counseling and services to patients. Creating a comfortable space for delivering clinical services will help improve the efficacy of treatment services. Vera observed existing spaces where it may be feasible to install a window-unit or other type of portable air-conditioning unit. In the meantime, given Vera's analysis, mental health and medical rounds on segregation units should occur more frequently during the summer months.
- **Provide security staff with air-conditioned rooms for taking breaks.** Creating a temperature-controlled setting in each facility for staff to take breaks and eat meals will provide officers working on cellblocks with relief from the stresses of working in crowded dorms and

segregation environments. This space could also be utilized to provide informational materials to staff on resources for health promotion and officer wellness initiatives.

- **Conduct a cost-assessment:** Conduct an assessment to document the financial costs of installing air-conditioning, while also studying potential savings that may result from providing medically vulnerable groups with temperature-controlled environment and avoiding costly litigation.

**Recommendation 3. Provide a safe place for storing personal property when incarcerated people are moved from general population to segregation, so that their property can be returned to them at a later time.**

## Transitions from segregation

### Findings

**Finding 1. People remain in segregation for indeterminate and prolonged periods of time, in part due to policies governing review and release from extended lockdown units.**

Segregation sanctions are for indeterminate periods of time in Louisiana and subject to periodic reviews (30 to 90 days, depending on the unit). However, we learned through focus groups, conversations with staff, and conversations with incarcerated people that people commonly remain in segregation for prolonged periods. In some cases, people spend years or even decades in extended lockdown and CCR without a sense of how and when they will exit. For instance, in one focus group, an incarcerated man noted his experience being on a tier continuously for years: *“I stood on that tier for eight years . . . and every year, it felt like the cell was getting smaller and smaller. All I had was a box.”*

**Finding 2. Focus group participants stated that some people spend months in segregation while undergoing intake procedures at EHCC.**

People housed in EHCC intake are given an ‘A’ security classification indicating maximum security; however, it is unclear in policy if intake units are separate from administrative segregation units. EHCC policy states that intake usually takes four weeks, but given the indeterminate length of stay in all forms of segregation systemwide, including intake, there is nothing more stated in policy that limits the maximum amount of time a person could or should spend during the intake process.<sup>50</sup>

**Finding 3. The 90-day review process for transitioning people out of segregation back into the general population is lengthy, inconsistently applied, and perceived as unfair by incarcerated people and some staff.**

In policy and practice, there are no objective criteria to determine when and how people are released from segregation. Lengths of stay are determined by a formal review board that reviews cases every 90 days in most units. Staff and residents noted that “unwritten rules” govern the operation of review boards and

determine when people are released from segregation. These “unwritten rules” vary by facility. For instance, incarcerated people said that certain write-ups at DWCC (such as escape attempt or drug contraband) are well-known among incarcerated people to carry two years of lockdown, despite no formal rules. Focus group participants discussed instances of being subjectively denied release from a review board because of their criminal offenses or due to events years ago in their disciplinary records.

**Finding 4. Lack of bed space in the general population dormitories creates backlogs of people waiting to transfer out of extended lockdown.**

Participants in nearly every focus group described problems caused by backlogs of people waiting to be transferred from segregation to a dormitory. Staff lamented that they are commonly unable to release people from administrative segregation, extended lockdown, or working cellblocks who have complied with all rules and have been deemed eligible to return to general population by a review board. Senior officers described how this situation prevents them from being able to communicate effectively with incarcerated people about how and when they will be released from lockdown. They cited the backlog as a factor that breeds frustration, distrust, and animosity between staff and incarcerated people, and often results in conflicts, infractions, and longer stays in lockdown. Focus group participants stated that some correctional staff send a person to segregation for minor rule violations just to open a bed in GP for someone else cleared to move out of segregation.

**Finding 5. Many people were held in segregation after 90 days despite no involvement in disciplinary issue.**

According to policy, incarcerated people who are in segregation are to be reviewed every 90 days. Vera analyzed 90-day intervals for anyone who moved into segregation on or after January 1, 2015. We created a sample of people for which we had exact entry dates into segregation to look at lengths of stay trends over a defined two-year period. This gave us a sample of 2,388 entries (of 2,087 people) into segregation units during which two or more board reviews occurred.

Only 2.3 percent of people who entered segregation were released after 90 days. Data shows that once someone enters segregation, it is difficult to move out. The graphic below shows that of the 2,388 times people entered and stayed in a segregation unit for at least 180 days, 10.5 percent remained in that unit upon data collection, 87.2 percent moved to another segregation unit, and just 2.3 percent went to GP (or the community) after their last review. Of the people who moved to another segregation unit post-review, about 27 percent moved from extended lockdown to a working cellblock.

Furthermore, a large portion of people who entered segregation and remained after six reviews (or after being in one segregation unit for at least 540 days) had either no disciplinary issues while in segregation or had not had disciplinary issues for a significant period of time.

- For people who moved to a different segregation unit after six reviews, about half (47 percent) had not had any disciplinary issue while in segregation.

- For people who received six reviews, the average amount of time between their initial entry into segregation and their most recent disciplinary write-up was 364 days.

**Finding 6. Most LADOC facilities lack a well-designed program for transitioning people out of segregation, especially for people who fear for their safety in general population.**

During focus groups, both staff and incarcerated people said that many individuals were reluctant to return to general population dorms after spending lengthy periods of time in segregation. Staff and incarcerated people stated that many people fear for their safety in general population due to unpaid debts or unsettled conflicts. Others suggested that some people prefer the privacy of a cell versus sharing living and hygiene spaces with a dorm of nearly 100 other people. Some incarcerated people further noted that some people stay in segregation to avoid confrontations that may jeopardize release or good time, which can be taken away as a sanction for disciplinary write-ups.<sup>51</sup>

LADOC facilities mostly rely on WCBs to transition people from extended lockdown to general population dorms. WCBs are neither rehabilitative nor designed to support transitions from segregation to crowded dorms. People in WCB spend eight to nine hours each day laboring in the fields. As noted above, staffing shortages are a major issue, which often results in people on WCB remaining in their cell (with a cellmate) all day. Many do not earn a wage for their labor, and those who are eligible to earn incentive pay earn \$.02 per hour.<sup>52</sup> People in WCB do not have the option to attend programming, church, classes, or any other activities. Therefore, they receive little to no preparation to transition out of segregation.

LADOC has since created step-down programs at EHCC and LSP to help transition people from segregation to general population or specialized dormitories. (See Finding 8 and 9 below for more detail.)

**Finding 7. People were regularly released directly from segregation to the community without reentry services.**

In 2015 and 2016, LADOC released 743 people directly from segregation units to the community.<sup>53</sup> An additional 163 people were released to the community less than three weeks after exiting a segregation cell. For people released directly from segregation to the community, the average stay in segregation in segregation before their release was 110 days.<sup>54</sup> According to staff, LADOC has a reentry program that most people attend prior to release from prison; however, people in segregation are mostly excluded from participating.<sup>55</sup> Research shows that people who spend prolonged periods of time in segregation experience endure unique challenges and psychological harms during reentry.<sup>56</sup> Directly releasing people to the community—and without any reentry programming—significantly compromises a person’s prospects for successful reintegration, while increasing their odds of returning to prison.

**Finding 8. The transition pilot at EHCC is a promising strategy for transitioning people out of lockdown to general population and decreasing violence.**

In September 2017, incarcerated people at the EHCC developed a 45-day, peer-based initiative designed for mentors to support individuals transitioning out of segregation. At the time Vera’s assessment was

completed, this had developed into an institutionally supported pilot program called the Behavior Management Unit (‘the pilot’) in the Fox 7 building.

Further, EHCC had begun implementing an additional section of transition dorms focused on providing programming for people whose disciplinary infractions are related to substance use. Incarcerated individuals serve as mentors who recruit two or three mentees from extended lockdown tiers to join the program. All program activities are conducted as a group, including daily work assignments, programming, and religious services. People interested in becoming mentees complete a form that asks about their family connections; history of substance use; religious affiliation (if any); favorite sports, music, and hobbies; and their individual strengths and weaknesses. This information is utilized to pair mentors and mentees, and help identify positive incentives for each person.

Vera met with EHCC leadership and administered surveys to incarcerated people (n=20) who were currently in the program to gather information on its early successes and challenges. About 85 percent of participants surveyed were black (n=17); 10 percent were white (n=2); and one identified as white-Hispanic. The average age among survey respondents was 37.26 years and ranged from 21 to 58 years. Respondents reported spending an average of 1.82 years (SD=4.13 years) during their most recent term in extended lockdown. Overall, participants indicated that correctional officers had explained the requirements for graduating the program, either verbally or in writing. Two respondents reported not receiving clear information on how to complete the program. One survey question asked people “how many hours do you spend out of your cell each day?” While still on extended lockdown, but preparing to move to a transition dorm, about 55 percent of respondents reported spending at least 3–4 hours out-of-cell each day since joining the pilot. The other 45 percent reported spending 1–2 hours out-of-cell each day. Respondents reported how they spend their time out of cell, which included: congregate programming unshackled, working in fields, using the phone, religious activities, and recreation with others.

- **Both leadership and some incarcerated men viewed the program as showing signs of early success.** Most survey respondents (85 percent) reported incurring zero disciplinary write-ups while in the program; 15 percent had received at least one. One security staff member, who was a self-described “old school” officer and initially against the idea, noted that it was effective for transitioning people out of segregation who were locked up for years. However, other line staff did not speak favorably of the transition dorm because they viewed it as going “softer” on the population.
- **The pilot increased congregate activity for enrollees.** Graduates of the previous classes spoke highly of the program’s group dynamic, the benefits to working together, building community, and forging unlikely friendships.
- **EHCC leadership is invested in the progress and success of the pilot.** Department staff are comparing rule violations between units with and without mentors, and they have seen a decrease in incidents including infractions with weapons. During a site visit in May 2018, EHCC leadership and staff expressed a desire to offer a formalized certification for mentors and increase

their wages for their work. Mentors reported striving to create a healthy environment and offer programming and other opportunities with the pilot including substance use treatment, vocational options, and reentry support. Both mentors and graduates reported absence of violence and feelings of empowerment in seeing mentees succeed. The pilot is still growing and improving. A desire for more mentors was expressed along with more educational opportunities. Some graduates felt there should be more post-program opportunities such as better options for higher-paying jobs. They also suggested that there should be a faster process for restoring good time after completing the program.

**Finding 9. LSP has developed a dormitory unit for transitioning people out of closed-cell restriction.<sup>57</sup>**

Warden Vannoy and officers at LSP established a unit devoted to transitioning people out of CCR into a dormitory setting with fewer than 20 residents. People in these units have significantly more privacy and access to programming, which includes weekly Compassion Cultivation Training (CCT), a curriculum that was developed by the Center for Compassion and Altruism Research and Education (CCARE) at Stanford University School of Medicine. CCT is an eight-week program designed to foster compassion, empathy, and kindness for oneself and others. The training “integrates traditional contemplative practices with contemporary psychology and scientific research on compassion. At Angola, the training has been positively received from program participants, correctional staff, and members of the advocacy community.<sup>58</sup>

## **Recommendations**

**Recommendation 1. Provide a supportive environment for people going through the intake process that provides privileges and living conditions as similar as possible to general population.**

At the time Vera’s assessment was completed, LADOC was planning to open additional intake facilities to speed up the intake process and alleviate capacity issues at EHCC. Units where intake and diagnostic processing occur should provide people with meaningful opportunities to have social contacts, recreate outdoors, and have access to phones and visitation. Maximizing access to services and privileges during intake must be balanced with LADOC’s duty to protect the safety of people who may have prior conflicts with newly admitted or existing residents of the facility.

**Recommendation 2. Create a program in every facility to safely transition people out of segregation, replicating components of EHCC and LSP’s programs.**

WCBs are not rehabilitative units for transitioning people out of segregation and lack criteria or timeline for incarcerated people to move into general population. Every LADOC facility should develop an alternative strategy for transitioning people out of segregation. The pilot programs at EHCC should be expanded to all facilities to ensure that it is available to all people who stand to benefit from participating.

Other facilities should consider replicating the mentor-mentee component of EHCC's pilot initiative and the compassion training offered in the CCR transition dorm at LSP.

**Recommendation 3. Eliminate direct release to the community from segregation. Ensure reentry services address the psychological traumas of people exposed to prolonged segregation, in addition to providing employment, housing, and healthcare linkages.<sup>59</sup>**

Eliminating direct release practices will likely decrease recidivism and help facilitate better reentry outcomes. LADOC can end this practice by adopting policy changes that require a step-down from segregation to a less restrictive environment within a certain period of time before release, and extend reentry programming to all people preparing for release, regardless of housing location. As noted elsewhere, an extensive body of research has documented the harmful impacts of segregation on mental and physical health. Additionally, LADOC should develop specialized reentry services that includes mental health treatment and counseling, in addition to employment, educational programming, and family reintegration—three factors that have been tied to successful reentry to the community. These programs should be staffed by community mental health experts with specialized skills in caring for people who have endured significant traumas and extended periods of isolation. The department may also consider consulting with community-based organizations, such as the SisterHearts Thrift Store, an Arabi, Louisiana-based nonprofit program that provides respite housing for women who spent long periods of time in segregation. SisterHearts has developed a trauma-informed model that allows women to develop employment skills and has strong partnerships with local mental health service organizations.

## People with mental health needs

In order for LADOC to effectively meet their goal of reducing segregation, it is important to know who is in their segregation units so targeted strategies can be implemented that consider the unique needs of each subpopulation. This section and the following six sections provide insights on the use of segregation for people with mental health needs, women, young adults, older adults, people of color, protective custody, and people on death row.

Given that people with mental health needs comprise a significant segment of the prison population nationwide and in Louisiana, it is imperative that the LADOC take into account the vulnerabilities and particular needs of people with mental illness when developing reforms.

Vera's assessment of the prevalence of mental health disorders among people in segregation was based on LADOC's level system. Clinicians and administrators use this level system to classify people based on the severity of mental health need at intake and during the course of incarceration. People classified as Level 1 have the most severe level of disability and impairment and require ongoing intensive management. According to the policy, the department strives to house any person designated as Level 1 in the Health Services Unit (HSU) at EHCC or in an infirmary at LCIW or Angola.<sup>60</sup>

People classified as Level 2 typically have a serious mental illness (SMI) and a pattern of functional instability within the past six months. At EHCC, people classified as Level 2 are housed in the transitional



dorm or in the HSU cellblock, which is an overflow to the main HSU. People designated as Level 3 have an SMI but have been stable on medication and functionality measures for at least six months. People designated as Level 4 typically have an Axis I diagnosis other than SMI and a history of addiction.

## Findings

### Finding 1. More than one-third of people housed in Louisiana segregation units were classified as having at least one mental health diagnosis, based on LADOC’s level system.<sup>61</sup>

People identified as having a mental health disorder were overrepresented in Louisiana segregation units. Moreover, the percentage of people in segregation with a mental health disorder increased over the two year study period, reaching nearly 40 percent in 2016. This increase was driven by an increase in people classified as Level 4 mental health disorder, as shown in Figure 12.

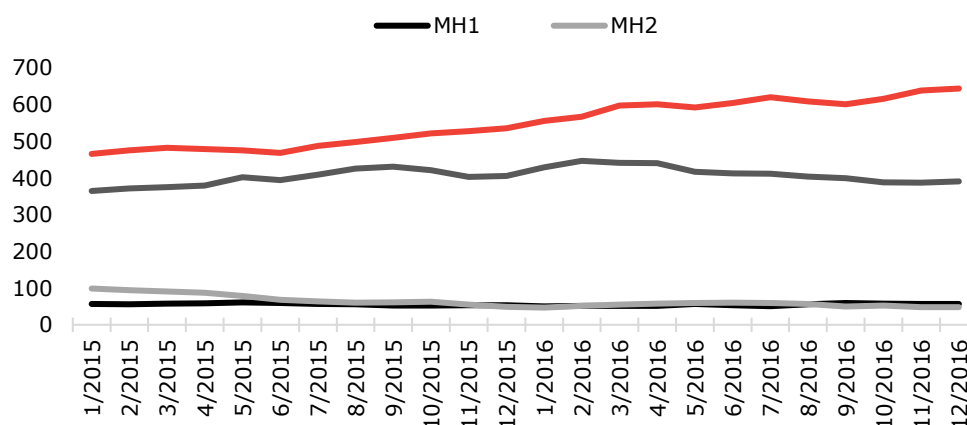
Vera also examined the mental health classification among people in segregation (Figure 12). The average daily population between January 2015 and December 2016 among people housed in punitive forms of segregation (non-treatment units), was

- 56 people with Level 1;
- 63 people with Level 2;
- 407 with Level 3; and
- 548 with Level 4.

People with mental health classifications of Levels 3 and 4 comprised the largest share of this group: as noted, compliance with medication is a key difference in classification between people assigned to Level 3 versus Levels 1 and 2. This finding suggests that on any given month, an average of 407 people diagnosed with SMI (Level 3) who were recorded as stable on medications were housed in segregation units.

Figure 12

### Monthly average count of people classified as having a mental health diagnosis in segregation units, by level of care



**Finding 2. Contrary to policy, people with severe mental illness with the highest level of mental health need, Level 1, sometimes spent time in extended lockdown units in multiple facilities.**

Over this two-year period (January 2015–December 2016), an estimated 2 percent of people in segregation units were classified as having a Level 1 mental health need (n=56), and most spent time in Beaver Units 1–5, cellblock tiers A-E, and segregation rooms 1–4 at EHCC. However, Level 1 individuals were housed in extended lockdown units at other facilities as well: at LSP, people classified as Level 1 spent time in Gator Unit at Camp J, TU LOWER C, and TU UPPER E. Women classified as Level 1 SMI were housed in the LEO unit at LCIW. At DWCC, people with Level 1 SMI were housed in unit N1B.

However, it is important to note that because the mental health levels are fluid classifications (i.e., people change levels based on symptoms, compliance with medication, etc.) an individual’s mental health level may not always align with their housing location in the LADOC data. In other words, it is possible that some people decompensate while in a segregation tier and are then subsequently moved to an HSU or treatment unit. Additionally, at EHCC, some tiers classified as extended lockdown units operate as annex-HSU units, because the demand for HSU beds outweighs its supply. Therefore, some people with Level 1 status are temporarily housed in cellblock tier, but they still receive out-of-cell programming and services and are not subjected to the same restrictions as people on extended lockdown.

**Finding 3. Self-injurious behaviors were common among people with mental health diagnoses in segregation units, and responded to with additional time in segregation.**

LADOC policy defines “self-mutilation” as a Class B rule violation that includes self-harm.<sup>62</sup> Research suggests that self-harm is more likely to occur in segregation.<sup>63</sup> Vera compared frequencies, locations, and sanctions for self-mutilation infractions that resulted in a guilty disposition.

As shown in Figure 13, over the study period, 60 percent of people found guilty of self-mutilation had a psychiatric condition. About 74 percent of self-mutilation instances among people with mental health diagnoses occurred in segregation units. Moreover, when people in segregation were found guilty of self-mutilation, the most common sanction was additional time in segregation. Losses of yard time, phone, and canteen privileges were also less common sanctions. Together, these findings corroborate reports from focus group participants that people are written up and sanctioned for self-inflicted injuries, such as cutting themselves and ingesting objects.

**Finding 4. People prone to self-injurious behaviors were housed in units reserved for isolation and strip-cell status.**

On average, eight to nine people with mental health diagnoses were housed in these two units per day over the study period. During site visits, Vera learned that DWCC has just one part-time psychiatrist to oversee the medication and treatment plans for an average of 72 patients with diagnosed mental health needs (average daily number of people in 2015 and 2016). Of the recorded 76 incidents of self-harm in segregation units at DWCC, between 2014 and 2016, almost 15 percent occurred in N4B and C units.

While N2D was the segregation unit at DWCC with the highest recorded number of self-harm incidents (13) in these three years, N4C had the second highest number with 10 recorded incidents of self-harm.

**Finding 5. Mental health rounds in segregation units reportedly occur at ineffective times and consultations take place at cell doors, which limits access and utilization of clinical services with diagnosed psychiatric conditions.**

Incarcerated people spoke unfavorably about their experiences accessing mental health services or counseling while in segregation units. While LADOC policy requires mental health staff to regularly make rounds on segregation tiers, multiple people stated that staff commonly visit cellblocks unannounced or during hours while people are sleeping. Though some units have spaces that can be used for consultations, interactions between mental health staff and patients typically occur at a person’s cell door. This practice interferes with the clinician-patient relationship because it does not provide people with a private setting to discuss confidential health information. As a result, people experiencing psychological deterioration are less likely to seek or receive available services.

Figure 13

**Frequencies, location, and sanction for incidents of self-mutilation**

Location	Total self-mutilation incidents	Total incidents among people with MH Needs	Loss of rec & yard	Loss of Phone	Loss of Canteen	Segregation time <sup>64</sup>
GP dorm	318	140 (44%)	23	13	68	50
Seg. unit	337	250 (74%)	29	38	80	--
Total	655	390 (60%)	52	51	148	--

**Finding 6. LADOC prisons lack sufficient housing options and resources to meet the growing mental health needs of the population.**

LADOC leadership reported an increase in the demand for intensive psychiatric services in state-operated facilities in recent years, and emphasized the need for additional resources to provide better housing and treatment. During focus groups, clinical staff at every facility Vera visited described challenges related to large caseloads and stressed a need for additional staff and resources to improve their capacity to deliver a wider range of group and individualized therapies tailored to the needs of the population (e.g., evidence-based substance use treatment, anger management, cognitive behavioral therapy, and more individual counseling), and to create more manageable caseloads. They expressed frustration with cuts to staffing levels, stagnant salaries, and lack of clinical housing options for people with serious psychiatric

conditions. They viewed these factors as contributing to difficulties filling staffing vacancies and retaining credentialed clinicians. Several facilities, such as DWCC, reported having only one contracted psychiatrist to oversee medication and treatment regimens for hundreds of patients. At Angola, clinicians stated that more than 20 percent of residents were on the mental health caseload, but only one full-time psychiatrist was present to oversee their medications and treatment regimens for all patients. As one clinician at Angola lamented, “*we have more people with mental illness than we have beds.*” And EHCC, the facility that specializes in housing and treatment of the incarcerated population with the highest mental health needs, is limited in their ability to address the backlog of patients that would benefit from placement into the Health Services Unit.

**Finding 7. With limited resources, LADOC leadership has piloted a few treatment-oriented units for people with complex health needs and disabilities.**

For example, EHCC’s health service units (HSUs) house people with Level 1 and Level 2 mental health classifications, and provide more structured programming, clinical monitoring, and out-of-cell time than other units. Some clinical staff, senior correctional officers, and incarcerated people, spoke favorably of these new units, noting that they represent a strategy for responding to mental health needs with programming and treatment options rather than segregation. Although these programs are a step in the right direction, additional services and treatment capacity are needed. People with serious mental illnesses at other facilities lack access to similar programming and housing options, and the units at EHCC are over capacity. As a result, many people with mental health needs struggle to adapt to living environments of crowded dorms and end up housed in extended lockdown units.

**Recommendations**

**Recommendation 1. Enact firm policies that prohibit placing people with serious mental illness in any form of housing that limits meaningful access to social interaction, counseling, medical care, visitation, physical exercise, and other therapeutic programming, including segregation.**

A growing number of legislatures and state corrections agencies are taking steps to ban or significantly restrict use of segregation for people with serious mental illnesses and create alternative housing units.<sup>65</sup> Individuals with SMI, even if they present a risk of violence, should be housed in a therapeutic environment, rather than conditions that increase the odds of psychiatric decompensation, self-harm, suicide, and violence.<sup>66</sup> Successfully implementing such policies requires investing in additional resources to expand and improve the quantity and quality of behavioral health services in Louisiana’s correctional system. Ideally, courts and agencies at the front door of the criminal justice system can collaborate with public health agencies to devise robust diversion programs that provide people with treatment, housing, and social services as an alternative to incarceration. At the same time, however, it is imperative that Louisiana lawmakers provide correctional health professionals with sufficient resources to support delivery of evidence-based behavioral health services for people cycling through prison.

**Recommendation 2. Expand and create additional rehabilitative housing units for people with serious mental illness as alternatives to segregation and dormitory housing. Prioritize facilities where people with SMI are in extended lockdown units.**

In the short term, consider replicating transitional dorms and treatment units from EHCC in other facilities for people with mental health needs. As a starting point, ensure that all people with serious mental illness receive at least 10 hours of structured and 10 hours of unstructured programming out of their cells each week. Over time, LADOC should gradually expand hours for out-of-cell time for structured and unstructured programming.

- **Seek guidance from other jurisdictions and community psychiatrists.** Several state and local correctional systems have adopted clinical alternative housing units for people with psychiatric disabilities as a component of their segregation reduction reforms. For example, the New York City Health + Hospitals/Correction Health Services operate the Clinical Alternatives to Punitive Segregation (CAPS) unit in the city’s jail system. CAPS includes several key components LADOC should consider replicating. Social workers, a psychologist, nurses, a part-time psychiatrist, and mental health treatment aides are based on each unit. CAPS operates a daily schedule of structured and unstructured programming, group therapy, recreational activities, and individualized counseling. Clinical and security staff work collaboratively to meet the needs and ensure the safety of patients on the unit. A recent evaluation of the program found significant reductions in instances of self-harm and clinical improvements among the people housed there.<sup>67</sup>
- **Properly staffing rehabilitative housing units with psychiatric nurses, social workers, recreational therapists, and correctional officers with special training in mental health is critical to success.** To develop staffing models for such units, LADOC psychiatrists and leadership should consult hospital administrators with knowledge of regulatory and clinical standards that govern psychiatric units in hospitals and other non-correctional entities for guidance.
- **Develop a tracking and reporting system to monitor the housing status of people with mental health needs to monitor implementation of this policy change.** Collecting and disseminating data on the prevalence of mental health problems in different housing units can help LADOC leadership advocate for the necessary resources to develop alternative units for people with mental health needs, such as hiring additional clinicians or renovating segregation tiers to reduce isolation, and support programming and socialization.

**Recommendation 3. Change department policy to exclude self-harm as a disciplinary infraction and ensure that these behaviors trigger immediate clinical assessments.**

Enact a policy that explicitly recognizes self-harm as a clinical problem warranting a response from mental health professionals. This policy change should also entail removing self-mutilation from the departmental rule book and draft a new provision to govern unpermitted tattooing, piercing, and teeth

alteration. This will ensure that clinical issues related to self-harm are not conflated with body art during adjudication proceedings or as documented in administrative records. Additionally, segregation should never be used as response to tattooing, piercing, or teeth alteration.

**Recommendation 4. Expand mental health training to all security staff.**

Focus group participants reported that security staff at EHCC receive special mental-health training (i.e., HSU training) that is not provided at other facilities. After completion of Vera’s assessment, LADOC began providing some staff with Mental Health First Aid training. At a minimum, we encourage LADOC to extend both of these trainings to security staff of all ranks at all facilities. Additionally, LADOC should consider the following to enhance its mental health training for security staff:

- **Consult external experts to develop and implement an educational training for security staff** to learn the unique and detrimental consequences of housing people with serious mental illness in segregation. Educational trainings for staff are needed to help officers understand how mental illness, addiction, past traumas, and emotional distress often underlie behaviors that result in segregation.<sup>68</sup>
- **Prioritize expanding Mental Health First Aid and other training opportunities for all correctional officers** that provide educational background, communication skills, and establish positive with people with SMI.
- **Establish an ongoing Crisis Intervention Training (CIT) program at each LADOC facility.** CITs have been shown to be effective in de-escalating situations where a person with mental illness is decompensating psychologically, behaving erratically, and threatening violence to himself or others. CIT has become a mainstay of systems seeking to reduce reliance on segregation, because trainings help correctional officers recognize the signs and symptoms of a mental illness, empathize with why it is difficult for people with psychiatric conditions to comply with rules and enforcement in correctional settings, develop the communication skills to informally de-escalate moments of crisis without violence or resorting to segregation, and facilitate linkages to appropriate follow up mental health services. Vera recommends that LADOC provide staff with de-escalation and communication training and trainings on mental decompensation and mental health needs. The National Institute of Corrections, National Alliance on Mental Illness, and other organizations provide helpful resources and guidance for developing CIT in correctional settings.<sup>69</sup> The Pennsylvania Department of Corrections recently conducted a pilot program in CIT at a facility its residential treatment unit, which was found to reduce transfers to other units and lower grievances between staff and residents.<sup>70</sup>
- **Increase opportunities for cross-training between custody, program, and mental health staff at all Louisiana facilities,** replicating training at EHCC. Leadership should prioritize training at the unit manager level, so unit managers can model de-escalation techniques and reinforce their importance for new correctional officers who are receiving on-the-job training.

- **Provide dual-loyalty training to correctional health staff**, which discusses the tensions between adhering to principles of medical ethics in situations where they are asked to make decisions that influence whether a person is punished in ways that are harmful to health. The New York City Health + Hospitals/Correction Health Services has developed dual-loyalty training for professionals working in the city jail system, which may provide guidance on how to develop curriculum and educate nurses and technicians about their role in segregation reform and ensuring that medically vulnerable individuals are not subjected to prolonged isolation.<sup>71</sup>

## Women

As studies have shown, women in prison are far more likely than men to have experienced some sort of sexual trauma or physical abuse; therefore, the social isolation which can occur when women are not allowed to interact with others can have retraumatizing effects.<sup>72</sup> For this reason, women warrant unique considerations when developing segregation reforms.

### Findings

**Finding 1. Nearly 15.8 percent of women in 2015 and 12.1 percent of women in 2016 were housed in segregation on an average day, respectively.**

Nearly all women held in segregation were housed in cells designated as administrative segregation or maximum custody, while two to three women were in “treatment” cells. Women were not housed in WCB or extended lockdown cells. The decrease in the average number of women in segregation between the two years is attributable to the flooding and evacuation of women from LCIW in August 2016. After LCIW was evacuated, women were housed in various facilities across the state, including a few segregation cells in LSP, a makeshift dormitory at EHCC, a youth facility that closed in 2014 (Jetson Center for Youth), and parish jails.

**Finding 2. While disciplinary charges were relatively similar for men and women, there were some important differences.**

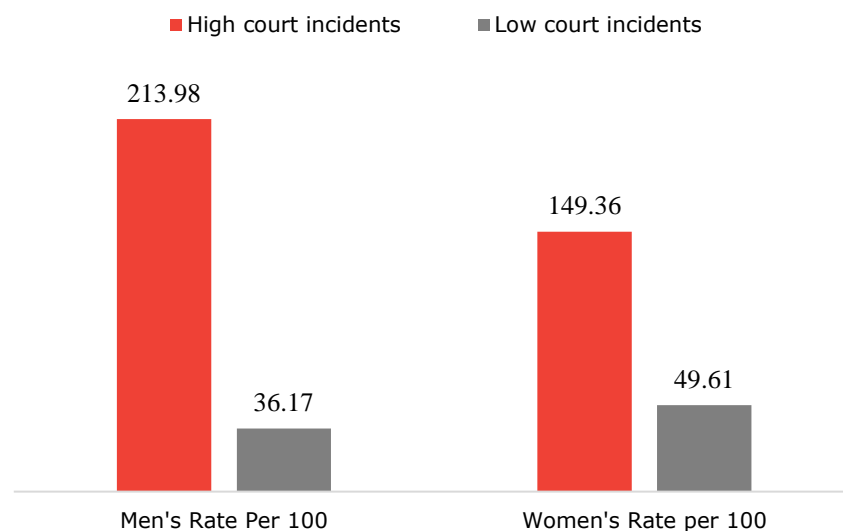
For example, while aggravated disobedience and defiance made up 36 percent of charges among men, aggravated disobedience, simple disobedience, and defiance made up nearly 44.2 percent of all women’s charges. Further, property destruction was not in the top 10 charges for women, but was for men. Rather, “threat to commit a violation” and “loud argument or dispute” were in the top 10 charges for women. Additionally, although rare, when women were written up for a sex offense, 55 percent of the time it was for “displays of affection.”

**Finding 3. Women were about 1.4 times as likely to be written up for low-court infractions as men, but they were 30 percent less likely to receive a high-court write-up (See Figure 14).**

Over a two-year period, the rate of write-ups for low-court infractions among women was 1.4 times greater than for men (49.61 per 100 women versus 36.17 per 100 men). Conversely, the rate of write-ups for high-court charges was 1.43 times higher (213.98 per 100 men versus 149.36 per 100 women).

Figure 14

**Rate of disciplinary write-ups for men vs. women by charge severity**



**Finding 4. Rates of AS were higher for women than men.**

Rates of pre-hearing segregation were higher for women than men. While 29 percent of all incidents occurring in GP led to administrative segregation for men, 39 percent of incidents in GP led to AS for women.

- **Among women, defiance and aggravated disobedience accounted for 30 percent of charges occurring in GP that resulted AS.** The other top charges leading to AS were contraband, fighting, work offenses, overt displays of affection, theft, loud argument/dispute, and threatening behavior.
- **Among women, only about 5 percent of incidents that occurred in GP and led to AS ultimately resulted in a segregation sanction post-hearing.** This finding has several implications. First, it suggests that correctional officers place women in segregation for minor offenses before they are convicted by a disciplinary court, and that the vast majority are released after adjudication. It indicates that most incidents leading to AS could be diffused without a segregation stay at all.



**Finding 5. Following the flooding and evacuation of LCIW, temporary segregation practices emerged in which some women were held in rooms that—lacking furniture, sinks, and toilets—were not designed to house people.**

Hundreds of women are being held in a large dorm since LCIW was evacuated. During a site visit, Vera learned that correctional officers were using a hallway of storage closet-like rooms as a segregation unit for women, where they could be housed for up to 10 days at a time. These rooms had no furniture in them—no bed, no toilet, and no sink—and women received a mat to sleep on. To go to the bathroom or get water they had to wait for an officer to walk through the hallway. As of February 2018, after Vera brought this to attention of leadership, this practice had reportedly ended. Per LADOC leadership, women are only allowed to be housed in these conditions for up to four hours at which point a more permanent housing decision must be made.

**Finding 6. Women lost phone privileges and recreation/yard time for disciplinary incidents, which can be disparately harmful.**

In almost 9 percent of all incidents with a guilty finding, women lost phone privileges, and this was the case in almost 15 percent of incidents that occurred in segregation. In 31 percent of all incidents with a guilty finding, women lost recreation or yard privileges, and in 27 percent of incidents that occurred in segregation, women lost recreation time. Although losing contact to outside supports through phone calls and visits, or the socialization provided during recreation time, has negative consequences for both men and women, these policies have disparate and far-reaching impacts for women. Incarcerated women are more likely to have been the primary caregivers to children than incarcerated men, and losing visits and phone privileges can impact their ability to maintain contact with children.<sup>73</sup>

**Finding 7. Incarcerated women reported frequent use of mace as a control tactic in both GP and segregation cells.**

While data was not available to analyze the use of mace, women reported that mace was used frequently as a control tactic and that, rather than using small amounts, corrections staff would use full cans for one incident. Further, according to policy, incarcerated people can be required to pay for the can of mace used on them.<sup>74</sup> Participants described how people who were not involved in the incident still experience harmful effects of mace that lingers and is slow to dissipate on poorly ventilated segregation tiers.

**Finding 8. Women reported lacking sufficient access to sanitary products in segregation and in the general population, which fosters frustration and embarrassment.**

According to women in the focus group, they receive 12 pads per month unless they are able to purchase additional ones via commissary, which due to their price are often inaccessible for women. The potential frustration and embarrassment caused by this limited access to necessary sanitary products can lead to conflict, write-ups, and potential further disciplinary action. Since the time of Vera's assessment, however, Louisiana has passed the Dignity for Incarcerated Women Act, which took effect in August of 2018, and is

intended to remedy this problem by providing women with free and unlimited access to sanitary products.<sup>75</sup>

**Finding 9. Policy permits subjecting pregnant women to segregation.**

Although we were not able to analyze through quantitative data how often pregnant women were housed in segregation, in focus groups with women and in conversations with staff, we learned that this does occur and is not prohibited by statute or regulations.

**Finding 10. Strip searches and the taking of clothes were reportedly a common response to a wide range of behaviors and other instances in GP and segregation.**

Women noted frequent strip searches at intake and their clothes being taken during mental health or suicide watch, which take place in segregation settings. By policy, same-gender strip searches can occur with the approval of a captain or higher-ranking employee in the chain of command at any time, “without the requirement of reasonable suspicion or probable cause,” and visual cavity body searches can occur when someone leaves the facility for court or work, after a contact visit, or when entering or leaving a segregation area.<sup>76</sup> Women in prison are far more likely than those in the community to have past experiences of physical or sexual abuse or rape.<sup>77</sup> Strip searches, pat downs, and the use of restraints, which tend to be used more often in higher security or segregation settings, can trigger past trauma and cause trauma symptoms that can be mistaken for acts of aggression.<sup>78</sup>

**Finding 11. Rates of mental health diagnoses were exceedingly high among women in segregation.**

Mental health diagnoses were highly prevalent among women in segregation units. Mental health classification data revealed extremely high rates of mental health diagnoses among women housed in segregation with a monthly average ranging from a low of 43.3 percent to a high of 63 percent.

## **Recommendations**

**Recommendation 1. End the use of any form of segregation and use of force for pregnant, post-partum, and breastfeeding women in accordance with national trends and international standards.**

In 2016, the American Correctional Association issued standards limiting the use of restrictive housing for pregnant women.<sup>79</sup> Further, the UN’s Bangkok Rules call for ending the use of segregation for pregnant and breastfeeding mothers.<sup>80</sup> If a pregnant or post-partum woman needs to be separated for her own safety or the safety of others, the setting should not resemble any form of segregation and should be for the shortest period of time possible. She should have hourly checks by medical and mental health staff and should maintain access to breast pumps, if necessary. LADOC should explore the possibility of creating specialized, clinically focused housing areas that are optional for pregnant, post-partum, and breastfeeding women in the general population. Louisiana can look to existing prison nursery programs

or programs like the Minnesota Prison Doula Project for guidance.<sup>81</sup> These units can also serve as an alternative placement for those found guilty of rule violations that warrant transferring housing units.

**Recommendation 2. Monitor facilities to ensure that all housing areas, including segregation, are equipped with proper furnishings, running water, toilets, and beds.**

Until LCIW reopens, LADOC needs to find alternative solutions for women who are temporarily housed in dorms or congregate housing areas within other facilities and need to be temporarily separated from the general population. No person should be housed in any setting that lack these basic necessities. LADOC informed Vera that EHCC was no longer utilizing closets or storage spaces without these necessities as makeshift segregation cells upon learning about this practice. Follow-up is needed to monitor whether and how correctional officers are utilizing segregation practices in facilities where women are temporarily housed.

**Recommendation 3. Remove disobedience, defiance, displays of affections, and other nonviolent infractions as disciplinary charges that can result in administrative segregation or disciplinary segregation.**

Further, given that rates of write-ups for low level issues are higher among women than men, LADOC should consult experts in gender differences in penology to review the use of write-ups and ensure that gendered behaviors (e.g., crying, hugging, etc.) and trauma/mental health symptoms are not being mistaken for misbehavior.

**Recommendation 4. Monitor implementation of recent legislation to ensure that women have unlimited, free access to pads and other necessary sanitary products, and equip segregation cells with receptacles to ensure a clean and healthy environment.**

In June of 2018, with bipartisan support, Louisiana passed the Dignity for Incarcerated Women Act to require correctional facilities to provide unlimited tampons, sanitary napkins, toilet paper, soap and toothpaste to women in prisons, counteracting previous monthly limits to these products.<sup>82</sup>

**Recommendation 5. Ensure that conditions in women’s facilities are gender-specific and trauma-informed.<sup>83</sup>**

A trauma-informed facility should incorporate values of safety, trustworthiness, choice, collaboration, and empowerment. Staff need to receive training to understand how people might cope with trauma and victimization, and the practical steps they could take to minimize the impact of power dynamics that could be experienced as retraumatizing within the facility. Explaining why certain events (e.g., strip searches, bunk searches, movements, etc.) are happening can help to restore a sense of power, control, and safety for women. And avoiding events that can retraumatize someone (such as strip searches or pat downs) to the extent possible is essential when implementing trauma-informed values.<sup>84</sup> The Sanctuary Model and the Trauma-Informed Effective Reinforcement system are two guides that were designed to help create trauma-informed organizations.<sup>85</sup>

**Recommendation 6. Develop and implement plans to renovate and redesign LCIW to convert segregation units into settings that promote socialization, programming, family visitation, and other needs.**

Reopening LCIW creates an opportunity to implement structural renovations to the facility that permanently vacate or transform segregation cellblocks into settings that promote socialization, programming, family visitation, and other needs.

As LADOC moves toward reopening LCIW, Vera recommends repurposing cellblocks used for segregation into housing and programs areas that reduce isolation, provide space for congregate activity and programming, and promote family engagement.

LADOC might consider the following ideas:

- **Family center for mothers:** Consider the possibility of converting cellblocks into a family visitation center or nursery for mothers with young children.<sup>86</sup> Partner with local organizations across the state to advocate for resources needed to expand programming and services that focus on strengthening familial bonds, advising incarcerated parents on civil legal issues, reentry programming on parenting skills, securing housing, and reestablishing contact with children post-release.
- **Specialized unit for survivors of trauma:** Consider the possibility of converting cellblocks into a programming space and safe harbor designed to help women with histories of physical and sexual abuse, intimate partner violence, and substance use. As mentioned above, The Sanctuary Model and the Trauma-Informed Effective Reinforcement system are two guides that were designed to help create trauma-informed organizations.<sup>87</sup>
- **Specialized unit for young women:** The Connecticut Department of Corrections recently created the WORTH Unit (Women Overcoming Recidivism Through Hard Work), a specialized unit at the York Correctional Institution for women between the ages of 18–25 that prioritizes family engagement, peer support, personal growth and development, education, and career readiness. It is guided by principles of restorative justice and human dignity. After its first year, the program has not experienced a single incident of violence.<sup>88</sup>

## Young adults

Research in neuroscience and developmental psychology shows that young adults (ages 18 to 25) are still navigating self-identity, independence, and the range of life possibilities, as their brains undergo critical stages of development that undergird these cognitive faculties.<sup>89</sup> This body of science has significantly influenced policy and jurisprudence governing criminal justice, and has important implications for correctional practices. It also has been invoked in legal discourse related to solitary confinement.<sup>90</sup> Broadly, it demonstrates that during these formative years of neurobiological development, it is especially important to ensure that young adults are exposed to supportive, nurturing, and prosocial environments.

Young adults who experience incarceration are overwhelmingly exposed to adverse childhood experiences, including trauma, violence, parental incarceration, fractured families, and impoverishment.<sup>91</sup> Therefore, it is critical that correctional systems improve rather than harm young people's prospects for health, safety, economic security of individuals, and communities.

## **Findings**

### **Finding 1. Young adults were overrepresented in Louisiana segregation units. In 2016, 40 percent of the young adult population was held in segregation on an average day.**

Young adults comprised roughly 6.6 percent of the LADOC population, but 12 percent of all people in a segregation cell. They were overrepresented in punitive forms of segregation: more than 13 percent of people on extended lockdown units and more than 16 percent of those in administrative segregation on average. Young adults were slightly underrepresented in CCR and treatment units.

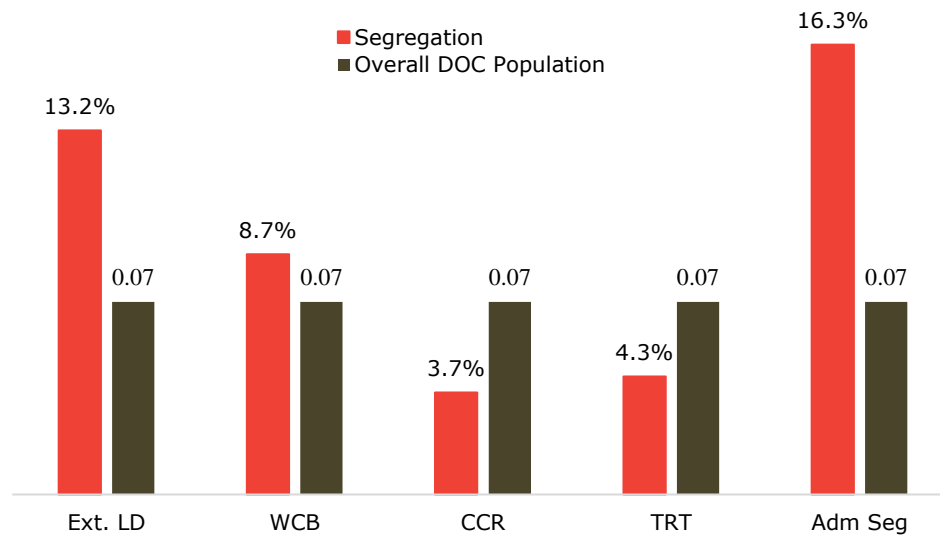
### **Finding 2. Black young adults were 1.3 times as likely as their white counterparts to be housed in segregation.**

Young people of color make up just 5.7 percent of the total LADOC housed population, but 11.5 percent of extended lockdown, 8 percent of WCB, and 13 percent of AS.

### **Finding 3. Young adults accounted for 21 percent of all disciplinary incidents filed, and the most frequent charges among young adults were nonviolent.**

The top 20 most frequent charges included only three that may involve violence: fighting, aggravated fighting, and aggravated sex offenses with another incarcerated person. Despite being cited primarily for low-level charges, young adults made up 49 percent of incidents that led to a segregation stay across the two-year cohort. Over 3,900 incidents by young adults in general population dorms resulted in segregation out of the total 7,000 general population incidents leading to segregation.

## Young adults in segregation versus GP by unit



## Recommendations

### **Recommendation 1. Ensure young adults are not placed in a setting that lacks meaningful opportunities for socialization, family engagement, formal education and career training, and physical exercise.**

Policy changes should include increasing the use of informal responses (such as verbal reprimands, cool-down periods, etc.) and implementing conflict resolution interventions such as restorative justice options for infractions that do not result in serious bodily injury (see Recommendation 3 for more detail on restorative justice). Additionally, minor infractions or nuisance infractions (such as disobedience, defiance, simple contraband that does not include weapons, entering into an unauthorized area, work offenses, or unsanitary practices) should never be responded to with immediate punitive action/segregation, particularly for young adults.

### **Recommendation 2. Form a workgroup focused on the young adult population to develop and implement developmentally responsive policies, practices, and programming for young adults.**

This group would be tasked with assisting in reducing the number of incidents that result in disciplinary sanctions and in promoting rehabilitation.

### **Recommendation 3: Facilitate educational training for staff on brain development and social enrichment among young adults.**

Facilities should provide educational training for correctional staff and clinicians on research in neuroscience confirming development of brain regions associated with impulse control and risk-taking in

early 20s. The goal of this training is to convey that people in their early 20s experience a critical period of brain development where it is especially important to provide a nurturing and supportive environment. Exposures to conditions in segregation units may have lasting consequences for cognitive functioning, decision-making, and emotional regulation in adulthood.<sup>92</sup>

**Recommendation 4. Develop new units founded on principles of restorative justice that foster empowerment, conflict resolution, and self-expression for young adults in the general population and as alternatives to segregation.**

Restorative justice has been shown to be an effective theoretical framework with principles for guiding alternatives to punitive sanctions for young adults who commit crimes that foster healing and accountability.<sup>93</sup> Transform segregation cellblocks into a specialized environment designed for young adults. One promising strategy to achieve net reductions in segregation capacity and improve outcomes for young adults is to transform segregation tiers into specialized units for young adults founded on principles of human dignity that promote socialization, exercise, and education. This recommendation is rooted in the philosophy, staffing models, and programmatic opportunities found in the Connecticut Department of Correction's innovative T.R.U.E. Unit, which could serve as a model to the LADOC.<sup>94</sup> LADOC might also consider expanding art and music programming to provide additional privileges—the loss of which can be used as alternative sanctions for specified rule violations. One example includes *Beats, Rhymes and Justice* developed by the Center for Justice at Columbia University.<sup>95</sup> This educational program promotes digital music production, lyric writing, and media literacy in order to engage young adults in producing and recording songs at Rikers Island.

## Older adults

As in other jurisdictions, the Louisiana prison system is facing an aging crisis, which creates unique challenges at the intersections of conditions of confinement, healthcare, segregation reform, and downsizing prison populations. Living conditions in segregation units pose significant and unique health risks for older individuals, especially those with chronic health problems. A vast body of research shows that social isolation and loneliness are primary risk factors for deteriorating mental and physical health among elderly adults.<sup>96</sup> Shackling older adults increases the risk of accidental falls, a leading cause of injury and death for geriatric populations; isolation and sensory deprivation can exacerbate the onset of dementia and cognitive decline; a lack of sunlight can cause vitamin D deficiencies and increase risk of fractured bones; and hearing deficits limit abilities to communicate and socialize.<sup>97</sup> Research shows that common symptoms of dementia include memory loss, changes in personality, attention deficits, delusions, hypersexual behaviors, agitation, aggression, and loss of personal hygiene.<sup>98</sup> Social isolation and other conditions in segregation units are associated with these symptoms, accelerated cognitive decline, and the types of behaviors that trigger rule infractions.<sup>99</sup> Hence, older adults are another group whose needs ought to be considered during segregation reform.

## Findings

### **Finding 1. A considerable number of older adults reside in segregation units in conditions that can be detrimental to their health.**

In Louisiana prisons, older adults (defined as those older than 50 years)<sup>100</sup> mostly reside in crowded general population dorms—and some facilities, such as EHCC, have established dormitories designated for elderly individuals. Some older adults with chronic and debilitating health conditions are housed in medical dorms or prison infirmaries. In 2016, more than 12 percent of the average daily population of adults over the age of 50 (n=581) were housed in segregation units, making up 18 percent of the total segregation population. Approximately 9 percent of the average daily population of people over the age of 60 (n=141) were in segregation settings in 2016. Moreover, the majority of older adults in segregation were in the most restrictive forms: 35 percent of older adults in segregation were in extended lockdown, 20 percent were in working cellblocks, 20 percent were in administrative segregation, and 6 percent were in CCR. Only 1.5 percent were in treatment units. Segregation cells are small and create particular mobility challenges for people in wheelchairs or with physical disabilities.

### **Finding 2. The Louisiana prison system currently lacks protocols for administering routine screenings for neurological conditions and lacks sufficient capacity to provide appropriate housing options for many elderly people with complex health needs.**

Leadership and correctional health staff voiced a strong need for creating specialized units for older people with chronic and debilitating medical problems. During focus groups, clinical staff described how dormitories and segregation units were often difficult living environments for elderly patients who need regular assistance with daily living activities. Clinicians described older adults whose physical and mental health has deteriorated in segregation units. As a solution, staff suggested creating specialized housing units for older individuals with health problems and disabilities that promote more socialization, programming, and physical activities.<sup>101</sup> However, they also noted that creating new clinically oriented units would require LADOC hiring additional nurses and medical orderlies trained in geriatric care, and repurposing existing space to address bed-space constraints in maximum custody facilities.

### **Finding 3. Outdoor recreation spaces for people in segregation in some of the facilities are inaccessible for people with age-related and mobility issues.**

Routine cardiovascular exercise is protective against chronic conditions, dementia, and cognitive decline among geriatric adults.<sup>102</sup> Lifting light weights and other forms of strength training can protect against osteoporosis and muscle deterioration.<sup>103</sup> However, recreation areas in some segregation units are not equipped to provide people meaningful opportunities for physical exercise and are inaccessible for some people with disabilities. Vera visited recreation yards at LSP, DWC, RCC, and EHCC and observed uneven, grassy areas without a place for people to sit down and outdoor recreation cages that are small, lack equipment for exercising, and are inaccessible for people in wheelchairs.



**Finding 4. Louisiana law prohibits older individuals convicted of specific types of crimes from living in “medical-minimum status,” which is a classification for people with serious health problems.**

Louisiana law deems people sentenced for a range of enumerated crimes as ineligible for classification of medical-minimum status. Thus, some older incarcerated people with terminal or serious health problems are statutorily precluded from residing in facilities that provide options for living in less restrictive, general population settings housing units.<sup>104</sup>

## **Recommendations**

**Recommendation 1. Enact policies that restrict placing elderly individuals, especially those with disabilities, in administrative segregation, extended lockdown, and WCB. As an alternative, create housing areas that provide a safe and clinically appropriate environment.**

Given the unique challenges that people face as they age in prison—especially those with neurological or physical disabilities—it is critical to implement policies and programs designed to prevent exposing this vulnerable group to segregation. Indeed, a few LADOC prisons have established separate housing areas and services for geriatric individuals. Angola’s hospice unit is one example. As noted earlier, another example is a specialized dormitory at EHCC, created as an alternative to general population dorms and segregation for older adults. This promising pilot could be enhanced and replicated in other facilities with input from gerontologists who specialize in correctional populations and with experience operating or evaluating programs in other jurisdictions.

LADOC should consider the following strategies:

- **Recruit an interdisciplinary team to work on these units and assist individuals with daily activities and basic needs.** For example, officials at the Fishkill Correctional Facility in New York created a 30-bed unit for cognitively impaired individuals at the prison’s medical center. The living space includes natural sunlight, access to an outdoor patio, and common space for social interaction. The unit is staffed with a specially trained, interdisciplinary team of psychologists, nurses, doctors, social workers, and pastors who identify and treat patients with cognitive impairments and provide tailored reentry services.<sup>105</sup>
- **Develop programming tailored to needs of geriatric populations and behaviors typical of dementia.** The fields of geriatric medicine and nursing, neurology, and neuropsychology provide a wealth of guidance on different types of evidence-based programming for geriatric populations with a range of cognitive, physical, and psychiatric conditions. Training clinical staff and peers to deliver an array of psychosocial interventions, positive reinforcement, support groups, sensory stimulation, and physical exercise is important for developing alternative approaches to responding to elderly individuals who exhibit behaviors that stem from dementia.<sup>106</sup>

- **Restructure physical spaces to promote physical exercise and reduce barriers to performing daily living activities.** LADOC should evaluate each facility’s segregation units to determine whether tiers, cells, showers, and recreation areas adhere to standards under the Americans with Disabilities Act (e.g., compliant for people in wheelchairs and with mobility challenges).<sup>107</sup>
- **Enact policies that give elderly individuals the ability to opt out of manual labor.** Especially during summer months, older people are at increased risk of a range of health problems associated with exposure to heat and physical labor.<sup>108</sup> LADOC should allow elderly people to opt out of WCB and physical labor requirements to mitigate these risks, while providing less strenuous options.

**Recommendation 2. Implement routine screening and neurocognitive testing for dementia and neurological deficits that may contribute to changes in behavior at prison intake and regularly for people over the age of 50.**

People with undetected neurological deficits may be at increased risk of being charged with rule violations and sanctioned to segregation. Consult the American Academy of Neurology, the American Psychological Association, and other medical organizations for best practices in screening for mild cognitive impairments and other early signs of dementia that may limit a person’s ability to understand and comply with institutional rules.<sup>109</sup>

**Recommendation 3. Increase use of medical parole and compassionate release as a strategy for addressing the lack of bed space in dormitories and treatment units.**

Decreasing the prison population is integral to segregation reduction. Together, Justice Reinvestment Initiative’s (JRI’s) medical furlough policy, statutory medical parole, and the expansion of Medicaid financing for nursing home care creates critical opportunities for LADOC, parole officials, and public health systems to relocate older adults from prisons to nursing homes in community settings.<sup>110</sup> This strategy may help address capacity issues in providing appropriate housing options for people who are elderly, disabled, and pose negligible risks to public safety and ensure they receive appropriate long-term geriatric services. Furthermore, this strategy can help Louisiana decrease its prison population, while stemming correctional healthcare costs. Louisiana should explore the potential for adopting strategies from other states with initiatives to increase use of medical parole and compassionate release programs.<sup>111</sup>

**Recommendation 4. Conduct an analysis of people in segregation units deemed statutorily ineligible for medical-minimum custody.**

Revisit statutory exclusions to expand opportunities for people with chronic health needs to receive medical-minimum custody status to increase the number of elderly individuals eligible to reside in facilities and housing areas that are best equipped to meet their health needs.

## Racial disparities

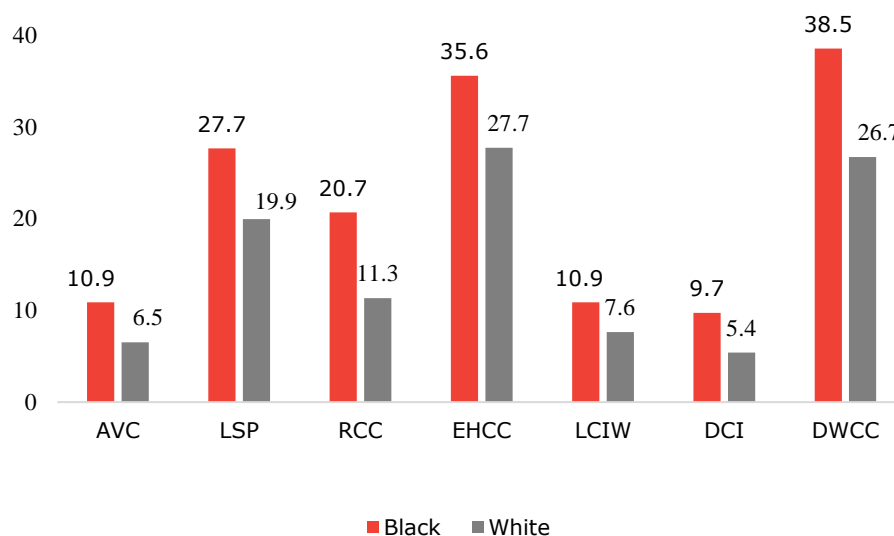
### Findings

#### **Finding 1: Black people were overrepresented in segregation units at every state-operated prison.**

Vera analyzed segregation prevalence by race based on LADOC demographic data compiled in the agency's classification system.<sup>112</sup> Overall, black people comprised almost 78 percent of the segregation population (compared to 71 percent of the total population), while white people made up about 22 percent of the segregation population (compared to 28 percent of the total population). Although segregation rates varied, racial disparities in segregation units exist across facilities. Overall, 23.9 percent of black people in LADOC were housed in segregation, compared to 16.6 percent of white people. As shown below (Figure 16), facilities such as LSP (Angola), EHCC, and DWCC had greater racial disparities in segregation compared to departmentwide figure.

Figure 16

#### **Facility-level segregation percentages per 100 incarcerated people by race**



#### **Finding 2. Black people of non-Christian religious backgrounds were especially overrepresented in segregation units.**

LADOC data also contains self-reported information on individuals' religious identity. While 22 percent of black people who identified as Christians were in segregation on an average day in 2016, 28 percent of black Muslims and 50 percent of black Rastafarians were in segregation.<sup>113</sup>

## **Recommendations**

### **Recommendation 1. Segregation policy changes should be accompanied with Racial Impact Statements.**

Addressing racial inequities is critical for improving conditions of confinement in Louisiana prisons. Lawmakers in other states have adopted Racial Impact Statements (RIS) as a tool for assessing potential disparate impact of policy changes on minority communities, and RIS could be adapted to assess the impact of segregation reforms in Louisiana. The goal is to start an open discussion about disparate impacts for people of color. If a racial disparity that may result from a policy can be identified before it is implemented, alternatives can be considered that will similarly enhance safety without disparately impacting one racial group.<sup>114</sup> As LADOC moves forward with segregation reform, racial impact statements offer an analytic tool for monitoring equitable implementation. Current policies and practices should also be examined for disparate racial impacts. Based on these statements, current policies should be reformed as needed.

**Recommendation 2. Closely monitor and regularly report on how implementation of reforms is affecting people in different racial groups to ensure reforms narrow and do not widen racial disparities.** Implementing this recommendation will require routinely monitoring the demographic characteristics of people who benefit from participation in pilot programs, assessing how reforms to disciplinary policies are implemented along lines of race within and between facilities, and tracking outcomes in segregation populations by race at the facility and department levels.

### **Recommendation 3. Implement a range of department-wide initiatives aimed at creating an environment that further values racial, cultural, and religious equity and diversity.**

Organizations in both the public and private sector routinely implement educational and training programs to advance values of racial equity and diversity among their workforces. Vera recommends that LADOC implement racial equity training as part of a larger initiative to change institutional culture within the department. Indeed, correctional agencies in other states have made addressing racism a central feature of its training and recruitment efforts.<sup>115</sup> For example, the Ohio Department of Rehabilitation and Correction (ODRC) established monthly cultural awareness programs, a self-esteem program, and annual cultural appreciation days. Also, there was an increased effort within the ODRC to bolster career development, mentoring, and cross-training between employees that have different life and work experiences.

The Illinois Department of Corrections has recently formed a working group to focus on racial equality and has begun implementing racial bias trainings for officers. Louisiana may consider implementing similar approaches. LADOC supported two staff members to attend an event and training on racial justice led by Vera's Restoring Promise Initiative that was hosted at The Legacy Museum: From Enslavement to Mass Incarceration in Montgomery, Alabama. Vera recommends LADOC consider sending additional correctional leaders to this museum as a component of trainings on racial justice for

correctional professionals that acknowledges linkages between racial inequalities and correctional practices in the United States.

## Protective custody and closed-cell restriction

For a variety of reasons, some incarcerated people fear for their safety and require housing options other than general population dormitories. However, in Louisiana’s maximum security prisons visited, Vera observed that people requesting or classified as requiring protective custody (PC) are typically housed in segregation units and subjected to the same living conditions as people segregated for disciplinary sanctions. Staffing shortages coupled with the absence of designated protective custody units for vulnerable groups that provide privileges and programs equal to those in general population are factors underlying this problem.

### Findings

**Finding 1. LADOC facilities lack designated housing for people requesting or requiring protective custody (PC) that provides conditions, privileges, and programming on par with the general population. As a result, most people assigned PC status are held in segregation.**

LADOC policy divides PC designations into two levels. Level 1 is for people classified by LADOC administration as unsafe to live in the general population at any facility. Level 1 designees are typically assigned to a segregation unit at LSP, EHCC, DWCC, or LCIW. CCR is typically used for high-profile individuals (e.g., former law enforcement officers, some people convicted of sex crimes). Thus, many people classified as Level 1 are assigned to CCR. People designated as Level 2 PC can be housed in any form of segregated housing for short- or long-term stays. According to LADOC policies, review boards assess individuals designated as PC at least every 90 days for those in Level 1 and at least every seven days for the first two months and every 30 days thereafter for those in Level 2. Aside from DWCC, there are no specialized housing units (tiers nor full dormitories) for people requesting or requiring protection. Staff and incarcerated men described how segregation is commonly used as PC for younger adults entering the system who may be vulnerable to victimization or exploitation, or until they adjust to rules and culture of prison. Speaking about the lack of PC options for young adults, one focus group respondent commented, *“Especially some of the younger ones, 18–21, they [classification officers] will put them in a single-man cell for a while, maybe a year or two, to get a little age on them . . . you don’t want to have a kid thrown to the wolves.”*

**Finding 2. Incarcerated people and correctional officers stated that people commonly seek placement in segregation for protection.**

Focus group participants stated that some people experience difficulty adjusting to living conditions or fear for their safety in the general population dorms, typically due to the nature of their conviction or unresolved conflicts with other residents. According to incarcerated men and security staff, some people purposefully incur additional disciplinary infractions to avoid being transferred out of extended lockdown

units into a dorm. Some of these individuals become reclusive and decompensate psychologically after spending prolonged periods of time in segregation.

**Finding 3. People in CCR receive slightly more privileges than those on extended lockdown or administrative segregation, but typically endure longer durations of isolation and idleness.**

Compared to extended lockdown units, people on CCR are permitted to have more personal property and generally have better access to basic privileges such as television. This is largely because CCR is technically not a disciplinary unit. People are assigned CCR status based on classification decisions, and CCR is typically reserved for people convicted of a high-profile crime before or during incarceration; those who attempt escapes; and those accused of organizing protests or political resistance behind bars. Despite having minimally more privileges, people in CCR often stay confined in their cells for 22–23 hours per day for years and sometimes decades at a time.

**Finding 4. In 2017, LSP implemented a program for transitioning people out of CCR into congregate dormitory settings that provide specialized programming.**

(See Finding 9 in the Transitions from Segregation section on page 43 for more detail.)

## **Recommendations**

**Recommendation 1. Ensure that people assigned to protective custody receive similar privileges, educational opportunities, work assignments, medical services, and other resources as those housed in the general population.**

LADOC should consider creating specialized housing units for people on PC status that provide safety without subjecting people to living conditions of segregation units. People who are vulnerable to violence or exploitation in general population settings should still be able to access programming, visitation, recreation, and other privileges that are provided in dormitories. LADOC should consider creating safe harbors. For example, the Washington State Department of Corrections operates the Twin Rivers Unit at Monroe Correctional Complex, which is specialized unit for people who have decided to renounce affiliation in a prison gang, and offers a setting that offers an array of programming.<sup>116</sup> Replicating the concept of safe harbors in Louisiana prisons can help provide an alternative setting for people who are housed in segregation because they fear for their own safety in general population.

As a first step, LADOC should conduct analysis of PC population to assess needs for mission-specific housing and develop strategies to ensure feeling of safety in GP. LADOC should collect data and report on the specific reasons why people are housed in protective custody in order to better understand the drivers of this population and help develop further strategies to safely house these groups.<sup>117</sup> Some mission-specific housing units may provide a safer location for certain vulnerable groups, which may reduce the demand for protective custody units.<sup>118</sup>

**Recommendation 2. Replicate components of the CCR transition dorm at LSP for transitioning people out of long-term segregation and developing alternative setting for people assigned to protective custody.**

In April of 2018, Vera staff visited a specialized dorm established at Angola that was created to transition people out of CCR into the general population. The CCR transition dorm at Angola provides replicable components for transitioning people out of long-term segregation and developing an alternative setting for people assigned to protective custody. Vera staff also observed a weekly compassion training that is provided to residents of this unit on a weekly basis and attended a “Day of Compassion” at the facility to meet with prior program participants. Overall, people who participated in compassion programming spoke favorably of their experiences in the transitional dorm. Vera recommends expanding this program to additional facilities as an alternative to CCR.

## People on death row

### Findings

**Finding 1. Before LADOC implemented a pilot program (discussed below), people on death row were housed in prolonged segregation for years and often decades.**

Louisiana’s death row unit is located at Louisiana State Penitentiary (Angola). Prior to the pilot, discussed below, this unit consisted of isolated single cell units under conditions more restrictive than most extended lockdown units, but for non-disciplinary reasons. At the time of the Vera team’s first visit, there were 84 people on death row at Angola. There were also 26 people on CCR status in this housing unit. People in death row were escorted out of their cells four times per week. Living conditions on death row have been previously described in the research literature as particularly isolating and hazardous to health, and have been the subject of recent and ongoing lawsuits in Louisiana.<sup>119</sup>

**Finding 2. LADOC recently implemented a pilot program that provides people sentenced to death at LSP with increased out-of-cell-time and opportunities to congregate unrestrained on the tiers and in the recreation yard.**

The pilot symbolizes a significant departure from prior practices where people on death row were locked in their cells for 23 hours per day with no opportunities for congregate activity. During site visits, Angola staff expressed favorable views toward the pilot program, despite being initially reluctant to reforms, and reported no significant instances of violence or disruptive behavior on the unit. Staff reported noticing improved mood among incarcerated men on death row and a more positive environment overall. There is strong leadership support to continue increasing out-of-cell-time, congregate activity, and programming among incarcerated people on death row.

**Finding 3. Chronic health problems were reported as prevalent among people on death row.**

Vera researchers conducted a survey of men on death row and staff working on the unit to assess its initial

impact on living and working conditions. More than 55 percent of incarcerated participants of the death row survey reported having at least one chronic physical or cognitive impairment (see Figure 17). More than one-quarter of incarcerated participants reported having vision or hearing impairments; more than a quarter reported difficulties performing basic physical activities; almost 40 percent reported cognitive difficulties; and 14 percent reported difficulties performing activities required for daily life.

Figure 17

**Incarcerated survey participants reporting long-lasting health conditions**

	<b>N</b>	<b>Percent</b>
Blindness, deafness, or severe vision or hearing impairment	16	28.6%
Condition that limits ability to perform basic physical activities (walking, climbing stairs, reaching, lifting, carrying)	15	26.8%
Difficulty learning, remember, or concentrating	22	39.3%
Difficulty dressing, bathing, or getting around	8	14.3%

**Finding 4. Although policy allows people on death row receive three to four hours of out-of-cell time per day, people reported that most of that time was spent indoors on the tier.**

In the survey, Vera asked people on death row to describe how they spend their time out of cell since the implementation of the pilot. Nearly everyone reported spending time on the tier with others and using the phone. More than half of respondents reported going outside with others, and a smaller group of respondents reported participating in religious activities and other programming. Incarcerated people’s survey responses were largely consistent with how leadership and staff described the pilot.

**Finding 5. Increased out-of-cell time and congregate activities have had positive impacts and have *not* decreased feelings of safety on the unit among residents or staff.**

The pilot has been implemented safely with nominal changes in perceptions of safety among staff and residents. Most incarcerated people and staff reported feeling either as safe or safer since the pilot expanded out-of-cell time and privileges. For example, 74 percent of incarcerated people reported feeling no difference in overall safety following the pilot’s implementation. Nearly a quarter (23 percent) stated that they fear less for their physical safety after the pilot; only 4 percent of people serving a capital sentence said that they fear more for their physical safety after the pilot. Approximately one-third (33 percent) of incarcerated people surveyed reported feeling less stressed and tense on a daily basis as a result of receiving more out-of-cell time and opportunity to socialize; 65 percent of respondents reported no change in feelings of stress or tension; and only 4 percent reported feeling more stressed and tense. About 25 percent of incarcerated people also indicated that they feel safer from being injured, bullied, or threatened by a correctional officer since the pilot; 64 percent reported no difference; and about 10



percent said that they felt less safe from altercations with staff. Overall, correctional officers did not report significant changes in safety after implementing the pilot program. More than 80 percent of correctional officers indicated feeling equally as safe on the job following implementation of the pilot, while the remaining 20 percent reported feeling even safer.

## **Recommendations**

### **Recommendation 1. Continue expanding out-of-cell time, congregate activities, healthcare services, and programming options for people on death row.**

In addition to congregate activity on the tier and during outdoor recreation, LADOC should expand opportunities for people on death row to participate in education programs, group therapy, work opportunities, and other recreational programming. During Vera’s most recent visit to LADOC headquarters, leadership mentioned significant vacancies in GED courses, which are currently unavailable to the death-sentenced population. Vera also recommends allowing incarcerated men to have the option of spending some of their tier-time outside every day during the week, taking down the fencing that used to be used as single-rec cages so that groups of men can play basketball or engage in other pro-social activities, and allowing for the co-mingling of tiers—this will both decrease staff time needed for outdoor recreation and decrease tensions on individual tiers.

### **Recommendation 2. Consider giving people sentenced to death an option for integrating into GP or other less restrictive environments.**

Louisiana law does not require housing people sentenced to death to be placed in segregation. Rather, it directs LADOC to house people “in a manner affording maximum protection to the general public, the employees of the department, and the security of the institution.” Vera recommends that LADOC consider giving people on death row the option of integrating into general population settings. Other jurisdictions, such as Missouri and North Carolina, allow people sentenced to capital punishment to live within a facility’s general population, or are housed separately but receive comparable conditions and access to programming and congregate activities as the general population.<sup>120</sup> Indeed, some correctional staff at LSP voiced support for the idea of allowing some people on death row to integrate into the general population. They noted that most people on serving time for capital offenses rarely incur disciplinary violations and pose lower safety risks than many others residing in less restrictive environments.<sup>121</sup>

## **Staff culture, training, and wellness**

### **Findings**

#### **Finding 1. Security staff widely agreed that the LADOC training academy does not adequately prepare officers for their jobs, particularly for working in segregation units.**

During focus groups with security staff at each of the four facilities, Vera asked staff about their thoughts on the training and instruction they had received. In general, they said that they learn how to perform most of their job responsibilities through the on-the-job training (OJT) that they receive from superiors

and other veteran officers. However, they also reported that the nature of OJT varies widely depending on the leadership and mentoring style of the supervising officer, which can lead to vastly different management and response styles to rule violations among line officers. Senior staff and incarcerated men suggested cadets would benefit from more intensive and specialized training in the academy and through OJT on how to peacefully de-escalate conflicts, communicate effectively, and build mutual respect when working in both dormitories and cellblock units.

Focus group participants said that officers do not receive specialized training for working on segregation units at the academy or on the job. Senior officers stated that inexperienced officers are ill-equipped to oversee segregation units or entire dormitories and are more likely to engage in misconduct. However, due to staffing shortages, less experienced officers are increasingly needed to work on units that require skills and experience that they have yet to acquire. Veteran officers seemed to be wary of this trend of using less-experienced staff to oversee restrictive housing units. One security staff member at another facility remarked, *“If you can’t run your dorm, you can’t run a tier of [administrative segregation] restrictive housing.”*

However, at RCC, line officers and unit managers said that new cadets at this facility do not work in restrictive housing units right away. They stated that there is a policy for their facility (although it was unclear if it is an official facility policy) that officers must first complete one year of duty at the facility and get “cellblock certified”—something that was not mentioned in focus groups with security staff at LSP, EHCC, or DWCC. Cellblock certification, according to the RCC security staff, includes special training on cell operations, door operations, and the use of SCBA (i.e., self-contained breathing apparatus). Further, this training takes place quarterly at the facility and line officers have to be selected to participate, based on their perceived fitness for the job of working in segregation units.

**Finding 2. Many mid-level and entry-level corrections officers and some health staff were deeply resistant to segregation reforms.**

Analysis of focus group data revealed that security staff at every facility viewed segregation as a tool for maintaining order in facilities. Line officers generally held the strongest views among staff that we spoke with that segregation should not be reduced. For example, DWCC line officers struggled to offer any ideas for strategies to decrease reliance on segregation as disciplinary response during a focus group activity and voiced strong opposition to any ideas related to segregation reduction or improving living conditions on cellblocks. In fact, line officers expressed strong beliefs that living conditions and privileges in these settings should be as minimal as possible, and some respondents suggested that conditions should be more punitive. When asked whether specific types of programming could be successfully provided to those in extended lockdown, one officer responded by saying, *“You’re going to put a whole group of extended lockdown inmates in here to do reentry? That ain’t gonna work.”*

**Finding 3. Security and treatment staff participating in focus groups generally put the onus on the incarcerated population to reform themselves while discounting how prison conditions affect behavior.**

Security and treatment staff expressed a viewpoint of correctional practice that diminishes how conditions and behavior of staff of confinement shape individual's health and behavior. Many, if not most, of the security staff Vera spoke with viewed programming in prison as a privilege that needs to be earned rather than a professional duty consistent with the mission of rehabilitation and public safety.

**Finding 4. Staff reported that working conditions on segregation units are harmful to their psychological health.**

LADOC staff stated that the difficulty of their jobs causes psychological, emotional, and, at times, physical stress. Officers and clinical staff reported that working in segregation units is especially stressful, because they are less predictable day-to-day, have an increased workload, and require attending to complex mental health issues that they are not trained to address. Some staff described how some people in segregation psychologically deteriorate and become agitated and combative. Some spit or throw bodily excrements at officers. A few correctional officers candidly attributed symptoms of depression and unhealthy coping mechanisms, such as alcohol consumption, to working in lockdown units.

One focus group participant described how these effects have impacted harmed his family life: *“There was a time, not too long ago, where I was getting burned out. I was getting stressed. . . . I was taking it home and taking it out on everybody at my house, and I finally told the major, look, I need a break.”* An officer at another facility offered, *“It’s very hard to leave that [stress of the job] at the gate, even if you’ve been here 20 years.”*

**Finding 5. Staff expressed reluctance to seek out counseling or therapy to cope with job-related stress.**

Despite acknowledgement of job-related stress, when asked if they have opportunities to access or choose to seek counseling, staff demurred. Staff said that LADOC does offer mental health treatment to staff; however, most balked at the idea of taking advantage of support services. Staff stated that there is a stigma associated with utilizing the available counseling among correctional officers. One issue seems to be that, while intended to be confidential, accessing these services would be hard for a staff member to conceal.

In a focus group, a security staff member commented on the LADOC's employee counseling services: *“It’s available, but nobody likes to use it.”* When asked by the moderator why that is the case, the respondent said, *“If I had to guess, I would think that if I did it...people would be talking, and say, ‘he went up there to see them—he can’t handle it, he can’t hack it.’”*

## **Recommendations**

**Recommendation 1. Develop a comprehensive, systemwide restrictive housing training module to LADOC training academy and the annual in-service trainings.**

All LADOC staff should have a clear understanding of the department's rationale for segregation reduction reform and the benefits of those efforts for incarcerated people and themselves. As a starting point, correctional staff must be knowledgeable about the severe, negative health consequences that

exposure to living conditions in segregation poses, the detrimental impacts on staff who work in those units, its ineffectiveness as a response for correcting undesirable behavior, how it compromises public safety, and examples of successful reform efforts in Louisiana and other systems. Moreover, every effort should be made to ensure consistency and uniformity in the training that staff receive, regardless their assigned facility or housing unit.

Enhanced training about restrictive housing for security, programming, medical, and mental health staff should include the following elements:

- Training sessions that are conducted over the course of several days, not a few hours;
- Continue delivering Mental Health First Aid training (and encourage staff to obtain the mental and behavioral health ACA certifications);
- Training on how mental illness and emotional distress can be the reason why people “act out” and cycle in and out of restrictive housing;
- A thorough review of the concepts of procedural justice/fairness and their importance in adding legitimacy to the LADOC policies and procedures, such as the disciplinary process, from the incarcerated population’s perspective—which has been shown to lead to greater cooperation with rules and policies;<sup>122</sup>
- Racial equity and cultural competency training; and
- A staff assessment/certification upon ending of training and periodically thereafter to ensure that staff are up-to-date with LADOC restrictive housing policies and procedures.

## **Recommendation 2. Provide staff with ongoing formal training on Core Correctional Practices (CCPs).**

Ensuring that correctional officers receive evidence-based training to address effectively response to common issues in general population settings is vital to reducing reliance on punishment and entries into segregation. CCPs are evidence-based approaches that can improve the quality of the prison environment and enhance the incarcerated population’s outcomes. CCPs focus on increasing the effectiveness of treatment interventions as well as the therapeutic potential of working relationships between the custodial population and correctional staff.<sup>123</sup> An ideal cognitive-behavioral approach to CCP interventions includes the following five main elements:

- **Effective use of authority:** how correctional staff communicate and enforce the formal rules.
- **Appropriate modeling and reinforcement of attitudes and behavior:** a cognitive-behavioral approach to correctional interventions, which emphasizes the use of various techniques to encourage people to practice new skills and behaviors.
- **Development of skill-building and problem-solving strategies:** includes a variety of new skills related to self-management, such as problem-solving and cognitive restructuring.

- **Effective use of community resources:** empower staff to connect incarcerated people to community resources such as housing, jobs, or public benefits prior to someone’s release.
- **Quality of interpersonal relationships:** good relationships between incarcerated people and staff are essential for establishing a setting in which effective correctional interventions can take place.

**Recommendation 3. Promote more meaningful interactions between staff and incarcerated people to build mutual respect and mitigate reliance on segregation.**

Such ideals should begin at the training academy, where leaders should ensure that cadets are introduced to members of the incarcerated population as part of the curriculum. In more than one focus group, incarcerated respondents suggested that staff in training need to engage in meaningful interactions with incarcerated people prior to working in a facility, as a method of easing the tension that often exists between them and staff—particularly LADOC personnel who are younger and less experienced. Most cadets do not interact with any incarcerated individuals until their first day on the job. LADOC should provide compensated opportunities for incarcerated individuals (e.g., trustees) to collaboratively develop and implement training protocols to help young correctional staff understand the psychology and daily challenges of people serving prison sentences, and how to effectively communicate with individuals who have endured long prison terms. The intent is to provide staff with insight into the lives and concerns of the incarcerated population—which may lead to better relations, increase empathy, promote mutual respect, and help mitigate an overreliance on disciplinary procedures in response to everyday conflicts.

**Recommendation 4. Provide training and support for line officers working in the pilot program’s behavioral management dorm at EHCC.**

Line officers at EHCC reported that they did not think the recently implemented behavioral management dorm (i.e., transition dorm) had been successful. EHCC administrators and unit managers should investigate why staff working on the unit may feel this way. Segregation reduction will only succeed as designed if line officers get on board with these reform efforts—which will require the department or EHCC’s leadership team providing them with additional training, support, and information about results.

**Recommendation 5. As a step toward culture change and establishing respect between incarcerated people and staff, LADOC should revise the language used to address people in both policy and everyday practice.**

Several corrections departments across the U.S. have changed the way in which they address incarcerated people—phasing out the use of words such as “offender,” “felon,” “inmate”, or “convict”—in an attempt to mitigate the social stigma of incarceration and to recognize the humanity and dignity of people in prison.<sup>124</sup> Examples of alternative person-centered terms include “incarcerated people” or “incarcerated individuals” or “people in custody.” Similarly, changing language referring to correctional officers and other staff members from “free people” to their name or job title will aid in professionalizing staff and their positions.

**Recommendation 6. Survey correctional staff regularly to gauge their perceptions of reform efforts and its overall impact on staff morale and satisfaction.**

As mentioned, reform—restrictive housing-related or otherwise—will fall short if staff buy-in and commitment is lacking. The most effective way to identify what is challenging to staff and to discover what types of support that they need to safely and effectively do their jobs is to ask them, which the department has begun to do. A well-designed survey of staff may be able to identify a range of organizational successes and challenges related to segregation reduction. Ideally, this survey should be designed and administered by an outside entity.

**Recommendation 7. Conduct surveys and town halls regularly with incarcerated people to get their feedback and perceptions on staff’s overall service delivery model and progress of reforms.**

As the most directly impacted party, incarcerated people can provide invaluable insights to the LADOC administration about the successes and shortcomings of segregation reforms throughout the implementation process. According to researchers, the CCP Self-Report survey is an instrument that may be a good example to which LADOC should look for direction.<sup>125</sup> Diversifying the ways for incarcerated people to provide feedback on how segregation reforms are impacting their lives is likely necessary. Town halls hosted by wardens, program staff, and trusted volunteers may provide another productive forum for discussing the impacts of reforms on different stakeholders, identifying and troubleshooting outstanding problem, and facilitating dialogue and transparency between leadership, staff, and incarcerated people.

**Recommendation 8. Identify and empower LADOC staff members to be involved in implementation planning and serve as reform ambassadors during the implementation phase of this project and beyond.**

The designation of key staff as reform ambassadors can help ensure that line-level staff and unit managers throughout the department remain engaged during the implementation phase of the project. Achieving the department’s goals for this project is a long-term endeavor, and its success depends on increased and sustained LADOC staff buy-in for the entire duration of restrictive housing reform.

**Recommendation 9. Consider providing staff with optional educational materials or trainings that describe faith-based rationales for segregation reform.**

Vera recommends developing optional trainings or hosting events that feature faith-based leaders who present the rationale for segregation reform rooted in morals, values, and ethical principles of religion. Interfaith, religious leaders across the country are championing the issue of reforming segregation practices. For example, leaders from the National Religious Campaign Against Torture, the Faith and Freedom Coalition, the American Friends Service Committee, T’ruah: The Rabbinic Call for Human Rights, New York Catholic Conference, and the National Association of Evangelicals are examples of prominent religious organizations that are engaged in national reform.<sup>126</sup> Staff and correctional leaders

may be receptive to learning more about the importance of reforming segregation and promoting healing and rehabilitative living environments from the lens of faith-based values.

**Recommendation 10. Explore strategies for incentivizing professional development for staff and rewarding correctional officers who demonstrate leadership and effectiveness in carrying out segregation reduction reforms.**

As noted previously, staffing challenges are a key contributor to the overuse of segregation, and they must be addressed. Undeniably, significant financial resources are needed to build a stronger workforce. LADOC should consult the American Correctional Association and other correctional administrators to ensure that compensation packages in Louisiana are competitive and provide incentives for professional growth and advancement. Increases in wages as well as clear paths to promotions have been shown to have a positive impact on corrections officers' job satisfaction.<sup>127</sup> There is also a need to better retain staff by developing a system that incentivizes staff to pursue education and professional training, and that rewards staff financially for experience with the department and good job performance. Nonsecurity staff also need incentives and professional recognition for developing and running effective programs.

## Data management and transparency

For the department to best measure its progress and the outcomes of segregation reform, which will be key for ensuring department-wide accountability for segregation reduction over time, a robust data tracking apparatus will be essential. This section will explicate Vera's findings and recommendations on the use of technology and the importance of transparency.

## Findings

**Finding 1. There are significant inconsistencies as to how each LADOC facility tracks the custodial population's movement throughout the facility's housing units.**

During our visits to four LADOC facilities, it was apparent that there was a wide gulf between them with regard to the level and extensiveness of the data that is collected as well as the methods for doing so. We observed that some facilities continue to use log books to record incarcerated people's movements at the individual level. And often, we learned, this information is not always entered electronically, much less centralized in a LADOC data repository. There are some LADOC facilities that have more modern and reliable methods of tracking the movements of both the incarcerated population and their staff. Notably, a security officer at RCC has developed and implemented the most sophisticated tracking system that we witnessed among the four facilities we visited. Everyone in this facility—staff members and the custodial population—have individual ID cards that they always carry, and they swipe them when entering and exiting different areas of the entire facility.

**Finding 2. The CAJUN system is out of date and provides limited information for monitoring implementation of segregation reforms.**

Based on conversations with the department’s research staff and an examination of the data we received in response to our administrative data request, we concluded that the current database does not allow for the data warehousing and analytical tools necessary for the department to properly track how segregation is used across LADOC facilities nor the outcomes of pilot programs. Vera learned that the practice of LADOC wardens’ “calling in their numbers”—which refers to the weekly exercise of each respective facility’s leadership calling LADOC headquarters to provide a count of people in each of their facility’s units—remains the primary method for the department’s headquarters to record facility-level population data, which may be a reason why the administrative data that we received was, at times, incomplete and uneven among the various LADOC facilities.

**Finding 3. LADOC lacks sufficient data systems for overseeing and monitoring segregation practices in parish jails.**

LADOC lacks a database and regulatory protocols for tracking segregation practices in local parish jails, which significantly limits Louisiana’s ability to assess and address conditions of confinement for the long-term. Currently, LADOC estimates the number of people held in segregation based on a count of cells recorded in the design plans of parish jails. Therefore, while they may be able to approximate an infrastructural capacity for segregation at the local level, LADOC is unable to derive estimates of the average daily population, lengths of stay, and variations in the type of segregation. Without this data capacity, it is difficult to reliably assess parish jails’ compliance with minimum standards that govern conditions of confinement for people serving time for state offenses in local jails.

**Recommendations**

**Recommendation 1. Develop new data tracking systems to more accurately document facility movements, housing placements, and other information related to monitoring the use of segregation and impact of reforms.**

In addition to CAJUN, we learned of other databases (e.g., Lotus Notes) that are used in varying degrees by facilities to track the movements and infraction records of the custodial population. However, these systems appear to suffer from the same lack of centralization to LADOC headquarters as does the CAJUN system. To achieve significant and lasting segregation reform, it is critical that the LADOC’s central database system be modernized and aligned with the necessary databases at each facility. LADOC is in the process of upgrading its information technology (IT) infrastructure, which creates important opportunities for standardizing data monitoring protocols for segregation practices across facilities. Additionally, the department is reportedly close to implementing an electronic health record (EHR) system to replace a paper-based system for managing the personal health records of people in their custody. IT specialists within the department should explore devising ways to build HIPAA compliant interoperability across EHR and other internal data systems, in order to more closely monitor the health profile, treatment needs, and service access and utilization within and between different housing areas.



The EHR can also provide a valuable tool for assessing whether specific facilities are meeting these aims of reforms intended to steer medically vulnerable groups away from segregation.<sup>128</sup>

Beyond reconstructing the IT infrastructure, the LADOC's research division needs to begin tracking additional data related to facility operations. The following examples of key data metrics include:

- Comprehensive movement information for every incarcerated person at each LADOC facility at the cell and unit level;
- Data related to episodes of self-harm among the incarcerated population and instances of use of force by staff, including the rationale and details of each occurrence; and
- Individual-level data on restrictive housing diversion (e.g., being sent to a mental health unit/program as an alternative).

Having this information available and centralized at the department's headquarters would allow LADOC and facility-level leadership to evaluate the implementation of various pilot programs or how the new disciplinary matrix is being utilized. Importantly, this data could then be used to generate quarterly reports to agency leaders and the general public, who could use this information to further assist the LADOC in its segregation reform efforts.

**Recommendation 2. Expand the relatively advanced electronic movement tracking system that is in place at RCC to each LADOC facility.**

The security officer who developed RCC's system, and others with similar technological skills, could play a prominent role in leading this effort. This would benefit the central office by negating the need for facilities to "call in their numbers" weekly. The data would be consistent and up-to-date across LADOC. To be sure, this project would be a very large undertaking, so an outside IT consultant may be necessary to assist the department's current IT staff in this systemwide endeavor.

**Recommendation 3. Develop a data reporting process and policy for monitoring segregation practices in parish jails.**

LADOC should develop a reporting process and policies that require regular reporting and oversight mechanisms for monitoring segregation practices in parish jails. At a minimum, such data would allow LADOC leadership to quantify the average daily population in segregation, demographic characteristics, lengths of stay, and reasons for placement.

**Recommendation 4. Establish an external entity comprised of directly impacted parties and experts to help assess progress and guide implementation of reforms.**

Vera recommends that LADOC leadership establish an external body comprised of formerly incarcerated leaders, academic experts, community advocates, nonprofits, faith-based leaders, and retired correctional experts to regularly assess the progress of segregation reforms. Creating an external entity will convey a commitment to transparency and may help facilitate communication between incarcerated people, their families, and facility leadership to identify and resolve conflicts and common grievances.<sup>129</sup> In

establishing such an entity, Vera recommends providing members with access to facilities, data, and the ability to host forums and informal events designed to support incarcerated people and staff working toward segregation reform.

## Facility design and infrastructure

The design and infrastructure of housing units at most prison facilities in Louisiana are barriers to segregation reduction. Generally, people incarcerated in Louisiana facilities reside in one of two types of settings: in large general population dormitories, or in cellblocks that are all used as segregation (and sometimes double-bunked). As noted earlier, people often remain in segregation units for long periods simply because there is nowhere in the general population for them to go.

People housed in the general population are double-bunked in large, open dormitories with as many as 80–85 other individuals with communal toilets, showers, and sinks. They have little space to store personal belongings and lack privacy. Some people fear for their safety in the dorms and, as a result, choose to stay in segregation to avoid conflict and violence. Additionally, correctional officers lack alternatives other than segregation units when a situation arises where it is necessary to physically separate people or an individual cannot safely reside in a dormitory due to a mental health issue, physical disability, or other vulnerability.

Changes to policy that restrict the use of segregation in facilities is imperative. However, achieving significant and sustainable segregation reductions in the long-term will require decreasing the number of cellblocks used for that purpose. Phasing out reliance on segregation practices not only requires developing policies that create positive incentives and alternative sanctions for common rule violations, it also requires reconfiguring spaces within facilities into settings where implementing the ideals, policies, and procedures recommended throughout this report are most feasible. We strongly recommend that LADOC explore opportunities to close extended lockdown units and repurpose the space in ways that promote a different set of values: human dignity for residents and staff wellness.

## Findings

### **Finding 1. The physical design and infrastructure of housing areas within Louisiana’s prisons pose significant challenges for long-term segregation reform.**

In every facility Vera visited, staff reported that the demand for bed space in GP dorms exceeds the supply as noted by the backlogs of people in segregation units who are eligible for release, but are unable to move due to lack of physical space for them in GP. As conveyed earlier, these backlogs are a source of frustration and uncertainty for incarcerated people and staff. Coupled with indeterminate nature of sanctions, these backlogs prevent corrections officers and review boards from establishing and abiding by clear and consistent procedures for transitioning people out of extended lockdown and working cellblocks, leading to further frustration

**Finding 2. Crowding in general population dormitories gives rise to an array of situations that lead to segregation and poses some challenges to reform.**

This leads to interpersonal conflicts that commonly result in segregation. As discussed earlier, correctional officers issue a large number of disciplinary write-ups for minor rule violations that result in AS and EL. Many disciplinary charges are in response to interpersonal conflicts that occur between people living in close proximity and sharing essential amenities.

**Finding 3. Closing Camp J has reduced the physical capacity for segregation and symbolizes LADOC's commitment to reform.**

Camp J was a housing area at Angola that was considered among the most restrictive cellblocks in the Louisiana prison system. It was governed by its own set of policies, collectively known as the Camp J Management Program. On average, in 2015, Camp J housed around 448 people, and in 2016, around 434 people, with its cellblocks accounting for about 13.5 percent of the total LADOC segregation population and almost 29 percent of Angola's segregation population.<sup>130</sup> As of February 2018, this unit is closed and everyone previously housed there has either been moved to other units at Angola or other facilities (mostly EHCC).

**Finding 4. Vacating Camp J provides an opportunity to test the feasibility of renovating and converting segregation units to 1) create supportive settings for vulnerable groups; 2) design spaces designated for delivering education, counseling, family engagement, and reentry services; and 3) alleviate crowding by creating a housing design for the general population other than open dormitories.**

In May of 2018, a team from MASS Design, a nonprofit architecture firm joined Vera to: 1) solicit ideas and feedback on possibilities for repurposing Camp J from incarcerated men, clinicians, and correctional officers at the prison; and 2) assess the feasibility for deconstructing and renovating the space. This trip gave us critical insights into how the closure of Camp J is impacting staff and residents, the spectrum of support and opposition for renovating it as an improved living space, and what pressing problems doing so might help resolve.

Based on this initial assessment, MASS Design sketched basic concepts for how segregation cellblocks and surrounding spaces of Camp J might be transformed (see Appendix C). Agency leadership expressed support for the possibility of a range of potential ideas that would involve both basic and significant physical renovations to transform segregation tiers. During this trip, Vera learned that repurposing Camp J to create a better living environment for the growing number of older and disabled men currently housed in the facility's assisted living dorms and cellblocks was among the topic priorities of LADOC leadership. Incarcerated people participating in focus groups expressed a desire for creating more dedicated space for classrooms, libraries, family visitation, and college programming. Staff and incarcerated people supported creating general population living arrangements as an alternative to the crowded, double-bunked dormitories. Examples of ideas raised included: creating private bedrooms and knocking down walls to expand the size of cells; applying fresh paint with more vivid colors, installing air-

conditioning, and creating congregate space for preparing and eating meals, among many other possibilities.

## **Recommendations**

### **Recommendation 1. Decommission and repurpose segregation units at multiple facilities as GP units that provide supportive settings tailored to the needs of different groups of incarcerated people, create alternatives to segregation, and address the lack of bed space in the dorms.**

Transforming cellblocks is an important strategy for addressing a range of problems within facilities that contribute to high rates of segregation. Vera recommends developing a strategic plan to gradually decommission segregation units at multiple facilities by transforming them to GP units that promote human dignity by including spaces designed for congregate education, socialization, programming, and personal spaces for property and hygiene.

For example, cellblocks could be renovated and redesigned to support the creation of new housing units for people who require protective custody or do not feel safe in the dorms. With proper policies, staffing, and resources, these new units could ensure that people who require PC are not subjected to isolation and idleness, and have access to programming and privileges similar to the general population. As another example, cellblocks could also be renovated and transformed into a setting that focuses on providing people with histories of addiction with a supportive environment that provides individualized treatment and group counseling for substance use disorders, and that prioritizes the unique reentry needs of this group.

Other states, such as North Dakota, have demonstrated the positive impacts of repurposing segregation units to meet different needs of incarcerated people. Multiple tiers of segregation cells at the North Dakota State Penitentiary were repurposed to operate as a 20-person honor unit and as transition units for people with prior histories in segregation.<sup>131</sup> The Connecticut Department of Corrections repurposed a punitive segregation unit to a new unit for young adults that provides programming and living conditions founded on principles of restorative justice and violence prevention. This project is part of Vera's Restoring Promise initiative.<sup>132</sup>

### **Recommendation 2. Seek inspiration and guidance from European correctional systems to inform projects to decommission and repurpose segregation cellblocks.**

Louisiana officials should seek guidance from European correctional systems to inform the mission, policy frameworks, and physical design when devising plans to transform cellblocks into rehabilitative environments. In October, 2018 Chief of Operations Seth Smith joined a delegation of corrections officials, lawmakers, philanthropists, and reformers on a trip to Norway and Germany to learn more about the principles, values, and operations of European correctional systems.

Vera recommends that LADOC leadership consider opportunities to operationalize similar principles and practices of the Norwegian and German corrections systems to guide segregation reforms. Norwegian and German correctional facilities provide residents with greater autonomy, privileges, and a

rehabilitative environment that is rooted in human dignity as a fundamental component of fulfilling their societal obligation to protect public safety.<sup>133</sup> Other U.S. correctional systems are increasingly turning to international models of corrections to guide reform efforts to downsize their prison populations and improve living conditions for people in custody. For example, since visiting Norway's prisons, North Dakota's corrections leaders have been implementing an array of changes in the state's prison system, which has included reducing reliance on segregation and establishing specialized units to help acclimate people who endured prolonged periods of isolation to an environment where they have more social contact, congregate activities, and opportunities for programming. For instance, officials dramatically reduced the number of people in solitary confinement at the North Dakota State Penitentiary from 100 to six people. North Dakota has also adopted some Norwegian approaches for improving rapport, communication, and trust between officers and incarcerated people.<sup>134</sup>

**Recommendation 3. Develop, implement, and evaluate a comprehensive plan for transforming Camp J into a supportive setting rooted in principles of human dignity, health, and safety for incarcerated people.**

The closure of Camp J creates an opportunity for LADOC to test the feasibility of transforming segregation tiers into supportive environments designed to promote socialization, rehabilitation, and dignity of incarcerated people and staff. Vera recommends that LADOC and Louisiana policymakers invest resources needed to carry out renovations, repairs, and structural modifications necessary to transform Camp J into a rehabilitative environment.

The architectural design of Camp J is essentially identical to other camps at Angola and other state-operated prisons. Therefore, demonstrating that it is possible to transform Camp J as a pilot can provide inspiration and practical guidance for transforming other camps across the prison system to create alternatives to segregation and crowded dormitories, and establish spaces devoted to other needs and services, such as classrooms, libraries, clinics, and family visitation centers.

Vera recommends utilizing a participatory planning and implementation process that deliberately and meaningfully engages currently and formerly incarcerated people, correctional staff, architectural experts, and other key stakeholders to identify priorities and contribute to redesign plans.

Based on a preliminary assessment, which included focus groups with residents, staff, and leadership, Vera identified four potential ways that Camp J could be repurposed. This is a non-exhaustive list that reflects the input of leadership, incarcerated men, and staff. It is possible to incorporate multiple ideas.

1. **Specialized unit for older adults:** Currently, older adults with complex, chronic health problems reside in crowded general population dorms, solitary confinement, or one of a few medical dorms or prison infirmaries. A significant body of public health research shows the importance of creating nurturing environments to promote cardiovascular exercise, encourage social activity, and mitigate emotional stress for older adults, especially those with neurological disorders such as dementia.<sup>135</sup> There may be opportunities to renovate parts of Camp J to improve living arrangements for this population that provides privacy; create walking trails,

meditation spaces, gardens, and other accessible green spaces within the outdoor areas; install ADA-compliant showers, bathrooms, and bedrooms; install air-conditioning; and renovate clinical space for delivering medical services. In addition to reviewing specialized units for older adults in correctional settings, Vera recommends consulting gerontologists and experts who specialize in humanistic design of clinics, assisted living, and residential care facilities for older adults in community contexts.<sup>136</sup>

- 2. *Young adult unit:*** LADOC leadership also indicated a willingness to consider transforming segregation units to open a housing area for young adults. Vera strongly recommends that LADOC pursue this goal given that young adults comprised roughly 6.6 percent of the LADOC population, but 12 percent of all people in segregation. Through the Restoring Promise Initiative, Vera is partnering with corrections officials in Connecticut and South Carolina to establish units that reimagine incarceration for young men aged 18–25. The unit’s name, T.R.U.E., is an acronym for Truthfulness (to oneself and others), Respectfulness (toward the community), Understanding (ourselves and what brought us here), and Elevating (into success); the unit name was developed by staff to represent this goal and vision. T.R.U.E. draws on lessons from youth development and juvenile correctional best practices, international examples, and the voices of people directly impacted by correctional systems: young people who are currently and formerly incarcerated, their families, line staff, and community members.
- 3. *Educational center:*** Vera strongly recommends considering the possibility of repurposing Camp J to operate as a campus for providing formal education to incarcerated people and enhanced training for officers that facilitate culture change. During focus groups, incarcerated men and correctional officers offered support for transforming different components of Camp J into classrooms, libraries, lecture halls, and dormitories to resemble a college campus. A vast body of research shows the wide ranging and transformative benefits of providing incarcerated people with formal educational programming for individuals, families, and society. People expressed a desire for increasing designated spaces for providing college course, vocational training, and life skills programming. Some participants suggested that space could be devoted to providing additional training for correctional officers in the areas of restorative justice, compassion training, crisis intervention, and social work.
- 4. *Demolition and creation of gardens, walking paths, and sanctuary space:*** Some focus group participants stated that the buildings in Camp J are beyond renovation and a place where too many people endured traumatic experiences to justify reopening it for any purpose. These individuals suggested that perhaps the best option would be to demolish the buildings and repurpose the space as a sanctuary for gardens, ponds, walking paths, and historical memorials where residents, staff, and visitors can go to learn about the history of Camp J and the significance of its closure. There are a range of low-cost aesthetic improvements to the outdoor space of Camp J that would convey an increased commitment to principles of human dignity and

provide a blue print or gradually transforming other camps with high levels of segregation. Basic changes to the outdoor space might include: removing barbed wire that surrounds the perimeter of Camp J, allowing artists from the population to paint murals on the buildings to acknowledge the traumas and harms that took place at Camp J and symbolize a commitment to healing and change, establishing green spaces devoted to individual and group meditation, and building walking paths to encourage cardiovascular exercise.

## Conclusion

Systematically reducing the use of segregation is both a goal and part of a process toward a larger societal imperative in Louisiana: ending mass incarceration and instilling values of human dignity, racial equity, and wellness into the core of correctional practice. Over the course of this project, Louisiana has demonstrated a firm commitment to segregation reform, which is evident in the department's progress made in less than two years. As described throughout this report, LADOC vacated and closed Camp J, which was perhaps the most punitive segregation unit in Louisiana. LADOC assembled an internal committee of agency leaders to devise, pilot, and evaluate a new disciplinary policy in several facilities that is designed to cut down admissions and shrink lengths of stay in segregation units by ending indeterminate sanctioning, reducing the types of infractions eligible for segregation, and creating alternative responses to common infractions.

Changing disciplinary policies in administrative regulations will be an essential component of sustainable reform. Incarcerated people and assistant wardens at EHCC created a program to help transition people out of extended lockdown into dormitories with fewer residents who join together for congregate programming, educational classes, recreation, and other activities. EHCC leadership has reported that violence has decreased significantly and an improved environment for both incarcerated people and staff. The pilot to mitigate isolation among people on death row is also showing signs of success and demonstrating the benefits of reform.

Vera's recommendations in combination with the department's early reforms are essential steps and should be implemented in conjunction with legislative, regulatory, and programmatic strategies that focus on shrinking the Louisiana prison system while providing the resources necessary to substantially improving the lives of people who work and live in correctional facilities.



## Appendix A

### Louisiana's state-operated prison facilities

Each state prison in LADOC is designated a security level by Class 1–2A. Facilities designated as Class 1 include people of all security designations (i.e., minimum, medium, maximum custody). Class 2 facilities house individuals with 50 years or less to their earliest possible release date and whose good time or full-term date does not exceed 70 years. Class 2A facilities are for people with 50 years or less to the earliest possible release date and the good time or full-term date must not exceed 70 years. Vera prioritized conducting site visits at facilities with the largest number of people under maximum custody designation and those with the most segregation unit capacity.

#### **Class 1 Prisons:**

- Louisiana State Penitentiary (LSP or Angola)
- Elayn Hunt Correctional Center (EHCC)
- Louisiana Correctional Institute for Women (LCIW)
- David Wade Correctional Center (DWCC)

#### **Class 2 Prisons:**

- Raymond Laborde Correctional Center
- Dixon Correctional Center
- Rayburn Correctional Center

#### **Class 2A Prisons:<sup>137</sup>**

- Allen Correctional Center
- Winn Correctional Center

## Appendix B

### Types of segregation units in LADOC facilities<sup>138</sup>

Vera conducted analyses on how the following types of segregation units in state-operated prisons.

- **Administrative segregation (AS):** a type of segregation that houses people awaiting disciplinary charges, those currently in disciplinary proceedings, and those awaiting bed space in extended lockdown or transfer to another facility. The highest-ranking supervisor on duty in a housing unit approves removing an individual from general population (GP) into AS pending disposition. People held in AS are allowed one hour of recreation five days each week (unless they are on isolation/cell confinement or have received loss of recreation as a sanction). Recreation time is spent alone in an outdoor cage, typically without any exercise equipment. People are placed in full restraints when they leave their cells for showers, recreation, and court. While it varies by facility, after 14–30 days, people in AS are permitted one personal phone call and can petition the warden for additional calls. Legal phone calls are allowed every seven days. People housed in AS are permitted noncontact visits for one hour, three times per week. The rule book distributed to incarcerated people states that disciplinary hearings are supposed to occur within 72 hours after a person is placed in AS. However, department policy also states that people can remain in AS status until the disciplinary board completes its investigation.
- **Extended lockdown:** a form of disciplinary segregation for those found guilty of disciplinary charges and sanctioned to segregation. People are kept in their cells for 23 hours per day. The length of stay in extended lockdown is indeterminate. People are placed in full restraints when they leave their cells for showers, recreation, and court. People in extended lockdown do not have access to educational, vocational, and other rehabilitative programming, though some facilities do permit in-cell, packet-based workbooks.
- **Disciplinary detention/isolation (DD/I):** a form of segregation where a person is placed in a designated cell within a segregation unit for a determinate period: 10 consecutive days without a 24-hour break and no more than 20 days in a 30-day period. In some facilities, people are not permitted a mattress or personal property for most of the day and are not allowed to lie on their bed during working hours.
- **Working cellblock (WCB):** a form of maximum custody distinguished by mandatory work and limited access to programming, depending on the institution. Assignment to WCB is for indeterminate periods of time. People spend about eight hours working daily (usually doing field labor). After 90 days, people receive a classification review with the disciplinary board—and may

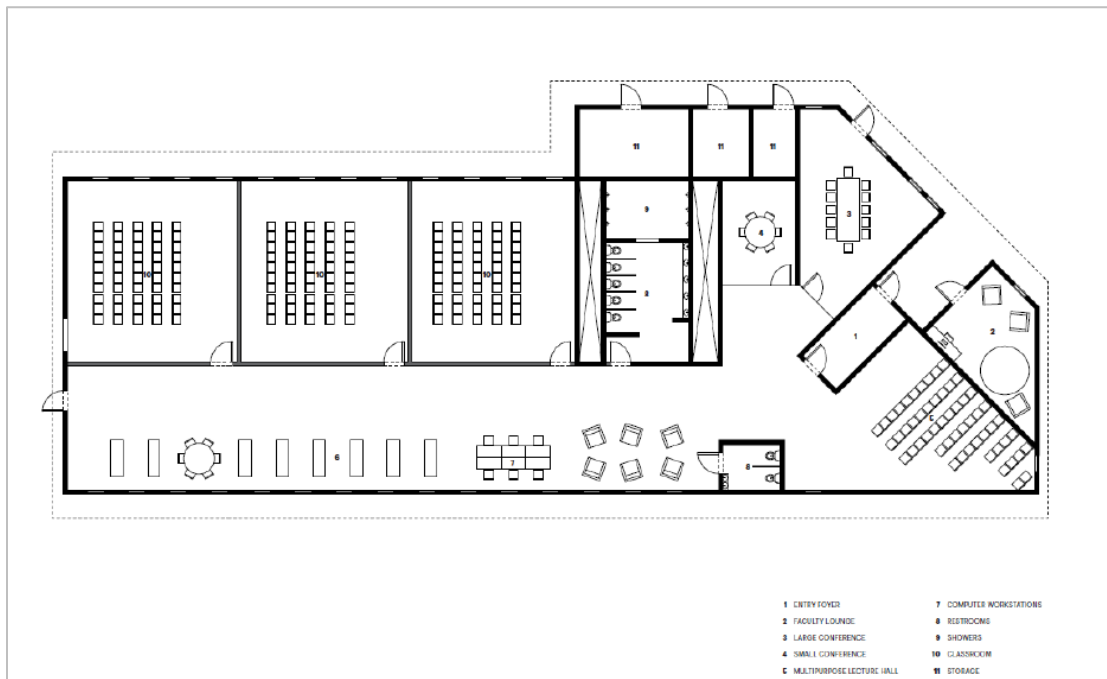
be released back to the general population. People in WCB do not currently have access to the same programming as those in general population. Department policy encourages facilities to use WCBs as a mechanism for transitioning people out of extended lockdown.

- **Protective custody (PC):** a form of separation for people requesting or requiring protection for reasons of health or safety. If a person submits a written, signed request for PC status, departmental regulations do not require a hearing, and the individual is transferred. Departmental regulations specify three classification levels of protective custody status:
  - **Closed-cell restriction (CCR) is Level 1 status**—the highest level—and is assigned to people who are deemed “unable to live in general population at any institution” based on the nature of their crime, prior employment history, age, or other significant protection concern. Often people classified as PC-Level 1 are placed in CCR at Angola, EHCC, DWCC, or LCIW where they remain in PC long-term. People are generally locked down for 23 hours per day, seven days per week. They are permitted to have personal property and visitation. They are sometimes permitted out of their cells three times each week for about an hour and are allowed to participate in hobby craft.
  - **Level 2 status** is typically assigned after an incarcerated person or correctional staff petitions for PC status, which then must be confirmed by a facility’s disciplinary officer/board. All institutions are eligible to house people classified as Level 2.
  - **Level 3 status** refers to long-term PC units for people who require protection based on past history of offense or employment, and the department determines it is unsafe to house them in the general population at any facility. Everyone classified as Level 3 are housed in N-5 Protection Unit at DWCC, which is an “open-cell environment.”
- **Death row:** Louisiana’s death row unit is located at Angola. It consists of single-cell units under extended lockdown for nondisciplinary reasons. At the time of the Vera team’s visit, there were 84 people on death row at Angola. There were also 26 people on CCR status in this housing unit. People housed in death row are escorted out of their cells four times per week for showers, recreation, phone, and visits.

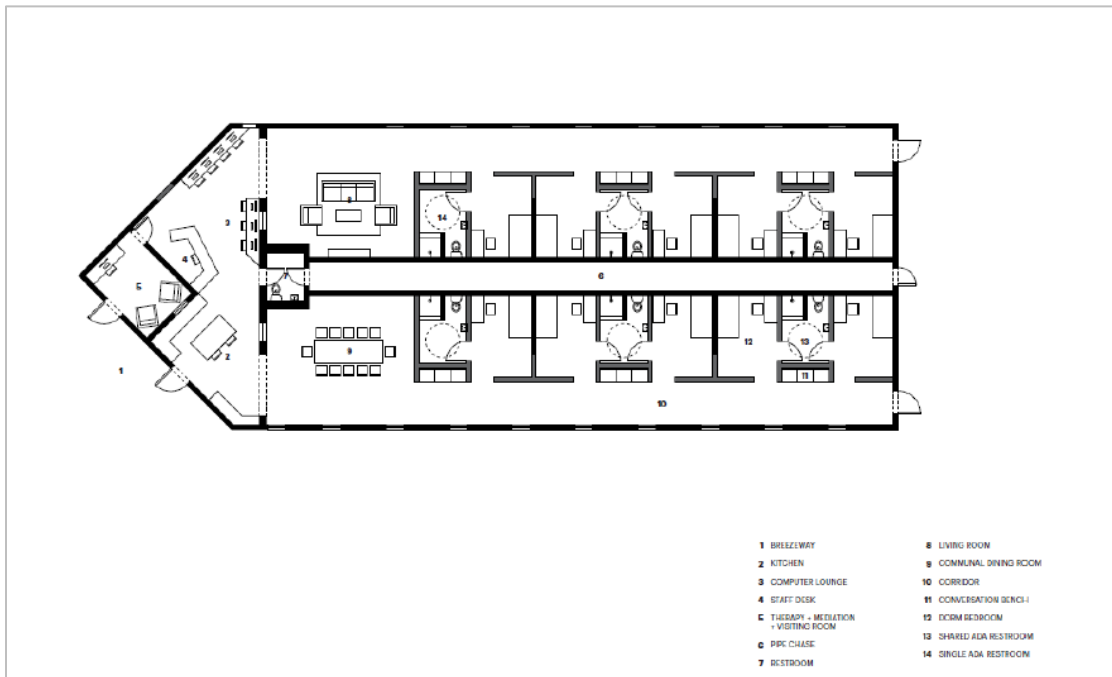
## Appendix C

### Potential designs for repurposing segregation tiers

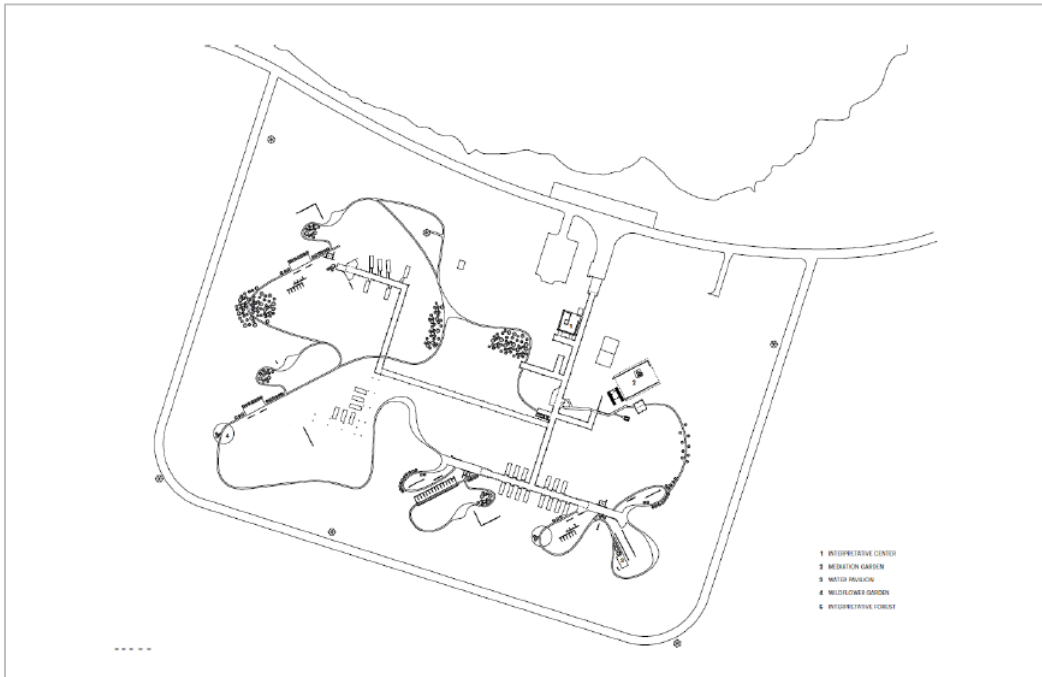
The images below were created in consultation with the nonprofit architecture firm MASS Design following a joint site visit to Angola in June of 2018. They depict several possibilities for renovating and converting segregation units into repurposed units that promote social interaction, programming, and an improved quality of life for people living and working in these facilities.



This figure visualizes renovating buildings used for segregation to create one part of an education center that includes classrooms, study halls, lecture auditoriums, libraries, and communal spaces for students and teachers.



This figure visualizes transforming segregation tiers into spaces inspired by Scandinavian facilities that provide private living quarters for fewer people, congregate areas for cooking and dining, classrooms, rooms for counseling and confidential consultations between patients and clinicians, ADA compliant restrooms, and space for security staff. This vision does not entail building new prisons.



This figure visualizes the demolition of Camp J for purposes of creating gardens, walking paths, and sanctuary spaces.



This figure also visualizes the demolition of Camp J for purposes of creating gardens, walking paths, and sanctuary spaces.

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## Endnotes

<sup>1</sup> This comparison is based on people housed in state prison systems; it does not include state-sentenced people housed in local jails, out-of-state facilities, and two privately run facilities. See Judith Resnik, Anna VanCleave, Kristen Bell et al., *Reforming Restrictive Housing: The 2018 ASCA-Liman Nationwide Survey of Time-in-Cell* (New Haven, CT: Yale Law School, Liman Center for Public Interest Law, 2018), <https://perma.cc/HQX9-3QAM>.

<sup>2</sup> For more on the assessment process, see page 16.

<sup>3</sup> This comparison refers to people housed in Louisiana state prison facilities (excluding local jails, out-of-state facilities, and two privately run facilities).

<sup>4</sup> Extended lockdown is a form of disciplinary segregation. People are kept in their cells for 23 hours per day. The length of stay in extended lockdown is indeterminate. People are placed in full restraints when they leave their cells for showers, recreation, and court. People in extended lockdown typically do not have access to educational, vocational, and other rehabilitative programming.

<sup>5</sup> Administrative segregation is a type of segregation that houses people awaiting disciplinary charges, those currently in disciplinary proceedings, and those awaiting bed space in extended lockdown or transfer to another facility.

<sup>6</sup> See Finding 1 on page 19 for additional detail on who is included in this group.

<sup>7</sup> See Finding 1 on page 19 for additional detail on who is included in this group.

<sup>8</sup> Working cellblocks (WCBs) are a form of maximum custody distinguished by mandatory work and limited access to programming, depending on the institution. Assignment to a WCB is for indeterminate periods of time. People spend about eight hours working daily (usually doing field labor). After 90 days, people receive a classification review with the disciplinary board and may be released back to the general population. People in a WCB do not currently have access to the same programming as those in general population. Department policy encourages facilities to use WCBs as a mechanism for transitioning people out of extended lockdown.

<sup>9</sup> The corrections departments of Minnesota, Nevada, Utah, and Virginia also received technical assistance from Vera through the second round of the SAS Initiative.

<sup>10</sup> Vera Institute of Justice, Safe Alternatives to Segregation Initiative Resource Center, <https://perma.cc/3356-CDU6>.

<sup>11</sup> The survey of people on death row consisted of five items on basic background information and seven multiple choice items related to the current housing conditions, along with 16 Likert scale items asking about their experiences with staff, feelings of fairness and trust among staff, feelings of safety on death row, and their access to family and outside contacts both before and after the pilot implementation. The staff surveys included four items on basic career information, 10 multiple choice



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items about the current housing conditions on death row, and 11 Likert scale items asking about their experiences with incarcerated people on the unit, feelings of fairness and trust among other staff, and feelings of safety on death row. All surveys were administered on paper and took between 15 and 20 minutes to complete. Staff completed the survey at their work space, while incarcerated men either chose to come out of their cells to complete the survey or completed them inside their cells.

<sup>12</sup> LADOC reports to Vera that the individuals housed in local parish jails tend to be incarcerated for low-level offenses, and it believes they are not typically held in segregation for disciplinary reasons.

<sup>13</sup> Resnik, VanCleave, Bell et al., *Reforming Restrictive Housing*, 2018. To quantify the population in segregation throughout 2015 and 2016, Vera combined movement tables (including prison and jail moves) and the demographic main file. The main file includes everyone who was incarcerated under LADOC jurisdiction at any point in time from January 1, 2015, to December 31, 2016. Over this span, Vera tallied men and women housed in extended lockdown, administrative segregation, maximum custody, CCR, and death row. We present average population in segregation with and without inclusion of WCBs. Figure 1 represents the total number of people housed in Louisiana state facilities (excluding local jails, out-of-state facilities, and the two privately run facilities). However, it is important to note that on any given day in 2016, nearly 25,000 state-sentenced individuals were being held in either a local jail or private prison. In order for the use of segregation across the state of Louisiana to truly be addressed, it will be important for future analyses to look at the housing of people in these other types of facilities.

<sup>14</sup> All general population units in LADOC state-operated prison facilities are dormitory style.

<sup>15</sup> The Disciplinary Rule Book handed out to incarcerated people defines aggravated disobedience as a Schedule B violation (Rule 5) and states: "Offenders must obey direct verbal orders cooperatively and promptly and not debate, argue or ignore orders before obeying. The last order received must be obeyed when orders conflict. Even orders the offender believes improper must be obeyed; grievances must be pursued through the proper channels. Sanctions imposed the Disciplinary Officer or the Disciplinary Board are to be carried out by the offender. Violations of duty status will apply to this rule as will a violation of an order from the Disciplinary Board. The only valid offense for Disobedience or Aggravated Disobedience is when the immediate result of obedience would be bodily injury (This defense includes incapacity by virtue of a certified medical reason)." Louisiana Department of Public Safety and Corrections, *Disciplinary Rules and Procedures for Adult Offenders*, Louisiana Register, 30, no. 9 (September 20, 2013), 2430 ("Disciplinary Rule Book"), <https://perma.cc/FH22-UQYA>.

<sup>16</sup> The nature and severity of contraband charges were unclear in Louisiana's CAJUN data system, and therefore, Vera was unable to compare frequencies of contraband charges for specific types of items.

<sup>17</sup> High- and low-court charges were categorized based on the LADOC's new draft disciplinary matrix. This disciplinary matrix is discussed in Finding 13 of this section of the report.

<sup>18</sup> Schedule A violations include: (Rule 4) disobedience (i.e., requires obeying all posted policies in a facility); (Rule 6) disorderly conduct (i.e., "all boisterous behavior" including horseplay, cutting in line, or "communicating verbally out of cellblocks or other housing areas"); (Rule 7) disrespect (i.e.,

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requires appropriate etiquette such as addressing visitors, staff, and families by Mr., Mrs., and Miss in all correspondence); (Rule 18) abuse of electronic media player; (Rule 27) work offenses (i.e., not performing assigned jobs with “reasonable speed and efficiency” or answering during work roll calls); and (Rule 26) unsanitary practices (i.e., requires maintenance of personal hygiene). Eligible sanctions for Schedule A violations include: extra duty, loss of radio, TV, or electronic media device for two weeks; loss of recreation and yard time for up to two weeks; loss of telephone; loss of movies; loss of canteen; or “loss of any similar minor privilege.” Schedule B violations include: (Rule 1) contraband; (i.e., ranging from cigarettes and cell phones to weapons); (Rule 3) defiance (see footnote 6); (Rule 5) aggravated disobedience; (Rule 8) escape or attempted escape; (Rule 10) fighting; (Rule 11) aggravated fighting; (Rule 12) gambling; (Rule 14) intoxication; (Rule 15) malingering; (Rule 17) property destruction; (Rule 19) self-mutilation; (Rule 21) aggravated sex offenses; (Rule 22) theft; (Rule 24); unauthorized area; (Rule 28) aggravated work offenses; (Rule 29) disturbance; and (Rule 30) general prohibited behaviors. Louisiana Department of Public Safety and Corrections, *Disciplinary Rule Book*, 2013, 2429-2434.

<sup>19</sup> The Disciplinary Rule Book defines “defiance” as a Schedule B violation (Rule 3) and states: “No offender shall commit or threaten physically or verbally to commit bodily harm upon another person. This includes throwing any object, water or any other liquid or substance, feces, urine, blood, saliva or any form of human waste or spitting or attempting to spit on another person. No offender shall curse, insult or threaten another person in any manner. This prohibited conduct includes abusive or insulting conversation, correspondence, phone calls or gestures by an offender. Further, no offender shall obstruct, resist, or distract or attempt to elude staff in the performance of their duties. Nor shall an offender intimidate or attempt to intimidate staff to manipulate actions. This rule does not prohibit an offender from advising staff of planned legal redress even during a confrontational situation (although an offender’s behavior in such a situation shall not be disrespectful or violate any other disciplinary rule).” *Ibid.*, 2430.

<sup>20</sup> Emma Barker, Kairi Kõlves, and Diego De Leo, “Management of Suicidal and Self-harming Behaviors in Prisons: Systematic Literature Review of Evidence-based Activities,” *Archives of Suicide Research* 18, no. 3 (2014), 227-240; Eric Lanes, “The Association of Administrative Segregation Placement and Other Risk Factors with the Self-injury-free Time of Male Prisoners,” *Journal of Offender Rehabilitation* 48, no. 6 (2009), 529-546; Terry A. Kupers, “How to Create Madness in Prison,” in *Humane Prisons*, edited by David Jones (Oxford, UK, Radcliffe Publishing, 2006), 47-58, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.392.9468&rep=rep1&type=pdf>; Stuart Grassian, “Psychiatric Effects of Solitary Confinement,” *Washington University Journal of Law & Policy* 22, no. 1 (2006), 325-383, <https://perma.cc/WM58-UBRE>; Stanford University, Human Rights in Trauma Mental Health Lab, *Mental Health Consequences Following Release from Long-term Solitary Confinement in California: Consultative Report Prepared for the Center for Constitutional Rights* (Berkeley, CA: Stanford University, 2017), <https://perma.cc/2LHJ-HT7T>; and Paolo Roma, Maurizio

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Pompili, David Lester et al., "Incremental Conditions of Isolation as a Predictor of Suicide in Prisoners," *Forensic Science International*, 23, no. 1-3 (2013), e1-e2.

<sup>21</sup> Strip-cell status may also occur at other facilities.

<sup>22</sup> As indicated above, the severity of charges was determined using the draft disciplinary matrix created by the LADOC. Low-court or not-segregation eligible charges include all low-court charges as well as high-court charges that could not receive a segregation sanction based on the draft matrix.

<sup>23</sup> UN General Assembly, United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), Resolution adopted by the General Assembly, 8 January 2016, A/RES/70/175, <https://perma.cc/PC6H-JVNL>. Colorado is a state correctional system that has implemented the 15-day limit as a result of the Mandela Rules guidance. Cynthia Soohoo, "Human Rights, Solitary Confinement, and Youth Justice in the United States" in *Human Rights and Legal Judgments: The American Story*, edited by Austin Sarat (New York: Cambridge University Press, 2017), 25.

<sup>24</sup> Personal communication between the authors and Colorado Department of Corrections's Director Rich Raemisch, Safe Alternatives to Segregation Advisory Committee, 2017.

<sup>25</sup> W. D. Bales and D. P. Mears, "Inmate Social Ties and the Transition to Society: Does Visitation Reduce Recidivism?" *Journal of Research in Crime and Delinquency* 45, no. 3 (2008), 287-321. See also Kerry Kazura, "Family Programming for Incarcerated Parents: A Needs Assessment Among Inmates," *Journal of Offender Rehabilitation* 32, no. 4 (2001), 67-83, <https://perma.cc/7LQS-K46B>; and Nancy G. La Vigne, Rebecca L. Naser, Lisa E. Brooks et al., "Examining the Effect of Incarceration and In-Prison Family Contact on Prisoners' Family Relationships," *Journal of Contemporary Criminal Justice* 21, no. 4 (2005), 314-335, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1008.4109&rep=rep1&type=pdf>.

<sup>26</sup> Peter Salmon, "Effects of Physical Exercise on Anxiety, Depression, and Sensitivity to Stress: A Unifying Theory," *Clinical Psychology Review* 21, no. 1 (2001), 33-61.

<sup>27</sup> Andrew J. Cashin, Emily Potter, and Tony G. Butler, "The Relationship Between Exercise and Hopelessness in Prison," *Journal of Psychiatric and Mental Health Nursing* 15, no. 1 (2008), 66-71; and Claudia Battaglia, Alessandra Cagno, Giovanni Fiorilli et al., "Participation in a 9-month Selected Physical Exercise Programme Enhances Psychological Well-being in a Prison Population," *Criminal Behaviour and Mental Health* 25, no. 5 (2015), 343-354.

<sup>28</sup> Sarah Bowen, Katie Witkiewitz, Tiara M. Dillworth et al., "Mindfulness Meditation and Substance Use in an Incarcerated Population," *Psychology of Addictive Behaviors* 20, no. 3 (2006), 343-347; and Katherine M. Auty, Aiden Cope, and Alison Liebling, "A Systematic Review and Meta-analysis of Yoga and Mindfulness Meditation in Prison: Effects on Psychological Well-being and Behavioural Functioning," *International Journal of Offender Therapy and Comparative Criminology* 61, no. 6 (2017), 689-710.

<sup>29</sup> The Prison Yoga Project, <https://perma.cc/ST69-VW6G>.

<sup>30</sup> Fabiana Silva and Christopher Hartney, *Evaluation of the Insight Prison Project* (Washington, DC: National Council on Crime and Delinquency, 2012), <https://perma.cc/57ZC-GXND>. See also Miranda

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Viorst, "Former Inmates' Perceptions of the Prison Yoga Project" (undergraduate honors thesis, University of Colorado Boulder, 2017), <https://perma.cc/M9JS-QHEP>.

<sup>31</sup> David Lovell, "Patterns of Disturbed Behavior in a Supermax Population," *Criminal Justice and Behavior* 35, no. 8 (2008), 985-1004; and Jeffrey L. Metzner and Jamie Fellner, "Solitary Confinement and Mental Illness in U.S. Prisons: A Challenge for Medical Ethics," *Journal of the American Academy of Psychiatry and the Law* 38, no. 1 (2010), 104-108, <https://perma.cc/NM9G-DKGH>.

<sup>32</sup> 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; Grassian, "Psychiatric Effects of Solitary Confinement," 2006, 325; Terry A. Kupers, "How to Create Madness in Prison," 2006, 47-58; and Jennifer R. Wynn and Alisa Szatrowski, "Hidden Prisons: Twenty-Three-Hour Lockdown Units in New York State Correctional Facilities," *Pace Law Review* 24, no. 2 (2004), 497-525, <https://perma.cc/HU9R-3KG9>; and Lovell, "Patterns of Disturbed Behavior," 2008.

<sup>33</sup> Mandeep K. Dhami, Greg Mantle, and Darrell Fox, "Restorative Justice in Prisons," *Contemporary Justice Review* 12, no. 4 (2009), 433-448; Diane Crocker, "Implementing and Evaluating Restorative Justice Projects in Prison," *Criminal Justice Policy Review* 26, no. 1 (2015), 45-64; and Gerry Johnstone, *Restorative Justice in Prisons: Methods, Approaches and Effectiveness* (Strasbourg, France: Council of Europe, 2014), <https://perma.cc/47YW-SDBP>. See for example the Insight Prison Project at San Quentin Prison in California, "Restorative Justice," <https://perma.cc/63VE-RNU2>.

<sup>34</sup> For resources on reducing segregation and including alternative sanctions, see Vera Institute of Justice, Safe Alternatives to Segregation Resource Center, <https://perma.cc/XD27-AX8K>.

<sup>35</sup> National Resource Center on Justice Involved Women, "Gender Responsive Disciplinary and Sanction Policy Guide for Women's Facilities," <https://perma.cc/9AKS-DKDM>.

<sup>36</sup> National PREA Resource Center, PREA standard § 115.78(e), <https://perma.cc/9B6Z-PU9H>.

<sup>37</sup> *Ibid.*, § 115.78(g).

<sup>38</sup> This refers to incarcerated individuals who represent their peers during disciplinary hearings; they are not generally licensed attorneys.

<sup>39</sup> Michael D. Reisig and Gorazd Mesko, "Procedural Justice, Legitimacy, and Prisoner Misconduct," *Psychology, Crime & Law* 15, no. 1 (2009), 41-59.

<sup>40</sup> There are some exceptions. For example, at RCC, men who are in extended lockdown are allowed to receive educational materials in their cells, but are not permitted to attend class.

<sup>41</sup> 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.

<sup>42</sup> Grassian and Friedman, "Effects of Sensory Deprivation," 1986; and Smith, "The Effects of Solitary Confinement," 2006.

<sup>43</sup> Daniel Holt, *Heat in U.S. Prisons and Jails: Corrections and the Challenge of Climate Change* (New York: Columbia Law School, Sabin Center for Climate Change Law, 2015), <https://perma.cc/LGT9-WTUZ>.

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<sup>44</sup> Craig A. Anderson, "Heat and Violence," *Current Directions in Psychological Science* 10, no. 1 (2001), 33-38; Craig A. Anderson, "Temperature and Aggression: Ubiquitous Effects of Heat on Occurrence of Human Violence," *Psychological Bulletin* 106, no. 1 (1989), 74-96, <https://perma.cc/T7SU-53MY>; Mark A. Cane, Edward Miguel, Marshall Burke et al., "Temperature and Violence," *Nature Climate Change* 4, no. 4 (2014), 234-235; and Randy Atlas, "Violence in Prison: Environmental Influences," *Environment and Behavior* 16, no. 3 (1984), 275-306.

<sup>45</sup> Jan C. Semenza, Carol H. Rubin, Kenneth H. Falter et al., "Heat-Related Deaths During the July 1995 Heat Wave in Chicago," *New England Journal of Medicine* 335, no. 2 (1996), 84-90, <https://perma.cc/4W92-VWBN>; and Sharon L. Harlan, Juan H. Declet-Barreto, William L. Stefanov, and Diana B. Petitti, "Neighborhood Effects on Heat Deaths: Social and Environmental Predictors of Vulnerability in Maricopa County, Arizona," *Environmental Health Perspectives* 121, no. 2 (2012), 197-204, <https://perma.cc/C4YA-9F2P>.

<sup>46</sup> R. Sari Kovats and Shakoor Hajat, "Heat Stress and Public Health: A Critical Review," *Annual Review of Public Health* 29 (2008), 41-55, <https://perma.cc/7MDY-CUFL>; Jochen Klenk, Clemens Becker, and Kilian Rapp, "Heat-related Mortality in Residents of Nursing Homes," *Age and Ageing* 39, no. 2 (2010), 245-252; and Jerome H. Greenberg, J. Bromberg, Christie M. Reed et al., "The Epidemiology of Heat-related Deaths, Texas—1950, 1970–79, and 1980," *American Journal of Public Health* 73, no. 7 (1983), 805-807, <https://perma.cc/K7RK-R8NF>.

<sup>47</sup> To calculate average monthly heat index, Vera used statewide data from the North American Land Data Assimilation System from 2011 (the latest data available).

<sup>48</sup> The U.S. Environmental Protection Agency (EPA), *What Climate Change Means for Louisiana* (Washington, DC: EPA, 2016), <https://perma.cc/PH5B-NXEQ>.

<sup>49</sup> John M. Balbus and Catherine Malina, "Identifying Vulnerable Subpopulations for Climate Change Health Effects in the United States," *Journal of Occupational and Environmental Medicine* 51, no. 1 (2009), 33-37; Holt, "Corrections and the Challenge of Climate Change," 2015; and Craig A. Anderson, Katherine B. Anderson, Nancy Dorr et al., "Temperature and Aggression," *Advances in Experimental Social Psychology* 32 (2000), 63-133.

<sup>50</sup> See Louisiana Department of Public Safety and Corrections, Regulation No. 400-C05 (Adult Reception and Diagnostic Center).

<sup>51</sup> EHCC and LSP have implemented programs to help transition people out of extended lockdown and CCR, respectively. See "Transitions from Segregation" on page 43 for more information.

<sup>52</sup> See Louisiana Department of Public Safety and Corrections, Regulation No. B-09-001 (Offender Incentive Pay and Other Wage Compensation).

<sup>53</sup> In 2015, 369 people were released directly to the community from segregation, and in 2016, another 374 people were released directly to the community from segregation. To derive this estimate, we counted anyone whose prison release date was the same as their segregation release date. However, because of data entry errors, some people had segregation release dates that

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occurred *after* their prison release date. Anyone whose segregation release date was less than 30 days after their prison release date was also included in our direct release estimates.

<sup>54</sup> This only includes people whose entry date into segregation was available in the dataset.

<sup>55</sup> According to Louisiana Department of Public Safety and Corrections, Regulation No. B-02-019 (Classification: custody levels), people should be assessed for reentry programs during classification.

<sup>56</sup> See Brian O. Hagan, Emily A. Wang, Jenerius A. Aminawung et al., "History of Solitary Confinement is Associated with Post-Traumatic Stress Disorder Symptoms Among Individuals Recently Released from Prison," *Journal of Urban Health* 95, no. 2 (2018), 141-148, <https://perma.cc/STK8-Q7VL>; Anh Nguyen, "The Determinants and Consequences of Solitary Confinement: Risk Factor, Future Criminal Justice Involvement, and Mortality" (PhD diss., University of Michigan, 2018); and Human Rights in Trauma Mental Health Lab and Center for Constitutional Rights, *Mental Health Consequence Following Release From Long-Term Solitary Confinement in California* (Berkeley, CA: Stanford University, 2018), <https://perma.cc/7FU3-R5RC>.

<sup>57</sup> This is a program that previously existed but was closed in 2014 due to budgetary limitations. The department restarted the program in 2017 as part of the focus on prioritizing restrictive housing reform.

<sup>58</sup> Compassion Institute, "Reflections on Compassion: Compassion Cultivation Training at Angola Prison," video, June 12, 2018, <https://perma.cc/BD48-FMKC>; and Voice of the Experienced, "How is Your Heart Today? VOTE Attends Day of Compassion at Angola," June 20, 2018, <https://perma.cc/GSJ5-8PXF>.

<sup>59</sup> As noted in Craig Haney, *The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment* (Santa Cruz, CA: University of California-Santa Cruz, 2006), 88, <https://perma.cc/AP29-AXWU>, people should not be released directly to the community from segregation or maximum security facilities due to the extreme psychological impact of such confinement. Rather, facilities "must provide long periods of decompression, with adequate time for prisoners to be treated for the adverse effects of long-term isolation and reacquaint themselves with the social norms of the world to which they will return."

<sup>60</sup> People who cannot function in the dorm setting due to a serious mental illness are placed in single cells in the HSU. Security staff working the HSU receive special on-the-job training on a quarterly basis. HSU has three levels of privileges. Everyone on Level 1 is fully restrained when coming out of their cell for programming, exercise, etc. People on Level 2 participate in group programs and recreational therapy and can go to the recreation yard unrestrained. People on Level 3 are fully compliant with their medication regimens and come to group therapy sessions and recreational therapy sessions unrestrained. HSU has its own disciplinary area that is on a cellblock.

<sup>61</sup> All people in LADOC facilities who have been diagnosed with a mental illness are classified as Level 1, 2, 3, or 4. The data provided did not allow Vera to determine if people were diagnosed before or after their placement in segregation.

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<sup>62</sup> This definition of self-harm also includes tattooing, piercing, and altering teeth, and it was not possible to distinguish between these behaviors in the data. While tattooing does occur, it is less likely to take place in segregation settings where personal property is strictly limited and closely monitored.

<sup>63</sup> Fatos Kaba, Andrea Lewis, Sarah Glowa-Kollisch et al., "Solitary Confinement and Risk of Self-harm Among Jail Inmates," *American Journal of Public Health* 104, no. 3 (2014), 442-447.

<sup>64</sup> Vera did not calculate segregation time for people who were already in segregation at the time of the incident as it was not possible to determine for which incident they were remaining in segregation.

<sup>65</sup> See Eli Hader and Gerald Rich, "Shifting Away from Solitary," The Marshall Project, December 23, 2014, <https://perma.cc/56QY-75QZ>.

<sup>66</sup> Kaba, Lewis, Glowa-Kollisch et al., "Solitary Confinement," 2014.

<sup>67</sup> Sarah Glowa-Kollisch, Fatos Kaba, Anthony Waters et al., "From Punishment to Treatment: The 'Clinical Alternative to Punitive Segregation' (CAPS) Program in New York City Jails," *International Journal of Environmental Research and Public Health* 13, no. 2 (2016), 182-192, <https://perma.cc/4ZBP-2MML>.

<sup>68</sup> See for example Sharon Shalev, *A Sourcebook on Solitary Confinement* (London: London School of Economics, Mannheim Centre for Criminology, 2008), <https://perma.cc/WC2A-T8E2>; and Craig Haney, "Mental Health Issues in Long-term Solitary and 'Supermax' Confinement," *Crime & Delinquency* 49, no. 1 (2003), 124-156.

<sup>69</sup> See U.S. Department of Justice, National Institute of Corrections, "Crisis Intervention," <https://perma.cc/FE94-D7L9>; and Abigail S. Tucker, Jennifer Mendez, Samuel L. Browning et al., "Crisis Intervention Team (CIT) Training in the Jail/Detention Setting: A Case Illustration," *International Journal of Emergency Mental Health* 14, no. 3 (2012), 209-215.

<sup>70</sup> See New York University, BetaGov, *Crisis Intervention Training (CIT): The Benefits of CIT-trained Staff for Reducing Behavioral Challenges in Prison Residents with Mental Health Issues* (New York: New York University, 2017), <https://perma.cc/MY9W-C4VQ>.

<sup>71</sup> Sarah Glowa-Kollisch, Jasmine Graves, Nathaniel Dickey et al., "Data-driven Human Rights: Using Dual Loyalty Trainings to Promote the Care of Vulnerable Patients in Jail," *Health and Human Rights* 17, no. 1 (2015), E124-E135, <https://perma.cc/78E9-M9QG>.

<sup>72</sup> Research shows that "adults are still intensely dependent upon social support to prevent and overcome traumatization" and can lack of support can promote "regression" to less positive coping mechanisms or behavioral responses to stress. See Bessel A. van der Kolk, "The Compulsion to Repeat the Trauma: Re-enactment, Revictimization, and Masochism," *Psychiatric Clinics of North America* 12, no. 2 (1989), 289-411, <https://perma.cc/VN5N-BWWM>. See also Christine E. Grella, Katherine Lovinger, and Umme S. Warda, "Relationships among Trauma Exposure, Familial Characteristics, and PTSD: A Case-control Study of Women in Prison and in the General Population," *Women & Criminal Justice* 23, no. 1 (2013), 63-79, <https://perma.cc/5BBY-F9WT>.

<sup>73</sup> Christopher Wildeman and Bruce Western, "Incarceration in Fragile Families," *The Future of Children* 20, no. 2 (2010), 157-177, <https://perma.cc/X6ZY-YAD3>; Jane A. Siegel, *Disrupted*

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*Childhoods: Children of Women in Prison* (New Brunswick, NJ: Rutgers University Press, 2011); and Katarzyna Celinska and Jane A. Siegel, "Mothers in Trouble: Coping with Actual or Pending Separation from Children due to Incarceration," *Prison Journal* 90, no. 4 (2010), 447-474.

<sup>74</sup> See Louisiana Department of Public Safety and Corrections, Regulation No. 100.D02 (Imposition of Restitution).

<sup>75</sup> Louisiana SB 558 (2018), at <https://perma.cc/CP99-HFWP>.

<sup>76</sup> See Louisiana Department of Public Safety and Corrections, Regulation No. C-02-003 (Searches of Offenders).

<sup>77</sup> See Malika Saada Saar, Rebecca Epstein, Lindsay Rosenthal, and Yasmin Vafa, *The Sexual Abuse to Prison Pipeline: The Girls' Story* (Washington, DC: Georgetown University, 2015), <https://perma.cc/GY8N-GGWS>; and Angela Browne, Brenda Miller, and Eugene Maguin, "Prevalence and Severity of Lifetime Physical and Sexual Victimization Among Incarcerated Women," *International Journal of Law and Psychiatry* 22, no. 3-4 (1999), 301-322.

<sup>78</sup> See Barbara Owen, James Wells, and Joycelyn Pollock, *In Search of Safety: Confronting Inequality in Women's Imprisonment* (Oakland, CA: University of California Press, 2017); and Sheryl P. Kubiak, Stephanie S. Covington, and Carmen Hillier, "Trauma-informed Corrections," in *Social Work in Juvenile and Criminal Justice Systems—4<sup>th</sup> edition*, edited by David W. Springer and Albert R. Roberts (Springfield, IL: Charles C. Thomas, 2017), <https://perma.cc/QAU3-X3C6>.

<sup>79</sup> See American Correctional Association (ACA), *Restrictive Housing Performance Based Standards*. (Alexandria, VA: ACA, 2016), <https://perma.cc/YVW6-TZRS>. Also see U.S. Department of Justice (DOJ), *Report and Recommendations Concerning the Use of Restrictive Housing: Guiding Principles* (Washington, DC: DOJ, 2016), <https://perma.cc/3JLC-AXHP>.

<sup>80</sup> See United Nations Office on Drugs and Crimes, *The Bangkok Rules: United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary* (Vienna, Austria: United Nations, 2011), <https://perma.cc/T7HL-V8B4>.

<sup>81</sup> See Minnesota Prison Doula Project, <http://www.mnprisondoulaproject.org/>.

<sup>82</sup> Louisiana SB 558 (2018), <https://perma.cc/SSQ7-XBML>.

<sup>83</sup> In August 2017, the LCIW warden went to a gender-specific training and will be bringing a group of correctional officers to the training this year. This a commendable step in the direction of gender-specific and trauma-informed practices for LADOC.

<sup>84</sup> For more information, see Owen, Wells, and Pollock, *In Search of Safety*, 2017; and Kubiak, Covington, and Hillier, "Trauma-informed Corrections," 2017.

<sup>85</sup> See Sandra Bloom, "The Sanctuary Model," <https://perma.cc/68MF-NR8D>; and Stephanie Covington, Tammy Rothschild and Kimberly Selvaggi, "The TIER System," <https://perma.cc/Y52M-6B7W>.

<sup>86</sup> The LADOC can look at existing programs in other states, such as the Parent and Children Together (P.A.C.T.) program in South Dakota, <https://perma.cc/UE8M-Z6VZ>, the nursery program at New



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York's Bedford Hills Correctional Facility, and the Residential Parenting Program in Washington State, <https://perma.cc/8NW2-Q4PU>.

<sup>87</sup> See Bloom, "The Sanctuary Model;" and Covington, Rothschild, and Selvaggi, "The TIER System."

<sup>88</sup> Ryan Shanahan, Alex Frank, and Matthew Lowen, "How Young Women are Building Promise in a Connecticut Prison," Vera Institute of Justice, August 2, 2018, <https://perma.cc/3WG8-ASTP>.

<sup>89</sup> Nitin Gogtay, Jay N. Giedd, Leslie Lusk et al., "Dynamic Mapping of Human Cortical Development During Childhood Through Early Adulthood," *Proceedings of the National Academy of Sciences* 101, no. 21 (2004), 8174-8179, <https://perma.cc/T6R7-VLAN>; and Sarah-Jayne Blakemore and Suparna Choudhury, "Development of the Adolescent Brain: Implications for Executive Function and Social Cognition," *Journal of Child Psychology and Psychiatry* 47, no. 3-4 (2006), 296-312, <https://perma.cc/EW76-6ENE>.

<sup>90</sup> Jules Lobel and Huda Akil, "Law & Neuroscience: The Case of Solitary Confinement," *Daedalus* 147, no. 4 (2018), 61-75, <https://perma.cc/CW2A-DZ8L>.

<sup>91</sup> Michael T. Baglivio, Nathan Epps, Kimberly Swartz et al., "The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders," *Journal of Juvenile Justice* 3, no. 2 (2014), <https://perma.cc/9FZ6-S7WB>; and John Hagan and Ronit Dinovitzer, "Collateral Consequences of Imprisonment for Children, Communities, and Prisoners," *Crime and Justice* 26 (1999), 121-162.

<sup>92</sup> See Melissa S. Caulum, "Postadolescent Brain Development: A Disconnect Between Neuroscience, Emerging Adults, and the Correction System," *Wisconsin Law Review* 2007, no. 3 (2007), 729-758, <https://perma.cc/X28T-LKL4>.

<sup>93</sup> Jeff Latimer, Craig Dowden, and Danielle Muise, "The Effectiveness of Restorative Justice Practices: A Meta-analysis," *The Prison Journal* 85, no. 2 (2005), 127-144, <https://perma.cc/8PRT-MMDH>. See also Barb Toews, *Little Book of Restorative Justice for People in Prison: Rebuilding the Web of Relationships* (New York: Simon and Schuster, 2006); and Danielle Sered, *Accounting for Violence: How to Increase Safety and Break Our Failed Reliance on Mass Incarceration* (New York: Vera Institute of Justice, 2017), <https://perma.cc/A49P-7YZE>.

<sup>94</sup> See Vera Institute of Justice, "Restoring Promise: A Young Adult Reform Initiative," <https://perma.cc/RU2J-RLGL>. See also Jordan and Tarence, "Connecticut's T.R.U.E. Prison Program Offers New Beginnings," Vera Institute of Justice, May 2, 2017, <https://perma.cc/4MUU-8J5Q>.

<sup>95</sup> See "Beats, Rhymes, and Justice: Hip Hop on Rikers Island," Center for Justice at Columbia University, September 15, 2017, <https://perma.cc/9Y8J-MTDM>.

<sup>96</sup> E. Y. Cornwell and L. J. Waite, "Social Disconnectedness, Perceived Isolation, and Health Among Older Adults," *Journal of Health and Social Behavior* 50, no. 1 (2009), 31-48, <https://perma.cc/J5SP-824T>.

<sup>97</sup> Tina Maschi, Jung Kwak, Eunjeong Ko, and Mary B. Morrissey, "Forget Me Not: Dementia in Prison," *Gerontologist* 52, no. 4 (2012), 441-451.

<sup>98</sup> Sanford I. Finkel, Jorge Costa e Silva, Gene Cohen et al., "Behavioral and Psychological Signs and Symptoms of Dementia: A Consensus Statement on Current Knowledge and Implications for Research

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and Treatment," *International Psychogeriatrics* 8, no. S3 (1996), 497-500; and Brie A. Williams, Jeff Stern, Mark Mellow et al., "Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care," *American Journal of Public Health* 102, no. 8 (2012), 1475-1481, <https://perma.cc/Y5UE-2586>.

<sup>99</sup> John T. Cacioppo and Louise C. Hawkey, "Perceived Social Isolation and Cognition," *Trends in Cognitive Sciences* 13, no. 10 (2009), 447-454; Jisca S. Kuiper, Marij Zuidersma, Richard C. Oude Voshaar et al., "Social Relationships and Risk of Dementia: A Systematic Review and Meta-analysis of Longitudinal Cohort Studies," *Ageing Research Reviews* 22, no. 1 (2015), 39-57; and Anne Feczko, "Dementia in the Incarcerated Elderly Adult: Innovative Solutions to Promote Quality Care," *Journal of the American Association of Nurse Practitioners* 26, no. 12 (2014), 640-648.

<sup>100</sup> B. Jayne Anno, Camelia Graham, James E. Lawrence et al., *Correctional Health Care: Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill Inmates* (Middletown, CT: Criminal Justice Institute, 2004), 29, <https://perma.cc/Z8DQ-A324>.

<sup>101</sup> Elizabeth Gaynes, Tanya Krupat, David George, and Colin Bernatzky, *The High Costs of Low Risk: The Crisis of America's Aging Prison Population* (New York: Osborne Association, 2014), <https://perma.cc/ZHS5-PD4F>.

<sup>102</sup> Yonas E. Geda, Rosebud O. Roberts, David S. Knopman et al., "Physical Exercise, Aging, and Mild Cognitive Impairment: A Population-Based Study," *Archives of Neurology* 67, no. 1 (2010), 80-86; and Eric Ahlskog, Yonas E. Geda, Neill R. Graff-Radford, and Ronald C. Petersen, "Physical Exercise as a Preventive or Disease-Modifying Treatment of Dementia and Brain Aging," *Mayo Clinic Proceedings* 86, no. 9 (2011), 876-884.

<sup>103</sup> William J. Evans, "Exercise Training Guidelines for the Elderly," *Medicine and Science in Sports and Exercise* 31, no. 1 (1999), 12-17; and Brian S. Tseng, Daniel R. Marsh, Marc T. Hamilton, and Frank W. Booth, "Strength and Aerobic Training Attenuate Muscle Wasting and Improve Resistance to the Development of Disability with Aging," *Journals of Gerontology-Biological Sciences and Medical Sciences* 50A (1995), 113-119, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.839.4657&rep=rep1&type=pdf>.

<sup>104</sup> See Louisiana Department of Public Safety and Corrections, Regulation No. B-02-019(H). The crimes enumerated as ineligible for this status include: first-degree murder; second-degree murder; attempted murder; aggravated rape; attempted rape; forcible rape; aggravated kidnapping; aggravated arson; armed robbery; attempted armed robbery; producing, manufacturing, or dispensing a controlled substance (Louisiana Revised Statutes § 40:964); and habitual felony conviction (Louisiana Revised Statutes § 15:529:1).

<sup>105</sup> See Jaime Fellner and Patrick Vinck, *Old Behind Bars: The Aging Prison Population in the United States* (New York: Human Rights Watch, 2012), 53, <https://perma.cc/K67Q-NUFX>; and Michael Hill, "New York Prison Creates Dementia Unit," *Washington Post*, May 29, 2007, [http://www.washingtonpost.com/wp-dyn/content/article/2007/05/29/AR2007052900208\\_pf.html](http://www.washingtonpost.com/wp-dyn/content/article/2007/05/29/AR2007052900208_pf.html).

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<sup>106</sup> Gill Livingston, Kate Johnston, Cornelius Katona et al., "Systematic Review of Psychological Approaches to the Management of Neuropsychiatric Symptoms of Dementia," *American Journal of Psychiatry* 162, no. 11 (2005), 1996-2021.

<sup>107</sup> See for example U.S. Department of Justice, Civil Rights Division, Disability Rights Section, "ADA/Section 504 Design Guide: Accessible Cells in Correctional Facilities," <https://perma.cc/5CQT-RQGX>.

<sup>108</sup> Abderrezak Bouchama and James P. Knochel, "Heat Stroke," *New England Journal of Medicine* 346, no. 25 (2002), 1978-1988 (explains how older adults are more susceptible to heat illness due to greater prevalence of "dysfunctional thermoregulatory mechanisms, chronic dehydration, medications, and diseases involving the systems that regulate body temperature").

<sup>109</sup> See American Psychological Association (APA), "Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change," *American Psychologist* 67, no. 1 (2011), 1-9, <https://perma.cc/A33X-XDHQ>.

<sup>110</sup> Louisiana Revised Statutes § 15:574.20, <https://perma.cc/3AWL-6M5R>.

<sup>111</sup> Rebecca Silber, Léon Digard, Tina Maschi et al., *A Question of Compassion: Medical Parole in New York State* (New York: Vera Institute of Justice, 2018), <https://perma.cc/EK54-PWSL>.

<sup>112</sup> Unfortunately, LADOC's data only includes the following categories of race and ethnicity: black, white, Hispanic, American Indian, Latino/a, or other. Yet only about 1 percent of the total population was classified as a race other than black or white, and therefore most of the analysis focused on differences between black and white individuals. Vera recognizes that the way in which race is categorized in LADOC's classification data omits important nuances and systemic realities of people of other races and ethnicities.

<sup>113</sup> The data provided did not include information on when people claimed, or the system identified, a particular religious identity.

<sup>114</sup> Marc Mauer, "Racial Impact Statements as a Means of Reducing Unwarranted Sentencing Disparities," *Ohio State Journal of Criminal Law* 5, no. 19 (2007); Catherine London, "Racial Impact Statements: A Proactive Approach to Addressing Racial Disparities in Prison Populations," *Law & Inequality*, 29, no. 1 (2011), 211-248, <https://scholarship.law.umn.edu/cgi/viewcontent.cgi?article=1164&context=lawineq>; and Jessica Erickson, "Racial Impact Statements: Considering the Consequences of Racial Disproportionalities in the Criminal Justice System," *Washington Law Review* 89, no. 4 (2014), 1425-1465, <https://perma.cc/5BNQ-WLT9>.

<sup>115</sup> For more information see The Sentencing Project, *Reducing Racial Disparity in the Criminal Justice System: A Manual for Practitioners and Policymakers* (Washington, DC: The Sentencing Project, 2000), <https://perma.cc/3NPD-6FJT>.

<sup>116</sup> Tim Kelly, "New Freedom from Past Choices," Washington State Department of Corrections, February 15, 2019, <https://perma.cc/2NY6-53TY>.

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<sup>117</sup> For an example of what such a study could look like, see Dinah K. Poore, *Understanding Protective Management* (Wewahitchka, FL: Florida Department of Corrections, 1994), <https://perma.cc/XR8R-F98F>.

<sup>118</sup> For examples of specialized housing for people needing protection, see Allison Hastings, Angela Browne, Kaitlin Kall, and Margaret diZerega, *Keeping Vulnerable Populations Safe under PREA: Alternative Strategies to the Use of Segregation in Prisons and Jails* (New York: Vera Institute of Justice, 2015), <https://perma.cc/U8B9-E2SS>.

<sup>119</sup> Andrea C. Armstrong, "Death Row Conditions Through an Environmental Justice Lens," *Arkansas Law Review* 70, no. 2 (2017), 203-226, <https://perma.cc/2VQU-DR8J>.

<sup>120</sup> Celina Aldape, Ryan Cooper, Katie Haas et al., *Rethinking "Death Row": Variations in the Housing of Individuals Sentenced to Death* (New Haven, CT: Yale Law School, Liman Center for Public Interest Law, 2016), <https://perma.cc/VX2U-9UT7>.

<sup>121</sup> Marah Stith McLeod, "Does the Death Penalty Require Death Row? The Harm of Legislative Silence," *Ohio State Law Journal* 77, no. 3 (2017), 525-592, <https://perma.cc/7LWB-KXHJ>.

<sup>122</sup> Reisig and Mesko, "Procedural Justice, Legitimacy, and Prisoner Misconduct," 2009.

<sup>123</sup> Stephen M. Haas and Douglas H. Spence, "Use of Core Correctional Practice and Inmate Preparedness for Release," *International Journal of Offender Therapy and Comparative Criminology* 61, no. 13 (2017), 1455-1478.

<sup>124</sup> For Washington State, see Jessica Lee, "Not Wanting to Offend, Washington State Scraps 'Offender' Label for Inmates," *Seattle Times*, November 4, 2016, <https://perma.cc/ZU6J-Q399>. For Pennsylvania, see Tom Jackman, "Pennsylvania Dept. of Correction to Discard Term 'Offender,' 'Felon' in Describing Ex-prisoners," *Washington Post*, May 25, 2016, <https://perma.cc/J2EN-2N2B>.

<sup>125</sup> Haas and Spence, "Use of Core Correctional Practice," 2017.

<sup>126</sup> The National Religious Campaign Against Torture, "Together to End Solitary: Monthly Nationwide Actions," <https://perma.cc/CX5S-H3GX>.

<sup>127</sup> Eric G. Lambert, Nancy L. Hogan, and Shannon M. Barton, "Satisfied Correctional Staff: A Review of the Literature on the Correlates of Correctional Staff Job Satisfaction," *Criminal Justice and Behavior* 29, no. 2 (2002), 115-143, <https://perma.cc/93QE-WF29>.

<sup>128</sup> Glowa-Kollisch, Graves, Dickey et al., "Data-driven Human Rights," 2015. See also Justice and Health Connect at <http://www.jhconnect.org/> for practical guidance on legal, ethical, and technological strategies for maximizing the use of EHRs in correctional environments to promote health and safety.

<sup>129</sup> Andrea C. Armstrong, "No Prisoner Left Behind: Enhancing Public Transparency of Penal Institutions," *Stanford Law & Policy Review* 25, no. 2 (2014), 435-476, <https://perma.cc/5SV2-YXQP>.

<sup>130</sup> This analysis only includes administrative segregation and extended lockdown units within the larger camp. If WCBs are included, then Camp J comprised nearly 17 percent of the total population held in Louisiana's segregation units.

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<sup>131</sup> Leann Bertsch, Kevin Kempf, Gary Mohr et al., *Working to Limit Restrictive Housing: Efforts in Four Jurisdictions to Make Changes* (New Haven, CT: Association of State Correctional Administrators and Liman Center for Public Interest Law at Yale Law School, 2018), <https://perma.cc/8NRA-AZB8>.

<sup>132</sup> Vera Institute of Justice, "Groundbreaking Young Adult Prison Reform Initiative to Expand to South Carolina," press release (New York: Vera Institute of Justice, January 17, 2018), <https://perma.cc/YJ4X-A7YC>.

<sup>133</sup> Ram Subramanian and Alison Shames, *Sentencing and Prison Practices in Germany and the Netherlands: Implications for the United States* (New York: Vera Institute of Justice, 2013), <https://perma.cc/25XX-RRZ6>; John Pratt, "Scandinavian Exceptionalism in an Era of Penal Excess Part I: The Nature and Roots of Scandinavian Exceptionalism," *British Journal of Criminology* 48, no. 2 (2008), 275-292; Berit Johnsen, Per Kristian Granheim, and Janne Helgesen, "Exceptional Prison Conditions and the Quality of Prison Life: Prison Size and Prison Culture in Norwegian Closed Prisons," *European Journal of Criminology* 8, no. 6 (2011), 515-529; and Jessice Benko, "The Radical Humaneness of Norway's Halden Prison: The Goal of the Norwegian Penal System is to Get Inmates Out of It," *New York Times Magazine*, March 26, 2015, <https://perma.cc/DZ6G-JP4T>.

<sup>134</sup> See David Kidd, "Tender Justice: North Dakota is Conducting a Prison Experiment Unlike Anything Else in the United States," *Governing*, August, 2018, <https://perma.cc/2HDD-XVFE>.

<sup>135</sup> Jacqueline Kerr, Dori Rosenberg, and Lawrence Frank, "The Role of the Built Environment in Healthy Aging: Community Design, Physical Activity, and Health Among Older Adults," *Journal of Planning Literature* 27, no. 1 (2012), 43-60.

<sup>136</sup> Sarah Barnes and Design in Caring Environments Study Group, "The Design of Caring Environments and the Quality of Life of Older People," *Ageing and Society* 22, no. 6 (2002), 775-789, <https://perma.cc/3FWT-P5RN>; and Sandra Davis, Suzanne Byers, Rhonda Nay, and Susan Koch, "Guiding Design of Dementia Friendly Environments in Residential Care Settings: Considering the Living Experiences," *Dementia* 8, no. 2 (2009), 185-203.

<sup>137</sup> ACC and WCC have been re-designated as local jails and were previously privately operated prisons.

<sup>138</sup> People assigned to any of these units are classified as maximum custody.