Step-down Programs and Transitional Units: A Strategy to End Long-term Restrictive Housing

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Policy Brief

After decades of overuse in prisons and jails across the United States, the practice of restrictive housing—where a person is held in a cell for 22 to 24 hours per day with minimal activity or human interaction—has come under increased scrutiny from researchers, advocates, policymakers, the media, and corrections agencies themselves. There is substantial evidence that restrictive housing (also called segregation or solitary confinement) can seriously harm people held there, yet there is no conclusive evidence that its use accomplishes the intended goal of improving safety in prisons and communities.[1] Recognizing this, corrections departments around the country have begun exploring ways to significantly reduce and reform their use of restrictive housing.[2]

One major challenge these systems face is addressing the many people who have languished in restrictive housing for lengthy periods—months, years, even decades. Research shows that long stays in such isolation can be particularly harmful to people's mental and physical health.[3] Moreover, while in restrictive housing, these individuals have generally had little to no social interaction, let alone programming, treatment, or preparation for reentry to less-restrictive environments. Corrections agencies have struggled with how to address these harms and help people who have spent years in isolation transition successfully back into a general population (GP) prison setting—where they will have to navigate complex social interactions while likely living with cellmates and interacting with dozens—or even hundreds—of people in common spaces such as recreation yards. Incarcerated people who are released from custody and must transition directly from restrictive housing to the community face even greater challenges, due to the even more dramatic change in their environment.[4]

> Corrections systems have developed programs and housing units to help people "step down" from restrictive housing to the general prison population.

In addition, corrections departments also face the challenge of how to ensure that, going forward, people in restrictive housing do not remain there for lengthy periods of time.[5] There must be effective pathways for them to return to less-restrictive housing and, ultimately, the community.

To address these problems, a number of systems have developed specialized programs and/or housing units to help incarcerated people transition, or "step down," from restrictive housing to less-restrictive environments like GP. In a 2017 survey, 27 state departments of corrections reported having a step-down or transition program, and three others were in the process of creating one.[6] The American Correctional Association (ACA) has developed standards on restrictive housing that call for step-down programs to be made available to people who are in restrictive housing for extended periods, in order "to facilitate the reintegration of the [person] into general population or the community."[7]

This brief will examine the concept of step-down or transitional programs, including their goals, different ways in which they can operate, key components of effective programs, and common pitfalls that should be avoided to promote their success.

Goals of transitional or step-down programs

Although terminology and definitions may vary, the ACA refers to a step-down program as one "that includes a system of review and establishes criteria to prepare an [incarcerated person] for transition to general population or the community" after spending time in a restrictive setting.[8]

The main goals of such a program are twofold:

- **to provide an effective pathway out of restrictive housing in order to ensure people do not spend prolonged periods of time in such conditions; and**

- **to help people in restrictive housing successfully transition to less-restrictive settings, in particular GP and, ultimately, the community.**

To do this, a program must not only provide clear steps to release from restrictive housing, it must also help people prepare for the transition to GP. Having a less-restrictive "in between" environment is an important first step. This setting provides an alternative housing option for people who are eligible to leave restrictive housing, but who might not yet be ready to reintegrate back into GP. Currently, in many systems, people are not released from restrictive housing until they are considered fully ready for GP, because no other options exist. This often keeps them in an extremely restrictive setting for long periods of time. Transitional units or programs can serve as a way to move people out of restrictive housing and into a less-restrictive environment as quickly as possible while still maintaining safety. In addition, such units can provide programming and treatment to address any unmet needs (such as mental health needs) and promote positive behavioral change, and can allow meaningful socialization and group activity to help people become reaccustomed to being around others.

Despite having the same essential goals, various correctional systems have employed somewhat differing approaches to this transition process. There are two predominant models.

- **Transitional unit (TU).** A housing unit that operates as a step between restrictive housing and GP—which has fewer constraints than restrictive housing but is more structured and secure than GP. Compared to restrictive housing, people in TUs may be allowed greater out-of-cell time, additional privileges, and more opportunities for programming and group activity.

- **Step-down program (SDP).** A program with multiple levels or phases that provide a progressive transition from restrictive housing to GP. Generally, as people advance through the phases, or "step down," they experience decreasing restrictions and progressively increasing out-of-cell time, privileges, and group activity (and the size of the groups allowed to congregate may also increase). Frequently, SDPs are distinct programs located in housing units separate from restrictive housing. In some cases, they are programs of gradually less-restrictive phases that take place within restrictive housing units.

Key aspects of step-down programs and transitional units

Although there is variation among existing step-down or transitional programs, there are several key aspects that all systems should incorporate when developing or reforming an SDP/TU.

1. Individualized decisions about who is placed in the program

Not everyone in restrictive housing needs to proceed through a step-down program or transitional unit. Some individuals can safely be transferred directly to GP—particularly if they were in restrictive housing for a short period of time or if they were there for reasons other than their posing a security threat—such as for protective custody or due to lack of GP bed space. Generally, SDP/TUs are more appropriate for people who have spent longer periods of time in restrictive environments and therefore need more preparation for, and support during, the transition to less-restrictive ones. Whether or not going through an SDP/TU is appropriate should be decided on an individualized basis by a multidisciplinary team of staff, using guidance from a set of objective criteria and with input from the person in question.[9]

2. Conditions that differ significantly from restrictive housing

It is critical that conditions of confinement in SDP/TUs are *significantly* different and less restrictive than in restrictive housing—for example, providing a minimum of four hours out of cell per day without the use of restraints and allowing participation in programming, structured activities, and recreation in group settings. There should be notably increased (in TUs) or progressively increasing (in SDPs) out-of-cell time, group activity, and incentives, and considerably decreased or progressively decreasing restrictions. TUs in particular should look markedly different from restrictive housing, as these units are the single step or "halfway point" between such housing and GP. In step-down programs, even the first phase should be less restrictive than traditional restrictive housing, particularly if people enter the program after time in such restrictive housing.

3. Meaningful, out-of-cell group programming and activities

In addition to more time outside of a cell and opportunities to socialize with other incarcerated people, SDP/TUs should also provide meaningful programming, education, mental health treatment, and other activities. It is critical to use the periods people spend separated from GP to address their needs, in particular any needs and/or behaviors that may have led to their initial placement in restrictive housing (such as the needs for mental health treatment, substance abuse treatment, or effective communication and conflict resolution programming, for example). At least some of this programming should be provided to groups of people in an out-of-cell, classroom-like setting. While some restrictions may be used to ensure safety during programming, they should be used only when and to the degree necessary for the safety of staff and incarcerated people.[10]

4. A clear process for progressing through the program

There must be a well-defined, viable pathway back to GP, and it must be clearly communicated to all staff and incarcerated people from the beginning.

- **There should be frequent reviews by a multidisciplinary team** to determine when incarcerated people progress through the levels of a program and when they are released to GP. The ACA states that step-down programs should involve a "coordinated, multidisciplinary team approach that includes mental health, case management, and security practitioners" and calls for reviews at least monthly, while some systems have reviews more frequently, such as weekly.[11] The more often reviews are conducted, the more quickly people can progress through the program.

- **Individual behavioral plans should be developed for each person in the program.** Staff and an incarcerated person can work together to develop a plan for progression through the program, with individualized expectations for the person's behavior, programming participation, and other responsibilities; programs and services to address their particular needs; and personalized incentives and privileges they can work toward.

- **Reviews should be transparent and the criteria used should be clear and tangible.** Incarcerated people must clearly understand what is expected of them and how they can advance toward a less-restrictive setting. The criteria for progression through the program should be provided in writing as well as verbally (with translation as necessary), so each incarcerated person has an opportunity to provide input and ask questions and staff can ensure their full understanding of the program, expectations, and supports provided. Staff must also understand and be consistent and fair in applying such criteria, conducting reviews, and allowing individuals to progress when appropriate. Any decision not to let someone progress, and the reasons supporting it, should be effectively communicated to the incarcerated person, and it should be made clear to them what they need to do in order to progress at their next review.

- **The program could include an "opt-in" versus "opt-out" model.** One strategy to promote successful progression is to use a model where, at the time of each multidisciplinary review, it is expected that everyone who is eligible *will* progress to the next level *unless* a multidisciplinary team member raises a red flag. This would then prompt a thorough discussion among the team as to whether the individual should or should not progress, based on the person's concrete actions and behavior. This model can facilitate a system where more people progress successfully through the program and out of restrictive housing, while providing safeguards for exceptional circumstances.

- **The goal should be to move people back to GP in the shortest time safely possible.** SDPs and TUs should help systems avoid keeping incarcerated people in conditions more restrictive than GP for long periods of time. Ideally, the total amount of time people spend in restrictive housing and in an SDP or TU should be shorter—not longer—than the amount of time they would otherwise have spent in restrictive housing, prior to the step-down program's implementation. In other words, the SDP/TU should shorten the amount of time people spend in restrictive housing, but not increase the amount of time that person is somewhere more restrictive than GP.

5. Carefully planned transitions to general population

It is not enough to prepare people for GP while they are in a transitional or step-down unit. The transition itself should be carefully planned, and support and programming should follow people as they move back to GP settings. The goal is to set people up for success in GP so they are less likely to be returned to restrictive housing. Each person must be transferred to a specific GP placement that is deliberately chosen because it is a good fit and will provide the proper programming, services, and environment to keep the individual safe and help them maintain (and further) the progress they made in the SDP/TU. In addition, lessons learned from effective practices that support reentry from prison to the community can be applied to reentry into GP. For example, staff from the GP unit to which a person will be moved could meet with the individual *before* the transition to discuss an integration plan and what supports the person may need to be successful—and to ensure those are provided on arrival in the GP unit. This collaboration could include SDP/TU staff, GP staff, and the incarcerated person, working as a team to support the individual's success in GP.

Promising practices

Corrections departments around the country have established a variety of step-down or transitional programs. Below are a few examples of promising aspects some of these departments have employed.*

The step-down process in the Department of Corrections (DOC) of **Colorado** allows increasing out-of-cell time as well as congregate activity in progressively larger groups. In one level, people receive four hours out-of-cell time per day in groups of up to eight people and, in the next level, they receive six hours out in groups of 16 people.[a]

People who progress through the levels of the **Maine** DOC's step-down program receive additional privileges—such as a TV, more phone calls and visits, a higher limit on their canteen spending, and paid on-unit work—and can participate in group activities such as arts and crafts and meals in the dayroom.[b]

As the population in **North Dakota's** longer-term restrictive housing, called the Behavioral Intervention Unit (BIU), decreased, the department converted one BIU unit into the Administrative Transition Unit to help prepare people for GP; they participate in programming and even go to GP for meals and one recreation period per day.[c]

An integral aspect of the **Virginia** DOC's step-down program is regular assessments of each incarcerated person's progression, including monthly reviews by a multidisciplinary team of staff who work directly in the SDP, as well as biannual reviews by a group of external, high-level department officials (such as the chiefs of offender management and mental health services).[d]

In the **Virginia** DOC, certain corrections officers receive special, additional training that allows them to facilitate programming in addition to their security duties—making it possible to offer more programming in their step-down programs and often improving interactions between these staff and incarcerated people.[e]

When the **North Carolina** Department of Public Safety created a step-down program called the Rehabilitative Diversion Unit, groups of incarcerated people in the relevant facility were relocated to other prisons for various periods—providing time and space for staff at the facility to conduct renovations, receive specialized training, and prepare to implement the program—before incarcerated people were slowly transferred into the new program.[f]

* Please note that the Vera Institute of Justice (Vera) does not specifically endorse the practices included in this section. Our goal is for this list to serve as a resource to other jail and prison systems, highlighting those jurisdictions that report successful reforms. Box notes at end of report.

Pitfalls to avoid

To be successful, a transitional or step-down program should avoid certain common pitfalls.

Treadmills, loops, and revolving doors

Effective SDP/TUs must truly entail steps down from restrictive housing to GP. They must have safeguards to ensure that they don't become "treadmills," where a person remains stuck and never progresses to the next level or phase.[12] Not only must the program provide a clear roadmap for getting out of restrictive housing, staff must consistently follow this roadmap, and it must be reasonably possible for incarcerated people to progress to the end goal.

"Loops" are another potential pitfall of step-down programs. They occur when someone progresses through phases of a program and then violates a rule, and the automatic response is to demote them back to the first phase of the program. This leads to a cycle in which people can work their way through multiple levels just to find themselves back at the beginning after one incident. Not only does this increase the time people spend in restrictive conditions, it effectively creates a system perceived as unfair and impossible to progress through. It is crucial that responses to offenses are proportionate and determined on an individualized basis. For example, responses might include sanctions other than demotion to a previous phase, or demotion by just one phase.

It is also important to prevent SDP/TUs from becoming revolving doors, transitioning people from restrictive housing to GP only to have them returned to restrictive housing not long afterward. Strategies to address this phenomenon include the following:

- providing programming and treatment to engage people productively and address the root causes of the behaviors that landed them in restrictive housing;
- having conditions of confinement (in restrictive housing and in SDP/TUs) that minimize isolation, forced idleness, and sensory deprivation so that people do not lose critical social skills or see their mental health deteriorate (which makes it more difficult to succeed once back in GP); and
- planning and supporting a person's transition to GP, and continuing programming and services once there.

Lack of adequate planning and resources

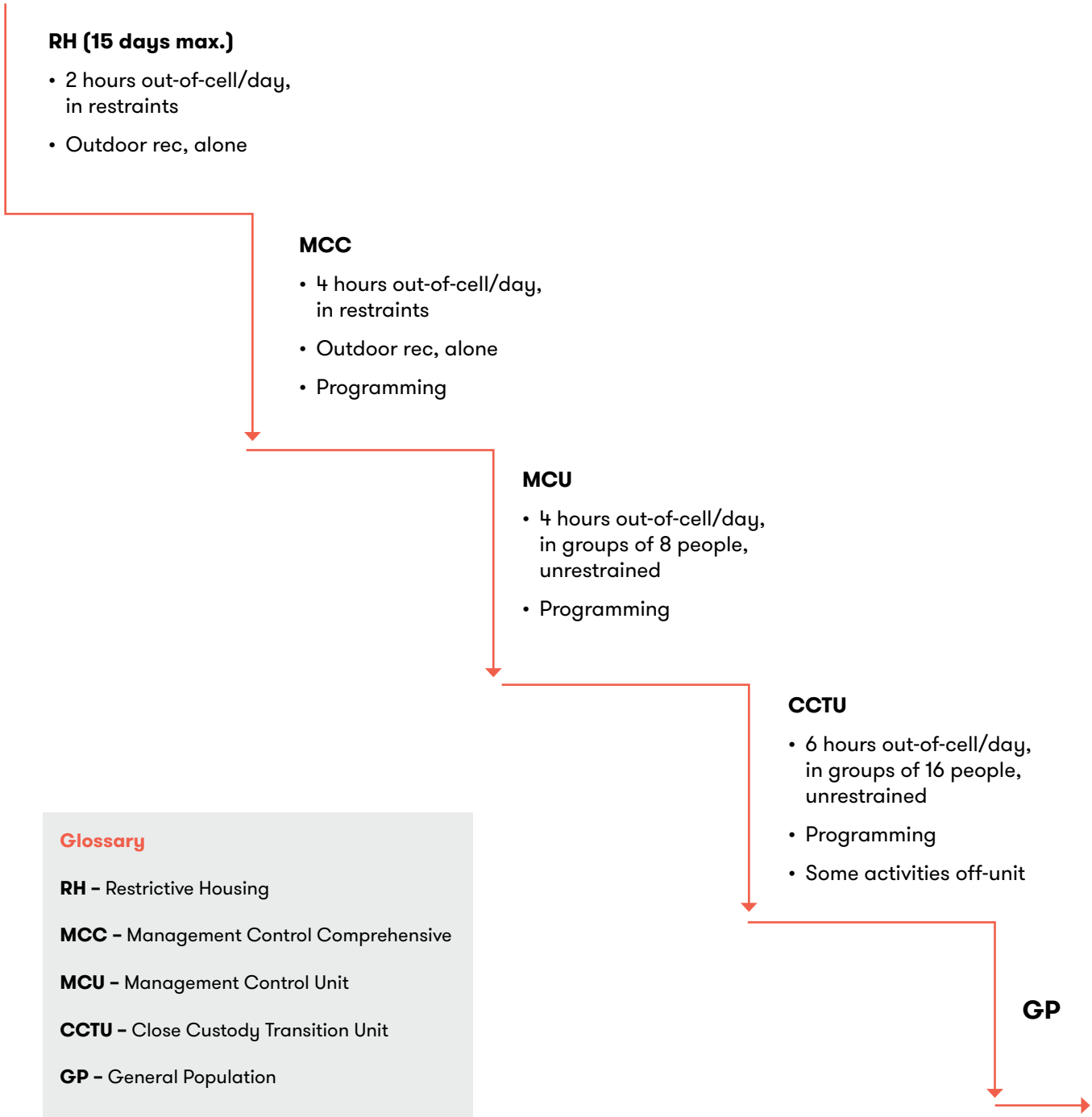
Though flexibility and ingenuity can be beneficial in implementing and operating an SDP/TU, these programs must be carefully planned and supported with the resources necessary to make them a success.

- **Staff must be adequately prepared and trained to work in this new type of unit.** It is helpful to involve relevant staff in the program's development, to obtain their input and help them feel invested in its success. Systems must also promote the culture change necessary to implement an effective program, using communication, training, and reinforcement. All staff should understand the goals and philosophy of the program, in addition to the details of how it operates. Staff should also receive additional training in skills and approaches relevant to successful operation of the step-down program.
- **Sufficient resources should be provided.** Systems should ensure that SDP/TUs have adequate and appropriate physical space (including spaces for programming, treatment, and recreation), suitable programming to provide, and sufficient staffing levels (including program and mental health staff as well as security or custody staff).

Conclusion

If they are carefully designed and implemented, transitional units or step-down programs can be effective strategies to shorten the time people spend in restrictive housing and help them transition back to general population settings. They can begin to help people who have been harmed by long-term isolation readjust to social interaction and reduced restrictions and successfully return to less-restrictive housing, and they can help prevent people newly placed in restrictive housing from languishing there for long periods of time with no pathway out.

Steps from Restrictive Housing to GP, Colorado Department of Corrections*



Glossary

RH – Restrictive Housing

MCC – Management Control Comprehensive

MCU – Management Control Unit

CCTU – Close Custody Transition Unit

GP – General Population

* Disclaimer: The above infographic is a simplified presentation of Colorado's program and is provided as an example to illustrate key aspects of a real world step-down program. Vera does not endorse any particular program as the exact model to follow.

Endnotes

1 See Ryan M. Labrecque, "Assessing the Impact of Time Spent in Restrictive Housing Confinement on Subsequent Measures of Institutional Adjustment among Men in Prison," *Criminal Justice and Behavior* (2019); Daniel P. Mears and William D. Bales, "Supermax Incarceration and Recidivism," *Criminology* 47, no. 4 (2009), 1131-66, https://perma.cc/D7BL-GSB8; and Natasha A. Frost and Carlos E. Monteiro, *Administrative Segregation in U.S. Prisons* (Washington, DC: U.S. Department of Justice, National Institute of Justice, 2016) (citing Ryan M. Labrecque, "The Effect of Solitary Confinement on Institutional Misconduct: A Longitudinal Evaluation" (PhD diss., University of Cincinnati, 2015)), https://perma.cc/JY6X-ZM8V. Also see resources cited in endnote 3.

2 See for example Léon Digard, Elena Vanko, and Sara Sullivan, *Rethinking Restrictive Housing: Lessons from Five U.S. Jail and Prison Systems* (New York: Vera Institute of Justice, 2018), https://perma.cc/FE7D-28DM; Association of State Correctional Administrators (ASCA) and Liman Center for Public Interest Law at Yale Law School, *Reforming Restrictive Housing: The 2018 ASCA-Liman Nationwide Survey of Time-in-Cell* (New Haven, CT: ASCA and Liman Center for Public Interest Law at Yale Law School, 2018), https://perma.cc/FS49-6U34; and U.S. Department of Justice, *Report and Recommendations Concerning the Use of Restrictive Housing: Final Report* (Washington, DC: U.S. Department of Justice, 2016), https://perma.cc/C2YV-2QX8.

3 See for example Stuart Grassian, "Psychiatric Effects of Solitary Confinement," *Washington University Journal of Law & Policy* 22, no. 1 (2006), 325-83, https://perma.cc/3E5Z-JF7E; Craig Haney, "Mental Health Issues in Long-Term Solitary and 'Supermax' Confinement," *Crime & Delinquency* 49, no. 1 (2003), 124-56; Peter Scharff Smith, "The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature," *Crime and Justice* 34, no. 1 (2006), 441-528; Stuart Grassian and Nancy Friedman, "Effects of Sensory Deprivation in Psychiatric Seclusion and Solitary Confinement," *International Journal of Law and Psychiatry* 8, no. 1 (1986), 49-65; 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), 442-47, https://perma.cc/7Z85-DHYZ; and Lars Møller, Heino Stöver, Ralk Jürgens, et al., eds., *Health in Prisons: A WHO Guide to the Essentials in Prison Health* (Copenhagen, Denmark: World Health Organization, 2007), 36, https://perma.cc/25MZ-YQVP.

4 In most systems, upwards of 90 percent of incarcerated people will eventually be released from custody and return to the community; many systems release some of these people to the community *directly* from restrictive housing. For research on how such direct releases can impact people's reentry, see David L. Lovell, Clark Johnson, and Kevin C. Cain, "Recidivism of Supermax Prisoners in Washington State," *Crime & Delinquency* 53, no. 4 (2007), 633-56; and Matthew Lowen and Caroline Isaacs, *Lifetime Lockdown: How Isolation Conditions Impact Prisoner Reentry* (Tucson, AZ: American Friends Service Committee, 2012), https://perma.cc/P389-YYGT.

5 In general, reforms should ensure that people are placed in restrictive housing *only* as a last resort—when they cannot safely be housed in a less-restrictive setting because they have demonstrated serious, violent behavior and pose a real threat to the safety of others—and they should remain there only for the shortest time period safely possible. International standards call for people to be held for *no longer than 15 days* in the most restrictive conditions (22 or more hours per day in a cell); although nonbinding, these standards represent widely accepted international principles on the treatment of incarcerated people. U.N. General Assembly, *United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)*, resolution adopted by the General Assembly, December 17, 2015, A/RES/70/175, https://www.refworld.org/docid/5698a3a44.html.

6 ASCA and Liman Center for Public Interest Law at Yale Law School, *Reforming Restrictive Housing*, 2018.

7 American Correctional Association (ACA), *Restrictive Housing Expected Practices* (Alexandria, VA: ACA, 2018), 38, http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Standards___Accreditation/Standards/Restrictive_Housing_Committee/ACA_Member/Standards_and_Accreditation/Restrictive_Housing_Committee/Restrictive_Housing_Committee.aspx?hkey=458418a3-8c6c-48bb-93e2-b1fcbca482a2.

8 Ibid., 4.

9 A multidisciplinary team is one made up of staff from a variety of disciplines—not only security or custody staff, but also mental health, program, medical, and other staff. Such teams are able to discuss multiple aspects of the cases at hand and make well-informed decisions.

10 Though some systems place people in restraints when out of cell, and/or restrain them in security chairs during group programming, these types of restrictions should be used sparingly, only after an individualized assessment of a person's security risk is conducted, and for the shortest amount of time necessary. The ultimate goal is *not* to have people out of their cells but *restrained* for several hours a day, but rather to promote positive group activity and social interaction in a safe environment.

11 ACA, *Restrictive Housing Expected Practices*, 2018, 4 & 38.

12 The term "treadmill" used in this context was introduced to Vera by Judith Resnik, Arthur Liman Professor of Law at Yale Law School.

Call out box endnotes

Promising practices page 4

a Vera staff learned about and observed these levels during a visit to the Colorado State Penitentiary in March 2018.

b Safe Alternatives to Segregation Resource Center, "Promising Practices: Reducing Placements and Time Spent in Restrictive Housing," https://perma.cc/9CZY-7Y8U.

c ASCA and Liman Center for Public Interest Law at Yale Law School, *Working to Limit Restrictive Housing: Efforts in Four Jurisdictions to Make Changes* (New Haven, CT: ASCA and Liman Center for Public Interest Law at Yale Law School, 2018), 8, https://perma.cc/7PKG-RF4A; and Vera e-mail conversation with Warden Colby Braun, North Dakota State Penitentiary, May 2019.

d Byron Kline, Elena Vanko, and Léon Digard, *The Safe Alternatives to Segregation Initiative: Findings and Recommendations for the Virginia Department of Corrections* (New York: Vera Institute of Justice, 2018), 10-11, https://perma.cc/3FEJ-BZXF.

e Ibid.

f Safe Alternatives to Segregation Resource Center, "Promising Practices: Rehabilitative Diversion Unit," https://perma.cc/9QJV-WWMF.

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