Use of Restorative Housing within State Correctional Facilities and Juvenile Correctional Centers

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PART I

Executive Summary

AUTHORITY

Senate Bill 108 directed the Department of Corrections to organize a workgroup that would make recommendations regarding the use of restorative housing within state correctional facilities and juvenile correctional centers.

Be it enacted by the General Assembly of Virginia:

1. *§ 1. The Department of Corrections (the Department) shall convene a work group to study the use of restorative housing within state correctional facilities and juvenile correctional centers, including the length of time each inmate is kept in restorative housing and the purposes for which inmates are placed in restorative housing. As a part of such study, the Department shall facilitate confidential interviews between work group members and at least 25 persons currently incarcerated in a state correctional facility who are currently or who have within the past 12 months been placed in restorative housing units or other units within the state correctional facility under conditions of isolated or restrictive confinement, provided that such persons are not the subject of or involved in pending litigation with the Department, and confidential interviews with existing staff and facility officials as requested by the work group. The work group shall make recommendations of its findings, including how to safely reduce or end the use of restorative housing that lasts longer than 14 days and criteria to be considered when a determination is made that placement in restorative housing should last longer than 14 days. The work group shall be composed of at least one licensed clinical psychologist, at least three formerly incarcerated individuals, each of whom was placed in restorative housing during his term of incarceration, and at least three representatives from each of the following agencies or groups: (i) the Department, (ii) the Department of Juvenile Justice, and (iii) the Virginia Coalition on Solitary Confinement. The work group shall report its findings and recommendations to the Chairmen of the House Committee on Public Safety and the Senate Committee on Rehabilitation and Social Services by December 1, 2022.*

EXECUTIVE SUMMARY

Pursuant to that requirement, this report is the product of engagement and collaboration among workgroup members who had varying expertise and perspectives on the recommendations. The members included representatives from the Virginia Department of Corrections, Department of Juvenile Justice, and formerly incarcerated individuals who reflected on their experiences within Restorative Housing. Membership included:

VADOC Workgroup Members	Non-VADOC Workgroup Members
Jermiah Fitz, *Corrections Operations Administrator & Legislative Liaison*	Delegate Patrick Hope, District 47, *VA House of Delegates*
Rose Durbin, *Corrections Operations Manager & Constituent Affairs Liaison*	Dr. Eric Williams, *Professor of Criminal Justice,* Radford University
Tish Rothenbach, *Legislative Analyst*	Joyce Holmon, *Deputy Director of Residential Services*, Department of Juvenile Justice
Shaina Morris, *Administrative Staff Assistant*	James Towey, *Legislative & Regulatory Affairs Manager*, Department of Juvenile Justice
Lois Fegan, *Chief of Restorative & Diversionary Housing*	Kristen Peterson, *Regulatory Affairs Coordinator,* Department of Juvenile Justice
Dr. Denise Malone, *Chief of Mental Health & Wellness Services*	Dr. Jessica Schneider, *Data Management Director,* Department of Juvenile Justice
Dr. Susan Williams, *Mental Health & Wellness Initiatives Administrator*	Shaun Parker, *Residential Program Manager*, Department of Juvenile Justice
Dr. Tama Celi, *Director of Research* *Technical assistance only	Donald Baylor, *Director of Organizing the Public Sector & Legislative Liaison,* National Coalition of Public Safety Officers
Matthew Whibley, *Lead Operations Data Analyst*	Travis May
Rick White, *Warden*, Red Onion State Prison	Alan Brothers
James Blevins, *Assistant Warden,* Wallens Ridge State Prison	Leland Reid

For the purposes of interviewing, workgroup members developed two subcommittees relating to their areas of expertise which were (1) Questions and (2) Logistics. Each subcommittee was tasked with addressing the requirements of Senate Bill 108 regarding (1) interviewing criteria and (2) methodologies for administering the interviews. The legislation also called for recommendations for Restorative Housing based upon interview findings and consideration of the testimonies from various staff members and incarcerated individuals whom resided in Restorative Housing, both past and recent.

In terms of workgroup membership, it is important to note:
On Friday, September 9, 2022, the Virginia Coalition on Solitary Confinement sent an email to VADOC/SB108 workgroup members placing their participation in the Restorative Housing study on hold. Specifically the email read:

Dear Mr. Fitz,

Throughout the SB108 workgroup meetings the Virginia Coalition on Solitary Confinement has repeatedly shown the legal necessity of a federally and state mandated Institutional Review Board (IRB). This was not simply a layperson's opinion but the unanimous agreement of our lawyers and research professionals, including Dr. Robert Kinscherff, PhD, JD, Harvard Professor and Executive Director of The Center for Law, Brain, & Behavior.

We offered an external IRB from Williams James College that would be provided Pro Bono to ensure that this study, which will be used to inform public policy debates and decisions and is not simply an internal Department of Corrections document, is done in a way that does not harm a vulnerable population. When the Department of Corrections refused our offer we accepted your proposal to have Virginia DOC's own Human Subject Research Review Committee's oversight.

It came as a shock to us that at the very end of the SB108 Workgroup meeting on September 1 that Jeremiah Fitz announced that the Department of Corrections had unilaterally decided they would not allow oversight of this research by even your own HSRRC. On Tuesday, September 6 we verified DOC's stance in the Logistics and Questions Subgroups. In both meetings DOC representatives confirmed that they would not allow any type of oversight except for the Attorney General's office review of the questions.

It is the opinion of our legal team and medical professionals that this is not sufficient. We believe that anyone who participates in this research without oversight from an IRB is violating both federal (45 CFR 46) and state (6VAC15-26) regulations. Additionally, any licensed professional that participates would be subject to having their license revoked and any students that participate are putting their future licensure at stake.

After reviewing our concerns with Senator Morrissey's office we have come to the difficult conclusion that, in the interest of the safety of the incarcerated and the legal and professional concerns, we must place our participation on hold until an IRB has reviewed and approved our research plans.

We await your decision on how to proceed with an IRB.

Sincerely,

McGennis Williams, Esq.
Chair, Virginia Coalition on Solitary Confinement

Natasha White
Virginia Director of Community Engagement, Interfaith Action for Human Rights"

The Department consulted with the Attorney General's Office, as well as Dr. Eric Williams, to determine if an Institutional Review Board (IRB) was required. Due to the minimal risk of harm and the research conducted for the Department's use, a determination was made that an IRB was not needed; therefore, any interviews conducted by VADOC were not in violation of the law. Additionally, the IRB at Radford University reviewed the VADOC's intended research proposal and also determined that an IRB was not required.

On September 15, 2022, the Virginia Coalition on Solitary Confinement emailed the workgroup requesting VADOC's status on consulting with an IRB. On September 20, 2022, the Virginia Department of Corrections responded to this email to inform the Coalition that an IRB was not required, as the Virginia Department of Corrections' Operating Procedure 020.1 outlines the process that is required for a review by the Human Subjects Research Review Committee (HSRRC). The interviews conducted by this workgroup did not meet the guidelines for review by the HSRRC.

Upon no further communication from the Virginia Coalition on Solitary Confinement, the workgroup continued to proceed with the interviews of VADOC staff and incarcerated individuals in mid-September, in order to adhere to the December 1st deadline for this legislative report.

During an interview session with an incarcerated individual, the interviewee asked the interviewers if they were members of the Virginia Coalition on Solitary Confinement. Those conducting the interview said they were not. The interviewee said that they received an email from a member of the Coalition regarding the SB108 workgroup study. The incarcerated individual agreed to participate in the SB108 interview prior to showing the interviewers the email from the Coalition. The interviewee showed the interviewers the email they received from the Coalition. There were two separate emails. One dated September 6, 2022, explained that the Virginia Coalition on Solitary Confinement were not comfortable ethically with the plan VADOC had set forth, and urged the incarcerated individuals in VADOC facilities to contact ACLU of Virginia and

the author of the email. The author of the email provided their email address, phone number and mailing address.

Likewise, a second email was sent on September 16, 2022, stating that the Coalition did not feel comfortable with moving forward with VADOC and its proposal; a member of the Coalition was requesting inmates – who felt comfortable doing so – to submit pieces of writing regarding their personal experiences in restorative housing/solitary confinement/isolation. Again, the author included their email address, phone number and mailing address.

Upon this revelation, the interviewers told VADOC leadership of the situation and an email investigation with JPAY was conducted to ensure the incarcerated individuals interviewed were not influenced in their responses based upon the information in both emails from a member of the Coalition. The investigation revealed that a member of the Virginia Coalition sent two (2) separate emails (on the above dates) to 28 incarcerated individuals, who varied in housing across what appeared to be at least 12 VADOC facilities. Only one incarcerated individual of the 25 interviewed received emails on the dates provided by the member of the Virginia Coalition on Solitary Confinement.

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This report highlights the results of staff and inmate interviews, as well as recommendations for the use of Restorative Housing agreed upon by the workgroup. Please note: Throughout this report, the terms *inmate* and *incarcerated individual* are used interchangeably.

PART II

State Correctional Facilities

HISTORY & CURRENT PRACTICES: RESTORATIVE HOUSING

Background & Terminology

Prison systems across the nation have historically relied on practices of Solitary Confinement, Isolation or Segregation to manage inmates deemed as a risk to the safety and security of operations, other inmates and/or prison staff. Typically, inmates may have been assigned to a period of a Disciplinary Segregation or Confinement as a penalty for a specific offense committed in prison or to an Administrative period due to assaultive and disruptive behaviors, escape histories, or extremely violent and notorious crimes. Inmates were managed constitutionally, but with high security controls limiting opportunities for socialization and programming with other inmates.

In recent years, the industry trend moved away from terms such as Solitary, Isolation or Segregation in favor of Restrictive Housing. This transition has been reinforced by the American Correctional Association (ACA), who is the accrediting body for correctional systems in the United States. ACA defines Restrictive Housing as an assignment where an inmate is separated from General Population and confined to a cell for at least 22 hours per day, for the safe and secure operation of the facility. The United Nations closely follows the same definition for the term Solitary Confinement in the Nelson Mandela Rules for Protecting the Rights of Persons Deprived of Liberty.[1]

For the past decade, the Virginia Department of Corrections (VADOC) has remained dedicated to culture change to reduce the use of Segregation and Restrictive Housing. VADOC spearheaded an organizational shift, mitigating the risk associated with direct release of inmates in Restrictive Housing through accelerated reentry skill-building. Even more critically, in 2011, VADOC adopted the Restrictive Housing Reduction Step-Down Program at Wallens Ridge and Red Onion State Prisons for long-term Restrictive Housing inmates. The Step-Down program focuses on risk reduction and risk control. Participants have the opportunity to progress to a General Population setting with the use of interactive journaling, therapeutic modules, and programming that is done individually and in group settings. Inmates are evaluated on several different responsible goals to include behavior, personal hygiene, cell compliance, and demeanor toward staff and other inmates.

VADOC's reform efforts have been nationally recognized. In 2013, the Southern Legislative Conference presented Virginia the State Transformation in Action Recognition (STAR) Award for its diligent work toward reducing Restrictive Housing. In 2014, the General Assembly passed Senate Joint Resolution 184 *"commending the Virginia Department of Corrections for its outstanding leadership and dedication to*

[1] https://www.un.org/en/un-chronicle/nelson-mandela-rules-protecting-rights-persons-deprived-liberty

public safety in administering the Step Down program."[2] In 2016, the U.S. Department of Justice, in its *Report and Recommendations Concerning the Use of Restrictive Housing*,[3] highlighted five jurisdictions that have undertaken particularly significant reforms in recent years, featuring Red Onion State Prison. Virginia has served as a model to thirteen different states who have toured, observed, and applied aspects of the step-down operations in their own jurisdictions.

In 2016, the Vera Institute of Justice (Vera), in partnership with the U.S. Department of Justice Programs, Bureau of Justice Assistance (BJA), selected Virginia as one of five new states to join the Safe Alternatives to Segregation Initiative. Vera assisted VADOC with its reform efforts, provided recommendations, and developed a partnership of learning from cultural reform. The Vera Institute of Justice Report highlighted "Great Successes" of Virginia's Restrictive Housing Reforms and offered support for future initiatives. Vera found that VADOC staff reported "witnessing improved behavior, a calmer environment, and higher staff morale in the Restrictive Housing Units."[4]

VADOC began a Restrictive Housing pilot program in four medium security level institutions in 2016, based upon the documented success of the RHU Step-Down program at Wallens Ridge and Red Onion. The Restrictive Housing program was successfully expanded statewide in 2018. From this point forward, Segregation was removed as a penalty in OP 861.1, *Inmate Discipline*, and the era of a disciplinary model was ended.

In 2019, VADOC began to offer three hours of out-of-cell time to all inmates in the Restrictive Housing program, using a combination of structured and unstructured activities. To facilitate this initiative, all security level 3 facilities and higher have added an Interactive Program Aide position in order to coordinate and deliver programs in RHU. These aides work with inmates individually and in small group settings to facilitate a number of pro-social activities including interactive journaling, cognitive simulation, art activities, reading, TED talks,[5] and guided group discussion.

In January 2020, furthering its progressive changes, VADOC increased its out-of-cell opportunities for inmates in the Restrictive Housing program to offer four or more hours daily. These initiatives are aligned with the goal of offering more meaningful opportunities for inmates to participate in programming, journaling, and positive social interactions with peers and staff.

[2] SJ 184 (http://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+SJ184ER) patroned by Senator Ebbin and Delegate Hope
[3] https://www.justice.gov/archives/dag/report-and-recommendations-concerning-use-restrictive-housing
[4] https://www.vera.org/downloads/publications/segregation-findings-recommendations-virginia-dept-corrections.pdf
[5] TED Conferences, LLC (Technology, Entertainment & Design) is an American media organization that distributes free content under the slogan "ideas worth spreading."

Adoption of Restorative Housing

The Code of Virginia, § 53.1-39.1, requires VADOC's Restrictive Housing program, at a minimum, to adhere to the standards adopted by its accrediting body, the American Correctional Association (ACA). By January 2020, the agency's program had evolved beyond the parameters defined by ACA. The practice of Restrictive Housing ended when all inmates, regardless of security status, were afforded at least four hours of out-of-cell time per day.

As a response to a decade of reform in the area of Restrictive Housing and the impact those efforts had on accreditation, VADOC determined that its Restrictive Housing policy should be redefined to better reflect agency practices. To that end, on August 1, 2021, VADOC formally adopted a Restorative Housing (RHU) program for all inmates who require enhanced security and programming opportunities.

Program Goals

The goal of the RHU program, to include a suite of diversionary options, is to guide each individual through a management pathway that leads to a successful return to General Population and ultimately upon release to the community. The program aligns with correctional Evidence Based Practices and is managed with fidelity in order to support the unique risks and needs of all persons incarcerated in the Virginia Department of Corrections.

Program Elements

The Restorative Housing program is designed to help participants identify criminogenic thinking patterns through the use of interactive journaling and guided group discussion. A unique aspect that sets this program apart from traditional Restrictive Housing is that the duration is dependent on the individual risks and needs of the inmate, an established element of Evidence Based Practices (EBP). The Center for Effective Public Policy (2017) states a key factor in reducing recidivism is to "focus interventions for medium and high risk offenders on their individual criminogenic needs and match the level of interventions to their risk levels." In addition, research findings indicate that interventions for misconduct in a correctional setting are successful when responsive to the risks and needs of the individual.[6] The era of one-size-fits-all programs are obsolete in the modern corrections world and not supported by research.

[6] Center for Effective Public Policy. (2017*). A framework for Evidence-Based Decision Making in State and Local Criminal Justice Systems*, 4th Edition. National Institute of Corrections.

An inmate is assigned to the RHU program when their behavior demonstrates a risk to the safety and security of the facility. This assignment is accompanied by an Internal Incident Report which documents the behavior that led to the assignment, explains the threat to orderly operations, and discusses any alternatives to RHU that were considered. Once assigned, there are a number of immediate steps to ensure accountability and fidelity; a medical screening, a review by facility leadership, a mental health screening and a Multi-Disciplinary Team (MDT) meeting.

The most common behaviors that lead to an assignment to RHU are assault, fighting, possession of a weapon, possession of drugs or other contraband, and destroying/tampering with property or security devices. In addition, a large contingent of RHU assignments are driven by a desire to "check-in" or request the use of RHU for personal protection. A referral to RHU may be the result of an inmate refusing their housing assignment in General Population due to fear, threats, manipulation, or gang activity. Approximately 40% of the inmates in RHU refuse to be assigned in General Population at their current location[7]. Staff may use motivational interviewing, dialogue, as well as accountability measures, to process these situations with the inmate to encourage compliance. Ultimately, the inmate's security level will be increased if refusal continues necessitating a transfer to be arranged to a higher level facility.

The Multi-Disciplinary Team (MDT) is comprised of key facility staff involved with the thorough review and consideration for all inmates assigned to RHU including security, mental health, medical, treatment and education. A member of the facility's leadership team must review and approve all actions taken by the MDT to ensure accountability. The first MDT meeting, held within three business days of RHU assignment, is a critical opportunity for the staff to dialogue about unique risks, needs and compliance with responsible goals with the inmate. At this juncture, the MDT discusses a management path with the inmate and reviews all aspects of the behavior that led to the RHU assignment. The inmate may be released back to General Population (GP) or they may need a longer period of adjustment, especially if there are indications that a referral to another program or a transfer to a new location is necessary.

All inmates who require a longer period of adjustment in RHU, after the first MDT meeting, are enrolled in the Interactive Journaling program, the "Courage to Change" series.[8] Inmates are guided through a series of facilitated or personal journaling exercises focused on identifying criminogenic thinking patterns, past decisions, and strategies for making changes to help reach personal goals. In addition, participants

[7] Internal reporting, Division of Security Operations
[8] https://www.changecompanies.net/

engage in a variety of electives such as Coping through Art, a book program, recreation, cognitive stimulation (puzzles, strategy games), and other educational media opportunities. Participants learn strategies to manage difficult situations in a pro-social manner with a goal of leaving the program and successfully completing reentry and rehabilitation goals in a general population setting. Inmates with accessibility or language needs are met per OP 801.3, *Managing Inmates and Probationers/Parolees with Disabilities*.

Inmates are given another opportunity to dialogue with the MDT after being in RHU for ten working days. Most inmates will have completed their first journal and the staff will have time to conduct any additional assessments or reviews recommended in order to more fully establish a management path for the individual. At this time, the inmate discusses their advancement through the journal series and the staff review the progress each person has made towards their responsible goals checklist. In addition, any assessments or referrals are discussed. From here, inmates may be released to General Population, moved to a Step-Down status, referred to a diversionary program, recommended to transfer to another facility, or recommended to remain in RHU for a longer period of adjustment. These decisions are made based on the inmates continued behavior in RHU, participation, assessment results, and compliance with responsible goals.

The VADOC Restorative Housing program provides a number of management pathways for inmates to progress into a setting that addresses the unique risks and needs of each individual. Options include:

- Step-Down (two phases): General Population bed assignments operated with increased privileges above RHU but with more structure than traditional GP.
- Shared Allied Management (SAM): General Population pods dedicated to supporting inmates with a higher level of service needs by medical, mental health or security staff. Inmates in SAM receive intense and therapeutic services in one of three tracks; medical, mental health or vulnerable.
- Steps to Achieve Reintegration: General Population pods for inmates with an unspecified fear of returning to a traditional GP setting. Inmates in RHU that are actively refusing a GP housing assignment are eligible for this program.
- Secure Diversionary Treatment Program (SDTP): General Population pods designed to divert inmates with a Serious Mental Illness (SMI) from RHU. The purpose of SDTP is to provide a behavior management program for inmates with an SMI; it is not a mental health program. VADOC won another STAR award from the Southern Legislative Conference for SDTP in 2021.

- Mental Health programs are a diversionary option for any inmate with an SMI or other mental health issues in RHU, where their mental illness is the primary need.

Inmates referred to any diversionary program, including any Mental Health program, proceed through a series of meetings and assessments, to ensure risks and needs are evaluated and met with the appropriate program. Dedication to fidelity and Evidence-Based Practices is a critical piece of our agency mission. Once approved, inmates would need to be transferred to the program location if they are housed elsewhere, requiring additional time prior to leaving RHU.

At the end of FY2022, VADOC had 364 inmates assigned to the Restorative Housing program, 1.4% of the overall inmate population (26,298). This count represents a 76% reduction from the average population in Segregation a decade ago. Throughout the year, 4,962 inmates were assigned to RHU and the average length of stay was 11.4 days, with approximately half of the participants staying longer than 15 days. Most inmates remaining in RHU for more than 15 days are involved in referrals to programs or refusing assignment to General Population, and are waiting for a transfer. More detailed information about the VADOC Restorative Housing program including additional data, analyses and Operating Procedures, can be found on the Virginia General Assembly website.[9]

COVID-19 Impact on Restorative Housing

The COVID-19 pandemic impacted all aspects of agency functions and created operational challenges for our correctional facilities. Many programs and group activities were suspended from March 2020 to April 2022, which covers the time period represented in the study. All inmates assigned to the Restorative Housing program are offered a minimum of four hours of out-of-cell time and this practice did not stop during the pandemic. However, much of the activities and programs were offered individually in their cells and not facilitated in a small-group setting. Out-of-cell time was achieved via recreation, exercise or day-room activities. COVID restrictions for social distancing and movement were increased or decreased based on active cases in the facility and the surrounding community. These fluctuations resulted in a variety of solutions to offer programming and out-of-cell time while maintaining COVID protocols.

[9] https://rga.lis.virginia.gov/Published/2022/RD472

Continued Innovation

VADOC has continued its efforts in developing prosocial opportunities for encouraging positive behavior in its correctional facilities. In March 2022, VADOC developed a Cool-Down room pilot program at five correctional facilities with the following goals:

1. To reduce serious incidents by providing an opportunity for inmates to engage in self de-escalation skills.
2. To reduce assignments to the Restorative Housing program for inmates in General Population.
3. To reduce the amount of time and resources for staff in managing disruptive situations
4. To promote a positive culture in the facility

This program is intended to divert inmates into a Cool-Down room, either by their own request or from a staff referral, before a situation rises to the threat of disturbing safety and security at the facility. The rooms are designed with nature themes or calming colors, and include self-directed worksheets and activities for stress management and mindfulness. Research has supported the use of simulated nature therapy to help individuals regulate stress and emotions while in confined settings.[10] The availability of these Cool-Down rooms allow staff to monitor potentially disruptive situations without the excessive resources of an assignment to RHU.

These spaces are also available for inmates to use when managing a personal situation or crisis in order to spend some time alone to process their thoughts and feelings. In these cases, inmates may request to use the Cool-Down rooms instead of requesting assignment to RHU. Inmates may spend up to four hours in the room, reading, listening to music, meditating, or simply using the opportunity to relax in a private setting.

The Cool-Down room pilot program has been expanded to nine total facilities with a new cluster planned to start each quarter. Implementation is expected to be completed statewide by the spring of 2023. Preliminary data indicate that 90% of inmates using the Cool-Down room returned to their housing unit and the use of RHU was not necessary. Staff, as well as inmate participants, report that the availability of time alone to reflect, manage emotions and practice self-directed behavior has been effective in reaching program goals.

[10] Nadkarni, N., et al. (2021). *Providing Virtual Nature Experiences to Incarcerated Men Reduces Stress and Increases Interest in the Environment*. Ecopsychology, Vol 13, No 2.

RECOMMENDATIONS: USE OF RESTORATIVE HOUSING

Based on the findings of 25 staff interviews and 25 inmate interviews administered within the Virginia Department of Corrections, as well as workgroup discussions, staff and inmate testimonials, and applicable research studies (which can be provided to legislators upon request), this committee offers the following recommendations in terms of the use of restorative housing within state correctional facilities:

- Mandate that length of stay in Restorative Housing (RHU) shall depend on the unique risks and needs of the inmate, as opposed to a stay of no more than 14 days as mentioned in Senate Bill 108. A needs-based length of stay in RHU is a cornerstone of Evidence-Based Practices.
    - This recommendation is also supported by the data analysis for both inmates and staff

- Expand the level of programming offered to inmates to include substance abuse and anger management. The majority of inmates stated that RHU should be used for rehabilitation.
    - Consider allowing inmates enrolled in programs such as Decision Points, Adult Basic Education/GED, and other cognitive programs to continue their work on an individual basis, or with the help of their Counselor or Interactive Program Aide, so they don't fall behind
    - The agency should be mindful that the average length-of-stay is 11.4 days, which hinders the ability to facilitate programs in full design. However, inmates waiting for transfer or in Step-Down 1 or Step-Down 2 phase (SD1/2), may easily be able to benefit from longer programs.
    - Use Red Onion State Prison's (ROSP) Division of Education ("closed circuit television") as an example of a model educational program in RHU [This resource can be provided to legislators upon request]

- Allow inmates to earn additional phone and kiosk privileges by their positive behavior while in RHU. SD1/2 inmates do earn more phone time, but only Level 3 and above offer that status. Inmates in Level 2 aren't able to step down and earn more privileges.
    - VADOC should contract with a vendor that allows programming to be administered through tablets [there is currently a Request for Proposals in process]
    - Install outlets or a charging station in RHU pods/cells so inmates can charge their players
    - Tie this to out-of-cell time where possible

- Currently, the Steps to Achieve Reintegration (STAR) referral takes a long time. STAR is a program for inmates with a general fear of living in General Population. Recommend convening a STAR committee to review the referral process and consider opening up a new unit in the East.

- Increase cool down room utilization (Where applicable, the use of cool-down rooms can be increased and implemented in all levels of institutions.)

- Explore sanctions such as loss of phone & visitation as additional sanctions to use instead of RHU.
    - Example – an inmate goes to RHU under General Detention for up to 3 working days. Let the Multi-Disciplinary Team (MDT) assign a sanction of a loss of phone, commissary or visitation as an option instead of keeping them in RHU – as long as the behavior is stable.

- Continue to collaborate with Mental Health & Wellness staff and Safety Status-
    - Continue to utilize the Safety Status tag in VACORIS (Virginia Corrections Information System) to allow Mental Health staff to track and monitor those cases, as they technically aren't RHU cases – just using RHU cells.
    - Collaborate and improve referrals to RHU Diversionary Programs

- Expand RHU training to all facility positions, and update annually
    - Incorporate inmate testimonials and non-staff perspectives when designing RHU training

- Modify the Incident Report module in VACORIS to capture (in a drop-down list) the reason for placement in RHU
    - The Internal Incident Report is the documentation required for all RHU assignments and such data should be easily captured by the form

- Remove RHU from Security Level 2 facilities

- Offer more opportunities for inmates to earn a single cell

RECOMMENDATIONS: MENTAL HEALTH & WELLNESS

Based on the findings of 25 staff interviews and 25 inmate interviews administered within the Virginia Department of Corrections, as well as workgroup discussions, staff and inmate testimonials, and applicable research studies (which can be provided to legislators upon request), this committee offers the following recommendations in terms of mental health & wellness services as well as caring for those with mental issues:

- Increase pro-social programming through the use of Peer Support and Group Techs
- Increase mental health and wellness groups and resources in the general prison population as a preventative measure
- Expand Corrections Crisis Intervention Training (CCIT) Training
- Address individuals with repeated stays with increased assessments and interdisciplinary teams beyond the Multi-Disciplinary Treatment Team (MDT)
- Potentially pilot a dorm based on the “HOPE” unit in Los Angeles, California, which addresses those who are often suicidal
- Provide a brief “Wellness packet” for all (not just MH) who enter Restorative Housing (RHU) upon that next working day mental health (MH) rounds (i.e. mindfulness, breathing, sleep, dealing with anxiety, etc.).
- Where structural set-up allows, offer group programming
- Request programming availability on Request for Proposal (RFP) for next tablet vendor

RECOMMENDATIONS: SECURITY & OPERATIONS

Based on the findings of 25 staff interviews and 25 inmate interviews administered within the Virginia Department of Corrections, as well as workgroup discussions, staff and inmate testimonials, and applicable research studies (which can be provided to legislators upon request), this committee offers the following recommendations in terms of a) reducing the use of Restorative Housing (RHU), or b) increasing the hours of out-of-cell time for RHU inmates within state correctional facilities:

Reducing the Use of Restorative Housing

- Removal from general population (GP) and/or alternative housing assignments should be incident-based
- Conduct fidelity reviews to ensure Watch Commanders are following up; interviewing the inmate(s) and staff member(s) recommending the placement in RHU; ensuring that an internal incident report is being completed)

There are steps and alternatives to help reduce the use of RHU. Reduction in RHU is less staff intensive. One Officer is required to maintain normal operations in a population setting. In a RHU setting it requires two Officers at the minimum. This number increases as the movement in RHU increases. Two Officers to escort one inmate to any out of cell activity. Once the inmates are in the designated area for the out of cell activity, then one Officer is required to maintain observation for the inmates for the duration of the activity.

Increasing Hours of Out-of-Cell time in Restorative Housing

- Provide programs/activities in secure group settings, in addition to recreation

The increase of out-of-cell time to more than the four (4) hours currently provided would be extremely staff-intensive. The increase in movement will require more staff to provide escorts and supervision; therefore, staffing levels would need to address all security and operations' needs within RHU. Based on FY2022, the total compensation (salary and benefits) for one (1) Corrections Officer would be $71,378.00 and the total compensation for one (1) Cognitive Counselor would be $78,259.00. The specific number of these additional positions needing to be filled for increased RHU security at each state correctional facility would be needs-based per facility staffing levels. *Staff vacancies remain one of the department's biggest obstacles to overcome*.

Another obstacle that increasing out-of-cell time brings, is the physical space required to accommodate the activity. Interior space refers to flooring for more secure chairs/modules in the RHU unit, while exterior space would require expansion to accommodate more outside recreation modules. The specific cost of these additional renovations needed for increased movement within RHU at each state correctional facility would be needs-based per facility infrastructure & design.

TESTIMONIALS

The following section contains personal anecdotes from various VADOC staff members, both past and present,
as well as incarcerated individuals who previously resided in Restorative Housing, Restrictive Housing, Segregation, or General Detention.

To maintain the authenticity of these testimonials,
the Virginia Department of Corrections did not edit any language or terminology provided.

The workgroup would like to thank those who have shared their stories on the following pages.

Officer # 1

I am a 16-year veteran of the VADOC. I realize that I work in a dangerous and volatile environment. I work in the central region. Over the years many changes have taken place in the department, especially where solitary confinement is concerned. In my opinion most of the tools that at one time were available to hold offenders accountable for their behavior are discouraged or no longer available. When an offender violates policy and procedure there are some privileges that may be suspended, but when the offender becomes aggressive or assaultive, there is only one tool to ensure safety and security of both staff and offender. That tool is separation from those who are the target of that behavior.

Officer #2

I have worked in the Department for over 2 decades. All in the Eastern Region. All at high level security facilities. I worked in segregation units for much of that time. I have been assaulted multiple times. I have had urine and human feces thrown on me multiple times, imagine that. The sociological effects of that's something you never forget. I have witnessed assaults on multiple staff members, two of which never recovered fully from their injuries and were never themselves again. Sadly, they are no longer with us. Today I believe that the Department has taken the right approach to solitary confinement, or restorative housing as it is known now. Offenders get four hours a day out of cell time and programing is available. In the final analysis it is the offender themselves that have the ability to determine whether or not they are in solitary confinement by their actions and behavior.

Officer #3

I am a 25-year employee of the Virginia Department of Corrections. We hear a lot about how solitary confinement causes deteriorated mental health of offenders. What about the mental health of and employee who has been stabbed, beaten, raped, etc.? When people show that they have known regard for life and they prey on others then they should be separated from others. The Department have thrived on rehabilitation; however, everyone cannot be reformed. There are some people who no matter the treatment just cannot be in an environment where they are free to harm other with no consequences.

Officer #4 – Retired

I am, a 27-year veteran of the Virginia Department of Corrections. Most of my tenure was at the Greensville Correctional Center. I work almost every post that was available. I have been involved in many situations that cause me to believe that I would not make it home again. I have seen and experienced a lot of violence doing my career, some things that I wish I could forget but have not been able to. I have seen offenders stabbed and killed, I have seen staff stabbed and almost killed. I have seen people beaten to death. A lot of this activity stems from gang related activity, drug trade, gambling operations, wine making operations or just plain strong arm and extortion or racketeering. I don't believe that there is any other way to maintain safety in the prison environment without the ability to segregate offenders from other offenders or staff.

Unit Manager #1

I am a Unit Manager in the Virginia Department of Corrections. I have over 20 years of service. I have worked several facilities. I and my team do everything we can to run a safe unit for both staff and offenders. This means holding both staff and offenders accountable for their actions. It is much harder at times to hold offenders accountable due to several things. One is many of the tools once available are not anymore. Another this is server staff shortages. The use of solitary confinement is a necessary tool that should not be taken lightly unless chaos is what we want. If a person is rational, they should realize that their actions have consequences. If I went out into the community and robbed a bank or shot someone then I know that sooner or later the law is coming for me. I expect that I will be charged, convicted and removed from society, no longer allowed to move freely. The prison system is a community within a community that operates under laws policy, rules and regulations. If offenders are running drugs, fighting, stabbing, killing or otherwise committing serious violations of the rules then they should realize that there are consequences, and they would not be allowed to continue to remain free in the population.

Unit Manager #2

I am a former employee of the Virginia Department of Corrections and Unit Manager for Special Housing. Limiting the use of solitary confinement would be equivalent to giving the offenders the keys to the institution and telling them to do as they please. I worked at the Sussex State Prison Complex for 10 years. I know that if it were not for the use of solitary confinement/special housing/Restorative housing there would not have been much control, or we would have lost control. Our job is to ensure that offenders are not posing a threat to themselves, other offenders, and to provide for the safety of them and staff. Our main objective is protection of the public at large. There is already a lack of staffing at most facilities, which means there is already a disadvantage. On January 9th, 2021, and employee at Sussex1 State prison was seriously injured in the line of duty and is currently disable. It we severely limit the use of solitary confinement we will see a lot more of this I am certain. I don't believe that just allowing offenders to sit in special housing all day and do nothing is the answer either. I do believe that with the programing that currently takes place in special housing is the way to go, but not to so severely limit the use of it that nobody is safe.

My 5 Year Solitary Confinement Experience by Travis May

Thank you very much, my name is Travis May and I feel very honored to give my testimony to the General Assembly today. …I am going to share with you the experience of my stay in solitary confinement. I was sent to Red Onion State Prison when I was 24 years old. I spent 5 straight years in solitary confinement from 2002 to 2007.

I had tried to escape from Southampton Correctional Center in 2002 and that escape nearly cost me my life.

My life was something I could care less about at that time, I was sent to Prison when I was 16 years old. I pled guilty to 5 armed robberies in the Va. Beach area. To my shock I received a 165 year prison sentence with no chance of parole! There was no way for my young mind to process what this meant.

My lawyer pleaded with me not to do anything stupid because he believed he could get that sentence reduced. He told me it would take about five years. Five years turned into eight …... Then I received a letter saying he was sorry… there was nothing else that could be done in my case…. my final appeal was denied .

Now the panic set in ….I was going to die in prison!!! There was no hope for me!!! At 24 years old my life no longer mattered!! I could not accept that!!! I had to experience freedom!! …….. If they were not going to give my freedom… I was going to take it… even if it meant dying in the process! I decided to escape!

Please beware of hopelessness- This hopeless situation turned a very misguided young boy into a very desperate young man.
Hindsight is 20/20 and I certainly made foolish choices with my life and deserved to be punished, but please hear me when I tell you …DO NOT TAKE AWAY ANOTHER HUMAN BEING'S OPPORTUNITY TO HOPE OR TO CHANGE. A hopeless person is a desperate person…..a dangerous person!

Red Onion

My first day at Red Onion shook me to my core!! I was being led to my cell in shackles,when I heard someone scream

"BLAK IS THAT YOU.??" (Blak was my street name) It was one of my good friends (Name withheld) from Southampton Correctional Center. ……. He was a sharp guy and well respected in the yard for his intelligence.
He got in an altercation and was sent to Red Onion State Prison a few months before I was. He was nowhere close to the same person I knew. He had feces stains on his door window! He screamed obscenities at me and others for hours…..and hours…. until he was hoarse! He still kept going !

Now his reputation changed to being the craziest guy on the cell block! If that could happen to him in a matter of a few months……What was going to happen to me?? I realized this was not going to be like anything I had ever experienced before……. I was afraid.

I never thought life could get worse than what I was trying to escape from. Boy I was I wrong! I found out I was never getting out of solitary because I was a flight risk. I was now trapped in the coffin I was going to die in!! To make that even worse it might take 50 – 60 years to happen!

This is what I want you to know about solitary confinement. It is ALL MENTAL! All you do is think!! Moment by moment…. Minute by minute… Day by day….week by week… Whatever the dysfunction is in your thinking……it will metastasize!

If you don't control your mind, you will be in a living hell with all the other unfortunate souls who can't bear to deal with their own thoughts. That's why they scream at the top of their lungs, bang on pipes, flood their cells, assault staff and anything else they can do to express the torment they are experiencing.

I had 2 goals… Don't kill myself and don't lose my mind!!!

I wonder if it is even possible for anyone who hasn't experienced it to imagine what it is like to have an existence so hopeless…

I lost complete contact with my family. I did not reach out to them for months. I was too embarrassed to initiate conversation. 55 more years were added to my sentence. I believed they would turn their backs on me and rightfully so.

How did I do this to myself?!!

How did I make a hopeless situation worse? How do I end this?

Anger?!!! Rage?!!!! Murder???!!!!!

I am embarrassed to admit this but the only thought that kept me going at this time was if I could get on death row … I could escape this hell. I had a whole plan .I didn't see it at the time, but I was losing my mind to madness……..It became easy for me to see myself as a victim…….

It is so important for individuals in these circumstances to have proper programs and positive engagements with staff that can combat the negative thinking that constantly goes on. Positive experiences can produce positive reflection which is an essential element on the path of lasting change.

I would never have made it, if left to my own devices……

My salvation came in the form of a visit from my stepmother…….a 15 minute phone call from my grandmother and a letter from my father, all letting me know that they loved me no matter what and I was not alone in my suffering…….. I could feel their love literally envelope me.

If there nothing else you remember from my account, Please Remember This!!!

Travis May was, is and always will be a good person at heart!! I was not my situation. My families unconditional love reminded me of who I really was.

Finally I made the most profound decision of my life…..I was no longer going to be a representation of hopelessness, despair, madness or pity to the people I love.

From that moment on I was going to be responsible for every thought and action that would take place in my small cell……..after all I was the only one in there ……My cell now was my sacred space.

Please understand this was the first time I was willing to take responsibility for my life as a man. I needed to give the same love, strength and hope to my family that they continually gave to me. The problem was, I had no idea how to do that.

Then I remembered that there was a program available by mail that I could request. It was called “Problem Solving.” This program became a lifeline to me. I would answer questions about different situations and I would get feedback when I sent the material back to be graded through the mail.

I can’t tell you what it means to get any kind of positive feedback when you are struggling to produce a positive thought or action. It was more valuable than I could appreciate at that time. I could not wait to get my results and then complete the next lesson.

Now I was becoming a new man! I desperately sought out any tool I could use to better myself and in doing so a whole new world opened. For the first time my encounters with the staff became very important to me. Now, each interaction was an opportunity to use what I was learning. I slowly but steadily saw the guards change as my attitude changed!! My development was noticed by the staff. They took a huge chance on me. I was put back in the general population. I am eternally grateful!!

Freedom is a state being!!!! It is not a condition!

I could never imagine back in that cell, that someday I would be sharing this story in such an important way. If God could pull me out of that self- inflicted coffin and give me this chance to speak from my heart to all of you who can make a difference…. It is a miracle…. . Hopefully one, we all feel connected to.

I must thank Governor Terry McAuliffe and his staff who fought so hard to give me a second chance at life and I will never betray their trust.

I was released from prison May 3, 2018, on a conditional pardon, a full 15 years after I made that fateful decision to take responsibility for my life. I am a completely free man now. I am proud to say that I now live by those very same principles that I fostered in that tiny segregation cell.

I have recently been blessed with the gift of a beautiful son…… I have a brand- new chance at life and the only reason I can fathom that I have been so fortunate is…. I must show all who have the eyes to see that people can and do change!

Every person in every prison is a child of the very same God that you and I have been blessed by. They need love, they need family, they need hope, …they need our support.

We all are so much more than our circumstances. What good does it do to drive other human beings to insanity? How can that be healthy for the guards? For their families? For society as a whole?

I implore you all to offer these incarcerated individuals a path to reach their potential instead of defining them by their past behaviors and sufferings. I pray you believe as I do that there should be no place on this earth so dark that God's light should not be able to shine through.

People can change! Miracles happen! I am living proof!

Thank you!

Sincerely,
Travis May

APPENDIX

Interview questions, forms, and themes referenced in this report have been provided by the Virginia Department of Corrections on the following pages.

Restorative Housing Interview Study

Introduction

Chapter 710 of the 2022 Virginia Acts of Assembly (SB 108[1]) required the Virginia Department of Corrections (VADOC) to conduct confidential inmate and staff interviews as part of a study on the use of restorative housing (RHU) within VADOC state correctional facilities. The mandate sought responses on the following topics:

- *Use of restorative housing (RHU)*
- *Length of time each inmate is kept in RHU*
- *Purpose for which inmates are placed in RHU*
- *How to safely reduce or end the use of RHU that lasts longer than 14 days*
- *Criteria to be considered when a determination is made that placements in RHU should last longer than 14 days*

To respect the confidentiality of these interviews and those interviewed, all analysis was conducted by the VADOC Research Unit utilizing VITA approved systems. However, we are grateful for the collaboration and input on procedural and methodology points by Dr. Eric Williams, Radford University, Dr. Jessica Schneider, Virginia Department of Juvenile Justice, Dr. Denise Malone, VADOC Mental Health and Wellness Director, Dr. Susan Williams, VADOC Mental Health and Wellness Initiatives Administrator, and the members of the SB108 Workgroup.

This report serves to present to the Workgroup and policymakers the process and results of the confidential interviews that were conducted as required, so that they can use this information in consideration of the topics at hand.

Methodology

Based on the policy questions identified in the legislative mandate, interview questions were developed and reviewed by the workgroup, VADOC Mental Health and Wellness staff, and the Office of the Attorney General (OAG) to ensure that they were aligned with what is needed for the Legislative mandate and posed minimal risk to the participants. Separate interview questions were drafted for inmates and staff (See Appendix A and B, respectively). Once questions were finalized, the Research Unit developed a Health Insurance Portability and Accountability Act (HIPAA) compliant data collection tool for the interview questions using Jotform.

Informed consent was required of all participants. Separate forms were developed for inmates and staff participants (See Appendix C and D, respectively). All potential participants were provided the informed consent form and also received an offer to have the consent form read aloud by the interviewer. Only participants that read the informed consent, signed, and agreed to participate were interviewed. In addition, participants were informed that they could end the interview process at any time or skip any questions that they did not feel comfortable answering.

[1] Senate Bill 108.

To ensure that a random sample of inmates was selected to interview, all inmates who had been placed into RHU at least one time between July 1, 2021 and June 30, 2022 (FY2022) and who were also still incarcerated in a VADOC facility on August 29, 2022 were identified. Inmates at Lawrenceville Correctional Center were excluded from the inmate sample due to the facility being privately operated and VADOC would not be able to interview their staff members, since they are not VADOC employees. The legislation specified to only interview inmates who "are not subject to or involved in pending litigation with the Agency," so inmates at Red Onion State Prison and Fluvanna Correctional Center for Women, who are actively involved in a class action suit, were also excluded.

A random number[2] was generated for each inmate on the resulting list of potential interview subjects (2,984 inmates). This list was also stratified by the inmates' security level at their time of RHU placement and then randomized to ensure that a sampling of inmates who were placed in RHU at various security levels would be represented in the interview data collected. The potential inmate interview subject list was sorted by the random number assigned and the first 100 inmates were selected and provided to the OAG for review, to ensure that none were involved with pending litigation with the Agency. Of the first 100 provided to the OAG, two inmates were removed due to pending litigation. Due to time and resource constraints, five facilities (Augusta CC, Greensville CC, Keen Mountain CC, State Farm CC, and Sussex I SP) listed among the first 25 inmates were selected so that at least one facility in each of VADOC's three regions was included and that at least one facility at each security level between Level 2 and 5 was included. The first five eligible inmates at each of these five facilities on the randomized list were selected to participate, while the next five inmates at each of these facilities were selected as back-up candidates if any of the first five inmates declined to participate.

Eighteen of the initial 25 inmates contacted agreed to participate. For the seven inmates who refused to participate, the next inmate in the randomized list at that facility was selected for the interview, and these seven inmates from the back-up candidates agreed to participate.

Facility Name	**Region**	**Facility Security Level[3]**
Augusta CC	Western	Security Level 3
Greensville CC	Eastern	Security Level 3
Keen Mountain CC	Western	Security Level 4
State Farm CC	Central	Security Level 2
Sussex I SP	Eastern	Security Level 5

The logistics committee selected staff position groups to be interviewed based on their direct involvement with RHU. These positions either provide direct oversight of the RHU program, facility or inmates assigned to RHU, or are in direct contact with inmates. Staff were also selected due to their

[2] Each inmate was assigned a random number in SPSS using compute RandomNumber=RV.UNIFORM(0,1); the list was then sorted on this random number.

[3] A higher number indicates a more restrictive security level; please refer to DOP 830.2 Security Level Classification for descriptions of each security level. Inmates of varying security levels may reside in a single location (I.e., a security level 3 facility houses more than just security level 3 inmates).

involvement in the multidisciplinary teams (MDTs) process which reviews and approves an inmates' progression through RHU. At each facility, five staff interviews were conducted.

Seven VADOC employees, who were work group members, were selected to serve as interviewers. The majority of the interviewers were White (6) and female (5). One of the interviewers was an Assistant Warden at a facility that was not selected for this study. The other six employees work in administrative positions at VADOC Headquarters such as mental health services, legislative analyst/liaisons, and security operations. Interviewer training was conducted by Dr. Eric Williams and VADOC Research. This training was conducted to ensure that interviews were being conducted and the resulting responses were being recorded in a consistent manner across all interview teams. Topics included rights of those interviewed, the interview script, care in not influencing responses, noting actual responses so as not to include personal interpretation, the interview process, treating those interviewed with respect, and confidentiality.

Interviewers typed responses to each question directly into the designated spot within the Jotform survey. After all interviews were completed and notes were entered into Jotform, interviewer notes were downloaded into an Excel database. There were two sets of notes for each interview, except for two inmate interviews,[4] for a total of 98 sets of notes for 50 unique participants (25 inmates and 25 staff). Using a merge document, the interview notes were imported into Word documents for coding.

To facilitate the coding process, four coding teams were established (two for inmates and two for staff). The coding teams were comprised of VADOC Research Unit staff who were not involved in the development of the interview questions, the identification of inmates and staff to be interviewed, or the interviews themselves. Each team was responsible for reading and identifying themes for half of the interview questions for either the inmate or staff interview forms. To ensure coding reliability, each member of the team read, identified themes, and coded the notes individually. The team then collaborated to come to a consensus on themes for each question. Identified themes were then entered into an Excel document on a secure network where each interviewee was given an indicator if that theme appeared in their answers (1) or if the theme did not appear in their answer (0). Both interview notes were considered when identifying if the theme was present. If the two sets of notes for a specific question contradicted one another, the notes were excluded as it was unclear which notes correctly reflected the interviewee's response.

Coding Team	**Questions**
Inmate Team A	1-9
Inmate Team B	10-18
Staff Team A	1-7
Staff Team B	8-14

After the coding teams finished identifying themes and updated the Excel document, the Fidelity Initiatives and Data Operations (FIDO) Unit conducted quality assurance to ensure that the themes were identified consistently across the interviews. If any discrepancies were found, they were presented to

[4] Due to technical difficulties, two notes were unable to be captured in the survey tool.

the coding team to discuss the potential change. If it was determined that a change was needed, the Excel document was updated.

Once quality assurance was completed, the Excel files were downloaded and converted to SPSS[5] files. Themes for inmates were combined into a single file and themes for staff were combined into a single file. Analysis was conducted to identify if there were similarities or differences between inmates and staff.

Inmate Interviewee Characteristics

All inmates interviewed were conducted at male facilities. We had interviewees from four different security levels, had various levels of mental health impairments and a wide range of most serious offenses (MSO). The inmates ranged in age between 23 and 63 years old (mean=37) at the time of their first RHU placement in FY2022.

Incarceration Information

While the Most Serious Offense (MSO) for the 25 inmates interviewed was wide ranging, twenty-three inmates had been convicted of at least one offense considered to be violent under §17.1-805 of the *Code of Virginia.*[6]

Twenty-four inmates were serving a total imposed sentence for all offenses ranging between 3.1 and 57.1 years (mean=18.1; median=15.8). One interviewee was serving multiple life sentences. At the time of their first RHU placement in FY2022, these inmates had already served between 0.5 and 41.3 years (mean=8.6; median=6.6).

Sixteen inmates were serving their first term of state responsible (SR) incarceration and nine inmates had served one or more prior terms of SR incarceration (mean=1.8; median=2.0).

Inmate History at Time of RHU Placement

All twenty-five inmates interviewed were in General Population at the time of their first RHU placement during FY2022, including one inmate who was in the Steps to Achieve Reintegration Program (STAR). Four inmates had previously spent time in a VADOC Mental Health Residential Treatment Unit, three had previously been assigned to the Secure Diversionary Treatment Program (SDTP), and two inmates had spent time in a Shared Allied Management (SAM) pod.[7]

Most of the inmates interviewed participated in at least one program[8] during the six months immediately preceding their first RHU placement in FY2022:

- Fourteen inmates had participated in religious programming

[5] Statistical Package for the Social Sciences (SPSS) is a statistical software suite developed by IBM for data management, advanced analytics, multivariate analysis, business intelligence, and criminal investigation. For more information, visit https://www.ibm.com/spss?lnk=flatitem

[6] Convictions for these offenses result in sentence length enhancements on the Virginia Criminal Sentencing Commission's Sentencing Guidelines.

[7] Refer to DOP 841.4 Restorative Housing Units for descriptions of the STAR, SDTP, and SAM programs and to DOP 730.2 Mental Health and Wellness Services: Screening, Assessment, and Classification for a description of the Mental Health Residential Treatment Unit.

[8] Due to COVID-19 restrictions, many reentry and educational programming were suspended from March 2020 until April 4, 2022.

    - Six were enrolled at the time of their RHU placement
    - Three had completed a religious program
    - Five had been removed from a religious program due to transferring locations or administrative reasons
- One inmate had completed a phase of the Cognitive Therapeutic Community (CTC) program
- One inmate was participating in an Adult Basic Education (ABE) program at the time of their placement

Almost one-half of the inmates interviewed (12) held job assignments at their facility at the time of their RHU placement. The most common job types were Housekeeping (5) and Food Services (3).

Sixteen inmates had at least one conviction for a Level 100 Disciplinary Offense Report (DOR)[9] during their current term of incarceration. One-half of these sixteen inmates (8) had five or more Level 100 DOR convictions, and five of those eight had 10 or more Level 100 DOR convictions. Nineteen inmates had at least one conviction for a Level 200 DOR during their current term of incarceration. Eleven of the 19 had five or more Level 200 DOR convictions, and seven of those 11 had 10 or more Level 200 DOR convictions.

Sixteen of the inmates interviewed had no prior RHU placements during their current term of incarceration, while nine had one or more previous RHU placements (mean=1.8; median=2.0). The inmates spent anywhere between 0 and 62 days in RHU (mean=15; median=8). Most of the inmates (11) were at Security Level 2 at the time of their RHU placement. Four were at Security Level 3, eight were at Security Level 4, and two inmates were at Security Level 5. Eight inmates had a known gang affiliation at the time of their RHU placement.

Inmates are placed into RHU based on their behavior. When they are placed into RHU, an Internal Incident Report (IIR)[10] is created using the "Referral to RHU" internal incident nature, and the reason why the inmate was placed into RHU is recorded in the narrative description (text field) of the IIR. The IIRs for the first RHU placement during FY2022 for the 25 interviewed inmates were reviewed. Four of the 25 did not have an IIR for their first RHU placement during FY2022, for these four inmate's classification notes were used to identify the referral reason. Inmates can be placed into RHU for more than one reason and are counted for each reason they were placed (i.e. the total placement reasons will be greater than 25). Fighting was the most common reason for the first RHU placement in FY2022.

[9] The Offender Disciplinary Procedure establishes the code of offenses, the penalties for violations of this code, and the disciplinary process for all inmates incarcerated in VADOC institutions. Under this code, Level 100 offenses are more serious than Level 200 offenses. Examples of Level 100 offenses include but are not limited to: killing or attempting to kill another person, escape or attempted escape, possession of a weapon, inciting a riot. Examples of Level 200 offenses include but are not limited to: refusing to work or attend programming, disobeying an order, lying or giving false information to an employee, possession of stolen property. Please refer to DOP 861.1 Offender Discipline, Institutions for additional information.

[10] Refer to DOP 038.1 Reporting Serious or Unusual Incidents for a description of Internal Incident Reports.

Reason for First FY2022 RHU Placement Based on Narrative of IIR Associated with that RHU Placement*		
Theme Identified in IIR Nature	Number	Percent
Fighting	7	23%
Disobeying an Order	3	10%
Personal Safety	3	10%
Subject of Pending Investigation	3	10%
Possession of Drugs	2	7%
Possession of Weapon	2	7%
Self-Directed Violence	2	7%
Substance Use/Abuse	2	7%
Theft	2	7%
Being in an Unauthorized Area	1	3%
Possession of Cell Phone	1	3%
Sexual Misconduct	1	3%
Attempting to Start a Riot	1	3%
Total	30	
*More than one theme could be identified in the narrative of one IIR, so the total number of identified themes exceeds the number of inmates.		

Staff Interviewee Characteristics

The 25 staff who were interviewed varied in their position and regional location. The largest percentage of the interviewed staff were between the ages of 40 and 49 (10), with the average age being 43 years old. The interviewed staff were almost evenly distributed into the following job categories: Reentry & Programs/Mental Health Staff (8), Security Staff (9), and Middle/Executive Management (8).

Analysis

Responses from interviewees could have multiple themes present within a single answer. During the analysis, all themes mentioned by an interviewee were included. In some instances, this results in what may seem like more than 25 responses. For example, if seven interviewees mentioned only safety and seventeen interviewees mentioned only punishment, and one interviewee mentioned both safety and punishment the theme count would be eight and eighteen, respectively. See Appendix E and F for a list and count of themes present for inmate and staff interviewees by question. Identified themes are *italicized* throughout this report.

Inmate Themes

What do you think the purpose of the RHU is?

Of the 25 inmates, almost one-half (12) felt that the current purpose of RHU is *punishment*. Other purposes identified include to *change behavior* (8), *reflection* (5), and *protection/safety* (5).

What do you think SHOULD BE the purpose of RHU in Virginia DOC?

Over one-half (16) of inmates believe that *rehabilitation* should be the purpose of RHU.

Yes or no, do you think spending time in RHU has changed your behavior? Please explain.

When asked if spending time in RHU changed the inmate's behavior, the largest percentage (11) said RHU had a *negative impact on their mental health*. Only eight inmates said RHU *motivated them* or allowed them to *reflect on their behavior*.

On a scale of 1 to 5, with one being I don't feel safe and 5 being I feel much safer, how does the use of RHU for other inmates impact your feelings of safety and protection? Please explain your rating on the previous question.

When asked if the use of RHU for other inmates impacts their feelings of safety and protection, there was a tie between the rating of 1 "I don't feel safe" (8) and 3 "I don't feel safe or unsafe (Neutral)" (8). Only five inmates indicated that the use of RHU for other inmates makes them feel much safer. More than one-quarter of inmates (7) felt the use of RHU for other inmates is *necessary for violence/violent individuals*. Five out of seven inmates who felt RHU is *necessary for violence/violent individuals* gave a rating of 4 'I feel somewhat safe' or 5 'I feel safe,' and the remaining two inmates gave a rating of 3 'Neutral.'

What was the most challenging part of being in RHU for you? Explain. & Would you feel more safe or less safe without RHU? Explain.

When asked about the most challenging part of being in RHU, many inmates stated that *isolation* was the most challenging part (11). Some inmates reported that the *environmen*t (5), *RHU staff* (4), or *feeling dehumanized while in RHU* (4) were the most challenging parts. Over one-quarter (9) of the inmates reported that they would feel safer without RHU in their facility. Conversely, almost the same amount reported that their feeling of safety would *depend on various factors (i.e., individuals and the institution)* (8). Three inmates said they would feel less safe without RHU in their facility.

What programs or activities did you find helpful when you were in RHU? How were they helpful? & What programs or activities do you think were unhelpful while you were in RHU? How were they unhelpful?

Most interviewed inmates said there were *no programs or activities available* for them when they were in RHU (16). Inmates are enrolled in the Interactive Journaling program after meeting with the multi-disciplinary team within three working days of RHU assignment. Over one-half (13) of the inmates reported that *reading* was helpful for them while they were in RHU.

Based on your experience in RHU, what additional programs, activities or privileges do you think would be helpful? How do you think they would be helpful?

Many inmates indicated that *increasing their ability to communicate or socialize with others (i.e., inmates, family)* (11) would be helpful while in RHU. Other activities/programs that would be beneficial to add included *more cognitive based programming (i.e., programs aimed at improved decision making and behavior)* (8) and *education/recreation (i.e., educational resources, out of cell time, recreational time)* (6).

On a scale of 1 to 5, with one being not important at all and 5 being extremely important, how important is it for Virginia DOC to hold inmates accountable for their behavior? Please explain our rating on the previous question.

Most inmates (19) responded that it is extremely important for VADOC to hold inmates accountable for their behavior. Only one individual responded that it is not important at all. Of the inmates who provided a rating of "extremely important," eleven felt that inmates need to be *held accountable for their behavior*.

Yes or no, do you think the possibility of being placed in RHU prevents other inmates from getting involved in disruptive incidents? Please explain.

When asked if the possibility of being placed in RHU prevents other inmates from getting involved in disruptive incidents, the percentage of inmates who believed that *it does not* (11) was almost identical to the percentage of inmates who believed *it does* (10). Four inmates *neither agreed nor disagreed*.

How many days do you think an inmate should spend in RHU? Please explain. & Under what circumstances would it be appropriate for someone to spend more than 14 days in RHU? Please explain.

Inmates were split in their responses for the appropriate length of time an inmate should spend in RHU. Nine inmates said *a week or less* and nine inmates said *more than a week*. One inmate did not indicate a time frame. Eleven of the inmates felt that the amount of time an inmate should spend in RHU should *depend on the inmate's behavior*; nine felt it should *depend on the charge*. Inmates responded that the following reasons would be appropriate for an inmate to stay in RHU for more than 14 days: *violent behavior* (22), *charge*[11] (20), *safety* (5), and *mental health* (4).

What factors should the DOC consider when removing an inmate from RHU?

Inmate interviewees were asked what factors VADOC should consider when removing an inmate from RHU. Inmates responded that the main factors VADOC should consider when removing an inmate from RHU are *programming (i.e., the ability to complete programming)* (7), *mental health* (7), *charge*[12] (5), and *behavior* (5).

What other measures, aside from RHU, should DOC consider to ensure inmates are held accountable for their actions?

When asked about alternatives to RHU, inmates felt that *programming* (9) and *restrictions* (7) were possible alternatives. Examples of restrictions mentioned by inmates were *taking away tablets, telephone, and commissary*. Three inmates suggested *adding time onto an inmate's sentence* in order to hold them accountable for their actions.

Is there anything else you would like to share with the Workgroup about RHU at VADOC?

When inmates were given the opportunity to share anything else with the committee, over one-half of the inmates shared thoughts relating to *remodeling or restructuring RHU* (14) and a little under one-half (12) *mentioned negativity regarding RHU*. Ten inmates shared that they feel RHU is *unhealthy in terms of inmate well-being*.

Staff Themes

Should VADOC consider your safety and the safety of others when assigning an inmate to RHU? Please explain. & What do you think SHOULD BE the purpose of RHU at VADOC? Please explain.

All interviewed staff (25) believed VADOC should consider their safety and the safety of others when assigning an inmate to RHU. When asked what the purpose of RHU at VADOC should be, a majority of interviewed staff stated that it should be used for *threats to security and safety* (18). Interviewed staff

[11] Inmates specifically mentioned the institutional infraction, charge, that placed the individual in RHU. This was mentioned independent of the behavior that lead to the RHU placement. Per policy, it is behavior not the charge that leads to placement into RHU.

[12] Inmates specifically mentioned the institutional infraction, charge, that placed the individual in RHU. This was mentioned independent of the behavior that lead to the RHU placement. Per policy, it is behavior not the charge that leads to placement into RHU.

also noted it should be used to allow inmates to *self-reflect on their behavior* (12) and for *disciplinary actions* and *deterring negative behavior* (10).

Do you think the possibility of being assigned in RHU reduces the likelihood inmates from getting involved in disruptive incidents? Please explain.

Some interviewed staff believed that it *depends on the inmate* if being assigned to RHU reduces the likelihood of them getting involved in disruptive behaviors (11). Ten of the interviewed staff believed that overall, RHU programming is *effective at deterring disruptive behavior*. Nine of the interviewed staff believed that RHU is *not an effective deterrent*.

How many days do you think an inmate should spend in RHU? Please explain. & Under what circumstances do you think it would be appropriate for someone to spend more than 14 days in RHU? Please Explain. & What factors do you think VADOC should consider when removing an inmate from RHU? Please explain.

Many interviewed staff stated that the number of days an inmate should spend in RHU should be determined on a *case-by-case basis* or *based on the needs of the inmate* (19). Interviewed staff also noted inmates should be released from RHU *once the investigation, transfer, or evaluation is complete* (8). Most interviewed staff believed it would be appropriate for an inmate to spend more than 14 days in RHU when the inmate *presents a threat to the safety and security of the facility when in General Population* (17). *Safety and security of the facility* (13) and an *inmate's progress in RHU* (14) were the two most prominent themes found when interviewed staff were asked about the factors VADOC should consider when removing an inmate from RHU. More than one-third (9) of the interviewed staff believed that the *original placement reason* should be considered when removing an inmate from RHU.

Are you aware of any current programs and services that you think are helpful for the inmates in RHU? If so, please explain how you think they are helpful. & Do you think that there may be additional programs and services that you think VADOC could provide that would be helpful to inmates in RHU? Please explain.

When asked about current programs or services that are most helpful to inmates in RHU, *journals* were noted by seventeen interviewed staff. Eighteen out of the twenty-five interviewed staff mentioned that *more programs should be provided* to inmates in RHU. While many of the interviewed staff mentioned more programming in general but did not specify, seven specifically mentioned *evidence-based programs*. Four stated that *substance abuse programming* should be provided to inmates in RHU and three that *anger management programming* should be provided to inmates in RHU.

Do you think there may be other measures, aside from RHU, that VADOC could consider to manage behavior and ensure safety? Please explain.

Other measures, aside from RHU, that interviewed staff believe VADOC should consider in order to manage inmate behavior and ensure safety included *de-escalation activities (ex: cool-down rooms and Dialogue)* (15) and an *increase in support for staff (increasing the number of staff) and from staff (increasing emotional support, guidance, one-on-one counseling, and communication from staff to inmates in RHU)* (7).

As a staff member, would you feel more safe or less safe without RHU at your facility? Please explain. & Do you think inmates would be more safe or less safe without RHU at your facility? Please explain.

Out of the twenty-five interviewed staff, twenty stated they would feel *less safe without RHU* at their facility. Many interviewed staff also believed that *inmates would be less safe without* RHU at their facility (21).

Do you think the training that you received about RHU policy and procedures is sufficient for you to carry out those policies and procedures? Please explain. & Have you identified any gaps in the current RHU training, policies or procedures that could be addressed? If yes, please explain.

Twenty of the interviewed staff stated they believed the training they received regarding RHU policy and procedures was *sufficient*. Several of the interviewed staff believed there are *no gaps in the current RHU training, policy and procedures* (8), while several others stated that RHU *training needs to be revamped* (8).

Is there anything else you would like to share with the Workgroup about RHU at VADOC?

When asked if there was anything additional that they would like to share with the Workgroup about RHU at VADOC, thirteen interviewed staff stated that RHU *is an adequate and beneficial program* and nine interviewed staff stated that the *RHU program has room for improvement*. Throughout the interviews, *safety and security of the facility and staff/inmates* was a prominent theme that was echoed by most, if not all, interviewed staff.

Comparison of Staff and Inmate Themes

Staff and inmates had some similarities and differences in their responses. When asked what the purpose of RHU should be, most staff said that it should be used for *safety and security* (18); however, only a few inmates believe that *safety and security* should be the purpose of RHU (3). Many staff and inmates believe that the ideal use of RHU is for *self-reflection and thinking about behavior* (12 and 11, respectively). Some staff and inmates also answered that the purpose of RHU should be *punishment* (10 and 6, respectively). In addition, many inmates mentioned that *rehabilitation* should be the purpose of RHU (16).

One-half of the overall respondents, comprising many staff and fewer inmates, said that RHU *does prevent disruptive behavior* (15 and 10, respectively). In contrast, some staff and inmates said that RHU *does not prevent disruptive behavior* (9 and 11, respectively). Many staff also mentioned that it *depends on the inmate* as RHU affects inmates differently (11).

A few staff and the majority of inmates believe that currently there are *no programs offered to inmates in RHU* (5 and 16, respectively). Many staff said that *journaling* was a helpful program (17) and many inmates said that *reading* was helpful to them (13). However, when asked about additional programming that could be beneficial to inmates in RHU, many staff said *more programs were needed in general* (18); meanwhile, some staff and inmates both said that *evidence-based practices and programs* would be beneficial (7 and 11, respectively). Staff mentioned *substance abuse programming* and *anger management* programming while inmates mentioned *decision making* and *educational resources*.

When determining the number of days an inmate should spend in RHU, staff and inmates both mentioned that the *charge* or *behavior that placed the inmate* in RHU should be a deciding factor (9 and 9). Some staff said that inmates should be *released from RHU after investigations, transfers, or*

evaluations have been completed (8) or *once the needs of the inmate have been met* (7). Most staff and inmates believe that the main reason that an inmate should spend more than 14 days in RHU is for *safety and security* (17 and 23, respectively). This is comprised of *serious acts of violence, serious charges, or posing a threat to themselves or others and the security of the facility*.

When staff and inmates were asked about what factors should be considered when removing an inmate from RHU, *behavior and conduct during RHU* were the most common factors mentioned (14 and 7, respectively). Many staff and fewer inmates believe that *overall safety* should be a concern when removing inmates from RHU (13 and 4, respectively). The *reason that the inmate was placed* in RHU is another factor mentioned by staff and inmates (9 and 5, respectively). Another factor mentioned by both staff and inmates was the *mental health and mental state of the inmate* in RHU (5 and 7, respectively).

Some staff and inmates think that *restricting privileges* (3 and 7, respectively) and *requiring completion of programs* (5 and 9, respectively) are both viable alternatives to RHU, for holding inmates accountable for their actions. Interestingly, more inmates believed in these alternatives to RHU than staff.

When staff and inmates were asked if they had anything else to share during the interview, many staff and inmates mentioned that *RHU needs to be improved* (9 and 14, respectively). Some possible improvements mentioned were *increasing staffing, providing better and more programs, and needing improvement in general*. Many staff and few inmates believe *RHU to be a beneficial program* (13 and 3, respectively). In contrast, many inmates believed that RHU is *unhealthy* (10) or expressed *negativity towards it* (12).

Summary

The purpose of the Restorative Housing Interview study was to gather information from both staff and inmates opinions pertaining to RHU. Staff and inmates had similar responses to some of the questions, but also differed greatly on others. Inmates mostly felt that RHU is currently used for *punishment*, but it should be used for *rehabilitation*. Staff, on the other hand, felt that RHU should be used for *alleviating threats to safety and security*. Some inmates and many staff felt the length of time an inmate should spend in RHU should be *determined on a case-by-case basis*. However, both staff and inmates agreed that *safety and security should be considered* when deciding if an RHU placement should exceed 14 days. Staff generally felt that the *original placement reason* should be the main factor considered when removing an inmate from RHU. Conversely, inmates felt that *programming* and *mental health* should be the main factors considered when removing and inmate from RHU. Staff generally felt that RHU is a *good program*, though there is *room for improvement*. In contrast, inmates generally felt that RHU could *benefit from restructuring/remodeling* and expressed *negative feeling* towards RHU as a whole.

Appendix A: Inmate Questions

1. What do you think the purpose of the RHU is?
2. Yes or no, do you think spending time in RHU has changed your behavior? Please explain.
3. What programs or activities did you find helpful when you were in RHU? How were they helpful?
4. What programs or activities do you think were unhelpful while you were in RHU? How were they unhelpful?
5. Based on your experience in RHU, what additional programs, activities or privileges do you think would be helpful? How do you think they would be helpful?
6. What was the most challenging part of being in RHU for you? Explain.
7. Would you feel more safe or less safe without RHU? Explain.
8. On a scale of 1 to 5, with one being I don't feel safe and 5 being I feel much safer, how does the use of RHU for other inmates impact your feelings of safety and protection?
9. Please explain your rating on the previous question.
10. What factors should the DOC consider when removing an inmate from RHU?
11. On a scale of 1 to 5, with one being not important at all and 5 being extremely important, how important is it for Virginia DOC to hold inmates accountable for their behavior?
12. Please explain our rating on the previous question.
13. Yes or no, do you think the possibility of being placed in RHU prevents other inmates from getting involved in disruptive incidents? Please explain.
14. What do you think **SHOULD BE** the purpose of RHU in Virginia DOC?
15. What other measures, aside from RHU, should DOC consider to ensure inmates are held accountable for their actions?
16. How many days do you think an inmate should spend in RHU? Please explain.
17. Under what circumstances would it be appropriate for someone to spend more than 14 days in RHU? Please explain.
18. Is there anything else you would like to share with the Workgroup about RHU at VADOC?

Appendix B: Staff Questions

1. What do you think SHOULD BE the purpose of RHU at VADOC? Please explain.
2. Should VADOC consider your safety and the safety of others when assigning an inmate to RHU? Please explain.
3. Do you think the possibility of being assigned in RHU reduces the likelihood inmates from getting involved in disruptive incidents? Please explain.
4. How many days do you think an inmate should spend in RHU? Please explain.
5. Under what circumstances do you think it would be appropriate for someone to spend more than 14 days in RHU? Please Explain.
6. What factors do you think VADOC should consider when removing an inmate from RHU? Please explain.
7. Do you think there may be other measures, aside from RHU, that VADOC could consider to manage behavior and ensure safety? Please explain.
8. Are you aware of any current programs and services that you think are helpful for the inmates in RHU? If so, please explain how you think they are helpful.
9. Do you think that there may be additional programs and services that you think VADOC could provide that would be helpful to inmates in RHU? Please explain.
10. As a staff member, would you feel more safe or less safe ***without*** RHU at your facility? Please explain.
11. Do you think inmates would be more safe or less safe ***without*** RHU at your facility? Please explain.
12. Do you think the training that you received about RHU policy and procedures is sufficient for you to carry out those policies and procedures? Please explain.
13. Have you identified any gaps in the current RHU training, policies or procedures that could be addressed? If yes, please explain.
19. Is there anything else you would like to share with the Workgroup about RHU at VADOC?

Appendix C: Inmate Consent Form

Voluntary Informed Consent to Participate in Internal VADOC Research - INCARCERATED PERSON

Research Project Name: Restorative Housing Study / Chapter 701 VA General Assembly 2022 Session
Conducted By: Virginia Dept. of Corrections
Affiliation: Internal Study

DESCRIPTION OF STUDY

Purpose: To conduct confidential interviews with currently Incarcerated Persons in VADOC facilities that are currently housed or have been placed in restorative housing units within the past 12 months. The VADOC will submit findings and recommendations informed by the data collected in these interviews to the VA General Assembly by 12/01/2022.
The interviews will be conducted by a multidisciplinary team consisting of VADOC staff, formerly incarcerated persons and advocates for the reduction of the use of restorative housing.

Benefits: To inform the VA General Assembly with findings and recommendations to safely reduce or end the use of restorative housing for periods of more than 14 days in VADOC facilities. To identify criteria to be considered if a determination is made that Incarcerated Person placement in restorative housing should exceed 14 days.

Participation Requirements: Participation in survey is completely voluntary. No rewards or incentives for participation will be given, and choosing not to participate will not result in any negative consequences. Participants must be able to sit for an interview conducted by multiple interviewers reading from prepared questions. Interviews should take approximately one hour to complete. Interviews may take longer, or take less time, depending on respondent's answers to questions. No follow-up interviews are planned at this time.

Confidentiality / Anonymity: All study participants are required to sign a confidentiality agreement. The information (notes) will be collected using a HIPAA compliant online platform (JotForm) which meets the VITA's highest security requirements. The final report will be presented in a general manner without individually identifying information included. No individually identifying information of participants in this study will be collected or distributed.

Possible Risks to Participants: Participants will be asked questions pertaining to their experiences while housed in a VADOC Restorative Housing Unit during the previous 12 months. Such questions may cause a reaction in the individual including but not limited to stress, anxiety, symptoms of physical discomfort and other psychological or physiological reactions.

I have read the above information and have had an opportunity to ask questions about my participation in this study. I understand that my identity in this study will be kept confidential or anonymous. I understand that my participation in the study is completely voluntary, and that I may discontinue my participation in this study at any time without any negative consequences as a result of my discontinuation.

☐ **I AGREE to participate in this study** ☐ **I DO NOT WISH to participate in this study**

Participant Name (printed) Participant Signature Date

Witness Name / Position (printed) Witness Signature Date

Appendix D: Staff Consent Form

Voluntary Informed Consent to Participate in Internal VADOC Research – VADOC STAFF

Research Project Name: Restorative Housing Study / Chapter 701 VA General Assembly 2022 Session
Conducted By: Virginia Dept. of Corrections
Affiliation: Internal Study

DESCRIPTION OF STUDY

Purpose: To conduct confidential interviews with currently Incarcerated Persons in VADOC facilities that are currently housed or have been placed in restorative housing units within the past 12 months. The VADOC will submit findings and recommendations informed by the data collected in these interviews to the VA General Assembly by 12/01/2022.
The interviews will be conducted by a multidisciplinary team consisting of VADOC staff, formerly incarcerated persons and advocates for the reduction of the use of restorative housing.

Benefits: To inform the VA General Assembly with findings and recommendations to safely reduce or end the use of restorative housing for periods in excess of 14 days in VADOC facilities. To identify criteria to be considered if a determination is made that Incarcerated Person placement in restorative housing should exceed 14 days.

Participation Requirements: Participation in survey is completely voluntary. No rewards or incentives for participation will be given, and choosing not to participate will not result in any negative consequences. Participants must be able to sit for an interview conducted by multidisciplinary teams reading from prepared questions. Interviews should take approximately one hour to complete. Interviews may take longer, or take less time, depending on respondent's answers to questions. No follow-up interviews are planned at this time.

Confidentiality / Anonymity: All study participants are required to sign a confidentiality agreement. The information (notes) will be collected using a HIPAA compliant online platform (JotForm) which meets the VITA's highest security requirements. The final report will be presented in a general manner without individually identifying information included. No individually identifying information of participants in this study will be collected or distributed.

Possible Risks to Participants: Participants will be asked questions pertaining to their experiences while working in a VADOC Restorative Housing Unit during the previous 12 months. Such questions may cause a reaction in the individual including but not limited to stress, anxiety, symptoms of physical discomfort and other psychological or physiological reactions.

I have read the above information and have had an opportunity to ask questions about my participation in this study. I understand that my identity in this study will be kept confidential or anonymous. I understand that my participation in the study is completely voluntary, and that I may discontinue my participation in this study at any time without any negative consequences as a result of my discontinuation.

☐ **I AGREE to participate in this study** ☐ **I DO NOT WISH to participate in this study**

Participant Name / Position (printed)	Participant Signature	Date

Witness Name / Position (printed)	Witness Signature	Date

Appendix E: Inmate Interviewee Themes

Question	Theme	Definition	Number of Interviews where the theme was Present	Interviewee Did Not Respond
What do you think the purpose of the RHU is?	Punishment	Placed in RHU as a consequence.	12	0
	Reflection	RHU allows inmates to self-reflect on their decisions and their future.	5	0
	Change Behavior	RHU assists inmates in fixing or correcting their behavior.	8	0
	Protection/Safety	A place to separate inmates from general population for either the safety of other inmates/staff or themselves.	5	0
	Holding Placement	Utilized for holding inmates until staff find a proper placement.	2	0
Yes or no, do you think spending time in RHU has changed your behavior? Please explain.	Negative Mental Impact	Time in RHU increased mental health issues such as anxiety and depression.	11	0
	Motivated/Reflected	RHU provided time for inmates to reflect and motivated them to do better.	8	0
	Temporary/No Change	Spending time in RHU did not change their behavior.	7	0
What programs or activities did you find helpful when you were in RHU? How were they helpful?	None Available	There were no programs or activities offered.	16	0
	Reading	Reading was the only activity available.	13	0
	Step Down	Step-down program.	3	0
	Entertainment	Entertainment activities such as watching TV, doing puzzles, and listening to music.	3	0
What programs or activities do you think were unhelpful while you were in RHU? How	Limited Programming	Few programs were made available or offered.	20	1
	Dehumanizing	Examples included: inmates were stripped naked, not given access to showers when desired, and no food.	3	1
Based on your experience in RHU, what additional programs, activities or privileges do you think would be helpful? How do you think they would be helpful?	Communication	Activities involving communication/socialization with others (other inmates and/or family).	11	0
	Cognitive Based Programming	Programming designed to improve decision making and/or behavior.	8	0
	Entertainment	Entertainment activities that allow access to TV, music, and phone.	3	0
	Mental Health Resources	Access to mental health programs/resources and counselors/staff.	2	0
	Education/Recreation	Access to educational resources/programs, time out of cell, and increased recreational time.	6	0
What was the most challenging part of being in RHU for you? Explain.	Environment	Physical environment such as rats, lack of fresh air, and heat.	5	0
	Lack of Privilege	No access to phone.	2	0
	Isolation	Inability to be in contact with others, being confined to a small space for extended periods of time.	11	0
	RHU Staff	Staff described as lazy, uncommunicative, and treating inmates harshly.	4	0
	Feeling Dehumanized while in RHU	Denial of personal property, lack of privacy, and feelings of dehumanization.	4	0
	Wrongfully Place In RHU	Wrongfully accused and placed in RHU.	3	0

Question	Theme	Definition	Number of Interviews where the theme was Present	Interviewee Did Not Respond
Would you feel more safe or less safe without RHU? Explain.	More Safe	Inmate felt more safe without RHU.	9	0
	Neutral	Inmate had no answer or did not care.	5	0
	Less Safe	Inmate felt less safe without RHU.	3	0
	Depends	Inmate felt it depended on various factors such as individuals and institution.	8	0
	Negative Impact of RHU	RHU negatively impacted the inmates mindset/psychological well-being creating a negative stigma.	3	0
On a scale of 1 to 5, with one being I don't feel safe and 5 being I feel much safer, how does the use of RHU for other inmates impact your feelings of safety and protection. Please explain your rating.	RHU Results In Negative Consequences	RHU potentially results in negative behavior including sexual harassment, bullying, or other violent behaviors, and deterioration of mental well-being.	4	0
	RHU Used Too Long	Individuals are kept in RHU longer than the recommended time frame.	2	0
	Necessary For Violence	RHU is necessary for violent individuals.	7	0
	Depends On Factors	Depends on various factors such as the individual and the institution.	5	0
What factors should VADOC consider when removing an inmate from RHU?	Charge*	Institutional infraction that placed them in RHU.	5	0
	Punishment	Being placed in RHU for no reason.	1	0
	Programming	Need to be able to complete programming while in RHU.	7	0
	Mental Health	Have Psychiatrist or mental health clinicians check on people in RHU more frequently.	7	0
	Gang Status	Being in a gang or engaging in gang activity.	2	0
	Safety	If they are a harm to themselves or others.	2	0
	Behavior	Behavior before being admitted to RHU and while housed in RHU.	5	0
	Prepared for General Population	Ready to go back to GP; having the right mindset to go back into population, not having debts, or being disruptive.	2	0
	Don't Know	Unsure.	3	0
	Compatibility	Making sure that the cell mates are compatible (i.e. not in different gangs).	2	0
On a scale if 1 to 5, with one being "not important at all" and 5 being "extremely important", how important is it for VADOC to hold inmates accountable for their behavior? Please explain your ranking on the previous question.	Accountability	Responsible for your own actions.	19	0
	Alternatives to RHU	Should have alternatives to RHU for lesser crimes/charges. Crimes such are stealing should have an alternative compared to violent charges.	4	0
	Punishment	Punishment should fit the crime.	4	0
	Behavior	Behavior that resulted in placement into RHU (i.e. fighting, being disruptive, etc.).	14	0
	Officer Actions	Officer actions influenced RHU placement.	4	0
Yes or no, do you think the possibility of being placed in RHU prevents other inmates from getting involved in disruptive incidents? Please explain.	Yes	Possibility of being place in RHU does prevent inmates from getting into disruptive incidents.	10	0
	No	Possibility of being place in RHU does not prevent inmates from getting into disruptive incidents.	11	0
	Neither Yes nor No	Neither agreed or disagreed that the possibility of being placed in RHU prevents disruptive incidents.	4	0

*Inmates specifically mentioned the institutional infraction that placed the individual in RHU. This was mentioned independent of the behavior that lead to the RHU placement. Per policy, it is behavior not the charge that leads to placement into RHU.

Question	Theme	Definition	Number of Interviews where the theme was Present	Interviewee Did Not Respond
What do you thing SHOULD BE the purpose of RHU at VADOC?	Behavior	Serious acts of violence.	9	1
	Programming	Need to be able to complete programming while in RHU.	11	1
	Mental Health	Ensure people do not mentally deteriorate while housed in RHU.	2	1
	Safety	Keep violent inmates housed in RHU.	3	1
	Prevention	Send a message to other inmates that behavior will not be tolerated.	5	1
	Punishment	Punishment should fit the crime.	6	1
	Rehabilitation	Helping others to change.	16	1
What other measures, aside from RHU, should VADOC consider to ensure inmates are held accountable for their actions?	Restrictions	Take away tablet, telephone, commissary, etc.	7	1
	Programming	Need to be able to complete programming while in RHU.	9	1
	Don't Know	Unsure.	5	1
	Rewards	If compliant while in RHU, should be released from RHU. If there is no room in RHU, allow people with lesser charges to be released.	5	1
	Time	Add time onto sentence.	3	1
	Accountability	Responsible for your own actions.	8	1
How many days do you think an inmate should spend in RHU? Please explain.	Charge*	Should depend on the charge that placed them in RHU.	9	0
	A Week or Less	Should spend a week or less.	9	0
	More than a Week	Should spend more than a week.	9	0
	Behavior	Should depend on the behavior that placed them in RHU and while in RHU.	11	0
	Accountability	Responsible for your own actions.	6	0
	No Timeframe	No time frame was indicated.	1	0
Under what circumstances would it be appropriate for someone to spend more than 14 days in RHU? Please explain.	Charge*	Institutional infraction that placed them in RHU.	20	1
	Self-Harm	If they pose a harm to themselves.	2	1
	Mental Health	If they are dealing with severe mental health issues.	4	1
	Violent Behavior	Serious acts of violence (i.e. fighting, stabbing, use of weapons, etc.).	22	1
	Safety	If they choose to be in RHU and/or are a threat to security.	5	1
Is there anything else you would like to share with the Workgroup about RHU and VADOC?	RHU is Unhealthy	Not a good place to be, unhealthy living conditions, bad experience, torture.	10	0
	Remodel RHU	Idea of RHU isn't bad, just needs to be remodeled. Needs to be better staffed and provide more programs.	14	0
	Programming	It is a good program if implemented. Lots of people want to do something while in RHU.	3	0
	Negativity	General negative comments regarding RHU. Need to increase the opportunities for people to do programming and improve themselves.	12	0

*Inmates specifically mentioned the institutional infraction that placed the individual in RHU. This was mentioned independent of the behavior that lead to the RHU placement. Per policy, it is behavior not the charge that leads to placement into RHU.

Appendix F: Staff Interviewee Themes

Question	Theme	Definition	Number of Interviews where the theme was Present
What do you think SHOULD BE the purpose of RHU at VADOC? Please explain.	Safety	Used for threats to security and safety.	18
	Self Reflection	Used for thinking about behavior.	12
	Punishment	Used for disciplinary actions and deterring negative behavior.	10
	Mental Health	Decrease stimulation during mental health events.	2
Should VADOC consider your safety and the safety of others when assigning an inmate to RHU? Please explain.	Safety	Safety and security should be considered.	25
Do you think the possibility of being assigned in RHU reduces the likelihood inmates from getting involved in disruptive incidents?	Depends on the Inmate	Depends on each inmate individually.	11
	Yes: Loss of Privileges	Yes they don't want to lose privileges.	7
	Yes: Programming	Yes RHU programming helps.	10
	No	No RHU is not a deterrent.	9
How many days do you think an inmate should spend in RHU? Please explain.	After Disruptive Behavior Stops	Release after disruptive behavior in RHU stops.	3
	Due Process	Release after investigation, transfer, or evaluation is completed.	8
	Needs of Inmate	Release after needs of inmate are met.	7
	Complete Program	Release after RHU programming is completed.	4
	Charges	Depends on current charges or charge history.	9
	Case by Case Basis	There is no set time or it is a case by case basis.	15
Under what circumstances do you think it would be appropriate for someone to spend more than 14 days in RHU? Please Explain.	Safety	If the inmate presents a threat to the safety and security of the facility when in general population.	17
	RHU Conduct	If the inmate showed a lack of program progression as highlighted by continued disruptions in RHU.	7
	Due Process	If the administrative due process causes delays in moving/transferring the inmate.	10
What factors do you think VADOC should consider when removing an inmate from RHU? Please explain.	Safety	If the inmate would be a threat to the safety and security of the facility.	13
	Placement Reason	Reason the inmate was originally placed in RHU.	9
	RHU Progress	Progress the inmate makes while in RHU.	14
	Mental Health	Potential mental health challenges exacerbated by RHU placement.	5
Do you think there may be other measures, aside from RHU, that VADOC could consider to manage behavior and ensure safety? Please explain.	Restrict Privileges	Restrict privileges (phone and visitation).	3
	De-escalation Activities	Provide opportunities for inmates to participate in de-escalation activities (for example cool-down room and Dialogue).	15
	Residential Programming	Ensure inmates have access to appropriate residential programming.	5
	Transfer	Expedite the process for transferring inmates to more appropriate facilities.	4
	Staff Support	Increase staff support.	7
Are you aware of any current programs and services that you think are helpful for the inmates in	Journals	Journaling as a program.	17
	No Programs	Answers containing: none, not sure, and can't think of any.	5
	Other Programs	Any other programs.	9
Do you think that there may be additional programs and services that you think VADOC could provide that would be helpful to inmates in RHU? Please explain.	More Programs Needed	More programs are needed or are open to more programs.	10
	Substance Abuse Programming	Responses indicated the need for more substance abuse programming.	4
	Anger Management	Responses indicated the need for more anger management programming.	3
	T4C/Decision Points	Responses indicated the need for more T4C or Decision Points programming.	4
	Dialogue	Responses indicated the need for more Dialogue	4
	Not Sure	Answers containing: not sure, no, or cannot think of any.	8

Question	Theme	Definition	Number of Interviews where the theme was Present
As a staff member, would you feel more safe or less safe without RHU at your facility? Please explain.	Less Safe	Less safe due to inmates posing threats to staff/other inmates. RHU is a consequence.	20
	More Safe	Felt more safe.	1
	Neutral	Felt it didn't matter either way.	4
Do you think inmates would be more safe or less safe without RHU at your facility? Please explain.	More Safe	More safe because it's not good for ones mental health. RHU is seen as a threat, therefore it would remove the threat.	2
	Less Safe	Less safe due to: fear of retaliations, increase violence, safe haven from "debt", gang activity would increase, and less guidance.	21
	Neutral	Felt it didn't matter either way.	2
Do you think the training that you received about RHU policy and procedures is sufficient for you to carry out those policies and procedures? Please explain.	Sufficient Training	Training was sufficient.	20
	Insufficient training	Training was insufficient.	4
	Reading Policy	Reading and referencing the policy was more sufficient than training.	12
	Experience	Relied on their experience as training.	4
Have you identified any gaps in the current RHU training, policies or procedures that could be addressed? If yes, please explain.	No Gaps	No gaps identified.	8
	Revamp Training	Training needs updating or changed all together.	8
	Programs	Programs need updating or changed all together.	4
	Short Staffed	Shortage of staff/ more staff needed.	4
	Inmate	Gaps pertaining to inmate behavior and interactions.	4
Is there anything else you would like to share with the Workgroup about RHU at VADOC?	No Comments	No other comments.	7
	Short Staffed	Shortage of staff/more staff needed.	3
	Good Program	Identified RHU program as beneficial/positive/good.	13
	Room for Improvement	Identified RHU program as having room to improve.	9

PART III

Juvenile Correctional Centers

INTRODUCTION AND GENERAL OVERVIEW OF ROOM CONFINEMENT

The Department of Juvenile Justice ("DJJ") does not use the "restorative housing" model that is the subject of the SB 108 study mandate. The restorative housing program is unique to the Virginia Department of Corrections ("VADOC") and, according to their procedural definition, typically involves placing inmates in a housing unit or area separated from full privilege general population. Staff in the Bon Air Juvenile Correctional Center ("Bon Air") are authorized to place residents in various forms of what is commonly referred to as "room confinement," which consists of a resident being confined to their own room, in their own unit, behind a door with a window looking out to the common area. Because DJJ does not operate a restorative housing program, the DJJ portion of this study focuses on its use of room confinement in the juvenile correctional center ("JCC").

The Regulations Governing Juvenile Correctional Centers, set out in 6VAC35-71 establish the minimum requirements of administrators and staff in JCCs and contain the framework for room confinement. While the current regulation does not expressly define "room confinement," the governing provision in 6VAC35-71-1140 describes room confinement as any instance in which JCC residents are confined to a locked room. Alongside the regulations, DJJ's written procedures govern how and when residents may be placed in room confinement.

The regulatory provisions have been in place since 2014 and became effective before the agency began implementing its new behavior management program and effort to reduce the use of room confinement in its facilities. In recent years, DJJ has proposed substantial amendments to the regulatory provisions addressing room confinement in order to establish additional safeguards and protections for confined residents, allow for additional meaningful communication between residents and staff during confinement, narrow the purposes for which room confinement may be used, and add a layer of additional transparency to the process. On September 21, 2022, the Board of Juvenile Justice ("Board") approved the final version of these amendments and authorized DJJ to submit the proposal to complete the final stage of the three-pronged standard regulatory process. These amendments will undergo final review by various offices of the executive branch and an adoption period before taking effect.

Current Forms of Room Confinement

Pursuant to the Board's current regulations and DJJ's procedures, residents may be placed in room confinement for a variety of reasons. The circumstances surrounding such placement determine the duration of the room confinement period and may impact what requirements are in place during room confinement.

Isolation/Disciplinary Room Confinement

While the current language of 6VAC35-71-1150 uses the term "isolation" with regard to disciplinary sanctions, the final version of the amendments approved by the Board on September 21, 2022, more accurately reflects the current practice of room confinement, as described above. Under disciplinary room confinement, a resident is restricted to their room for a specified period of time as a disciplinary sanction for a facility rule violation. This form of room confinement may be imposed only after

residents avail themselves of the facility's formal disciplinary process. Staff complete a disciplinary report outlining the resident's formal institutional charge, and the resident is given an opportunity to either admit to the charge, accept the sanction for the offense, and waive the right to additional review; or to participate in a formal disciplinary hearing wherein, if determined guilty of the offense in question, the resident may be subject to a number of disciplinary sanctions. In either case, the current regulation allows staff to impose room confinement as a sanction for the offense in question, provided the room confinement period does not exceed five consecutive days. The current regulation does not specify the offenses that may result in room confinement for these purposes, thus giving DJJ broad discretion to establish the offenses subject to disciplinary room confinement in its written procedures.

Pre-Hearing Detention

Pursuant to 6VAC35-71-1110, a resident may be placed in room confinement pending a hearing to address a formal disciplinary charge (pre-hearing detention). In addition to receiving a formal charge for an offense, the resident must actively exhibit disruptive behavior, or staff must reasonably believe the resident is a security risk or poses an imminent danger, either to the resident, others, or property. Staff may place a resident in pre-hearing detention for up to 24 hours, provided the placement is necessary to protect the facility's security or the safety of those in the facility.

Administrative Hold; Investigative Hold; Protective Custody

DJJ's current procedures allow a resident to be placed on investigative hold pending an investigation into a serious incident, sexual abuse allegation, disciplinary charge, or criminal charge. Generally, a resident shall not be placed on investigative hold for longer than five days unless the investigation is being conducted by outside law enforcement.
Residents also may be placed in room confinement if they are on administrative hold for displaying aggressive or assaultive behavior or if there is an administrative need to ensure facility safety or security.

Similarly, a resident may be placed in room confinement for purposes of protective custody. Under 6VAC35-71-1150, protective custody occurs when a resident is separated from the general population for protection from or of other residents for reasons of health or safety. Residents may be placed in protective custody in response to their own request or that of another staff member.

Administrative Segregation and Intensive Behavioral Redirection

The existing regulation allows DJJ to establish and operate administrative segregation units or individual rooms designated for managing residents whose behavior presents a serious threat to facility safety and security. Prior to 2017, DJJ operated an Intensive Behavioral Redirection Unit ("IBRU") to address residents with significant behavioral problems and provide them with an opportunity to receive skill building, training, treatment, education, and behavior modification. Residents were referred to IBRU after review and consideration by various DJJ case-review committees. DJJ closed its last IBRU in 2017 and has not operated an administrative segregation unit

since.[1] Bon Air now has an Intensive Behavioral Redirection ("IBR") program in place in which residents with similar behavioral issues are designated as being on temporary "IBR status" but are not placed in a separate housing unit or moved to another room. Residents on IBR status progress through four levels of the IBR program to mark their progress of moving away from the behaviors that prompted the IBR status. As part of this status, residents may be placed in room confinement for temporary periods depending upon the number of other residents on IBR status and the extent to which these residents have progressed through the various levels of the program. Even for these temporary periods of room confinement, residents remain in their assigned rooms and staff must comply with the regulatory provisions regarding room confinement.

Treatment Services Provided to All Youth, Regardless of Room Confinement Status

All youth placed at Bon Air are assigned a mental health clinician upon arrival and after the conclusion of their initial assessment and evaluation period. Subsequently, each resident collaborates with the assigned clinician to develop an individualized treatment plan that identifies treatment needs and strategies to address those needs. Residents work with their clinicians to determine how often they will have individual therapy sessions to meet the needs outlined.

As part of the intake process, residents also are assessed to determine if they require psychiatric services. If the assessment determines that these services are needed, they are provided regularly. Residents are assigned to programmatic treatment groups to address aggression management, substance use treatment, and sex offender treatment in addition to other skills-building groups and more process-oriented groups aimed at addressing topics such as emotion regulation, social skill development, decision-making, criminal thinking, and wellness promotion.

Family therapy is provided to residents as applicable to the treatment needs identified.

Crisis stabilization is provided to youth assessed as having a risk of engaging in suicidal and parasuicidal behaviors. Residents identified as needing heightened precautions, including increased monitoring ranging from one-on-one to constant monitoring, are seen daily.

Residents who are experiencing difficulty progressing or meeting treatment or behavioral expectations may work with their therapist and treatment team to develop self-care plans to assist them in a more intensive individual manner to achieve their goals. All residents have treatment team meetings at least monthly wherein needs and progress can be addressed.

In addition, the CTM requires residents to participate in Mutual Help Groups and Circle Ups, which occur five times per week and multiple times per day, respectively. Mutual Help groups are aimed at encouraging insight and accountability, improving peer interactions, developing life skills and problem-solving skills, and other topics that address individual development and peer support. Circle Ups are aimed at aiding residents, in the moment, to conduct an individual self-assessment and a peer group assessment to reinforce positive choices and correct behavior or thinking errors that are negatively impacting the resident or their unit community. All residents receive incentives in

[1] During resident interviews, reference was incorrectly made to IBRU instead of IBR. DJJ closed its last IBRU in 2017.

accordance with their completion of phase-level activities and responsibilities and their adherence to behavioral expectations.

Finally, in addition to mental health treatment, medical services are provided to all residents.

Treatment Services Provided to Residents in Room Confinement

While the treatment services addressed above remain available to each resident when placed in room confinement, the structure and nature of the services may require some adjustment to accommodate the limitations associated with the room confinement period and to ensure that all residents remain safe while such services are being provided.

Residents on Protective Custody

When residents are placed in protective custody, they have access to all services that are available to residents on general population status. Given the nature of their protective statuses and the safety concerns associated with those statuses, residents may receive education and treatment services in an individual, rather than in a group setting).

Residents on Disciplinary Room Confinement/ Investigative Hold / Administrative Hold / Pre-Hearing Detention

When residents are placed on disciplinary room confinement, investigative hold, administrative hold or pre-hearing detention, they continue to have access to all medical, psychiatric, and mental health providers. Because of the brief nature of the confinement periods, the services provided tend to be individualized . Given the rationale for the resident's placement in room confinement, they are not likely to be physically present in group treatment in a group room where they could pose a danger to others. In keeping with the CTM program, however, they are able to participate in Mutual Help Groups and Circle Ups because they occur in the common area, which most residents have a view of and auditory access to, from their rooms. They can engage in discussion and provide and receive peer feedback and thus, continue to be part of the unit milieu.

With regard to clinical treatment groups that require the resident's physical attendance, residents may make up any group that is missed due to their placement in room confinement, upon completion of this status.

Mental health providers conduct mental status checks of youth placed in room confinement to assess the level of behavioral or mental health destabilization. The focus of treatment may shift to address the current presenting issue, which in these statuses, may be high levels of aggression and cognitive distortions. Mental health providers often give residents journals, drawing paper, treatment assignments, and paperback books to allow residents the opportunity to engage in mindfulness activities or goal-setting activities, develop and practice emotion regulation activities, engage in creative self-expression, or create a behavior chain of their thinking and actions. Providers may work with residents in the moment to engage in these activities or assign these opportunities as homework to calm the resident and allow them to self-reflect in preparation for an individual session with their provider.

In keeping with the CTM, confined residents may have access to their Personal Action Plan, a document residents develop throughout their commitment periods, designed to assist them in identifying their challenges, the issues leading to the behaviors resulting in the committing offense, and ways to reduce their recidivism and achieve their identified goals in the future. They may use this room confinement period to reflect on their goals and adjust steps to their plans to achieve these goals.

IBR

Because IBR status is a tool of last resort, it requires greater intensity of intervention by clinical and treatment team staff. Generally, as residents in this status have demonstrated themselves to be significant safety and security risks, they are not permitted to be present physically in group therapy. Additionally, during this status, residents' phases and privileges in the CTM are frozen.

Clinical staff and the treatment team work together to develop Crisis Stabilization Plans to support residents in targeting the behaviors that led to this status, and ultimately their falling below their personal baseline behavior and functioning. This plan is built with the resident to target the thinking and behaviors and to identify strategies to help the resident return to baseline functioning and to re-focus on their original treatment goals.

Residents on IBR status have more frequent treatment team meetings (at least weekly) that more closely monitor incremental progress, try to support residents and identify strategies to encourage behavior change, and reward progress toward goals through programmatic or individually meaningful incentives. Mental health providers work with these residents to challenge their cognitive distortions, develop alternative coping strategies, use emotion regulation skills, improve problem-solving skills, and role play prosocial interactions.

Clinical staff and the Treatment team may work together to identify family or individuals in the community or facility who can support the resident's efforts to change the behaviors resulting in IBR status.

Similar to other confinement statuses, residents have access to all the aforementioned therapeutic tools while confined, including journaling, paperback books, drawing and coloring pads, Personal Action Plan, individualized treatment assignments that address their crisis stabilization needs, and longer term treatment assignments. Residents who miss programmatic treatment groups due to placement on IBR status work with their clinician or treatment team to determine the best course of action for making up or resuming groups upon successful conclusion of this IBR status.

Current Regulatory Requirements for Room Confinement

DJJ's current regulations establish the conditions that must be in place when residents are in room confinement. As an example, under the current regulation, when residents are placed in room confinement for disciplinary purposes, their activities and interactions with other residents are restricted and their permitted activities are limited. Residents may eat their required three nutritionally

balanced meals and evening snack,[2] sleep, perform necessary personal hygienic activities including daily showers,[3] read, write, and engage in physical exercise outside of their locked rooms for at least one hour each day. All other activities are restricted.

Under the current regulations, these restrictions are not in place when residents are in room confinement for other purposes . Residents are afforded all opportunities offered to other residents, including as much time out of the room as security considerations allow.

The current regulations impose a number of additional requirements that seek to ensure the safety and well-being of residents when placed in room confinement. While residents are in room confinement, direct care staff shall visually check each resident at 30-minute intervals, and residents shall have a means of verbal or electronic communication with staff. In addition to these precautions, the JCC superintendent or designee shall make daily personal contact with each confined resident. As mentioned above, residents must receive an opportunity for at least one hour of physical exercise outside of the locked room each day; however, staff have some discretion for deviating from this requirement if the resident's behavior or other circumstances justify an exception.

DJJ also takes additional measures to monitor residents placed in confinement who may exhibit self-injurious behaviors while confined. In accordance with the current regulations, staff are required to consult with a mental health professional immediately upon witnessing such behavior, and may need to employ additional monitoring protocols, including constant supervision, if so advised.

In addition to the monitoring protocols in place, the current regulation establishes a hierarchy for notifying certain administrators when a resident's room confinement period needs to extend beyond 24 hours. Currently, the superintendent shall be notified for confinement exceeding 24 hours. If confinement extends beyond 72 hours, appropriate staff shall report this information immediately to the Residential Program Manager, who serves as the JCC superintendent's supervisor, along with information regarding the steps staff are taking or planning to resolve the situation.

Approved Amendments to the Regulations Addressing Room Confinement

In Fiscal Year 2015, DJJ began implementing a new behavioral management program that sought to support youth rehabilitation while decreasing inappropriate behaviors during commitment. This new Community Treatment Model ("CTM") used a combination of positive peer culture and group processing with staff and youth to address concerns and accomplishments within the unit and to promote a treatment-oriented relationship between staff and residents. The main tenets of this relationship-oriented model include conducting therapeutic structured activities, maintaining consistent staffing in each housing unit, and keeping youth in the same unit throughout their stays. Consistent with this new approach, the department modified its practices regarding room confinement imposed as a disciplinary sanction. The department hoped that implementing the tenets of the CTM while reducing its dependence on room confinement would promote resident rehabilitation and reduce the number of facility incidents. In 2016, the department began the process of proposing

[2] 6VAC35-71-630

[3] 6VAC35-71-610

amendments to the Regulations Governing Juvenile Correctional Centers in 6VAC35-71 to effectuate these changes. On September 21, 2022, the Board approved amendments to advance the regulation to the final stage of the standard regulatory process.

The proposed regulatory amendments impose additional safeguards that protect each confined resident's physical and mental well-being during room confinement, allow staff a means of addressing threats to security and safety, and enhance opportunities for resident accountability when they commit serious institutional offenses. The amendments that will take effect require that staff visually check confined residents at 15 rather than 30-minute intervals, or more often either when circumstances necessitate or, in the case of a resident placed on suicide precautions, when a mental health clinician determines additional checks are warranted. The new regulation will continue to require that staff provide each confined resident an opportunity for at least one hour of exercise outside of the locked room; however, the amendments provide an exception if the resident displays threatening behavior, presents an imminent danger to himself or others, or other circumstances prevent the activity. The updated regulation will require a medical health professional or mental health clinician to visit the confined resident at least once daily to assess the resident's health status, and will require additional visits from other staff members, including during the initial three hours of placement in confinement, if applicable, and additional interactions with other staff depending upon the anticipated duration of the confinement period.

To ensure that room confinement is used sparingly, the new regulation will limit staff's authority to place residents in room confinement to three distinct purposes: (i) to address instances in which a resident's actions threaten facility security or the safety and security of others in the facility; (ii) to prevent damage to property committed in order to fashion an object that may threaten facility safety or security; or (iii) as a disciplinary sanction only for certain specified offenses, which shall include the following:

- Escape, attempted escape, or Absent without Leave;
- Possession or use of security contraband;
- Assault and battery;
- Fighting;
- Sexual misconduct; or
- Sexual abuse.

The new regulations will continue to preclude staff from imposing room confinement as a disciplinary sanction for a period exceeding five days. Recognizing that residents, whether confined for disciplinary purposes or other reasons, are not placed in separate units and are not isolated from other residents and staff, the updated regulation will officially cease using the terminology "isolation" and replace such references with "disciplinary room confinement." In keeping with this change, the provisions that prevent residents placed on disciplinary room confinement from participating in activities with other residents will be stricken, leaving DJJ with the discretion to determine what level and volume of interaction between staff, other residents, and confined residents is most beneficial.

As under the current regulations, staff will follow a hierarchy of notifications and approvals before room confinement may be extended beyond certain specified periods. The new regulation will mandate that the Residential Program Manager provide written approval before room confinement may be extended beyond 48 hours, and that the Deputy Director of Residential Services provide similar written approval for periods extending beyond 72 hours. In the case of such 72-hour periods, facility staff shall convene a treatment team consisting of stakeholders involved in the resident's treatment, and the team shall develop a written report outlining the steps being taken or planned to resolve the situation. The Deputy Director's approval of confinement periods beyond 72 hours shall be contingent on this report.

The new regulations also provide for a case management process for occasions when a resident's placement in room confinement, excluding disciplinary room confinement, exceeds five days. In these cases, the new regulation will require that a facility-level review committee conduct a case management review at the next scheduled weekly meeting immediately following the end of the five-day period, and refer any cases where continued confinement is deemed necessary to the division-level committee for additional case review, which shall occur no later than seven business days following the referral. The case management review process will continue in this manner until either committee recommends the resident's release from room confinement.

Finally, the updated regulations will repeal the provisions regarding administrative segregation. DJJ and the Board deemed these provisions unnecessary given the absence of administrative segregation units in the JCC since 2017 and the significant modifications being made to the room confinement provisions.

CURRENT DATA ON DISCIPLINARY ROOM CONFINEMENT AT BON AIR JCC; OTHER FORMS OF ROOM CONFINEMENT

The study mandate includes a requirement to study the length of time and purposes for which individuals are placed in restorative housing. DJJ does not operate restorative housing units. Staff in the JCC collect and maintain data regarding the length of time and purposes for which residents in the JCC are placed in disciplinary room confinement. This information is necessary to carry out the current regulatory requirements regarding the disciplinary process. While other forms of room confinement are documented daily for each Bon Air resident and maintained in the certification files, they are not input in DJJ's centralized electronic data system, nor are they captured in such a way as to methodically organize the data and make them easily retrievable. Therefore, this portion of the study includes DJJ's data related to disciplinary room confinement only.

Under the department's current procedural framework, residents may be placed in disciplinary room confinement only for a limited number of specified offenses. The attached Appendix A includes a table that identifies the number of disciplinary room confinement sanctions issued each month from Fiscal Year 2020 to Fiscal Year 2022, the average duration of such periods each month, and the institutional offenses that resulted in disciplinary room confinement. These sanctions were issued most frequently over the course of this three-year period for institutional charges involving fighting and assaults on other residents and staff. In the beginning months of Fiscal Year 2020, a resident was placed on disciplinary room confinement for sexual misconduct each month, but beginning at the third quarter of the fiscal year, these offenses were less frequent or were resolved through other channels, and in 2022, this offense resulted in disciplinary room confinement only for the month of June. Appendix B provides definitions for the applicable institutional offenses.

In Fiscal Year 2020, the number of disciplinary room confinement sanctions ranged from a low of seven such sanctions in June 2020 to a high of 52 sanctions in October 2019. In Fiscal Year 2021, the number of such sanctions ranged from a low of two in February 2021 to a high of 11 in August 2020. In Fiscal Year 2022, the number of disciplinary confinement offenses ranged from a low of four sanctions in July 2021 to a high of 27 sanctions in June 2022.

The average duration of room confinement ranged from a low of 27.9 hours to a high of 46.9 hours in Fiscal Year 2020, from 21.0 hours to 47.0 hours in Fiscal Year 2021, and from 20.3 hours to 47.0 hours in Fiscal Year 2022.

INTERVIEWS

Confidential Interviews

As established in the introduction to this study, the study mandate directs VADOC to facilitate confidential interviews between work group members and at least 25 persons currently incarcerated in a state correctional facility who are or have in the past 12 months been placed in units within the state correctional facility under conditions of isolated or restrictive confinement. The study mandate also requires confidential interviews with existing staff and facility officials. When the workgroup included the Virginia Coalition on Solitary Confinement and the interviews were planned with their participation as researchers, the regulatory provisions governing external research projects set out in 6VAC35-170 required review and approval via the DJJ Human Research and Review Committee process in addition to an IRB approval. After the Coalition placed their participation on hold, DJJ proceeded with the interviews of both youth and staff as an internal process in which no external entities were involved or had access to the interview processes or data. Because the interview process was entirely internal, it did not require IRB approval. Interview questions for both youth and staff were developed in collaboration with the workgroup members based on the policy questions identified in the legislative mandate. (See Appendix C and D for interview script and questions for youth and staff.)

Confidential Juvenile Interview Results

Based on VADOC's decision to interview 25 persons, and because DJJ has a considerably smaller population,[4] DJJ asked five youth who had experienced some type of room confinement during the last year to participate in interviews. Only DJJ staff who served on the workgroup conducted the interview. The interviewers did not work at Bon Air JCC or within the Division of Residential Services and, therefore, had no familiarity with or authority over the youth. Each youth was able to decline the interview after the project was explained with no negative consequences. No youth declined. Furthermore, identifying information was not recorded and did not accompany the specific answers of each youth so that they could feel free to share information and opinions.

This small group is not a representative sample of all youth's experiences or opinions of room confinement. Instead, the findings are examples of personal experiences and cannot be generalized. Based on the interview responses, the five youth had been at Bon Air JCC between nine and almost 36 months (average 18.4), and had experienced some type of room confinement between four and 23 times (average 11.3).

For their most recent occurrence, youth were in room confinement between one and 20 days, all remained in their normal, assigned room rather than being moved, and all reported that adults checked on them frequently (e.g., every 15 minutes). Four youth reported that staff explained why they were in room confinement, and one reported that they were not told but knew the reason. Three

[4] DJJ's average daily population for Fiscal Year 2022 was 195 residents. This number represents the 106 residents in the Bon Air Juvenile Correctional Center, 10 residents being evaluated in a local or regional juvenile detention center (JDC), and 79 residents either in an alternative direct care program or in individual JDC beds.

youth had assaulted staff or another resident and two had exhibited behavior that posed safety or security risks. All youth received a charge either before or during room confinement for these actions, and all reported being able to participate in the disciplinary hearing addressing the charge. Additionally, most indicated that they were able to challenge the room confinement decision, but two pointed out that they would still be in their room during that time. Four also stated they had access to the grievance process, but one indicated that some staff delayed access based on personal preference.

Youth had mixed responses regarding items they were allowed to keep during the confinement period. Three had nothing removed, and one kept nothing. Some explained that it depended on the type of room confinement or whether the resident was aggressive or "trashing" their room or unit. All residents reported that they received the same type of food and medication as they receive when not on room confinement. They also all reported that they could see a doctor (or that they did not need one), and that they felt safe.

Most youth reported that they received their schoolwork. Two youth explained that someone brings the schoolwork to the housing unit since the resident does not go to school during confinement, and one youth mentioned that it might depend on how many residents are in room confinement and need to be seen. Staying on schedule for treatment or counseling was more variable, with two youth reporting that the treatment and counseling continued, two reporting that they stopped, and one reporting that individual sessions continued while groups stopped.

Overall, youth reported that they had contact with several adults during their room confinement as well as the ability to talk with their family. All youth reported that their advocate[5] talked to them during room confinement. Four reported their therapist[6] talked with them, two reported their counselor[7] talked with them, four reported that another adult from their housing unit talked with them, and four reported that another adult from the facility talked with them. One youth with fewer overall contacts mentioned staff being "out" (based on context, staff were on leave or a position was vacant) during their room confinement. Finally, four youth were able to talk with their family or others from outside the facility during their room confinement.

Three youth identified staying in their rooms as the part of room confinement that they liked the least or that was the hardest. Similarly, another mentioned thinking about the time in confinement. The same youth who reported not being able to talk with family said that this lack of contact was the hardest part.

[5] The resident's personal advocate is a unit staff team member within their respective housing units who serves as a role model for assigned residents and assists their residents with the completion of various tasks and assignments related to treatment.

[6] The therapist provides individual, group, and family clinical therapy services; works with unit staff team members to determine, plan, and implement therapeutic structured activities; actively engages with residents during group activities, free time, and therapeutic structured activities; and provides clinical crisis intervention services.

[7] The resident's counselor is responsible for, among other duties, providing resident case management services; intervening in behavioral crisis situations using de-escalation strategies and techniques; and facilitating treatment team meetings, along with a variety of therapeutic structured activities, groups, and meetings.

Some youth acknowledged that room confinement was necessary to have time to think, but one recommended taking away IBRU.[8] Two youth suggested that staff work to identify the individual mindsets and needs of each resident to help them learn from mistakes, address problems, and change. One youth explained that repeated room confinements was not effective for some, but other consequences or treatment might not help either.

In addition to open-ended questions, youth answered several items on a scale from one to five, with one meaning very bad or not at all, and five meaning very good or all the time. These questions allowed youth to provide feedback on a consistent scale on specific topics important for understanding the perceptions and impacts of room confinement. The ratings were as follows:

	Lowest	Highest	Average
How did being in room confinement make you feel?	1	2.5	1.6
Did being in room confinement make you think about changing your behaviors?	1	5	3.2
When you think about times other people have been in room confinement at Bon Air, do you think it usually helps others feel safer?	1	5	2.4
When you think about times other people have been in room confinement at Bon Air, do you think it is usually a fair consequence?	3	5	3.5
When you think about times other people have been in room confinement at Bon Air, do you think it usually helps the person behave better afterward?	1	5	3.2

Based on these results, youth consistently felt quite bad about being in room confinement, but felt it was somewhat fair overall. Thoughts on its impact on their behavior, others' feelings of safety, and impact on others' behavior varied more widely, with responses spanning the scale.

Confidential Staff Interview Results

The study mandate also requires confidential interviews with existing staff and facility officials. Five staff were asked to participate in interviews. The interviewers were the same DJJ staff who conducted the juvenile interviews, did not work at Bon Air JCC or within the Division of Residential Services, and therefore had no familiarity or authority over the staff. Each staff person was able to decline the interview after the project was explained with no negative consequences. No staff declined. Furthermore, identifying information was not recorded and did not accompany the specific answers of each staff so that they could feel free to share information and opinions.

This small group is not a representative sample of all staff's experiences or opinions of room confinement. Instead, the findings are examples of personal experiences and cannot be generalized.

Based on the interview responses, the five staff had worked at a Virginia JCC between nine and 24 years (average 14.0), and had worked at Bon Air JCC, specifically, between five and 17 years (average 8.8). All had some type of experience with room confinement, such as completing routine checks for youth in their unit, coordinating with teachers for school continuity, and making decisions about room confinement as a member of a treatment team.

When asked the most common reason for room confinement, all staff identified aggression, fights, or assaults (on staff or residents) as the most common reason. Several mentioned a recent shift toward more gang activity and fights within the facility. When asked what the purpose of room confinement

[8] The reference to IBRU was likely meant to, instead, refer to IBR. As noted above, DJJ closed its last IBRU in 2017.

should be, staff consistently focused on youth with aggressive behaviors who put the safety of staff and other residents at risk.

Staff described current alternatives to room confinement that are used at the facility to address behavior, including engaging youth through the CTM, behavior contracts, early bedtime, loss of games, and a Behavior Intervention Report ("BIR").[9] However, all staff felt room confinement was sometimes necessary for staff's safety, with most feeling it did not serve as a deterrent for violating facility rules. All staff indicated that they would feel less safe without room confinement at the facility, and all thought youth would also feel less safe without room confinement because they would not be separated from other residents who are aggressive or assaultive.

Most staff said that, generally, youth are not resistant to room confinement because the youth knows it is a possible consequence for their behavior. One staff mentioned that youth may be resistant immediately after an incident while they are still upset. Throughout, a common theme was that some youth are unready to change their pattern of behavior and are often in room confinement repeatedly, whereas others progress more quickly toward improved behavior. One staff mentioned that those with blended sentences (i.e., time at VADOC immediately following their juvenile direct care stay) tended to be less receptive to change.

Some but not all had received specific training relating to room confinement, including training on IBRU.[10] In describing the training they received, some focused on the importance of engaging with youth and not leaving them isolated in their rooms while others focused on the required room checks and documentation. Some staff explained that the process has changed, but the written manual does not reflect current practices, leaving staff confused. Staff generally felt the training they received was sufficient for them to carry out their duties, but four of the five indicated that the training, policies, or procedures could be improved. The most common theme for improvement was to keep information revised and updated. One staff explained that without a clear manual, staff felt insecure about making decisions that could cost them their jobs.

Staff estimates for how many youth are placed in room confinement weekly ranged from "very rare" to six to ten. Answers seemed to be focused on the staff's specific unit, but some were unclear. Responses about the longest amount of time in room confinement were also variable and somewhat unclear, but two staff mentioned that under former practices, it could last for a month or longer, but now room confinement is generally shorter. Observations were mixed on whether youth were released from room confinement due to improved behavior or due to a specific period of time passing.

Opinions on the appropriate length of time for room confinement varied. While almost all described an individualized approach to the length of time, some focused on the least amount of time necessary for the youth to show improved behavior while others focused on longer times for more serious behaviors. The majority said it would be appropriate for a youth to be in room confinement for longer than 14 days for very serious behaviors or patterns of aggression, particularly if the youth shows no

[9] The report completed to address minor disruptive and non-compliant behavior in the Bon Air JCC. Such behaviors are not subject to room confinement under DJJ's current procedures.

[10] The interviewee was likely referring to IBR rather than IBRU. DJJ closed its last IBRU in 2017.

remorse or is unwilling to engage in treatment. One staff did not feel there were circumstances in which 14 days would be appropriate, and another thought it appropriate only in the most serious situations, such as for escapes. All described the individual's changed mindset or behavior as a factor to consider before releasing a youth from room confinement.

When asked about current programs or services that help youth in room confinement, all staff described engaging with the youth. Examples included staff checking on their mental health; counselors, therapists, or other staff talking with them; units including them in group discussions; teachers continuing schoolwork, and staff allowing phone calls and exercise. A consistent theme throughout the interviews with most staff was the importance of using an individualized therapeutic approach to help these youth process and change. This concept was described in both current room confinement practices as well as recommendations for any additional or alternative programs.

Other more specific suggestions included more physical or hands-on activities during room confinement, such as time outdoors to exercise or art activities. One staff also mentioned schedule or unit changes or mediation if the problem was between specific individuals. Some staff suggested returning to the previous practice of a separate unit for youth in room confinement, but others did not. One staff recommended addressing gang membership and activity via intensive clinical programming within a high-functioning dedicated unit; they noted that this plan would take years to implement.

Both the youth and staff interviews indicated that DJJ should continue using an individualized, therapeutic approach to youth behavior. Consistent engagement between staff and youth was noted as a key strategy, though staffing shortages were mentioned as a recent strain. Both youth and staff acknowledged that some youth are resistant to change, whether the consequence or intervention was room confinement or something else, but a solution to this challenge is unclear.

Based on staff interviews, much has changed over recent years in the strategies toward youth behaviors, but recent trends may indicate an uptick in gang-related and aggressive behaviors.

FINDINGS

1. DJJ does not use the "restorative housing" model that is the subject of the SB 108 study mandate.
2. DJJ staff in the Bon Air Juvenile Correctional Center ("Bon Air") utilize various forms of "room confinement," which consists of a resident being confined to their own room, in their own unit, behind a door with a window looking out to the common area, and with the ability to communicate with staff and residents.
3. All Bon Air residents, regardless of their room confinement status, are assigned a mental health clinician. The resident works with their clinician to determine how often individual therapy sessions will occur. Residents assessed as having a risk of engaging in suicidal and parasuicidal behaviors receive crisis stabilization services and may be subject to increased monitoring. Additionally, all residents are assigned to programmatic treatment groups.
4. Many of these treatment services remain available to each resident while in room confinement, though the structure and nature may require some adjustment to accommodate limitations associated with the room confinement period.

5. In Fiscal Year 2015, DJJ began implementing the Community Treatment Model ("CTM"), a behavior management program that promotes a treatment-oriented relationship between staff and residents. Among its requirements, residents participate in Mutual Help Groups aimed at encouraging resident insight and accountability and Circle Ups that use peer group assessment to reinforce positive choices and correct negative resident behavior.
6. Residents are not likely to be physically present in group treatment during confinement due to potential safety issues, but they can continue to participate in Mutual Help Groups and Circle Ups because they occur in the common area, which residents can see and hear from their rooms.
7. Consistent with the CTM, the department also modified its practices regarding room confinement imposed as a disciplinary sanction.
8. In 2016, the department began the process of proposing amendments to the Regulations Governing Juvenile Correctional Centers in 6VAC35-71 to effectuate these changes. On September 21, 2022, the State Board of Juvenile Justice ("Board") approved amendments to advance the regulation to the final stage of the standard regulatory process. The amendments will undergo final review by various offices in the executive branch and an adoption period before taking effect.
9. The proposed regulatory amendments establish additional safeguards to protect the physical and mental well-being of confined residents, allow for additional meaningful communication between residents and staff during confinement, provide a means of addressing threats to security and safety, narrow the purposes for which room confinement may be used, add a layer of additional transparency to the process, and enhance opportunities for accountability when residents commit serious institutional offenses.
10. The proposed amendments repeal the provisions authorizing administrative segregation. DJJ closed its last administrative segregation unit, known as the Intensive Behavioral Redirection Unit ("IBRU") in 2017 and has not operated an administrative segregation unit since. While Bon Air currently has an Intensive Behavioral Redirection ("IBR") program in place in which residents with similar behavioral issues are designated as being on temporary "IBR status," such residents are not placed in a separate housing unit or moved to another room. Residents on IBR status progress through four levels of the IBR program and may be placed in room confinement for temporary periods depending upon the number of other residents on IBR status and the extent to which these residents have progressed through the program levels. Even for these temporary confinement periods, residents remain in their assigned rooms, and staff must comply with the regulatory provisions regarding room confinement.
11. The proposed amendments require that staff visually check confined residents at 15-minute, rather than 30-minute intervals, and more frequent checks may be required when circumstances necessitate or for certain residents placed on suicide precautions.
12. The new regulation will continue to provide confined residents a daily opportunity for at least one hour of exercise outside of the locked room but will allow an exception if the resident displays threatening behavior, presents an imminent danger to himself or others, or other circumstances prevent the activity.

13. The updated regulation will require daily visits from a medical health professional or mental health clinician to assess the resident's health status, and visits from other staff, at various stages of the confinement period.
14. To ensure that room confinement is used sparingly, the new regulation will limit staff's authority to place residents in room confinement to three distinct purposes: (i) to address instances in which a resident's actions threaten facility security or the safety and security of others in the facility; (ii) to prevent property damage committed to fashion an object that may threaten facility safety or security; or (iii) as a disciplinary sanction for a limited category of offenses, which shall include the following:
    - Escape, attempted escape, or Absent without Leave;
    - Possession or use of security contraband;
    - Assault and battery;
    - Fighting;
    - Sexual misconduct; or
    - Sexual abuse.
15. The new regulations will continue to preclude staff from imposing room confinement as a disciplinary sanction for a period exceeding five days. Other forms of room confinement will have no cap but will require a formal case management review process for periods beyond five days wherein a facility-level review committee will conduct a case management review at its next scheduled weekly meeting and refer any cases recommended for continued confinement to the higher division-level committee for additional review. The case management review process will continue in this manner until either committee recommends the resident's release from confinement.
16. Recognizing that residents, whether confined for disciplinary purposes or other reasons, are not placed in separate units and are not isolated from other residents and staff, the updated regulation will officially cease all use of the term "isolation." In keeping with this change, former provisions that prevent residents placed on disciplinary room confinement from participating in activities with other residents will be stricken, leaving DJJ with the discretion to determine what level and volume of interaction between confined residents and others is most beneficial.
17. Staff will follow a hierarchy of notifications and written approvals by the Residential Program Manager and the Deputy Director of Residential Services, respectively, before room confinement may be extended beyond 48 and 72 hours. Any room confinement period beyond 72 hours will require that a treatment team consisting of stakeholders involved in the resident's treatment be convened to develop a written report outlining the steps planned to resolve the situation. The Deputy Director's approval of confinement periods beyond 72 hours shall be contingent on this report.
18. Under the existing regulation, in Fiscal Year 2020, the number of disciplinary room confinement sanctions ranged from a low of seven to a high of 52 sanctions. In Fiscal Year 2021, the number of such sanctions decreased, ranging from a low of two to a high of 11. In

Fiscal Year 2022, the number of disciplinary confinement sanctions ranged from a low of four sanctions to a high of 27 sanctions. The average duration of disciplinary room confinement ranged from a low of 27.9 hours to a high of 46.9 hours in Fiscal Year 2020, from 21.0 hours to 47.0 hours in Fiscal Year 2021, and from 20.3 hours to 47.0 hours in Fiscal Year 2022.

19. Resident interviews revealed one youth with fewer overall contacts mentioned staff being “out” (based on context, staff were on leave or a position was vacant) during their room confinement.
20. Based on resident interviews, staying on schedule for treatment or counseling was more variable, with two youth reporting that the treatment and counseling continued, two reporting that they stopped, and one reporting that individual sessions continued while groups stopped.
21. Staff interviews revealed that some but not all staff had received specific training relating to room confinement, but associated written guidance does not reflect current practices, leaving staff confused. Staff generally felt the training they received was sufficient for them to carry out their duties, but the majority indicated that the training, policies, or procedures could be improved. The most common theme for improvement was to keep information revised and updated. One staff member explained that without a clear manual, staff felt insecure about making decisions that could cost them their jobs.
22. Based on staff interviews, all staff identified aggression, fights, or assaults as the most common reason for room confinement. Several mentioned increased gang activity and fights in the facility. When asked what the purpose of room confinement should be, staff consistently focused on youth with aggressive behaviors who put the safety of staff and other residents at risk.
23. All staff interviewed indicated that they would feel less safe without room confinement at the facility, and all thought youth would also feel less safe without room confinement because they would not be separated from aggressive or assaultive residents.
24. One staff interviewed mentioned that those with blended sentences (i.e., time at VADOC immediately following their juvenile direct care stay) tended to be less receptive to change.
25. The majority of staff interviewed supported room confinement for longer than 14 days for very serious behaviors or patterns of aggression, particularly if the youth shows no remorse or is unwilling to engage in treatment. One staff did not feel there were circumstances in which 14 days would be appropriate, and another thought it appropriate only in the most serious situations, such as for escapes. All described the individual’s changed mindset or behavior as a factor to consider before releasing a youth from room confinement.
26. Throughout the interviews, staff consistently emphasized the importance of using an individualized therapeutic approach to help these youth process and change. This concept was described in both current room confinement practices as well as recommendations for additional or alternative programs. Consistent engagement between staff and youth was noted as a key strategy, though staffing shortages were mentioned as a recent strain.
27. Other more specific suggestions included more physical or hands-on activities during room confinement, such as time outdoors to exercise or art activities.

28. Based on staff interviews, much has changed over recent years in the strategies toward youth behaviors, but recent trends may indicate an uptick in gang-related and aggressive behaviors. One staff recommended addressing gang membership and activity via intensive clinical programming within a high-functioning dedicated unit.
29. In order to comply with current regulatory requirements regarding the disciplinary process, JCC staff collect and maintain data regarding the length of time and purposes for which residents in the JCC are placed in disciplinary room confinement. Other forms of room confinement are documented daily for each Bon Air resident and maintained in the certification files but are not maintained in an organized retrievable format.

RECOMMENDATIONS

1. DJJ should continue its work in seeing the revised regulatory provisions regarding room confinement forward through the last executive branch review and final adoption period to enactment.
2. Non-disciplinary room confinement should be based on the situational needs of the confined resident and other residents, not on an arbitrary time limit.
3. While DJJ is already focusing on improving hiring and retention, because one resident respondent reported fewer overall contacts due to presumed staff absences or vacancies, hiring and retention should include an emphasis on the need for additional staff to be involved with youth in room confinement.
4. Because resident responses regarding continuity of treatment or counseling during confinement varied, with two reporting that treatment and counseling continued, two reporting that they stopped, and one reporting that individual sessions continued while groups stopped, DJJ should seek to hire and retain additional staff qualified to provide treatment and counseling to ensure that such services are not interrupted during room confinement.
5. DJJ should ensure that the resident's assigned treatment or counseling continues during room confinement.
6. Staff whose duties involve room confinement should receive specific training on room confinement.
7. A clear manual on room confinement and any associated programming, such as IBR, should be developed and updated periodically and whenever changes are made to the program.
8. DJJ should consider what has been successful in the transition along with potential improvements based on this feedback and update the written procedures and training material to help guide staff in consistent and effective practices moving forward.
9. In order to better assess the effectiveness of its new confinement measures, DJJ should develop a more sophisticated means of documenting and tracking all instances of room confinement in a uniform format that allows the data to be searched, retrieved, and manipulated. DJJ recently established a Record and Data Integrity Unit to establish and maintain consistency in data collection practices across the state by providing clear instructions, coaching, and support. The newly created unit should assist with the development of a system for uniformly capturing and maintaining all room confinement data and should ensure that facility staff receive training on this new system. Data collection should be incorporated into DJJ's centralized electronic data system and linked directly to youth's records in order to enable both aggregate count tracking as well as identification of youth who repeat behaviors that result in room confinement.
10. For residents serving room confinement that does not exceed five days, the Bon Air JCC would benefit from three additional clinician positions to conduct mental status checks on and provide clinical treatment and behavioral interventions to youth serving room confinement. Such positions would ensure that residents across weekdays and weekends receive services such as emotional regulation skill-building and practice opportunities, problem-solving skill

building, and role-playing more pro-social behaviors in preparation for their return to the daily routine and expectations of the unit community. Additional clinicians can establish the rapport needed to ensure that when behaviors escalate, they have the necessary therapeutic relationship with any given youth to aid in de-escalating the youth and encouraging engagement in heathier responses. Having multiple positions would allow for de-escalation to occur during non-traditional working hours such as the weekends and evenings and ensure that clinicians have reasonable numbers of youth whom they can effectively impact in a more intensive way. Additionally, these new clinicians would permit existing clinicians to ensure that treatment services with residents who are not in these statuses are effectively delivered at a high level, uninterrupted by this additional task of delivering services to youth in room confinement. The fiscal impact for these three additional positions would be $254,694 annually.

11. For residents assigned IBR status, the Bon Air JCC would benefit from three additional clinician positions to conduct mental status checks on and provide clinical treatment and behavioral interventions to youth attempting to progress through the IBR program levels. Such positions require a greater intensity of intervention due to the length of the program and the requirements therein. This program which is used as a last resort aids residents in returning to baseline levels of behavior and functioning. Clinicians working with these residents have to provide greater dosing of intervention and consistency than those serving disciplinary sanctions. In so doing, the clinicians need to have a focus on these youth to provide the frequent therapeutic feedback and support that residents at this level of behavioral destabilization require. Additional clinicians would ensure that residents across weekdays and weekends receive services such as emotional regulation skill-building and practice opportunities, problem-solving skill building, and role-playing more pro-social behaviors in preparation for their return to the daily routine and expectations of the unit community. Additional clinicians can establish necessary rapport with youth across campus to ensure that when behaviors escalate, they have the necessary therapeutic relationship with any given youth to aid in de-escalating the youth and encouraging engagement in heathier responses. Having multiple positions would allow for de-escalation to occur during non-traditional working hours such as the weekends and evenings and ensure that clinicians have reasonable numbers of youth whom they can effectively impact in a more intensive way. These clinicians, alternatively, would permit existing clinicians to ensure that treatment service provision with residents not in these statuses is effectively delivered at a high level, uninterrupted by this additional task of delivering services to youth in this more extended status. The fiscal impact for these three additional positions would be $254,694 annually.

Fiscal Impact Analysis

DJJ recommends a total of six new clinician positions, as described above. The fiscal impact of the recommended positions is a total annual cost increase for the Department in the amount of $0.51 million. This cost was derived by applying the current average salary of like positions multiplied by the current fringe rates as required for each position.

APPENDIX

Interview questions, forms, and themes referenced in this report have been provided by the Department of Juvenile Justice on the following pages.

DJJ APPENDIX A

Disciplinary Room Confinement Information

	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
# of Room Confinements	31	13	21	52	23	16
Average Duration (hours)	42.6	38.7	36.8	46.9	36.2	42.5
Behaviors	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff, Attempted Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
# of Room Confinements	23	22	14	10	7	7
Average Duration (hours)	30.7	37.9	33.4	27.9	43.4	33.3
Behaviors	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff

	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
# of Room Confinements	6	11	3	7	11	2
Average Duration (hours)	35.0	22.0	47.0	29.9	26.0	47.0
Behaviors	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident, Fighting, Assault on Staff

	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
# of Room Confinements	8	2	3	5	3	6
Average Duration (hours)	21.4	22.5	21.0	21.8	23.0	21.7
Behaviors	Assault on Resident, Fighting, Assault on Staff	Fighting,	Fighting,	Assault on Resident, Fighting, Assault on Staff	Serious Sexual Misconduct, Assault on Resident,	Assault on Resident, Fighting, Assault on Staff

	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021
# of Room Confinements	4	11	8	12	13	18
Average Duration (hours)	20.3	40.5	38.1	47.0	45.2	40.5
Behaviors	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
# of Room Confinements	10	13	12	23	12	27
Average Duration (hours)	41.0	32.2	39.0	34.8	30.4	39.5
Behaviors	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff	Assault on Resident, Fighting, Assault on Staff Sexual Misconduct

DJJ APPENDIX B

Definitions

Chargeable Institutional Offenses Resulting in Disciplinary Room Confinement

(FY 2020-FY 2022)

Assault on Staff: An unprovoked physical attack on a staff member which may or may not result in injury.

Assault on Resident: An unprovoked physical attack on another resident which may or may not result in injury.

Fighting: A provoked physical altercation (provoked by physical or verbal cues) between two or more residents that may or may not result in injury.

Sexual Misconduct: Any sexual conduct or act by a resident either individually, with another resident, or directed towards staff to include but not limited to non-forced sexual contact, indecent exposure or masturbation, and sexual harassment. *Sexual Abuse (002) is defined separately.*

DJJ APPENDIX C

Juvenile Interview Script and Questions

Intro

Introduce interviewer(s) and the person taking notes

Interviewer: We all work for the Department of Juvenile Justice, and we are working on a study ordered by the Virginia General Assembly. As part of this project, we want to talk to some youth and staff at Bon Air about room confinement.

When we use the term, “room confinement,” we mean when someone is confined in a locked room. Someone can be in room confinement for different reasons, like while an incident is being investigated, as a sanction or consequence for breaking a rule, or as a way to protect them or another person.

While we’re talking today, “room confinement” does not mean someone being in their room at night; during hygiene time, staff change, or count time; or when the whole unit is on lockdown. It also does not mean when someone chooses or asks to be in their room.

We want to learn about your experiences so we can understand how room confinement is used at Bon Air and how you feel about it. We plan to talk to several residents so that we can hear different perspectives. We will write a report for the General Assembly based on what we learn. This information may help make decisions about how room confinement is used in the future.

We will take notes as you tell us your answers, but we won’t write down your name or any other resident or staff names. Our report will also not have your name or any other information that could identify you. We also won’t tell anyone who works here at Bon Air about what you say, so please answer honestly.

The only reasons we would have to tell someone what you said is if you tell us that someone is hurting you, or that you might hurt yourself or someone else. The law requires us to let people in authority know so they can help you. We also may need to report what you say if you tell us about a crime.

Answering these questions is completely voluntary – you do not have to talk to us, and nothing good or bad will happen to you based on whether you decide to talk to us. You can also skip any questions that you want, and you can stop at any point. If you want to skip a question or stop completely, just tell us.

Do you have any questions?

Do you want to continue? *[Only proceed if the youth answers affirmatively.]*

[Throughout, if the responses are long, the interviewer may remind the youth that they could answer as yes, no, don't know, or didn't apply, as appropriate for the question. If the youth seems hesitant or uncomfortable, remind them that they can skip a question or stop (e.g., "Remember that you don't have to answer any questions that you don't want. You can also stop at any point. What would you like to do?")]

Part 1: Basic Info

1. How long have you been at Bon Air JCC?

   [Clarifications as needed: If you've been here multiple times, only count this time.]

2. *If at Bon Air a year or less:* How many times have you been in room confinement while you've been here?

   If at Bon Air more than a year: How many times have you been in room confinement in the last year?

3. STOP *If no room confinement:* Thank you for agreeing to talk with me today. I don't have any other questions for you.

Part 2: Experience

I have a few questions about what happened while you were in room confinement.

For those with more than one time in room confinement (from earlier question): When you answer, think about the most recent time.

4. How long were you in room confinement? You can answer either in hours or days – whatever you remember.
5. Did staff explain why you were in room confinement?
6. *If yes:* Why did they say you were in room confinement?

   If no: Do you know why you were room confinement?

   Follow-up if a charge was not mentioned: Did you receive a charge that placed you in room confinement? What was it for?

7. *If a charge was mentioned:* Were you able to participate in a hearing?
8. If you didn't agree with the charge or the decision to go to room confinement, did you have an opportunity to challenge it?
9. Did you have access to the grievance process while you were in room confinement?

10. Where did you stay during room confinement? Were you in your normal room or did you go somewhere else?
11. *If in own room:* Were any items removed from your room during room confinement? If so, what kinds of things could you keep?

    If a different location: Were you able to bring anything with you to room confinement? If so, what kinds of things could you bring?
12. Basic needs are things like food, water, and feeling safe. While you were in room confinement, do you think your basic needs were met?

    If no: What needs were not met?
13. I'm going to list a few things. For each one, can you tell me whether you got it while you were in room confinement? You can say 'yes,' 'no,' or that you didn't need it. *[Note: if they already mentioned something in #4, acknowledge/confirm their answer.]*
    1. Did you get the same type of food while you were in room confinement as you did before?
    2. If you take any medicine every day, did you get it?
    3. Could you see a doctor if you needed to?
    4. If you take any classes, did you get your schoolwork?
    5. If you are in any treatment or counseling, did you get to stay on schedule?
    6. Did you feel safe?
14. How often did adults check on you while you were in room confinement?
15. Did your counselor talk to you while you were in room confinement?
16. Did your therapist talk to you while you were in room confinement?
17. Did your advocate talk to you while you were in room confinement?
18. Did you talk to any other adults from your unit while you were in room confinement?
19. Did you talk to any other adults in the facility while you were in room confinement?
20. Did you get to talk with your family or other people from outside of Bon Air? *[Note: COVID impacted in-person visits throughout the facility, so visits may have been limited to phone calls.]*
21. Other than what we've already talked about, were there any other activities you could do while you were in room confinement?

Part 3: Feelings & Feedback

My last few questions are about how you feel about room confinement and if you have any ideas for how to make Bon Air better. Answer on a scale from 1 to 5, with 1 meaning very bad or not at all, and 5 meaning very good or all the time.

22. On the scale of 1 to 5, how did being in room confinement make you feel?
23. On the scale of 1 to 5, did being in room confinement make you think about changing your behaviors?
24. On the scale of 1 to 5, when you think about times other people have been in room confinement at Bon Air, do you think it usually helps others feel safer?
25. On the scale of 1 to 5, when you think about times other people have been in room confinement at Bon Air, do you think it is usually a fair consequence?
26. On the scale of 1 to 5, when you think about times other people have been in room confinement at Bon Air, do you think it usually helps the person behave better afterward?
27. What part of room confinement did you like the least? What part was the hardest for you?
28. What could staff have done better while you were in room confinement?
29. Would you change anything about how Bon Air uses room confinement?
30. Is there anything else about room confinement that we did not cover that you'd like to discuss?

DJJ APPENDIX D

Staff Interview Script and Questions

Introduction

The Department of Juvenile Justice (DJJ) is working on a study ordered by the Virginia General Assembly. The study focuses on the use and effectiveness of room confinement in juvenile correctional centers. As part of this project, we want to talk to some youth and staff about their experiences and opinions on room confinement.

For this study, when we use the term "room confinement," we mean when a resident is confined in a locked room. A resident can be in room confinement for different reasons, like when an incident is being investigated, as a sanction or consequence for breaking a rule, or as a way to protect them or another person. As you answer these questions, remember that "room confinement" does **not** mean when residents are sleeping in their rooms at night; when residents are in their rooms during hygiene time, shift changes, or count time; or when the whole unit is on lockdown. It also does not mean when a resident chooses or asks to be in their room.

We want to learn about your experiences so we can understand how room confinement is used at Bon Air, the impact on staff, and how you feel about it. We are interviewing you and other staff members who have been involved with room confinement to hear different views. We will write a report for the General Assembly based on what we learn. We may use this information to help make decisions on how room confinement is used in the future.

We will take notes as you tell us your answers, but we won't write down your name or any other staff or resident names. Our report also will not have your name or any other information that could identify you. We also won't tell anyone who works here at Bon Air about what you say other than in summary form with the other staff's responses, so please answer honestly.

As a reminder, DJJ must report certain information that you tell us about crimes, including if you tell us that someone might hurt themselves or someone else. We would not be able to keep that kind of information confidential, and we would have to report your name and what you said.

Answering these questions is completely voluntary. You do not have to talk to us, and nothing bad will happen to you if you decide to talk to us. You can also skip any questions that you want, and you can stop at any point. If you want to skip a question or stop completely, just tell us.

We are going to take turns reading you the questions. Please let us know if you need a question repeated or don't understand what we mean. We will not give our opinions or try to influence your responses in any way.

Interview Questions

Part 1. Basic Information

31. How long have you worked in a juvenile correctional center in Virginia?
32. How long have you worked at Bon Air JCC?
33. In your current position at Bon Air JCC, do you have any duties related to room confinement? If so, please explain.

Part 2. Training on Room Confinement

34. Have you received any training about room confinement while working at Bon Air? If so, please describe the training you received and how often you received it.
35. If you answered "yes" to the last question, do you think the training you received about room confinement was enough for you to carry out any duties involving room confinement? Please explain.
36. Do you think the current room confinement training, policies, or procedures could be improved? If yes, please explain.

Part 3: Experience

37. From your experience, in a typical week, how many youth do you think are placed on room confinement? Please explain.
38. From your perspective, what do you see residents being placed in room confinement for most often?
39. What is the longest time you can think of that a resident has served room confinement? Please explain.
40. Would you say that residents are typically resistant to being placed in room confinement? Please explain.
41. In your experience, are residents released from room confinement more often because a specific period of time has passed or because their behavior has improved? Please explain?

Part 4: Feedback

42. What do you think SHOULD BE the purpose of room confinement at DJJ? Please explain.

43. Do you think room confinement is sometimes necessary for your safety or other staff's safety? Do you think any other options could also keep you safe? Please explain.
44. Do you think the possibility of being put in room confinement makes residents less likely to violate facility rules? Please explain.
45. How many days do you think a resident should spend in room confinement? Please explain.
46. Do you think it would be appropriate for someone to spend more than 14 days in room confinement? If so, under what circumstances?
47. Do you know about any current programs or services that are helpful for residents while they are in room confinement? If so, please explain how you think they are helpful.
48. Do you think that there may be additional programs and services that DJJ could provide that would be helpful to residents while in room confinement? Please explain.
49. What factors do you think DJJ should consider before releasing a resident from room confinement? Please explain.
50. Are you aware of any current tools or programs DJJ uses instead of room confinement? If so, do you think these tools are effective?
51. Do you think there may be other measures, aside from room confinement, that DJJ could consider to manage behavior and ensure safety? Please explain.
52. As a staff member, would you feel more safe or less safe **without** room confinement at Bon Air? Please explain.
53. Do you think residents would be more safe or less safe **without** room confinement at the JCC? Please explain.
54. Is there anything else you would like to share about room confinement at Bon Air JCC?

[*Thank you for speaking with us today*]

Closing Statement by Virginia Department of Corrections

The Virginia Department of Corrections would like to thank all members of the workgroup for their hard work and dedication. The Department also appreciates the insight and feedback from all stakeholders who contributed to this report.