

Heidi introduction

Chair Prozanski, Vice-chair Thatcher, and members of the committee, for the record, I am Heidi Steward - Acting Director at the Oregon Department of Corrections. We are happy to be here today to discuss Special Housing.

Joining me is Mandi Perry, our Special Housing Administrator. In this role, Mandi oversees Special Housing across the state in order to ensure continuity and provide quality assurance – so she makes sure what we think is happening, is indeed happening. Mandi has been in this role only a few months as this is a newly created position. We knew we needed a dedicated person over our special housing efforts if we were going to make meaningful and lasting change. I'll spend just a few minutes sharing a bit of history and our progress to date, and then I'll turn it over to Mandi.

Please know, while we are going to talk about our progress over the years, by no means do we think we're finished. Quite the opposite. There is still much work to do. The good news: we're ready to do it! We're ready to make meaningful change for the sake of the men and women in our care and custody AND for sake of our employees and their wellness.

This work is also very important to Governor Brown. In fact, in my short time in this acting role, we have already met to discuss our work in Special Housing. She has asked for and we are preparing a plan detailing our long and short-term plans for continued segregation reform. We will submit this plan to her later this month.



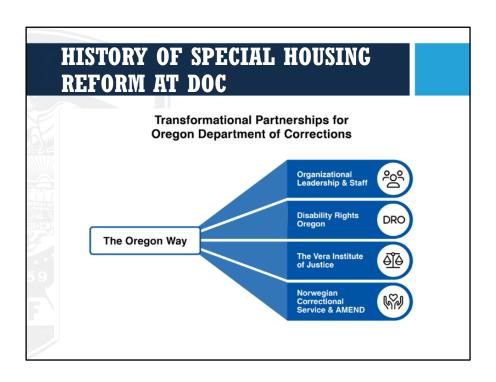
This picture may not look like much to you, but it was a significant accomplishment for us. This unit was an intensive management unit in Special Housing and was converted to a 73-bed general population honor housing unit.

We were able to make this shift because we began sending people to Special Housing for shorter periods of time and so we just didn't need as many special housing beds as we did in years past.

We also began providing more out of cell time and some programming. In turn, we we're seeing less violence.

Another change we made in special housing is we no longer have a death row. Most are now in general population.

We will continue our reform efforts in a thoughtful way that allows us to bring along our employees. As you can imagine, these efforts do require a lot of communication and training to do it right. We do not want to encounter any fail to protect issues. It is also critical we work closely with labor on bargaining issues that may arise because of our efforts.



We didn't and can't do this work alone. We forged four significant partnerships that were crucial in our evolution:

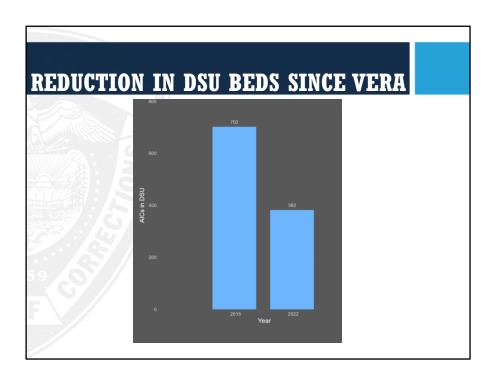
Our partnership with Disability Rights Oregon (DRO). In 2015, DRO wrote a report entitled "Behind the Eleventh Door" that led to a signed agreement between us and DRO to transform the treatment of AICs with mental illness and align standards of treatment with constitutional standards of care. Over the next six years, DRO documented their oversight and partnership with us in annual reports.

Second, our partnership with the Vera Institute of Justice that informed our movement away from the use of solitary confinement. Vera worked with five jurisdictions to consider alternatives to such confinement. The results of that initiative are summarized in "Rethinking Restrictive Housing" published in May 2018. We are reaching out to Vera to discuss how we can partner around ongoing data monitoring.

Our third partnership is with the Norwegian Correctional Service and the University of California San Francisco's AMEND program that resulted in the development of "The Oregon Way" which

focuses on two areas: segregation reform and staff well-being through normalizing and humanizing our prison environment.

The fourth and **most significant** partnership is between our agency's leadership and employees. Together, we have focused on culture change. We know this is the foundation for meaningful, long-lasting change. We are still evolving and in the midst of this culture change.



Here is some data to back-up a bit of what I've said:

Specific to disciplinary segregation: We have almost cut in half the number of AICs in disciplinary segregation since the 2015 Vera Report

- Looking at a snapshot in time in 2015, Vera reported Oregon housed 702 AICs in disciplinary segregation for misconduct.
- A snapshot this year showed 382 AICs in disciplinary segregation due to misconduct.
- This is a 46% reduction to the number of AICs in disciplinary segregation.
- Now one could argue that our total AIC population has dropped, and this is true. It did drop by 16% since 2015. However, the DSU population dropped nearly three times as much as the overall population.

It's always important for us to remember as we engage in special housing reform that Oregon's prison population is unique.

Over 78% of Oregon's AICs are serving a "person crime" sentence as defined by the

CJC.

- 56% of our AICs are ineligible for sentence reductions as an incentive for good behavior.
- This means we have limited tools to ensure accountability and safety compared to other states, so we always have to balance this as we look at change.

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There is a due process hearing when AICs face sanctions for a major misconduct. This is one example of change we have made to this process.

If you can't read this, it's okay. It not necessary. The grid on the left is our current sanctioning grid. The grid on the right was in effect until December 2020, and had mandatory minimum disciplinary segregation sanctions for some rule violations. In December of 2020, we eliminated mandatory minimums from all rule violations.

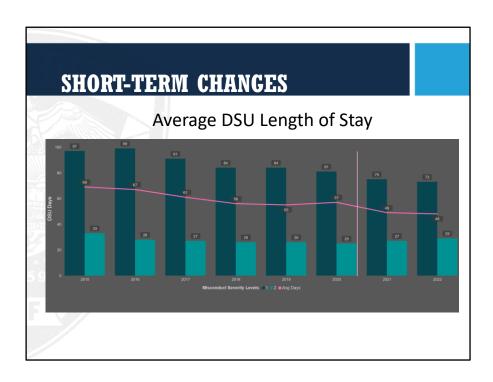
The Hearings Officer can still upward deviate to 180 days, but we don't see that as often as we used to. We have seen a 25% reduction in the average length of stay for level one rule violations over the last seven years. This is attributed to our change in culture. There are more changes coming to our sanctioning grid in the near future. These changes will be included in the plan we provide Governor Brown. The goal is to maintain safe prisons, send fewer people to segregation, and utilize even shorter segregation sanctions.

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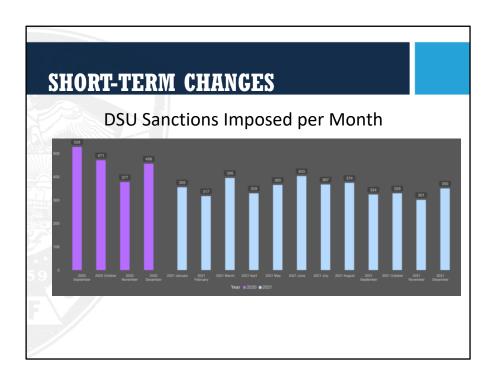
These grids show that prior to 2009, DOC was utilizing DSU sanctions for the lowest level rule violations. We eliminated this practice in 2009.

The point of this slide and the previous slide is just to highlight our long-standing commitment to placing fewer people in segregation for shorter periods of time.

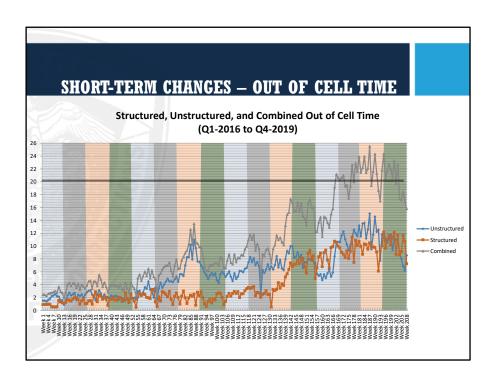
And with that, I'll turn it over to Mandi Perry.



- Meaningful change, not name change: After visiting and calling other states-- we believe some of the states have not been fully transparent in their efforts.
 - Eliminating "DSU" but increasing reliance on "intensive management"
 - o For example, Washington has a similar prison population to Oregon. They state they have:
 - Eliminated DSU; yet they have
 - 3x as many AICs in "intensive management housing"
 - This is not the meaningful lasting change of conditions that we want for Oregon.
 - Another example is California who Eliminated DSU but is using a "Security Housing Unit" for up to six years (California)
 - o DOC would rather invest in real increases in out of cell time
 - o Provide programming while AICs are in segregation
 - Peer mentoring, High Risk AICs on Security Threat Management caseload, Cognitive Programming before segregation and in segregation.
- As you can see from the graph, the average length of stay in DSU, for level one and level two misconducts, has continued to decrease since 2015. At that time the average length of stay was 69 days. Now, in 2022, the average length of stay is 48 days. The trendline includes both level 1 and 2.



- Before the rule change in December of 2020, we issued an average of 542 DS sanctions per month (that's not individuals, an AIC could have multiple sanctions for the same event).
- After the rule change decreased to 371 per month, a 32% reduction.
- Our population has also gone down, so taking that into account, we've reduced DS sanctions by about 25%.



- Engagement with DRO. The goal was 10 hours of unstructured time out of cell per week and 10 hours of structured time out of cell per week.
- Before COVID, you can see that we met that goal for hours.
- Example of Unstructured time playing cards.
- Example of Structured time behavioral therapy.



- A key policy change views out of cell time as a necessity and not as a privilege. Out of cell time is a motivator to engage AICS to take better care of themselves. The same approach is used to reduce uses of force in the agency's in-patient mental health units. It is also viewed as necessary for individuals to become lower risk to engage in violent and self-harming behavior.
- First, rather than following the practice of an SMI designation being fairly prescriptive and including only specific diagnoses, Oregon DOC now defines SMI as **any diagnosis with significant functional impairment**. While there are three exceptions, this definition changes the focus to functional impairment and to increasing the level of functioning through treatment.
- Second, the assessment and the treatment plan are individualized and based on what will meet the needs of the adult in custody with significant functional impairment.
- Those housed within the behavioral health unit (BHU) cannot be sanctioned to the disciplinary segregation unit. In the past, if
 an adult in custody came to the BHU as a diversion from administrative segregation, they could receive a disciplinary sanction
 to disciplinary segregation status.
- Behavioral Health Services Clinical Practice has updated its mental health codes and levels of service to identify a client's
 Level of Functioning based on clinical presentation, assessment of functioning, and the mental health provider's clinical
 judgment. This establishes and identifies a level of mental health care for clients consistent with the community.
- Recreation and leisure activities are part of treatment. Outdoor and indoor recreation have been expanded. Safe day rooms
 have also been built, including specialized program desks, to allow more congregate activity without adults in custody hurting
 one another.
- Continuum of care and services are available to adults in custody who are mentally ill. The continuum is as follows:
 - General Outpatient Services
 - Mental Health Unit
 - Day Treatment Units
 - Behavioral Health Unit
 - Mental Health Infirmary
- Cognitive Restructuring Programs to be offered to high-risk AIC's while housed in General Population and provided opportunity for additional support and programming if placed in Special Housing.
- AICs provide a Peer Mentorship Certified program to High-Risk AICs housed in DSU with staff facilitated oversight.

QUESTIONS?

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