

Emergency lock-ins are a critical tool employed by the Department of Correction in order to maintain and ensure operational integrity as well as the safety of individuals in our custody and members of staff. Emergency lock-ins are not used punitively; they are security measures that assist the Department in an investigation that follows a use of force, fight, incident causing a serious injury or other violent incident. In addition, emergency lock-ins allow the Department to assess tension among individuals in our custody and take actions that prevent subsequent violent incidents, which has contributed to the reduced number of slashing and stabbings across our facilities.

The Department has worked hard over the past year to refine our emergency lock-in process and mitigate concerns raised by the Board in last year's report. We are pleased to see that the Board's audit recognizes the good work done by the Department over the past year. As the 2019 report noted, emergency lock-ins have fallen by 18% and localized emergency lock-ins have increased by 6%, amounting to 88% of emergency lock-ins being localized emergency lock-ins. Likewise, the Board noted the Department's area lock-in forms show an improvement in completion over last year and noted only 1% of lock-ins noted in COD reports were missing corresponding area lock-in paperwork. This is a significant achievement, and while there is still more work to be done, the Department remains proud of these improvements.

When comparing the impact of emergency lock-ins on Enhanced Secure Housing (ESH) and the Secure Unit in the current and previous Board Lockdown Reports, 2018 had a higher average lock-out hours afforded per day for those housing units compared to data in the 2017 report. Specifically, the average lock-out hours afforded per day for ESH Levels 1, 2, and 3 in 2018 were 6.5 hours, 5.4 hours, and 9.7 hours respectively compared to the numbers in 2017 which were 4.9 hours, 5.0 hours, and 8.5 hours respectively. While the Department strives to afford all lockout time, emergencies do arise. 2018 numbers as compared to 2017 numbers clearly indicate that Department is moving in the right direction. For the Secure Unit, the 2017 average lockout hours afforded per day in 2017 was 9.5 hours, but in 2018's Board report, it was 10 hours, which meets the mandated lock-out hours. The Department is committed to building on its success over the last year and hopes to further improve average lock-out hours afforded per day to those in restrictive housing units through continuing to utilize localized emergency lock-ins and refining our response to incidents.

Methodology and Data:

As noted in last month's 5-04(k) Supervision and Monitoring, Unannounced Rounds Audit, the Department has concerns about drawing conclusions that purport to represent the perspective of the entire population in custody from a statistically insignificant sample. The Board interviewed 32 individuals out of a total 7,808¹ individuals (approximately 0.04%) in the Department's care at that time. Likewise, interviewing 7 officers of the nearly 10,000 uniformed staff (approximately 0.07%) of the Department cannot produce perspectives that are representative of the entire workforce. We encourage the Board to use statistically significant sample sizes in their future audits. Further, while the Department appreciates the Board's inclusion of the interviewer's opening statement and questions, we would like additional information on how the interview itself was conducted, including whether it was in a group setting. Finally, the interviewees' statements are produced in this document without context and the Department would be interested in seeing the full comments of all of the individuals interviewed.

¹ Average daily population between the time-period of March 14-April 1, 2019, when the Board conducted its interviews.

Personal Experience of Emergency Lock-ins

The Department was concerned by the claims raised in the grievances included the Board's report (page 12). To better investigate these grievances, the Department reached out to the Board for additional information and compared that to information available from DOC's Office of Grievance and Constituent Services.

Grievance #1: "In our housing unit yesterday there was a fight. After the fight...the rest of us got punished. We was denied hot water, phone calls and all recreation. On top of it all they denied us food. Meanwhile those guys that fought went to a different housing unit and used the phones, got hot water, and were fed accordingly."

Upon receiving additional information on the context of this grievance from the Board, the Department looked into the matter and determined that the emergency lock-in he experienced was not due to a fight in his unit, but to a slashing incident elsewhere in the facility. The three and a half hour lock-in occurred between 0800 – 1230 in order to investigate the incident. Moreover, the Board's report omitted an important sentence regarding the continuation of meal services during the lock-in, "[t]oday they brought the breakfast and no one wanted to eat because they still had us on a lock down. They took the food back." The Department cannot require an individual in our custody to eat, but here the food service was unquestionably afforded to the individuals in the housing area. Further, hot water for the building is centrally monitored and it would not be possible for hot water to be turned off locally. The individual that made the grievance may not have been aware of the slashing incident that occurred elsewhere in the facility but, for security reasons, officers cannot advise individuals of investigations taking place during the lock-in.

Grievance #2: "Complainant feels unsafe because he believes that DOC staff are retaliating against him and subjecting him to extended lock-ins as a result of a repeated request for health services."

The Department takes its responsibility to afford access to medical care very seriously and retaliation of any kind against those in our custody is not tolerated. This claim was investigated and it was found that the individual was actually never held within his cell against his will during the time period alleged, and was not denied medical service during the time period alleged. In actuality, the Department's medical movement forms show the individual leaving the housing unit to receive medical services during the time period he alleged to be involuntarily locked-in.

Grievance #3: "When an anonymous caller calls to speak to her nephew at a facility, she is told that a lockdown has been lifted, but when her nephew calls her reports that lockdowns at his facility always exceed 24 hours."

This grievance in its full context begins with the anonymous caller making a complaint about a facility's lockdown procedures and how she believes that the facility is not allowed to be on lockdown [emergency lock-in] for more than one day. However, within the Department's Directive 4009R-B on Lock-in/Lock-out, 24-hour emergency lock-ins are permissible with the authorization of the Chief of the Department. Further, the Board receives notification from the Department of all emergency lock-ins that exceed 24-hours. Regardless, the Department takes these concerns seriously and if the caller or the Board were able to provide additional information on the dates in which the caller was told the

lock-in was lifted but her nephew expressed it had exceeded 24 hours, the Department would investigate further.

Finally, the safety and security of individuals in the Department's care remains our paramount concern. Emergency lock-ins are first and foremost a safety tool used that is used judiciously to address violence, mitigate tension, or address a violent incident.

Mandated Services and Documentation

The Department takes seriously the interruption or cancellation of mandated services due to emergency lock-ins. As noted by the Board, the Department has worked hard over the past year to decrease the duration of emergency lock-ins, the total number of emergency lock-ins, and the scope of housing units impacted by emergency lock-ins so as to ensure the services of as few individuals as possible are impacted. The Board's report notes that 91% of the Area Lock-In Forms in the month of November recorded an impact on an individual's ability to visit with their loved ones. Visits provide much needed human connection and are crucial to maintaining an individual's bond with their loved one and their community. The decision to impact the opportunity for visitation, regardless of the number of individuals impacted, is not taken lightly and only done when necessary for security purposes.

The Department is pleased to see that the Board's report is reflective of the work done over the past year to improve documentation on facility lock-ins. The Board's report found that the completion of Area Lock-In Forms was greater in November 2018 when compared with the previous year's data during the same period. In November 2018, there was only one form out of 155 that did not contain the Commanding Officer's signature versus the previous year's month when that portion was missing on 36 forms. Within the same time period, 100% of the November 2018 Area Lock-In Forms reported the time when emergency lock-in was lifted; the previous year's completeness of this section was 75%. Another section of the completion of the Area Lock-in Forms that saw improvement was how only two of the emergency lock-ins reported in the Department's 24-Hour Central Operations Desk (COD) report were missing a corresponding Area Lock-in Form. This is a significant improvement from the previous year when there were 23 that had missing corresponding Area Lock-in Forms. The Department strives to fully document emergency lock-ins and plans to build on this success in the coming year.

Below are the Department's response to the Board's Summary of Recommendations.

- **Recommendation #1: "Continue to reduce the number and duration of lockdowns to the fewest and shortest necessary to restore order and maintain security. Additionally, work toward ending the use of facility-wide lockdowns and instead use shorter, more targeted interventions so that only those housing areas that must be locked down are affected. This will reduce the number of people unnecessarily impacted by lockdowns and minimize the perception of lockdowns as unfair or excessive punishment."**
 - The Department agrees with this recommendation to reduce the number and duration of emergency lock-ins to the fewest and shortest necessary. Our data to date has shown progress and improvement towards that goal. For the first time since 2014, the Department saw an 18% decrease in the number of emergency lock-in incidents from 1,595 emergency lock-ins in 2017 to 1,313 emergency lock-

ins in 2018. In addition, the duration of lockdowns decreased from an average of 12 hours in 2017 to 11 hours in 2018. We will continue to build on this progress and continue our use of targeted, localized emergency lock-ins.

- **Recommendation #2:** “Create a system by which all lockdowns impacting visits and/or phone calls are listed on the Department website so that friends and family members can plan accordingly and understand why their loved ones may not be calling.”
 - The Department will accept this recommendation and will work to explore the best process for posting a notification to our website that advises of impacted visitation and/or phone services due to facility-wide emergency lock-in.

- **Recommendation #3:** “Continue to improve consistency and completeness of data tracking and documentation on lockdowns by updating the information captured in the Department’s “Area Lock-In Forms” and developing an electronic tracking system. Updated Area Lock-In Forms should include:
 - Complete information on medical and mental health services affected beyond sick call, including: clinic, medication administration, follow up appointments, and specialty appointments.
 - Specific programs affected by lockdowns,
 - Specific DOC staff activities undertaken during lockdowns to resolve or address stated reasons for lockdowns and the number of staff diverted from their regular posts to effectuate lockdowns.

 - The Department is wholly committed to ensuring the accuracy and completeness of our data. As previously stated, the data regarding improvement and consistency is an encouraging sign. Last year, the Department began inputting emergency lock-ins into the Incident Reporting System (IRS) and therefore this information is already being electronically tracked. We are in the process of adding mandated services that may be effected by emergency lock-ins to IRS so that we may better track the impact lock-ins have on these services.

- **Recommendation #4:** “Collect and analyze information on the specific time, steps, and numbers of staff needed to address different lockdowns procedures (i.e. slashings, searches, fights) and the intended goals of those activities.”
 - In our ongoing efforts to reduce and localize emergency lock-ins, the Department has closely monitored its lock-in procedures in order to achieve the improvements noted in this report. Each circumstance preceding a lock-in is unique and the number of staff, and the type of staff, differ depending on the events. Emergency lock-ins that require an investigation may require assistance from CIB or ID, for example, whereas lock-ins driven by a specific violent event may not. All emergency lock-ins that occur require layered levels of approval, including the Division Chief. Further, the Department’s process of lifting and resetting emergency lock-ins before and after regular lock-in hours (e.g. daily count or overnight) ensures that high level reviews regarding the stated need for an emergency lock-in, and the work done to investigate that event, are constantly being reassessed. The Nunez Monitor

also reviews our emergency lock-ins and we are working with the Monitoring Team to make sure our updated directive reflects their operational and policy recommendations. If as we move forward we find that additional metrics would be helpful in monitoring emergency lock-ins we will consider adding to the scope of our current data collection process. We will be happy to continue to conversations with the Board on this topic.

- **Recommendation #5: “Develop a policy outlining the communication that must occur between DOC and CHS staff when lockdowns occur.”**
 - **“CHS and DOC should together develop systems to track how lockdowns affect scheduled services, medication provision, and patients requesting sick call, and develop a policy addressing how access to care across different service types is prioritized and rescheduled when lockdowns occur.”**
 - The Department has a policy, Directive 4009R-B, which outlines required communications with CHS in the event of an emergency lockdown. As per the Department's Directive 4009R-B, the Tour Commander ensures that appropriate notifications are made to the various facility service areas in the event of an emergency lock-in, and these areas include but are not limited to CHS staff, food services, and visits. In addition, the Department works closely with CHS to ensure medical services are available to individuals during emergency lock-ins. Going forward, the Department will continue to work with CHS to improve our shared workflow and ensure that individuals in need of medical care are able to receive it during an emergency lock-in and that anyone who misses an appointment is produced for a rescheduled appointment in a timely manner.
- **Recommendation #6: “Provide the Board with the updated draft policy on lockdowns prior to finalization so that the Board can share feedback.”**
 - Presently, the Department is making revisions to the Lock-in/Lock-out Directive. The Department is in the process of incorporating comments and edits from the Nunez Monitoring Team and internal stakeholders. The Department will share a draft with the Board after these comments and edits have been incorporated.
- **Recommendation #7: “Provide the Board staff with direct access to lockdown documentation (“Area Lock-In Forms”) for review and monitoring by Board staff**
 - The Department will provide the Board with direct access to this documentation.