



# Amend & the North Dakota Department of Corrections and Rehabilitation

---

Prepared for the House Appropriations  
Committee Hearing on HB1015

*February 6, 2023*

---

Cyrus Ahalt, MPP

Chief Program Officer, Amend



**Amend** is a program at the **University of California, San Francisco School of Medicine**

We draw on **public health, medical ethics, occupational health, human rights, and correctional best principles and practices** to transform living and working conditions in U.S. prisons



**Incarcerated people in the U.S. experience more illness than the non-incarcerated population**

Condition	Population in State/Federal Prisons	Population in Jails	US Population
Hypertension	30.2	26.3	18.1
Heart-Related Problems	9.8	10.4	2.9
Diabetes	9.0	7.2	6.5
Asthma	14.9	20.1	10.2
Stroke	1.8	2.3	0.7
Any Chronic Condition	43.9	44.7	31.0

Values are %. On the basis of data from the National Inmate Survey 2011 to 2013 (NIS-3), a survey of randomly selected people incarcerated in state prisons (N=3,833) and jails (N=5,494). General population estimates are from a community-based survey, the National Survey on Drug Use and Health, 2009 to 2012.

There is another, hidden, epidemic of poor health  
The impact of prison work on the health of  
correctional officers is alarming

- High rates of **chronic health conditions**
- Many report perceptions of a **constant threat of violence**
- **Withdrawal, isolation, conflict** at home are common
- **Elevated rates of severe depression and suicide**

Is there a country that has a prison system grounded in public health?

---

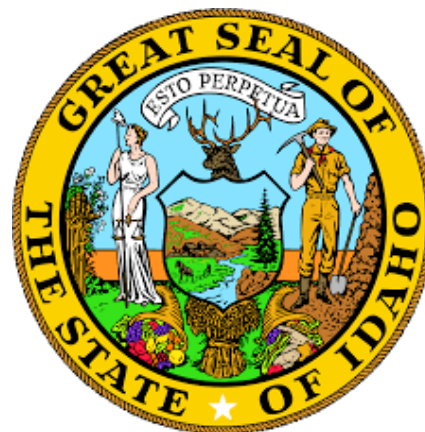
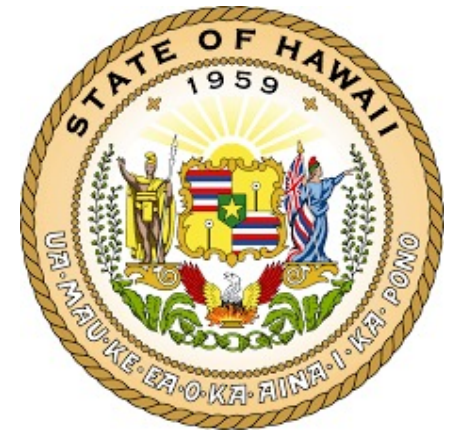




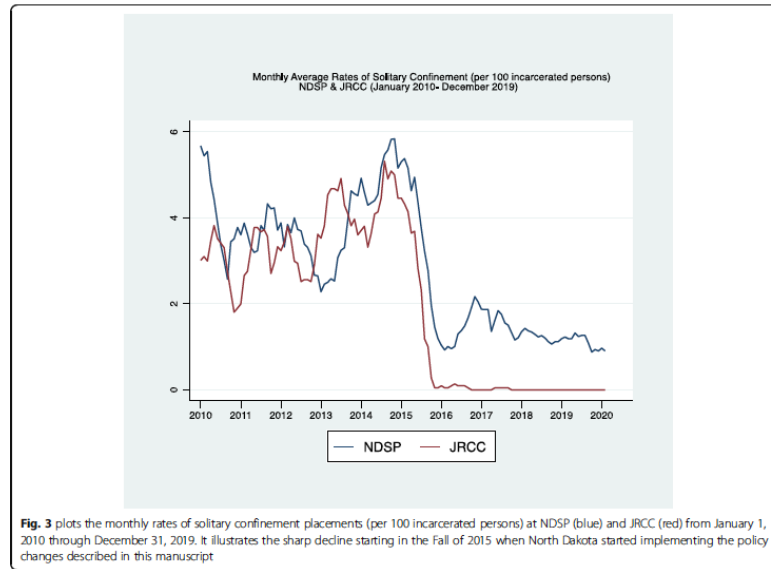
**The Norwegian  
Correctional Service:**  
Our primary program  
development and  
implementation partners

***“People go to court to be punished ...  
They go to prison to become better neighbors”***

**2015:** Developed an international immersion program to expose government and prison leaders to Norwegian prisons and Swedish probation and parole



## 2016 - 2017: One Department – ND DOCR - translated international learning and collaboration into meaningful change and national leadership





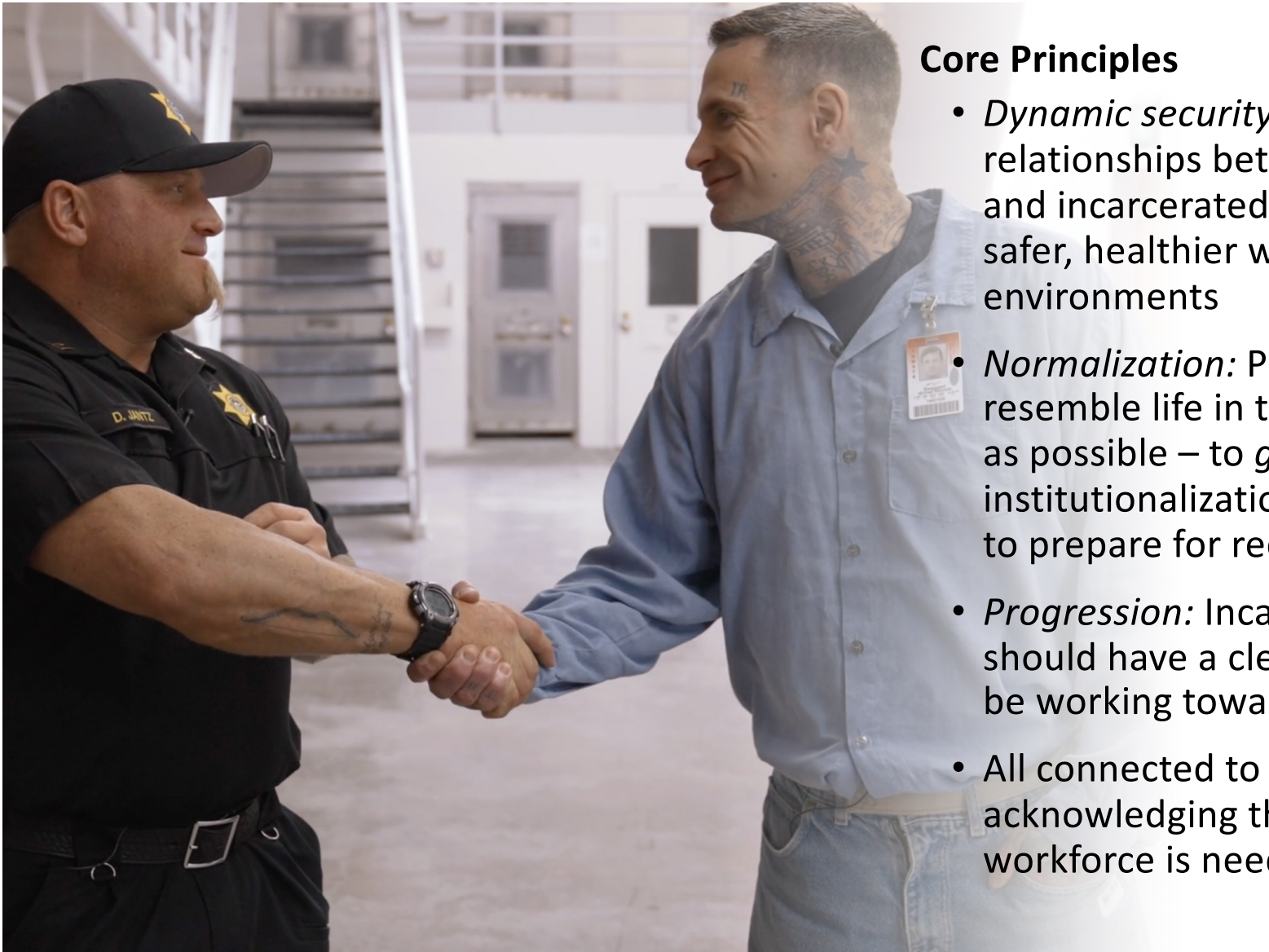
**In 2017-18: Added a “bottom up” strategy to inspire, train and guide frontline prison staff and managers & sought U.S. State prison systems for intensified partnership**





## 2018 – Today: Close Partnerships with 4 U.S. State DOCs

- DOC Leadership aspiring to lead a national change movement
  - Open to transformative policy and practice change
- Willing to invest: staff positions, staff training, normalization



## Core Principles

- *Dynamic security*: Positive professional relationships between correctional staff and incarcerated individuals produce safer, healthier working and living environments
- *Normalization*: Prison life should resemble life in the community as much as possible – to *guard* against institutionalization, dehumanization and to prepare for reentry
- *Progression*: Incarcerated individuals should have a clear path to success and be working towards it supported by staff
- All connected to improved *staff health*, acknowledging that a healthy, engaged workforce is needed to achieve mission



# Core Principles in Practice

## *Contact Officer Model*

Train and support uniformed staff to serve as mentors and coaches and to focus their support on residents who need it most to keep them moving forward, not backward

## *The Resource Team Model*

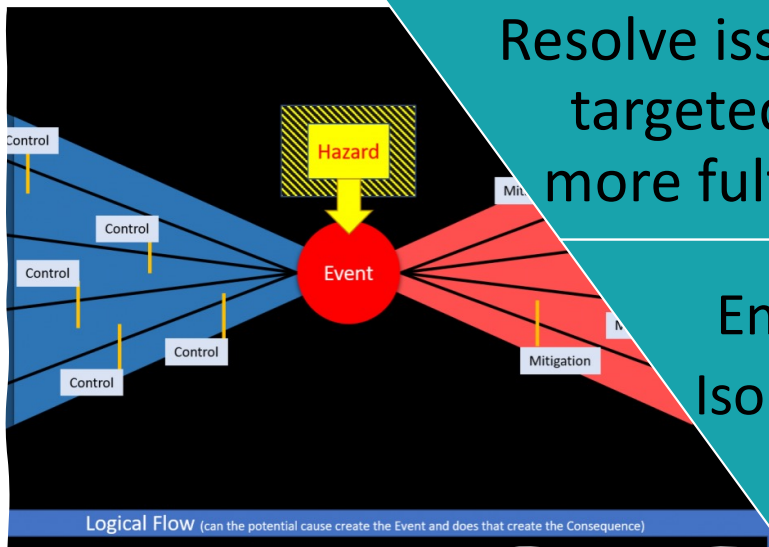
Train and empower staff in higher security settings to work closely with individuals who have been temporarily separated from general population; Meet their often complex needs, return them to lower-level housing as soon as possible, and end the use of long-term isolation

# Putting It Together for Transformative Change

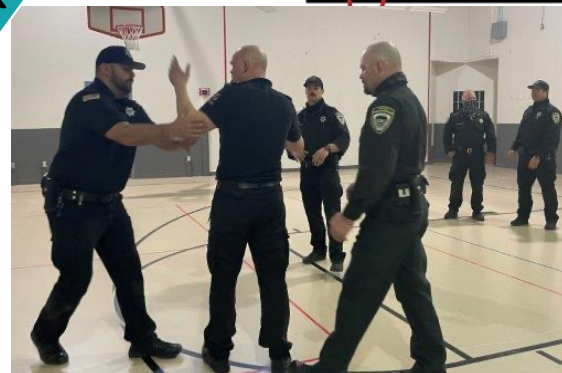
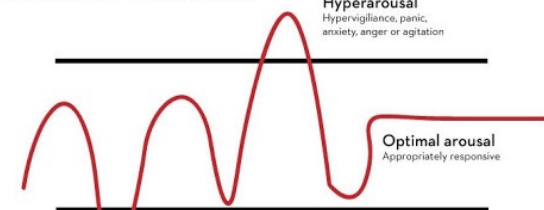
Dynamic Security / Normalization  
– restorative instead of punitive, id problems before they arise, safer & healthier working environment

Contact Officer –  
Resolve issues, provide targeted support, more fulfilling work

Ending Isolation

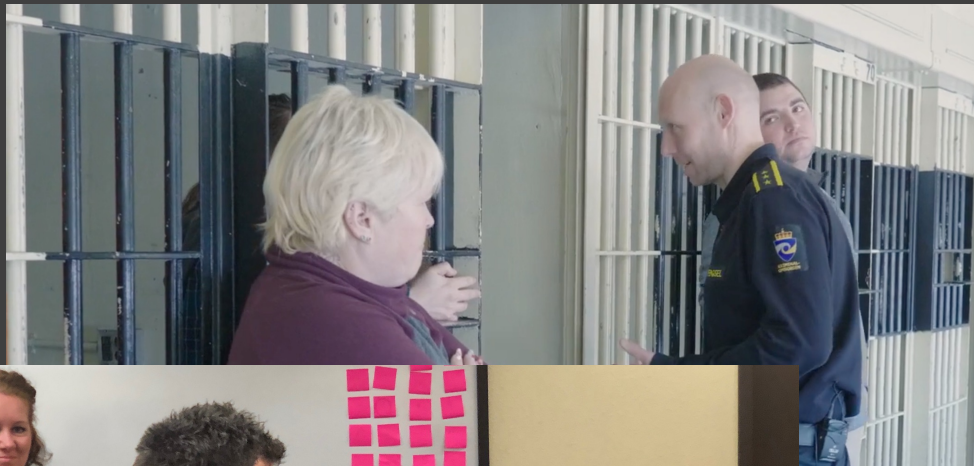
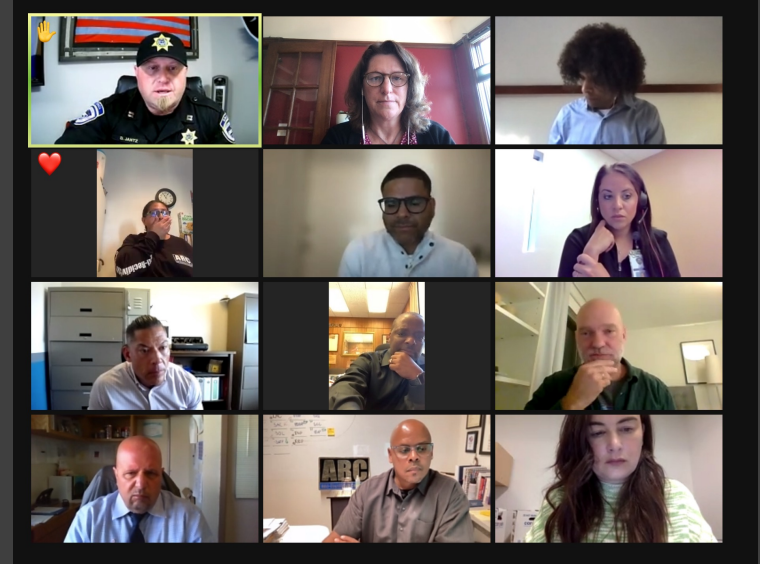


Window of Tolerance





## Amend & ND DOCR Partnership To Date



Introduced ~200+  
hundred staff, leaders,  
and stakeholders to  
core concepts

# 74% reduction in use of solitary confinement ... with no increase in violence

Cloud et al. *Health and Justice* (2021) 9:28  
<https://doi.org/10.1186/s40352-021-00155-5>

Health and Justice

RESEARCH ARTICLE Open Access

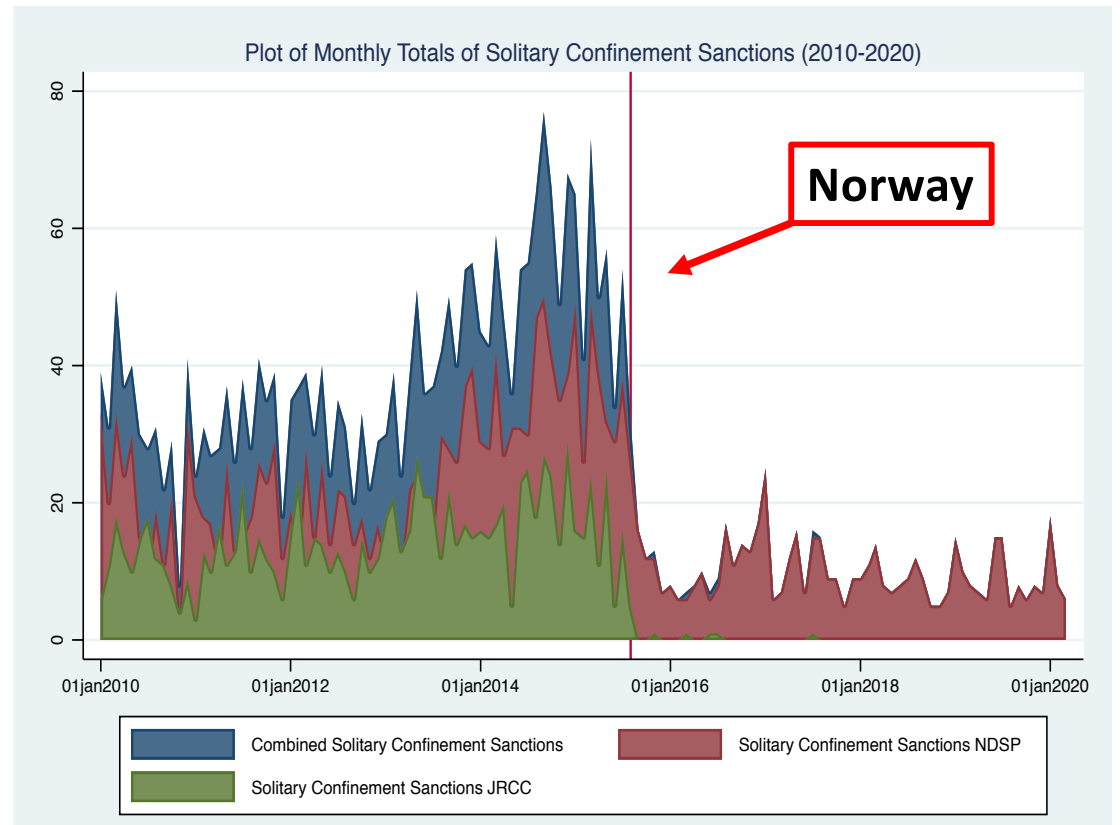
“We just needed to open the door”: a case study of the quest to end solitary confinement in North Dakota

David H. Cloud<sup>1</sup>, Dallas Augustine<sup>1</sup>, Cyrus Ahatt<sup>1</sup>, Craig Haney<sup>2</sup>, Lisa Peterson<sup>3</sup>, Colby Braun<sup>3</sup> and Brie Williams<sup>1</sup>

**Abstract:** Solitary confinement is a widespread practice in US correctional facilities. Long-standing concerns about the physical and mental health effects of solitary confinement have led to litigation, legislation, and community activism resulting in many prison systems introducing policies or implementing legal mandates to reduce or eliminate its use. Yet little is known about the nature and effectiveness of policies that states have adopted to reduce their use of solitary confinement and exactly how various reforms have actually impacted the lives of people living and working in the prisons where these reforms have taken place.

**Methods:** We conducted an embedded case study, analyzing changes in policies and procedures, administrative data, and focus groups and interviews with incarcerated persons and staff, to describe the circumstances that led to changes in solitary confinement policies and practices in the North Dakota Department of Corrections and Rehabilitation (ND DOCR) and the perceived impact of these changes on incarcerated persons and prison staff.

**Results:** North Dakota’s correctional officials and staff members attributed the impetus to change their solitary confinement policies to their participation in a program that directly exposed them to the Norwegian Correctional Service’s philosophy, policies, and practices in 2015. The ensuing policy changes made by North Dakota officials were swift and resulted in a 74.28% reduction in the use of solitary confinement between 2016 and 2020. Additionally, placements in any form of restrictive housing decreased markedly for incarcerated persons with serious mental illness. In the two prisons that had solitary confinement units, rule infractions involving violence decreased at one prison overall and it decreased within the units at both prisons that were previously used for solitary confinement. Although fights and assaults between incarcerated people increased in one of the prison’s general population units, during the initial months of reforms, these events continued to decline compared to years before reform. Moreover, incarcerated people and staff attributed the rise to a concomitant worsening of conditions in the general population due to overcrowding, idleness, and double bunking. Both incarcerated persons and staff members reported improvements in their health and well-being, enhanced interactions with one another, and less exposure to violence following the reforms.





A bunch of people who we saw no movement on for a very long time, moved out and we got them out quickly and they have stayed out and done well. I just got a calendar notification about one of our guys who struggled for a long time going in and out [of solitary confinement] for violence and he's been nonviolent for two years and is doing great.

Getting people out of long-term solitary a



## The Contact Officer Model at Missouri River Corrections Center

30+ Staff Trained to serve vital security function *and* as a coach, mentor, and guide to men approaching release to the community



I went all those years without the treatment department working with me. For a long time, they didn't have my meds straightened out ... I was feeling I had to act out or whatever. But now it's easier to deal with things. They're actually going out of their way to work with you now.

Now staff sit down, think, and talk thoroughly about the positive things happening. That shifts staff culture and way that people see their jobs a lot. It breaks through some of that negative mindset that can happen when constantly dealing with situations where you feel a lack of control and turn to fear-based responding.

Improvements in daily interactions and environment



## **Women's Prison**

Introducing the Contact Officer ("Primary") model

Focus on normalization, gender-responsivity, and reentry



**Looking Ahead:** Supporting the Contact Officer / Primary Model system-wide;  
Taking solitary confinement reduction the next step; Leading the way in  
transforming women's prisons

What's Needed:  
Investing in - and Empowering - *Prison Staff*

*It takes a safe, healthy, and motivated workforce to  
advance a complex public safety mission*



*I would say the first 15 years I worked here... I was pretty hardened. During that time, I saw multiple guys that went from, "Hey I'm completely normal" to a mental health [crisis] situation.*

*Today, now, I believe in my heart that we created some of that. This time around, I won't allow that to happen.*



AMEND  
CHANGING CORRECTIONAL CULTURE



# **Amend & the North Dakota Department of Corrections and Rehabilitation**

---

Prepared for the House Appropriations  
Committee Hearing on HB1015

*February 6, 2023*

---

Thank you

