More Than Emptying Beds: A Systems Approach to Segregation Reform

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DIRECTOR’S MESSAGE

The overuse of restrictive housing — also commonly called segregation, solitary confinement, or isolation — in America’s prisons and jails is an idea whose time has come. President Barack Obama recently commented, “In our criminal justice system, the punishment should fit the crime — and those who have served their time should leave prison ready to become productive members of society. How can we subject prisoners to unnecessary solitary confinement, knowing its effects, and then expect them to return to our communities as whole people? It doesn’t make us safer. It’s an affront to our common humanity.”

Well before restrictive housing hit the headlines, Washington state was blazing a trail. The success of the Washington Department of Corrections’ efforts to reduce segregation and improve conditions in a safe and smart way was a key example on which the U.S. Department of Justice relied to formulate the guiding principles in its Report and Recommendations Concerning the Use of Restrictive Housing, the release of which President Obama announced in his January 25, 2016 statement.

BJA has also looked to the success of Washington state to inform our efforts. Starting in 2013, BJA has supported a number of jurisdictions to undertake reforms. In partnership with the Crime and Justice Institute and the Vera Institute of Justice, BJA has supported data-driven reforms to restrictive housing states — Nebraska, North Carolina, Oregon, and South Dakota — as well as local jurisdictions — Bernalillo County, New Mexico, Middlesex County, New Jersey, and New York City.

Now, more than ever, government leaders need a roadmap such as this to develop safe alternatives to solitary confinement. I am grateful to the authors for sharing their thoughts and experiences because this publication will help state and local government leaders do just that.

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Dennis E. O’Donnell
Restrictive housing, sometimes referred to as solitary confinement, administrative segregation, or simply segregation, typically consists of placement of an individual in a solitary cell for up to 23 hours a day, with only an hour out of the cell to shower or for solo recreation. It is essentially a prison within a prison, where individuals who presumably cannot safely be housed in the general population are placed for some period of time. Although there are occasions when restrictive housing may be the best tool we have to ensure the safety of inmates, staff, and the public, our experience shows that, with a systems approach, it is possible to reduce the numbers of people going into restrictive housing, create rehabilitative alternatives, ensure an accountable and consistent process for placement and release decisions, improve conditions for those who are placed in restrictive housing and for those who work there, and facilitate successful exit from those placements.

Deciding who is kept in these units and for how long has traditionally been at the discretion of each prison facility’s administration or disciplinary hearing officers within the parameters established in that system’s policies. Practices vary from system to system and from facility to facility.

Consistent evidence suggests that segregation can be detrimental to the physical, psychological, and behavioral health of those placed in these conditions. Increasingly, courts, policymakers, media, and advocacy groups are questioning these practices as violations of constitutional and human rights. As a result, federal and state governments are requiring correctional systems to examine their segregation policies, practices, and protocols and calling for its reduced use, or even elimination in certain cases.

Correctional systems are challenged in this call to action as, to date, there has been little guidance on how to implement segregation reform while also maintaining safe prisons. Segregation has been and will continue to be a tool that is necessary to manage legitimate safety concerns. Reforms in the use of this practice will only be successful if the safety of inmates and staff is maintained or improved in the process. To impact the health and well-being of people under

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correctional control, reducing the use of segregation on its own by only “emptying beds” is of limited value. To make an impactful change, a systems approach to this complex issue is essential. This policy brief shares lessons from the systems approach to reform undertaken by the Washington Department of Corrections (WADOC) that began more than a decade ago and continues to the present day.

Measuring Success

Reducing the number of inmates in segregation and reducing their length of stay are two important measures, but these should not be the only goals. It is critical that those who are doing the reforming and those who are monitoring results understand that success is not just about reducing numbers. Reducing numbers could be as easy as relocating inmates out of state, forcing individuals who feel unsafe into the general population, or instituting more frequent unit lockdowns. Focusing solely on reducing the numbers of inmates in segregation and their length of stay can result in increased violence, leading to prisons that are less rather than more humane.

To make progress that is sustainable, a correctional system must aim for appropriate interventions and look at a broader and more interrelated set of indicators that include data on violence. Moreover, a system seeking to reform its use of segregation should not focus on data only in specific units or facilities. Its facilities and units are interconnected, and changes in one area impact the others. Thus, changes in units and facilities that do not include segregation beds can be leveraged to decrease the use of segregation.

A system should establish core metrics that measure the number of inmates in segregation and their average length of stay. It must know how many inmates are in segregation, and for how long, not only for purposes of reform planning and evaluation but also to gauge the legitimacy of its own segregation practices. Ongoing conversations need to occur about those inmates who require prolonged placement in segregation. Realistic goals must account for the likely outcome that, as the total segregation population decreases and restrictive housing is reserved for more serious violations, the average length of stay likely will increase, as has been the case in Washington state (see figure 1). Just as a prison system has interrelated functions, key metrics are interrelated. Understanding how they are interrelated can help put into context what at first may appear to be surprising results.

Reforming the use of segregation is akin to reforming the use of incarceration in general as a means to increase public safety. It requires multiple strategies when looking at who goes into prison (inflow); how long they stay and what happens while they are there (process); and how and under what conditions they are reintegrated into the general population (outflow).
Inflow

Individuals in segregation typically fall into one of three categories: mentally ill, aggressive, or those fearful for their own safety. Inmates may not fall cleanly into these categories; for example, aggression can be used to mask fear or can be a symptom of mental illness — nevertheless, it is a helpful distinction when evaluating a system.

Track violence throughout the prison system. Start with data on violent events, including who committed the violent act, where it occurred, and what kind it was. Distinguish which violent acts are more serious — such as incidents involving multiple inmates, weapons, and serious injury or hospitalization. Also, knowing who committed the violent act and where it occurred allows for a more in-depth analysis of why the violent act was committed in the first place. The “who” and “where” may be of equal importance. For example, does the inmate have documented mental health issues or were they housed in a mental health unit? Similarly, is the inmate gang-affiliated or in a high-security unit?

By looking at the pathways that lead inmates to be placed in segregation, an agency can begin to deter the behavior that leads to segregation placement and identify more effective responses.

2. Figure created October 29, 2015 by Department of Corrections, data Analytics. Source: OMNI Custody Facility Plan, Data as of September 30, 2015.
In the Washington State Department of Corrections (WADOC), deterrence was approached from two angles. First, WADOC identified and implemented strategies to reduce violent behavior in the general population. Second, and as important, the department placed inmates — who otherwise might have been in segregation for protective custody — into a facility where they could reside without losing privileges and without fear for their own safety.

In WADOC, as in all correctional systems, each prison has different patterns of behavior and cultural norms. The highest security facilities typically place more inmates in long-term segregation more often than lower security facilities. For higher security facilities with higher proportions of violence-prone inmates, a group violence reduction strategy based on the “Operation Ceasefire” deterrence model helped reduce violent acts and, consequently, the number of inmates on long-term segregation. This approach is still new, but it appears to be effective. In Washington state, this model is used only in the highest security facilities. In the model’s first year of implementation at its pilot facility, assaults against staff, the use of weapons, and multi-man fights were reduced by 50 percent.

While addressing violent behavior, WADOC found that there was also a great need for “safe harbors” within the prison system. A safe harbor is essentially a specialized unit or facility that houses inmates who would benefit from protective custody (in a general population setting) or houses a specific subset of inmates and offers specialized programs to meet their needs, whether for sex offender treatment, age (i.e., young or elderly inmates), or intellectual or mental disability. These units/facilities reduced the potential for victimization of inmates while lowering the violence levels within the system.

For inmates with mental illness, placements in secure treatment units, as alternatives to segregation, provide the focus on treatment that this population requires. In addition, expanded training for custody staff helps them communicate more effectively with this special population, reducing infractions by recognizing their unique issues and responding more appropriately. WADOC also changed its disciplinary policies to remove behaviors associated with mental illness, such as self-harm, from the list of infractions, and further reduce the use of segregation to manage these behaviors.

**Process**

Reviewing the processes by which it is determined who stays in segregation and for how long, and what happens once individuals are there are also key elements to system reform.

**Centralized Decision Making**

Defining a consistent and highly centralized approach to deciding who receives longer term segregation placement is critical. The levels of authority for administrative and disciplinary hearing officers must be reviewed. No one person should have this authority.
The length of placement and legitimacy of the process used to impose terms of segregation should also be analyzed to ensure that it is parsimonious and applied in order to shape behavior — to improve safety rather than to simply punish. The Hawaii’s Opportunity Probation with Enforcement (known as HOPE) or “swift and certain” model provides insight into how basic operant-conditioning concepts can be applied to correctional sanctions to improve outcomes. A correctional system should start with the assumption that disciplinary segregation should continue for no longer than 30 days, as is the case in WADOC. Cases that might require longer stays than this should go to a multidisciplinary committee in the agency’s central office and include operational and mental health experts as committee members. A correctional system should also operate on the assumption that long-term segregation should not be used as punishment but, rather, be reserved for the few inmates who require incapacitation to ensure safety.

Centralizing the authority for long-term placements helps ensure that only the most egregious acts will result in long-term segregation stays. It also helps departments of correction ensure that segregation placements are applied consistently for similar behaviors. Anything short of centralization allows the individual facility, and sometimes individuals, to make judgments concerning which behaviors deserve long-term segregation placement. Decentralization leads to inconsistency which, in turn, may increase the number of people required to serve longer sentences as well as reducing the legitimacy of the system as a whole.

**Segregation Programming**

Congregate programs for inmates in segregation reduce the impact of being in segregation as they mitigate the experience of solitary confinement. They offer inmates a way to think about their placement and use the time to work on the behaviors that led to their segregation placement. Through the use of structured programming, inmates placed in segregation are not simply being isolated and unengaged but are expected to use this time as an opportunity to change their behavior by participating in programming and practicing prosocial interactions with others.

In WADOC, congregate programming allows small cohorts of inmates to interact with each other and with staff. These programs also offer physical security, through specially designed chairs, that allow inmates to participate in programs in an environment where they can feel safe from others as well as themselves. Programs in segregation offer choice in an environment in which inmates usually have very few choices. Such interaction enables inmates to understand and practice behaviors that are required of them in order to get out of segregation and, at the same time, reduce long periods of isolation with structured interaction with others. Another important benefit is that staff will quickly see these classes as an opportunity to further evaluate and influence the behaviors of the inmates.

WADOC’s earliest work in programming for inmates in segregation began more than a decade ago with a specialized program that identified and targeted chronic recidivists — those inmates...
who cycle in and out of segregation due to their behavior. This program, which continues today, is highly effective at breaking this cycle, enabling these inmates to successfully transition to and stay in the general prison population.

**Supporting Staff**

Staff training is key to reducing inmates’ acting-out behaviors while in segregation. Motivational interviewing, core correctional practices, and the appropriate use of incentives and disincentives will result in reduced violation behaviors and acts of self-harm. As this training has been implemented in WADOC, it has led to improved communication and appropriate methods of disincentives and positive reinforcement. Staff witness changes in the inmates’ daily routines and their interactions with other inmates. These changes will decrease negative behavior on the unit and reinforce the concept that how inmates are treated has an impact on how they treat staff. In addition, as mentioned earlier, training regarding the signs and symptoms of mental illness can help custody staff identify and communicate more effectively with these inmates.

The ultimate outcome will be a safer environment for staff and inmates. The new tools and skills learned by staff will assist them in becoming more interactive and conversational, even through steel doors. This further assists in mitigating the impact of segregation and teaches inmates new skills. An interaction as simple as a staff member asking an inmate, “How are you today?” can make a difference.

**Outflow**

Here, as in reducing the rate of inflow of inmates to segregation, establishing safe harbors is crucial. To ensure successful reintegration back into the general prison population (as well as to redirect inmates who otherwise would have been placed in segregation), inmates need to be placed in a facility or unit in which their needs can be met, where they feel safe, and where there are opportunities and programs that motivate them to engage in prosocial behaviors. One type of safe harbor relieves the pressure of harassment or intimidation from gangs or from the younger, more violent inmates who frequently occupy higher security, general population facilities; these safe harbors can be entire general-population facilities, or even units within facilities where inmates can be placed. In WADOC, these safe harbors include two general population, medium-custody facilities that house inmates who are less likely to be violent, such as sex-offender inmates and formerly gang-affiliated inmates who have completed their programs. Other safe harbors are units or partial units specialized for elderly inmates, veterans, inmates with mental health issues, and developmentally and intellectually delayed inmates.

A prison “system” is just that — a system of interconnected facilities, programs, and people. When stepping back and looking at it as a system, corrections and custody staff realize that sorting individuals by security custody level (e.g., maximum, medium, and minimum) based on
their behavior is important. However, continuing to refine and specialize additional subsets of the population can lead to greater gains in facility safety. While maintaining the goal of placing inmates in the lowest custody level in which an inmate can safely be housed, WADOC also assesses inmates for mental health and developmental disabilities; their criminogenic risk, needs, responsivity factors, and other factors that can also impact their placement. Targeted programs and units not only make prisons safer but will also improve public safety outcomes.

It is critical to measure how many inmates transition from segregation back to the general prison population and to benchmark this against how many of these inmates return to segregation. This is a measure of internal recidivism and a key metric for success in segregation reform. In WADOC’s Intensive Transition Program at Clallam Bay Corrections Center, an early study found an 80-percent success rate in keeping inmates from returning to segregation.

Ideally, there should be no releases directly from segregation to the community. Should they be necessary, as can be the case in a determinate sentencing state such as Washington, these releases should be a part of a standardized case-staffing procedure that allow for ample time and planning to mitigate the risks of releasing an inmate directly from segregation to the community.

Throughout the system, it is critical to pay attention to impacts and not just outcomes. Behind every set of inmate and prison data, there are stories that carry great historical meaning for the system and its future direction. Interact with staff to discover what is happening in real-time, and how that might relate to any emerging trends in the data.

Summary

The use of segregation to manage prison populations is rightfully under scrutiny. It is a practice and a tool to reduce violence but is prone to overuse and abuse. When wrongly applied and overly applied, it may negatively impact physical, psychological, and behavioral health, increase the risk of violence in prison facilities, and increase the risk of crime in the community when inmates who have been negatively impacted by segregation are released from prison without the prosocial skills necessary to support them in leading a crime-free life. To make changes that are sustainable, correctional systems must commit to a thorough and thoughtful review and reform of the components that impact the use of segregation.

Checklist for Segregation Reform

- Partner with a data analyst at the initial stages of reform, and maintain that partnership throughout the process to provide the critical linkage between operations and data. A data analyst can advise on what data are available to measure the success of an intervention and what new data infrastructures to build that are not currently available but will be needed in the future.
• Analyze your segregation population to determine the reasons why inmates are placed in segregation and what services, programs, and safe harbors are needed to provide appropriate intervention in the least restrictive setting to ensure safety.

Inflow:

1. Establish the number of inmates in segregation and their average length of stay as the core metrics.

2. Track violence throughout the prison system. Look at who commits violent acts, where they have occurred, and the specific types of behavior. Distinguish which violent acts are more serious, such as incidents involving multiple inmates, weapons, and serious injury or hospitalization.

3. Use deterrence-based strategies in high-security yards or those facilities that place the highest number of inmates in long-term segregation.

4. Utilize special placements for inmates with mental illness and intellectual disabilities.

5. Create “safe harbor” facilities and/or living units based on the needs of your population.

Process:

1. Measure the quality of life in segregation units. These may also be proxy measures but should tell you something about the conditions of the segregation units in which inmates live and staff work. Track uses of force that take place in segregation and, of those, how many involve extraction of inmates from the cell. Track the type of staff assaults (usually spitting or throwing) that occur in segregation.

2. Know your high utilizers. This term usually refers to the small number of inmates who generate a large percentage of the problem behaviors that take place in segregation units (smearing, throwing, self-harm). Staff know them by name, but data on high-utilizers is best used to drive custom protocols that reduce any problem behavior they present and to monitor successful interventions.

3. Review the sanctioning authority of hearings officers.

4. Review the timelines associated with the segregation hearing process, and shorten the overall length of the process.
5. Establish a centralized, multidisciplinary team to review and approve placement and release of inmates from long-term segregation.

6. Establish specialized congregate programs for inmates who are violent, mentally ill, and/or those who repeatedly cycle through segregation. Track the percentage of the inmates in segregation who are receiving programming or congregate activity.

Outflow:

1. Create “safe harbor” facilities and/or living units. The goal of post-segregation placement must be driven by opportunities for the inmate to succeed. This may require the addition of a “leap frog” approach rather than strict custody-classification scoring models. For example, consider transitioning inmates from segregation to medium custody rather than the highest general prison population custody level.

2. Track what happens to inmates after they are released from segregation to include the general population setting into which inmates transition. Be able to articulate how that setting will help them succeed and stay in the general population.

3. Measure and monitor the rate and outcomes of releases from segregation directly to the community.

4. Measure how many inmates transition from segregation back to the general population and benchmark that against how many of those inmates return.

Training:

1. Implement training for custody staff to include Motivational Interviewing and Core Correctional Practices. Start with staff who manage segregation units and higher custody levels.

2. Implement training for custody staff on working with inmates with mental illness.

3. Give staff the opportunity to interact with data. This allows them to see the impact of their work and contribute to and engage in the system’s continued improvement.
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