

# SOLITARY CONFINEMENT TRANSFORMATION PROJECT

## Requirements for Sustainable Reduction

September 2023

Roadmap for implementation commissioned by the  
Washington State Department of Corrections  
Cheryl Strange, Secretary



100-PL019 R. 9/2023





## Executive Summary

On January 1<sup>st</sup> of 2023, there were 687 people incarcerated in Washington’s prisons living in solitary confinement, or 5.1% of people in custody. Long used by Departments of Correction across the country and around the world as a means of segregating individuals who present undue threats to themselves, others, or to institutional security, except in exigent circumstances and as a last resort, the risks of this practice have been shown to outweigh the benefits. Washington State is committed to capably reducing this practice across its prisons while safely and humanely managing those in custody.

In January of 2023, Secretary Cheryl Strange of Washington State’s Department of Corrections (WADOC) committed to reducing the use of solitary confinement by 90% over five years, and to sustain those reductions into the future, given adequate resources to do so. As part of this commitment to safe, humane, and effective prisons, WADOC convened a Solitary Confinement Transformation Project Team (“SCTP Team”) of executive leaders, project managers, national subject matter experts, and academicians to directly advise project activities. A wider community of stakeholders influenced the SCTP Team’s considerations, decisions, and strategic planning. The SCTP Team began working in earnest in April of 2023.

This document, a product of inclusive engagement with stakeholders, serves as the final plan and requirements for achieving and sustaining a 90% reduction in the use of solitary confinement by taking a comprehensive approach to include the following:

1. Improved staff training and staffing ratios to facilitate requirements of the plan
2. Expanded access to risk-reduction programming in general population for all incarcerated individuals, including proactive identification and triage into evidence-based programs for those at risk for placement in solitary confinement
3. Enhanced options and alternatives to placement in solitary confinement conditions following incident responses in general population settings
4. Greater efficiency of movement through the restrictive housing system, including increased opportunities for diversion, access to out-of-cell programs, and step-down models for gradual re-entry back into general population
5. Increased opportunities for out-of-cell time in restrictive housing areas, including meaningful congregate activity, through operational changes and a series of capital projects



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



This plan incorporates more than a decade of work by WADOC to reduce reliance on solitary confinement, building on the foundation of engagement by collaborators from local groups like Disability Rights Washington and the American Civil Liberties Union of Washington, along with the University of Washington, the University of California, the Vera Institute of Justice, and national experts like Dr. Jeffrey Metzner. The results of that work to date include advancements in correctional practices relative to other state Departments of Correction, including eradication of disciplinary detention, opening of residential alternatives to solitary confinement for those with Serious Mental Illness (SMI), and elimination of total isolation conditions for those who engage in infractions within restrictive housing settings.

The SCTP Team conducted a series of workshops with subject matter experts from WADOC, including experts in classification, medical services, mental health, cognitive-behavioral interventions, mission housing, legal affairs, legislative liaisons, budgetary, staffing, training, capital projects and development, and prison operations. Additionally, the SCTP Team met formally and informally with staff members of various disciplines across all eight institutions with housing areas operating under solitary confinement security protocols, including leadership from the Teamsters Local 117. Additional workshops were held for those with lived experience of incarceration and those who advocate for them, to include many of the local partners from legal, advocacy, and support organizations who have worked on this issue in Washington for many years.

The SCTP Team recognizes the undeniable impact of the global pandemic on every aspect of prison operations. The last three years have been some of the most challenging in the history of correctional systems across the United States and around the world. The direct impacts (experienced nationally and locally) included deaths of incarcerated individuals and those who work in prisons; pervasive reduction in any movement of incarcerated individuals, within and between facilities; dramatic reduction in opportunities for programming, services, and access to meaningful activities; and the evisceration of staffing levels across job classes, disciplines, and prisons.

This roadmap considers the current state of WADOC facilities and operations. The proposed requirements, if funded adequately, will have an impact on the year-over-year prevalence of solitary confinement conditions. As such, this plan assumes an iterative approach to implementation, adjusting resource needs and allocations in response to declining numbers of individuals incarcerated in solitary confinement.

This report is organized into the following sections:



### **Section I: Introduction**

This opening section describes the reason for commissioning the SCTP and the steps taken by WADOC leadership to study and define the requirements to meet the commitment to reduce solitary confinement. This moment exists in the context of more than a decade of momentum toward intentionally elevating correctional practices in Washington. This project builds on that strong foundation. The Department has now committed to reducing the use of solitary confinement by 90% over five years with adequate funding and support.

### **Section II: Defining and Measuring Solitary Confinement**

In this section, solitary confinement is defined in both measurable and qualitative terms and distinguished from other closely related concepts. Additionally, the baseline number of individuals incarcerated in solitary confinement conditions within WADOC prisons is established. This figure is the benchmark against which reductions in the use of solitary confinement will be measured.

### **Section III: Key Observations**

These are systemwide findings with applications in the eight major prisons that include restrictive housing areas. Where exemplary “best practices” exist in specific facilities, those are also included in this section. Key observations include those findings assessing the readiness of the WADOC system for this level of change; the results of an analysis showing a need for a comprehensive plan; and identification of interventions to bridge gaps necessary to achieve the commitment with appropriate resources.

### **Section IV: Strategy & Requirements**

Based on the analysis completed by WADOC and the SCTP Team, this section outlines the series of requirements that must be met to achieve the commitment to sustainably reduce the use of solitary confinement by 90% over five years. Each strategy and requirement are presented along with the necessary level of effort, staffing allocations, capital improvements, and additional costs to accomplish the specific intervention.

### **Section V: Program Management and Governance**

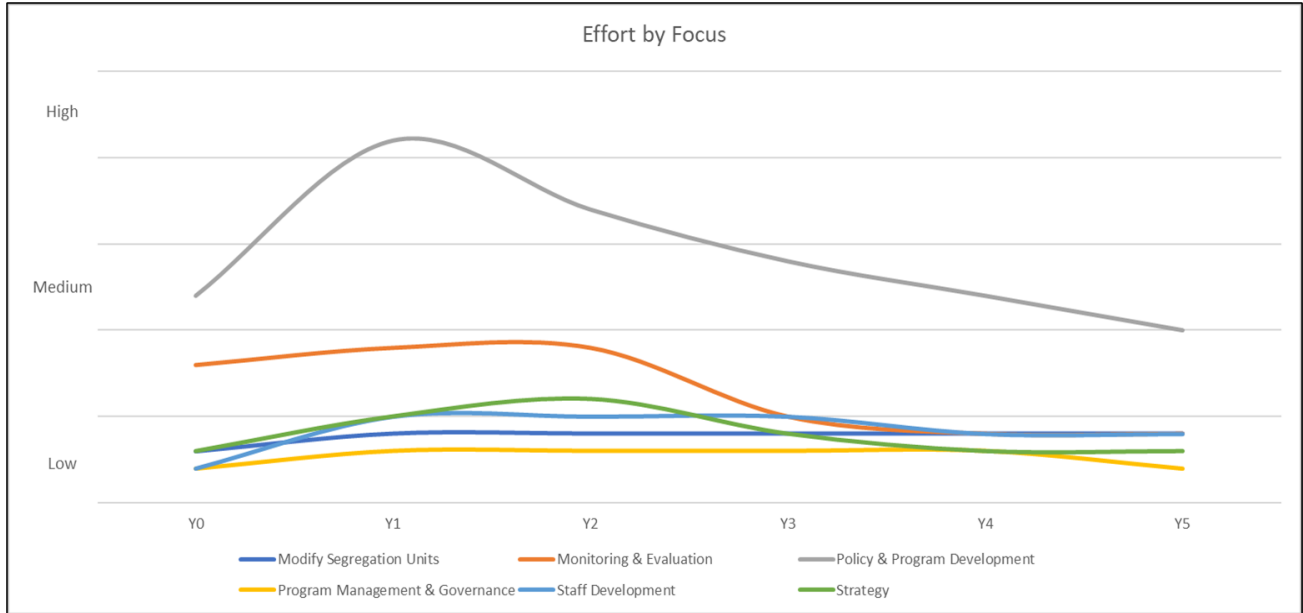
This section outlines the oversight framework and functions that will ensure a project environment is created that aligns leadership; incorporates international subject matter expertise; builds confidence in decision-making; and ensures timely achievement of project goals and objectives.

### **Section VI: Appendices**



## Timeline and Budget

### Timeline



**LEGEND:**

**Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.**

**Effort** – Estimated effort or focus required to make the desired progress each year.

**KEY** ● 1 - LOW ▲ 2 - MEDIUM ◆ 3 - HIGH

**FTE** – Estimated incremental FTE required each year.

**Salary** – Rolled up estimate of FTE annual base salary.

**Vendor** – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

### Cost Summary

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Overall Totals</b>						
FTE	151.0	306.5	306.5	306.5	306.5	305.5
Salary (000's)	\$ 16,335	\$ 33,921	\$ 35,278	\$ 36,689	\$ 38,157	\$ 39,683
Vendor (000's)	\$ 2,592	\$ 6,297	\$ 5,851	\$ 5,461	\$ 4,287	\$ 3,368
Total Costs (000's)	<b>\$ 18,927</b>	<b>\$ 40,218</b>	<b>\$ 41,129</b>	<b>\$ 42,150</b>	<b>\$ 42,444</b>	<b>\$ 43,051</b>
Overall Total						<b>\$ 227,918</b>



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## Table of Contents

<b>Executive Summary</b> .....	<b>2</b>
<b>Timeline and Budget</b> .....	<b>5</b>
<b>Correspondence</b> .....	<b>6</b>
<b>Table of Contents</b> .....	<b>7</b>
<b>Solitary Confinement Transformation Project Team</b> .....	<b>10</b>
<b>Stakeholder Engagement</b> .....	<b>11</b>
<b>I. Introduction</b> .....	<b>13</b>
<b>A. Background</b> .....	14
<b>B. Commitment</b> .....	17
<b>II. Defining and Measuring Solitary Confinement</b> .....	<b>20</b>
<b>A. Definitions</b> .....	20
<b>B. Baseline Measurement</b> .....	22
<b>III. Key Observations</b> .....	<b>27</b>
<b>A. System Readiness</b> .....	27
1. WADOC leadership models a culture of progress, creativity, and humane treatment while keeping safety as a foundation for change.....	27
2. Despite some skepticism, stakeholders are aligned in several critical areas.....	27
3. Post-COVID challenges and readiness to reset.....	29
4. DOC has an excellent framework for matching staff with restrictive housing units.....	29
5. There is an opportunity for DOC to identify best practices in its facilities and implement them system-wide. ....	30
6. DOC should continue developing its forensic evaluation work and violence risk management as an emerging best practice. ....	31
7. Related WADOC initiatives support objectives of solitary confinement transformation. ....	32
<b>B. Analysis of system shows need for comprehensive plan.</b> .....	33
<b>C. System gaps were identified and need to be addressed.</b> .....	35
1. Additional staffing will be required in some prisons to reduce solitary confinement. ....	35
2. DOC must have additional housing and treatment resources for individuals with SMI and Substance Use Disorders. ....	35
3. DOC must expand its capacity for delivering evidence-based programming. ....	37

4. The prevalence of STGs impedes use of the least restrictive settings.....	38
5. Bottlenecks in the system stall individual progress. ....	39
6. Discretion of staff is a double-edged sword.....	40
7. DOC will need to be creative with the space it has while also making capital investments in key areas to reduce solitary confinement by 90%.....	40
<b>IV. Strategy &amp; Requirements .....</b>	<b>43</b>
<b>A. Strategic and Systemwide Approaches.....</b>	<b>48</b>
1. Convene policy review team or incorporate into existing infrastructure.....	48
2. Establish stakeholder advisory council to support implementation.....	49
3. Develop facility-specific maps as a framework for surveillance and intervention. ....	50
<b>B. Staff Development.....</b>	<b>53</b>
1. Increase correctional officer and administrative support staffing levels to meet additional requirements.....	53
2. Enhance training capabilities targeting core correctional practices and new initiatives.....	55
<b>C. Procedures and Programs .....</b>	<b>57</b>
1. Enhance programming for the incarcerated population across all custody levels.....	57
2. Regularly study and improve bedspace alignment.....	61
3. Expand options at incidence response and alternatives to restrictive housing. ....	63
4. Clinical alternatives to administrative segregation.....	65
5. Prioritize reductions in solitary confinement at WCCW.....	67
6. Incentive-based programs help move people through IMUs to less restrictive settings. ....	68
7. Develop and expand forensic psychology team and the use of assessment tools.....	70
8. Expanded access to confidential medical and behavioral health contacts. ....	72
<b>D. Modify Segregation Units.....</b>	<b>73</b>
1. Expand Transfer and Progression Pods for diversion & re-entry to general population.....	73
2. Increase access to recreation and program spaces in restrictive housing areas. ....	75
<b>E. Monitoring &amp; Evaluation .....</b>	<b>76</b>
1. Deploy operational KPI across the SIM-P.....	76
2. Improve Mechanisms for Data Collection. ....	79
3. Inform classification practices by studying factors predicting placement in solitary confinement and failure in Safe Harbor initiatives. ....	81



<b>V. Program Management and Governance</b> .....	<b>85</b>
<b>A. Leadership/Sponsorship</b> .....	87
<b>B. Project Management</b> .....	87
<b>C. OCM Approach</b> .....	89
<b>D. Fundamental Keys to Adoption</b> .....	89
<b>E. SCTP Change Plan Phases</b> .....	90
<b>F. SCTP Change Management Plans</b> .....	91
<b>G. Change Curve</b> .....	91
<b>H. Subject Matter Expertise</b> .....	100
<b>VI. Appendices</b> .....	<b>102</b>
<b>Appendix A: Acronyms</b> .....	102
<b>Appendix B: Program Costs</b> .....	104
<b>Appendix C: Required Facilities-Improvement Projects</b> .....	107
<b>Appendix D: Required Policy Revisions</b> .....	131
<b>Appendix E: Stakeholder Engagement</b> .....	135



## Solitary Confinement Transformation Project Team

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## Stakeholder Engagement<sup>1</sup>

Special Interest Group	Organization	# of Engagements <sup>2</sup>
<b>DOC Leadership</b>	Classification Operations Programs	46
<b>Frontline Facility Staff</b>	Superintendents Correctional Program Managers Custody Frontline Staff Amend Teamsters 117	26
<b>Healthcare</b>	Mental Health Forensic Assessment	18
<b>Advocacy and Lived Experience</b>	Disability Rights Washington American Civil Liberties Union of Washington Columbia Legal Services WA Innocence Project Office of Corrections Ombuds Civil Survival Hope for Homies IF Project Incarcerated Individuals	11
<b>Research &amp; Data</b>	Research & Data Analytics University of Washington	25
<b>Legal/Legislative Affairs</b>	Executive Policy & Legislative Affairs Budget & Strategy	19
<b>Facilities</b>	Capital Planning & Development Facility Staff	17

<sup>1</sup> Supplemental table only - please refer to Appendix E for a complete listing of engagements.

<sup>2</sup> When individuals were engaged through multiple interest groups, individuals were counted once in the group that most closely reflected their primary role in the project.



# Introduction



## I. Introduction

In January of 2023, Secretary Cheryl Strange of the Washington State Department of Corrections (WADOC) committed to reducing the use of solitary confinement by 90% over five years, provided the Department receives the required resources to do so. Recognizing the complexities of such a commitment, and the unprecedented nature of this endeavor, WADOC engaged a team of consultants to support this initiative. WADOC’s leadership team was joined by project management and organizational change management experts from Integrated Solutions Group (ISG) and subject matter experts from Falcon Correctional and Community Services (Falcon), to complete the Solitary Confinement Transformation Project (SCTP) Team. The SCTP has been developing this roadmap since early 2023.

**The SCTP Team was charged with developing an implementation plan that supports the Secretary’s commitment to reduce the Department’s use of solitary confinement by 90% over five (5) years, and to articulate the resources required to do so.**

This report is the final deliverable in a series that included extensive activities of discovery and document review; integration and synthesis of existing studies and reports; two series of internal stakeholder

workshops with WADOC subject matter experts; organizing and facilitating stakeholder meetings to include staff members, people with lived experience of incarceration and solitary confinement, and those who advocate for incarcerated individuals; regular meetings with WADOC Project Sponsor and the SCTP Team; and site studies of the eight major prisons where solitary confinement exists in Washington: Airway Heights Corrections Center (AHCC), Clallam Bay Corrections Center (CBCC), Coyote Ridge Corrections Center (CRCC), Monroe Correctional Complex (MCC), Stafford Creek Corrections Center (SCCC), Washington Corrections Center (WCC), Washington Corrections Center for Women (WCCW), and Washington State Penitentiary (WSP).

In addition to WADOC leadership, the SCTP Team includes professionals from Falcon with expertise in correctional practice and administration; correctional medical and behavioral health; evaluation and management of criminogenic risk; the built environment and facility planning; and comprehensive systemwide assessment of carceral practices. Together, the SCTP Team worked to validate current and historical efforts made by the Department to reduce the use of solitary confinement; to reduce the length of stay in solitary confinement; and to improve the conditions of confinement in areas operating as solitary confinement.



The SCTP Team was further supported in this endeavor by Integrated Solutions Group's (ISG) Project Management and Organizational Change Management (OCM) professionals, who are now tasked with facilitating transformation and change as the proposed requirements move toward implementation. Additionally, Dr. David Lovell, Professor Emeritus at the University of Washington, contributed invaluable insight and institutional knowledge to the assessment and planning.

It is expected that this report will function as a collaborative roadmap, synthesizing key observations of Washington's prison system, defining requirements to realize the Secretary's vision, and pivoting toward planning for implementation. This document aims to maximize the use of alternatives to solitary confinement while enhancing systemwide safety, security, integrity, and the effectiveness of the rehabilitative ideal. The safety of those who work and live within Washington's prisons must always remain paramount to this endeavor. WADOC has committed to accomplishing an unprecedented feat in United States corrections, and a great deal of work lies ahead.

## A. Background

For more than a decade, WADOC has aimed to reduce its reliance on restrictive housing practices and solitary confinement for management of its incarcerated population. Among other more progressive initiatives, efforts at reducing the use of solitary confinement have included proactively welcoming outside observers into the system for study and guidance. Partners have included academic institutions like the University of Washington<sup>3, 4</sup> and the University of California at Irvine,<sup>5</sup> along with non-profit organizations like the Vera Institute of Justice<sup>6</sup> and other national experts on the topic of restrictive housing and progressive practices.<sup>7, 8, 9</sup> These collaborative efforts reflect a culture of openness to evolving operations

<sup>3</sup> Lovell, D. (2008). Patterns of disturbed behavior in a supermax population. *Criminal Justice and Behavior*, 35(8), 985-1004. DOI: 10.1177/0093854808318584.

<sup>4</sup> Lovell, D., Cloyes, C., Allen, D.L. & Rhodes, L. (2000). Who lives in super-maximum custody? A Washington State study. *Federal Probation*, 64(2): 33-38.

<sup>5</sup> Reiter, K. et. al. (2021). Reducing restrictive housing use in Washington State: Results from the 2016-2020 study "understanding and replicating Washington State's segregation reduction programs," contract no. K11273.

<sup>6</sup> Vera Institute of Justice. (2020). Safe prisons, safe communities: From isolation to dignity and wellness behind bars. Closing memo – December 2020.

<sup>7</sup> Lovell, D., Tublitz, R., Retier, K., Chesnut, K. & Pifer, N. (2020). Opening the black box of solitary confinement through researcher-practitioner collaboration: A longitudinal analysis of prisoner and solitary populations in Washington State, 2002-2017. *Justice Quarterly*, 37(7), 1303-1321. DOI: 10.1080/07418825.2020.1853800.

<sup>8</sup> Strong, J.D., Reiter, K., Gonzalez, G., Tublitz, R., Augustine, D., Barragan, M., et. al. (2020). The body in isolation: The physical health impacts of incarceration in solitary confinement. *PLoS ONE*, 15(10). DOI: 10.1371/journal.pone.0238510.

<sup>9</sup> Reiter, K., Ventura, J., Lovell, D., Augustine, D., Barragan, M., Blair, T., Chesnut, K., et. al. (2020). Psychological distress in solitary confinement: Symptoms, severity, and prevalence in the United States, 2017-2018. *Am J of Public Health*, 110(S1), S56-S62. DOI: 10.2105/AJPH.2019.305375.



in a way that values the safe and humane treatment of incarcerated people in the least restrictive settings necessary to maintain institutional safety, security, and integrity.

Summarizing the depth and breadth of these prior studies is beyond the scope of this report and plan, but those organizations studying the effects of systemwide reforms noted themes throughout their findings and conclusions, to include a general sense of partnership and collaboration on the part of WADOC; a willingness to think critically about their own prison system and practices; an institutionalized value of data-driven decision-making; and successful implementation of creative strategies to 1) reduce the use of solitary confinement; 2) to reduce the length of stay in solitary confinement security protocols; and 3) improve the conditions of confinement for individuals incarcerated in restrictive housing more broadly.

Examples of progress since 2011 include:

- ✓ Reduced Max population by approximately 50% since 2011
- ✓ Significantly overhauled restrictive housing policy series in 2012
- ✓ Implemented directive to focus on immediate threat to safety for restrictive housing placement
- ✓ Reduced Administrative Segregation from 180 days to 47 days in 2012, and from 47 days to 30 days today
- ✓ Formally reviewed out-of-state placement practices, such as face-to-face interviews of those in Max Custody
- ✓ Started the first congregate classroom at WSP Intensive Management Units (IMUs) in 2012
- ✓ Implemented congregate programming in all facilities with an IMU
- ✓ Increased staffing for education at WSP's IMU
- ✓ Created Mission Housing Administrator position in 2013
- ✓ Collaborated with Disability Rights Washington and Dr. Jeffrey Metzner for consultation
- ✓ Reviewed IMUs to construct additional recreation yards
- ✓ Eliminated serious infractions and sanctions for self-directed violence in 2014



- ✓ Began training on restrictive housing and Individual Behavior Management Plans (IBMP)
- ✓ Converted MCC Maximum security unit to Transition Pod in 2017
- ✓ Opened Close Custody unit at CBCC specifically for Safe Harbor population
- ✓ Developed and adopted Restrictive Housing Steering Committee Guiding Principles in 2019
- ✓ Developed Restrictive Housing Quarterly Reports
- ✓ Developed Department's website Restrictive Housing
- ✓ Converted units MCC IMU, SCCC IMU, and WCC IMU to Transfer Pods in July 2021
- ✓ Explicit focus on extreme acts of violence, dangerousness, and mitigation of risk
- ✓ Eliminated disciplinary segregation in 2021
- ✓ Eliminated isolation (no out-of-cell time for many days in a row) as a further sanction for misconduct in IMUs
- ✓ Opened CRCC IMU Transfer Pods in December of 2021
- ✓ Established the SCTP in 2023

The transformation of solitary confinement and its role in the WADOC system was continuing to progress when the global pandemic struck the United States. Prisons and other congregate settings were among the most devastated institutions in the world.<sup>10, 11</sup> Those who lived and worked within the walls of correctional facilities were hit particularly hard by COVID-19 and the disease trajectory. In early 2020, normal prison operations halted around the world. Nearly every aspect of working and living in prison was altered, including transportation, transfer, intake, congregate activity, healthcare, programs, quarantine, isolation, and movement of prisoners in general. WADOC was certainly not spared the significant impacts on operations, staffing and morale. As the pandemic subsided and eventually ended, WADOC began the arduous process of attempting to resume normal operations with a depleted workforce. Like in many industries and indeed the rest of the nation, the impacts of the collective trauma and

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<sup>10</sup> Esposito M, Salerno M, Di Nunno N, Ministeri F, Liberto A, Sessa F. The Risk of COVID-19 Infection in Prisons and Prevention Strategies: A Systematic Review and a New Strategic Protocol of Prevention. *Healthcare (Basel)*. 2022 Jan 29;10(2):270. doi: 10.3390/healthcare10020270. PMID: 35206884; PMCID: PMC8872582.

<sup>11</sup> Blumberg S, Lu P, Hoover CM, Lloyd-Smith JO, Kwan AT, Sears D, Bertozzi SM, Worden L. Mitigating outbreaks in congregate settings by decreasing the size of the susceptible population. *medRxiv [Preprint]*. 2021 Jul 7:2021.07.05.21260043. doi: 10.1101/2021.07.05.21260043. Update in: *PLoS Comput Biol*. 2022 Jul 20;18(7):e1010308. PMID: 34268514; PMCID: PMC8282103.





surviving this global pandemic were profound, and the return to normal operations has been nothing short of a grind. Jails and prisons across the nation have seen unprecedented staffing shortages,<sup>12</sup> which existed to a far lesser degree prior to the pandemic, but now plague operations are openly discussed by industry experts as a national crisis.<sup>13</sup>

Despite these incredible challenges, WADOC has steadily moved toward normal operations across the system, resuming many of those activities that were paused, reduced, or altered for the better part of two years. All stakeholders believe there is more that can be done to resume normal operations, and while a collective fatigue exists as it does in most industries, there is a strong desire for permission to regain full capacity. Along with that effort at resuming normal capabilities, the Department renewed its commitment to reforming solitary confinement and restrictive housing. This report focuses on both tasks and any recommendations aimed at changes to solitary confinement practices are assumed to build on a foundation of full capability.

## B. Commitment

On January 23, 2023, WADOC Secretary Cheryl Strange made a commitment to reduce the Department's use of solitary confinement by 90% over five years with appropriate funding and to sustain those reductions into the future. Secretary Strange and WADOC leadership are focused squarely on doing so, while not compromising staff safety. Prioritizing staff safety means affording correctional officers the ability to use all tools legally at their disposal but requiring solitary confinement to be used only in documented exigent circumstances.

The potential risks of solitary confinement are well-known, with particularly pronounced harm to specific vulnerable populations. In 2021, the Vera Institute of Justice released a comprehensive and integrated *Evidence Brief*<sup>14</sup> describing the potential

**Reduce the number of incarcerated individuals in Solitary Confinement by 90% over the next five (5) years.**

impacts of solitary confinement. These include physical damage and the development of health problems, and potential consequences for mental health and general well-being. Solitary confinement is associated with increased risk for self-directed violence and suicide, and social deprivation can lead to slowed brain activity and neurological damage. Additionally, solitary

<sup>12</sup> Russo, J. "Workforce Issues in Corrections." Available: <https://nij.ojp.gov/topics/articles/workforce-issues-corrections>

<sup>13</sup> Felix, T., Pyrooz, D., Novisky, M., Tostlebe, J. & Dockstader, J. (2022). *Effects of COVID-19 on prison operations*. IRM-2022-U-031955. Arlington, VA: CNA. Retrieved July 25, 2023, from: [Effects-of-COVID-19-on-Prison-Operations-Report.pdf \(correctionalleaders.com\)](https://www.cna.com/~/media/Files/PDF/2022/07/Effects-of-COVID-19-on-Prison-Operations-Report.pdf).

<sup>14</sup> James, K. & Vanko, E. (2021). The impacts of solitary confinement. Evidence Brief. Retrieved 7/25/2023 from: <https://www.vera.org/publications/the-impacts-of-solitary-confinement>.



## Solitary Confinement Transformation Project Requirements for Sustainable Reduction



confinement disproportionately affects incarcerated people who are Black, Indigenous and People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Others (LGBTQ+) populations, those living with mental illness, and those with disabilities. Moreover, group-level research consistently shows that solitary confinement as a tool does not decrease institutional misconduct or violence, including assaults on staff, nor does it decrease the risk of recidivism; in fact, it may increase that risk in certain cases. Reducing the use of solitary confinement by 90% allows for exigent circumstances and individual-level use as a last resort.

To meet a challenge of this magnitude, a correctional system must dedicate itself to thoroughly overhauling the tools at its disposal. Addressing the use of solitary confinement as a practice; reducing the length of stay in solitary confinement; changing conditions of confinement for those who must remain in restrictive housing; and returning people to general population who are less likely to engage in disruptive behaviors, are all critical efforts to meet the Secretary's vision of safe and humane prison operations that rely less on solitary confinement.



# Defining and Measuring Solitary Confinement



## II. Defining and Measuring Solitary Confinement

### A. Definitions

**Restrictive Housing** is defined as a housing assignment for individuals whose presence in general population is deemed to present a danger to self, others, or facility security. Restrictive housing uses enhanced security buildings with single-occupancy cells to separate those individuals from the general population.

**Solitary Confinement** is measured and defined as an operational status in restrictive housing where the individual is confined to a single-occupancy cell for more than 20 hours a day without meaningful human contact, out-of-cell activities, or opportunities to congregate.

The definitions promulgated by WADOC represent both a *place* and a *status*. This is to say that people can be assigned to housing locations without being subjected to solitary security protocols; and some specialized units outside of restrictive housing buildings may hold people in similarly restrictive conditions. The Secretary has been clear that four hours is the goal for the minimum number of hours out-of-cell across DOC facilities. Additionally, while the definition of solitary confinement creates a 4-hour threshold, the qualitative components of “meaningful human contact, out-of-cell activities, or opportunities to congregate,” are critical to reaching this threshold and making it a meaningful change from solitary confinement.

A handful of jurisdictions are currently attempting to meet similarly ambitious thresholds by imposing mandates on Departments of Correction through legislative action, often over objections from Departments and their employees. In Connecticut,<sup>15</sup> New York,<sup>16</sup> and New Jersey,<sup>17</sup> this method of unilaterally dictating operations within correctional systems has led to significant delays and problems with implementation. In Massachusetts, the legislature passed the Criminal Justice Reform Act of 2018,<sup>18</sup> which placed substantial limitations on the Department of Correction’s use of restrictive housing. Massachusetts DOC then responded by developing its own plan to eliminate the use of Restrictive Housing entirely;<sup>19</sup> ending disciplinary detention of any kind; and shuttering the Disciplinary Detention Unit (DDU).<sup>20</sup> Only by leading on the issue and inviting legislators and other stakeholders into the process, can a

<sup>15</sup> [Conn. Gen. Stat. § 18-96b.](#)

<sup>16</sup> [Humane Alternatives to Long-Term Solitary Confinement \(HALT\) Act \(Chapter 93 of the Laws of 2021\)](#)

<sup>17</sup> [Isolated Confinement Restriction Act](#)

<sup>18</sup> [CJRA of 2018](#)

<sup>19</sup> <https://www.mass.gov/news/doc-announces-initial-steps-toward-elimination-of-restrictive-housing>

<sup>20</sup> <https://www.mass.gov/news/department-of-correction-ends-mci-cedar-junction-housing-operations-and-dissolves-department-disciplinary-unit>



Department of Correction safely, humanely, and effectively navigate these challenging initiatives.

When this plan is authorized and funded, WADOC will lead the way in an inclusive and collaborative effort. The result will be a model that exceeds any documented standards, such as those promulgated by the American Correctional Association or the United Nations Standard Minimum Rules for the Treatment of Prisoners (i.e., the Nelson Mandela Rules). Washington State will set a new precedent for correctional practice that prioritizes safety of staff, rehabilitation of its incarcerated population, and responsibly takes its place among the most humane correctional systems in the world.

While a 2-hour threshold is most commonly used as a marker of solitary confinement, including in the Nelson Mandela Rules and the American Correctional Association's definition of Restrictive Housing, organizations frequently focus just as heavily on qualitative aspects of meaningful human contact.<sup>21, 22</sup>

As a result of these definitions, the following restrictive housing units (i.e., locations) are presumed to operate under solitary confinement protocols, as defined by WADOC:

- Stand-Alone Administrative Segregation Units
- IMU
- Close Observation Areas (COA) [temporary placements for suicidal individuals and others in mental health crisis]
- Unit A (Administrative Segregation) and Unit B (Intensive Treatment) in the Special Offender Unit (SOU) at MCC
- Treatment & Evaluation Center (TEC) Acute Unit at WCCW

The latter two settings are allocated primarily to people with SMI. SMI is a clinical designation that carries constitutional protections including a presumption against solitary confinement protocols, except in exigent circumstances, or on the order of a clinical professional.

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<sup>21</sup> According to the National Commission on Correctional Health Care (NCCHC), solitary confinement is defined qualitatively as the housing of a person with minimal or rare meaningful contact with other individuals. The definition references "sensory deprivation" and "few or no educational, vocational, or rehabilitative programs." They conclude, "Regardless of the term used, an individual who is deprived of meaningful contact with others is considered to be in solitary confinement." See Position Statement on Solitary Confinement (Isolation) available: <https://www.ncchc.org/solitary-confinement>

<sup>22</sup> According to the *Nelson Mandela Rules*, solitary confinement is used "only in exceptional cases as a last resort, for as short a time as possible and subject to independent review." And lastly, Rule 43 does classify indefinite or prolonged solitary confinement as "torture" and as "cruel, inhuman or degrading treatment or punishment."



Within restrictive housing units, incarcerated individuals living in solitary confinement security protocols include the following overlapping groups:

- People suspected of major infractions, who present a risk, and who are awaiting hearings or continuing investigation
- People who have been identified by intelligence as targets or sources of planned violence and are held pending investigation
- People requesting Protective Custody status
- People placed on Maximum Custody status because they have been determined to present continuing risks if they were returned to general population
- People on Close Observation

## B. Baseline Measurement

**On January 1, 2023**

**13,467 people in custody**

**687 (5.1% of all people in custody) in restrictive housing placements presumed to be under conditions of solitary confinement**

January 1<sup>st</sup> of 2023, the baseline for measuring reductions in solitary confinement, coincides with Research and Data Analytics’ (RDA) semi-annual reporting periods on which data on the location and status of incarcerated individuals is retrieved and analyzed. On January 1<sup>st</sup> of 2023, the Department held 13,467 people in custody.<sup>23</sup> On the same date, 687 individuals - 5.1% of the prison population, were housed

under solitary confinement conditions in Administrative Segregation Units, IMUs, and high-security mental health units.<sup>24</sup> This number includes 11 individuals in emergency mental health hospitalization at MCC-SOU, and 7 individuals in other COAs.<sup>25</sup> The following explains how these figures were reached, and provide a basic breakdown of solitary confinement locations and types.

The focus of intervention for the SCTP is the living units to which individuals are assigned because they are experiencing or causing serious trouble. For this reason, methods of

<sup>23</sup> Agency Fact Card for December 2022.

<sup>24</sup> Data Request received from Connor Saxe, Research and Data Analytics, Washington State Department of Corrections, 8/23/2023.

<sup>25</sup> Although individuals are assigned to such units under clinical supervision, on grounds of medical necessity other than dangerousness, this is a population to which close attention must be paid, regardless of how they’re labeled, and many of them move back and forth between segregation, residential mental health, and crisis settings.



measurement focus on conditions of confinement in those units; especially the protocols by which individuals are allowed to move in a setting architecturally designed to keep people separate from each other as well as from general population. To promote transparency and ensure accuracy in accounting for the status and location of incarcerated individuals, the SCTP Team and RDA have come together on a program to produce an accurate breakdown of all incarcerated individuals assigned to specialized settings separate from general population, whether or not they are labeled “segregation.”

Our analysis attempts to account for the following complexities: segregated living units, even at the pod level, are used for a variety of purposes; individuals are separated from general population for diverse reasons; and they may experience different degrees of liberty in architecturally similar settings, depending on the procedures that apply and who else is living there. Rather than defining individuals or settings into or out of the analysis for these reasons, the SCTP Team is working with RDA to classify and count all of them. By this means, we ensure we are not missing any units in which individuals are incarcerated under solitary confinement conditions, whatever the reason.

Some wings of IMUs or segregation buildings have been closed or converted to other uses: for example, to hold community supervision violators, such as Community Custody Individuals (CCI) on limited stays, or to provide Safe Harbor to individuals needing to escape pressures of Security Threat Groups (STGs). Though built as IMUs, individuals living in them are not subjected to maximum security movement protocols or confined to their cells all day. Although these beds are not included in the solitary confinement analysis, the SCTP Team will continue to collaborate with RDA to account for the use of those units that remain open.

Each living unit or section of a unit, down to blocks of cells that may be run differently from adjacent blocks, can be characterized by function and level of restrictiveness. At this point, the following distinct functions are recognized:

- COA
- Infirmery
- Mental Health Acute
- Transition
- Transfer
- Intensive Treatment Unit (ITU)
- Violator
- Maximum Custody
- Administrative Segregation

WADOC has long recognized that a “one size fits all” solution is neither fair nor effective for a diverse set of individuals separated from others for various reasons, presenting a mixture of risks and needs. Even before the Department’s commitment, and the acceleration since then, local administrators had begun to increase the amount of out-of-cell time, social interaction, and yard access afforded to individuals assigned to those units who do not require the total



restrictiveness of maximum security, or who, on their way out of longer-term segregation, need practice getting used to the presence of other humans, unshackled and in the same space.

Degree of restrictiveness is not uniquely governed by the function of a unit or pod: resources, architecture, and staffing place constraints that are a primary focus of intervention in this initiative. Independent of function, the SCTP Team defines Maximum, Intermediate, and Non-Solitary levels of restrictiveness as follows:

Level	#	Description
Maximum	2	Unit or pod is run under maximum security protocols that guarantee individuals less than 2 hours out-of-cell daily
Intermediate	1	Unit or pod is run under protocols designed to allow individuals between 2 and 4 hours out of cell daily
Non-Solitary	0	Unit or pod is run under protocols that allow every individual at least 4 hours of time-out-of-cell each day

As of January 1, 2023, there were 860 individuals living in specialized, non-general population beds: not all under restrictive conditions, and some for medical reasons other than risk of violence.

- Besides IMUs and Segregation buildings, and the COAs listed above, specialized, non-general population settings include infirmaries, to which people are assigned for longer-term illness. As of January 1, 2023, in addition to those on close observation mentioned above, there were 44 individuals in infirmaries.
- As of January 1, 2023, there were 129 individuals living in transfer pods, progression pods, and the TEC at WCCW whose units were no longer run under solitary confinement conditions.

From the count of 860 individuals in specialized, non-general population beds, we subtract 44 at infirmaries<sup>26</sup> and 129 living under non-solitary conditions to yield a baseline solitary confinement count of 687. As described above, this number includes 18 individuals assigned to COAs; it also includes 212 individuals living under intermediate levels of restrictiveness, 191 of them at WSP.

<sup>26</sup> Individuals housed in prison infirmaries are presumed to meet medically necessary criteria for that placement. This number does not include those confined due to dangerousness to self or others (i.e., Close Observation). The number of incarcerated individuals housed in infirmaries is currently tracked and reported.





Individuals Living in Solitary Confinement Conditions by Facility and Status

Facility	AdSeg	Max	Other*	Total
AHCC	38	0	0	38
CBCC	28	26	2	56
CRCC	16	2	0	18
MCC	41	53	36	130
SCCC	36	31	2	69
WCC	58	38	1	97
WCCW	11	1	13	25
WSP	128	96	18	242
Camps**	11	0	1	12
<b>TOTAL</b>	<b>367</b>	<b>247</b>	<b>73</b>	<b>687</b>

\*In addition to a few individuals whose classification had not yet been upgraded, the "Other" category includes individuals in COAs at WCCW-TEC and MCC-SOU, as well as CCI violators placed in segregation at MCC-IMU.

\*\*Camps: Cedar Creek Corrections Center, Larch Corrections Center, Mission Creek Corrections Center for Women, and Olympic Corrections Center

The methods presented here allow flexibility in response to changing circumstances, as well as transparency about how the SCTP Team counts and classifies the individuals and settings at stake in the DOC's SCTP. With each quarterly update, as reform continues, we expect to see both lower numbers in segregated settings, and more settings moving from maximum to intermediate to non-solitary levels of restriction.



# Key Observations



### III. Key Observations

Several key observations emerged that inform the requirements needed to realize the Secretary's vision. Key observations reflect systemwide findings with applications in all eight major prisons that include areas operating under solitary confinement protocols. Many key observations are considered critical dependencies, while others are considered "best practices" observed in specific facilities.

#### A. System Readiness

##### 1. WADOC leadership models a culture of progress, creativity, and humane treatment while keeping safety as a foundation for change.

WADOC's commitment to a 90% reduction in solitary confinement over five years, as defined, reflects the most bold and aggressive efforts at providing humane and progressive models of corrections in the United States today. Through extensive document review, workshop series, interviews, and on-site engagement with leadership, WADOC's core value of progress and creativity was obvious and ubiquitous. Examples abound, such as the development of a Patient-Centered Medical Home model, the implementation of Amend at SCCC, the dynamic efforts at managing STGs within the system, and the Residential Parenting Program at the WCCW. A strong example of this value is found in policy<sup>27</sup> around the IBMP, which recognizes that these are to be "developed specific to each individual and may contain unconventional approaches to encourage change." In sum, WADOC is among the most creative, ambitious, and progressive Departments of Correction in the nation, capable of trailblazing efforts like the one being undertaken.

##### 2. Despite some skepticism, stakeholders are aligned in several critical areas.

In compiling this plan, workshops and interviews with stakeholder groups were held to ensure a process as inclusive as possible. In addition to several focus groups with staff within facilities, the Teamsters Local 117 President and members were interviewed while at WCCW to discuss the project and obtain feedback. Subsequently the Teamsters Local 117 Vice President, Legislative Director, and members were interviewed. In general, the Teamsters' leadership and members described a particularly challenging moment in the relationship with WADOC management. Teamsters requested greater transparency about – and engagement in – decision-making processes at earlier stages, asking for a

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<sup>27</sup> Policy 320.250 Maximum Custody Placement/Transfer/Release. Rev. 9/15/20.



more collaborative approach. Despite the challenges described during these meetings, Teamsters members and leadership sympathized with the objectives of the solitary confinement initiative, and agreed that the safety, health, wellness, and training of their members be prioritized throughout the project.

In addition to meeting with staff, more than 100 incarcerated individuals of various classification levels and experiences were interviewed in compiling this plan, including those currently and formerly in settings of solitary confinement. Interviews were held in group and individual formats, in confidential settings as well as cell-side, and as many incarcerated individuals as possible across the eight major facilities visited were engaged. Additionally, the SCTP Team held a virtual workshop with the Office of Corrections Ombuds (OCO), and two virtual workshops specifically for people with lived experience of incarceration and those who advocate for them. These groups included Disability Rights Washington, American Civil Liberties Union of Washington, Civil Survival, Columbia Legal, the Innocence Project, the IF Project, and Hope for Homies.

The SCTP Team also conducted a series of internal workshops with WADOC leadership, including representatives from classification, mission housing, operations, health services, forensic psychology, Max Custody Committee, programs, facilities maintenance, capital projects, legislative affairs, budgeting and finance, and legal affairs.

Compared to other jurisdictions where comprehensive stakeholder engagement has taken place by members of the SCTP Team, internal and external stakeholders were substantially aligned on the following key points:

- a. The safety of everyone who works and lives in institutions is a mandatory standard for prison operations and a precondition for the welfare and development of both staff and incarcerated individuals. This means that enhancing staff safety, wellness, training, and career opportunities, worthwhile for its own sake, is required so that staff may play their key roles in achieving humane standards and opening opportunities for the incarcerated.
- b. A comprehensive approach is necessary to realize reductions of this magnitude in solitary confinement because it is a symptom of systemic issues requiring proactive interventions at that level.
- c. Systemwide interventions must be contingent upon sufficient levels of staffing, including officers, supervisors, mental health professionals, medical professionals, program staff, and administrative personnel.



- d. Incarcerated individuals living with SMI must be seen as a priority population for additional attention and out-of-cell time both to improve the level of care provided to the most vulnerable population and to make facilities safer.
- e. Opportunities for immediate impact are found in Administrative Segregation, especially for individuals with closed tickets (cases are disposed), and in the Women's Prisons Division.
- f. To sustain reductions, interventions must be institutionalized through policy, training, authorization and funding, and cultural mechanisms to survive inevitable changes in leadership.

### **3. Post-COVID challenges and readiness to reset.**

While the lingering effects of the global pandemic are obvious, there is even stronger eagerness to "reopen." Staff from all disciplines are looking to leadership, and to this project, for opportunities to reengage in many activities paused during the pandemic. Although many previous projects and initiatives were put on hold and other advances simply undone, it was fundamental correctional practice that suffered most. Staff describe an entire cohort of new employees, who know nothing different than operations established during the pandemic. Officers described feeling overwhelmed by today's general population activity and movement, as it stands in stark contrast to the limited operations that occurred for so long. These changes lead some staff to feel that progressive and innovative projects are being advanced without regard for the need to catch up with normal procedures first.

### **4. DOC has an excellent framework for matching staff with restrictive housing units.**

Restrictive housing units serve individuals with great psychological complexities and criminogenic needs. Effectively responding to the unique social and emotional needs of individuals, encouraging meaningful engagement and cooperation of those on the unit, while simultaneously maintaining safety and security requires skill, flexibility in thought and action, and overall resiliency from custody staff. Systems of resiliency for staff assigned to these units begin with targeted officer recruitment strategies in the agency, continue through initial and ongoing technical and specialized training, include continuous wellness supports (such as those obtained through the Amend program), and culminate with an effective post selection and staff evaluation process.



All pillars of this system of resiliency exist within the Department, and advanced post selection and evaluation processes are reflected in Policy DOC 400.410. This Departmental policy stands out as a nationwide example of best practice: providing thoughtful screening of staff before assignment to specialized mental health or restrictive housing units. Policy DOC 400.410, Selection & Evaluation Process for Staff Working in Specialized Units, identifies six core competencies<sup>31</sup> that staff must demonstrate to work in specialized units, as well as an annual review process that assesses not only the technical requirements of the unit assignment but also an officer's interest in remaining in the unit.

Furthermore, the *Performance and Development Plan Expectations for Supervisors and Managers* form lists additional core competencies specific to supervisors and managers, as well as Local and Job Specific Competencies<sup>28</sup> for DOC Policy 850.110. These forms and processes demonstrate the Department's focus on aligning staff's strengths with processes that promote healthy operation of units serving high-risk, high-need populations. Building on an existing framework, it is important that all facilities enact and maintain the requirements of Policy 400.410 and optimize staff responsiveness, preference clarity, and specific expertise and skill sets.

### **5. There is an opportunity for DOC to identify best practices in its facilities and implement them system-wide.**

The Classification and Administrative Segregation processes include several touchpoints where incarcerated individuals are assessed for appropriate custody level and housing placement. DOC Policy 320.200 Administrative Segregation lists behaviors (including, but not limited to, positive urine analyses, interfering with count, possession of alcohol or a cellphone) that, under normal circumstances, will not be considered for Administrative Segregation placement. In jurisdictions across the country, it is common to see these same behaviors driving a significant portion of segregation placements, and WADOC should be commended for this policy. Furthermore, Department leadership has clearly prioritized individuals involved in extreme violence to receive the Max Custody override to Intensive Management Status (IMS) in IMU. This is evident during observation of Max Custody hearings, where discussions center on diversion options from Max Custody: assigning the least restrictive environment while aligning housing with treatment and program need.

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<sup>28</sup> DOC 03-431 (Rev. 02/11/16).



Before placement in Administrative Segregation, individuals are promptly screened by Health Services. This policy appears to be followed consistently across facilities, ensuring that this critical touchpoint with nursing and mental health professionals serves as a safeguard against placement in overly restrictive settings for individuals particularly susceptible to the harms of solitary confinement.

Following placement in Administrative Segregation, additional touchpoints exist to mitigate the LOS in Administrative Segregation and afford alternatives when necessary or indicated. An exemplary informal process of Administrative Segregation hearing officers and mental health staff discussing the placement and safety of individuals existed in all facilities included in this plan, which resulted in thoughtful, creative solutions to housing challenges. The Mission Housing Administrator also provides oversight of the Administrative Segregation process.

As one outstanding example, the AHCC Segregation Team described a collaborative, daily “scrubbing” of restrictive housing placements, identifying individuals who can be returned to general population or whose cases required special attention. While all facilities described unique and collaborative mitigation practices to divert individuals from Administrative Segregation and Max Custody, the diversity of such facility-specific practices is not yet reflected in policy or facility handbooks.

### **6. DOC should continue developing its forensic evaluation work and violence risk management as an emerging best practice.**

As this project kicked off, so did the new Department of Forensic Psychology. WADOC had the forethought to create a Chief of Forensic Psychology position to begin evaluating a series of incarcerated people who have spent many years in solitary confinement. Still relatively undefined by policy and expectation, this model is emerging as a best practice in management of individuals at elevated risk for violence in the prison setting. Because clinical-forensic evaluations arrive at *both* a psychological profile of the incarcerated person *and* an appraisal of violence risk, the clinician can articulate a plan that targets dynamic risk factors and safely moves the individual forward with a violence risk reduction plan.

The SCTP Team was referred to several Maximum Custody individuals by the Chief of Forensic Psychology and met with some who had spent up to 20 years in solitary confinement within IMUs. Our specific group of interviewees remained in IMUs by choice. Some feared for their safety if they left; others feared their own violent impulses toward others, with one describing himself as an “introverted, antisocial, psychopathic,



stone-cold killer,” afraid of what he would do to others if he was confronted in a less restrictive setting. This population represents an extremely low proportion of individuals in solitary confinement, but it also represents a handful of terrifically challenging cases that require a creative, clinical, nuanced, and delicate approach to planning a pathway out of the IMU eventually. This interdisciplinary approach that values clinical input into decisions made by custody and classification teams is an emerging best practice nationally.

### **7. Related WADOC initiatives support objectives of solitary confinement transformation.**

Restrictive housing is only one tool for safely managing prison populations. The extent to which restrictive housing is used depends on a number of related prison practices. For that reason, it is critical to recognize the interdependence of several ongoing WADOC initiatives that directly or indirectly affect the use of solitary confinement. Several have been identified in our analysis so far:

- a. Out-of-Cell Tracking: The ability to measure out-of-cell time reliably and efficiently is critical to ensure accountability and identify potential systemic issues.
- b. New Classification Model Project: The intersection of classification (Medium, Close, and Max overrides) with available matched housing areas will be deeply impacted by an overhaul of the classification model.
- c. Amend: How front-line staff view and talk to incarcerated individuals and each other affects levels of cooperation and safety in general population and the propensity to resort to restrictive housing as a first response to conflict. This is just one of several contributors to eventual placement in restrictive housing. Seen in this light, the objectives and methods address a key reason that people end up in restrictive housing.
- d. Forensic Assessment Team: Develop protocols that capture risks and needs of longer-term, challenging solitary confinement individuals, and match those needs to responsive programs that reduce risk before people return to the general population.

In addition to these initiatives, several others should be noted:





- a. Patient-Centered Medical Home: Medical and behavioral health risks of solitary confinement are well-known, and access to this patient population must be prioritized, including development of Electronic Health Records (EHRs).
- b. Reception System Stabilization Project: The Reception Systems Stabilization Project has led the Transportation Department to secure two more transport vehicles for their fleet to eliminate the “in transit” status for incarcerated individuals at WCC. For individuals who are infractioned while awaiting classification; for those designated as Max Custody; and for other special populations, a streamlined approach will lessen the time in solitary confinement awaiting transfer. Additionally, the through-put pressure on WCC to keep population low results in filling the general population beds of people transferred to Administrative Segregation at other facilities, thus forcing people to lose their general population beds if sent to Administrative Segregation, even briefly.

## B. Analysis of system shows need for comprehensive plan.

**Allowing less than 1% of the population to be in solitary confinement means those conditions must become the exception rather than the rule.**

Consistent with observations by the Vera Institute for Justice and others who have studied the WADOC system, reductions of this magnitude in solitary confinement practices require a comprehensive, three - pronged approach. Allowing less than 1% of the population to be in solitary confinement means those conditions must become the exception rather than the rule in all

housing areas, and solitary confinement may only be used in exigent circumstances.

To reach this standard, a comprehensive approach is required and must include the following:

- 1. Proactive solutions to misconduct in general population:** The pathway to solitary confinement begins with trouble in general population settings. Early in their sentences, prioritize intervention for individuals most likely to end up in solitary confinement: young with long sentences, non-sexual violent offenses, substantial juvenile records and evidence of STG involvement or pressures.<sup>29</sup> Individuals with mental disorders represent

<sup>29</sup> Lovell, D., Tublitz, R., Reiter, K., Chesnut, K. & Pifer, N. (2020). Opening the black box of solitary confinement through researcher-practitioner collaboration: A longitudinal analysis of prisoner and solitary populations in Washington State, 2002-2017. *Justice Quarterly*, 37(7), 1303-1321. DOI: 10.1080/07418825.2020.1853800.



an overlapping but distinguishable high-risk group.<sup>30</sup> More broadly, expanded access to behavioral health treatment and risk-reduction programming in general population will address some underlying causes of behavior that often leads to placement in restrictive housing.

- 2. Referrals to Administrative Segregation:** The numbers of individuals referred to Administrative Segregation are a primary factor in use of solitary confinement. Reconsidering the role that particular infractions play as evidence for the need to segregate individuals and providing alternatives to restrictive housing placements, can provide a menu of options tailored to the situation of particular individuals experiencing or causing trouble in general population.
- 3. Length of stay (LOS):** The number of individuals in solitary confinement is a function of numbers referred to restrictive housing in combination with how long they stay there. The Department has already reduced the number of days people remain in solitary confinement dramatically over the last several years and has informally adopted a goal of reaching disposition within 15 days of placement in Administrative Segregation but not to exceed 30 days. Reducing LOS will also minimize risk of harm to incarcerated individuals.
- 4. Conditions of confinement:** The number of individuals in *restrictive housing* is a function of rate of referrals and LOS. Of those, the number in *solitary confinement* - the target of this initiative - depends on how many segregated individuals are subjected to solitary confinement conditions in those locations. For those who must be reclassified as Maximum Custody for longer stays, intervention focuses on expanding opportunities for meaningful recreation, congregate programming, and additional access to behavioral health care. Such offerings produce more out-of-cell time and more purpose-driven engagement. Eventual reintegration into general population is further served by Transfer Pods and Progression Pods in restrictive housing locations that provide more out-of-cell time and congregate activity. Expanding physical liberty and social interaction by these methods means that of those individuals in restrictive housing, fewer of them will be subjected to solitary confinement conditions.

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<sup>30</sup> Lovell, D., Johnson, L.C., Cain, K.C. 2007. Recidivism of supermax prisoners in Washington State. *Crime and Delinquency* 53(4): 633-656.



## C. System gaps were identified and need to be addressed.

### 1. Additional staffing will be required in some prisons to reduce solitary confinement.

It is no secret that across the country, staffing for prison systems has been eviscerated over the past three years. Described as a “crisis” by professional organizations<sup>31, 32</sup> and media outlets<sup>33, 34</sup> alike, what was always a challenging workforce to sustain has become exponentially more daunting. Staffing levels were identified as a critical path item, hearing about the effects of vacancies at all the eight major facilities included in this plan. While absolute numbers of filled versus allocated positions are important as guideposts, it was also reported that staff perceive that their colleagues are being pulled to temporary assignments or special posts due to Department initiatives. While staff and other stakeholders appreciate efforts to advance and innovate, they fear that inattention to fundamental correctional practices may exacerbate mandatory overtime and corresponding physiological and psychological damage to staff.

### 2. DOC must have additional housing and treatment resources for individuals with SMI and Substance Use Disorders.

Individuals with SMI requiring a residential level of care are housed in Residential Treatment Units (RTU) at MCC, WSP, or the WCCW. This population is particularly vulnerable to the effects of solitary confinement. Each facility operates differently with respect to incidents in these settings, yet each places people with mental illness into solitary confinement as part of its response.

**MCC:** All individuals requiring a residential level of mental health care are assigned to the SOU. Units A through D comprise the original high-security facility. The medium security wings E and F were added in an adjacent development. CCIs are assigned to Units C and D in the original building. Unit B is now run as an ITU for highly disruptive and unpredictable individuals, with Unit A as a form of Administrative Segregation for individuals in Close or Medium Custody (i.e., Units C through F) involved in incidents that warrant separation from others.

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<sup>31</sup> Russo, J., (2019, December 1). Workforce Issues in Corrections. *National Institute of Corrections*. Retrieved 7/24/23 from <https://nij.ojp.gov/topics/articles/workforce-issues-corrections>

<sup>32</sup> Richardson, K. (2022, March 31). Recruitment and Retention Challenges in Corrections. *CNA*. Retrieved 7/28/23 from: [Recruitment and Retention Challenges in Corrections | CNA](https://www.cna.com/~/media/Files/PDF/Recruitment-and-Retention-Challenges-in-Corrections-CNA.pdf).

<sup>33</sup> [Staffing shortages and deficient training leave First Step Act floundering, federal prison employees say \(nbcnews.com\)](https://www.nbcnews.com/health/first-step-act-floundering-federal-prison-employees-say-n1234567).

<sup>34</sup> <https://www.seattletimes.com/seattle-news/health/us-prisons-face-staff-shortages-as-officers-quit-amid-covid/>



These policies are intended to provide intensive residential care in both Administrative Segregation and IMS, resulting in a self-contained continuum of care for individuals with SMI. However, conditions of confinement in the ITU follow the same protocols as other restrictive housing units: only 5 hours out-of-cell per week for recreation is required, plus out-of-cell time for three showers and potential visitation. As people are evaluated and stabilized, they may return to general population, but many will move to Building B in the SOU, the ITU proper. Here again, individuals remain subjected to solitary confinement conditions: offered the same out-of-cell time as those in Building A, plus some group therapy. People in the ITU move forward to Close Custody or Medium Custody based on a privilege progression model like the IMU (i.e., “steps” versus “levels”).

**WSP:** Baker, Adams, and Rainier Units (i.e., “BAR Units”) house Close Custody and Medium Custody individuals at a residential level of mental health. Conditions mirror those found in other Medium and Close Custody units throughout the state, offering a minimum of 4 hours out-of-cell daily at Close Custody. At WSP, individuals involved in incidents or information that would warrant segregation from others are placed in the IMU for Administrative Segregation and possibly IMS. The same IMU protocols are followed: 5 hours out-of-cell per week for recreation, plus out-of-cell time for three showers and potential visitation.

**WCCW:** Incarcerated individuals with SMI requiring residential care are housed on the TEC Residential Unit. Conditions on the TEC Residential Unit are equivalent to general population and include access to group programming and treatment. When individuals in the TEC Residential Unit are involved in behaviors requiring segregation from general population, they are transferred to the adjacent TEC Acute Unit. The TEC Acute Unit functions under a hybrid model of operations,<sup>35</sup> also used for intakes and evaluation of new admits prior to transfer and admission to TEC Residential Unit, which is next door. Basic conditions of confinement in the TEC Acute Unit include a minimum of 5 hours out-of-cell for recreation each week, plus three showers and potential visitation.<sup>36, 37</sup>

In each facility there is a clear and positive intention to provide a continuum of care for the patient to address clinical needs that underlie criminogenic risk. While the intention is to create RTU levels of care for all needing it, including those in restrictive housing,

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<sup>35</sup> WCCW OM for Policy 320.255 Restrictive Housing, Rev. 4/17/20.

<sup>36</sup> WCCW OM for Policy 320.200 Administrative Segregation, Rev. 2/24/21.

<sup>37</sup> Women’s conditions of confinement in the TEC Acute Unit are best reflected in the Restrictive Housing Level System Grid (WCCW 320.255 Attachment 2).



there is a discrepancy between the intention and the effect of the policy on incarcerated individuals. People with SMI are often guaranteed just over 5 hours out-of-cell per week. Investing energy in aligning the intent of the policy with the impact of the policy will help avoid unnecessary placement of those with SMI in solitary confinement.

In addition to the population described above as those living with SMI, substance use disorders are extremely prevalent across the prison system. WADOC's Health Services Division has made great strides in enhancing access to care for this population and those services must penetrate restrictive housing settings and those who live in solitary confinement protocols. These needs must be targeted through comprehensive access to programs and various treatments, including Medication for Opioid Use Disorder (MOUD).

### **3. DOC must expand its capacity for delivering evidence-based programming.**

WADOC has long taken pride in its commitment to Evidence-Based Practices (EBP) and Cognitive Behavioral Intervention (CBI) for risk-reduction and individualized change. Such programs are designed to create better neighbors. Program needs are assessed at intake through the Washington Offender Needs Evaluation (Washington ONE), a classification and needs assessment tool aimed at identifying criminogenic needs associated with reoffending after incarceration. Risk and needs assessment is a critical condition of programming that will return citizens less likely to commit crime than when they were arrested and sentenced.

The SCTP Team identified a further opportunity to address criminogenic needs inside the prison environment. Rather than waiting to address those needs until someone is preparing for release and return to the community, establishing CBI interventions also at earlier points can create safer communities within prison while people are serving time.

WADOC provides a strong infrastructure for CBI programming, but availability of programs is extremely limited. The CBI Department currently offers Thinking for a Change (T4C) for male facilities and Moving On and Beyond Violence for women. Utilization data was last gathered, and backlogs developed in 2019. At that time, 4,250 people were identified as needing T4C, but program capacity was limited to 1,196: 28% of the need. The same year saw 3,348 identified as needing, but only 440 people engaged in Aggression Replacement Therapy (ART), yielding a 13% rate of responsive programming. Within the female population, 324 women received programming in Moving On or Beyond Violence, although 686 were assessed as needing those services,



yielding a 47% rate of service need met.<sup>38</sup> WADOC recently began piloting another EBP, Decision Points,<sup>39</sup> to expand the menu of programming available there.

There are additional facility-specific programs happening across the state, yet which are not formally organized or implemented by headquarters. The SCTP Team noted that Moral Reconciliation Therapy (MRT) in CBCC was being offered in a non-standardized format by a passionate group of program specialists. Additionally, Hustle 2.0 is available to those in restrictive housing as in-cell, self-guided programming. However, out-of-cell programming is exceedingly rare today in Administrative Segregation units and IMUs. Interviews with CBI staff and other stakeholders indicated:

- a. CBI programming is currently running at lower capacity than it did before the global pandemic.
- b. All stakeholders, including incarcerated people and CBI program staff, are eager to return to pre-COVID levels of service.
- c. The menu of programming should be expanded, and access increased to provide incarcerated individuals with access to programming prior to re-entry planning, supporting meaningful development throughout their time in prison.
- d. People in restrictive housing should have access to EBPs to address clinical (i.e., mental health, addiction, etc.) and criminogenic (i.e., risk-reduction) needs.

#### **4. The prevalence of STGs impedes use of the least restrictive settings.**

Programs like the Safe Harbor initiative, Progression Pods, and Transfer Pods demonstrate a commitment to creative means of reducing reliance on restrictive housing and solitary confinement across institutions. In many prison systems across the country, STGs are managed through an Administrative Segregation process, which has become a sharp focus of legislative and judicial attention. WADOC's STG challenges are among the most severe, impacting many elements of daily life and operations, and certainly impacting the ability to house individuals together; to cohort individuals in restrictive housing areas; and to move individuals to lower levels of custody where bedspace is limited. The latter point results in bottlenecks and individuals ultimately remaining in solitary confinement longer than needed. Its initiatives and population

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<sup>38</sup> Churn Slides provided by Cognitive Behavioral Intervention Department, 2019.

<sup>39</sup> Decision Points, developed in 2015 and increasingly used by correctional agencies, uses a cognitive-behavioral intervention, aligning with the risk-need-responsivity model, to target problematic behavior and recidivism. The program is offered as a short-term, structured, individualized, open-group format.



management strategies are accordingly some of the most creative and effective as well. The majority of those in Max Custody are STG-affiliated, and STG-related violence makes up a large proportion of institutional misconduct, but WADOC has broadly been able to manage the population through classification, housing, and the Safe Harbor program offering people a way out of STG participation. The problem has become untenable, however, and WADOC requires more flexibility, options for housing, and capabilities for assessing potential impacts of initiatives on STG violence and population management.

Similarly, WADOC has demonstrated willingness to pilot alternatives to solitary confinement for those who must remain in restrictive housing. Initiatives like Transfer Pods and Progression Pods serve as transitional housing units that afford additional out-of-cell time and congregate activities, but in smaller cohorts for more effective management as people transition toward general population.

### **5. Bottlenecks in the system stall individual progress.**

For any system to operate effectively, it must operate efficiently. Efficient correctional practice requires swift and certain sanctions, the availability of beds matched to the needs of the person and the population, and a predictable model of through-put from point A to point B. The SCTP Team observed bottlenecks at various points in the restrictive housing system, driven primarily by a lack of available bedspace at specific custody levels. For example, on the day the SCTP Team visited AHCC, nearly two-thirds of the Administrative Segregation beds were filled by individuals with closed tickets (i.e., post-disposition). People in this group were waiting for transfer to an IMU or Close Custody Unit (CCU), neither of which exists at AHCC. Furthermore, no Close Custody beds were then available system-wide, contributing to a backup that resulted in prolonged and indefinite stays in solitary confinement conditions.

The SCTP Team first attributed the backup to a lack of Close Custody beds, but upon further investigation, the SCTP Team discovered many incarcerated individuals classified as Medium but housed in Close Custody areas because no Medium beds were available. These movements were further complicated by issues surrounding STG statuses, Safe Harbor requirements, and other issues around ensuring the safety of staff and incarcerated individuals. Applying the least restrictive doctrine, the shortage of Medium beds was ultimately identified as the source of bottlenecks in Close Custody, which in turn resulted in people being held in Administrative Segregation awaiting movement of stalled individuals out of Close Custody.



A misalignment between population custody levels and bedspaces results in people being held longer than necessary in solitary confinement conditions.

**6. Discretion of staff is a double-edged sword.**

The frequency of discretion exercised in facilities and at headquarters for matters of housing, classification, and overrides, appeared greater than in most systems. When it comes to complex, challenging cases, discretion allows for creativity to ensure the system is responding to risks and needs in an individualized manner. The institutional knowledge and talent at the highest levels of the WADOC leadership team is impressive, and leaders frequently call upon their personal experiences with individuals, groups, and facilities to support recommendations and dispositions. Facility-level discretion is exercised frequently as well, specifically with respect to reviews around Administrative Segregation. For example, facility teams identify candidates for Transfer Pods and further identify cohorts of individuals who can live and socialize with others on those units. The informal processes implicated in these decisions reflect impressive dedication to communication, coordination, and interdisciplinary appraisal of incarcerated people.

On the other hand, the SCTP Team heard from stakeholders that discretionary decisions may reflect bias stemming from the actions of individuals decades earlier. Based on reviews of cases and interactions with employees, executives, advocates, and incarcerated people, the SCTP Team saw the potential for a structured discretion model that balances objective points-based classification with the invaluable dynamic and subjective components described above. Compared to other systems, facility teams are exceptionally familiar with incarcerated people in their custody, and it seems valuable to include more of their input in decision making at the headquarters level as well.

**7. DOC will need to be creative with the space it has while also making capital investments in key areas to reduce solitary confinement by 90%.**

Like nearly every prison in the United States, restrictive housing units in WADOC facilities were never intended to fulfill the purposes contemplated today. These spaces were specifically designed to deter violence in general population and incapacitate dangerous people: bare cells, cuff ports, movement only with restrained escort, and small solitary yards. Today, we are asking these spaces to do something different: to separate people from general population and particular individuals from one another; while also asking them to allow efficient movement to and from treatment, programming, and recreation spaces, where meaningful human contact can occur.





## Solitary Confinement Transformation Project Requirements for Sustainable Reduction



There simply are not enough spaces to meet out-of-cell needs for treatment, programming, and recreation.

Proactive and preventative solutions like expanded access to programs and treatment in general population, alternatives to restrictive housing placements, and diversion to Transfer Pods or equivalent non-solitary confinement settings will reduce the number of people in restrictive housing. Some people, however, will require longer-term placement in restrictive housing for the safety of others who live and work within the institution. This population will require enhancements to the built environment to allow for adequate out-of-cell time.



# IV

Strategy &  
Requirements



## IV. Strategy & Requirements

What follows are a series of requirements for achieving the commitment to sustainably reduce the use of solitary confinement by 90% over five years. If this level of change is what is expected and desired, each of the following requirements must be met. For each requirement presented, the effort is *triaged* by year, prioritizing effort for each year over the lifespan of the project.

The SCTP Team developed several requirements and opportunities that can and must occur immediately. Phase Two of the project prioritizes continued development and adaptation of this planning document to position all stakeholders for success across the 5-year project. Year Zero (0) requirements lead up to the next Fiscal Year (June 30, 2024), with the remaining requirements and relative effort mapped by Fiscal Year going forward.

Presented here are the required elements to achieve the overall plan's objectives and includes estimated effort, incremental Full-Time Equivalent (FTE) positions, and costs by year for each of the requirements. Estimates are summarized at the outcome level. In the following sections, estimates for requirements are broken out by location, by efforts across all outcomes, and in other relevant views, but summarized here in narrative and brief tables.

### Assumptions & Terminology

**Locations:** The location of headquarters is meant to indicate resources, costs, FTEs, and efforts that are systemwide and typically funded or sourced through headquarters functions, budgets, or teams. These are not facility-specific items.

Otherwise, each prison facility is identified by its acronym. Plans for effort, FTEs, and costs that are aligned to a single prison are expected to specifically impact or support that prison, and those costs would be associated with the operation or investment in that prison.

**Years:** While the implementation phase of this plan could kick off at any time in the future, it is assumed that:

- **Year 0** = March 1, 2024, thru June 30, 2024
- **Year 1** = July 1, 2024, thru June 30, 2025
- **Year 2** = July 1, 2025, thru June 30, 2026
- **Year 3** = July 1, 2026, thru June 30, 2027
- **Year 4** = July 1, 2027, thru June 30, 2028
- **Year 5** = July 1, 2028, thru June 30, 2029

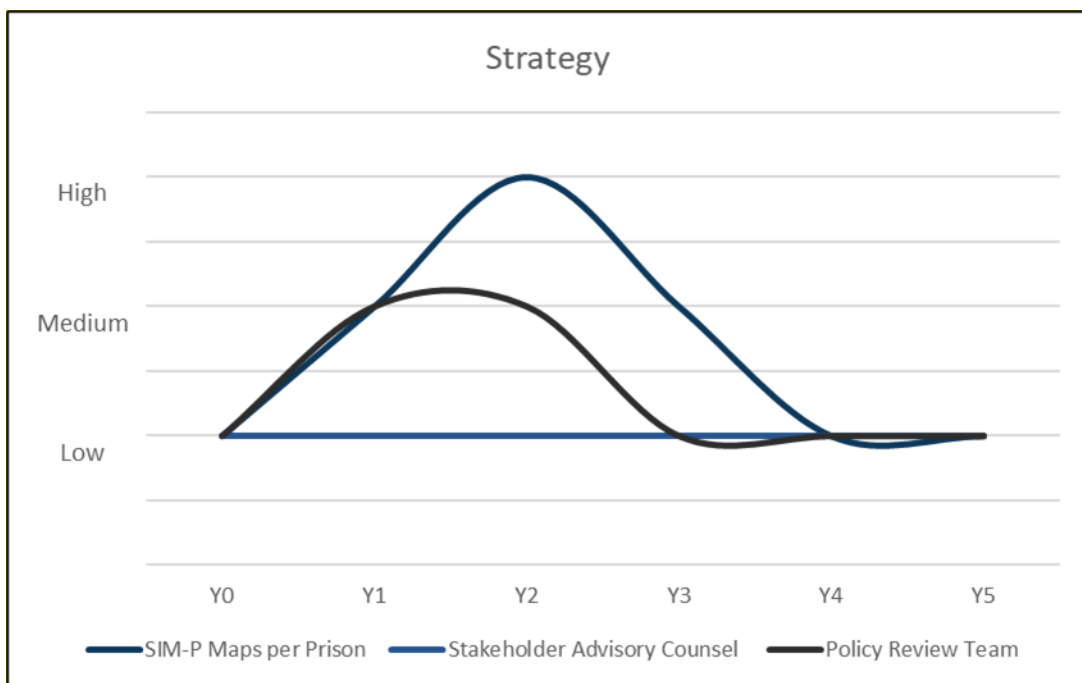


**Flexibility and adaptability:** This planning document is intended to be alive and responsive to stakeholder input and contingencies. This plan is intentionally published prior to legislative discussions and debate, and further discourse will require a malleable and iterative process to manifest the best plan.

**Rough Order of Magnitude (ROM):** While every effort was made to utilize the most accurate and reliable estimations of fiscal costs, resources and dollar figures require further refinement as the plan evolves.

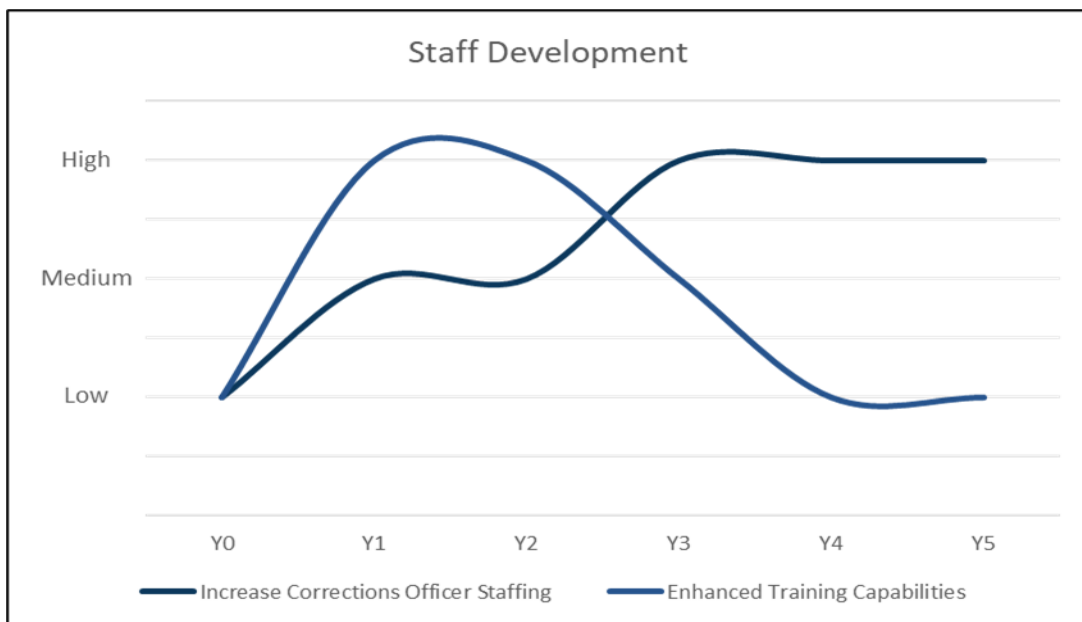
Turning to specific requirements, each fall into one of five broad categories, systematically mapped across the system. Those categories and requirements are as follows:

**Strategic and Systemwide Approaches:** these requirements occur at the highest levels of local administration and governance. Review and revision of relevant policies drives the operations and internalizes directives and accountability within the Department. Similarly, standing up a stakeholder advisory committee invites transparency and new perspectives into the conversation and implementation plan. An interdisciplinary group of internal and external stakeholders, to whom the project reports, serves two critical roles: 1) ensuring that programs and policies are carried out with integrity, and 2) facilitating collaboration among stakeholders to solve problems in design or execution. Lastly, conceptualizing solitary confinement as one piece of the larger correctional system allows for ongoing study and reaction to implementation of various interventions; upstream efforts have downstream effects.





**Staff Development:** Any initiative of this magnitude will require additional personnel and training. WADOC currently has authorized ratios for determining the Full-Time-Equivalent (FTE) requirements for various operational activities. These are applied to each Requirement and supplemented through analyses of resources needed to meet the new demands of these jobs. Not only will WADOC be asking for additional staffing, but also additional training to enhance *how* the job is done. Further specific enrichments will be required as the system model is elaborated and further defined, and in response to impacts on future numbers of people living in solitary confinement protocols. Improving the training, educational opportunities, and prospects for career development of staff is required to support them and empower them to deal more effectively with individuals in their care and custody, and with one another.

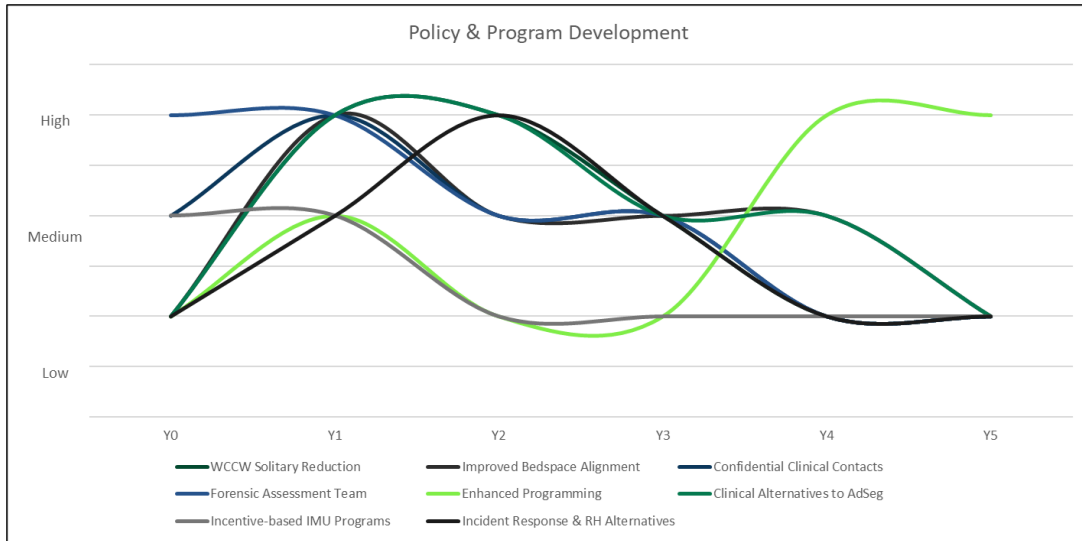


**Procedures and Programs:** Policies promulgated by the Secretary of WADOC result in site-specific procedures regarding daily operations within the facility. It is on this ground level where interactions occur that prevent placement in solitary confinement; result in placement into those protocols; move individuals through these areas; and place people in the appropriate classifications and housing areas. A comprehensive strategy must include expansion of programs systemwide; alternatives to placement in administrative segregation; clinical diversion from administrative segregation; and an enhanced approach to more efficiently moving people through restrictive housing and back to general population.

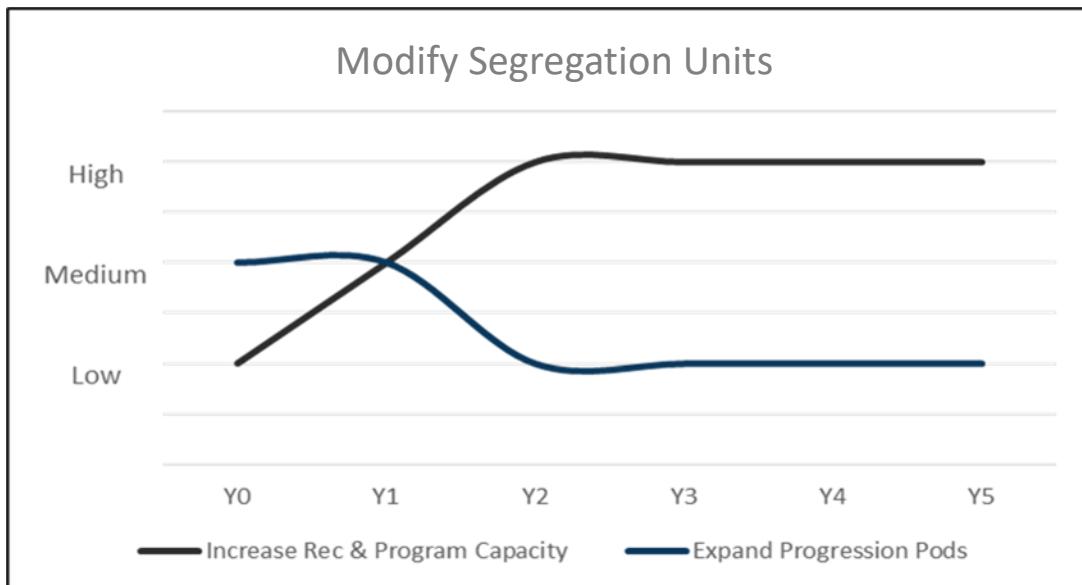


# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction

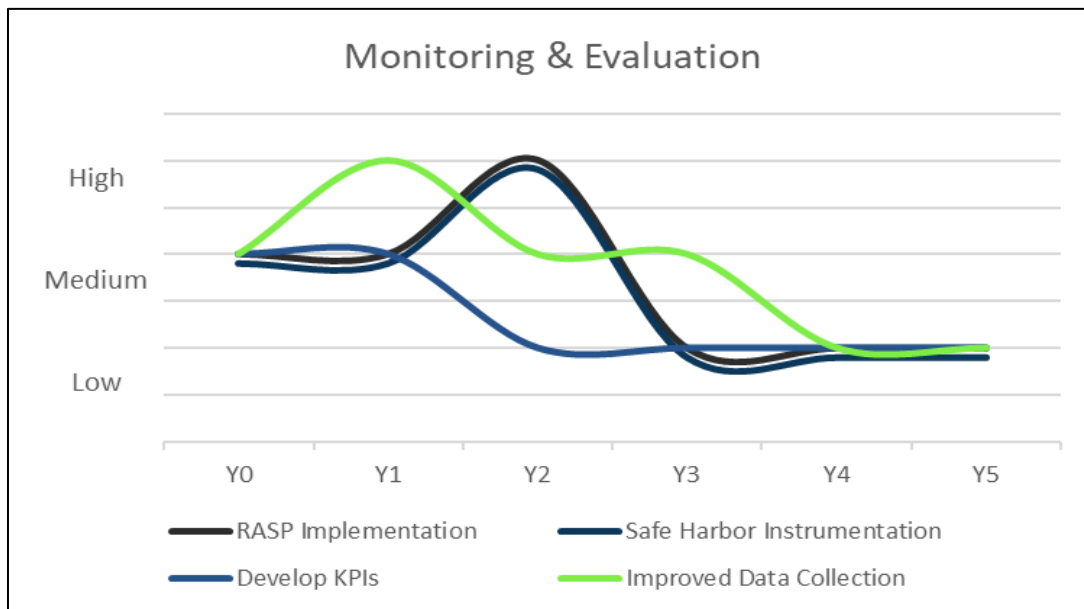


**Modify Segregation Units:** WADOC in general, and those committed to the initiative specifically, are contending with the fact that IMUs and segregation units were not built for programming or genuinely free open-air recreation. Modifying these structures, along with adding efficiencies such as electronic out-of-cell time tracking and modified escort procedures within restrictive housing policies, will facilitate access by the incarcerated population to full yard and other programs, in congregate settings; furthermore, it will provide room and time for more rewarding encounters between staff and the people in their custody and care.





**Monitoring and Evaluation:** Progress towards clearly stated objectives must be monitored through clear oversight. What is working, what is not, and how to make things work better requires continuing engagement with staff – who can work together to solve tactical problems, given direction and encouragement – and the incarcerated, whose experience of imprisonment is the measure of success. It also requires several types of monitoring data, on-site program evaluation, and continuing systematic research into who among the incarcerated is responding and how, to prescribed interventions throughout the system. Dependencies exist between the need for expanded Information Technology Infrastructure and other categories of requirements. In some cases, requirements will require expanded electronic, hardware, or other IT capabilities, another area requiring regular evaluation as implementation progresses.





## A. Strategic and Systemwide Approaches

### 1. Convene policy review team or incorporate into existing infrastructure.<sup>40</sup>

The role of written policy is critical to this project, and each of the applicable policies requires attention to reflect both the letter and the spirit of these transformations. While each relevant policy was analyzed by the team as represented in Appendix D to this report, there are overarching recommendations that warrant presentation here.

*The following is an example:*

THE DEPARTMENT OF CORRECTIONS IS COMMITTED TO INCARCERATING INDIVIDUALS IN THE LEAST RESTRICTIVE SETTING REQUIRED TO MAINTAIN SAFE, ORDERLY, AND EFFECTIVE CORRECTIONAL PRACTICES. THE USE OF SOLITARY CONFINEMENT IS RESERVED FOR THOSE INCARCERATED INDIVIDUALS WHO PRESENT THE GREATEST RISK AND IMMINENCE FOR VIOLENCE, AND FOR THE SHORTEST DURATION NECESSARY.

**All policies relevant to restrictive housing must include a mission statement that aligns with the Secretary's Commitment.**

All relevant policies and applicable matrices must clearly reflect the operational presumption of at least 4 hours out-of-cell, an assumption of out-of-cell programming and recreation opportunities, and congregate activities to the degree possible or appropriate. Each policy and applicable matrix should clearly articulate how any level or step in restrictive housing could potentially get to 4 hours out-of-cell daily, and specifically identify criteria that must be satisfied in order to retain an individual in solitary confinement conditions and length of stay within those conditions. These criteria must be applied through an individualized assessment of a person's security risk and need for these conditions.

Policy reviews will include representation from the Women's Prisons Division and a gender-responsive approach will be considered.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Policy Review Team</b>						
Effort	●	▲	▲	●	●	●
FTE	-	-	-	-	-	-
Salary (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ 13	\$ 99	\$ 99	\$ 13	\$ 13	\$ 13
<b>Total Costs (000's)</b>	<b>\$ 13</b>	<b>\$ 99</b>	<b>\$ 99</b>	<b>\$ 13</b>	<b>\$ 13</b>	<b>\$ 13</b>

<sup>40</sup> See Appendix C: Required Policy Revisions





<b>LEGEND:</b>	
<b>Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.</b>	
<i>Effort</i> – Estimated effort or focus required to make the desired progress each year.	
<b>KEY</b>	● 1 - LOW    ▲ 2 - MEDIUM    ◆ 3 - HIGH
<i>FTE</i> – Estimated incremental FTE required each year.	
<i>Salary</i> – Rolled up estimate of FTE annual base salary.	
<i>Vendor</i> – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.	

## 2. Establish stakeholder advisory council to support implementation.

Washington State has an informed and engaged stakeholder community. As a group, those who work within Washington’s prisons, including sworn, unsworn, state employed, and contracted providers of services, are among the most capable anywhere. Incarcerated individuals and their families have mechanisms by which their voices are heard, and with appropriate context and invitation, share their experiences, concerns, and recommendations openly. The community of people who identify as formerly incarcerated, and those who advocate for them, are equally as informed and passionate about conditions within facilities. Legislative entities pay close attention to DOC matters and are intentionally involved in issues surrounding operations and conditions of confinement.

This requirement describes a stakeholder advisory council to be convened by WADOC, meeting on a regular basis, with the purpose of reviewing progress toward reductions in solitary confinement, challenges encountered, and engaging in a collaborative approach to troubleshooting implementation issues. Involving individuals external to WADOC, such as elected officials, mental health professionals, people with lived experience of incarceration, and other persons with objective stances, to conduct periodic reviews and audits of the restrictive housing program aids in ensuring an inclusive and transparent approach. The committee will routinely review internal audits and reports specifically at the highest levels of custody in the system. The function is to provide recommendations to the Department regarding implementation of processes. The committee will also include leadership from the Women’s Prisons Division to ensure a gender-responsive approach is considered, and to focus on the unique needs of WCCW.

The stakeholder advisory council will operate within the existing WADOC administrative and organizational structure, chaired, and managed by the SCTP Sponsor or designee, and facilitated by an administrator with content knowledge, who will function as a liaison and dedicate approximately one-fourth of time to this function.



	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Stakeholder Advisory Counsel</b>						
Effort						
FTE	-	-	-	-	-	-
Salary (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ 78	\$ 119	\$ 71	\$ 71	\$ 55	\$ 55
Total Costs (000's)	\$ 78	\$ 119	\$ 71	\$ 71	\$ 55	\$ 55

**LEGEND:**  
Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.

*Effort* – Estimated effort or focus required to make the desired progress each year.

**KEY**     1 - LOW    2 - MEDIUM    3 - HIGH

*FTE* – Estimated incremental FTE required each year.  
*Salary* – Rolled up estimate of FTE annual base salary.  
*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

### 3. Develop facility-specific maps as a framework for surveillance and intervention.

Every prison is a system, which includes general population (MI3, Medium, and Close) and Administrative Segregation, and which may include IMS and IMUs.<sup>41</sup> When an incarcerated individual living in general population engages in a behavior warranting an incident response (i.e., an alleged rule violation, request for Protective Custody, etc.), the responding officers make a dispositional decision. The individual may be returned to housing, moved to alternative housing, or placed in Administrative Segregation pending an investigation. Upon completion of that investigation, the individual may be returned to general population, returned to alternative housing, reclassified to a higher level of custody, or overridden to Max Custody. If overridden to Max Custody and placed in IMS, the individual remains in that status pending a series of behavioral reviews, and eventually is reclassified and transferred to Close Custody (most common), reclassified, and transferred to Medium Custody (less common), or moved to a Progression Pod or equivalent to support a gradual transition before returning to general population. In this way, a person flows from general population, through restrictive housing, and back to general population, with several opportunities to prevent placement in solitary confinement, divert from those conditions to minimize time spent in solitary confinement, address conditions of confinement while in restrictive housing, and transition someone back to general population having addressed the criminogenic and clinical needs that contributed to the infraction.

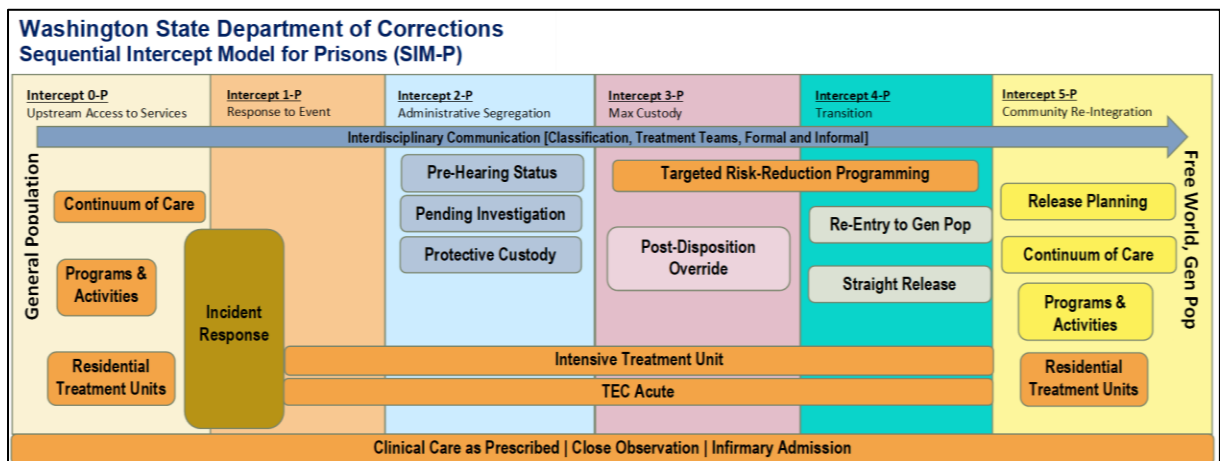
<sup>41</sup> Not all facilities have all levels or programs. For example, AHCC does not have an IMU or Close Custody.



The way an incarcerated individual moves through this system is critical to understanding how each step or *intercept* can impact the likelihood of placement in solitary confinement conditions; the LOS in solitary confinement; and conditions within the restrictive housing system broadly (i.e., access to recreation, meaningful activity, congregate experiences, etc.). Understanding, for example, the impact of evidence-based programming in general population to address needs that lead to infractions in the first place, can reduce the likelihood of violence or major disruptions, behaviors that can result in restrictive housing placement.

The Sequential Intercept Model for Prisons (SIM-P) provides a framework for developing system maps that depict how an individual flows through different intercepts in a step-by-step manner. By using facility-specific maps to identify all the opportunities, gaps, dispositional options, and interdisciplinary communication, these become living reference tools for process improvement. The maps present a menu of available resources, programs, options, and interventions; identify gaps in services and data; and ensure interdisciplinary communication and coordination around alternatives to solitary confinement.

Long used in models of community justice, the Sequential Intercept Model (SIM) has become a regular fixture in reducing reliance on incarceration in local communities. Each of the components of the SIM has an analogous intercept in the SIM-P, with the goal being reduced reliance on solitary confinement to create safer prison communities for those who live and work within.



The generic SIM-P pictured here applies to all facilities across the state, reflecting the various stages from general population, through restrictive housing, and back to general population. As an initial task, each of the targeted facilities will create a facility-



specific map that depicts its own unique processes, programs, housing options, alternatives, and the flow of an incarcerated individual through the system.

For example, at Intercept 0-P (general population), AHCC will have different programs, activities, and mental health treatment options than will WSP. Similarly, WCCW will have a different set of dispositional options following an incident response than will CBCC. By articulating a menu of options at each stage or intercept, the facility's interdisciplinary leadership team can identify opportunities for expanded proactive interventions, dispositional alternatives to Administrative Segregation and Max Custody, inter-facility dependencies (i.e., Mental Health Transfer for RTUs, Safe Harbor, etc.), programming in IMUs to address criminogenic needs, and opportunities to support transition back into general population (i.e., Progression Pods). At each intercept, Key Performance Indicators (KPIs) can be added or changed to better study the effectiveness of each intercept at reducing the likelihood of an individual entering or remaining in solitary confinement.

Through the process of the SIM-P, facilities will share emerging best practices, challenges, and insights with their peers. This process allows for facilities to share knowledge and enhance statewide practices, while also preserving the individuality of specific institutions. It is fully expected that institutions will find unique interventions that are more effective than others, and that efficacy will be visible and justify an individualized approach.

While the content of the facility-specific map is obviously critical, the process of regular interdisciplinary study and reflection is what makes the SIM and SIM-P effective. Facility maps will be updated at least twice annually, but may be updated request of facility leadership; shared throughout the institution; reviewed at headquarters; and posted publicly.

To facilitate this requirement, an administrative and quality assurance professional with content knowledge will be hired and assigned to the management and oversight of this process. Scheduling, organizing, facilitating, and communicating within and between facilities will serve the system well to establish best practices and react to successes and challenges. This individual will serve as a Coordinator for the program broadly, serving as a liaison and orchestrating these interventions.



	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>SIM-P Models</b>						
Effort						
FTE	-	-	-	-	-	-
Salary (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ -	\$ 62	\$ 103	\$ 103	\$ 103	\$ 41
Total Costs (000's)	\$ -	\$ 62	\$ 103	\$ 103	\$ 103	\$ 41

**LEGEND:**  
Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.

*Effort* – Estimated effort or focus required to make the desired progress each year.

<b>KEY</b>	1 - LOW	2 - MEDIUM	3 - HIGH
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*FTE* – Estimated incremental FTE required each year.  
*Salary* – Rolled up estimate of FTE annual base salary.  
*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

## B. Staff Development

### 1. Increase correctional officer and administrative support staffing levels to meet additional requirements.

To meet the requirements for additional time out-of-cell, including for recreation, programming, and increased availability of confidential interviews, additional correctional officers are required for escorts and supervision of incarcerated individuals. While total staffing needs are presented in the tables using the following assumptions, facilities differ in critical ways. Staffing must be differentiated between those prisons with IMUs and those without, for example. Similarly, some prisons have unique missions such as the complexities at Monroe Correctional Center housing the Special Offender Unit (SOU). When filling positions allocated for this plan, the uniqueness of facility needs must be considered.

Primary assumptions for these roles included the following:

- Additional staff are required to move from one opportunity out-of-cell per day, to two opportunities.
- Intensive efforts at recruitment and retention will continue and expand, and any required positions for this project are in addition to a full staffing complement based on the current staffing allocations.



- Staffing is phased in, year-over-year, dependent upon other requirements, including policy revisions, additional clinical staffing, capital projects, availability of programming, and additional training.
- Salaries and increases are based on relevant collective bargaining agreements, and an average of 4% year-over-year increase in salary costs is assumed.
- Capability for requirement implementation is dependent upon adequate staffing to accomplish, and increased capacity for time-out-of cell will be dependent on achieving corresponding staffing levels (i.e., thresholds of 2-hours, 3-hours, and 4-hours can be achieved as benchmarks over the 5-year implementation).

With those assumptions in mind, DOC will require a phased increase in staffing of Corrections & Custody Officer 2 and Corrections & Custody Officer 3 positions, along with administrative support for that level of onboarding and management. Additionally, consideration was given to training backfill at each facility, given the demands of routine training and the expanded training requirements associated with this plan. Phasing of the plan implicates successful funding and implementation of other requirements, such as capital projects making additional recreation and programming spaces available, and the phasing of staffing will map on to those inter-dependent requirements.

In developing these requirements for staffing, it is assumed that it requires 120 minutes per day to escort/provide security to an incarcerated individual who is in solitary confinement it requires two escort staff to take an incarcerated individual out of cell to medical appointments, programming, and yard time. Assuming 700 incarcerated individuals could be impacted and require additional escort for programming, recreation, visitation, and healthcare appointments, an additional two (2) hours per incarcerated individual is estimated, requiring 1,400 hours of total daily coverage provided by two (2) escorting officers. This equates to 45 additional 16/7 posts, each of which requires 3.9 FTEs per shift (including overtime).

It is critical to note that these numbers need to be revisited regularly and revalidated at least annually. If the many other requirements are in any way successful, barring a dramatic increase in population, the number of people living in solitary confinement protocols should drop over time. Corresponding resource needs should decline as a result, and that flexibility is crucial in balancing the efficiencies of this plan.



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Increase Corrections Officer &amp; Support Staffing</b>						
Effort						
FTE	114.00	228.00	228.00	228.00	228.00	228.00
Salary (000's)	\$ 11,682	\$ 23,364	\$ 24,299	\$ 25,271	\$ 26,281	\$ 27,333
Vendor (000's)	\$ 34	\$ 67	\$ 67	\$ 76	\$ 76	\$ 76
Total Costs (000's)	\$ 11,716	\$ 23,431	\$ 24,366	\$ 25,347	\$ 26,357	\$ 27,409

**LEGEND:**  
**Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.**

*Effort* – Estimated effort or focus required to make the desired progress each year.

<b>KEY</b>	1 - LOW	2 - MEDIUM	3 - HIGH
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*FTE* – Estimated incremental FTE required each year.  
*Salary* – Rolled up estimate of FTE annual base salary.  
*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

## 2. Enhance training capabilities targeting core correctional practices and new initiatives.

Any of the recommendations in this report that are adopted by WADOC will obviously require targeted training for all staff. It is expected that initial and refresher training will include the philosophical shift away from the use of solitary confinement, in addition to the tangible elements of daily operations that are impacted by any adopted recommendations. It is recommended that as policies are updated, training materials are created and deployed immediately, built into the initial training curricula and the regular training calendar for all staff and contracted partners. It is further recommended that to support this mission, an interdisciplinary approach is taken to training, and that partners from risk-reduction programs, medical, mental health, and other professional designations are invited into the training process.

While standard training is important, supervisory training has emerged as a critical topic across the country in recent years.<sup>42, 43</sup> Line staff needs to understand their roles and the reasons behind those requirements (i.e., the reasons *why*), but Sergeants and Lieutenants should have dedicated support and training to ensure fidelity to a model of corrections that no longer relies so heavily on solitary confinement as a tool. In August,

<sup>42</sup> Russo, J. (2019, December 1). Workforce Issues in Corrections. *National Institute of Justice*. Retrieved August 4, 2023, from: [Workforce Issues in Corrections | National Institute of Justice \(ojp.gov\)](https://www.ojp.gov/workforce-issues-in-corrections)

<sup>43</sup> *National Institute of Corrections*. <https://nicic.gov/resources/resources-topics-and-roles/topics/leadership-development-corrections>



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



leadership began meeting directly with Lieutenants to reach specifically into the supervisory ranks within facilities.

In addition to required training on newly adopted elements, enhanced training on fundamental correctional practices is also required. Many current staff were hired just before or during the global pandemic, at a time when programs, activities, and movement, in general, were limited. As the world has ‘opened up’ and prison operations have slowly returned to normal, many staff feel unprepared for the amount of movement and activity within the prisons. It is recommended that WADOC enhance or supplement existing training curricula to include a strong focus on the fundamentals. Core Correctional Practices (CCP)<sup>44</sup> from the University of Cincinnati’s Corrections Institute (UCCI) offer skills to support reduction of recidivism by teaching people how to engage in long-term prosocial behavior. Topics include principles of effective intervention, relationship skills, effective use of reinforcement, effective use of disapproval, effective use of authority, prosocial modeling, cognitive restructuring, social skills, behavior management, and other fundamental practices to support rehabilitation.

UCCI offers a 2-day end user training for up to 30 participants, as well as a 5-day train-the-trainer program for a maximum of 12 trainers. To sustain reductions in solitary confinement, developing the internal infrastructure is critical, and the train-the-trainer model is required.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Enhanced Training Capabilities</b>						
Effort						
FTE	1.00	4.00	4.00	4.00	4.00	4.00
Salary (000's)	\$ 75	\$ 505	\$ 525	\$ 546	\$ 568	\$ 591
Capital (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ 50	\$ 145	\$ 159	\$ 145	\$ 90	\$ 75
<b>Total Costs (000's)</b>	<b>\$ 125</b>	<b>\$ 650</b>	<b>\$ 684</b>	<b>\$ 691</b>	<b>\$ 658</b>	<b>\$ 666</b>

<sup>44</sup> University of Cincinnati Corrections Institute. *CCP: Core Correctional Practices*. More information available: <https://cech.uc.edu/about/centers/ucci/products/interventions/individual-interventions.html>





<b>LEGEND:</b> Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.	
<b>Effort</b> – Estimated effort or focus required to make the desired progress each year.	
<b>KEY</b>	● 1 - LOW    ▲ 2 - MEDIUM    ◆ 3 - HIGH
<b>FTE</b> – Estimated incremental FTE required each year.	
<b>Salary</b> – Rolled up estimate of FTE annual base salary.	
<b>Vendor</b> – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.	

## C. Procedures and Programs

### 1. Enhance programming for the incarcerated population across all custody levels.

Like most Departments of Correction, WADOC’s current capacity to meet the identified criminogenic needs of the incarcerated population is limited. Programs have traditionally prioritized incarcerated individuals who are nearer to release dates, admirably aiming to return better citizens to the community. However, with a population of people with higher levels of risk, higher levels of need, and serving longer sentences, it is a requirement for reducing solitary confinement that programs expand at all levels of custody. The menu of cognitive-behavioral program offerings will expand, long been supported by a body of research and the Washington State Institute for Public Policy.<sup>45</sup> These requirements are intended to supplement T4C and Decision Points,<sup>46</sup> available in general population, and to augment those currently available in restrictive housing.

For a minimum of 4 hours out-of-cell for every incarcerated person (especially those who must be housed in restrictive housing placements), the quality of out-of-cell time is at least as important as the number of hours. Daily access to prosocial, congregate, and personally fulfilling recreation and rehabilitative services must be made available through access to a combination of structured, unstructured, indoor, and outdoor leisure activities, as well as treatment and program services.

The Department is primed to capitalize on existing program structure, which includes examples of evidence-based programs and a headquarters curriculum review process, to expand their master list of evidenced-based programming. Core programming must

<sup>45</sup> Washington State Institute for Public Policy Benefit-Cost Results. (2019). *Cognitive behavioral therapy (CBT) (for individuals classified as high- or moderate-risk): Adult Criminal Justice*. Retrieved 7/31/2023 from: <https://www.wsipp.wa.gov/BenefitCost/Program/10>

<sup>46</sup> Each recommended program can coexist with DOC’s existing offerings.



be results-driven, flexible in delivery, and evidence-based or evidence-informed. The Department will invest in manualized programs and associated training; required supplemental staffing; necessary equipment and technology (i.e., chairs, tables, tablets, computers); alignment of policy and procedure to the enhanced programming model; and develop capital projects that create the physical spaces needed for program delivery.

The Department must augment core programming by adding to the current self-study booklet activities, custom-made groups, religious groups, twelve-step groups, and movement and body-based activities like yoga and recreation therapy. WADOC should revisit its use of the engaged community groups and providers that may offer additional programming. Prior to the pandemic, partnerships were more robust and cultural groups have long been a source of positive change from within the prisons.

To implement the evidence-based programming, additional personnel are required, including Correctional Specialist 2 as program facilitators, and Correctional Specialist 3 as supervisors. Additional administrative and quality assurance support will also be provided to coordinate schedules and track data. Assumptions include specific groups being co-facilitated, such as those in the IMU, and group size will not exceed ten (10) incarcerated individuals. Staffing increases will be phased and coordinated with requirements for correctional officers and capital projects over the 5-year period.

The following programs will be adopted and deployed across custody levels. Each has been vetted by the SCTP Team and complete proposals were submitted for consideration:

**MRT:** MRT is a systematic, step-by-step rehabilitation system for treatment resistant clients.<sup>47</sup> The system is designed to alter how incarcerated individuals think, how they make judgments and decisions about the right and wrong thing to do in situations, and promotes actions and behaviors focused on changing negative relationships. MRT is a systematic method of cognitive restructuring and cognitive skills development aiming to restructure how incarcerated individuals think and behave. It teaches participants thinking and judgment skills in a systematic group process. MRT assumes that much of substance abuse and antisocial behavior is mediated or caused by inadequate reasoning. The system uses a series of structured exercises and tasks to foster development of higher levels of reasoning as well as addressing other important

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<sup>47</sup> For more information, visit [Moral Reconciliation Therapy – MRT® distributed exclusively by Correctional Counseling, Inc. \(ccimrt.com\)](http://ccimrt.com)



treatment areas: confrontation of personal beliefs, attitudes, and behaviors; assessment of relationships; facilitation of identity development; enhancing self-concept and self-esteem; decreasing hedonism and development of tolerance of delay of gratification. In 2008, MRT was given the status of an “Evidenced-Based Program” by the Substance Abuse and Mental Health Services Administration (SAMHSA). At one point, MRT was studied widely in Washington State, with a 1999 study by the Washington State Institute for Public Policy finding that for every \$1 spent on MRT, more than \$11 was saved in eventual costs related to criminal justice spending.<sup>48</sup> More recent studies have found that MRT helps individuals to act in a manner consistent with more sophisticated moral reasoning, ultimately lowering recidivism and other negative outcomes.<sup>49</sup> MRT has also demonstrated effectiveness in reducing recidivism and lowering numbers of disciplinary issues.<sup>50</sup> Kentucky Department of Correction MRT participation resulted in an 86% reduction in disciplinary write-ups after enrollment.<sup>51</sup> When offered in the Nebraska Department of Correctional Services, MRT program participation was related to lower Class 1 and Class 2 misconducts, as well as parole revocations, as well as lower levels of misbehavior among inmates.<sup>52</sup>

**CBI Curricula:** Developed by the University of Cincinnati Corrections Institute, CBI offers cognitive-behavioral approaches to teach people strategies for identifying and managing risk factors, these programs place heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development.<sup>53</sup> CBI provides a suite of curricula, which are closed group formats, and which demonstrate strong outcomes. Cognitive-Behavioral Interventions - Substance Use Adult (CBI-SUA) curriculum is designed for people involved with the criminal justice system who are at moderate to high need in substance abuse. This targeted intervention will address this need. Cognitive-Behavioral Interventions – Core Adult (CBI-CA) curriculum is designed

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<sup>48</sup> Aos, S., Phipps, P., Barnoski, R. & Lieb, R. (1999). *The comparative costs and benefits of programs to reduce crime: a review of national research findings with implications for Washington state*. Olympia, WA: Washington State Institute for Public Policy.

<sup>49</sup> Ferguson, L. M., & Wormith, J. S. (2013). A meta-analysis of Moral Reconciliation Therapy. *International Journal of Offender Therapy and Comparative Criminology*, 57(9), 1076-1106 .

<sup>50</sup> Kirchner, R. & Greenough, S. (2018). Success of Moral Reconciliation Therapy (MRT) for Inmates vs. a Control Group in Correctional Settings: Analysis Within the Kentucky Department of Corrections Prison System Under the NOA Counseling Model. Glacier Consulting Inc.

<sup>51</sup> Kirchner, R. & Greenough, S. (2017). Success of Moral Reconciliation Therapy (MRT) in Kentucky Correctional Settings: Treating Mental Health and Creating Behavioral Change (Combined Report with Individual Institution Data). Jacksonville Beach, FL: Glacier Consulting, Inc.

<sup>52</sup> Wright, et al. Evaluation of the Moral Reconciliation Therapy (MRT) Program at the Nebraska Department of Correctional Services Results Summary. Nebraska Center for Justice Research University of Nebraska at Omaha. 2018 [Evaluation of the Moral Reconciliation Therapy \(MRT\) Program at the Nebraska Department of Correctional Services \(unomaha.edu\)](#)

<sup>53</sup> For more information visit [Group Interventions | University of Cincinnati \(uc.edu\)](#)



for people involved with the criminal justice system who are at moderate to high risk for reoffending in general, and although this is a closed group format as well, it will become a complement to existing core programming.

**Breaking Free from Substance Abuse:** Breaking Free is an evidence-based digital behavior change program that allows people to recognize and actively address the psychological and lifestyle issues that are driving their use of alcohol and/or drugs, helping to support their recovery.<sup>54, 55</sup> The program is based on cognitive-behavioral therapy, mindfulness, and other supported therapeutic approaches. They operate at a deep therapeutic level by targeting not only the addictive behaviors, but also the underlying cognitive, emotional, physiological and lifestyle issues that cause and maintain addictions. Breaking Free is supported by an online dashboard that demonstrates return on investment by tracking uptake, reach and clinical impact in real time, and by stratifying the anonymized, aggregated data to show performance against KPIs. Breaking Free has successfully partnered with WADOC's existing tablet provider in other jurisdictions, and the program will launch on those tablets across the state.

**Stand-Alone Skills Training from Dialectical Behavior Therapy (DBT):** The DBT component of skills training<sup>56</sup> has been shown to be effective as a stand-alone treatment,<sup>57</sup> and its utility as an open group format without the need for a mental health diagnosis makes it well-suited to transient housing areas in need of wellness and support groups. It is recommended that wellness and support groups be targeted in Administrative Segregation areas, increasing meaningful congregate activity, and providing tools to assist with distress tolerance, emotional regulation, mindfulness, and interpersonal skills. These groups are highly flexible and will be deployed across the state.<sup>58</sup>

**Anger Management for Substance Use Disorder and Mental Health Clients:** The Anger Management program published by the SAMHSA is a 12-session semi-structured cognitive-behavioral group series that recognizes the intersections of anger, violence,

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<sup>54</sup> For more information, visit [About Us \(breakingfreegroup.com\)](http://breakingfreegroup.com)

<sup>55</sup> Davies, G. et. al. 2017. Implementation and Evaluation of the Breaking Free Online and Pillars of Recovery Treatment Programs for Substance-Involved Offenders. *Advancing Corrections Journal: Edition #3-2017*.

<sup>56</sup> Linehan, M. (2015). *DBT Skills Training Manual (2<sup>nd</sup> Ed.)*. New York: Guilford Press.

<sup>57</sup> Valentine, S., Bankoff, S.M., Poulin, R.M., Reidler, E.B. & Pantalone, D.W. (2015). The use of Dialectical Behavior Therapy Skills Training as stand-alone treatment: A systematic review of the treatment outcome literature. *Journal of Clinical Psychology*, 71(1), 1-20.

<sup>58</sup> Linehan, M. (2015). *DBT Skills Training Manual (2<sup>nd</sup> Ed.)*. New York: Guilford Press.



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



traumatic stress, and substance use.<sup>59</sup> Although a closed group, this program is just twelve sessions in length, and very popular among incarcerated individuals and group facilitators across the country. The program lends itself to participation from general population and restrictive housing placements and could be a cornerstone program for diversionary programs from Max Custody potentially.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Enhanced Programming</b>						
Effort						
FTE	16.00	32.00	32.00	32.00	32.00	32.00
Salary (000's)	\$ 1,793	\$ 3,585	\$ 3,728	\$ 3,878	\$ 4,033	\$ 4,194
Vendor (000's)	\$ 19	\$ 328	\$ 268	\$ 231	\$ 193	\$ 174
Total Costs (000's)	\$ 1,812	\$ 3,913	\$ 3,997	\$ 4,108	\$ 4,225	\$ 4,368

<b>LEGEND:</b>	
<b>Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.</b>	
<i>Effort</i> – Estimated effort or focus required to make the desired progress each year.	
<b>KEY</b>	1 - LOW    2 - MEDIUM    3 - HIGH
<i>FTE</i> – Estimated incremental FTE required each year.	
<i>Salary</i> – Rolled up estimate of FTE annual base salary.	
<i>Vendor</i> – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.	

## 2. Regularly study and improve bedspace alignment.

There exists a statewide misalignment between demand for certain types of beds and availability of those beds. The result is bottlenecks in Administrative Segregation while awaiting bedspace for those reclassified to Close Custody. These individuals remain in solitary confinement conditions for longer periods due to the lack of bedspace. Additionally, downstream shortages of Medium Custody beds cause bottlenecks in the Close Custody population who had been reclassified to Medium and remain in Close Custody units longer than necessary. In short, the lack of Medium Custody beds results in prolonged stays in solitary confinement.

On August 1, 2023, WADOC announced the Best Bed Project resulting in units reopening to meet the current demand for higher custody level beds. Specifically, CBCC will open units G and H (Medium) and unit C (Close) this Fall. CRCC will open F unit (MI3) as well. In total, these openings of warm closures will result in an additional 456 Medium/MI3 and 130 Close Custody beds in the coming months. WADOC also noted that openings

<sup>59</sup> Reilly, P.M. & Shopshire, M.S. *Anger Management for Substance Use Disorder and Mental Health Clients: A Cognitive-Behavioral Therapy Manual*. SAMHSA Publication No. PEP19-02-01-001. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



are dependent on staff availability, but that the impending closure of Larch Corrections Center will aid in funding the staffing. According to WADOC, opening these additional beds will result in the following:

- Allowing individuals to move more quickly through the reception process to their assigned facilities, specifically targeting the in-transit population, reducing, and avoiding people needing to sleep on the floor in reception.
- Providing the needed capacity to move individuals who are being held in a restrictive housing setting but need a lower level of custody.
- Allowing the Department to better manage rival prison gangs and keep separate, improving the safety of staff and incarcerated individuals.

The Department has taken important steps in the right direction to improve this alignment through the Best Bed Project, and this project is required to continue to regularly realign supply and demand at various classification levels.

Additionally, the Department has undertaken a revision of its classification model, formally launching the New Classification Model Project. This project is closely related to the Best Beds Project, and both are critical dependencies for the ongoing SCTP. As of the issuance of this plan, the New Classification Model is projected to go live with full implementation by the end of calendar year 2024, or during Year 1 of the SCTP.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Improved Bedspace Alignment</b>						
Effort						
FTE	-	-	-	-	-	-
Salary (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ -	\$ 10	\$ 10	\$ 10	\$ 10	\$ 10
Total Costs (000's)	\$ -	\$ 10	\$ 10	\$ 10	\$ 10	\$ 10

**LEGEND:**  
**Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.**

**Effort** – Estimated effort or focus required to make the desired progress each year.

**KEY** 1 - LOW 2 - MEDIUM 3 - HIGH

**FTE** – Estimated incremental FTE required each year.

**Salary** – Rolled up estimate of FTE annual base salary.

**Vendor** – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.



### 3. Expand options at incidence response and alternatives to restrictive housing.

Staff who respond to incidents in general population have a menu of available dispositions. In most cases, a person or people engaging in alleged misconduct are removed from the housing area and placed in a holding cell, sergeant's office, or otherwise separated from immediate threat. This is the first opportunity to neutralize that threat without placement in Administrative Segregation, and alternatives will be explicitly identified and incorporated into system-wide and facility-specific training. To reach the 90% benchmark, it is clear that the system must work diligently to reduce reliance on solitary confinement as a tool, and placement into those conditions must become the exception rather than the rule.

There must be clear criteria and oversight by internal and external stakeholders. Well-defined and objective criteria for placing an incarcerated person into restrictive housing is mandatory, along with strong oversight mechanisms to ensure that these criteria are followed consistently, fairly, and safely, with a clear intention of progressing through restrictive housing and back to general population.

The following are interventions to achieve this goal:

**Review of Eligible Infractions:** WADOC will continue efforts at reviewing existing and eligible infractions for placement in Administrative Segregation and disposition to IMU, distinct from pending investigations, protective custody, or other categories that work to ensure institutional safety.

**Crisis Intervention Teams (CIT):** Across the country, CITs are becoming more common within correctional systems. Teams are generally comprised of specially trained officers who are often joined by professionals of other disciplines, including mental health professionals. Collaborative relationships with local advocacy and education partners result in localized training and support, allowing stakeholders to influence how prisons respond to individuals presenting in behavioral health crises. While the National Institute of Corrections (NIC)<sup>60</sup> has led the way in CIT development, outstanding examples exist across the country and localization of response is a critical component. While headquarters training staff would oversee the development and implementation of this curriculum, it is deployed locally within

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<sup>60</sup> The NIC Library and Information Center provides access to additional information and training materials, available at: <https://nicic.gov/resources/nic-library/all-library-items/crisis-intervention-teams-frontline-response-mental-illness>.



facilities. Existing models of Crisis Negotiation Teams and crisis clinicians within facilities are well-suited for adaptability to the CIT model.

**Formalized Rapid Review:** For those who are placed in Administrative Segregation, daily reviews of new cases are recommended. At AHCC, for example, the interdisciplinary leadership team engages in a daily “scrubbing” of cases in Administrative Segregation. Each facility will create a procedure by which new cases are reviewed as soon as practical, and opportunities for diversion from solitary confinement are prioritized. WADOC will formally adopt the goal of 15-day maximum lengths of stay in Administrative Segregation, aiming to have nobody remain in Administrative Segregation for more than that period. This streamline will require additional hearing officers and investigative staff in order to increase efficiency toward disposition, and additional staffing also includes quality assurance personnel for data collection and tracking.

Potential dispositions within the 15-day window would include:

- Return to original general population housing
- Return to alternative general population housing
- Validation or denial of Protective Custody designation and appropriate transfer
- Admission to diversionary housing unit (i.e., Transfer Pod or Progression Pod)
- Reclassification to Close Custody following a founded adjudication for an infraction
- Classification override to Max Custody

Resources required to accomplish these requirements include training personnel at the headquarters level to incorporate CIT, as well as additional hearing officers and special investigative services staff for screening at facilities.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Incident Response &amp; RH Alternatives</b>						
Effort						
FTE	5.00	10.00	10.00	10.00	10.00	10.00
Salary (000's)	\$ 612	\$ 1,224	\$ 1,273	\$ 1,324	\$ 1,377	\$ 1,432
Vendor (000's)	\$ 31	\$ 121	\$ 151	\$ 121	\$ 91	\$ 91
<b>Total Costs (000's)</b>	<b>\$ 643</b>	<b>\$ 1,345</b>	<b>\$ 1,424</b>	<b>\$ 1,445</b>	<b>\$ 1,468</b>	<b>\$ 1,523</b>





<b>LEGEND:</b>	
<b>Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.</b>	
<i>Effort</i> – Estimated effort or focus required to make the desired progress each year.	
<b>KEY</b>	● 1 - LOW    ▲ 2 - MEDIUM    ◆ 3 - HIGH
<i>FTE</i> – Estimated incremental FTE required each year.	
<i>Salary</i> – Rolled up estimate of FTE annual base salary.	
<i>Vendor</i> – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.	

#### 4. Clinical alternatives to administrative segregation.

Except in exigent circumstances, individuals who are identified as having a Serious Mental Illness (SMI) will not be placed in solitary confinement conditions unless specifically ordered by a healthcare professional as the least restrictive means of addressing imminent risk (i.e., COAs, Inpatient Units, etc.). Alternatives to solitary confinement will be utilized for this population.

Those with SMI and S-Codes of 3 or higher [OMNI Codes: General Health Service Utilization (P), Medication Delivery Requirements (U), Limitations of Mobility (L), Developmental Disability (H), Sensory Disability (E), Mental Health Service Utilization (S), Dental Service Utilization (D), ADA Accommodation (X), Transportation (T), Suicide Risk (R), Cognitive Functioning (B), and Guardianship (G)] will be diverted to an appropriate RTU at the least restrictive custody level to address imminent risk. For this population specifically, while the risks of solitary confinement are likely to outweigh the temporary benefit of incapacitation, it should also be presumed that clinical symptomatology may have contributed to the alleged infraction. These individuals are in need of expedient psychiatric evaluation, reevaluation for treatment planning, and placement into conditions that provide additional treatment consistent with their treatment plans. WADOC has a strong policy around non-emergency involuntary psychotropic medication, and those who present in psychiatric emergencies will be evaluated for that intervention if needed.

It should be noted that people may develop symptoms requiring residential treatment while housed in solitary confinement conditions in Administrative Segregation or IMS, and residential treatment options will be available to anyone who meets the clinical criteria, regardless of current placement. It should also be noted that an individual may be in Administrative Segregation status, pending investigation or for another reason, but be housed in non-solitary confinement conditions in a residential setting.



In his 2015 report, Dr. Metzner noted the following of the ITU at the Special Offender Unit within MCC:

*All inmates in the ITU, who were not in the orientation phase (i.e., Step 1), should be offered at least ten hours per week of out-of-cell structured therapeutic activities that are treatment plan driven. Out-of-cell educational classes (e.g., GED preparation) could be considered structured therapeutic activities for up to 4 hours per week.*

A distinct pathway is needed for those with S-Codes of three (3) or higher, which diverts from Administrative Segregation into RTU levels of care that afford out-of-cell time consistent with Dr. Metzner's recommendations above. This may require placement in COA while awaiting disposition, but the incarcerated individual will be diverted from placement in any other form of solitary confinement. Additionally, and consistent with Dr. Metzner's recommendations, COA should be considered a level of care (i.e., like a crisis stabilization unit), and interdisciplinary crisis treatment plans will address any acute psychiatric symptoms, suicidal or homicidal ideation, and appropriate disposition.

The designation of an individual's S-Code must be driven by clinical assessment and need, determined by qualified healthcare providers. It is not acceptable to change an individual's S-Code simply due to a housing need rather than a clinical presentation. This has implications for the Department's ability to manage an individual living with serious mental illness who is also extremely dangerous, and to do so in an environment capable of providing care consistent with the treatment plan.

These pathways exist currently for those housed at MCC, where the ITU is readily available, and at WCCW, where TEC Acute is immediately adjacent to TEC Residential. However, for those incarcerated at WSP's BAR Units, there is no equivalent available without requiring transfer to the ITU at Monroe. The residential SMI population at WSP is housed in both Medium and CCUs, but without access to Intensive Treatment Status designation at WSP.

As a critical benchmark for the SCTP:

**By the end of Year 1, no individuals with an S-Code of three (3) or higher will be in conditions equating to less than two (2) hours out-of-cell per day and treatment interventions consistent with the individualized treatment plan.**



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Expanding access to care requires additional staff, and in concert with further development of the Patient Centered Medical Home model, this need must be revisited regularly during implementation. In this model, mental health staffing expands along with access to medical services, specifically Medications for Opioid Use Disorder (MOUD).

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Clinical Alternatives to AdSeg</b>						
Effort						
FTE	2.00	5.00	5.00	5.00	5.00	5.00
Salary (000's)	\$ 379	\$ 947	\$ 985	\$ 1,024	\$ 1,065	\$ 1,108
Vendor (000's)	\$ -	\$ 53	\$ 76	\$ 65	\$ 54	\$ 32
Total Costs (000's)	\$ 379	\$ 1,000	\$ 1,061	\$ 1,089	\$ 1,119	\$ 1,140

**LEGEND:**  
**Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.**

*Effort* – Estimated effort or focus required to make the desired progress each year.

**KEY**    1 - LOW    2 - MEDIUM    3 - HIGH

*FTE* – Estimated incremental FTE required each year.  
*Salary* – Rolled up estimate of FTE annual base salary.  
*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

### 5. Prioritize reductions in solitary confinement at WCCW.

With few women in conditions of solitary confinement at WCCW, and with a staff that was observed as particularly competent and engaged, it is an opportune moment to significantly reduce the use of solitary confinement in the Women’s Prisons Division. Specifically, those incarcerated individuals in TEC Acute will no longer be presumed to live in solitary confinement protocols but will receive out-of-cell time and meaningful congregate activity consistent with their treatment plans and using Conditions of Confinement or Security Enhancement Plans adjustments to reflect the exigence of circumstances requiring less out-of-cell time. Additionally, capital projects will be prioritized to expand recreation space and create additional programming opportunities. Although a smaller population, the complexities of WCCW warrant individualized attention from Program Governance with a gender-responsive approach that also appreciates the unique issues within this facility.

Clinically necessary and medically ordered confinement as the least restrictive means of addressing imminent harm must be available to ensure the safety of incarcerated individuals and staff. However, tracking those exceptional cases as part of the larger



solitary confinement picture will allow for transparency and create accountability as all other cases are reduced.

Given the need for this clinical tool, overseen by licensed clinical staff, those on Close Observation or otherwise in medically ordered conditions of solitary confinement, this population must not have a mandate to necessarily reduce use. Alternatively, this population will be reported with other solitary confinement data, but it will be counted distinctly and monitored through the healthcare oversight entity.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>WCCW Solitary Reduction</b>						
Effort						
FTE	-	-	-	-	-	-
Salary (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ 17	\$ 126	\$ 95	\$ 47	\$ 16	\$ 16
Total Costs (000's)	\$ 17	\$ 126	\$ 95	\$ 47	\$ 16	\$ 16

**LEGEND:**  
Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.

**Effort** – Estimated effort or focus required to make the desired progress each year.

<b>KEY</b>	1 - LOW	2 - MEDIUM	3 - HIGH
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**FTE** – Estimated incremental FTE required each year.  
**Salary** – Rolled up estimate of FTE annual base salary.  
**Vendor** – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

## 6. Incentive-based programs help move people through IMUs to less restrictive settings.

When incarcerated individuals are placed into restrictive housing settings as a disposition, including as diversionary into a Transfer Pod or into an IMU after a hearing, the individual is oriented to the housing unit, expectations, and requirements to move toward increased privileges and less restrictive settings. Transparency in communication and expectations, and accountability by both staff and the incarcerated person, is a critical component of professional and humane interactions.

The current “programs” within the IMUs clearly articulate the things an incarcerated person *should not do* if they want to move forward toward less restrictive settings. Examples include the absence of violence, the absence of infractions, and no rule violations, etc. The system must move toward incentive-based models of programming that require the individual not only to abstain from misconduct, but to engage in prosocial behavior.



An individual in IMU should have access to evidence-based programming, inside and outside of the cell, with active engagement. Those programs are taken into consideration during individualized assessments and reviews, and an incarcerated person who participates appropriately must have meaningful rewards in the form of privileges and movement toward less restrictive settings. If the person is engaging in programming that is responsive to the reason for placement in restrictive housing, and therefore is reducing risk for those behaviors occurring in the future, the person should continue to move forward in their program.

The use of mechanical restraints (i.e., wrist restraints, ankle restraints, belly chains) is an area of concern for many stakeholders. Currently, individuals in restrictive housing are placed in mechanical restraints for all escorted movement. The restraints are removed once the individual is placed in a final holding area. There is some variability in the specific application of these mechanical restraints across facilities. In some places, any movement out of a restrictive housing cell requires full restraints, including wrists and ankles. In these locations, staff described an average of 7-10 minutes per incarcerated individual being moved to a congregate setting and placed in program chairs, resulting in approximately 30 minutes of time to bring a handful of individuals into a group room. However, in other facilities, wrist-only restraints are used, resulting in more rapid movement to and from appointments. Additionally, blanket restraint policies ignore an individual's progress through a program that is likely to specifically target risk for violence. A restraint decision-tree will be developed, to include an opportunity to step down in the intensity of mechanical restraints and move unrestrained once that privilege has been earned and safely demonstrated.

For those who remain in restrictive housing and solitary confinement settings, regular reevaluations and reassessments are important to determine the appropriateness and necessity of continued placement in those conditions. DOC policy frequently refers to healthcare staff attendance at meetings "when appropriate." Given what is known about the risks of solitary confinement to physical and psychological well-being and given the frequency of contact with healthcare professionals on these units, healthcare staff must be integrated into the fabric of all interdisciplinary review meetings. These include medical (i.e., nursing, health services administration, etc.) and behavioral health (i.e., psychology, mental health professionals, etc.). Importantly, it should be healthcare staff who determine what is appropriate to trigger attendance at a meeting, as much as it is any other discipline's responsibility, and so communication about pending reviews should be distributed to healthcare teams in advance.



As individuals move through their programs in IMU, the interdisciplinary team must approach each case from a reintegration perspective, preparing the person to reenter general population. Similar concepts to community re-entry will be employed, examining the individual’s strengths, needs, abilities, preferences, and considering creative solutions to issues of housing, separation, treatment, and other issues facing those returning to less restrictive settings.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Incentive-based IMU Programs</b>						
Effort						
FTE	-	-	-	-	-	-
Salary (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ 14	\$ 9	\$ 9	\$ 9	\$ 9	\$ 9
Total Costs (000's)	\$ 14	\$ 9	\$ 9	\$ 9	\$ 9	\$ 9

**LEGEND:**  
Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.

*Effort* – Estimated effort or focus required to make the desired progress each year.

**KEY** 1 - LOW 2 - MEDIUM 3 - HIGH

*FTE* – Estimated incremental FTE required each year.

*Salary* – Rolled up estimate of FTE annual base salary.

*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

## 7. Develop and expand forensic psychology team and the use of assessment tools.

Introducing forensic approaches to treatment and management of challenging cases is an exemplary practice. The Department will invest in this requirement; nurture this tool; expand the reach of the service; formalize the service in policy; and apply it in the following ways:

**Long-Term Placement in Solitary Confinement:** Prioritizing the small number of individuals who have remained in IMUs and solitary confinement conditions for prolonged periods of time is a priority. There are complex psychological processes that lead an individual to be *unwilling* or *unable* to progress through the behavioral expectations necessary to move to a less restrictive setting. The clinical-forensic process aims to conceptualize the incarcerated individual; to identify static, dynamic, clinical, and protective risk factors for violence; and to develop a plan that targets malleable characteristics in consultation with the facility.



**Complex or Uniquely Challenging Cases in Administrative Segregation:**

Forensic assessments can inform the disposition processes for those in Administrative Segregation. When faced with cases that are out of the ordinary or particularly challenging to a facility, an outside clinician will offer consultation on the clinical conceptualization and strategies for violence risk reduction, used to arrive at a balanced plan for the person that targets malleable characteristics in the least restrictive setting capable of managing the individual. Ultimately, matching risks and needs with responsive programming and classification is the goal.

**Consultation for Violence Risk Management:**

Across the prison system, from intake to release planning, forensic clinicians will play an invaluable role in contributing to individualized risk reduction plans. While this role is still emerging around the world, initial studies are promising in terms of its potential effectiveness, specifically in terms of identifying dynamic risk factors to target through institutional programming.<sup>61</sup> While structured classification tools are generally as effective as forensic assessment instruments at categorically predicting whether an individual will engage in institutional misconduct while incarcerated, clinical-risk assessment provides a more tailored approach that conceptualizes an individual and identifies dynamic risk factors that may be targeted through responsive programming and treatment. In this way, the tools and procedures are additive and complementary to existing processes.

The Forensic Assessment Team will be comprised of a Director and four clinicians, specially trained in forensic risk assessment, evaluation of dangerousness to others, and with knowledge of appropriate assessment and intervention techniques to provide consultation to the facilities. Additionally, the team will be supported by a quality assurance professional for data collection and analysis.

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<sup>61</sup> Abbiati, M., Palix, J., Gasser, J. & Moulin, V. (2019). Predicting physically violent misconduct in prison: A comparison of four risk assessment instruments. *Behavioral Science and the Law*, 37(1), 61-77.



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Forensic Assessment Team</b>						
Effort						
FTE	3.00	7.00	7.00	7.00	7.00	7.00
Salary (000's)	\$ 473	\$ 1,104	\$ 1,148	\$ 1,194	\$ 1,242	\$ 1,292
Vendor (000's)	\$ 128	\$ 296	\$ 176	\$ 131	\$ 57	\$ 67
<b>Total Costs (000's)</b>	<b>\$ 601</b>	<b>\$ 1,400</b>	<b>\$ 1,324</b>	<b>\$ 1,325</b>	<b>\$ 1,299</b>	<b>\$ 1,359</b>

**LEGEND:**  
**Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.**

*Effort* – Estimated effort or focus required to make the desired progress each year.

<b>KEY</b>	1 - LOW	2 - MEDIUM	3 - HIGH
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*FTE* – Estimated incremental FTE required each year.  
*Salary* – Rolled up estimate of FTE annual base salary.  
*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

### 8. Expanded access to confidential medical and behavioral health contacts.

This requirement is consistent with Dr. Metzner’s (2015) observation that “regular clinical contact with psychiatrists should not occur at the cell front but should be in a setting that allows for adequate sound privacy.” Regardless of housing assignment or custody level, all regular clinical contacts by medical or behavioral health staff should occur out-of-cell in relative privacy.

The relationship between provider and patient is one premised on confidentiality, and clinical visits at the cell front will become the exception rather than the rule. Requirements for confidentiality include acoustical privacy from all other staff, and both acoustical and visual privacy from other incarcerated individuals. Provision of these services in private settings reduces barriers to care, increases the likelihood of people sharing personal details about their physical and emotional health, and reduces the stigma of obtaining help that exists when people must do so in non-confidential settings at the cell front. Similarly, any treatment occurring in group settings (i.e., delivery of *clinical services versus educational or non-clinical programming*) will also be conducted in private settings and not in the housing unit.

The healthcare teams are already prepared to implement this requirement, but additional clinical supervision is required in the form of a psychologist providing consultation to clinical staff who expect to have additional diagnostic and supervisory questions. Additionally, the expansion of MOUD means provision of additional access to care for this population in solitary confinement conditions.





	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Confidential Clinical Contacts</b>						
Effort						
FTE	3.00	7.50	7.50	7.50	7.50	7.50
Salary (000's)	\$ 518	\$ 1,295	\$ 1,347	\$ 1,401	\$ 1,457	\$ 1,515
Vendor (000's)	\$ 49	\$ 98	\$ 49	\$ 25	\$ 13	\$ 13
Total Costs (000's)	\$ 567	\$ 1,393	\$ 1,396	\$ 1,426	\$ 1,469	\$ 1,528

**LEGEND:**  
Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.

*Effort* – Estimated effort or focus required to make the desired progress each year.

<b>KEY</b>	1 - LOW	2 - MEDIUM	3 - HIGH
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*FTE* – Estimated incremental FTE required each year.  
*Salary* – Rolled up estimate of FTE annual base salary.  
*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

## D. Modify Segregation Units

### 1. Expand Transfer and Progression Pods for diversion & re-entry to general population.

The use of Transfer Pods and Progression Pods across the system appeared to be an emerging best practice and a tool for reducing the use of solitary confinement. In terms of conditions of confinement, neither model results in conditions equating to solitary confinement despite designation as restrictive housing areas. In other words, although these areas are more restrictive than general population, they operate under more humane conditions, 4 hours out-of-cell time, and allow for meaningful congregate activity. We see the potential to expand these operational models to reduce the number of people experiencing solitary confinement throughout the system.

Progression Pods and Transfer Pods generally serve a similar purpose, despite serving different populations. These units function as transitional continuums that gradually return an individual to less restrictive settings. Using incentives, rather than simple behavioral compliance (i.e., remaining infraction-free), an incarcerated individual demonstrates engagement and prosocial activity that leads toward less restrictive settings.

The concept of expanded transition units and further development of a continuum of custody is presented in the following three “tracks”:



**Diversion:** Like the concept of diversion in the community, whereby an individual is placed in programming or treatment with accountability to a court, the current Progression Pod model lends itself well to the potential expansion to a pre-hearing population. With expanded programming in these areas, an individual placed into Administrative Segregation would be offered the chance to engage in programming with the opportunity to mitigate the infraction in some way, considered by hearing officers and influencing disposition. The individual then engages in a program that targets the criminogenic need that led to initial removal from general population and leaves restrictive housing at lower risk than when the person entered.

**Transfer:** The current model of placement on a Transfer Pod for those whose hearings have occurred and are awaiting transportation or bedspace is sound. While efficient transport should also be a focus across the state, and while bedspace issues are being addressed through the Best Bed Program, those individuals with closed tickets awaiting placement in Close Custody or transfer to another facility should not be subject to solitary confinement conditions while waiting. Careful cohort selection on these units aims to ensure STGs are kept separate while also allowing for congregate activity and additional out-of-cell time. The model observed seems ripe for expansion and WADOC clearly agrees as they have begun to do so across the state. Transfer Pods are transient, short-term housing areas, and congregate activity should focus on idleness reduction and swift movement to classified housing unit.

**Progression:** Transitioning from solitary confinement and restrictive housing to general population is a uniquely challenging experience, and one that warrants a gradual and deliberate approach to re-entry. Progression Pods are like Colorado's step-down units launched several years ago, which provide for a transition and re-entry model prior to returning to the relative bustle of a general population unit. Because these are not solitary confinement conditions, an individualized approach can be taken that allows the incarcerated individual to have a voice in his or her transition plan to the least restrictive setting. Like Transfer Pods, carefully selecting cohorts is critical and currently very thoughtfully done. STG issues abound in this population, along with a group of individuals who have developed an apparent comfort and preference for life in the IMU.



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Expand Progression Pods</b>						
Effort						
FTE	1.00	1.00	1.00	1.00	1.00	1.00
Salary (000's)	\$ 65	\$ 129	\$ 134	\$ 140	\$ 145	\$ 151
Vendor (000's)	\$ 29	\$ 59	\$ 29	\$ 29	\$ -	\$ -
<b>Total Costs (000's)</b>	<b>\$ 94.00</b>	<b>\$ 188.00</b>	<b>\$ 163.16</b>	<b>\$ 168.53</b>	<b>\$ 145.11</b>	<b>\$ 150.91</b>

**LEGEND:**  
**Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.**

*Effort* – Estimated effort or focus required to make the desired progress each year.

<b>KEY</b>	1 - LOW	2 - MEDIUM	3 - HIGH
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*FTE* – Estimated incremental FTE required each year.  
*Salary* – Rolled up estimate of FTE annual base salary.  
*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

## 2. Increase access to recreation and program spaces in restrictive housing areas.

In order to reduce the use of solitary confinement by 90%, it is a given that additional capital projects will be required. The facilities in Washington were simply not intended to support the functions being asked of them today. The IMUs were intentionally designed for control and not for programs and interventions. Jails and prisons built today are designed to support the safe and efficient delivery of risk-reduction and clinical programs, as well as to support recovery through elements like views of nature, LED lighting to support circadian rhythms, climate control, and open spaces to reduce the neuropsychological impact on survivors of trauma - incarcerated individuals and staff alike. Logistically, there are not enough recreation spaces to get to the 4-hour thresholds, especially with individual, non-congregate recreation when required. More spaces are needed.

Additionally, to reach the threshold, congregate recreation will be necessary. The same approach used by those overseeing Transfer Pods and Progression Pods will be implemented. The team overseeing the IMU will carefully select cohorts of two or more who can safely recreate together. This congregate recreation must be built into an individual's program as he or she moves forward toward less restrictive settings, reflecting an incentive and recognizing the need for socialization and transition. This requirement comports with that of Dr. Metzner in 2015, who noted, "Consideration should be given to having a privilege level that allows for [congregate recreation]."

While the amount of out-of-cell time is an obvious and quantifiable threshold, the quality of the space is as important as the availability of that space. Moving incarcerated



individuals from one cell to another, or a slightly larger cell, is not meaningful recreation, and many incarcerated individuals choose not to leave their cells because there is no incentive to do so. An example is at WSP’s IMU-South, where a capital project is already under way to rectify the situation.

When developing spaces and capital projects, WADOC shall consider the experience of occupying those spaces. Principles of biophilia, views of nature, plants, gardens, open spaces, and materials and furnishings that are less institutional and more normalized are required.

With the assistance of a correctional facility planner, the SCTP Team arrived at a series of required capital projects to attain the requisite out-of-cell time, attached as Appendix C. These projects consider the existing list of capital projects already documented and under way.

To accomplish this requirement, the Capital Planning and Development Department will expand its staff to include additional architectural resources and administrative support in the form of Project Managers.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Increase Rec &amp; Program Capacity</b>						
Effort						
FTE	-	1.00	1.00	1.00	1.00	-
Salary (000's)	\$ -	\$ 137	\$ 142	\$ 148	\$ 154	\$ 160
Vendor (000's)	\$ 32	\$ 65	\$ 96	\$ 128	\$ 160	\$ 160
<b>Total Costs (000's)</b>	<b>\$ 32</b>	<b>\$ 202</b>	<b>\$ 238</b>	<b>\$ 277</b>	<b>\$ 314</b>	<b>\$ 320</b>

**LEGEND:**  
**Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.**

*Effort* – Estimated effort or focus required to make the desired progress each year.

<b>KEY</b>	1 - LOW	2 - MEDIUM	3 - HIGH
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*FTE* – Estimated incremental FTE required each year.  
*Salary* – Rolled up estimate of FTE annual base salary.  
*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

## E. Monitoring & Evaluation

### 1. Deploy operational KPI across the SIM-P.

Across the system, KPIs are being defined for measurement on a regular basis. The Department will deploy operational KPIs that reflect areas of practice and impact that directly relate to the Secretary’s commitment and restrictive housing transformation.



Operational KPIs are categorized as System-wide and by Facility; Prevention; Administrative Segregation – Pre-Hearing Detention; and Intensive Management - Conditions of Confinement. In this way, operational KPIs map on to the SIM-P, and each indicator’s relationship with others can be better understood, adjusted, and refined. SCTP Team members focused on OCM are engaged with the Department in an organic process that will continue to evolve as this plan pivots toward implementation. To facilitate this data collection and analysis. Ethics and auditing will expand its department by one individual capable of conducting additional oversight and reporting across the SIM-P.

Examples of operational KPIs will include the following:

### **System-wide and by facility**

- a. Reduction in housing areas operating under presumed conditions of solitary confinement
- b. Reduction in the number of individuals in solitary confinement, facility, type, etc.
- c. Reduction in number and rate of violent incidents, by gender, facility, type, etc.
- d. Reduction in number and rate of uses of force, by gender, facility, type, etc.
- e. Increased staffing levels by facility and impacted housing area
- f. Reduction in vacancies by facility and impacted housing areas
- g. Increased training activities across the rank structure and disciplines

### **Prevention**

- h. Reduction in number of and rate of incident or infraction responses resulting in Administrative Segregation placement
- i. Increase in number and rate of incident responses resulting in alternatives to restrictive housing
- j. Increased number and rate of program participation in general population.
- k. Decreased number and rate of healthcare encounters occurring at cell front
- l. Increased number and rate of healthcare encounters occurring in confidential settings



### **Administrative Segregation – Pre-Hearing Detention**

- m. Increased average daily out-of-cell time, by facility and housing area, in hours
  - i. Amount of out-of-cell programming Scheduled, Offered, Accepted, Received (SOAR)
  - ii. Amount of out-of-cell recreation (SOAR)
- n. Decreased Average LOS in Administrative Segregation
- o. Increased compliance with benchmarks, planned versus actual (i.e., initial contact, hearing, etc.)
- p. Increased number and rate of dispositions to non-solitary confinement settings
- q. Decreased wait times for transfer to IMU following hearings and dispositions
- r. Decreased number and rate of overrides to Max Custody
- s. Decreased number and rate of healthcare encounters occurring at cell front
- t. Increased number and rate of healthcare encounters occurring in confidential settings

### **IMS - Conditions of Confinement**

- u. Increased average daily out-of-cell time, by facility and housing area, in hours
  - i. Amount of out-of-cell programming (SOAR)
  - ii. Amount of out-of-cell recreation (SOAR)
- v. Decreased Average LOS in Administrative Segregation
- w. Increased compliance with benchmarks, planned versus actual (i.e., initial contact, hearing, etc.)
- x. Decreased number and rate of healthcare encounters occurring at cell front
- y. Increased number and rate of healthcare encounters occurring in confidential settings
- z. Increased number and rate of disposition to Progression Pods

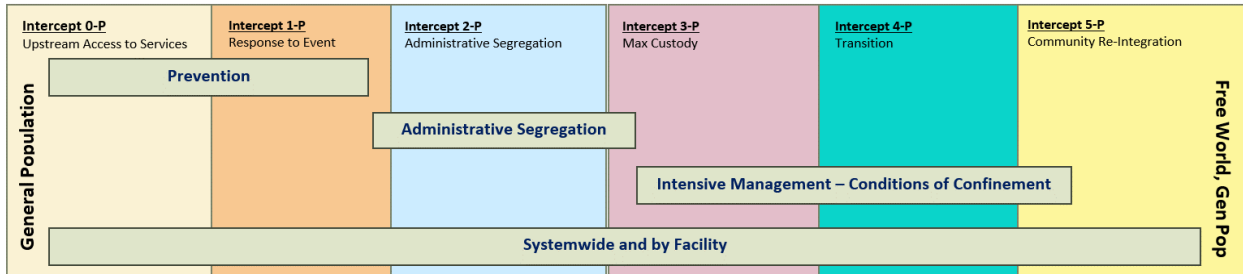


# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



### Washington State Department of Corrections Sequential Intercept Model for Prisons (SIM-P) – Operational Key Performance Indicator Categories



	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Deploy KPIs</b>						
Effort	▲	▲	●	●	●	●
FTE	1.00	1.00	1.00	1.00	1.00	1.00
Salary (000's)	\$ 56	\$ 111	\$ 115	\$ 120	\$ 125	\$ 130
Capital (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ 34	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30
<b>Total Costs (000's)</b>	<b>\$ 90</b>	<b>\$ 141</b>	<b>\$ 145</b>	<b>\$ 150</b>	<b>\$ 155</b>	<b>\$ 160</b>

LEGEND:	
Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.	
<i>Effort</i> – Estimated effort or focus required to make the desired progress each year.	
<b>KEY</b>	● 1 - LOW ▲ 2 - MEDIUM ◆ 3 - HIGH
<i>FTE</i> – Estimated incremental FTE required each year.	
<i>Salary</i> – Rolled up estimate of FTE annual base salary.	
<i>Vendor</i> – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.	

## 2. Improve Mechanisms for Data Collection.

As noted throughout the report, WADOC’s capacity to track KPIs, like out-of-cell time, must be elevated. For a project of this magnitude, data collection, storage, analysis, and reporting are critical functions that must be improved. Research and Data Analytics (RDA) will require one additional FTE to integrate this task into their existing infrastructure.

WADOC is currently exploring the use of an electronic system for tracking out-of-cell time and the movement of incarcerated individuals. This technology is required for this specific project. Not only would this technology streamline the process of data collection and integration, but the frequency of updates also allows for quicker identification of facility- or unit-specific issues around out-of-cell time; transparency in reporting for outside agencies and observers; and accountability for both staff and incarcerated



persons regarding movement, recreation, programs, healthcare appointments, and other reasons for out-of-cell time.

The current technological infrastructure does not allow for Wi-Fi in specific IMUs and other secure locations, and any new tool will require time to synchronize before any real-time data is available. Resources are allocated for incorporating this function into reporting dashboards, and RDA will expand to include Analysts with backend access to any data collection infrastructure. Paramount to this requirement is the implementation of a unified method of collecting facility activities schedules, such that RDA has access to the information for analysis.

WADOC will also adopt a policy of tracking out-of-cell time that examines more than simply how much time the person spent outside the cell. Each facility must create and publish a schedule of activities, a version of which can be posted publicly as well as inside. This depicts how daily operations are expected to unfold. Each facility then tracks how much of that activity, by incarcerated person and housing unit, was offered to the individuals. This tracks how well what was scheduled is available. Each facility will then track the acceptance and engagement rates by incarcerated individuals, identifying how often people accept the activity that has been scheduled and offered. And lastly, each facility will track what has been received; that is, how much of what was Scheduled, Offered, Accepted, and Received (SOAR). By implementing this model, a more granular view of out-of-cell time is presented. Each of the four components implicates specific responsibilities on the parts of the facility and the incarcerated person, and from a Continuous Quality Improvement perspective, allows for a more targeted study of what works well and where challenges exist.

The Stakeholder Advisory Committee will develop a mechanism for regular data reporting, with requirements and infrastructure (i.e., reports) designed by the inclusive stakeholder group. The committee will have access to data as needed and requested, and the group will focus on sharing best practices across facilities, while attending to those areas struggling with implementation and required reductions in solitary confinement.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Improved Data Collection</b>						
Effort						
FTE	1.00	1.00	1.00	1.00	1.00	1.00
Salary (000's)	\$ 69	\$ 137	\$ 142	\$ 148	\$ 154	\$ 160
Vendor (000's)	\$ 14	\$ 16	\$ 14	\$ 5	\$ 3	\$ 3
Total Costs (000's)	\$ 83	\$ 153	\$ 156	\$ 153	\$ 157	\$ 163





<b>LEGEND:</b> Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.	
<i>Effort</i> – Estimated effort or focus required to make the desired progress each year.	
<b>KEY</b>	● 1 - LOW    ▲ 2 - MEDIUM    ◆ 3 - HIGH
<i>FTE</i> – Estimated incremental FTE required each year.	
<i>Salary</i> – Rolled up estimate of FTE annual base salary.	
<i>Vendor</i> – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.	

### 3. Inform classification practices by studying factors predicting placement in solitary confinement and failure in Safe Harbor initiatives.

#### a. Consider an instrument aimed at predicting placement in solitary confinement.

WADOC is interested in tools administered at reception, capable of predicting placement in solitary confinement during a person’s period of incarceration. The construct of risk for placement in solitary confinement or IMU specifically, rather than prediction of institutional misconduct broadly, is relatively new in corrections. It is important to require that any additional tools provide value-added to the reception and classification processes; value fairness and equity in outcomes; complement existing tools being used; and are not duplicative of those efforts. Specifically, this requirement also must ensure alignment with the Washington ONE Assessment.

Given the increased focus in Washington on the rehabilitative ideal and creating safer prisons for those who live and work within, combined with the need for early intervention to reduce use of solitary confinement by 90%, it is a worthy cause to take up consideration of existing tools evolving for this purpose. WADOC will convene a study group to examine the potential utility of implementing an existing tool, revalidating an existing tool, or internally creating a tool for this purpose. The following tool is being considered:

**Risk Assessment for Segregation Placement (RASP):** The RASP<sup>62</sup> was constructed to predict placement in settings of segregation during an individual’s period of imprisonment. While this broader construct of placement in segregation is obviously of interest, the tool was recently revised using a sample from the Oregon Department of Corrections (ODOC), making the resultant

<sup>62</sup> Labrecque, R.M. & Smith, P. (2019). Reducing institutional disorder: Using the inmate risk assessment for segregation placement (RASP) to triage treatment services at the front-end of prison sentences. *Crime and Delinquency*, 65(1), 3-25.



RASP-OR<sup>63</sup> the only narrow-band instrument of its type validated on more than one prison system for prediction of placement in solitary confinement. Additionally, the RASP-OR revalidation focused specifically on predicting placement in ODOC’s IMUs, which are of a similar concept and purpose to those IMUs found in WADOC. It should be noted that prediction of this type is predicated on the availability of triaged programming and treatment to proactively meet the needs of those who score higher on the tool. A tool like the RASP must not be used to preemptively place an individual into more restrictive settings. In preparing this plan, the SCTP Team obtained a proposal from Dr. Ryan Labrecque, lead author on the 2019 and 2021 studies referenced, and Dr. Labrecque will join the SCTP Team in this working group.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>RASP Implementation</b>						
Effort						
FTE	-	-	-	-	-	-
Salary (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ 142	\$ 72	\$ 29	\$ 14	\$ 14	\$ 14
<b>Total Costs (000's)</b>	<b>\$ 142</b>	<b>\$ 72</b>	<b>\$ 29</b>	<b>\$ 14</b>	<b>\$ 14</b>	<b>\$ 14</b>

**LEGEND:**  
Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.

**Effort** – Estimated effort or focus required to make the desired progress each year.

<b>KEY</b>	1 - LOW	2 - MEDIUM	3 - HIGH
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**FTE** – Estimated incremental FTE required each year.  
**Salary** – Rolled up estimate of FTE annual base salary.  
**Vendor** – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

**b. Develop an instrument to support Safe Harbor initiatives.**

As indicated in Key Observations, STGs are a major complicating factor in WADOC’s efforts to classify, house, and progress individuals to the least restrictive setting required for safe operations. An overwhelming majority of those incarcerated individuals housed in IMUs are designated as STG members. Those designated as STG members are responsible for the majority of violent infractions throughout WADOC facilities. It is acknowledged that an STG designation does not necessarily reflect a current STG affiliation, and the label alone would not provide rationale for placement in solitary confinement. As one

<sup>63</sup> Labrecque, R. (2021). Security threat management in prison: Revalidation and revision of the inmate risk assessment for segregation placement. *The Prison Journal*, 102(1), 47-63.



component of assessing and managing the STG population, the Safe Harbor initiative was created to encourage and support disaffiliation from STG groups. However, disaffiliation with STGs is neither all-or-none, nor is it dispositive with respect to individual risk for violence.

WADOC will work to develop a tool capable of predicting Safe Harbor failures; those individuals who report desire for disaffiliation with a validated STG but are later found to have reengaged with the group. The SCTP Team met with Dr. Garth Davies of Simon Fraser University, an expert in STG issues in prisons, and a professor of criminology eager to assist in this research and development. WADOC has received a proposal from Dr. Davies to collaborate and join with the SCTP Team to identify data sets, conduct necessary analyses, and attempt to develop an appropriate and locally validated tool.

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Safe Harbor Instrumentation</b>						
Effort						
FTE	-	-	-	-	-	-
Salary (000's)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor (000's)	\$ 114	\$ 184	\$ 184	\$ 99	\$ 42	\$ 42
<b>Total Costs (000's)</b>	<b>\$ 114</b>	<b>\$ 184</b>	<b>\$ 184</b>	<b>\$ 99</b>	<b>\$ 42</b>	<b>\$ 42</b>

**LEGEND:**  
**Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.**

*Effort* – Estimated effort or focus required to make the desired progress each year.

**KEY**     1 - LOW    2 - MEDIUM    3 - HIGH

*FTE* – Estimated incremental FTE required each year.  
*Salary* – Rolled up estimate of FTE annual base salary.  
*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.



# V

PROGRAM  
MANAGEMENT &  
GOVERNANCE



## V. Program Management and Governance

The cultural and logistical lift required for this transformation is possible by developing an effective Program Management and Governance structure. The recommended approach comprises Leadership Alignment, Program Management, and OCM working together to achieve plan objectives. The principles of program governance established by the Project Management Institute (PMI) include:

- Implementation of a governance framework should be based on the context of the organization and project.
- Governance should establish transparency and confidence in decision-making and clarify roles and responsibilities.
- Governance should involve the least amount of authority structure possible because time and costs are associated with governance decision-making and oversight activities.

When referring to Program Management and Governance, it is not a reference to the many agency-run and volunteer programs offered to incarcerated individuals supervised by the DOC. Instead, Program Management is a set of interconnected projects overseen by a Program Manager whose primary goal is to ensure that all work ties back into company-wide goals and objectives.

It is proposed that the DOC work closely with external program management and change management experts to establish overarching governance for the SCTP that would be measured and monitored via a customized version of the Prosci Project Change Triangle (PCT) Model. This is the foundational framework for evaluating the health of a project and creating action plans for moving the project forward. The model for this approach is based on three critical components of any successful project.

1. Leadership/Sponsorship, the management of the direction and governance for the project
2. Project Management of the actions and tasks for moving the scope/timeline/budget side of the project forward so the solution is effectively implemented
3. Change Management, the process, and tools for ensuring that the people impacted by the change adopt and utilize the solution to achieve the defined objectives



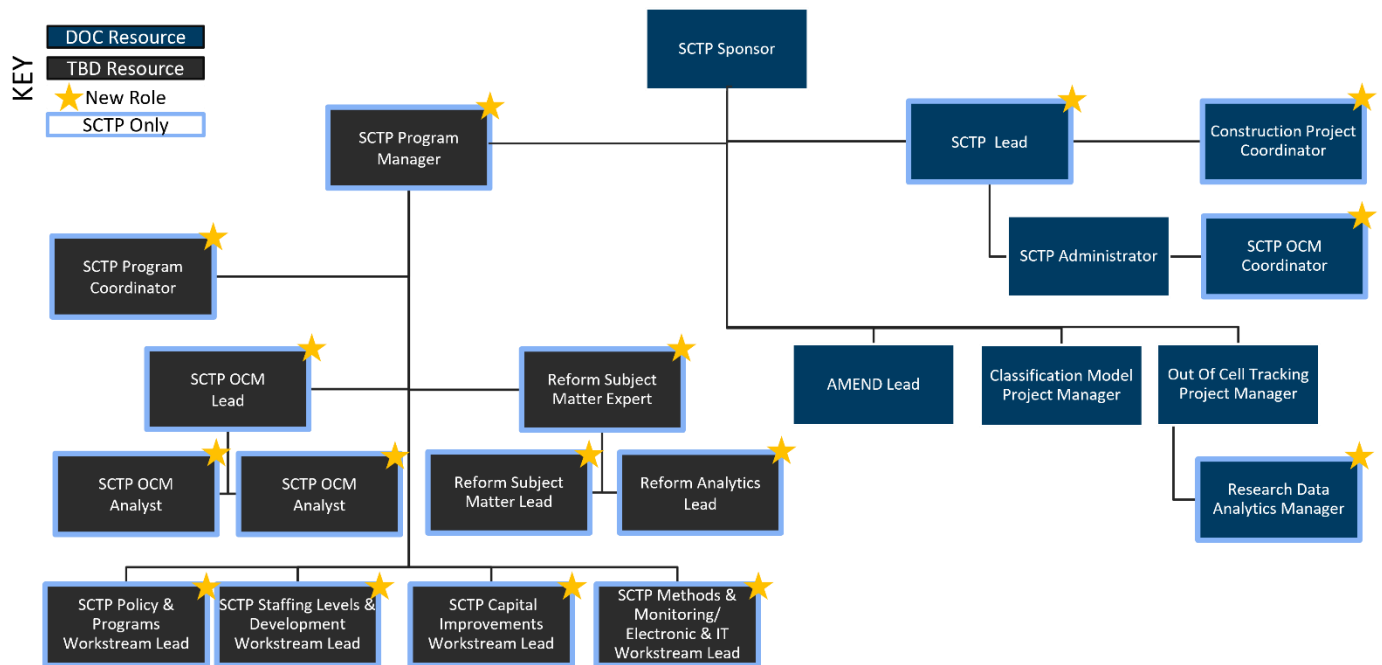
# Solitary Confinement Transformation Project

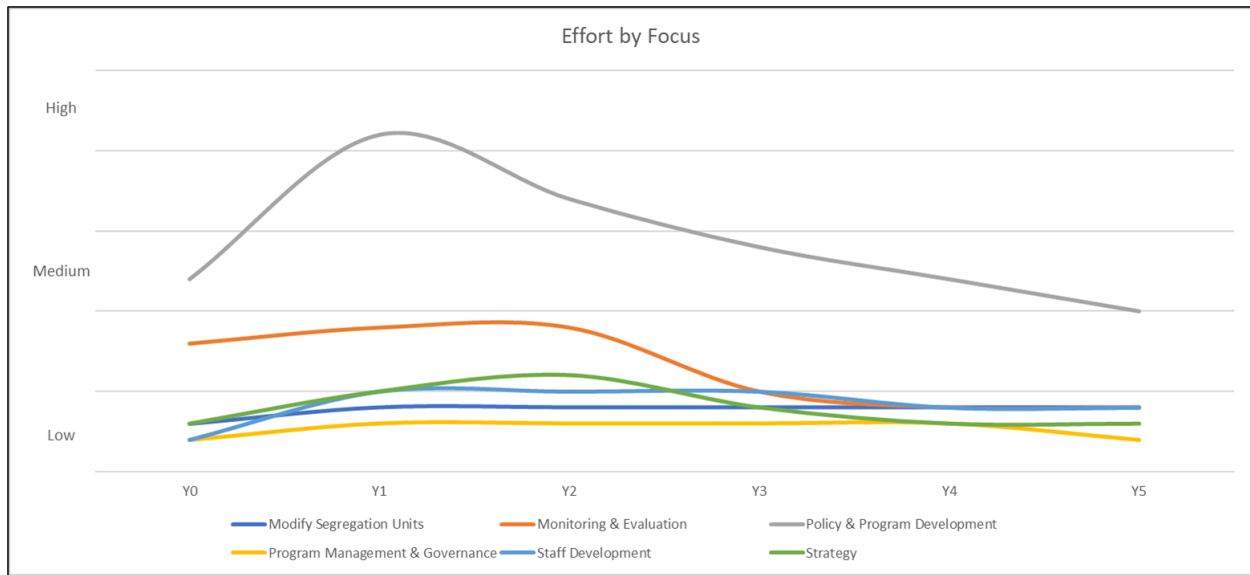
## Requirements for Sustainable Reduction



The PCT will provide critical project roles, including sponsors, Project Managers (PM), and Organizational Change Managers (CM) with clear, actionable recommendations such as demonstrating highly engaged and active sponsorship, straightforward value and benefits statements, and opportunities for engagement. With proactive steps and re-measurement, the organization will experience greater maturity and partnership between the sponsor, PM, and CM, leading to more successful project outcomes. Establishing and following agreed-upon governance processes and establishing active and visible sponsorship are essential to successful program outcomes.

The following visual represents a recommended initial structure for the Program Management of the SCTP, and it is not intended to be an organizational map. Instead, this structure identifies roles to help navigate the complexity of the various facilities while aligning with the program's overarching goals. Working together, the external team will collaborate with DOC leadership and team members to deliver the program plan developed after Legislative approval. Once the program's foundation is established, the external team will seek opportunities to transition program ownership to internal DOC staff to complete the SCTP plan.





## A. Leadership/Sponsorship

Active and visible leadership support is one of the most significant factors contributing to successful organizational change. Stakeholders look to various levels of leadership for help and guidance. Leadership at the DOC holds a high level of trust for internal stakeholders. In times of high change and corresponding uncertainty that comes with any change, internal stakeholders rely on the examples and attitudes set by their leaders.

Program leadership has numerous responsibilities, including actively supporting the effort and maintaining visible participation throughout the change, managing resistance by listening and responding to stakeholder feedback, communicating directly with stakeholders, and reinforcing the change by rewarding and celebrating successes.

The SCTP Program Manager, Program Lead, and Program sponsor will collaborate to define the various roles and responsibilities for the program. This will help create a practical framework for making decisions on the program, meaning that the findings will be made after consulting the right people at the right level, depending on the decision's impact. The partnership between Program Management and DOC decision-making will require a culture of thinking differently while working with familiar channels to achieve these goals. Continued coaching and training will be essential to transforming how the Department can deliver on these large-scale initiatives.

## B. Project Management

The foundation of any effort begins with effective project management. This extensive collaboration of multiple recommendations needs focused coordination to stay on time, within



the designed scope and budget. Each aspect of this plan must go through phases of initiation, planning, and execution. Known as the project management lifecycle, it allows program leadership to plan each task and activity meticulously to ensure the highest chance of success.

Coordinating efforts of all the above SCTP recommendations should be themed under the workstreams of Policy & Program, Staffing Levels & Development, Capital Improvements, and Method & Monitoring/Electronic & IT. These efforts should also be seamlessly partnered with the Amend, New Classification Model project, and Out-of-Cell Tracking project leadership and bolstered by internal project leadership and administrative support to enable the SCTP in reaching its achieved outcomes. Applying knowledge, skills, tools, and techniques to meet program requirements will require investment in outside contractors to complete the ebbs and flows of work effort over the 5-year timeframe to completion. Managing the projects in this manner secures benefits not available from managing them individually.

Providing clarity and alignment across the program while also managing risk over the timeline of this project, the program team will leverage tried and true activities:

1. Program Plan Management, Milestone Management, and Status Reporting to maintain and report upon critical path
2. Resource Management collaborates with program resources to understand changes, impacts, and opportunities
3. Risk and Issue Management through the identification, logging, tracking, and mitigation of risks, issues, actions, and decisions
4. Scope Management and employment of a change control process for any alterations to defined project scope
5. Roles and Responsibilities management through the defining of who is Responsible, Accountable, Consulted, Informed (RACI) to document and adhere to critical decisions

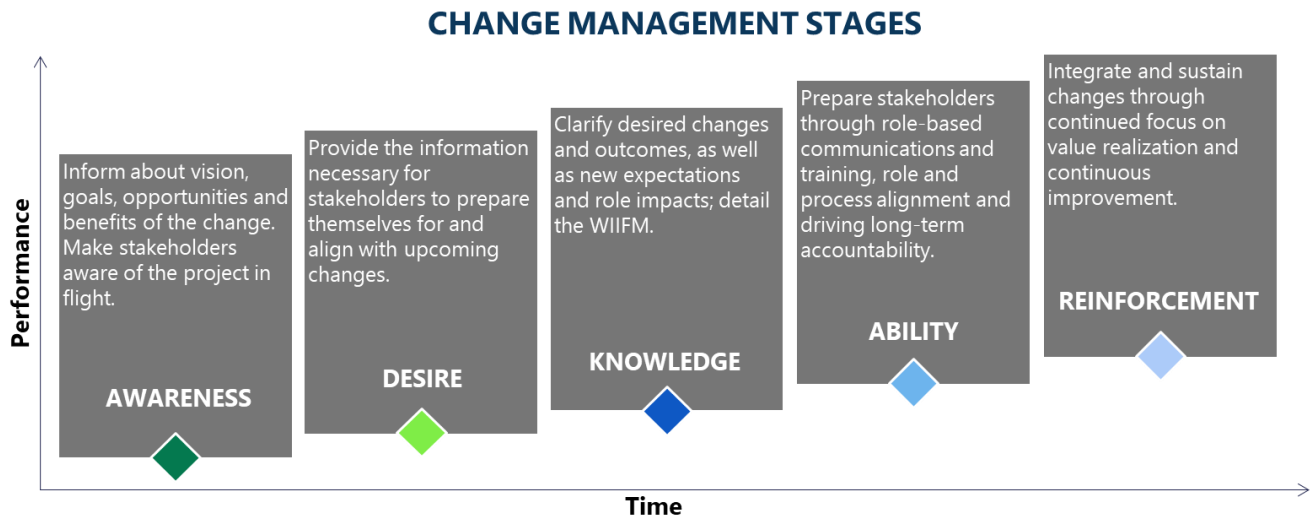




## C. OCM Approach

### Overview

The magnitude of a commitment to reduce solitary confinement by 90% and sustain those reductions requires an organization-wide approach to implementation. It is recommended that WADOC utilize an OCM approach to facilitate specific tasks, timelines, and stakeholder involvement, and ultimately support culture change within the Department. This approach will align to the Prosci methodology of Awareness, Desire, Knowledge, Ability, and Reinforcement (ADKAR) ensuring all impacted stakeholders receive access to the right resources during the ADKAR phases of the project.



OCM focuses on the defined vision, leadership engagement, communications, and training for less resistance and higher utilization of the identified recommendations. The plan will be developed based on the completed Stakeholder Engagement assessment that emphasizes staff and incarcerated involvement of the SCTP, grounded in the fundamental keys to adoption, and organized by three phases to drive adoption and sustain defined goals.

## D. Fundamental Keys to Adoption

Grounded in both the data collected during our initial stakeholder assessment and ongoing partnerships with both external and internal stakeholders, the following three fundamental keys to adoption were identified. The keys to adoption describe truths that are critical to long-term success and should remain constant throughout all phases of the project.



1. One truth is to be fully transformational, where all aspects of the project are culturally focused to emphasize a behavioral shift, consistently messaged, and prioritized collectively.
2. Another truth is to emphasize staff empowerment, where the core of the project is led by local facility leadership, ensuring the planning process begins and ends with line staff.
3. The third truth is to focus on humanity in action, where respect is prioritized, safety is always emphasized, and the relentless pursuit for positive options to achieve the desired behavior is expected.

## **E. SCTP Change Plan Phases**

Aligned with Prosci's 3-phase process for change, our strategy uses a structured approach, applying consistency in delivery while remaining flexible to account for the unique people-side of change for each facility.

### **1. Prepare for The Change**

- a. Develop and align to a vision and value
- b. Identify and engage internal and external stakeholders
- c. Determine changes and assess people's impacts

### **2. Manage The Change**

- a. Formulate key messages aligned to specific stakeholder groups
- b. Design training approach to achieve skill and behavior needs
- c. Track people risks and create mitigation strategies

### **3. Reinforce The Change**

- a. Share and celebrate early successes led by leadership
- b. Maintain and leverage Change Champions
- c. Continuously monitor and measure KPIs

To achieve sustained adoption, the SCTP Change Management Plan requires leadership and staff from each facility be assigned and allocated to own, design, and execute individual change plans addressing the detailed needs of their facility, staff, and incarcerated. Each facility-focused change plan will follow a similar framework to our SCTP Change Management Plan



and must follow a Change Playbook that will be developed to emphasize a consistent and scalable people-first experience focused on change impacts and needs. Facility-level change impact assessments will be required prior to developing facility-specific change plans. Guidance and advisory services will be provided from a centralized team to maintain system-wide quality, share best practices, and address barriers.

## F. SCTP Change Management Plans

The overarching SCTP change management plans were developed following an initial stakeholder needs assessment. Each plan is grounded in guiding principles aligned to the specific needs of the intended audience. Guiding principles will be used throughout the project to drive simplicity and consistency across facility change plans.

To achieve sustained adoption and continued support for both internal and external stakeholders throughout the change curve, these plans will be expanded to represent and support facility-level impacts needs, which will be discussed in more detail.

## G. Change Curve



### 1. Stakeholder & Impact Assessment

A stakeholder needs assessment and change impact assessment are conducted prior to developing any change strategies or plans. These assessments provide crucial data points that form tailored methods and plans uniquely aligned to the needs of specific stakeholder groups. These initial assessments identify barriers to adoption, preferred modes of communication, change fatigue, audience impacts and critical needs to evaluate the best methods to support our people throughout this transformation.



**Stakeholder Needs Assessment:** Conducted over three months, during the summer of 2023, the Stakeholder Needs Assessment used a multi-method approach to data collection, which included but was not limited to: documentation review for more than 50 projects; over 100 stakeholder interviews across DOC leadership, facility leadership, facility staff, incarcerated individuals, and special interest group members; a multi-day kickoff session with over 60 key stakeholders; and eight site visits to all impacted DOC facilities.

A Stakeholder Needs Assessment produces three artifacts that become the driving inputs for effective stakeholder engagement and communication. The development of similar artifacts will be employed at the facility level to achieve consistent levels of stakeholder understanding and strategic planning.

**Stakeholder Organization and Structure:** To achieve the desired level of analysis, the stakeholders are organized into divisions and segments, as pictured below.

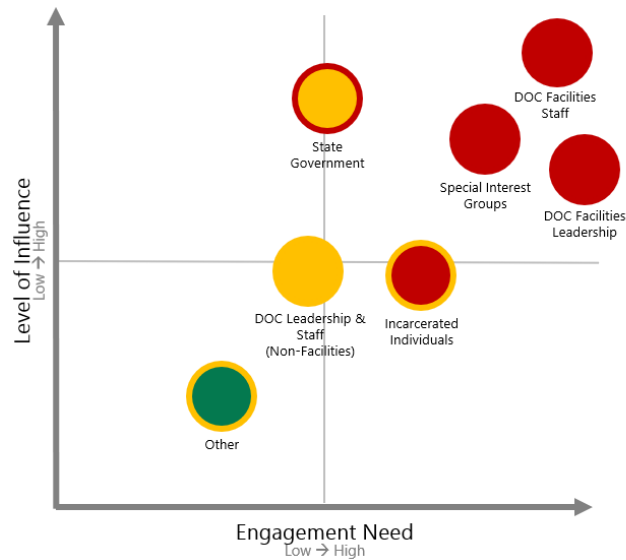
	Division	Segments		
INTERNALLY IMPACTED	<b>Incarcerated Individuals</b>	<ul style="list-style-type: none"> <li>Future Incarcerated Individuals</li> </ul>	<ul style="list-style-type: none"> <li>Current Incarcerated Individuals</li> </ul>	<ul style="list-style-type: none"> <li>Former Incarcerated Individuals</li> </ul>
	<b>DOC Leadership &amp; Staff (Non-Facilities)</b>	<ul style="list-style-type: none"> <li>Classification &amp; Housing</li> <li>Operations</li> <li>Programs</li> <li>Legislative Affairs</li> <li>Budget Strategy, &amp; Tech</li> <li>Business Intelligence &amp; Operations</li> </ul>	<ul style="list-style-type: none"> <li>Security &amp; Emergency Management</li> <li>Capital Planning &amp; Development</li> <li>Legal</li> <li>Advocacy &amp; Lived Experience</li> <li>Health Services</li> <li>Prisons</li> </ul>	<ul style="list-style-type: none"> <li>IT</li> <li>Communications</li> <li>Comprehensive Case Management</li> <li>Education</li> <li>Investigative Operations</li> </ul>
	<b>DOC Facilities Leadership</b>	<ul style="list-style-type: none"> <li>AHCC</li> <li>CBCC</li> <li>CRCC</li> </ul>	<ul style="list-style-type: none"> <li>WSP</li> <li>MCC</li> <li>SCCC</li> </ul>	<ul style="list-style-type: none"> <li>WCC</li> <li>WCCW</li> </ul>
	<b>DOC Facilities Staff</b>	<ul style="list-style-type: none"> <li>Custody</li> <li>Mental Health</li> <li>Health Services</li> <li>Programs</li> <li>Classification</li> </ul>	<ul style="list-style-type: none"> <li>Administration/Legal</li> <li>Facilities/Maintenance</li> <li>Food Services</li> <li>Finance &amp; Accounting</li> <li>HR</li> </ul>	<ul style="list-style-type: none"> <li>Investigations</li> <li>Religious Services</li> <li>Security</li> </ul>
EXTERNALLY IMPACTED	<b>State Government</b>	<ul style="list-style-type: none"> <li>Executive Branch</li> </ul>	<ul style="list-style-type: none"> <li>Legislative Branch - House</li> </ul>	<ul style="list-style-type: none"> <li>Legislative Branch - Senate</li> </ul>
	<b>Special Interest Groups</b>	<ul style="list-style-type: none"> <li>Disability Rights Washington</li> <li>Vera Institute of Justice</li> <li>WA Innocence Project</li> <li>Department of Health and Human Services</li> <li>Office of Corrections Ombuds</li> <li>Teamsters Union</li> <li>NAACP</li> </ul>	<ul style="list-style-type: none"> <li>AMEND</li> <li>Civil Survival</li> <li>Department of Housing and Urban Development</li> <li>Hope for Homies</li> <li>ACLU</li> </ul>	<ul style="list-style-type: none"> <li>Office of Crime Victim Advocacy</li> <li>Washington Department of Social and Health Services</li> <li>Washington State Institute for Public Policy</li> <li>IQ Solutions</li> <li>Columbia</li> </ul>
	<b>Other</b>	<ul style="list-style-type: none"> <li>News Media</li> </ul>	<ul style="list-style-type: none"> <li>Victims</li> </ul>	<ul style="list-style-type: none"> <li>Families of Incarcerated Individuals</li> </ul>

**Engagement Needs Map:** Detailed stakeholder personas are formulated from collected data, synthesized, and then represented as heat map illustrating a cross-section of engagement needed and level of influence required across each stakeholder group. In combination with other data points, the heat map informs priority level, type, quantity, and method of both engagement and communication.



### Engagement Analysis Key

- Engagement need has been identified as **low**
- Engagement need has been identified as **medium**
- Engagement need has been identified as **high**
- Amount of influence is identified as **low**
- Amount of influence is identified as **medium**
- Amount of influence is identified as **high**



**Engagement Themes:** The analysis of collected stakeholder data is also used to identify themes at both the leadership and facility levels, representing critical needs of the intended audience. Five system-wide engagement themes were identified as a part of the initial assessment. These themes become the cornerstone to key messaging to drive alignment, motivation, and sustained engagement.

Human Centered Approach - Focus on empathetic listening and meaningful conversation with incarcerated individuals while maintaining special attention to the voice of correctional staff around safety and mental health.

Safety Focus - Emphasize the alignment to safety of both staff and incarcerated individuals and focus on changes that avoid putting people at additional risk.

Stakeholder Involvement - Partner with front-line staff as drivers of solutioning and provide continuous platforms for stakeholders to remain aligned, share progress, and provide opportunities to be heard.

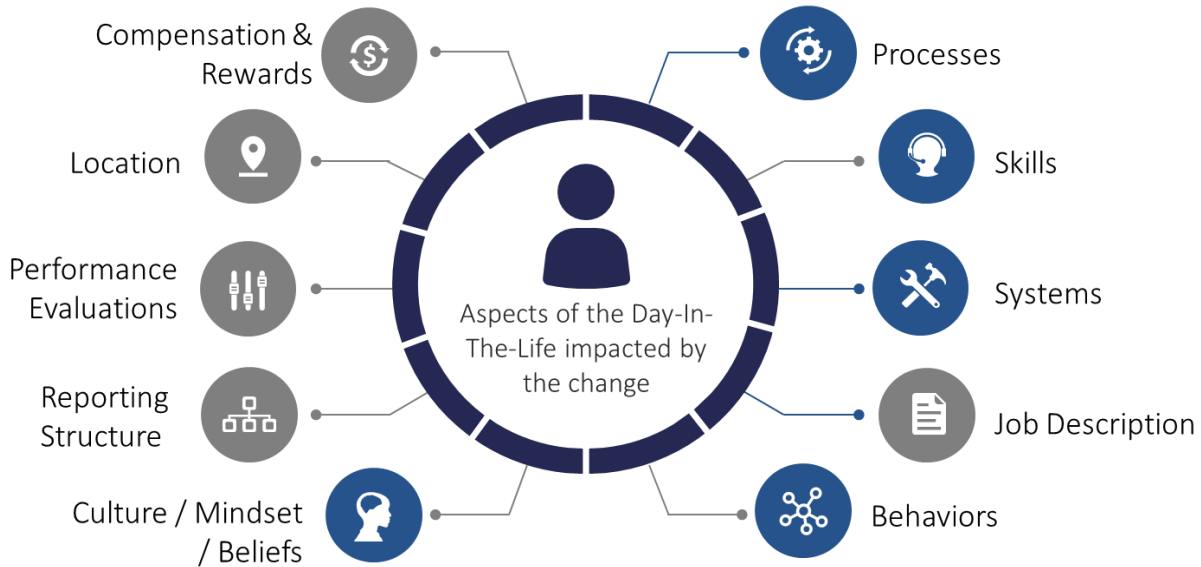
Cultural Barriers - Provide special consideration to unique cultures based on facility, unit, shift, and even gate while also considering the importance of peer-influence, lived experience, and punishment preference.

Strategic Communications - Partner with trusted sources to deliver messages and align messaging with values of stakeholder groups to communicate with transparency and consistency.

**Change Impact Assessment:** There are numerous dimensions of potential impacts resulting from the recommended changes to reduce the use of solitary confinement,



most specifically to facilities' staff and incarcerated individuals. Once a formal plan is approved, a Change Impact Assessment will be completed at both system-wide and facility levels.



## 2. Engagement & Adoption

The engagement and adoption strategy leverages the outputs of the Stakeholder Needs Assessment to effectively engage each of the stakeholder groups according to their specific needs. Strategic engagement builds a connection and collaborative relationship with impacted groups and individuals to facilitate participation in the change, establishing trust, ownership of the project, and its outcomes.

The development of the engagement strategy follows three basic principles.

- a. Engage stakeholders early and frequently.
- b. Engage staff in planning and communications both from the top, down and bottom, up.
- c. Dedicated support via a centralized forum is needed to escalate risks and issues, share insights, and facilitate collaboration.

The engagement strategy includes numerous engagement activities per stakeholder division, ongoing leadership and sponsorship engagement plans and actions, and an Inter-facility Change Network.



**Internal Engagement Plan through Year 0:** The following table is a portion of an Engagement Plan developed to support DOC stakeholders into year zero and is an example of what will be continuously built upon with each facility over the next few months, following the identification of accepted facility-specific changes and corresponding impact assessments.

**KEY:**

- HUMAN CENTERED APPROACH
- SAFETY FOCUSED
- STAKEHOLDER INVOLVEMENT
- CULTURAL BARRIERS
- STRATEGIC COMMUNICATIONS

Item	Purpose	Engagement Assessment Themes	Key Message(s)	Target Audience	Delivery Owner	Content Owner	Delivery Channel	Date
All Shift-Inclusive Site Visits	Continue to build trust with line staff by encouraging feedback and understanding their roles and potential impacts		Their safety is the number one priority; Genuine interest and desire to understand their roles and concerns	DOC Facilities Staff	SCTP Project Team	SCTP Project Team	In-Person Meetings	Oct. – Nov. 2023
Change Network Build	Begin identifying members for champion networks within each facility and HQ		Purpose of network and importance of selecting correct champions	DOC Facilities Leadership	Facility Change Network Leads	Change Network Manager	In-Person & Virtual Meetings	Dec. 2023
Change Network Kickoff	Kickoff network with all members, define roles, responsibilities, and expectations		Project vision, roles responsibilities, and expectations	DOC Leadership, Facilities Leadership, & Facilities Staff	Change Network Manager	Change Network Manager	In-Person & Virtual Meetings	Jan. 2024
Facility-Level Change Management Planning	Conduct change activities and develop change plans specific to each facility		Coaching on purpose and best practices with each activity	DOC Facilities Leadership	Facility Change Network Leads	Change Network Manager	In-Person & Virtual Meetings	Sep. – Dec. 2023
Legislative Report Coaching	Leadership coaching sessions to prepare STCP representatives for legislative sessions		The importance of this project including key data points, approaches and asks	DOC Leadership	SCTP Project Team	SCTP Project Team	Virtual Meeting	Oct. – Nov. 2023
Newsletter	Proactively provide project updates to internal stakeholders on a monthly basis		Updates regarding current progress, timelines, achievements, calls-to-action	DOC Leadership, Facilities Leadership, & Facilities Staff	Executive Project Sponsor	Change Network Manager	Email, SharePoint, Handouts	Monthly

**Ongoing Leadership Engagement:** At the headquarters level, DOC leadership must continue engagement with internal stakeholders to build awareness and desire. This is to be enacted via weekly sponsor meetings, interactive site visits, ongoing internal team communications, and a monthly newsletter for internal stakeholders. Leaders will receive coaching from ISG’s change management team to support continuous guidance of how to fulfill their role as leader for a transformational change effort of this magnitude.

Leadership Action Plans will be developed at the facility level as roadmaps of identifiable actions that leaders must do to support the change. Integrated Solutions Group’s change management team will work with leadership from each facility to develop and manage these throughout years 0-5.

### 3. Inter-facility Change Network

The Inter-facility Change Network strategy focuses on empowering facility staff to prepare their facilities for change. This strategy was developed following three core principles.



- a. Enable collaboration across units and facilities to offer opportunities to remove silos and share lessons learned
- b. Allocate time for staff to participate, collect feedback, and champion the change initiative
- c. Leverage champions for peer-to-peer support to assist the progression along the change curve

Meeting throughout the project, Inter-facility Change Network members will represent various stakeholder groups impacted by the project internally. They will act as integrators representing their teams' needs, identifying specific areas of impact, and communicating risks or challenges that come with the transformation. The members will also serve as liaisons between leadership and staff to provide pertinent information and communicate feedback or questions to leadership.

#### **4. Change Communications**

The communication strategy focuses on methods and tools to support a consistent, connected, and transparent narrative. It was developed following three guiding principles.

- a. Consistent targeted messaging and education that contains need-to-know information will be provided.
- b. Appropriate delivery owners must be selected, utilizing various levels of leadership and management within the facilities.
- c. Leadership will drive top-line messaging of vision and inspire the audience along the transformation journey.

Strategic communications enable engagement by leveraging a variety of channels, methods, and mediums via defined development and approval processes to help all stakeholders and leaders maintain awareness of changes and future state expectations. Communication methods are designed to be timely, meaningful, straightforward, and transparent. Direct channels will be used to inform stakeholders and facilitate feedback, whereas indirect channels will be used to provide additional support to stakeholders and reinforce messaging.

**Communication Plan:** A detailed change communication plan was developed for the DOC containing detailed line-item communications with information regarding key





messaging, delivery channel, delivery owner, development and delivery dates, and other essential details for tracking and managing messaging.

**Communication Items**

PUSH ITEMS	INTERACTIVE ITEMS	PULL ITEMS
TALKING POINTS for leaders with specific messaging ahead of each project milestone/phase identified	MEETING COMMUNICATIONS provided through standing meeting with Staff Interaction (Weekly, Monthly, Quarterly, All Hands)	SHAREPOINT providing location of key documentation, progress, training, and success metrics
PROCESS MAPS documenting impacts to identified stakeholder(s)	TOWN HALLS Sponsors and leaders to share project updates and to conduct Q&A	POSTERS/FLYERS posted in facilities such as FAQ, Newsletters, Communication Videos, RH Project SharePoint
JOB AIDS on functional element procedure changes and business process changes sent out to identified groups/staff	SITE VISITS Change Network and project team will continue to meet with line staff and incarcerated individuals to hear live feedback	TRAINING MATERIALS for staff to reference system and process changes
EMAIL UPDATES including process/policy changes, planning updates, project news, and requesting feedback for staff	WORKSHOPS specific to the needs of the facility, or stakeholder group, to discuss impacts and hear live feedback (Daily, Weekly, Monthly, Quarterly)	SURVEYS electronic and paper survey versions, with the option for anonymity, to collect feedback from those uncomfortable or fearful of saying it directly
KIOSK UPDATES including process/policy changes, planning updates, project news, and requesting feedback for incarcerated individuals	CHANGE NETWORK to influence positivity, share lessons/best practices, support the change efforts, and provide 2-way feedback channels	CUSTOMIZED VIDEOS showcasing short clips documenting the current state to future state changes
VIDEO visualizing life in AdSeg for those incarcerated and line staff alike to garner empathy from external stakeholders	TRAINING SESSIONS to upskill staff to become subject matter experts and highlight opportunities	

**5. Training and Enablement**

The training and enablement strategy is rooted in the need for staff involvement and alignment to the facility's specific needs. It was developed following three guiding principles.

- a. The Train-the-Trainer approach is utilized for specific stakeholder groups.
- b. Dedicated time for staff training is required to avoid negative impacts to their daily schedule and duties.

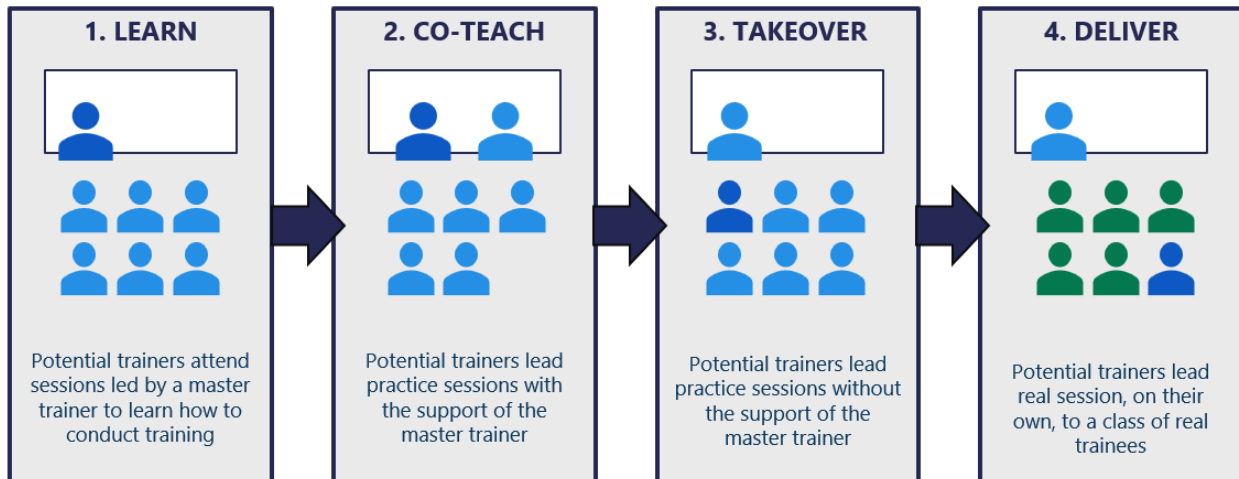


c. Training content is designed and delivered to address the facility's specific needs.

The training plan will be focused on the knowledge, skills, and behaviors necessary for the change to be a success and will include critical components for building knowledge and ability both before and after implementation to support sustained adoption of new ways of working. Training requirements will be documented based on a current and future state analysis to identify knowledge and skill gaps.

**Train-the-Trainer Model:**

**KEY:** = Master Trainer    = Potential Trainer    = Trainee



**6. KPIs**

Tracking defined KPIs is essential to tracking the success of project efforts. Numerous workshops and meetings were held with DOC leadership and subject matter experts to identify KPIs that meet the necessary criteria of being specific, measurable, achievable, realistic, and timebound. Additionally, KPIs were determined with the guidance of preidentified categories to ensure they hit all critical success measures and were inclusive of key stakeholder groupings.



# Solitary Confinement Transformation Project

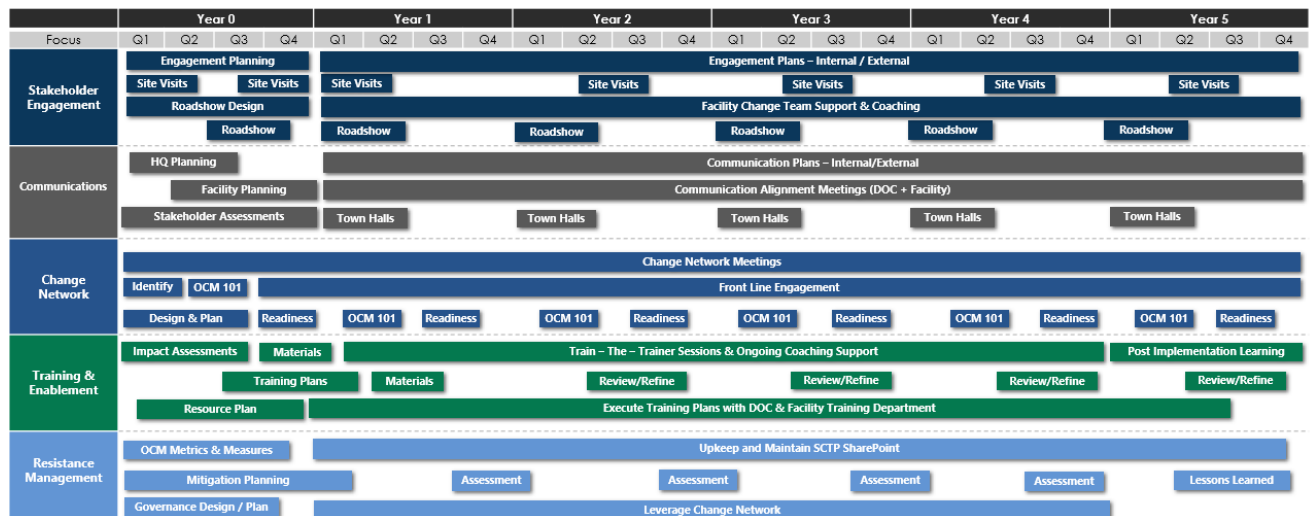
## Requirements for Sustainable Reduction



### SCTP KPIs

Success Theme	Staff	Incarcerated	Leadership	Advocacy
<b>Safety</b>	Reduction in Assault Rates - Incarcerated Individual on Staff	Reduction in Assault Rates - Incarcerated Individual on Incarcerated Individual		
<b>Workforce</b>	Increase in IMU Bids		% Filled of Open Positions	
<b>Invested</b>	Increase IMU Staff Seniority	Increase Programming Attendance	Increase Time Spent Onsite with Staff	Increase Communication Engagement
		Reduction Internal Recidivism Rates (Include Return to RH and Infraction)		
<b>Humanity</b>	Alternative Infraction Responses	Reduction in Suicide Rates	Increase Time on Ground with Incarcerated	
	Reduction of Use in Force	Reduction in Self Harm Rates (Inconsistent Logs, Difficult to Measure)		
		Reduce Length of Stay (Focus on Time in MAX Custody and Ad Seg)		
		Increase Out of Cell Time		
<b>Tools &amp; Resources</b>	Measure of Training Effectiveness	Increase of Programs Available	Increase Leading Participating in Training	Increase Group Attendance
	Increase Training Options by %	Increase Available Space in IMUs		
		Reduction of Time to Program Access		
		Diversity of IMU Space		

### Organizational Change Management Roadmap





## H. Subject Matter Expertise

Incorporating international Subject Matter Experts (SMEs) affords the Department the opportunity to learn from other jurisdictions and implement best practices while avoiding pitfalls. To date, a team of seven SMEs has contributed to the assessment and development of this roadmap, calling on more than 150 years of collective experience. Former Directors of Departments of Correction in Connecticut, Colorado, Wisconsin, and Washington State were joined by correctional healthcare experts in the fields of addiction medicine, forensic psychology, trauma-informed approaches, gender-responsive models, and correctional facility planning and design. The SME Leads assigned to the SCTP Team have developed creative models across the country, including through partnership with the Massachusetts Department of Correction, where a unique approach has resulted in dramatic expansion of programming coupled with elimination of Restrictive Housing and the closing of the Department Disciplinary Unit (DDU). Sharing best practices, innovative models, and lessons learned will provide advisory insight to the project and support this ambitious initiative.

### Resourcing & Costs

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Program Management &amp; Governance</b>						
Effort						
FTE	1.00	2.00	2.00	2.00	2.00	2.00
Salary (000's)	\$ 140	\$ 279	\$ 290	\$ 302	\$ 314	\$ 326
Vendor (000's)	\$ 1,793	\$ 4,339	\$ 4,137	\$ 4,108	\$ 3,259	\$ 2,448
<b>Total Costs (000's)</b>	<b>\$ 1,933</b>	<b>\$ 4,618</b>	<b>\$ 4,427</b>	<b>\$ 4,410</b>	<b>\$ 3,573</b>	<b>\$ 2,774</b>

**LEGEND:**  
Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.

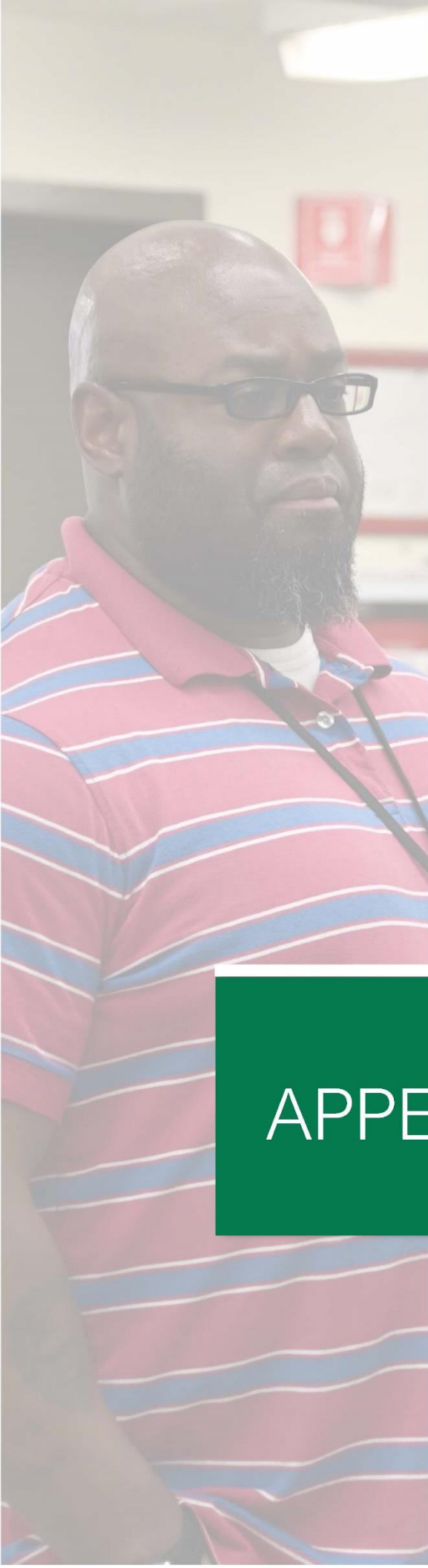
*Effort* – Estimated effort or focus required to make the desired progress each year.

<b>KEY</b>	1 - LOW	2 - MEDIUM	3 - HIGH
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*FTE* – Estimated incremental FTE required each year.

*Salary* – Rolled up estimate of FTE annual base salary.

*Vendor* – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.



# VI

APPENDICES

## VI. Appendices

### Appendix A: Acronyms

Acronym	Meaning
ACA	American Correctional Association
ADKAR	Awareness, Desire, Knowledge, Ability, and Reinforcement
AHCC	Airway Heights Corrections Center
ART	Aggression Replacement Therapy
BAR	Baker, Adams, and Rainier Units
BIPOC	Black, Indigenous and People of Color
CBCC	Clallam Bay Corrections Center
CBI	Cognitive Behavioral Intervention
CBI-CA	Cognitive Behavioral Interventions – Core Adult
CBI-SUA	Cognitive Behavioral Interventions – Substance Use Adult
CCI	Community Custody Individual
CCP	Core Correctional Practices
CCU	Close Custody Unit
CIT	Crisis Intervention Team
CM	Organizational Change Managers
COA	Close Observation Areas
CRCC	Coyote Ridge Corrections Center
DBT	Dialectical Behavior Therapy
DDU	Disciplinary Detention Unit
EBP	Evidence-Based Practices
EHR	Electronic Health Records
FTE	Full-Time Equivalent
HQ	Headquarters
IBMP	Individual Behavior Management Plan
IMS	Intensive Management Status
IMU	Intensive Management Unit
ISG	Integrated Solutions Group
ITU	Intensive Treatment Unit
KPI	Key Performance Indicator
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Others
LOS	Length of Stay
MCC	Monroe Correctional Complex

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Acronym	Meaning
MOUD	Medication for Opioid Use Disorder
MRT	Moral Reconciliation Therapy
NIC	National Institute of Corrections
OCM	Organizational Change Management
OCO	Office of Corrections Ombuds
ODOC	Oregon Department of Corrections
ONE	Washington Offender Needs Evaluation
PCT	Project Change Triangle
PMI	Program Management Institute
PULHES	General Health Service Utilization (P), Medication Delivery Requirements (U), Limitations of Mobility (L), Developmental Disability (H), Sensory Disability (E), and Mental Health Service Utilization (S)
RACI	Responsible, Accountable, Consulted, Informed
RASP	Risk Assessment for Segregation Placement
RASP-OR	Risk Assessment for Segregation Placement for Oregon
RDA	Research and Data Analytics
RHU	Restrictive Housing Unit
ROM	Rough Order of Magnitude
RTU	Residential Treatment Unit
SAMHSA	Substance abuse and Mental Health Services Administration
SCCC	Stafford Creek Corrections Center
SCTP	Solitary Confinement Transformation Project
SIM	Sequential Intercept Model
SIM-P	Sequential Intercept Model for Prisons
SMI	Serious Mental Illness
SOAR	Scheduled, Offered, Accepted, Received
SOU	Special Offender Unit
STG	Security Threat Group
T4C	Thinking for a Change
TEC	Treatment and Evaluation Center
UCCI	University of Cincinnati's Corrections Institute
WADOC	Washington State Department of Corrections
WCC	Washington Corrections Center
WCCW	Washington Corrections Center for Women
WIIFM	What's in it for me?
WSP	Washington State Penitentiary

## Appendix B: Program Costs

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Program Management &amp; Governance</b>						
Effort						
Vendor (000's)	\$ 1,793	\$ 4,339	\$ 4,137	\$ 4,108	\$ 3,259	\$ 2,448
Total Costs (000's)	\$ 1,933	\$ 4,618	\$ 4,427	\$ 4,410	\$ 3,573	\$ 2,774
<b>Stakeholder Advisory Counsel</b>						
Effort						
FTE	-	-	-	-	-	-
Total Costs (000's)	\$ 78	\$ 119	\$ 71	\$ 71	\$ 55	\$ 55
<b>Increase Corrections Officer &amp; Support Staffing</b>						
Effort						
FTE	114.00	228.00	228.00	228.00	228.00	228.00
Total Costs (000's)	\$ 11,716	\$ 23,431	\$ 24,366	\$ 25,347	\$ 26,357	\$ 27,409
<b>Enhanced Training Capabilities</b>						
Effort						
FTE	1.00	4.00	4.00	4.00	4.00	4.00
Total Costs (000's)	\$ 125	\$ 650	\$ 684	\$ 691	\$ 658	\$ 666
<b>Policy Review Team</b>						
Effort						
FTE	-	-	-	-	-	-
Total Costs (000's)	\$ 13	\$ 99	\$ 99	\$ 13	\$ 13	\$ 13
<b>WCCW Solitary Reduction</b>						
Effort						
FTE	-	-	-	-	-	-
Total Costs (000's)	\$ 17	\$ 126	\$ 95	\$ 47	\$ 16	\$ 16
<b>Improved Bedspace Alignment</b>						
Effort						
FTE	-	-	-	-	-	-
Total Costs (000's)	\$ -	\$ 10	\$ 10	\$ 10	\$ 10	\$ 10
<b>Confidential Clinical Contacts</b>						
Effort						
FTE	3.00	7.50	7.50	7.50	7.50	7.50
Total Costs (000's)	\$ 567	\$ 1,393	\$ 1,396	\$ 1,426	\$ 1,469	\$ 1,528
<b>SIM-P Models</b>						
Effort						
FTE	-	-	-	-	-	-
Total Costs (000's)	\$ -	\$ 62	\$ 103	\$ 103	\$ 103	\$ 41
<b>Deploy KPIs</b>						
Effort						
FTE	1.00	1.00	1.00	1.00	1.00	1.00
Total Costs (000's)	\$ 90	\$ 141	\$ 145	\$ 150	\$ 155	\$ 160
<b>RASP Implementation</b>						
Effort						
FTE	-	-	-	-	-	-
Total Costs (000's)	\$ 142	\$ 72	\$ 29	\$ 14	\$ 14	\$ 14



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Safe Harbor Instrumentation</b>						
Effort						
FTE	-	-	-	-	-	-
Total Costs (000's)	\$ 114	\$ 184	\$ 184	\$ 99	\$ 42	\$ 42
<b>Forensic Assessment Team</b>						
Effort						
FTE	3.00	7.00	7.00	7.00	7.00	7.00
Total Costs (000's)	\$ 601	\$ 1,400	\$ 1,324	\$ 1,325	\$ 1,299	\$ 1,359
<b>Enhance Programming</b>						
Effort						
FTE	16.00	32.00	32.00	32.00	32.00	32.00
Total Costs (000's)	\$ 1,812	\$ 3,913	\$ 3,997	\$ 4,108	\$ 4,225	\$ 4,368
<b>Incident Response &amp; RH Alternatives</b>						
Effort						
FTE	5.00	10.00	10.00	10.00	10.00	10.00
Total Costs (000's)	\$ 643	\$ 1,345	\$ 1,424	\$ 1,445	\$ 1,468	\$ 1,523
<b>Clinical Alternatives to AdSeg</b>						
Effort						
FTE	2.00	5.00	5.00	5.00	5.00	5.00
Total Costs (000's)	\$ 379	\$ 1,000	\$ 1,061	\$ 1,089	\$ 1,119	\$ 1,140
<b>Expand Progression Pods</b>						
Effort						
FTE	1.00	1.00	1.00	1.00	1.00	1.00
Total Costs (000's)	\$ 94.00	\$ 188.00	\$ 163.16	\$ 168.53	\$ 145.11	\$ 150.91
<b>Incentive-based IMU Programs</b>						
Effort						
FTE	-	-	-	-	-	-
Total Costs (000's)	\$ 14	\$ 9	\$ 9	\$ 9	\$ 9	\$ 9
<b>Increase Rec &amp; Program Capacity</b>						
Effort						
FTE	-	1.00	1.00	1.00	1.00	-
Total Costs (000's)	\$ 32	\$ 202	\$ 238	\$ 277	\$ 314	\$ 320
<b>Improved Data Collection</b>						
Effort						
FTE	1.00	1.00	1.00	1.00	1.00	1.00
Total Costs (000's)	\$ 83	\$ 153	\$ 156	\$ 153	\$ 157	\$ 163
<b>Overall Totals</b>						
FTE	151.0	306.5	306.5	306.5	306.5	305.5
Salary (000's)	\$ 16,335	\$ 33,921	\$ 35,278	\$ 36,689	\$ 38,157	\$ 39,683
Vendor (000's)	\$ 2,592	\$ 6,297	\$ 5,851	\$ 5,461	\$ 4,287	\$ 3,368
Total Costs (000's)	\$ 18,927	\$ 40,218	\$ 41,129	\$ 42,150	\$ 42,444	\$ 43,051
Overall Total	\$					227,918

**LEGEND:**

**Estimated Effort, Full-Time Equivalent (FTE) and Costs by year for this recommendation.**

**Effort** – Estimated effort or focus required to make the desired progress each year.

**KEY**      ● 1 - LOW      ▲ 2 - MEDIUM      ◆ 3 - HIGH

**FTE** – Estimated incremental FTE required each year.

**Salary** – Rolled up estimate of FTE annual base salary.

**Vendor** – Estimated costs for external expertise support and/or additional resources to supplement FTE gap.

## Appendix C: Required Facilities-Improvement Projects

Improvements to WADOC facilities are required to achieve a 90% reduction in the use of solitary confinement (see Sections III and IV for more information). To learn more about existing conditions, the SCTP Team conducted detailed facilities tours and held discussions with management and staff from each facility, headquarters leadership, and representatives from Capital Planning and Development. In conjunction with these stakeholders, the SCTP Team developed the following list of required facilities-improvement projects. Below is a table summarizing the projects required to achieve a 90% reduction in solitary confinement. Following the table are narrative descriptions of each project.

Efficiency and fiscal-responsibility were prioritized in the development of these required projects, including recommendations for non-capital projects where possible, such as the installation of furniture and small equipment (e.g., microwaves, amenities) into occupied spaces and other modest environment enhancements; refurbishment of spaces where possible; and the prioritization of programming space within existing corrections-grade construction over back-of-house functions such as storage rooms (which are less costly to procure and demand lower security infrastructure than spaces to be used by incarcerated individuals). Projects that can be completed more quickly are also prioritized to support adherence to the 5-year timeline. There are a small number of larger building projects that will demand more capital and a longer design and construction schedule; these are proposed sparingly and only when other options have been deemed likely infeasible.

Some, but not all, of the projects require capital funds for completion. Projects that will be included in the 2024 operational budget request as feasibility studies are indicated *Capital Priority 1*. Those to be included in the 2025-2027 biennium capital request package are ranked *Capital Priority 2*. Generally, projects were categorized *Capital Priority 1* if it was assumed a feasibility study would be required prior to design and construction and would generally demand a longer schedule to completion. *Capital Priority 2* are projects assumed to not require a feasibility study prior to design or generally will demand a shorter design and construction schedule.

As mentioned, the first phase of most of the capital projects on this list will consist of a feasibility study, which is an investigation into opportunities and challenges associated with a potential project to assess its viability before any significant investment is made in time or expense. Typically, a feasibility study will also include a set of options for moving forward with a project. Construction cost estimates for each capital project will be determined as part of its initial feasibility study. Feasibility studies are particularly important for correctional facilities, as there

are substantial security concerns when retrofitting spaces for use by incarcerated individuals, including mechanical demands (e.g., HVAC ductwork), installation of security electronics, ensuring clear lines of sight, maintaining safe wayfinding and circulation (e.g., preventing the creation of dead-end corridors), ADA accessibility requirements, and myriad other considerations. These items will all be assessed in a feasibility study, and the SCTP Team will be available to support DOC through this process.

The advantage of beginning the approved capital projects with a feasibility study is that it allows the SCTP Team to refine the scope of the various projects to respond to changes in the solitary confinement population as the 5-year plan is carried out. For example, allocation of recreation spaces may be adjusted in advance of project construction to adapt to a decrease in the number of individuals housed in a specific Administrative Segregation housing area. The SCTP Team is ready to respond to changes as policy, staffing, programming, and other interventions are implemented and modify facilities improvement projects accordingly.

Projects identified as *Capital Priority 2* will be developed further in preparation for 2025-2027 capital requests. It may be the case that, as requests are built, the team finds that these can be covered under operations funds. It might, conversely, be the case that projects currently identified as coming from operations funding may be elevated to capital projects and require requests in the 2025-2027 biennium package if the facility finds it does not have the budget to complete the project. For example, depending on the number of programming chairs required to achieve adequate programming in a particular area, there may not be enough dollars in the facility's budget to cover procurement of all chairs. In that case, a budget request will be made on the facility's behalf.

The intended *impact* of each project is also listed below. By and large, the primary intent is to allow more residents to recreate separately or in small groups, simultaneously. Reduction of staff escort has been identified as a secondary benefit in several instances. Other projects have specific impacts that are noted where appropriate.

The goal of this first phase of the Solitary Confinement Transformation is to establish where space is lacking and where there appears to be the need for additional program and recreation spaces at the facilities included in this endeavor. Over the course of SCTP implementation, additional needs may emerge that are not explicitly addressed in the below list of capital projects. The SCTP Team will continually study resource allocations and needs and potentially identify new space considerations, which may include the need for additional healthcare spaces due to expanded access to care, more space to accommodate increases in staff, or other

operational demands dependent on spatial modifications. Capital requests will be developed in the next session to address further space needs that arise.

The quality of these environments is not explicitly addressed in this analysis. However, once projects are authorized and underway, there will be a substantial focus on ensuring that the environments created, whether program rooms, recreation yards, or other areas, are restorative, enriching, and humane.

### Required Facilities-Improvement Projects

ID	Location	Proposed Project Description	Impact	Funding Source	Capital Priority Ranking	Operations Priority Ranking	Cost Estimate
Airway Heights Corrections Center (AHCC)							
1	Medium Security, Robert and/or Tom Unit	Subdivide a medium security unit into two subpods for use as a step-down unit from Ad Seg.	Increases capacity of Transfer Pod	Capital	2	N/A	TBD: 2025-2027 biennium capital request package.
2	Administrative Segregation	Convert covered exercise yard at Administrative Segregation to additional programming and/or recreation areas.	Allows more residents to recreate separately or in small groups, simultaneously	Capital	1	N/A	Feasibility Study will be contracted to address these three projects. Estimated study cost is \$150,000*
3	Administrative Segregation	Add program room immediately off housing units.	Allows more residents to recreate separately or in small groups, simultaneously	Capital	1	N/A	
4	Administrative Segregation	Connect circulation between unit dayrooms and adjacent recreation areas.	Reduces staff escort	Capital	1	N/A	
5	Administrative Segregation	Install seating and other amenities into housing unit dayroom or other space.	Provides additional and convenient space to recreate during out of cell time	Operations	N/A	1	
Clallam Bay Corrections Center (CBCC)							
1	RHU outdoor recreation yards.	Bifurcate each outdoor recreation yard in RHU core to increase	Allows more residents to recreate separately or in small	Capital	1	N/A	Feasibility Study will be contracted to

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



ID	Location	Proposed Project Description	Impact	Funding Source	Capital Priority Ranking	Operations Priority Ranking	Cost Estimate
		number of yards from (3) to (6).	groups, simultaneously				address these two projects.
2	RHU staff areas between units E and F.	Convert staff spaces in RHU core to program spaces serving E and F units.	Allows more residents to recreate separately or in small groups, simultaneously	Capital	1	N/A	Estimated study cost is \$150,000*
Coyote Ridge Corrections Center (CRCC)							
1	Administrative Segregation, Building A	Add program room(s) to end of each wing of Ad Seg.	Allows more residents to recreate separately or in small groups, simultaneously Reduces staff escort	Capital	1	N/A	Feasibility Study @ \$150,000*
Monroe Correctional Complex (MCC)							
1	SOU A and B Pods	Restructure circulation to allow direct access into visitor side of interview booth.	Allows more residents to recreate separately or in small groups, simultaneously	Capital	2	N/A	TBD: 2025-2027 biennium capital request package
2	IMU	Relocate program room to avoid circulation of incompatible groups, which currently precludes much potential use of the room.	Allows more residents to recreate separately or in small groups, simultaneously	Capital	2	N/A	TBD: 2025-2027 biennium capital request package
3	IMU	Create additional outdoor recreation space at exterior of IMU.	Allows more residents to recreate separately or in small groups, simultaneously	Capital	2	N/A	TBD: 2025-2027 biennium capital request package
Stafford Creek Corrections Center (SCCC)							
1	F Building South	Allocate a dedicated room for Amend programming.	May allow for increased access to Amend program; will allow current space to be used for housing, potentially reducing housing	Capital	2	N/A	TBD: 2025-2027 biennium capital request package

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



ID	Location	Proposed Project Description	Impact	Funding Source	Capital Priority Ranking	Operations Priority Ranking	Cost Estimate
			bottlenecks elsewhere				
2	Medical Unit adjacent to COA	Utilize dayroom at Medical Housing for COA patients when feasible.	Allows more residents to recreate separately or in small groups, simultaneously	N/A Operational Change	N/A	N/A	N/A
Washington Corrections Center (WCC)							
1	IMU	Bifurcate outdoor recreation yards.	Allows more residents to recreate separately or in small groups, simultaneously	Capital	2	N/A	TBD: 2025-2027 biennium capital request package
Washington Corrections Center for Women (WCCW)							
1	Z Building – Acute Unit	Install programming chairs into group room.	Allows more residents to recreate separately or in small groups, simultaneously	Operations	N/A	1	Est. 3 chairs @ \$10,000 per chair* = ~\$30,000
2	CCU	Bifurcate outdoor recreation yard.	Allows more residents to recreate separately or in small groups, simultaneously	Capital	2	N/A	TBD: 2025-2027 biennium capital request package
Washington State Penitentiary (WSP)							
1	Administrative Segregation, IMU South	Retrofit property storage room to provide programming space.	Allows more residents to recreate separately or in small groups, simultaneously	Capital	1	N/A	Feasibility Study @ \$150,000*
2	IMU South	Revisit recreation options to be provided in latter two outdoor recreation yards to be developed per the <i>Exercise Yard Improvement Plan</i> .	Allows more residents to recreate separately or in small groups, simultaneously Will allow for more varied, meaningful out of cell recreation options	Operations	N/A	2	TBD: 2025-2027 biennium capital request package
3	IMU South	Create a dedicated yard for Amend programming.	Allows more residents to recreate separately or in small	Operations	N/A	2	Est. \$100,000*

ID	Location	Proposed Project Description	Impact	Funding Source	Capital Priority Ranking	Operations Priority Ranking	Cost Estimate
			groups, simultaneously				

\* Cost estimation for Feasibility Studies is organized by facility. For example, the scope of the feasibility study to be commissioned for AHCC (pending budget authorization) will encompass all *Capital Priority 1* projects for that facility. These studies will be conducted between June and August of 2024 to support development of design and construction capital requests for submission with the 2025-2027 biennium capital request package.

†Programming chairs were estimated at \$10,000 per chair. Estimate based on quote received from Washington Correctional Industries received August 10, 2023, at \$8,495 per chair, plus approximately \$1,500 to account for freight, installation, and other miscellaneous expenses.

‡ Cost estimate assumes simple chain-link, non-electrified fencing. Manual, keyed locking and entry assumed.

## Project Descriptions

### Airway Heights Corrections Center (AHCC)

#### 1. Subdivide a medium security unit into two subpods for use as step-down unit from Administrative Segregation.

*Description:* The subdivision of a medium security unit into two subpods to accommodate two step-down units for those transitioning out of restrictive housing may help to alleviate bottlenecks occurring among these populations due to lack of matched housing availability. The subdivision could occur at the middle of the housing unit, creating two two-tier units. This expands capacity for an alternative to solitary confinement for these transient, short-term housing areas.

Considerations for conversion of this space include the provision of additional showers (as showers are located on one side of the unit), direct access to recreation from each pod, installation of cuff ports into each cell and, most importantly, that taking this unit offline for medium security to house a higher custody status does not cause bottlenecks for transition to Medium Custody status. If it is not feasible to convert a medium-security unit; other options should be explored.

#### 2. Convert covered exercise yard at Administrative Segregation to additional programming and/or recreation areas.

*Description:* There are no program rooms in the Administrative Segregation building. A Transfer Pod was recently introduced, located on the lower level of B pod (eight cells of the 32 cells in this pod – the remaining cells assigned to those on Administrative Segregation Status), and a small number of amenities including a microwave, television,



and seating were installed in this dayroom to support the maximum eight individuals approved for the Transfer Pod to participate in activities during the day. However, this area is not available to the remaining individuals on Administrative Segregation status or Parole Violator status, and no other space is available for programming for any individuals housed in this building. Furthermore, Parole Violators, located on A pod, cannot intermingle with other incarcerated individuals in the facility, putting further pressure on the limited space available.

There is a large room within the Administrative Segregation building currently consisting of three individual-sized yards and a fair amount of storage. At about 1,900 square feet, there is ample space to improve the utilization of the area.

Storage space availability was identified as a high priority need. Any renovation to this area will require finding a new location for Administrative Segregation storage, possibly including purchase of storage accommodations (e.g., sheds).



Figures 1a and b: Covered exercise area in Administrative Segregation building.

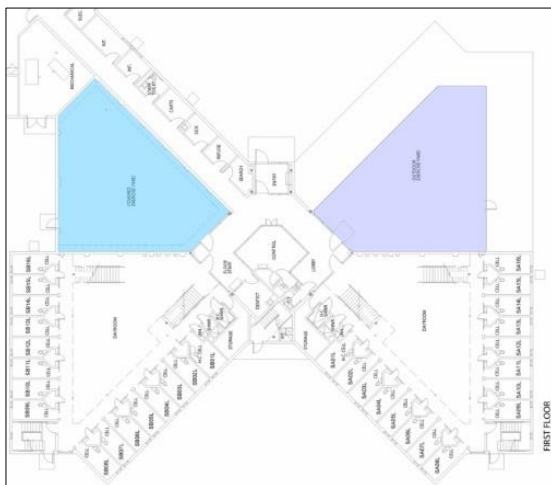


Figure 2: Plan showing the covered exercise area in blue and the outdoor exercise area in purple.

**3. Add program room immediately off housing units.**

*Description:* To further address the issue surrounding the lack of program space at the Administrative Segregation building (see description immediately above), there is exterior space around the Administrative Segregation building that may be large enough to support the addition of small group room. A feasibility study may be required to determine the possibility of constructing additions off A pod and B pod.

If a program room is not possible, it may be feasible to construct outdoor recreation space at the end of each wing, instead. A feasibility study should explore both options.



Figure 3: Outdoor area behind one side of segregation building. The door leads into the enclosed stairwell off Housing Pod A.



Figure 5: Back of housing pod from interior. The door to the left leads to the enclosed egress stairway serving Housing Pod A. For descriptive purposes only.



Figure 4: Rough area of exploration for addition of program rooms off back of A and B pods, highlighted in blue.

#### 4. Connect circulation between unit dayrooms and adjacent recreation areas.

*Description:* In the Administrative Segregation building, all access to recreation yards (indoor and outdoor) and other programming requires escort through core areas. The covered exercise area is immediately adjacent to A pod (which houses Parole Violators), and the outdoor exercise area is immediately adjacent to B pod (Administrative Segregation, Max Custody, and Transfer Pod). Reduction of staff escort and improved access to out-of-cell time may be achieved by providing direct access to programming areas through the pod dayrooms, if structurally feasible. For non-Transfer Pod populations (i.e., individuals of Administrative Segregation and Max Custody status in B pod) this will additionally require a policy change regarding mandatory restrained, escorted movement. Administrative Segregation and Max Custody access to outdoor recreation may still require escort since it will still require moving through the lobby.

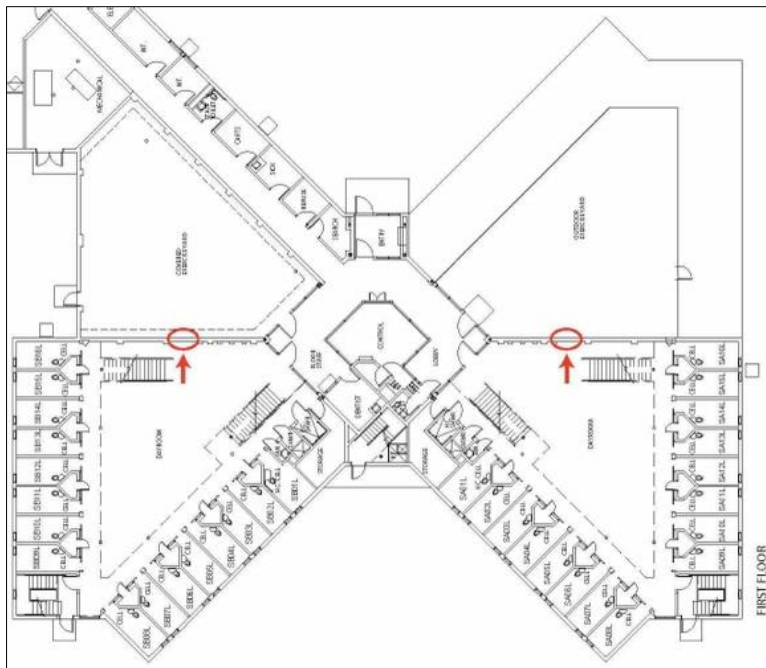


Figure 6: Plan showing in red potential location for circulation connection. If feasible, other options should be explored.

#### 5. Install seating and other amenities into housing unit dayroom or other area.

*Description:* Install program chairs and other amenities to dayroom, similar to what has been done in Transfer Pods. If it is not possible to do so within the dayroom, it should be feasible to install program chairs into the covered exercise area, whether or not the associated project for converting that space into classroom/program areas is approved.

While Administrative Segregation, incarcerated individuals do not have the same out-of-cell freedoms as Transfer Pod residents, it may be feasible to increase out of cell time

by providing similar amenities that have been provided for Transfer Pod individuals with security measures appropriate to the Administrative Segregation classification (e.g., program chairs in lieu of spider tables).

### **Clallam Bay Corrections Center (CBCC)**

Clallam Bay is one of two primary facilities targeted for the Exercise Yard Improvement Plan (alongside WSP). As part of Phase 3 of this plan, two outdoor yards were funded as part of the 2023-2025 legislative session, later confirmed for installation at CBCC. Design and construction of these yards is scheduled to commence Winter 2023-2024.

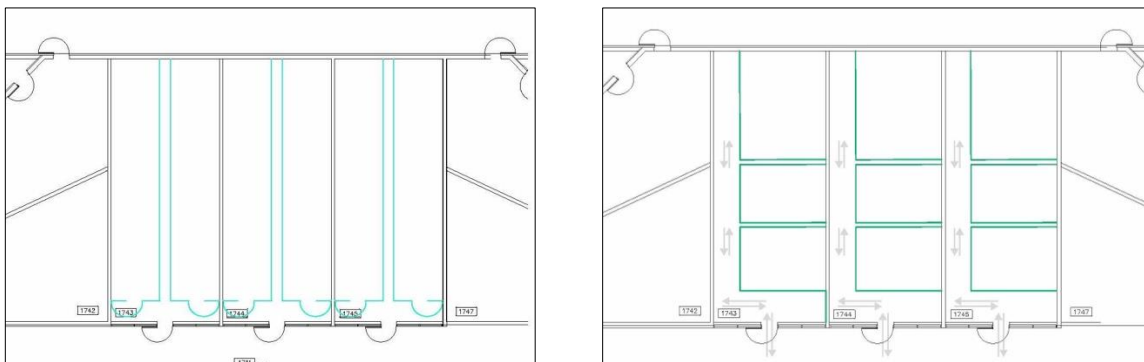
#### **1. Bifurcate each outdoor recreation yard in Restrictive Housing Unit (RHU) core to increase the number of yards from three to six or nine.**

*Description:* The Clallam Bay RHU consists of E pod and F pod (split into subpods of 10-11 cells per pod), each with 62 single cells, for a total housing capacity of 124 incarcerated individuals. Within the RHU, there are two covered recreation yards in E pod, two covered recreation yards in F pod, and three covered outdoor recreation yards in the core which serve both E and F pods. To increase outdoor recreation and to support more frequent small-group recreation, outdoor recreation yards located in the RHU corridor between units E and F should be increased from three to six or nine by dividing each into smaller units. Detention-grade security barriers can be installed to aid in subdividing each yard to prevent physical contact while allowing verbal contact. If these yards are split, up to eighteen individuals can recreate in the core at one time, depending on small configuration – in addition to those using recreation within each pod.

This project only includes those (3) yards located in the building core; not those located within E and F pods. The feasibility of bifurcating the other two yards should be studied further if this avenue of pursuit is desired.



Figures 6 a and b: One existing recreation area under consideration for subdivision into two to three yards.



Figures 7a and b: Concept of subdivision into two or three small yards per existing recreation area. To meet American Correctional Association (ACA) standards, a minimum of 180 NSF for one individual is required, plus an additional 150 NSF per each additional person. Figure 4a, above left, shows just over 450 NSF per subdivided yard, which can accommodate up to three individuals at one time. In Figure 4b, above right, the larger yards can accommodate two individuals and the small yards can accommodate one individual per yard to meet ACA Standards. This is a proof-of-concept, only, and not a proposed design.

## 2. Convert staff spaces in RHU core to program spaces serving E and F units.

*Description:* The Close Custody and Administrative Segregation populations housed in units E and F have extremely limited access to program space. In addition, accessing medical services requires escort across the facility's central courtyard, disrupting operations (including movement of other populations to programs and services). This project comprises the conversion of staff areas in the RHU core between E and F pods into a robust program and medical area for those living in Restrictive Housing, including medical, dental, and programs. This project will require that staff areas be relocated before conversion of E and F core spaces can begin. A proposal for a remodel of the E

and F core and a new ancillary building for Management Services, training, and administrative was provided in 2020, but did not move forward.

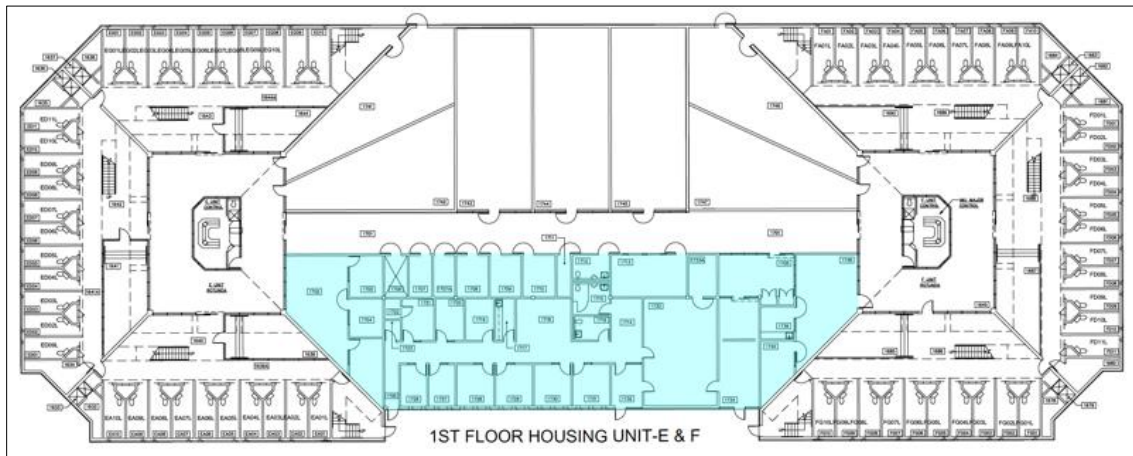


Figure 8: Highlighted area shows RHU support and staff areas under consideration for conversion to program areas.

## Coyote Ridge Corrections Center (CRCC)

### 1. Add program room(s) to the end of each wing of Administrative Segregation.

*Description:* Space for programming and outdoor recreation in Building A – Administrative Segregation are both highly limited. This building houses up to 100 incarcerated individuals in ten pods of ten beds. One small, covered recreation area is available per pod. One multipurpose room is available for the entire building, which is used for treatment team meetings with incarcerated individuals housed in Administrative Segregation. There is no space available for group programming. Two interview booths are located in the building core, which are used for hearings, attorney interviews, investigations, and other professional matters.

The addition of one to two program rooms at the end of each wing will allow group programming to occur with a population severely in need of meaningful out-of-cell time, currently not possible with the existing space available.

There is exterior space at the end of each wing of Building A that may be large enough to support the addition of one or two group rooms, with the potential exception of the end of wings serving G/H and I/J pods. A feasibility study may be required to determine if it is possible to build an addition to these wings based on existing building structure, the availability of adequate space outside of each wing and what can be built (one group room only, one group room *and* one outdoor recreation yard, or other option), and how security of these additions should be managed.

If a program room is infeasible, it may be possible to construct outdoor recreation space at the end of each wing. A feasibility study should explore both options.

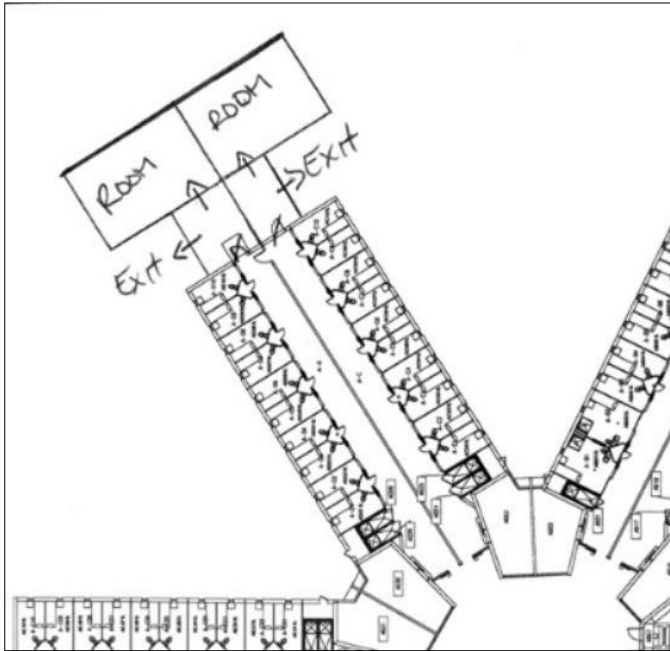


Figure 9: Concept sketch showing addition of program rooms off end of pods C and D.



Figure 10: Rough area of exploration for addition of program rooms, highlighted in blue. For descriptive purposes only.



## Monroe Correctional Complex (MCC)

### 1. Restructure circulation to allow direct access into the visitor side of interview booth.

*Description:* SOU units A (Administrative Segregation for those housed in SOU C through F) and B (ITU) each consist of 18 single cells. In one of the multipurpose rooms at each pod, which appears to be used for dining and a small amount of dayroom recreation, is a door that leads to the visitor side of a visitation/interview space. Operationally, it may be that when this interview room is in use, the multipurpose room cannot be used because the individual utilizing the interview room will need to circulate back and forth through the area. Clarification on the utilization of this room, including users, frequency, and current impediments to concomitant use of the multipurpose room must be verified.

If it is feasible to restructure circulation to the interview area, either by subdividing the room to create a corridor, or by eliminating the storage room adjacent to this interview room, it may increase the time available for utilization of this room.



Figure 11: Referenced Multipurpose Room, SOU Unit A. Door into interview room is circled in blue. SOU Unit B has the same layout.

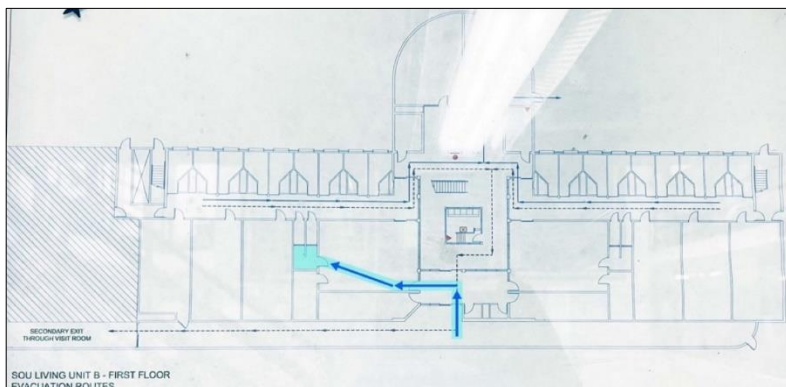
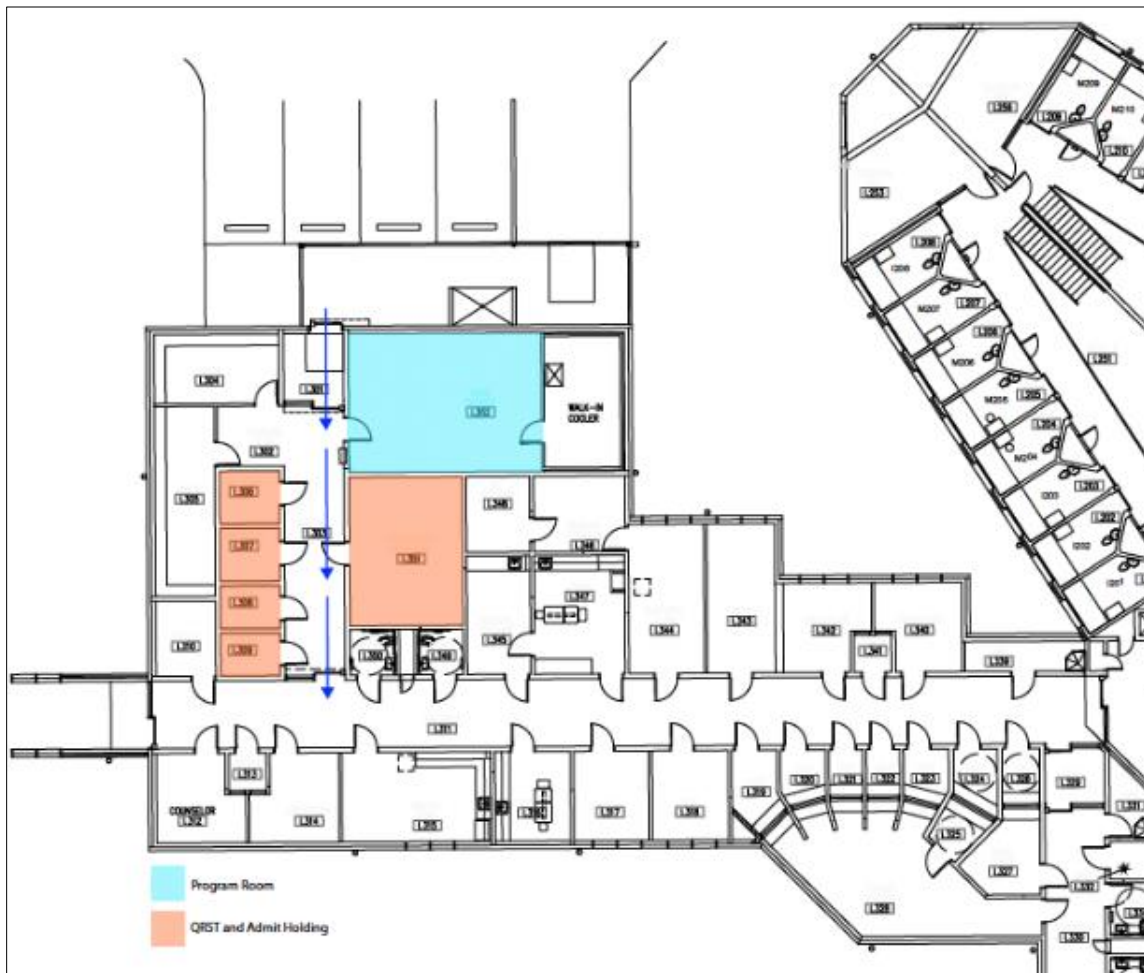


Figure 12: Floor plan image with visitor route to interview room through multipurpose room, shown in blue. Same route for Units A and B.

**2. Relocate program room to avoid circulation of incompatible groups, which currently precludes much potential use of the room.**

*Description:* There is one program room serving the entire IMU, and it is located off a high-volume corridor which includes new Administrative Segregation admit holding cells and the QRST room. Comingled circulation for these incompatible populations is one factor severely limiting or, more accurately, entirely precluding, use of this room. Moving the programming room to a safer, more central location within the IMU may support increased use of the space for programming.



**3. Create additional program rooms or outdoor recreation space at the exterior of IMU and Segregation.**

*Description:* The IMU at MCC houses up to 100 incarcerated individuals in four pods with 16 cells each and two pods with 18 cells per pod. The Segregation Building has the same number of cells and is of the same layout as the IMU. Beds in these buildings include 36 IMS beds, 64 non-capacity segregation beds, and 100 parole violator beds. There is a limited amount of programming space and outdoor recreation serving these units. See above project description to learn about program space. In addition, one 190 square feet recreation area is available within each pod, which can accommodate one person at a time.

There is exterior space immediately outside the building on which additional program or outdoor recreation space may be provided, which will allow for more individuals to recreate simultaneously. A feasibility study will be required to determine the possibility of building additions off each pod based on existing building structure, the availability of adequate space outside of each wing, space that should optimally be provided, and how security of these additions should be managed.



Figure 14: Covered recreation yard at IMU. Same for all units.



Figure 16a and b: Space outside of IMU pods C and D.



Figure 15: Rough area of exploration for addition of program rooms or outdoor recreation off back of IMU and Segregation buildings, highlighted in blue. For descriptive purposes only.

### Stafford Creek Corrections Center (SCCC)

#### 1. Allocate a dedicated room for Amend programming.

*Description:* There is an adequate amount of space for the Amend program; however, it is only because A and B pods are not housing individuals at this time.

#### 2. Utilize dayroom at Medical Housing for COA patients when feasible.

*Description:* Patients in the COA do not have access to a dayroom space. When acceptable, per order of a clinician, granting access to the dayroom space in the adjacent medical area will increase out-of-cell time available to those in the COA. Note this is an operational suggestion and not a capital project.

## Washington Corrections Center (WCC)

### 1. Bifurcate outdoor recreation yards.

*Description:* The WCC IMU consists of sides, each with three pods of ten cells per pod, for a total capacity of 120 incarcerated individuals. There is one small program room per side with six programming chairs, and a second program room for one individual with a single programming chair. Within the core there are two covered outdoor recreation yards which serve both sides of the IMU. To increase outdoor recreation time and to support more frequent small-group recreation, it should be possible to subdivide these recreation areas in half or thirds to increase the number of recreation areas from two to four or six. Detention-grade security barriers can be installed to aid in subdividing the yards to prevent physical contact but support verbal contact. If these yards are subdivided, it can support recreation of four or even six individuals in the core at one time.



Figure 17: One existing recreation area under consideration for subdivision into two to three yards.

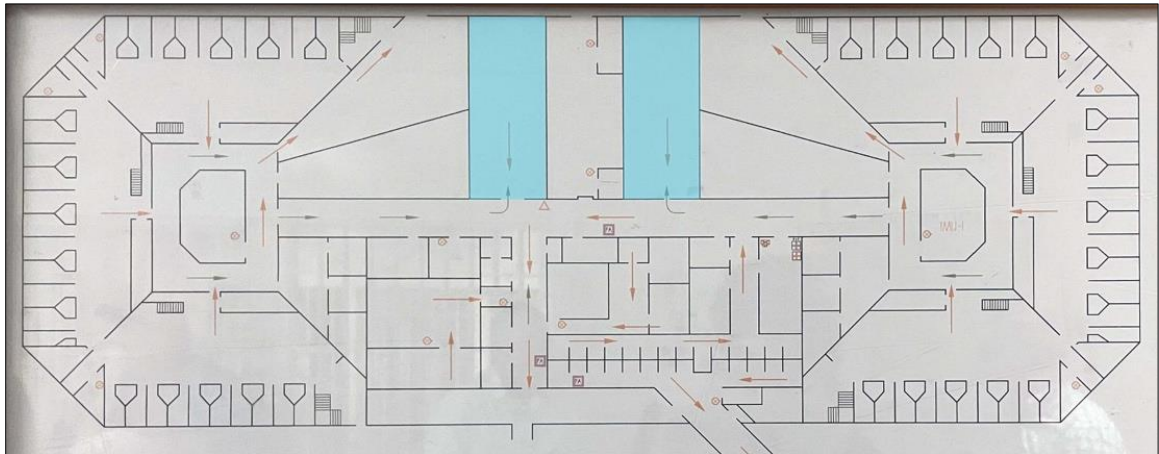


Figure 18: Recreation yards under consideration for subdivision are highlighted in blue. The plan may resemble that shown for Clallam Bay. Note that WCC has two recreation areas in the building core.

## Washington Corrections Center for Women (WCCW)

### 1. Install program chairs into Z Building – TEC Acute Unit dayroom.

*Description:* When an individual on Administrative Segregation status is moved to the Acute Unit at Building A (TEC), no one can recreate in the dayroom. The addition of programming chairs into the group room, which is currently not utilized, will allow individuals on Administrative Segregation status to recreate during their stay in the TEC Unit.

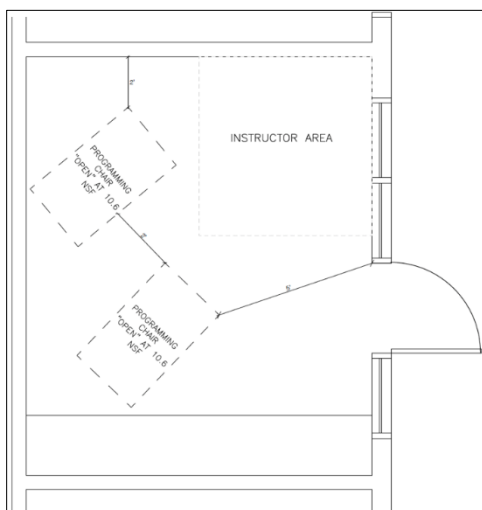


Figure 19: TEC Unit Group Room with test fit of programming chairs. In the "open" position (meaning the chair is occupied by an individual) the room can safely and reasonably fit a maximum of two chairs, though this number should be verified against policy for required separations between programming chairs. ADA accessibility requirements must also be met.

## 2. Bifurcate CCU outdoor recreation yard.

*Description:* The CCU is one unit divided into two pods with a total capacity of 135 incarcerated individuals. Individuals in this unit recreate in the dayroom and at outdoor recreation in groups of twenty. Women housed in the CCU are allowed to use centralized program and education areas. However, outdoor recreation time is limited because of the availability of only one yard outside of the building that is currently not fenced in. Separating the yard into two will allow for more CCU individuals to recreate simultaneously.

If authorized to move forward, cost estimating assumes yard improvements to provide amenities standard system-wide (e.g., telephone access).



Figure 20: CCU building, highlighted in blue, and the CCU yard, highlighted in green, under consideration for bifurcation. Note that the CCU yard is unsecured; there is no separation between this area from the balance of WCCW.

## Washington State Penitentiary (WSP)

WSP is one of two primary facilities targeted for the Exercise Yard Improvement Plan (alongside CBCC). Two outdoor yards are currently under construction outside of IMU South, and two more outdoor yards have been designed and are pending funding authorization.

### 1. Retrofit property storage room to provide programming space.

*Description:* There is no group and individual programming space at IMU South. Four interview rooms are available but are assigned for use for hearings, investigations, and legal matters. Programming chairs are planned for installation in selected pod

dayrooms, but options for meaningful out-of-cell time for incarcerated individuals in Administrative Segregation are critical to this population.

The large property storage room within the main corridor of IMU South, room C-170, located adjacent to J pod, is underutilized relative to the scale of the room, and it may be better suited for additional group room space. There may be the option for this property room to be subdivided into more than one space, which would allow for larger and smaller programming spaces. As this population will more than likely require programming chairs, which are quite large (30" w x 51" d x 42" h when open) this space will more easily accommodate these chairs than other rooms may be able to support.

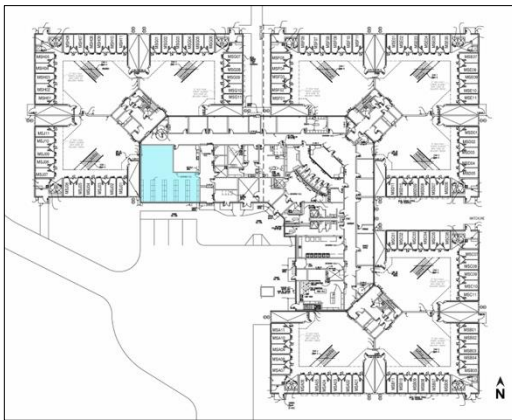


Figure 21: Plan showing location of Property Room, highlighted in blue, within IMU South.



Figure 23a: Property room.



Figure 22b and c: Property room



## 2. Revisit recreation options to be provided in latter two outdoor recreation yards to be developed per the *Exercise Yard Improvement Plan*.

*Description:* In accordance with recommendations developed by Dr. Jeffrey Metzner, improvements to recreation yards and the expansion of congregate outdoor spaces are



being implemented statewide. At WSP, a plan has been developed for the construction of four outdoor recreation yards outside of IMU South. The first two yards have received funding authorization.

The design drawings (at 100% Design Development) show basketball courts, exercise equipment, and seating. It is noted that this "...proposed layout is for planning purposes only and subject to change." Dr. Metzner's recommendations include the expansion of access to biophilic design features: views and direct access to nature, including sky, foliage, water, and other natural elements. This proposed project seeks to inform the plans for the latter two yards to improve options for meaningful out-of-cell time for the solitary confinement population.

This project is, of course, depending on funding authorization for the next phase of the yard improvement plan at WSP.

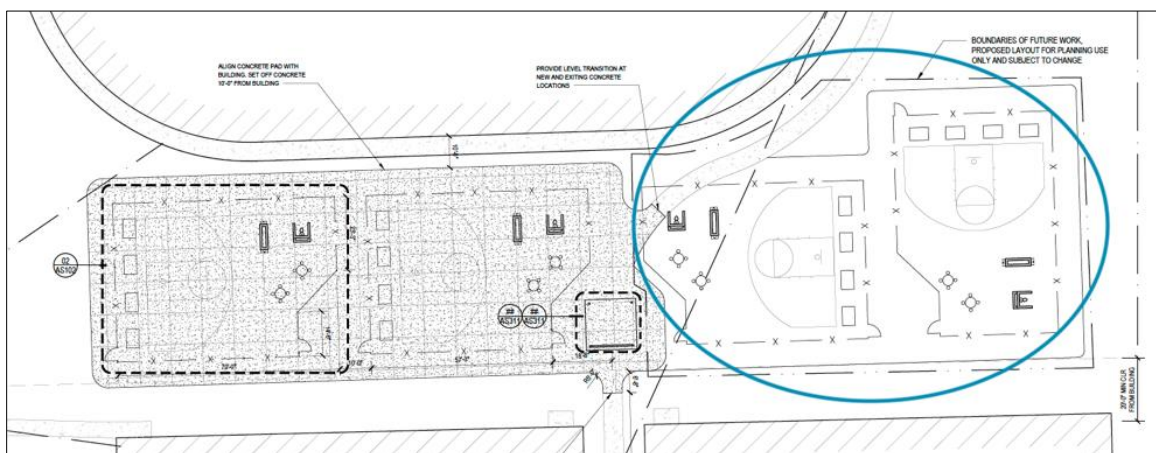


Figure 23: This proposed project seeks to inform the two yards on the right side of the plan. Those on the left are scheduled for completion.

### 3. Create a dedicated yard for Amend programming.

*Description:* A fenced-in outdoor yard dedicated to the Amend program, currently planned to be at IMU South, will increase the amount of time available for these individuals to spend outdoors.



Figure 24: This image of the Stafford Creek Amend outdoor yard is shown as reference for a WSP Amend yard.

## Appendix D: Required Policy Revisions

Legislative Reference	Recommended Change	Considerations
WAC 137	No required change	<p>In general, policies appear to reflect the language in statute.</p> <p>Current statutory language reflects a lower bar than what is included in the Secretary's commitment.</p> <p>All relevant statutes appear to allow for these reforms to solitary confinement in their current forms.</p> <p>However, there is significant discretion afforded to prisons in terms of what "may" or "should" occur.</p> <p>Current WAC creates contingencies for exigent circumstances – double-edged sword of discretion.</p>

Policy	Recommended Change
320.255 Restrictive Housing 320.200 Administrative Segregation 320.265 Close Observation Areas 320.250 Max Custody 300.380 Classification and Custody Others as Applicable	<p>Suggest header on all relevant policies to the effect of: "The Department of Corrections is committed to incarcerating individuals in the least restrictive setting required to maintain safe, humane, orderly, and effective correctional practices. The use of Solitary Confinement is reserved for those incarcerated individuals who present the greatest risk and imminence for violence, and for the shortest duration necessary."</p>

Policy	Recommended Change
Restrictive Housing Level System Grid	<p>Begin with assumption of four hours out-of-cell and restrict based on individual assessment and clear criteria.</p> <p>Suggest revisions to make it clear how each level could potentially get to four hours out-of-cell daily, or to specifically identify criteria that will have to be met to remain under those conditions. These individual cases would then be assumed to be in Solitary Confinement and would always be counted as such.</p> <p>Suggest revising policy to make it clear how many hours out-of-cell an individual is to receive by standard COC depending on restrictive housing unit (AdSeg, IMU, ITU, etc.) and Level or Step.</p>
320.200 Administrative Segregation	<p>General: suggest describing Conditions of Confinement.</p> <p>I.G.2: Heard desire to reduce from 30 days to 15 days maximum.</p> <p>I.H: Suggest, "Facilities will conduct Ad Seg status meetings 3-times weekly." To date, it sounds as though facilities are already meeting more frequently than once weekly (n=3).</p> <p>I.H.1.f: Suggest Health Services designate an attendee for all meetings.</p> <p>III.A.: Opportunity to reduce 30 days to 15 if so desired.</p> <p>III.C: Recommend Health Services designate an attendee for all meetings.</p> <p>III.P.2: Suggest reducing maximum time pending transfer from 14 days [implications - bed alignment &amp; transport]</p>
320.265 Close Observation Areas	<p>Recommend: creation of crisis treatment plan specifically addressing reason for placement on COA, to include specific goals, objectives, and interventions to progress through COA toward discharge. Clinical staff should inform decisions about conditions and time out-of-cell.</p>

Policy	Recommended Change
320.255 Restrictive Housing	<p>I.A.: Recommend mental health screen before placement or within 24 hours.</p> <p>II.B.5: Recommend showers 5-7 days per week with adequate staffing.</p> <p>II.B.7: Recommend “unless risk precludes it, offered a minimum of 4 hours per day, 7 days per week, outside of their cell; and except in exigent circumstances, offered no less than 1 hour of exercise per day, 5 days per week, outside the cell.”</p> <p>Consider requiring COC Modification or Security Enhancement Plan in order to preclude access to programs or time-out-of-cell.</p> <p>II.B.8: Access to programs consistent with identified risks, needs, and treatment plan.</p> <p>VII.A.: Recommend “All clinical encounters by medical and mental health staff are offered in confidential settings outside of the cell.”</p> <p>VII.B.2: Recommend strengthening language to ensure medical autonomy in diversion and admission to residential treatment, Close Observation, or other appropriate setting.</p> <p>VII.E.1: Recommend mental health rounds in ITU happen 3x weekly or even daily (they probably do already).</p> <p>VII.E.2: Recommend using “Emergency (as soon as possible), Urgent (within 24 hours), and Routine (within 48 hours),” but all health services requests must be triaged every day.</p> <p>X.A.1: Recommend: “Tracking time-out-of-cell will reflect the time and services Scheduled, Offered, Accepted, and Received (SOAR) by the incarcerated person, including reasons for time-out-of-cell not occurring.”</p> <p>XII.C.1: Recommend medical and mental health representation on the FRMT for all meetings and dispositions.</p>

Policy	Recommended Change
<p>320.250 Maximum Custody Placement-Transfer-Release</p>	<p>III.C: Recommend transfer to ITU sooner than 30 days, and that S3 or higher are placed in settings with access to 10 hours of structured time and 10 hours of unstructured time-out-of-cell, to include access to medical and mental health care consistent with treatment plans.</p> <p>V.E: Recommend "All clinical encounters by medical and mental health staff are offered in confidential settings outside of the cell."</p> <p>VII.B.1: People must remain on Level 1 for a minimum of 30 days [COC = 5 Hours Per week rec]</p> <p>VII.B.2: People must remain on Level 2 for a minimum of 30 days [COC = 5 Hours Per week rec]</p> <p>VII.B.3: People in Transition Pod "may be reviewed for promotion to Level 4 [COC = 5 Hours Per week rec]</p> <p>VII.B.4.b.1: Initial assignments to ITU enter at Step 2, which equals IMU Level 1 [COC = 5 Hours Per week rec]</p> <p>VII.B.4.b.2: ITU Step 3 equals IMU Level 2 [COC = 5 Hours Per week rec]</p> <p>Recommend: "Inclusive of all structured and unstructured activities, unless risk precludes it, offered a minimum of 4 hours per day, 7 days per week, outside of their cell; and except in exigent circumstances, offered no less than 1 hour of exercise per day, 5 days per week, outside the cell."</p>

## Appendix E: Stakeholder Engagement

Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
DOC-ISG-Falcon Project Initiation	Scott Edwards ISG Falcon	4/28/23	<ul style="list-style-type: none"> <li>• Project initiation</li> <li>• Project information</li> <li>• Goals</li> </ul>
DOC-ISG-Falcon Project Initiation	Scott Edwards ISG Falcon	5/5/23	<ul style="list-style-type: none"> <li>• Project initiation</li> <li>• Project information</li> <li>• Goals</li> </ul>
Solitary Confinement Transformation Project Team Initiation	Kevin Bowen John Campbell Scott Edwards Donald Holbrook David Lovell Alissa Meshesha Sean Murphy Jennifer Peterson Ryan Pfaff Ryan Quirk Rochelle Stephens Steven Sundberg Kevin Walker ISG Falcon	5/18/23	<ul style="list-style-type: none"> <li>• Project planning</li> <li>• Kick Off preparations</li> <li>• SME workshops</li> </ul>
Classification & Housing Workshop	Gary Bohon Kevin Bowen Scott Edwards David Lovell ISG Falcon	5/22/23	<ul style="list-style-type: none"> <li>• Review of current and future classification tool(s) and system</li> <li>• Discussion of all housing types and purposes</li> </ul>
Programs Workshop	Kevin Bowen Scott Edwards David Lovell Sarah Sytsma ISG Falcon	5/22/23	<ul style="list-style-type: none"> <li>• Overview of programming structure, availability, and locations</li> <li>• Incentive-based programming (i.e., Earned Good Time)</li> <li>• Use of technology for programming</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
			<ul style="list-style-type: none"> <li>Goals and impediments regarding future programming</li> </ul>
Operations Workshop	Kevin Bowen Scott Edwards David Lovell Steve Sundberg ISG Falcon	5/24/23	<ul style="list-style-type: none"> <li>Orientation to prison system and its basic operations</li> <li>Flow of incarcerated person from general population through disciplinary system</li> <li>Discussion of all possible dispositions and relevant housing units</li> </ul>
Legislative Affairs	Kevin Bowen Scott Edwards David Lovell Ryan Quirk Melena Thompson ISG Falcon	5/24/23	<ul style="list-style-type: none"> <li>Relevant legislation</li> <li>Orientation to legislative stance or caucuses</li> </ul>
Facilities Workshop	Kevin Bowen Scott Edwards Chris Idso David Lovell Ryan Quirk Steve Sundberg ISG Falcon	5/24/23	<ul style="list-style-type: none"> <li>Overview of the built environments relative to restrictive housing placements</li> <li>Structural limitations and procedures for making changes to facilities</li> <li>Master planning efforts around renovation, new construction</li> </ul>
Legal Workshop	Scott Edwards David Lovell Michael Pattersen ISG Falcon	5/25/23	<ul style="list-style-type: none"> <li>Existing litigation, agreements, or requirements of judicial authorities</li> <li>Active or expected litigation relevant to the project</li> </ul>
Advocacy and Lived Experience Workshop	John Campbell Scott Edwards Lisa Flynn ISG Falcon	5/25/23	<ul style="list-style-type: none"> <li>Identification of relevant advocacy organizations</li> <li>History of involvement from persons impacted by</li> </ul>



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
			incarceration and restrictive housing <ul style="list-style-type: none"> <li>• Discussion of inclusive stakeholder process and communication channels</li> </ul>
Health Services Workshop	Scott Edwards David Flynn David Lovell Ryan Quirk Karie Rainer ISG Falcon	5/26/23	<ul style="list-style-type: none"> <li>• Overview of organizational structure for Health Services</li> <li>• Facility-specific healthcare missions (i.e., Infirmary, off-site care, suicide precautions, residential mental health, long-term medical care, etc.)</li> <li>• Orientation to sheltered housing throughout the system (i.e., housing specifically for those with serious mental illness or chronic medical conditions)</li> <li>• Healthcare-related procedures relevant to disciplinary processes and restrictive housing placements</li> </ul>
Solitary Confinement Transformation Project Team Weekly Meeting	Kevin Bowen John Campbell Scott Edwards Donald Holbrook David Lovell Alissa Meshesha Sean Murphy Jennifer Peterson Ryan Pfaff Ryan Quirk Rochelle Stephens Steven Sundberg Kevin Walker ISG Falcon	5/30/23	<ul style="list-style-type: none"> <li>• Project status updates</li> <li>• Project planning</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
Stakeholder Analysis – Legislative Affairs	Melena Thompson ISG	6/2/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Advocacy & Lived Experiences	Lisa Flynn ISG	6/2/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Legal	Mick Petersen ISG	6/2/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis - Prisons	Jo Wofford ISG	6/2/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Superintendents (MCC)	Dan Allen ISG	6/2/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Formal Kick Off Workshop	Invitees: Daniel Allen Lisa Anderson Melissa Andrewjeski Danielle Armbruster Karin Arnold Jason Bennett Jeri Boe	6/5/23	<ul style="list-style-type: none"> <li>• Project information</li> <li>• Goals</li> <li>• Project planning</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Thomas G. Bohon Kevin Bowen Brian Bowers Christine Brule John Campbell Theresa Cohn Ronna Cole MaryAnn Curl Paul Daniel Dawn Deck Todd Dowler Paul Duenich Scott Edwards Donald Feist Kari Figueira Greg Fisher David Flynn Vaaia Gaines Ronald Haynes Donald Holbrook Chris Idso Eric Jackson Robert Jackson Sandi Jacobson Tracy Johnson James Key Tim Lang Jeremy Long Lauren Loper Eric Mainio Donald Malo Matthew Marry Dean Mason Elizabeth Merrick Alissa Meshesha Arminda Miller Danielle Moe Melissa Moore Thea Mounts Sean Murphy		

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Geraldine Newman Trisha Newport Christopher Newton Chris Parker Michael Pettersen Ryan Pfaff Ryan Quirk Karie Rainer Jeffery Rio Frank Rivera Ryan Rubalcaba Robert Schreiber Julie Smith Rochelle Stephens Mark Stigall Cheryl Strange Kari Styles Steven Sundberg William Swain Sarah Sytsma Melena Thompson Jeffrey Uttecht Dan Van Ogle Kevin Walker Michelle Walker Jack Warner Jeremy Wise Ronell Witt Deborah Wofford Christopher Wright ISG Falcon		
Formal Kick Off Workshop	Invitees: Daniel Allen Lisa Anderson Melissa Andrewjeski Danielle Armbruster	6/6/23	<ul style="list-style-type: none"> <li>• Project information</li> <li>• Goals</li> <li>• Project planning</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Karin Arnold Jason Bennett Jeri Boe Thomas G. Bohon Kevin Bowen Brian Bowers Christine Brule John Campbell Theresa Cohn Ronna Cole MaryAnn Curl Paul Daniel Dawn Deck Todd Dowler Paul Duenich Scott Edwards Donald Feist Kari Figueira Greg Fisher David Flynn Vaaia Gaines Ronald Haynes Donald Holbrook Chris Idso Eric Jackson Robert Jackson Sandi Jacobson Tracy Johnson James Key Tim Lang Jeremy Long Lauren Loper Eric Mainio Donald Malo Matthew Marry Dean Mason Elizabeth Merrick Alissa Meshesha Arminda Miller Danielle Moe		

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Melissa Moore Thea Mounts Sean Murphy Geraldine Newman Trisha Newport Christopher Newton Chris Parker Michael Pettersen Ryan Pfaff Ryan Quirk Karie Rainer Jeffery Rio Frank Rivera Ryan Rubalcaba Robert Schreiber Julie Smith Rochelle Stephens Mark Stigall Cheryl Strange Kari Styles Steven Sundberg William Swain Sarah Sytsma Melena Thompson Jeffrey Uttecht Dan Van Ogle Kevin Walker Michelle Walker Jack Warner Jeremy Wise Ronell Witt Deborah Wofford Christopher Wright ISG Falcon		
Stakeholder Analysis – Investigative Operations	Chris Newton ISG	6/7/23	<ul style="list-style-type: none"> <li>Impacts of potential future changes</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
			<ul style="list-style-type: none"> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – CPM and Superintendent (SCCC)	Karin Arnold Rob Schreiber ISG	6/7/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis - Prisons	Don Holbrook Erick Jackson Shell Stephens ISG	6/8/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Advocacy & Lived Experience, Comprehensive Case Management	John Campbell ISG	6/8/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Legislative Relations Workshop	Dawn Deck Kristi Knudsen Trisha Newport Melena Thompson Ronell Witt ISG Falcon	6/9/23	<ul style="list-style-type: none"> <li>• Legislative activities</li> <li>• Project alignment</li> <li>• Decision packages</li> </ul>
Stakeholder Analysis – Classification & Housing	Gary Bohon Mark Stigall ISG	6/9/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – CPMS & Associate Superintendents (CBCC)	Geraldine Newman Julie Smith ISG	6/9/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
			<ul style="list-style-type: none"> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Budget, Strategy & Tech	Dawn Deck Trish Newport ISG	6/12/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Business Intelligence & Operations	Thea Mounts ISG	6/12/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Security & Emergency Management	Shane Loper ISG	6/12/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Operations, Legislative Affairs	Kevin Bowen ISG	6/12/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis - IT	Jesse Bellamy ISG	6/13/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis - Communications	Chris Wright ISG	6/13/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
Stakeholder Analysis – CRM (CRCC)	Melissa Moore ISG	6/13/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Legislative Relations Workshop	Kristi Knudsen Melena Thompson Ronell Witt ISG Falcon	6/14/23	<ul style="list-style-type: none"> <li>• Legislative activities</li> <li>• Project alignment</li> </ul>
Stakeholder Analysis - AMEND	Courtney Grubb James Key ISG	6/15/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Superintendents (CRCC)	Vaaiia Gaines ISG	6/15/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – Health Services	Ronna Cole Maryann Curi ISG	6/16/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis - Prisons	Jeff Uttecht ISG	6/16/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis – CPM & Superintendent (WSP)	Paul Daniel Steve Sundberg ISG	6/16/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
			<ul style="list-style-type: none"> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Airway Heights Corrections Center On-site Facility Study	AHCC Leadership AHCC Frontline Staff DOC HQ Leadership Adults in Custody ISG Falcon	6/20/23	<ul style="list-style-type: none"> <li>• Orientation to the facility, its staff and incarcerated population, any unique mission, and any strengths or barriers to implementing potential changes</li> <li>• Observations of housing, treatment, programming, and recreation areas</li> <li>• Process observations</li> <li>• Stakeholder engagement</li> </ul>
Washington State Penitentiary On-Site Facility Study	WSP Leadership WSP Frontline Staff DOC HQ Leadership Adults in Custody ISG Falcon	6/21/23	<ul style="list-style-type: none"> <li>• Orientation to the facility, its staff and incarcerated population, any unique mission, and any strengths or barriers to implementing potential changes</li> <li>• Observations of housing, treatment, programming, and recreation areas</li> <li>• Process observations</li> <li>• Stakeholder engagement</li> </ul>
Coyote Ridge Corrections Center On-site Facility Study	CRCC Leadership CRCC Frontline Staff DOC HQ Leadership Adults in Custody ISG Falcon	6/22/23	<ul style="list-style-type: none"> <li>• Orientation to the facility, its staff and incarcerated population, any unique mission, and any strengths or barriers to implementing potential changes</li> <li>• Observations of housing, treatment, programming, and recreation areas</li> <li>• Process observations</li> <li>• Stakeholder engagement</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
Stakeholder Analysis – Capitol Planning & Development	Chris Idso ISG	6/27/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Stakeholder Analysis - Education	Don Feist ISG	6/27/23	<ul style="list-style-type: none"> <li>• Impacts of potential future changes</li> <li>• Consideration/incorporation of needs into the development of the implementation plan</li> </ul>
Solitary Confinement Transformation Project Team Weekly Meeting	Kevin Bowen John Campbell Scott Edwards Donald Holbrook David Lovell Alissa Meshesha Sean Murphy Jennifer Peterson Ryan Pfaff Ryan Quirk Rochelle Stephens Steven Sundberg Kevin Walker ISG Falcon	6/27/23	<ul style="list-style-type: none"> <li>• Project status updates</li> <li>• Project planning</li> </ul>
Office of the Corrections Ombuds (OCO)	Caitlin Robertson Angee Schrader ISG Falcon	6/28/23	<ul style="list-style-type: none"> <li>• Orientation to OCO</li> <li>• Orientation to the project</li> <li>• daily functions and partners</li> <li>• Issues specific to conditions of confinement and Solitary Confinement</li> <li>• Suggestions and ideas for areas of focus</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
Solitary Confinement Transformation Project Team Weekly Meeting	Charles Anderson Kevin Bowen John Campbell Scott Edwards Donald Holbrook David Lovell Elizabeth Merrick Alissa Meshesha Sean Murphy Jennifer Peterson Ryan Pfaff Ryan Quirk Rochelle Stephens Steven Sundberg Kevin Walker ISG Falcon	7/6/23	<ul style="list-style-type: none"> <li>Project status updates</li> <li>Project planning</li> </ul>
Baseline Data Meeting	David Lovell Thea Mounts ISG Falcon	7/6/23	<ul style="list-style-type: none"> <li>Identification of data for baseline measurement</li> </ul>
Capital Planning & Development	Chris Idso Falcon	7/7/23	<ul style="list-style-type: none"> <li>Capital projects</li> </ul>
Advocacy and Lived Experience Workshop (option 1)	Anthony Blackenship Jose Garcia Lorena Gonzalez Maureen Janega Heather McKimmie Kelly Olson Rachael SeEVERS ISG Falcon	7/10/23	<ul style="list-style-type: none"> <li>Project information</li> <li>Focus areas to improve prevention, diversion, conditions of confinement, and re-entry across the system</li> </ul>
Advocacy and Lived Experience Workshop (option 2)	Alison Bilow Anthony Blackenship Marriam Oliver	7/11/23	<ul style="list-style-type: none"> <li>Project information</li> <li>Focus areas to improve prevention, diversion, conditions</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Dave Prachi ISG Falcon		of confinement, and re-entry across the system
Risk Evaluations Meeting	Ryan Quirk ISG Falcon	7/11/23	<ul style="list-style-type: none"> <li>• Forensic risk evaluations</li> <li>• Forensic Risk Assessment Team</li> </ul>
Solitary Confinement Transformation Project Team Weekly Meeting	Kevin Bowen John Campbell Scott Edwards Donald Holbrook David Lovell Alissa Meshesha Sean Murphy Jennifer Peterson Ryan Pfaff Ryan Quirk Rochelle Stephens Steven Sundberg Kevin Walker ISG Falcon	7/11/23	<ul style="list-style-type: none"> <li>• Project status updates</li> <li>• Project planning</li> </ul>
Baseline Data Follow-Up	Courtney Bagdon-Cox David Lovell Thea Mounts Connor Saxe Falcon	7/13/23	<ul style="list-style-type: none"> <li>• Baseline data</li> </ul>
Teamsters Telephonic Message	Serena Davis Falcon	7/13/23	<ul style="list-style-type: none"> <li>• Engagement concerns</li> </ul>
Teamsters Telephonic Message	Serena Davis Falcon	7/14/23	<ul style="list-style-type: none"> <li>• Project Information</li> <li>• Site Visits</li> </ul>
Programs Meeting	John Campbell ISG Falcon	7/14/23	<ul style="list-style-type: none"> <li>• Availability of programs</li> <li>• Evidenced-based programming</li> <li>• Historical program offerings</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
Moral Reconciliation Therapy Information Sharing Meeting	Ken Robinson ISG Falcon	7/17/23	<ul style="list-style-type: none"> <li>• Project information</li> <li>• Program research</li> <li>• Pricing structure</li> </ul>
Monroe Correctional Complex On-Site Facility Study	MCC Leadership MCC Frontline Staff DOC HQ Leadership Adults in Custody ISG Falcon	7/17/23	<ul style="list-style-type: none"> <li>• Orientation to the facility, its staff and incarcerated population, any unique mission, and any strengths or barriers to implementing potential changes</li> <li>• Observations of housing, treatment, programming, and recreation areas</li> <li>• Process observations</li> <li>• Stakeholder engagement</li> </ul>
Teamsters Telephonic Meeting	Serena Davis Falcon	7/17/23	<ul style="list-style-type: none"> <li>• Project information</li> <li>• Feedback &amp; concerns</li> </ul>
Washington Corrections Center for Women On-Site Facility Study	WCCW Leadership WCCW Frontline Staff DOC HQ Leadership Adults in Custody ISG Falcon	7/18/23	<ul style="list-style-type: none"> <li>• Orientation to the facility, its staff and incarcerated population, any unique mission, and any strengths or barriers to implementing potential changes</li> <li>• Observations of housing, treatment, programming, and recreation areas</li> <li>• Process observations</li> <li>• Stakeholder engagement</li> </ul>
Washington Corrections Center On-Site Facility Study	WCC Leadership WCC Frontline Staff HQ Leadership Adults in Custody ISG Falcon	7/18/23	<ul style="list-style-type: none"> <li>• Orientation to the facility, its staff and incarcerated population, any unique mission, and any strengths or barriers to implementing potential changes</li> <li>• Observations of housing, treatment, programming, and recreation areas</li> <li>• Process observations</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
			<ul style="list-style-type: none"> <li>Stakeholder engagement</li> </ul>
Stafford Creek Corrections Center On-Site Facility Study	SCCC Leadership SCCC Frontline Staff DOC HQ Leadership Adults in Custody ISG Falcon	7/19/23	<ul style="list-style-type: none"> <li>Orientation to the facility, its staff and incarcerated population, any unique mission, and any strengths or barriers to implementing potential changes</li> <li>Observations of housing, treatment, programming, and recreation areas</li> <li>Process observations</li> <li>Stakeholder engagement</li> </ul>
Clallam Bay Corrections Center On-Site Facility Study	CBCC Leadership CBCC Frontline Staff DOC HQ Leadership Adults in Custody Falcon	7/20/23	<ul style="list-style-type: none"> <li>Orientation to the facility, its staff and incarcerated population, any unique mission, and any strengths or barriers to implementing potential changes</li> <li>Observations of housing, treatment, programming, and recreation areas</li> <li>Process observations</li> <li>Stakeholder engagement</li> </ul>
University of Cincinnati Programs Information Sharing Meeting	Eric Willoughby Falcon	7/20/23	<ul style="list-style-type: none"> <li>Project information</li> <li>Program research</li> <li>Pricing structure</li> </ul>
Life Works, Breaking Free Information Sharing Meeting	Glyn Davies Falcon	7/20/23	<ul style="list-style-type: none"> <li>Project information</li> <li>Program research</li> <li>Pricing structure</li> </ul>
Solitary Confinement Transformation Project Team Weekly Meeting	Kevin Bowen John Campbell Scott Edwards Donald Holbrook David Lovell Alissa Meshesha Sean Murphy	7/23/23	<ul style="list-style-type: none"> <li>Project status updates</li> <li>Project planning</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Jennifer Peterson Ryan Pfaff Ryan Quirk Rochelle Stephens Steven Sundberg Kevin Walker ISG Falcon		
Programs Follow-Up	Don Feist Falcon	7/26/23	<ul style="list-style-type: none"> <li>• Programming staff</li> <li>• Programming capacity</li> </ul>
Vision and Value Workshop	Kevin Bowen John Campbell Scott Edwards Don Holbrook Alissa Meshesa Sean Murphy Ryan Pfaff Ryan Quirk Rochelle Stephens Steve Sundberg Kevin Walker ISG Falcon	7/27/23	<ul style="list-style-type: none"> <li>• Insights captured from Kickoff participants</li> <li>• Project vision alignment with DOC strategy, tactics, and related legislature and policies</li> <li>• Vision statement</li> <li>• Identify qualitative descriptions and quantitative metrics to track performance</li> </ul>
Maximum (MAX) Custody Committee	MAX Committee Falcon	7/27/23	<ul style="list-style-type: none"> <li>• Observation of committee process &amp; discussion</li> </ul>
Solitary Confinement Transformation Project Team Weekly Meeting	Charles Anderson Kevin Bowen John Campbell Scott Edwards Donald Holbrook David Lovell Elizabeth Merrick Alissa Meshesa Sean Murphy Jennifer Peterson Ryan Pfaff	8/1/23	<ul style="list-style-type: none"> <li>• Project status updates</li> <li>• Project planning</li> </ul>



# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Ryan Quirk Rochelle Stephens Steven Sundberg Kevin Walker ISG Falcon		
Teamsters Local 117 Meeting	Brenda Wiest ISG Falcon	8/2/23	<ul style="list-style-type: none"> <li>• Project update from ISG-Falcon</li> <li>• Feedback, concerns, and suggestions for members working in prisons</li> <li>• Additional issues directly or indirectly impacting the project</li> </ul>
Solitary Confinement Transformation Project Video Update	Lukas D'Ambrosio Bachmann Danielle Jimenez Christopher Wright ISG Falcon	8/7/23	<ul style="list-style-type: none"> <li>• Video messaging</li> <li>• Alignment with project</li> </ul>
Risk Assessment for Segregation Placement Information Sharing Meeting	Ryan Labrecque ISG Falcon	8/10/23	<ul style="list-style-type: none"> <li>• Project information</li> <li>• Risk assessment research</li> <li>• Pricing structure</li> </ul>
Capital Projects Meeting	Sam Harris Chris Idso ISG Falcon	8/15/23	<ul style="list-style-type: none"> <li>• Suggested capital projects clarification</li> <li>• Project prioritization</li> </ul>
Headquarters Training Meeting	Daniel Cowels Todd Nelson Melena Thompson Ronell Witt ISG Falcon	8/17/23	<ul style="list-style-type: none"> <li>• Training requirements with implications for staffing at headquarters</li> <li>• Resource identification</li> </ul>
Key Performance Indicators Meeting	Courtney Grubb David Lovell Thea Mounts ISG	8/17/23	<ul style="list-style-type: none"> <li>• KPI alignment</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
Mental Health Staffing Meeting	Ryan Quirk Karie Rainer Melena Thompson Ronell Witt ISG Falcon	8/18/23	<ul style="list-style-type: none"> <li>Requirements with mental health staffing implications</li> <li>Resource identification</li> </ul>
Key Performance Indicators Meeting	David Lovell ISG Falcon	8/18/23	<ul style="list-style-type: none"> <li>Plan performance indicators</li> <li>Alignment</li> </ul>
Capital Projects Meeting	Chris Idso Falcon	8/18/23	<ul style="list-style-type: none"> <li>Capital projects</li> <li>Narratives &amp; concepts</li> </ul>
Programming Meeting	Donald Feist Melena Thompson Ronell Witt Falcon	8/22/23	<ul style="list-style-type: none"> <li>Requirements with program staffing implications</li> <li>Resource identification</li> </ul>
Digital Programs Meeting	Tim Lang Falcon	8/24/23	<ul style="list-style-type: none"> <li>Use of tablet-based programming</li> </ul>
Baseline Data Meeting	David Lovell Falcon	8/30/23	<ul style="list-style-type: none"> <li>Project data</li> </ul>
Budget Development	Ronell Witt ISG Falcon	9/1/23	<ul style="list-style-type: none"> <li>Alignment on costs</li> <li>Back-office costing</li> </ul>
Budget Development Meeting	Scott Edwards Nancy Waldo Ronell Witt Chris Wright ISG Falcon	9/13/23	<ul style="list-style-type: none"> <li>Back-office needs, functions, FTEs</li> <li>Follow-up targets &amp; activities</li> </ul>
Solitary Confinement Transformation Plan Workshop	Invitees: Daniel Allen Lisa Anderson Melissa Andrewjeski Danielle Armbruster Karin Arnold	9/18/23	<ul style="list-style-type: none"> <li>Review SCTP Plan and Change Management Strategy</li> <li>Stakeholder alignment</li> <li>Feedback workshops</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Jason Bennett Jeri Boe Thomas G. Bohon Kevin Bowen Brian Bowers Christine Brule John Campbell Theresa Cohn Ronna Cole MaryAnn Curl Paul Daniel Dawn Deck Todd Dowler Paul Duenich Scott Edwards Donald Feist Kari Figueira Greg Fisher David Flynn Vaaia Gaines Ronald Haynes Donald Holbrook Chris Idso Eric Jackson Robert Jackson Sandi Jacobson Tracy Johnson James Key Tim Lang Jeremy Long Lauren Loper Eric Mainio Donald Malo Matthew Marry Dean Mason Elizabeth Merrick Alissa Meshesha Arminda Miller Danielle Moe Melissa Moore		

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Thea Mounts Sean Murphy Geraldine Newman Trisha Newport Christopher Newton Chris Parker Michael Pettersen Ryan Pfaff Ryan Quirk Karie Rainer Jeffery Rio Frank Rivera Ryan Rubalcaba Robert Schreiber Julie Smith Rochelle Stephens Mark Stigall Cheryl Strange Kari Styles Steven Sundberg William Swain Sarah Sytsma Melena Thompson Jeffrey Uttecht Dan Van Ogle Kevin Walker Michelle Walker Jack Warner Jeremy Wise Ronell Witt Deborah Wofford Christopher Wright ISG Falcon		
Solitary Confinement Transformation Plan Workshop	Invitees: Daniel Allen Lisa Anderson Melissa Andrewjeski	9/19/23	<ul style="list-style-type: none"> <li>• Review SCTP Plan and Change Management Strategy</li> <li>• Stakeholder alignment</li> <li>• Feedback workshops</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Danielle Armbruster Karin Arnold Jason Bennett Jeri Boe Thomas G. Bohon Kevin Bowen Brian Bowers Christine Brule John Campbell Theresa Cohn Ronna Cole MaryAnn Curl Paul Daniel Dawn Deck Todd Dowler Paul Duenich Scott Edwards Donald Feist Kari Figueira Greg Fisher David Flynn Vaaia Gaines Ronald Haynes Donald Holbrook Chris Idso Eric Jackson Robert Jackson Sandi Jacobson Tracy Johnson James Key Tim Lang Jeremy Long Lauren Loper Eric Mainio Donald Malo Matthew Marry Dean Mason Elizabeth Merrick Alissa Meshesha		

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Arminda Miller Danielle Moe Melissa Moore Thea Mounts Sean Murphy Geraldine Newman Trisha Newport Christopher Newton Chris Parker Michael Pettersen Ryan Pfaff Ryan Quirk Karie Rainer Jeffery Rio Frank Rivera Ryan Rubalcaba Robert Schreiber Julie Smith Rochelle Stephens Mark Stigall Cheryl Strange Kari Styles Steven Sundberg William Swain Sarah Sytsma Melena Thompson Jeffrey Uttecht Dan Van Ogle Kevin Walker Michelle Walker Jack Warner Jeremy Wise Ronell Witt Deborah Wofford Christopher Wright ISG Falcon		
Staffing Alignment Meeting	Ronell Witt ISG	9/19/23	<ul style="list-style-type: none"> <li>Additional FTE cost outs</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
	Falcon		
Advisory Council Meeting	John Campbell ISG Falcon	9/19/23	<ul style="list-style-type: none"> <li>Requirement clarification &amp; feedback</li> </ul>
Program Governance Planning Workshop	Kevin Bowen Scott Edwards Donald Holbrook Tracy Johson Donald Malo Sean Murphy Rochelle Stephens Melena Thompson Kevin Walker Ronell Witt ISG Falcon	9/21/23	<ul style="list-style-type: none"> <li>Governance structure feedback</li> <li>Resource considerations</li> </ul>
Staffing Meeting	Scott Edwards Sean Murphy Melena Thompson ISG Falcon	9/21/23	<ul style="list-style-type: none"> <li>Staffing requirements</li> <li>Final FTE calculations &amp; decision-making process</li> </ul>
Capital Improvements Workshop	Chris Idso Falcon	9/22/23	<ul style="list-style-type: none"> <li>Review &amp; clarification of projects</li> <li>Confirmation of capital project status &amp; priority</li> <li>Feasibility study strategy for major projects</li> </ul>
Forensics Meeting	Ryan Quirk Falcon	9/22/23	<ul style="list-style-type: none"> <li>Forensic battery and policy discussion</li> </ul>
Staffing Meeting	Scott Edwards ISG Falcon	9/26/23	<ul style="list-style-type: none"> <li>Confirming final FTE calculations &amp; decision-making process to ensure project success</li> </ul>
Writers Workshop	David Lovell ISG Falcon	9/26/23	<ul style="list-style-type: none"> <li>Draft Plan content reorganization</li> </ul>

# Solitary Confinement Transformation Project

## Requirements for Sustainable Reduction



Conference Type	SCTP/Stakeholder Attendees	Date	Conference Themes
Solitary Confinement Transformation Project Team Weekly Meeting	Charles Anderson Kevin Bowen John Campbell Scott Edwards Donald Holbrook David Lovell Elizabeth Merrick Alissa Meshesha Sean Murphy Jennifer Peterson Ryan Pfaff Ryan Quirk Rochelle Stephens Steven Sundberg Kevin Walker ISG Falcon	9/28/23	<ul style="list-style-type: none"> <li>• Project status updates</li> <li>• Next steps</li> </ul>