

Interim Report Summary

DOC Commitment: Reduce the use of solitary confinement by 90% over five years, if provided adequate resources.

Solitary Confinement is defined by two factors:

1. Location in restrictive housing (IMUs, local segregation, secure RTUs, COAs).
2. Status - less than four hours a day out of cell for recreation, programming, social activities.
 - National and international bodies apply a two-hour out-of-cell measure.

Background

- Rapid expansion of solitary confinement, 2000 – 2010, leveled off, declined by about 50% between 2017 and 2023.
- Smaller but riskier incarcerated population, new intoxicants introduced easily, prison gangs more influential and sophisticated.
- These developments place stress on living unit staff, who need to be included in planning reforms.

Methods

- Collaborate with experts on solitary confinement, mental illness, and organizational change.
- Systematically include front-line staff and incarcerated individuals.
- Monitor progress, coordinate objectives, and maintain HQ.
- Solitary confinement can be reduced by lowering numbers in restrictive housing (i.e., fewer admissions, shorter length of stay) or by reforming conditions.

Pilot Project at SCCC: Is a 90% Reduction in Solitary Confinement Feasible?

- After planning, official launch July 1, 2024.

Success at SCCC shows a 90% Reduction can be achieved.

- Numbers in solitary confinement dropped by 77% (from 68 to 15).
- Numbers restricted with more than two hours per day out of cell dropped to 0 (100%).
- Total counts at SCCC IMU increased because more people were sent there from other institutions; conditions were changed so that most of the unit no longer operates on solitary confinement status.

How did SCCC accomplish this success?

- Increase in COs added two 16/7 posts, multiplying capacity for escorted movement; clinical and support staffing to review and track dispositions.
- Enhanced programming and organized social activities encourage incarcerated individuals to accept opportunities and leave their cells to attend programs or visit with others.
- Alternatives to restrictive housing were mapped and developed and incentives were established for programming to reduce risk and improve custody options.
- Methods of tracking progress and providing feedback to staff were improved.

Residential Treatment Unit and Mental Health Policy

- DOC is legally and ethically obliged to protect individuals incarcerated with serious mental illness from harm by providing medically necessary treatment and steering them away from solitary confinement.
- Clearer definitions of serious mental illness and implications for placement, treatment, and discipline have been developed and are undergoing review.

Systemwide Progress

- Initiatives to improve conditions and programs moving forward at WCCW, WSP, and CBCC.
- There are now *no* women at WCCW's Treatment and Evaluation Center living under solitary confinement conditions: a 100% reduction.
- Most incarcerated individuals in WSP's IMU are now offered about three hours per day out of cell.
- CBCC converted part of its IMU for Safe Harbor (i.e., gang members seeking refuge from general population pressures); further planning and staffing resources are needed to sustain progress.
- Total numbers on solitary confinement: 663 in January, 2023; has fluctuated down to around 580, back to 605: a 9% reduction. There has been a 14% reduction in numbers with less than two hours out of cell per day.
- Most of the sustained reduction in solitary confinement is due to gains at WCCW and at the pilot site, SCCC.

Next Steps: Build on success of pilot program; final report due July 1, 2025.