

# SOLITARY CONFINEMENT TRANSFORMATION PROJECT

## Update on Sustainable Reduction Initiatives and Proof of Concept

Interim Report on Targeted Reductions in Solitary Confinement  
Washington State Department of Corrections

**Final 01.07.2025**



## Executive Summary

As an agency dedicated to operating a safe and humane corrections system, Washington State Department of Corrections (DOC) is committed to reforms in restrictive housing and solitary confinement. In January 2023, DOC pledged to reduce the use of solitary confinement by 90% over five years, if given adequate funding and planning resources. DOC defines solitary confinement as assignment to a single cell in a high-security building with less than four hours per day of recreation, programming, or social activities outside of the cell. This standard exceeds the national standard for defining solitary confinement by two hours a day. By the DOC standard, there were 663 people in Washington's prisons living in solitary confinement in January 2023, or 4.9% of people in custody. There were 451 (3.3%) living under the more restrictive conditions (less than two hours out of cell a day) defined by the national standard.

By 2023, DOC had cut its use of solitary confinement in half since its peak in 2011. A further reduction by 90% is an ambitious goal. Though fewer people are now in prison, more of them have violent histories and habits; prison gangs have grown in influence and sophistication; and custom intoxicants can be smuggled in more easily. These problems place demands on staff that compete with efforts to make things better for incarcerated individuals. For these reasons, front-line living unit staff have an interest in participating in plans for how their jobs are going to change. To keep those most involved in change working in the same direction, the process needed to be clearly organized with reliable feedback on how things were going.

To meet the challenge of a 90% reduction, in 2023 DOC brought organizational change and solitary confinement experts together in a project team and launched the Solitary Confinement Transformation Project (SCTP). The SCTP Team reviewed lessons from past efforts; assessed current resources, programs and methods; and described changes in staffing, programs, policies, architecture and methods needed to reach the 90% goal. In 2024, DOC decided to start small, and picked Stafford Creek Corrections Center (SCCC) as the site for a pilot project.

- Reducing the use of solitary confinement in the Intensive Management Unit (IMU) at SCCC was the first task in the Proof of Concept phase of the SCTP: to test whether a 90% reduction in solitary confinement was feasible.

The Proof of Concept approach has also included review of policies, plans, and practices in residential treatment units (RTUs). A DOC group with SCTP collaborators has been working

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to define Serious Mental Illness (SMI), the condition that makes treatment medically necessary. The group is establishing clear policies on what difference SMI status makes to how misconduct is handled; and the role RTUs should play in protecting and treating individuals incarcerated with SMI, as well as keeping them out of solitary confinement.

The IMU at the SCCC pilot site is part of a statewide system in which each facility serves a distinct role in managing the risks that come along with incarceration, as well as providing humane care and attention to the vulnerable. This report also tracks how the statewide system is responding to current reform efforts, some of which are funded independently. The Washington Way, DOC's version of the Amend program, is worth highlighting because SCCC has long benefited from this program. It is also well established at Washington Corrections Center for Women (WCCW) and Washington State Penitentiary (WSP) at Walla Walla. In these cases, efforts to increase the liberty of individuals living in IMUs or RTUs have been encouraged by the planning and oversight of the SCTP Team.

The SCTP Team understood that numbers living in solitary confinement could be reduced in several ways: lowering the rate of assignment of people to high-security IMUs, segregation units, or RTUs; reducing the length of stay in such units; and reforming conditions and procedures so that those who live in these units have access to at least four hours of meaningful out-of-cell time a day.

Results. What has been achieved by the planning, staffing, and program resources invested so far?

- Since the pilot project was launched, there has been a 77% reduction in numbers living under solitary confinement conditions at SCCC's IMU. There are now no people living there under the most restrictive conditions (less than two hours a day out of cell). This is a successful Proof of Concept: it is feasible for DOC to reduce its use of solitary confinement by 90% if the needed resources are provided.
- This success was achieved though numbers actually increased in the IMU, because more people were sent there to manage bed pressures throughout the system. Therefore, the sharp reduction in solitary confinement at SCCC is due to its success in providing more out-of-cell time.
- SCCC's rapid approach to the 90% reduction goal was due to increases in staffing; enhanced programming and social activities; and continuous collaboration and feedback on gains and obstacles.

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The Treatment and Evaluation Center (TEC) at WCCW is the only residential treatment program for women incarcerated in DOC. Its progress since 2023 is also remarkable:

- There are now no women living under solitary confinement conditions in WCCW's TEC.

Statewide, the number of incarcerated individuals living in solitary confinement conditions decreased from 663 in January 2023 to 605 as of October 1, 2024: a 9% reduction. Applying the national standard, the number of incarcerated individuals living under 22-hour-per-day solitary confinement decreased from 451 to 389, a 14% reduction.

- Progress at the pilot SCCC site, and at WCCW, accounts for most of this reduction. In facilities where comparable resources haven't yet been invested, increased liberties for people living in IMUs have not always been sustained.

Through the remainder of the fiscal year, the project team will focus on safely maintaining out-of-cell time and providing a variety of available activities through additional programming at SCCC. Through continued collaboration and feedback, the SCTP Team will ensure that reform efforts are understood and supported locally and reinforced by Department-level care and attention.

The Department has demonstrated national leadership by showing it is feasible to reduce the use of solitary confinement by 90%, in spite of population pressures in restrictive housing. The Department requests continued funding for a comprehensive approach that encompasses both general population and restrictive housing units, investing in a culture of change for the benefit of the incarcerated, staff, and the Washington community.

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## Introduction

Solitary confinement refers to the practice of keeping some incarcerated individuals in enhanced-security buildings, separated from others, and confined to their cells around the clock except for occasional breaks for showers, programs, and exercise alone in small, enclosed yards. Since the 1980's, as prison and jail populations skyrocketed, so did the numbers of incarcerated individuals held in newly constructed "Supermax" facilities.<sup>1</sup> In Washington, such facilities are called IMUs. IMUs are designed to keep incarcerated individuals from being in the same room with other people, unless they are in restraints: either in chains while moving from place to place, or in specially designed restraint chairs or tables. In prisons without IMUs, incarcerated individuals may be held for shorter amounts of time in local segregation buildings run under equally restrictive rules. IMUs and local segregation account for the vast majority of incarcerated individuals in solitary confinement, but some incarcerated individuals with SMI have also been housed under similarly restrictive conditions in secure residential mental health treatment units.

Keeping a select group of violent or disruptive incarcerated individuals under such severe limits is a practice intended to prevent assaults, escapes, racketeering, and other risks to the safety of people who live or work in prisons. DOC has long recognized, however, the need to find more humane ways of keeping staff and incarcerated individuals safe. Furthermore, if the intention is to return people to the community better able to live peacefully with others than when they arrived, keeping them in solitary confinement by themselves will not help. Back in 1997, at Washington Corrections Center (WCC)-Shelton, leaders began experimenting with ways to improve conditions and find ways out of solitary confinement for individuals incarcerated there.<sup>2</sup> DOC sponsored the first systematic description of who lives in solitary confinement and how they got there,<sup>3</sup> and started reform projects at WSP and Clallam Bay Correctional Center (CBCC) in the early 2000's. DOC has since [established itself as a national leader in reforming this practice](#), as well in mental health care and transitional planning for incarcerated individuals with mental illness.<sup>4</sup>

In spite of these efforts, DOC followed national trends of expanding solitary confinement and total prison populations during the first decade of this century. As displayed in Figure 1, both trends leveled off in the following decade, and then began to drop.<sup>5</sup>

- The top line represents the total number of incarcerated individuals held in IMUs, local segregation, and secure RTUs. Until recently, all the incarcerated individuals counted here were held in their cells more than 22 hours per day.



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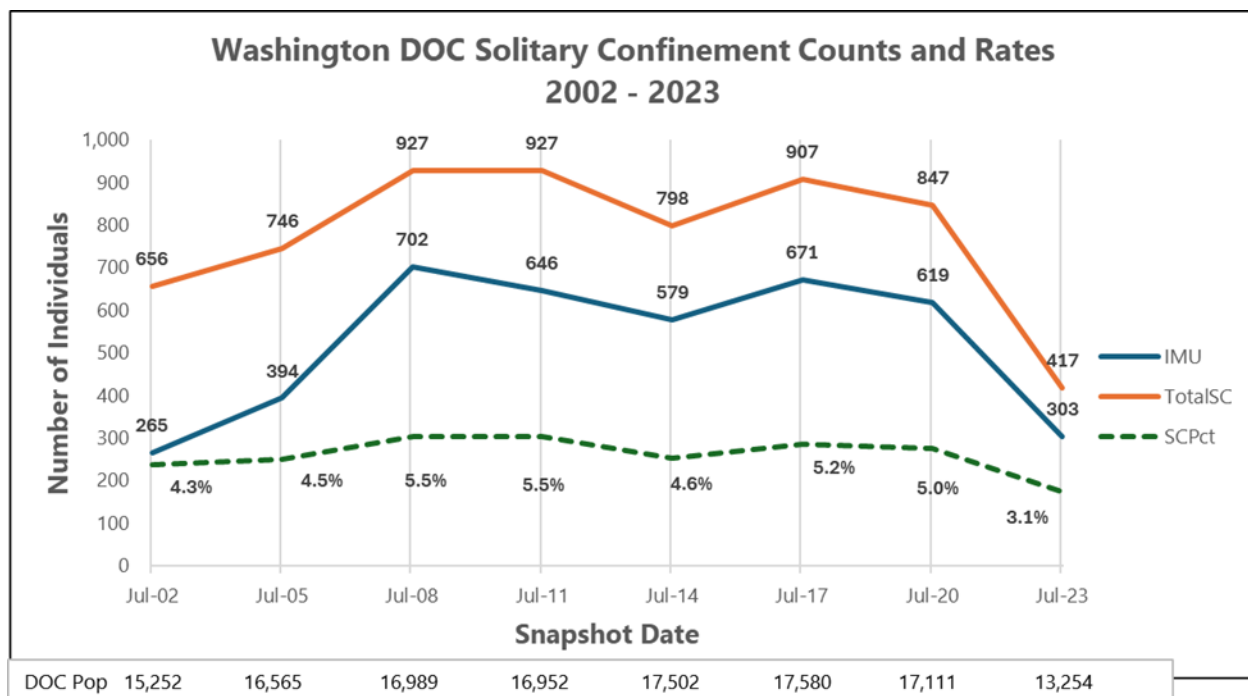
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- The middle line represents the total number of incarcerated individuals held in IMUs, as new units were added at WSP, which is also known as Walla Walla, Monroe Correctional Complex (MCC), and SCCC during the first decade of this century.
- The bottom (dotted) line refers to the scale on the right side of the graph, showing the percent of the prison population held in solitary confinement on each of the “snapshot” measurement dates, on July 1st every three years (2002, 2005 . . . 2023). Total prison populations, used to calculate the percent in solitary confinement, are displayed along the bottom of Figure 1.

**Figure 1: Number and rate of incarcerated individuals in solitary confinement**



By mid-2023, the number of incarcerated individuals held in 22-hour-per-day solitary confinement had declined from its 2011 peak by 55%, from 927 to 417. Prison populations also went down, but at a slower rate. The percentage of incarcerated individuals living under 22-hour-per-day solitary confinement dropped from 5.5% to 3.1% as IMUs were repurposed for incarcerated individuals requiring less supervision and greater freedom of movement, like gang members seeking refuge from pressures in close custody units.

These reforms were accomplished despite mounting challenges to DOC’s ability to control violence and disorder in its prisons. In the last decade, DOC’s total population dropped from



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over 17,500 to 14,360 (Figure 1), a reduction of 19%; staffing levels fell accordingly, and were further depleted by the COVID Pandemic. At the same time, however, the proportion of incarcerated individuals incarcerated for violent crimes such as murder, assault, and robbery rose from 46% to 61%. This is a group of incarcerated individuals who are most likely to resort to violence or racketeering in prisons. (Sex offenders are not included in this statistic because in prison, they are more likely to be victims than perpetrators.) The concentration of risk in the prison population is one reason carefully planned intervention is required — both to control conflict in general population settings and to offer safe alternatives to solitary confinement in response to violent or disruptive behavior.

DOC has been challenged recently by the growing influence and sophistication of prison gangs, the ease by which custom intoxicants can be smuggled into prisons, and the violence associated with these hazards. This trend applies across the country, but that fact provides little consolation to staff whose daily lives are increasingly occupied by responding to obnoxious, risky, or threatening behavior in general population settings. When trouble arises in prisons, people can get hurt badly. Under such conditions, removing someone to a secure place, where they cannot hurt others or get hurt, makes sense to staff. For this reason, proposals to reform the use of solitary confinement will naturally be viewed with suspicion —despite the fact that, in general, staff would prefer to find better ways to treat individuals in their care and custody.<sup>6</sup>

A further obstacle may appear surprising at first: many individuals incarcerated in solitary confinement units are reluctant to leave their cells for programming or recreation, even when the opportunity is available. They may have become used to staying alone in a cell, so that the presence of others causes anxiety; they may lose energy to get up and go anywhere due to depression; they may be suspicious about why staff wants them to program; or they may want to avoid other individuals in solitary confinement because, like staff, they're worried about conflict and violence.

Because people can get hurt if things go wrong, everyone —staff and incarcerated alike— has a strong interest in making sure that their views and experiences are heard and taken into account when policies are reformed, and programs are introduced. This does not happen automatically in any organization, no matter how well-intentioned people might be. Organizational change is a process that needs to be managed, along with the planning and program resources required to make sure reforms have a chance of success.

In 2023, DOC brought organizational change and solitary confinement experts together in a project team and launched the SCTP. DOC committed itself to further reducing solitary





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confinement by 90% over five years, as long as the needed resources were provided. The SCTP Team reviewed lessons from past efforts; assessed current resources, programs and methods; and described changes in staffing, programs, policies, architecture and methods needed to reach the 90% goal. The resulting plan, titled “Requirements for Sustainable Reduction,” was released in September.

- DOC’s promised reduction of 90% applied a definition of solitary confinement that covered all individuals incarcerated in IMUs, segregation units, or secure RTUs with less than four hours per day of recreation, programming, or social activities outside of their cells. Adopting this standard, more demanding than the two-hour standard in use elsewhere, added to the challenges that require a well-founded, deliberate approach to reform.

With the funding made available in the 2024 supplemental legislative session, DOC decided to begin with a pilot project at one location and picked SCCC as a pilot project site. This Proof of Concept approach had two objectives: 1) to prove that when needed financial and planning resources are provided, solitary confinement can be greatly reduced; and 2) to show how it could be done.

The Proof of Concept approach also includes the review of policies, plans, and practices in RTUs for incarcerated individuals with mental illness. Members of this group require care and protection and have been singled out for intervention in a series of court rulings on the use of solitary confinement.<sup>7</sup> DOC is legally and ethically obliged to not keep them under solitary confinement conditions as a means of controlling a propensity for disruptive or disturbing behavior.

Finally, SCCC and other facilities with IMUs or RTUs are part of a system in which no institution can provide every living and treatment option that incarcerated individuals may require. The primary housing location for women at WCCW provides a secure residential treatment option for incarcerated women with mental illness. The Close Custody populations that feed IMUs and local segregation units are concentrated at WSP and CBCC. Developments at these facilities are reviewed in order to see how solitary confinement transformation is working across the system.



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<https://www.youtube.com/watch?v=P58FOBSgO4U>



*Solitary Confinement Transformation video.*



## Methods of Reducing Solitary Confinement

DOC leadership, staff, incarcerated individuals, and collaborators devote funds, time, effort, and emotional energy into improving conditions and supporting hope for the incarcerated individuals who live or work in prisons. Some of them take risks with their peers or their careers to do so. Corrections officers, counselors, unit managers, and others require both a framework for working together on their common problems, and the confidence that their hard work will be seen as valuable and supported at higher levels of the Department. Particularly in prisons, trust is critical for everyone involved —leadership, staff, and incarcerated individuals. To build and maintain trust, two things have to happen:

1. *Participation.* As previously noted, there is a strong interest of both staff and incarcerated individuals in participating in the design of change with potential for great benefit as well as harm. Below, measures taken to ensure that leadership and staff are working in the same direction and that new policies or programs meet the needs of those most directly affected are described.
2. *Reliable Information.* Washington is not the only state to start reforming solitary confinement, and much has been learned from experiences in other prison systems. Furthermore, there is a substantial body of research on evidence-based practice from which can be learned, including the type of interventions that are likely to work with particular types of incarcerated individuals. Finally, an organization trying to change its ways needs to know which way things are going by methods that use verifiable information.

These methods work together. Problems cannot be analyzed objectively unless there is openness to criticism and suggestions from people with different roles and points of view. Because of the commitment by staff and incarcerated individuals that reforms require, they cannot be sustained unless there is reliable feedback that these efforts are making a difference.

### Project Governance and Organizational Change Management

SCCC is known for its “can-do” approach to carrying out new programs intended to make prisons safer and more humane, with results apparent to any visitor to the facility. A prime example is SCCC’s selection as the pilot site for a powerful partnership between the DOC and the University of California, San Francisco’s [Amend](#) program, leading to the launch of the DOC’s Washington Way initiative. The role of The Washington Way Resource and Activity



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Teams in helping incarcerated individuals work their way out of solitary confinement is noted in other facilities, but it started at SCCC. Among other important contributions, this program provides a highly trained staff resource team at the SCCC IMU to help maximum custody individuals find a way to spend time safely in programming and recreation outside their cells.

The overlap between the SCTP and The Washington Way objectives and methods illustrates the need for thoughtful program governance to ensure that people are not duplicating efforts, working at cross purposes, and adding to confusion. Avoiding confusion is critical because it is not easy for staff to pay attention to the personal development of the incarcerated when their working day is filled with problems caused by drug use, prison rackets, and the violence these problems bring.

SCTP's governance system covers the Proof of Concept at SCCC, the Violence Reduction & Prevention Program, and the population of incarcerated individuals living with SMI. Additionally, the program collaborates closely with The Washington Way, so their energies can be combined toward a more humane correctional practice for the State.

SCCC identifies the need to coach and mentor staff and incarcerated individuals to cultivate a human-centered approach. The goal is to deliver on "trauma-informed practices, safe, fair, and humane living and working conditions," and to support "a culture that reduces risk and increases positive opportunities for both justice-involved individuals and staff." The Proof of Concept approach creates the framework and injects the energy needed to meet these objectives.

Tools, such as the Risks, Assumptions, Issues, and Dependencies (RAID) log, Responsible, Accountable, Consulted, and Informed (RACI) matrix, and risk mitigation and tracking processes help team members anticipate risks, keep track of who is doing what, and keep the project moving towards their common goals. Please see the following table.

## Project Management Tools

- **Key Performance Indicators (KPI):** 18 KPIs were established in three areas: Resource Use, Culture Impact, and Achieving Results. Developed with DOC leaders and experts, these KPIs are clear, measurable, and achievable. The project team works with the Research and Data Analytics Team to review data quarterly, track trends, and adjust plans to make long-lasting, positive changes.
- **Risks, Assumptions, Issues, and Dependencies (RAID):** At SCCC, this tool is used to manage project challenges and keep the team aligned. It helps identify and address risks, verify



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assumptions, and track dependencies to avoid delays. It supports data-driven decisions and smooth project progress.

- **Project Plan:** Created with facility staff and DOC stakeholders, this plan outlines the steps for SCTP implementation at SCCC. It aligns SCTP goals with the facility’s needs, and by involving staff, it ensures the plan is practical and achievable. The plan is updated regularly with feedback and lessons learned to stay effective and relevant.

**Organizational Change Management:** Organizational Change Management uses practices and tools tested and established in the field to ensure that everyone whose work or lives would be affected are engaged and supported as when practices and policies change. Organizational Change Management methods are designed to help staff see transformation of solitary confinement as something they are doing rather than something imposed upon them.

The main features of the Organizational Change Management approach are displayed below.

Stakeholder Assessments	Change Network	Communications Plan
<p>In July, impact assessments and focus groups were conducted with key staff members across various units and roles. This approach provided a comprehensive view of staff sentiment, readiness, and any perceived challenges to meeting SCTP objectives. These assessments have identified where plans are supported or resisted, and which resources or training are needed.</p>	<p>The SCTP Team will collaborate closely with The Washington Way Team. The Washington Way’s existing network of “change champions” will strengthen communication channels and provide peer support, so that team members have trusted people they can talk to about their concerns, helping the project work throughout the organization.</p>	<p>The communications were developed to include regular updates, messages tailored to different staff groups, and channels for feedback. By keeping staff informed and engaged, the plan fosters a sense of involvement across staff at all levels. Regular feedback from staff will help keep messages clear and relevant to staff needs and concerns.</p>

Over the past four months, the SCTP Team has conducted a series of town halls, impact assessments, and focus groups to give staff and incarcerated individuals a chance to let the SCTP Team know their concerns and suggest ways to address them. For example, incarcerated individuals in IMU were surveyed to identify activities for which they would be willing to come out of their cells, shaping the development of the Fun Activities and Social Time (FAST) program. This program is one of several that has reduced the use of solitary confinement at SCCC.



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**System Analysis.** Progress in reducing solitary confinement may occur in two ways: reducing the number of incarcerated individuals held in locations designed for restrictive housing purposes; and changing the status of the unit so that incarcerated individuals have more hours out of the cells each day. The SCTP's comprehensive approach is designed to meet these objectives at four stages:

1. *Prevention.* What can be done to divert incarcerated individuals from prison rackets, drug use, and violence before they commit infractions of prison rules serious enough to send them to segregation?
2. *Dispositions.* When incarcerated individuals cause trouble for themselves or others, what other options besides segregation can be used in response?
3. *Conditions of confinement.* For incarcerated individuals living in IMUs, local segregation units, or secure mental health units, what can be done to provide greater liberty, social contact, healthy activities, and relief from the harms of isolation while they are there? How can the time it takes to return them to general population be shortened?
4. *Aftercare.* When incarcerated individuals return to general population from terms in solitary confinement, what can be done to help them adjust to the presence of others and stay out of trouble?

These stages of intervention within DOC's system bear functional relationships to each other: increases or decreases in one stage affect what happens in the others. These relationships apply because of how any prison management system must work; they are not new research discoveries:

- Reducing the number of dispositions to restrictive housing reduces the number of incarcerated individuals in restrictive housing.
- Reducing the length of stay in restrictive housing (conditions, aftercare) reduces the number of people living there.
- Changing conditions in restrictive housing so that incarcerated individuals have more than four hours per day of meaningful activity outside their cells reduces the number of people in restrictive housing who are living in solitary confinement.



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In short, there is more than one way to reduce the numbers of people living in restrictive housing. And even if numbers remain high, use of solitary confinement may be reduced by changing conditions in the living unit. This analysis is applied in SCTP's measurement system.

## Measuring Progress

A practice must be measurable if it is to be changed, and measurement requires clear definitions. For the historical period covered in Figure 1, solitary confinement was defined to cover all incarcerated individuals living in IMUs, local segregation units, and mental health units run under maximum security protocols. Individuals incarcerated in these units are separated from general population units and, until recently, have been confined to their cells for 22 or more hours per day. Internationally, the United Nations in its [Standard Minimum Rules for the Treatment of Prisoners](#) (the Mandela Rules), defines solitary confinement as "the confinement of prisoners for 22 hours or more a day without meaningful human contact." The 22-hour threshold for solitary confinement status is echoed in state and national bodies, including the American Correctional Association, and in judicial rulings. In its 2023 commitment to the legislature, however, DOC adopted a more demanding standard for the point at which the harms of isolation require intervention to control its duration or severity.

### DOC's Restrictive Housing Definition

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.

### DOC's Solitary Confinement Definition

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.

Recognizing DOC's commitment to the legislature as well as the lower thresholds established by state, national, and international bodies, DOC has developed a model for measuring levels of restriction in every specialized living unit in which incarcerated individuals may be subjected to solitary confinement conditions: these include IMUs, local segregation units, TEC-Residential and TEC-Acute at the WCCW, Close Observation Areas (COAs), and the Intensive Treatment Unit at Sky River Treatment Center (SRTC).



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A unit such as an IMU may be divided into multiple sections that serve different purposes: for example, one part for keeping dangerous prisoners away from others, one to prepare people leaving maximum custody to return to general population, and another to house incarcerated individuals seeking refuge from security threat groups (STGs) pressures in general population (i.e., Safe Harbor). Procedures governing movement, access to programs, and personal property may also vary because of differences in purpose, resources, or policies.

Based on the procedures that apply, each unit or portion of a unit is tracked at one of three restriction statuses:

Restriction Status	Definition
R0	Living unit is now being run with minimally restrictive protocols, in which individuals are scheduled for at least four hours per day of activities out of their cells, and therefore no longer qualifies as solitary confinement.
R1	Living unit is run according to less restrictive protocols, two-four hours of daily out-of-cell activities; qualifies as solitary confinement as defined by Washington, but not by national and international bodies.
R2	Living unit is run with the highest status of restriction, less than two hours out-of-cell time daily, and would be identified as solitary confinement by Washington, national organizations, and international bodies.





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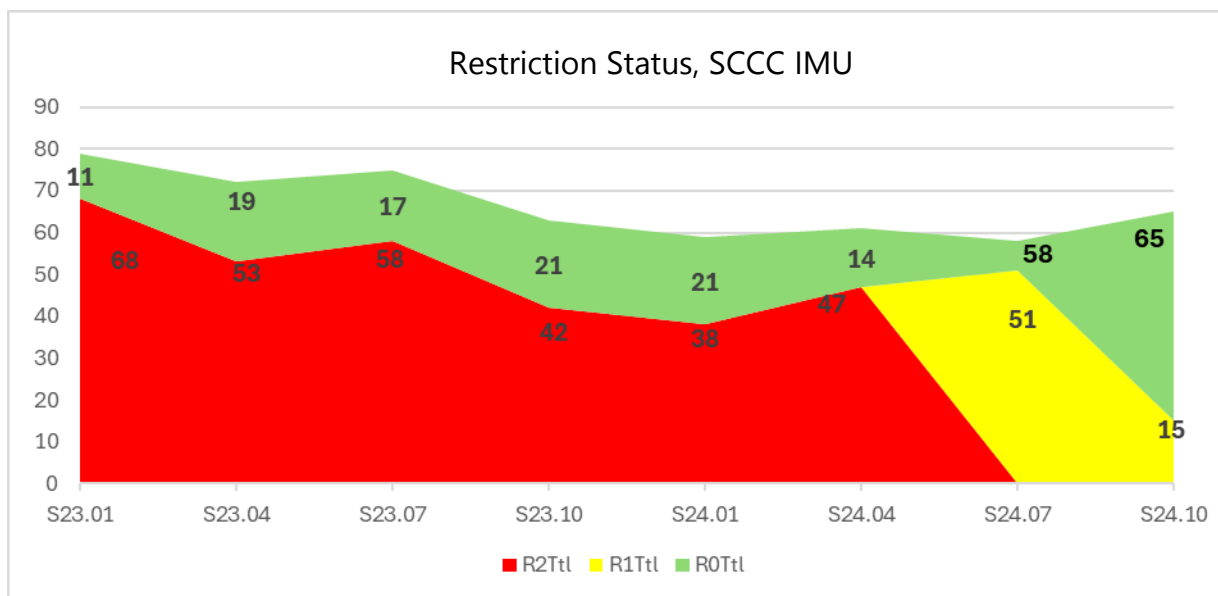
## Pilot Project Results

Figure 2 shows significant improvements in the degree of liberty offered to incarcerated individuals at SCCC's IMU since January 2023.

- The sharp drop in the red (R2) portion of the graph since July 1, 2024 confirms the contributions of SCTP methods to SCCC's progress, which approaches a 90% reduction in the number of people held in solitary confinement conditions.

There is a clear lesson here: conditions of confinement can be reformed to reduce the use of solitary confinement.

**Figure 2: Restriction Status, SCCC IMU**



The results displayed here prove the concept: that with the right resources, DOC can reach a 90% reduction in the use of solitary confinement. How were these promising gains achieved?

As described in the Introduction, SCTP's long-term systemwide plan presented a set of Requirements for Successful Reduction: things that needed to be done to reach the 90% goal over a five-year period. The SCTP Team collaborated to adapt these requirements to SCCC's particular population—as a medium custody institution—and to its role as a system resource. Below, the contribution of key requirements to the success reported here is described.



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## 1. Staffing was Increased

Two additional 16/7 posts, resulting in 7.0 Correctional Officer positions, were established and filled within 30 days after the official July 1, 2024 launch date. Additionally, one Investigator 2 position was established and filled to reduce dispositions to IMU, where safety permits, and to move incarcerated individuals out of IMU and back into more normal settings as soon as it is safe to do so (i.e., reducing length of stay). One Psych Associate position was allocated but not yet filled. Finally, one Office Assistant 3 was allocated to the IMU specifically to support data collection, tracking, and reporting; the results of this addition are exhibited in data organized by the SCTP Team to document how much time incarcerated individuals are able to spend doing things outside of their cells.

The increase in Correctional Officer staffing was required because individuals living in IMUs must be moved under escort through monitored gates and corridors from their cells to yards, conference rooms, showers, or other locations, requiring nearly full-time effort by movement teams. As long as those logistical obstacles remain, and populations remain high, out-of-cell time cannot be increased without adding staff to support additional escort teams. As displayed in Figure 2, the number of people living in SCCC's IMU actually increased since the July 1<sup>st</sup> launch date. This is because DOC leadership selected individuals incarcerated in other IMUs for transfer to SCCC where enhanced programming and resources would give them a chance to move out of solitary confinement and stay safe after returning to general population.

## 2. Programming was Enhanced

The pilot project at SCCC took advantage of a foundation laid by the The Washington Way initiative, which has drawn national and international recognition. It was [recently featured in the Seattle Times](#) for its systemic impact on corrections culture. This initiative seeks to embed core principles of normalization, dynamic security, and progression across Washington's prison culture, inspiring staff and incarcerated individuals to submit hundreds of proposals aimed at enhancing safety, quality of life, and overall working and living conditions. The Washington Way offers the hope of changing the way staff and incarcerated individuals look at and talk to each other, serving the general purposes of prevention along with specific efforts to help incarcerated individuals transition.

This initiative began with establishing a Resource Team in the IMU. This multidisciplinary, staff-led team works collaboratively to increase out-of-cell time and help people get



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along with others when their history of violence, impulsivity, fear of leaving the cell, or other unique circumstances that make their situation challenging. This approach makes the health and welfare of staff a starting point for making good decisions. By equipping them with skills and problem-solving tactics, The Washington Way approach helps them tailor their support of each other and incarcerated individuals to the specific situation. The Washington Way Resource Team, in partnership with Amend, has since expanded to three other DOC facilities: WCCW, WSP, and CBCC. It has also inspired other staff-led working models like the Activity Team and Contact Officers. Regular trainings bring together skilled instructors from international prison services and Amend Ambassadors from other states, fostering a growing network of peer-led learning opportunities.

Building on this foundation, the escort staff and clinical resources provided for the Solitary Confinement Proof of Concept have accelerated progress in changing conditions of confinement at SCCC's IMU. Staff have begun bringing up to eight incarcerated individuals out of their cells to eat together, a social ritual for human beings worldwide except for people in solitary confinement. To improve how often incarcerated individuals accept chances to leave their cells and spend time with others, the SCCC Team surveyed them to find out which activities they would prefer. FAST now offers preferred activities, such as movies and meals with others, three times a day. To support this expansion of out-of-cell programming, SCCC has ordered eight additional programming chairs for installation in a dayroom, supporting FAST, as well as educational and group treatment programs.

**Comments about SCCC:**  
*"Guys that have been down a long time have been shocked by the improvements."*

SCCC offers "Redemption" and "Stress and Anger Management" classes for incarcerated individuals, meeting together out of their cells. Stress and Anger Management helps participants to identify and describe their own warning signs of stress and anger and learn how to take control over how they respond. Redemption classes meet twice weekly and are co-facilitated by incarcerated individuals, making the message more credible and giving incarcerated individuals a chance to help each other grow.

To make sure SCCC is offering the most effective programs that work for its population, leadership consulted with the Special Programs Director at the Massachusetts Department of Corrections. They learned about the best practice principles of risk, need, and responsivity that have been shown to help incarcerated individuals change their ways and improve their lives in a variety of prisons and jails around the country.



Leadership from SCCC and the SCTP Team are actively evaluating programs such as: Modified Cognitive Self Change, 7 Habits on the Inside, Decision Points, and Catch 22. With Wi-Fi installed on the IMU unit, SCCC now has the infrastructure to consider tablet-based programming, such as Breaking Free.

### **3. Alternatives to Restrictive Housing were Developed**

A menu of options is available to staff responding to incidents in general population. These include reviewing which infractions normally warrant Administrative Segregation, formalized rapid review of new placements to shorten stays when other options are available, Crisis Intervention Teams, segregation and disposition to IMU, and diversion to residential mental health treatment.

- The Quick Response Team and Crisis Negotiation Team are the first-line responders and consider whether an incarcerated individual is having a mental health breakdown; if so, the Crisis Negotiation Team is deployed to help an incarcerated individual calm down, to find out what is going on, and triage an incarcerated individual for COA or another healthcare setting.

Because SCCC does not have a RTU, incarcerated individuals going through a mental health breakdown can only be stabilized for a few days in the COA. One task of the SMI-RTU work group (see [Serious Mental Illness and Residential Treatment](#)) is to clarify RTU admission procedures so that incarcerated individuals whose illness requires residential treatment can be moved efficiently to a place where they can be cared for safely.

Facility-Specific Process Map: SCTP has developed a facility-specific map, which shows the pathways taken from general population through incident response, administrative segregation, maximum custody, and transition back to general population. Each step is treated as an intercept point for halting advances further into the prison's disciplinary system or for preventing relapse into restrictive housing. The Sequential Intercept Model for Prisons (SIM-P) provides the framework to identify opportunities, gaps, dispositional options, and communication among counselors, clinicians, and custody.<sup>8</sup> This living reference tool displays a complex system in a simple visual format.

In Figure 3, there is a menu of available resources, programs, options, and interventions; gaps in service and data may be identified; and at each intercept, conferences and discussions among custody, clinical, and administrative staff can be set up to find other things to do with an incarcerated individual in trouble besides sending them to or keeping them in solitary confinement.



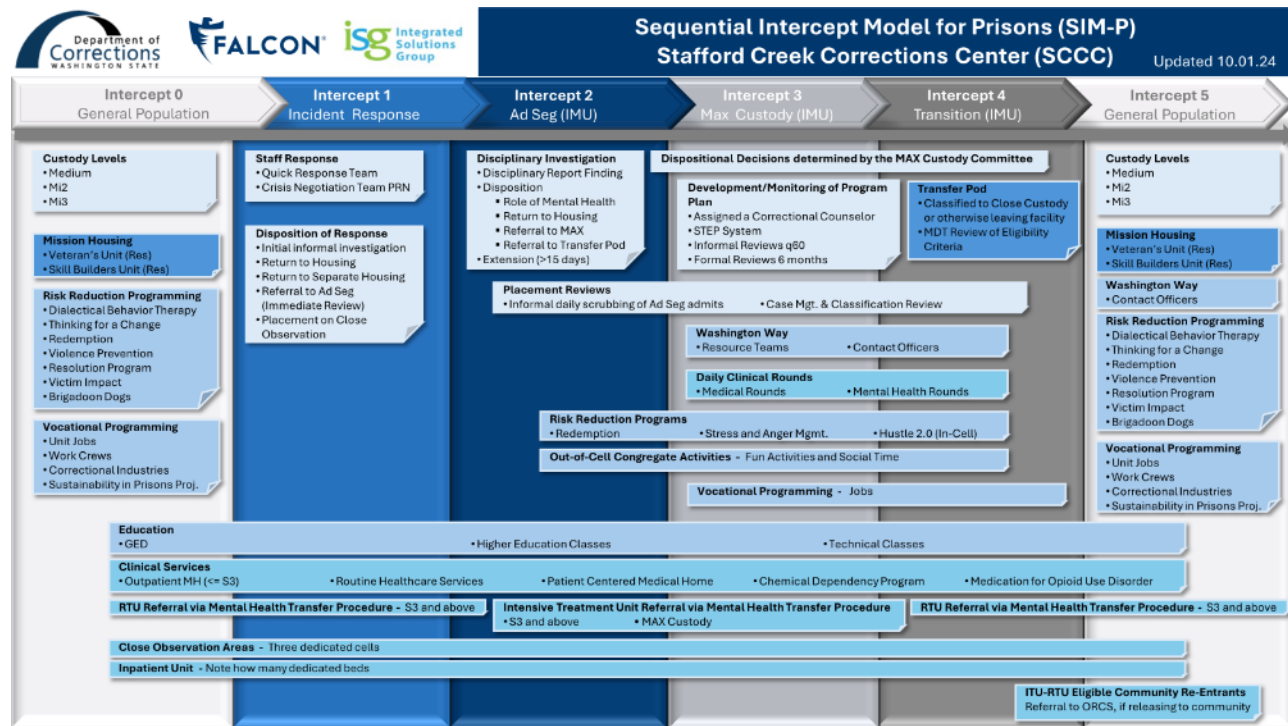
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Figure 3: SIM-P – SCCC



Please see [Appendix F](#) for a larger view of Figure 3. Workshops conducted with facility staff showed that SCCC was doing a great job of prevention (Intercepts 0 and 1) and transition (Intercepts 4 and 5), reflecting SCCC’s longstanding commitment to finding useful and healthy things for people to do while incarcerated, and the contributions of The Washington Way Resource and Activity Teams. The team defined a set of requirements for further progress at Intercepts 2 and 3: dispositions and conditions of confinement.

#### 4. Transfer Pod was Sustained and an Incentive Program Developed

The Transfer Pod at SCCC now affords at least four hours out of cell for individuals incarcerated in that unit awaiting transfer to another facility. Administrative Segregation or maximum custody investigations have reviewed the risk that they would present to the others if cleared for transfer and returned to general population. Apart from the IMU, SCCC’s general population units are designed for medium custody. At this point, however, the DOC’s scoring system for custody status means that maximum custody individuals in SCCC’s will rarely meet official criteria for medium custody. For the same reason, it is difficult to plan a full-fledged progression pod at SCCC.



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The difference between a progression program and a transfer program is that incarcerated individuals are offered the progression pod opportunity before they are considered ready for transfer.

- Incarcerated individuals are usually placed in maximum custody because they have a long record of violence or disruption; therefore, staff are legitimately afraid of what these incarcerated individuals might do if let out of their cells unrestrained. As long as they are kept secured by themselves, it is hard to know how they would act once set free. A progression pod gives incarcerated individuals a chance to practice peaceful reactions to the behavior of others, and staff a chance to see whether they are ready to move forward.

Incentive Program. At a medium custody facility such as SCCC, the objective of progression —showing individuals incarcerated in IMUs a way out of “the hole”— are applied in an incentive program to reduce length of stay in IMU. Individuals incarcerated at SCCC, and previously classified medium may commit enough infractions to rule them out of medium custody by DOC’s scoring system. In order to remain at SCCC upon release, participants attend and show gains in how they think and behave. Because medium custody provides a safer and freer setting, the chance to move back to there provides a powerful learning incentive, shortening lengths of stay (and reducing numbers in IMU). Participants are also more likely to succeed in the transition phase (SIM-P Intercept 4) if they remain where they know and are known by staff who will follow up to make sure they are staying safe and healthy.

## 5. Data Collection was Improved

The figures in this report and the underlying data reflect enhancements to DOC’s housing capacity dataset made in collaboration with the SCTP Team since the project began. This dataset covers all the IMUs, local segregation units, residential mental health units, and infirmary beds designed to keep incarcerated individuals away from others in general population and from each other. The restriction status of each unit is updated quarterly to show changes in the restriction status (R0, R1, or R2), to provide a clear and transparent accounting of how many people are restricted beyond general population levels, and how restricted they are. By this means, the SCTP Team as well as stakeholders outside of DOC (e.g., advocates, legislators) can see how much closer DOC is getting to its 90% reduction goal, quarter by quarter.



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In collaboration with the SCTP Team, DOC is reviewing and expanding the kinds of information that can be retrieved from this system to include an accounting of incarcerated individuals in restrictive housing by S-code (level of mental health care required). Additional KPIs that show how much progress is being made include uses of force and staff assaults, and others are being added so the team can measure factors such as infraction rates, admissions to Administrative Segregation or maximum status, and lengths of stay which determine how many incarcerated individuals are secured. By this means, DOC will be equipped to display and analyze how much pressure is being put on Restrictive Housing Units (RHUs) by drug use, racketeering, and other causes of violence in general population settings.

At SCCC specifically, the Scheduled-Offered-Accepted-Received (SOAR) model is used to track time out of cell so that obstacles can be observed, diagnosed, and fixed.

	Activity	Definition	Guiding Questions	Target
<b>S</b>	Scheduled	A daily schedule shows which activities or services are planned and when each incarcerated individual is scheduled to leave the cell.	<ul style="list-style-type: none"> <li>✓ Is there a schedule for recreation?</li> <li>✓ Is there a schedule for programming? In writing?</li> <li>✓ If not, what are the impediments?</li> </ul>	100%
<b>O</b>	Offered	The incarcerated person was offered the scheduled opportunity to leave the cell.	<ul style="list-style-type: none"> <li>✓ Was the incarcerated individual offered the planned time out of cell?</li> <li>✓ If the answer is no, why not? (i.e., staffing, facility lockdowns, threats, etc.)</li> <li>✓ Are there patterns across housing units, facilities, etc.?</li> </ul>	90%
<b>A</b>	Accepted	Each incarcerated individual offered time out of cell accepts the opportunity.	<ul style="list-style-type: none"> <li>✓ Did the incarcerated individual who was offered the time out of cell choose to accept it?</li> <li>✓ If the answer is no, why not? (i.e., sleeping, scheduling conflict, etc.)</li> <li>✓ Are there patterns emerging?</li> </ul>	Establish Baseline and Show Efforts to Increase
<b>R</b>	Received	Each incarcerated individual who accepts time out of cell actually moves or is escorted to the scheduled activity.	<ul style="list-style-type: none"> <li>✓ Did the person who accepted the offered time out of cell actually receive it?</li> <li>✓ If the answer is no, why not? (i.e., dangerous behavior, threat to staff, facility lockdown, etc.)</li> <li>✓ Are there patterns emerging?</li> </ul>	90%



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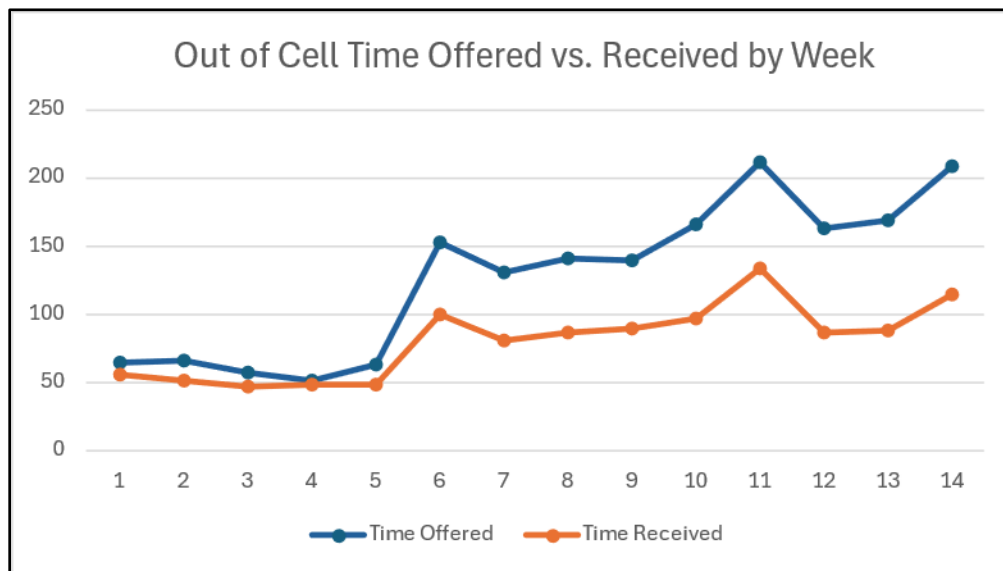


Results from the first quarter of SOAR tracking reflect significant increases in time out of cell across housing units staff have been added and new schedules put in place.

- In the 35 days after implementation on August 4, 2024, average daily time out of cell increased by 83%.
- In September 2024, there were 127 instances when an incarcerated individual in IMU received four plus hours out of cell; this represents a 353% increase since since measurement began in July.

Growth week-by-week in time out of cell offered and received is displayed in Figure 4.

**Figure 4: Weekly SCCC-IMU Time Out of cell Offered and Received**  
[7/1/24 – 9/30/24]



Next Steps. Time out of cell is recorded on Form 05-91, which is being reviewed to improve its usefulness. The SCTP Team is testing a SOAR Tracking Tool that will make this process more efficient and extend tracking capacity to the living unit and facility levels.

### Comments about SCCC:

*“Noticing more out-of-cell time in the past two months. It’s a great thing, it helps to give people something to look forward to.”*





## Serious Mental Illness and Residential Treatment

Many incarcerated individuals with SMI are vulnerable to abuse by tougher incarcerated individuals; their mental illness may lead them to respond to incarceration in dangerous or disturbing ways; but responding to such events by securing them in cells by themselves does not help them. Identifying who has SMI, finding a safe place for them to live while in prison, and getting them the treatment they need to stay out of trouble is an ethical and legal priority for DOC.

In April of 2019, DOC established a working group to create policies for incarcerated individuals living with SMI. The group's mission is to create a new policy for RTUs: goals and objectives; procedures for treatment and discipline; criteria for admission and discharge. The system-wide policy will be supplemented by specific policies at each facility —WCCW, WSP, SRTC. Each of these plays a distinct role in DOC's system because of who is served and where: women vs. men, level of mental health need, facility custody levels.

Since experts from the SCTP Team joined the process, the SMI-RTU work group entered a second phase of work. Phase 1 resulted in policy drafts to revise and build upon in Phase 2. The group has been meeting several times a month since the summer of 2024 and has produced a working draft of a revised RTU policy. It is now addressing several closely related issues.

Whether or not an incarcerated individual classifies as SMI is the first question to ask in deciding where and how such an individual is to be treated. DOC's existing definition is rarely cited or understood, and it needs to be updated to provide clear guidance on the role of diagnosis and the separate issue of ability to cope with the physical and mental demands of life in prison.

- After extended discussion and comparison with a variety of definitions in use elsewhere, the group has reached agreement on the elements of a SMI definition and have a working draft under review.

The definition must have clear implications: What difference does it make to how someone is to be treated when they are classified as SMI? For that reason, disciplinary regulations must be reviewed with respect to incarcerated individuals with SMI. This review includes severely ill incarcerated individuals in RTUs as well as incarcerated individuals with SMI in general population (normally with outpatient treatment). Qualified Mental Health Professionals (QMHPs) working for DOC are expected to play a role in disciplinary hearings



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for incarcerated individuals with SMI in order to protect them from further harm caused by their illness.

- The contribution of mental health professionals to disciplinary decisions has to be documented carefully. The licensing rules and professional ethics of psychiatrists, psychologists and other clinicians prevents them from actually recommending punishments for people in their care. A proposed form documenting their professional opinion has been reviewed and updated and is now ready to enter DOC's standard policy review stream.

DOC is committed to raising its standard of care for incarcerated individuals with SMI. This means protecting the safety and well-being of a vulnerable group of incarcerated individuals and helping them emerge from incarceration healthy and prepared to better cope with life outside. For this reason, DOC will continue to support SMI-RTU policy work.



## Progress in Transforming Solitary Confinement Across DOC

SCCC IMU, like other facilities discussed in this report, is part of a statewide system in which different facilities serve particular roles in managing the risks that come along with incarceration, as well as providing humane care and attention to the vulnerable. Though this report focuses on the Fiscal Year 25 Proof of Concept phase at SCCC, there is also a need to understand how the statewide system is responding to reform efforts, some of which are funded independently or were launched before SCTP started in 2023.

### **WCCW**

A unique prison often recognized nationally for its programs, WCCW provides a wide array of programs in general population and in its restrictive housing and TEC units. Improving the lives of incarcerated women by reducing solitary confinement is a key objective for programs at each stage of intervention: prevention, disposition, conditions, and reintegration.

WCCW was the first facility to implement The Washington Way Activity Team. This innovative team reaches out to incarcerated women in general population, segregation, and treatment settings, tailoring treatments to the particular needs and circumstances of each participant across all housing settings, using an individualized and therapeutic approach to help women who isolate themselves or are risking assignment to restrictive housing. In restrictive housing, The Washington Way Resource Team specializes in helping women come out of their cells and prepare for transition back to general population. These approaches to prevention and transition help women spend more time together with others in recreation, arts, and other healthy activities.

To address conditions of confinement, WCCW painted and added color to brighten the space, brightening the doors and changing the floor from dark purple to a light gray. Additionally, new exercise equipment was added to leisure yards, and new programs have been offered: Cage Your Rage for Women, Yoga, art groups, and movies as incentives. Time out of cell has also been increased by expanding mental health services; offering jobs to qualified individuals; and virtual hearings and services to expedite disposition processes.

WCCW is planning to convert one wing of its segregation to a progression pod, providing a more normal setting and offering programs to help women prepare for living with others in general population. To this end, the day room spider table has been replaced with a couch



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and chairs, a microwave has been added, and security boxes have been removed from televisions.

WCCW's RTU is called the TEC. WCCW's policies and programs emphasize the clinical needs of the women living there. Women living at both TEC-Residential and TEC-Acute units are now presumed to have more than four hours out-of-cell time according to the 2024 updated handbooks. In those units, rare exceptions to this operational assumption are clinically driven, part of a treatment plan that requires less stimulation or interaction with others, and on the order of a QMHP for the shortest duration needed to integrate into the community milieu.

Progress in increasing out-of-cell movement in TEC is demonstrated in Figure 5, which shows that by April 2024, neither TEC-Acute nor TEC-Residential was being managed under solitary confinement conditions. Incarcerated individuals are assigned for a short term, a matter of days, to an R1 status in the COA by QMHPs for suicide watch or other psychiatric emergencies, and even in that setting it is common for women to have access to out-of-cell activities in the day room or in confidential offices. The effectiveness of TEC has made a big difference to women incarcerated in Washington State.



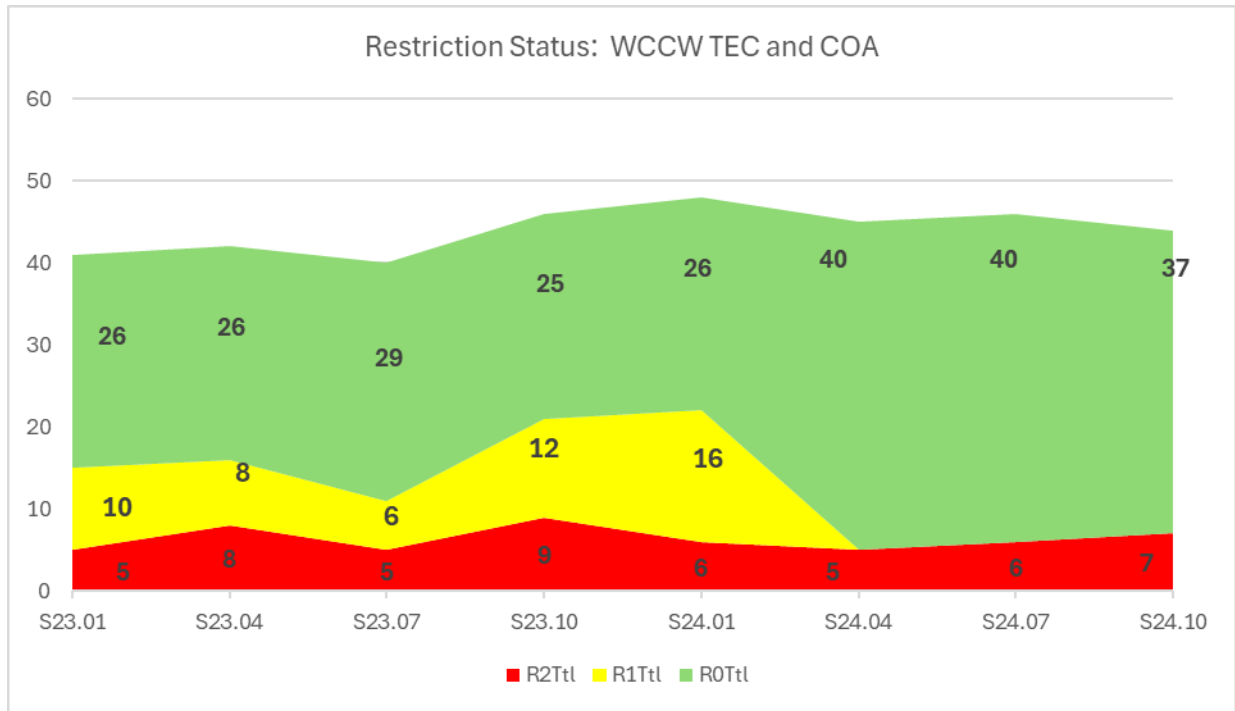
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**Figure 5: Restriction Status: WCCW TEC and COA**



## WSP

WSP has two IMUs: IMU-North, constructed over 40 years ago, and IMU-South, twice as large as IMU-North, added during the 2000-2010 IMU expansion period at DOC. Together, they hold 30% of DOC’s restrictive housing population. In recent years, funding was directed to IMU-South to change conditions so that maximum custody individuals could spend more time out of their cells and would have more useful or enjoyable things to do during those periods. Escort staff were added to increase the number of movements in and out of cells that occurred each day; programming chairs were installed to allow incarcerated individuals to safely attend classes or treatment groups together; and The Washington Way Resource Team worked with specific incarcerated individuals to support their safe transition to greater liberty in the company of others. Incarcerated individuals living in IMU-South are now getting more visits, and outside yards are being constructed to provide maximum custody individuals healthier chances to exercise in a healthy natural environment. This entire large unit, holding 183 incarcerated individuals, is now being run on an R1 status in which incarcerated individuals average three hours per day out of their cells.

At IMU-North, one pod has been converted to serve as a transfer program to prepare incarcerated individuals to cope with being around other people again. Though additional



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escort staff have not been funded, WSP has succeeded in providing incarcerated individuals in this program with over four hours of out-of-cell recreation and programming each day. It is beneficial to test incarcerated individuals' readiness to cope with greater liberty and dealings with other people by giving them a chance to do so in a closely supervised setting.

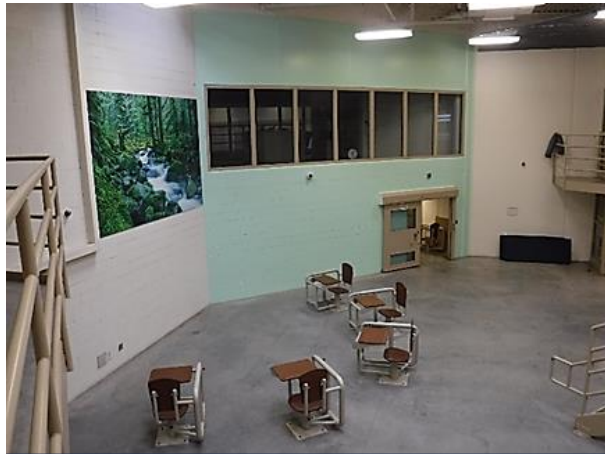
Finally, WSP's residential housing units are brightened substantially by hanging murals in the dayroom spaces. Light blue accent paint on walls was added as well. While these efforts clearly change the aesthetic of the restrictive housing areas, they are also seen as tangible improvements in terms of climate, culture, and instillation of hope. As the Deputy Secretary of Operations wrote in an article titled [\*Beautiful Scenery in a Peculiar Place \(2024\)\*](#), the "artwork captures paradoxical beauty within the walls of confinement."



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*“...artwork captures paradoxical beauty within the walls of confinement...”*



*“The mural was installed, and it is receiving very positive feedback from the incarcerated population within the mod. Coming from someone who has many years of boots on the ground inside IMU, this is just... WOW. I never imagined but I truly believe this is going to be a huge positive and benefit for both our staff and the population.”*



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## **DOC Mural Video**

<https://www.youtube.com/watch?v=PazlgdEymgw>



*DOC Mural video.*

## **CBCC**

Support for transition from solitary confinement has been a prime objective at CBCC since 2007, since it put in place a transitional program for people in its IMU. Programs for maximum custody individuals at CBCC now include Aggression Replacement Therapy and Peninsula College Basic Skills training in a classroom setting.

- The Connect program helps incarcerated individuals pay more focused and constructive attention to how they are feeling, so that they can learn to be more comfortable when they spend time with others.
- The facility is recruiting for a Corrections Specialist who can deliver Thinking for a Change, a lesson-and-discussion program, to help incarcerated individuals develop habits of thought and interaction that will make them less risky in general population settings.





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CBCC established The Washington Way Resource Team, which includes a Sergeant, four Corrections Officers, and a Psychology Associate, who are currently being recruited. In July, the team completed an advanced 40-hour training curriculum and participated in job shadowing at SCCC and Salinas Valley State Prison within the California Department of Corrections and Rehabilitation. The facility dedicates space for The Washington Way Resource Team to work privately and intensively with incarcerated individuals who need to safely spend more time out of their cells.

In addition to support for transition from solitary confinement, conditions have been improved at CBCC by hanging murals on the walls and adding escort staff to make it easier for incarcerated individuals to see the doctor. Facility leadership is planning how to reach the R1 threshold for all incarcerated individuals in their IMU.

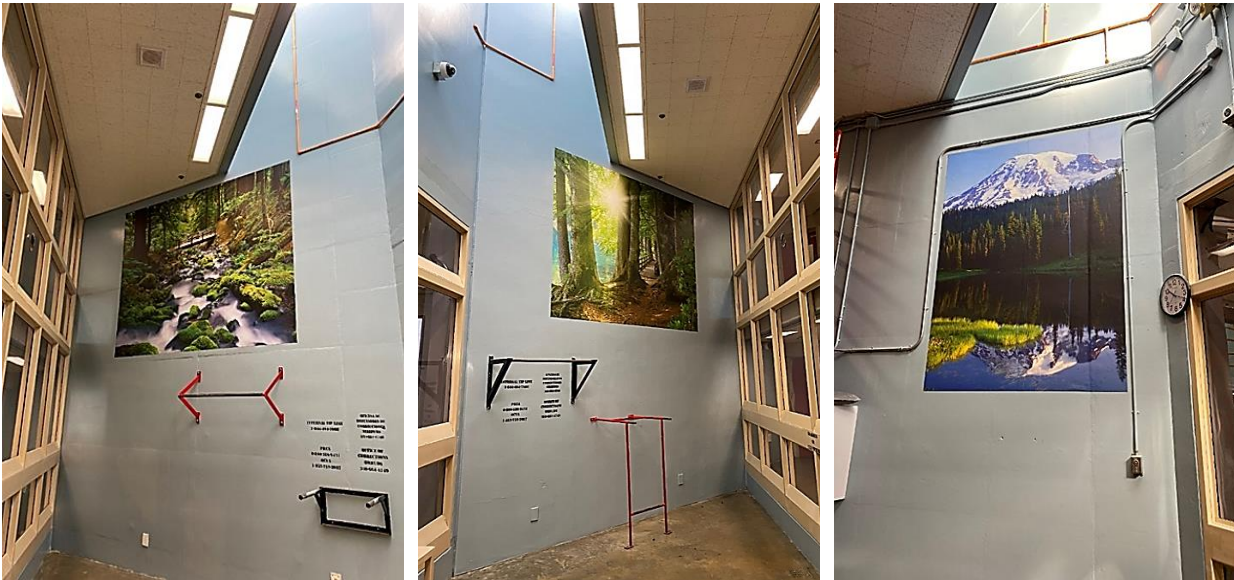
As with other Mission Housing programs, developments at CBCC reflect the role it has been asked to play in DOC's risk management system. In July of 2023, CBCC opened up a previously closed wing, Unit E, to serve two purposes: transition from IMU, and a Safe Harbor for STG-affiliated incarcerated individuals whose safety is at risk in general population settings. The complexities posed by this high-risk, high-needs population challenges have consumed so much staff effort that the Safe Harbor program has had to revert to an R2 operating status. The transition program continues to be run at Restriction Status 0. The Washington Way is just getting started at CBCC, and up to this point the facility has not received the policy and funding support provided to SCCC, WCCW, WSP, or STRC since the SCTP began in 2023. For this reason, developments at CBCC also support the case that SCTP planning, and program resources are required in order to keep reducing the use of solitary confinement.



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*Mural displays.*

## Policy Review

Statewide policies and SCCC Operational Memoranda reflect standards in the Washington Administrative Code. The Codes on segregation, discipline, and mental health care set a very low bar for these policies: for example, one hour per day, five days a week, for recreation in restrictive housing. Legislation in states across the country, as well as settlement decrees in court cases, reflect a growing national consensus that the extent and severity of solitary confinement must be reduced, and incarcerated individuals with mental illness must have access to protection and care and be kept out of solitary confinement.

DOC generally waits until incarcerated individuals are nearing their release date before offering risk-reduction programs such as substance abuse treatment. It is true that going through treatment is more likely to keep people from returning to prison later if they are engaged just before release and headed to aftercare in the community. These findings, however, ignore the role that treatment programs can play in reducing misconduct within the prison community —also a place where people live or work and prefer not to be assaulted.<sup>9</sup>

Given the epidemic of illicit drug use in prisons that makes life tougher for everyone, it might be time to consider offering programs earlier, particularly for incarcerated individuals with violent offenses, long terms to serve, and other risk factors. Such a review could improve DOC's options at the prevention stage. Another policy concern was noted earlier: the normal rule that people can only be transferred from IMUs to close custody units. Using the chance



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to return to medium custody, at SCCC, creates an incentive that may serve to reduce solitary confinement at the transition stage.

- Written policies that lay out specific requirements for humane treatment and custody will help administrators and staff know what they have to do to meet standards; keep staff from arguing about the right way to handle problems; and make it easier for DOC to sustain progress it is making in the overlapping areas of solitary confinement and mental health care.

The role of architecture: SCTP's system analysis has noted that logistical obstacles posed by the architecture of prisons make it difficult to offer more movement out of cells. The greater the logistical obstacles, the more staff time is required for escorts, and the less time staff have available to talk to incarcerated individuals or do things with them in a friendly, informal, and positive way. IMUs are not built to allow the amount of movement, programming, or recreation needed to meet humane standards and return incarcerated individuals to general population or to the community less dangerous than before they were put under maximum custody.

- Changes to operations and staffing, and adding programs, can only take the system part of the way to the 90% reduction objective without renovations to the built environment to reduce the time and effort required for incarcerated individuals to move outdoors or to other out-of-cell areas.

A report on architectural options, developed during the first year of the SCTP, has been updated. This report serves as a living inventory of facility improvements that would support out-of-cell activity in the company of others.

## **Systemwide Progress**

Progress since January 2023 in reducing solitary confinement systemwide —across all the units listed above— is displayed in Figure 6. Quarter-by-quarter counts of incarcerated individuals in R2 status units are displayed in the bottom (red) layer; counts of incarcerated individuals in R1 status units are displayed in the middle (yellow) layer; and the upper (green) layer represents counts in R0 status units.



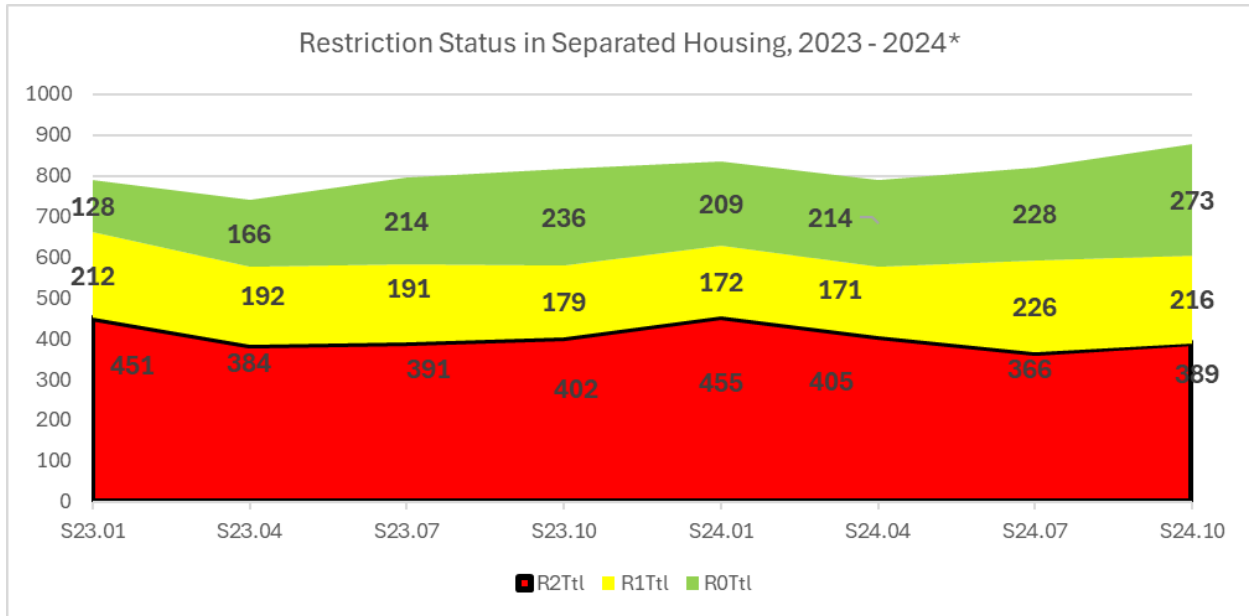
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**Figure 6: Restriction Statuses in High-Security Housing Programs, 2023 – 2024**



*\*Does not include infirmity populations but includes COAs and secure mental health living units.*

Since January 1, 2023, the number of incarcerated individuals living in solitary confinement conditions has fluctuated: from 653 down to 582, but recently back to a total of 605 as segregation populations increased systemwide and further restrictions were applied at CBCC. Decreased use of Administrative Segregation constitutes a key component of the progress displayed above. Numbers of individuals in solitary confinement on maximum custody status actually increased slightly, from 247 to 274, between 1/1/2023 and 10/1/2024; but numbers in Administrative Segregation status decreased from 367 to 283.

A closer look at Figure 6 shows that numbers of incarcerated individuals living in the most restrictive conditions, offered less than two hours per day out of cell, continued to drop: from 451 on January 1, 2023 to 389 as of October 1, 2024, a 14% decrease. The population rate of this most restrictive (R2) status has decreased from 3.3% to 2.7%. These results reflect concerted efforts to provide greater liberty and program access to incarcerated individuals separated from general population for behavioral or mental health reasons as viewed at SCCC and WCCW-TEC. These numbers also reflect unprecedented levels of violence and disturbance requiring separation from general population yet show that conditions within restrictive housing are improving substantially.



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## **Proof of Concept Final Report**

DOC is prepared to provide interim updates and presentations through June of 2025, the life of the Proof of Concept phase. The final Proof of Concept Report will be published in July of 2025.

- This interim report on the first quarter of Proof of Concept at SCCC has already demonstrated the Department's ability to reach the 90% reduction goal if given adequate resources.

The final report will review thoroughly how far SCCC has gone in meeting requirements for reducing solitary confinement, with recommendations on how to keep chalking up "wins" and now to apply lessons learned in the Proof of Concept phase across DOC. The final Proof of Concept Report will inform immediate and long-term planning, support DOC's overarching objective to reduce solitary confinement by 90% and set a new standard in correctional practice.



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## Communication

To learn more about the SCTP:

- Visit <https://www.doc.wa.gov>
- Visit [www.doc.wa.gov/SCTP-FAQs](http://www.doc.wa.gov/SCTP-FAQs)

Please direct correspondence regarding the SCTP to the DOC Correspondence Unit.

- [DOCcorrespondenceunit@doc.wa.gov](mailto:DOCcorrespondenceunit@doc.wa.gov)
- (360) 725-8213



## Appendix A: SCTP Proof of Concept Project Team

### *Statewide Leadership (SCCC & SMI-RTU Workstreams)*

- Cheryl Strange, Secretary of the Washington State Department of Corrections
- Sean Murphy, Deputy Secretary of Operations
- Don Holbrook, Assistant Secretary, Men's Prisons Division
- John Campbell, Senior Director, Comprehensive Case Management
- Kevin Bowen, Mission Housing Administrator
- Dr. Ryan Quirk, Interim Director of Behavioral Health
- Rochelle Stephens, Project Manager, Men's Prisons Division
- Alissa Meshesha, Project Manager, Comprehensive Case Management
- Brian McElfresh, Senior Administrator, Reentry Division
- Sarah Sytsma, Interim Deputy Assistant Secretary, Reentry Division
- Shawna Rasmussen, Principal, Integrated Solutions Group
- Miguel Moran, Consultant, Integrated Solutions Group
- Dr. David Lovell, Director, Lovell Analytics with Integrated Solutions Group
- Dr. Robin Timme, Principal and Senior Expert, Falcon Correctional & Community Services
- Bernie Warner, Senior Expert, Falcon Correctional & Community Services
- Harmony Goorley, Senior Project Manager, Falcon Correctional & Community Services
- Dr. Kimberly Weaks, Senior Expert, Falcon Correctional & Community Services

### *SCCC: Proof of Concept Facility Leadership*

- Jason Bennet, Interim Senior Director of Correctional Operations (Former Superintendent, SCCC)
- Scott Speer, Superintendent, SCCC
- Karin B. Arnold, Associate Superintendent, SCCC
- Dan Van Ogle, Associate Superintendent, SCCC
- Alina Willis, Correctional Unit Supervisor, SCCC
- Stefanie Baltzell, Correctional Program Manager, SCCC
- Eric Mainio, Headquarters Transportation and Operational Capacity Administrator (Former Captain, SCCC)
- Jason Aldana, Captain, SCCC

### *SMI-RTU: Priority Population Leadership*

- Dr. Bhinna P. Park, Chief of Psychiatry
- Dr. Cynthia Mason, Chief of Psychology
- Candy Tribbett, Project Manager, Health Services
- Michael S. Hathaway, Prisons Disciplinary Program Manager
- Billie Peterson, Policy Program Manager



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## Appendix B: Acronyms

CBCC – Clallam Bay Corrections Center	SCCC – Stafford Creek Corrections Center
COA – Close Observation Areas	SCTP – Solitary Confinement Transformation Project
DOC – Department of Corrections	SIM-P – Sequential Intercept Model for Prisons
FAST – Fun Activities and Social Time	SMI – Serious Mental Illness
IMU – Intensive Management Unit	SOAR – Scheduled, Offered, Accepted, Received
KPI – Key Performance Indicator	SRTC – Sky River Treatment Center
MCC – Monroe Correctional Complex	STG – Security Risk Group
QMHP – Qualified Mental Health Professional	TEC – Treatment and Education Center
RACI - Responsible, Accountable, Consulted, and Informed	WCC – Washington Corrections Center
RAID - Risks, Assumptions, Issues, and Dependencies	WCCW – Washington Corrections Center for Women
RHU – Restrictive Housing Unit	WSP – Washington State Penitentiary
RTU – Residential Treatment Unit	





## Appendix C: An Informal Guide to Custody Levels

Incarcerated individuals in prison are assigned to different prisons or living units based on custody levels:

- In minimum custody settings, in a camp-like setting, individuals move freely around the institution most of the day.
- In medium custody settings, institution-wide movements are regulated, but individuals are generally free to come and go within their living units.
- In close custody settings, to which individuals with violent records typically are first assigned, individuals live in “wet cells” with toilets and sink; they must be in their cells for parts of each day, and unit staff control when doors are opened and closed.

Custody levels are managed through a “points” system. Individuals gain points for treatment, school, or work programs and for staying out of trouble. They lose points when they commit infractions. For a variety of reasons, including mental health, individuals may receive “over-rides” to their points-based custody level, often to a less restrictive custody level. Maximum custody, however, is an over-ride to a longer-term stay in restrictive housing.

Individuals who present extreme and enduring risks that require longer-term segregation are assigned a maximum custody over-ride (“Max”), until the risk they present has gone down enough to make it safe for them to move to Close Custody (moving from maximum to medium would be another “over-ride.” Incarcerated individuals placed in restrictive housing for temporary stabilization or investigation may retain their previous custody level but are assigned “Administrative Segregation” (Ad Seg) status until they move on.

The vast majority of incarcerated individuals in IMUs and segregation units come from close custody settings.



## Appendix D: Solitary Confinement Transformation Project Facilities – Improvement Projects

SCTP Facilities-Improvement Projects

Updated: July 24, 2024

With appropriate resources, a list of facilities-improvement projects required to facilitate a 90% reduction in the use of solitary confinement was provided in the *Solitary Confinement Reduction Plan: Requirements for Sustainable Reduction*, dated September 2023. As time elapses and the implementation plan evolves, it is necessary to revisit these projects and refine them. Below is the latest project update to this plan.

The SCTP Team is currently developing a Proof of Concept applying the implementation plan outlined in the SCTP to SCCC, MCC, WCCW, and WSP to demonstrate the feasibility of reducing solitary confinement by this amount. The below updates apply to these facilities. Note that these projects do not necessarily nullify those provided in the original plan; unless updated below, those are still relevant projects for future investigation.

### SCCC

1. Allocated a dedicated room for Washington Way programming.

Location:

F Building – IMU South B Pod.

Context and Description:

Incarcerated individuals in the Washington Way program are escorted from their housing unit at IMU North across the main corridor to the Amend dayroom at IMU South. Substantial investment has been made in the B Pod dayroom to create a normalized, supportive environment with a variety of activities for Washington Way participants.

There are two areas where Washington Way programming takes place: IMU South B Pod and the outdoor Washington Way yard. Because of the staffing intensity (between 5:1 and 2:1) required for the program, typically only one incarcerated individual is brought out for an Washington Way session at a time; however, two incarcerated individuals can participate in Washington Way programming at the same time if both are restrained (e.g., secured in a programming chair).



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B pod has, so far, been a successful location for operation of the Washington Way program. However, in the circumstance that additional housing becomes necessary, there is the risk that this location could be taken over to accommodate the need.

The following options are recommended to mitigate disruption to the Washington Way program in the circumstance that B Pod housing is reverted to housing in the future:

- Identification of a room within the IMU, or safely accessible to and from the IMU, for Washington Way that can be quickly renovated to support ongoing programming.
- Installation of a modular building near the IMU dedicated to Washington Way. This option depends on the determined appropriateness of conducting programming with this population in non-corrections-grade construction.

## Impact to Out-of-cell Time:

No change to out-of-cell time as the project proposes a future replacement to the current Washington Way location.

## Relevant Square Footages:

- IMU South B Pod dayroom: 1,560 SF excluding small, enclosed rooms within dayroom, which are not currently utilized for Washington Way programming, and 5' perimeter between cell door fronts and dayroom.
- Washington Way Yard: approximately 4,000 SF.

## Requirements:

### Option 1:

- Identification of an existing location within the IMU, or safely accessible to and from the IMU, for Washington Way that can be quickly renovated to support ongoing programming.
  - If in the IMU, a room of adequate size to support Washington Way functions.
  - If elsewhere, a cart or other appropriate transportation to the location.



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- Secure pathway between IMU North and Washington Way location.

Option 2:

- Open area of sufficient size to accommodate mobile unit.
- Secure pathway between IMU North and Washington Way location.



*B Pod Dayroom, July 19, 2023. Updates to the space have been made since this photograph was taken.*



*Washington Way Yard outside of the IMU.*



*B Pod Dayroom October 2024 reflecting progress made to the space.*



*B Pod Dayroom October 2024 reflecting progress made to the space.*



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



*Aerial image of the IMU building (left). IMU South is circled in blue. Potential available space to the south of the building.*

## Location:

R Building – COA and Long-Term Medical Housing

## Context and 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. The COA is used infrequently; those exhibiting symptoms of such acuity are typically transferred to another facility if not quickly stabilized. Staff would be required for any additional escorts.

## Impact to Out-of-cell Time:

The COA consists of three wet cells and one restraint room and, much of the time, incarcerated individuals in the COA will not be able to recreate. Assuming that one incarcerated individual is authorized to access the dayroom at one hour per day, that increases utilization by that amount for the duration of the patient's stay (under one week).



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## Relevant Square Footages:

The dayroom is sized to fit a small group of patients at one time. COA patients authorized to use the dayroom will likely only be able to do so individually, so the dayroom is more than adequate to support such use.

## Additional Notes:

This is an operational suggestion.

## MCC

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

## Location:

SRTC

## Context and Description:

SRTC units A and B 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. When this interview room is in use, the multipurpose room cannot be used because the incarcerated individual utilizing the interview room will need to circulate back and forth through the area. If it is feasible to restructure circulation to the interview area, either by subdividing the multipurpose room to create a corridor, or by converting the storage room adjacent to this interview room to a passageway, it may increase the time available for utilization of both the multipurpose and interview rooms.

## Impact to Out-of-cell Time:

Removing interview room circulation from the multipurpose room will allow full use of the area during all scheduled out-of-cell hours and mealtimes and will increase the availability of the interview room.

## Relevant Square Footages:

Room square footages not available.

## Requirements:

Construction of corridor through multipurpose room:



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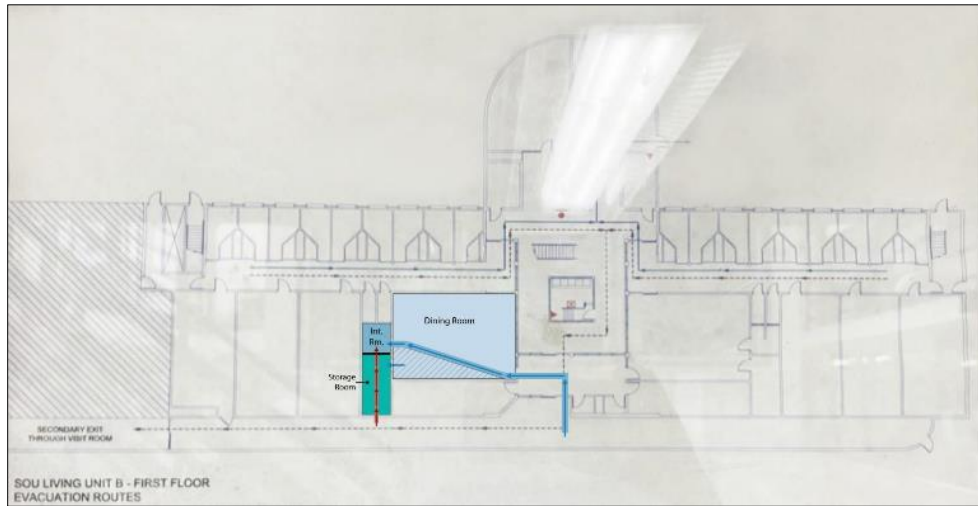
- Wall construction of sufficient grade to adequately protect against vandalism/damage.
- An entrance to the corridor separates from the existing multipurpose room entry will need to be constructed.

Conversion of adjacent storage room:

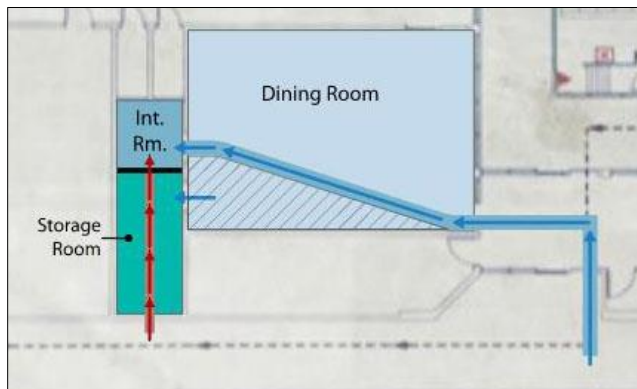
- Demolition of wall between storage room and visitor side of interview room.
- Opening of wall between main corridor and storage room for installation of secure door.
- If not already in place, a secure window must be installed between the visitor and incarcerated individual sides of the room to ensure that security of the unit is maintained (i.e., this visitation booth must be non-contact).

See image and diagram below. Note that the construction of a corridor within the multipurpose room will render a portion of the space inaccessible for incarcerated individuals, reducing its usable area. It will also cut off access to the storage room.

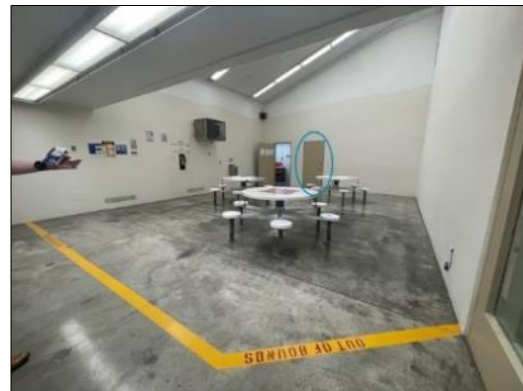
It is possible to redirect visitor access to what is currently the storage room to the main corridor. In this configuration those arriving for visitation/interview will not enter the unit directly, but will move through the main corridor, through a secure door into the renovated passageway, and into the visitor side of the interview room. Note that conversion of the storage room to a corridor will eliminate the availability of that storage room and another location will need to be identified.



*Floor plan image. Visitor route to interview room through multipurpose room is shown in blue. Storage room highlighted in green. Potential circulation to interview room shown in red. Same route for Units A and B.*



*Close-up of floor plan showing existing circulation and space impacts of each proposed design solution.*



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

WCCW

1. Conversion of an existing interview room to a shared multipurpose room and single-person nature imagery room. (Update to Project WCCW 1.)

Location:

TEC Acute Unit, Room 110 – interview room.





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## Context and Description:

The interview room located within the TEC A unit is currently used approximately one day per week and otherwise sits vacant. It is recommended that this room be made available as a nature imagery room/quiet room, for one user at a time, when not in use for counseling. Doing so will allow for more opportunities for out-of-cell time, especially for those incarcerated individuals on "Out Alone" status.

## Impact to Out-of-cell Time:

- At 10 hours per day available for out-of-cell time, can achieve 60 additional hours per week. (Hours of out-of-cell availability per day is assumed based on that for Segregation population. See project proposal #2 for more information.)
  - At one (1) user of this quiet room per hour, it is possible to achieve 10 additional out-of-cell hours per day, six (6) days per week. (At 30 minutes per use, can double this number, and so on.)

## Relevant Square Footages:

Room 110, Interview Room: 90 NSF

## Requirements:

- Comfortable lounge chair.
- Television (for projection of nature imagery).
  - Speaker for projection of calming music - if not directly from television.
  - Ligature-resistant headphones (or music can play freely in the room at a comfortable volume, though this will not mitigate noise intrusion from the dayroom).
  - Ability to provide dim lighting via nightlight or installation of dimming bulb and switch.

## Additional Notes:

In the meantime, since space is currently at a minimum, TEC A residents on "Out Alone" status have been authorized to use the Ad Seg A Pod dayroom. Though it is useful to have this space available as backup when needed,



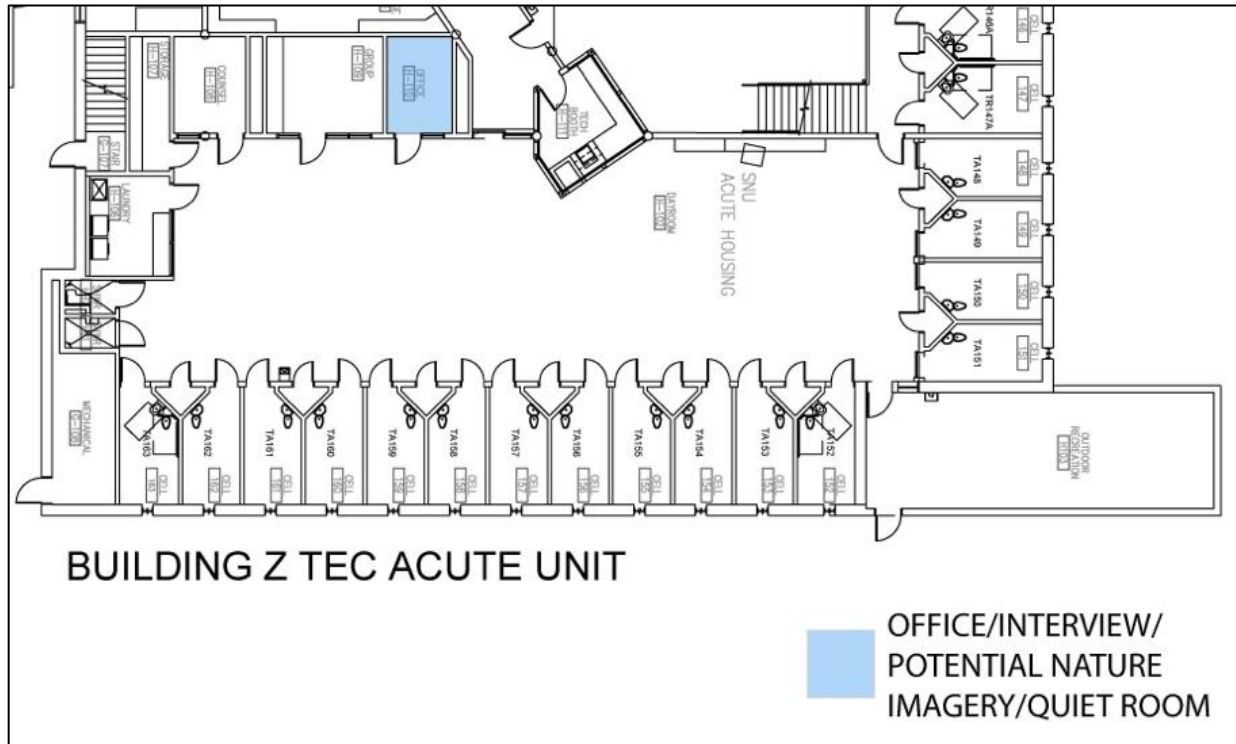
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moving these incarcerated individuals places an additional burden on staff, who must escort and monitor incarcerated individuals off-unit.



## 2. Conversion of one cell in B pod to a dedicated Interview and Hearing Room.

Location:

Z Building B Pod

Context and Description:

Hearings and some interviews take place within one of the small dayrooms, Room 108 (named "Law Library" in plan drawings). The conversion of Cell 129 (or another cell) to a dedicated interview and hearing room would allow for more out-of-cell time for those housed on B pod, most who must recreate alone, by affording this second dayroom for use exclusively for structured (e.g., program participation) or unstructured out-of-cell time.

Impact to Out-of-cell Time:

- Out-Of-cell Availability: 7:30am-1:30pm, 2:30pm-3:30pm, 5:00pm-8:00pm.



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At full utilization (two (2) dayrooms + one (1) outdoor recreation yard for 10 hours/day) = 30 hours per day available (cumulative for all incarcerated individuals housed here) for out-of-cell time at B pod.

- Increased privacy, particularly during hearings, was identified as an additional benefit to moving the hearing function out of the dayroom.

## Relevant Square Footages:

- Cell 129: 93 NSF
- Room S-108 Law Library/Dayroom: 175 NSF
- Room S-109 Dayroom: 170 NSF
- Outdoor Recreation: 360 NSF

## Requirements:

- Cell 129:
  - Removal of fixtures and furnishings not needed for interviews or hearings (e.g., combi unit, bed).
  - Electrical infrastructure to support video screen.
  - Internet connectivity.
  - Desk and office equipment for treatment provider.
  - Programming chair for incarcerated individual participating in treatment/hearings.
- Room S108:
  - Appropriate furnishings for intended use (e.g., comfortable furnishings for use as a lounge area similar to A Pod's dayroom; reorganization of programming chairs for use by more than one person at a time).

## Additional Notes:

- Certain residents (for example, most of those coming from the IMU and other non-adversarial incarcerated individuals), can recreate together while housed in the segregation unit. This determination is managed on a case-by-case basis once an incarcerated individual is temporarily assigned to segregation housing.



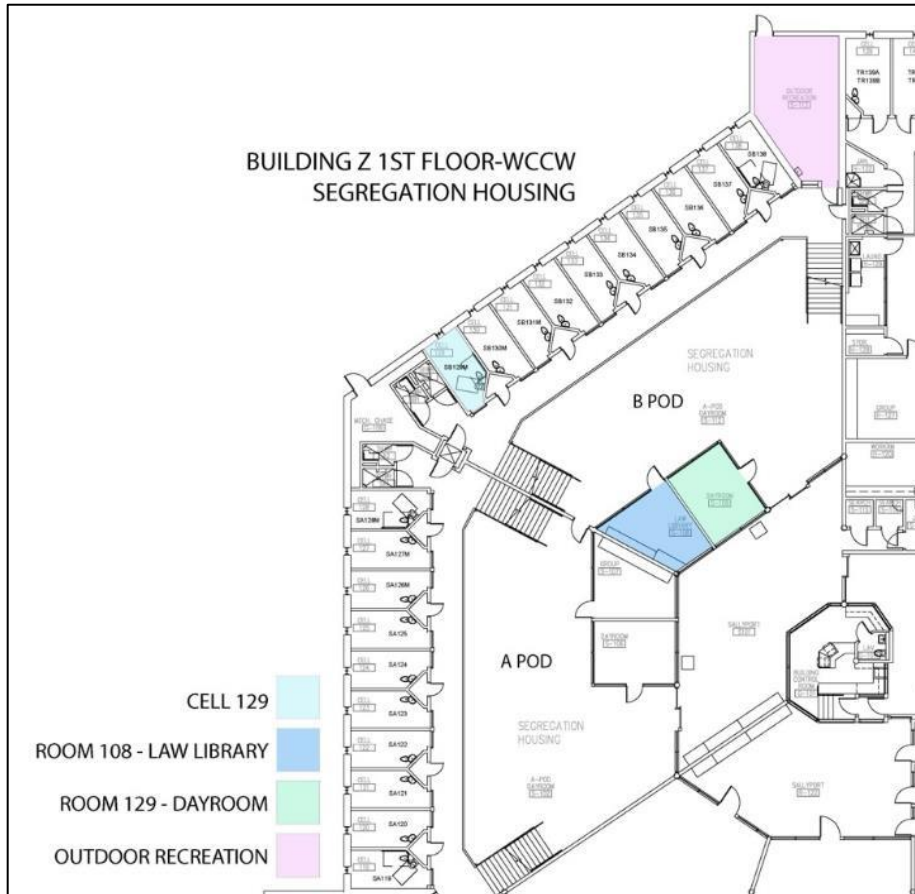
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- Since length of stay is short in the segregation unit (typically less than 15 days), achieving out-of-cell time is not tied to implementation of specific programming; in other words, out-of-cell time will be mostly unstructured and will occur within the dayrooms and outdoor recreation yard.



3. Allow use of Building AA – Dayroom by COA residents.

Location:

COA/IPU, Room AA-103 Dayroom

Context and Description:

Patients in the COA currently do not have access to a dayroom during their stay. Offering dayroom use to those in the COA who could benefit from time out of their patient room may help to support their recovery. Most COA confinement is only for incarcerated individuals that are a danger to themselves or others and/or experiencing severe mental health setbacks. They require constant supervision. Dayroom use would need to be staffed if the



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dayroom is not in the area of observation. If an incarcerated individual were to become disruptive in the IPU area it could put other inpatients at risk due to possible response shutting down the area.

## Impact to Out-of-cell Time:

- COA's capacity is 10 patients. It is likely that much of the time, most patients will not be able to recreate in the dayroom, even alone, and will need to stay in their room. However, assuming that half of COA patients are authorized for dayroom use once per day, this increases demand on the IPU dayroom by five x the number of hours authorized for out-of-cell time.

## Relevant Square Footages:

- Room AA-103 IPU Dayroom: 125 NSF
- Outdoor Recreation (accessed through dayroom): 600 GSF

## Requirements:

- Some furnishings and materials within the IPU dayroom may not be safe for access by COA patients. Assessment of the room's condition and contents will need to be conducted prior to use by COA patients.

## Additional Notes:

Note that for safety and security reasons, COA rooms AA-141 and AA 142 "dayrooms" are not used for out-of-cell time.



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## WSP

1. Property Storage Room improvements to support use for Washington Way programming. (Update to Project WSP 1.)

Location:

IMU South Property Room

Context and Description:

Use of the Property Storage Room for Washington Way programming presents the potential for a substantial improvement in the amount of space available and opportunities for novel activities for Washington Way participants. A few improvements to the space may be required in order to use the room under this new occupancy in accordance with building code.

Impact to Out-of-cell Time:

Since Washington Way is a specialized program with individualized goals and metrics for



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each participant, use of this space is subject to the unique considerations developed by the treatment providers and the Washington Way Resource Team. Regardless, any

space improvements or additions to encourage time out-of-cell has the potential to increase both utilization of these spaces and to support variety in the types of spaces and programming opportunities available.

## Relevant Square Footage:

Property Storage Room: 1,300 NSF

## Requirements:

Code conformance with the following items (not exhaustive):

### Building/Egress:

- Minimum dimensions of egress corridor.
- Numbers and locations of egress doors.
- Smoke barrier.
- Occupant Load.

### Fire Safety Items:

- Smoke & Carbon Monoxide Detectors.
- Fire Alarm Strobes.
- Fire extinguisher(s).

Refer to the appropriate sections of the Washington Building Code for more information, including but not limited to sections 408, 901, 906, 907, and 1004.

## Additional Notes:

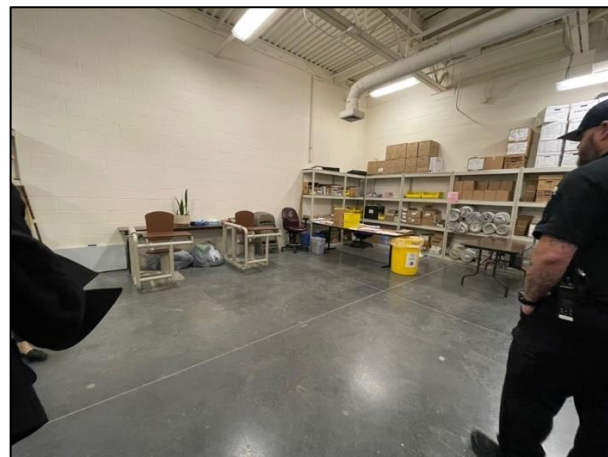
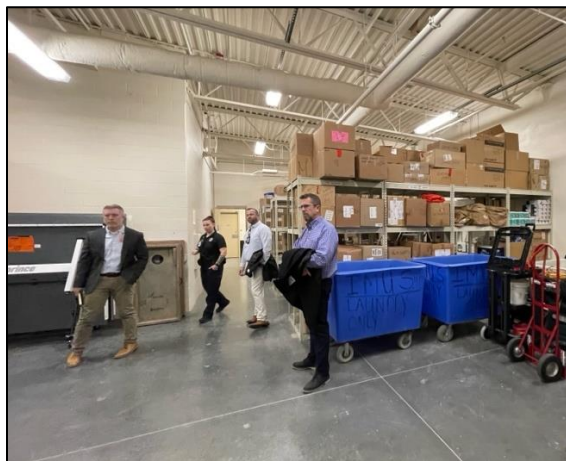
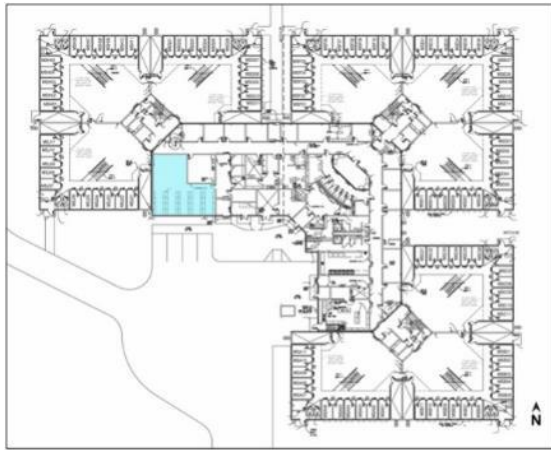
Additional consultation with a professional well-versed in Washington building code and its relevance to WSP is strongly recommended.



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2. Installation of fencing to create a dedicated outdoor yard for Washington Way programming. (Update to Project WSP 3.)

Location:

Immediately outside of IMU South

Context and Description:

A fenced-in outdoor yard dedicated to the Washington Way program will increase the amount of time available for these incarcerated individuals to spend outdoors.





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## Impact to Out-of-cell Time:

Since Washington Way is a specialized program with individualized goals and metrics for each participant, use of this space is subject to the unique considerations developed by the treatment providers and the Washington Way Resource Team. Regardless, any space improvements or additions to encourage time out of cell has the potential to increase both utilization of these spaces and to support variety in the types of spaces and programming opportunities available.

## Relevant Square Footage:

- It is unclear if American Correctional Association standards would apply to a yard such as this used for Washington Way programming. In any case, the following standards apply to sizing outdoor recreation spaces for restrictive housing populations:
  - Incarcerated individual areas: 180-square feet of unencumbered space.
  - For each additional 150-square feet of unencumbered space, an additional inmate may use the exercise area simultaneously.
- Note that the Washington Way program is staff-intensive (2-5 staff per participant), so allocation of space must take the number of participants and staff into consideration.

## Requirements:

- Chain link fencing (likely with reinforcement with razor wire, welded wire mesh, and/or other solutions).
- Amenities and furnishings appropriate for such a space. For example, the Washington Way outdoor yard at SCCC (pictured below) contains a basketball hoop and a spider table. (Also note that SCCC's Amend yard is quite larger, in the range of approximately 3,000 SF.)

## Additional Notes:

- WSP is one of two primary facilities targeted for the Exercise Yard Improvement Plan (alongside CBCC). Two outdoor yards will soon be under construction, and two more outdoor yards have been designed and are pending funding authorization. All will be located outside of IMU South. These yards are not necessarily intended for use by Washington



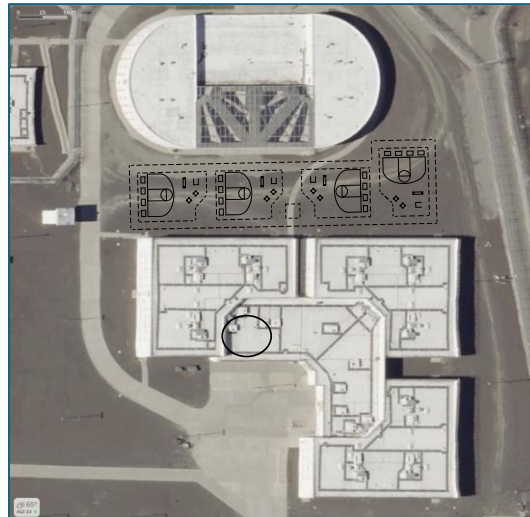
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Way; however, the new yards could potentially be used for Washington Way programming if scheduling allows.





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## Appendix E: Annual Record of Accomplishments

### Accomplishment by Year

#### FY2022

##### Stafford Creek Corrections Center and Washington State Penitentiary

- Established transfer pod.

#### FY2023

##### Stafford Creek Corrections Center

- Initiated Washington Way Resource Team with Amend principles.

##### Clallam Bay Corrections Center

- Engaged with maximum custody individuals through Aggression Replacement Therapy.

- Implemented ad-seg pending transfer pod.

##### Washington State Penitentiary

- Increased IMU South staff with 6 Escort COs to allow for 3 hours of out-of-cell time per day.
- Installed additional programming chairs in the MODS.
- Installed murals in IMU South.
- Established Washington Way Resource Team.

#### FY2024

##### Stafford Creek Corrections Center

- Permanently established Washington Way Resource Team.

- Painted and installed murals.

##### Clallam Bay Corrections Center

- Peninsula College provided out-of-cell Basic Skills classes and dayroom laptop access, along with continued business and vocational programs for RHU individuals.

- Continued to deliver the Intensive Transition Program in the Safe Harbor Unit.

- Painted the RHU and hung murals in the E&F Units.

- Established the Connect program to assist max individuals in reconnecting with their interior life.

- Established specific tools to assist staff with RHU placements.

##### Washington State Penitentiary

- Expanded visiting hours, allowing extended visits 7 days a week during business hours.

- Installed murals in IMU North.

#### FY2025

##### Stafford Creek Corrections Center

- Established 7 COs, 1 Investigator 2, and 1 Office Assistant to support more time out of cell and tracking.
- Developed a survey for RHU individuals to share their input and requests for programming ideas.
- Held workshops for custody staff for out-of-cell concepts and planning.
- Implemented new yard and shower rotation facilitating 2 additional hours out of cell.
- Installed Wi-Fi in RHU.
- Changed visitation schedule to mirror GP visiting.
- Began out-of-cell Stress/Anger Management program in RHU.
- Started Redemption program in RHU.
- Implemented SOAR tracking process to understand time being offered and received.
- Developed and implemented FAST program to build social engagement time out of cell.
- Defined KPIs for proof of concept success.
- Developed site-specific SIM-P map to identify opportunities for process improvement.
- Held focus groups and assessments to understand staff and incarcerated ideas, and impacts.
- Purchased an additional 8 programming chairs.
- Establishing a Resource Team Psych Associate to provide mental health treatment to participants.

##### Clallam Bay Corrections Center

- Established Washington Way Resource Team, consisting of 1 Sergeant and 4 COs. Setup Resource Room.
- Resource Team interviewed, identified, and began using program dynamics with max custody individuals.
- Received additional staffing for medical escorts and staff enhancing patient care in RHU.
- Working on implementing 2 hours of out-of-cell time for all incarcerated individuals in RHU.
- Recruiting for a Corrections Specialist to deliver Thinking for Change program in RHU.
- Planning for outside yards in progress, estimated to be completed July 2025.
- Establishing additional programming in GP and RHU with additional FTEs recently approved.
- Establishing Resource Team Psych Associate to provide mental health treatment to participants.
- Establishing additional Psych Associate for Health Services.
- Expanding DOCART in RHU to Safe Harbor Close Custody Unit.

##### Washington State Penitentiary

- Construction on outside yard beginning Winter 2024, offering fresh air and sunlight upon completion.
- Establishing Resource Team Psych Associate to provide mental health treatment to participants.
- Delivering the Thinking for Change program in RHU.



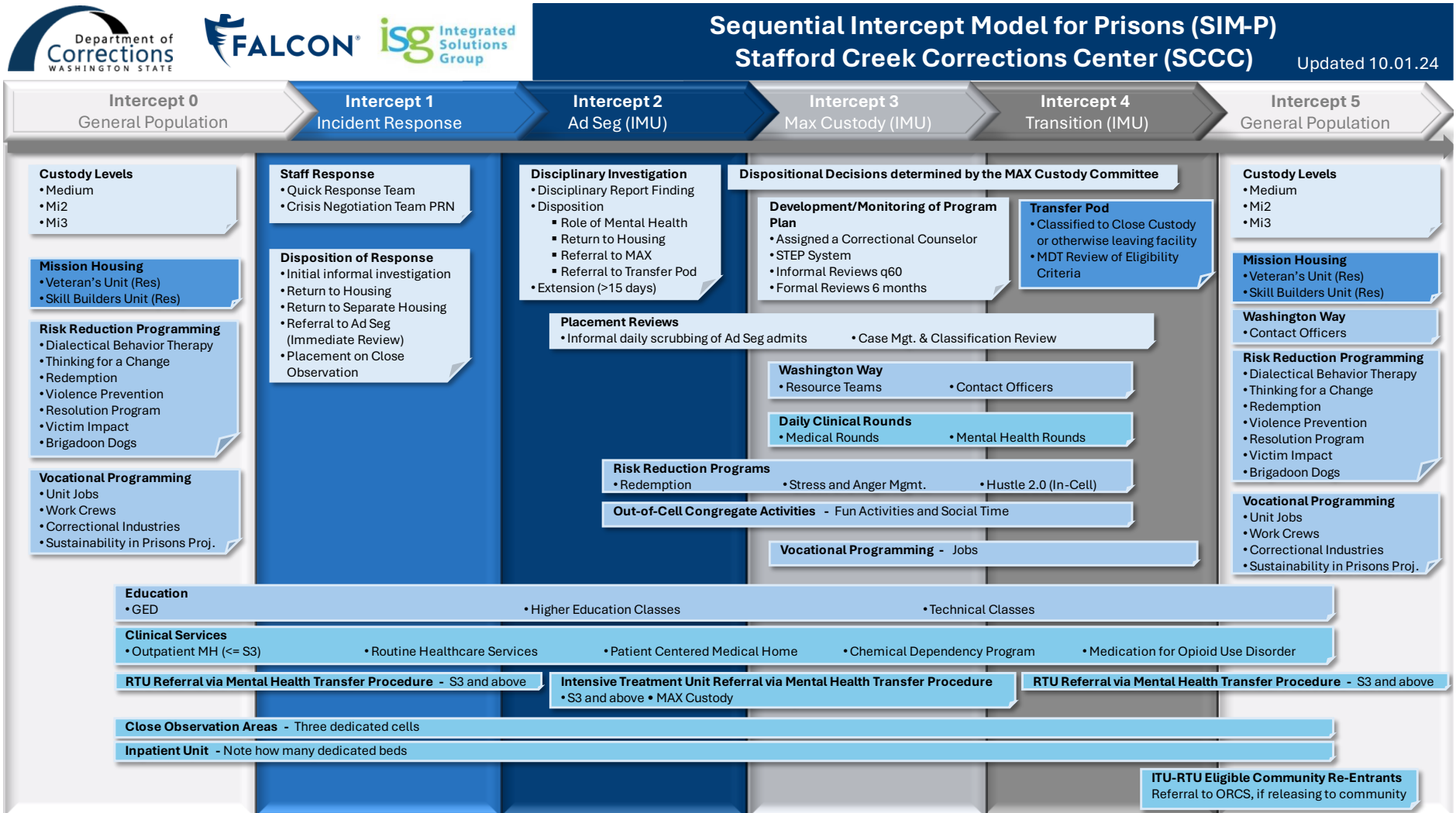
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## Appendix F: Sequential Intercept Model for Prisons (SIM-P)





## Appendix G: Endnotes

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<sup>1</sup> Roy King, (1999). The rise and rise of supermax: an American solution in search of a problem? *Punishment and Society*, Vol. 1, 163-186

<sup>2</sup> Rhodes, L.A. (2004). *Total Confinement: Madness and Reason in Maximum Security*. Berkeley, CA: University of California Press.

<sup>3</sup> D. Lovell, K. Cloyes, D. Allen, L. Rhodes. 2000. Who lives in super-maximum custody? A Washington State study. *Federal Probation* 64(2): 33-38.

<sup>4</sup> For Washington DOC's early leadership position on care for the incarcerated, see Human Rights Watch, *Ill-Equipped: U.S. Prisons and Offenders with Mental Illness*, New York, Author, 2003.

<sup>5</sup> Numbers cited are drawn from a long-term quantitative study of solitary confinement in Washington State led by the University of California-Irvine (Keramet Reiter, PI), supplemented by recent RDA analysis. D. Lovell, R. Tublitz, K. Reiter, K. Chesnut, & N. Pifer. 2020. Opening the Black Box of Solitary Confinement through Researcher-Practitioner Collaboration: A Longitudinal Analysis of Prisoner and Solitary Populations in Washington State, 2002-17. *Justice Quarterly* 37(7): 1303-1321.

<sup>6</sup> A thoughtful description and analysis of segregation officers' attitudes towards solitary confinement reform can be found in the major Washington DOC study led by Keramet Reiter, UC Irvine: [Reducing Restrictive Housing Use in Washington State](https://www.doc.wa.gov/corrections/incarceration/docs/restrictive-housing-university-california-irvine-report.pdf). Link to: <https://www.doc.wa.gov/corrections/incarceration/docs/restrictive-housing-university-california-irvine-report.pdf>

<sup>7</sup> Most recently *Jensen v Shinn*, 609 F. Supp 3D 789 (2022)

<sup>8</sup> Timme, R. (2023, Winter) (2024, Spring). Safe and humane strategies for eliminating solitary confinement: The SIM-P (Parts 1 & 2). *CorrDocs: The Newsletter of the American College of Correctional Physicians*, 26(4), 4-12, and 27(1), 4-11.

<sup>9</sup> One example was provided at DOC's RTU at McNeil Island (a facility closed since the 2010 Recession). D. Lovell, D. Allen, C. Johnson, R. Jemelka. 2001. Evaluating the effectiveness of residential treatment for prisoners with mental illness. *Criminal Justice and Behavior* 28(1): 83-104.