



Segregation Reduction Project Findings and Recommendations

Pennsylvania Department of Corrections
Use of Segregation

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Vera Institute of Justice
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Background

Policymakers and practitioners have increased their attention to the use of segregation in prison over the past several years. Since January 2010, Vera's Segregation Reduction Project (SRP) has partnered with U.S. states' departments of corrections to safely reduce their reliance on restricted housing and enhance their responses to special needs populations. In summer 2013, the Pennsylvania Department of Corrections (DOC) requested assistance from the Vera Institute of Justice (Vera) to assess its use of administrative custody (AC) and disciplinary custody (DC). In preparation, DOC created the PA DOC Segregation Reduction Committee (Committee)—a cross-disciplinary, multi-level committee chaired by Louis Folino—to work with Vera's Segregation Reduction Project assessment team (SRP assessment team). Vera agreed to perform a comprehensive assessment of DOC's segregation policies and practices, analyze outcomes of that use, and provide recommendations for safely reducing the use of segregation and enhancing alternatives to segregated housing. This assessment was conducted using a collaborative, on-the-ground approach combining: intensive site visits to eight key DOC facilities; in-depth workgroup sessions with system and facility administrators and staff at each facility on their use of segregation, services, and challenges; policy and case file reviews; internal briefings for administrators, committee members and staff on project findings; and comprehensive quantitative analyses of administrative data to provide DOC officials with data- and field-informed recommendations.

Assessment

Findings and recommendations reported here are based on four sources: (1) observations and information from facility site visits; (2) case file reviews; (3) review of DOC policies; and (4) analysis of DOC administrative data.

Site Visits. Facilities visited were SCIs Camp Hill, Fayette, Graterford, Greene, Huntingdon, Muncy, Pine Grove, and Smithfield. Some members of the Committee accompanied the SRP assessment team on each site visit. Each site visit included an in-depth informational meeting with the superintendent, officers, and other security, mental health, treatment, and program staff to learn how segregation is used in practice and the decision points for segregation placement, sentencing, and release to general population (GP) or the community. The team then toured relevant units with facility leadership. These visits allowed the SRP assessment team to see conditions, talk to staff on the ground, and understand the unique challenges and needs of each facility visited.

Case File Reviews. The SRP assessment team also conducted a review of randomly selected case files of individuals in segregation or special housing status at each facility visited. Case file reviews included a discussion about why each individual reviewed was in segregation, his or her sentence and length of stay, any alternatives to use of segregation explored or used in each case, and case plans.

Policy Reviews. The SRP assessment team requested and received from DOC a number of policies and other system-wide information related to discipline, segregated housing units, security levels, special

programs, and mental health services, among others. The SRP assessment team conducted an in-depth review of these policies.

Analyses of Administrative Data. DOC provided the SRP assessment team with administrative data relating to all inmates held in DOC facilities on one snapshot date: March 31, 2014. This date was selected because it was immediately before the start of the DOC/SRP collaboration and could therefore provide a baseline from which to measure future change. An earlier sample of data had been provided so researchers could assess the type and content of analyses that could be conducted. Because the original sample data related to inmates held in DOC facilities in the first half of 2013, it might not have reflected the impact of policy and practice changes already made by the department during that year, and a new data request was submitted.

The data provided includes: inmate demographics, including mental health stability codes and gang membership; cell movement files; administrative custody records (802s); and misconduct charge, hearing, and sanction records (801s). These data covered the period from each inmate's admission into DOC custody to the snapshot date. SRP researchers constructed a number of analytic data sets in order to assess DOC's use of segregation, including which inmates are sent to segregation, the reasons they are sent there, sentence lengths (for DC), and actual lengths of stay. A profile of the general and segregated populations is provided in Appendix 1.

Findings and Recommendations

Section 1: General Findings Related to Restricted Housing Units

Finding 1.1: Inmates who could otherwise be in GP are housed in restricted housing. Although these individuals are technically GP, housing them in an L5 unit restricts their programming, congregate opportunities, and privileges, and is an inefficient use of high-security housing and staff. **Limited bed capacity, especially in GP units, is a significant contributor to this issue. Lack of bed space causes inmates who would otherwise be housed in GP to instead be 'temporarily' housed in L5 units.** This issue was noted as a significant challenge at several facilities, and was a particular concern in facilities that have multiple specialized housing units, which, **while valuable and effective,** further limit GP space.

These inmates tend to fall into three primary categories:

- a. **Temporary transfers.** Inmates moved from their home facility to another facility temporarily, for example to be closer to court, are held in RHU at the receiving facility. Although these stays are intended to be relatively short, they may last for long periods of time based on lack of bed availability and time to process paperwork. **DC-ADM-802 allows placement of these inmates into the RHU, but notes that they are eligible for placement in GP.** However, there is no process in place to move them into less restrictive housing or time limits for when this should be completed.
- a. **Parole violators.** This affects SCI Graterford in particular because of its proximity to Philadelphia, but applies to other facilities as well and rapidly increases the population in segregation. Parole violators are initially admitted into the DOC facility closest to the location of their arrest. Because new parole violators are often received with very little, and often no information about them, housing in L5 is a necessary precaution until information can be received. DOC policy states that "Parole Violator(s)...are eligible for release to general population," but because of delays in receiving information about these individuals and challenges of finding GP bed space, facilities may hold these inmates in AC for a substantial period of time prior to releasing them to GP.

c. **Inmates transferring between DOC facilities.** AC inmates are housed in RHU during the referral and approval process, sometimes for very long periods of time, even when restricted housing may not be necessary at their new facility. In addition, it is standard practice at some facilities to house all inmates who are transferring from another facility in AC for a period of time before being placed in GP or a specialized unit. This creates a serious backlog in the RHU. For example, SCIs Smithfield, Huntingdon, and Greene noted waits of six months for transfers. Even when there is space available within a unit, **the system has challenges in making transfers in a timely way.** This leads to inefficient use of bed space, frustration for both staff and inmates, extended stays in RHUs, and Z code inmates taking up double cells when eligible for transfer.

Staff report that as inmates spend time awaiting approval for transfer to specialized units, the inmates may earn AC status privileges that will be lost when they eventually do start a **program,** creating resistance to transferring to the program when permission is granted. Central Office staff also reported needing a more advanced data system than currently in use; the small number of Office of Population Management (OPM) staff handling all transfers, the large volume of transfers overall, a limited number of qualified transport vehicles and escorts, and the impact of special projects and other demands all contribute to delays.

Recommendations:

- **Create specialized GP housing units or pods for these inmates.** Where possible, repurpose some current L5 housing units to GP units reserved for short-term inmates such as temporary transfers, parole violators, or inmates awaiting transfer to another facility to house short-term inmates who are appropriate for GP level security, programming, and privileges.
- Examine system-wide methods of improving exchange of information regarding new parole violators and facility transfers in order to expedite the movement of those inmates from L5 units to less restrictive housing when appropriate.
- Amend DC-ADM 802 to limit the placement or retention of non-L5 classified inmates in L5 housing to exceptional circumstances and for a limited time (for example, 3-5 days) when the reason for such placement or retention is solely lack of available alternative bed space.
- Strengthen the OPM's capacity, including prioritizing an adequate data system to facilitate and speed basic processes, strengthening escort and transport capabilities, and adding OPM staff. Although there are costs associated with this, the gain in moving inmates out of costly high-security settings into GP or specialized units will decrease overall costs in the long run, alleviate some stressors for security staff, enhance inmate wellbeing, and reduce exposure to litigation.

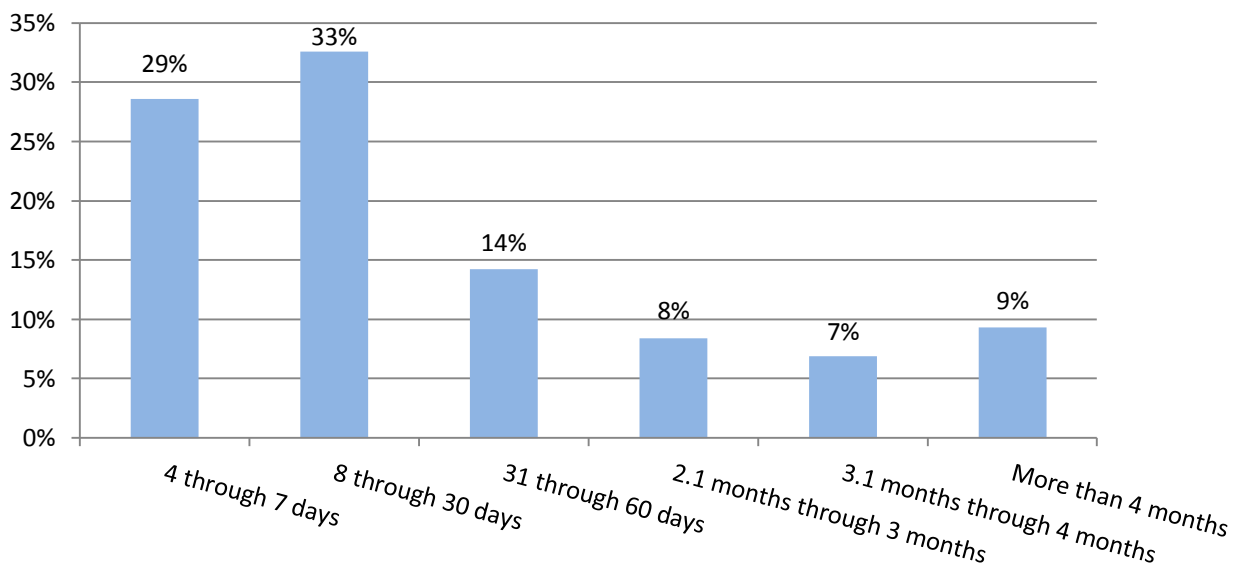
Finding 1.2: Inmates transition from DC to AC, extending their total time in restricted housing. On concluding their disciplinary sentence in segregation, ADM 802(1)(A)(1)(k) authorizes the reclassification of inmates from DC to AC status in certain circumstances to extend their confinement in L5 housing. During the year prior to the snapshot date, 'DC expired, inmate moved to AC' was the third most common reason that people entered AC status, **accounting for nearly one-fifth—17%—of all 802 records.** (See Appendix 2 for a list of 802 status reasons and the frequency with which they are used.) This figure may under-represent this process, as it is unclear whether officers might use different 802 codes (e.g., 'dangerous to others') to record an inmate's transition from DC to AC status.

To assess the extent to which inmates move from DC to AC status, Vera identified a sample of cases where inmates entered segregation for disciplinary custody (DC) during 2013 (N=5,911).¹ SRP

¹ The sample *excludes* cases where more than two days passed between the sentence effective date and the inmate's entry to segregation. In these instances, it was unclear whether the scheduled sentence completion date was adjusted to account for the delay. Cases were also excluded if the DC sentence was scheduled to end after the data extraction date (June 25, 2014).

researchers then compared the *scheduled* end date of each DC sentence with the *actual* date on which the inmate returned to a lower level custody.² One fifth—19.8%—of inmates who first entered segregation for disciplinary reasons stayed four or more days longer than sentenced. Of course, inmates may accrue new DC sanctions during their stay, thus lengthening DC time. The SRP assessment team therefore considered *only those inmates who received no new DC sanctions* during their L5 custody (n = 5,165, 87% of the sample). Of these inmates, 13% stayed in segregation more than three days longer than originally sentenced. **The average (mean) number of additional days held in L5 custody was 43 for this group of inmates.** This number is, however, skewed by a smaller number of large values. **Half (50%) of these inmates were released from L5 on or before having been held an extra 15 days.** Figure 1, below, shows the distribution of additional days spent in L5 custody for inmates who rolled over to AC.³

Figure 1. AC roll-over days beyond DC sentence end date (n=654)



Recommendation:

- Establish a graduated or phased privileges (“step-down”) program for DC inmates to help prepare them for successful reintegration into GP upon completion of their DC sanction. The DOC is already using these types of programs in units such as the Special Management Unit (SMU) and the Security Threat Group Management Unit (STGMU) and reports positive outcomes. Providing incentives in the form of reductions in segregation time helps encourage good behavior and gives management increased flexibility with housing and security levels. Incentive structures are most effective when they are based on individual behavior and risk rather than fixed time frames that are not individualized.
- Consider starting new DC inmates on a mid-range phase, possibly after a short (2-3 day) initial, stricter ‘new admit’ status, in order to establish expectations and provide incentive for positive

² This information was taken from cell movement files, not disciplinary records, as the completion of DC time does not guarantee that an inmate has left L5 housing. An inmate may, for example, roll over to AC status or remain in segregation to serve a new DC sentence.

³ The 654 releases from segregation presented in this chart do *not* represent the full number of late releases from segregation for the year period ending March 31, 2014. **The number is a sample of DC commitments that the SRP assessment team was able to match to inmates’ actual movements in and out of L5 housing.**

behavior while in DC. Inmates could then progress more quickly through the phases if they exhibit good behavior and meet program goals, reducing time spent in RHU.

Finding 1.3: Inmates on the Restricted Release List (RRL) are often held for years in segregation. Although a relatively small number overall, inmates on the RRL help to increase the segregated population, especially since long-term RRL inmates often have no transition plan for eventual return to GP, and there are no specific guidance by which the Program Review Committee (PRC) and unit team should evaluate RRL inmates for removal from the RRL. **Some facilities, such as SCI Smithfield, have found creative ways to deal with this population.**

Recommendation: Expand step-down programs and interventions based on behavior, risks, and needs, with the goal of returning RRL inmates to the GP (or other less restrictive setting) whenever possible. SCI Smithfield is committed to reintegrating RRL inmates into GP, providing a model for facilitating reintegration that is **reported to have been successful.** Similar efforts should be expanded to other facilities holding significant numbers of RRL inmates. Additionally, consider amending DC-ADM 802(2)(D)(8) to provide specific guidance to the PRC and unit team for consideration of RRL inmates' removal from the RRL.

Finding 1.4: Inmates can be released directly from segregation to the community. Although there are transition procedures for inmates being released from some special programs, no transition programming is required for individuals being released to the community directly from RHUs.

This practice can have negative effects on public safety. A study of Washington state inmates found that individuals released directly from segregation had a greater risk of recidivism and of recidivating by committing violent crimes than those who were returned to general population for at least 90 days prior to release.⁴

Recommendations:

- Design and implement transition programming for L5 inmates nearing sentence completion. Establish a step-down process within a certain timeframe prior to release.
- Consider a transitional unit for these inmates as the final step of that step-down process in order to provide these inmates with expanded privileges and services as well as re-entry planning while still in DOC custody. New Mexico Corrections Department, for example, has instituted a Reentry and Release Unit (RRU) for the equivalent of L5 inmates who are within 180 days of release. This GP unit provides graduated congregate opportunities and re-socialization experiences. Inmates do not interact with other inmates in GP, but have access to education and behavioral health staff on the RRU, are not in restraints during group education activities, and move freely in large outdoor recreation areas with others in the program.

Finding 1.5: Some RHU pods contain a mix of AC and DC inmates. DC-ADM 801(6) requires that DC inmates be housed in *cells* separate from GP and AC inmates; however, there does not appear to be a policy against mixing AC and DC status inmates in RHU *pods*. Mixed populations of DC and AC inmates in RHU can result in movement challenges for security and diminish a facility's ability to tailor services and privileges to effectively meet each population's needs.

Recommendation: **Avoid mixing types of inmates in pods/units whenever possible (or tiers if pods/units are not possible).** Structure housing and programming by type of inmate so that security resources are used only as required to maintain the safety and security of each population. Housing AC and DC inmates

⁴ David Lowell, et al., "Recidivism of Supermax Inmates in Washington State," *Crime & Delinquency*, Oct.2007, vol. 53 no. 4 633-656.

separately will provide for clear distinctions for both staff and inmates and will assist in enhancing services, programs, and congregate opportunities specific to each population.

Section 2: Use of Disciplinary Custody

Finding 2.1a: There is an overreliance on DC and underutilization of alternative responses in response to misconducts. SRP researchers looked at all misconducts⁵ that contained at least one guilty finding for the snapshot population during the 12 months prior to the snapshot date of March 31, 2014 (N=19,901 misconducts).

Types of sanctions imposed. *Table 1*, below, shows the number and percentage of the misconducts with guilty findings that received different types of sanctions. **Disciplinary custody was the most common sanction, given in 75% of cases.** Suspension/removal from a job was the second most common, at 31%; however, it should be kept in mind that losing one’s job maybe an unavoidable consequence of being sent to L5 housing. Some sanctions can only be given to specific charge types, particularly confiscation of contraband or payment for property loss. Others, however, could conceivably be given as an alternative to DC in cases involving less serious violations but appear to be used infrequently. Once cases reached the level of a hearing, cell restriction and loss of privileges were given in only 16% and 5% of cases respectively.

To assess the relationship between offense type and the sanction given, **SRP researchers limited consideration to misconducts that contained only one guilty charge.** In these cases, we can be sure that the sanction was given in response to the specific charge only, and not in response to a combination of charges. This helps clarify hearing officer sentencing practices.

Table 1: Sanctions given to misconducts with guilty findings

	N	%
Disciplinary custody	14971	75%
Suspension/removal from job	6216	31%
Cell restriction	3184	16%
Confiscation of contraband	2306	12%
Reprimand, warning, counseling	1681	8%
Loss of privileges	956	5%
Payment for property loss	851	4%
Revoke pre-release status	96	0%
Total misconducts	19901	

⁵ A misconduct maybe associated with multiple charges, but here it is only counted once.

Use of Sanctions by Charge. Table 2, below, shows the percentage of each charge type to receive each sanction. Charges are listed in order of frequency.⁶ By looking at misconducts that contained only one guilty charge, we are able to link the sanction given with the specific charge linked to that sanction. During the selected 12-month time period, over half—55.4%—of all guilty misconducts contained one charge only (n=11,024). As this table demonstrates, cell restriction is being used for certain charges: notably ‘failure to stand count’ (51%), ‘taking unauthorized food from the dining room or kitchen’ (44%), and ‘any violation of a rule or regulation not specified as a Class 1 misconduct’ (44%). Loss of privileges is applied as a sanction in very few cases, most frequently in response to unauthorized use of mail or telephone. Even for this charge, however, DC time is given in 60% of cases. ‘Refusing to obey an order’ resulted in a DC sanction in 85% of guilty cases. Many of these inmates (40%) were ‘frequent flyers,’ having already received five or more DC sentences in the previous year. Conversely, however, 30% of inmates sentenced to DC for refusing to obey an order had not been charged with that specific violation in over a year, and 17% had no formal misconducts during the previous 12 months. These inmates were sentenced to an average of 32 days DC.

Table 2: Use of sanctions by charge

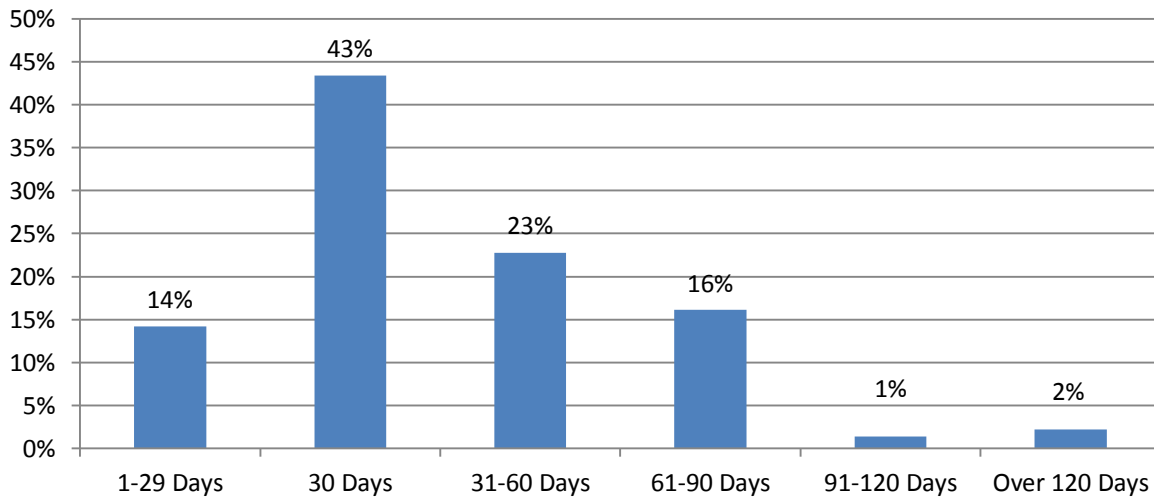
	Total Guilty N	Disciplinary custody	Suspension/ removal from job	Cell restriction	Confiscation of contraband	Reprimand, warning, counseling	Loss of privileges	Payment for property loss	Revoke pre-release status
35 Refusing to obey an order	3688	85%	21%	10%	0%	4%	1%	1%	0%
16 Fighting	1073	97%	43%	3%	0%	1%	2%	1%	0%
36 Possess contraband including money...	992	69%	32%	15%	72%	4%	4%	1%	0%
33 Using abusive, obscene, inappropriate lang.	854	73%	31%	20%	0%	2%	4%	0%	0%
1 Assault	802	98%	37%	2%	0%	0%	0%	9%	0%
43 Presence in an unauthorized area	541	46%	38%	39%	0%	6%	8%	0%	0%
38 Destroying, altering, tampering with, or	453	38%	8%	6%	8%	8%	1%	62%	0%
22 Possession or use of dangerous or controlled...	434	99%	61%	1%	3%	0%	4%	0%	1%
15 Threaten an employee or their family	399	94%	28%	4%	1%	2%	1%	0%	0%
17 Threatening another person	283	93%	39%	7%	0%	1%	1%	0%	0%
41 Failure to stand count or interference...	188	33%	24%	51%	0%	10%	6%	0%	0%
42 Lying to an employee	129	61%	29%	25%	2%	5%	5%	2%	0%
30 Breaking restriction, quarantine...	128	64%	40%	26%	1%	12%	3%	0%	0%
40 Unauthorized use of mail or telephone	117	60%	28%	14%	4%	3%	29%	0%	0%
27 Tattooing, or other forms of self-mutilation	103	70%	23%	20%	7%	10%	1%	5%	0%
48 Taking unauthorized food from the dining...	79	0%	59%	44%	11%	15%	11%	5%	0%
52 Any violation of a rule not specified...	75	1%	4%	44%	7%	45%	17%	1%	0%
19 Engage in sexual acts with others or sodomy	73	95%	52%	4%	0%	0%	5%	0%	0%
28 Indecent exposure	70	89%	41%	10%	0%	1%	0%	0%	0%

DC Sentence Lengths. These high rates of DC sanctioning may be moderated, to a degree, by sentence lengths and the use of time-cuts. **Although 90 days is the maximum sentence allowed per charge, the majority of sentences fall well below this ceiling.** Figure 2, below, shows the distribution of sentence lengths for misconducts (single and multi-charge) by the snapshot population during one year. As we can see, 43% of misconducts received a sentence of 30 days.⁷

⁶ Charges were not included when they were too infrequent to draw conclusions regarding sanctioning.

⁷ Sentences over 90 days would have been earned by multi-charge misconducts.

Figure 2. Distribution of DC sentence lengths, 2013 (N=14,971)



Again, by looking at *single charge* misconducts, we see the *average* sentence lengths that different violations receive.

DC Sentence Lengths by Charge

‘Refusing to obey an order’ was the most common single-charge violation committed by the sample during the one-year study period, accounting for a third (33.5%) of all charges given. These sentences were 31 days on average. Fighting, assault, and possession or use of a dangerous or controlled substance received the longest DC sentences on average.⁸

Table 3: Average sentence lengths by charge

Charge	% with DC	Average DC days
35 Refusing to obey an order	85%	31
16 Fighting	97%	52
1 Assault	98%	64
36 Possess contraband including money, implements of escape, drugs	69%	47
33 Using abusive, obscene, or inappropriate language to or about staff	73%	35
22 Possession or use of dangerous or controlled substance	99%	68
15 Threaten an employee or their family with bodily harm	94%	45
17 Threatening another person	93%	33
43 Presence in an unauthorized area	46%	33
38 Destroying, altering, tampering with, or damaging property	38%	31
30 Breaking restriction, quarantine or informal resolution sanction	64%	26
42 Lying to an employee	61%	44
27 Tattooing	70%	29

⁸ It is important to note that, if inmates were currently serving another DC sentence and had already accrued a large amount of DC time, hearing officers would sometimes issue a short sentence (e.g., a day) to be served in the future. This brings down the average values shown above.

Finding 2.1b: There are no sanctioning guidelines for formal misconduct sanctions, including disciplinary custody sentences. DOC policies provide some limits on the amount of time an inmate can serve on DC for specified violations. However, specific guidance on the appropriate sanctions for specific rule violations is not provided.

Finding 2.1c: Definitions of the specific conduct that constitutes each violation are not made available to facility staff or inmates. Although DC-ADM 801(1) Attachment 1-A lists all available charges, there are no associated definitions, which risks confusion and disparities in charging and sanctioning and a lack of transparency regarding the reasons for sanctions given. **For example, #22 (Possession or Use of Dangerous or Controlled Substance) can overlap with #36 (Possession of contraband, which can include non-prescribed drugs).**

Recommendations:

- Develop sanctioning guidelines. Many states now use matrices that consider both the severity of the misconduct and past behavior to guide decisions about segregation or alternatives. Disciplinary matrices provide a guide that can be adjusted as necessary, as well as a tool through which the consistency of system-wide practice can be assessed. Sanctioning guidelines should:
 - Identify ranges of possible DC time for violations that are eligible for a DC sanction, allowing hearing officers to exercise discretion within set ranges;
 - Encourage expanded use of alternative sanctions by hearing officers, including for sanctions imposed on current DC and AC inmates;
 - Allow consideration of individual misconduct histories, informal resolution history, mental health status, and any physical or intellectual disabilities; and
 - Include recommendations for alternative sanctions for less serious violations.
- **Consider expanding the number of lower level violations that are not eligible for DC (currently #47-52).**
- Once sanctioning guidelines are established, review all current DC inmates to determine if their DC sentence complies with the new guidelines.
- Regularly review disciplinary custody sentences given for similar violations and circumstances across facilities and officers to assure consistency.
- Make clear definitions for violations available to staff and inmates to promote clarity, provide transparency, and enhance consistency in the use and recording of violations. Training should be provided to staff on the definitions and the appropriate use of each violation code.
- In order to determine the best response to a violation, assess inmates for eligibility into a specialized program targeted to their behavior and needs. For example, if an inmate's violation was due to possession of a controlled substance or drug paraphernalia, transfer into a drug treatment unit may be the most appropriate response to that violation.

Finding 2.2: A very small number of inmates are responsible for a disproportionate number of violations. As reported earlier, during the year preceding the data snapshot date, 83% of inmates in the DOC had no violations, and 17% of inmates—nearly a fifth—committed violations that resulted in disciplinary custody.⁹ Among the inmates with violations for this year, a small number had high levels of reoffending; just 21% of these inmate accounted for over half (55%) of all violations in the DOC that year that resulted in disciplinary sentences. Each of these inmates received disciplinary time for three or more misconducts during the year period. These new violations may have been committed while they were still in DC, and the new time served concurrently or consecutively.

⁹ Here, the SRP assessment team looked only at inmates who had been in custody for the full 12 months (34,849).

A smaller number of these inmates could be considered ‘frequent flyers,’ committing misconducts that resulted in a DC sentence five or more times in a year . **These inmates accounted for just 9% of all inmates who were sentenced to DC time, but committed 37% of the violations.** These inmates were more likely than the rest of the population to be stability code C (44.6%).¹⁰ Chronic reoffenders take time and resources in terms of staff and agency involvement and often add to their DC time when new violations occur while they are in DC.

Recommendation: Develop programming solutions for ‘frequent flyers’ can be extremely helpful in reducing the use of segregation. Changes implemented in other SRP partner states include programming designed for chronic repeat rule violators and those with a history of less serious but frequent violations. For example, Washington State Department of Corrections (WA DOC) utilizes an **Intensive Transition Program (ITP)** to respond to inmates with chronic behavior problems who frequently return to segregation. Program goals are to (a) promote a successful transition back to the general prison population or the community, (b) reduce participants’ returns to segregation, and (c) advance individuals to the least restrictive form of custody possible while maintaining safety and order by moving inmates from segregation to non-segregated housing at lower levels of security after graduation from the program. The ITP addresses the problem of chronic reoffenders in segregation, facilitates reductions in the agency’s use of segregation, and allows space formerly required for segregation to be repurposed for general population and other needs. WA DOC reports very positive outcomes of the ITP for inmates with chronic behavior problems and multiple segregation stays, with only a small percentage of program graduates returning to segregation.

Finding 2.3: The use of informal resolutions varies widely among facilities. Although some facilities visited by the SRP assessment team reported extensive use of informal resolutions with positive results, others reported rarely using informal response to violations. Similarly, some facilities made use of on-unit record keeping such as block cards, while others did not.

Recommendations:

- **Identify successful informal response practices, such as in Special Needs Units and specific facilities,** and provide an opportunity for sharing this information and expanding its use across facilities.
- DOC policy does not restrict the use of informal resolutions for DC inmates, but they are not commonly used in practice. As DOC implements the changes to DC recommended in this report (such as the use of incentives), the use of informal resolutions will become more relevant to DC inmates, and therefore more attractive as alternative sanctions in DC. Encourage the use of informal resolutions when appropriate for inmates in DC.

Finding 2.4: Understanding and use of time-cuts vary across facilities. Based on conversations between the SRP assessment team and facility staff during site visits, there is an inconsistent understanding across facilities and facility administrators of parameters affecting time-cuts. Although the eligibility and procedure for time-cuts is clear in DC-ADM 801(4)(B), perceptions and use of time-cuts vary among facilities.

Recommendations:

- Re-communicate policies regarding the use of time-cuts. Retraining may be needed on this issue.
- Conduct ongoing data analysis to ensure that practices match policy and to identify ongoing training needs.
- Consider mandating PRC review for all DC inmates at their halftime eligibility.

¹⁰ 23% were stability code B, 17.8% were stability code D, and the remaining 14% were stability code A.

Finding 2.5: Inmates in DC housing have limited options for programming that might help improve their behavior and improve their potential for successful return to population and prevent returns to RHU.

Recommendations:

- Offer targeted behavior modification programming in restricted housing to improve successful reintegration back into GP and reduce continued misconducts.
- Conduct a needs assessment at intake to DC to determine appropriate programming that will address behaviors and needs related to the misconduct.

Finding 2.6: Inmates returning to GP from DC must often wait to rejoin programs, due in part to programs having waiting lists. Gaps in programming and constructive activities after return to GP may work against successful reintegration and heighten the risk of behavioral and adjustment problems. Effective programs during the reintegration stage can offset these risks, lessening staff burden and returns to segregation.

Recommendations:

- Emphasize rapid involvement in programming for those returning to GP from RHU to enhance adjustment.
- Prioritize programming that addresses sources of misbehavior and/or provides incentives to remain out of restricted housing.
- Expand use of step-down pods, using dedicated pods as a step-down phase before inmates return to GP with expanded privileges and services. This would increase the rate of successful transitions to GP and provide a period of time to arrange programming in GP after the step-down phase.

Finding 2.7: DOC employs a robust and effective review process for moving inmates out of DC.

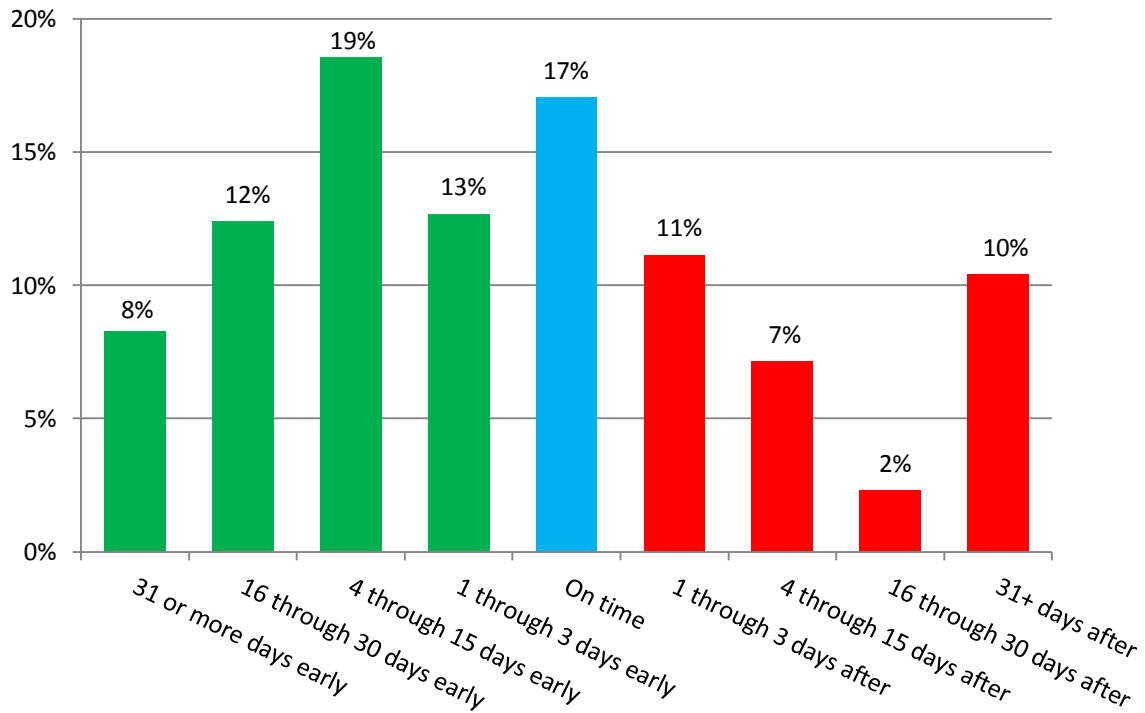
Pursuant to ADM 801(4)(B)(7)-(10) and 6.5.1(J), the Unit Management Team regularly reviews DC inmates eligible for early release. SRP researchers found evidence in the administrative data to suggest that this is an often used and effective path out of segregation. As noted above, the SRP assessment team identified a sample of cases where inmates entered segregation for disciplinary custody (DC) during 2013 (N=5,911).¹¹ SRP researchers then compared the *scheduled* end date of each DC sentence with the *actual* date on which the inmate returned to a lower level custody.¹² Figure 3, below, demonstrates that over one third (39%) of inmates entering L5 custody for disciplinary reasons were able to return to a lower housing level more than three days before the end of their sentence. This figure rises to 42% when we excluded inmates who earned a new DC sanction during their L5 stay.¹³

¹¹ The sample *excludes* cases where more than two days passed between the sentence effective date and the inmate's entry to segregation. In these instances, it was unclear whether the scheduled sentence completion date was adjusted to account for the delay. Cases were also excluded if the DC sentence was scheduled to end after the data extraction date (June 25, 2014).

¹² This information was taken from cell movement files, not disciplinary records, as the completion of DC time does not guarantee that an inmate has left L5 housing. An inmate may, for example, roll over to AC status or remain in segregation to serve a new DC sentence.

¹³ We discuss the 19.8% of inmates who stayed more than three days longer than their sentenced time in a later section.

Figure 3. Release from segregation, relative to DC sentence end dates (n=5,911)



Recommendation: Conduct analyses to look at the frequency with which the Program Review Committee (PRC) provides different justifications for early release. For example, while early release for good behavior may indicate a productive use of DC, frequent releases made because of the length of time in RHU may indicate the need to reconsider overall sentencing practices.

Section 3: Use of Administrative Custody

Finding 3.1: Categories of reasons for placement in AC are unclear and potentially interchangeable.

Reasons for AC lack clear distinctions that differentiate each category and categories are potentially duplicative. For example, SRP data analyses indicate that three uses of AC —‘held temporarily’, ‘investigative’, and ‘insufficient records’—account for nearly half (45%) of the 802s given. However, all three of these categories could *potentially* be coded as ‘held temporarily’. Taken alone, ‘held temporarily’ accounts for approximately one fifth (21%) of entries into AC. However, the categorization provides little specific information on the reason the inmate has entered segregation: whether the inmate is awaiting transfer out or recently transferred in from the county or another facility, for example. The categorization may also be used in place of other 802 statuses, such as ‘held for the inmate’s safety.’ Field reports indicate that staff may use some categories interchangeably, depending on who fills out the forms. This leads to varied interpretations, and inconsistent use and coding of data. These unclear distinctions and variations in interpretations and usage limit the agency’s ability to track or monitor why people are housed in AC, and thus limit their ability to target particular uses for modification.

Recommendation: Develop clearly written definitions for each reason an individual is placed in AC, along with guidelines on how to code potentially overlapping categories; disseminate to and train staff on these distinctions. This will enhance consistency in officers’ coding of cases and the agency’s ability to identify types of inmates in each category and assess and monitor the overall use of AC. It will also enable administrators to target particular uses of AC for ways to mitigate and reduce reliance on segregation.

Finding 3.2: Administrative custody is used for inmates considered dangerous to themselves.

On the snapshot date, there were only 65 inmates held in AC because they were considered a danger to themselves (2.5% of the segregated population). However, during the previous 12 months, this was the fourth most common reason for inmates to enter AC status, accounting for 9% of new 802 records. Predictably, this is an 802 status that was applied more frequently to inmates with a Stability Code D; 31% of Stability Code D inmates who entered AC during a one-year period were considered a danger to themselves. For Stability Code A inmates, this rate was 5%.

When segregation is used for inmates who pose a danger to themselves, the length of stay is typically shorter than in other AC categories; about half (52%) are released from this status within one week. However, just over one quarter (27%) are held for longer than a month. The Settlement in *Disability Rights Network of Pennsylvania v. John Wetzel* (“Settlement”) will eventually divert virtually all Stability Code C and D inmates to specialized units. However, it would be beneficial for the department to develop and utilize other mental-health-based and other alternatives for responding to self-harm and repeated self-harm for Stability Code A and B inmates as well.

Recommendation: Reassess the policy of using AC for “dangerous to self.” The Settlement requires placement of Mental Health/Intellectual Disability (MH/ID) roster inmates who engage in self-harm in RTUs or SRTUs. Consider extending this placement option to any inmate who engages in self-harm.

Finding 3.3: Segregation appears to be the default option for protective custody (PC). This includes inmates who are afraid to live in general population due to perceived risk and inmates who have been identified by facility staff as being at risk. AC units thus house a mix of PC and non-PC inmates. These different types of inmates are then managed the same, including use of high-security two-on-one escort procedures, levels of isolation, restricted placement in programs, and restricted privileges and activities. Designing housing for vulnerable or protective custody inmates in GP rather than in segregation provides greater access to mental health and other resources and opportunities for congregate activities, and leads to better overall outcomes.

Recommendation:

House PC inmates without mental health needs in the newly structured SNUs when appropriate and available. If SNUs are not appropriate or available, enhance use of other mission-specific housing units or pods (or tiers, if units or pods are not available) for PC populations to remove vulnerable PCs from AC. These units/pods should have careful screening for entrance—i.e., no inmates who screen as high risk for abusiveness—and mix populations that can congregate in an open supervised setting. Congregate activities should be available during the day and interactions with service providers and counselors should be face-to-face rather than through a cell door.

- Other jurisdictions have demonstrated that this can be done even with challenging protective custody populations. At Lea County Correctional Facility in the New Mexico Corrections Department, inmates with sex offense convictions, ex-law enforcement officers, and gang members requiring protection were successfully integrated into units that operate similarly to GP housing. Classrooms and dayrooms during congregate activities are quiet, safe, orderly, and interactive. Use of these units reduces the number of vulnerable people held in segregation and would increase cost efficiency and the agency’s ability to focus resources without the often-debilitating effects of segregation and security procedures that are mandatory in high-security segregation units.
- SCI Fayette also might provide a model for alternatives for PCs currently in restricted housing. Rather than sending sexual abuse victims to the RHU, SCI Fayette responds to Prison Rape Elimination Act (PREA) cases by single-celling victims and sometimes moves them to an area near the officer station where it is easier to monitor interactions. This could be used as an alternative for GP housing of other vulnerable inmates.

Finding 3.4: Inmates believed to be a risk to others are held in AC for long periods of time and are typically held without programming that might mitigate dangerous behaviors and/or enhance their ability to be safely released from AC. Inmates who enter AC because they are considered a danger to others have the longest lengths of stay, as compared with other reasons for administrative custody. Nearly half (48%) of these inmates are held for more than one month and 20% are held for more than three months. On the snapshot date, 10% of the 185 inmates held in AC as a danger to others had been in L5 housing for more than 2 years.

Recommendation: Establish a program for long-term AC inmates that incorporates a level system, similar to the SRTU and SMU programs. This will allow the gradual introduction of expanded privileges, services, and congregate activity. By having a targeted approach to reintegrate this population into GP or the community in an efficient but safe way, DOC can reduce the amount of time long-term AC inmates spend in segregation.

Finding 3.5: Although congregate opportunities are built into special programs and/or special units, the majority of inmates in AC lack graduated opportunities for congregate activities. This can lead to inmates decompensating in RHU and experiencing adjustment problems upon return to GP or the community.

Recommendation: Create options for adding safe, graduated, congregate activity for segregated AC inmates, e.g., in programming, educational activities, meals, recreation, and dayrooms. As with some specialized programs now, congregate activity for individuals who have not had them available previously might first begin in small groups to gauge how the inmate will react, and gradually move up to more extensive programming and recreational activities.

Section 4: Responses to Stability D and Stability C Inmates

Finding 4.1: There is a shortage of mental health staff to meet the needs of incoming and current populations, due to budget restrictions, hiring restrictions, and challenges in competing with wages locally. Inadequate mental health staff burdens security and service provision staff and puts inmates (including transient and temporary transfer inmates) and staff at risk. For example, SCI Graterford reported a 400:1 inmate to psychology staff ratio at the time of the SRP site visit in April 2014. This is completely insufficient to meet the population's needs or (for SCIs Camp Hill and Graterford) to assess and understand those needs in a timely way. Risk for suicide and significant mental health issues are high, especially among those who have not been in prison before.

The Settlement requires a level of staffing “adequate to provide appropriate mental health treatment” to inmates with Serious Mental Illness (SMI). Additionally, the Settlement imposes: (a) timelines for initial psychological evaluation of every new DOC inmate, (b) development of individual recovery plans (IRPs), (c) interviews with SMI inmates who have received misconducts, (d) regular rounds in RHUs, (e) assessment of all new RHU admittees for suicide risk, (f) personal interviews of all new inmates placed in RHU, (g) regular follow-up with all inmates in RHU, and (h) psychological examinations of long-term RHU placements who may be experiencing mental illness. All of these requirements are positive and important, but will place even greater pressure on an already overextended staff. Concentrating the SMI populations in certain facilities, as is currently in process at DOC, will help with this, but will not alleviate the need to provide additional mental health services and staffing system-wide.

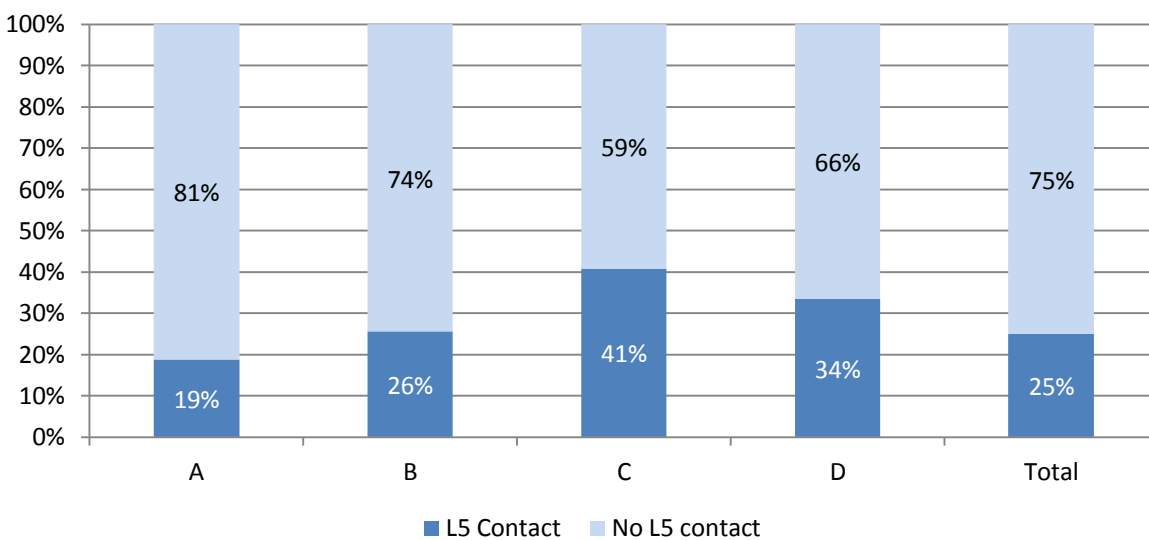
Recommendations:

- Strategize ways to increase necessary mental health staffing levels by evaluating job requirements, remuneration (and whether it should be adjusted in different parts of the state), recruitment plans, etc.
- Consider collaborating with the state’s mental health department to see where resources could be shared and maximized.

Finding 4.2a: There are higher rates of placement of Stability Code C and D inmates in RHU. The SRP assessment team is aware that DOC has made explicit efforts to limit contact with segregation for Stability D inmates. Many of the policies relating to this initiative were being implemented during the DOC-SRP project period. The team is also aware that their impacts may not be reflected in the data provided. However, SRP analyses suggest that DOC could benefit from also focusing attention on the use of segregation for Stability C inmates. On the snapshot date, Stability C inmates accounted for only 15% (7,083) of the GP, but made up one quarter (613) of the segregated population. Stability D inmates were over-represented by a much smaller degree; they constituted 8% (3,546) of the GP and 10% (237) of L5 inmates. These disproportionate rates of segregation for Stability C inmates can be seen more clearly by looking at their presence in L5 housing during the previous 12 months.

Figure 4, below, shows the percentage of inmates who spent time in L5 housing during the 12-month period ending March 31, 2014.¹⁴ Although the percent of all DOC inmates held in segregation on any one day is low, one quarter—25%—of all DOC inmates had spent time in L5 custody during the previous year. This rate was much higher among Stability Codes C and D inmates; 41% of Stability C and 34% of Stability D Code inmates had spent some time in L5 custody in the previous year.

Figure 4. L5 contact during 1 year period, by stability code (n=34,510)

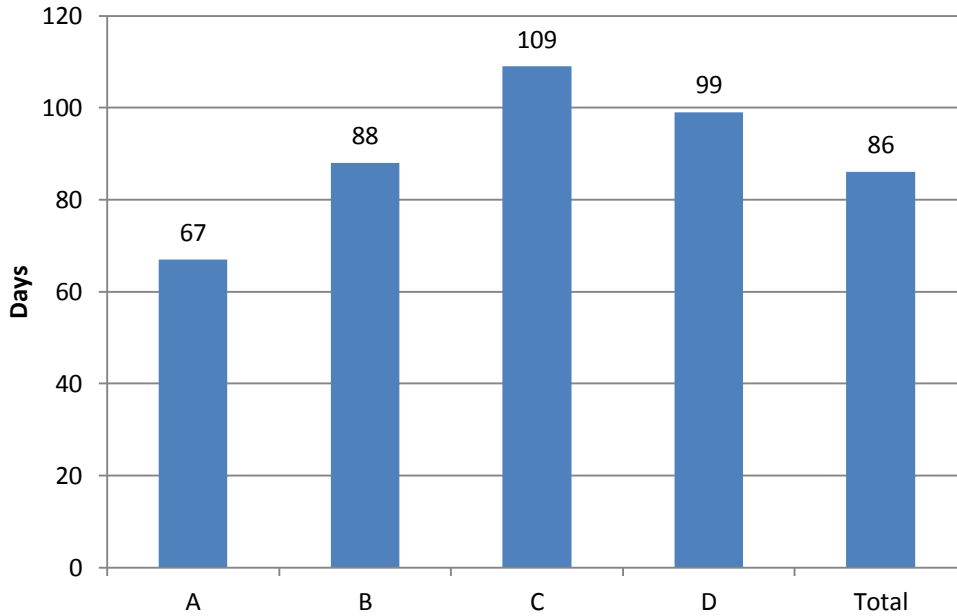


Not only are Stability C and D inmates more likely to enter segregation, they also are more likely to have longer lengths of stay. Figure 5 shows the average number of days in segregation accumulated during a one-year period for inmates who entered segregation at least once during that period, broken down by stability code.¹⁵

¹⁴ This chart excludes (a) inmates who had not been given a stability code by the snapshot date, (b) inmates who were in DOC custody for less than one year, and (c) capital cases.

¹⁵ As noted, this excludes inmates who were in DOC custody for less than one year, had not received a stability code by the snapshot date, or were serving capital sentences.

Figure 5. Average accumulated L5 Days during 1 year (N = 8,651)



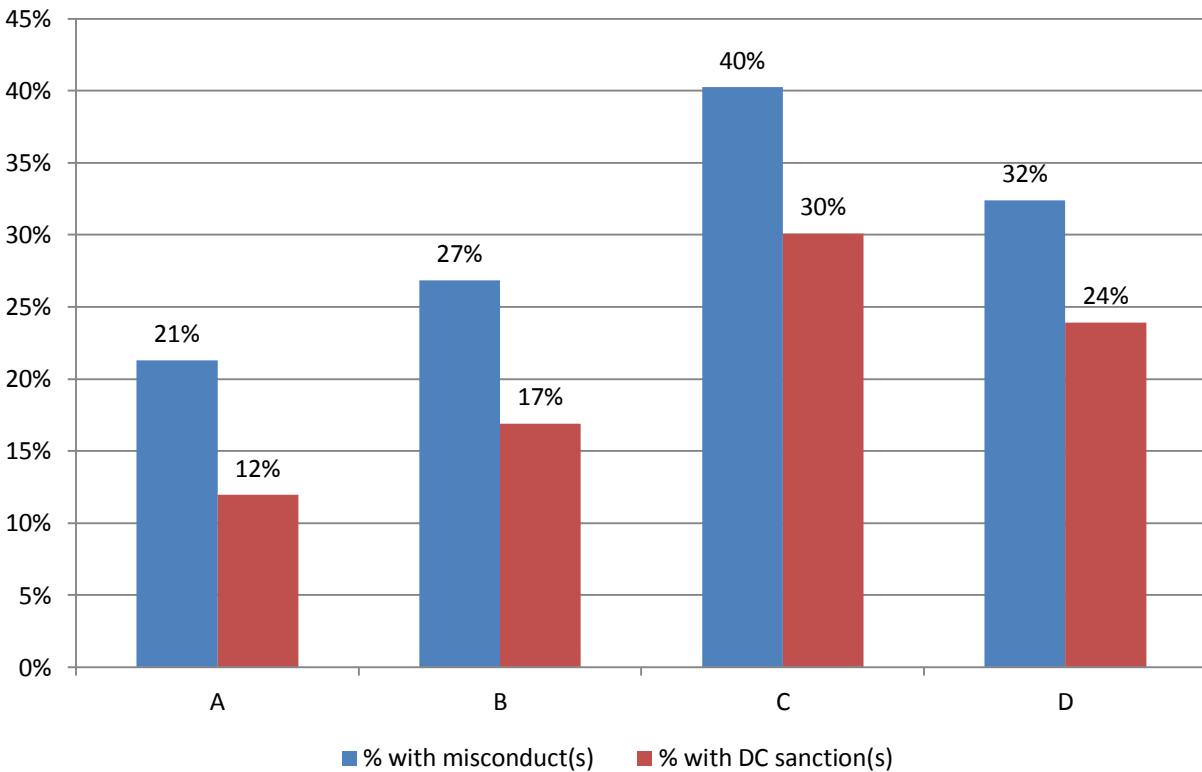
Stability C inmates who spent time in segregation accumulated an average of 109 days in L5 custody through the year, substantially higher than Stability A inmates (67 days) and both B and D Stability Code inmates (88 and 99 days respectively). Disproportionate contact with and time spent in segregation for Stability C and D inmates is a result of both their infraction rates and likelihood of entering AC, as described in finding 4.2b.

Finding 4.2b: Stability C inmates receive substantially more formal misconducts, leading to higher contact with segregation.¹⁶ Figure 6 shows the proportion of each stability code population (a) that was processed formally as having committed violations and (b) that spent time in DC during the year prior to the snapshot date.¹⁷

¹⁶ Stability C inmates may also commit more serious violations than Stability Code A and B inmates; this was not explored during this analysis.

¹⁷ The data only include inmates who had been in the custody of the DOC for the full year period.

Figure 6. One year infraction histories by stability code (N = 34,697)

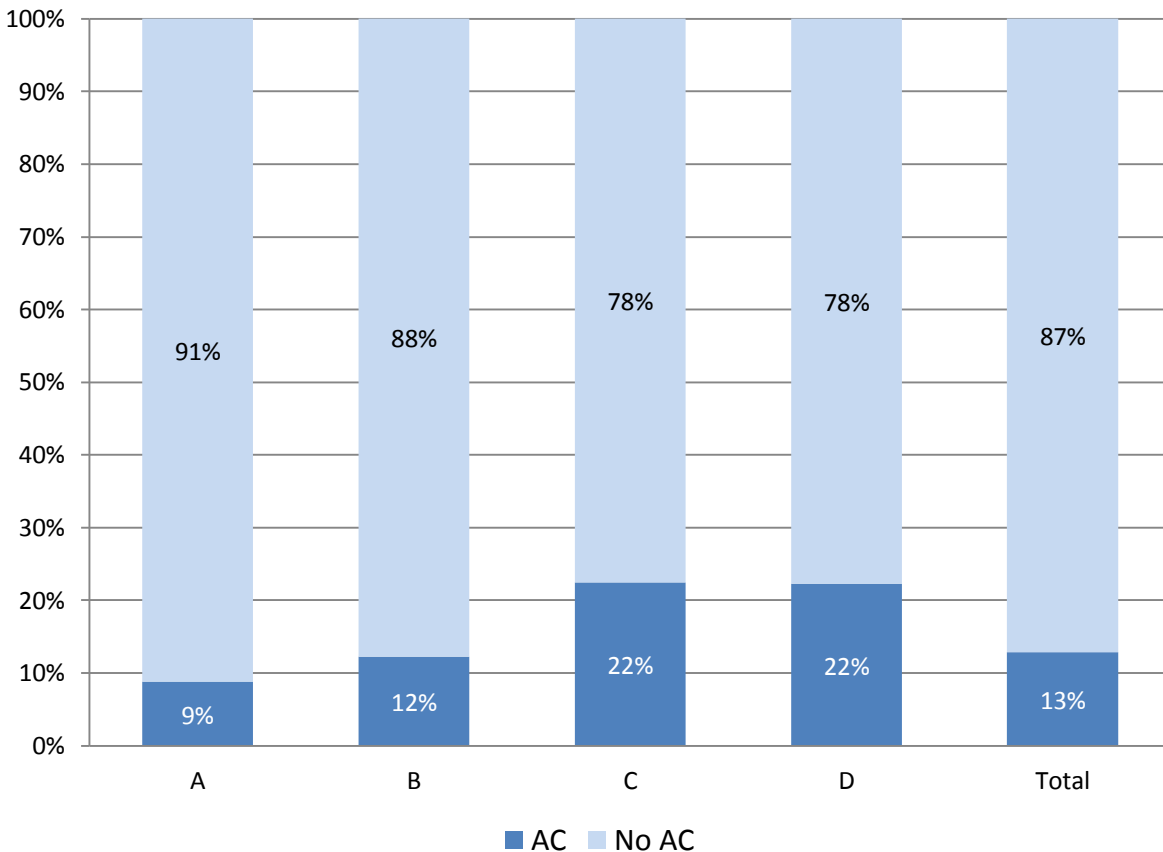


The chart above shows that 40% of Stability C inmates were formally processed as having committed violations during the year prior to the snapshot date. As a result, nearly one third (30%) of Stability C inmates were sentenced to DC at least once. Stability A inmates, by comparison, were charged with misconducts and spent time in DC at approximately half these rates (21% and 12% respectively).

Finding 4.2c: Stability C and D inmates are more likely to spend time in AC status than other inmates. Figure 7 shows that, unlike in DC and segregation more generally, Stability D inmates were found to be as likely to have spent time in AC status as Stability C inmates.¹⁸

¹⁸ Again, the SRP recognizes that recent changes to the processing of Stability D inmates into segregation may have changed contact rates for this subset of the population.

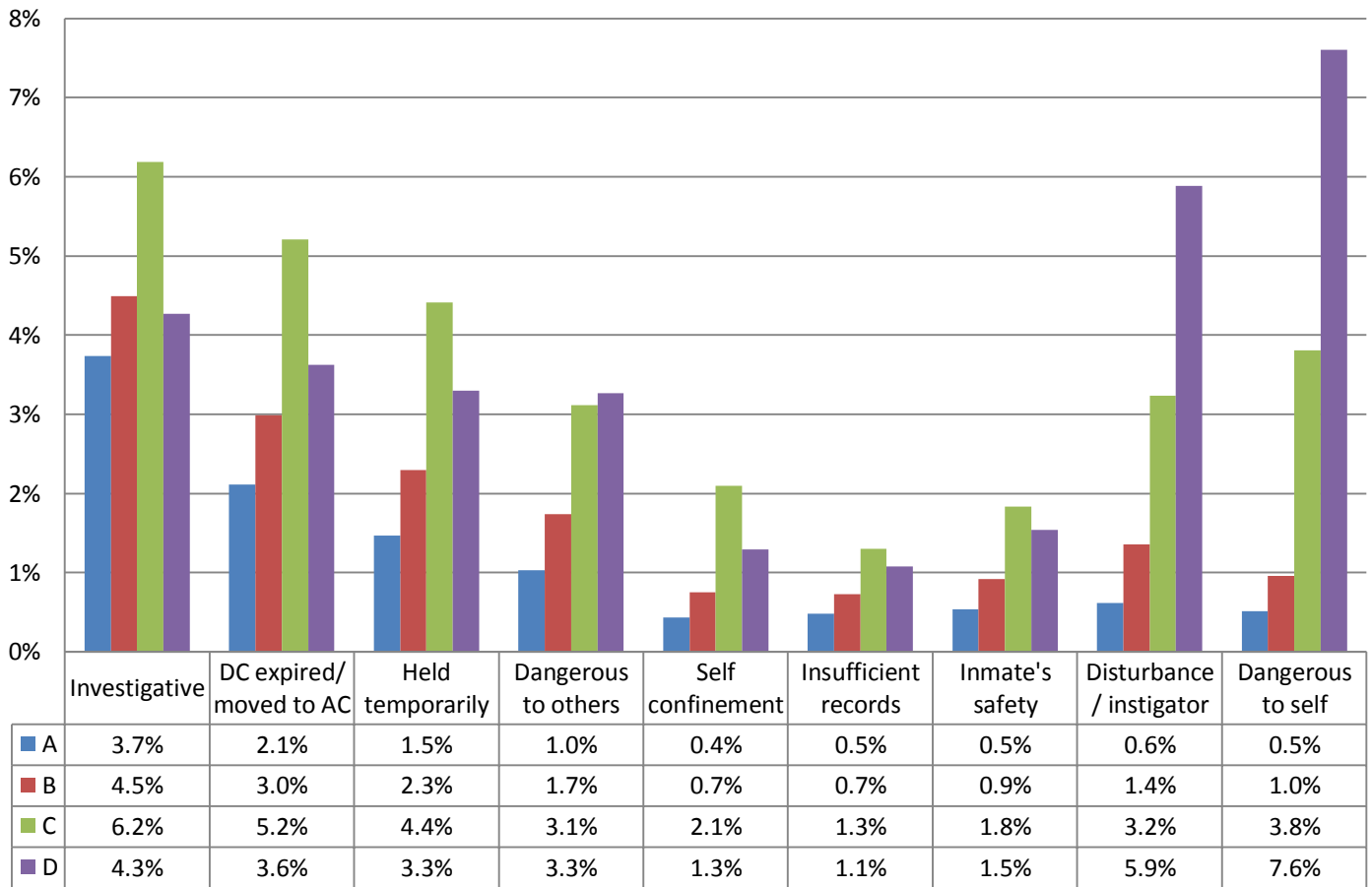
Figure 7. Prisoners with AC records during previous year, by stability code (N = 34,510)



Although 9% of Stability Code A inmates and 12% of Stability Code B inmates spent time in AC during the previous year, this was true for more than a fifth (22%) of Stability C and D inmates. The most common *reasons* for AC status among these groups also differed by stability code. Figure 8 below shows the percentage of inmates from each stability code to receive each 802 status during the previous year.¹⁹ Echoing earlier findings, this chart shows that a higher proportion of Stability C inmates than inmates in other stability code statuses are converted to AC status following completion of DC time. These two findings are likely to be a result of the fact that they are more likely to be charged with formal misconducts than inmates in other stability codes. Stability C inmates are also more likely to be placed on temporary hold. Six percent of stability D inmates were placed in AC for creating a disturbance or instigating during the previous year, and nearly 8% were considered dangerous to themselves. These rates are much higher than for all other stability codes.

¹⁹ This chart counts *people*, rather than 802 records. Unlike disciplinary (801) records, a new 802 record may be opened if the period of AC is punctuated by a DC sanction. Counting these as two separate 802 records would misrepresent the frequency of its use. Thus this chart only includes inmates who were in DOC custody for *at least one year*, and *excludes* capital cases.

Figure 8. Percentage of population admitted to AC by type and stability code during one year



Over time, finding safe alternatives to the use of segregation for Stability C inmates will reduce DOCs overall reliance on segregation in response to disruptions and other violations.

Recommendations:

- Consider establishing supportive units in GP for Stability C inmates with adjustment problems that would mitigate their apparent higher risk for segregation. These “mission-specific” GP units could provide enhanced services and privileges, including expanded programming to improve behavioral and emotional adjustment and more frequent direct contact with mental health staff than in non-specialized GP units. Despite initial costs, if this prevented the high proportion of Stability Cs in the segregation population, it would result in cost savings over time and the reduction in the segregation population would free bed space for other uses.
- Assess whether Stability C inmates could benefit from more services in GP to prevent them from migrating to RHU.
- Consider ways to expand components of the Settlement provisions relating to Stability D inmates to Stability C inmates. For example, expand Stability D inmates’ access to programming in RHU to Stability C inmates. Although this would create an additional burden on staff, it may be an incremental one because of the requirements already imposed regarding Stability D inmates.

Finding 4.3: Although additional programming is offered to Stability D inmates in DC and AC (per DOC policy), many choose not to participate. This was reported across the facilities and units visited.

Recommendations:

- Expand incentives and strategies to encourage participation in programming by Stability D inmates. For example, some facilities include utilizing the puppy program to draw inmates out of their cells and engage them in activities. SCI Huntingdon starts with an hour of recreation and games prior to the hour of programming. Both strategies have been successful in engaging Stability D inmates.
- Establish a forum for representatives from D Roster facilities working with this population to share strategies and lessons learned: for example, web-based communication such as an online forum and periodic conference calls.

Section 5: Specialized Populations and Specialized Housing Units

Finding 5.1: There is a lack of specialized units for inmates with behavioral challenges who could benefit from tailored incentive-based programming, but who are not appropriate for the specialized units currently available. Many of these inmates are placed in currently available specialty units, where their behavior consumes a disproportionate amount of staff time and makes progress difficult for participants who are trying to engage in the program. For example at SCI Muncy, although the SRTU works well for inmates who fit program criteria and want to actively participate, staff report that many individuals currently in the program are not a good fit for the SRTU model but are there for behavioral issues due to a lack of other specialized housing options. Currently, DOC is implementing new Behavioral Management Units (BMUs) that will house 8-10 inmates each, but there is concern that the planned units will not meet the anticipated need.

Recommendation: Consider additional BMUs as implementation progresses and needs are established. SRP assessment team site visits suggest that DOC would benefit from additional BMUs or similar units to address needs of behaviorally challenged inmates currently in segregation or specialized units. Mismatched placement of these inmates in specialized programs disrupts the programs, stresses staff and participants, and may not improve the disruptive and damaging behavior of this challenging population.

Finding 5.2: Staff lack options to deploy gender-specific responses and programming for women. Female inmates in DOC are governed by policies designed primarily for men. This creates challenges when women have different needs and require different approaches to address those needs. For example, the male-based sex-offender treatment program curriculum is currently used for both men and women, although reasons for and best practice responses to sexually deviant behavior among women are often quite different. Similarly, SCI Muncy staff reported that misconduct sanctions are not always appropriate for female inmates; men and women often act out in different ways for different reasons and need different responses to effectively modify their behavior. Although staff at DOC's two female facilities are demonstrating innovative and promising responses tailored to the needs of their populations, current policies limit their ability to do more.

Recommendations:

- Review policies and procedures for their appropriateness for women. Consider an addendum that applies only to female facilities.
- Develop gender-specific programming and responses to violations, when appropriate.
- Continue to utilize organizations like the National Institute of Corrections (NIC), the Association of Programs for Female Offenders, and the Bureau of Justice Assistance's National Resource Center on Justice Involved Women as resources for best practices for women in confinement and as support for policy revision and review.

Finding 5.3: SMUs and similar programs return participants to the beginning phase of the program for misconducts. In contrast, participants who commit violations in SCI Greene’s STGMU can be held on a “phase freeze” for a period of time, or are adjusted back just one level, instead of having to re-start the program.

Recommendation: Automatically reducing each inmate’s level to the beginning phase can inadvertently remove the individual’s incentive to succeed. Instead, responses should take into account an inmate’s progress, potential, and commitment to the program in determining whether their level should be frozen, adjusted back one level, or returned to the first phase. The STGMU serves as an example.

Finding 5.4: Inmates who are awaiting entry into specialized programs become demotivated. The long wait for transfer to special programs—in addition to causing problems with overcrowding RHUs (as noted in Finding 1.1c, above)—has an impact on the motivation of inmates once they have been approved for new programs. Often, starting in a new specialized unit means that an inmate has fewer privileges and more restrictions than he or she had previously. This can lead to a difficult transition for a person in a specialized program, setting up a dynamic that can be challenging to overcome.

Recommendation:

- See recommendation associated with Finding 1.1, above, regarding strengthening OPM’s capacity.
- Revisit whether it is necessary for all new admissions to specialized units to start at the same level. Consider assessing individuals at intake to determine the most appropriate level, starting all new intakes at the middle level, or allowing inmates with a period of positive behavior prior to transferring to the program to start at a less restrictive level. Allow flexibility for inmates to move through phases faster than the current policy states.

Finding 5.5: Insufficient training for security and other staff working on specialized units and with special needs inmates. At the time of the SRP assessment team’s site visits, DOC was in the process of providing mental health first aid (MHFA) training to all staff and Crisis Intervention Team (CIT) training to select staff. However, staff across the facilities visited reported that opportunities to participate in these trainings were insufficient and that more sessions were needed. Several facilities reported that they would send additional staff if more training slots were available and suggested that trainings be offered regionally to increase accessibility. Staff also reported that additional specialized training for security and other staff working in specialized units—particularly SMUs and SRTUs—is needed. Although staff in these units receive Level 5 training, staff note that the units require a more specific approach related to their phased programming and missions than is addressed in these seminars. The Settlement addresses training, requiring MHFA training for all staff by July of 2015, and that staff who work with SMI inmates be given priority for CIT training.

Recommendations:

- In addition to meeting the training requirements of the Settlement, enhance the availability of specialized training for officers who work in non-SMI-specific special units and with special needs inmates. Expand the number of training slots available as soon as possible and consider regional trainings.
- Ensure that training is available as new officers assume these roles and when new programs are developed, in advance of their implementation.
- Consider other relevant/useful behavior management and communication skills training for officers and others (e.g., motivational interviewing training, used successfully in other jurisdictions).

Finding 5.6: Housing for youthful offenders at intake isolates them. The current system of housing youthful offenders at a facility close to the committing county *prior* to transfer to SCI Pine Grove, accompanied by the federal regulation to house these offenders separate from the young adult population, results in isolation for some of these youth by default. It also may result in an entire unit being dedicated to a very small number of inmates (one, at the time of the SRP assessment team’s site visit to SCI Graterford). This negatively impacts available bed space, the young person who is isolated at the beginning of confinement, and facility staff who are charged with their care. Recently, DOC took steps to address this issue by requiring transfer of youthful offenders to Pine Grove within 24 hours of their arrival at a DOC facility.

Recommendation: Youthful offenders (under age 18) should be transported directly to SCI Pine Grove and not be held at another facility awaiting transfer, which could result in them being segregated by default if there are no other youthful offenders at that facility.

Finding 5.7: Protective custody options are limited to RHU for youthful offenders at SCI Pine Grove. SCI Pine Grove staff expressed concern that there are no options *other* than RHU at SCI Pine Grove for housing youthful offenders who are vulnerable and need protective custody. Being the only facility for youthful offenders and housing Young Adult Offenders (YAOs) by phase also limits the options for moving inmates with Security Threat Group (STG) separations or other separation needs. Staff report that youthful offenders are sometimes held in AC status until another inmate has progressed to a different phase in the program to achieve separation. Both these factors lead to over-use of AC and over-isolation of at-risk youth. (The exception is, if an inmate is identified as at-risk for sexual assault, the RHU is generally avoided at SCI Pine Grove.)

Recommendation: Develop dedicated housing for PC youthful offenders where privileges and services mirror those of other youthful offender GP units.

Finding 5.8: The capacity to respond to YAOs and youthful offenders with specialized needs is limited. SCI Pine Grove staff noted a need for specialized units, programming, and enhanced support for YAOs and youthful offenders with behavioral challenges (for example, STG YAOs). YAO and youthful offenders with special needs cannot easily be transferred to other facilities to obtain services or interventions; staff at other facilities also may lack the special knowledge of young offenders and how to best manage them. Staff also noted (a) the need for added resources for units with YAOs to be compliant with new education laws; (b) the need for more mental health/psychiatric staff time; and (c) the need for more support for behavior modification programming for STG YAOs.

Recommendations:

- See recommendation associated with Finding 4.1, above, regarding recruitment and retention of mental health staff.
- As this population grows, develop specialized programs such as an STGMU, SNU, or BMU, tailored to the needs of YAOs and youthful offenders and managed by staff with expertise in dealing with this population. Having special needs units at SCI Pine Grove would remove the need for transportation and adjustment to a new facility for those needing special units, and enable smooth transitions back out into regular SCI Pine Grove programming. (There would be considerations regarding ages served because of PREA.)

Finding 5.9: SMU is not being used to its fullest potential. For example, the SMU at Fayette was designed to focus on successfully reintegrating inmates from RHU into GP. To effectively achieve this mission, staff believed it would be important to segregate inmates’ housing by phase, housing inmates in Phase 5 only with other Phase 5s, Phase 4s only with other Phase 4s, and Phase 3s and 2s together. With the exception of inmates in Phase 5, staff are unable to do this at present. Currently long-term RHU

inmates are also housed in the SMU, reducing flexibility. The physical plant layout is well suited to house Phase 5 by themselves, Phase 4 by themselves, and Phase 3 and 2 together.

Staff also expressed concern that inmates were being referred to SMU that are not appropriate for the program. Additionally, staff may not always fully understand the manner in which inmates progress through the SMU program, and the policy is not always clear. The current SMU policy, 6.5.1(3), was last updated in 2009, and should be re-examined in light of current changes and these recommendations.

Recommendations:

- Clarify the mission of SMUs and adjust the referral review process to be consistent with that mission. Revisit policy and make changes as necessary to achieve mission.
- House SMU inmates separately by phase. Downsizing the RHU population and avoiding housing mixed populations together would allow for this restructuring. As the current policy does not contemplate this housing separation, a policy change is necessary.

Section 6: General, System-wide Findings

Finding 6.1: Communication of system-wide policy changes and implementation is overwhelming agency staff. There have been many system-wide changes recently, occurring on a consistent and ongoing basis. Staff reported feeling overwhelmed trying to keep up with the volume of changes and the multiple forms of communication used to share information. This can lead to confusion, difficulty achieving buy-in, and inconsistent policy interpretation and implementation across the agency. DOC leadership understands the challenge this poses and has recently changed the frequency of policy changes to monthly, rather than on a rolling basis.

Recommendation: Continue to develop more strategic processes for making policy changes, including appropriate timing, effective and streamlined communication to facilities, and implementation planning. Assess current understanding of already existing policies in order to inform retraining needs.

Finding 6.2: The use of Certified Peer Specialists (CPSs) is positive and encouraging. The CPS program has been embraced by inmates and staff at multiple levels. CPSs are being integrated with tutoring, helping inmates with literacy challenges fill out paperwork, assisting with vision impaired inmates and terminally ill individuals, and providing support on the SNU and other special needs units. Officers have started suggesting new ways in which the CPSs can be used, and facility administrators have allowed CPSs to move between units and even enter RHUs and capital case units to speak to inmates. CPS coordinators meet weekly with CPSs for discussion, training, and sharing. The certification transfers when the CPS leaves prison and can lead to employment in the community. Due to a recent policy change, CPSs are now being compensated at a rate higher than the rates of other positions in DOC, which should provide an effective incentive for participation.

Recommendations:

- Use Certified Peer Specialists model for additional populations.
- Continue to consider other special privileges for CPSs in order to create additional incentives for participation.

Conclusion

In preparation for their collaboration with Vera, DOC created the PA DOC Segregation Reduction Committee—a cross-disciplinary, multi-level committee chaired by Mr. Louis Folino—to work with Vera’s Segregation Reduction Project assessment team. The positive involvement of Mr. Folino and committee members greatly enhanced the team’s understanding of DOC processes and challenges as well as buy-in among DOC staff in the facilities visited.

Throughout the assessment process, the SRP assessment team identified many strengths across the facilities visited including: dedicated, experienced, and knowledgeable leadership and staff; strong interdisciplinary teamwork; creative responses to operational challenges, a focus on individualized approaches; implementation of innovative approaches and programs (e.g., CPS, the STGMU, and the SMU); excellent use of SNUs; and use of time-cuts and set-asides as a strategy to allow DC inmates to earn their way back into GP. In particular, DOC has shown a strong commitment to making improvements to the treatment, approaches, and responses to Stability D inmates. These strengths will prove to be valuable as DOC implements the recommendations in this report.

As DOC considers steps toward implementing the recommendations contained in this report, agency policies need to be updated to emphasize housing high-risk inmates in need of protection and those with other vulnerabilities in general population specialized units or mission-specific housing (depending on their needs), limiting the use of segregation, and providing incentivized mechanisms for returning from segregation to general population. The agency should review inmates currently in restricted housing units in order to identify those individuals that can and should be safely placed elsewhere. Such reviews would include assessments of violations or risks leading to segregation time and behaviors while in segregation, and should be consistent with updated policies and procedures.

The SRP assessment team has found that exposure to creative alternatives to segregation is helpful in formulating new ideas, sharing information, and adapting promising programs. To that end, we encourage some of the key members of the DOC Segregation Reduction Committee to visit other facilities in SRP partner states that are currently in the process of implementing similar reforms. The SRP assessment team will be happy to assist with making necessary connections and recommendations for program and facility visits.

The SRP assessment team is grateful to the DOC leadership, PA DOC Segregation Reduction Committee, central office, facility leadership and staff, and inmates for their gracious welcome, openness, responsiveness, and support of the SRP-DOC partnership in considering these important issues. We look forward to working with DOC in the future.

Appendix 1

Population Profile

Appendix 1. Segregation Population Profile

As part of Vera’s analysis of the use of segregation by PA DOC, the department provided administrative data pertaining to a snapshot of the incarcerated population. These data included demographic, infraction, administrative custody, and movement files for all inmates held in DOC custody on one day: March 31, 2014. Below, we present a profile of the segregated and general population on this snapshot date, and the populations’ movement through segregation during the previous year. The profile provides important context to the findings and recommendations presented in the main body of this report.

The snapshot date was selected for its proximity to the start of the PA DOC’s collaboration with Vera’s Segregation Reduction Project, and therefore serves as a baseline from which future changes can be measured. Through the SRP’s site visits and meetings with the DOC Segregation Reduction Committee it has become clear that many changes to policy and practice are already in the process of being implemented. The profile below therefore describes the ‘problem’ that this project has sought to address, but does not necessarily describe the segregated population as of the date of this submission to the Committee.

1. Population Breakdown

The table below shows the distribution of inmates across the system on the snapshot date.

		N	% of segregated population	% of total population	
General Population		47374		94.9%	
Segregated Population		2561	100.0%	5.1%	
Breakdown of segregation	Disciplinary Custody	1424	55.6%	2.9%	
	Administrative Custody	1046	40.8%	2.1%	
	Breakdown of Administrative Custody	Capital case	190	7.4%	0.4%
		Dangerous to others	185	7.2%	0.4%
		Held temporarily	154	6.0%	0.3%
		Disturbance/instigator	105	4.1%	0.2%
		DC expired/moved to AC	96	3.7%	0.2%
		Self confinement	93	3.6%	0.2%
		Inmate's safety	67	2.6%	0.1%
		Investigative	66	2.6%	0.1%
		Dangerous to self	65	2.5%	0.1%
		Insufficient records	21	0.8%	0.0%
Escape risk	4	0.2%	0.0%		
Unaccounted for		91	3.6%	0.2%	
Total Population		49935			

On March 31, 2014, the total PA DOC population stood at 49,935; **5.1%** of these inmates were in L5 housing (4.7% if discounting capital cases who, by policy, cannot reside in general population). Just over half of those in segregation (55.6%) were held there for disciplinary custody (DC), 40.8% for administrative reasons, and the status of the remaining 3.6% could not be verified by the data. A breakdown of the reasons for which inmates were held in AC is also provided.¹ It should be noted that the proportion of inmates held in different administrative custody (AC) categories does not reflect the frequency with which these categories are used; for example, inmates remain in the ‘dangerous to others’ category for relatively long periods of time, while investigative hold times are much shorter. This means that a large number of people cycling through AC on investigation will not be reflected in the number being held on any given day. The frequency with which the different AC statuses are applied is presented in Appendix 2.

2. Demographics

2.1 Gender

On the snapshot date, women inmates were marginally underrepresented in segregation as compared to the general population. They comprised 3% of inmates in DC, 1% of those in AC, and 6% of the general population.

2.3 Age

Inmates held in DC were, on average, younger (mean = 32 years) than in AC (mean = 37 years) and general population (mean = 38 years).

2.4 Race

Figure 1, below, shows the racial breakdown of the general population (GP) and disciplinary and administrative custody populations on the snapshot date.² The chart shows that black inmates are over-represented in both DC (66%) and AC (59%), as compared to GP (49%). This difference is mirrored by the under-representation of white inmates in segregation, with Hispanic inmates accounting for a similar percentage of each population. The over-representation of black inmates in segregation may be at least partly accounted for by security threat group (STG) membership, described below.

¹ To create these categorizations, SRP researchers identified the most recent 802 or 801 record that was still active on the snapshot date for each person held in L5 custody. Miscounting by category may occur where end dates were incorrectly entered in the records or left blank.

² Race categories captured in the data system - Asian, American Indians, and Other – are excluded from the chart due to small numbers.

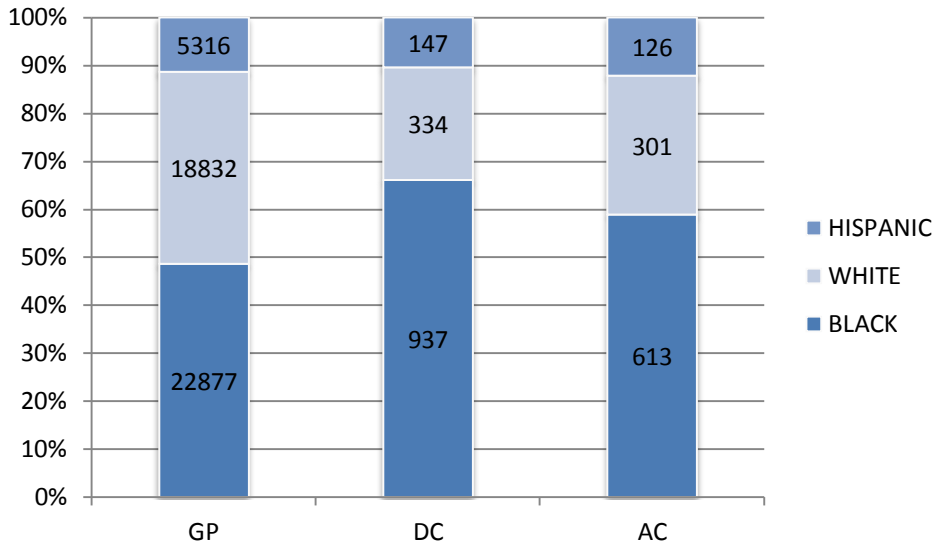


Figure 1: Racial breakdown by population

2.5 Gang membership

As would be expected, gang members are over-represented in segregation.³ This is due to an apparent higher propensity towards committing infractions, but also to the location of special units (the Security Threat Group Management Unit, STGMU) in L5 housing.

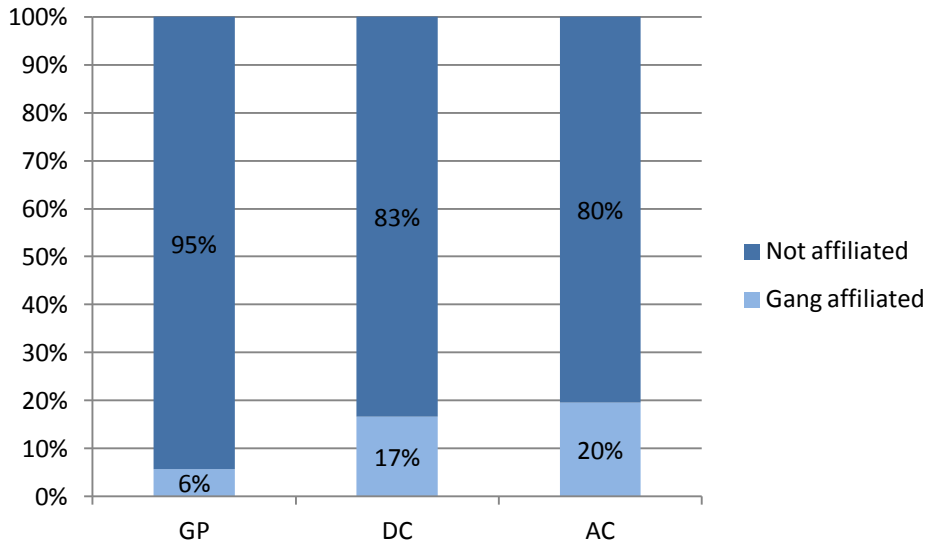


Figure 2: STG membership

The chart below shows gang membership broken down by race.

³ This numbers provided here are likely to be a conservative estimate – gang members may exist in DOC custody who have not been verified or recorded in the data.

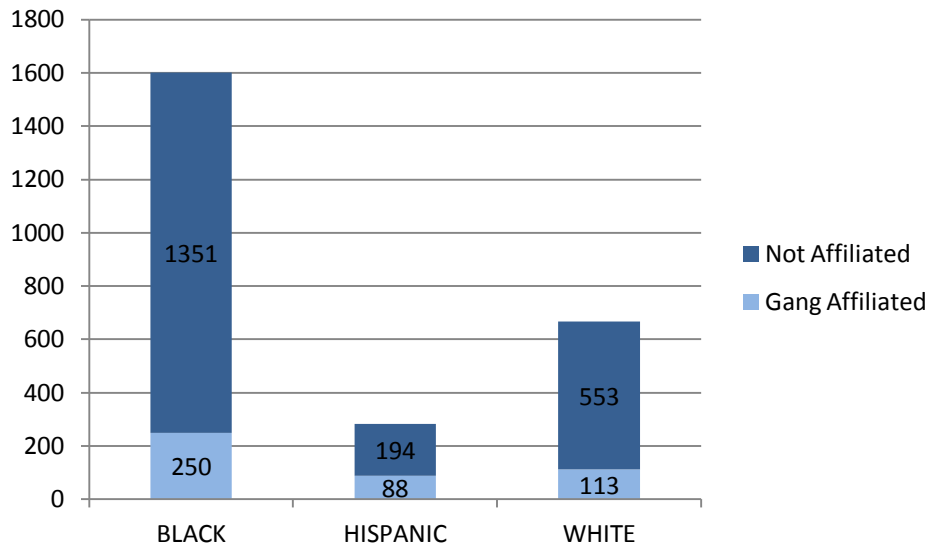


Figure 3: STG membership by race

Black inmates account for the largest proportion of gang members. Hispanic inmates, while accounting for a smaller number of gang members, have the highest *likelihood* of being gang affiliated within their racial group (31% of Hispanic inmates are gang affiliated, while 17% of white and 16% of black inmates are).

2.6 Mental health

The only indicator of mental health available to the SRP in the administrative data provided is the mental health stability code assigned to each inmate. The mental health needs of an inmate are rated on a four-point scale, A through D. Stability A inmates have been assessed as having no serious need, B inmates have a history of mental health needs, C inmates have current mental health needs, and stability level D inmates have been assessed as having the most serious need for mental health services.⁴ Seven percent of inmates in the snapshot population had not yet received a stability code; these were among the most recent arrivals into DOC custody.

While we do not see significant variation in Stability D inmates between the GP (7%), DC (11%) and AC (8%), Stability C inmates are notably over-represented in segregation. Although they account for only 15% of inmates in the GP, they comprise 22% of AC inmates and 27% of DC.⁵

⁴ Description of stability codes taken from DOC policy '13.8.1 Access to mental health care procedures manual' Section 1, f(1), effective 11.04.2014.

⁵ This distribution is explored in more detail in the main body of the report.

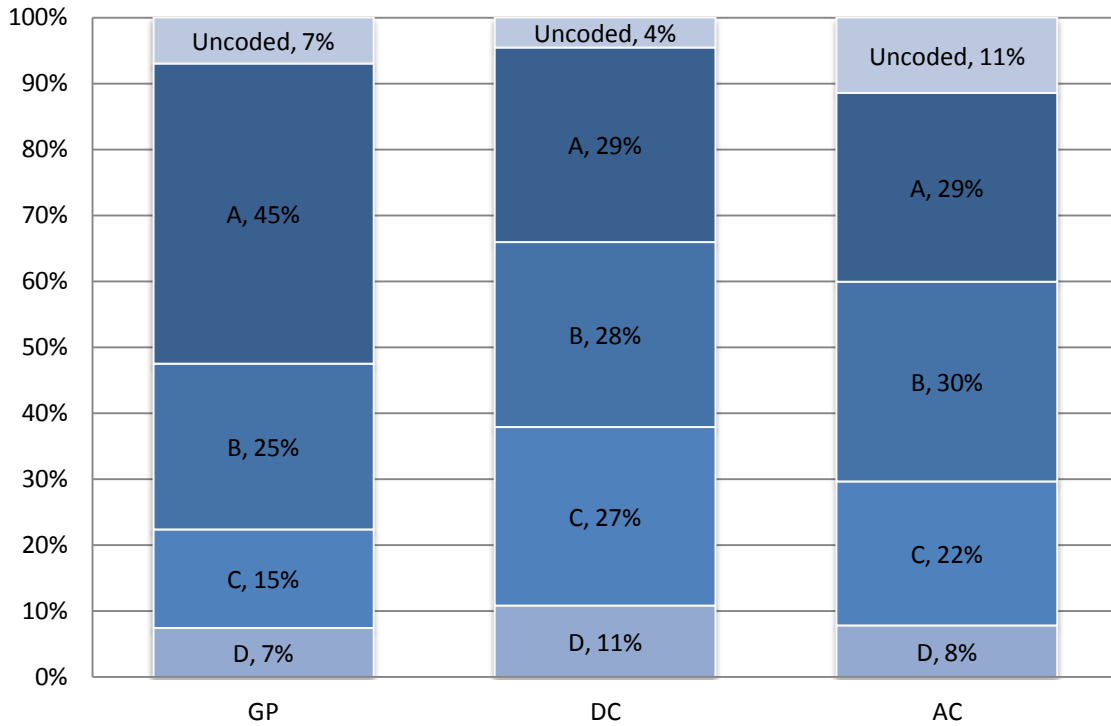


Figure 4: Mental health stability codes by population

3. Length of stay in segregation

In order to understand how long inmates spend in segregation, the SRP charted the lengths of stay in L5 housing for all snapshot inmates who were released from segregation into a lower custody level during the previous 12 months.⁶ The data presented below refer to *releases* from segregation, thus an inmate who reenters and is rereleased from segregation during the time frame will be counted more than once. For this overview of the use of segregation, we do not distinguish between AC and DC; inmates can move between these two statuses while remaining in segregated housing. The graph below therefore shows how long was spent in segregation for *any* reason (although capital cases are excluded from this analysis).

⁶ It is important to remember that this chart does not, therefore, represent *all* releases from segregation during that year; inmates who were released from the DOC into the community *before* the snapshot date (March 31, 2014) are not included.

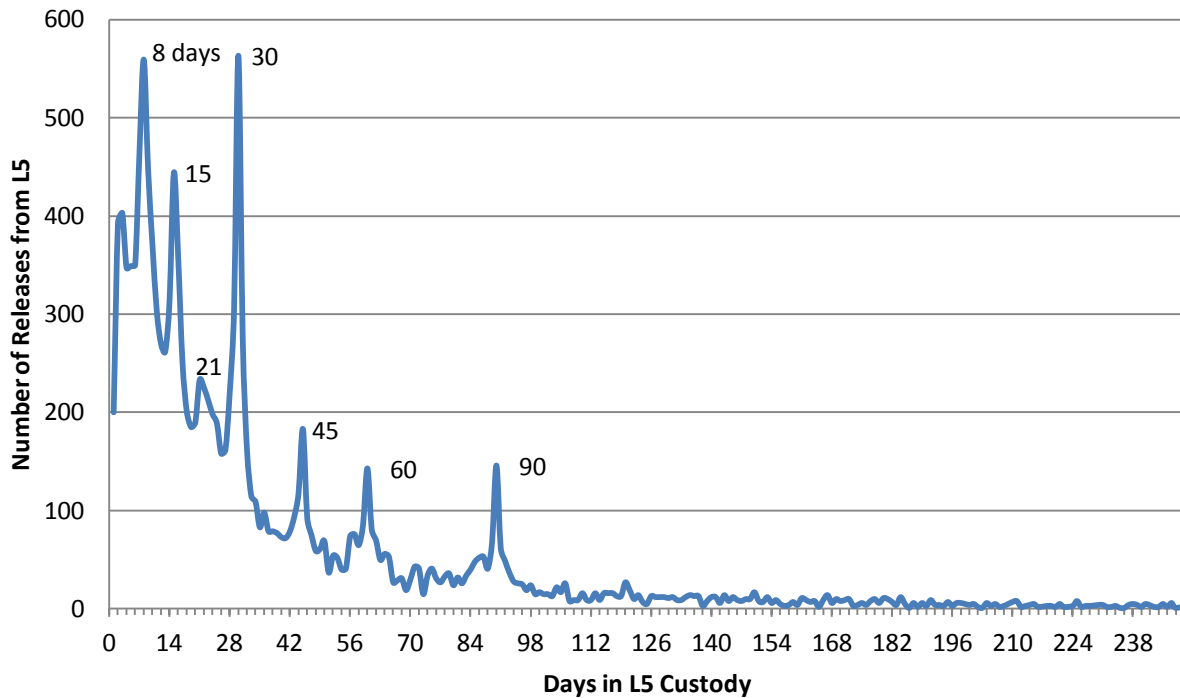


Figure 5: LOS in L5 custody for releases made during the one year period ending March 31, 2014 (N = 15,123)
 Max = 5,263 days, Mean = 66.1 days

While the average (mean) length of stay in L5 custody was 66.1 days, 50% of inmate releases were made within 27 days.⁷ The distribution is bimodal – with high numbers of releases being made after one week and one month. We can see that releases peak at consistent intervals: two weeks, 45 days, two and three months. The regularity of these intervals is likely the result of (a) sentencing practices, with sentences commonly given in units of weeks and months, and (b) releases made by the Program Review Committee (PRC), that assesses inmates held in segregation at prescribed intervals.

⁷ The mean value is skewed by a small number of very high lengths of stay. The maximum recorded during this time period was 5,263 days, or 14.4 years.

Appendix 2

Administrative Custody Reasons and Frequencies

Appendix 2. Administrative Segregation Reason Frequencies

The table below lists the frequency with which inmates entered Administrative Custody (AC) status for the different reasons available within the data system. The data refer to the 12-month period ending on the snapshot date (March 31, 2014) used for these analyses, and *excludes* inmates who were released from DOC custody during that period. Capital cases are also excluded (n=190). The frequencies below are a count of how many 802 records were opened, meaning that if an inmate entered AC status multiple times during the period, they will be counted more than once. It should be kept in mind that these categories are, to a degree, interchangeable – an inmate may be held temporarily for reasons that could be captured through other categories. An inmate may also meet more than one criteria for the use of AC, if they pose a threat to their selves and to others, for example.

Reason for AC status		
Held temporarily	2169	21%
Investigative	1904	18%
DC expired/moved to AC	1797	17%
Dangerous to self	947	9%
Dangerous to others	820	8%
Disturbance/instigator	786	8%
Self confinement	628	6%
Insufficient records	595	6%
Inmate's safety	515	5%
Escape risk	21	0%
	10182	

Index of Recommendations

**Vera's Recommendations to Safely Reduce
PA DOC' Use of Segregation**
January 2014

(See full report for Vera's findings and expanded explanation of recommendations.)

General Use of Restricted Housing Units (RHU)	
1	<p>Temporary transfers, parole violators, and transfers between DOC facilities in restricted housing: <i>(see finding 1.1, pp. 2-3)</i>:</p> <ul style="list-style-type: none"> • Create specialized GP housing units or pods for these inmates. • Examine system-wide methods of improving exchange of information regarding new parole violators and facility transfers in order to expedite the movement of those inmates from L5 units to less restrictive housing when appropriate. • Amend DC-ADM 802 to limit the placement or retention of non-L5 classified inmates in L5 housing to exceptional circumstances and for a limited time (for example, 3-5 days) when the reason for such placement or retention is solely lack of available alternative bed space. • Strengthen the OPM's capacity, including prioritizing an adequate data system to facilitate and speed basic processes, strengthening escort and transport capabilities, and adding OPM staff <i>(also see finding 5.4, p. 22)</i>.
2	<p>Restricted Release List (RRL) inmates <i>(see finding 1.3, p. 5)</i>:</p> <ul style="list-style-type: none"> • Expand step-down programs and interventions based on behavior, risks, and needs, with the goal of returning RRL inmates to the GP (or other less restrictive setting) whenever possible. • Consider amending DC-ADM 802(2)(D)(8) to provide specific guidance to the PRC and unit team for consideration of RRL inmates' removal from the RRL.
3	<p>Inmates who are currently released to the community from a RHU <i>(see finding 1.4, p. 5)</i>:</p> <ul style="list-style-type: none"> • Design and implement transition programming for L5 inmates nearing sentence completion. • Establish a step-down process within a certain timeframe prior to release. • Consider a transitional unit for these inmates as the final step of that step-down process in order to provide these inmates with expanded privileges and services as well as re-entry planning while still in DOC custody.
4	<p>Housing of AC and DC inmates <i>(see finding 1.5, pp. 5-6)</i>:</p> <ul style="list-style-type: none"> • Avoid mixing types of inmates in pods/units whenever possible (or tiers if pods/units are not possible). • Structure housing and programming by type of inmate so that security resources are used only as required to maintain the safety and security of each population.
Use of Disciplinary Custody	
5	<p>Establish a graduated or phased privileges ("step-down") program for DC inmates to help prepare them for successful reintegration into GP upon completion of their DC sanction <i>(see finding 1.2, pp. 3-5)</i>. As part of the program:</p> <ul style="list-style-type: none"> • Consider starting new DC inmates on a mid-range phase, possibly after a short (2-3 day) initial, stricter 'new admit' status, in order to establish expectations and provide incentive for positive behavior while in DC. • Allow inmates to progress more quickly through the phases if they exhibit good behavior and meet program goals.
6	<p>Develop sanctioning guidelines <i>(see finding 2.1, pp. 6-9)</i>. The guidelines should:</p> <ul style="list-style-type: none"> • Identify ranges of possible DC time for violations that are eligible for a DC sanction, allowing hearing officers to exercise discretion within set ranges; • Encourage expanded use of alternative sanctions by hearing officers, including for sanctions imposed on current DC and AC inmates;

	<ul style="list-style-type: none"> • Allow consideration of individual misconduct histories, informal resolution history, mental health status, and any physical or intellectual disabilities; and • Include recommendations for alternative sanctions for less serious violations.
7	Consider expanding the number of lower level violations that are not eligible for DC (<i>see finding 2.1, pp. 6-9</i>).
8	Once sanctioning guidelines are established, review all current DC inmates to determine if their DC sentence complies with the new guidelines (<i>see finding 2.1, pp. 6-9</i>).
9	Regularly review disciplinary custody sentences given for similar violations and circumstances across facilities and officers to assure consistency (<i>see finding 2.1, pp. 6-9</i>).
10	Make clear definitions for violations available to staff and inmates. Training should be provided to staff on the definitions and the appropriate use of each violation code (<i>see finding 2.1, pp. 6-9</i>).
11	In order to determine the best response to a violation, assess inmates for eligibility into a specialized program targeted to their behavior and needs. (e.g., drug treatment unit) (<i>see finding 2.1, pp. 6-9</i>).
12	Develop programming solutions for ‘frequent flyers’ (<i>see finding 2.2, pp. 9-10</i>).
13	Informal resolutions (<i>see finding 2.3, p. 10</i>): <ul style="list-style-type: none"> • Identify successful informal response practices and provide an opportunity for sharing this information and expanding its use across units and facilities. • Encourage the use of informal resolutions when appropriate for inmates in DC.
14	Time-cuts (<i>see finding 2.4, p. 10</i>): <ul style="list-style-type: none"> • Re-communicate policies regarding the use of time-cuts. Retraining may be needed. • Conduct ongoing data analysis to ensure that practices match policy and to identify ongoing training needs. • Consider mandating PRC review for all DC inmates at their halftime eligibility.
15	Programming in DC (<i>see finding 2.5, p. 11</i>): <ul style="list-style-type: none"> • Offer targeted behavior modification programming in restricted housing to improve successful reintegration back into GP and reduce continued misconducts. • Conduct a needs assessment at intake to DC to determine appropriate programming that will address behaviors and needs related to the misconduct.
16	Programming in GP after DC time served: (<i>see finding 2.6, p. 11</i>): <ul style="list-style-type: none"> • Emphasize rapid involvement in programming for those returning to GP from RHU. • Prioritize programming that addresses sources of misbehavior and/or provides incentives to remain out of restricted housing. • Expand use of step-down pods, using dedicated pods as a step-down phase before inmates return to GP with expanded privileges and services. This would increase the rate of successful transitions to GP and provide a period of time to arrange programming in GP after the step-down phase.
17	Conduct analyses to look at the frequency with which the PRC provides different justifications for early release (<i>see finding 2.7, pp.11-12</i>).
Use of Administrative Custody	
18	Develop clearly written definitions for each reason an individual is placed in AC, along with guidelines on how to code potentially overlapping categories; disseminate to and train staff on these distinctions (<i>see finding 3.1, p. 12</i>).
19	Reassess the policy of using AC for “dangerous to self.” The Settlement requires placement of MH/ID roster inmates who engage in self-harm in RTUs or SRTUs. Consider extending this placement option to any inmate who engages in self-harm (<i>see finding 3.2, p. 13</i>).
20	PC inmates (<i>see finding 3.3, p. 13</i>): <ul style="list-style-type: none"> • House PC inmates without mental health needs in the newly structured SNUs when appropriate and available. • If SNUs are not appropriate or available, enhance use of other mission-specific housing units or pods (or tiers, if units or pods are not available) for PC populations to remove vulnerable PCs from AC.

	<ul style="list-style-type: none"> • These units/pods should have careful screening for entrance--i.e., no inmates who screen as high risk for abusiveness--and mix populations that can congregate in an open supervised setting. • Congregate activities should be available during the day and interactions with service providers and counselors should be face-to-face rather than through a cell door. • Consider other alternatives for PCs currently in restricted housing (<i>see full report for examples</i>).
21	Establish a program for long-term AC inmates that incorporates a level system, similar to the SRTU and SMU programs (<i>see finding 3.4, p. 14</i>).
22	Create options for adding safe, graduated, congregate activity for segregated AC inmates, e.g., in programming, educational activities, meals, recreation, and dayrooms (<i>see finding 3.5, p. 14</i>).
Responses to Stability D and Stability C Inmates	
23	<p>Mental health staffing (<i>see findings 4.1, p. 14-15 and 5.8, p. 22</i>):</p> <ul style="list-style-type: none"> • Strategize ways to increase necessary mental health staffing levels by evaluating job requirements, remuneration (and whether it should be adjusted in different parts of the state), recruitment plans, etc. • Consider collaborating with the state's mental health department to see where resources could be shared and maximized.
24	<p>Stability C inmates (<i>see finding 4.2, pp. 15-19</i>):</p> <ul style="list-style-type: none"> • Consider establishing supportive units in GP for Stability C inmates with adjustment problems that would mitigate their apparent higher risk for segregation. • Assess whether Stability C inmates could benefit from more services in GP to prevent them from migrating to RHU. • Consider ways to expand components of the Settlement provisions relating to Stability D inmates to Stability C inmates.
25	<p>Stability D inmates' participation in out-of-cell programming (<i>see finding 4.3, p. 20</i>):</p> <ul style="list-style-type: none"> • Expand incentives and strategies to encourage participation in programming by Stability D inmates. • Establish a forum for representatives from D Roster facilities working with this population to share strategies and lessons learned.
Specialized Populations and Specialized Housing Units	
26	Consider additional BMUs as implementation progresses and needs are established (<i>see finding 5.1, p. 20</i>).
27	<p>Gender-specific responses (<i>see finding 5.2, p. 20</i>):</p> <ul style="list-style-type: none"> • Review policies and procedures for their appropriateness for women. Consider an addendum that applies only to women's facilities. • Develop gender-specific programming and responses to violations, when appropriate. • Continue to utilize organizations like the NIC, the Association of Programs for Female Offenders, and the Bureau of Justice Assistance's National Resource Center on Justice Involved Women as resources for best practices for women in confinement and as support for policy revision and review.
28	In SMUs and similar programs, responses to misconducts should take into account an inmate's progress, potential, and commitment to the program in determining whether their level should be frozen, adjusted back one level, or returned to the first phase (<i>see finding 5.3, p. 21</i>).
29	<p>Specialized units with a level or phase system (<i>see finding 5.4, p. 21</i>):</p> <ul style="list-style-type: none"> • Revisit whether it is necessary for all new admissions to specialized units to start at the same level. Consider assessing individuals at intake to determine the most appropriate level, starting all new intakes at the middle level, or allowing inmates with a period of positive behavior prior to transferring to the program to start at a less restrictive level. • Allow flexibility for inmates to move through phases faster than the current policy states.

30	<p>Training (<i>see finding 5.5, p. 21</i>):</p> <ul style="list-style-type: none"> • In addition to meeting the training requirements of the Settlement, enhance the availability of specialized training for officers who work in non-SMI-specific special units and with special needs inmates. Expand the number of training slots available as soon as possible and consider regional trainings. • Ensure that training is available as new officers assume these roles and when new programs are developed, in advance of their implementation. • Consider other relevant/useful behavior management and communication skills training for officers and others (e.g., motivational interviewing training).
31	<p>Youthful offenders (under age 18) should be transported directly to SCI Pine Grove and not be held at another facility awaiting transfer (<i>see finding 5.6, p. 22</i>).</p>
32	<p>Develop dedicated housing for PC youthful offenders where privileges and services mirror those of other youthful offender GP units (<i>see finding 5.7, p. 22</i>).</p>
33	<p>Develop specialized programs such as an STGMU, SNU, or BMU, tailored to the needs of YAOs and youthful offenders and managed by staff with expertise in dealing with this population, as this population grows (<i>see finding 5.8, p. 22</i>).</p>
34	<p>SMUs (<i>see finding 5.9, pp. 22-23</i>):</p> <ul style="list-style-type: none"> • Clarify the mission of SMUs and adjust the referral review process to be consistent with that mission. Revisit policy and make changes as necessary to achieve mission. • House SMU inmates separately by phase.
General, System-Wide Recommendations	
35	<p>Assess current understanding of already existing policies in order to inform retraining needs (<i>see finding 6.1, p. 23</i>).</p>
36	<p>Continue to develop more strategic processes for making policy changes, including appropriate timing, effective and streamlined communication to facilities, and implementation planning (<i>see finding 6.1, p. 23</i>).</p>
37	<p>Certified Peer Specialists (<i>see finding 6.2, p. 23</i>):</p> <ul style="list-style-type: none"> • Use the CPS model for additional populations. • Continue to consider other special privileges for CPSs in order to create additional incentives for participation.

Considerations for implementation:

1. The agency should review inmates currently in restricted housing units in order to identify those individuals that can and should be safely placed elsewhere. Such reviews should include assessments of violations or risks leading to segregation time and behaviors while in segregation, and should be consistent with updated policies and procedures.
2. The SRP assessment team has found that exposure to creative alternatives to segregation is helpful in formulating new ideas, sharing information, and adapting promising programs. To that end, we encourage some of the key members of the DOC Segregation Reduction Committee to visit other facilities in SRP partner states that are currently in the process of implementing similar reforms. The SRP assessment team will be happy to assist with making necessary connections and recommendations for program and facility visits.