

October 2016

The Safe Alternatives to Segregation Initiative: Findings and Recommendations for the Oregon Department of Corrections

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Executive Summary

In recent years, a diverse range of international and national bodies, advocates, policymakers, the U.S. Department of Justice, and corrections practitioners have called for prisons and jails to reform their use of segregation, also known as solitary confinement or restrictive housing. Whether citing the potentially devastating psychological and physiological impacts of spending 23 hours per day alone in a cell the size of a parking space, the cost of operating such highly restrictive environments, or the lack of conclusive evidence that segregation makes correctional facilities safer, these voices agree that change and innovation are essential endeavors.

In 2015, with funding from the U.S. Department of Justice, Bureau of Justice Assistance, the Vera Institute of Justice partnered with the Oregon Department of Corrections to help the agency reduce its use of segregation. That assistance included conducting an assessment of Oregon's use of segregation and identifying opportunities for reform and innovation. This report presents the findings and recommendations from Vera's assessment, offering Oregon strategies for safely reducing its use of segregation.¹

Key Findings

Six of the 14 prisons run by the Oregon Department of Corrections hold the vast majority of Oregon's population in segregation.² On April 1, 2015 (the snapshot date used by Vera to describe the makeup of the population on a given day), the total population in Oregon's prisons was 14,934. 1,114 of these people were housed in some form of segregation on that date, which represents 7.5 percent of the total prison population. Vera's key findings not only touch on Oregon's use of different types of segregation—such as disciplinary and administrative segregation—but also examine racial, ethnic, and gender disparities as well as the use of segregation for people with mental health needs.

Disciplinary segregation is overused, overly long, and characterized by isolating conditions.

Vera found that disciplinary segregation, which is imposed as a sanction for rule violations, accounts for the majority of Oregon's use of segregation: 63 percent (702 people) of people in segregation on April 1, 2015 were living in disciplinary segregation, and 90 percent of adults overall who had contact with some type of segregated housing entered through these units. Vera also found that people often cycle through disciplinary segregation for nonviolent rule violations; in fact, the top rule violation resulting in a disciplinary segregation sanction was disobedience of an order. Further, people can stay in disciplinary segregation for long periods of

¹ For a summary of Vera's recommendations, see Appendix 2.

² For an overview of Oregon's 14 state prisons and a list of segregation units within the six facilities that were the focus of Vera's assessment, see Appendix 1.

time—up to six months—and conditions in these units are marked by extreme isolation, idleness, and sensory deprivation.

Stays in administrative segregation can be long, isolating, and unproductive for adults in custody.

Oregon also has multiple units and processes for housing people in administrative segregation, a type of housing used for people whose notoriety, actions, or threats jeopardize institutional safety. These units vary in terms of average length of stay, reasons for placement, and availability of programming, with most people being housed in intensive management units. One of the goals of intensive management units is to provide cognitive behavioral programming to these men and women, so they can successfully transition back to general population or community settings. However, at the time of Vera’s assessment, the only programs available to people in these units were packet-based programs, which individuals were expected to complete alone in their cells. Vera also found that people who had contact with these units tended to spend over a year total in some form of segregation.

People of color and people with mental health needs are over-represented in segregation.

Echoing trends identified by researchers regarding America’s use of incarceration overall, African-American and Latino adults are over-represented in Oregon’s segregation units. People of color comprise 26 percent of the total prison population, but 34.3 percent of its segregated population. Similarly, people with mental health needs are over-represented in disciplinary segregation, and women with significant mental health needs are overrepresented in all types of segregated housing. On Vera’s snapshot date of April 1, 2015, 53 percent of the total female population was designated as having significant mental health needs, while 84 percent of the women in segregated housing had that designation.

Key Recommendations

The Oregon Department of Corrections is a progressive agency that has a well-documented commitment to reform and dedication to staff safety and wellness. Vera acknowledges its many innovations and reform efforts, but also sees room for improvement and offers recommendations in this report that, if implemented, would further Oregon’s reputation as a leader in corrections. Some of the key recommendations include:

- Reducing the number of disciplinary infractions eligible for segregation sanctions and reducing the maximum length of stay in disciplinary segregation;
- Strengthening informal mechanisms and alternative responses for responding to low-level infractions without using segregation;

- Enhancing supports, structured activities, and programming in the general prison population, to help keep people from going into disciplinary segregation;
- Improving conditions of confinement in all segregated housing units;
- Implementing instructor-led, out-of-cell programming in intensive management units;
- Creating structured reentry processes for adults in custody transitioning out of long-term segregation, so no one is ever released directly to the community from segregation;
- Prohibiting placing adults in custody with serious mental illness, severe developmental disability, or neurodegenerative diseases in any form of extremely isolating segregation;
- Creating a committee to study and address disproportionate minority contact with segregated housing; and
- Increasing training for all staff on mental health issues, crisis response, communication, and responding to gender differences and gender identity.

As the Oregon Department of Corrections moves forward with implementation of reform efforts, Vera has every confidence that the agency will learn from its peers in the field, capitalize on its own strengths, and use these recommendations as a springboard for improving the lives of the men and women who live and work in Oregon's prisons.

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I. Background

An extensive body of research in psychiatry, neuroscience, epidemiology, and anthropology, spanning more than 150 years, has documented the detrimental impacts of segregation, also known as solitary confinement or restrictive housing, on an individual's health. This body of evidence confirms what is perhaps understood intuitively—that prolonged isolation which deprives a human being of social interaction and meaningful sensory stimulation results in physical and psychological suffering. The combination of social isolation, sensory deprivation, and enforced idleness is a toxic exposure that results in distinctive psychiatric symptoms, including anxiety, depression, anger, difficulties with impulse control, paranoia, visual and auditory hallucinations, cognitive disturbances, obsessive thoughts, hypersensitivity to stimuli, post-traumatic stress disorder, self-harm, suicide, or psychosis.³ Segregation is also harmful to physical health. The World Health Organization has noted that its effects can include “gastrointestinal and genitourinary problems, diaphoresis, insomnia, deterioration of eyesight, profound fatigue, heart palpitations, migraines, back and joint pain, weight loss, diarrhea, and aggravation of preexisting medical problems.”⁴ Such effects can persist after release from segregation, making it difficult to transition to life in the prison's general population and in the community.

As these negative impacts have come to light, concern about the overuse of segregation has grown. The conditions to which people in segregated housing are subjected are now regularly exposed by mainstream journalists and media outlets; and advocacy organizations, such as the American Civil Liberties Union and the National Religious Campaign Against Torture, have begun to mount more high-profile campaigns against its use.⁵ In response, policymakers and corrections officials have begun to examine correctional segregation practices and call for reform. In 2013 and 2016 respectively, the Association of State Correctional Administrators and

³ Stuart Grassian, “Psychiatric effects of solitary confinement,” *Washington University Journal of Law & Policy* 22 (2006): 325; Craig Haney, “Mental health issues in long-term solitary and ‘supermax’ confinement,” *Crime & Delinquency* 49, no. 1 (2003): 124-156; Peter Scharff Smith, “The effects of solitary confinement on prison inmates: A brief history and review of the literature,” *Crime and Justice* 34, no. 1 (2006): 441-528; Stuart Grassian and Nancy Friedman, (1986) “Effects of sensory deprivation in psychiatric seclusion and solitary confinement,” *International Journal of Law and Psychiatry* 8, no. 1(1986): 49-65; Paul Gendreau, N.L. Freedman, G.J. Wilde, and G.D. Scott, “Changes in EEG alpha frequency and evoked response latency during solitary confinement,” *Journal of Abnormal Psychology* 79, no. (1) (1972): 54; Fatos Kaba et al., “Solitary confinement and risk of self-harm among jail inmates,” *American Journal of Public Health* 104, no. 3 (2014): 442-447.

⁴ Lars Moller et al., eds., *Health in Prisons: A WHO Guide to the Essentials in Prison Health* (Copenhagen: World Health Organization, 2007), p. 36.

⁵ To view recent work by such organizations, see: <https://www.aclu.org/issues/prisoners-rights/solitary-confinement>; <http://solitarywatch.com/>; and <https://www.themarshallproject.org/?ref=nav#.MIjJITEOC> (all accessed October 24, 2016).

the American Correctional Association passed new standards and principles regarding the use of segregation.⁶ In 2016, a number of additional developments indicate further support for reform:

- The National Commission on Correctional Health Care issued a strong position statement calling for the elimination of isolation greater than 15 consecutive days;⁷
- The U.S. Department of Justice (DOJ) published a report that called for widespread reform of restrictive housing practices in the Federal Bureau of Prisons and included a number of guiding principles for reform that are applicable to state and local correctional systems;⁸ and
- The National Institute of Justice (NIJ) issued a report—a meta-analysis of empirical research on administrative segregation—that seriously questions whether segregation achieves any stated or intended penological goals, and whether it is worthwhile correctional policy.⁹

On the international level, in 2015, the United Nations General Assembly unanimously adopted the revised Standard Minimum Rules for the Treatment of Prisoners (known as the “Nelson Mandela Rules”), which prohibit indefinite solitary confinement and prolonged solitary confinement and support restrictions on the use of solitary confinement for juveniles, pregnant women, and people with mental or physical disabilities.¹⁰ Although non-binding, the Mandela

⁶ In August 2016, the Standards Committee of the American Correctional Association (ACA) voted to pass restrictive housing standards. In 2012, the Association of State Correctional Administrators (ASCA) teamed up with the Arthur Liman Public Interest Program at Yale Law School to survey directors of federal and state correctional systems on their policies regarding administrative segregation. The results of that survey were published in 2013 in the report *Administrative Segregation, Degrees of Isolation, and Incarceration: A National Overview of State and Federal Correctional Policies* (New Haven, CT: Yale Law School) and updated in 2015 with *Time-in-Cell: The Liman-ASCA 2014 National Survey of Administrative Segregation in Prison* (New Haven, CT: Yale Law School). Additionally, in 2013, ASCA issued Restrictive Housing Status Policy Guidelines, available at <http://www.asca.net/system/assets/attachments/6145/B.%20ASCA%20Restrictive%20Status%20Housing%20Policy%20Guidelines-Final%2008092013.pdf?1375723019> (accessed October 24, 2016).

⁷ National Commission on Correctional Health Care, “Position Statement: Solitary Confinement (Isolation),” <http://www.ncchc.org/filebin/Positions/Solitary-Confinement-Isolation.pdf> (accessed June 28, 2016).

⁸ U.S. Department of Justice (DOJ), *Report and Recommendations Concerning the Use of Restrictive Housing: Final Report* (Washington, DC: U.S. Department of Justice, January 2016); and Natasha Frost and Carlos E. Monteiro, *Administrative Segregation in U.S. Prisons* (Washington, DC: U.S. Department of Justice, National Institute of Justice, March 2016).

⁹ Frost and Monteiro, 2016, p.23.

¹⁰ “Prolonged solitary confinement” is defined as the confinement of prisoners for 22 hours or more a day without meaningful human contact for a period longer than 15 consecutive days. United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), General Assembly Resolution 70/175, U.N. Doc. A/Res/70/175 (2015), Rules 43-45. Two U.S. corrections officials, and members of Vera’s Safe Alternatives to Segregation Initiative Advisory Council, were involved in the drafting of the rules.

Rules represent already widely accepted international principles on the treatment of incarcerated people.¹¹

Against this backdrop, several jurisdictions have already implemented policy changes to reduce the number of adults or juveniles held in segregated housing, improve the conditions in segregation units, or facilitate the return of segregated people to a prison's general population.¹² Two states of note—New York and California—enacted their reforms as part of legal settlements to challenges to their use of, and conditions in, segregated housing. In a historic move, New York now precludes certain categories of people from being placed into segregated housing—pregnant women, most adults with developmental disabilities, and incarcerated people 17 and under—and limits the circumstances in which segregation can be used as punishment.¹³ California's settlement, among other things, ends its status-based system that sent affiliated gang members to segregation based on affiliation alone, regardless of whether they had violated a prison rule.¹⁴

It was in this context that the Vera Institute of Justice (Vera), with funding from the U.S. Department of Justice Bureau of Justice Assistance, launched the Safe Alternatives to Segregation Initiative in 2015. It was through this initiative that Vera partnered with Oregon Department of Corrections (ODOC) to assess ODOC's segregation policies and practices, analyze outcomes of that use, and provide recommendations for safely reducing the use of segregation and enhancing the use of alternative strategies.

¹¹ These international human rights norms regarding the use of solitary confinement have been further supported by the UN Committee Against Torture, the UN Special Rapporteur on Torture, and the UN General Assembly. See United Nations Committee against Torture, Concluding observations on the third to fifth periodic reports of United States of America, U.N. Doc. CAT/C/USA/CO/3-5 (November 20, 2014); Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, U.N. Doc. A/66/268 (August 5, 2011); and United Nations General Assembly, Resolution 68/156: Torture and other cruel, inhuman or degrading treatment or punishment, U.N. Doc. A/RES/68/156 (December 18, 2013).

¹² See DOJ, 2016, pp. 74-78 for descriptions of states and counties that have proactively sought to reform their segregation practices, including Colorado, Washington, New Mexico, Virginia, and Hampden County, Massachusetts.

¹³ See *Peoples v. Annucci*, 2016 U.S. Dist. LEXIS 43556 (S.D.N.Y., Mar. 31, 2016).

¹⁴ See *Ashker v. Governor of California*, Settlement Agreement C 09-05796 CW (N.D. California, 2015).

II. Vera's Assessment Process

In partnership with the Oregon Department of Corrections (ODOC), Vera conducted an assessment of Oregon's use of segregation in state prison facilities between May 2015 and May 2016. Vera worked closely with ODOC's designated site coordinator, Captain Joseph Etter, throughout the assessment. The assessment included the following three main components: analysis of administrative data; review of ODOC policies; and site visits to select facilities.

Administrative data analysis: Vera requested and was provided with location and movement data as well as misconduct data for an 18-month period. After cleaning and compiling the data, Vera researchers completed an analysis of the entire 18-month period (January 1, 2014-July 22, 2015) and a "snapshot" analysis for one day (April 1, 2015). Using both approaches enabled the assessment team to understand how people move through the system over a period of time as well as the makeup of the population on a given day.

Policy review: The assessment team reviewed numerous ODOC policies, including but not limited to policies regarding segregation practices, prohibited conduct and sanctions, alternative sanctions, medical and mental health services, programs, and visiting.

Site visits: Vera's assessment consisted of intensive site visits where the assessment team had the opportunity to see policies in action and learn about practices on the ground. The assessment team visited ODOC's five medium-security facilities and one maximum-security facility, where the vast majority of the segregated population is concentrated:

- Oregon State Penitentiary (OSP) (maximum security)
- Oregon State Correctional Institution (OSCI)
- Coffee Creek Correctional Facility (CCCF) (women's facility)
- Snake River Correctional Institution (SRCI)
- Two Rivers Correctional Institution (TRCI)
- Eastern Oregon Correctional Institution (EOCI)



At each facility, Vera completed a tour and conducted an informational meeting with the facility superintendent and leaders, corrections officers, hearings officers, correctional counselors, other security personnel, mental health staff, and program staff. These meetings allowed the assessment team to learn how segregation is used at each facility and the range of services provided for segregated populations. Through these tours and meetings, the team also gained an understanding of disciplinary practices, decision points for segregation placement, how and when alternative sanctions are used, procedures for placement in administrative segregation, and practices for review and release to the general prison population or community. The meetings also gave facility administrators and staff an opportunity to share their strengths and challenges in general, as well as those related specifically to ODOC's use of segregation.

The assessment team also conducted focus groups with staff assigned to segregated housing and with adults in custody in order to better understand the experiences and perspectives of staff and incarcerated people who had spent time working and living in these units. The team was particularly interested in how the adults in custody viewed procedural fairness regarding segregation practices.

III. Overview of the Oregon Department of Corrections

Commitment to Reform

Vera's partnership with ODOC was exceptionally collaborative and productive, thanks in large part to the commitment and engagement of Director Colette Peters and ODOC's designated site coordinator for the project, Captain Joseph Etter. Additionally, as a system, ODOC has consistently demonstrated commitment to reform and improvement, as evidenced by their application to this project and other ongoing initiatives including their participation in the Governor's Re-entry Council, which works to reduce barriers for people transitioning from prison to the community, and their adherence to Correctional Outcomes through Research and Engagement (CORE), an evidence-based performance measurement system. ODOC has also been a leader in compliance with DOJ's *National Standards to Prevent, Detect, and Respond to Prison Rape* (PREA standards) under the Prison Rape Elimination Act (PREA).

Vera identified a number of other strengths during the course of the assessment that will likely serve ODOC well as it embarks on segregation reform. First, ODOC leaders and staff value interdisciplinary collaboration. ODOC uses a number of multi-disciplinary committees and processes that reflect a high level of collaboration among medical, mental health, security, and administrative staff. This demonstrates an understanding among staff that the effective and appropriate use of segregation is a shared responsibility, and it also suggests good staff communication. Second, ODOC is committed to staff safety and improving staff wellness. Among other initiatives, ODOC is working with Portland State University on a study of post-traumatic stress disorder among corrections staff, and Captain Garry Russell at CCCF told Vera staff about an orientation initiative he has launched to help families of new corrections officers understand the challenges and stresses of the job. Lastly, ODOC leaders recognize that security staff and correctional counselors are instrumental in developing meaningful incentives and productive activities for adults in segregation, and therefore nurture their ideas. During the course of the assessment, Vera learned about various staff-led efforts and reforms to segregation. These include piloting packet-based cognitive behavioral programming in disciplinary segregation, implementing a phone call incentive program, and developing the Blue Room, a converted indoor recreation room in the intensive management unit at Snake River Correctional Institution where nature images and sounds are projected on the wall to have a soothing effect on adults in custody with serious mental health issues (the Blue Room is discussed in greater detail in Section IV.B).

Special Housing

In Oregon, the term "special housing" is used to denote housing units that are separate and distinct from general population. Special housing encompasses units that confine adults in

custody to cells for 22-24 hours a day with limited human interaction and little or no access to constructive activity. However, it also denotes units where adults in custody have significant out-of-cell time and opportunities to congregate with other incarcerated people. These include units that provide intensive treatment services, protection from threats in general population, and housing for adults in custody on death row status. Although Vera's assessment focused primarily on the highly restrictive units, descriptions of the less restrictive special housing units are included below to highlight the ways in which ODOC has already succeeded in reducing isolation for some of its special populations.

Descriptions of temporary holding cells used to segregate people at intake at CCCF are not included in the overall analysis. These cells are not considered "special housing" in the same way as units listed below, since they are designed for short-term (14 days or less) holding.¹⁵ However, because the conditions in these cells are highly restrictive, we do include contact with these cells in a couple of our overarching findings in Section IV.

1. Disciplinary Segregation Unit (DSU)

Adults in custody who violate the rules of prohibited conduct, who are under investigation, who request or require immediate short-term protective custody, or who require short-term close observation for risk of self-harm can be placed in disciplinary segregation. Adults who require protective custody or close observation for risk of self-harm are generally only in DSU for the shortest time possible before being placed in a more appropriate setting. Those in DSU for a rule violation can stay there for up to 10 days before a disciplinary hearing is scheduled and can be sanctioned to DSU for a violation of a major rule for up to 120-180 days. Adults who are in DSU pending administrative segregation placements, referred to as "administrative hold" or "ad hold," can be in DSU for up to 30 days before a hearing takes place.

All six facilities that were the focus of Vera's site visits operate a DSU.

2. Intensive Management Unit (IMU)

IMU is designated for adults in custody whose classification score indicates they should be housed in custody Level 5 (ODOC's highest custody level) and who demonstrate behaviors that are difficult to control in general population because of their high severity. These behaviors can include chronic rule violations, escape activity, or security threat group activity. An adult in custody whose behavior poses significant management challenges may be referred for IMU placement by a special interdisciplinary committee called the Special Needs Inmate Evaluation Committee (SNIEC) to the Office of Population Management (OPM), a central ODOC office. The Special Population Management (SPM) Committee, chaired by OPM, considers the request and

¹⁵ Staff may use these cells for a few different purposes. For example, someone who is returning to ODOC custody and who did not complete a sanction in disciplinary segregation or a stay in administrative segregation during his or her previous sentence would be housed in one of these cells before being sent on to a different prison. Staff may also use one of these cells to hold an adult in custody whose threatening or violent behavior is causing disruptions at intake.

determines whether the adult in custody should go to IMU. An adult in custody placed in IMU will typically be there for a minimum of 5½ months in order to complete required programming, with the possibility for review 150 days after initial placement and then at 90-day intervals.

IMUs are located at SRCI and CCCF.

3. Behavioral Health Unit (BHU)

The BHU is an intensive behavioral management and skills training unit for adults in custody who have serious mental illness (SMI) and score at custody Level 5 or who have been placed in administrative segregation housing (usually IMU). If an adult in custody with SMI is referred to IMU for rule violations, Behavioral Health Services (BHS) works with the SPM Committee at OPM to place him or her in the BHU. An adult in custody placed in BHU is monitored by the BHU Treatment Team, which may consist of qualified mental health providers (QMHPs), BHS and unit security managers, unit security staff, correctional counselors, administrators, and medical practitioners. To be released from the BHU, an adult in custody must progress through a three-level system that uses dialectical behavioral therapy as the primary treatment model.¹⁶ The BHU Treatment Team determines when an individual is ready to be discharged from BHU.

BHUs are located at OSP and CCCF.

4. Administrative Segregation Unit (ASU)

Adults in custody whose notoriety, actions, or threats jeopardize institutional safety may be placed in ASU. In ASU, individuals have property in their cells like general population, but are only out of their cells one hour a day for recreation and twenty minutes a day for showers. Admission to ASU can be voluntary or involuntary. Involuntary admission to ASU is decided by the Hearings Office and requires additional layers of review and oversight. The SNIEC completes status reviews every 30 days, and the Hearings Office conducts reviews every 180 days.

ASUs are located at SRCI and CCCF.

5. Administrative Housing Unit (AHU)

Adults in custody who have safety concerns and require protective custody may be placed in AHU. Admission to AHU can be voluntary or involuntary. The involuntary admission process for AHU follows the same hearings process and review procedures as described above for involuntary admission to ASU. However, unlike ASU, AHU is a self-contained unit that operates like a general population unit. Adults in custody in AHU are out of their cells most of the day.

The AHU is located at TRCI.

¹⁶ Dialectical behavioral therapy is a treatment model based on cognitive behavioral therapy that was first used to treat people with borderline personality disorder, but which is now used to treat multiple mental illnesses. It emphasizes accepting uncomfortable thoughts, feelings, and behaviors, and working with a therapist on a plan for recovery. For more information, see <http://www.nami.org/Learn-More/Treatment/Psychotherapy> (accessed September 19, 2016).

6. Death Row

Adults in custody who have been sentenced to death live on death row. Adults in custody on death row status are segregated from the general population in that they live in designated special housing units. They are not isolated in their cells for 23 hours a day, but do receive less out-of-cell time than the general population—about 25-30 hours per week. Services and privileges on death row mirror those in general population to the extent possible. Some adults in custody have jobs on the tiers, go outside for recreation twice a day in small groups, and have dayroom time in small groups as well.

Death rows are located at OSP and CCCF.

7. Mental Health Infirmery (MHI)

The MHI is a crisis response unit that provides short-term psychiatric crisis stabilization, evaluation, and medication adjustment. It essentially functions as the inpatient psychiatric hospital in the prison system. Admission can be voluntary or involuntary; involuntary admissions require a hearings process. The MHI operates a four-level system, allowing progressively more property and out-of-cell time. When people first come to MHI, they are isolated; however, by the time they get to Level 4, ODOC reports that they spend 4-8 hours out of their cells per day. The MHI Treatment Team meets at least every 30 days to discuss individuals' treatment, progress through the levels, and pending discharges. Adults in custody stay in MHI for as long as the MHI Treatment Team deems necessary.

MHIs are located at OSP and CCCF.

8. Intermediate Care Housing (ICH)

The ICH is a mental health special housing unit that provides stabilization for adults in custody who require transitional care from the MHI or BHU to a lower level of mental health care, or those who are unable to effectively manage their symptoms in general population and need increased observation and care. Admissions can be voluntary or involuntary; individuals involuntarily placed in this unit go through a hearings process. Once in ICH, they are reviewed by the ICH Treatment Team every 30 days or as clinically indicated. Adults in custody are not isolated in ICH. According to ODOC staff, they spend about 6-8 hours out of their cells per day. They receive group and individual counseling, with daily to weekly contact with mental health providers, as needed.

The ICH is located at OSP.

The Vera project mostly focused on Oregon's use of DSU, IMU, BHU, and ASU. However, because ODOC entered into a memorandum of understanding with Disability Rights Oregon (DRO) in January 2016 to improve conditions and mental health treatment services for adults in custody housed in the BHU, Vera offers limited recommendations to supplement the reform

efforts already underway.¹⁷ ODOC is working with DRO to create more treatment space and devise policies that allow significantly more out-of-cell time for adults in custody in the BHU.

Additionally, Vera provides limited findings and recommendations pertaining to AHU and death row, which acknowledge and support ODOC's practice of allowing congregate activity and significant out-of-cell time in these units. MHI and ICH are not generally included, since they are treatment units and adults in custody assigned to ICH are not isolated. Because MHI can be isolating for individuals initially, it is included and referenced in some of the data analysis.

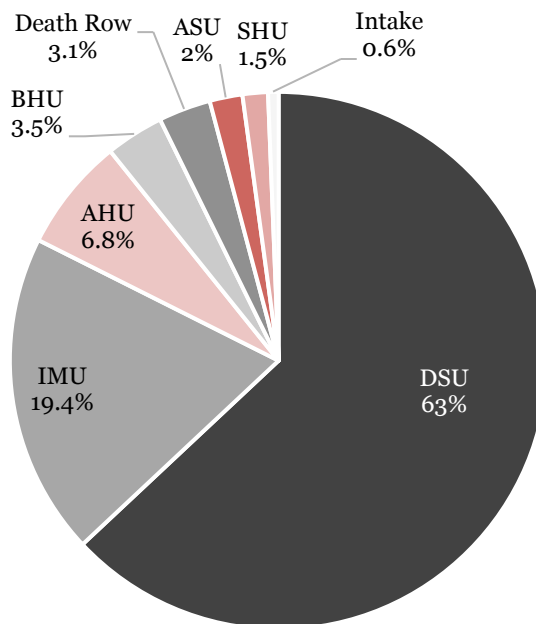
¹⁷ ODOC and DRO entered into a memorandum of understanding (MOU) in January 2016 following DRO's investigation into the conditions of the BHU at the Oregon State Penitentiary and subsequent publication in 2015 of *Behind the Eleventh Door: Solitary Confinement of Individuals with Mental Illness in Oregon's State Penitentiary Behavioral Health Unit*, which is available at: <https://droregon.org/bhu/>; the MOU is available at: <http://disabilityrightsoregon.us3.list-manage1.com/track/click?u=df75f5fb9cfd9d242e8e630d9&id=f21e43edf3&e=4c7f2ace05> (both sites accessed October 24, 2016).

IV. Findings and Recommendations

ODOC oversees the operations and policies of 14 state prisons and two state-run county community corrections offices. ODOC supervises over 14,600 adults in custody with a staff of approximately 4,600 and a budget of \$1.4 billion. Of the prison facilities, six facilities—Oregon State Penitentiary (OSP), Oregon State Correctional Institution (OSCI), Coffee Creek Correctional Facility (CCCF), Snake River Correctional Institution (SRCI), Two Rivers Correctional Institution (TRCI), and Eastern Oregon Correctional Institution (EOCI)—hold the vast majority of ODOC’s population in administrative or disciplinary segregation.¹⁸

On April 1, 2015, the total population in Oregon’s prisons was 14,934. The number of people housed in some form of segregation on that date was 1,114.¹⁹ This represents 7.5 percent of ODOC’s total population and breaks down in the following ways:

Figure 1. Segregated Housing Population by Unit



¹⁸ For an overview of Oregon’s 14 state prisons and a list of segregation units within the six facilities that were the focus of Vera’s assessment, see Appendix 1.

¹⁹ Vera researchers did not include Death Row in the data analysis of ODOC’s use of segregation, but we include the snapshot population number here to present a full picture of the population in some form of segregation on April 1, 2015. Additionally, in the pie chart, “SHU” refers to the Special Housing Unit at CCCF, where women assigned to DSU, IMU, BHU, or ASU are housed.

Below Vera presents detailed findings and recommendations based on an assessment of ODOC's use of segregation. The first two sections focus on disciplinary segregation and types of administrative segregation, respectively. Sections C through F address special populations—people with mental health needs, racial and ethnic minorities, women, and adults in custody on death row status. The final section provides system-wide findings and recommendations.

A. Disciplinary Segregation

Oregon's use of disciplinary segregation was a central focus of the project because disciplinary segregation accounts for the majority of the segregated population. In Oregon, disciplinary segregation is used as a sanction for people who have gone through a hearings process and been found guilty of an infraction. Disciplinary segregation units (DSUs) are also used for pre-hearing segregation for both disciplinary and administrative reasons. A person can be placed in a DSU on temporary status, pending the completion of a disciplinary report and investigation. An adult in custody can also go to DSU on administrative hold status until a hearing has been completed to determine whether placement in ASU or AHU is appropriate. Although this section refers at times to adults in custody with mental health needs, Vera's findings and recommendations regarding the use of DSU for people with mental health needs appear in Section C. Mental Health.

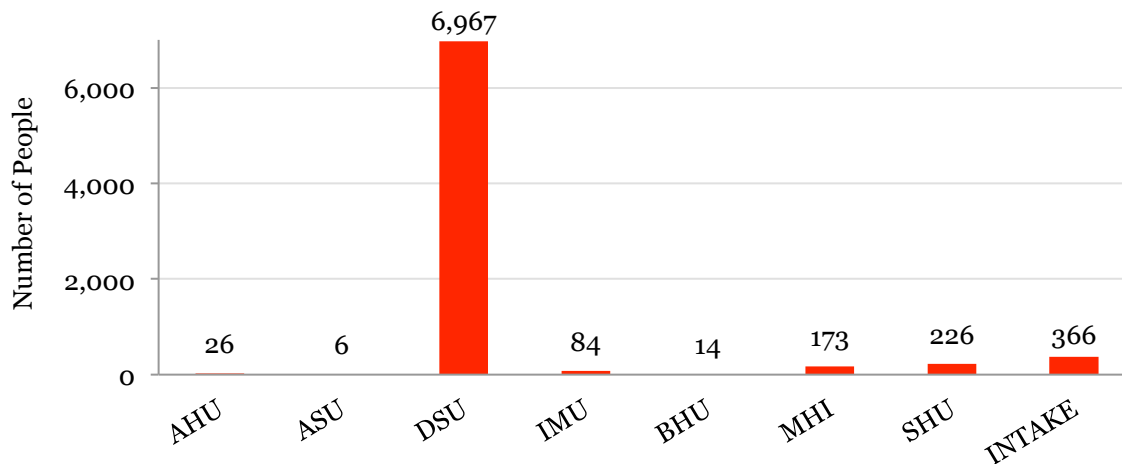
Findings

Finding A1. The majority of adults in custody living in segregated housing in Oregon are in DSU. Based on Vera's analysis of the snapshot data obtained for April 1, 2015, 1,114 adults in custody were in some form of segregated housing. Of those, 702 (63 percent) were in DSU.

Finding A2. Approximately 90 percent of adults in custody who have contact with segregated housing enter segregation through DSU. Because DSUs are used for those serving disciplinary segregation sanctions as well as those on temporary disciplinary status or administrative hold status, many people's first contact with segregation is in a DSU. Some then return to general population, while others are later moved to another form of segregation such as IMU or ASU.

Figure 2 below shows the number of people entering segregation during the 18-month period, by their first segregated housing unit type. In this graph, “SHU” refers to the Special Housing Unit at CCCF where women assigned to DSU, IMU, BHU, or ASU are housed.

Figure 2. Initial Contact with Segregated Housing

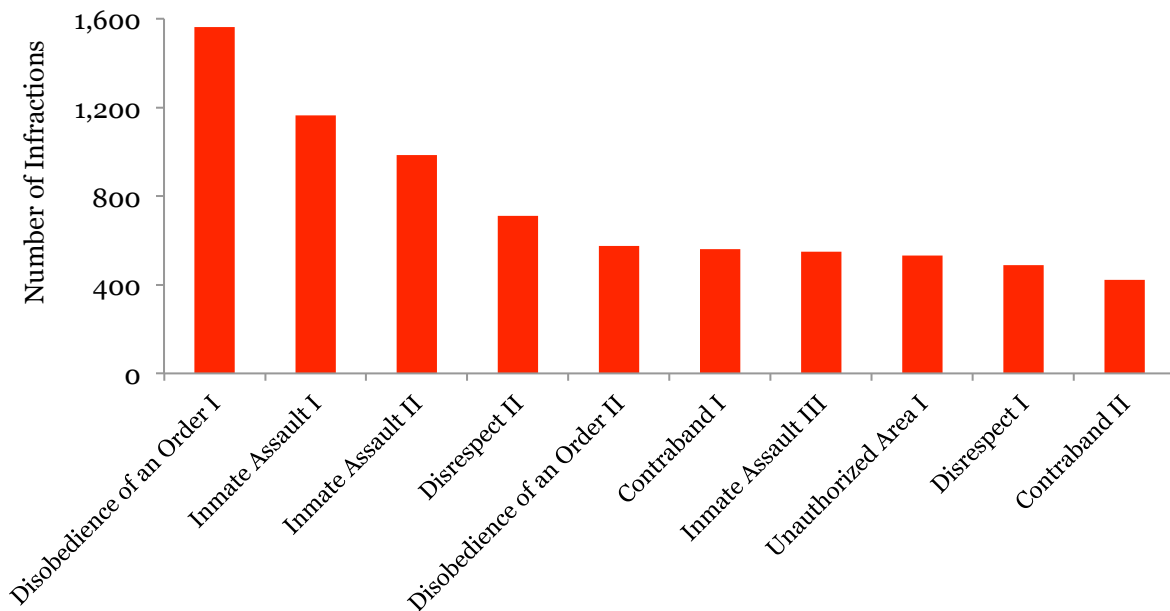


Finding A3. DSU is frequently used as a sanction for non-violent rule violations. The top rule violation leading to a stay in DSU is disobedience of an order. During the 18-month period of the study, there were 15,433 misconduct incidents. Sixty-four percent of these (or 9,846 incidents) resulted in a DSU sanction. Of those incidents resulting in a DSU sanction, over half (57.5 percent) were non-violent rule violations.

ODOC’s sanctions for rule violations are governed by the Major Violation Grid and Minor Violation Grid, which provide sanctioning options and ranges based on the severity of the offense committed and the adult in custody’s history of misconduct. Offenses range from Level I to Level VI, with Levels I and II encompassing the most serious and violent infractions. Sanctions for Level I-IV violations are governed by the Major Violation Grid, and sanctions for Level V and Level VI violations are governed by the Minor Violation Grid, which only allows loss of privileges and/or fines to be imposed for offenses at these levels. Disobedience of an order, the most common violation leading to a stay in DSU, is a Level III offense.

Figure 3 below shows the top ten rule violations resulting in a DSU sanction during the 18-month period. Inmate Assault I (Level I) and Inmate Assault II (Level II) are the only violent infractions included in the top ten. Inmate Assault III, which is a Level III offense typically applied to a less serious fight involving two adults in custody, is also in the top ten. Beyond these three rule violations, the remaining infractions that most frequently resulted in a DSU sanction were nonviolent.

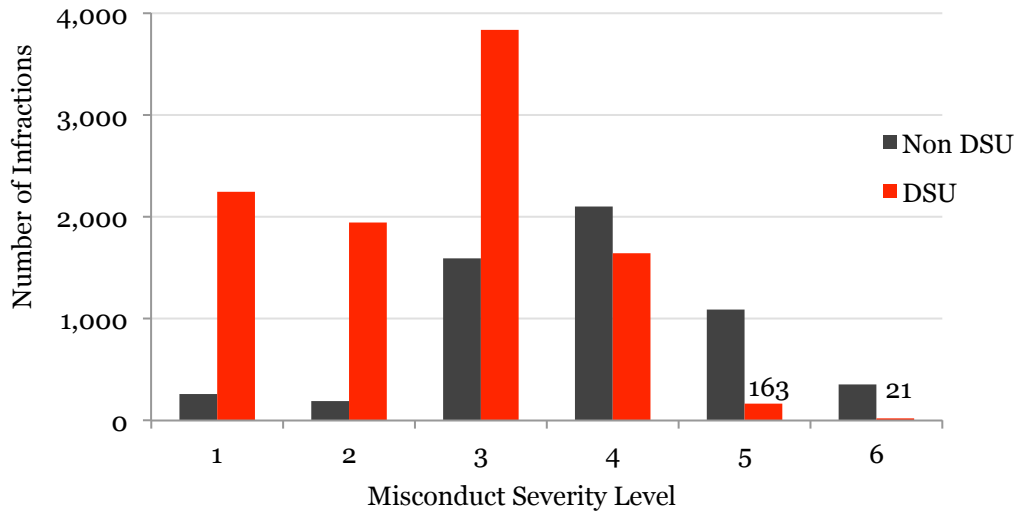
Figure 3. Top Rule Violations Resulting in a DSU Sanction



Finding A4. DSU is sometimes used for Level V and Level VI violations, which is prohibited by the Minor Violation Grid. As noted in the discussion of the previous finding, sanctions for Level V and Level VI violations are governed by the Minor Violation Grid, which only allows loss of privileges and/or fines to be imposed for offenses at these levels.

As shown in Figure 4 below, 163 Level V violations and 21 Level VI violations received a DSU sanction during the 18-month period of the study (January 2014 to July 2015). This information is based on incident-level data, meaning that if an adult in custody was written up for multiple rule violations at the same time, we considered the *highest* severity rule violation for the information in Figure 4.

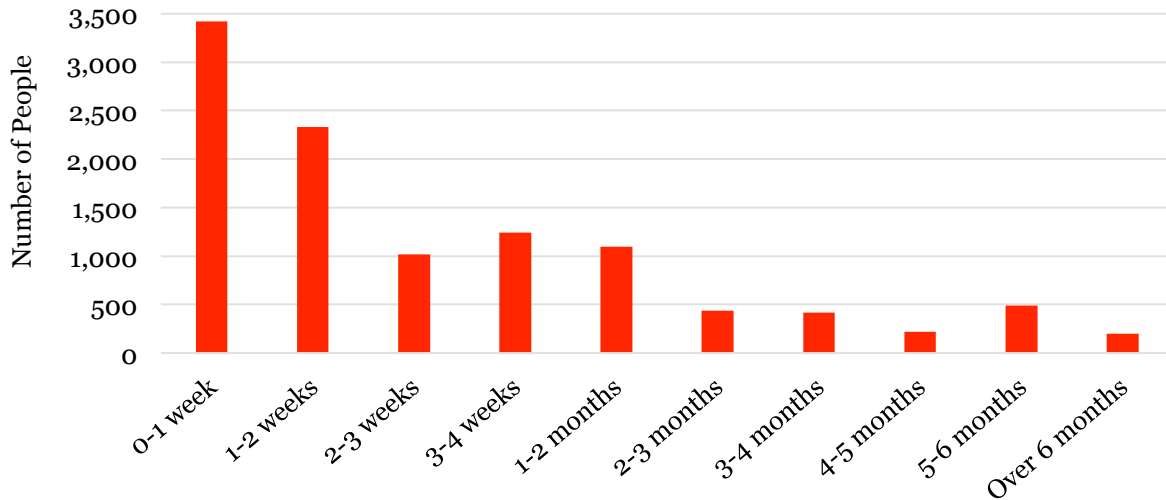
Figure 4. DSU vs. Non-DSU Sanctions Per Highest Misconduct Severity Level



Finding A5. Lengths of stay in DSU vary. 74 percent of adults in custody spent 30 days or less in DSU, but over 500 people spent 5 months or longer in DSU between January 2014 and July 2015. From site visits and Vera’s policy review, the project team learned that adults in custody can spend up to 30 days in DSU without a hearing. The fact that the majority of people spend 30 days or less in DSU suggests that DSU is often used for pre-hearing segregation—either during investigations of potential rule violations or for administrative hold. ODOC’s current system for entering and tracking data does not indicate whether adults in custody are placed in DSU as the result of a sanction imposed by a hearings officer or for temporary status or ad hold status. As a result, Vera cannot report conclusive findings regarding how often adults in custody are sent to DSU for pre-hearing segregation.

Figure 5 below represents the length of stay in DSU for adults in custody who entered DSU between January 2014 and July 2015. For those who had not exited DSU by July 22, 2015, Vera used July 22, 2015 as an estimated exit date. This affected less than one percent of the data.

Figure 5. DSU Length of Stay Distribution

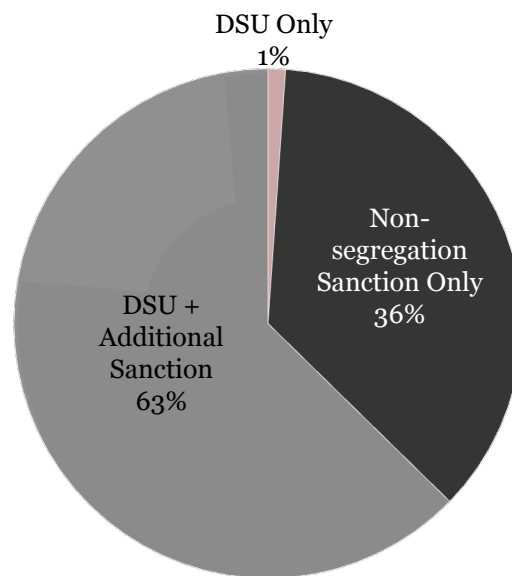


Finding A6. Adults in custody receive an average of 3-4 sanctions per disciplinary incident.²⁰ During the study period, 63 percent of incidents resulted in a sanction of DSU and at least one other sanction. These additional sanctions include demotion from contact visits to basic visits, loss of privileges (usually cell restrictions imposed following a stay in DSU, once the person is back in general population), fines, verbal warnings, extra work, confiscation of contraband, and good time retractions. Limitation to basic visits (non-contact visits, which occur with a glass pane between the adult in custody and the visitor) can be implemented for 180 days for a first major violation, one year for a first drug violation, and even longer for additional violations—up to seven years of consecutive time. Adults in custody can get 28 days of basic visits even for minor violations.

²⁰ An “incident” may represent one or more misconduct write-ups occurring within the same day.

Figure 6 below shows the percentage of adults in custody who received disciplinary segregation only, a non-segregation sanction in addition to disciplinary segregation, and a non-segregation sanction only. This information is recorded at the incident level, meaning that adults in custody might be written up for multiple rule violations and receive multiple sanctions for one incident.

Figure 6. Sanctions Imposed at Incident Level



Finding A7. Adults in custody experience a number of collateral consequences from a sanction to DSU. These restrictions—all of which can be imposed for certain violations and some of which are a consequence of DSU placement—include incentive-level reduction, program failures and/or loss of eligibility for certain programs, loss of employment, loss of housing, and loss of recreation yard time. The collateral consequences of a felony conviction in the community (e.g., voter disenfranchisement, public housing restrictions, employment restrictions) and their negative impacts on people reentering society after imprisonment are well documented.²¹ The collateral consequences of a DSU sanction for adults in custody reentering general population are similarly harmful. During a focus group with adults in custody, Vera heard more complaints and concerns about the losses and restrictions that flow from a sanction to DSU than we heard about DSU itself. Several men spoke of how losing their incentive level or job filled them with despair and made them question whether they should strive to accomplish anything in prison when their accomplishments could so easily be stripped away.

²¹ See Ram Subramanian, Rebecka Moreno, and Sophia Gebreselassie, *Relief in Sight? States Rethink the Collateral Consequences of Criminal Conviction, 2009-2014* (New York: Vera Institute of Justice, 2014).

Finding A8. Adults in custody frequently lose segregation yard privileges as a sanction while in DSU. 1,807 “loss of segregation yard privileges” sanctions were imposed on adults in segregation during the study period; 96 percent of those sanctions were given in DSU. On average, those sanctions amounted to 17 days of lost recreation time. As it is, people in DSU receive very limited access to out-of-cell exercise. According to “Oregon Administrative Rule (OAR) 291.011-0060,” which governs services and activities in disciplinary segregation, “adults in custody in disciplinary segregation will be provided an opportunity to exercise a minimum of 40 minutes, which includes shaving and showering, per day, five days a week.” Although “OAR 291.011-0064 Forfeiture/Deprivation of Service or Activity” allows services and activities to be denied as a result of a disciplinary sanction, it is concerning that a large number of people receive loss of this already minimal out-of-cell recreation time as a sanction.

Additionally, although adults in custody lose their segregation yard privileges more frequently in DSU, they also lose yard privileges in other types of segregation. Access to out-of-cell exercise is similarly limited in these other housing units, making it equally problematic that people in these units are losing this opportunity for out-of-cell recreation time.

Figure 7 shows the number of people and average number of days that an adult in custody was sanctioned to loss of segregation yard privileges per misconduct severity level.

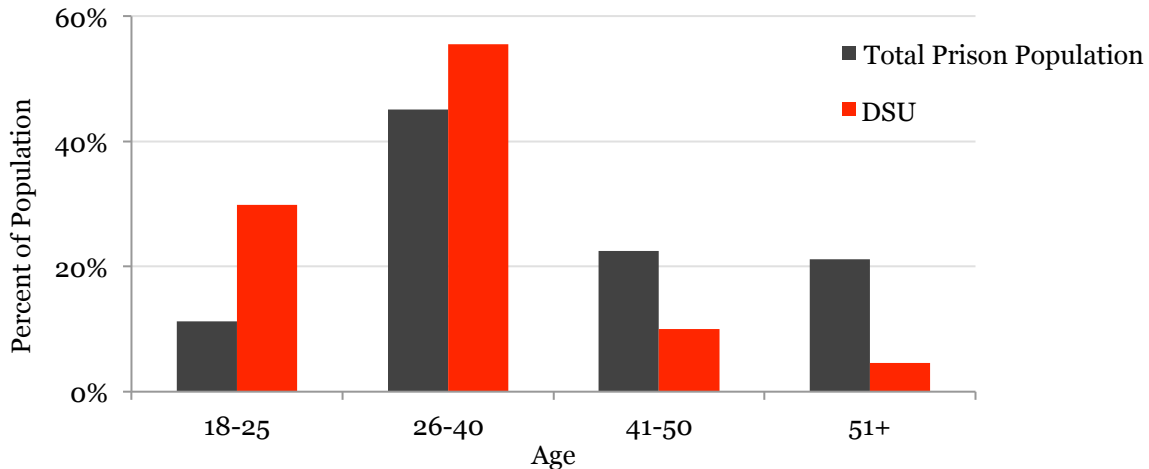
Figure 7. Loss of Segregation Yard Privileges

Misconduct Severity Level	N	Mean (Days)
1	687	25.6
2	163	16.2
3	598	13.3
4	231	9.1
5	112	6.5
6	22	5.9
Total	1,813	17.2

Finding A9. Young adults in custody (age 25 and under) are over-represented in DSU. Young adults comprise 11.2 percent of the total prison population but 30 percent of the DSU population.

Figure 8 shows the breakdown of the DSU population and the total prison population by age on the snapshot date, April 1, 2015.

Figure 8. DSU Population vs. Total Prison Population by Age



Finding A10. ODOC’s maximum DSU sanction of 120 days with a possible upward deviation of 60 days (for a total of 180 days) is long compared to other jurisdictions. Over the last decade, a number of state correctional systems have taken steps to reduce the maximum length of time an adult in custody can spend in disciplinary segregation. In August 2016, the Delaware Department of Correction established 15 days as the maximum segregation sanction for a single disciplinary incident or series of related incidents.²² Several states have settled on a 30-day maximum sanction, including Washington State, Colorado, New Mexico, and Connecticut. In Connecticut, an adult in custody can receive more than one sanction per incident and serve disciplinary time either concurrently or consecutively, but the total length of time cannot exceed 60 days.²³

Finding A11. Reviews of adults in custody in DSU are limited and inconsistent. Both “OAR 291-011 Segregation (Disciplinary)” and “OAR 291-105 Prohibited Inmate Conduct and Processing Disciplinary Actions” describe avenues of review for adults in DSU. “OAR 291-011” describes situational reviews for adults in custody to ensure they are held in DSU for the shortest time possible to achieve the purpose for assignment to DSU. It specifies that the Special Needs Inmate Evaluation Committee (SNIEC) will review every person in DSU at least every 30 days. “OAR 291-105” states that the functional unit manager or a designee can make an

²² *Community Legal Aid Society, Inc. v. Coupe*, No. 15-688 (D.D.E. Sept. 1, 2016).

²³ See State of Connecticut Department of Correction, “Directive Number 9.5 Code of Penal Discipline” (effective February 1, 2016), in Administrative Directive, Chapter 9: Classification, <http://www.ct.gov/doc/LIB/doc/PDF/AD/ad0905.pdf> (accessed October 24, 2016).

adjustment to an adult in custody's sanction based on evidence of significant positive behavioral change or based on a recommendation from an employee.

In practice, however, any adjustment is made only after an adult in custody has completed an Adjustment to Final Order form. The policy reads as if staff fill out this form, but staff told Vera that the onus is usually on the adult in custody to request and fill out the form. Once completed, the form goes to the SNIEC, which reviews the form and makes a recommendation on whether to reduce the person's sanction to DSU. The possible reductions are fixed according to the Adjustment to Final Order Grid attached to the Prohibited Inmate Conduct Rule, and are quite short. For example, on the low end, a person who demonstrates 30 days of significant positive behavioral change is eligible for a reduction of 8 days. At the highest end of the range, someone who demonstrates 120 days of significant positive behavioral change is eligible for a reduction of 17 days. The SNIEC has no discretion in deciding an appropriate reduction. Once SNIEC has made its recommendation, the superintendent approves or denies the reduction.

Finding A12. ODOC's conduct order system is a useful informal mechanism for addressing lower level infractions on the unit, but it is not applied fairly or consistently. ODOC's conduct order system enables officers to respond immediately to lower level infractions such as disobedience, disrespect, and horseplay by issuing a sanction via a "conduct order." Sanctions for lower level violations range from having the adult in custody write an apology letter, to extra work detail, to being "celled-in" for up to 72 hours. Block sergeants review and oversee the conduct orders for cell-in sanctions up to 24 hours; beyond 24 hours, the officer-in-charge provides review and oversight. Although the conduct order is a great tool for swiftly imposing alternative sanctions, Vera heard during site visits and focus groups that it is not always applied fairly and consistently. A number of the adults in custody reported that officers tend to apply the maximum sanction—72 hours of cell-in time—rather than imposing sanctions proportional to the conduct at issue.

Finding A13. Adults in custody in DSU spend 23 hours a day, on average, in conditions marked by isolation, idleness, and sensory deprivation. Most DSU cells in Oregon are small and windowless, and adults in custody are allowed very little property. With the exception of the GED program at Two Rivers Correctional Institution (TRCI) and the limited cognitive behavioral programming being piloted at Eastern Oregon Correctional Institution (EOCI), adults in custody in DSU have almost no ability to engage in productive activities. Except for people who are double-celled, which presents its own challenges, they also rarely have meaningful contact with other people during their time in DSU.²⁴

²⁴ Some journalists and advocates have noted that double-celling in segregation can have dangerous consequences. For example, see Christie Thompson and Joe Shapiro, "The Deadly Consequences of Solitary with a Cellmate," *The Marshall Project*, March 24, 2016, <https://www.themarshallproject.org/2016/03/24/the-deadly-consequences-of-solitary-with-a-cellmate> (accessed October 24, 2016).

A number of researchers have documented the harmful effects of extremely isolating conditions. Vera's 2015 report *Solitary Confinement: Common Misconceptions and Emerging Safe Alternatives* discusses some of the common negative impacts resulting from a stay in segregation. These include but are not limited to hypersensitivity to stimuli, distortions and hallucinations, increased anxiety and nervousness, diminished impulse control, severe and chronic depression, appetite loss and weight loss, heart palpitations, talking to oneself, problems sleeping, nightmares, and self-mutilation.²⁵ An adult in custody may experience one or more of these harmful impacts from a stay in DSU, which may make it difficult for him or her to successfully transition back to general population. For instance, someone who goes back to general population experiencing hypersensitivity to stimuli or diminished impulse control may be easily triggered by the stimulation of a general population environment, end up committing another rule violation, and wind up right back in DSU.

Finding A14. Conditions in DSU at minimum facilities may be experienced by adults in custody as especially restrictive and isolating. Vera did not visit any minimum facilities, but we heard that conditions in DSU at those facilities can be especially difficult and stark for adults in custody placed in DSU. By policy, DSU at minimum facilities should not extend beyond 14 days. Still, adults in custody sanctioned to DSU at a minimum facility go from living in a fairly normalized environment, with high levels of freedom and autonomy, to extremely isolating conditions where, by policy, they are not granted access even to outdoor recreation.

Recommendations

Recommendation A1. Significantly reduce the number of segregation-eligible infractions in the Major Violation Grid. Except in extremely limited circumstances (e.g., an escape attempt), eliminate the use of segregation for nonviolent infractions. When segregation is used for nonviolent infractions, document the reason for imposing segregation and institute appropriate checks and balances to ensure it is not overused or used for lengthy periods of time.

Recommendation A2. Reduce the maximum length of stay in DSU. The cap could be reduced to 30 days, and ODOC could assess over time whether this is effective to meet the intended purpose of DSU or whether this time limit can be reduced further. Jurisdictions such as those mentioned in the findings have found 30 days to be an effective maximum. However, on the international level, the United Nations recently adopted a prohibition on prolonged solitary confinement, which is defined as the confinement of prisoners for 22 hours or more a

²⁵ See Alison Shames, Ram Subramanian, and Jessa Wilcox, *Solitary Confinement: Common Misconceptions and Emerging Safe Alternatives* (New York: Vera Institute of Justice, 2015), p. 17.

day without meaningful human contact for a period longer than 15 consecutive days.²⁶ Notably, similar rules exist in several European countries, including Germany and the Netherlands.²⁷

Recommendation A3. Limit the use of prehearing DSU to only adults in custody who pose a serious threat to safety or security. As described on page 13, prehearing DSU can be used for both temporary placement, pending a disciplinary hearing, and for administrative hold, pending a hearing to determine long-term placement in ASU or AHU. Vera urges ODOC to follow the U.S. Department of Justice’s guiding principles, which instruct officials to consider the seriousness of the alleged offense in determining the need for prehearing placement in segregation, reserve prehearing placement for people who pose a “danger” to the facility or public, require approval of such a decision by a supervisor, and call for a review of the placement within 24 hours by a high-level authority.²⁸

Vera recommends that ODOC:

- a. Reform procedures regarding temporary placement in DSU before a disciplinary hearing has been held.**
 - i. Develop and require a standalone placement form (separate from the misconduct form) for sending adults in custody to DSU for temporary placement. Require completion of this form at the time of placement (typically by the officer-in-charge). Establish procedures for a secondary review of placement by a higher authority (e.g., a superintendent) within 24 hours.
 - ii. For temporary placement, ensure that the disciplinary hearing is held within 10 days or sooner, and not just scheduled or “initiated” within 10 days, as currently required by the Prohibited Inmate Conduct Rule.
 - iii. To be consistent with DOJ’s guiding principles, consider removing “for the good order” of the facility from the Prohibited Inmate Conduct Rule as a reason for temporary placement.

- b. Reform procedures regarding placement in DSU on administrative hold status.**
 - i. Develop and require a placement form that explains the reason for sending an adult in custody to DSU for administrative hold. Require completion of this form at the time of placement (typically by the officer-in-charge). Establish procedures

²⁶ United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), 2015, Rules 43-44.

²⁷ In Germany, this type of confinement cannot exceed four weeks in any given year for an individual in custody, and in the Netherlands, the limit is two weeks. See Ram Subramanian and Alison Shames, *Sentencing and Prison Practices in Germany and the Netherlands: Implications for the United States* (New York: Vera Institute of Justice, 2013), p.13.

²⁸ See DOJ, 2016, p. 96.

for a secondary review by a higher authority (e.g., a superintendent) within 24 hours.

- ii. Lower the maximum amount of time an adult in custody can spend on administrative hold status without a hearing from 30 days to 10 days.

c. Collect and track data on how often DSU is used for temporary placement and administrative hold, to ensure policies are being followed.

Analyze data on a regular basis to ensure that temporary placements and ad holds are only used when an adult in custody's presence in general population poses a "danger" to the facility or other incarcerated people.

Recommendation A4. Review instances where DSU has been used as a response to minor offenses and correct issues leading to that practice. Ensure that policy is followed and DSU is never used for Level V and VI offenses. Tracking and analyzing all admissions to DSU and reasons for admission, as described in Recommendation A15, will assist in monitoring compliance with this policy.

Recommendation A5. Enhance supports, structured activities, and programming in general population to keep people from going into DSU, particularly high-risk groups (such as young adults and those with identified mental health needs).

a. Examine correctional case management practices and ensure that adults in custody are receiving appropriate levels of contact and supervision from their counselors.

- i. Consider expanding the therapeutic treatment planning and management level reserved for people who have an MH3 mental health designation under "OAR 291-207-0005, Correctional Case Management" to (at least) people with an MH2 designation.²⁹
- ii. Assess whether young adults in custody typically meet the criteria for intensive case management. If they do not, consider implementing a pilot program that provides intensive case management to young adults and determine whether that level of case management impacts their likelihood of going to DSU. Increased

²⁹ In ODOC, mental health treatment providers assess adults in custody and assign them a mental health code based on their diagnosis according to the *Diagnostic and Statistical Manual of Mental Disorders* and their level of functioning. An MH1 code is assigned to adults in custody who have diagnoses of mild acuity that do not require treatment services. The fact that individuals with a code of MH1 or higher comprise 61 percent of the DSU population indicates that the majority of people in DSU have some sort of mental health diagnosis ranging from mild (MH1) to severe (MH3). Beyond these numerical codes, ODOC also uses the code MHR to classify adults in custody who meet the diagnostic criteria for a code of MH1 and either take psychotropic medications or have moderate to severe symptoms. It can also be used temporarily until a more comprehensive evaluation is completed.

access to counselors during the first months of incarceration may also help alleviate stress and reduce the potential for young adults to act out because they fear living in general population.

- iii. Consider implementing a system where a major misconduct triggers an in-person meeting with a counselor. The agency might also consider creating a system where repeat minor misconducts or conduct orders for the same adult in custody trigger an in-person meeting with a counselor. During this meeting, the counselor could review the case plan with the adult in custody and consider whether to increase that person's level of case management, even temporarily. More importantly, such a meeting would provide an opportunity for the counselor to explore with the individual the underlying causes of his or her misbehavior. This may also help improve communication between counselors and adults in custody, surface problems the adult in custody is experiencing that may be contributing to minor rule violations, and help the person get back on track before he or she commits a major rule violation and winds up in DSU.

b. Examine strategies that may help adults in custody alleviate stress and reduce their likelihood of breaking the rules. These may include assigning newer adults in custody to peer mentors who can help with their adjustment or conducting orientations for new intakes about what to expect at different facilities. Another strategy worth exploring is expanding the use of Blue Rooms or other de-escalation spaces to general population housing units. (See Section B for more on Blue Rooms.) Repurposing unused cells or other spaces in this way would give people a place to cool off after a frustrating experience or interaction and could potentially reduce their risk of committing an infraction in a heated moment.

c. Expand privileges and programming in general population. This could entail any number and type of privileges or programs that give people the skills and tools they need to be successful in general population. ODOC might choose to develop new cognitive behavioral programs, increase access to current educational programs, and/or expand animal programs like the Rehabilitation of Offenders and Canines (ROC) program. Vera was extremely impressed with the ROC program and encourages ODOC to replicate this or similar dog programs at other institutions. We particularly recommend that ODOC find ways to introduce dogs into the DSUs and other segregated housing units.

Giving adults on the security threat management (STM) caseload the ability to earn privileges or access to programs may incentivize positive behavior in that population. "OAR 291-069-0200, Security Threat Management" outlines how adults in custody who present an elevated security threat risk are identified and managed by trained STM managers. The policy states that adults in custody on the STM caseload

may be subjected to intensive supervision and restriction or suspension from departmental programs and services. In a focus group of adults in custody, several men described how ending up on the STM caseload can mean repeated punishment and scrutiny for minor infractions. They expressed discouragement over how difficult it can be to succeed or move off of the STM caseload once placed on it. Giving adults in custody the ability to earn privileges or access to programs while on the STM caseload may encourage better behavior and lead to more successful outcomes for those identified as high security threats.

Recommendation A6. Create intermediate housing units where adults in custody can be placed after a DSU stay if it is determined, through a multidisciplinary review process, that they are not yet ready for general population but do not require the level of secure supervision provided in the intensive management unit (IMU). If ODOC implements the types of reforms recommended in this report, DSUs across the state will be less full, making it feasible to repurpose sections of those units for intermediate housing units.

Both the Ohio Department of Rehabilitation and Correction and the Pennsylvania Department of Corrections have begun piloting these types of housing units. For example, in August 2015, Warden Michele Miller at Ohio's Belmont Correctional Institution opened a "limited privilege housing unit." In Ohio, these units function as an alternative to highly restrictive disciplinary segregation. Incarcerated people can be sanctioned to this unit for a maximum of 90 days and are reviewed every 30 days to determine if continued placement is necessary. On average, people spend 4-5 hours per day out of their cells engaged in programming and other activities, including one hour for recreation, which may be spent in general population recreation yards. Individuals who are ready for release to general population can complete any outstanding programming in general population. Since the advent of the limited privilege housing unit at Belmont, Warden Miller reports a drop in the number of incarcerated people going into the facility's more restrictive Transitional Program Unit (from an average of 103 in 2014 to 71 in 2015).³⁰ In Pennsylvania, the State Correctional Institution Laurel Highlands has also begun piloting a similar limited privilege housing unit.

ODOC could choose to pilot this idea at EOCI, where security staff and a correctional counselor have already begun to experiment with limited programming in DSU. Regardless of how ODOC proceeds, these units should be distinct from DSU and mirror general population to the extent possible, allowing for significantly more out-of-cell time than allowed in DSU, fewer restraints, more congregate activity, contact visits, and increased programming. Additionally, these units should only be used when the multidisciplinary review of an adult in custody uncovers a significant concern about that person releasing to general population. In instances

³⁰ Warden Michele Miller, phone call with Vera project team, May 11, 2016.

where there are no concerns or red flags, the default placement upon release from DSU should be general population.

Intermediate housing units could also function as an alternative to DSU altogether for certain types of rule violations or certain types of individuals (e.g., people with MH3 or DD3 designations; see Recommendation C2). To use these units as alternatives to DSU, ODOC would need to establish appropriate time limits for stays in these units, with weekly multidisciplinary reviews to determine whether an adult in custody can be moved to general population. Vera recommends considering 30 or 60 days as the maximum time limit. These units should be established in a way that allows for continuation or completion of programming in general population.

Recommendation A7. Discontinue the practice of imposing additional punishments on adults in custody sanctioned to DSU. Disciplinary segregation should be a standalone punishment and not combined with other sanctions. Imposing multiple sanctions, including segregation, for a single incident is unduly harsh and creates a system of discipline that is more punitive than positively incentivizing.

Recommendation A8. Revise policy regarding loss of contact visits as a sanction. Contact visits should be restricted to basic visits only when there is a pressing concern about safety and security. In those circumstances, implement short time limits for restricting contact visits. Consider using 28 days as the maximum.

Restricting visits from family and other support people can be devastating for incarcerated people and their loved ones, and counterproductive from a facility management perspective. During a focus group with adults in custody, two men had lost contact visits for seven years and spoke about how that, more than anything else, had made them lose their hope and motivation to succeed while in ODOC custody. Vera's Family Justice Program has produced several reports that speak to the importance of maintaining family engagement for both the incarcerated person and his or her loved ones. In these reports, Vera cites research showing how family visits can lead to better outcomes, including a lower risk for recidivism, for the incarcerated person.³¹

Recommendation A9. Eliminate loss of segregation yard time as a sanction in DSU. Adults in custody in DSU need fresh air, sensory stimulation, and exercise; they should not be deprived of these fundamental needs for punitive reasons.

³¹ For example, see Margaret diZerega, *Why Ask About Family? A Guide for Corrections* (New York: Vera Institute of Justice, 2011). The Mandela Rules also speak to the importance of allowing incarcerated people to maintain family contact by stating that "[d]isciplinary sanctions or restrictive measures shall not include the prohibition of family contact." See United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), 2015, Rule 43.

Recommendation A10. Reduce the number of collateral consequences that flow from a sanction to DSU. In particular, eliminate the practice of imposing automatic incentive level demotions (incentive point deductions) as a consequence of receiving a sanction to DSU, which can lead to adults in custody losing their jobs or housing.³² If ODOC retains the practice of imposing incentive level demotions, consider enacting reforms that would shorten the length of time required for upward movement and allowing for shorter or more flexible timeframes. ODOC should take steps to ensure that decisions about restoring an adult in custody's incentive level are made on a case-by-case basis. In cases where adults in custody have lost their jobs as a result of a stay in segregation, ODOC should consider giving them their jobs back, or evaluating them for the possibility of returning to their jobs.

Recommendation A11. Discontinue use of the Adjustment to Final Order form and grid as the mechanism for initiating reviews and time reductions for adults in custody in DSU. Implement a more meaningful automatic review process that is triggered at regular intervals (e.g., every seven days), and establish new guidelines on allowable time reductions. Allow for a staff-initiated review process if a staff member thinks an adult in custody is ready to return to general population before the next scheduled review. Track and review time reductions in DSU to determine if people actually get out of DSU early and whether any changes need to be made to the review process.

Recommendation A12. Strengthen the procedures governing conduct orders to improve the fairness and effectiveness of informal sanctions. Communicate to staff and adults in custody how and when conduct orders will be used.

- a. Institute a detailed response matrix to ensure that conduct orders are used and applied fairly, consistently, and progressively.**
- b. Ensure that behavioral expectations and consequences for misbehavior are understood by staff and adults in custody.**
- c. Institute procedures requiring staff to discuss the reason for the conduct order with the adult in custody being sanctioned.**
- d. Establish meaningful oversight of the sanctions imposed to ensure that sanctions are fairly applied and proportionate.**

³² ODOC offers incentives and monetary awards to encourage and reward good institutional conduct through its Performance Recognition and Awards System (PRAS). Through PRAS, adults in custody earn performance points based on their behavior and completion of assigned programming. As they accrue points, they can promote to higher incentive levels, which give them access to additional property and the ability to apply for additional programs, activities, and incentive housing. Adults in custody can also receive incentive level demotions as a disciplinary sanction, which means they lose access to whatever privileges or gains they have acquired and have to earn them back.

Since the 1970s, a well-documented body of criminal justice research has extolled the deterrent benefits of “swift, certain, and fair” punishment over more delayed and severe punishments.³³ Most of this research has focused on community corrections (mainly probation and parole), but its principles of behavioral modification also apply to institutional corrections. Briefly, the idea is that behavioral expectations and sanctions for breaking the rules are communicated to the target group, which for ODOC would be adults in custody. This communication creates a type of social contract, which enhances the perceived fairness of any sanctions imposed for breaking the contract. If, after learning the rules and consequences for breaking them, an adult in custody violates a rule, proportionate sanctions are delivered immediately (swift) and consistently (certain).³⁴ With the conduct order system, ODOC has a process for swift sanctioning on the unit for minor rule violations; the agency simply needs to shore up the procedures for applying those sanctions to ensure fairness and certainty.

Recommendation A13. Improve conditions of confinement in DSU. In addressing conditions of confinement, DOJ’s guiding principles on the use of restrictive housing call on correctional systems to seek ways to increase the minimum amount of time that adults in custody in restrictive housing can spend outside their cells and to offer enhanced in-cell opportunities. DOJ also recommends out-of-cell, confidential psychological assessments and visits for adults in custody.³⁵ Notably, the Colorado Department of Corrections reached a settlement agreement in July 2016 regarding a class action lawsuit brought on behalf of inmates in administrative segregation who had been denied access to outdoor exercise and fresh air. The attorneys argued that denial of fresh air violated the 8th Amendment’s prohibition on cruel and unusual punishment.³⁶ Vera recommends that ODOC:

a. Allow more opportunities for out-of-cell time and congregate activity.

Increase the amount of out-of-cell recreation time afforded to adults in custody. Provide daily outdoor recreation time for all adults in custody in DSU, including those housed in minimum-security facilities. Consider assessing adults in custody in DSU and matching some people for compatibility to have congregate yard time.

³³ For example, see Valerie Wright, *Deterrence in Criminal Justice: Evaluating Certainty vs. Severity of Punishment* (Washington, DC: The Sentencing Project, November 2010); Mark A.R. Kleiman and Angela Hawken, “Fixing the Parole System,” *Issues in Science and Technology* Volume XXIV, Issue 4 (Summer 2008), <http://issues.org/24-4/kleiman/> (accessed October 24, 2016); and Swift Certain & Fair, <http://www.swiftcertainfair.com/> (accessed July 6, 2016).

³⁴ Swift Certain & Fair, “Why Swift Certain & Fair,” <http://www.swiftcertainfair.com/why-swift-certain-and-fair/> (accessed July 6, 2016).

³⁵ See DOJ, 2016, p. 99.

³⁶ See Susan Greene, “Legal settlement ends Colorado’s practice of denying inmates fresh air,” *The Colorado Independent*, July 5, 2016, <http://www.coloradoindependent.com/160085/colorado-settlement-inmates-fresh-air> (accessed October 24, 2016).

- b. Create more opportunities for productive activities in-cell.** Consider installing televisions or handing out MP3 players or tablets that could deliver programming or entertainment to adults in custody.³⁷
- c. Create Blue Rooms or de-escalation rooms in DSU units,** perhaps by converting a DSU cell not in use. See Recommendation B4 for more detail on Blue Rooms and de-escalation rooms. Establish a system that allows all or most adults in custody to access these spaces for meaningful periods of time.³⁸
- d. Examine the physical space of DSU cells and recreation spaces and identify changes that can be made to increase size and natural light.** For example, replace the frosted windows in the DSU cells at EOCI and OSP with clear windows. Based on a suggestion by Vera staff during the tour of the Oregon State Penitentiary, OSP staff decided to remove the louvers from the BHU's outdoor recreation yard, which has increased the openness and amount of light and air in the space. Vera recommends removing any louvers used in DSU recreation yards and expanding the size of yards. At some facilities like CCCF, outdoor segregation recreation spaces are so small that adults in custody barely have space to walk.
- e. Explore the impact of double-celling on the safety and well-being of adults in custody housed in double-celled DSUs.** If the assessment reveals negative impacts (e.g., more assaults or trips to the infirmary), develop a plan to reform or end double-celling practices. In all cases, when double-celling is used, ensure that adults in custody are carefully matched to minimize the risk for dangerous situations occurring. Note, however, that if conditions of confinement in DSU change to allow significantly more out-of-cell time, the potential negative impacts of double-celling in DSU may be decreased.
- f. Ensure that qualified mental health professionals (QMHPs) or health services practitioners are doing in-person mental health assessments (and not just chart reviews) within 24 hours of a person's placement in DSU.**
- g. Allow adults in DSU telephone privileges to speak with family and other outside support people.** At EOCI, adults in custody in DSU who engage in positive

³⁷ In 2008, the Hampden County Sheriff's Department in Massachusetts began distributing pre-programmed MP3 players to inmates in segregation as a reward for demonstrating positive behavior and following the rules. The material programmed into the MP3 players includes self-help audio programs, treatment programs, contemporary and classical music, nature sounds, and audio books. The Sheriff's Department has found MP3 players to be a cost-effective way to keep inmates engaged in productive activities and to reinforce positive behavior. For more on the Hampden County Sheriff's Department's use of MP3 players, see Francis Olive and John Evon, "The Utilization of MP3 Players in Correctional Segregation Units," *Corrections Today* 74, no. 6 (December 2012-January 2013): 53.

³⁸ Colorado has introduced de-escalation rooms in its segregation units, where inmates can go when they need a "timeout" to cool down. These rooms often have soothing wall colors, dim lights, and a comfortable chair. Individuals can listen to calming music, use exercise balls, read, and participate in art therapy. See Rick Raemisch and Kellie Wasko, *Open the Door: Segregation Reforms in Colorado* (Colorado Springs, CO: Colorado Department of Corrections, 2015).

behavior (e.g., making their beds and keeping their cells clean) and receive no misconduct reports for 30 days can earn one free 15-20 minute phone call. Staff at EOICI discussed how impactful and calming these calls are on the adults in custody and noted that loved ones often reinforce ODOC's message that the incarcerated person needs to follow the rules. Consider expanding this privilege across institutions and reducing or eliminating the conditions attached to using the phone.

- h. Increase the number and length of basic visits afforded to adults in custody in DSU who have demonstrated positive behavior.** By policy, adults in custody are afforded one basic visit per week for one hour while in DSU, but some facilities have increased the number and duration of basic visits as a reward for positive behavior. For example, at EOICI, if individuals have been involved in programming and maintained clear conduct for 30 days, they can request a two-hour visit, which serves as a reinforcement for positive behavior.

Recommendation A14. Reform the use of DSU at minimum-security facilities. Vera encourages ODOC to examine how DSU is currently used at minimum-security facilities to see if there are ways to reduce the use of DSU that are unique to those facilities. ODOC should take steps to ensure that the reforms implemented at the medium-security facilities and OSP are also applied to the minimums.

Recommendation A15. Collect and track data on ODOC's use of disciplinary segregation. This would ensure an ability to assess whether there is consistent application of policies. It will also allow ODOC to assess whether policies are achieving a reduction in the use of disciplinary segregation and to continue to examine ways to reduce the use of disciplinary segregation.

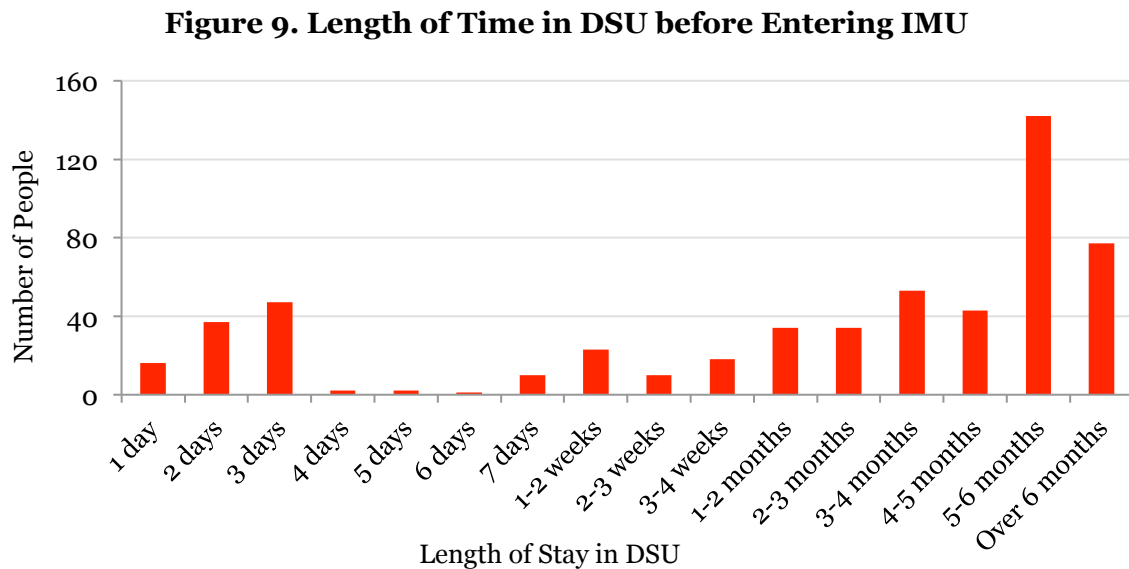
B. Administrative Segregation

The findings and recommendations below address ODOC's Intensive Management Unit (IMU), Administrative Segregation Unit (ASU), and Administrative Housing Unit (AHU).³⁹

Findings

Finding B1. 549 adults in custody moved from DSU to IMU during the 18-month study period (January 1, 2014 to July 22, 2015). Of those, nearly half (48 percent) spent 4 or more months in DSU before entering IMU. In practice, this means that people whom ODOC has identified as needing programming to correct negative thinking or behavioral patterns spend months in DSU without access to such programming before they are moved to IMU.

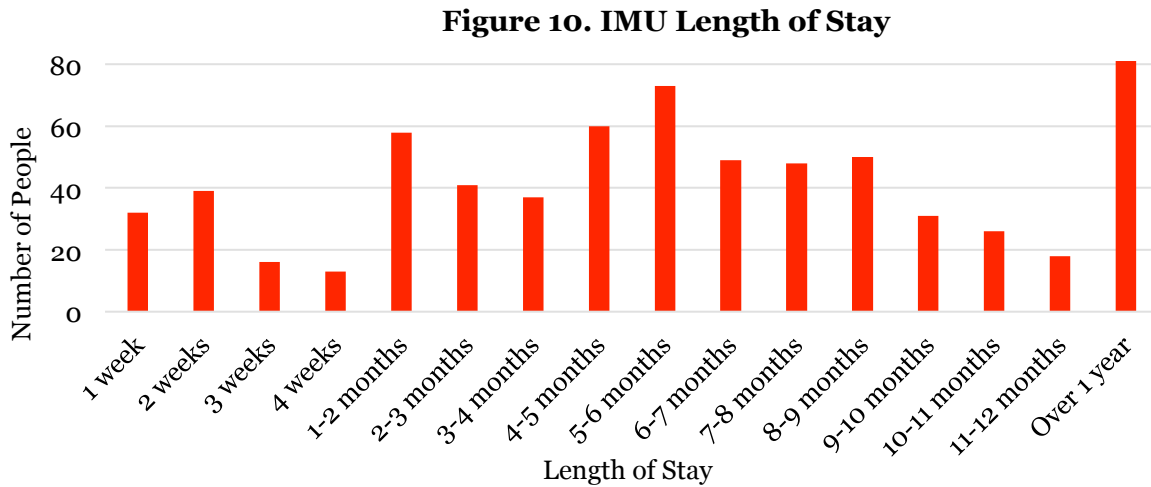
Figure 9 below shows the amount of time adults in custody spent in DSU before ultimately being transferred to IMU.



³⁹ Note that Findings B3 and B8 below include reference to the Behavioral Health Unit (BHU), and Recommendation B5 encompasses the BHU. Otherwise, findings and recommendations pertaining to the BHU and other mental health issues appear in Section C. Mental Health.

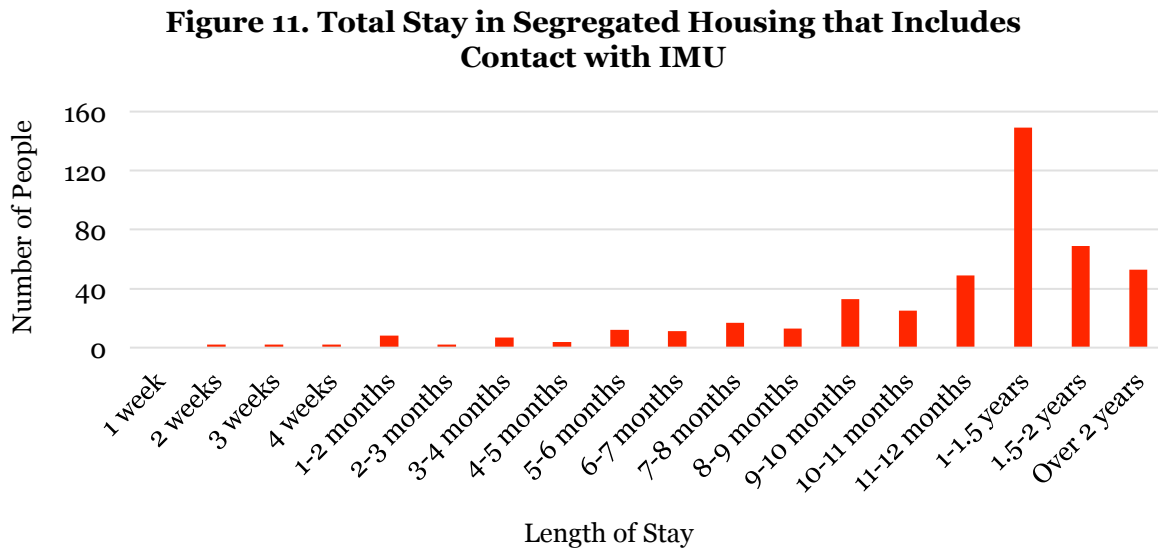
Finding B2. Lengths of stay in IMU vary. A majority (55 percent) of people spent 6 months or less in IMU, but 45 percent stayed in IMU for over 6 months. And over 12 percent spent more than 1 year in IMU.

Figure 10 below shows the amount of time adults in custody stayed in IMU.



Finding B3. Adults in custody who had contact with IMU typically spent over a year total in some form of segregated housing. This includes ASU, DSU, IMU, BHU, MHI, and segregation at intake.

Figure 11 below shows the total length of stay in all types of segregated housing for adults in custody who had contact with IMU at some point during their segregation stay. Fifty-nine percent of people who had contact with IMU were in segregation for over one year. Three people remained in segregated housing for five years.



Finding B4. Adults in custody usually spent 150 days (about 5 months) in IMU before receiving their first review. In 2014, ODOC implemented a first review of adults in custody’s IMU status at 150 days and subsequent reviews at 90-day intervals. The goal was to provide a more meaningful review of their IMU status. Staff told the Vera team that this new review process contributed to a decrease in the IMU population at Snake River Correctional Institution (SCRI). From January 2014 to October 2015, the IMU population decreased from about 280 people to around 150. Despite this improvement in reviews of IMU status, 150 days is still a lengthy period of time for adults in custody to spend in IMU with no review.

Finding B5. Programming in IMU was limited to packets that adults in custody were expected to complete alone in their cells. Packet-based programming is not optimal for helping adults in custody correct negative behavioral patterns or thought processes, since it entails little-to-no interaction with teachers, counselors, or others who can work with them to explain concepts and practice skills. Packet-based programs can also be difficult for people who are limited English proficient or who have low IQs or low reading ability. Both SRCI and Coffee Creek Correctional Facility (CCCF) have begun implementing instructor-led cognitive behavioral treatment programs in classrooms outfitted with secure program chairs.⁴⁰

Finding B6. The Blue Room in IMU Housing Unit E at SRCI is a notable example of staff-driven innovation, but it is only available to a small segment of the IMU population. It helps calm adults in custody who have access to it and has improved the working environment for staff on that unit. The idea for the Blue Room—a converted indoor recreation space in IMU Housing Unit E where nature videos and sounds are projected on the wall to have a soothing effect on adults in custody—came from a corrections officer. Since creating the Blue Room in 2014, SRCI has seen a decline in violent episodes and cell extractions for adults in custody who have access to the room. It costs about \$1,500 a year to maintain, and security and behavioral health staff report that the Blue Room has led to a calmer, less chaotic environment in the IMU. During Vera’s focus group with adults in custody, those who had spent time in the Blue Room noted that it was helpful. Additionally, *Time* magazine named the Blue Room one of its top 25 inventions of 2014, and the concept is so popular among ODOC staff that Vera heard suggestions of creating a similar space for staff at SRCI and creating these spaces in general population units at EOIC.

Finding B7. Placing adults in custody safely in general population units after a stay in IMU is a challenge for staff, potentially extending their stay in IMU. During site visits, staff and administrators talked about the difficulty of finding safe housing options for

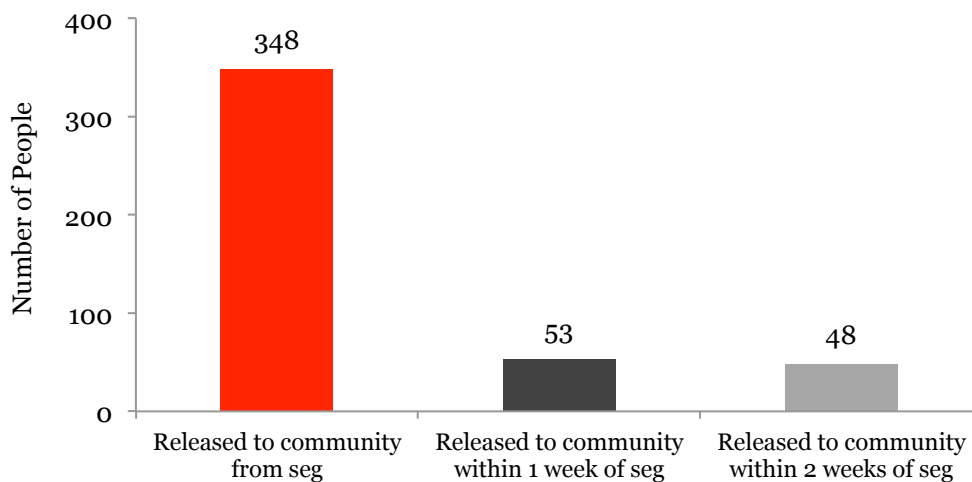
⁴⁰ Secure program chairs are desks with chairs that have been specifically designed to enable people to be cuffed and shackled into the seat. Most swivel to allow people to turn and face different directions in the room.

adults in custody who have completed their time in IMU. Finding safe housing can be challenging for a number of reasons. In the men’s prisons, it may be hard to find a safe place for someone who has had conflicts with other security threat groups or who has denounced his own security threat group. In the women’s prison, staff have very few housing options, since a woman coming out of IMU has to remain at CCCF. If a woman in IMU has had a history of conflict or violence with other women, she may remain in IMU for a longer period of time while staff try to figure out where to house her in general population.

Finding B8. ODOC does not have a structured reentry process or step-down program for adults in custody leaving IMU, ASU, or BHU and reentering the general population or the community. During the 18-month period Vera studied, 348 people were released directly to the community from segregated housing. Their average length of stay in segregated housing directly preceding release to the community was 147 days (almost 5 months), and 27 percent of these adults in custody were in segregated housing for more than 6 months before their release.

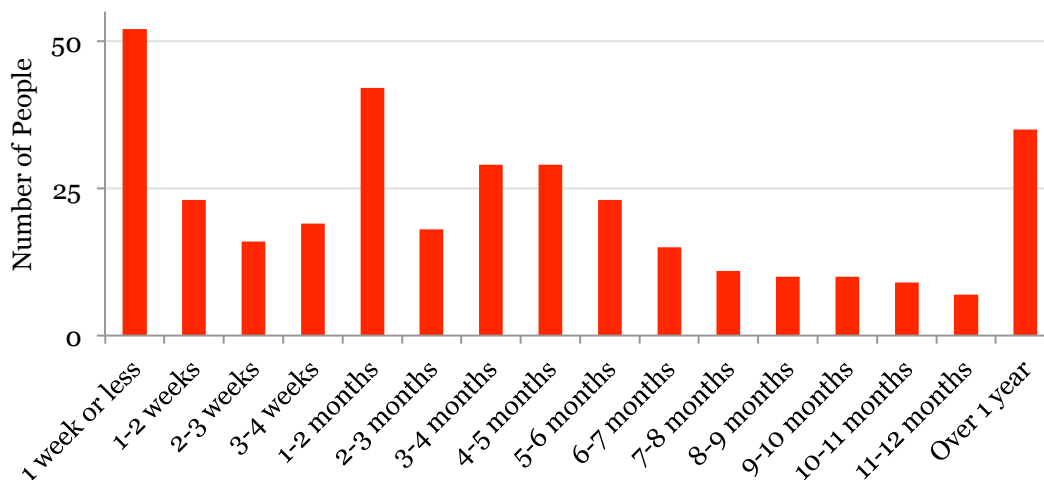
Figure 12 below shows the number of adults in custody entering the community directly from segregation, within one week of their segregation stay, and between one and two weeks of their segregation stay, during the 18-month study period. In addition to the 348 people released directly to the community from segregation, another 53 were released to the community after spending 1-7 days out of segregation, and 48 were released after spending 7-14 days out of segregation.

Figure 12. Frequency of Releases from Segregation to Community



As shown in Figure 13, during the 18-month study period, 449 adults in custody were released to the community from segregation or within two weeks of a segregation stay. The graph below shows the amount of time these individuals spent in segregation before their release.

Figure 13. Time Spent in Segregation before Release to Community



Finding B9. Adults in custody serving time in IMU and ASU spend 23 hours a day, on average, in conditions marked by isolation, idleness, and sensory deprivation.

Although individuals in IMU are given worksheets to complete and have cognitive behavioral treatment meetings with a counselor once a week, for an hour, they spend most of their time alone in their cell.⁴¹ Additionally, the Blue Room is a helpful resource, but only adults in custody in Unit E have access to it, and currently it is used mainly for those with mental health needs. In ASU, adults in custody have property in their cells similar to those in general population, but they are only out of their cells one hour a day for recreation and 20 minutes a day for showers. See the discussion under Finding A13 for more on how these conditions can negatively impact a person’s well-being and successful transition to general population or the community.

Finding B10. ODOC’s AHU for adults requiring protective custody resembles a general population unit. TRCI houses the AHU, which is ODOC’s main designated protective custody unit. TRCI leaders and staff have worked hard to structure AHU so it resembles a general population housing unit as closely as possible. Adults in custody assigned to AHU are on the unit most of the day, but not restricted to their cells. The unit has programming space and an outdoor yard. Some people work in the kitchen at night, and they get to have a family picnic each year. Although they have been restricted to basic visits in the past, ODOC reports that they will be able to have contact visits soon.

⁴¹ Adults in custody in IMU are sometimes double-celled.

Finding B11. ODOC’s administrative rules, policies, practices, and data tracking regarding segregation are not always consistent. For example, the ASU policy has no minimum recreation time, but others do.

Recommendations

Recommendation B1. For adults in custody in DSU who have been flagged for possible IMU placement, conduct evaluations for placement in IMU sooner, so those individuals do not spend months in DSU before gaining access to IMU programming. Note that if ODOC reduces the maximum length of time an adult in custody can spend in DSU to 30 days, this will no longer be as great of an issue. However, regardless of the maximum length of stay in DSU, transfers to IMU should occur as soon as possible after IMU placement decisions have been approved.

Recommendation B2. Review adults in custody placed in IMU at shorter intervals. Start with 30 days and assess over time whether this is an effective timeframe for tracking progress and reviewing suitability for release back into general population. Allow adults in custody who are ready to release from IMU to complete any remaining programming once back in general population.

Recommendation B3. Implement instructor-led programming in a classroom setting in IMU. In-cell worksheets or packets should not function as the sole component of IMU programming. As noted in the findings, both SRCI and CCCF have been taking steps to transition their programming from worksheets to instructor-led CBT programs in classrooms outfitted with secure program chairs. Vera encourages ODOC to continue implementing this programming and recommends learning from the work done in other states to create opportunities for classroom programming in administrative segregation settings. For more information on other state efforts, see the discussion of step-down units and transitional programs under Recommendation B5 below.

Recommendation B4. Create more Blue Rooms or other types of de-escalation spaces where adults in custody living in segregated units can spend time. Currently, in Oregon and Colorado, spaces like these are reserved for people with mental illness. Washington State also has nature imagery spaces at the prison where staff operate a skill-building unit for people with intellectual disabilities. Except in extremely limited circumstances where there is pressing concern about safety or security, Vera encourages ODOC to allow all adults in custody access to these spaces. Additionally, ODOC may find it helpful to review

Colorado’s policy on de-escalation rooms.⁴² Though similar to ODOC’s Blue Room in that de-escalation rooms are designated spaces where adults in custody can take a “timeout” from the noise and stress of the segregation environment, incarcerated people in Colorado can request to go into the de-escalation rooms, stay as long as they feel they need, and then request to leave. This gives them more autonomy and allows them to practice self-regulation.

Consider creating similar spaces for staff who work on these units, to help with their stress management. Finally, consider adding these types of spaces in general population. See Recommendation A5 in the preceding section for more on the idea of creating Blue Rooms or de-escalation spaces in general population.

Recommendation B5. Create a structured reentry process and/or step-down units for adults in custody transitioning out of long-term segregation. Ensure that adults in custody are never released directly to the community from segregation. In practice, release to the general population means that people in segregated housing go from living in very restrictive, isolated environments to living in double cells or dorms where they are surrounded by people. The contrast is even starker for people who release directly from segregation to the community. As discussed in the previous section, people experience a number of potentially devastating effects while in segregation, which may make it difficult for them to successfully transition back to general population or to the community. These include but are not limited to hypersensitivity to stimuli, distortions and hallucinations, increased anxiety and nervousness, diminished impulse control, severe and chronic depression, appetite loss and weight loss, heart palpitations, talking to oneself, problems sleeping, nightmares, and self-mutilation.⁴³

To prevent this, Vera recommends that ODOC create an assessment process to determine which adults in custody may require reentry support (either for returning to the community or to general population) and which ones would benefit from a step-down unit. Generally, the goal of all step-down units and transitional programs is to help people successfully re-enter general population housing or the community after a stay in segregation. These units and programs can be structured in different ways, but most include graduated levels of structured out-of-cell time and congregate activity. One approach that has been implemented in a number of jurisdictions is creating a phase or level system where incarcerated people can work their way out of segregation and gradually earn privileges and services as they move through the program. For this approach to be successful, individuals need to understand exactly what is required of them to move through the levels, and staff need to consistently adhere to the established framework. If implemented and communicated in this way, this type of step-down unit or program gives

⁴² See Colorado Department of Corrections, Administrative Regulation 650-04, Chapter: Offender Group Living, “Residential Treatment Programs for Offenders with Mental Illness and Intellectual and Developmental Disabilities” (effective June 15, 2016), p. 5, <https://drive.google.com/file/d/0B4vYiI52TzO6Z2hCU2xmll6VXc/view> (accessed October 24, 2016).

⁴³ Shames, Wilcox, and Subramanian, 2015, p. 17.

adults in custody a clear roadmap for working their way out of segregation and incentivizes them to follow the rules and participate in structured activities and programs.

Importantly, if step-down or transitional programs are not implemented and monitored carefully, they can actually extend an individual's time in segregation. For example, if policy states that when an incarcerated person violates a rule, the automatic response is to demote the person back to the first level, no matter what level he or she is on at the time of the violation, this can create a cycle where people consistently work their way up the level system, just to find themselves back at the beginning after one incident. This effectively creates a system and perception that it is impossible to get out of segregation.⁴⁴ Systems can avoid this cycle if they craft policy and procedures that enable staff to respond to violations on an individualized basis with more graduated sanctions, rather than requiring staff to impose automatic level demotions, recognizing that making mistakes and learning from them may be part of the behavior change process.

Another way to effectively move people out of segregation into general population or the community is to institute a transitional unit, where incarcerated people spend a period of time in a less restrictive unit before going back to general population or the community. Colorado has created two different types of these units, Close Custody Management Control Units and the Close Custody Transition Unit. Close Custody Management Control Units are used to manage people who have been deemed ready to progress out of segregation. In these units, incarcerated people are allowed out of their cells 4 hours per day, 7 days a week, and with up to 7 other incarcerated people. They also get a minimum of 3 hours of recreation and participate in pro-social group and programming activities. Individuals may progress from these units to the Close Custody Transition Unit where they have greater out-of-cell time in larger groups.⁴⁵

ODOC may find it helpful to review how these other states have created structured reentry processes when creating processes tailored to ODOC's needs and population.

⁴⁴ Rick Raemisch and Kellie Wasko discuss this type of "revolving door" phenomenon, which existed in Colorado's administrative segregation units prior to instituting reforms beginning in 2013. See Raemisch and Wasko, 2015, p. 2.

⁴⁵ Ibid., p. 4.

Transitional Programs and Step-Down Units in Other States

The Washington State Department of Corrections has implemented several transitional programs and step-down units to move incarcerated people from intensive management units (IMUs) back to general population or the community. The Intensive Transition Program (ITP) at Clallam Bay Corrections Center is one notable example. ITP is a voluntary, nine-month program in a self-contained housing unit that is designed to help individuals move out of IMU and break the cycle of personal dysfunction through targeted programming and the progressive development of self-control. As individuals progress through the phases, they earn more freedoms and privileges, and classroom settings become more normalized—they eventually sit unrestrained in groups at tables. Upon graduation, incarcerated people move to one of two lower custody institutions that have been deemed “safe harbors.”⁴⁶

Beginning in 2011, the Virginia Department of Corrections began implementing reforms at the state’s supermax facility, Red Onion State Prison. Among the reforms was establishing a Segregation Step-Down Program that includes cognitive behavioral journaling, the use of program chairs for therapeutic programming, and increasing privileges as incarcerated people progress through the levels.

The New Mexico Department of Corrections has a similar program called the Predatory Behavior Management Program and a specific step-down program for members of security threat groups called the Restoration to Population Program.⁴⁷

Recommendation B6. Conduct a comprehensive examination of safe housing options across ODOC for adults in custody releasing from long-term administrative segregation.

States like Washington, Pennsylvania, and New Mexico have all explored ways to safely house compatible, at-risk groups with similar needs. These approaches can help transition people safely out of segregation and may also reduce the number of people going into segregation due to fears for their safety in the general population. For example, Washington uses a “safe harbor” approach through which incarcerated people who have completed transitional programming can step down from IMU and safely live in general population at two designated institutions. These prisons house individuals who are less likely to be violent, including sex offenders and adults in custody who were formerly affiliated with gangs.⁴⁸ Over the last several years, the Pennsylvania Department of Corrections has also established various types of missioned housing for incarcerated people who might have trouble

⁴⁶ This description of the ITP is based on site visits Vera staff conducted to Clallam Bay Corrections Center in May and December of 2015, unpublished materials provided by the Washington State Department of Corrections, and a phone call with the director of the ITP, Steve Blakeman, on November 12, 2015. For more on “safe harbors,” see Dan Pacholke and Sandy Felkey Mullins, *More than Emptying Beds: A Systems Approach to Segregation Reform* (Washington DC: Bureau of Justice Assistance, 2016).

⁴⁷ See DOJ, 2016, pp. 76-77.

⁴⁸ See Pacholke and Mullins, 2016, p. 8.

living in general population but who do not pose a significant security threat. These units include Special Needs Units, which mix incarcerated people who are not seriously mentally ill but who have other potential vulnerabilities in residential settings. Similarly, the New Mexico Corrections Department has implemented missioned housing for different groups, including sex offenders and incarcerated people with a history of drug abuse.⁴⁹

Recommendation B7. Consider redesigning ASU to more closely resemble AHU. As noted in the findings, AHU closely resembles a general population unit but is self-contained at TRCI. Vera recommends that ODOC restructure or relocate ASU to be more like general population, so that people assigned there have more out-of-cell time and access to productive activities.

Recommendation B8. Improve conditions of confinement in IMU and ASU. For reasons similar to those laid out in Recommendation A18, Vera recommends that ODOC:

- a. Allow more opportunities for out-of-cell time and congregate activity.**
Increase the amount of out-of-cell recreation time afforded to adults in custody. Provide daily outdoor recreation time for all adults in custody in IMU and ASU. Consider assessing adults in custody in these units and matching some people for compatibility to have congregate yard time.
- b. Create more opportunities for productive activities in-cell.** Consider installing televisions or handing out MP3 players or tablets that could deliver programming or entertainment to adults in custody.⁵⁰
- c. Expand use of Blue Rooms or de-escalation rooms (See Recommendation B4).** This could be accomplished by converting cells not in use. Establish a system that allows all or most adults in custody to access these spaces for meaningful periods of time.
- d. Examine the physical space of IMU and ASU cells and recreation spaces and identify changes that can be made to increase size and natural light.** As mentioned earlier, staff at OSP removed the louvers from the BHU's outdoor recreation yard, which has increased the openness and amount of light and air in the space. Vera recommends removing any louvers used in recreation yards in IMU or ASU and expanding the size of those yards where possible.
- e. Explore the impact of double-celling on the safety and well-being of adults in custody housed in double-celled IMUs.** If the assessment reveals negative impacts

⁴⁹ See DOJ, 2016, p. 76.

⁵⁰ As noted in 37 above, the Hampden County Sheriff's Department in Massachusetts began distributing pre-programmed MP3 players to inmates in segregation as a reward for demonstrating positive behavior and following the rules. The material programmed into the MP3 players includes self-help audio programs, treatment programs, music, nature sounds, and audio books. The Sheriff's Department has found MP3 players to be a cost-effective way to keep inmates engaged in productive activities and to reinforce positive behavior.

(e.g., more assaults or trips to the infirmary for adults in custody who are double-celled), develop a plan to reform or end double-celling practices. In all cases, when double-celling is used, ensure that adults in custody are carefully matched to minimize the risk for dangerous situations occurring. Note, however, that if conditions of confinement in IMU change to allow significantly more out-of-cell time, the potential negative impacts of double-celling in IMU may be decreased.

- f. Increase access to qualified mental health professionals (QMHPs).** Importantly, communication between QMHPs and adults in custody should not take place at the cell door.
- g. Increase access to telephone privileges to speak with family and other outside support people.** Seek ways to expand and incentivize telephone privileges.
- h. Seek ways to expand and incentivize visiting privileges for adults in custody in IMU and ASU.** Consider expanding the number of visits afforded to adults in custody in IMU.

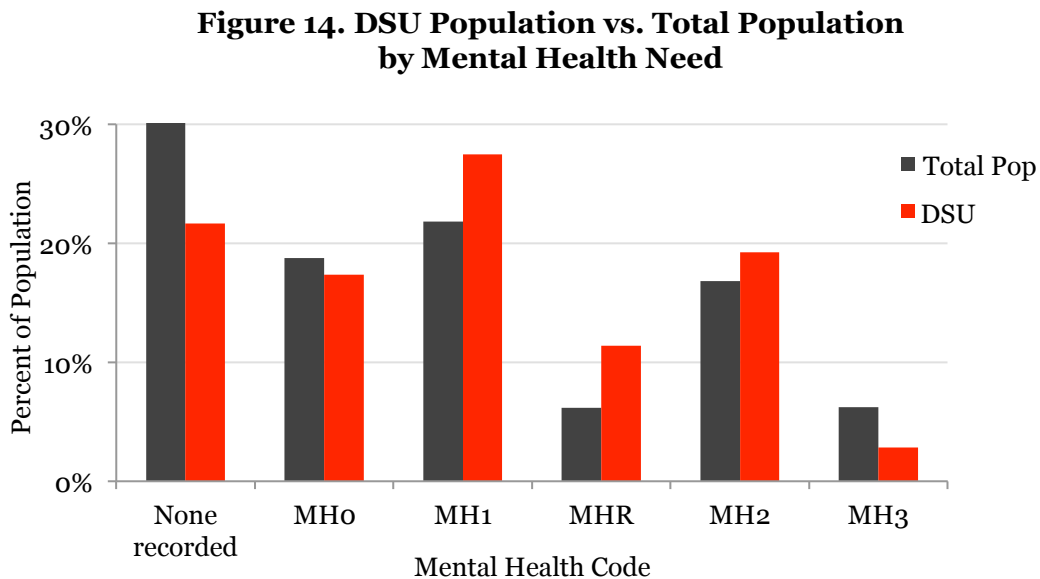
Recommendation B9. Resolve inconsistencies across the Oregon Administrative Rules and departmental policies governing types of segregated housing. For example, the administrative segregation policy has no minimum required recreation time, but other policies on segregation do. The timeframes and requirements do not need to be uniform, but the categories of privileges and restrictions should be consistent. For example, recreation time does not have to be the same across housing types, but all policies should address recreation time and allow for daily outdoor exercise. Additionally, make sure policies clearly state the role and function of mental health providers in completing assessments and participating in reviews. Create an implementation plan and performance measures that are consistent across facilities.

C. Mental Health

Findings

Finding C1. Adults in custody with mental health codes of MH1 or higher are overrepresented in DSU.⁵¹ Vera found that adults in custody with mental health codes comprised about 51 percent of the total population, but 61 percent of the DSU population on the snapshot date.

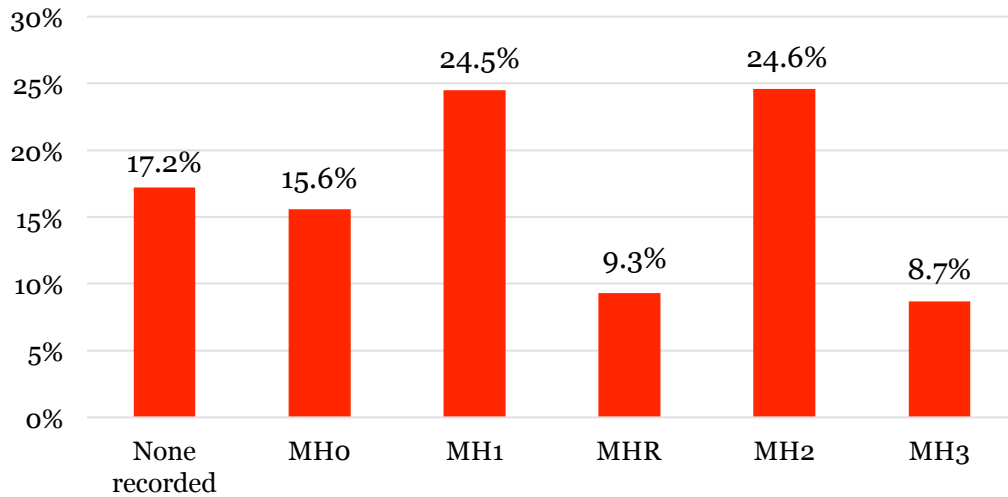
Figure 14 below shows the breakdown of the total population compared to the DSU population by mental health designation on the snapshot date, April 1, 2015.



⁵¹ See footnote 29 above for an explanation of ODOC's mental health codes.

Figure 15 below shows the frequency of a sanction to DSU by mental health need, at the incident level. Adults in custody with mental health needs made up 67 percent of incidents resulting in a DSU sanction. Those with MH2 and MH3 codes accounted for over 33 percent of incidents resulting in a DSU sanction.

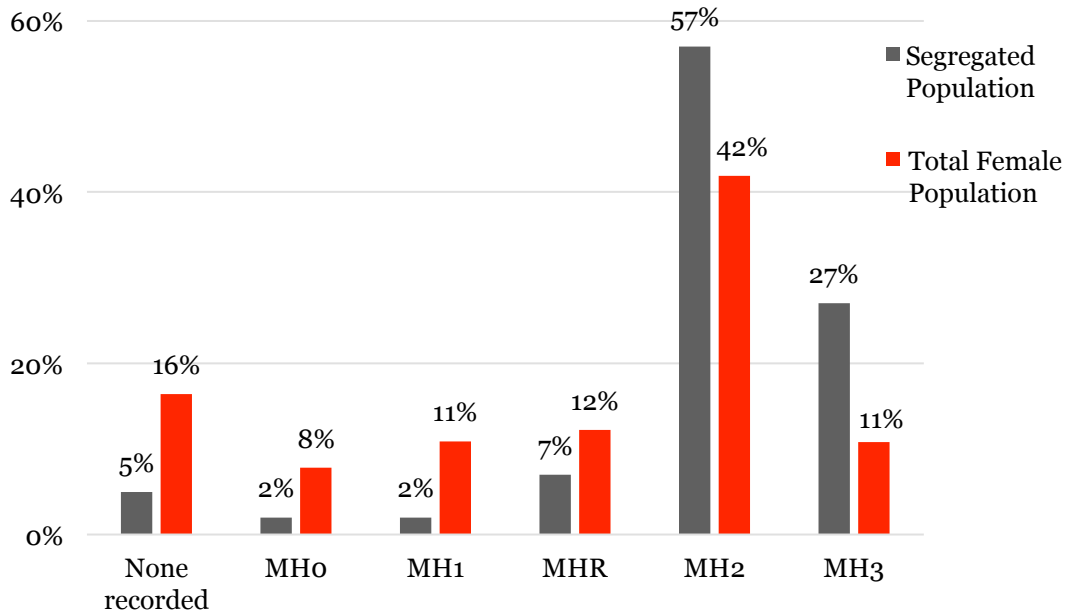
Figure 15. DSU Sanctions by Mental Health Need



Finding C2. Women with significant mental health needs are overrepresented in all types of segregated housing. Fifty-three percent of the total female population on the snapshot date had a mental health code of MH2 or MH3, while 84 percent of women in segregated housing had a mental health code of MH2 or MH3.

Figure 16 below shows the female population in segregation, broken down by mental health need, on the snapshot date, April 1, 2015.

Figure 16. Female Segregated Population vs. Total Female Population by Mental Health Need



Finding C3. Over two-thirds of women in DSU had a more severe mental health diagnosis. On the snapshot date, 79 percent of women housed in DSU had a mental health code of MH2 or MH3.

Figure 17 below shows where females were housed on April 1, 2015 and the percentage of that population with a mental health code of MH2 or MH3.

Figure 17. Female Population with Mental Health Needs by Housing Unit

Unit Location	N	Percent of female population	Percent of Unit with MH2 or MH3
GP	1,256	96.6%	52%
DSU	19	1.5%	79%
MHI	8	0.6%	88%
SHU	17	1.3%	88%
Total	1,300	100%	53%

Finding C4. Adults in custody with mental health needs are more likely to have repeat rule violations. Vera analyzed the number of individuals who had been written up on more than five different occasions within the 18-month period of the study. Vera found that 448 adults in custody—or only 3 percent of the total ODOC population—accounted for 25.7 percent of the 15,433 misconduct incidents. Of those 448 high utilizers, 82.6 percent had a mental health designation, and 47.1 percent had a mental health code of MH2 or MH3.

Figure 18 below shows the number of high utilizers by mental health need. High utilizers are individuals who were written up for more than five incidents in the 18-month study period.

Figure 18. High Utilizers of Segregation by Mental Health Need

Mental Health Needs	Number of People Written up More than 5 Times	Percent of High Utilizers per Mental Health Code
None recorded	31	6.9%
MH0	47	10.5%
MH1	98	21.9%
MHR	61	13.6%
MH2	157	35%
MH3	54	2.1%
Total	448	100%

Finding C5. Adults in custody with serious mental illness (MH3 and DD3) can remain in DSU for lengthy periods of time (up to 30 days) before being diverted to another environment.⁵² After completing their DSU sanction, they may go back to general population or be referred to the various levels of care and mental health housing within the ODOC system. The possible placements may include mental health units, day treatment units, the Intermediate Care Housing (ICH) unit, or the BHU (if the behavior that resulted in a DSU sanction rose to the level that would merit an IMU placement). ODOC reports that any individual, including those with SMI, experiencing a mental health crisis while serving a DSU sanction can be referred to the Mental Health Infirmary.

⁵² In ODOC, mental health treatment providers assess adults in custody and assign them a developmental disability code based on their diagnosis according to the *Diagnostic and Statistical Manual of Mental Disorders* and their level of functioning. A DD1 code is assigned to adults in custody who have mildly impaired functioning (IQ 80-84) and only minimal needs, while a DD3 code is assigned to people who have severely impaired functioning (IQ below 70) and the most severe needs.

Finding C6. ODOC’s plans for building treatment space for adults in custody in BHU, which will ultimately enable 20 hours of out-of-cell time per week, should vastly improve conditions of confinement and outcomes for adults in custody placed there. When Vera’s assessment began in May 2015, Disability Rights Oregon (DRO) had just published an investigative report detailing findings and recommendations regarding conditions in the BHU.⁵³ Among DRO’s concerns were that adults in custody assigned to the BHU lacked adequate out-of-cell time (one hour or less per day) and adequate access to mental health treatment and services. At that time, individuals were being offered one to two hours of recreation five days a week, but were using little to none of it because of the time of day it was offered and the lack of activities in recreation areas. ODOC was also struggling with physical plant challenges in the Special Management Building—originally designed to be ODOC’s “supermax” building in the 1990s—that severely limited treatment and programming space for people housed in that building.

Since DRO’s report and the subsequent memorandum of understanding (MOU) that ODOC entered into with DRO in 2016, ODOC has moved the ICH out of the Special Management Building and into another area at OSP, which has freed up more indoor recreation space for people assigned to BHU. ODOC has also increased and improved leisure activities available in those indoor recreation areas (e.g., a wall painted with chalkboard paint and musical instruments), and the schedule has been adjusted, so that recreation time is more frequently used. Additionally, ODOC has repurposed some existing space in a building adjacent to the BHU to create two programming rooms that can each hold six adults in custody. Based on safety and willingness, rather than program level, people in BHU can now participate in a variety of cognitive behavioral treatment programs and other therapeutic programs. Programming is offered in 60-90 minute segments, five days a week from noon to 7:30pm. Adults in custody can be in as many as five or six groups per week. Depending on their program level, they can also participate in dayroom activities two times per week.

In the future, ODOC plans to increase BHS staffing resources, so that BHU residents can have increased access to dayroom activities. Over the next few years, ODOC plans to build a new mental health center, which will provide both the BHU and the MHI with additional treatment space. This new mental health center will include several individual therapy rooms, as well as two additional six-person group rooms. ODOC strongly believes that the addition of the mental health building, and the staffing resources that will come along with it, will allow Oregon to meet the goal of providing 10 hours of structured out-of-cell treatment and 10 hours of out-of-cell unstructured activity per week to people assigned to the BHU.

⁵³ Joel Greenberg and Sarah Radcliffe, *Behind the Eleventh Door: Solitary Confinement of Individuals with Mental Illness in Oregon’s State Penitentiary Behavioral Health Unit* (Portland: Disability Rights Oregon, 2015).

Recommendations

Recommendation C1. Enact policies that prohibit placing people with serious mental illness (including those with the developmental disability code of DD3) and neurodegenerative diseases in any form of segregated housing that limits meaningful access to social interaction, environmental stimulation, and therapeutic programming.⁵⁴ It has been well documented in federal court cases, legal settlements, and medical and mental health research that people with serious mental illness are especially vulnerable to the harms of isolating conditions.⁵⁵ In April 2016, the National Commission on Correctional Health Care issued a position statement stating strongly that people with mental illness should be excluded from solitary confinement for any duration.⁵⁶ Additionally, DOJ’s guiding principle on adults in custody with serious mental illness states that “generally, adults in custody with serious mental illness (SMI) should not be placed in restrictive housing.”⁵⁷

As previously described, ODOC already has a system of mental health housing units that operate with different levels of care and security and has been taking steps to improve conditions and services in the BHU. By moving the ICH out of the Special Management Building at OSP, ODOC staff report that they have been able to provide more appropriate treatment and programming to ICH residents as well. As ODOC moves forward with its plans to increase mental health staffing and programming for the BHU population, Vera recommends taking a wider approach to ensure that people with serious mental illness or developmental disabilities are always placed in supportive environments with meaningful access to congregate activity and programming, rather than in segregation.

Recommendation C2. Enact restrictions on placing adults in custody with MH3 and DD3 codes in DSU, and designate a small number of beds in newly established intermediate housing units for adults in custody with MH3 or DD3 codes who commit violent infractions. Adults in custody with serious mental illness should only be placed in DSU in extremely rare circumstances, such as when a violent incident has occurred and there is a pressing but time-limited need to ensure safety and security. Restricting

⁵⁴ In the Behavioral Health Services Division Policy and Procedure #MH-G-01, the term Organic Brain Syndrome is used to describe medical diseases that result in decreased mental function.

⁵⁵ See Frost and Monteiro, 2016, pp. 9-12 for a synopsis of federal court cases and consent decrees. For settlements involving the New York Department of Corrections and Community Supervision and the California Department of Corrections and Rehabilitation, see *Peoples v. Annucci*, 2016 U.S. Dist. LEXIS 43556 (S.D.N.Y., Mar. 31, 2016); and *Ashker v. Governor of California*, Settlement Agreement C 09-05796 CW (N.D. California, 2015). For an overview of medical and mental health research, see Shames, Subramanian, and Wilcox, 2015, pp. 17-18; and David H. Cloud, Ernest Drucker, Angela Browne, and Jim Parsons, “Public Health and Solitary Confinement in the United States,” *American Journal of Public Health* 105, no. 1 (January 2015): 18-26.

⁵⁶ National Commission on Correctional Health Care, 2016.

⁵⁷ DOJ, 2016, p. 99.

segregation in this way is consistent with DOJ's guiding principles regarding adults in custody with serious mental illness. DOJ states that incarcerated people with serious mental illness should be diverted to a clinically appropriate form of housing; and in cases where they end up in segregation, DOJ provides clear guidelines for conditions and treatment, including providing incarcerated people with intensive, clinically appropriate mental health treatment during their stay in segregation.⁵⁸

If ODOC decides to create intermediate housing units and designate several beds in each unit for adults in custody with serious mental illness (SMI), it will need to ensure that those units have appropriate levels of security staff and mental health services. See Recommendation A6 for more on intermediate housing units. Vera also recommends that ODOC establish weekly multidisciplinary reviews of individuals with SMI in the units to determine if continued placement is necessary.

Recommendation C3. Use alternative sanctions to DSU when adults in custody with MH2, MH3, DD2, or DD3 codes commit nonviolent infractions. As ODOC works to reduce segregation-eligible offenses, Vera urges the agency to particularly ensure that alternative sanctions are always used when adults in custody with these mental health or developmental disability codes commit nonviolent infractions.

Recommendation C4. Create more mental health supports in general population. Reducing caseload sizes for QMHPs in general population would enable them to provide more meaningful services to people there. Some caseloads are as high as 100 adults in custody per QMHP. With such high caseloads, most QMHPs do not have the ability to do skills coaching or provide treatment services like they can in the more specialized day treatment units (DTUs). They often end up merely triaging and addressing the more acute cases. ODOC should examine the feasibility of increasing mental health and correctional rehabilitation resources to give adults in custody who have identified needs more frequent counselor and/or mental health contact.

Recommendation C5. Create a day treatment unit on the west side of the state. Currently, both day treatment units are situated in eastern Oregon at SRCI and TRCI. Adding a day treatment unit on the west side of the state would enable more people to benefit from the supportive housing and services afforded by these units and reduce the number of transfers across the state for people on the west side in need of this level of care.

Recommendation C6. Create an intermediate care housing unit on the east side of the state. Currently, the only intermediate care housing unit is in western Oregon at OSP. Opening an intermediate care housing unit on the east side of the state would increase ODOC's

⁵⁸ DOJ, 2016, pp. 99-101.

capacity to provide step-down care for people releasing from the MHI or BHU and reduce transfers across the state for people on the east side in need of this level of care.

Recommendation C7. Create an intermediate care housing unit at CCCF. This would open up a new housing option for releasing women from the Special Housing Unit at CCF who still need mental health care.

Recommendation C8. Continue with the planned reforms for BHU. As ODOC moves forward with reforms, Vera recommends that the agency continually strive to allow adults in custody assigned to that unit more freedoms and privileges. For example, once ODOC acquires and begins using secure program chairs for treatment and classroom programming, ensure that adults in custody have avenues for eventually moving out of those chairs into more normalized classroom settings with regular chairs. For an example of how this might work, see the discussion of the ITP at Clallam Bay Corrections Center in Washington State under Recommendation B5.

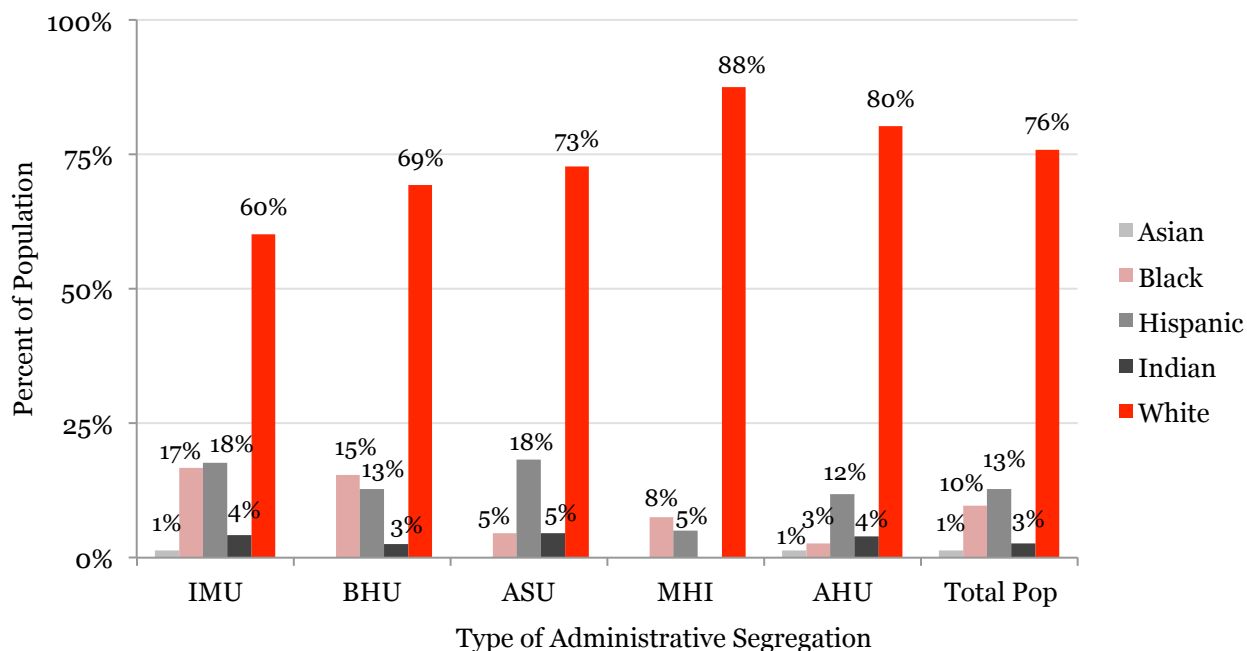
D. Racial and Ethnic Disparities

Findings

Finding D1. Black and Hispanic adults tend to be overrepresented in segregated housing. People of color make up 26 percent of ODOC’s total population, but 34.3 percent of the segregated population. With the exception of Asian Americans, on the snapshot date of April 1, 2015, racial and ethnic minorities were overrepresented in segregated housing units. For instance, as shown in Figure 19 below, Hispanic adults made up 13 percent of the total population, but 18 percent of both the IMU and ASU populations. Black adults made up 10 percent of the total population, but 17 percent of the IMU population and 15 percent of the BHU population.

Figure 19 below shows the racial breakdown of administrative segregation units, compared to the total population, on the snapshot date, April 1, 2015.⁵⁹ This graph also includes the less restrictive forms of segregation, MHI and AHU, for comparison.

Figure 19. Administrative Segregation by Race



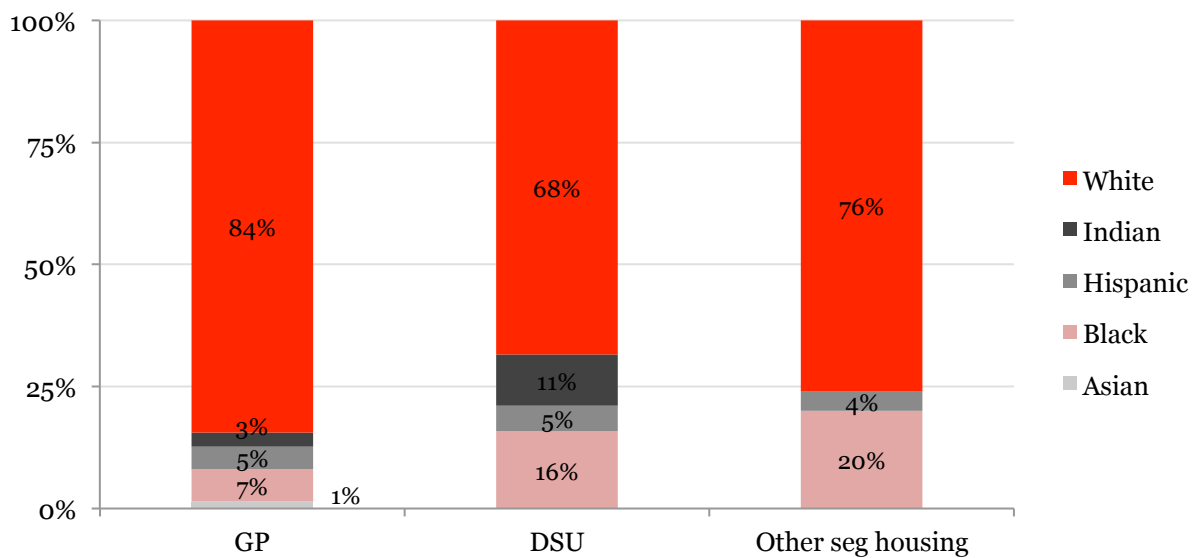
⁵⁹ Vera uses the terminology employed by ODOC to describe race and ethnicity. Note that ODOC uses the term “Indian” to describe American Indians or Native Americans and not people from India.

Finding D2. Overrepresentation of black and Hispanic adults is particularly evident in IMU, BHU, and ASU. As shown in the chart above, black and Hispanic people are disproportionately housed in the more punitive forms of administrative segregation. By contrast, these same minority groups are under-represented in the more treatment-oriented and less restrictive special housing units, namely the Mental Health Infirmarium (MHI) and Administrative Housing Unit (AHU). For example, black people comprised 8 percent of the MHI population and Hispanic people comprised 5 percent. For AHU, black people made up 3 percent of the population, Hispanic people made up 12 percent, and Indian people made up 4 percent.

Finding D3. Black women are overrepresented in segregated housing. The findings above include both men and women, but since men make up 91 percent of the total population, it is important to look specifically at the female population. Black women made up 7 percent of the total female population, but 16 percent of the DSU population and 20 percent of the population in all other segregated housing.

Figure 20 below shows the racial breakdown for women in segregated housing compared to those in general population.

Figure 20. Segregation Population vs. General Population, Women



Finding D4. Racial and ethnic minorities tend to have longer lengths of stay in all types of segregated housing than white people.

Figure 21 below shows the average length of stay in all segregated housing, in days, by race/ethnicity and gender.

Figure 21. Average Length of Stay in All Segregated Housing by Race/Ethnicity and Gender

Race	N		Mean (days)		Median (days)	
	Male	Female	Male	Female	Male	Female
White	7,088	873	49.49	18.82	14	9
Black	1,247	77	59.04	20.31	14	9
Asian	143	12	40.52	16.25	12	9
Hispanic	1,247	50	74.19	29.56	21	9
Indian	392	33	59.65	32.79	14	8
Total	10,217	1,145	54.18	19.89	15	9

Part of these longer stays may be driven by DSU sanctions, given that black and Hispanic people often received longer DSU sanctions per incident than white people. Vera’s analysis found that white people received an average DSU sanction of 34 days, while black people received an average of 36 days, and Hispanic people of 61 days.

Recommendations

Recommendation D1. Create a committee to study and address disproportionate minority contact with segregated housing. Generally, racial and ethnic minorities are overrepresented throughout the criminal justice system. In a 2015 report, the Brennan Center for Justice provided recommendations for reducing racial and ethnic disparities in jails, including the creation of a cross-departmental task force.⁶⁰ For ODOC, creating a multidisciplinary committee could be a valuable way to apply this idea to a correctional agency. Such a committee could help ODOC better understand the issue, set goals for the agency, recommend and consider changes to practices or policies, oversee implementation of any changes, and conduct periodic reviews of data and practice.⁶¹

Recommendation D2. Closely monitor the impact of implementing the recommendations in this report on racial and ethnic minorities. In all internal and external reporting on ODOC’s use of segregation, include a breakdown by race.

⁶⁰ Jessica Eaglin and Danyelle Solomon, *Reducing Racial and Ethnic Disparities in Jails: Recommendations for Local Practice* (New York City: Brennan Center for Justice at New York University School of Law, 2015), pp. 33-35.

⁶¹ Tasks adapted from Eaglin and Solomon, 2015, p.33.

E. Women

Vera's findings and recommendations regarding women at Coffee Creek Correctional Facility (CCCF) appear below.⁶²

Findings

Finding E1. Women comprise 8.6 percent of ODOC's total population and 3.4 percent of the total population in segregated housing. These figures represent the totals on Vera's snapshot date of April 1, 2015.

Finding E2. Women serving time in DSU spend 23 hours a day, on average, in conditions marked by isolation, idleness, and sensory deprivation. See discussion of conditions of DSU and administrative segregation generally, above.

Finding E3. CCCF staff and administrators employ creative solutions to address resource and space challenges, but challenges persist. During a site visit to CCCF, Vera learned that the facility offers a number of rehabilitation programs for women, ranging from life skills programs and parenting programs to education, work-based, and various treatment programs. However, as the only women's prison in Oregon, CCCF often has to rely on creative solutions to resource and space challenges. For example, in 2015, CCCF administrators successfully repurposed a medical examination space for programming and acquired secure program chairs.

Finding E4. Women can remain in segregated housing longer than necessary because of limited placement options. Moving women out of IMU or BHU can be difficult because ODOC only operates one women's prison, so finding housing placements can be challenging if a woman has a history of violent behavior or conflicts with other adults in custody. CCCF also lacks an intermediate mental health care program, so this is not a placement option for women leaving BHU who still need an elevated level of mental health care.

Finding E5. ODOC's administrative rules and policies do not account for gender differences. The same policies for the male population are applied to the female population, including responses to behavior and disciplinary procedures.

⁶² Several findings and recommendations pertaining to women appear in the previous two sections, C. Mental Health and D. Racial Disparities.

Recommendations

Recommendation E1. Ensure that women benefit from the same types of reforms and alternatives to segregation devised for men. Establish a specific plan for implementing the recommendations regarding disciplinary segregation and administrative segregation in Sections A and B at CCCF.

Recommendation E2. Review ODOC’s administrative rules and policies and revise, where necessary, to account for gender differences and trauma. As ODOC undertakes this review, Vera recommends consulting policy guides and tip sheets available through the National Resource Center for Justice Involved Women (NRCJIW). In particular, NRCJIW has a policy guide that provides a step-by-step process for helping agencies think through how gender responsive and trauma informed their policies are.⁶³ NRCJIW also has a shorter tip sheet adapted from this guide for jails that provides a quick roadmap for reviewing and revising policies.⁶⁴

ODOC should also consult other organizations that provide guidance on justice-involved women, including the National Institute of Corrections and the Association of Programs for Female Offenders.

Recommendation E3. Ensure that women who are pregnant, post-partum, or who have recently had a miscarriage are diverted from segregated housing. If women in these groups commit rule violations, use alternative sanctions for nonviolent infractions and intermediate housing units for violent infractions. DOJ’s guiding principles urge agencies not to place women in these categories into restrictive housing, and on the international level, the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (known as the “Bangkok Rules”) prohibit placing pregnant women, women with infants, and breastfeeding mothers in segregation.⁶⁵ Women in these groups may be particularly vulnerable to the harmful psychological and physical effects of segregation, and living in segregated housing units may create barriers to accessing needed health services.⁶⁶

⁶³ Alyssa Benedict, Becki Ney, and Rachel Ramirez, *Gender Responsive Discipline and Sanctions Policy Guide for Women’s Facilities* (Silver Spring, MD: The National Resource Center for Justice Involved Women, 2014), <http://cjinvolvedwomen.org/discipline-guide/> (accessed October 24, 2016).

⁶⁴ Alyssa Benedict, “Jail Tip #3: Review Discipline Policies and Practices,” 2016, adapted from *Gender Responsive Discipline and Sanctions Policy Guide for Women’s Facilities*, and available at: <http://cjinvolvedwomen.org/wp-content/uploads/2016/03/Jail-Tip-Sheet-3.pdf> (accessed October 24, 2016).

⁶⁵ DOJ, 2016, pp. 102-103; United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules), General Assembly Resolution 65/229, U.N. Doc. A/Res/65/229 (2011), Rule 22.

⁶⁶ See American Civil Liberties Union, *Worse than Second-Class: Solitary Confinement of Women in the United States* (New York: American Civil Liberties Union, 2014).

F. Death Row

Finding

Finding F1. Adults in custody on death row status are segregated from the general population in that they live in designated special housing units, but they are not isolated in their cells for 23 hours a day. Services and privileges on death row mirror those in general population to the extent possible. Some adults in custody have jobs on the tiers, they go outside for recreation time twice a day in small groups, and they have dayroom time in small groups as well. They are out of their cells about 25-30 hours per week. However, at the time of Vera's study, only one woman at CCCF was on death row status. She did not have access to the same types of activities or congregate opportunities as the men because there were no other women on death row status with whom she could socialize.

Recommendation

Recommendation F1. Consider moving adults in custody on death row status into general population. Employ an assessment and classification system to determine appropriate placements for adults in custody on death row status. Moving these adults in custody into general population would free up space at OSP and CCCF that could be repurposed in other ways. It would also help relieve the burden at CCCF of providing individual privileges and dayroom space to the one woman on death row status and alleviate the isolation experienced by that woman due to her status as the only woman on death row in Oregon.

G. System-wide

In this section, Vera offers some system-wide findings and recommendations based on our site visits and meetings with staff and leaders. Although these findings and recommendations are not about segregation, per se, they either contribute to the use of segregation or speak to challenges raised by ODOC staff about working in segregation units and managing the populations assigned to them.

Findings

Finding G1. Mental health, crisis intervention, and behavioral modification training are limited for ODOC security staff and correctional counselors. All ODOC staff get four hours of basic mental health training and two hours of suicide prevention training upon hire. Corrections officers who work in mental health special housing (e.g., the Mental Health Infirmary, Intermediate Care Housing, and the Behavioral Health Unit) get an additional twelve hours of training per year, which may include modules on mental health issues. Officers who work in segregation units get an hour of additional online training related to mental health, but the Vera team heard a consensus that officers and correctional counselors could benefit from additional mental health training. Security staff also get some behavioral modification training, but the extent of this training varies from year to year.

Finding G2. Training specific to managing female populations, addressing gender differences, and understanding gender identity is limited. ODOC staff receive some training on transgender issues related to PREA and some training on hospital escorts for pregnant women. Staff at CCCF do not currently get any in-service training specific to managing female populations.

Finding G3. Working in segregated housing units can be stressful and unpredictable. In focus groups and facility meetings, staff spoke about the stresses of working in segregated housing units and dealing with a population that can be abrasive and abusive at times. In particular, they talked about the difficulty of managing and responding to adults in custody with serious mental illness who are placed in segregation. Some security staff also spoke about their struggle to supervise adults with moderate mental illness and those with personality disorders, but who are not seriously mentally ill. Staff reported that they did not always know how to identify behaviors that are symptomatic of mental illness versus behaviors that might just be “acting out” or expressions of frustration. A number of staff also talked about how important communication skills are to working successfully in segregated housing units, but most said they were not specifically trained in those skills; they thought it was more a matter of having the right personality and experience for the job.

Finding G4. At almost every facility, hearings officers and staff reported that many adults in custody commit infractions to get into DSU because they are scared to live in their general population housing unit. Staff spoke about how sex offenders and other unpopular or vulnerable adults in custody will often be extorted or pressured to leave their general population housing unit by security threat groups (STGs). This also happens to STG-affiliated individuals who have conflicts within their group or with an opposing group and those who have dropped out of STGs. Others talked about new arrivals to a facility being scared to live in certain general population units because of STG activity. Individuals from these different groups tend to commit infractions that result in DSU time, which in turn contributes to DSUs filling up. Hearings officers talked about how hard it is for staff to catch the “shot callers” ordering the extortion, but said they try to give those adults in custody the maximum DSU sanction they can when they receive those cases.

Recommendations

Recommendation G1. Increase mental health, behavioral modification, and communication skills training for security staff. Additional mental health and behavioral modification training could help officers in general population units better understand certain problem behaviors and ways to respond that de-escalate situations, which could, in turn, help reduce the use of segregation for adults in custody with mental illness.

Crisis intervention training (CIT) and mental health first aid training or similar would provide staff with helpful tools for managing and de-escalating crisis situations.

- CIT is an in-depth first responder course (usually 40 hours) for law enforcement officers that teaches how to respond and de-escalate mental health crises. It was first developed in Memphis in the 1980s and has since spread to many police and correctional agencies. During the course of the assessment, Vera learned that ODOC has sent one group of staff to crisis intervention training and is working to expand CIT to staff at OSP.
- Mental health first aid training is a basic eight-hour course that more and more law enforcement agencies are adopting. The Pennsylvania Department of Corrections has delivered this training to all staff in the agency, and the North Carolina Department of Public Safety is planning to add it to annual training later this year. This is a training designed for first responders to help them identify signs and symptoms of mental illness, improve mental health literacy, and defuse situations before they become crises.⁶⁷

⁶⁷ Mental Health First Aid USA, managed and operated by the National Council for Behavioral Health and the Missouri Department of Mental Health, has a number of resources that explain mental health first aid training, crisis intervention training, and the differences between the two courses. See <http://www.mentalhealthfirstaid.org/cs/> (accessed July 8, 2016).

Recommendation G2. Increase training for all staff on responding to gender differences and understanding gender identity. Increase training for CCCF staff, in particular, on issues specific to managing female populations and trauma-informed care. Agency-wide training on gender should encompass all gender identities, including transgender identity, and all gender expressions, including people who are gender nonconforming.

Recommendation G3. Continue to explore ways to improve staff wellness, particularly for staff assigned to segregated housing units. As noted in Section III, ODOC has made staff wellness a key departmental priority. Vera supports ODOC's efforts and recommends considering additional ways to help staff decompress from emotionally stressful situations, like after a verbal altercation or other incident. As noted in Recommendation B4, ODOC staff may benefit from having access to a staff Blue Room or similar space.

Recommendation G4. Seek staff input and involvement when implementing reforms to the use of segregation. Staff will be instrumental in ensuring that the recommendations contained in this report are implemented in a meaningful, practical manner.

Recommendation G5. Explore deterrence-based violence reduction models and consider piloting such a model at ODOC. Although common in the community, group violence reduction strategies—as opposed to strategies that focus on suppression and containment—are newer to corrections. Early applications, however, have shown promising results that ODOC can learn from.

The National Network for Safe Communities, which supports communities implementing strategic interventions to reduce violence and provides numerous resources on deterrence-based violence reduction strategies, worked with the Washington Department of Corrections beginning in 2012 to pilot a prison violence intervention based on the principles of Operation Ceasefire (see box to right).⁶⁸

At the end of 2012, the Washington Department of Corrections launched Operation Place Safety, which uses the Ceasefire framework to combat violence at the Washington State Penitentiary. DOC administrators identified three prohibited acts

Operation Ceasefire

Communities have experimented with group violence intervention strategies dating back to Operation Ceasefire, a gun violence reduction effort launched in the 1990s in Boston. This approach has since been replicated in other communities and has been shown to reduce violence significantly. Unlike suppression and containment models—traditionally used by both law enforcement and correctional agencies to punish individuals for singular offenses—the Ceasefire model is based on principles of deterrence and recognizes that many serious offenses are motivated by group dynamics.

⁶⁸ See National Network for Safe Communities, "Prison Violence Intervention," <https://nnscommunities.org/our-work/strategy/prison-violence-intervention> (accessed July 8, 2016).

to target for group enforcement, provided opportunities for rehabilitative programming, and educated incarcerated people about those targeted acts, consequences for engaging in them, and the programs available to them if they maintained clear conduct.⁶⁹ In the first year of implementing Operation Place Safety, the Washington Department of Corrections reports seeing a 50 percent decrease in the three violent prohibited acts.⁷⁰

In 2014, administrators at a prison in Pennsylvania (State Correctional Institution Forest) worked with the Washington Department of Corrections to develop their own version of this program called Operation Stop Violence. Though their program is still relatively new, they have also reported a reduction in violence in the first few months.⁷¹

Recommendation G6. Implement strategies for supporting adults in custody who use DSU as default protective custody because of fears of living in general population. Some jurisdictions, like Washington, New Mexico, and Pennsylvania have established missioned housing units that mix compatible populations with similar needs. ODOC might find that model helpful for thinking through how to house people who fear for their safety in general population. Some of the ideas contained in Recommendation A5 (regarding enhancing supports in general population) and Recommendation B6 (regarding safe housing options) could be helpful for these populations as well. For example, ODOC might consider assigning peer mentors and increasing counselor contact in the first months of incarceration to help new adults in custody with their adjustment to prison life. Pennsylvania uses peer mentors in their Special Needs Units. An in-depth orientation at intake might also help people feel more prepared for what to expect in prison.

Recommendation G7. Conduct a comprehensive assessment of all staffing needs from all disciplines (security, mental health, and correctional rehabilitation). Adjust or increase staffing resources where needs are identified. ODOC's staffing plan should describe staffing levels and strategies for deploying staff that will ensure adults in custody receive adequate supervision, access to meaningful programs and services, and appropriate levels of mental health treatment.

Recommendation G8. Measure the impact of reforms implemented to reduce the use of segregation by creating a data tracking process, including soliciting and incorporating feedback on reforms from staff and adults in custody. Because segregation reform is still in its infancy nationwide, many of the strategies ODOC will implement are promising, but not yet fully evidence-based. Measuring the impact of reform

⁶⁹ See Warner, Pacholke, and Kujath, 2014, p. 2. The Vera project team also heard about this program directly from former Washington Department of Corrections Secretary Dan Pacholke in a conference call on March 8, 2016.

⁷⁰ Warner, Pacholke, and Kujath, 2014, p. 20.

⁷¹ Warden Michael Overmyer, phone call with Vera project team, February 25, 2016.

efforts will be imperative for building up an evidence base, tracking adherence to new policies and practices, monitoring whether any of the changes have unintended negative consequences, identifying successes, and making modifications to improve on the reforms.

V. Conclusion

In recent years, a diverse range of international and national bodies, advocates, policymakers, the U.S. Department of Justice, and corrections practitioners have called for reform of segregation practices in correctional systems. Whether citing the potentially devastating psychological and physiological impacts of spending 23 hours per day alone in a cell the size of a parking space, the cost of operating such highly restrictive environments, or the lack of conclusive evidence demonstrating that segregation makes correctional facilities safer, these voices agree that reform and innovation are worthwhile endeavors. In 2016, many segregation reform efforts are still in their infancy. Still, as the examples discussed in this report make clear, there is much to learn from the ongoing work in states like Washington, New Mexico, Pennsylvania, and Colorado.

As the Oregon Department of Corrections moves forward with implementation of reform efforts, Vera has every confidence that the agency will learn from its peers in the field, capitalize on its own strengths, and use these recommendations as a springboard for improving the lives of the men and women who live and work in Oregon's prisons.

Appendix 1: Overview of Oregon Department of Corrections

Information contained in this appendix is drawn from ODOC's application for the Safe Alternatives to Segregation Initiative and Vera's site visits during the assessment process.

A. Medium/Maximum Facilities Holding the Majority of ODOC's Segregation Population

1. Oregon State Penitentiary (OSP)

OSP is Oregon's only maximum-security prison. It is located in Salem and houses over 2,000 male adults in custody. OSP is surrounded by a 25-foot-high wall with 10 towers. OSP participates in prison industries with Oregon Corrections Enterprises, including the furniture factory, laundry, metal shop, and contact center. It provides a range of correctional programs and services including education, work-based education, adult in custody work crews, and pre-release services. OSP was established in 1866 and, until 1959, was Oregon's only prison.

Segregation at OSP:

- Disciplinary Segregation Unit
- Special Management Building
 - Death Row
 - Behavioral Health Unit
 - Intermediate Care Housing¹
 - Mental Health Infirmary

2. Coffee Creek Correctional Facility (CCCF)

CCCF is a multi-custody prison in Wilsonville accommodating all of Oregon's female adults in custody (approximately 1,260). The prison has cell and dormitory housing, work programs, skills training, treatment programs, health services, religious services, a central records unit, and administrative areas. CCCF participates in prison industries with Oregon Corrections Enterprises. In addition, CCCF houses the state's intake center, which provides intake and evaluation of all adults in custody committed to state custody by the courts. The intake center houses approximately 400 male adults in custody. CCCF's minimum facility opened in 2001, and the medium facility opened in 2002.

¹ Towards the end of the assessment, the Intermediate Care Housing unit moved out of the Special Management Building in preparation for planned modifications to the Behavioral Health Unit.

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CCCF's Special Housing Unit is one building containing the following female segregation units:

- Death Row
- Behavioral Health Unit
- Disciplinary Segregation Unit
- Intensive Management Unit
- Administrative Segregation Unit

CCCF also has a Mental Health Infirmary.

3. Oregon State Correctional Institution (OSCI)

OSCI is a medium-security men's prison in Salem that houses approximately 870 male adults in custody. It provides a range of correctional services and programs including education, drug and alcohol treatment, mental health treatment, religious services, adult in custody work crews, and transition planning. OSCI participates in prison industries with Oregon Corrections Enterprises, including a print shop and a contact center. OSCI was established by action of the 1955 Legislature and became fully operational on June 1, 1959.

OSCI has a disciplinary segregation unit.

4. Snake River Correctional Institution (SRCI)

SRCI is a multi-custody prison in Ontario that houses approximately 3,000 male adults in custody. SRCI participates in prison industries with Oregon Corrections Enterprises, including a contact center, laundry, and sign shop. SRCI specializes in incentive housing, specialized housing, adults in custody with mental health/medical vulnerabilities, education and trades programs, cognitive and parenting programs, and institution work programs. SRCI opened in 1991 and is the largest correctional institution in the state.

Segregation at SRCI:

- Intensive Management Unit
- Administrative Segregation Unit
- Disciplinary Segregation Unit

5. Two Rivers Correctional Institution (TRCI)

TRCI is a multi-custody prison in Umatilla that houses approximately 1,800 male adults in custody. TRCI participates in prison industries with Oregon Corrections Enterprises, including institution and industrial laundry, mattress manufacturing, and sewing. Other institution work programs include reparation and cleaning of irrigation ditches, maintenance of local baseball fields, and work with local cities and the Hermiston School District. The facility provides a range of correctional programs and services including education, the Rehabilitation of Offenders and Canines program, religious services, and behavioral health services. TRCI opened in 2000.

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Segregation at TRCI:

- Disciplinary Segregation Unit
- Administrative Housing Unit

6. Eastern Oregon Correctional Institution (EOCI)

EOCI is a medium-security prison in Pendleton that houses over 1,600 male adults in custody. The institution is known for its Oregon Corrections Enterprises industries, including a garment factory that produces Prison Blues®, whose products are sold in and outside the United States. Other industries are its embroidery and laundry facilities. EOICI provides a range of correctional programs and services including education, drug and alcohol treatment, mental health treatment, religious services, and adult in custody work crews. The buildings that make up EOICI were constructed in 1912 and 1913 and were originally used as a state mental hospital. After two years of renovation, EOICI received its first adults in custody in June 1985.

EOICI has a disciplinary segregation unit.

B. Minimum Facilities

1. Columbia River Correctional Institution (CRCI)

CRCI is a minimum-security facility that houses approximately 595 male adults in custody who are within four years of release. Located in the largest metropolitan area of the state, this facility is focused on cognitive programming, work programs, and preparing adults in custody for return to the community. CRCI is home to a 50-bed cognitive restructuring Alternative Incarceration Program (AIP). Individuals who successfully complete this 180-day in-prison program are released to the community for a 90-day transitional leave period. Individuals who successfully complete the transitional leave period are granted a reduction in their sentence and move to post-prison supervision.

2. Deer Ridge Correctional Institution (DRCI)

DRCI is a multi-custody facility located four miles east of Madras in central Oregon. This men's prison contains 644 minimum-security beds and 1,223 medium-security beds. The minimum facility began receiving adults in custody in September 2007. The medium facility has not received adults in custody due to cost saving measures. DRCI provides a range of correctional programs and services including education, drug and alcohol treatment, mental health treatment, cognitive programs, and adult in custody work crews.

3. Mill Creek Correctional Facility (MCCF)

MCCF is an unfenced, minimum-security prison in Salem that houses approximately 290 male adults in custody who are within four years of release. The facility concentrates on work opportunities, most of which are in the form of work crews contracting with state agencies, local

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organizations, and private industries within a 60-mile radius of Salem. MCCF opened in 1929 as the Farm Annex of the Oregon State Penitentiary, housing 50 adult male offenders. The Farm Annex provided all of the milk, eggs, meat, fruit, and vegetables for the Oregon State Penitentiary and the State Hospital. The main building (as well as many of the out buildings that made up the farm) still stands today and, at 81 years old, it makes for the second oldest prison in the state.

4. Powder River Correctional Facility (PRCF)

PRCF is a minimum-security prison in Baker City that houses approximately 366 male adults in custody who are within four years of release. PRCF serves as a transition and re-entry facility and is focused on cognitive programming, work programs, and preparing adults in custody for return to the community. PRCF is home to the 128-bed New Directions (Drug and Alcohol Treatment) Alternative Incarceration Program. Individuals who successfully complete this 180-day in-prison program are released to the community for a 90-day transitional leave period. Individuals who successfully complete the transitional leave period are granted a reduction in their sentence and move to post-prison supervision. PRCF opened in November 1989.

5. Santiam Correctional Institution (SCI)

SCI is a minimum-security prison in Salem that houses approximately 440 male adults in custody who are within four years of release. The facility concentrates on work opportunities, most of which are in the form of work crews contracting with state agencies, local organizations, and private industries within a 60-mile radius of Salem. SCI provides a range of other correctional programs and services including education, transition programs, and religious services. The building that is now SCI was constructed in 1946 and originally was used as an annex to the Oregon State Hospital for mental health patients. Over the years it was used for a variety of correctional purposes until, in 1990, it opened as SCI.

6. Shutter Creek Correctional Institution (SCCI)

SCCI is a minimum-security prison in North Bend that houses approximately 286 male adults in custody who are within four years of release. SCCI serves as a transition and re-entry facility and is focused on cognitive programming, work programs, and preparing adults in custody for return to the community. Adults in custody work on the institution site in the kitchen and dining hall, warehouse, receiving and discharge, laundry, and prison grounds. Adults in custody also work on outside crews, primarily with the Department of Forestry, providing services throughout the year as trained wildland firefighters. Originally an Air National Guard radar station, the facility was converted into a prison in 1990.

7. South Fork Forest Camp (SFFC)

SFFC is minimum-security work camp that houses approximately 200 male adults in custody who are within four years of release. Part of SFFC's mission is to supply a ready work force to

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combat forest or wild fires throughout the state. Crews provide critical support for statewide fire operations, recreation, and reforestation, as well as provide support for special projects such as sign making, metal fabrication, and tool or equipment repair. SFFC was established in 1951 and is a satellite facility to CRCI and managed jointly with the Oregon Department of Forestry.

8. Warner Creek Correctional Facility (WCCF)

WCCF is a minimum-security prison in Lakeview that houses approximately 486 male adults in custody who are within four year of release. WCCF provides a range of correctional programs and services including education, transitional programs, religious services, and work opportunities crews. WCCF has a contact center on site through Oregon Corrections Enterprises. WCCF opened in September 2005 and is Oregon's newest operating prison. It received the State Energy Efficiency Design (SEED) award in May 2008 for its progress in design efficiency. The most energy-efficient element at WCCF is the use of geothermal energy, providing 100 percent of the hot water to the facility.

Appendix 2: Summary of Recommendations

A. Disciplinary Segregation

Recommendation A1. Significantly reduce the number of segregation-eligible infractions in the Major Violation Grid.

Recommendation A2. Reduce the maximum length of stay in DSU.

Recommendation A3. Limit the use of prehearing DSU to only adults in custody who pose a serious threat to safety or security.

- a. Reform procedures regarding temporary placement in DSU before a disciplinary hearing has been held.
- b. Reform procedures regarding placement in DSU on administrative hold status.
- c. Collect and track data on how often DSU is used for temporary placement and administrative hold, to ensure policies are being followed.

Recommendation A4. Review instances where DSU has been used as a response to minor offenses and correct issues leading to that practice.

Recommendation A5. Enhance supports, structured activities, and programming in general population to keep people from going into DSU, particularly high-risk groups (such as young adults and those with identified mental health needs).

- a. Examine correctional case management practices and ensure that adults in custody are receiving appropriate levels of contact and supervision from their counselors.
- b. Examine strategies that may help adults in custody alleviate stress and reduce their likelihood of breaking the rules.
- c. Expand privileges and programming in general population.

Recommendation A6. Create intermediate housing units where adults in custody can be placed after a DSU stay if it is determined, through a multidisciplinary review process, that they are not ready yet for general population but do not require the level of secure supervision provided in the intensive management unit (IMU).

Recommendation A7. Discontinue the practice of imposing additional punishments on adults in custody sanctioned to DSU.

Recommendation A8. Revise policy regarding loss of contact visits as a sanction. Contact visits should be restricted to basic visits only when there is a pressing concern about safety and security.

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Recommendation A9. Eliminate loss of segregation yard time as a sanction in DSU.

Recommendation A10. Reduce the number of collateral consequences that flow from a sanction to DSU.

Recommendation A11. Discontinue use of the Adjustment to Final Order form and grid as the mechanism for initiating reviews and time reductions for adults in custody in DSU. Implement a more meaningful automatic review process that is triggered at regular intervals (e.g., every seven days), and establish new guidelines on allowable time reductions.

Recommendation A12. Strengthen the procedures governing conduct orders to improve the fairness and effectiveness of informal sanctions. Communicate to staff and adults in custody how and when conduct orders will be used.

- a. Institute a detailed response matrix to ensure that conduct orders are used and applied fairly, consistently, and progressively.
- b. Ensure that behavioral expectations and consequences for misbehavior are understood by staff and adults in custody.
- c. Institute procedures requiring staff to discuss the reason for the conduct order with the adult in custody being sanctioned.
- d. Establish meaningful oversight of the sanctions imposed to ensure that sanctions are fairly applied and proportionate.

Recommendation A13. Improve conditions of confinement in DSU.

- a. Allow more opportunities for out-of-cell time and congregate activity.
- b. Create more opportunities for productive activities in-cell.
- c. Create Blue Rooms or de-escalation rooms in DSU units.
- d. Examine the physical space of DSU cells and recreation spaces and identify changes that can be made to increase size and natural light.
- e. Explore the impact of double-celling on the safety and well-being of adults in custody housed in double-celled DSUs.
- f. Ensure that qualified mental health professionals (QMHPs) or health services practitioners are doing in-person mental health assessments (and not just chart reviews) within 24 hours of a person's placement in DSU.
- g. Allow adults in DSU telephone privileges to speak with family and other support people.
- h. Increase the number and length of basic visits afforded to adults in custody in DSU who have demonstrated positive behavior.

Recommendation A14. Reform the use of DSU at minimum-security facilities.

Recommendation A15. Collect and track data on ODOC's use of disciplinary segregation.

B. Administrative Segregation

Recommendation B1. For adults in custody in DSU who have been flagged for possible IMU placement, conduct evaluations for placement in IMU sooner, so those individuals do not spend months in DSU before gaining access to IMU programming.

Recommendation B2. Review adults in custody placed in IMU at shorter intervals.

Recommendation B3. Implement instructor-led programming in a classroom setting in IMU.

Recommendation B4. Create more Blue Rooms or other types of de-escalation spaces where adults in custody living in segregated units can spend time.

Recommendation B5. Create a structured reentry process and/or step-down units for adults in custody transitioning out of long-term segregation. Ensure that adults in custody are never released directly to the community from segregation.

Recommendation B6. Conduct a comprehensive examination of safe housing options across ODOC for adults in custody releasing from long-term administrative segregation.

Recommendation B7. Consider redesigning ASU to more closely resemble AHU.

Recommendation B8. Improve conditions of confinement in IMU and ASU.

- a. Allow more opportunities for out-of-cell time and congregate activity.
- b. Create more opportunities for productive activities in-cell.
- c. Expand use of Blue Rooms or de-escalation rooms (See Recommendation B.4).
- d. Examine the physical space of IMU and ASU cells and recreation spaces and identify changes that can be made to increase size and natural light.
- e. Explore the impact of double-celling on the safety and well-being of adults in custody housed in double-celled IMUs.
- f. Increase access to qualified mental health professionals (QMHPs).
- g. Increase access to telephone privileges to speak with family and other outside support people.
- h. Seek ways to expand and incentivize visiting privileges for adults in custody in IMU and ASU.

Recommendation B9. Resolve inconsistencies across the Oregon Administrative Rules and departmental policies governing types of segregated housing.

C. Mental Health

Recommendation C1. Enact policies that prohibit placing people with serious mental illness (including those with the developmental disability code of DD3) and neurodegenerative diseases in any form of segregated housing that limits meaningful access to social interaction, environmental stimulation, and therapeutic programming.

Recommendation C2. Enact restrictions on placing adults in custody with MH3 and DD3 codes in DSU, and designate a small number of beds in newly established intermediate housing units for adults in custody with MH3 or DD3 codes who commit violent infractions.

Recommendation C3. Use alternative sanctions to DSU when adults in custody with MH2, MH3, DD2, or DD3 codes commit nonviolent infractions.

Recommendation C4. Create more mental health supports in general population.

Recommendation C5. Create a day treatment unit on the west side of the state.

Recommendation C6. Create an intermediate care housing unit on the east side of the state.

Recommendation C7. Create an intermediate care housing unit at CCCF.

Recommendation C8. Continue with the planned reforms for BHU.

D. Racial Disparities

Recommendation D1. Create a committee to study and address disproportionate minority contact with segregated housing.

Recommendation D2. Closely monitor the impact of implementing the recommendations in this report on racial and ethnic minorities.

E. Women

Recommendation E1. Ensure that women benefit from the same types of reforms and alternatives to segregation devised for men.

Recommendation E2. Review ODOC's administrative rules and policies and revise, where necessary, to account for gender differences and trauma.

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Recommendation E3. Ensure that women who are pregnant, post-partum, or who have recently had a miscarriage are diverted from segregated housing.

F. Death Row

Recommendation F1. Consider moving adults in custody on death row status into general population.

G. System-wide

Recommendation G1. Increase mental health, behavioral modification, and communication skills training for security staff.

Recommendation G2. Increase training for all staff on responding to gender differences and understanding gender identity.

Recommendation G3. Continue to explore ways to improve staff wellness, particularly for staff assigned to segregated housing units.

Recommendation G4. Seek staff input and involvement when implementing reforms to the use of segregation.

Recommendation G5. Explore deterrence-based violence reduction models and consider piloting such a model at ODOC.

Recommendation G6. Implement strategies for supporting adults in custody who use DSU as default protective custody because of fears of living in general population.

Recommendation G7. Conduct a comprehensive assessment of all staffing needs from all disciplines (security, mental health, and correctional rehabilitation). Adjust or increase staffing resources where needs are identified.

Recommendation G8. Measure the impact of reforms implemented to reduce the use of segregation by creating a data tracking process, including soliciting and incorporating feedback on reforms from staff and adults in custody.