

April 2026

# SOLITARY CONFINEMENT: PART III



## DISCLAIMER

The mission of the Office of the Corrections Ombuds (OCO) is to provide opportunities for people impacted by incarceration to raise issues and resolve conflicts. The OCO works to reduce harm in the Washington corrections system by negotiating outcomes, recommending positive change, and reporting individual and systemic concerns.

The following report was prepared by the Office of the Corrections Ombuds Solitary Confinement Research Team (OCO-SCRT). The work of corrections oversight includes producing accurate, unbiased, and credible public reports. This solitary confinement report is one of the ways the OCO brings transparency and accountability – pillars of a democratic society – to systems and daily operations of the Washington Department of Corrections, which are overwhelmingly hidden from the public eye.

**CONTENT NOTICE:** Please be aware that this report includes content regarding suicide attempts and deaths by suicide.



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# 1.0 Introduction

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Corrections oversight brings an independent set of eyes to bear witness to the ways in which the norms and cultures of carceral systems are rooted in certain rules, regulations, and a lack of transparency. One role of the Office of the Corrections Ombuds (OCO) is to provide oversight of the Washington State Department of Corrections (WADOC). This office is established in state government with authority and responsibility to investigate concerns raised about WADOC actions or inactions. The OCO routinely monitors state prisons and re-entry centers, takes complaints and provides self-advocacy information via a free, confidential hotline, and investigates concerns related to solitary confinement. In its capacity as a statewide oversight mechanism, this office also responds to the governor and legislature’s concerns about conditions of confinement and the experiences of people living and working inside these facilities.

For years, public advocates and people directly impacted in the state of Washington have campaigned for the end of solitary confinement. Elected officials have demanded greater accountability and transparency about the use of solitary confinement. Multiple bills calling for a reduction in solitary confinement have been introduced in the state legislature in recent years; however, none of the bills have passed.<sup>1</sup> Yet, the need for a change in how solitary confinement is used in Washington State remains. As stated in DOC’s Solitary Confinement Transformation Project Update,

*“if the intention is to return people to the community better able to live peacefully with others than when they arrived, keeping them in solitary confinement by themselves will not help.”<sup>2</sup>*

## 1.1 Solitary Confinement Report: Part I Summary

At the end of the 2023 legislative session, seeing that once again, a bill requiring the WADOC to reduce the use of solitary confinement would not pass out of the legislature, a request was made of the Office of the Corrections Ombuds to write a report answering a short list of specific questions about the WADOC’s historical and current use of solitary confinement. [Solitary Confinement: Part I](#), published June 2024, responded to the Washington State legislature’s direction to conduct a review of all incarcerated people who had or have been:

- Housed in solitary confinement or any other form of restrictive housing more than 120 days in total, or
- Housed in solitary confinement or any other form of restrictive housing for more than 45 consecutive days in Fiscal Year 2023.

<sup>1</sup> 2025 and 2026 session: HB1137

<sup>2</sup> <https://doc.wa.gov/docs/publications/400-GU051.pdf>

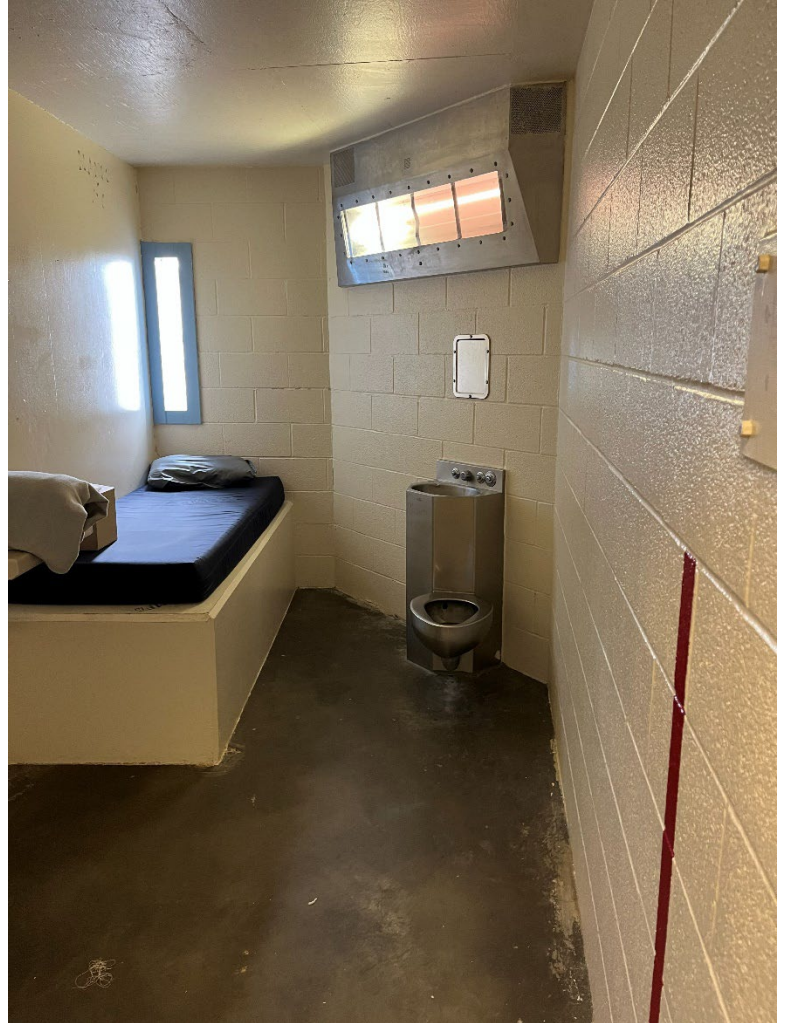
Engrossed Substitute Senate Bill (ESSB) 5187 (2023-2024), Sec. 117 (7) also directed the OCO to answer a list of specific questions related to the individuals identified in the datasets, including reasons for placement, types of housing, underlying offenses, sanctions, time remaining in prison, suicides, attempted suicides, programming offered, and policy changes impacting people in solitary confinement.

## 1.2 Solitary Confinement Report: Part II Summary

Solitary Confinement: Part II, published September 2024, expanded beyond what the legislature requested through ESSB 5187 and looked at the experiences, perspectives, and opinions of a sampling of people who have lived in solitary confinement in WADOC prisons. Part II included a qualitative analysis of interviews and supplemented the prescribed proviso questions with an in-depth examination of individuals' experiences living in WADOC solitary confinement.

## 1.3 Solitary Confinement Report: Part III

This, the third and final release in the OCO's series on solitary confinement, relies on the data reported in Part I, Part II, and OCO expertise to identify opportunities for future research as well as opportunities for administrative or legislative changes. This report also synthesizes historical recommendations for addressing solitary confinement in Washington State.



**IMAGE 1: SOLITARY CONFINEMENT CELL AT WASHINGTON STATE PENITENTIARY (WSP).**

The OCO hopes these three reports will provide greater public transparency around solitary confinement conditions, a roadmap for future research or legislative opportunities, insight into lived experiences, and a snapshot of historical recommendations made to the WADOC regarding solitary confinement.

## 1.4 A Note about Terminology

Prisons both nationally and in Washington State use a variety of terms for solitary confinement. WADOC uses terms including Maximum custody (MAX), Intensive Management Unit (IMU), Secured Housing Unit (SHU), Special Management Unit (SMU), Close Observation Area (COA) and Restrictive Housing Unit (RHU). These terms are defined and expanded upon in OCO's Solitary Confinement Report: Part I.

The United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules) defines solitary confinement as,

*“the confinement of prisoners for 22 hours or more a day without meaningful human contact. Prolonged solitary confinement shall refer to solitary confinement for a time period in excess of 15 consecutive days.”<sup>3</sup>*

A key phrase in this definition is, “without meaningful human contact.” Throughout this report, the OCO refers to solitary confinement with the definition in mind that includes access to meaningful human contact.

WADOC currently keeps people that are in solitary confinement in their cells between 22-23 hours a day with only 1-2 hours of time out of cell. Often, these 1-2 hours of time out of cell are spent in an alternative cell that is slightly bigger than the individual’s housing cell and is deemed a “yard”<sup>4</sup>, yet that time is still spent alone, unless the individual chooses to call a family member or loved one. As we learned in Solitary Confinement: Part II, sometimes people are taken out of their cell for yard during times of the day when family or attorneys are unavailable, thereby lacking any meaningful human contact.

While WADOC has implemented programs such as Washington Way to increase said human contact, as you will read in more detail later, Washington Way resource teams are underutilized, and only reach a small number of the total population housed in solitary confinement. **Current practices in Washington State do not fulfill access to meaningful human contact for people in solitary confinement.**

## 2.0 Opportunities for Future Research

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Through this solitary confinement research and years of investigating a variety of complaints from incarcerated people and their loved ones in Washington State, the OCO identified several opportunities for future carceral research. Solitary Confinement: Part I, Solitary Confinement: Part II, and OCO’s guiding principles of integrity, respect, collaboration, and transparency also informed this list of considerations for future research. The topics outlined in this section are not exhaustive, however, they may offer unique insight into specific parts of WADOC solitary confinement and new opportunities to address any issues identified. This section will address the following three areas for further research:

1. Analyze WADOC’s Targeted Reductions in Solitary Confinement
2. Examine WADOC’s Intelligence and Investigations Programs
3. Investigate WADOC’s Community Custody Violation Sanctions

<sup>3</sup> UN Standard Minimum Rules on the Treatment of Prisons (2015 Rev)

<sup>4</sup> As defined in Solitary Confinement: Part II

## 2.1 Analyze WADOC's Targeted Reductions in Solitary Confinement

In January 2025, the WADOC and its contracted consulting group, Falcon Inc., published an interim report on the agency's targeted reductions in solitary confinement.<sup>5</sup> In the report, the public is told that while the WADOC remains committed to reducing the number of people in solitary confinement by 90%, the timeline to achieve that goal will be extended from the 2023 goal of a five-year plan and remain dependent on appropriate resources and funding.

The interim WADOC report reiterated the agency's January 2023 commitment to reduce the use of solitary confinement by 90% over five years, if given adequate funding and planning resources. Many readers might assume that the WADOC is committing to reduce the number of individual people assigned to MAX custody or the number of individual people held in administrative segregation. Rather, what the WADOC has committed to is that incarcerated individuals in solitary confinement units be scheduled for at least four hours per day of activities out of their single-occupancy cells. Once the incarcerated individual is offered activities out of their cell for more than four hours per day, the WADOC has determined that the person is no longer living in "solitary confinement".



**IMAGE 2: SOLITARY CONFINEMENT UNIT AT CLALLAM BAY CORRECTIONS CENTER (CBCC).**

*Many readers might assume that the WADOC is committing to reduce the number of individual people assigned to MAX custody or the number of individual people held in administrative segregation. Rather, what the WADOC has committed to is that incarcerated individuals in solitary confinement units be scheduled for at least four hours per day of activities out of their single-occupancy cells.*

The WADOC defines solitary confinement as "an operational status in restrictive housing where the individual is confined to a single occupancy cell for more than 20 hours a day without meaningful human

<sup>5</sup> <https://doc.wa.gov/docs/publications/400-GU051.pdf>

contact, out of cell activities, or opportunities to congregate.”<sup>6</sup> Additionally, the WADOC defines restrictive housing as “a housing assignment for individuals whose presence in general population is deemed to present a danger to self, others, or facility security. Restrictive housing uses enhanced security buildings with single occupancy cells to separate those individuals from the general population.”<sup>7</sup>

Using the WADOC’s definitions of solitary confinement and restrictive housing, a clearer picture of the agency’s commitment comes into focus; the agency has not committed to reducing its use of MAX custody or administrative segregation, rather it has focused its resources on achieving more out of cell time. Increasing the amount of out of cell time a person living in a segregation unit is allowed is helpful for addressing some of the quality-of-life conditions, however, achieving this metric alone will not change the number of people the agency assigns to live in Intensive Management Units or restrictive housing units for various reasons as outlined in OCO Solitary Confinement: Part I and II. **It is important to address key pathways and processes that place and keep people in restrictive housing to begin with, in addition to addressing conditions for those currently living there.**

*Using the WADOC’s definitions of solitary confinement and restrictive housing, a clearer picture of the agency’s commitment comes into focus; the agency has not committed to reducing its use of MAX custody or administrative segregation, rather it has focused its resources on achieving more out of cell time.*

In the Solitary Confinement Transformation Project Update, WADOC describes a pilot project that began in 2024 at Stafford Creek Corrections Center (SCCC) to implement their Solitary Confinement Transformation Project (SCTP) to test the feasibility of the 90% reduction in solitary confinement goal. WADOC reports that this pilot project resulted in a 77% reduction in the numbers of individuals living under solitary confinement conditions in SCCC IMU with all individuals getting out of their cells at least 2 hours per day. This might lead to the conclusion that it is feasible for WADOC to reduce solitary confinement by 90% with adequate resources, however, the OCO has ongoing concerns about the reality of this reduction plan.

In conducting a review of cases in the OCO case management system solely about solitary confinement from a period of January 1, 2024 to March 24, 2026, SCCC had the second highest number of concerns, following Washington State Penitentiary. This period coincides with the time in which WADOC was conducting their pilot plan of reducing solitary confinement at SCCC, meaning that one would expect the number of reports about solitary confinement to the OCO to drastically reduce if there was a 77% reduction in the number of individuals living in solitary confinement at this facility, however, the opposite was shown.

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<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

The OCO also found that the WADOC's 2025 Solitary Confinement Transformation Project Update states there would be interim updates and presentations through June of 2025 followed by a final Proof of Concept Report published in July of 2025. However, as of March 2026, no additional updates or reports have been publicly provided on the WADOC's website. Rather, an internal DOC article was published in July 2025 stating that the pilot project at SCCC had concluded and describes two final reports that will be shared: one describing the full scope of the pilot project and one about statewide progress along with a playbook documenting tools and processes. As of March 2026, neither of these reports have been shared. DOC cites the reason for no further reports being published due to lack of necessary funding for the project and the little bit of funding that was received being used to keep the changes previously made sustainable.

**Analyzing WADOC's 2025 Solitary Confinement Transformation Project Update on Sustainable Reduction Initiatives and Proof of Concept could lead to greater transparency and awareness regarding efforts to address solitary confinement in Washington State.**

## 2.2 Examine WADOC Intelligence and Investigations Programs

WADOC policy 470.300 Intelligence and Investigations outlines the agency's intelligence and investigative programs including the Special Investigative Services (SIS) unit and the Intelligence and Investigations Units (IIU). Both SIS and IIU are tasked with addressing prison violence and understanding its sources, scale, and consequences. These investigation units play a key role when it comes to certain individuals being placed or kept in solitary confinement.

Disentangling the risk factors associated with examining the often secret and hidden work of the intelligence and investigation programs would require significant investment of time and resources and is likely an activity in which the WADOC would be trepidatious of outside researchers. However, other states such as Arizona, Colorado, Massachusetts, Ohio, Oregon, Pennsylvania, and Texas have demonstrated a willingness to engage in comprehensive research aimed at understanding the inner workings of correctional facilities, often referred to as the "black box" of corrections, to identify the nature, causes, and effects of prison violence.<sup>8</sup>

The Prison Violence Consortium<sup>9</sup>, led by researchers from the University of California at Irvine, presented their findings on prison violence which included the following three recommendations:

- Create a uniform definition of prison violence
- Implement an "injury" tool to document violence-related injuries
- Use a detailed, dynamic risk assessment to identify high-risk individuals

<sup>8</sup> "The Dark Figure of Prison Violence: A Multi-Strategy Approach to Uncovering the Prevalence of Prison Violence"

<sup>9</sup> "Sources and Consequences of Prison Violence: Key Findings and Recommendations from the Prison Violence Consortium."

**The WADOC intelligence and investigation programs would benefit from engaging with outside researchers working to develop reliable metrics of prison violence with a goal of pursuing interventions aimed at significantly reducing the harm experienced by incarcerated individuals and staff, which the WADOC claims drives its high use of administrative segregation and MAX custody placements.** In fact, the WADOC's interim report suggests that incarcerated individuals are "usually placed in maximum custody because they have a long record of violence or disruption; therefore, staff are legitimately afraid of what these incarcerated individuals might do if let out of their cells unrestrained."<sup>10</sup> The Washington State Institute for Public Policy (WSIPP) is offering their research services to state agencies in 2027-2028. This may assist DOC in cost saving while engaging in this critical analysis.



**IMAGE 3: SOLITARY CONFINEMENT UNIT AT STAFFORD CREEK CORRECTIONS CENTER (SCCC).**

As the WADOC continues to assert that the agency is facing "unprecedented levels of violence and disturbance requiring separation from general population,"<sup>11</sup> engagement with outside researchers as part of a robust study of the sources, scale, and consequences would greatly benefit WADOC outside of just solitary confinement as further analysis of this issue can be done before the violence level becomes untenable with ripple effects throughout all custody levels, not just solitary.

### 2.3 Investigate Community Custody Violation Sanctions

The WADOC supervises an active caseload of approximately 18,000 people in the community.<sup>12</sup> This supervision is done by corrections employees in the Community Corrections Division, with very little independent oversight. The Office of the Corrections Ombuds, by law, has minimal oversight over the Community Corrections Division due to the fact that individuals must be in full or partial confinement of a Washington State Department of Corrections prison to fall under OCO jurisdiction. As a result, the OCO is only permitted to exercise oversight authority over complaints related to individuals supervised under

<sup>10</sup> <https://doc.wa.gov/docs/publications/400-GU051.pdf>

<sup>11</sup> *Id.*

<sup>12</sup> [Supervision in the Community | Washington State Department of Corrections](#)

Graduated Reentry (GRE) and the Community Parenting Alternative (CPA), as these two programs fall under the umbrella terminology of partial confinement.



**IMAGE 4: SOLITARY CONFINEMENT CELL AT MONROE CORRECTIONAL COMPLEX (MCC) USED FOR HOUSING INDIVIDUALS ON “VIOLATOR” STATUS.**

On February 10, 2025, the WADOC reported 448 people supervised under GRE and 27 people supervised under CPA, representing less than 3% of the total 18,000 people supervised in the community by the WADOC. WADOC Community Custody Division uses two types of confinement sanctions related to disciplinary infractions occurring while on community custody:

**Confinement:** total confinement in a contracted jail or DOC facility of up to 15 days, imposed by a hearings officer in the department’s Hearing Unit, which operates outside the Community Corrections Division. The sanction is imposed for a high-level violation or low-level violation with aggravating factors.

**Swift and Certain:** total confinement in a contracted jail or DOC facility of up to three days. The sanction is imposed for a low-level or mitigated high-level violation, imposed by a community corrections officer (CCO) as approved by a community corrections supervisor.

The people held in a WADOC prison on a community custody sanction are often informally referred to by WADOC as “violators” or on violator status. On February 10, 2025, the WADOC reported 67 people under “violator” status, which accounted for 1% of their daily population in total confinement. The most common location to hold someone held under the “violator” status in total confinement in WADOC is a segregation unit, and the 67 people under the “violator” status were distributed throughout the state in the following prisons:

- Airway Heights Corrections Center: 16
- Coyote Ridge Corrections Center: 1
- Monroe Correctional Complex: 36
- Stafford Creek Corrections Center: 2
- Washington Corrections Center: 6
- Washington State Penitentiary: 6

People living in these conditions on community custody violation sanctions are often overlooked when solitary confinement is discussed. The same issues OCO has reported on related to the some evidence standard for infractions applies in these situations too. Future research could explore the impact of living in single-occupancy cells, under solitary confinement conditions for people on community custody sanctions. For example, the long-term impacts of confinement and swift and certain sanctions on the reentry success of people under community supervision. **Better understanding the consequences of subjecting people trying to successfully transition into the community to solitary confinement conditions, would develop a more holistic understanding of the impacts of the use of solitary confinement on Washingtonians.**

## 3.0 OCO Observations

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Since the OCO was created in 2018, the office has worked to identify areas for administrative change to improve living conditions in prison facilities throughout Washington. Solitary confinement remains one of the topics for suggested changes. **The following four changes can be implemented by DOC without requiring extensive legislative action:**

1. Develop a comprehensive RTU policy.
2. Expand access to the Washington Way.
3. Prioritize alternatives to solitary confinement and the timely transfer of individuals pending out-of-state transfer or awaiting a transgender housing protocol.
4. Address the level system for people placed in solitary confinement and ensure there are clear pathways to promotion.

### 3.1 Mental Health Care and Solitary Confinement

WADOC policy 100.100 Policy Development and Implementation describes how policies are prepared and reviewed by the WADOC. One such policy, which the OCO has recommended the WADOC develop, is a comprehensive Residential Treatment Unit (RTU) policy. **In 2021 and 2023, the OCO recommended that the WADOC develop a comprehensive RTU policy that addresses:**

- a) Objective criteria for admission
- b) Modified disciplinary system
- c) Modified classification system
- d) Pathway out of RTU, including objective criteria for discharge
- e) Mandatory specialized mental health training for RTU custody staff
- f) Programming availability in RTU to include programming support

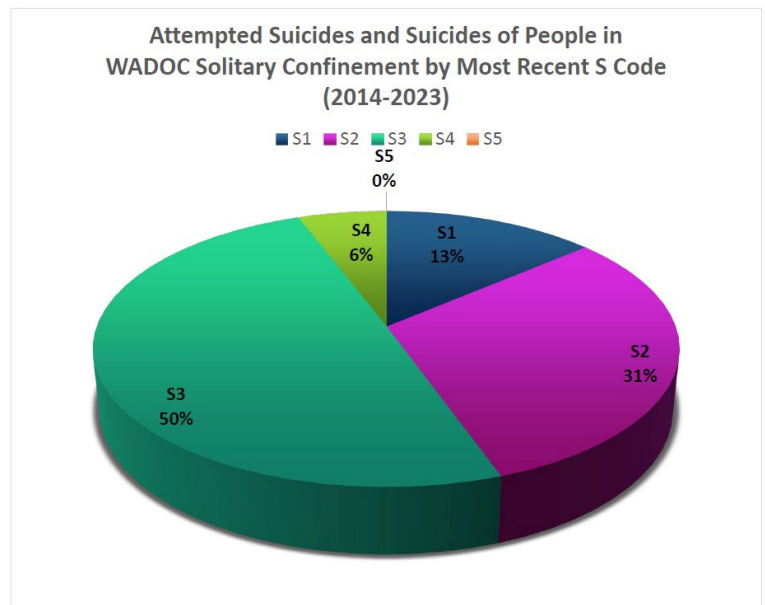
*The National Alliance on Mental Illness (NAMI) holds the position on solitary confinement that “no one should be subject to practices that can cause or worsen mental health symptoms” and they oppose the use of “solitary confinement and equivalent forms of administrative segregation for people with mental health conditions.”<sup>13</sup>*

### WADOC Mental Health Codes

WADOC uses PULHES codes to assist staff “in determining the best placement for living and working for incarcerated individuals.”<sup>14</sup> Each letter represents a different healthcare need. Once an incarcerated individual has been assessed by WADOC health services staff, the staff then assigns a number to each letter. Generally, the higher the number, the higher the need. A person’s S code is meant to reflect their mental health service utilization. Any number greater than 1 (no identified mental health need) indicates that the person is on WADOC’s mental health caseload. S codes 2, 3, 4, and 5 (most significant) reflect increasing mental health services use and needs. OCO Solitary Confinement Report: Part I further discusses the breakdown of each S code.

In OCO Solitary Confinement Report: Part I, the OCO-SRTC identified 176 people who attempted or died by suicide while in solitary confinement. The OCO-SRTC was unable to obtain an individual’s S code on the date of the incident. However, it is notable that the majority of individuals were either S3 or S4 at the time the OCO-SRTC obtained this data from WADOC.

Image 5 shows the S codes assigned to individuals who attempted or died by suicide while housed in solitary confinement: 50% of the 176 individuals had S codes representing either current active symptoms of mental



**IMAGE 5: ATTEMPTED SUICIDES AND DEATHS BY SUICIDE IN WADOC SOLITARY CONFINEMENT BY S CODE, FROM OCO SOLITARY CONFINEMENT PART I.**

<sup>13</sup> <https://www.nami.org/advocacy/policy-priorities/stopping-harmful-practices/solitary-confinement/>

<sup>14</sup> WADOC PULHES Codes Guidelines, Version 4.2, January 2023.

illness or significant active symptoms requiring more intensive treatment. This may highlight a need for housing in a Residential Treatment Unit (RTU), rather than solitary confinement. It is also worth noting that three individuals who died by suicide while in Receiving Units at WCC had S codes of S1, the default S code assigned to people who have just arrived at prison. Because S codes represent mental health service utilization, an individual may have mental illnesses or symptoms but would not be identified by a higher S code until they began utilizing mental health treatment services later in their incarceration.

### **WADOC Residential Treatment Units (RTUs)**

Residential Treatment Units (RTUs) are intended to provide a more intensive level of mental health services than typically can be provided in general population units. RTUs are located at Monroe Correctional Complex (MCC), Washington Corrections Center for Women (WCCW), and Washington State Penitentiary (WSP), and serve different custody levels.

The RTUs at MCC and WCCW have dedicated solitary units:

#### MCC – Sky River Treatment Center (SRTC)

- Formerly known as the Special Offender Unit (SOU)
- Unit A: administrative segregation
- Unit B: Intensive Treatment Unit (ITU) for “highly disruptive and unpredictable individuals”<sup>15</sup>

#### WCCW – Treatment & Evaluation Center (TEC)

- TEC-Acute: solitary confinement

As part of OCO’s role on the Unexpected Fatality Review Committee, this office found that three deaths reviewed by the UFR Committee in Fiscal Year 2024 occurred while the person lived in a Residential Treatment Unit (RTU)<sup>16</sup>:

- UFR 23-005: suicide      Monroe Correctional Complex – SRTC (formerly SOU)
- UFR 23-007: suicide      Washington State Penitentiary – BAR units
- UFR 23-009: suicide      Washington State Penitentiary – BAR units

Two of the deaths reviewed by the UFR Committee in Fiscal Year 2024 occurred while the person was housed in solitary confinement:

- UFR 23-002: respiratory      Washington Corrections Center
- UFR 23-019: vascular      Monroe Correctional Complex

OCO Solitary Confinement Report: Part II focused on interviews with incarcerated people who had spent significant time in solitary confinement, some had survived suicide attempts or spent time in RTUs. One

<sup>15</sup> <https://www.doc.wa.gov/docs/publications/100-PL019.pdf>

<sup>16</sup> [oco.wa.gov/sites/default/files/OCO%202024%20UFR%20Annual%20Report\\_0.pdf](https://oco.wa.gov/sites/default/files/OCO%202024%20UFR%20Annual%20Report_0.pdf)

theme that arose across interviews was that sensory deprivation, idleness, and lack of social engagement in solitary confinement contributed to decompensation and long-term impacts on mental health.

**Individuals talked about how difficult it was to access effective mental health treatment while in solitary confinement and the environment itself exacerbated symptoms people already had prior to being placed in restrictive housing.**

**The OCO is concerned about the cycling of patients with mental illnesses through RTU, Close Observation Areas (COA), Administrative Segregation, and MAX Custody along with the long-term impacts on these patient’s mental health and wellbeing.** Individuals can be placed in solitary confinement for behavioral issues which sometimes escalates to self-harm and transfer to the COA. After multiple placements between solitary confinement and COA, the individual may be considered for RTU.

OCO Solitary Confinement: Part I found that six percent of individuals who attempted suicide were coded as S4 and were housed in solitary confinement; even with an S code that recommends RTU, not all individuals were reviewed for or placed in RTU.

DOC can also refer the individual to the MAX Committee for a MAX program placement.

**Because there is no DOC policy or protocol for RTU, it is unclear what criteria would determine RTU placement over MAX placement.**

In 2023, the OCO joined a DOC workgroup to create an RTU policy, however, DOC has not published a completed policy to date. That workgroup finalized policies for RTU that would address concerns such as placement and the implementation of an alternative disciplinary process. These policies were finalized by the workgroup in May of 2024 but have yet to be published or finalized by WADOC.

DOC’s Solitary Confinement Transformation Project Update states that the SMI-RTU work group entered a second phase of work since the SCTP Team joined the process to draft a



**IMAGE 6: SOLITARY CONFINEMENT CELL IN A UNIT AT MONROE SKY RIVER TREATMENT CENTER (MCC-SRTC).**

revised RTU policy.<sup>17</sup> However, as stated above, these RTU policies were already finalized by a formal RTU workgroup and were at the Secretary and Deputy Secretary level awaiting approval and implementation. Two years later and the approval of these policies has been halted, and WADOC has even gone back to the beginning of the process for policy edits outside of the RTU workgroup.

**It is important to recognize and address the systemic cycles in place and the conditions in DOC prisons that exacerbate mental health symptoms, especially as solitary confinement is more widely recognized as a public health issue.** While solitary confinement can be impactful to anyone's mental wellness, there are unique considerations for individuals experiencing mental health symptoms and crises.

### 3.2 Washington Way in Solitary Confinement

As described in OCO Solitary Confinement Report: Part I, The University of California San Francisco utilized Norwegian Correctional Services to create the Amend program focusing on normalization, dynamic security, and progression. WADOC began implementing Amend in Washington prisons under the name "the Washington Way" in 2020, aiming to change the correctional culture by focusing on health and wellness outcomes for staff and incarcerated individuals. At the time of writing Part I of this report, the Washington Way was deployed in two IMUs, Stafford Creek Corrections Center (SCCC) and Washington State Penitentiary (WSP). As of April of 2025, the Washington Way is currently implemented in 8 prisons and 11 reentry centers with the goal to expand to the remaining 3 major facilities with restrictive housing: Airway Heights Corrections Center (AHCC), Olympic Corrections Center (OCC) and Washington Corrections Center (WCC), in the near future.

**While over half of the WADOC prison facilities now have a Washington Way team inside, the usage of these teams remains severely underutilized.** WADOC provides the OCO with "weekly roll up" reports created by the Washington Way resource activity teams detailing what they did that week, who they interacted with, how much time was spent with each individual and any other notes of importance. The OCO reviewed these documents for Clallam Bay Corrections Center (CBCC), Stafford Creek Corrections Center (SCCC), Washington Corrections Center for Women (WCCW) and Washington State Penitentiary (WSP) over a 10-week period (January-March 2025) and noticed that the number of people the Washington Way team worked with was minimal compared to the number of individuals being housed in these solitary confinement settings.

It is important to note that in reviewing these documents, the Washington Way team often worked with the same individuals as it takes time for the team and the individual to build trust and rapport and get to a point where true beneficial community-like interactions can occur. Additionally, some Washington Way teams serve other areas of the prison beyond solitary confinement such as close custody units.

<sup>17</sup> <https://doc.wa.gov/docs/publications/400-GU051.pdf>

The chart below shows the capacity of each solitary confinement unit and the number of people the Washington Way team interacted with on average over a 10-week period:

Facility	Solitary Confinement Unit Capacity	Average Number of People Interacted with Weekly
CBCC	124	7.3
SCCC	136	7.4
WCCW	56	9.5
WSP	294	7.8

While the weekly Washington Way documentation varies from facility to facility, after reviewing 10 weeks of data, the OCO found:

- 10 individuals were transferred from MAX to a lower custody level
- 1 individual was transferred from MAX to community custody
- 1 individual was released from prison after being on MAX
- 1 individual was transferred from MAX to camp
- The time spent with individuals in a week ranged from a 5-minute check-in to 400 minutes engaging in activities or conversation together

**If the Washington Way team were able to interact with more individuals at a level comparable to the number of individuals that are housed in the solitary confinement units, more individuals would be able to receive the benefits of not only the offerings of the resource team, but just simple meaningful human interaction.**

### 3.3 Transgender Housing Protocols and Solitary Confinement

WADOC policy 490.700 Transgender, Intersex, and/or Non-Binary Individuals outlines the housing protocol process for incarcerated individuals who identify as transgender, intersex, gender nonconforming, and/or non-binary. As part of this process, a transgender housing protocol may be initiated for safety concerns or requests for gender-affirming housing. If an incarcerated individual completes a WADOC 02-420 Preferences Request Form and marks "I do not feel safe being housed/placed in general population," they are often moved to restrictive housing.

WADOC policy 490.700 says "placement in restrictive housing will be used as care and separation and not as a punitive measure." However, the OCO has found that it sometimes takes weeks to months for the transgender housing protocol to be finalized and for the person to be moved out of restrictive housing. Transgender and Gender-Nonconforming (TGNC) people sometimes sit in restrictive housing beyond policy timelines due to safety and placement concerns. This was reported by the OCO in 2021, however

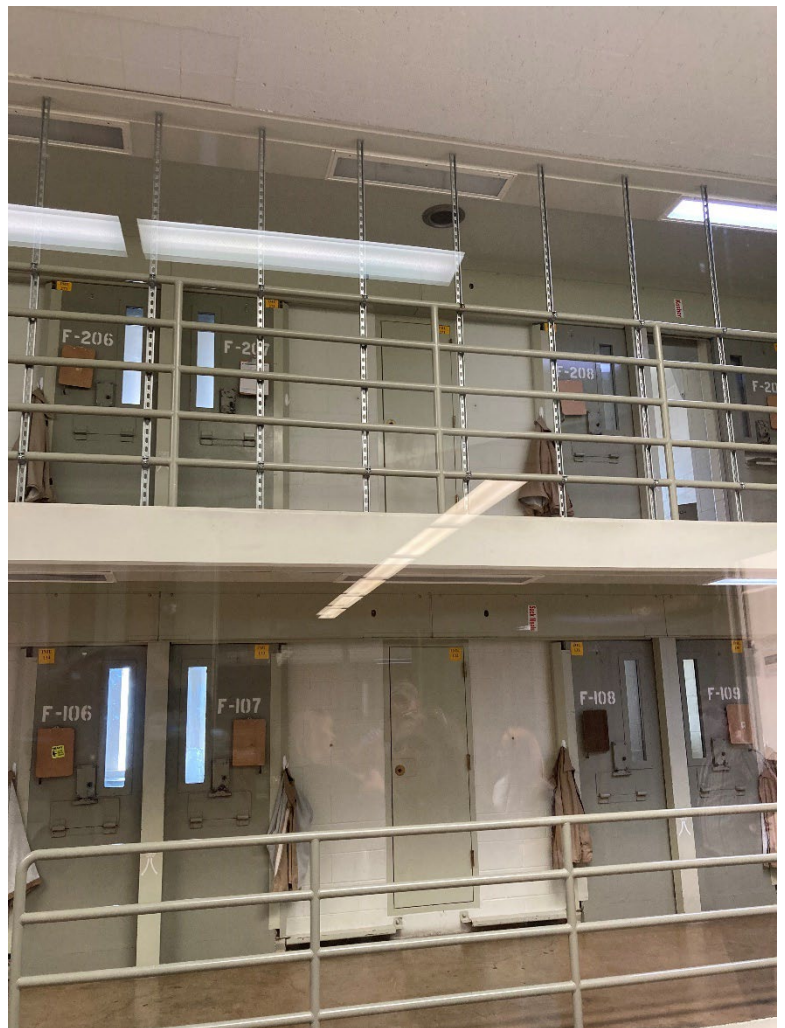
the problem remains ongoing.<sup>18</sup> Regardless of being on administrative segregation for safety, people have reported to the OCO that they were treated as if they were placed there as punitive action.

**If WADOC were able to complete the trans-housing protocols in a timely manner, abide by the timelines set out in policy or find an alternative housing option for individuals who identify as transgender/intersex/non-binary and do not feel safe in general population, individuals would not be stuck in solitary confinement for sharing safety concerns related to their gender identity.**

### 3.4 Out-of-State Transfers

When WADOC determines it can no longer safely house an individual in a Washington State general population setting, the individual is referred to be transferred out-of-state. The reasons for a referral to another state can vary depending on the situation. WADOC maintains an out-of-state transfer list that is mainly comprised of individuals who have murdered or assaulted staff or other incarcerated individuals, individuals who are considered influential gang leaders, and individuals who have fallen out of favor with their gang and could be assaulted or murdered themselves. These individuals will be held in Maximum custody until they are accepted by another state. This process can often take years.

In Spring of 2024, DOC provided OCO with a list of 26 individuals awaiting out of state transfer. In Spring of 2025, the OCO rechecked this list of 26 individuals and confirmed that 11 of the individuals are residing in a housing option other than MAX custody and have been taken off the out of state transfer list, 6 individuals have been transferred out of state, and 9 individuals remain in MAX custody awaiting out of state placement. Of the 9 individuals awaiting placement, one has been waiting in MAX since 2016, another since 2017 and another since 2018 with the others waiting since 2021-2023. During an independent record review, the OCO also identified two additional



**IMAGE 8: SOLITARY CONFINEMENT UNIT AT STAFFORD CREEK CORRECTIONS CENTER.**

<sup>18</sup> 2021 OCO Trans Report FINAL with DOC Response.pdf

individuals who have since returned to WADOC from out-of-state placements and now reside in MAX custody.

The reasons for these delays vary. Some states are unwilling to accept an individual with a history of assaulting staff or other incarcerated individuals while some individuals have already had an out-of-state transfer, been placed in that other state and returned back to WADOC due to ongoing behavior. In addition to the extensive time spent in solitary confinement awaiting transfer, the expense to transport someone out of state is astronomical. During an independent record review, the OCO identified 6 out of state transfer transports that were conducted by private jet and cost between \$18,000 and \$65,000 for the airfare alone, totaling \$207,000 to do 6 transports, 4 of which occurred while the state of Washington is facing the largest budget deficit in state history. **If WADOC was able to find an alternative to these delays and costs, such as alternative housing within WADOC, individuals would not be spending extensive time in solitary confinement awaiting out-of-state transfer.**

### 3.5 Levels System and Promotion Pathways

WADOC policy 320.255(I)(C) Restrictive Housing states that “individuals may earn levels while in Restrictive Housing through their behavior per Restrictive Housing Level System Grid (Attachment 2). The grid identifies privileges and authorized items for each Restrictive Housing level. These “privileges” vary depending on what level the individual is and what resulted in their initial placement in restrictive housing.

There are four levels: level 1, 2, 3 and 4. Image 9 shows what each individual may have access to and what they are restricted from having until they progress to the next level. While the basic requirements are given at each of the three levels, such as showers, telephone access, mail, books and photos, it is not until level 2 that an individual can get a radio, level 3 when an individual can get either a radio or a TV, level 3 when an individual can get an in-unit job, level 3 when an individual can order food items from commissary and level 3 when an individual can get 4 hours per week of no contact visits. Although it is not noted in the table, typically people cannot access a Securus tablet unless they are level 2 or 3 depending on the facility. Additionally, what an individual can access on their tablet at level 2 versus level 3 varies, for example, an individual who has a tablet at level 2 does not have the ability to dial 988 until reaching level 3.

There are additional restrictions on what level individuals can be eligible for. For example, if the individual was placed on MAX custody for any of the reasons outlined in DOC policy 320.250(IV)(B)(1)(c)(1)(a-d) Maximum Custody Placement/Transfer/Release, they will only be eligible for level 2 if they committed an assault on an employee, assault with a weapon, disturbance/assault involving multiple individuals or have been identified as an influential member of a security threat group (STG). Additionally, per DOC policy 320.250(IV)(B)(1)(c)(2) Maximum Custody Placement/Transfer/Release, individuals may not be eligible for level promotion when they refuse housing without validated protection concerns.

**RESTRICTIVE HOUSING LEVEL SYSTEM GRID**

Program Activities	Level 1	Level 2	Level 3	Level 4
Showers, 10 minutes - 3 times per week	X	X	X	X
Out-of-cell recreation - 5 times per week	X	X	X	X
Telephone access	X	X	X	X
Eligible for one radio		X		
Eligible for one radio or one television, not both			X	
Eligible for in-unit work assignment			X	
Up to \$10 weekly commissary order for IMU-approved personal hygiene and correspondence related items only	X	X	X	X
Up to \$10 weekly commissary order for IMU-approved food items only; total commissary order cannot exceed \$15			X	
Up to \$15 weekly commissary order for IMU-approved food items only; total commissary order cannot exceed \$20				X
Receive 1 <sup>st</sup> class mail	X	X	X	X
No contact visits	2 hours, once per week	3 hours, once per week	4 hours, once per week, or 2 hours, twice per week	4 hours, once per week, or 2 hours, twice per week
Receive publications	2	3	4	4
Books - Facility issue, softbound only; hardbound acceptable for educational purposes if softbound is unavailable	2	2	2	2
Books - Outside publisher, softbound only; hardbound acceptable for educational purposes if softbound is unavailable; books must be facility-issued from an approved higher learning institution	2	3	3	3
Personal photographs, 4" x 6"	10	10	10	10
Legal documents/papers and reference material, provided the individual has a validated pending court case - 25 lb. maximum weight of box	X	X	X	X

Rev. (3/20) DOC 320.255 (Attachment 2)

**IMAGE 9: ITEMS ALLOWED ACCORDING TO RESTRICTIVE HOUSING LEVEL SYSTEM GRID (ATTACHMENT 2, DOC 320.255)**

The OCO has also seen a large restriction on the allowable levels for individuals that are placed in administrative segregation for drug related behaviors. DOC policy 320.200(I)(1)(1)(a-d) Administrative Segregation expands on the limitations of levels by including drugs/narcotics as a reason for which level privileges will not be granted.

The OCO has seen an increase in individuals assigned MAX custody, with little to no opportunity to be promoted to level 2 or 3. This means DOC headquarters decides that the person will not be allowed access to promote to level 2 or 3. This includes people being assigned MAX custody due to unverified threats being assigned to level 1 only. By not allowing a person to promote levels, DOC unit staff have nothing to offer the person for changed behavior. The person is further isolated with the knowledge they have no control to change the situation or make their time in solitary confinement more bearable through access to family, friends, tablets, music, and TV.

Many people have been housed in solitary confinement with access to level 1 only for many months, if not years. The OCO has been told at cell front that a person would be “better off assaulting staff” so they could at least access level 2. **DOC should consider creating a pathway for all people to promote levels while in MAX custody.**

Ultimately, for solitary confinement to change, additional funding will be needed to retrofit these areas into alternative living areas and to staff them differently by providing additional programming. While Washington deals with an unprecedented budget deficit and additional funding is not currently on the horizon, there are some changes that DOC can make today. One of which is improving the way that individuals experience solitary confinement by providing them with additional “privileges” while housed there through the level system.

**If all individuals in solitary confinement were given the ability to have additional privileges regardless of level and regardless of placement reason, time in solitary would be characterized with more humanity and provide individuals with the ability to occupy their time more**

**beneficially and more productively by being able to access things such as tablets, radios, TVs, books and even commissary earlier in their time in segregation.**

## 4.0 Solitary Confinement Recommendation Highlights

Over the years, WADOC has collaborated with solitary confinement experts and received recommendations from the Office of the Corrections Ombuds (OCO), Disability Rights Washington (DRW), Vera Institute of Justice, community coalitions, and others. Subject matter experts and groups have conducted extensive research, presented findings, and outlined recommendations. This report does not offer any new recommendations and instead focuses on highlighting historical recommendations made to the Department over the past ten years.

**In the appendix at the end of this report, the OCO outlined many of the solitary confinement recommendations made since 2015 and continues to encourage WADOC to move forward with implementation.** This list is not exhaustive; however, it is important to recognize the years of effort and research put into addressing solitary confinement in Washington State, and the pending recommendations that point to opportunities for change. Some highlights from the many pages of recommendations in the appendix are outlined in this section.

### Recommendation Highlights from OCO Reports:

- **DOC should review all individuals currently in restrictive housing and make it a priority to move them to appropriate placements. During this review the DOC should identify if DOC is within current policy and what DOC policies should be adjusted to streamline the process.**
- **WADOC should update DOC policy 300.380 as there are currently no timelines in Section VI Facility Assessment and Transfer, which leaves open-ended timeframes with no sense of urgency for individuals housed in restrictive housing.**
- **Investigations that result in a person's extended placement in IMU need to be evaluated for efficiency and whether the security threat justifies the length of stay in administrative segregation.**
- **DOC should explore best practices for successfully housing and treating individuals with behavioral challenges, regardless of mental health diagnosis, in a setting that is not IMU or other solitary confinement housing.**

### Recommendation Highlights from 2024 DRW & SOS Coalition Letter:

- Funds should not be used simply to bolster the number of correctional officers working these units or retrofitting inhumane yards or cells to make them marginally less inhumane. Rather than focusing on providing more program time for people who are in Administrative Segregation, DOC should identify and remedy the reasons why people remain in Administrative Segregation for weeks on end.
- Enforce a hard 15-day limit on Administrative Segregation.
- Allow all people in solitary to have access to tablets and players unless it would present an individualized safety risk to the person or to others.

### Recommendation Highlights from Dr. Jeffrey Metzner's 2015 Assessment:

- Regular clinical contacts with the psychiatrists should not occur at the cell front but should be in a setting that allows for adequate privacy.
- The type of privileges available in the 4 step level system is too limited. They [level system privileges] should be expanded.
- Efforts should be made to provide adequate access to basic educational classes such as GED preparation.

### Recommendation Highlights from VERA Institute of Justice:

- Significantly reduce the length of time people spend in restrictive housing, moving towards a long-term goal of ending prolonged restrictive housing (more than 15 days).
- Eliminate the use of restrictive housing in response to non-violent/low-level behavior and eliminate its use for particularly vulnerable populations— including people with serious mental illness (SMI).
- Implement existing plans to eliminate disciplinary segregation.

## 5.0 Project Summary

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Part I of this Solitary Confinement project answered specific questions asked by the legislature in the proviso, along with the OCO Solitary Confinement Research Team's (OCO-SCRT) independently verified solitary confinement datasets. The OCO-SCRT encourages the readers to explore the individual data points and find patterns, trends, and meaning from this now publicly available quantitative information.

Part II of this Solitary Confinement project moved the conversation from the prescribed proviso questions towards an in-depth examination of individuals' experiences living in WADOC solitary confinement. Through a series of qualitative interviews, the OCO-SCRT led the readers through incidents and encounters people experienced while inside solitary confinement in Washington State.

Part III of this Solitary Confinement project discussed opportunities to address solitary confinement, including administrative and legislative changes along with proposed ideas for further independent research topics. Part III also synthesized over ten years of solitary confinement related recommendations. While this report contributes to the conversation about solitary confinement in WADOC facilities, the OCO encourages interested parties to continue pursuing additional changes while analyzing current practices.

## Appendix: History of Recommendations

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### A. OCO Restrictive Housing Report (2023)

1. Update DOC policy 300.380 Classification and Custody Facility Plan Review.
  - There are currently no timelines in Section VI. Facility Assessment and Transfer, which leaves open-ended timeframes with no sense of urgency for individuals housed in restrictive housing. Life without Parole (LWOP) sentences have even more steps than other sentence structures, which can create barriers and delay processes.
2. Medical holds need to be monitored.
  - If an individual is housed in a facility without housing for their classification on a medical hold, then the individual needs to be quickly moved to the appropriate facility or given an override. DOC must identify a clear protocol to ensure this process is monitored consistently and designate a staff role.
3. Create a clear protocol for Transfer Pods.
  - It is unclear if all facilities wait until a transfer is finalized by Headquarters before an individual is moved to a transfer pod or if some facilities have created their own operational memos and handbooks. It should be a uniform process with exceptions for individuals whose transfer plans are stalled at Headquarters Classifications.
4. Update WSP 440.000 Operational Memo.
  - WSP operational memo regarding food disposal after thirty days should be updated to eliminate unnecessary punishments for individuals who are housed in restrictive housing through no fault of their own.
5. Review of All Individuals Housed in Restrictive Housing.
  - The OCO recommends that the DOC review all individuals currently in restrictive housing and make it a priority to move them to appropriate placements. During this review the DOC should identify if DOC is within current policy and what DOC policy should be adjusted to streamline the process.

### B. OCO Mental Health Report (2021)

1. DOC should reduce the frequency of placement and the length of stay in any segregated housing for individuals with serious mental health conditions.
2. DOC should explore best practices for successfully housing and treating individuals with behavioral challenges, regardless of diagnosis, in a setting that is not IMU or other solitary confinement housing.

### C. OCO Investigative Report: Extended Administrative Segregation (2021)

1. DOC should create a hard deadline that individuals must be released from solitary confinement within 30 days, whether through release to general population, transfer, or transition to a housing pod within IMU that allows for improved conditions.

2. Investigations that result in a person's extended placement in IMU need to be evaluated for efficiency and whether the security threat justifies the length of stay in administrative segregation.
  - To speed up investigations, DOC may need to deploy additional staff resources and/or provide greater oversight and approval by DOC HQ as to what constitutes a "significant threat" such that an extended investigation is required.

## **D. Disability Rights Washington (DRW) and Survivors Opposed to Solitary (SoS) – Coalition Letter (2024)**

1. Funds should not be used simply to bolster the number of correctional officers working these units or retrofitting inhumane yards or cells to make them marginally less inhumane.
2. DOC should take advantage of its population decline to allow staff that would otherwise be displaced by unit closures to maintain employment, allowing DOC to use its restrictive housing funding on more therapeutic interventions, such as programming and mental health care.
3. Rather than focusing on providing more program time for people who are in Administrative Segregation, DOC should identify and remedy the reasons why people remain in Administrative Segregation for weeks on end.
  - As the Corrections Ombuds report from May 2021 found, people routinely spend months, even years, in Administrative Segregation despite DOC's policy limiting placement to 30 days.
  - Again, instead of making its system marginally less inhumane, DOC should focus on keeping people who need to be separated pending an investigation out of solitary units altogether.
4. Rather than directing these mental health resources to providing treatment in solitary, people with mental health needs should be moved out of solitary and into specialized mental health housing that is more fully staffed with these new resources.
  - DOC repeatedly stated that there are seriously mentally ill people in solitary confinement and that they would need extensive staffing to provide treatment to these people if released or transitioned from solitary.
  - DOC acknowledged that they are knowingly failing to treat people with mental illness, one of the groups most vulnerable to the harms of solitary, and we agree that in order to provide constitutionally adequate treatment, DOC will require additional mental health staffing and we support that part of their budget package proposal.
5. DOC [should] create a publicly available work plan that outlines specific reforms it will undertake and when those reforms will be fully implemented.
6. DOC [should] participate in an ongoing legislative workgroup that is comprised of community members, advocates, and directly impacted people.
7. End the use of "constant illumination" in solitary.

8. Direct all facilities that solitary units should not be used for medical isolation/quarantine and that individual[s] in COVID isolation/quarantine should be permitted to keep their players, property, hygiene, legal work, and books.
9. Increase access to yard during times of the day in which incarcerated people can use the phones to contact family and outside organizations.
10. Enforce a hard 15-day limit on Administrative Segregation.
11. Allow all people in solitary to have access to tablets and players unless it would present an individualized safety risk to the person or to others.
12. Limit the use of restraints in solitary to only those individuals who have been individually assessed as presenting a security risk if not restrained.

## E. DRW “The Many Faces of Solitary Confinement in Washington Prisons” (2022)

1. Dr. Metzner recommended that people in these units receive ten hours of structured out-of-cell time per week, as well as increased unstructured out-of-cell time, such as dayroom and yard access, and an opportunity to have recreation with others.
  - Though there is largely scientific consensus that people with serious mental illness should not be placed in solitary confinement, Washington continues to isolate many members of this group in Maximum custody mental health units.
  - In these units, people with serious mental health needs are locked down in solitary-like conditions known to exacerbate mental illness. Just like other Maximum custody units, these individuals have very little access to out-of-cell time or human contact, making self-injury and other behaviors routine.
  - While DOC does not provide public data about these units, when this program was evaluated in 2015 by Dr. Jeffrey Metzner, an outside expert, the median length of stay in these units was estimated to be nine to 12 months.
2. In order to divert these individuals from solitary, the expert recommended a specialized behavior management unit. A similar recommendation was made in 2020 by experts with the Vera Institute of Justice during their consultation with DOC.
3. End the use of long-term solitary confinement in Washington prisons.

## F. Vera Institute of Justice Recommendations (2020)

1. Goals of the Partnership (between WADOC & Vera Institute):
  - Decrease the total restrictive housing population by at least 20 percent by the end of the partnership, and at least 50 percent in four years.
  - Significantly reduce the length of time people spend in restrictive housing, moving towards a long-term goal of ending prolonged restrictive housing (more than 15 days).

- Improve conditions in restrictive housing, including but not limited to a less isolated environment, additional out-of-cell time, opportunities for meaningful human contact, and access to programs and services.
  - Eliminate the use of restrictive housing in response to non-violent/low-level behavior, and eliminate its use for particularly vulnerable populations— including people with serious mental illness (SMI).
  - Address racial and ethnic disparities in the use of restrictive housing.
2. Implement existing plans to repurpose restrictive housing pods into other, non-restrictive housing: Transfer Pods, Transition Pods, and Limited Privilege Pod(s).
  3. Implement existing plans to eliminate disciplinary segregation.
  4. Transform conditions in Maximum Custody to ensure that people housed there have ample out-of-cell time, meaningful human interaction, programming, and treatment, so that MAX no longer constitutes restrictive housing.
  5. Continue to reduce lengths of stay in MAX by offering increased programming and expanding Transition Pods.
  6. Continue ongoing efforts to reduce the use of and lengths of stay in, AdSeg—including through more frequent reviews of people placed in AdSeg, expediting investigations for people who are housed there, and working to find alternate placements for the small number of individuals who spend long periods in AdSeg.
  7. Ensure all people with a serious mental illness who need to be separated from general population (GP) are housed in a Special Offender Unit (SOU) and make SOU a fully therapeutic, nonrestrictive housing environment.
  8. House all probation/parole violators in conditions comparable to GP, not restrictive housing.
  9. Implement further reforms at the two women’s facilities, with the ultimate goal of ending the use of restrictive housing for women:
    - Implement gender-responsive reforms throughout the facilities to reduce drivers of RH [restrictive housing].
    - Repurpose one RH pod at WCCW into non-restrictive housing and transform conditions in the remaining RH pod.
  10. Conduct racial equity evaluations of current policies and procedures as well as any changed policies, new programs or units, or other restrictive housing reforms. Revise those that are determined to have a disproportionate impact on people of color.
  11. Continue a concerted communications strategy and specialized training for staff to promote culture change and buy-in to reforms.
  12. Increase meaningful two-way communication and engagement with families of incarcerated people and external stakeholders.
  13. Minimize the restrictions and isolation caused by responses to COVID-19; in particular, ensure that medical isolation and quarantine are significantly different from restrictive housing.
  14. Maintain a departmental focus on and commitment to restrictive housing reform.

15. Implement plans for repurposing pods in restrictive housing units.
16. Continue to shorten lengths of stay in MAX Custody.
17. Transform conditions in MAX to a point where it no longer constitutes restrictive housing.
18. Implement the plan to eliminate disciplinary segregation.
19. Continue the focus on reducing both admissions and lengths of stay in AdSeg, moving towards a maximum of 15 days, in line with international standards.
20. House all violators in conditions comparable to GP (not restrictive housing conditions).
21. House all people with a serious mental illness who need to be separated from GP in a Special Offender Unit (SOU) and make SOU a fully therapeutic, non-restrictive housing environment.
22. Establish specialized housing for young adults.
23. Implement comprehensive reforms at Washington Corrections Center for Women and Mission Creek Corrections Center for Women, with the ultimate goal of ending the use of restrictive housing for women.
24. Address the overrepresentation of Hispanic/Latino men in restrictive housing.
25. Continue to implement a concerted communications strategy and provide specialized training for staff (in restrictive housing and in GP), to promote culture change and buy-in to reforms and to provide important skills.

## G. Lindsay Hayes Corrective Action Plans (2015)

Note: Recently DOC contracted again with subject matter expert Lindsey Hayes for updated corrective action plans (CAPs) focused on suicide prevention strategies. The recommendations listed here are specific to Hayes's 2015 CAPs related to solitary confinement and suicide prevention.

1. Update Policies: DOC 630.500 Mental Health Services and 320.255 Restrictive Housing.
  - Specify requirements for weekly restrictive housing rounds by MH clinicians to include awareness of MH caseload and a brief progress note for those offenders on the MH caseload.
2. Changes to DOC 320.265 Close Observation Areas & 630.550 Suicide Prevention and Response may be needed.
  - Eliminate the use of Ad-Seg status while offenders are on suicide watch (unless they were on such status prior to placement).
  - Security level while in COA consistent with assigned classification unless otherwise determined by MH clinician.

## H. Dr. Jeffrey Metzner Assessment Recommendations (2015)

1. A MIS should be developed to track the number of hours per week that [IMU] inmates, on average, are offered and actually participate in out of cell structured therapeutic activities.
  - Refusal rates of greater than 30% need to be assessed via a QI process and appropriate changes implemented based on QI findings.

2. Efforts should be made to provide adequate access to basic educational classes such as GED preparation for all [IMU] inmates.
3. Regular clinical contacts with the psychiatrists should not occur at the cell front but should be in a setting that allows for adequate sound privacy.
4. Consideration should be given to having a privilege level that allows for being in the silos [recreation yard] with one or more other inmates.
  - The recreational yards (i.e., silos) are barely adequate and provide little incentive for inmates due to the nature of the yard.
5. Many IMU inmates do not go to the yard, which means they are essentially locked down 24 hours per day. It is recommended that these conditions of confinement be changed.
  - Such conditions of confinement exacerbate many of their behavioral problems.
6. It is recommended that these [level system] timeframes be significantly reduced and when such privileges are earned and if later lost, that the inmate initially not be required to start all over from the perspective of re-earning the lost privilege.
  - The timeframes required for advancing in the IMU level system are too long. For example, the shortest period of time for an IMU inmate to earn a television is 90 days.
7. The type of rewards or privileges available to inmates in the 4 step level system is too limited. They [level system privileges] should be expanded.
  - Examples of expansion could include allowing selected inmates to recreate together as an earned privilege and providing various modules (e.g. email, music downloads, visitation) via a 'hardened' J Pay [now Securus] computer as privileges that can be earned.
8. Other reinforcements to consider include providing "real" hygienic items, and increased commissary.
9. The COA should be considered a level of care (i.e., crisis cell intervention) in contrast to a change in housing unit only. A crisis intervention level of care team should be responsible for inmates admitted to this level of care, which will facilitate a treatment team concept and interdisciplinary working relationships with nursing and correctional staff within the COA.