Wall, Edward F - DOC

From:

Wall, Edward F - DOC

Sent:

Thursday, June 26, 2014 10:29 AM

To:

Huebsch, Mike - DOA; Schutt, Eric - GOV

Subject:

FW: Segregation

Attachments:

Reforming Segregation.docx

Just FYI.

Edward F. Wall Secretary

Wisconsin Department of Corrections

Office: 608-240-5055

www.doc.wi.gov/Home

From: Wall, Edward F - DOC

Sent: Thursday, June 26, 2014 10:19 AM

To: Jess, Cathy A - DOC; Paquin, John D - DOC; Schwochert, James R - DOC; Morgan, Deirdre A - DOC; Legwold, Scott D - DOC; Taylor, Cari J - DOC (DJC); Symdon, Denise A - DOC; Rolston, Stacey L - DOC; Weisgerber, Mark L - DOC; Pollard,

William J - DOC; Foster, Brian J - DOC

Subject: Segregation

This past week, I asked to form a "Secretary's Committee" on the issue of segregation reform in our state. We have discussed the impending changes that are coming at us very quickly in the area of segregation use and I would much rather have a running start before the tsunami hits us. At the ASCA meetings coming up in August in Utah, this is going to be one of the hottest topics and I want to get some ideas on what we will be doing to try and stay ahead of the curve to the extent we can.

For the last few months I've been jotting down passing thoughts and questions on how we use segregation in Wisconsin. I've finally gathered them into one document and attached those notes here. Please don't share these rambling thoughts, but just take a look so you get a (scary) look into how my mind works and the questions that keep me up at night that I will want to discuss. Thanks all for your work on this in the past and the future. Ed

Edward F. Wall Secretary Wisconsin Department of Corrections Office: 608-240-5055

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Reforming Segregation In Wisconsin

My list of "What If?" thoughts.

We will always have inherent tension between our security and public safety mission and mental health considerations with segregation. How do we address them both?

What do staff want to see in a disciplinary sanction? Why? Is it revenge or the desire to see changed behavior? Is it a power trip or concern that they need to see improvements?

Programming, Education and Counseling should be on a daily basis. What is it actually? Why?

We should consider strict limits to the number of days allowed for segregation.

How would we justify to the public, courts, etc. putting a person into segregation for a non-violent disciplinary issues when there is so much evidence that it causes psychological trauma?

We have a Security Director who approved sending an inmate to segregation for a period of 180 days for having kitchen spices in his cell. The same Security Director has a standing disciplinary "sentence" to segregation for mouthing medications. 1st offense, 180 days. 2nd offense, 360 days. How do any of these things have anything to do with the safety and security of the institutions? How many others are doing something similar? Our culture may be our worst enemy in this regard.

How many Security Directors would agree that we need segregation reforms? Who perpetuates the historical methods of segregation use and who sees a need for change? Have we ever done a review of segregation placements on an institutional level to see how they compare across the DAI?

How has the culture of segregation use developed? How do we change it? Why should we change it? Have we articulated this in the past beyond doing "CYA" policies on placement reviews? What have we done historically to reduce segregation use as opposed to defend its present usage?

Segregation is supposed to be non-punitive and to assure the safety and security for all. So why is it used as punishment for disciplinary issues? Segregation time for disrespect? Nonviolent issues? Officer complained to me that he had written an inmate for disrespect and he only received 30 days in segregation. 30 days of isolation because an officer was "disrespected"? Ironically, I experience disrespect pretty regularly from staff and haven't sent anyone to segregation yet.

Segregation has turned in some cases into a method to isolate and punish inmates as a form of internal judge, jury and executioner. Depriving people of outside contact, personal property, programming, etc. seems to focus on doing psychological harm rather than achieve desirable goals.

Why do we have segregation? Honestly, how do we use it most? What percentage is disciplinary?

What does it cost us per day for an inmate housed in segregation as opposed to GP? In 2010, Virginia reported that it cost \$89.59 per day in segregation and \$60.04 per day in a maximum security GP. If that is accurate, then a six month placement in segregation for a non-violent disciplinary issue costs the tax payer about \$5,400. How would we justify that in the press? Especially if it were for something like a "disrespect" conduct report? I'm guessing the "disrespect" most would see is ours for those who pay taxes.

What is the staffing ratio in the segregation unit compared to GP and what does that cost?

What are the mental health implications and how much more does it cost to treat that?

Do we create more damaged and dangerous people by subjecting them to segregation?

If we know that segregation causes major issues with mental health, how do we justify releasing them directly into the public? Is that directly opposite of our mission of public safety? What percentage of inmates released directly from segregation recidivate with a violent crime compared to those who release from GP?

Should we consider converting WSPF to a more conventional prison or a "special housing institution" for MH2 and others with mental health issues that we can't place at WRC? Adapting the programming and other factors to be a positive force in dealing with this troubled population?

Other states have changed the review process to raise accountability. In Maine, the Warden must personally approve (non-delegation) every placement in segregation. If an inmate is proposed to be held more than 72 hours, the Secretary (Commissioner) must approve it.

How aggressive are our efforts to get the inmate into programming to address the placement issue?

Some ideas on alternatives to segregation that I've seen:

- Creating "missioned housing" that allows for services targeted to the needs of prisoners with mental illness, developmental delays, or those at risk of sexual victimization. These units provide a smaller community setting for these vulnerable populations without placing them in solitary confinement.
- Whenever possible, offering alternative responses to disruptions such as anger management and behavior programs, reduction of privileges, or restricted movement in the prisoner's current housing.
- Providing incentives for positive behavior such as increased privileges, enhanced education, and job training.
- Providing training for staff on motivational interviewing to communicate with prisoners in a supportive manner that promotes pro-social behavior.
- Screening prisoners for cognitive disabilities and providing specialized training for staff on how to redirect and communicate effectively with this population.
- Staff training and enhanced interventions for developmentally and intellectually delayed prisoners.

Jurisdictions employing these strategies have not only reduced their use of segregation, but have also tracked concurrent reductions in the use of force on prisoners, assaults on officers and the number of prisoner grievances.

The removal process must be temporary, and that a clear path back into the community must be not only clearly available, but achievable.

Courts have repeatedly found that forcing prisoners with mental illness to undergo solitary confinement constitutes cruel and unusual punishment. How would our placements be viewed by the courts?

Mississippi tried an experiment in 2007 where they emptied their segregation units and put the vast majority back in GP. We should review what they did and the results.

Do we have any kind of incentive program internally that would encourage good behavior in segregation to return to GP? Half day off period of confinement for every two good days?

Should we or could we consider stopping all referrals to segregation of inmates with diagnosed mental health issues (MH-2). Should we or could we consider transforming an institution into a facility to house prisoners with severe mental illness?

What percentage of our segregation population has a diagnosed mental health issue? What is the average amount of time that is devoted to addressing that mental health issue while in segregation across all institutions?

I think we should prohibit the use of segregation on all offenders 18 years old or younger. So what would the alternative be? Do we have guidelines on how we would do that?

Segregation has a place for the absolute worst offenders that are intent on injuring staff or others. We can't get away from the fact that we will always have those people.

What are our segregation population demographics? How do those compare to our staff demographics? How do they compare with the GP demographics?

In Washington state, they did a study on alternatives to segregation. One of the things they did was remove particular items of personal property from inmates for specific times as opposed to putting them in segregation for disciplinary issues. One of the most productive items was taking away their shoes and just giving them the rubber "seg shoes". We should look at their findings.

What if we tried a program where a non-violent disciplinary issue was dealt with by separating the inmate from his personal property and institution for a set period of time? For instance, your disciplinary sanction is that you are transferred from NLCI to JCI for 1 week and you only take the clothes on your back. And at JCI you go through specific programming (anger management, etc.) while your movements and privileges are tightly limited for your time there, but you're not in segregation. If they do the time there, complete the programming and don't create problems, they return to their unit and their belongings. And if it was a disrespect issue, then the inmate apologizes to the officer or staff member involved to try and close the loop?

In some cases, inmates don't mind acting up in segregation in their institution because they know it gets out to people in GP and increases their "street cred" for being a bad boy. But if they suddenly just go away and then return, their "legend" doesn't grow with tales of doing bad things.

What percentage of segregation staff have completed Motivational Interviewing? Shouldn't it be ALL staff assigned there? What if completing that course were a prerequisite to working in segregation? What specialized training do we provide segregation staff? Have we ever considered add-on pay for segregation staff who have completed specific training to improve results in segregation? Like 5 cents an hour as an incentive for not only being properly trained, but for working in that environment? Or instead, rotating segregation staff very often to avoid burn out?

Have we ever considered what types of "calming effect" things are out there that could be tried in segregation? Soft music? Ocean waves and sea gulls sound tracks? And I know this will make you laugh, but aroma therapy? I don't mean to create a "spa atmosphere", but just something that would be more calming on inmates and staff.

What if segregation became a place where the inmate was quite simply barraged with programming rather than a place of solitude? Where we addressed the bad behavior rather than allowing time to think of how to get even with someone or assault others? What if people went to segregation and had 8-10 hours a day of counseling, education and other interactions focused on positive outcomes rather than punishment? Would that change the desire by some to get to segregation simply for a single room or not wanting to deal with others? Nobody goes to the dentist's office to hang around. They go typically because they have to get the work needed done and leave as quickly as possible to get back to a comfort zone.

How will we answer the questions about segregation reform and our efforts? Will we want to be the state that says "Yes, we saw all of the studies, read the findings and still did nothing". I think we should be leaning forward and making brave new moves to try and affect positive change for the inmates, staff and the tax payer.