



**COLORADO**  
Department of Corrections

Rick Raemisch  
Executive Director

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# **SB 11-176 ANNUAL REPORT: ADMINISTRATIVE SEGREGATION FOR COLORADO INMATES**

**A REPORT SUBMITTED TO THE  
JUDICIARY COMMITTEES OF THE  
SENATE AND HOUSE OF REPRESENTATIVES  
DUE JANUARY 1, 2015, PURSUANT TO C.R.S. 17-1-113.9(1)**

Prepared by

Office of Planning and Analysis  
Prison Operations

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## Introduction

This annual report outlines the use of administrative segregation; the on-going administrative segregation reform efforts; and the implementation of the new Restrictive Housing policies for inmates within the Colorado Department of Corrections (CDOC) pursuant to Senate Bill (SB) 11-176, which states:

*On or before January 1, 2012, and each January 1 thereafter, the executive director shall provide a written report to the Judiciary Committees of the Senate and House of Representatives, or any successor committees, concerning the status of administrative segregation; reclassification efforts for offenders with mental illness or developmental disabilities, including duration of stay, reason for placement, and number and percentage discharged; and any internal reform efforts since July 1, 2011.*

The purpose of this report is to describe ongoing efforts to review and modify the use of long term solitary confinement within the CDOC, referred to as administrative segregation, since SB 11-176 was enacted. The data in this report are through fiscal year (FY) 2014.

## Background

In April 2011, CDOC began formulating an outcome-based strategic plan with long-term goals and objectives. Recognizing the concerns raised by SB 11-176, the Department identified a strategic initiative to critically examine the policies, procedures, and practices of administrative segregation to make improvements consistent with an independent study and to decrease the number of offenders releasing directly from administrative segregation to parole or the community. This strategic objective included a high-level Deputy Directors' review of offenders in administrative segregation for longer than a year, and the commission of an independent analysis of administrative segregation policies, procedures, and practices with the support of the National Institute of Corrections (NIC), U.S. Department of Justice.

The objective of the NIC analysis was to ensure that administrative segregation beds are being used to house the most dangerous and disruptive inmates in Colorado's prison system. The recommendations from the NIC review focused on placement of offenders in administrative segregation (i.e., narrower criteria, use of punitive segregation before administrative segregation, mental health reviews), modifying the quality of life system, and centralized management of administrative segregation. Policy changes were made accordingly and are described fully in the January 2013 SB11-176 report.

Beginning February 2013, as part of the changes resulting from the NIC study, administrative segregation became a status separate from custody level. Also implemented as part of the classification study recommendations, a protective custody unit was created. This enabled some offenders to move from administrative segregation into a protective custody unit. Protective custody is also a status, meaning that each inmate can be assessed and managed at the appropriate custody level while housed in the protective custody unit.

Prior to the completion of the NIC study, Executive Directive 28-11 was issued, which required the Deputy Directors of Prison Operations to review all administrative segregation offenders who had been at that level of confinement for more than one year. Offenders participated in a face-to-face interview with at least one of the CDOC deputy directors, a facility case manager, a mental health staff member, and an intelligence officer. (Wardens also helped conduct some of the reviews.) Offenders were recommended for retention in administrative segregation or release back into general population facilities. Decisions were based on a number of factors, including the number of prior

administrative segregation placements (particularly placements due to Security Threat Group [STG] membership, affiliation, and activity), protective custody concerns, the number of Code of Penal Discipline (COPD) convictions in the previous 2 years, the number of assault convictions, program completions (e.g., high school diploma, General Education Diploma, and cognitive education), STG membership, mandatory release date, and mental health needs.

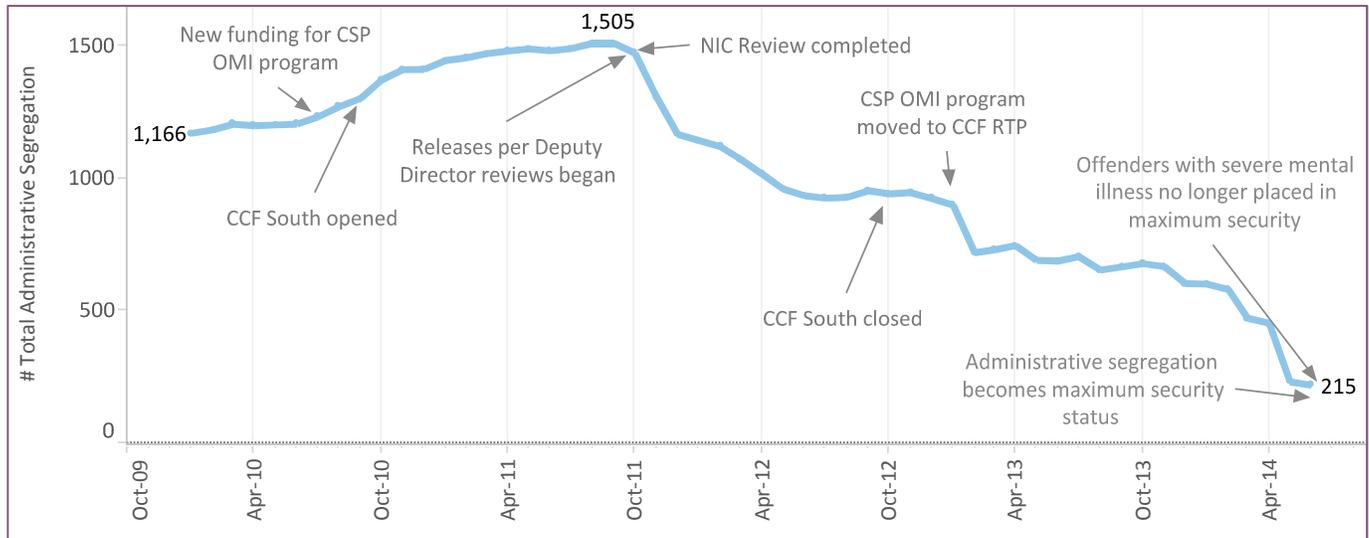
Offenders retained in administrative segregation included those who presented a continued risk and safety threat, those who refused to attend their administrative segregation review hearing, those who were recommended for long-term administrative segregation, determined solely by the Director of Prisons, or those who were recommended to participate in the Colorado State Penitentiary (CSP) Offenders with Mental Illness Program (OMI; before it became the Centennial Correctional Facility [CCF] Residential Treatment Program [RTP] in January 2013).

Deputy Director Review releases have occurred through a variety of mechanisms, such as directly to general prison population facilities, following completion of cognitive programming; transfer to protective custody; or referral to CCF RTP, due to symptoms of mental illness and/or functional impairments. Due to the newly implemented restrictive housing policy, to include the reformed maximum security status implemented in June, 2014, deputy director reviews were discontinued.

In 2010, the CSP OMI program was established to provide treatment to administratively segregated offenders with symptoms of mental illnesses in order to improve their ability to function effectively, to decrease their isolation, and to progress them to less restrictive facilities where their mental health needs could continue to be addressed. In order to reclassify offenders participating in the CSP OMI program, as was the intent of SB11-176, the CSP OMI program was transferred to CCF North in January 2013. With the move and implementation of the revised classification system, inmates in the RTP at CCF North were no longer given a status of administrative segregation, and were given a newly created status of RTP, as defined by the newly created administrative regulation (AR) 650-04 *Residential Treatment Programs for Offenders with Mental Illness and Intellectual and Developmental Disabilities*. A detailed report on the OMI/RTP program is submitted annually to the House and Senate Judiciary Committees (per the Request for Information to the Governor by the Joint Budget Committee in the fiscal year 2012-13 Appropriations Report).

In FY 2011, CDOC received new funding to open the CSP OMI program. In the same year, CDOC received funding to open one tower (316 beds) at CCF South, and the administrative segregation population continued to rise. Following its peak in September 2011, the population has been on a steady decline, stimulated by deputy director reviews and policy changes stemming from the NIC Review. The decrease in the population no longer necessitated the 316 beds at CCF South, and the tower was closed in October 2012. In June 2014, the newly implemented restrictive housing maximum security status policy was put in place. Furthermore, in response to policy and SB 14-064, which prohibits offenders diagnosed with a serious mental illness from being placed in long-term isolated confinement, offenders with serious mental illness were no longer placed in administrative segregation housing. Figure 1 shows administrative segregation population trends along with key timeline events.

Figure 1. Administrative segregation population trends with timeline of key reform initiatives.



## Fiscal Year 2014 On-Going Administrative Segregation Reform Efforts

In FY 2014, continued focus and efforts to reduce the use of long-term solitary confinement, also referred to as administrative segregation, resulted in revisions to CDCO's ARs 650-03 *Administrative Segregation* and 600-09 *Management of Close Custody Offenders*. AR 650-03 was revised to reflect the newly implemented American Correctional Association's *Restrictive Housing* definition and related national standards for segregation environments. The revisions also reflect the Association of State Correctional Administrators' (ASCA) resolution for *Restrictive Status Housing Policy Guidelines* that provide a framework for each correctional agency to develop their own policies and practices consistent with the 13 ASCA guiding principles. The ASCA resolution and guiding principles are attached.

As part of the continued, on-going efforts to limit the use of long-term solitary confinement, administrative segregation, and to reduce the department's reliance on restrictive housing placement, offenses were narrowed to include only 13 of the most violent and dangerous offense types (e.g., murder, manslaughter, kidnapping, assault, rape, arson, escape, possession of dangerous contraband, engaging in/inciting a riot). With the changes to the new restrictive housing policy, offenders sentenced to restrictive housing maximum security status now receive a sanctioned time limit. Whereas offenders were previously placed in administrative segregation for an indeterminate amount of time with step down contingent on program compliance, offenders are now placed in maximum security status housing for up to a maximum of 12 months dependent on their offense and offense severity, with multidisciplinary reviews being conducted every thirty days. In addition, inmates with serious mental illness and/or functional impairments are not placed in restrictive housing maximum security status confinement. Offenders with a serious mental illness and/or functional impairment whose behavior necessitates more intensive services than can be provided in general population are evaluated by the diagnostic unit for placement into one of the RTPs.

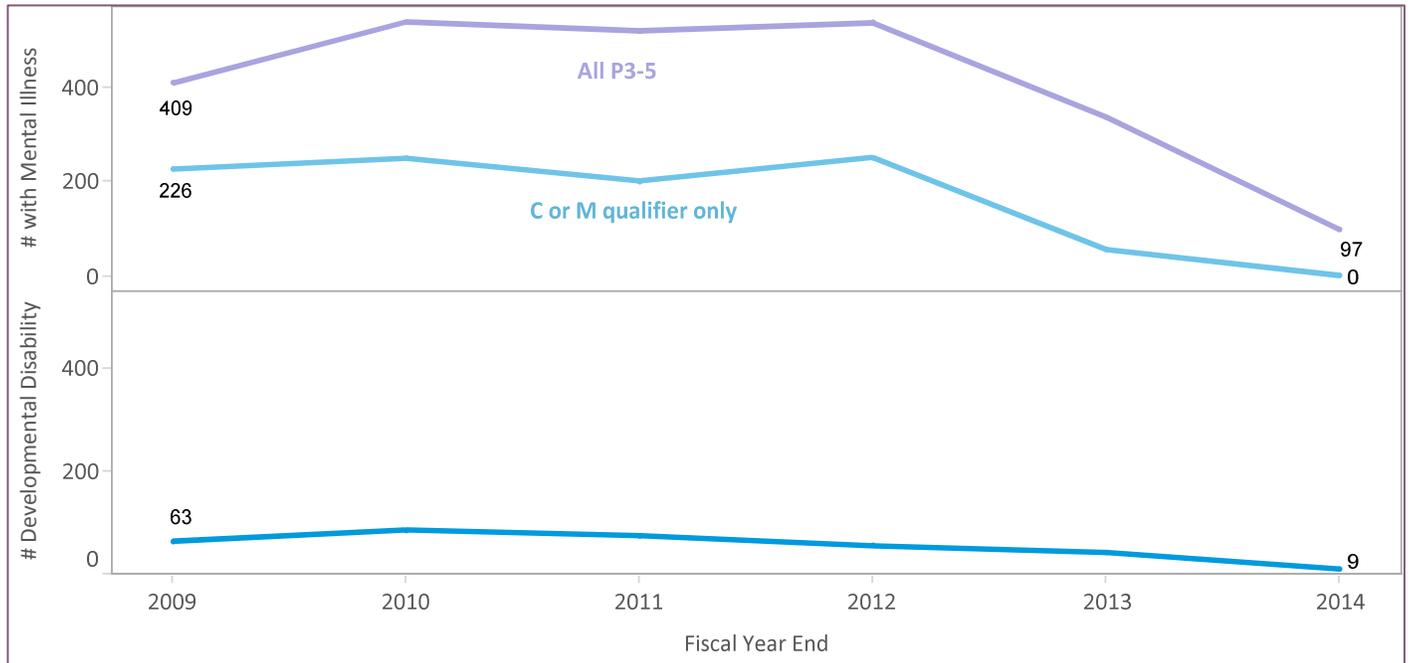
While restrictive housing maximum security status is reserved for those offenders who have proven, through their behavior, to be the most violent, dangerous, and disruptive inmates in the Department, all offenders housed under the larger umbrella of restrictive housing have proven to pose a significant risk to the safety and security of staff and offenders, as well as to the safe and orderly operation of general population facilities.

The newly implemented Restrictive Housing (AR 650-03) and Close Custody Management of Offenders (AR 600-09) policies were designed and implemented to address the significant public and offender safety concerns that are present when offenders are either released directly to the community or placed into a general population facility from administrative segregation environment. Inmates stepping down from maximum security status may be placed into one of the newly developed close custody management control units (MCUs), or close custody transition units (CCTUs). MCUs are a progressive and resocialization assignment for offenders stepping down from maximum security status, as well as for general population offenders that are exhibiting dangerous behavior that may not warrant maximum security status. Additionally, the CCTUs are a temporary assignment for inmates that have exhibited behavior that warrants the opportunity to receive cognitive programming and increased offender interaction to prepare them for placement in a less controlled environment. Placement into a CCTU is typically a temporary (6 months) progressive placement where offenders are actively engaged in *Thinking for a Change* cognitive programming. While the MCU and CCTU are more restrictive than the general population, they are far less restrictive than previous administrative segregation housing and the newly implemented restrictive housing maximum security status.

In addition to reducing the number of offenders in long-term, solitary confinement placement the on-going administrative segregation reform efforts have focused on offenders with symptoms of mental illness and/or impaired functionality housed in administrative segregation environments. CDOC uses a coding process to identify and track offenders who have mental health treatment needs. The psychological needs level codes (P codes) range from 1 to 5, with 3-5 indicating moderate to severe needs. Because the P code identifies broad need levels, a definition was created in February 2013 to identify those with a major mental illness. Major mental illness was defined by clinical diagnoses; qualifying disorders included schizophrenia, bipolar disorders, major depressive disorders, and delusional or psychotic disorders. Beginning in April 2013, an *M* qualifier was used to designate offenders with *major* mental illness. Previously a *C* qualifier was used to designate offenders with *chronic* mental health needs. In FY 2014, the CDOC determined that the definition of major mental illness was too exclusive and began using the term serious mental illness. Furthermore, qualifying disorders were expanded. An *M* qualifier continues to identify those offenders recognized as having a *serious* mental illness. In addition to the P code, the CDOC uses the MRDD code to designate inmates with a developmental or intellectual disorder. Similar to the P code, a needs level of 3-5 indicates moderate to severe needs. Furthermore, the higher the needs level the more likely the offender is to have impaired functionality.

Figure 2 shows the number of offenders with a mental disorder (to include elevated P and MRDD codes) in administrative segregation over time, both those coded as P3-5 and the subset of those with the C or M qualifier, as well as those offenders identified as having a developmental or intellectual disability are shown. Per policy and SB 14-064, no inmates with an *M* qualifier (i.e., serious mental illness) were in administrative segregation as of June 30, 2014. Furthermore, the 97 remaining inmates with an elevated P code were designated as having a P code of 3, signifying moderate needs as indicated by symptoms and not necessarily a mental health diagnosis. Additionally, of the nine offenders with a developmental or intellectual disability in administrative segregation on June 30, 2014, seven had an MRDD code of 3, and the remaining two had an MRDD code of 4.

Figure 2. Inmates with mental disorders in administrative segregation.



The data reflect a substantial drop from FY 2012 to FY 2013 in offenders with mental disorders who were housed in administrative segregation. The FY 2014 target to remove all offenders with serious mental illness from restrictive housing maximum security status was achieved.

## Placements

Inmate files are reviewed monthly by researchers to code reasons for placement of inmates into administrative segregation and now into restrictive housing maximum security status. During this review, the primary reason for placement is obtained for each offender, even if there were multiple factors affecting the placement decision. Also, because a brief narrative cannot provide enough detail to convey the seriousness of the incident, a placement severity rating is coded for each offender. For example, a less serious assault could entail throwing an item at staff versus a more serious assault which might result in serious bodily injury or death to staff or inmate. It should be noted that placement severity ratings of 1 are serious, just less serious than those with higher severity ratings. For FY 2014, Table 1 shows placement reasons for all offenders entering administrative segregation and maximum security status, as well as for offenders with mental illness and developmental disabilities, referred to as mental health needs in the table.

Table 1. Placements into administrative segregation during FY 2014.

	All Placements				Placements with Mental Health Needs			
	Placement Severity				Placement Severity			
	1	2	3	4	1	2	3	4
Assault on inmate		3	56	1		1	32	1
Assault on staff	3	13	19		2	10	14	
Compromising/solicitation of staff		4				1		
County jail behavior		3	8			1	7	
Escape		5	1			2	1	
Fighting		2	2			1		
High profile				1				
Management problem	3	6			2	6		
Murder/manslaughter				1				1
Paroled from adseg & returned	2	1			1	1		
Possession of dangerous contraband	1	40				25		
Possession of drugs	2	3	1				1	
Refusing assignment		1						
Robbery/extortion		1				1		
STG activity		30	100	1		14	33	1
Sexual abuse on inmate			2				1	
Sexual intimidation of staff	2				2			
Step-down program failure	1	3	2		1		1	
Threatening another offender		1				1		
Threatening staff	5	6			4	4		
Unauthorized possession		1						

## Releases

Two performance outcome measures were identified for FY 2012 as part of the CDOC strategic plan. These measures were intended to evaluate the success of DOC's reform efforts: (1) to reduce the rate of inmates in administrative segregation and (2) to reduce the percent of offenders who release directly from administrative segregation to parole/community. The FY 2012 goals were exceeded for both measures, and therefore, the measures were discontinued for FY 2013. However, due to renewed efforts to reform administrative segregation, new targets were set on these same measures for FY 2014. Figures 3 and 4 show the FY 2012 and 2014 targets along with actual performance on each measure.

As a result of the continued and on-going efforts to limit the use of long-term solitary confinement, administrative segregation, the average length of stay in months for offenders releasing from administrative segregation increased during FY 2013 and FY 2014. As offenders who were in administrative segregation for extended periods of time released, the average length of stay increased. Figure 5 shows the change in average length of stay from FY 2010 through FY 2014.

Figure 3. % of total prison pop in ad seg.

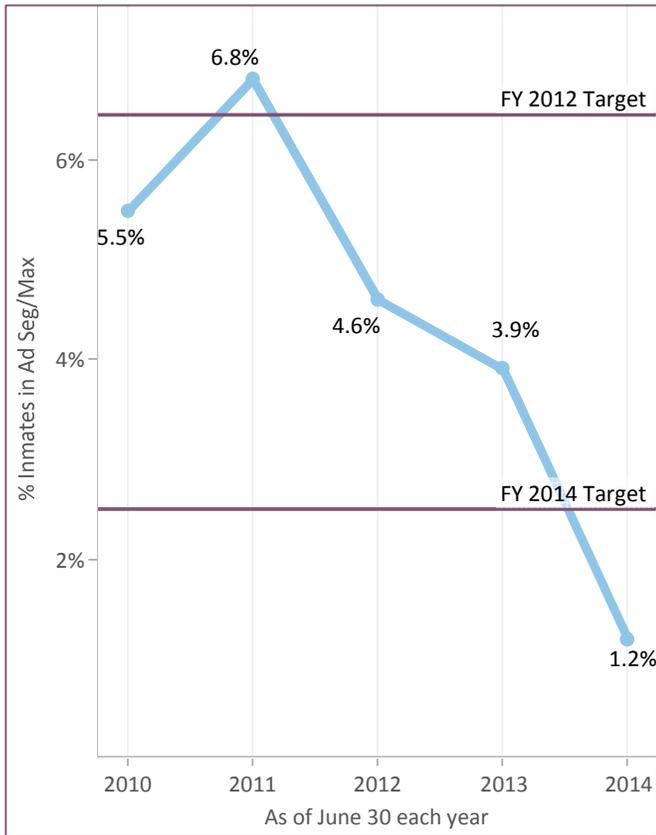


Figure 4. Releases to community from ad seg.

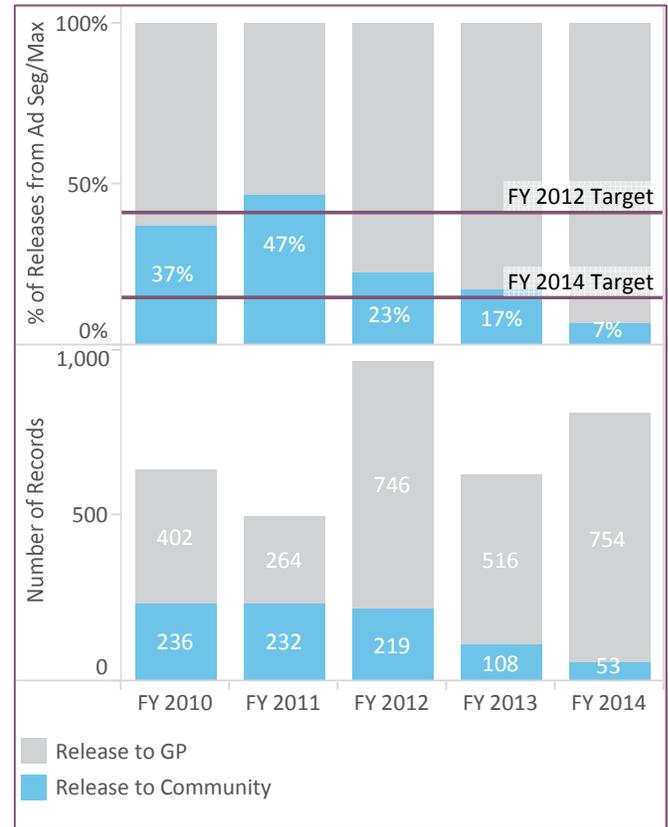


Figure 5. The average length of stay for offenders releasing from administrative segregation.

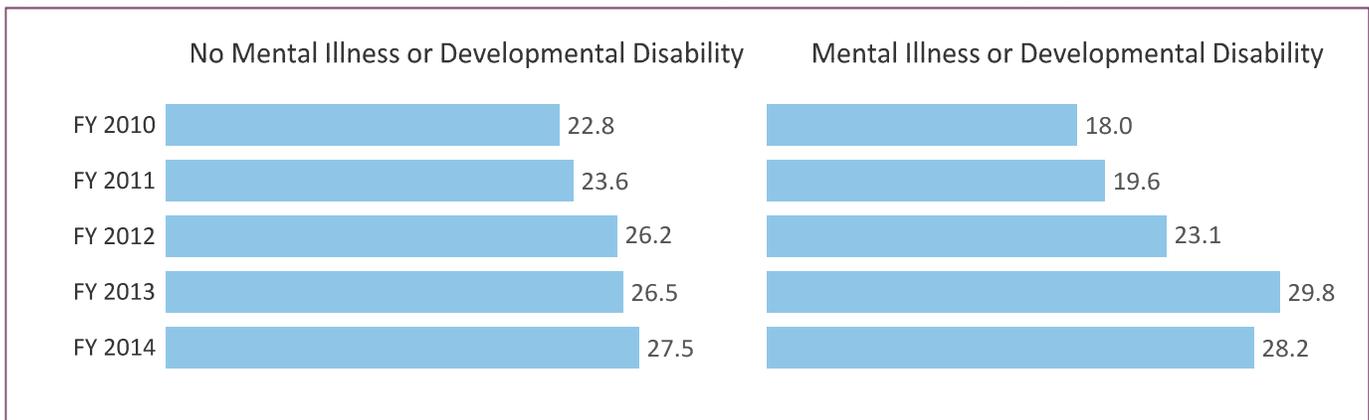


Figure note: Average length of stay for offenders releasing from administrative segregation is calculated in months.

In June 2014, CDC's newly updated and revised AR 650-03 *Restrictive Housing* and 600-09 *Management of Close Custody Offenders* were implemented. These policies include new guidelines on who may enter maximum security status and for how long. Early numbers for FY 2015 show a reduction, by more than half, in the average length of stay for inmates releasing from maximum security status, when compared to the previous two fiscal years, with an average length of stay of roughly 10-months.

Over the last couple years, the CDC increased prerelease and reentry services for offenders discharging or paroling directly from administrative segregation. Every effort was made to ensure that offenders were not released directly to the community while on administrative segregation status, but when it was unavoidable offenders received

services from an administrative segregation transition specialist and a transition plan was created. At the start of FY 2014, case managers began coordinating with Parole so that a Community Parole Officer was available to personally transport an offender who was releasing directly from administrative segregation to parole. This practice helped facilitate the safe transition of these high risk offenders back into the community. However, between May 1, 2013 and April 30, 2014 forty-nine offenders were released directly to the community from administrative segregation. In comparison, no inmates have been released from administrative segregation or restrictive housing maximum security status directly to the community since May 2014.

# ASSOCIATION OF STATE CORRECTIONAL ADMINISTRATORS

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<i>Southern</i> <b>Gary Maynard</b>	<i>Western</i> <b>Brad Livingston</b>

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Dear Correctional Administrators:

The ASCA Resolution for Restrictive Housing that has been drafted and modified over the past several months and extensively discussed at the most recent ASCA meetings in Maryland has passed 37-1. The intent of this resolution is to provide a framework for each correctional agency to develop its own policies and practices consistent with the 13 Guiding Principles, but customized to its own needs. The resolution is attached. Creation of this resolution was Phase I.

While we were working to develop consensus around some basic principles that support the effective management of some very challenging inmates, we learned about many best practices in place across the country that apply our guiding principles in very useful and practical ways. Phase II of our work is to collect these best practices that utilize these principles to provide meaningful programming and essential services, promote effective transitioning to less restrictive settings including the community, involve and empower staff teams to assess inmates' progress and develop practices with the goal of creating safer prison environments.

This communication is a call for your policies, practices and programs that bring the Guiding Principles to life. Our intent is take your submissions that are consistent with the attached resolution and place them on the ASCA website in order to assist all agencies with the demands of effectively managing this population of inmates and providing a path to a safer institutional environment and a more effective transition to the community.

We encourage you to take this opportunity to submit your best practices to Wayne Choinski at [wchoinski@asca.net](mailto:wchoinski@asca.net). Your contributions will help enhance the quality of operations in correctional facilities around the country.

Thank you for your consideration:

The ASCA Restrictive Housing Team  
Gary Mohr (OH), A.T. Wall (RI), Ladonna Thompson (KY), Luis Spencer (MA), Bob Houston (NE), Bernie Warner (WA), George Camp (ASCA), and Wayne Choinski (ASCA)

## **Association of State Correctional Administrators**

### **Resolution # 24 – Restrictive Status Housing Policy Guidelines**

WHEREAS ASCA recognizes the importance and challenges associated with managing inmates who pose a serious threat to staff, other inmates or to the safe and orderly operation of correctional facilities;

WHEREAS the use of restrictive housing is a necessary tool for correctional systems to utilize to ensure a safe environment for staff and inmates;

WHEREAS ASCA is committed to the universal classification principle of managing inmates in the least restrictive way necessary to carry out its mission;

WHEREAS ASCA established a sub-committee for the purpose of creating guiding principles that might be used by member agencies for the purpose of developing policies related to restrictive status housing;

WHEREAS ASCA recognizes that individual jurisdictions have specific issues, unique legislation, judicial orders, and varying physical plant configurations that must be considered locally and addressed by policies specific to those individual jurisdictions;

WHEREAS based on the complexity of managing this population, some universal principles provide the general framework for agencies in the development of their policies;

WHEREAS ASCA hopes this resolution is helpful to jurisdictions in designing policies to safely manage this population in a manner that promotes their positive transition to less restrictive settings while supporting an environment where other inmates may safely and actively participate in pro-social programs and activities;

**THEREFORE, BE IT RESOLVED THAT:**

ASCA defines Restrictive Status Housing as a term used by correctional professionals to encompass a larger number of agency specific nomenclatures. In general terms, restrictive status housing is a form of housing for inmates whose continued presence in the general population would pose a serious threat to life, property, self, staff or other inmates, or to the security or orderly operation of a correctional facility. This definition does not include protective custody. Restrictive status housing is designed to support a safe and productive environment for facility staff and inmates assigned to general population as well as to create a path for those inmates in this status to successfully transition to a less restrictive setting.

ASCA recommends for consideration by correctional agencies for inclusion in agency policy, the following guiding principles for the operation of restrictive status housing:

1. Provide a process, a separate review for decisions to place an offender in restrictive status housing;
2. Provide periodic classification reviews of offenders in restrictive status housing every 180 days or less;
3. Provide in-person mental health assessments, by trained personnel within 72 hours of an offender being placed in restrictive status housing and periodic mental health assessments thereafter including an appropriate mental health treatment plan;
4. Provide structured and progressive levels that include increased privileges as an incentive for positive behavior and/or program participation;
5. Determine an offender's length of stay in restrictive status housing on the nature and level of threat to the safe and orderly operation of general population as well as program participation, rule compliance and the recommendation of the person[s] assigned to conduct the classification review as opposed to strictly held time periods;
6. Provide appropriate access to medical and mental health staff and services;
7. Provide access to visiting opportunities;
8. Provide appropriate exercise opportunities;
9. Provide the ability to maintain proper hygiene;
10. Provide program opportunities appropriate to support transition back to a general population setting or to the community;
11. Collect sufficient data to assess the effectiveness of implementation of these guiding principles;
12. Conduct an objective review of all offenders in restrictive status housing by persons independent of the placement authority to determine the offenders' need for continued placement in restrictive status housing; and
13. Require that all staff assigned to work in restrictive status housing units receive appropriate training in managing offenders on restrictive status housing status.

*Adopted by the Association of State Correctional Administrators – September 4, 2013*

George M. Camp, Co-Executive Director  
Camille G. Camp, Co-Executive Director