

January 2020

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

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Acknowledgments

This report, and the Safe Alternatives to Segregation Initiative, is made possible with the support of the U.S. Department of Justice's Bureau of Justice Assistance. The Vera Institute of Justice (Vera) would also like to thank the Utah Department of Corrections (UDC) for partnering with us in this initiative and for bringing enthusiasm, transparency, and a commitment to the effort to safely reduce its use of segregation. In particular, Vera thanks former Executive Director Rollin Cook and Executive Director Mike Haddon for their ongoing leadership and support throughout this project, as well as former (retired) Division of Prison Operations Director and initial department lead for this project, Jerry Pope; Division of Prison Operations Director and department lead for this project, Jeremy Sharpe; Clinical Services Bureau Director Tony J. Washington; and Research & Planning Bureau Director Julie Christenson. Vera would especially like to thank Utah State Prison (USP) Warden Larry Benzion and Central Utah Correctional Facility (CUCF) Warden Shane Nelson for their professionalism and for promoting a workplace atmosphere of candidness and collaboration between UDC staff and our team throughout this project. Additionally, Vera would like to thank Aaron Kinikini, legal director at the Disability Law Center of Utah, and Anna Thomas, former strategic communications manager at ACLU of Utah, for sharing with our project team their independent community assessment and support of UDC's reform progress to date. Finally, Vera greatly appreciates all the staff and incarcerated people at USP and CUCF for taking the time to share their respective experiences and insights with our team, as well as the UDC staff who joined and contributed to the meetings to discuss our findings and recommendations and the department's implementation of segregation reforms.

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Executive Summary

Over the past several decades, corrections facilities have relied heavily on what is commonly called solitary confinement—known in the field of corrections as restrictive housing, isolation, or segregation—to manage the people incarcerated in their facilities.¹ In recent years, many organizations, policymakers, and practitioners have called for reform of this practice, citing its harmful psychological and physiological impacts. As a part of both the calls for reform and the response to them, the Vera Institute of Justice (Vera) has been working to decrease, and ultimately end, the use of segregation in the United States by partnering with state and local corrections systems to safely and significantly reform their use of this practice.

In December 2016, with funding from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, Vera partnered with Utah Department of Corrections (UDC) as a part of the Safe Alternatives to Segregation Initiative. Since beginning its segregation work—in 2010—Vera has partnered with 16 corrections agencies on the local and state levels to assess their policies and practices, analyze related outcomes, and provide recommendations for safely reducing the use of segregation in their jails or prisons. The goal of Vera’s partnership with UDC was to assess how the department used segregation, to provide recommendations to safely reduce its use, and to assist with implementation planning. Vera gained insight into the department’s use of segregation with a mixed methods research design (using more than one method of data collection). This report presents the findings from Vera’s assessment—using data from January 2015 through November 2016 as well as policy reviews, focus groups, and site visits from February 2017 through December 2017—recommendations for reform, and an overview of reform efforts UDC has made over the last few years.

Key Findings

Through quantitative data analysis, qualitative data collection and analysis, and on-site meetings with staff and facility tours, Vera conducted an assessment of how segregation was used during the timeframe of the project. UDC can use these findings and analysis as a baseline and use ongoing internal analysis to measure the impact of recent and future reforms.

Although there is no universal definition of solitary confinement, segregation, or restrictive housing, the terms generally refer to a type of incarceration that removes a person from a facility’s general population (GP) and confines them in a cell, alone or with a cellmate, for 22–24 hours per day, with limited human interaction and minimal constructive activity or programming. For the purpose of assessment, Vera also included any housing unit or setting that was more restrictive than the general population in this category. This analysis covers several types of segregation used in UDC facilities—both temporary and

long-term—including Long Term Intensive Management (LTIM), Long Term Maximum (LTM), Restricted Housing tiered units, in-transit beds, temporary restriction orders (TROs), reception and orientation beds (R&O), and maximum custody mental health units.

In addition to the segregation population, Vera’s findings examine the use of segregation for special populations like women, youth, and people with mental health needs, as well as racial, ethnic, and gender disparities in segregation use. The following are highlights of key findings from Vera’s assessment.

In 2015–2016, Utah housed 21–22 percent of its average daily population in some form of segregation.

Nearly 25 percent of Utah’s state-sentenced population were housed in local jails, but Vera was only able to analyze data regarding people housed in UDC prisons. At the time of Vera’s assessment, UDC housed 4,600 people in its two facilities. On average, 20.7 percent of this population was in segregation in 2015, and 22.4 percent in 2016. This proportion was notably greater than the estimated national average of 5 to 6 percent.² In the four other jurisdictions Vera worked with on this project, the portion of the total incarcerated population in segregation ranged from 5 to 17 percent.

Custody levels—and the classification processes that assign them—drove people into segregation.

Of the 6,210 people who entered UDC custody in 2015 or 2016, 284 people were moved from intake to some form of segregation within a week of their first custody assessment, after receiving a security level 1 or level 2 classification—the two highest levels of “institutional supervision deemed necessary to provide appropriate surveillance, access, movement and privileges of an inmate,” which resulted in automatic placement in segregation—based on their score on the classification instrument administered.³ Some received “custody assessment overrides,” or exceptions made by staff after initial assessment, manually putting them into these higher custody levels. An additional 269 people received custody reassessments in 2015 or 2016, which moved them from the general population into segregation. These reassessments typically occurred after an incident or because of staff concern that a person may incite an incident. Vera found that, during a person’s incarceration in UDC facilities, it was difficult to move to a lower custody level—regardless of positive behavior, like program participation and a lack of disciplinary infractions—because of the classification instrument’s reliance on static factors. These are characteristics of incarcerated people or their cases that cannot change, such as their “most serious conviction,” “current offense,” or “past violent convictions.”

People housed in all types of segregation were deprived of the most basic privileges.

In practice, Vera found conditions in Restricted Housing tiered units to be highly restrictive. Recreation was typically offered in every segregation unit for no more than one hour a day, five days a week. Outdoor

recreation in certain units was limited to concrete spaces with mesh wire coverings on top, which provided no visibility of the outdoors. Seemingly less restrictive units like R&O intake, TROs, and at times, in-transit beds were described by some incarcerated people as nearly indistinguishable from the more restrictive LTIM and LTM units. Most of the restrictive settings were characterized by few privileges, few possessions allowed, limited programming, and minimal out-of-cell time.

There were few alternative sanctions for infractions committed, both in segregation and the general population, as well as a lack of programming and incentives to reward positive behavior in these units.

Placement in segregation was one of only a few options to sanction infractions. Another available sanction was a disciplinary restriction, which indefinitely suspended an incarcerated person's privileges, programming visits, phone calls, and employment. The sanction was served for 24 hours a day, in-cell, on a GP unit, and the person's only out-of-cell time was for a 15-minute shower three days per week. There was no limit on the length of time someone may serve on disciplinary restriction, nor was the allowable number of consecutive sanctions well defined. Although disciplinary restriction served as an alternative to sending a person to segregation, the conditions were just as, if not more, restrictive. Other sanctions included \$150–\$300 fines plus disciplinary restriction. However, Vera found that staff at UDC relied on disciplinary restriction the most. UDC also lacked meaningful incentives. Despite having the Privilege Level Matrix (PLM), an incentive structure applied to people in Restricted Housing (RH), no formal or informal reward system existed for those in GP, LTM, or LTIM. Moreover, the existing incentive structure had several limitations and was most commonly used as punishment for misbehavior (e.g., a privilege level reduction), rather than reward for positive behavior (e.g., a privilege level increase).

Incarcerated people reported lengthy stays in segregation.

Both staff and incarcerated people interviewed noted that people often stayed in restrictive settings for several months, or even years. The average length of stay in segregation for the 6,950 people released from segregation in 2016 was 65 days, with a median of 14 days. Most stayed in segregation for two months or less (87 percent). However, 281 people remained in segregation for one year or more before exiting a segregation unit. Custody assessment overrides also contributed to long lengths of stay. Of the incarcerated people in segregation for over one year, 76 percent had a custody level of 1 or 2 that automatically resulted in their segregation placement. Nearly 61 percent of this group received an override at their most recent custody assessment, which kept them at a higher custody level and thus in segregation.

UDC released a notable number of people from segregation directly into the community.

In 2016, UDC released 387 people directly from segregation back into the community. The department also released into the community people who had spent only a short time in the general population after

their release from segregation. One hundred twenty-two people returned to the community with only 1–14 days in the general population between their release from segregation and release from UDC custody. With little or no time between people’s confinement in segregation and their release, they were typically released without any, or with limited, access to programming, services, or human interaction that could help them prepare for their release back to the community, which lessens their potential for successful reintegration and could increase their likelihood of return to UDC custody.

Staff members needed more training opportunities, especially related to segregation.

UDC staff described the training they received at the academy as minimal and not comprehensive. Staff expressed frustration with a policy change that made certain types of training available only to select staff. Use of on-the-job training, rather than more prescriptive training on department policy, resulted in discrepancies in staff execution of UDC policies. Although many officers understood the purpose of segregation reform, inconsistent messaging and a lack of implementation guidance from department leadership created a challenging environment for officers in segregation units. Overall, staff believed that inadequate training negatively impacted their ability to do their job, whether in GP or segregation.

Key Recommendations

Vera commends UDC on the steps it took to reform its use of segregation prior to this project. Vera offers recommendations that will further UCD’s efforts to safely reduce that use. A complete list of recommendations, including the following, can be found in the full report.

- Ensure intake and security classification processes do not lead to automatic placement in segregation and that all incarcerated people have the opportunity to succeed in a GP-like setting;
- Eliminate disciplinary restriction and segregation as sanctions for minor or nonviolent offenses;
- Track the use of segregation as a response to infractions, so that department leadership can identify the main drivers of the use of segregation as a sanction and create alternative responses to this behavior;
- Improve formal disciplinary processes in which hearing officers have the option to respond to behavior using a graduated response matrix instead of segregation;
- Develop a comprehensive, systemwide segregation training for the UDC training academy and annual in-service training;

- Create and encourage informal staff responses to rule infractions and negative behavior that do not involve segregation;
- Pilot strategies to specifically address special populations, such as security threat groups (STGs), people sentenced to death or life without parole (LWOP), young adults, women, people with serious mental illness, and the aging population;
- Strengthen the review process for people in segregation by making reviews more frequent, having the person under review present, and reviewing people in all restrictive settings—including LTM, LTIM, and mental health units;
- Ensure people on disciplinary restriction (DR) and TRO are housed in the least restrictive setting safely possible and have access to programming, out-of-cell time, and congregate activity;
- Repurpose long-term segregation units into other types of temporary and long-term housing options—such as mental health diversion units and less restrictive, mission-based housing options—that divert those who are not ready for GP away from segregation;
- Develop peer support groups for people transitioning out of segregation; and
- Avoid releasing people directly from segregation into the community; use strategies such as creating re-entry transition plans at least 6–12 months before a person’s release to the community.

Key Reforms

Utah Department of Corrections reports making several notable reforms since Vera’s analysis, including:

- Elimination of segregation as a response to people with serious mental health needs or people experiencing mental health crises, such as engagement in self-harm;
- Decreases in the number of people released to the community directly from segregation;
- Changes to the reasons people can be placed in segregation and transformation of the conditions within segregation; and
- Adoption of alternative sanctions that divert people away from segregation.

These recommendations and others offered in the report provide a guidepost for UDC to work toward. Vera hopes the department has continued, and will continue, to move forward on making progress toward implementing these strategies. Such efforts will ensure UDC meets its goals of significantly reducing the use of segregation in a way that has a substantial positive impact on the people who work and live in UDC facilities.

Introduction and Background

In recent years, a diverse range of national and international organizations, policymakers, and corrections practitioners have called for reform of segregation (also commonly known as segregation or solitary confinement). Whether citing the potentially devastating psychological and physiological impacts of spending 22–24 hours a day alone in a cell the size of a parking space, the costs of operating such highly restrictive environments, or the lack of conclusive evidence demonstrating that segregation makes correctional facilities safer, these voices agree that reform and innovation are essential endeavors.

In December 2016, the Vera Institute of Justice (Vera), in partnership with the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, selected Utah as one of five new states to join the Safe Alternatives to Segregation (SAS) Initiative. The goal of the initiative was for Vera to assess how the Utah Department of Corrections (UDC) uses segregation, to provide recommendations on ways UDC can safely reduce that use, and to assist with implementation planning. The initiative consisted of three phases: (1) working with UDC to assess how segregation is used in UDC correctional facilities; (2) developing concrete, measurable recommendations for changes to policy and practice to safely reduce the use of segregation; and (3) assisting in implementation and measuring the impacts of segregation reforms.

This report explains the methodology of the assessment, presents Vera’s findings, and provides a list of the recommendations Vera made to UDC. Lastly, the report includes a summary of the reforms the department implemented over the course of its partnership with Vera, through September 2018.

Methodology

In partnership with the Utah Department of Corrections, Vera launched the assessment phase of the SAS Initiative in February 2017. Vera took a four-pronged approach to assessing the department’s use of

segregation. The aim of this multimethod design was to acquire insight into the use of segregation from a variety of information sources. The four primary activities included in the assessment phase were:

1. policy review;
2. quantitative data analysis;
3. qualitative data collection and analysis; and
4. site visits, featuring meetings with staff and facility tours.

The partnership began with a kickoff meeting introducing the initiative to UDC leadership and the UDC Segregation Reduction Committee (SRC), which included select staff from both Utah State Prison (USP) and Central Utah Correctional Facility (CUCF). Over the next several months, from February through December 2017, the Vera team conducted its in-depth assessment of the department's use of segregation.

Policy review: Vera sought to understand and analyze UDC's policies that regulated the use of segregation—as well as other relevant policies, such as those on classification, reception and orientation, the disciplinary process, and the Privilege Level Matrix—both in written form and in practice. The policies reviewed included restricted housing (FC07), the privilege level system (FD20), admissions/intake (FC01), long-term maximum placement, and the updated Inmate Classification policy (FC04), among others.

Quantitative data analysis: Vera analyzed UDC administrative data to assess who was placed in segregation, how people moved through the different segregated housing units, and the amount of time people spent in restrictive settings, as well as to better understand the disciplinary process and its outcomes in UDC prisons. The types of data that were provided to Vera by UDC included individual-level demographics, sentence, movement, disciplinary actions, and mental health status and treatment information for everyone who was incarcerated in a UDC facility between January 1, 2015 and December 31, 2016.

Qualitative data collection and analysis: Vera held a series of semi-structured focus groups with UDC staff of various levels and from different disciplines, as well as with members of the incarcerated population. The purpose of the focus groups was to gain a variety of perspectives and opinions on how segregation is used across the department and to acquire knowledge of the unique challenges and needs of each facility that could not be gathered through administrative data analysis.

Vera conducted a total of eight focus groups at the two UDC facilities. Within each facility, the team spoke separately with the following groups: (1) line officers; (2) unit managers; (3) members of the mental health, treatment, and programming staff; and (4) incarcerated people. Each focus group lasted between 60 and 90 minutes. Topics discussed in these focus groups included UDC disciplinary policies and how they are understood by both staff and the incarcerated population, living conditions of segregation units,

use of segregation for people with mental health (MH) needs and other vulnerable groups, and insights on how segregation could be safely reduced in UDC facilities.

Site visits: The Vera team conducted multiple visits to UDC’s two facilities, USP and CUCF. The visits featured meetings with facility leadership and a diverse group of staff—supervisors, line staff, mental health staff, and programming staff—which gave the Vera team an opportunity to discuss strengths, challenges, and innovations at each facility. Vera also toured the facilities, visiting segregation, general population, and mental health units, as well as programming areas. These visits also provided the opportunity for Vera to conduct the focus groups and gave Vera a chance to better understand the use of segregation throughout the UDC system and the changes that had been implemented so far.

Note about the population assessed

Utah houses a significant portion of the state-sentenced population—approximately 25 percent—in local jails rather than state prison facilities. Given that Vera was unable to collect data on state-sentenced people incarcerated in local jails—including how many were housed in restrictive settings—Vera’s analysis looks only at the people in UDC facilities.

Types of segregation settings

Although there is no universal definition of “segregation” or “restrictive housing,” the terms generally refer to a type of incarceration that removes a person from a facility’s general population (GP) and confines them in a cell, alone or with a cellmate, for 22–24 hours per day with limited human interaction and minimal, if any, constructive activity or programming. For this assessment, Vera considered any housing unit or setting that is more restrictive than general population to be segregation. An analysis of the department’s policies from 2015 and 2016 revealed multiple facility unit designations and/or processes throughout the UDC system in which adults are held in segregation-type conditions, either temporarily or for longer lengths of time. Therefore, Vera included the following types of housing in its segregation analysis: Long Term Intensive Management (LTIM), Long Term Maximum (LTM), RH tiered units, in-transit beds, reception and orientation (R&O) beds, and maximum custody mental health (MH) units.

The following unit descriptions add context to the findings and recommendations included later in the report. The descriptions here are based on the intended function of these units and may look slightly different in practice. Vera’s understanding is that, in practice, there were people in each type of setting for many different reasons that did not always match the intended purpose of that unit. This report also notes, either here or in the findings, when the conditions of a unit in practice were slightly different from the unit design.

Restricted Housing (RH) was used as pre-hearing confinement after a behavioral incident and for placement after a person receives a segregation sanction at a disciplinary hearing. RH was also used as a tiered or step-down type of housing for people serving disciplinary sanctions; it allows out-of-cell time privileges starting at Level 1, with a minimum of five hours out-of-cell each week, and increasing up to Level 3, with up to 10–14 hours out-of-cell time per week.⁴ People housed in RH slowly gained access to congregate recreation time and were offered educational programming in-cell and out-of-cell, while restrained in secure programming chairs. Once a person successfully completed the program, they are meant to be integrated back to GP. However, some people are transferred to LTIM or LTM for various reasons, including the department’s assessment that they are still too dangerous for general population.

Long Term Intensive Management (LTIM) and Long Term Maximum (LTM) are long-term segregation units that the department intended as “structured housing” for people designated as “safety concerns.”⁵ Both units house people based on their security classification or on the department’s determination that they were unable to live safely in a GP setting. Department policy indicated that people housed in LTM were allowed between five and 14 hours out-of-cell time per week, with limited programming available.⁶ LTM-housed people were also able to recreate in small groups and share their cells with another person. The conditions of confinement in USP’s LTIM unit were even more restrictive, as out-of-cell time is generally limited to one hour per day, and contact visits are prohibited.

Reception and Orientation (R&O), also referred to as intake, served as the entry point for the UDC system (both USP and CUCF), where assessment and classification takes place.⁷ The typical length of stay in R&O ranged anywhere from a few days to three weeks. The Vera team observed that UDC housed people in R&O in double cells. UDC staff noted that people in R&O spent 23 hours per day in-cell and were not allowed non-legal phone calls or visits. However, staff also mentioned inconsistencies in R&O policy and practices, resulting in variations in out-of-cell time and specific restrictions.

Further, Vera considers **maximum custody mental health units,** four units of the MH program, as segregation. These units housed maximum security-classified people or those who are on temporary lockdown/24-hour watch, often in response to mental health episodes, including incidents of self-harm. People housed here typically received time out of their cells for showers, and some received time out once per day for individual recreation.

Vera also includes **in-transit beds** and **temporary restriction orders (TROs) as segregation settings.** In-transit beds were set aside for temporary stays by people transferring to or from a jail, waiting to go to medical appointments or court appearances, or approaching parole. They permitted incarcerated people only two hours out-of-cell each day. During Vera’s facility meetings, staff mentioned

that the in-transit population was actually the most restricted population across the prison in practice. This is because staff would not always strictly follow the time out-of-cell requirements, due to the fact that the housing was meant to be temporary/short-term. But there was no specific policy or process in place that capped the maximum length of stay there, so staff reported people often stayed in transit for longer than anticipated.

The department used TROs as a way to place a person or group of people in a more restrictive supervision level than their assigned classification for a limited time. This restriction could have resulted in separation from the general population or restriction on a person's movement. According to the department, TROs served as a "pause button" after a behavioral incident occurs and were designed to stabilize people during violation investigations. After a staff member initiates a TRO, a custody sergeant, housing sergeant, or higher-ranking officer approves the order within 24 hours. The housing captain then decides to continue or discontinue the TRO. TRO decisions must be reassessed after 15 days. After this reassessment, the person either remains on restriction—and in some cases segregation—or is released by their housing captain or designee—and return to their original housing placement.⁸ Per policy, there was no maximum amount of time someone may have a TRO.

The specific units included in Vera's segregation analysis are listed below.

- Dogwood – Sections A–H (RH, LTM)
- Elm – Section 1 (R&O)
- Hickory – Sections 1–6 (RH, LTM)
- Olympus – Sections A, D, I, M (Maximum security mental health)
- Oquirrh 1 – Section 2 (In-transit beds)
- Timpanogos 3 – Section 4 (Female RH)
- Uinta 1 – Sections 1–8 (LTIM)
- Uinta 2 – Sections 1–6 (RH)
- Uinta 3 – Sections 1–6 (RH)
- Uinta 4 – Sections 1–6 (LTM)
- Uinta 5 – Sections A–H (R&O)

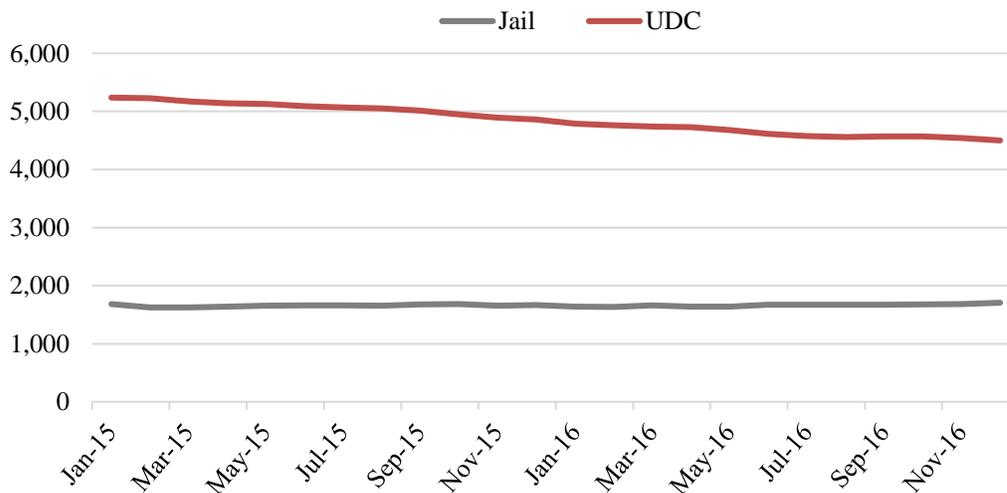
Findings and Recommendations

The findings and recommendations in this section were presented to UDC in January 2018. The department reports subsequent implementation of many of these recommendations. See the Implementation of Reforms sections on page 62 for more information about UDC’s implementation efforts.

General findings regarding segregation throughout the UDC system

Utah housed a significant portion of the state-sentenced population in local jails rather than UDC facilities. In 2016, on average, 25–26 percent of the overall state-sentenced population—or about 1,660 people—were housed in a local jail, and approximately 4,600 people were housed in the two UDC facilities. (See Figure 1.) However, for this assessment Vera was only able to analyze data regarding people housed in UDC prisons; people housed in local jails are therefore not included in the findings below.

Figure 1. Utah’s average daily state-sentenced population, by housing location



Analysis of administrative data, including the average daily population (ADP) numbers for each of the types of segregation Vera identified, reveals important details about how UDC used segregation in its facilities.

Finding 1: On average, 20.7 percent (in 2015) to 22.4 percent (in 2016) of people in UDC’s facilities were in some form of segregation. This included 5.9 percent of people in 2015 and 6.9

percent in 2016 who were held in highly restrictive environments—LTIM, MH maximum custody, in-transit, and R&O/intake—where people were typically in their cells 22 or more hours per day, had minimal access to programming and services, were not able to recreate with others, and were restrained whenever leaving their cells. The other 14.8 percent in 2015 (and 15.5 percent in 2016) were in slightly less restrictive environments—LTM and RH—where people were out of their cells for 5–15 hours per week. Some LTM and RH residents had the opportunity to recreate in small groups and some did not, and some had more access to programming than others (see Types of Segregation Settings on page 11 for a more detailed explanation).⁹ See Figure 2 below for the unit breakdown.

Figure 2. Average daily population, by segregation unit type

Unit	2015 ADP		2016 ADP	
	N	% of UDC pop.	N	% of UDC pop.
LTIM	101	2.0%	130	2.8%
LTM	395	7.8%	387	8.4%
MH max. custody	29	0.6%	31	0.7%
In-transit	47	0.9%	46	1.0%
RH tiers	357	7.0%	341	7.1%
Intake	119	2.4%	120	2.4%
Total in segregation	1,048	20.7%	1,055	22.4%

The following findings and recommendations are based on Vera’s analysis of data on everyone who was incarcerated in a UDC facility between January 1, 2015 and December 31, 2016, as well as on UDC policy and practice at the time of Vera’s assessment in 2017. They are divided into six topic areas: (1) entry into segregation; (2) life in segregation; (3) transition out of segregation; (4) special populations; (5) training and staff wellness; and (6) segregation at the new UDC facility.

Entry into segregation

This category of findings and recommendations focuses on the various points in time and/or ways that people were placed in RH or other segregated settings throughout the UDC system, including: (1) on intake into the facility and/or as a result of the security classification process; (2) in response to infractions or negative behavior; (3) in response to MH crises; and (4) as a result of the in-transit bed process.

Findings – Intake and security classification processes

Time spent in segregated settings was sometimes not a punitive measure, but rather a consequence of department administrative policies, practices, and processes, including R&O, time pending assessment, and time pending an investigation.

Finding 2: People in UDC who were classified as security Level 1 or Level 2 were automatically placed in segregation. Of the 6,210 people in Vera’s data sample who received their first custody assessment in 2015 or 2016, 284 people were moved to some form of segregation within a week of their assessment due to receiving a security level of 1 or 2.¹⁰ Seventy of these people were not initially classified as security Level 1 or 2 by the scoring instrument, but received “overrides,” such as “severe management override” or “notoriety,” giving them a higher custody level than they were initially assigned. Seventy-eight people moved to long-term segregation units (LTIM or LTM), 198 moved to other segregation units, and four moved to maximum security MH units. Though some of these units, such as RH, were not intended to house these people, such placements happened quite often in practice.

Finding 3: Custody levels seemed to be one primary reason people entered and remained in segregation. In addition to the 284 people cited above who were initially moved to segregation from intake, another 269 people who received a custody *reassessment* in 2015 or 2016 moved to segregation within one week of their assessment. These custody reassessments in GP happened on a case-by-case basis. Based on discussions with staff, they typically happened after an incident, or when the department wanted to send someone to segregation as a preventative measure when staff felt that person might be at risk of inciting an incident. Also, as noted in one focus group with incarcerated men, overrides used in custody assessments allowed staff to put people in segregation without having to issue a disciplinary infraction.

Finding 4: UDC’s classification instrument overemphasized static factors, which could not change, and did not sufficiently consider dynamic factors, such as program participation and length of time since last serious incident. Static factors included items such as “most serious felony conviction,” “current offense,” “past violent convictions,” “number of prior commitments,” and time left to serve.¹¹ The result was that the instrument made it highly difficult, both in policy and practice, for people to move to a lower custody level throughout their incarceration, despite good behavior, program participation, or lack of disciplinary infractions.¹²

Finding 5: Conditions of confinement during the reception and orientation (R&O) process were very restrictive. Although not intended to be punitive, the conditions of R&O/intake were described by focus group respondents as being very similar to those of punitive segregation settings—

relatively few privileges and possessions were allowed, and minimal out-of-cell time was provided. According to UDC staff, people on the R&O units received three hours out of their cells per day to spend on the tier. As mentioned, a lack of policy specifying how many out-of-cell hours staff should give to people on the R&O unit resulted in variation across facilities. In one focus group, men described staying in a tier at Uinta 5 with two-person cells for anywhere from three weeks to five weeks.

Recommendations – Intake and security classification processes

Recommendation 1: Ensure that everyone admitted to UDC custody is given the initial opportunity to succeed in a GP-like setting by ending the practice of automatically placing people into segregation upon assessment. Except for those who exhibit violent behavior at intake during the R&O process, the department should not place someone automatically into segregation following assessment, and custody or risk assessments alone should not dictate whether someone is placed in segregation. Everyone should have a chance to succeed in a GP setting. Placement in segregation should be based on a combination of a validated (and dynamic) risk assessment score, in-prison behavior, and institutional safety.

Recommendation 2: Limit the use of pre-assessment placement in restrictive settings to only those adults in custody who pose a serious threat to safety or security. Any segregation on intake—prior to completion of the R&O process—should be temporary and solely for the purpose of determining whether someone poses a serious threat to safety or security, based on objective, documentable criteria for defining credible serious threats, including in-custody behavior.

Recommendation 3: Ensure that the custody assessment process considers dynamic factors. Effective assessment processes should include dynamic factors connected to recent behavior, such as compliance with unit rules or participation in available programming, rather than primarily static factors, including past violent convictions or number of prior commitments, that can never change.

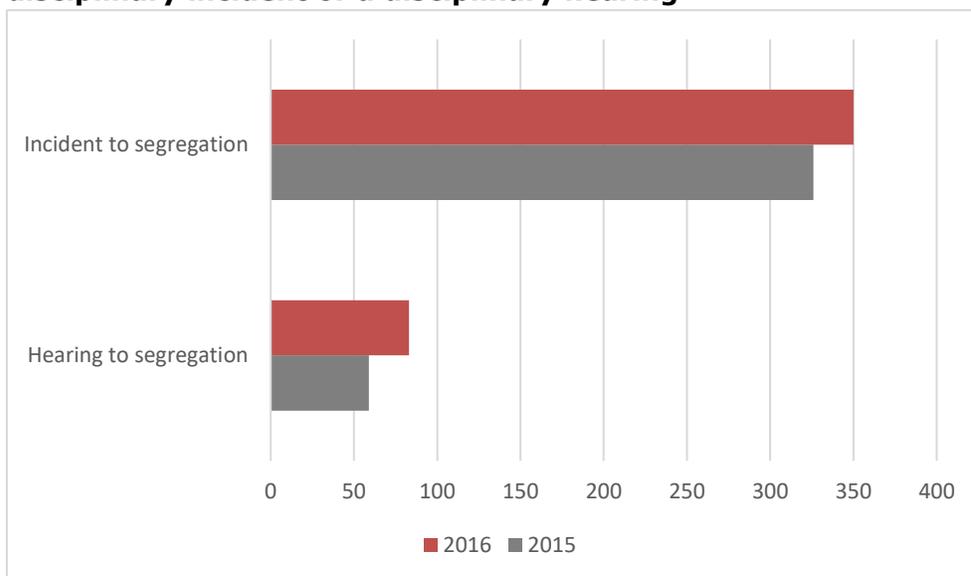
Recommendation 4: Enact clear limitations on the use of segregation for any purpose, including R&O, pending custody assessment, or pending an investigation. UDC should use segregation sparingly and only as a last resort, rather than as a preliminary safety measure, or as a *temporary* segregation assignment pending the completion of internal investigations, risk and needs assessments, and administrative decisions on appropriate housing. Accordingly, segregation should not be used as a longer-term response or solution when an assessment or investigation process is prolonged for some reason. There is still some risk that other units described as less restrictive settings, like LTM, may be overused or become a de facto sanction for disciplinary infractions. It is critical that all policies be revised to include safeguards to prevent segregation from being overused or abused, such as required

reviews by wardens. Wardens and department officials will need to first carefully monitor how decisions to place someone in segregation are made to ensure that any setting more restrictive than GP—including structured housing—is not used in inappropriate ways, such as in response to lower-level misbehaviors (like incidents involving nonserious charges). Second, wardens and department officials should ensure that the living conditions in LTM and LTIM are indeed less restrictive than the RH unit. As the U.S. Department of Justice guiding principles on segregation state, investigative (or immediate) segregation should be used only if a person’s “presence in general population would pose a danger to the inmate, staff, other inmates, or the public”; furthermore, “policy and training should be crafted carefully to ensure that this principle is not interpreted overly broadly to permit the imposition of segregation for infrequent, lower-level misconduct.”¹³

Findings – Disciplinary process

Finding 6: The use of segregation as a response to a disciplinary infraction was not tracked in UDC’s disciplinary administrative data. Given this fact, Vera found that it was sometimes unclear why someone was moved to an RH tier or other segregated setting. However, using both disciplinary data and movement data, the researchers found that there did appear to be instances where people were moved to segregation immediately after—and likely in response to—a disciplinary infraction. Figure 3 below shows the number of times someone was moved to segregation immediately following a disciplinary write-up and the number of times someone was moved to segregation immediately following a disciplinary hearing.

Figure 3. Number of times someone was moved to segregation following a disciplinary incident or a disciplinary hearing



Finding 7: One available sanction option was placement on disciplinary restriction (DR), which resulted in suspension of privileges and programming, including visits, phone calls, and employment, that could otherwise support positive behavioral outcomes. There were no time restrictions on this type of placement. DR (formerly referred to as punitive isolation) was an in-cell restriction, whereby people stayed in their GP units but spent 24 hours a day in their cells, with time out only for 15-minute showers.¹⁴ UDC policy prohibited a person from serving more than 30 consecutive days on disciplinary restriction without a “break of at least 24 hours.”¹⁵ However, 24 hours is not a significant period of time, and this policy placed no true limit on the number of consecutive 30-day intervals someone could be placed on DR (with only 24-hour breaks in between each interval). The available data did not allow the Vera team to determine how frequently DR was used, but staff expressed the desire to try using it only as a last resort.

Finding 8: There were few alternative sanctions for staff to use in response to a disciplinary infraction committed by incarcerated people, in general population or in segregation. Besides segregation, staff had few options to sanction infractions. According to the disciplinary procedures policy (FD01), Level A infractions, or major disciplinary violations, could receive other sanctions, including a \$150–\$300 fine and/or 20–30 days of disciplinary restriction in addition to any incident-specific sanctions and restitutions.¹⁶ However, in practice, staff were limiting their use of fines, instead relying mostly on disciplinary restrictions as sanctions.

Finding 9: Staff believe that there were a number of low-level infractions that did not warrant segregation, including minor interpersonal quarrels and refusing to attend programming. Both staff and the incarcerated men who took part in the focus groups maintained that certain behaviors—including some behaviors that currently often lead to TROs, such as simple fights, talking back to staff, and disobeying a direct order—did not necessarily warrant segregation. Allowing alternative sanctions would offer staff more options to respond to such low-level infractions in a proportionate manner.

Finding 10: There was a lack of programming and incentives to reward positive behavior in both GP and segregation. There was no formal or informal incentive system for positive behavior for people in GP, LTM, or LTIM.

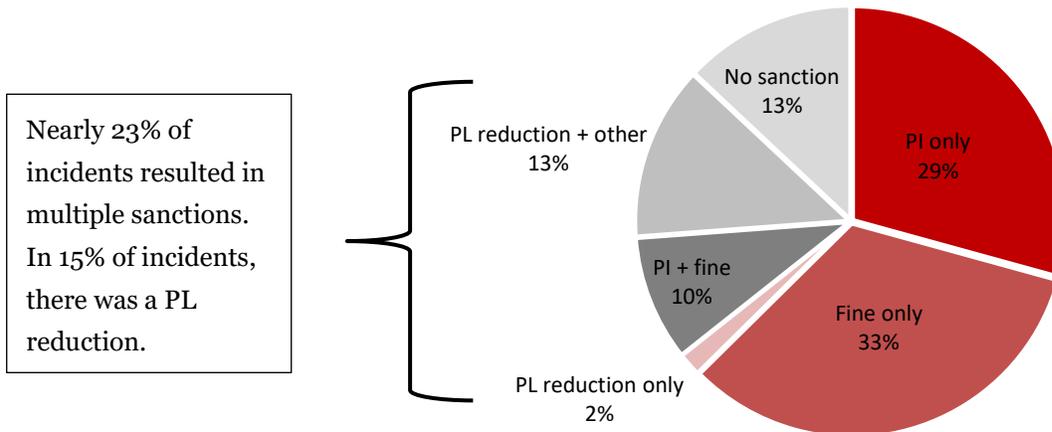
There was a structure established in RH, but there were many limitations on the use of those incentives in practice (see Finding 18 in the “Transitioning Out of Segregation” section for more detail). Although the RH policy (FC07) mentioned increased privileges as an incentive for positive behavior and program participation while in RH, and the privilege level policy (FD20) made note of the privileges in RH in regards to advancing levels, the privilege levels associated with the RH tiered system were most

often used as punishments for misbehavior rather than rewards for positive behavior.¹⁷ For instance, in 2015 and 2016, 18 percent of disciplinary incidents with guilty findings resulted in a privilege level (PL) reduction. (See Figure 4.) The Privilege Level Matrix (PLM) policy had both privilege and lockdown (time spent in cell) levels designated to each person.¹⁸ When PL reductions occurred due to a disciplinary incident, people were moved, on average, three lockdown levels. For instance, people would move from lockdown level I, which allowed for a 6:00 p.m. lockup time, to lockdown level F, which had a 9:00 a.m. lockup time. Further, people moved an average of four privilege levels in response to a disciplinary incident. This could mean moving from privilege level N, where one received four calls per week and three contact visits per month to receiving just three calls per month and two noncontact visits per month on privilege level J.¹⁹ By policy, overrides could occur for privilege levels; however, this applied only to privilege increases, not reductions. Reviews for privilege level increases happened anywhere from every 30 days to once each year.

Figure 4. Total guilty incidents and sanctions received in UDC facilities, by incident severity

Year	Severity level	Total guilty incidents	PL reduction	Punitive isolation (in-cell restriction)	Fine	PL reduction + PI + Fine
2015	Serious	1,283	229	115	85	44
	Nonserious	1,999	499	189	239	31
2016	Serious	1,431	154	63	64	13
	Nonserious	1,890	278	44	161	2
Total		6,603	1,160 17.6%	222 3.4%	549 8.3%	90 1.4%

Figure 5. Sanctions received for disciplinary infractions



PL: Privilege level

Recommendations – Disciplinary process

Recommendation 5: Track the use of segregation as a response to infractions and/or incidents. Staff had neither empirical evidence nor an anecdotal sense of how often segregation was used in response to infractions or how many incidents resulted in segregation. Tracking which infractions receive segregation sanctions would reveal the types of infractions that most commonly trigger segregation as a response. This would allow leadership to identify the major drivers of UDC’s use of segregation for disciplinary reasons and how often it is used as a response to low-level, nonviolent infractions, in order to create targeted alternative responses.

Recommendation 6: Eliminate disciplinary restriction or segregation as possible sanctions for minor or nonviolent offenses. Eliminating the option to use DR and other forms of segregation as sanctions would narrow the ways people enter segregation and allow for the possibility of alternative, more proportionate sanctions.

- a. Prohibit the use of segregation for all non-Level A charges.²⁰
- b. Consider reclassifying some Level A charges, such as refusing a direct order (A11) and substance abuse (A13), to a lower level.
- c. Create, encourage, and track informal ways to resolve minor offenses. This can be done via pre-disciplinary counseling while in GP.

Recommendation 7: Expand privileges and programming in GP as a way to avoid segregation altogether by reducing infractions and increasing positive behavior. This could entail any number and type of privileges or programs that give people the skills and tools they need to be successful in GP. UDC might choose to develop new cognitive behavioral programs, increase access to current educational programs, and/or introduce animal programs.

Recommendation 8: Ensure that segregation staff have a range of disciplinary options to respond to rule infractions. The range of available disciplinary sanctions for people already in segregation should be consistent with the range of possible responses for people in GP. Examples of alternative disciplinary responses could include “community service,” essay writing, removal of additional privileges (when a privilege system is established), and required participation in a program that addresses the underlying behavior UDC is responding to (for example, drug treatment for someone found with a small amount of drug contraband). However, the reduction of privileges as a sanction should avoid limiting activities that foster positive behavior and a connection with family and community, such as phone calls and visitation.

Recommendation 9: Develop a graduated matrix for discipline in all forms of segregation.²¹ A disciplinary matrix that will have lasting effects on segregation will: (1) substantially limit charges eligible for administrative and disciplinary segregation; (2) explicitly define segregation as a last resort in response to imminent violence; (3) provide staff options for alternative sanctions that do not include taking away rehabilitative programming or visitation; and (4) incorporate determinate and graduated sanctioning practices intended to dramatically reduce the number of days people can spend in segregation.

Recommendation 10: Implement a conflict mediation program. Restorative justice models and conflict resolution programs can serve as alternative, initial responses to a rule violation or incident, especially for people new to the system and for those who refuse to attend programs. Restorative justice focuses on restoring the harm caused by an offense and encourages those responsible for the harm to understand and take ownership of the impact of their behavior.²² The design and implementation of the programs should involve the perspectives of people in custody; however, there are existing tools and guides that UDC can look to for guidance. For instance, Connecticut’s T.R.U.E. Unit for young adults currently uses a circle process grounded in restorative justice to mediate conflict.²³

Recommendation 11: Develop a process for placement on disciplinary restriction (DR) based on clear behavioral criteria. The way DR is codified and operationalized can be restructured by setting new procedures for DR, tracking data, and improving communication to staff and between people in segregation. This will help staff and those in double cells understand the sanction's impact.

Finding and recommendation – In-transit bed process

Finding 11: The in-transit bed process sometimes results in the placement of people being transferred to and from UDC facilities in restricted settings. There is no policy capping the length of time a person can remain in an in-transit bed. Consequently, Vera heard from incarcerated people and staff that, in some instances, people have been there for a month or more. This happens regardless of the person's behavior or whether he or she poses a threat that merits such restrictive settings.

Recommendation 12: Ensure that the conditions for in-transit transfers to and from UDC facilities are not restrictive and are distinguishable from punitive forms of segregation.

Life in segregation

These findings and recommendations focus on ensuring that conditions in segregation reflect the least restrictive environment possible without compromising safety.

Findings – Conditions in segregation

Finding 12: People in segregation units were deprived of the most basic of privileges. By policy as of June 2016, those in LTM were given “minimum out-of-cell time and privileges based on behavior and prior participation in the RH program and current available programs.”²⁴ In practice, conditions in other segregation units, such as RH, LTIM, and units used for TROs, had similarly restrictive environments.

Access to recreational opportunities varied between UDC's two facilities, but recreation beyond one hour a day, five days a week was typically not offered to those in each type of segregation unit, nor for people on DR. Further, during site visits, Vera noted that the outdoor recreation spaces provided for people in some segregation units consisted of square concrete enclosures with cement bricks on all four sides and a mesh wire opening on the top, thus not allowing for any visibility of the outdoor environment. In the Standard Minimum Rules for the Treatment of Prisoners, the United Nations notes that incarcerated people should have access to “suitable exercise in the open air daily.”²⁵ There are also large

bodies of research that indicate both the physical and behavioral benefits of outdoor space.²⁶ Research shows that too much “artificial stimulation” or time spent indoors can “trigger human aggression,” and that time spent outdoors can actually reduce violent behaviors.²⁷

In addition, one incarcerated person told Vera there were certain statuses in LTIM units that allowed for “no clothes, blankets, phone calls, nothing in your cell, no mattress.” Another person described the units used for TROs at CUCF: “They take all your stuff; in the guidelines, they are not supposed to take any of your property, your electronics, but they do.” Although these practices came up in a focus group with incarcerated people, they did not appear in department policies, nor did UDC staff or leadership corroborate this.

Lastly, conditions in R&O/intake, TROs, and, at times, in-transit beds, were described by focus group respondents as being very similar to those in segregation settings found in LTIM and LTM. Relatively few privileges and possessions were allowed, there was limited programming available, and minimal out-of-cell time was provided.

Finding 13: Incarcerated people reported experiencing prolonged time in segregation, which could result in significant anxiety and stress. Vera heard from staff and incarcerated people that people could remain in restrictive settings for several months, or even years. This was due to several factors. Notably, some incarcerated people explained how there were few safe alternatives to segregation. Consequently, they were afraid of returning to GP and wanted to remain in a more restrictive setting for safety reasons.

Research studies have looked at the unique challenges and psychological harms that people who spend prolonged periods of time in segregation experience.²⁸ In addition to the stress of isolation, respondents in these studies claimed that their requests for medical or MH treatment and counseling while in segregation were either dismissed or responded to insufficiently.

Findings – Conditions during disciplinary restrictions

Finding 14: People on disciplinary restriction (DR) had limited opportunities for out-of-cell time and no access to congregate activity or programming. As noted above, DR was an in-cell restriction used as a disciplinary sanction for people in both GP and segregation units. According to the Offender Discipline Procedures policy (FD01), there were no phone calls, no visiting privileges, and no recreation, and school/programming/work were suspended or terminated while a person was on DR.²⁹ Given that activities are not available beyond showers three days per week and interacting with cellmates if someone was housed in a two-person cell, DR was perhaps the most restrictive environment in the UDC facilities. For DR to be used as a meaningful alternative to segregation, the conditions needed to be significantly less restrictive. In some systems, people on disciplinary restriction are allowed to continue

participating in programming, structured activities, education, visitation, and work assignments; it is only during tier time or free, unstructured time when they are restricted to their cells.

Additionally, though Utah's RH units allowed for some in-cell programming, these programs inherently limited participation to those who spoke English, who had the reading and writing skills necessary to complete the programming, and who could self-motivate, a skill that is particularly difficult for people who may have been experiencing symptoms of depression or anxiety while in isolation.³⁰

Finding 15: UDC staff had difficulty operationalizing disciplinary restriction, and some incarcerated people reported that they were not aware they had received a sanction of DR until they were written up for violating the sanction. When DR was used as a sanction in GP, it often resulted in one cellmate being confined to the cell, while the other was free to move in and out throughout the day. Given this reality, and the lack of an official DR tracking system for staff coming on and off shift, it was extremely difficult to enforce the sanction and increased staff frustration. It may have also counteracted any correctional goals of procedural justice or deterrence because, as Vera learned during focus groups, incarcerated people believed that the sanction was arbitrarily enforced.

Recommendations – Conditions in all types of segregation

Alongside the following specific recommendations, Vera recommends that UDC improve the conditions of confinement in all restrictive units to reduce the negative effects of segregation, including by increasing out-of-cell time and recreation, minimizing isolation and idleness, providing means for meaningful contact with loved ones via phone calls and visits, and providing opportunities for rehabilitative programming and congregate activities.

Recommendation 13: Create a policy that ensures the UDC incarcerated population—including people in segregation—has access to all necessary forms of psychosocial, educational, rehabilitative, and therapeutic programming. Although some programs or activities may be privileges to be earned, other programs that address trauma, provide therapy, or offer preparation for life outside of prison should be offered to every incarcerated person that can benefit from them.³¹ An argument can be made that people on disciplinary restriction and in UDC's segregation units may have higher programming needs than people in GP. Programming and treatment should be provided to all who need it, regardless of their security housing level, and could be used as a tool to help transition someone out of DR or segregation and back into GP, setting them up for successful reintegration.

Recommendation 14: Repurpose long-term segregation units into less restrictive transition units or mission-based housing for people who are not ready for GP. Repurposing RH, LTM, or LTIM cells for either GP beds or mission-based housing for those who are not ready for GP is the only way that UDC will truly be able to reduce its segregation population. Some people are not yet prepared for GP—either due to their own discomfort in moving to an unfamiliar environment or for facility security reasons—and thus, additional housing options that are separate from GP, but less restrictive than segregation need to be established. With an increased frequency of reviews and a process to step down to a more structured (than GP) but less restrictive (than RH, LTM, and LTIM) setting, there would be more people spending shorter periods of time in RH, LTM and LTIM. Mission-based housing should be developed for any people needing long-term housing placement away from GP.

UDC should consult with corrections systems that have converted segregation units into mission-based or other GP-like settings in order to develop innovative ideas to repurpose space. The Pennsylvania Department of Corrections, for instance, has established various types of mission-based housing for incarcerated people who might have difficulty living in GP but do not pose a security risk. These units include Special Needs Units, which house people with mental illnesses together with people who have other vulnerabilities.³²

Recommendations – Conditions in DR and TRO

Recommendation 15: People on DR and TRO should be in settings that provide the lowest amount of restriction necessary to achieve safety, and should have access to programming, out-of-cell time, and congregate activity. Currently, the R&O process provides little out-of-cell time and other privileges afforded to those in GP. Incarcerated men spoke to this reality when the Vera team visited the two facilities. For example, UDC should consider providing tablets that contain constructive programming and some entertainment for people while they are in R&O, on TRO, or in-transit. This would serve as a means for improving the conditions of these nonpunitive settings and could provide an item that could be taken away as a disciplinary measure.³³

Recommendation 16: Ensure that those placed on DR, R&O, and in-transit beds retain access to key basic privileges, including phone calls, visits, and daily recreation time. Given that certain privileges are essential for mental, emotional, and physical fitness, it is critical that no one is entirely deprived of them.

Transitioning out of segregation

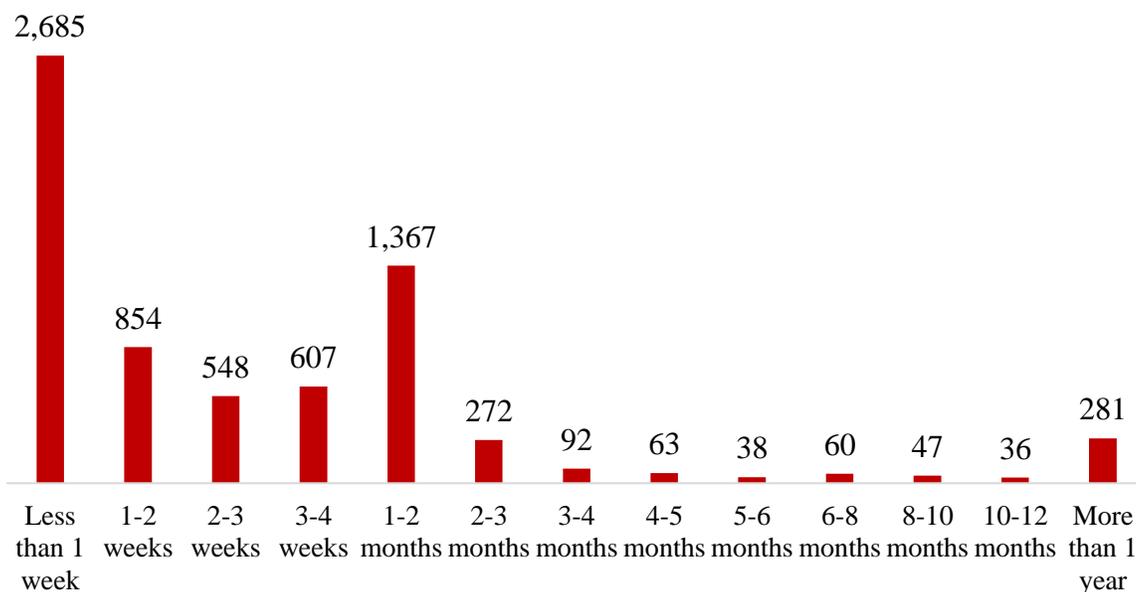
Many incarcerated people report experiencing difficulty adjusting to a regular GP prison unit, let alone the community, after long periods in isolation; the prospect of adjusting to life outside the prison environment can feel utterly impossible.³⁴ The following findings and recommendations address the various pathways out of segregation, specifically the transition process from RH and other segregated settings to GP or other less restrictive settings. It also addresses concerns surrounding the release of people from segregation directly to the community and how that practice can undermine reentry outcomes for both the person and their community.

Findings – Transitioning from segregation to general population

Finding 16: For the 6,950 people who exited segregation during 2016, the average consecutive length of stay in segregation was 65 days (and the median was 14 days).³⁵

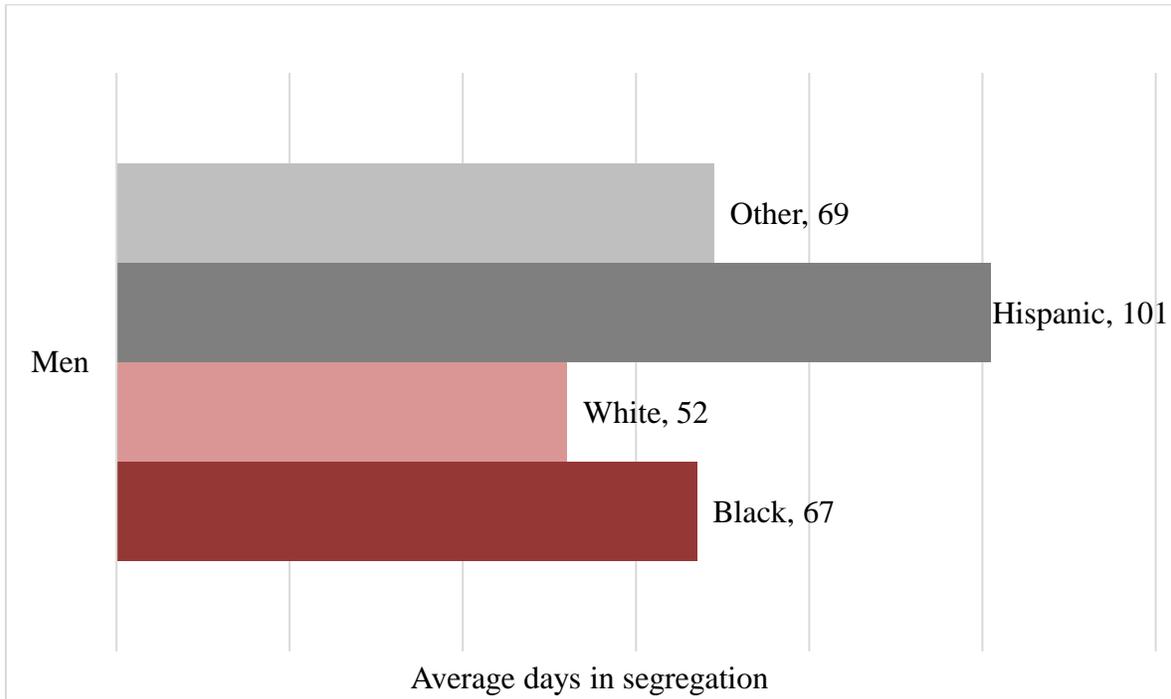
Although a majority of these incarcerated people (87 percent) stayed in a segregation unit for two months or less, 281 people remained in segregation for one year or more before exiting. (See Figure 6 below.)

Figure 6. Consecutive length of stay in segregation for people who exited segregation, 2016



Finding 17: Average length of stay varied greatly by race for the male population; it tended to be longer for Hispanic and Black men than for white men. As Figure 7 below shows, the average stay for white men was 52 days, whereas the average for Hispanic men was almost double that, at 101 days. The average length of stay for Black men was also higher, at 67 days.

Figure 7. Average consecutive length of stay for men, by race



Finding 18: Custody assessment overrides were used frequently and often kept people in segregation for long periods of time. As noted previously, custody assessments were a significant driver of segregation placements in Utah. They also appeared to be a major contributor to long lengths of stay in segregation. During the study period, 76 percent of the 297 people who were in segregation for more than one year had a custody level of 1 or 2 (which automatically resulted in their segregation placement), and the remaining 24 percent were custody Level 3. Nearly 61 percent of the Level 3 group received an override at their most recent custody assessment, meaning that they could have potentially scored out of segregation, but were kept there at staff discretion. (See Figure 8.)

By policy, everyone in segregation received a custody assessment once per year to determine if they were able to move into a GP setting.³⁶ However, as noted, at these reviews, many people either did not receive a custody level reduction, or they received an override that kept them in segregation. Further, as seen in Figure 9 below, very few people who spent one year or more in segregation regularly had received many disciplinary write-ups. On average, people in segregation for one to two years received just two

write-ups during that time. Even those who remained for over five years had received only an average of eight write-ups in the past two years.

Figure 8. Overrides received at custody level review for people in segregation for one year or more³⁷

Custody level	N	Overrides	Percentage receiving overrides
1	8	7	87.5%
2	217	142	65.4%
3	72	32	44.4%
Total	297	181	61%

Figure 9. Time in segregation, number of annual reviews, and disciplinary history for people in segregation for one year or more

Time in segregation	N	Avg. number of reviews	Avg. number of write-ups in segregation	Number of people with no disciplinary history	Number of days between most recent write-up and leaving segregation
1–2 years	160	2.1	2	46	361
2–3 years	46	2.3	4	7	412
3–4 years	29	3.4	4	4	501
4–5 years	18	3.6	7	1	563
> 5 years	44	5.1	8	3	749

Finding 19: Subjective criteria appeared to be used frequently to justify keeping people in segregation. Other than the reclassification process, policy did not provide explicit guidance on why people should be kept in segregation or be released to GP, allowing for a large degree of discretion in practice. Several incarcerated men discussed this issue in focus groups. For example, one incarcerated

person stated, “Even if you’re not found guilty of your write-up, you can still lose your levels for being blamed for a write-up because it’s ‘housing discretion.’” Some staff and incarcerated people reported people being kept in segregation for behavior like having unauthorized pictures or having another person’s property in their possession. Notably, the Offender Management Review (OMR) team process—designed to identify when someone should be moved from segregation—did not result in significant decreases in the number of people in segregation because the focus had been on only people in the RH units, rather than LTM and LTIM.³⁸

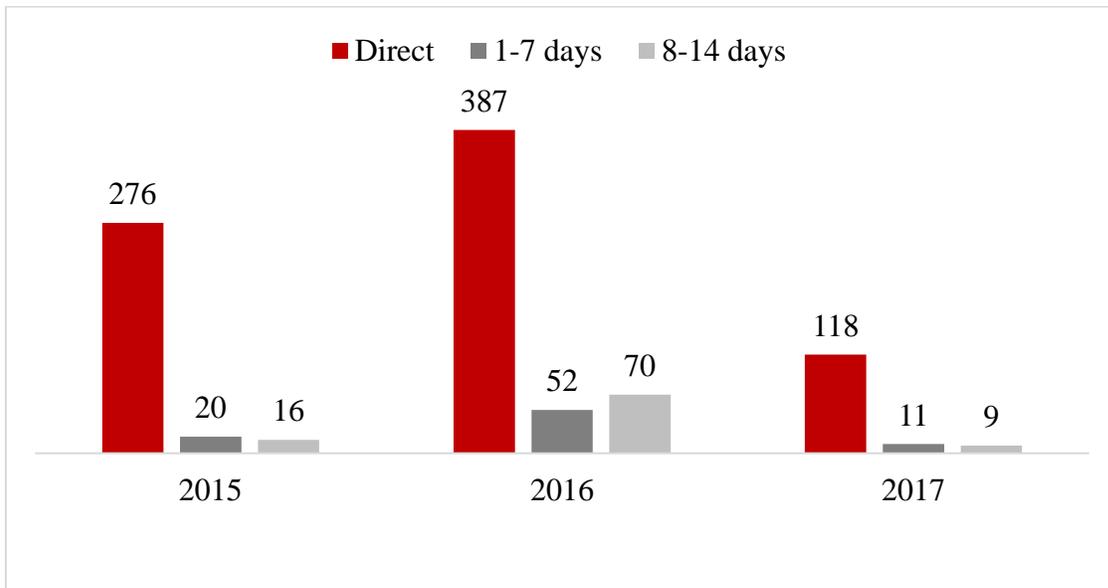
Finding 20: In practice, the privilege levels in RH often kept people in segregation instead of serving as a mechanism to move people towards release from RH, as they were designed to do. As mentioned in Finding 10, 18 percent of disciplinary incidents with guilty findings resulted in a Privilege Level (PL) reduction. When PL reductions occurred due to a disciplinary incident, people were moved, on average, three levels. This created a cycle of people rotating through the levels and never actually getting out of segregation settings.

Finding 21: Many people who leave RH are placed in LTM or LTIM, instead of integrating back to GP.³⁹ Because LTM and LTIM also had restrictive conditions, this did not result in a significant change in peoples’ conditions of confinement, and therefore kept them in segregation conditions for even longer periods of time.

Findings – Transitioning from segregation to the community

Finding 22: In 2016, 387 people were released directly from segregation back to the community.⁴⁰ (See Figure 10.) These people had spent an average of 221 days in segregation. The 387 represent a significant surge from the number of people directly released to the community in 2015, which saw 276 direct releases. Moreover, in 2016, of the 4,265 people who exited segregation after a stay of more than one week, almost 10 percent left segregation simply because their sentence ended. An additional 118 people left UDC custody directly from segregation in the first four months of 2017, with a 253-day average length of stay in segregation before release. Figure 10 below shows the number of people who entered the community: (1) directly from segregation; (2) within 1–7 days of being released from segregation; or (3) within 8–14 days of release from segregation.

Figure 10. People released from segregation to the community, January 1, 2015–April 18, 2017



Recommendations – Transitioning from segregation to general population, other less restrictive settings, or the community (Reentry)

Recommendation 17: Improve the Offender Management Review (OMR) team process. The OMR process is a review process for people in RH that determines progression or demotion of privilege levels and makes release decisions.⁴¹ The review process should adopt an opt-out, versus opt-in, principle that presumes everyone should progress to GP or a less restrictive setting *unless* a clear and objective red flag—such as a serious, violent disciplinary infraction—occurs while in segregation. Increasing the frequency of OMR team meetings for everyone in segregation from monthly to weekly would also improve OMR. Staff should also consider having the person under review present during the process.

Recommendation 18: Apply the OMR team process to people in all segregation settings and increase the frequency of reviews. At the time of Vera’s assessment, people in other types of segregation (not RH) were assessed only once a year, or after an incident, through the custody reassessment process. Given the indeterminate length of time people can remain in segregation units,

such as LTM and LTIM, UDC should increase the frequency of assessments and incorporate the OMR team process to ensure people are released from segregation as soon as possible.

Recommendation 19: Identify specific criteria and require written justification for all custody assessment overrides. In addition, dynamic factors, like in-custody behavior (positive and negative), should be considered when deciding whether to grant an override or to release a person from segregation. It is critical that dynamic factors, which an incarcerated person has some control over, have greater bearing on where people are housed and how long they remain in segregation.

Recommendation 20: Develop reentry transition plans at least 6–12 months before a person’s release to the community. Exposure to RH and other segregated settings can impose traumatic psychological and emotional harms that make adjusting to life in the community particularly difficult, as well as limit access to the usual reentry preparation available in GP.⁴² Research conducted by the Human Rights in Trauma Mental Health Lab at Stanford University found that people exposed to prolonged periods of segregation are likely to develop psychiatric symptoms that can make adjusting to GP—and to the community—very difficult.⁴³ No one should have to transition to the community directly from segregation. Rather, UDC should develop a targeted reentry protocol for people coming from long-term segregation that transitions them out of segregation to the least restrictive environment possible and includes mental health treatment and counseling, in addition to employment preparation, educational programming, and family reintegration—three factors that have been tied to successful reentry to the community.⁴⁴ Notably, reentry transition plans should similarly benefit people already in GP nearing release.

Recommendation 21: Develop peer support groups for people transitioning out of segregation. Support from fellow incarcerated people who have been through similar transitions could help people be more successful in GP.

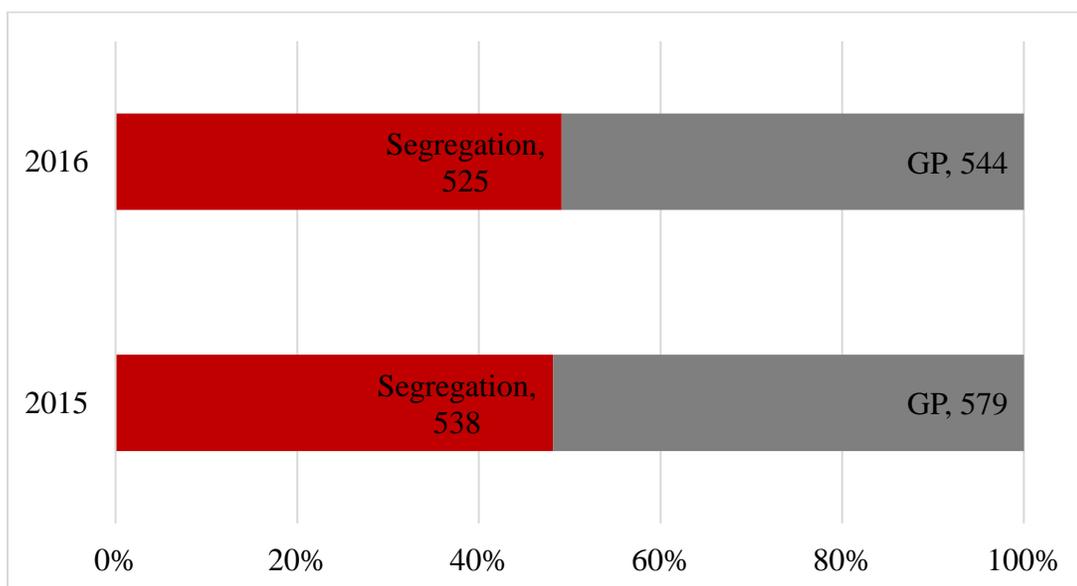
Special populations

This section will address special populations incarcerated in UDC facilities, including people with disabilities, the aging population, young adults, security threat groups, women, people with mental health treatment needs, and those sentenced to death or life without parole. In addition to the range of findings and recommendations made previously, these particular groups require additional consideration and specific recommendations to ensure equitable treatment.

Findings – Security threat groups (STGs)

Finding 23: STG members were disproportionately represented in segregation—they make up 23 percent of the total UDC population, but account for 52 percent of the segregation population.⁴⁵ Further, as shown in Figure 11 below, nearly 50 percent of people with an STG affiliation were in segregation on an average day in 2015 and 2016.

Figure 11. STG-affiliated population in segregation versus GP



Finding 24: There was widespread belief among staff and the incarcerated population that no easy solutions existed for reforming individual STG members’ behavior or the persistent gang culture that existed in UDC’s prisons. Focus group respondents of all types, at each facility, seemed resigned to the fact that the STG population—and managing it—had a significant effect on the facilities’ operations. The focus groups shed light on the many ways that the STG population and UDC’s efforts to control it affected the operations of the entire system. A great deal of energy, planning, and logistical considerations were given to manage the STG problem.

Finding 25: Strict policy stipulated that STG members must be kept away from rival STG members. This significantly impacted housing assignment and movement, and created operational challenges and added stress for custody staff.

During Vera’s partnership with UDC, the department operated on an A/B recreation schedule to keep members of rival STGs separate. With this schedule, recreation for the two groups had to occur at different times, and movement was highly regulated; only certain STG members took part in recreation activities together (schedule A) while rival STG members recreated on alternate days/times (schedule B). In addition to these restrictions, STG and non-STG members were frequently assigned “cautions” and “safeties”—used for STG members, affiliates, and those who were not members but had participated in “STG activities” or displayed STG “behaviors,”—that further restricted their movement and housing needs.⁴⁶ Line officers and unit managers found it stressful to navigate policies concerning the management of this population. As one security officer told Vera,

There’s so many details. . . that you must be aware of, and if you are not, we’re talking serious, life-threatening issues, assaults, and in return, if those scenarios happen, sometimes those can come back on us as far as liability issues. And then we’re talking our personal lives, our family, lawsuits. . . . There’s so many miniscule details that make this issue so complex.⁴⁷

Finding 26: Staff and incarcerated people reported that security staff often misidentified people as STG-affiliated based on erroneous or outdated intel. Staff’s overreliance on subjective criteria to identify gang membership resulted in overidentification of STG members and the over-assigning of “cautions” and “safeties” to people who may have only been loosely associated with STG members or STG-related incidents. Furthermore, there was no system for removing or reevaluating whether STG cautions or safeties were still necessary, relevant, and/or valid. Consequently, STG affiliation was overstated.

Recommendations – STGs

Recommendation 22: Consider changing the current orientation of the GP housing units, especially at USP, so that they become fully separate housing environments, thereby allowing more housing options for people with cautions and safeties. For example, the Vera team learned during group conversations with security staff that someone who has a caution or safety with another person or a group of people in one Oquirrh unit is barred from being housed in *any* of the Oquirrh units. This is because Oquirrh is considered a unified camp, when in reality, there is separation among the units. This system is counterintuitive to the operations of the facility, and therefore, UDC should use the Oquirrh units as an example of how to better separate STG members in various smaller GP housing units.

Recommendation 23: Pilot a UDC-wide evidence- and deterrence-based strategy to combat and prevent gang-related, violent incidents. Adapted from the basic tenets of the nationally renowned Operation Ceasefire, deterrence-based approaches aim to prevent violence among STGs before it occurs.⁴⁸ The Washington State Department of Corrections’ Operation Place Safety and the Pennsylvania Department of Corrections’ Operation Stop Violence, for example, both identify a set of serious “forbidden” infractions that will automatically trigger a thorough investigation into group involvement in these violent episodes—which, in some cases, may lead to group-level punishments.⁴⁹ Although there are many other features of these types of violence-reduction models, the critical facets to their success are swift, certain, and consistent standardized responses for every prohibited violent act. These programs have shown promising results in both Washington and Pennsylvania, and UDC could consider how to modify them to work in UDC facilities.

Recommendation 24: Enable security staff to be more proactive in vetting enemies, safeties, and cautions lists to see where they can safely be reduced. The policy currently states that a removal of a caution or safety is to be initiated by an incarcerated person before the OMR clears these designations. However, there may be opportunities to remove many more people from these lists, thereby expanding housing placement options and reducing the segregation population. The OMR along with the STG officers should develop a process for further reducing these lists.

Recommendation 25: Instead of further isolating STG members, pilot integration programs—which may or may not require people to renounce their STG affiliation. Although Vera heard from a security staff member at USP that STG members are sometimes forced to attend programs with one another, it was not said to be a widespread practice. Iterations of STG integration units have been cited as successful at some Connecticut Department of Corrections facilities and at Pelican Bay State Prison in California (the Transitional Housing Unit).⁵⁰ Though the specific details of such programs need to be tailored to the needs of each jurisdiction and facility, general elements of these housing units include the following.

- The housing units are relatively small, consisting of between 15 and 20 people.
- The program is voluntary.
- The set of expectations includes mandatory integration with people of other races and gangs.
- People are given extensive orientation about these expectations.
- The department responds to participant misconduct with appropriate, graduated responses that are proportionate to the behavior.

- People are provided with counseling services to help them control anger and violence and foster healthy relationships. These services come in the form of formal group sessions, and also informally through guidance provided by specially selected staff in the units.
- People are provided with real and substantial incentives to successfully complete the program. This may include contact visits with their families and jobs when they return to GP.

Recommendation 26: Consider the addition of a MILPA-led training, or similar, for STG members as a mediation strategy to reduce animosity and friction between staff and/or the incarcerated population.⁵¹ MILPA is a mission-driven cadre of formerly incarcerated people that uses healing-informed, relationship-centered approaches to train leaders, provide technical assistance to organizations, and drive racial and social justice. The organization currently partners with Vera’s Restoring Promise Initiative. Among its many focal areas, this training seeks to strengthen the social-emotional health, learning, expertise, and leadership readiness for people and communities pursuing juvenile and criminal justice reform.⁵²

Recommendation 27: Phase out the A/B recreation schedule. Although there may be some challenges with implementing this reform, such as retaliation and conflict between STGs, maintaining the status quo does not appear to be feasible, given the variety of current challenges and complaints cited by both staff members and the incarcerated men Vera spoke with. Specifically, staff cited the need to develop an alternative response to managing STG populations throughout UDC due to the difficulty of safely operating the A/B schedule.

Recommendation 28: Review the current STG assessment protocol. Ensure that STG officers and other staff are correctly identifying, and not overidentifying, purported STG members. It is necessary to develop a system for periodically reevaluating a person’s STG affiliation over time to determine whether former STG cautions/safeties are still necessary, relevant, and valid.

Findings – Death-sentenced and life without parole (LWOP) population

Finding 27: Only nine people were sentenced to death in Utah prisons at the time of Vera’s assessment.

Finding 28: By policy, all people sentenced to death were classified as custody Level 1, putting them in segregation.⁵³ Everyone with a death sentence was housed in LTIM. Unlike the other people in LTIM, they had no way to work their way out of this restrictive environment because their custody level could not change unless their sentence was commuted.

Finding 29: Death-sentenced people were housed in restrictive conditions.⁵⁴ People sentenced to death got three hours out-of-cell time per day (some of this was semi-congregate activity, with up to three people out at a time) and were cuffed, shackled, and escorted during movement. They could receive only noncontact visits and only on the weekends.

Finding 30: Per policy, people sentenced to life without parole (LWOP) and who scored 32 points or more on the custody classification scale were automatically classified as custody Level 1, putting them in segregation.⁵⁵ Although UDC used six classification levels ranging from the highest security level, Level 1–Intensive Custody (Death Sentences) to the lowest security level, Level 6–Housed Off Property, neither men nor women with LWOP sentences could advance past Level 3 without authorization from a warden.⁵⁶

Finding 31: People sentenced to LWOP (or other long sentences) reported not having the same access to programming as those people who would eventually be released. Focus group participants expressed frustration over UDC’s policy and practice of limiting eligibility for some programming to people within three years of their release date. For those serving LWOP or particularly long sentences, the three-year requirement effectively precluded them from taking part in programming, even though programming might improve their behavior and/or decrease the likelihood of their placement in segregation.

Recommendation – Death-sentenced and life without parole (LWOP) populations

Recommendation 29: House people sentenced to death and LWOP based on their in-prison behavior rather than their sentence. The sentences of death and LWOP alone should not dictate where someone lives within a facility. There is no state law that requires people with these sentences to live in long-term segregation, or even separately from the general population—this is dictated solely by UDC policy.⁵⁷ People with these sentences do not warrant automatic, preemptive segregation based on their sentences because there is no indication that they commit more infractions or engage in violence more than any other subpopulations.⁵⁸ Therefore, people sentenced to death or LWOP should be integrated into GP whenever safely possible. When these people are housed in segregation, UDC should enable them to work their way out of segregation and back to GP through the same methods as other incarcerated people.

Findings – Young adults

Finding 32: Young adults (ages 18–24) were overrepresented in segregation and tended to stay in segregation longer. While about 22 percent of the total UDC population was in segregation on an average day in 2016, 40 percent of young adults were in segregation. As shown in Figure 12 below, although young adults only made up around 6 percent of the total population throughout the UDC system, they accounted for around 11 percent of the segregation population. Furthermore, in 2015, 18– to 24-year-olds who exited segregation had been segregated for an average of 133.8 days, and in 2016, that average was 102.6 days. These average lengths of stay were significantly higher than those of the total population that exited segregation, which was 80 days in 2015 and 65 days in 2016.

Figure 12. Average daily population of young adults in GP versus segregation

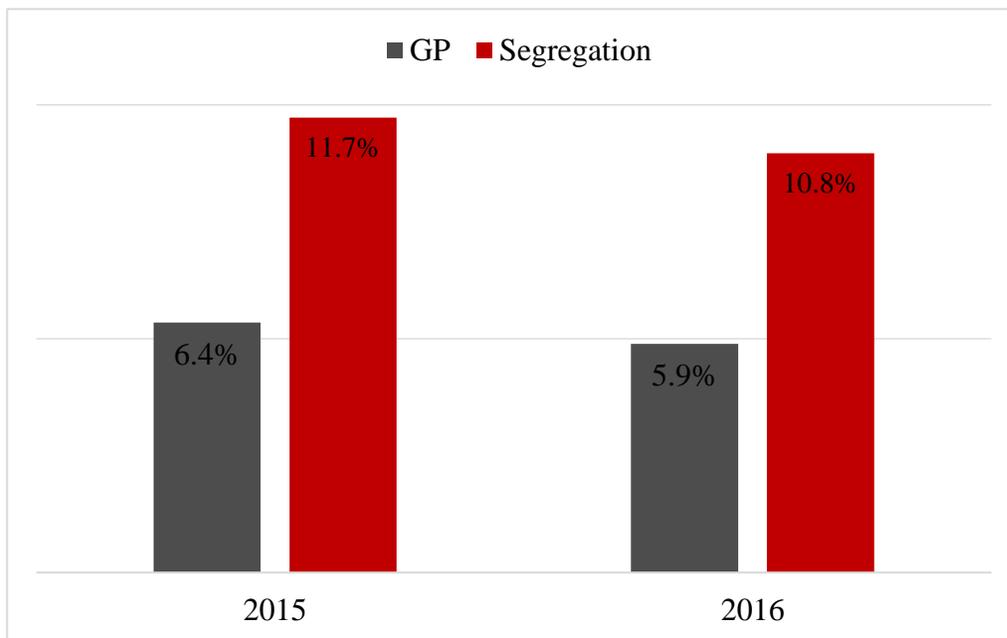
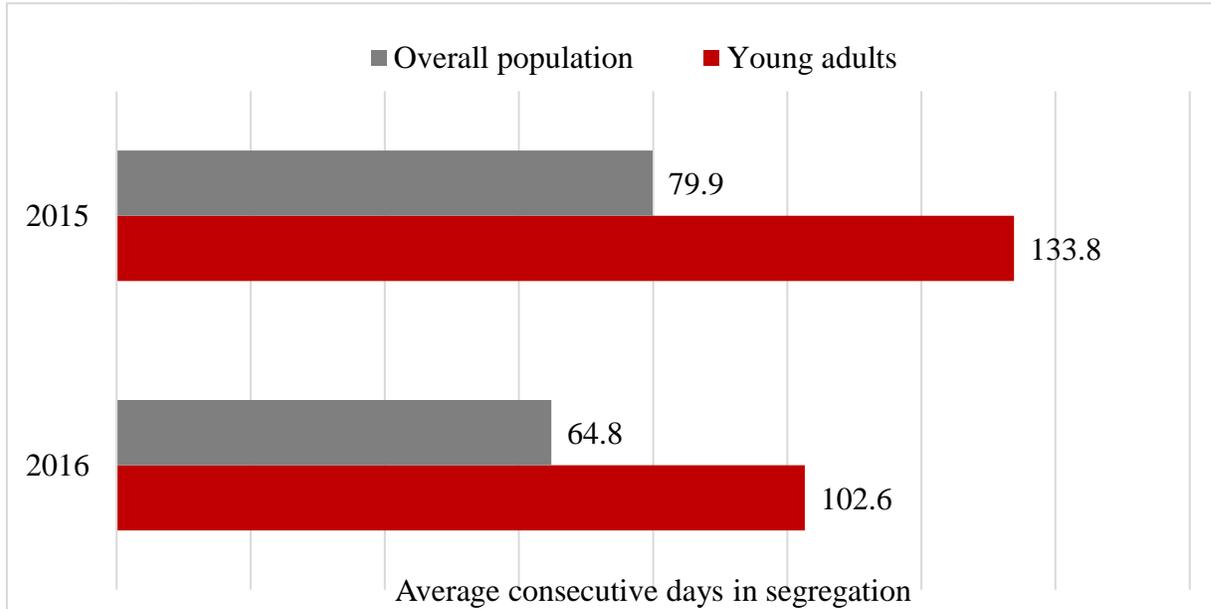


Figure 13. Average number of days in segregation for the overall population versus young adults, 2015 and 2016 exit cohorts



Finding 33: Young adults frequently received write-ups for low-level infractions. Although assault and weapon possession were among the top 10 charges received by young adults in 2016, they accounted for only 9 percent of these charges. The rest were low-level infractions, including tattooing, disorderly conduct, fighting/horseplay, out of bounds, or unauthorized possession of property. These write-ups, although they may not have directly resulted in a segregation placement, impacted a person’s custody assessment score, which, as discussed above, was a primary reason someone is sent to segregation.

Figure 14. Most frequent disciplinary infractions for young adults

Severity level	Disciplinary code	Count of charges
B	Tattooing, branding, body piercing	273
B	Fighting/horseplay	231
B	Disorderly conduct, reckless endangerment	169
A	Intoxicant/controlled substance	168
B	Unauthorized possession of property	142
C	Out of bounds/abuse of pass	134
B	Refuse order/resist arrest	109
A	Assault	106
B	Abuse/misuse medications	104
A	Weapon/explosive	98

Recommendations – Young adults

Recommendation 30: Create units specifically designed for young adults, with age-appropriate programming and operations, as well as staff specially trained to work with this population. Research shows that diagnoses of serious mental illness (SMI) and schizophrenia are more common between the ages of 18 and 25.⁵⁹ Additionally, young people are still developing in important ways. Young adults are in a period of transition from adolescence to adulthood, and both neuroscience and developmental research shows that this age group is still navigating self-identity, independence, and the range of life’s possibilities.⁶⁰ Given this, it is well understood that young people aged 18 to 25 are different from older adults, and there is an opportunity to ensure they mature and develop into successful adults and community members.

UDC should consider creating a unit similar to the T.R.U.E. units at Connecticut’s Cheshire Correctional Institution.⁶¹ This model takes a restorative justice approach with minimal or no reliance on segregation. T.R.U.E. units attempt an entirely new approach to working with young adults. In addition to receiving special training, staff in these units provide age-appropriate skills programming (such as practicing strategies to identify and manage emotions, learning how to cook, obtaining job skills, participating in recreation and relaxation time, and socializing with peers), as well as art and music therapy. The implementation of this type of unit must be data-driven, drawing on lessons from juvenile

justice, international examples, and academic research.⁶² It is also critical that both staff and incarcerated people have a voice in the implementation strategy.

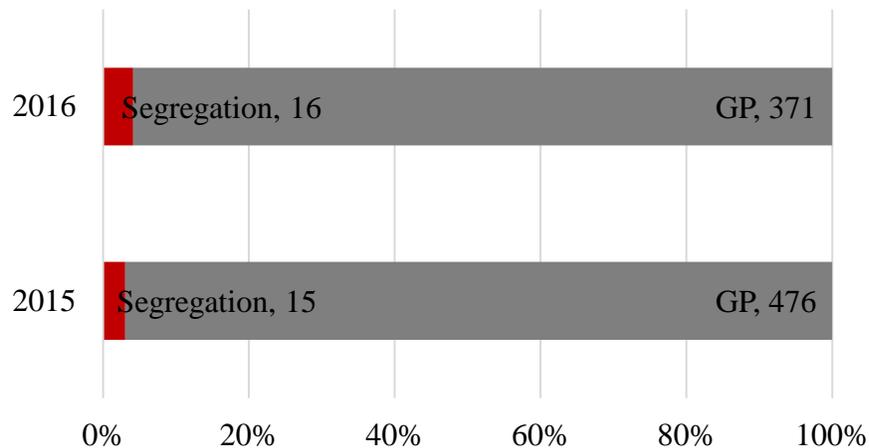
Recommendation 31: Provide intensive case management to young adults who struggle with living in GP. Consider implementing a pilot program that provides particularly intensive case management to young adults and determine whether that level of case management decreases their likelihood of going to segregation or improves other outcomes. Increased access to counselors during the first months of incarceration may also help alleviate stress and reduce the potential for young adults to act out due to fear of living in GP.

Recommendation 32: Provide targeted support to young adults with mental health needs. Given that young people with MH needs are a particularly vulnerable population, it is important that UDC enhance supports, structured activities, and programming in GP to keep them from ending up in segregated settings. Supports could include medication management, teaching coping strategies, group therapy, and employment training.

Findings – Women

Finding 34: In 2016, an average of 16 women (4 percent of the female population) were in segregation on any given day. (See Figure 15.) While women made up 9.8 percent and 8.4 percent of the total UDC population in 2015 and 2016, respectively, they made up less than 2 percent of the segregation population in both years.

Figure 15. Percentage of female population in GP versus segregation



Finding 35: Disciplinary infraction data shows that women were more likely than men to be written up for infractions, but fewer of these write-ups ended with a guilty finding.

Though women had far fewer write-ups than men did in 2015 and 2016, when Vera standardized the *rate* of write-ups per 100 men and women incarcerated in UDC facilities, the team found that women were actually 1.16 to 1.32 times more likely than men to have been written up for an incident during those years. However, a greater percentage of women’s write-ups ended with non-guilty findings than men’s write-ups.

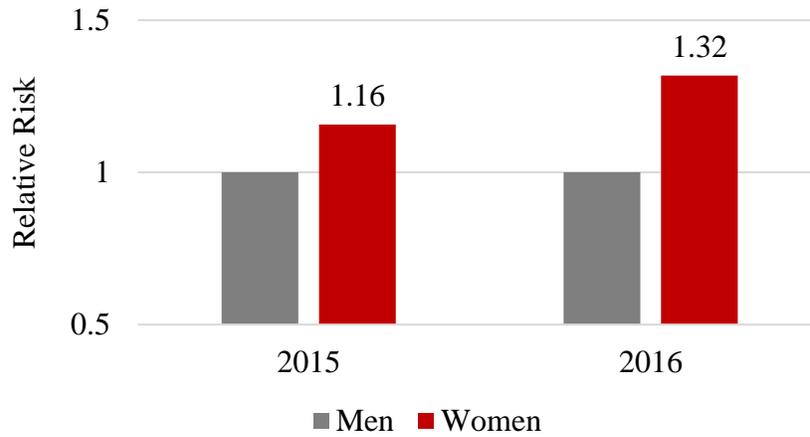
Finding 36: The 10 most frequent infractions resulting in women’s placement in segregation include low-level and nonviolent offenses.

In the UDC system, women were placed in segregation only for disciplinary reasons. According to Vera’s analysis, the top 10 most frequent infractions resulting in women’s placement in segregation included two C-level infractions and some nonviolent B-level infractions. The only A-level charge—the most serious—was actually a nonviolent infraction: intoxicant/controlled substance. (See Figure 16.)

Figure 16. Top 10 infractions most frequently resulting in segregation for women, 2016

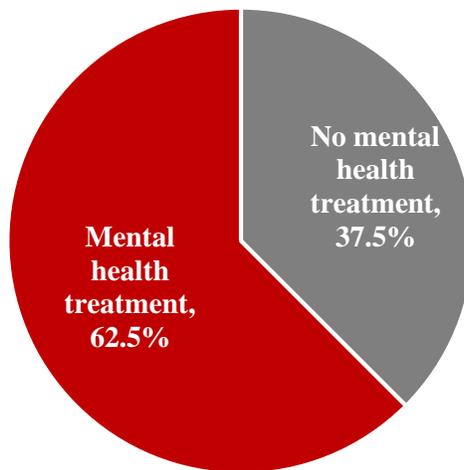
Severity level	Disciplinary code	Count of charges
B	Abuse/misuse of medication	129
B	Unauthorized possession of property	127
A	Intoxicant/controlled substance	91
B	Fighting/horseplay	82
B	Disorderly conduct, reckless endangerment	72
C	Out of bounds/abuse of pass	67
C	Possession of contraband	50
B	Refuse order/resist arrest	38
B	Prohibited sexual acts	36
B	Tattooing, branding, piercing	32

Figure 17. Likelihood of receiving a write-up, by gender



Finding 37: A significant proportion of women in segregation had mental health treatment needs. As Figure 18 shows, of all incarcerated women in segregation on an average day in 2016, almost two-thirds (62.5 percent) were in need of mental health treatment.

Figure 18. Percentage of women with mental health treatment needs in segregation, 2016



Finding 38: In UDC’s women’s facility, a sanction of disciplinary restriction (DR) for one person resulted in de facto cell restriction for her cellmate. Vera learned in a staff focus group that, at Timpanogos 3, if one incarcerated woman was given a DR sanction, then her cellmate was also restricted and enclosed in the cell for the same amount of time as the woman receiving the punishment.

Finding 39: Hispanic and Native American women tended to receive disciplinary restrictions more frequently than white or Black women. Across the two-year study period, 22 percent of incidents involving white women ($n=153$ incidents) and 18 percent of incidents involving Black women ($n=6$ incidents) led to disciplinary restrictions. However, 25 percent of incidents for Hispanic women ($n=46$ incidents) and 40 percent of incidents for Native American women ($n=16$ incidents) led to disciplinary restrictions.

Finding 40: There were no specific UDC policies that addressed women in segregation. The only mention of women in UDC policy related to the difference between women and men regarding classification/custody scores.⁶³

Recommendations – Women

Recommendation 33: End segregation for women altogether. Women currently make up a very small population in segregation, and their average length of stay is shorter than men (43 days compared to 65 days).⁶⁴ Therefore, ending segregation for women should be achievable in the near term, likely without an increase in violence in the facility. It will also help UDC operations run more smoothly, as women in all different types of segregation are currently housed in the same units, and it will reduce the impact on both staff and women in custody. Colorado is a state that ended segregation for women and could be a model for Utah.⁶⁵

- **Recommendation 33a: Develop gender specific policies that address the drivers of and conditions within segregation for women.** Vera understands that ending the use of segregation for women may require several administrative processes, such as extensive policy changes, staff training on new policies, decommissioning units, and creating communication strategies. Until the department ends segregation for women, UDC must ensure conditions in female segregation units—and the rest of the female facility are gender-specific and trauma-informed.⁶⁶ For example, strip searches and pat-downs can trigger past trauma and cause trauma symptoms, such as acts of aggression.⁶⁷ Trauma-informed practices include restoring some sense of choice and power, explaining why certain events (like strip searches) are happening, and

providing an overall atmosphere of safety. Programs to consider include Trauma-Informed Effective Reinforcement (TIER), a gender-responsive, research-based model that offers programs and effective alternatives to compliance-focused behavioral management systems.⁶⁸

UDC should also review the use of write-ups for women and ensure that gendered behaviors and trauma/mental health symptoms are not being mistaken for misbehavior. For example, Vera's analysis of infractions among female populations revealed several instances when women were penalized for "inappropriate fraternization," which staff described as hugging and other so-called displays of affection as examples. Use informal responses and interventions where possible, as disciplinary records can have real impacts on parole decisions and allow for additional privileges and earned incentives that focus on improving institutional behavior with positive responses rather than sanctions.

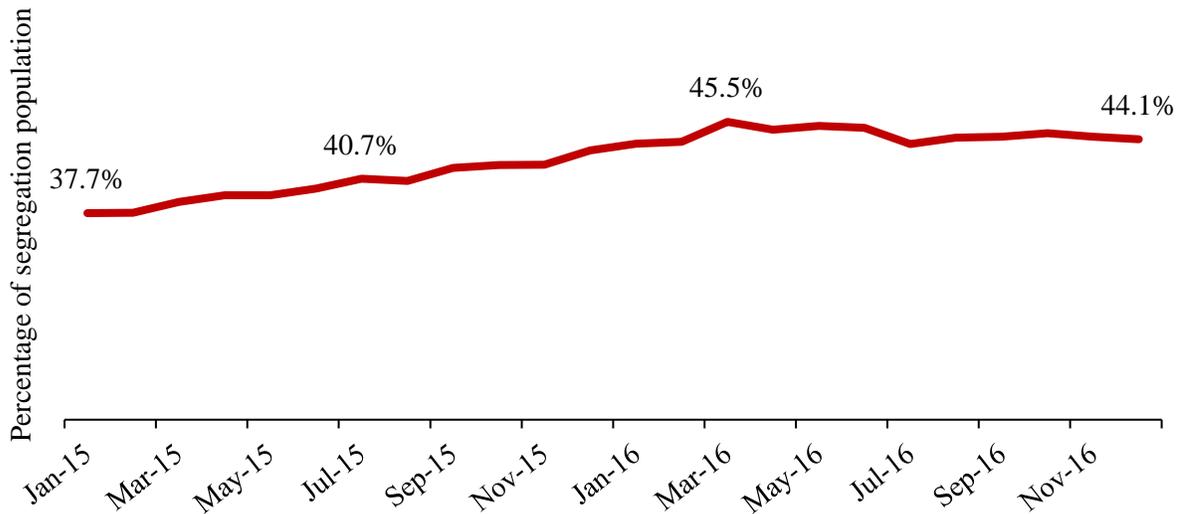
Finally, UDC should ensure that all needed items (such as feminine hygiene products, toilet paper, and trash receptacles) are provided to women in segregation.

Recommendation 34: Ensure that women benefit from the same types of reforms and alternatives to segregation devised for men, until a complete elimination of segregation for women is achieved. UDC should create a workgroup of staff and leadership focused on ensuring the equitable and just treatment of women currently in segregation and with the ultimate goal of eliminating the use of segregation entirely for women. For example, UDC should establish a gender-responsive and trauma-informed step-down process for women currently in segregation that allows for increasing opportunities for congregate activity, programming, out-of-cell time, and incentives.

Findings – People with mental health (MH) needs

Finding 41: In 2016, people who needed MH treatment sometime during their incarceration made up 44 percent of the segregation population on average.⁶⁹ (See Figure 19.) Of those with MH needs in segregation, 6.7 percent were in the secure mental health units at Olympus. For women, nearly 63 percent of people in segregation had MH treatment needs on an average day in 2016.

Figure 19. Percentage of the average daily segregation population with mental health treatment needs



Finding 42: Staff recognized the harmful effects of segregation on the mental health of people held there, as well as the limitations of MH treatment in segregation. Vera found widespread recognition among UDC staff, even non-treatment staff, that segregation often exacerbates people’s preexisting MH concerns. As one custody officer stated,

We have a current inmate; she’s got mental health issues by all means. . .but mental health doesn’t necessarily want to address it because she is a Level 2 inmate. So, they don’t want her around the mentally ill because she’s a predator or whatever. . . . She would be locked down in that section. . . 21 hours a day. . .in a cell. . . . I just feel like they need to find a balance. . . .

Because she is not getting the help she needs because of her infractions or because of her criminal behavior.

Finding 43: People with mental health needs also tended to be held in segregation longer than the overall population. People who exited segregation in 2016 and had MH treatment during their incarceration stayed an average of 104 consecutive days in segregation, compared to the overall average of 65 days.

Finding 44: Seventy-one percent of people with five or more disciplinary incidents in 2016 had mental health needs. In 2016, just 3 percent of the total population (153 people) accounted for almost a quarter (24 percent) of all disciplinary write-ups. Nearly 71 percent of this group needed MH treatment sometime during their incarceration. Thus, a relatively small number of people, most of whom have MH needs, were driving up disciplinary rates and clearly required focused treatment and support.

Finding 45: Self-harm and/or suicide attempts were sometimes responded to with disciplinary infractions, sanctions, and DR. In 2015 and 2016, there were 71 incidents of suicide attempts or ideations that were written up and punished as disciplinary infractions. Figure 20 below shows that, in a two-year span, 70 percent of these incidents occurred in a segregation unit, 80 percent included someone with a MH treatment history, and over half led to a DR sanction.

Figure 20. Disciplinary responses to self-harm or suicide attempts

Year	Number of incidents	Number of incidents in segregation units	Number of people	Number of people with MH histories	Number of incidents leading to disciplinary restriction
2015	31	20	22	14	21
2016	40	30	30	26	18

Finding 46: A determination as to whether someone needed mental health treatment frequently occurred at R&O/intake. After that point, they were only reassessed when a staff member identified behavior and requested a reassessment. There was no systematic way that people were reevaluated after R&O, which limited the identification of MH needs that arose during someone’s incarceration. Based on Vera’s interviews with MH staff and the review of policies related to mental health, there was no clear, standard process for assessing whether someone needed MH treatment beyond the initial R&O process. After Vera’s initial focus group interviews with MH staff, however, MH staff leadership reported that assessment could happen whenever staff observed a patient outside of their annual reassessment.

The following findings in this section pertain to USP’s Olympus facility, which was designated for incarcerated people with mental health needs. Those housed in Olympus generally experienced more

severe mental illnesses that typically required psychotropic medications and more frequent services from MH staff.

Finding 47: In extreme cases, people with mental illness were placed in the restrictive, maximum-security mental health units at Olympus (sections A and D at the Olympus facility at USP) due to their tendency to act out, compromise security, self-harm, or harm others, including staff and visitors. People with mental health needs who were also classified as a custody Level 1 or 2 received MH treatment at Olympus A and D. Conditions in the maximum-security mental health units were highly restrictive and resembled other segregation units. Although people housed there receive daily interactions with therapists and weekly groups, their time out of cell, other conditions of confinement (such as access to natural light, time spent outdoors, and the physical layout of the cells), and opportunities to congregate and socialize were not much different than those in LTIM or LTM.

Finding 48: The average length of stay in mental health units was 101 days. Further, although there was a 30-day maximum in Unit A and a 90-day maximum in Unit D, Vera’s data analysis shows that people could cycle between A and D units for months, and sometimes years, on end. Of the 361 people who spent time in these units in 2015 or 2016, the average length of stay was 101 consecutive days, and 71 people stayed longer than the four-month maximum.

Recommendations – People with mental health needs

Recommendation 35: Do not place any person with serious mental illness (SMI) into any form of segregation and transform current conditions in existing mental-health treatment units. People with serious mental health needs—regardless of any security level—who display behavior that would otherwise land them in segregation should be diverted to non-segregation MH units that are less restrictive than segregation, distinctly different from other segregation units, and promote a therapeutic environment. In this setting, people with serious mental illness should not be isolated and should still have access to appropriate treatment, out-of-cell time, programming, visits, phone call privileges, and opportunity for indoor and outdoor recreation, socialization, and work on the unit. As one MH staff member stated, “There is absolutely nothing healthy about locking down someone with severe mental health problems, in a very small space, for hours and hours at a time.”

The maximum-security mental health beds at Olympus and the infirmary in the Wasatch facility at USP need to be more therapeutic and less isolating. The current mental health treatment units, Olympus A and Olympus D, are highly restrictive and resemble other segregation units. These maximum-security settings can be repurposed to therapeutic diversion units. Sensory deprivation (no windows, concrete

walls warping sounds, locked doors) and social isolation exacerbate MH conditions and symptoms. To mitigate the harmful effects of isolation, every effort should be made to safely introduce congregate activities and programming, even in mental health settings. The units should focus on counseling and support the development of coping skills to help people change their behaviors. The ultimate goal will be for people to eventually transition into GP with ongoing treatment and therapeutic groups. For example, the Virginia Department of Corrections developed a treatment cohort approach for mental health patients centered around group activities involving music, art, and even horticulture.⁷⁰ The cohort model enabled participants to receive treatment while still benefiting from out-of-cell, congregate activities with other patients. When appropriate, cohort participants transition back into GP together.

Recommendation 36: Ensure that suicide and self-harm attempts are never punished. Even when someone is assessed and deemed not suicidal by MH staff, these behaviors are acts of desperation and should be dealt with through counseling interventions, rather than disciplinary sanctions.

Recommendation 37: Provide training to staff on recognizing and responding to mental health and trauma symptoms. Symptoms should not be punished. Research shows that “using segregation to manage disruptive (or symptomatic) behaviors can accelerate noncompliance and defiance, sometimes in the form of self-harm, instead of encouraging docility.”⁷¹

Findings – People with disabilities

Finding 49: Data on people with disabilities in UDC custody was limited. However, using UDC’s data on ADA accommodation status, Vera estimated that on any given day, two to three people who required some sort of accommodations were in segregation. Note that ADA accommodations—which are required by the Americans with Disabilities Act (ADA)—include things like wider cell doors, assignment to a bottom bunk or tier, use of a cane or wheelchair, personal assistance, and the provision of a shower chair, for example.⁷² This rough measure excludes people who have cognitive disabilities or some physical disabilities that do not require such accommodations. Though this is a small number of people, the staff Vera spoke with noted that they were beginning to see an increase in the number of people with disabilities in UDC’s overall population as the elderly population increased; therefore, Vera finds it worth noting how segregation was used for this population during the partnership with UDC, and highlighting it as something for the department to monitor as this overall population increases.

Finding 50: Health checks conducted by medical staff occurred infrequently according to staff and incarcerated people, and they were sometimes performed at the cell door for people in segregation. Furthermore, according to Vera’s policy analysis, the frequency of health checks for people with disabilities in segregation was not any higher than for people without disabilities in such units. The frequency of health checks performed at the cell door in segregation, versus more thorough health evaluations, was also unclear for people with disabilities.

Finding 51: Ankle restraints were generally used for everyone in segregation during out-of-cell movement. UDC practice required the use of ankle restraints for out-of-cell movement, even for older people and others who may have been more susceptible to falling and other accidents.⁷³

Recommendations – People with disabilities

Recommendation 38: Avoid placing people with significant disabilities in segregation whenever possible and provide targeted support to people with disabilities in the general population. Along with sensory deprivation and the additional harm from isolation for people with hearing loss, it is well documented that isolation and lack of exercise can exacerbate chronic illnesses and cognitive disorders.⁷⁴ It is important to make every effort to keep people with disabilities out of segregation in order to ensure their continued safety and reduce their vulnerability to accidents and threats from other incarcerated people. Moreover, UDC should enhance supports, structured activities, and supportive programming in general population to better support people with disabilities and keep them from being placed in segregation.

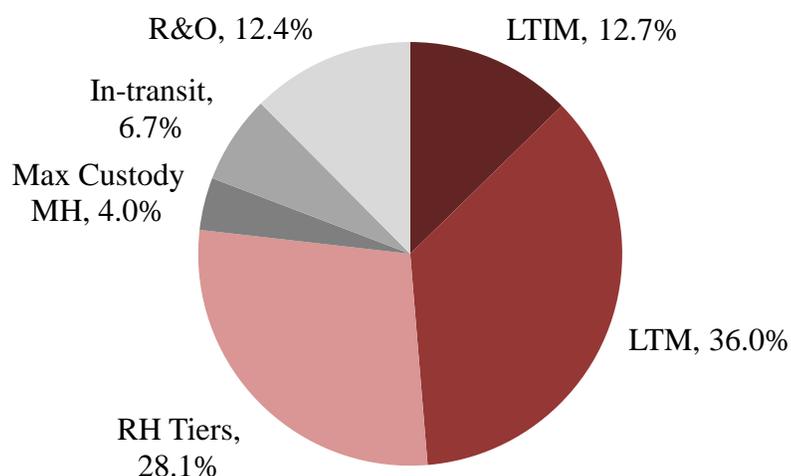
Recommendation 39: Ensure that health checks for people with disabilities in GP are appropriately comprehensive and occur regularly. People with disabilities tend to require care that is more comprehensive in terms of frequency and thoroughness. It is critical that medical staff are proactive when it comes to serving this population, rather than being reactive to their requests for care. Sufficient treatment for people with specific needs, such as this population, is a preventive and proactive way to ensure they are successful in GP and do not wind up, for various reasons, being separated from GP.

Recommendation 40: Ankle restraints and restraint chairs should be used as a last resort for everyone, especially those with disabilities. Use of restraints should be determined on an individual basis, and medical practitioners should be consulted before restraints are used, particularly for people with disabilities. Including an assessment from medical personnel will ensure these practices are applied as little as possible for an already vulnerable population.

Findings – Aging population

Finding 52: People over the age of 50 represented 10 percent (or about 105 people) of the segregation population. In comparison, people aged 50 and older made up about 24 percent of the total UDC population. Although those aged 50 and older were therefore underrepresented in segregation, this number is still significant—and cause for concern—given that older people in prison are at an increased risk for serious health problems. The isolation and limited mobility that existed in segregation, along with restraints required during movement, put the aging population at even greater risk. Further, as shown in Figure 21 below, older adults who were in segregation tended to be housed in the longer-term and more restrictive forms of segregation. In 2016, nearly 49 percent of older adults in segregation were housed in either LTM or LTIM, and another 28 percent were housed in the RH tiers.

Figure 21. Average daily population of older adults (aged 50 and above) in segregation by unit type (n=105), 2016



Finding 53: The average consecutive length of stay in segregation for people aged 50 and above who exited segregation in 2015 was 85.4 days (median=15 days), and in 2016 it was 38.2 days (median=eight days). This difference in length of stay is likely due in part to UDC's increased efforts to get people out of the RH tiers more quickly through in-cell programming. In 2015, 590 people over the age of 50 exited segregation, and this increased to 902 people over age 50 leaving segregation in 2016.

Recommendations – Aging population

Recommendation 41: Ensure that alternatives to segregation are always considered for older incarcerated people (aged 50 and above) and that this population is placed in segregation only as a last resort and for the shortest amount of time possible.

Recommendation 42: Ensure that older incarcerated people, regardless of their release date, have access to programming that can improve behavioral outcomes and/or cognitive functioning.

Recommendation 43: Ensure that health checks for older people in segregation—and in GP—are appropriately comprehensive and occur regularly. It is critical that medical staff are proactive when it comes to serving this population, rather than being reactive to people's requests for care. This should include regular screenings for dementia, as the aging prison population often has a high prevalence of risk factors for dementia (such as traumatic brain injury, low educational attainment, and drug abuse histories) and, if left unidentified, cognitive impairment and behaviors related to dementia can be mistaken for disciplinary infractions or noncompliance.

Recommendation 44: Consult medical practitioners before using ankle restraints and restraint chairs for older adults. Such restrictions should be used particularly sparingly for this population.

Training and staff wellness

This group of findings and recommendations concerns the availability of staff trainings (including Crisis Intervention Training and other de-escalation techniques) designed to enhance communication and support UDC staff in identifying the need for MH treatment among incarcerated people. This section also addresses the specific need for counseling services for segregation staff. Lastly, Vera includes strategies for enhancing staff wellness

Findings

Finding 54: Staff desired more training opportunities related to segregation. Staff reported receiving inadequate training related to segregation throughout their careers. During the focus groups, staff expressed that, overall, they had received minimal segregation-specific training during their time at the academy. They similarly felt as though the annual in-service training did not adequately provide

useful training on segregation. When asked about the two-hour segregation training provided by UDC, regarding the implementation of relatively recent segregation reforms, staff members' general sentiment seemed to be that this training was not comprehensive, did not provide the breadth of information they believed was needed for an effective training, and at the time of the focus group session, was obsolete due to more recent revisions to segregation policies. In response to the perceived lack of guidance from UDC leadership on how to implement past segregation reforms, Vera learned that security staff at CUCF had devised their own strategies for carrying out some of the segregation reforms.

Variations in on-the-job training (OJT) can affect how policies are adhered to. Accordingly, the quality of staff training can often be attributed to a trainer's communication style or skillset. Likewise, a staff trainee's capacity to learn may depend on their particular learning style or communication ability. OJT practices did not appear to account for these variations in the quality of trainers or the learning capacity of trainees. The overreliance on OJT rather than more prescriptive trainings on UDC policy resulted in discrepancies in how staff executed certain policies. The general view of security staff at both USP and CUCF was that the UDC training academy provided basic, introductory knowledge about UDC policies and procedures; however, the respondents that the Vera team spoke with almost universally agreed that OJT is the time when new cadets truly learned how to do their jobs. Consequently, the supervisory style of upper-level custody staff often determined how policies and practices were communicated, emphasized, implemented, and enforced.

An additional training distinction among UDC employees was the status of certified versus noncertified staff. By definition, certified staff are those who had successfully completed the Training Academy process.⁷⁵ However, there were some positions that did not require or involve the Training Academy process and were therefore, by definition, ineligible for certification status. During Vera's focus group interviews, noncertified staff expressed frustration with their inability to receive certain types of training that, due to a policy change, were made available only to certified staff. Additionally, UDC staff reported that a change in policy had resulted in UDC waiving the requirement for some staff positions to be certified. As an unintended consequence, this change made many trainings no longer available for some staff due to their new noncertified status, opening them only to more senior staff who were still certified. Noncertified MH workers identified this disparate opportunity to take part in trainings as a source of workplace tension among UDC staff.

Finding 55: Some staff were unaware or dismissive of the harmful effects that prolonged time in segregation can have on people. Several participants in the staff focus groups spoke of occasions when segregation was used inappropriately and noted instances of using it as a tactic for general deterrence purposes. Other staff were convinced that those who cycle in and out of segregation were simply incorrigible and would "keep messing up." Another staff member argued that segregation was useful because it serves as "a message to the rest of the population as to what is tolerated and not in the facility." These statements suggest a lack of staff awareness of the mountain of empirical evidence

showing that prolonged time in segregation can be harmful, especially for certain groups like people with mental illness, and therefore, its use should be limited.⁷⁶

Finding 56: UDC’s policies and practices related to segregation varied widely throughout the system and between housing units within the same facility. Staff responses to behavioral infractions in segregation were typically left to the discretion of each individual unit manager. For example, in one focus group, during a discussion on UDC staff responses to infractions in R&O, one security staff respondent said simply, “It depends on the captain.” The result of this method of operations was that policies and practices surrounding segregation were enforced inconsistently and often differed between USP and CUCF, and between buildings and housing units within the same facility. As a treatment staff member in one of the focus groups commented, “In my building . . . there are still reactionary decisions made about violations. One inmate may do something, but custody staff may react differently—there is still some subjectivity used for fights or bad behavior.” Regularly scheduled, enhanced staff training can help address the inconsistencies in some of the facilities’ operations.

Finding 57: Staff reported frustration with the inconsistent messaging and lack of implementation guidance on evolving segregation policies. The rapid pace of UDC’s segregation reforms contributed to the differences that were noted in the descriptions of the operations by staff at USP and at CUCF. During a focus group, one security staff member described his take on the problems that occurred with recent reforms: “The biggest factor is the inconsistency between us and [the other facility]. It’s 130 miles [away], but it’s a lot farther than that in terms of trying to stay consistent.” Another security staff member stated, “There’s some times where we go to our chain of command and tell them, ‘look, there’s no way possible we can put these guys anywhere in the facility [or] in housing unit.’ We come back and get told, ‘make it work...’”

Although staff appeared to understand the intent of segregation reform overall, some noted a lack of guidance on how to implement and execute many of the new policies. Staff also acknowledged that, given all the changes, managing the RH unit had become particularly challenging logistically. At CUCF, for instance, some security staff cited that they created their own segregation training to supplement the general, department-wide training that UDC provided. Notably, CUCF staff seemed markedly less enthusiastic about the new changes, compared to USP staff. For example, one staff member expressed his opinion on this issue:

You guys are getting mad at us because it’s not getting done, but here’s our situation and here’s the scenarios we are dealing with, because it just doesn’t work. It looks good in theory, and it looks great on paper, and it’s supposed to help the inmates out, which I agree I want to help the inmates out, that’s what we’re here for—to try to help them out—but we’ve got to be safe with not only us, but those inmates’ lives are our responsibility.

Finding 58: Security staff acknowledged that working in the segregation units can be particularly stressful and traumatic. Officers noted that, at times, they found it difficult to “leave work at work.” Staff burnout is a challenge, which previous studies have found can negatively affect staff’s lives at or away from work, as well as their treatment of the custodial population.⁷⁷

Recommendations

Recommendation 45: Promote and expand access to mental and emotional wellness counseling services for the entire department. Due to the high-stress nature of working in corrections, staff wellness should become an even higher priority for the department. It is important that staff feel supported and that their professional and personal concerns are acknowledged and addressed. Though future efforts to promote staff wellness may encourage some to voluntarily seek mental and emotional counseling when they are having work-related difficulties, there are sure to be others who will not seek this help, despite also experiencing the negative mental and emotional impacts that working in correctional settings, especially in restrictive units, can have on staff. The department should be proactive in identifying personnel who may be experiencing work-related hardship and need support, connecting them to available resources, and empowering staff members to do the same. This department commitment could help destigmatize the act of voluntarily seeking emotional or mental support.

Recommendation 46: Develop a comprehensive, systemwide segregation training to be included in the UDC training academy as well as the annual in-service trainings. All staff should have a clear understanding of why the department is reforming its use of segregation and the benefits of those efforts. They must be knowledgeable about the severe, negative health consequences that extended time in segregation can pose, the potential negative impacts on staff who work in those units, the lack of evidence that segregation is an effective response to behavior, and the fact that other systems have been able to successfully reduce its use, leading to very positive results. Moreover, every effort should be made to ensure consistency and uniformity in the training that staff receive, regardless of which facility or housing unit they are assigned to.

Although the exact nature of a revised segregation training curriculum must be carefully developed, all enhanced training for security, programming, medical, and MH staff should:

- be provided by an experienced correctional training expert;
- become a significant component of the annual in-service trainings for veteran staff; and
- be adequately and comprehensively facilitated at the training academy—at minimum, over the course of several days, rather than mere hours.

It should include:

- a detailed presentation of alternatives to segregation and methods for responding to negative behavior differently;
- an explication of the criminal justice concepts of procedural justice/fairness and their importance in adding legitimacy to the disciplinary process from the incarcerated population’s perspective—which has been shown to lead to greater cooperation with rules and policies;⁷⁸
- an emphasis on ensuring the use of segregation in response to negative behavior is only a last resort after other, less restrictive alternatives have been exhausted; and
- an assessment and certification (e.g., granted on a satisfactory/unsatisfactory basis) on completion of the training—and periodically thereafter, to ensure that staff remain up to date on UDC segregation policies and procedures.

It would be useful to hold quarterly follow-up staff meetings specifically to review statistics on the use of segregation throughout the UDC system, including interactive discussions about incidents or problems involving segregation and the ways to effectively address them. These meetings would also serve as opportunities to share and highlight examples of good strategies for alternative approaches to segregation that have been deployed by staff at each facility.

Recommendation 47: Reexamine the current selection criteria for staff assignment to segregation, provide additional specialized training to segregation staff, and provide a staff incentive system to attract and support suitable staff working in these units. Given that segregation units are often the most challenging areas of correctional facilities to work in, it is critical that all security, treatment, and programming personnel who work in these settings have the appropriate training, willingness, and skills. One benefit of creating a cadre of specialized segregation staff is that it could provide greater consistency within and between both USP and CUCF in the application of the rules, policies, and procedures related to segregation, which should lead to better staff collaboration, enhanced inter-facility operations, and most importantly, the increased use of safe alternatives to segregation.

To achieve these goals, UDC should consider creating specialized segregation teams within each facility who are uniquely equipped to work in these units. This group would comprise the people who would receive *additional* in-depth training, beyond the fundamental segregation training that all UDC employees should receive. These staff members must have the ability to effectively respond to negative behaviors and volatile situations using de-escalation techniques and communication skills. It is also crucial that all segregation staff receive the support and appropriate training necessary to interact with people held in segregation who present mental health and behavioral challenges.

As a potential recruitment strategy to attract qualified UDC staff to apply for these positions, the department should consider offering incentives to recruit and support staff, such as a salary differential, preferential work schedules, or the ability to participate in more specialized training opportunities. In a

focus group, when discussing what would be necessary to achieve successful segregation reform, one treatment staff member said, “You would have to find some way to incentivize corrections officers to move in that direction, because right now, all their incentives are the other way, and the safety of their job security is the other way.”

Recommendation 48: Survey staff regularly in order to gauge their perceptions of reform efforts and the overall impact that reform is having on staff morale and satisfaction. No reform—segregation-related or otherwise—will be effective without staff buy-in and commitment. The most effective way to identify what is challenging to staff and incarcerated people alike, and to discover what supports that they need to safely and effectively do their jobs (staff) or to comply with facility rules (incarcerated people), is to ask them. Surveying staff and incarcerated people periodically provides both groups with an avenue for expressing their thoughts to the UDC administration anonymously. Moreover, the results would inform UDC leadership as to how staff and incarcerated people are feeling about a plethora of issues.

For example, generally, the staff member focus group respondents had a favorable view of the level of effectiveness with which staff members collaborate between divisions. However, the MH staff at one of the facilities seemed frustrated and baffled by their minimal and sometimes contentious relationship with the programming staff at the facility. Conversely, the MH staff at the other facility lauded their relationship with the program staff there. A well-designed staff survey may be able to identify a range of organizational successes and challenges.

Recommendation 49: Conduct surveys of incarcerated people regularly, in segregation and in GP, to get feedback on their perceptions of their conditions of confinement and on staff’s overall service delivery model. As the primary consumers of services in prisons, the incarcerated population can provide key insights to the UDC administration concerning service quality. For instance, one type of survey instrument that can elicit valuable perspectives from incarcerated populations is the Core Correctional Practices Self-Report (CCPSR). This self-report examines the relationship between the level of adherence to CCP and the incarcerated population’s preparedness for release.⁷⁹ The CCPSR methodology is survey-based, which is useful for assessing correctional environments on a large scale and for assessing the incarcerated population’s perceptions of the quality of service delivery.⁸⁰ Research demonstrates that the perceptions captured by the CCPSR survey “provide an accurate measure of staff adherence to CCP and are predictive of institutional misconduct among prisoners.”⁸¹ Securing an outside entity to conduct the survey could ensure impartiality and objective reliability of the data collected and survey findings.

Recommendation 50: Ensure security staff understand that mental illness and emotional distress can be the reason people “act out” and end up in segregation, and how to identify them. It is important that facility staff are trained to distinguish behavior warranting a disciplinary response from behavior that is the result of mental illness, emotional distress, or trauma requiring a treatment response.

Recommendation 51: Ensure that segregation staff receive Mental Health First Aid training (in addition to CIT), and encourage segregation staff to obtain the Mental Health/Behavioral Health ACA certification.⁸²

Recommendation 52: Support staff with training as they continue to adjust to a disciplinary process that uses segregation as a sanction less often:

- Ensure that staff have adequate alternative tools to sanction misbehavior and incentivize positive behavior.
- Train and encourage correctional officers to use informal sanctions and their communication skills to resolve minor offenses, avoiding the formal disciplinary process altogether, when appropriate.
- Train unit managers and other facility staff to exercise limits on the use of segregation as an immediate response to negative behavior, and safeguard against the overuse of segregation as a punishment, or the misuse of segregation as a general deterrent for the incarcerated population at large.
- Provide additional training to security staff on the use of direct supervision—maintaining direct visual contact with incarcerated people’s activity at all times.⁸³

Recommendation 53: Provide staff with formal training on cognitive behavioral programming, such as Core Correctional Practices (CCP).⁸⁴ An ideal cognitive-behavioral approach, such as CCP intervention, includes the following five main elements:

- **Effective use of authority**, which relates to how correctional staff communicate and enforce the formal rules of the facility.
- **Appropriate modeling and reinforcement of attitudes and behavior**, which is a cognitive-behavioral approach to correctional interventions and emphasizes the use of various techniques to encourage people to practice new skills and behaviors.
- **Development of skill building and problem-solving strategies**, which entails structured learning by incarcerated people of a variety of new skills related to self-management, such as problem solving and cognitive restructuring.

- **Effective use of community resources**, which includes empowering staff to connect incarcerated people to community resources, such as housing, jobs, or public benefits prior to someone’s release.
- **Quality of interpersonal relationships**, which states that good relationships between incarcerated people and staff are essential for establishing a setting in which effective correctional interventions can take place.

Recommendation 54: Develop a coaching model to reinforce segregation-specific and other staff training with feedback and accountability mechanisms.

Recommendation 55: Increase the number of staff who are trained to deliver programming in segregated units. Some of the focus group respondents acknowledged that more programming is now being made available to people in segregation than had been offered in the past. Overall, however, there is a relative lack of programming available to people held in segregation. Additional staff, including MH staff, should be trained to deliver programming to support the efforts of the program staff. As one MH staff member lamented,

I want to do programming (Thinking for a Change), but [the programming staff] won’t do it for my Level 2s, but they said I can’t do it, ‘you’re not program staff.’ I’m not to do case management or programming. One of the problems in RH, they don’t have access to the very groups and therapeutic programming that they need.

Recommendation 56: Ensure that noncertified UDC staff have access to the same trainings offered to certified staff. Making the same trainings available to all staff increases the department’s overall flexibility to shift personnel around throughout the system in response to any security, programming, or treatment needs that may arise. If fiscal issues or capacity concerns are a barrier, the department could consider allowing noncertified staff to attend these types of training sessions on a limited basis (such as an allowance of three certified trainings per year).

Recommendation 57: Identify and empower select UDC staff members to serve as reform ambassadors during the implementation phase of this project and beyond. The designation of key staff as reform ambassadors or champions can help ensure that line-level staff and unit managers throughout the department remain engaged during the implementation phase of the project and will hopefully increase buy-in to the reforms among staff. Achieving the department’s goals for this project is a long-term endeavor, and its success depends on UDC staff being committed for the duration of the project.

Segregation in the new facility

In 2014, the Utah Legislature voted to move forward with the relocation of the Utah State Prison in Draper, and in 2015, the new Salt Lake City location was approved.⁸⁵ UDC made clear its desire to focus in the new facility on programming that reduces recidivism, increases safety, and addresses the needs of the incarcerated population.⁸⁶ The new facility is slated for completion in late 2020, with people moving into the prison the following year. With the promise of a new facility comes the opportunity for a “clean slate” and the creation of a different type of carceral setting—one with fewer segregation units, more space for communal living, and a focus on human dignity. This section provides UDC with recommendations for this new space.

Recommendations

Recommendation 58: Ensure that the new facility will have adequate space for treatment and programming. Both treatment staff (especially mental health) and incarcerated men, alike, were strongly supportive of the idea that the new facility needs significantly more physical space to conduct treatment and programming, including space for private counseling sessions as well as group therapy and classes. In addition, they felt that the new facility needs to have enhanced and more expansive recreational facilities and communal space. Staff and incarcerated men also noted that the geriatric population needs an appropriate housing unit specifically designed to meet their needs.

Recommendation 59: Ensure that the new facility has significantly fewer segregation cells, more natural light, and more opportunities for employment for the incarcerated population. UDC should consider consulting with architects and designers outside of the corrections field, including architects that design health, mental health, and educational spaces. In addition, it is important to include community members and advocates in the planning stages.

Recommendation 60: Create a specific housing unit or space to serve as temporary transitional housing (i.e., in-transit beds). One common complaint among staff was that accommodating people who temporarily require in-transit beds is a major logistical challenge. Currently, there are times when people who are in-transit must occupy space in Level 2 RH units. The in-transit population should not be subjected to the constraints and isolating conditions in these units. Additionally, segregation units should be used expressly for their intended purpose.

Recommendation 61: Create cool down areas and/or “blue rooms.” Overall, there is a need to provide incarcerated people with opportunities, not involving placement in segregation, to “cool down” in the buildup to, during, or following volatile or otherwise intense situations. UDC should develop

designated spaces, located somewhere besides segregation, that are a calming environment designed to promote de-escalation. The Oregon Department of Corrections, for example, has “blue rooms” where nature videos are shown, and Colorado has de-escalation rooms with murals, soothing music, and comfortable chairs.⁸⁷ The use of such spaces should become a standardized practice throughout the system, in GP as well as segregation. Accordingly, UDC should examine each facility to identify spaces that could potentially be used and create a policy to promote their use.

Recommendation 62: Ensure that non-restrictive spaces exist for people who are currently in segregation for their own safety. Ensure that the facility can provide mission-specific housing options specifically for vulnerable populations, that are separate from but still mirror the conditions of GP. Vulnerable populations or people who require voluntary or involuntary protective custody should receive privileges, work opportunities, and access to programming similar to those housed in GP. They should not be placed in settings that are isolating or restrictive.

Mission-specific housing units provide a safer and less restrictive situation for certain vulnerable groups, which can reduce the demand for segregation to be used as de facto protective custody. UDC should continue to collect data on the specific reasons that people are housed in protective custody (e.g., cooperation with law enforcement, conviction for a sex offense, gang affiliation, sex or gender identification, etc.) and develop a process for reviewing this data regularly. Strategies to safely house these groups should be data-driven and based on the drivers of safety concerns.

Implementation of Reforms

After the Vera team completed the assessment phase and presented its findings and recommendations to the Utah Department of Corrections, UDC leadership chose nine staff to serve on its Implementation Workgroup. Vera worked with this group to prioritize the recommendations and develop a plan for implementation.

The prioritization and implementation planning process began with a workshop at which workgroup members ranked the recommendations on two criteria: (1) systemwide impact/priority; and (2) implementation feasibility. Impact/priority refers to how much priority should be given to a particular recommendation based on its potential impact on UDC’s overall goals to safely reduce segregation and improve conditions within segregated settings. Implementation feasibility refers to the level of effort and resources UDC would need to allocate to implement a given recommendation. The results of this workshop served as a basis for UDC’s implementation plan moving forward.

The following is a list of reforms that UDC reports to have implemented between the start of its partnership with Vera in 2016 and the end of the partnership in late 2018. Due to data and access

limitations, Vera was not able to independently confirm the implementation of reforms that occurred after the end of Vera's partnership with UDC in September 2018.

- **UDC developed a mission statement, vision statement and set of guiding principles for the management of their segregation units.** These principles—included in policy FC07—create systemwide guidelines for managing segregation units, including a classification review, periodic mental health assessments, required training for staff, a description of how a person's length of stay is determined, and other guidelines for systemwide segregation use.
- **UDC placed a 14-day time limit on length of stay in Reception and Orientation (R&O), for placement into segregation during the classification process, and during an investigation for a behavioral infraction incident.** Previously, stays in R&O could last anywhere from a week to a few months, according to the staff and incarcerated people Vera spoke with.
- **UDC reduced the capacity of in-transit beds and expedited the review process to ensure people do not stay there for extended periods of time.** Previously, facility staff unanimously agreed that the practice of reserving and/or maintaining in-transit beds for admissions from county jails was counterproductive and disruptive to housing, movement, and programming efforts throughout the facility.
- **UDC increased the frequency of mental health reviews in segregation.** UDC reports that more thorough MH assessments occur at least every seven days, either in the infirmary or at the cell door. Previously, data analysis showed that some incarcerated people were spending long periods of time in mental health units under a doctor's care, with a minimum of 30-day intervals between MH reviews—and an assessment of whether someone required mental health treatment was conducted only at R&O/intake. Any further assessment needed to be initiated by staff based on their perception of a person's behavior.
- **Entry into LTM units cannot be based simply on STG status.** Recent updates to the LTM policy state that placement in these units cannot be based on STG status alone. Rather, the rationale for placement into segregation should be based on a person's behavior, thereby narrowing the criteria for entry into this restrictive setting.⁸⁸
- **UDC now offers orientation on LTM units.** During orientation for entry into the LTM unit, staff now hold meet-and-greet sessions for potential cellmates to ensure the safety of everyone in

the unit. This has led to fewer incidents and greater usage of the two- to eight-person recreation time.

- **UDC increased the use of the multidisciplinary team process to determine housing placement.** At Vera’s second visit to UDC, in the spring of 2017, the department was just beginning to use a multidisciplinary team to review and make housing placement decisions for movement into segregation. Since that time, leadership reports the expanded use of the multidisciplinary team approach to limit the criteria and circumstances under which people were sometimes placed or held in RH and other segregated settings indefinitely.
- **UDC implemented efforts to ensure that policies and practices around placement in segregation are consistent between both Utah State Prison (USP) and Central Utah Correctional Facility (CUCF).** Following Vera’s second visit to the UDC system, UDC leadership reported increased efforts to eliminate the organizational cultural contrasts between CUCF and USP. For example, UDC is attempting to address the unequal distribution of adequate physical space for programming and the shortage of programming resources through increased use of indoor recreation cages and repurposing existing storage areas for programming.

The following are proposed systemwide reforms that Vera has recommended and UDC leadership has expressed interest in pursuing but had not made significant implementation progress on as of September 2018.

- **UDC is eliminating the use of segregation for women.** Given UDC’s relatively small number of women in segregation (only five women were in segregation settings as of May 2017), leadership expected to end all segregation for women by the end of 2018.
- **UDC plans to codify policy on regulations for length of stay during R&O** and several of the other aforementioned changes, including frequency of MH reviews and criteria for entry into LTM units.
- **UDC wants to expand its use of the Privilege Level System (PLS) as a mechanism for rewarding positive behavior.** The PLS is an attempt to recognize and incentivize positive behavior and standardize staff responses to negative behavior. This represents a shift from staff’s prior focus primarily on responding to negative behavior by issuing penalties. When the PLS is used in segregation, it is meant to equip people coming out of those units with behavioral training and services to help them thrive in GP housing. Leadership reports an interest in rolling out a PLS

system across both facilities, including segregation and GP. The department's goal is to start the rollout with other segregation units and then expand to GP.

Conclusion

For several years, a diverse range of international and national organizations, policymakers, and corrections practitioners have called for reforms in segregation. Whether citing the potentially devastating psychological and physiological impacts of spending 22–24 hours a day alone in a cell the size of a parking space, the costs of operating such highly restrictive environments, or the lack of conclusive evidence demonstrating that segregation makes correctional facilities safer, these voices agree that reform and innovation are worthwhile endeavors. Currently, while many segregation reform efforts are showing promise, others are still in their infancy. Still, as examples from the field—in states like Colorado, Pennsylvania, and Virginia, discussed in this report—make clear, there is much to learn from the ongoing work to transform, and ultimately eliminate, segregation in correctional agencies.

As the Utah Department of Corrections works to safely reduce its overall segregation population and move forward with the implementation of current and future reform efforts, Vera has every confidence that UDC will learn from its peers, capitalize on its own strengths, and use the recommendations in this report as a springboard for improving the lives of the men and women who live and work in Utah's prisons.

Endnotes

¹ At the time of Vera's partnership with the Utah Department of Corrections (UDC), the department referred to these units as "restricted housing." This report uses the general term "segregation" to refer to all units with conditions that are more restrictive than the general population.

² The Liman Program at Yale Law School and the Association of State Correctional Administrators (ASCA) estimated that 80,000 to 100,000 people in state prisons were in any form of segregation on an average day in 2014. According to the U.S. Bureau of Justice Statistics, the total number of people in state prison in 2014 was 1,516,500. Thus, the overall percentage of incarcerated people in segregation is somewhere around 5.1 to 6.4 percent nationally. See Sarah Baumgartel, Corey Guilmette, Johanna Kalb et al., *Time-In-Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison* (New Haven, CT: Yale Law School, Liman Program, 2015), <https://perma.cc/CS26-B246>. The UDC data used in the Vera assessment is from 2015-2016. For a more recent national average, see Judith Resnik, Anna VanCleave, Kristen Bell et al., *Reforming Restrictive Housing: The 2018 ASCA-Liman Nationwide Survey of Time-in-Cell* (Yale Law School, Liman Center for Public Interest Law, 2018), <https://perma.cc/HQX9-3QAM>.

³ UDC, Facilities Operations: Inmate Processing, FC04, "Inmate Classification," effective April 15, 1988 and revised January 15, 2017, 4.

⁴ UDC, Facilities Operations: Inmate Management, FC07, "Restricted Housing," effective December 8, 2015 and revised October 12, 2017.

⁵ Ibid.

⁶ Ibid.

⁷ Reception and orientation (R&O) is only the entry point for people entering one of UDC's two facilities. It is not the entry point for the network of jails throughout Utah that also housed a portion of the UDC population.

⁸ UDC, Facilities Operations: Inmate Supervision and Control, FE32, "Temporary Restriction Order," effective November 29, 2018, 4.

⁹ The UDC administrative data that was provided to Vera does not track what level someone was on in restricted housing and long-term maximum; therefore, Vera researchers could not separate out people who were on the higher levels in a more restrictive environment versus those on the lower levels in a less restrictive environment, as they were all housed in the same unit.

¹⁰ Vera excluded 12 people who moved to in-transit beds.

¹¹ To review the listed factors and a full version of the current classification instrument, see UDC, FC04, 2017, 56-64.

¹² Ibid.

¹³ U.S. Department of Justice (DOJ), *Report and Recommendations Concerning the Use of Restrictive Housing: Guiding Principles* (Washington, DC: DOJ, 2016), <https://perma.cc/4UCZ-UG6X>, 3.

¹⁴ UDC, Facilities Operations: Inmate Management, FD01, "Offender Discipline Procedures," effective April 1, 1986 and revised March 7, 2014.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ UDC, FC07, 2017; and UDC, Facilities Operations: Inmate Management, FD20, "Privilege Level System," effective July 15, 1991 and revised October 30, 2013.

¹⁸ UDC, FD20, 2013.

¹⁹ Ibid.

²⁰ A-level charges are considered the most serious infractions and require the most severe sanctions. For a complete description of infraction categories and related disciplinary sanctions, see UDC, FD01, 2014.

²¹ For an example of a graduated matrix to build from, see Washington State Department of Corrections (WDC), *Prison Sanctioning Guidelines: Violation Categories and Range of Sanction Options*, (Washington, WDC, 2015), <https://perma.cc/8DNP-4WD5>.

²² Masahiro Suzuki and Hennessey Hayes, "Current Debates over Restorative Justice: Concept, Definition and Practice," *Prison Service Journal* 228 (2016), 4-8, <https://perma.cc/46X5-4CWS>.

²³ See Vera Institute of Justice, "Dispatches from T.R.U.E.," blog series, <https://www.vera.org/blog/dispatches-from-t-r-u-e>.

²⁴ See UDC, Facilities Operations: Inmate Management, "Long Term Maximum/STG Housing," effective June 1, 2016.

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- ²⁵ United Nations, Standard Minimum Rules for the Treatment of Prisoners, General Assembly Resolution 70/175 (2015), <https://undocs.org/A/RES/70/175>.
- ²⁶ Robert D. Lee Jr, "Prisoners' Rights to Recreation: Quantity, Quality, and Other Aspects," *Journal of Criminal Justice* 24, no. 2 (1996), 167-178.
- ²⁷ Geoffrey Godbey, *Outdoor Recreation, Health, and Wellness: Understanding and Enhancing the Relationship* (Washington, DC: Resources for the Future, 2009), <https://perma.cc/QYF6-RGJL>. See also Frances E. Kuo and William C. Sullivan, "Aggression and Violence in the Inner City: Effects of Environment via Mental Fatigue," *Environment and Behavior* 33, no. 4 (2001), 543-71, <https://perma.cc/63MS-69AW>.
- ²⁸ See Stanford University, Human Rights in Trauma Mental Health (HRTMH) Lab, *Mental Health Consequence Following Release From Long-Term Solitary Confinement in California* (Berkeley, CA: Stanford University, 2018), <https://perma.cc/3RQ3-9SHG>.
- ²⁹ Legal calls and visits are still permitted. UDC, FD01, 2014.
- ³⁰ Monica Bertilsson, Jesper Löve, Gunnar Ahlborg Jr, and Gunnel Hensing, "Health Care Professionals' Experience-Based Understanding of Individuals' Capacity to Work while Depressed and Anxious," *Scandinavian Journal of Occupational Therapy* 22, no. 2 (2015), 126-136.
- ³¹ Examples of therapeutic and psychosocial programming include stress management, anger management, trauma-informed care models, "Changing Criminal Thinking," resiliency training, "Thinking for a Change," and "Preparing for Life after Prison."
- ³² Pennsylvania Department of Corrections, 13.8.1, "Access to Mental Healthcare," effective March 9, 2015.
- ³³ For an example of these tablets, see Edovo, "Our Mission," <https://perma.cc/TJ8B-CUVA>.
- ³⁴ Matthew Lowen and Caroline Isaacs, *Lifetime Lockdown—How Isolation Conditions Impact Prisoner Reentry* (Tucson, AZ: American Friends Service Committee, 2012), <https://perma.cc/X5AR-F38L>.
- ³⁵ Note that, to calculate length of stay, Vera used an exit cohort of anyone who had exited segregation in 2016. Thus, this average length of stay is likely an underestimate, as it does not include people who remained in segregation after the data collection period.
- ³⁶ See UDC, FC04, 2017, 40.
- ³⁷ Note that for this population in segregation for more than one year, the average length of stay was 3.1 years (median=1.9 years). Further, 182 people of these 297 had not yet left segregation upon data collection, and thus their ultimate length of stay in segregation will be longer.
- ³⁸ For more information on the existing Offender Management Review process, see UDC, Facilities Operations: Inmate Supervision, FE06, "Offender Management Review," effective June 1, 1996.
- ³⁹ Vera was not able to quantify this in the data, but many staff described this happening fairly often.
- ⁴⁰ Note that Vera included only people who spent over one week in segregation prior to their release, which excluded people who appeared to move to an R&O unit or in-transit unit right before release.
- ⁴¹ UDC, FE06, 1996.
- ⁴² Lowen and Isaacs *Lifetime Lockdown*, 2012.
- ⁴³ HRTMH Lab, *Mental Health Consequences*, 2018.
- ⁴⁴ Lowen and Isaacs, *Lifetime Lockdown*, 2012.
- ⁴⁵ In the data used by Vera, security threat group (STG) members are those incarcerated people with known affiliations to gangs, hate groups, or other organized parties that may pose a security threat within the correctional facilities operated by UDC.
- ⁴⁶ "Cautions" and "safeties" refer to warning alerts that are assigned to incarcerated people based on their perceived or potential security risk. For example, a person's STG affiliation may result in a "safety" or "caution" alert/flag accompanying that person's record. "Safety" designations are generally more serious than "caution" designations, although staff tended to talk about both designations interchangeably. See UDC, FC04, 2017.
- ⁴⁷ Correctional officers are often personally sued for prison-related incidents—such as excessive uses of force, sexual assaults, inadequate medical care, or other violations of incarcerated people's basic rights—as a result of civil liability established by federal law and case law.
- ⁴⁸ See John Jay College, National Network for Safe Communities, "Prison Violence Intervention," <https://perma.cc/EY9W-ABXA>.
- ⁴⁹ The Vera project team heard about these programs directly from former WDC Secretary Dan Pacholke in a conference call on March 8, 2016, and from Pennsylvania Department of Corrections Warden Michael Overmyer, in a phone call on February 25, 2016.
- ⁵⁰ Divya Sharma and Kim Marino, "Correctional Management of Security Risk Groups: A Case Study," *Journal of Gang Research* 24, no. 4 (2017), 45-65; and Donald Specter, "Making Prisons Safe: Strategies for Reducing

Violence,” *Washington University Journal of Law & Policy* 22, no. 1 (2006), 125-134, <https://perma.cc/WK9K-RN04>.

⁵¹ MILPA, <http://www.milpacollective.org/>.

⁵² For more information on the Restoring Promise Initiative, see Vera Institute of Justice, “Restoring Promise: An Initiative to Disrupt the American Prison System,” <https://www.vera.org/projects/restoring-promise-young-adult-reform-initiative>.

⁵³ UDC, FC04, 2017, 16.

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

⁵⁶ UDC, FC04, 2017, 17; Description of the classification levels: Level 1—Intensive custody (Death Sentence inmates); highly structured and supervised environment, typically confined to cell 23 hours a day and restrained in the presence of non-inmate personnel. Level 2—Close Custody; typically confined to cell 21 hours a day, when leaving unit must be escorted by an officer. Level 3—Inside Compound; must remain inside perimeter fence. Level 4—On Property; must stay on prison property, may go outside the fence on supervised work details. Level 5—Off Property; may, on approval, leave prison property (home visit, work release, etc.). Level 6—Housed Off Property, Community Corrections Center.

⁵⁷ UDC, FC04, 2017, 16-17.

⁵⁸ In several studies, including studies of federal capital offenders and death-sentenced inmates in Oregon, only a small number of people committed serious assaults inside prison facilities, and neither prosecutors nor jurors were able to predict serious violence in prison. In Missouri, death-sentenced people are housed in the same general population units as those with noncapital sentences, through individual evaluations. A 25-year follow-up study of this Missouri model showed that capital punishment and life without parole (LWOP)-sentenced people were significantly *less* likely than non life-sentenced people to be involved in violent misconducts. When controlling for demographic variables, such as age, race, mental health, and length of incarceration, sentence no longer had a significant effect on misconducts; thus, a sentence of death or LWOP alone was not a predictor of violence. See Mark D. Cunningham, Thomas J. Reidy and Jon R. Sorensen, “Wasted Resources and Gratuitous Suffering: The Failure of a Security Rationale for Death Row,” *Psychology, Public Policy & Law* 22, no. 2 (2016), 185-99; Mara S. McLeod, “Does the Death Penalty Require Death Row?: The Harm of Legislative Silence,” *Ohio State Law Review* 77, no. 3 (2016), 525-592, <https://perma.cc/KE2B-CXN9>; and Carla Edmondson, “Nothing is Certain but Death: Why Future Dangerousness Mandates Abolition of the Death Penalty,” *Lewis & Clark Law Review* 20, no. 3 (2016), 857-917.

⁵⁹ U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health, “Mental Illness,” <https://perma.cc/3NRW-49FK>.

⁶⁰ Joan Ann Swanson, “Trends in Literature about Emerging Adulthood: Review of Empirical Studies,” *Emerging Adulthood* 4, no. 6 (2016), 391-340.

⁶¹ For more on the T.R.U.E. units and Vera’s work reforming incarceration for young adults, see Vera Institute of Justice, “Restoring Promise.” <https://www.vera.org/projects/restoring-promise-young-adult-reform-initiative>.

⁶² Vera Institute of Justice, “Dispatches from T.R.U.E.”.

⁶³ UDC, FC04, 2017, 14. Policy FC04, section 04.02, calls for a “gender-specific” process to classify people at intake and determine appropriate custody levels, which is achieved through a point-based system with separate scoring tables for male and female arrivals.

⁶⁴ Using a release cohort of people released from segregation in 2016.

⁶⁵ Colorado ended the use of segregation for all women, and at the time of the Vera partnership, UDC expressed interest in eliminating its use of segregation for women. Though the number of women in segregation under UDC custody is low, the department would benefit from using the strategies of other jurisdictions like Colorado. See Rick Raemisch, “Opinion: Why We Ended Long-Term Solitary Confinement in Colorado,” *New York Times*, October 12, 2017, <https://www.nytimes.com/2017/10/12/opinion/solitary-confinement-colorado-prison.html>.

⁶⁶ See Gina Fedlock and Stephanie S. Covington, “Correctional Programming and Gender” in *Oxford Research Encyclopedia of Criminology and Criminal Justice*, edited by Anthony Wahl and Henry Pontell (New York: Oxford University Press, 2017), <https://perma.cc/5TFH-UQHS>.

⁶⁷ *Ibid.*

⁶⁸ See Kimberly S. Selvaggi, Angie Wolf, and Callie Long, *A Trauma-Informed Effective Reinforcement System for Girls*, webinar, August 7, 2013, <https://perma.cc/5ZG5-WF58>.

⁶⁹ This includes people who may have been diagnosed after their placement in segregation.

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- ⁷⁰ Byron Kline, Elena Vanko, and Léon Digard, *The Safe Alternatives to Segregation Initiative: Findings and Recommendations for the Virginia Department of Corrections* (New York: Vera Institute of Justice, 2018), 30-31, <https://perma.cc/7PWV-9MZB>.
- ⁷¹ Kelly Hannah-Moffat and Amy Klassen, "Normalizing Exceptions: Solitary Confinement and the Micro-Politics of Risk/Need in Canada," in *Extreme Punishment: Comparative Studies in Detention, incarceration and Solitary Confinement*, edited by Keramet Reiter and Alexa Koenig (London: Palgrave Macmillan, 2015), 137.
- ⁷² Steven E. Gordon, "The ADA in State and Local Courts, Law Enforcement, and Detention Facilities," PowerPoint, undated, <https://perma.cc/N4JB-NLU8>.
- ⁷³ Brie A. Williams, Karla Lindquist, Terry Hill et al., "Caregiving Behind Bars: Correctional Officer Reports of Disability in Geriatric Prisoners," *Journal of the American Geriatrics Society* 57, no. 7 (2009), 1286-1292; and Brie A. Williams, Karla Lindquist, Rebecca L. Sudore et al., "Being Old and Doing Time: Functional Impairment and Adverse Experiences of Geriatric Female Prisoners," *Journal of the American Geriatrics Society* 54, no. 4 (2006), 702-707, <https://perma.cc/HGH9-UA9Y>.
- ⁷⁴ Jamelia Morgan, *Caged In: Solitary Confinement's Devastating Harm on Prisoners with Physical Disabilities* (New York: American Civil Liberties Union Foundation, 2017), <https://perma.cc/95FF-TFT4>.
- ⁷⁵ UDC, Introduction, AA04, "Basic Terminology," effective December 1, 1985 and revised October 12, 2012. Certified staff are those who have completed either Corrections Officer or Peace Officer certification.
- ⁷⁶ Studies have shown that many people who cycle in and out of segregation suffer from some form of mental illness. See for example Craig Haney, Joanna Weill, Shirin Bakhshay, and Tiffany Lockett, "Examining Jail Isolation: What We Don't Know Can Be Profoundly Harmful," *Prison Journal* 96, no. 1 (2016), 126-152.
- ⁷⁷ Wilmar B. Schaufeli and Maria C. Peeters, "Job Stress and Burnout among Correctional Officers: A Literature Review," *International Journal of Stress Management* 7, no. 1 (2000), 19-48.
- ⁷⁸ Michael D. Reisig and Gorazd Mesko, "Procedural Justice, Legitimacy, and Prisoner Misconduct," *Psychology, Crime & Law* 15, no. 1 (2009), 41-59.
- ⁷⁹ Stephen M. Haas and Douglas H. Spence, "Use of Core Correctional Practice and Inmate Preparedness for Release," *International Journal of Offender Therapy and Comparative Criminology* 61, no. 13 (2017).
- ⁸⁰ *Ibid.*, 1456.
- ⁸¹ *Ibid.*, 1457.
- ⁸² To learn more about these trainings, see Mental Health First Aid USA, <https://www.mentalhealthfirstaid.org>; CIT International, Inc., <http://www.citinternational.org>; and National Institute of Corrections, "Crisis Intervention Teams: A Frontline Response to Mental Illness in Corrections," <https://nicic.gov/crisis-intervention-teams-frontline-response-mental-illness-corrections-lesson-plans-and>.
- ⁸³ UDC, AA04, 2012, 7.
- ⁸⁴ Haas and Spence, "Core Correctional Practice" (2017), 1455-1478.
- ⁸⁵ Concurrent Resolution Regarding Moving the State Prison, H.C.R. 8, Utah State Legislature (2014).
- ⁸⁶ UDC, "Progress on New Facility," <https://perma.cc/F96E-BCH4>.
- ⁸⁷ See Bryan Denson, "Oregon Prison Tackles Solitary Confinement with Blue Room Experiment," *Oregonian*, August 21, 2014, <https://perma.cc/8GEZ-LUUY>; and Rick Raemisch and Kellie Wasko, *Open the Door: Segregation Reforms in Colorado* (Colorado Springs, CO: Colorado Department of Corrections, 2015), <https://perma.cc/DDR9-WDZN>.
- ⁸⁸ UDC, FC04, 2017.