



*It is time to question the extensive use of restrictive housing. Our primary mission is public safety ...*



# Restrictive Housing: Taking the Lead

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**Editor's Note:** *The views expressed in this article are those of the authors, and not necessarily the American Correctional Association.*

Across the country, corrections officials operating prisons and jails have been evaluating the use of restrictive housing due to increased litigation and trends that are questioning the overuse of this type of confinement. In order to lead instead of follow, the American Correctional Association has formed a Restrictive Housing Standards Ad-Hoc Committee. As ACA embarks on this project, which will have a significant impact on the way the field does business with the most difficult offenders, the following themes will guide our work:

- There is a need for restrictive housing to protect staff and inmates and allow those in a general population setting to be able to engage in pro-social, life-changing programs and activities without fear and intimidation;

- We need to reduce the number of offenders in restrictive housing in three fundamental ways: reduce the types of offenses that result in placement, reduce the types of offenses that cause inmates to be removed from the general population, and reduce the time spent in restrictive housing; and
- The focus of restrictive housing is to provide a pathway back to general population through effective programs and pro-social engagement and to teach tools that can be used to avoid the inmate returning.

It is time to question the extensive use of restrictive housing. Our primary mission is public safety, not running an efficient institution. Although that is a noble goal, both of us have seen instances where inmates were released from lengthy stays directly into the community with

obvious negative results. We have also seen instances where inmates have been kept in segregation for years for minor offenses, and most corrections professionals have seen where the mentally ill in our facilities end up. Sheriffs, such as David Mahoney in Dane County, Wis., are also beginning to publicly question their use of restrictive housing, particularly with regard to the mentally ill. Because of our extensive work in successfully reducing these populations, we have been asked to co-chair this committee.

As part of the process, the committee will be reviewing, evaluating and updating all current ACA standards on restrictive housing, and recommending new standards to address changing restrictive housing practices. Our work is expected to consider and significantly expand upon the Association of State Correctional Administrators' "Guiding Principles on Restrictive Housing," which was also partially based on ACA's resolution on restrictive housing. The standards will address both

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adult prisons and local detention centers. It is hoped that as a result of the committee’s work, measurable outcomes will be recommended that will not only promote compliance in our facilities to be aligned with the changing standards associated with housing inmates, including those diagnosed as mentally ill in restrictive housing, but will also promote alternative sanctions. Staff and safety are paramount to success.

Why do we need to do this? It is the right thing to do if we want to achieve safer institutions and communities. First, it is our belief that those lengthy periods of 23 hours per day in confinement multiplies a problem, not solves it. At best, it suspends it. Second, we believe lengthy stays manufacture or increase mental illness. If 95 percent or more of our inmates are returned to the community, we have an obligation to return them in a better condition to be law-abiding citizens. This needs to be done for a safer community, and we believe, if done correctly, it also means a safer institution. In Colorado, 1,505 inmates were in restrictive housing in 2011, with several hundred being released directly to the community. Almost 7 percent of the inmate population (per capita one of the highest in the nation) was in restrictive housing. Today,

there are about 169 inmates in restrictive housing (1 percent, one of the lowest in the nation), with no females and no inmates diagnosed as seriously mentally ill. During the last eight months, no inmates were released directly from restrictive housing to the community. Ohio is currently experiencing a reduction of inmates in restrictive housing. This is a result of the use of a diverse planning team and a fresh set of eyes from experts from outside our system; this process is being chaired by Mohr. Ohio has reduced its inmates in restrictive housing to fewer than 3 percent of our statewide population, with progress continuing to be achieved.

Colorado now has two facilities dedicated to inmates with mental health issues, step-down programs for those released from lengthy periods of restrictive housing and alternative sanctions in lieu of restrictive housing. In Ohio, the number of residential treatment units and beds are being expanded to treat the mentally ill who have found it difficult to adjust within general population settings. Furthermore, Ohio’s reform team is focused on many tasks, including developing interactive training for all staff assigned to work in restrictive housing; developing guidelines for the types of offenses suitable

for restrictive housing; expanding congregate programming and increasing behavioral health and wellness staff; and assigning mentors for those in this setting. Ohio has adopted the use of the Hawaii’s Opportunity Probation with Enforcement model concepts of swift, sure and measured sanctions, including prescriptive and definite lengths of stay, as opposed to indefinite lengths of stay that tend to be extended for minor infractions.

We know the most violent inmates will always present a need for a “jail within a prison,” and that will also be addressed by the committee. For the other trends, the courts show us it is time to change direction. Colorado is closely tracking its progress, and during the last three months, inmate-on-staff assaults are the lowest they have been in two years, and we have seen no increase in inmate-on-inmate assaults since the implementation of the reforms. It’s difficult for those of us in corrections to believe we have allowed an outdated process that, for the most part, has not worked to continue for so long. It is hoped with the assistance of this ACA committee, we will all be able to positively address this issue before it is addressed for us. As ACA standards are refined, we recognize that working with correctional staff will be critical to the successful implementation of practices that will lead to safer facilities and communities in our states. ♦