



More Data is Needed on the Use of Solitary Confinement in D.C.

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ABOUT THE COUNCIL FOR COURT EXCELLENCE

The Council for Court Excellence (“CCE”) is a non-profit, non-partisan organization with the mission to enhance the justice system in the District of Columbia to serve the public equitably. CCE was founded in 1982 by a group of leaders in the civic, legal, and business sectors to support the modernization of D.C. courts. Over the next few decades, the need for an independent voice on D.C.’s criminal, youth, and civil justice systems – beyond just the courts – became clear. CCE stepped in to fill that gap, keeping our model of interdisciplinary alliance but expanding our mission to include all aspects of our justice system. CCE identifies and proposes solutions by collaborating with diverse stakeholders to conduct research, advance policy, educate the public, and increase civic engagement. www.courtexcellence.org

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INTRODUCTION

Across the United States, jurisdictions as diverse as New York City and the states of Colorado and Nebraska are eliminating or severely restricting the use of solitary confinement – often referred to as “restrictive housing” or “segregated housing” – in correctional facilities. These changes are being driven by evidence showing both that solitary confinement is ineffective as a correctional management practice, and that it is harmful to the individuals placed in segregation. Here in Washington, D.C. (“D.C.” or “the District”), there is a growing call for the Department of Corrections (“DOC”) to end the use of solitary confinement in the D.C. Jail. Additionally, D.C. is in the process of designing a new correctional facility, creating an urgency to the question of whether it will or should include units designed for solitary confinement.

To inform these conversations, the Council for Court Excellence (“CCE”) sought information on the use of the various forms of solitary confinement by DOC through D.C. Freedom of Information Act (“FOIA”) requests.¹ This brief provides relevant background and context for these incarceration-related issues and summaries of the information that DOC did and did not provide in response to the DC-FOIA requests.² After more than two years of negotiation related to the DC-FOIA requests, DOC ultimately provided very limited information regarding its use of disciplinary or administrative segregation of people in the D.C. Jail.

The data that was provided was incomplete and raised a number of concerns. For example, the average length of stay in segregated housing in Fiscal Year 2021 was 49 days – over three times longer than the United Nations considers the maximum time a person should be held in solitary confinement.³ And 29 people that year were released directly to the community from segregation; this has been shown to have detrimental impacts, such as homelessness, joblessness, and a greater likelihood of recidivism, as those released may not have had access to programming to help them get the housing, treatment and other services they need.⁴

Additionally, many of our requests remained unanswered, leaving much still unknown. For example, CCE was not provided responses related to the use of restraints on people in the jail; the races and ages of people in solitary – both disciplinary and administrative restrictive housing/segregation; the number of pregnant people in segregation; or the number of people in segregation who tried to or succeeded in hurting themselves or completing suicide. In the limited places where DOC did provide relevant numbers for Fiscal Year 2021, they did not provide the comparable data for 2019 and 2020 that was also requested. The findings are detailed in a later section of this brief.

BACKGROUND

Adults taken into secure custody in D.C. are typically housed at one of two DOC facilities when they are being held pre-trial, are serving sentences shorter than a year, or are being held on behalf of the U.S. Marshal Service or U.S. Parole Commission. The current main facility, D.C. Jail (formally the Central Detention Facility, or “CDF”), opened in 1976 and houses only men. DOC capped the building’s capacity in 2007 at 2,164 people. The Central Treatment Facility (“CTF”) located right next door to the CDF was opened in 1992 and was designed to function as a minimum and medium security facility; it has 1,400 beds for “special populations,” including women and people with physical and behavioral health needs. As of March 1, 2024, there were 1,336 people housed in CDF and 470 people in CTF, for a total population of 1,806 individuals in DOC secure facilities (excluding the hospital or halfway houses).⁵

In 2019, the District Task Force on Jails & Justice (“Task Force”), an independent, interdisciplinary advisory body, convened to address the urgent need for the District to build a safe, secure, healthy, and humane new facility to replace the nearly 50-year-old D.C. Jail.⁶ To reach its conclusions, the Task Force collected significant feedback from the community, conducted legal and policy research, and analyzed D.C. Jail population data. In 2019, the Task Force published its Phase I report, finding among many other things, that the D.C. Jail did not serve D.C.’s needs.⁷ In its 2021 detailed implementation report, the Task Force recommended that a new secure detention facility should be built in D.C., replacing the current jail with a facility that was substantially different in its design to promote the health, rehabilitation and growth of those housed there.⁸

The critiques of the D.C. Jail existed long before the Task Force reached its conclusions, and the calls to address its problems have continued to grow. On November 10, 2021, the D.C. Council held a public roundtable regarding the chronically unsafe and unsanitary conditions at the D.C. Jail after the U.S. Marshals completed an unannounced inspection and transferred several hundred people out of the jail. At that roundtable, public witnesses and government witnesses offered scathing testimony summarizing the problems and “systemic failures” that have persisted over many years and criticized the use of solitary confinement in the jail.⁹

In early 2022, Mayor Bowser released her proposed Fiscal Year 2023 budget, which recognized the need for a new secure detention facility in D.C. to replace the jail. Informed by the Task Force’s recommendations, the budget included over \$250 million to design and build an innovative annex to the D.C. Jail.¹⁰ That budget was passed by the D.C. Council and a contractor was selected to do pre-design planning in early 2023, putting the District on a concrete path to phasing out use of the D.C. Jail in the coming years.¹¹

At the same time, the use of segregated or restrictive housing – commonly called solitary confinement – had increasingly become the subject of public attention and calls for reform or elimination in D.C. and around the country.¹² In 2018, a report found that the D.C. Jail was placing

residents in restrictive housing at a rate about three times the national average.¹³ Members of the D.C. Council introduced legislation focused on limiting or ending the use of isolation, segregated housing, “safe cells,” or solitary confinement. Such legislation was introduced in 2015, 2017, 2022, and 2023, and community-based coalitions convened to support those policy changes.¹⁴

Outside of the District, the laws and policies of solitary confinement are changing. Legislation banning solitary confinement was also introduced in Congress in 2023, and in 2019 more than twenty states introduced legislation to ban or restrict solitary confinement, with bills passing in both Nebraska¹⁵ and New Jersey.¹⁶ Most recently, in December 2023, New York’s City Council passed legislation to ban solitary confinement in all of its city jails, only allowing separation from the general population in very limited, violent circumstances.¹⁷

CCE Efforts to Gain Information from the DOC About the Use of Solitary Confinement.

In July 2021, CCE submitted two D.C. Freedom of Information Act (“FOIA”)¹⁸ requests to DOC seeking information about restrictive housing, disciplinary proceedings, access to rehabilitation programs and mental health services, and how mental impairments, disabilities, or disorders are handled at the D.C. Jail. Some of CCE’s specific requests were modeled on ones related to restrictive housing that DOC had responded to in years past, including by *The Washington Post*, the D.C. Jail and Prison Advocacy Project at University Legal Services, and the Interfaith Action for Human Rights. Other requests sought information that CCE believed DOC would reasonably possess regarding its basic operations and increased utilization of digital case files.

During negotiations related to these DC-FOIA requests, DOC asserted that it did not have or collect certain information at all; that certain information it had was not in electronic format or reliable; or that it destroyed responsive information after receiving the requests per a standard document destruction policy. Additionally, DOC argued that CCE made requests that were confusing, or sought statistical information that was not maintained in pre-existing documents and therefore need not be created for or provided in a DC-FOIA response.

To help facilitate DOC’s response efforts, CCE exchanged dozens of emails and held at least five meetings with DOC representatives or their counsel between the summer of 2021 and summer 2023. Although CCE’s position was that DOC was incorrect in its analysis of the FOIA requests, CCE clarified or simplified its requests at different points to be responsive to the concerns or confusion expressed by DOC.

Over the course of two years of discussion about these FOIA requests, CCE obtained a range of responsive answers or documents, primarily in DOC’s March 2022 supplemental responses and May 2023 remedial response, but there are many requests that remain outstanding.

SUMMARY OF INFORMATION RECEIVED PURSUANT TO CCE'S FOIA REQUESTS

Below are some of the key documents or pieces of information requested and obtained by CCE via the FOIA requests. Note that anywhere summary information or numbers were provided, they were only for Fiscal Year 2021, despite CCE also requesting data for 2020 and 2019.

Number of Impacted Residents:

- The number of residents held in Pre-hearing Restrictive Housing prior to a Disciplinary Hearing for fiscal year 2021: **1273 residents**.
- The approximate percentage of residents housed in Administrative Restrictive Housing, Disciplinary Restrictive Housing, Prehearing Detention, or protective custody that have an active diagnosis of serious mental illness in fiscal year 2021: **35%**.
- The number of residents housed in Safe Cells and the average and median length stay for fiscal year 2021: **98 residents, 2.6 day average length of stay, 1 day median length of stay**.
- The number of residents placed in Disciplinary Restrictive Housing who were released directly into the community: **29**.¹⁹
- The number of residents placed in Administrative Restrictive Housing by the Housing Board that were released directly into the community for fiscal year 2021: **None**.

Length of Stay in Segregation:

- The average length of stay in restrictive housing units for fiscal year 2021: **49 days, which includes the time when an entire housing unit was in COVID-19 quarantine**.
- The average length of stay for residents housed in Administrative Restrictive Housing (including Protective Custody), Disciplinary Restrictive Housing, or Pre-hearing Restrictive Housing, that have an active diagnosis of serious mental illness in fiscal year 2021: **49 days**.
- The average length of time residents are confined in Administrative Restrictive Housing who pose a clear and present danger to the safety of others for fiscal year 2021: **14 days**.
- The maximum length of time residents are confined in Administrative Restrictive Housing who pose a clear and present danger to the safety of others for fiscal year 2021: **32 days**.

Disciplinary Hearings:

- The charges and sanctions imposed on residents appearing before the Disciplinary Board for fiscal year 2021.
- The average and median length of time for a resident held in Pre-Hearing Restrictive Housing prior to a Housing Board hearing for fiscal year 2021: **15 and 9 days, respectively**.

Policy Manuals and Program Statements:

- A policy manual related to DOC Disciplinary Board's and the Housing Board's Staffing procedures, functions, and reporting: **PP 5300.1I**.
- A manual listing four types of restrictive housing (Administrative Restrictive Housing, Communal Tier, Disciplinary Restrictive Housing, Pre-hearing Restrictive Housing) utilized at the D.C. Jail: **PP 5500.2B**.
- Program statements, manuals, directives, training materials related to how the Disciplinary Board's or Housing Board's handles residents diagnosed with Axis I mental disorders: **PP 38002C; PP 3800.6A; PP 4022.1 B; PP 4151.1F; PP 4090.3J; PP 5300.1F; and PM 6000.1I**.
- Program statements, manuals, directives, training materials related to treating residents with disabilities: **CF505; CF603; CF702; CF703; CF707; PP 4030.3; PP 6000.3A; PM 6000.11; PP6050.3D; and PP 6080.2G**.

SUMMARY OF REQUESTED INFORMATION THAT DOC DID NOT PROVIDE

Despite CCE's efforts to facilitate DOC's responses to the FOIA requests, the Department did not provide CCE with the following requested information.

Basic Data on the Use of Segregation:

- The demographics of residents placed in disciplinary or administrative segregation, including the number of pregnant residents placed in segregation.
- The use of restraints—*i.e.*, Metal or Soft Restraints—on residents, including when used and for how long.
- The number of Safe Cell bed spaces, average daily population, maximum and minimum actual population, maximum and minimum actual length of stay.
- The average total out of cell time that a resident in restrictive housing has in a 24-hour period.
- The number of intakes that are moved at admission or from the intake unit directly to restrictive housing.

Data on the Mental Health, Self-Harm, or Suicide of Residents in Segregation:

- The total number of residents who were identified as having a serious mental illness during intake or at any point during their incarceration.²⁰
- The percentage of DOC's average daily population composed of individuals diagnosed with serious mental illness.

Data on the Mental Health, Self-Harm, or Suicide of Residents in Segregation (con't):

- The number of residents placed in disciplinary or administrative segregation who attempted suicide.
- The number of residents placed in disciplinary or administrative segregation who completed suicide.
- The number of residents placed in disciplinary or administrative segregation who attempted or inflicted bodily harm on themselves.
- The number of residents of each unit that were prescribed psychotropic medicine
- The actual frequency of mental health checks while a resident is placed in restrictive housing.²¹
- The number of bed spaces, average daily population, maximum and minimum actual population, and average length of stay in the South-3 Men's Mental Health Unit, Men's Step Down Unit, and Women's Mental Health Unit.

Disciplinary or Housing Board Cases:

- The number of residents charged with Code of Offenses violations, the number of residents found to have committed an offense, and the sanctions for those offenses.
- The average and maximum length of stay that residents are held in Pre-hearing Restrictive Housing prior to a Disciplinary Board hearing.
- The number of residents found not guilty of a rule violation by the Disciplinary Board who are then referred to the Housing Board for the same incident.
- The number of residents held in Pre-Hearing Restrictive Housing prior to a Housing Board Hearing.
- The maximum length of time a resident was held in Pre-hearing Restrictive Housing prior to a Housing Board Hearing.
- Whether residents were represented by an attorney, staff, non-attorney, or not at all when appearing before Disciplinary Board, Housing Board, or internal appeals.
- How the Disciplinary and Housing Boards are made aware of what a resident has a mental health conditions and what standards the Board's use to determine these residents' culpability.

CONCLUSION

There is considerable public interest in DOC's historical and current restrictive housing practices. Lacking basic information such as CCE requested, it is not possible for the public to answer basic questions about who is placed in solitary confinement, for how long, or why, or the impact this has on individual lives or public safety. In terms of the planned construction of a new correctional facility, the Task Force set forth a vision for one that will "provide a safe, secure, and healthy environment that supports personal growth through innovative, promising, and evidence-based practices."²² Whether, how, and under what circumstances restrictive housing and isolation would – or would not – be part of the design plans is a question with which District leaders beyond DOC administrators must grapple.

Without more data shared publicly, it is impossible for District elected officials and leaders, advocates and other stakeholders to develop and support policies around this issue of critical importance to both the protection of human rights and the promotion of a safer and healthier D.C.

GLOSSARY

Administrative Restrictive Housing – A form of separation from the general population when the inmate’s continued presence in the general population poses a threat to property, self, staff, other inmates, visitors, the general public or to the safe, secure or orderly operation of the facility. The following are alerts for Administrative Restrictive Housing:

1. Protective Custody. A designation assigned to an inmate requesting or requiring protection from other inmates for reasons of health or safety.
2. Special Handling/Restricted Release. A designation assigned to an inmate who requires heightened security measures due to a documented history of high profile cases, escapes, attempted escapes, by documented assaultive and/or disruptive behavior, or by court order.
3. Total Separation. A designation that requires total separation from all other inmates for all out-of-cell activities. Inmates shall only be designated as Total Separation after receipt of a court order. *DOC Policy and Procedure 5500.2B*

Axis I Disorders – disorders defined by the Diagnostic and Statistical Manual of Mental Health, fourth edition, (DSM-IV), including schizophrenia, anxiety disorders, dissociative disorders, psychotic disorders, or mood disorders.

Code of Offenses – Set forth in PP 5300.1H chapter 4, there are three classes of offenses: (1) Class I Major Offenses; (2) Class II Serious Offenses; and (3) Class III Minor Offenses. *DOC Policy and Procedure 5300.1H.*

D.C. Freedom of Information Act – The public policy of the District of Columbia is that all persons are entitled to full and complete information regarding the affairs of government and the official acts of those who represent them as public officials and employees. *D.C. Code § 2-531 et seq.*

Disciplinary Board – The Disciplinary Board shall consist of three (3) impartial DOC employees who shall conduct hearings, make findings and impose appropriate sanctions for incidents of inmate misconduct or to consider an inmate’s placement in administrative restrictive housing. *DOC Policy and Procedure 5300.1I.*

Disciplinary Restrictive Housing – A form of separation from the general population when the Disciplinary Board or Hearing Officer has, after an impartial hearing, authorized an inmate’s confinement to a cell for a specified period due to the commission of a rule violation. *DOC Policy and Procedure 5500.2B.*

Housing Board – The Housing Board shall be composed of three (3) employees of the Department of Corrections. There shall be a standing Hearing Officer as appointed by the Warden. No employee shall participate as a member of the Housing Board at an inmate’s hearing if: (1) The employee has been involved in the investigation of the incident which led to the Housing Hearing; (2) The employee was a witness to or has first-hand knowledge of the incident; or (3) The employee would for any reason be unable to make an unbiased decision as to the housing of the particular inmate. *DOC Policy and Procedure 5300.1I.*

Housing Hearing – The purpose of a housing hearing is to allow for a full and fair determination for placing an inmate in Administrative Restrictive Housing when any of the following conditions are

apparent: (1) There is a clear and present threat to the inmate's personal safety and involuntary protective custody is deemed appropriate; (2) There is a clear and present threat to support the inmate's request for voluntary protective custody; (3) The inmate poses a clear and present danger to the safety of others; (4) The inmate poses a definite escape risk; or (5) The inmate has been referred for criminal prosecution or is under investigation for the commission of a criminal offense while confined. Each administrative restrictive housing case shall be reviewed with the goal of terminating the separate housing assignment when the threat no longer remains. *DOC Policy and Procedure 5300.11.*

Intake Unit – After being processed through DOC's Inmate Reception Center, residents are transferred to the Intake Unit where they receive a custody score, risk screening and Prison Rape Elimination Act assessment. The custody score and other factors help determine where the resident will be housed. *DOC Policy and Procedure 4020.1G.*

Major Mental Health Diagnosis (DOC alternative to "serious mental illness" as utilized in the FOIA requests) – A diagnosis that consists of schizophrenic, schizo-affective, psychotic, major depressive, or bipolar disorder. *Unity Health Care Policy CF505.*

Metal Restraints - metal handcuffs and/or metal leg irons are used for the movement of a patient in need of restraint from one area to another within a facility or between facilities. *Unity Health Care Policy CF701.*

Pre-Hearing Restrictive Housing – A form of separation of an inmate pending a disciplinary or housing hearing when they are a threat to themselves, or the safe, secure or orderly operation of the facility. *DOC Policy and Procedure 5500.2B.*

Safe Cells – A housing cell on the Acute Care Mental Health Unit (SOUTH 3), on the CDF, on the 3rd floor Medical Unit, on the Special Management Unit (South One), or in the CTF Infirmary, or on the Acute Female Mental Health Unit (E4A) that provides visibility of inmates and is designed to be suicide resistant by being free of physical structures that could be used in a suicide attempt (e.g. electrical switches or outlets, bunks with open bottoms, towel racks on desks and sinks, radiator vents, or any other fixtures which could be used as anchoring devices for hanging or areas used to jump off of). *DOC Policy and Procedure 6080.2G; Unity Health Care Policy CF205.*

Soft Restraints – Only soft restraints, those made from polyurethane, Velcro or other pliable material. They can either be a two-point restraint (wrists) or a four-point restraint (all four extremities). *Unity Health Care Policy CF701.*

¹ *Public Policy*, D.C. Code § 2-531 *et seq.* <https://code.dccouncil.gov/us/dc/council/code/sections/2-531>

² No judicial member of CCE participated in the formulation or approval of this report. This report's findings and recommendations do not reflect the specific views of or endorsement by any judicial member of CCE.

³ The United Nations Office of the High Commissioner for Human Rights. (2020, 28 February). *United States: Prolonged solitary confinement amounts to psychological torture, says UN expert* [Press release]. <https://www.ohchr.org/en/press-releases/2020/02/united-states-prolonged-solitary-confinement-amounts-psychological-torture>

⁴ Thompson, C. (2015). *From solitary to the street: What happens when prisoners go from complete isolation to complete freedom in a day?* The Marshall Project. <https://www.themarshallproject.org/2015/06/11/from-solitary-to-the-street#:~:text=And%20in%20several%20states%20once,Or%20worse.>

⁵ *Daily population report from February 24, 2024 through March 1, 2024.* (2024). D.C. Department of Corrections. <https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/The%20Daily%20Population%20Report%20from%20February%2024th%20through%20March%201st%202024.pdf>; Other population statistics, including weekly updates to the Daily Population Report, can be found at this site: <https://doc.dc.gov/page/inmate-demographics-and-statistics>

⁶ *District Task Force on Jails & Justice.* (n.d.). Council for Court Excellence. www.courtexcellence.org/task-force

⁷ *Jails & justice: A framework for change, Phase I findings and recommendations.* (2019). District Task Force on Jails & Justice. <https://www.courtexcellence.org/uploads/publications/FrameworkForChange.pdf>.

⁸ *Jails & justice: Our transformation starts today, Phase II findings and implementation plan.* (2021). District Task Force on Jails & Justice. <https://www.courtexcellence.org/uploads/publications/TransformationStartsToday.pdf>.

⁹ D.C. Council, HR24-0098. *Committee on the Judiciary and Public Safety Record for Public Oversight Roundtable on "Conditions of Confinement at the D.C. Jail"* (2021). <https://lims.dccouncil.gov/Legislation/HR24-0098>; *see also.*, Gathright, J. (2021). *400 D.C. jail residents will be moved after inspection finds 'systemic failures'*. WAMU.

<https://www.npr.org/local/305/2021/11/03/1052153808/400-d-c-jail-residents-will-be-moved-after-inspection-finds-systemic-failures#:~:text=The%20U.S.%20Marshals%20Service%20for,failures%22%20and%20unacceptable%20living%20conditions.>

¹⁰ Davies, E. (2022). *D.C. signals commitment to new jail amid ongoing trouble at aging facility.* Washington Post. <https://www.washingtonpost.com/dc-md-va/2022/03/28/new-dc-jail-funding/>

¹¹ D.C. Department of General Services & Department of Corrections. (2023, May 23) *Bowser Administration Announces Selection of Architectural Program Consultant for Correctional Treatment Facility Annex at DC Jail* [Press release]. <https://doc.dc.gov/release/doc-and-dgs-announce-selection-architectural-program-consultant-new-ctf-annex-dc-jail>.

¹² Exec. Order No. 14,074, 87 Fed. Reg. 32,945. (2022). <https://www.govinfo.gov/content/pkg/FR-2022-05-31/pdf/2022-11810.pdf>; Edge, D. & Jones, E. (Producers). (2014). *Solitary Nation.* [Video file].

<https://pbs.org/wgbh/frontline/documentary/solitary-nation/>

¹³ Gathright, J. (2022) *Solitary confinement could be banned at D.C. jail, youth detention facilities under new bill.* DCist. <https://dcist.com/story/22/07/18/dc-council-bill-solitary-confinement-safe-cells/>

¹⁴ The most recent legislation in D.C. was the Eliminating Restrictive and Segregated Enclosures (“ERASE”) Solitary Confinement Act of 2023, B25-0543. (2023). <https://lims.dccouncil.gov/Legislation/B25-0543>; *see also* Unlock the Box D.C. Coalition, <https://erasesolitary.com/>.

¹⁵ Nebraska Legislature. LB686, 106th Leg., 1st Sess. (2019). https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=37725.

¹⁶ New Jersey Legislature. A314, 218th Leg., 2018-2019 Sess. (2019). <https://www.njleg.state.nj.us/bill-search/2018/A314>.

¹⁷ New York City Council. (2023, December 20). *New York City Council Votes to Ban Solitary Confinement in City Jails* [Press release]. <https://council.nyc.gov/press/2023/12/20/2532/>.

¹⁸ *Public Policy*, D.C. Code § 2-531 *et seq.* <https://code.dccouncil.gov/us/dc/council/code/sections/2-531>

¹⁹ However, DOC failed to provide what year these residents were released, so the number has minimal value to determining trends in D.C. Jail operations. When asked to provide the year, as DOC did when responding to requests in prior years, DOC refused.

²⁰ The Department of Corrections does not define “serious mental illness,” but Unity Health has a definition for Major Mental Health Diagnosis. See glossary above.

²¹ PP 5500.2B says “All segregated inmates are personally observed by a correctional officer at least every (30) minutes on an irregular schedule. Thirty (30) minute checks will be recorded on the Restrictive Housing Check Record ... for each

individual inmate.” Suicide watch checks occur at irregular intervals at least every 15 minutes, per Unity Health Care CF 205. When in restraints for clinical reasons, residents are to be checked every 15 minutes per Unity Health Care CF 701.

²² *Jails & justice: Our transformation starts today, Phase II findings and implementation plan* (p.58). (2021). District Task Force on Jails & Justice. <https://www.courtexcellence.org/uploads/publications/TransformationStartsToday.pdf>