



CLASSIFICATION OF HIGH-RISK AND SPECIAL MANAGEMENT PRISONERS

**A National Assessment of
Current Practices**

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Executive Summary

During the past decade, prison systems have experienced increased pressure to improve their approaches to classifying prisoners according to custody, work, and programming needs. Litigation and overcrowding have caused classification systems to be viewed as a principal management tool for allocating scarce prison resources efficiently and minimizing the potential for violence or escape. These systems are also expected to provide greater accountability and to help forecast future prison bedspace, staffing requirements, and prisoner program needs.

Although most prison systems have implemented objective classification systems that have proven effective in determining the custody level assigned to an inmate designated for the general population, less attention has been devoted to identifying inmates who require special management. These inmates encompass a variety of populations, ranging from highly aggressive prisoners, sexual predators, and gang members to the mentally ill and medically challenged. There is also a pool of prisoners in the general population who are classified as “maximum” or “close” custody because of disruptive behavior patterns or the suspicion that they may engage in such behavior in the future. These general population prisoners should also be viewed as high risk and may warrant special observation, monitoring, housing, and programming.

Inmates classified as high-risk or special management constitute an estimated 10–15 percent of the nation’s prison population. Another 10–15 percent of the total inmate population is considered maximum or close custody within the general population. In general, the majority of prisoners never become disruptive or difficult to manage. The most serious forms of disruptive behavior within a prison, such as homicide, escape, aggravated assault on inmates or staff, and riots, are rare. The majority of staff and prisoners never become the victims of such incidents.

Although high-risk and special management inmates constitute a small percentage of the national inmate population, a disproportionate amount of staff and agency resources must be allocated to them to maintain prisoner safety and institutional security. Therefore, reducing the special management population can have significant cost implications for an agency. Recognizing correctional administrators’ need for more effective means of identifying potential sources of problems in the inmate population and more proactive strategies for addressing the issues associated with these inmates, the National Institute of Corrections (NIC) funded a project to advance the state of knowledge about programs and policies that identify, classify, and manage high-risk and special management prisoners. This report presents the project’s findings.

Overview of Risk Assessment

In the context of corrections, the term “risk” refers to an inmate’s potential for serious misconduct within the prison setting, escape attempts, and recidivism and the level of threat the inmate poses to public safety. The goal of risk assessment is to

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reduce such incidents by studying the attributes of inmates who commit such acts and comparing them with those of inmates who do not pose such problems.

Risk assessment involves two types of classification: external and internal. The external classification process involves two decisions: whether to place the prisoner in the general population and, subsequently, what custody level (minimum, medium, or close/maximum custody) within the general population the prisoner should be assigned to. Both decisions are critical to the safe and efficient operation of the facility. Internal classification involves intrafacility decisions about where and with whom a prisoner will be housed and the programs, services, and work assignments that are appropriate for the prisoner. Internal classification systems are intended to ensure that prisoners who are at risk are supervised differently from other general population prisoners. Also, providing proper housing and treatment at the onset of confinement affords the prisoner the opportunity to eventually return to a less restrictive correctional environment.

Approaches to Risk Assessment

Correctional administrators have long relied on professional clinical judgment in assessing prisoners for parole, inclusion in a security threat group (STG), trusty positions, and placement in administrative segregation or protective custody. This method has been favored because it requires only a professional with the skill and experience necessary for the assessment. Unfortunately, professional judgment has been shown to be by far the least accurate risk assessment method.

Dissatisfaction with relying on professional judgment has led to the development of actuarial-based assessments, which are common classification tools in correctional settings. Longitudinal studies of prisoners and offenders identify attributes associated with misconduct, escapes, and recidivism. These risk factors are then translated into a scoring system that assigns a numeric score, which can then be converted into a risk category. The reliability (consistency in assessments) and validity (proof that a risk factor is associated with the behavior to be predicted) of actuarial assessment are significantly higher than can be achieved with professional judgment. Furthermore, actuarial assessment can be performed by those without extensive professional experience.

The latter advantage is also a limitation. Because actuarial assessment does not allow for professional judgment, it may be overly rigid. A third method, adjusted actuarial assessment, allows for modification of a scored assessment by considering supplemental information (e.g., input from a variety of correctional specialists with expertise in disciplines such as security, medicine, and mental health) that is not incorporated into the actual scoring system.

Limitations of Risk Assessment

The key assumption in risk assessment is that high-risk inmates can be identified. However, any classification system is subject to error. Although there is evidence of

the predictability of the behavior of groups, reliably predicting the behavior of individuals within groups—such as which prisoners will engage in serious destructive behavior and under what circumstances—is difficult, if not impossible. In part, this is because of a large number of situational or environmental factors that are unpredictable in terms of their effect on behavior. For example, a chance meeting with another prisoner belonging to a rival gang, a hostile interaction between staff and the prisoner, or an unexpected decision to cancel a work detail are daily events that may lead to a serious incident that is understandable in retrospect but could not have been known in advance and prevented. Although a pattern to such incidents may emerge over time, suggesting they are deterministic in nature, predicting them remains problematic. This is in part why major incidents like riots, escapes, suicides, and assaults on staff and prisoners resulting in serious bodily injury are so difficult to prevent.

Reentry and Medical and Mental Health Needs

Reentry, the transition from a segregated inmate population to the general population or from incarceration to the community, is an issue of special concern with regard to special management prisoners. Much more attention is now being given to consideration of whether the lack of transitional programming for prisoners, combined with the accelerated number of releases, poses an additional public safety threat that could slow down or reverse the gains made in reducing the incidence of crime over the past several years. Recidivism rates for ex-convicts have been described as excessively high. Although most prisoners are released via parole or other forms of supervision, an increasing number are being discharged after having served their entire sentence and therefore are not subject to any postrelease supervision requirements. Given that most maximum-security and administrative segregation prisoners are offered negligible programming and allowed minimal exposure to normal human contact and that few programs are available to help these prisoners navigate the reentry process, unsupervised release should be viewed as a major public safety issue.

The medical and mental health needs of special management prisoners also merit special concern. There is growing evidence that a significant portion of the prison population suffers from highly contagious and life-threatening diseases. A significant number of persons who pass through America's prisons and jails are infected with AIDS, HIV, hepatitis B and C, and other diseases that are easily transmitted through illicit drug use and unprotected sexual behavior. Prison systems must identify these prisoners, give them the necessary level of medical care, and educate them on how to avoid spreading the disease further. It may be necessary to house some portion of these prisoners in segregated units where specialized forms of treatment can more readily be provided. When releasing these prisoners, correctional systems must ensure that medical treatment will be maintained while they are on parole or under community supervision. At a minimum, soon-to-be-released prisoners can be given information on where treatment can readily be obtained for a sustained period of time.

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The same recommendations apply to prisoners with major mental health problems. BJS estimates that approximately 16 percent of the prison population suffers from a mental health problem that requires some method of formal treatment. Undiagnosed and untreated mental health problems detract not only from the prisoner's well-being but also from the safety of the prison system. Growing evidence shows that some prisoners placed in administrative segregation for violent and assaultive behavior suffer from undiagnosed mental illness. Thus, the handling of special management prisoners must include the ability to diagnose and treat mental health conditions related to their disruptive behavior.

Risk Assessment Systems and Instruments

The number and type of instruments available for use in screening inmates for a variety of risks and dangerous behaviors has increased significantly. The risk assessment systems and instruments that have been used, or are being promoted for use, within correctional agencies include internal management systems and instruments designed to assess general criminality, sex offenders, and violence and dangerousness.

Internal Management Systems

Internal management systems are used to determine how prisoners should be housed within a particular facility or complex. These systems assume that prisoners have varying levels of aggressiveness or vulnerability that can be measured with a questionnaire:

- ◆ **Adult Internal Management System (AIMS).** AIMS relies on two instruments to identify inmates who are likely to be incompatible in terms of housing and those who are the most likely to pose a risk to the safe and secure operation of a facility. The first instrument, the Life History Checklist, focuses on the inmate's adjustment and stability in the community. The second instrument, the Correctional Adjustment Checklist, is designed to create a profile of an inmate's likely behavior in a correctional setting.
- ◆ **Prisoner Management Classification System (PMC).** PMC uses a semistructured interview supplemented by ratings of 11 objective background factors that assess an inmate's social status and offense history. The system also provides detailed guidelines for safe and appropriate management of inmates within their designated housing units after they are classified and highlights programming approaches to prepare inmates for readjustment to the community.

Instruments To Assess General Criminality

Within the past 20 years, several states have individually begun testing and using a diverse array of risk assessment instruments that assess criminal behavior, likelihood of recidivism, and the success of rehabilitative programs. The most commonly cited instruments in use by these and other jurisdictions are the following:

- ◆ **Level of Service Inventory–Revised (LSI–R).** This instrument primarily assesses the respondent’s social situation within the community. It is best suited for use with probationers and parolees as opposed to those who are incarcerated.
- ◆ **Correctional Offender Management Profiling for Alternative Sanctions (COMPAS).** COMPAS includes four major risk assessment scales (violence, recidivism, flight, and community noncompliance) for use both in assessing an offender’s appropriateness for community corrections and in making decisions regarding release and case management supervision. It also evaluates psychosocial stressors—such as residence in a high-crime community, poverty, vocational problems, social isolation, and scarcity of social supports—that may be useful in designing case plans.
- ◆ **U.S. Board of Parole Salient Risk Guidelines.** These guidelines include an additive point scale to classify inmates by their risk level. The “salient factor score” is based on two sets of factors associated with recidivism rates for inmates released from federal prisons: the seriousness of the offense committed and the likelihood of success or failure under parole supervision.
- ◆ **Client Management Classification (CMC) System.** Developed for use in probation and parole services, CMC is essentially the same as the PMC system. It is based on a questionnaire completed by probationers and parolees to determine both the level of supervision they should receive and the types of services they may require.
- ◆ **Risk of Reconviction (ROC) Scale and Criminogenic Needs Inventory (CNI).** New Zealand’s ROC scale and CNI, which is a further development of the ROC, include assessments of an inmate’s emotions, propensity towards violence, relationships, alcohol- and drug-related behaviors, impulsivity, and criminal associates.
- ◆ **Community Risk/Needs Management Scale (CRNMS) and Case Needs Identification and Analysis (CNIA).** The CNIA was designed to assess inmate needs at admission. The CRNMS built on information included in the CNIA and streamlined its design in order to evaluate criminal history risk, case needs, the likelihood of reoffending, and the level of community supervision necessary per offender.

Instruments To Assess Sex Offenders

The public’s growing awareness and fear of recidivism among released sex offenders have led to increased interest in identifying and treating them. The following instruments are those most frequently used in adult corrections today to assess the risk of recidivism in convicted sex offenders:

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- ◆ **Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR).** The RRASOR assigns a score based on four items found in inmates' case files: prior sex offenses, age at release, victim gender, and relationship to victim.
- ◆ **Static-99.** Similar to the RRASOR, the Static-99 is an inventory of 10 items found in inmate case files that reflect attributes of convicted sex offenders and that were shown to be associated with recidivism in four separate Canadian and U.K. samples.
- ◆ **Minnesota Sex Offender Screening Tool-Revised (MnSOST-R).** This inventory scores 16 items drawn from inmate files: 12 static variables related to the offender's criminal record and relationship to his victims, and 4 dynamic components that measure factors associated with age and behavior while incarcerated.
- ◆ **Sexual Violence Risk-20 (SVR-20).** Developed for use as a topical guideline for risk assessments linked with studying violent sexual offenders, the Sexual Violence Risk-20 incorporates information pertaining to an offender's psychosocial adjustment and future plans. It also includes factors specifically related to the offender's attitudes toward and history of committing sexual offenses.

Instruments To Assess Violence and Dangerousness

Two instruments were developed in Canada to assess psychopathic violence: the Hare Psychopathy Checklist-Revised (PCL-R), and the Violence Risk Assessment Guide (VRAG), which is also used to predict sex offense recidivism. Both instruments are intended for use only by a licensed psychologist or other mental health professional working under the supervision of a licensed psychologist.

Methods of Identifying Gangs and Security Threat Groups

The Federal Bureau of Prisons and the Colorado Department of Corrections have developed systems that assign an inmate points for having certain attributes associated with gang membership. Outside these two jurisdictions, the identification of members of gangs and other STGs remains subjective. Typically, states develop policies that require highly trained staff to be designated as specialists in the identification of STG inmates, their movements, and their illicit activities. These staff draw on multiple sources of information, including tattoos, prior affiliations with known gang members, gang-related literature, and the word of other prisoners.

Findings of the National Survey of the Management of High-Risk Inmates

The survey, which was sent in 2002 to the correctional agencies of all 50 states and the District of Columbia and Puerto Rico (hereafter referred to as "states"), was designed to obtain information on the procedures used to classify high-risk inmates, particularly those in protective custody or administrative segregation, and inmates

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with mental illnesses or medical problems. The last section of the survey asked for information on new or model programs, including the name and location of the program, the target population, screening processes, programs and services offered, and staffing levels.

The survey responses demonstrated little consensus on the use of even the most basic classification terms such as “general population,” “protective custody,” and “administrative” as opposed to “disciplinary” segregation. Further, very few correctional data systems were able to aggregate quickly and accurately the numbers and types of prisoners in each of these discrete classification categories. Disagreement about prison classification terms and delay in implementing automated data systems are not new, but these issues made it difficult for some agencies to complete the survey fully. Many agencies either had limited access to the information requested or stored their records in a way that prevented them from retrieving the data. Therefore, most of the survey results are based on a limited number of respondents.

Forty-one states and Puerto Rico completed and returned the survey, yielding a response rate of 81 percent. The number of inmates ranged from 740 in Wyoming to 157,142 in California. The states with the next largest inmate populations were Texas, with 143,302, and Florida and New York, with populations of approximately 70,000 each. After Wyoming, the states with the smallest inmate populations were New Hampshire, North Dakota, Vermont, and West Virginia, all of which reported fewer than 2,000 inmates.

In all states that reported general population data, the great majority of the inmates (an average of 80 percent) were assigned to the general population, indicating that there were no special security, medical, or mental health needs for most prisoners. Overall, no major differences were found in the proportion of male and female prisoners in the general population in each state.

The special management category to which the highest proportion of prisoners was assigned was administrative and/or disciplinary segregation. (Because of the variation in the responding states’ use of the terms “administrative” and “disciplinary,” data on these two segregated populations were combined in compiling the survey results.) On average, 5 percent of the total inmate population in the reporting states was assigned to this status on any given day, although there was considerable variance among the states. The balance of the prison population assigned to a special management status was in protective custody, mental health/mental retardation, or medical infirmary units. The percentage of the total prison population housed in each type of unit varied considerably among the states.

The majority of the survey respondents reported that both their male and female inmate populations were increasing (66 percent of respondents and 61 percent of respondents, respectively). Approximately one-third reported that their prison populations had declined or remained stable. A higher proportion of the states indicated that their special management populations had either decreased or remained

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unchanged, and most agencies reported that inmate-on-staff and inmate-on-inmate assaults had not increased.

Nearly all the states that responded to questions regarding high-security/maximum-custody prisoners restrict these inmates to their cells for 22–23 hours per day, limit their contact with visitors, and require the use of restraints at all times when moving them; 68 percent allow maximum-custody inmates to have contact with other high-security inmates. In 47 percent of the responding states, mentally ill inmates who are disruptive are subject to the same maximum-custody policies as all other inmates.

Special management inmates are eligible to return to the general population in every state that responded to the survey, most commonly when their segregation time has expired, they are no longer deemed a threat to institutional security, or staff has approved their return based on improved behavior. However, only 69 percent of the responding states provide some type of transitional program, and most of the programs designed to help inmates readjust to the general population serve only those who are mentally ill.

The use of special management units has given rise to a significant amount of litigation, typically focusing on one of the following three issues: the criteria for designation as a special management prisoner, the conditions of confinement in such units, or the process for releasing the inmate back to the general prison population. The majority of consent decrees in place concerns mentally ill or medical populations.

All states responding reported that all prisoners are screened for suicide risk, mood disorders, and psychotic disorders. Nearly all of the responding states screen for mental retardation and escape risk. Most of the responding states screen their prisoners for STG membership.

Identification and Review of Model Programs

Only a small number of states responded to the survey's questions regarding model programs, and most of the programs they described targeted inmates who had already been placed in administrative segregation. No state reported programs or policies directed at high-risk prisoners housed in the general population whose actions had not yet led to their removal to a special management population. None of the programs described had been formally evaluated to determine its effectiveness in reducing violence either among these prisoners or within the prison system at large.

Based on the survey responses and independent sources, the project team identified 23 model programs in 15 states. Site visits were made to facilities of three jurisdictions that demonstrated well-structured, highly effective or promising programs: Connecticut and Ohio, which have programs that focus on the disruptive prisoner

who has been removed from the general population, and the Federal Bureau of Prisons, which operates an innovative program for female prisoners who have been traumatized by physical and sexual abuse before being incarcerated.

Connecticut Department of Correction

Most jurisdictions manage and house all high-risk inmates through a single administrative segregation structure, irrespective of differences in the nature of the risk the prisoners represent to the institution's safety or in their security and programming needs. The Connecticut Department of Correction (CDC) has taken another approach and developed a model called the Close Custody Phase Program that it has adapted to the specific needs of different groups of high-risk inmates. The CDC's three Close Custody Phase Programs for high-risk inmates are the Close Custody Gang Management Program, the Close Custody Chronic Disciplinary Program, and the Administrative Segregation Transition Phase Program. The structure and program requirements of each unit are based on examination of outcome data and consideration of the needs and characteristics of the respective groups and are intended to facilitate the inmates' return to the general population, if appropriate. The process includes regular and frequent reviews by the classification staff and structured movement of the inmate through the levels, or phases, of the program until release.

CDC data show that violence has decreased significantly in its facilities, both in the general population and in the high-risk units, since it began implementing programs targeted to specific groups of high-risk inmates. The CDC approach is being replicated to some degree by Colorado and New Mexico.

Ohio Department of Rehabilitation and Correction

The Ohio Department of Rehabilitation and Correction (DRC) employs a well-structured, well-validated inmate classification system with five basic security levels: minimum, medium, close, maximum, and high maximum. Inmates in each security level may be assigned to a special management or segregation designation. Those who commit disciplinary violations are placed in a restricted unit with one of the following designations: administrative, security, disciplinary, and local control. Inmates sent to a security, disciplinary, or local control unit are returned to the general population within a relatively short period of time. Those who the DRC believes should be removed and segregated on an indefinite basis are assigned to either administrative control, high maximum custody, or protective custody. All high maximum-custody inmates are housed at the Ohio State Penitentiary (OSP).

The DRC built the OSP as a super maximum-security facility in response to a major prison riot that occurred in the 1990s. Opened in 1998, the OSP has four levels of confinement with differing degrees of privileges. A treatment plan established for each inmate outlines the types of programs the inmate is expected to participate in and the areas of conduct in which the inmate is expected to improve. This treatment plan is reviewed and updated as part of the inmate's reassessment at 6-month intervals.

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The rate of serious misconduct among OSP inmates is impressively low, undoubtedly because of the security precautions in effect at the facility. The absence of behaviors such as banging on cell doors, destroying cell property, flooding cells, or threatening staff is also noticeable, suggesting that placement in the OSP stabilizes or suppresses the inmates' institutional conduct.

Federal Bureau of Prisons

The Federal Bureau of Prisons' New Pathways program offers female prisoners who have a history of sexual abuse the opportunity to meet in small groups (10 or fewer women) under the guidance of a psychologist to discuss the general topic of sexual and physical abuse. Participants are given the opportunity to meet individually with the supervising psychologist for followup sessions if issues raised in the group bring up painful or disturbing reactions.

Issues and Recommendations

In the United States, the prevailing approach to managing high-risk and special management prison populations has been to build larger, more secure, and heavily staffed administrative segregation and super maximum-security housing units. Prisoners typically are placed in these units only after their destructive behavior has made it obvious that they should be removed from the general population. As demonstrated by the responses to the National Survey's questions about model programs, much less consideration has been given to preventing violent incidents from occurring in the first place through the use of classification tools, aggressive management techniques, and programming and treatment services designed to modify prisoners' behavior.

Research is needed to develop better classification tools and a more proactive approach to managing high-risk and special management prisoners. Such research will be hampered, however, until the states adopt a common terminology for classifying the prison population. At a minimum, the states should agree on a common definition of each of the following categories and to the use of these categories to designate all prisoners:

- ◆ General population.
- ◆ Special management:
 - ❖ Administrative segregation.
 - ❖ Disciplinary segregation.
 - ❖ Protective custody.
 - ❖ Severe mental health care.
 - ❖ Severe medical care.

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The National Survey also revealed that few states had correctional data systems that could quickly and accurately aggregate the numbers and types of prisoners in their custody. The states are strongly encouraged to upgrade their correctional data systems so that they are capable of tracking and monitoring the prisoner population on a daily basis according to the six basic categories listed above. State correctional data systems should also provide more detailed information about the basis for assigning a prisoner to a category and on the movement of prisoners from one category to another.

Research into proactive methods for preventing prison violence should include an examination of the effects of environment on prisoner behavior. It is well known among corrections professionals that prison architecture influences inmate behavior and that similarly situated inmate populations can have very different rates of serious misconduct. It is strongly recommended that the states and the federal government initiate studies to determine the impact of architecture and prison management methods on disruptive inmate behavior.

Such studies should include assessments of the often advocated but still highly controversial super maximum-security facilities. More information is needed on how best to identify inmates who require this level of segregation, how long they should remain segregated from the general population, what interventions should be used to control their high-risk behavior, when and how they should be returned to the general population, and how they behave after release from these units. In the absence of such basic research, it is difficult to propose new methods for identifying such high-risk prisoners and to apply interventions that will help control and manage them.

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CHAPTER

Introduction

During the past decade, prison systems have experienced increased pressure to improve their approaches to classifying prisoners according to custody, work, and programming needs. Litigation and overcrowding have caused classification systems to be viewed as a principal management tool for allocating scarce prison resources efficiently and minimizing the potential for violence or escape. These systems are also expected to provide greater accountability and to help forecast future prison bedspace and prisoner program needs. In other words, a properly functioning classification system is seen as the “brain” of prison management. It governs many important decisions, including those that heavily influence fiscal matters such as staffing levels, bedspace, and programming expansion.

Objective prison classification systems were originally adopted in the 1980s, but by the late 1990s, significant modifications, including new risk assessment measures developed by statistical analysis centers, had improved classification practices. The results of these improvements include a reduction in the number of overclassified prisoners (i.e., those assigned to higher custody levels than necessary), more consistent custody decisions, validation of criteria for custody decisions, systematic assessment of prisoner program needs, and increased institutional safety for both staff and prisoners.

Although most prison systems have implemented objective classification systems that have proven effective in determining the custody level assigned to an inmate designated for the general population, less attention has been devoted to identifying inmates who should be placed in a special management category such as administrative segregation or protective custody. Such placements often occur after the fact, when an inmate’s violent or disruptive behavior has made it obvious that he or she should be removed from the general population.

Prisoners requiring special management encompass a variety of populations, including highly aggressive prisoners, sexual predators, youthful offenders (including juveniles housed in adult facilities), gang members, the mentally ill, and the medically challenged. There is also a pool of prisoners in the general population who are classified as “maximum” or “close” custody because of disruptive behavior patterns or the suspicion that they may engage in such behavior in the future. These general population prisoners should also be viewed as high risk, and may warrant special observation, monitoring, housing, and programming. Such preemptive intervention by staff members may negate the need for more restrictive interventions later on.

A properly functioning classification system is seen as the “brain” of prison management. It governs many important decisions, including those that heavily influence fiscal matters such as staffing levels, bedspace, and programming expansion.

In general, the majority of prisoners never becomes disruptive or difficult to manage.

Exhibit 1 shows the categories that have been established for high-risk prisoners—those whose behavior is so problematic that they must be removed from the general population and placed in a very secure and heavily staffed unit or prison for a substantial period of time—and special management prisoners. These categories are not mutually exclusive. For example, a prisoner may be categorized as “chronic misbehavior—assaultive,” but the prisoner’s conduct may also be related to a mental condition. Although most of these designations are based on subjective judgments, staff members are sufficiently trained and skilled in making such assessments and can use additional sources of objective data to reach a determination.

The most current estimates are that approximately 10–15 percent of the nation’s prisoner population falls within one of these special prisoner categories (exhibit 2). Another 10–15 percent of the total population is considered maximum or close custody within the general population. In general, the majority of prisoners never becomes disruptive or difficult to manage. The most serious forms of disruptive behavior within a prison, such as homicide, escape, aggravated assault on inmates or staff, and riots, are rare events. The majority of staff and prisoners never become the victims of such incidents.

Exhibit 1. Typology of High-Risk and Special Management Inmates

Category and Assessment Method	Placement
Security threat group Subjective assessment based on at least three sources of independent objective data as applied to well-defined agency criteria.	Administrative segregation or general population—high custody.
Likely victim Subjective assessment based on at least three sources of independent objective data as applied to well-defined agency criteria.	Protective custody or restricted general population facilities.
Mentally ill Standardized psychometric tests and clinical judgment by mental health staff.	Mental health unit and/or administrative segregation.
Chronic misbehavior—assaultive Objective external classification.	General population—high custody, administrative segregation, or mental health unit.
Chronic misbehavior—nonassaultive Objective external classification.	General population—high custody, administrative segregation, or mental health unit.
Nonsexual predator Subjective assessment based on at least three sources of independent objective data as applied to well-defined agency criteria.	General population—high custody, administrative segregation, or mental health unit.
Sexual predator Subjective assessment based on at least three sources of independent objective data as applied to well-defined agency criteria.	General population—high custody, administrative segregation, or mental health unit.
Developmentally disabled Standardized psychometric tests and clinical judgment by mental health staff.	General population (all custody levels) or mental health unit.

Exhibit 2. Nationwide Estimated Inmate Classification Levels for the Average Daily Population

Custody Level	Percent
General population	80
Minimum/community	35–40
Medium	35–45
Maximum/close	10–15
Special populations	15
Administrative/disciplinary segregation	5–6
Protective custody	1–2
Severe mental health	1–2
Severe medical	1–2
Unclassified	5

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

For example, in California's 155,000-inmate prison system, the rate of serious incidents (defined as assault and battery, attempted suicide, suicide, possession of a weapon, and possession of controlled substances) is approximately 8 per 100 prisoners per year.¹ Assaults and batteries comprise about half of these incidents. There were 21 suicides and 9 homicides in 2002. The stabbing rate is 0.4 per 100 prisoners. If one were to compute a homicide rate for the California Department of Corrections population, it would be approximately 8–9 per 100,000, only slightly higher than the rate for the state's citizens, which is 6.4 per 100,000. Given the demographics of the California corrections system's population, which is mostly young males with criminal histories, one can argue that the homicide rate for this population is actually lower among those who are incarcerated than those who are on the street.

Although high-risk and special management inmates constitute a small percentage of the national inmate population, a disproportionate amount of staff and agency resources must be allocated to them to maintain prisoner safety and institutional security. This draining of resources diminishes an agency's ability to fund more productive services and programs for the larger general prisoner population. Therefore, reducing the special management population can have significant cost implications for an agency.

Reducing the special management population can have significant cost implications for an agency.

NIC Goals and Objectives

Recognizing correctional administrators' need for more effective means of identifying potential sources of problems in the inmate population and more proactive strategies for addressing the issues associated with these inmates, the National Institute of Corrections (NIC) funded a project to advance the state of knowledge about programs and policies that identify, classify, and manage high-risk and special management prisoners. NIC established the following objectives for the project:

- ◆ To examine the use of objective classification systems in assessing the level of risk posed by different types of prisoners requiring special management.
- ◆ To review the supervision and program strategies being used by correctional systems to manage these inmates, especially those classified as high risk.
- ◆ To consider the means by which high-risk and special management inmates may be returned to the general prison population.
- ◆ To examine processes for release of these inmates back into society and for their continued followup.
- ◆ To identify the best practices currently in use for managing high-risk and special management prisoners.

To accomplish these objectives, NIC's project team identified five primary research topics that address key aspects of the management of high-risk and special management inmates:

- ◆ **Identification and selection.** How are special management populations defined? What groups are included? How are members identified? When are they identified? Is an objective classification instrument used? When was it developed and validated? What factors do assessment or classification instruments examine in the identification process? Are targeted inmates properly identified and classified? How many inmates are currently classified in this group?
- ◆ **Standards for conditions of confinement.** What are the management consequences of being identified and designated as a high-risk inmate? Are special housing and treatment programs associated with this designation? Are distinctive case management practices used for these inmates? To what extent are they segregated from general population inmates? What supervision strategies are employed in managing them? What level of services and privileges are provided?
- ◆ **Staffing.** What are the staffing and training requirements for special management programs and units? To what extent do security and program staff work together in the management of the program? What is the cost of the program?

- ◆ **Program process.** What are the treatment goals? How are decisions made to return high-risk/special management inmates to the general inmate population? How is the transition to the general population managed? How are long-term inmates maintained in these programs? Is documentation of all management activities available? Do periodic reviews of supervision and program needs occur? Are supervision/program plans developed for each inmate designated high risk or special management?
- ◆ **Community issues.** What are the standards for parole or release of high-risk/special management inmates? What are the standards for supervision in the community? What links exist between institutional and community treatment programs? What is the survival rate for these prisoners when they are released into the community?

Project Tasks

To achieve the objectives outlined above, the project team completed the following tasks:

- ◆ A review of the most significant current research on the topic.
- ◆ A national survey of state correctional systems to identify existing approaches to the classification and management of high-risk and special management prisoners. (A copy of the survey is provided in the appendix.)
- ◆ Site visits to the programs judged to be the most effective and to have the greatest potential for application within other correctional systems.

This report presents the findings of the project team for each of these tasks. Chapter 2 provides an overview of risk assessment. Chapter 3 presents an inventory of current risk assessment systems and instruments in use by state correctional systems. Chapter 4 summarizes the data obtained from state correctional agencies in the National Survey of the Management of High-Risk Inmates. Chapter 5 catalogs the best practices and model programs identified among the respondents to the National Survey and presents case studies of some promising and effective programs. Chapter 6 offers recommendations for further refinement of special management programs and identifies areas for future research.

The project team conducted a national survey of state correctional systems to identify existing approaches to the classification and management of high-risk and special management prisoners.

Overview of Risk Assessment

In the context of corrections, the term “risk” refers to an inmate’s potential for serious misconduct within the prison setting, escape attempts, and recidivism and the level of threat the inmate poses to public safety. The goal of risk assessment is to reduce these incidents by studying the attributes of inmates who commit such acts and comparing them with those of inmates who do not pose such problems.

Such risk factors can be classified as either “static” or “dynamic.” Static risk factors tend to be historical and unchanging. For example, age at first arrest, history of violent felony convictions, and the severity of the current crime are static risk factors that often appear in risk assessment measures. Dynamic risk factors are items associated with future behavior and can change over time. Current employment status, education level, and marital status are examples of dynamic factors that are situational in nature and can change rapidly. There is some indication that dynamic factors are more important in predicting risk than static factors, as the former better describe the individual’s current life situation (Wood and Cellini, 1999).

Risk assessment involves two types of classification: external and internal. The process of external classification involves two decisions: whether to place the prisoner in the general population and to what custody level (minimum, medium, or close/maximum custody) within the general population the prisoner should be assigned. Both decisions are critical to the safe and efficient operation of the facility. Internal classification involves intrafacility decisions about where and with whom a prisoner will be housed and the programs, services, and work assignments that are appropriate for the prisoner. Internal classification systems are intended to ensure that prisoners who are at risk of being placed in a special management population are supervised differently from other general population prisoners. Also, providing proper housing and treatment at the onset of confinement affords the prisoner the opportunity to eventually return to a less restrictive correctional environment.

Approaches to Risk Assessment

Correctional administrators have long relied on professional clinical judgment in assessing prisoners for parole, inclusion in a security threat group (STG), trusty positions, and placement in administrative segregation or protective custody. This method has been favored because it requires only a professional with the skill and experience necessary for the assessment. In general, no forms must be completed

Providing proper housing and treatment at the onset of confinement affords the prisoner the opportunity to eventually return to a less restrictive correctional environment.

All risk assessment systems, whether they rely on professional judgment, actuarial scoring systems, or a combination of the two, are subject to error.

and no tests for reliability and validity are needed. Unfortunately, professional judgment has been shown to be by far the least accurate risk assessment method (Gottfredson and Gottfredson, 1993; Morris and Miller, 1985). Too often, such judgments are no more than “gut” reactions that may vary from expert to expert with regard to the same prisoner. Corrections tends to rely on this risk methodology for some of its most important decisions, such as release to the community or placement in a high-security unit.

Dissatisfaction with relying on professional judgment has led to the development of actuarial-based assessments. Actuarial methods are common classification tools in correctional settings. Longitudinal studies of prisoners and offenders identify attributes associated with misconduct, escapes, and recidivism. These risk factors are translated into a scoring system that assigns a numeric score, which can then be converted into a risk category. A major advantage of actuarial assessment is levels of reliability (consistency in assessments) and validity (proof that a risk factor is associated with the behavior to be predicted) that are significantly higher than can be achieved with professional judgment. Furthermore, actuarial assessment can be performed by those without extensive professional experience.

The latter advantage is also a limitation. Because actuarial assessment does not allow for professional judgment, it may be overly rigid. Inmate populations cannot simply be scored. A third method, adjusted actuarial assessment, recognizes that neither professional judgment nor actuarial assessment is sufficient in and of itself. Adjusted actuarial assessment allows for modification of a scored assessment by consideration of supplemental information (e.g., input from a variety of correctional specialists with expertise in disciplines such as security, medicine, and mental health) that is not incorporated into the scoring system.

Limitations of Risk Assessment

All risk assessment systems, whether they rely on professional judgment, actuarial scoring systems, or a combination of the two, are subject to error (false-positives or false-negatives). Factors that may lead to such errors include unpredictable situational or environmental factors (e.g., chance meetings between members of rival gangs or the effect of a facility’s architectural design or the warden’s management style) and the inherent difficulty in predicting events with a low frequency of occurrence such as prison escapes, suicides, and homicides. These limitations are discussed in more detail below.

Types of Error

The key assumption in risk assessment is that high-risk inmates can be identified. However, any classification system is subject to two critical types of error: false-positives and false-negatives. False-positive errors occur when prisoners who pose little or no risk are assigned to a special population category. A docile prisoner who has been placed in administrative segregation for alleged gang behavior but who is

not involved in such activities is an example of false-positive classification. Conversely, false-negative errors occur when potentially disruptive prisoners are not identified and removed from the general population. The failure to detect and segregate an active gang member can be potentially dangerous for the rest of the prisoners in general population housing and for staff.

False-positive classification errors can also lead to serious incidents, including assaults on staff and prisoners, suicides or suicide attempts, and escapes. Such episodes are disruptive and costly to a facility's operation and expose the agency to expensive litigation.

Situational and Environmental Factors

Although there is evidence of the predictability of the behavior of groups (macro-level behavior), reliably predicting the behavior of individuals within groups (micro-level behavior)—for example, which prisoners will engage in serious destructive behavior and under what circumstances—is difficult, if not impossible. In part, this is because of a large number of situational or environmental factors that are unpredictable in terms of their effect on behavior. Modern physics developed chaos theory to explain the variable effects of such factors. Chaos theory holds that while patterns of phenomena exist within the physical sciences, a slight change in such patterns will produce other radical and large-scale changes (Gleick, 1988).

The often-cited example of chaos theory at work in daily life is predicting the weather. Because the phenomenon called weather is actually the product of a complex set of natural forces that have a deterministic quality, it is possible to forecast what is likely to be the weather at any given time. Yet weather forecasts often turn out to be incorrect when a minor fluctuation in one of the factors involved results in a weather pattern different from the one predicted—sometimes a severe storm, hurricane, or tornado (Gleick, 1988). Furthermore, the longer the forecast horizon (e.g., 1 week versus 1 day), the more tenuous the predicted weather pattern will be. It is the presence of too many factors that can behave in unexpected ways that compromises a weather forecast. In retrospect, however, it is always possible to explain why a storm did or did not materialize as expected.

In the context of prisoners and prison management, a chance encounter in the life of an inmate (or staff) can result in a serious incident that could not have been known in advance and prevented. For example, a chance meeting with another prisoner belonging to a rival gang, a hostile interaction between a prisoner and staff, or an unexpected decision to cancel a work detail are examples of daily events that may cause a severe reaction that is understandable in retrospect but impossible to predict. Over time, a pattern to such incidents may emerge, suggesting they are deterministic in nature, but predicting them remains problematic. This is in part why seemingly chaotic major incidents like riots, escapes, suicides, and assaults on staff and prisoners resulting in serious bodily injury are so difficult to prevent (Duguid, 2000).

Chance meetings with another prisoner belonging to a rival gang and unexpected decisions to cancel a work detail are daily events that may cause a severe reaction that is understandable in retrospect but impossible to predict.

Unfortunately, few if any studies have assessed the impact of architecture on suppressing or controlling prisoner behavior.

The influence of architectural factors on prisoner and staff behavior must be noted here. It would be difficult to find a correctional official, warden, superintendent, or line officer who does not agree that a facility's architectural design has a corresponding influence on prisoner behavior. Facilities that rely on open views of housing, dining, and recreation areas tend to produce fewer episodes of disruptive and potentially dangerous behavior than those with numerous "blind" spots. Unfortunately, few if any studies have assessed the impact of architecture on suppressing or controlling prisoner behavior, and it is unlikely in today's fiscal environment that many of the antiquated prison facilities still in use will be replaced in the near future.

Corrections directors also have long known that similarly designed facilities with similarly situated prison populations can produce very different rates of prisoner misconduct, both within and across state prison systems. Each major system with multiple facilities has wardens who are able to handle problem prisoners who cannot be handled elsewhere. The field is also filled with stories of how prisoners who were transferred to another state correctional facility suddenly started behaving differently.

Such variations in misconduct rates for prisons that are equivalent in design and that house inmates with similar attributes are likely related to differences in the management style adopted by each prison administrator. Again, no studies have substantiated this observation, except for a few recent evaluations of the use of internal classification systems in a select number of states. (These systems, the Adult Internal Management System (AIMS) and Prisoner Management Classification (PMC), are discussed in the next chapter.)

Accuracy of Measurement and Low Base Rates

Two other factors that limit the predictive capability of correctional systems are the accuracy of measurements and the low frequency, or base rates, of serious incidents. Accuracy is the function of *reliability*, or consistency in making assessments, and *validity*, or proof that a risk factor is associated with the behavior to be predicted. If the accuracy in a risk assessment system's measurements is low, the system will be subject to a large amount of "noise" (that is, irrelevant or meaningless data).

The infrequency of several of the actions that correctional agencies seek to prevent make these actions inherently difficult to predict. The most obvious examples of this problem are escapes, suicides, and homicides. The base rates of these very serious incidents are so low that, coupled with the measurement problems noted above, they cannot be statistically predicted. As with rare events such as commercial airplane crashes, the causes can be pieced together after the fact, but it is impossible to predict the event in advance. This is not to say that correctional systems should not strive to understand such incidents and reduce their occurrence—only that they must not have unrealistic expectations in such endeavors.

Special Topics: Reentry and Medical and Mental Health Needs

Two issues have been identified as of special concern with regard to the management of prison populations: reentry of prisoners into the general prison population or the community at large—particularly prisoners who have served their sentences and are no longer subject to administrative supervision—and the disproportionately high rates of chronic physical and mental illness among prisoners. In particular, the management of mentally ill prisoners is crucial because their illness may make them more susceptible to committing violent and disruptive behavior and to victimization by other inmates. These two topics are discussed in more detail below.

Reentry

Reentry, the transition from a segregated inmate population to the general population or from incarceration to the community, is an issue of special concern with regard to special management prisoners. Recidivism rates for ex-convicts have been described as excessively high, although that conclusion depends on what definition of recidivism is being used and which states are included in the analysis. For example, two national studies of recidivism show that while nearly two-thirds of released convicts are rearrested for a felony or serious misdemeanor, only 40 percent are returned to prison, mostly for technical violations rather than new felony convictions (Beck and Shipley, 1989; Langan and Levin, 2002). Recidivism rates also vary depending on whether or not California is included in the analysis.

Nonetheless, much more attention is now being given to consideration of whether the lack of transitional programming for prisoners, combined with the accelerated number of releases, poses an additional public safety threat that could slow down or reverse the gains made in reducing the incidence of crime over the past several years. Exacerbating this problem is the growing percentage of released prisoners who have completed their full sentences and therefore are not subject to any post-release supervision requirements.

It is estimated that in 2002 nearly 600,000 prisoners were released from prison (Bureau of Justice Statistics, 2003). Such record numbers of discharged prisoners will inevitably lead to greater public attention to the issue of prisoner reentry to the community. Unfortunately, however, this issue has received little attention in terms of program planning, community preparation, or policy development (Petersilia, 1999).

Although most prisoners are released via parole or other forms of supervision, an increasing number are being discharged simply because they have served their entire sentence. This number is likely to grow as more states adopt truth-in-sentencing laws, which have been the topic of increasing discussion. According to the Bureau of Justice Statistics (BJS), 20 states have adopted laws that require prisoners convicted of violent crimes to serve, at minimum, 85 percent of their prison terms; 6 states have enacted truth-in-sentencing laws that require from 50 to

Much more attention is now being given to consideration of whether the lack of transitional programming for prisoners, combined with the accelerated number of releases, poses an additional public safety threat.

75 percent of the sentence be served; and another 14 states have abolished discretionary parole (Ditton and Wilson, 1999).

These trends, together with the increased use of mandatory minimum sentences and reductions in the use of early release, or “good time,” credits mean not only that prisoners will serve much longer prison terms, but also that they are less likely to be paroled or to serve any time under parole supervision (Ditton and Wilson, 1999). Some observers are concerned that the release of large numbers of prisoners who are not subject to supervision requirements that help control and monitor their behavior is a public safety problem. Moreover, prisoners serving time in truth-in-sentencing states may pose management problems for prison staff because the elimination of the possibility of earning early release credits may leave these prisoners little incentive to adhere to prison rules.

For example, a recent study of the Texas Department of Criminal Justice’s administrative segregation system estimated that 2,000 prisoners are released from the various administrative segregation units directly to the community with no parole supervision (Austin et al., 1998). In Nevada, more than half of the prisoners released—some of whom were confined in maximum-security units at the time of release—are discharged with no form of parole or community supervision (Naro, 2002). Given that most maximum-security and administrative segregation prisoners are offered negligible programming and allowed minimal exposure to normal human contact and that few programs are available to help these prisoners navigate the reentry process, unsupervised release should be viewed as a major public safety issue (Austin, 2001).

Medical and Mental Health Needs

There is growing evidence that a significant portion of the prison population suffers from highly contagious and life-threatening diseases. As shown in exhibits 3 and 4, a significant number of persons who pass through America’s prisons and jail systems are infected with AIDS, HIV, hepatitis B and C, and other diseases that are easily transmitted through illicit drug use and unprotected sexual behavior. For prison systems, in particular, it is important to identify these prisoners, give them the necessary level of medical care, and educate them on how to avoid spreading the disease further. It may be necessary to house some portion of these prisoners in segregated units where specialized forms of treatment can more readily be provided. When these prisoners are released, it is important to ensure that medical treatment will be maintained while they are on parole or under community supervision. At a minimum, soon-to-be-released prisoners can be given information on where treatment can readily be obtained for a sustained period of time.

The same recommendations apply to prisoners with major mental health problems. Based on prisoner self-reported data, BJS estimates that approximately 16 percent of the prison population suffers from a mental health problem that requires some method of formal treatment (Ditton, 1999). Although many may argue that this

Given that most administrative segregation prisoners are offered negligible programming and that few programs are available to help them navigate the reentry process, unsupervised release should be viewed as a major public safety issue.

figure underestimates the true level of mental health needs, it is certain that undiagnosed and untreated mental health problems detract not only from the prisoner’s well-being but also from the safety of the prison system. Growing evidence shows that some prisoners placed in administrative segregation because of violent and assaultive behavior suffer from undiagnosed mental illness. For example, California and New Mexico have recently established separate administrative segregation units for prisoners who have severe mental health problems and require treatment.² Thus, the handling of special management prisoners must include the ability to diagnose and treat mental health conditions related to their disruptive behavior.

Exhibit 3. Prevalence of Infectious Diseases Among U.S. Prison and Jail Inmates, 1997

Condition	Prisons (%)	Jails (%)	Total Inmates Infected
Total HIV/AIDS	—	—	35,000–46,000
HIV infection (non-AIDS)	1.45–2.03	1.45–2.03	26,000–36,000
AIDS	0.5	0.5	9,200
RPR+ (syphilis)	2.6–4.3	2.6–4.3	46,000–76,000
Chlamydia infection	2.4	2.4	43,000
Gonorrhea infection	1.0	1.0	18,000
Current/chronic hepatitis B infection	2.0	2.0	36,000
Hepatitis C infection	17–18.6	17–18.6	303,000–332,000
Tuberculosis—disease	0.04	0.17	1,400
Tuberculosis—infection	7.4	7.3	131,000

Source: From Prison to Home: The Effect of Incarceration and Reentry on Children, Families and Communities. National Policy Conference sponsored by the U.S. Department of Health and Human Services and the Urban Institute, January 30–31, 2002 (<http://aspe.hhs.gov/hsp/prison2home02/>).

Exhibit 4. Estimated Number of Persons With Infectious Diseases Passing Through U.S. Correctional Facilities, 1997

Condition	Released Inmates	Total in U.S. Population
Total HIV/AIDS	151,000–197,000	750,000
HIV infection (non-AIDS)	112,000–158,000	503,000
AIDS	39,000	247,000
Current/chronic hepatitis B infection	155,000	1,000,000–1,250,000
Hepatitis C infection	1,300,000–1,400,000	4,500,000
Tuberculosis—disease	12,000	32,000

Source: From Prison to Home: The Effect of Incarceration and Reentry on Children, Families and Communities. National Policy Conference sponsored by the U.S. Department of Health and Human Services and the Urban Institute, January 30–31, 2002 (<http://aspe.hhs.gov/hsp/prison2home02/>).

Growing evidence shows that some prisoners placed in administrative segregation because of violent and assaultive behavior suffer from undiagnosed mental illness.

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CHAPTER

Risk Assessment Systems and Instruments

The number and type of instruments available for use in screening for a variety of risks and dangerous behaviors have increased significantly. This section presents the major distinguishing attributes of the risk assessment systems and instruments that have been used, or are being promoted for use, within correctional agencies. The instruments are grouped in four categories: internal management systems, instruments to assess general criminality, instruments to assess sex offenders, and instruments to assess violence and dangerousness. Methods of identifying gang membership and STGs are also discussed.

Internal Management Systems

Internal management systems are used to determine how prisoners should be housed within a particular facility or complex. These instruments assume that prisoners have varying levels of aggressiveness or vulnerability that can be measured with a questionnaire. Once classified, the different categories of prisoner must be separated from each other as much as possible, including by housing, programming, and recreation. Similarly, the staff assigned to these discrete housing units must be fully aware of the different types of prisoners under their care and be trained in management techniques appropriate for dealing with these prisoners. Few risk assessment tools currently exist to determine internal classification and likelihood for prison violence; most measures are based on predicting general criminal behavior outside prison.³

Adult Internal Management System

The Adult Internal Management System (AIMS), developed by Dr. Herbert Quay more than 20 years ago, is one of the best-known internal management systems. It attempts to identify inmates who are likely to be incompatible in terms of housing and who are most likely to pose a risk to the safe and secure operation of a facility. Potential predators can then be housed separately from more vulnerable inmates.

AIMS relies on two instruments to classify inmates according to a personality typology: the Life History Checklist and the Correctional Adjustment Checklist. The Life History Checklist focuses on the inmate's adjustment and stability in the community. It includes 27 items designed to assess a number of personality dimensions known to be related to an individual's potential to be housed successfully with other types of inmates. The Correctional Adjustment Checklist is designed to create a profile of

Few risk assessment tools currently exist to determine internal classification and likelihood for prison violence; most measures are based on predicting general criminal behavior outside prison.

an inmate's likely behavior in a correctional setting. Its 41 items focus on the inmate's record of misconduct, ability to follow staff directions, and level of aggression toward other inmates.

Raw scores, converted into *t*-scores, are used to classify inmates into groups. Originally, the group labels described personality types (e.g., Aggressive-Psychopathic, Manipulative, Situational, Inadequate-Dependent, and Neurotic-Anxious). These designations have since been revised to reflect differential rates of institutional misconduct called Alpha I, Alpha II, Sigma I, Sigma II, and Kappa.

Alpha I and II inmates are those most likely to present management problems related to the safety and security of the facility. Alpha I inmates are more likely to openly exhibit aggressive or assaultive behavior than other types of inmates, whereas Alpha II inmates are more likely to be manipulative. Sigma I and II inmates are unlikely to be assaultive but pose other management problems, such as disregard for direct orders and disruption of the orderly operation of the facility. Alpha I and II inmates are likely to be predators, whereas Sigma I and II inmates are at risk of being victimized. Kappa inmates are those who are the least likely to present management problems and are neither predators nor prey.

AIMS has received only limited evaluation. Preliminary findings showed that facilities using AIMS experienced significantly lower rates of staff and inmate assaults than facilities that did not use an internal classification system (Quay, 1984). In South Carolina, serious disciplinary incidents decreased by 18 percent after AIMS was implemented. Further research showed similar positive management outcomes with AIMS in facilities housing women prisoners (Quay, 1984).

As of 2002, AIMS was being used by several facilities in the Federal Bureau of Prisons system and by some facilities of the Ohio Department of Rehabilitation and Correction.⁴ The South Dakota and Missouri Departments of Corrections have fully implemented AIMS. The South Carolina Department of Corrections implemented AIMS but has discontinued its use as a housing assignment tool.

Prisoner Management Classification System

The Prisoner Management Classification (PMC) system was adapted from Wisconsin's Client Management Classification (see page 20). Like AIMS, the PMC system attempts to identify potential predators and victims and inmates who require special programming or supervision, and it requires significant staff training for inmate assessment, supervision, and interaction.

To classify inmates, the PMC system uses a semistructured interview supplemented by ratings of 11 objective background factors that assess the inmate's social status and offense history. The system also provides detailed guidelines for safe and appropriate management of inmates within their designated housing units after they are classified. Equally important, these guidelines highlight programming approaches to prepare the inmate for readjustment to the community.

The PMC interview consists of 45 questions that require forced-choice responses. It is conducted at admission by a specially trained officer and requires approximately 45 minutes to complete. The questions address the inmate's attitudes regarding the current offense; his or her criminal history (including juvenile offenses); family relationships; relationships with staff, inmates, and peers; current difficulties (e.g., psychological problems, sexual harassment); and plans after release from prison. The interviewer also completes eight behavioral ratings that assess the inmate's demeanor during the interview and records his or her impressions of the inmate's most and least urgent problem areas.

Inmates are then assigned to one of four groups: Limited Setting (LS), Casework Control (CC), Selective Intervention (SI), and Environmental Structure (ES). LS and CC inmates are expected to be more aggressive and more difficult to control, whereas SI and ES inmates require minimal supervision but should be separated from LS and CC inmates. When necessary, however, SI inmates may be housed with LS and CC inmates.

The PMC system was rigorously evaluated in Washington State and shown to be useful in identifying and separating potential victims from potential predators and in managing correctional populations. In facilities that implemented PMC, institutional misconduct decreased and staff and inmate safety increased (Austin, 1992).

Instruments To Assess General Criminality

Within the past 20 years, several states have individually begun testing and using a diverse array of risk assessment instruments that assess criminal behavior, likelihood of recidivism, and the success of rehabilitative programs. Many states are incorporating existing instruments into their own evaluative measures. For example, Iowa and Oklahoma are currently validating the use of the Level of Service Inventory–Revised in decisions regarding probation, custody level, and case management. Other states are using measurement tools designed to enhance supervision and treatment of sex offenders (Colorado and Pennsylvania); evaluate risk of criminality and recidivism for both general offenders and violent offenders (Iowa); and predict the success or failure of probationers or parolees (Illinois) (Justice Research and Statistics Association, 2001). The most commonly cited instruments in use by these and other jurisdictions are summarized below.

Level of Service Inventory–Revised

The Level of Service Inventory–Revised (LSI–R) is a risk assessment system that was initially developed by the Correctional Service of Canada as part of its overall effort to adopt a cognitive skills approach to rehabilitation.⁵ Over time, the early proponents and developers of the LSI–R formed a private consulting firm to market the system in the United States and other countries. The LSI–R consists of 54 items in 10 substantive areas relevant to future criminal behavior:

Within the past 20 years, several states have begun testing and using instruments that assess criminal behavior, likelihood of recidivism, and the success of rehabilitative programs.

Chapter 3

- ◆ Criminal history (10 items).
- ◆ Education and employment (10 items).
- ◆ Financial (2 items).
- ◆ Family and marital (4 items).
- ◆ Accommodations (3 items).
- ◆ Leisure and recreation (2 items).
- ◆ Companions (5 items).
- ◆ Alcohol and drug problems (9 items).
- ◆ Emotional and personal (5 items).
- ◆ Attitude and orientation (4 items).

The inventory is administered by an interviewer. The questions require either a yes/no answer or a response to a structured scale ranging in value from 0 to 3. The interviewer scores the offender on each item and then determines the offender's overall risk level. The scoring is based on the assumption that parole and probation officers can be sufficiently trained to assess offenders properly on each of the inventory's items; however, the training is intensive and requires staff to have strong interpretation skills.

Because many of the LSI-R items address the respondent's social situation in the community, this system is best suited for probationers and parolees as opposed to those who are incarcerated. Most studies of the LSI-R have been done by researchers with a direct financial interest in its profitability. Few independent studies have evaluated the system's reliability and predictive value. One independent study conducted for the Pennsylvania Board of Probation and Parole found a low level of interrater reliability in the scoring process (Austin and Davies, 2001). Another, more recent study of the LSI-Ontario Revision showed positive results (Girard and Wormith, 2004).

Correctional Offender Management Profiling for Alternative Sanctions

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) is a privately owned risk and needs assessment system for adult corrections. It includes four major risk assessment scales (violence, recidivism, flight, and community noncompliance) for use both in assessing an offender's appropriateness for community corrections and in making decisions regarding release and case management supervision. The COMPAS assesses a comprehensive set of more than 20 well-validated criminogenic factors, including criminal history, violence history,

early onset of delinquency, substance abuse, criminal associates, criminal attitudes, criminal personality (impulsivity, low self-control), and criminal opportunity (high-risk lifestyle). It also evaluates several psychosocial stressors (e.g., residence in a high-crime community, poverty, vocational problems, social isolation, and scarcity of social supports) that may be useful in designing case plans.

The comprehensive COMPAS battery of tests requires 45 to 60 minutes to complete. However, jurisdictions can customize the assessment to fit their specific needs or staffing and timing constraints by deleting selected scales or questions. For example, an agency interested only in screening for risk of recidivism could limit the assessment to that scale, reducing the time requirement to about 8 minutes. The COMPAS software program also maintains a database of information that allows for the quick generation of reports and outcomes.

The COMPAS has not been independently evaluated. The Northpointe Institute for Public Management in Michigan, which owns the COMPAS program, reports that all risk factor items were developed using standard factor analytic and psychometric procedures and that most reach highly acceptable levels of reliability (Cronbach's alpha greater than 0.70).⁶ Validation studies in more than 30 separate jurisdictions across the United States have accumulated considerable statistical evidence that supports the predictive and construct validity and generalizability of COMPAS scales across jurisdictions. For example, a recent 12-month study of recidivism in a sample of more than 600 New York State probationers found the area under the curve in a receiver operating characteristic analysis to be close to 0.80, which is comparable or superior in predictive validity to most existing risk assessment systems.

U.S. Board of Parole Salient Risk Guidelines

The U.S. Board of Parole (now the U.S. Parole Commission) first established parole guidelines in the early 1970s. The original goals of these guidelines were as follows:

- ◆ To enhance the reliability and validity of parole release decisions.
- ◆ To reduce disparity in sentencing decisions.
- ◆ To reduce recidivism rates by denying parole to high-risk offenders and/or by enhancing the level of supervision and services to such offenders.
- ◆ To provide stability in projecting correctional system resources.

To accomplish these goals, the U.S. Board of Parole developed an additive point scale to classify inmates by their risk level. The "salient factor score" is based on two sets of factors associated with recidivism rates for inmates released from federal prisons: the seriousness of the offense committed and the likelihood of success or failure under parole supervision. This scale continues to be used by the U.S. Parole Commission for the cases over which it still has jurisdiction and by states that have retained the use of discretionary parole (Delaware, the District of Columbia, Georgia,

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Kentucky, Michigan, Oregon, Pennsylvania, and Texas). The most common items analyzed in the current guidelines are:

- ◆ Age (current age, age at first arrest or conviction).
- ◆ Criminal record (arrests, convictions, incarcerations).
- ◆ Institutional conduct (disciplinary record, program participation).
- ◆ Prior performance on parole or probation (prior technical violations, recommitments).
- ◆ History of alcohol or drug use.
- ◆ Time served (actual time, percentage of time served).
- ◆ Parole/release plans (employment, residency).
- ◆ Mental health status.

Client Management Classification

The Client Management Classification (CMC) system is also referred to in the literature as the “Wisconsin system” because it was developed by Drs. Gary Arling and Ken Lerner of the Wisconsin Department of Corrections for use in probation and parole services. It has since been adopted by many probation and parole supervision agencies nationwide (Baird, 1981). CMC is essentially the same as the PMC system described above (see page 16). It is based on a questionnaire completed by probationers and parolees to determine both the level of supervision they should receive and the types of services they may require. Like the PMC, LSI-R, and COMPAS, the CMC system requires offenders to be reevaluated on a regular basis to account for any changes in risk factors that might alter their supervision requirements or needs levels.

Risk of Reconviction Scale and Criminogenic Needs Inventory

New Zealand’s Risk of Reconviction (ROC) scale was designed to assess only an inmate’s risk and not his or her needs. It has been statistically accurate in predicting the likelihood of reconviction, seriousness of reoffense, imprisonment, and sentence. The Criminogenic Needs Inventory (CNI) is a further development of the ROC system. Its predictions are based on behavior during the criminal’s offending period (the day before and the day that the offense was committed) and a predisposing period (the 6 months preceding the offending period). Both inventories include assessments of emotions, propensity toward violence, relationships, alcohol- and drug-related behaviors, impulsivity, and criminal associates. Although administration of the CNI requires some expert supervision, it was designed to be used by nonspecialist correctional administrators.

Community Risk/Needs Management Scale and Case Needs Identification and Analysis

The Community Risk/Needs Management Scale (CRNMS) is a Canadian model developed from the Case Needs Identification and Analysis (CNIA) instrument, which was designed to assess inmate needs at admission. The CRNMS built on information included in the CNIA and streamlined its design in order to evaluate criminal history risk, case needs, the likelihood of reoffending, and the level of community supervision necessary per offender. The CRNMS has shown that the static variables included in the criminal history analysis are better predictors of recidivism during the early stages of release; dynamic variables, however, are more influential over time.

Instruments To Assess Sex Offenders

The public's fear of predatory sex offenders, which has been fueled by several well-publicized crimes by released inmates, has led to legislation designed to extend prison terms for such offenders, mandate their treatment prior to release, and require their location to be made known to law enforcement officials and the public upon their release. The growing awareness and fear of recidivism among released sex offenders have led to increased interest in identifying and treating them. The instruments most frequently used in adult corrections today to assess the risk of recidivism in convicted sex offenders are discussed below.

Rapid Risk Assessment for Sexual Offense Recidivism

The Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR), like the LSI-R, was developed in Canada. It was designed to be a very simple but relatively accurate method for assessing the likelihood of convicted sex offenders to recidivate and return to prison. To avoid the need for a structured staff interview, researchers originally tested seven "static" items found in inmates' case files that could be scored relatively easily by "nonprofessional" staff (Hanson and Thornton, 1999). Based on a series of validation tests, the researchers found that four items (prior sex offenses, age at release, victim gender, and relationship to victim) could be used successfully to predict recidivism rates for convicted sex offenders. The RRASOR was later used in the development of the Static-99.

Static-99

The Static-99 was developed jointly by researchers from Canada and the United Kingdom. It is an inventory of 10 static factors that reflect attributes of convicted sex offenders and that have been shown to be associated with recidivism in four separate Canadian and U.K. samples (Hanson and Thornton, 1999). Like the RRASOR, the Static-99 does not require an interview, as these items can be obtained from the inmate's case file. It is now being used by several parole boards, including the Texas Board of Pardons and Parole and the Pennsylvania Sex Offender Assessment Board, to screen inmates convicted of sex crimes who are also eligible for parole.⁷

Minnesota Sex Offender Screening Tool–Revised

The Minnesota Sex Offender Screening Tool–Revised (MnSOST–R) scores 16 items, most of which are similar to those in the Static–99 and RRASOR. However, the MnSOST–R requires more detailed data on the 12 static variables related to the offender’s criminal record and relationship to his victims. It also adds four dynamic components that measure factors associated with age and behavior while incarcerated. No interview is required, as information on all 16 factors is drawn from inmate files.

Sexual Violence Risk–20

Canadian psychologist Douglas Boer is currently developing the Sexual Violence Risk–20 (SVR–20) as a basis for analysis and prediction of sexual violence. Similar to assessments of general violence, the SVR–20 incorporates information pertaining to an offender’s psychosocial adjustment and future plans (Dunne, 2000). It also includes factors specifically related to the offender’s attitudes toward and history of committing sexual offenses. The SVR–20, however, does not include a tool for classifying risk, but is intended rather to be used as a topical guideline for risk assessments linked with studying violent sexual offenders.

Instruments To Assess Violence and Dangerousness

A pair of instruments devised in Canada have been found to be useful in assessing inmates’ propensity to violent and dangerous behavior, and one also shows promise in predicting recidivism by sex offenders. Both instruments have serious limitations, however. They are both designed for use by mental health professionals, and neither has been tested independently by persons with no financial interest in the instrument.

Hare Psychopathy Checklist–Revised

The Hare Psychopathy Checklist–Revised (PCL–R) is an instrument developed in Canada by Robert Hare. It is now owned and distributed by the firm that controls the LSI–R. The PCL–R consists of 20 items that consider both static and dynamic factors. The assessment includes both a structured interview and a careful review of the inmate’s file. Training is required to use the PCL–R, and this instrument is designed for use only by a licensed psychologist or an individual with a master’s degree in psychology who is working under the supervision of a licensed psychologist. Although there is no research showing independent testing of the PCL–R by persons without financial interest in the instrument, it is a widely accepted and used measure of psychopathy.

Violence Risk Assessment Guide

The Violence Risk Assessment Guide (VRAG), also developed in Canada, is based on research conducted at a single maximum-security prison (Ontario’s Penetanguishene). The VRAG has been promoted as an objective procedure to assess the risk of violent recidivism in mentally disordered offenders, but subsequent research

suggested that the scale could also be used to predict sex offense recidivism (Quinsey et al., 1998). The assessment process requires a preexisting PCL–R score, completion of an additional interview, and a review of the inmate’s case file.

The classification accuracy of the VRAG is reported to be about 75 percent (Quinsey et al., 1998). However, correctional agencies concerned with cost and efficiency may not be interested in using the VRAG to measure the risk of sex offense recidivism, given that professionally trained interviewers and careful file review are required for the system to work properly. Little, if any, research shows that this instrument has been tested independently by persons with no financial interest in it.

Methods of Identifying Gangs and Security Threat Groups

In general, state prison systems do not have actuarial systems for assessing whether an inmate is in an STG or other type of organized street or prison gang. Typically, state policies require the designation of highly trained staff as specialists in the identification of STG inmates, their movements, and illicit activities. These staff draw on multiple sources of information, including tattoos, prior affiliations with known gang members, gang-related literature, and the word of other prisoners.

The Federal Bureau of Prisons and the Colorado Department of Corrections have developed systems that assign an inmate points for having certain attributes associated with gang membership. For example, if an inmate has a history of active gang membership, certain types of tattoos, or is reported by another credible source as being associated with an STG, the inmate will be given points for each of these attributes. If the points reach a certain threshold, the inmate will be confirmed as a member of an STG. Outside these two jurisdictions, the identification of members of gangs and other STGs remains subjective.

BOP and the Colorado Department of Corrections have developed systems that assign an inmate points for having certain attributes associated with gang membership.

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CHAPTER

Findings of the National Survey of the Management of High-Risk Inmates

In 2002, a survey on the classification of high-risk and special management inmates was sent to the correctional agencies of all 50 states and the District of Columbia and Puerto Rico (hereafter referred to as “states”). The survey (see appendix) was designed to obtain information on the procedures used to classify high-risk inmates, particularly those in protective custody or administrative segregation, and inmates with mental illnesses or medical problems. Several items requested information on high-risk inmates housed in the general population and special practices associated with their situation. The last section of the survey asked for information on new or model programs, including the name and location of the program, the target population, screening processes, programs and services offered, and staffing levels. Many of the jurisdictions that responded also provided detailed information on the nature and operation of these programs, including policy statements, manuals, statistical reports, and program descriptions.

The survey responses demonstrated little consensus on the use of even the most basic classification terms such as “general population,” “protective custody,” and “administrative” as opposed to “disciplinary” segregation. Further, very few correctional data systems were able to aggregate quickly and accurately the numbers and types of prisoners in each of these discrete classification categories. Disagreement about prison classification terms and delay in implementing automated data systems are not new, but these issues made it difficult for some agencies to fully complete the survey. Many agencies either had limited access to the information requested or stored their records in a way that prevented them from retrieving the data. Therefore, most of the results reported in the exhibits that follow are based on a limited number of respondents.

Total Inmate Population

Forty-one states and Puerto Rico completed and returned the survey, yielding a response rate of 81 percent. Exhibit 5 presents the total inmate population, broken out by gender, for all 42 respondents. For Alaska and West Virginia, which did not report counts of women prisoners, 2001 data from the Bureau of Justice Statistics were used to estimate the total inmate population. The number of inmates ranged from 740 in Wyoming to 157,142 in California. The states with the next largest

Many agencies were unable to fully complete the survey because they either had limited access to the information requested or stored their records in a way that prevented them from retrieving the data.

The great majority of the inmates were housed in the general population, indicating that there are no special security, medical, or mental health needs for most prisoners.

Exhibit 5. Prison Population

State	Total Population	Male	Female
Alaska	4,969	4,593	376
Arizona	27,165	25,133	2,032
California	157,142	147,391	9,751
Colorado	15,241	14,207	1,034
Connecticut	18,348	17,056	1,292
Delaware	5,460	5,084	376
Florida	72,509	68,217	4,292
Georgia	45,820	42,951	2,869
Idaho	5,535	5,013	522
Illinois	42,733	40,115	2,618
Indiana	20,802	19,343	1,459
Iowa	8,103	7,461	642
Kansas	8,574	8,074	500
Kentucky	15,805	14,794	1,011
Maryland	23,717	22,617	1,100
Massachusetts	10,197	9,562	635
Michigan	47,357*	45,242	1,933
Minnesota	6,626	6,234	392
Missouri	29,132	26,970	2,162
Montana	2,275	2,112	163
Nebraska	3,932	3,578	354
New Hampshire	1,381	1,276	105
New Jersey	22,657	21,478	1,179
New Mexico	5,781	5,268	513

inmate populations were Texas, with 143,302, and Florida and New York, with populations of approximately 70,000 each. After Wyoming, the states with the smallest inmate populations were New Hampshire, North Dakota, Vermont, and West Virginia, all of which reported fewer than 2,000 inmates.

General Population

In all states that reported general population data, the great majority of the inmates were housed in the general population, indicating that there are no special security, medical, or mental health needs for most prisoners (exhibit 6). With the exception

Exhibit 5 continued

State	Total Population	Male	Female
New York	67,554	64,392	3,162
North Dakota	1,131	1,021	110
Ohio	44,645	42,324	2,321
Oklahoma	22,274	20,112	2,162
Oregon	11,023	10,385	638
Pennsylvania	37,995	36,290	1,705
Puerto Rico	15,440	14,907	533
Rhode Island	3,295	3,093	202
South Carolina	21,684	20,219	1,465
South Dakota	2,864	2,623	241
Tennessee	17,587	16,693	894
Texas	143,302	132,655	10,647
Vermont	1,761	1,654	107
Virginia	33,976	31,632	2,344
Washington	14,871	13,819	1,052
West Virginia	1,338	992	346
Wisconsin	21,106	19,862	1,244
Wyoming	740	617	123
Total	1,063,847	997,059	66,606

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002. The counts of women prisoners in Alaska and West Virginia, which did not report this information, are 2001 data from the Bureau of Justice Statistics (Paige Harrison and Allen Beck, *Prisoners in 2001*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2002).

Note: Nine states and the District of Columbia did not respond to the survey: Alabama, Arkansas, Hawaii, Louisiana, Maine, Mississippi, Nevada, North Carolina, and Utah.

*Includes 182 inmates for whom information on gender was not available.

of Georgia, which reported that only 36 percent of its female prisoners were housed in the general population (45 percent fewer than male prisoners), there were no major differences in the proportion of male and female prisoners in the general population in each state (exhibit 7). The apparent disparity between Georgia and the other reporting states may be the result of classification policies or the state's definition of general population; however, the percentage of male inmates in the general population in Georgia's prisons is more comparable to the percentages reported by the other states.

Because Alaska and West Virginia did not report counts of women prisoners, their general and special management population data reflect only their male prisoners.

There were no major differences in the proportion of male and female prisoners in the general population in each state.

Exhibit 6. Prison Population Housed in General Population

State	Number of Inmates		Percentage in General Population
	Total Population	General Population	
Alaska	4,969	4,340*	88
Arizona	27,165	19,438	72
California	157,142	124,620	79
Colorado	15,241	10,950	72
Connecticut	18,348	13,051	71
Delaware	5,460	4,967	91
Florida	72,509	63,758	88
Georgia	45,820	29,403	64
Idaho	5,535	5,212	94
Illinois	42,733	37,220	87
Indiana	20,802	16,562	80
Kansas	8,574	8,070	94
Kentucky	11,305 [†]	7,771	69
Maryland	23,717	21,421	90
Massachusetts	10,197	6,379	63
Michigan	47,357	34,638	73
Minnesota	6,626	6,167	93
Missouri	29,132	20,660	71
Montana	2,275	2,101	92
Nebraska	3,932	3,717	95
New Hampshire	1,381	1,239	90
New Jersey	22,657	20,459	90
New Mexico	5,781	5,011	87
New York	67,554	58,290	86

Iowa did not define general population information for men or women in its response to the survey.

Special Management Populations

The survey asked respondents to report the numbers of male and female inmates assigned to the following types of special management units: administrative segregation, disciplinary segregation, protective custody, mental health/mental retardation,

Exhibit 6 continued

State	Number of Inmates		Percentage in General Population
	Total Population	General Population	
North Dakota	1,131	842	74
Ohio	44,645	41,879	94
Oregon	11,023	8,953	81
Pennsylvania	37,995	28,859	76
Puerto Rico	15,440	14,741	95
Rhode Island	3,295	3,245	98
South Carolina	21,684	15,791	73
South Dakota	2,864	2,637	92
Tennessee	17,587	14,261	81
Texas	143,302	106,999	75
Vermont	1,761	1,702	97
Virginia	33,976	22,605	67
Washington	14,871	12,590	85
West Virginia	1,338	743*	59
Wisconsin	21,106	19,670	93
Wyoming	740	603	81
Total	1,055,744	847,178	80

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002. The total inmate populations of Alaska and West Virginia were calculated using Bureau of Justice Statistics 2001 counts of female inmates (Paige Harrison and Allen Beck, *Prisoners in 2001*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2002).

Notes: Iowa and Oklahoma did not report the number of inmates in the general population. Oklahoma, however, did report the gender distribution of its inmates housed in the general population (see exhibit 7).

*Male inmates only. State did not report data on female inmates.

†Excludes inmates housed in local jails, for whom classification data were not available at the time of the survey.

and 24-hour medical infirmary. However, because of the variation in agency definitions of “administrative” and “disciplinary,” data on the segregated populations have been combined. The remaining special management population counts, though small, are reported separately.

Administrative and Disciplinary Segregation

Of the 40 states that reported inmate counts for these categories, 38 had less than 10 percent of their prison inmates in administrative or disciplinary segregation units (exhibit 8). At 16 percent, West Virginia had the highest percentage, followed by

On average, only 5 percent of the total inmate population was housed in administrative or disciplinary segregation, although there is considerable variance among the reporting states.

Exhibit 7. Gender Distribution of Inmates Housed in General Population

State	Percentage of Inmates	
	Male	Female
Alaska	94	NA
Arizona	70	89
California	79	83
Colorado	71	81
Connecticut	71	72
Delaware	92	82
Florida	88	93
Georgia	66	36
Idaho	94	99
Illinois	87	88
Indiana	79	89
Kansas	94	98
Maryland	90	90
Massachusetts	62	67
Michigan	73	83
Minnesota	93	93
Missouri	71	69
Montana	92	92
Nebraska	94	98
New Hampshire	89	96
New Jersey	90	94
New Mexico	86	96

New Mexico at 13 percent. Several states reported segregating only 1 percent of their inmates. These variations may reflect differences in how states classify prisoners or in how they define administrative and disciplinary segregation. On average, only 5 percent of the total inmate population in the reporting states was housed in administrative or disciplinary segregation.

Protective Custody

Thirty-one states reported data on prisoners categorized as protective custody inmates (exhibit 9). The proportions are lower for this category than for administrative or disciplinary segregation, with states reporting from less than 1 percent to a high of 4 percent (Tennessee). Overall, the use of protective custody was relatively infrequent.

Exhibit 7 continued

State	Percentage of Inmates	
	Male	Female
New York	86	84
North Dakota	74	75
Ohio	100	100
Oklahoma	100	96
Oregon	82	74
Pennsylvania	76	82
Puerto Rico	95	98
Rhode Island	98	100
South Carolina	73	65
South Dakota	92	93
Tennessee	80	94
Texas	76	59
Vermont	97	96
Virginia	66	77
Washington	84	90
West Virginia	75	NA
Wisconsin	93	93
Wyoming	81	83
Total	80	79

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Note: Iowa did not report general population data. Kentucky reported the total number of inmates housed in the general population (see exhibit 6), but did not report the distribution of prisoners by gender.

NA=not available.

Mental Health Units

The number of inmates housed separately in mental health units was extremely small. Most of the 34 states that responded to this question reported that 1 percent or less of their total prison population was housed in such units (exhibit 10). The states with the highest rates were Georgia (12 percent) and Alaska (5 percent).

Several states reported that they provide special programming for mentally ill inmates, whether they are housed in a segregation unit or a mental health unit. For example, Washington State's Special Offender Unit incorporates individual and group therapy, basic and psychological health education classes, and life skills training for inmates with a mental illness or those who are in acute distress and are

Several states provide special programming for mentally ill inmates, whether in a segregation unit or a mental health unit.

Exhibit 8. Inmates in Administrative or Disciplinary Segregation

State	Number in Segregation			Percentage of Total Prison Population
	Male	Female	Total	
Alaska	159	NA	159	3*
California	5,908	219	6,127	4
Colorado	1,228	33	1,261	8
Connecticut	441	10	451	3
Delaware	344	25	369	7
Florida	4,854	78	4,932	7
Georgia	1,925	58	1,983	4
Idaho	200	0	200	4
Illinois	2,565	121	2,686	6
Indiana	1,092	27	1,119	5
Kansas	460	9	469	6
Kentucky	508	43	551	4
Maryland	292	18	310	1
Massachusetts	260	20	280	3
Michigan	2,101	31	2,132	5
Minnesota	393	20	413	6
Missouri	1,697	34	1,731	6
Montana	67	3	70	3
Nebraska	94	8	102	3
New Hampshire	8	2	10	1
New Jersey	1,428	31	1,459	6
New Mexico	748	22	770	13

considered suicidal. The program's goal is to stabilize inmates and return them to the general population, although the length of participation can range from 6 months to 15 years. Ohio's super maximum-security prison, which is described later in this report, is required to provide daily mental health treatment services, in recognition that many "acting out" behaviors are related to an undiagnosed and untreated mental health problem.

Medical Units

Thirty-two states provided counts of prisoners housed in a separate medical unit or facility. This category constituted the smallest of the special management populations and the lowest percentage (less than 1 percent) of the total prison population

Exhibit 8 continued

State	Number in Segregation			Percentage of Total Prison Population
	Male	Female	Total	
New York	4,458	44	4,502	7
North Dakota	52	5	57	5
Ohio	300	4	304	1
Oklahoma	338	210	548	3
Oregon	785	19	804	7
Pennsylvania	2,284	37	2,321	6
Puerto Rico	188	1	189	1
Rhode Island	161	7	168	5
South Carolina	655	20	675	3
South Dakota	190	15	205	7
Tennessee	1,050	11	1,061	6
Texas	9,028	99	9,127	6
Vermont	6	4	10	1
Virginia	1,994	51	2,045	6
Washington	564	29	593	4
West Virginia	161	NA	161	16*
Wisconsin	1,283	174	1,457	7
Wyoming	14	4	18	2
Total	50,283	1,546	51,829	5

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Note: Arizona and Iowa did not report counts of inmates in administrative or disciplinary segregation.

NA=not available.

*Male inmates only. State did not report data on female inmates.

(exhibit 11). Several states reported that their agencies do not house medically ill inmates in separate units unless they have a life-threatening, contagious, or other severe illness. Some states transfer prisoners with these types of medical conditions to public medical centers outside the prison system.

In Michigan, five facilities have specialized units available for inmates with severe auditory or visual impairments in various custody levels. The state also uses community providers, including hospitals and nursing homes. There also is one geriatric unit at a level II (medium security) facility that is designed to manage the special medical needs of elderly inmates.

Exhibit 9. Inmates in Protective Custody

State	Number in Protective Custody			Percentage of Total Prison Population
	Male	Female	Total	
Alaska	11	NA	11	<1*
Arizona	759	10	769	3
California	18	0	18	<1
Connecticut	225	8	233	1
Delaware	19	0	19	<1
Florida	201	0	201	<1
Idaho	64	0	64	1
Illinois	508	3	511	1
Indiana	277	0	277	1
Kansas	34	1	35	<1
Kentucky	184	0	184	1
Massachusetts	30	0	30	<1
Michigan	370	0	370	1
Missouri	812	0	812	3
Montana	0	9	9	<1
Nebraska	106	0	106	3
New Jersey	51	0	51	<1
Ohio	181	0	181	<1

The majority of survey respondents indicated that both their male and female prison populations were increasing. One-third of the respondents reported that their prison populations had declined or remained stable.

A model program in Washington State is designed to protect ill inmates without taking up space in medical infirmaries. The Assisted Living Facility provides 24-hour medical care and handicapped-accessible accommodations for sick or disabled prisoners and also teaches inmates to assist each other with their medical and daily needs.

Inmate Population Trends

The nation has witnessed considerable growth in the prison population since 1980. Although BJS data show that the prison populations of 9 states declined in 2002, nationwide, the prison population grew 2.6 percent—less than the average annual growth of 3.6 percent since 1995, but up from 1.1 percent in 2001 (Harrison and Beck, 2002, 2003). The National Survey of the Management of High-Risk Inmates asked state correctional agencies whether, during the past year, their prison population had increased, decreased, or remained unchanged. As exhibit 12 shows, the majority of those who responded indicated that both their male and female prison

Exhibit 9 *continued*

State	Number in Protective Custody			Percentage of Total Prison Population
	Male	Female	Total	
Oklahoma	77	0	77	<1
Oregon	58	0	58	1
Puerto Rico	70	41	111	1
Rhode Island	22	0	22	1
South Carolina	14	1	15	<1
South Dakota	0	0	0	0
Tennessee	755	7	762	4
Texas	2,935	0	2,935	2
Virginia	68	0	68	<1
Washington	114	0	114	1
West Virginia	6	NA	6	1*
Wisconsin	6	0	6	<1
Wyoming	11	0	11	2
Total	7,986	80	8,066	1

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Note: Eleven states did not report counts of inmates in protective custody: Colorado, Georgia, Iowa, Maryland, Minnesota, New Hampshire, New Mexico, New York, North Dakota, Pennsylvania, and Vermont.

NA=not available.

*Male inmates only. State did not report data on female inmates.

populations were increasing (66 percent of respondents and 61 percent of respondents, respectively). Approximately one-third of the respondents reported that their prison populations had declined or remained stable.

A higher proportion of states indicated that their special management populations had either decreased or remained unchanged, although some respondents indicated that their responses were estimates based on agency officials' recent experiences in managing special or high-risk prisoners. Similarly, most agencies reported that inmate-on-staff and inmate-on-inmate assaults had not increased. Of the states responding, 53 percent reported that inmate-on-staff assaults had decreased and 46 percent reported that inmate-on-inmate assaults had decreased. These declines were credited to an aging prison population, better inmate management and classification policies, increased inmate participation in counseling and other mental health programs, and the institution of zero-tolerance drug and alcohol policies. States that reported increases in inmate assaults frequently attributed this trend to crowding, insufficient staff, and cutbacks in staff training (both initial and in-service).

Most agencies reported that the level of violence and other types of disruptive behavior is either stable or declining.

Exhibit 10. Inmates in Mental Health Units

State	Number in Mental Health Units			Percentage of Total Prison Population
	Male	Female	Total	
Alaska	244	NA	244	5*
Arizona	339	31	370	1
Colorado	226	12	238	2
Connecticut	413	12	425	2
Delaware	33	42	75	1
Florida	101	0	101	<1
Georgia	4,560	1,063	5,623	12
Idaho	40	0	40	1
Illinois	382	18	400	1
Indiana	77	0	77	<1
Kentucky	166	0	166	1
Massachusetts	38	35	73	1
Michigan	860	62	922	2
Minnesota	39	7	46	1
Missouri	13	2	15	<1
Montana	12	0	12	1
New Hampshire	44	0	44	3
New Jersey	358	37	395	2
New Mexico	119	0	119	2
New York	723	32	755	1

High-Security/Maximum-Custody Populations

Several questions were directly aimed at the most visible special management population: high-security or maximum-custody prisoners. The survey defined this category of prisoners as those who had been removed from the general population for an indefinite period of time because of their involvement in serious or repetitive rule infractions. General population prisoners classified as maximum, high, or close custody were not included because, although subject to the restrictions associated with maximum custody, they have full access to the programs and work assignments available to other general population prisoners. Many general population prisoners classified as maximum custody do not present management problems and are so classified because of the crime they committed, their prison sentence, or a violent event that occurred many years in the past.

Exhibit 10 *continued*

State	Number in Mental Health Units			Percentage of Total Prison Population
	Male	Female	Total	
North Dakota	6	0	6	1
Ohio	249	0	249	1
Oklahoma	189	64	253	1
Oregon	48	0	48	<1
Pennsylvania	159	7	166	<1
Puerto Rico	47	21	68	<1
South Carolina	379	78	457	2
South Dakota	19	0	19	1
Texas	2,391	138	2,529	2
Vermont	7	0	7	<1
Virginia	319	102	421	1
Washington	214	6	220	2
West Virginia	27	NA	27	3*
Wyoming	24	0	24	3
Total	12,865	1,769	14,634	2

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Note: Eight states did not report counts of inmates in mental health units: California, Iowa, Kansas, Maryland, Nebraska, Rhode Island, Tennessee, and Wisconsin.

NA=not available.

*Male inmates only. State did not report data on female inmates.

As defined by the survey, high-security/maximum-custody prisoners are those housed in super maximum-security prisons, “high-control” units, or more traditional administrative segregation units. Exhibit 13 lists the basic policies governing inmates in such units and the proportion of states employing each policy. Nearly all the states restrict these prisoners to their cells for 22–23 hours per day, limit their contact with visitors, and require the use of restraints at all times when moving them. There was more variation in other policies related to maximum custody. Of the states that responded, 68 percent allow maximum-custody inmates to have contact with other high-security inmates. The amount of out-of-cell time allowed ranges from less than 1 hour per day (10 percent) to 3 or more hours per day (23 percent). The majority of the responding states (69 percent) allow 1–2 per day.

In 47 percent of the responding states, mentally ill inmates who are disruptive are subject to the same maximum-custody policies as all other inmates. Examples of states that make other provisions for mentally ill inmates who become disruptive

In 47 percent of the responding states, mentally ill inmates who are disruptive are subject to the same maximum-custody policies as all other inmates.

Although special management inmates are eligible to return to the general population in every state that responded to the survey, only 69 percent of these states provide some type of transitional program.

Exhibit 11. Inmates in Medical Units or Facilities

State	Number in Medical Units/Facilities			Percentage of Total Prison Population
	Male	Female	Total	
Alaska	2	NA	2	0*
Arizona	62	0	62	0
Colorado	45	3	48	0
Connecticut	64	17	81	0
Delaware	29	1	30	1
Florida	20	4	24	0
Georgia	81	5	86	0
Idaho	12	0	12	0
Illinois	582	9	591	1
Indiana	51	0	51	0
Kentucky	2	0	2	0
Maryland	51	2	53	0
Massachusetts	38	20	58	1
Michigan	151	3	154	0
Missouri	46	0	46	0
Montana	6	0	6	0
New Hampshire	5	2	7	1
New Jersey	113	0	113	1
New York	581	30	611	1

include Virginia, which assigns mentally ill prisoners to mental health programs rather than administrative segregation, and Colorado, where mentally ill inmates can be assigned to administrative segregation, but in a specialized facility with correctional staff trained to handle psychological illnesses.

Transition to the General Population

Special management inmates are eligible to return to the general population in every state that responded to the survey, most commonly when their segregation time has expired, they are no longer deemed a threat to institutional security, or staff has approved their return based on improved behavior. However, only 69 percent of the responding states provide some type of transitional program. Furthermore, most of the programs designed to help inmates readjust to the general population, including those instituted in Indiana, Massachusetts, and Arizona, serve only those who are mentally ill. Most of the programs in place are “stepdown” programs that gradually reintroduce the inmate to the general population. In Florida and Nebraska, reintegration is based on earning increased privileges with positive behavior.

Exhibit 11 *continued*

State	Number in Medical Units/Facilities			Percentage of Total Prison Population
	Male	Female	Total	
North Dakota	6	1	7	1
Oklahoma	27	22	49	0
Oregon	23	0	23	0
Pennsylvania	140	14	154	0
Puerto Rico	697	47	744	5
South Carolina	42	3	45	0
South Dakota	2	1	3	0
Texas	122	0	122	0
Vermont	2	0	2	0
Virginia	135	6	141	0
West Virginia	18	NA	18	1*
Wisconsin	42	0	42	0
Wyoming	11	0	11	2
Total	3,208	190	3,398	0

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Note: Ten states did not report counts of inmates in medical or infirmary units: California, Iowa, Kansas, Minnesota, Nebraska, New Mexico, Ohio, Rhode Island, Tennessee, and Washington.

NA=not available.

*Male inmates only. State did not report data on female inmates.

The survey invited states that provide transitional programming to describe their programs. Several states, including the following, reported new programs:

- ◆ Michigan implemented a three-stage reintegration program in November 2000. The program essentially creates a new classification level: a modified general population for high-risk inmates.
- ◆ Florida implemented an innovative program based on cognitive behavioral learning and incentives called Rethinking Personal Choice (RPC). RPC facilitates the transition from close management to the general population by integrating work experience, group learning and recreation, volunteer experiences, and personal expression (through writing a journal). After the program was implemented, the number of high-risk inmates who successfully made the transition to the general population increased and the time an inmate spent in close management custody decreased (Moore, Dugger, and Nimer, 2002).

Most of the programs designed to help inmates readjust to the general population serve only those who are mentally ill.

Exhibit 12. Estimates of Current Prison Population Trends

Variable	Trend (% states reporting)			Number of States Reporting
	Increasing	Decreasing	Unchanged	
Total prison population				
Male	66	20	14	35
Female	61	24	15	33
General population				
Male	58	26	16	31
Female	53	27	20	30
Maximum custody				
Male	46	15	39	33
Female	17	20	63	30
Special management population				
Administrative segregation				
Male	33	17	50	30
Female	28	17	55	29
Disciplinary segregation				
Male	31	19	50	32
Female	40	20	40	30
Protective custody				
Male	25	22	53	32
Female	23	3	73	31
Mental health unit				
Male	55	10	36	31
Female	48	7	45	29
Medical unit or facility				
Male	39	19	42	31
Female	31	0	69	29
Assaults				
Inmate on staff	24	53	19	42
Inmate on inmate	27	46	27	37

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Note: Percentages may not sum to 100 because of rounding or errors by reporting agencies.

Exhibit 13. Policies Governing High-Security/Maximum-Custody Inmates

Policy	Number of States Reporting	States With Policy in Place	
		Number	Percent
24-hour restriction	42	40	95
Contact with other high-security inmates allowed	41	28	68
Contact with visitors allowed	41	39	95
Restraints used when escorting prisoner	41	37	90
Out-of-cell time (hours/day)			
Less than 1	39	4	10
1–2	39	27	69
3 or more	39	9	23
Same policies apply to disruptive mentally ill prisoners	38	18	47

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Note: “High security/maximum custody” is defined as removal from the general population for an indefinite period because of serious or repetitive rule infractions.

- ◆ Iowa introduced a voluntary program for inmates with long-term disciplinary problems that provides courses on “thinking for success” and anger management as well as substance abuse treatment. Although the program was still in its first year at the time of the survey, 18–20 male inmates were enrolled and another 9 had completed it successfully. This program is similar to one in Colorado that provides mental and medical health services and focuses on cognitive strengthening, vocational training, and education. The Colorado program graduates about 60 inmates a year.

Consent Decrees

The use of special management units has given rise to a significant amount of litigation, typically focusing on one of the following three issues: the criteria for designation as a special management prisoner, the conditions of confinement in special management units, or the process for releasing the inmate back to the general prison population. Data on active and pending consent decrees involving special management inmates are presented in exhibit 14. Exhibit 15 lists the decrees by type of population governed and state. The majority of consent decrees in place concerns mentally ill or medical populations.

The use of special management units has given rise to a significant amount of litigation. Most consent decrees in place concern mentally ill or medical populations.

Exhibit 14. Number and Percentage of States Reporting Consent Decrees

Population	Active Decrees			Pending Decrees		
	Number of States Responding	States With Decrees		Number of States Responding	States With Decrees	
		Number	Percent		Number	Percent
Administrative segregation	38	4	11	20	0	0
Disciplinary segregation	39	6	15	22	1	5
Mental health	41	11	27	20	0	0
Medical	40	10	25	22	0	0
Substance abuse	38	1	3	22	0	0
Other*	34	10	29	19	6	32

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

*Several states have more than one consent decree in this category.

Screening and Assessment

Although inmate assessment and classification practices vary across states, most agencies screen for the same basic inmate characteristics, including membership in a gang or security threat group, escape risk, violent behavior, and suicide risk. Exhibit 16 shows the different factors assessed and the number and percentage of responding states that screen for each factor; the information is presented for both genders, although most states screen male and female inmates for the same factors.

All states responding reported that all prisoners are screened for suicide risk, mood disorders, and psychotic disorders. Nearly all of the responding states (95 percent) screen for mental retardation and escape risk. Mental health staff perform the psychological evaluations and base their conclusions on the results of interviews, psychological assessment and testing, and professional clinical judgment. Inmates found to have psychological disorders or mental deficits are eligible for special services and counseling provided by the mental health staff. Innovative methods are being used to deliver such services. Iowa, for example, has implemented “telemedicine”—consultation via two-way television—for inmate counseling and psychiatric services.

Exhibit 15. Active and Pending Consent Decrees by Special Management Population and State, 2002

Administrative Segregation	Substance Abuse
California	Michigan
<i>Armstrong v. Davis</i>	<i>Hadix v. Johnson</i>
<i>Coleman v. Davis</i>	
<i>Madrid v. Wilson</i>	Disciplinary Segregation
Florida	Arizona
<i>Osterback v. Moore</i>	<i>Taylor v. Lewis</i>
Iowa	Indiana
<i>Goff v. Harper</i>	<i>Taifa v. O'Bannon</i>
Michigan	Iowa
<i>Hadix v. Johnson</i>	<i>Goff v. Harper</i>
Mental Health/Mental Retardation	Michigan
Arizona	<i>Hadix v. Johnson</i>
<i>Casey v. Lewis</i>	New Hampshire
California	<i>Laaman</i>
<i>Coleman v. Davis</i>	New York
<i>Clark v. Davis</i>	<i>Anderson v. Coughlin</i>
<i>Madrid v. Wilson</i>	<i>Eng v. Smith</i>
Georgia	<i>Rivera v. Coughlin</i>
<i>Cason v. Seckinger</i>	<i>Salik v. Farrell</i>
Indiana	West Virginia
<i>Anderson v. O'Bannon</i>	<i>Berry v. Painter</i>
Iowa	Medical
<i>Goff v. Harper</i>	California
Michigan	<i>Armstrong v. Davis</i>
<i>Hadix v. Johnson</i>	<i>Madrid v. Wilson</i>
New Hampshire	<i>Plata v. Davis</i>
<i>Laaman</i>	Connecticut
New Jersey	<i>Doe v. Meachum</i>
<i>C.F. v. Terhune</i>	Georgia
New York	<i>Cason v. Seckinger</i>
<i>Harrell v. Senkowski</i>	Indiana
<i>Langley v. Coughlin</i>	<i>Cox & Carr v. O'Bannon</i>
Oklahoma	<i>Wellman et al. v. Faulkner et al.</i>
<i>Battles v. Saffle</i>	<i>Taifa v. O'Bannon</i>
Washington	Michigan
<i>Hallet v. Payne</i>	<i>Hadix v. Johnson</i>
	Minnesota
	<i>Hines v. Anderson</i>

Exhibit 15 continues on next page.

Exhibit 15 continued

Only 22 states reported the number of inmates they had identified as gang or STG members, which ranged from as much as 20–40 percent of the prison population in some states to less than 5 percent in others.

Medical, continued	Idaho
New Jersey	<i>McKinney v. State</i> (capital punishment)
<i>Rouse v. Plantier</i>	
<i>Row v. Fauver</i>	New Jersey
	<i>Lugo v. Middlesex</i> (hearing impaired)
New York	New York
<i>Milburn v. Coughlin</i>	<i>Pease v. Coughlin</i> (conditions of protective custody)
<i>Todaro v. Coughlin</i>	<i>Dumont v. Coughlin</i> (media review process)
<i>Clarkson v. Coughlin</i>	<i>Hughes v. Goord</i> (Native American religious practices)
Oklahoma	<i>Hamilton v. Goord</i> (cross-gender patdowns)
<i>Battles v. Saffle</i>	<i>Griffin v. Goord</i> (conditions of protective custody)
Washington	<i>Forts v. Ward</i> (male correctional officers at a female facility)
<i>Hallet v. Payne</i>	
Other	Ohio
Arizona	<i>Austin v. Wilkinson et al.</i>
<i>Does v. Stewart</i> (protective segregation)	Washington
<i>Harris v. Caldwell</i> (conditions of confinement)	<i>Duffy v. Riveland</i> (hearing impaired services)
<i>Gluth v. Kangus</i> (legal access)	<i>Humanists v. Department of Corrections/Lehman</i> (inmate mail, legal access)
<i>Hook v. State</i> (inmate mail)	
California	
<i>Armstrong v. Davis</i> (Security Housing Unit)	
<i>Coleman v. Davis</i> (Security Housing Unit)	
<i>Madrid v. Wilson</i> (Security Housing Unit)	

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Most of the responding states screen their prisoners for STG membership. This screening is typically performed by classification or diagnostic staff, but several states, such as Arizona, California, Indiana, and Texas, employ officers or investigators specifically for this purpose. Although assessors typically use a gang validation checklist, they still rely on gang tattoos, interviews, and criminal history to make final determinations.

Only 22 states that responded to the STG survey question reported the number of inmates they had identified as gang or STG members. As exhibit 17 shows, gang/STG affiliation varied widely in these 22 prison systems, from as much as 20–40 percent of the prison population in some states to less than 5 percent in others. Some of this variation may be the result of differences in classification methods or definitions of gang/STG membership used by the responding states.

Exhibit 16. Screening for Various Factors at Initial Assessment

Factor Assessed	Male Inmates			Female Inmates		
	Number of States Responding	States That Screen		Number of States Responding	States That Screen	
		Number	Percent		Number	Percent
Security threat group membership	42	37	88	40	34	85
Escape risk	42	40	95	41	39	95
Witness protection	42	36	86	41	34	83
Sexual assault protection	42	35	83	41	34	83
Potential violence in prison	42	34	81	41	33	81
Enemies	42	37	88	41	36	88
Predatory sexual behavior	42	35	83	41	34	83
Suicide risk	40	40	100	39	39	100
Mood disorders	40	40	100	40	40	100
Psychotic disorders	40	40	100	39	39	100
Personality disorder	38	32	84	37	31	84
Mental retardation	38	36	95	37	35	95

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Exhibit 17. Inmate Population Classified as Gang or Security Threat Group Members

State	Number of Inmates		Percentage of Total Prison Population
	Total Population	Gang/STG Members	
Arizona	27,165	3,792	14
California	157,142	1,300	1
Connecticut	18,348	485	3
Florida	72,509	2,457	3
Kansas	8,574	565	7
Kentucky	15,805	387	3
Maryland	23,717	1,223	5
Massachusetts	10,197	1,951	19
Michigan	47,357	50	1
Minnesota	6,626	1,953	30
New Jersey	22,657	5,700	25
New Mexico	5,781	2,100	36
North Dakota	1,131	82	7
Oregon	11,023	1,100	10
Pennsylvania	37,995	1,300	3
Rhode Island	3,295	390	12
South Carolina	21,684	774	4
South Dakota	2,864	277	10
Texas	143,302	6,175	4
Washington	14,871	1,647	11
West Virginia	992*	25	3
Wisconsin	21,106	9,045	43

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

STG=security threat group.

*Male inmates only. West Virginia did not report data on female inmates.

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CHAPTER

Identification and Review of Model Programs

Identifying best practices for classifying and managing high-risk and special management prison populations was a major objective of this NIC project. Therefore, the final section of the National Survey of the Management of High-Risk Inmates asked the states to provide information on two types of model or innovative programs:

- ◆ Intervention programs designed to better identify, manage, and treat inmates who have been removed from the general population.
- ◆ Programs developed to reduce or avoid the need to remove high-risk inmates from the general population.

Only a small number of states responded, and most of the programs they described targeted inmates who had already been placed in administrative segregation. No state reported programs or policies directed at high-risk prisoners housed in the general population whose actions had not yet led to their removal to a special management population. None of the programs described had been formally evaluated to determine its effectiveness in reducing violence either among these prisoners or within the prison system at large.

A few states reported what they believe are model programs for addressing the gang/STG problem:

- ◆ Connecticut’s Gang Awareness Program is a mandatory 8-week program for inmates affiliated with a gang or other dangerous group. It is designed to help high-risk inmates reevaluate their current situations, the choices they have made, and the life they were leading prior to incarceration. Completion of the program is required before the inmate is released from the Close Monitoring Unit. A similar program for female STG members focuses on addictive behaviors, unhealthy involvements, and decisionmaking skills while teaching the women the elements of a positive lifestyle.⁸
- ◆ California’s Sensitive Needs Yard (SNY) Program separates general population inmates from predatory or gang-affiliated inmates. The program allows nonviolent inmates who would otherwise be segregated in protective custody units the same opportunities available to the general population but without the threat of violence. Inmates are carefully selected for participation in SNY, and those with

No state reported model programs or policies directed at high-risk prisoners housed in the general population whose actions had not yet led to their removal to a special management population.

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predatory, violent, disruptive, or unresolved gang behavior are generally excluded. Approximately 5 percent of the male general population were participating in SNY at the time of the survey.

- ◆ Pennsylvania’s Long-Term Segregation Unit (LTSU) isolates combative, disruptive, and violent inmates who have continually posed a threat to security and shown an unwillingness to comply with the rules governing the general population. Although privileges are limited in the LTSU, the unit provides inmates with in-cell classes on drug and alcohol abuse, stress management, and academic subjects. Inmates are also permitted daily visits with the chaplain, twice-weekly visits with a correctional counselor, and psychological services as requested. The LTSU houses only a small portion of the prison population and is implemented only for male prisoners.

The project team also sought recommendations of potential model programs from the project Advisory Board, the Managing Disruptive Inmates Committee of the Association of State Correctional Administrators, and NIC staff. This information, combined with the experiences and observations of the project team—including informal contacts with prison administrators who have implemented new approaches—resulted in the identification of the model programs summarized in exhibit 18.

The project team made site visits to facilities of three jurisdictions that demonstrated well-structured, highly effective or promising programs: Connecticut and Ohio, which have programs that focus on the disruptive prisoner who has been removed from the general population, and the Federal Bureau of Prisons, which operates an innovative program for female prisoners who have been traumatized by physical and sexual abuse prior to being incarcerated. These programs are described in the sections that follow.

Exhibit 18. Potential Model Programs for Managing Disruptive and High-Risk Prisoners

State and Program	Description
Alaska	
Youth Offender Program	Targets high-risk offenders ages 15–20 who are involved in street and gang cultures. Provides classes in cognitive skills, academic subjects, substance abuse, vocational skills, mental health, and anger management.
California	
Sensitive Needs Yard Program	Provides general population (GP) inmates who have concerns about safety or enemies an environment free of predatory or gang-affiliated inmates. Allows nonviolent inmates who would otherwise require segregated placement full access to programs in a GP setting.
Violence Control Program	Will provide an alternative to segregated housing for disruptive inmates and include self-help, educational, gang, and drug awareness programs. Designed to provide progressive steps based on inmates’ participation in programs and positive performance.

Exhibit 18 *continued*

State and Program	Description
<p>Colorado Progressive Reintegration and Orientation Unit</p>	<p>Targets inmates placed in administrative segregation and provides cognitive programs; academics; vocational, recreational, and work assignments; and mental health services.</p>
<p>Connecticut Close Custody Gang Management Program, Close Custody Chronic Disciplinary Program, and Administrative Segregation Transition Phase Program</p>	<p>Programs for gang management, chronic disciplinary problems, and administrative segregation operate at multiple facilities throughout the state, including the Hartford area. Programs target up to 500 male and 25 female inmates.</p>
<p>Florida Enhanced Close Management Program</p>	<p>Targets closed management (CM) inmates housed in administrative segregation. Inmates are eligible for specific levels of programming based on management level (CM1 = most restrictive; CM3 = least restrictive).</p>
<p>Indiana Residential Treatment Unit</p>	<p>Serves 40 male inmates with mental health issues. Inpatient residential treatment program provides individualized treatment plans, transitioning programming, and rehabilitation therapy. Program uses a needs assessment process and a mental health diagnostic screening interview.</p>
<p>Iowa Reintegration Program</p>	<p>Targets inmates housed in administrative segregation for an extended period of time. Provides classes in anger management, criminality, thinking for success, substance abuse treatment, and recreation. Program is voluntary, with selection based on staff review and recommendations.</p>
<p>New Jersey Security Threat Group Management Unit</p>	<p>Provides psychological treatment, educational programming, and behavior modification. Serves inmates identified as STG members. (No indication of whether this is a GP or administrative segregation program.)</p>
<p>New Mexico Cognitive Re-Structuring Program</p>	<p>Serves inmates in a variety of custody levels, including administrative segregation, protective custody, STG, high-risk GP, and disciplinary segregation.</p>
<p>Oklahoma Mental Health Services Needs Classification</p>	<p>Evaluates and classifies mental health of all inmates according to a five-level system ranging from MH-A (GP housing with outpatient treatment) to MH-D (24-hour monitoring in a ward for inmates with acute mental health problems).</p>
<p>Oregon Close Custody Unit</p>	<p>Serves inmates making transition from the maximum custody intensive management unit (total lockdown) to an open GP unit.</p>

Exhibit 18 continues on next page.

Exhibit 18 continued

State and Program	Description
Pennsylvania	
Long-Term Segregation Unit	Houses extremely disruptive, violent, and problematic inmates. Provides extremely high levels of security and sharply reduces level of privileges.
Special Management Unit	Securely houses inmates who are continually disruptive, violent, or dangerous or who pose a threat to the orderly operation of the facility. Inmates assigned to this unit have been repeatedly subject to disciplinary action or investigation.
South Carolina	
Stairway Treatment Program	Provides housing and programming for HIV/AIDS inmates, who are screened and identified at the reception center. Inmates are housed in a segregated unit but interact with GP inmates when participating in programs and other support functions.
Statewide Protective Custody Housing Unit	Special management unit housing approved protective custody inmates, who are monitored by institutional and central office staff while in the unit. Protective custody placement is validated through a series of interviews and a formal investigation and is reviewed and approved by the Institutional Classification Committee.
Washington	
Assisted Living Facility	Provides assisted living for inmates whose medical condition requires such assistance.
Special Offender Unit	Houses inmates who have a mental illness or are in acute distress (suicidal). Seeks to stabilize inmates with mental illness and return them to GP through a diagnostic, treatment, and reintegration program.
Youthful Offender Program	Houses juvenile offenders who have been sentenced as adults.
Twin Rivers Sex Offender Treatment Program	Treats sex offenders who have been screened with multiple approved actuarial risk instruments.
West Virginia Stepdown	Serves inmates who have been housed in the control unit for 6 months or more and are making the transition back into GP. Inmates progress through a series of gradual stepdowns in the areas of supervision, security precautions, and privileges.

Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

Note: GP, general population; STG, security threat group.

Connecticut Department of Correction

Most jurisdictions manage and house all high-risk inmates through a single administrative segregation structure, irrespective of differences in the nature of the risk they represent to the institution's safety or in their security and programming needs. The Connecticut Department of Correction (CDC) has taken another approach and developed a model called the Close Custody Phase Program that it has adapted to the specific needs of different groups of high-risk inmates.

The development of the Close Custody Phase Program was a response to severe management problems and increased violence caused primarily by the infiltration and swift expansion of gangs in the CDC system in 1993. After identifying the gang leaders and removing them from the general population, the CDC created a new quasi-segregation status called close custody to manage this population at the Garner Correctional Institution in 1994. Inmates sent to close custody were to be held there for as long as they remained affiliated with an STG.

At the direction of the CDC commissioner, an internal task force came together at Garner to consider how STG members in close custody might make the transition back into the general population. This task force, which included staff from the custody, counseling, mental health, and educational departments, developed the structure and programming for the Close Custody Phase Program. The program's objective was to lead STG members to renounce their gang affiliation, based on the belief that gangs and their associated problems could be managed and controlled through a high level of structure, regimentation, and focused programming.

CDC has used the Close Custody Phase Program model in other programs designed to safely manage high-risk and difficult-to-manage inmates, such as those who repeatedly commit disciplinary infractions and those who require administrative segregation. The department's three Close Custody Phase Programs for high-risk inmates are the Close Custody Gang Management Program (the original Close Custody Phase Program), the Close Custody Chronic Disciplinary Program, and the Administrative Segregation Transition Phase Program. The structure and program requirements of each unit are based on examination of outcome data and consideration of each group's needs and characteristics and are intended to facilitate the inmates' return to the general population, if appropriate. The process includes regular and frequent reviews by the classification staff and structured movement of the inmate through the levels, or phases, of the program until release.

To learn more about these programs and their outcomes, the project team visited the MacDougall-Walker Correctional Institution and the Northern Correctional Institution. These site visits included presentations on the purpose and objectives of the program by department staff, a tour of the restricted housing units, and interviews with administrative and line staff. The project team's observations are summarized in the following sections.

The Close Custody Phase Program is based on the belief that gangs and their associated problems could be managed and controlled through a high level of structure, regimentation, and focused programming.

Close Custody Gang Management Program

The gang management program was developed by an internal task force at the Garner Correctional Institution in 1994 and has been expanded and replicated at multiple locations within the CDC, including the Northern Correctional Institution, where the project team observed it. CDC administrative directive 9.4 describes the program as a level 4 restrictive housing status that segregates inmates designated as STG members whose behavior poses a threat to the security and orderly operation of the facility or a risk to the safety of staff or other inmates.

The program is divided into phases, with each phase having specified security and program privileges and restrictions. Phase I, the entry level status, is the most restrictive. Inmates are housed with members of the same gang or nonrival gangs and are on lockdown 23 hours per day. In addition to 1 hour of out-of-cell activity per day, they are permitted three showers, three monitored phone calls, and two non-contact visits per week. In general, the operation of phase I parallels that of most administrative segregation units.

The strict security, supervision, and management of phase I allow staff to observe and evaluate the inmate for possible movement to phase II. Inmates in phase I are reviewed continuously and monitored for compliance with the program's rules and regulations. To move to phase II, an inmate must complete a minimum of 120 days in phase I. He must also sign a "Letter of Intent" stating his desire to renounce his gang membership and an "acknowledgment of expectations" stating that he accepts and understands the rules, regulations, and expectations of the Close Custody Gang Management Program.

Inmates who progress to phase II are grouped in squads composed of different STGs. They complete all activities together within the squad, including meals, recreation, and programs. The squad concept is intended to enhance trust among the members of different gangs and also requires them to work together and cooperate in completing assigned tasks.

Inmates must remain in phase II for a minimum of 60 days and are expected to complete all required programs before they will be considered for promotion to phase III. Programs required during this phase include gang awareness, anger management, conflict resolution, and programs designed to structure and encourage living in a nonviolent manner.

Phase III is a transitional phase in which inmates are given work and program assignments both inside and outside the restricted housing unit. The programming emphasis continues and includes expanded cognitive restructuring programs, education, social skills training, and conflict resolution. Inmates who complete all the required programs and maintain an acceptable level of behavior are considered for review and reclassification to level 4 general population status.

Inmates who progress to phase II are grouped in squads composed of different STGs. They complete all activities together within the squad, including meals, recreation, and programs.

During any phase of the program, an inmate who fails to participate in the required programming or violates the rules and regulations of the unit may be returned to phase I or reclassified to administrative segregation. Inmates who complete the program and are returned to the general population are monitored for possible re-involvement in gangs.

Close Custody Chronic Disciplinary Program

This restricted status housing program is designed to reduce the threat to the safety and security of the institution posed by inmates who commit serious and/or frequent disciplinary violations. Assignment to the unit is based on the seriousness and repetitiveness of the disruptive behavior and is reviewed and approved by the director of offender classification. Most of the inmates placed in the program have completed punitive segregation sanctions and otherwise could be sent either to administrative segregation or returned to the general population. Inmates may also be placed in the first level of the program as a punitive segregation sanction.

The Close Custody Chronic Disciplinary Program operates on the assumption that inmates who repeatedly violate institutional rules need a structured environment and structured programming to alter their behavior so that they can return to the general population. The program consists of two intervals, and each inmate is initially assigned to interval I. After meeting all established requirements, completing all required programming, and maintaining an acceptable level of behavior, the inmate is reviewed by the Unit Classification Review Committee for possible advancement to interval II. On completion of interval II, the inmate can be approved for return to the general population by the director of offender classification. The program policy manual indicates that those who fail to complete the program within 6 months will be removed from the unit and recommended for administrative segregation.

Interval I. This stage of the program is designed to isolate and confine the inmate who has committed multiple and repetitive disciplinary violations within the institutional setting. Inmates assigned to the chronic disciplinary program are initially moved in full restraints and are escorted by staff at all times when outside of the cell. After 1 week in the unit, the level of restraints can be modified, and removing all restraints becomes an option after an additional week. Inmates must complete a minimum of 30 days in interval I before they can be considered for promotion to interval II.

The privileges and programming in interval I are similar to those found in a typical administrative segregation setting. All inmates receive their meals in their cells. Out-of-cell time for recreational privileges is restricted to 1 hour per day, 5 days per week, and only two 30-minute noncontact visits per week are allowed. Phone calls are also limited, as is access to personal property. Work assignments are not permitted, and inmates have no access to televisions or radios.

The Close Custody Chronic Disciplinary Program operates on the assumption that inmates who repeatedly violate institutional rules need a structured environment and structured programming to alter their behavior so that they can return to the general population.

The Connecticut Department of Correction's administrative segregation program is unique in that it incorporates restricted housing phases intended to facilitate the inmate's return to the general population.

Interval II. Fewer security restrictions are imposed on inmates promoted to interval II. For example, no restraints are used and inmates move in groups as large as 48 within the unit. They may be given work assignments within the unit and are paid in accordance with the established pay plan.

In interval II, inmates are required to participate in the curriculum developed for the unit, which includes orientation and communication, anger management, relapse prevention, problem solving/resolution, and transition planning. The curriculum is designed to address the causes of chronic disciplinary problems and to prepare the inmate for successful transition back to the general population.

Administrative Segregation Transition Phase Program

Administrative segregation is designed for inmates who can no longer be managed safely in the general population because their behavior or management factors pose a threat to the security of the institution or to the safety of staff or other inmates. Virtually every correctional system has some form of administrative segregation. The CDC's administrative segregation program is unique in that it incorporates restricted housing phases intended to facilitate the inmate's return to the general population.

The CDC developed its two-level administrative segregation structure in response to a review of outcome data showing security deficiencies and programmatic shortcomings in the existing strategy. Administrative directive 9.4 sets forth the policy and procedures that govern each level. The first level is a traditional administrative segregation status similar to that found in most jurisdictions. The second level is the department's innovative Administrative Segregation Transition Phase Program, a specialized housing status program designed to prepare an inmate for placement back in the general population.

The structure of the Administrative Segregation Transition Phase Program is similar to that of the Close Custody Gang Management Program. The transition program has three distinct phases designed to prepare the inmate for return to the general population and ensure that the transition does not jeopardize the safety and security of the institution. The program operates on the assumption that inmates who pose a risk to the public, staff, or other inmates must be housed in a highly secure and structured environment. The CDC believes that while inmates are housed in such a restrictive environment, they should receive training in the coping skills necessary to function successfully and safely in the general population. A major objective of the program is to reduce the return rate of those leaving administrative segregation. The operational procedures and programs of each phase are designed to achieve these objectives.

Phase I. The operating procedures associated with phase I are similar to those found in the typical administrative segregation unit. The objective of this phase is to incapacitate through controlled movement and intensive staff supervision. The security standards of phase I include use of restraints; controlled and escorted movement; limitations on showers, recreation, and visits; and limitations on property. All meals

are served in the cell. Programs, including religious and counseling services, are offered through in-cell programming only. Promotion to phase II is considered only after a lengthy period of being discipline free and acknowledging and accepting the requirements that accompany phase II. The normal minimum period of time an inmate must remain in phase I is 6 months.

Throughout phase I and subsequent phases, the classification staff closely monitor the inmate's behavior and progress. A classification review is conducted every 7 days for the first 2 months and every 30 days thereafter.

Phase II. The operating standards, privileges, and access to programs in phase II are designed to maintain the safety and security of the institution while initiating the process of transition from administrative segregation back to the general population. After 30 days in phase II, restraints are no longer required for routine movement out of the cell, movement within groups is increased, and group participation in programs, recreation, and other out-of-cell activities is initiated. The program requirements for phase II include anger management and communication skills. Inmates remain in phase II a minimum of 90 days. To be considered for promotion to phase III, an inmate must participate in and complete all program requirements while maintaining an acceptable disciplinary record.

Phase III. In the final phase of the program, the unit's environment and security standards are further normalized to prepare the inmate for return to the general population. Group activities are broadened to include a wider range of programs and more group movement. Inmates in phase III benefit from meals served in a group setting in the dayroom, expanded passive recreational programs, and increased general privileges.

The phase III curriculum includes relapse prevention, problem identification and resolution, and improvement of interactive skills. The final transition program is the Bridge Group, which is designed to ensure that inmates can communicate with others effectively and appropriately, deal with frustration, and see and understand others' perspectives. The Bridge Group stresses staff involvement, including staff who may have been assaulted by the inmate in the past.

Inmates who complete all activities and programs required during phase III are reviewed by the unit classification committee, the facility classification committee, the warden, and the deputy commissioner of programs and treatment, who is the final approving authority.

Program Effectiveness

The CDC's unique approach to managing its high-risk population has increased staff and inmate safety. CDC data show that violence has decreased significantly in both general population and high-risk units in department facilities since it began implementing programs targeted to specific groups of high-risk inmates. Serious assaults have decreased from 233 in 1993, the year before the Close Custody Gang

CDC data show that violence has decreased significantly in both general population and high-risk units in department facilities since it began implementing programs targeted to specific groups of high-risk inmates.

All high maximum-custody inmates are housed at the Ohio State Penitentiary, which is regarded as the department's most secure facility, designed to hold the most dangerous inmates.

Management Program was launched, to 129 in 2001. Since 1994, 550 inmates have completed one of the CDC's three programs for high-risk inmates and reentered the general prison population. As of May 31, 2002, the annual return rate to administrative segregation was only 2.6 percent.

The CDC's approach is being replicated to some degree in other systems. The project team reviewed units within the Colorado Department of Corrections and New Mexico Department of Corrections that were similar, although not identical, in their structure and programmatic objectives to CDC programs.

Ohio Department of Rehabilitation and Correction

In response to a major prison riot that occurred in the 1990s and the ensuing litigation, the Ohio Department of Rehabilitation and Correction (DRC) decided to construct and operate a super maximum-security facility to house its most difficult to manage prisoners. After this facility, the Ohio State Penitentiary (OSP), opened in the late 1990s, a lawsuit was filed contesting various aspects of its operations, with particular focus on how prisoners are selected for admission and how they are able to gain release. These issues, along with the conditions of confinement, are common issues raised in litigation against high-security facilities like the OSP. This section describes the OSP and its operations as of 2001.⁹

The DRC has a total population of approximately 45,000 inmates assigned to 34 facilities. As in some other large-population states, Ohio's prison population has been declining over the past few years and is not projected to grow in the near future. The state has a well-structured, well-validated inmate classification system that assigns inmates to five basic security levels: minimum, medium, close, maximum, and high maximum. Approximately 33 percent of the inmates are in minimum custody, 40 percent in medium custody, 21 percent in close custody, 5 percent in maximum custody, and less than 1 percent in high maximum custody. Inmates in each security level may be assigned to a special management or segregation designation, and about 6 percent of the entire inmate population is so designated. Compared with other states, this is a relatively low percentage, the national average being approximately 8–10 percent.

Approximately 2,200 inmates have been temporarily placed in a restricted unit due to disciplinary actions taken by the local facility. These include designations of administrative, security, disciplinary, and local control. Inmates sent to a security, disciplinary, or local control unit are returned to the general population within a relatively short period of time. Those whom the DRC believes should be removed and segregated on an indefinite basis are assigned to protective custody, administrative control, or high maximum custody. Only 182 inmates are in protective custody, 280 in administrative control, and 365 in high maximum. All high maximum-custody inmates are housed at the OSP, which is regarded as the department's most secure facility, designed to hold the most dangerous inmates.

Overview of the Ohio State Penitentiary

The OSP was opened in 1998 to house high-security inmates who the DRC determined could not be housed or managed within the general population. It has a bed capacity of 504 single cells. These beds are distributed in 4 separate housing units, each of which has 8 pods with 15–16 cells per pod. As of 2001, the population at the OSP had declined to the extent that one housing unit had been closed temporarily. Estimates based on admission and release data and daily population figures put the average length of stay in the OSP at 3.5 to 6 years (exhibit 19). If the number of admissions and the daily population remain constant, the average length of stay will be 6 years. Conversely, based on the larger number of releases, the average length of stay will be 3.5 years. OSP officials indicate that the expected length of stay is closer to 2–3 years, so inmates may move through the OSP more quickly than these numbers suggest. If this is true, then admissions will have to increase for the population to remain at its current level.

Estimates based on admission and release data and daily population figures put the average length of stay in the OSP at 3.5 to 6 years.

Exhibit 19. Average Length of Stay at the Ohio State Penitentiary

Inmate population as of September 2001	365
Change in population July 1, 2000 to June 30, 2001	
Inmates admitted	61
Inmates released	103
Average length of stay (years)	
Based on admissions	6.0
Based on releases	3.5

Source: Ohio State Penitentiary, Ohio Department of Rehabilitation and Correction, September 26, 2001.

Assignment to the OSP. The process of assigning an inmate to the OSP has several steps. First, staff at the inmate’s facility refer the inmate’s case for consideration to a three-person committee within the facility. This committee makes a recommendation to the warden or the warden’s designee, who has the option of rejecting the recommendation or forwarding it to the Bureau of Classification (BOC). If the warden forwards the recommendation and the BOC agrees, the inmate is transferred to the OSP. If the BOC disagrees, the warden can appeal the BOC’s decision to the regional DRC director, who can concur with or override the BOC’s decision.

At the time of this report, the DRC had drafted a new classification policy that would improve the current classification process for high maximum-security inmates. The new policy would establish a five-level classification system for all DRC inmates. Levels 1, 2, and 3 would mirror the general population levels of minimum, medium, and close. Maximum and high maximum would be replaced by levels 4 and 5, each of which would have two privilege levels, A and B. Inmates would be assigned to level 4A, 4B, 5A, or 5B. The new policy would not allow the warden to appeal the BOC’s decision to the regional director. The policy also would allow

inmates to be considered for level 4 or 5 placement either at reception or at any other DRC facility.

Each inmate's file contains narrative data and forms completed by DRC staff that justify the designation of high maximum security. These reasons can be grouped into the following categories:

- ◆ Assault of a staff member.
- ◆ Assault of another inmate.
- ◆ Possession of or conspiracy to smuggle drugs.
- ◆ Attempted escape from a secure facility.
- ◆ Designation as an STG leader.

Levels of confinement. The OSP has four levels of confinement with differing degrees of privileges. On arrival at the OSP, inmates undergo orientation and are placed in level 2 status, where they remain for 12 months or until their behavior warrants a change in privilege status. Inmates who engage in serious misconduct can be assigned to level 1 status; otherwise, inmates can move from level 2 to level 3 within a year. They are likely to remain in level 3 another year before being transferred to the least restrictive status, level 4. Inmates assigned to level 4 have been approved for release from the OSP by the DRC and are awaiting transfer out of the OSP. Although staff report that inmates can be released from the OSP within a year, this policy suggests a minimum stay of 2–3 years for inmates who are recommended for release. However, as suggested above, a growing number of inmates will spend a considerably longer period at the OSP.

A treatment plan established for each inmate outlines the types of programs the inmate is expected to participate in and the areas of conduct in which the inmate is expected to improve. This treatment plan is reviewed and updated as part of the inmate's reassessment at 6-month intervals. Movement from one privilege level to another appears to be under the control of the unit management team, which consists of a unit manager, case manager, and mental health and security staff.¹⁰ Other than being demoted directly to level 1 at any time for a serious misconduct, inmates are not permitted to jump two levels at a time.

A change in privilege level does not necessarily mean an inmate will be moved to another pod or block. Each pod and block at the OSP has the capacity to provide meals and recreation, and all inmates are housed in secure cells. Therefore, inmates can remain in place as their status changes. However, all level 4 inmates who are scheduled to be released from the OSP are housed in the same unit until the transfers are completed.

A treatment plan established for each inmate outlines the types of programs the inmate is expected to participate in and the areas of conduct in which the inmate is expected to improve.

Exhibit 20 shows the distribution of the OSP population by level and housing unit. Nearly 60 percent of OSP inmates were in level 3 and another 4 percent were in level 4 status. Conversely, only 13 inmates—3 percent—were in level 1, the most restricted status, suggesting that most of the OSP population was conforming to the facility’s rules and regulations.

Exhibit 20. Ohio State Penitentiary Population, by Classification Level and Housing Unit, September 2001

Classification Level	Total Inmates		Number of Inmates in Each Housing Unit			
	Number	Percent	A	B	C	D
Assessment	4	1	0	3	0	1
Orientation	5	1	5	0	0	0
Level 1	13	3	3	3	2	5
Level 2	116	31	25	45	1	45
Level 3	223	59	67	82	2	72
Level 4	16	4	16	0	0	0
Total	377	100	116	133	5	123

Source: Ohio State Penitentiary, Ohio Department of Rehabilitation and Correction, September 2001.

Release from the OSP. Inmates are reviewed annually to assess their classification level and determine whether they can be released from the OSP. The process is relatively similar to the admission process. The three-person OSP classification committee initiates the review and forwards its recommendation to the warden. The warden’s recommendation is then forwarded to the BOC for its review and decision. Finally, the regional director conducts an assessment and makes a final determination.

Part of the review process entails completion of the DRC’s security scoring instrument, which was designed to be used for inmates who are in the general population, not for those assigned to high maximum custody. OSP inmates’ scores on this instrument can show dramatic fluctuations because serious misconducts are no longer counted after 12 months, which might result in a recommendation to decrease an inmate’s security level. The instrument also deducts points if the inmate has not been removed from a job assignment; however, there are no jobs at the OSP, except for a few porter positions for level 4 inmates.

Exhibit 21 summarizes the results of this multistage decision process. Of 369 inmates reviewed for release during a 12-month period, 71 were approved for release by the regional director. At each decision point in the review process, the number of inmates being recommended for release declined. Whereas the OSP classification committee recommended 157 (43 percent) of the inmates under review for

Exhibit 21. Ohio State Penitentiary Release Recommendations

Review Stage	Inmates Recommended for Release	
	Number (<i>N</i> = 369)	Percent
Classification committee	157	43
Warden	88	24
Bureau of Classification	90	24
Regional director	71	19

Source: Ohio State Penitentiary, Ohio Department of Rehabilitation and Correction, September 2001.

The rate of serious misconduct among OSP inmates is impressively low. A review of randomly selected cases found that most inmates had few, if any, disciplinary reports since arriving at the OSP.

release, the warden reduced that number by nearly half. There was little change at the BOC level, but the regional director's final decision reduced the approval rate to 19 percent.

Effectiveness of the Ohio State Penitentiary System

The DRC's classification process limits the potential for inmates to be inappropriately classified as "high maximum" security and admitted to the OSP. The number of inmates designated as "high maximum security" is relatively small and appears to be declining. Review of a sample of cases found that the inmates' misconduct at other facilities warranted their separation from the general population and placement in a special management or segregated setting.

The rate of serious misconduct among OSP inmates is impressively low, undoubtedly because of the security precautions in effect at the facility. As shown in exhibit 20, the majority of OSP inmates were in levels 2 and 3—those with the fewest restrictions—and only 3 percent were in level 1, the most restricted status, suggesting that most of the OSP population was conforming to the facility's rules and regulations. Other data support this conclusion:

- ◆ A review of randomly selected cases found that most inmates had few, if any, disciplinary reports since arriving at the OSP, and many of these were for non-violent behavior.
- ◆ OSP inmates had a lower rate of Class II violations (these are the more serious offenses an inmate can be reported and disciplined for) than inmates at the nearby OSP Corrections Camp (OSPCC). OSPCC is a facility for low-custody general population inmates, many of whom work at the OSP in trusty type positions. Additionally, as shown in exhibit 22, the OSP rate of Class II reports resulting in a referral to the rules infraction board was only slightly higher than the OSPCC rate.

The absence of behaviors such as banging on cell doors, destroying cell property, flooding cells, or threatening staff is noticeable at the OSP, which suggests that placement in that facility stabilizes or suppresses the inmates' institutional conduct.

Exhibit 22. Ohio State Penitentiary Class II Disciplinary Incidents, May 2000 to August 2001

Facility	Class II Reports		Class II Reports Referred to Rules Infraction Board	
	Number	Rate per 100 Inmates	Number	Rate per 100 Inmates
Ohio State Penitentiary (N=375)*	967	258	247	66
Ohio State Penitentiary Corrections Camp (N=160)*	544	340	88	55

Source: Ohio State Penitentiary, Ohio Department of Rehabilitation and Correction, September 2001.

*N = average inmate population.

At the same time, OSP houses inmates who, by virtue of the severity of the offenses they committed while incarcerated at another facility (e.g., assaulting a corrections officer, attempting to murder another inmate, participating in a riot, or leading an STG), will be held longer in high maximum custody, regardless of improvements in their behavior. The DRC is working on a separate management strategy for a fifth level of confinement at the OSP—inmates who pose no management problems but cannot be transferred to another facility for many years due to the severity of their past misconduct.

Federal Bureau of Prisons

A recent study by the Federal Bureau of Prisons (BOP) found that 60 percent of its women prisoners have been the victim of either sexual or physical abuse, almost exclusively committed by men. A significant portion of the abuse was inflicted during the women’s childhood, often by family or extended family members. These findings are similar to statistics reported by state correctional systems. Often, the abuse predates the prisoner’s involvement in criminal activities. In other situations, the abuse is linked to criminal behavior.

BOP’s New Pathways program has been in existence since 2001 and is still considered a pilot effort. This program is included in this report because the incidence of lengthy histories of physical and sexual abuse among women prisoners is so pronounced and the response to the problem has been so weak.

New Pathways is offered at the Dublin Correctional Facility (DCF) in Dublin, California. DCF is the major women’s facility for the BOP’s western region, with approximately 1,000 prisoners. Attached to the complex are a male detention facility and a minimum-security camp for women. Most of the women incarcerated in DCF have been convicted of drug-related offenses.

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Chapter 5

In the treatment of trauma associated with sexual and physical abuse, professional mental health experts argue that there are two major stages of treatment. The first phase is designed to initiate discussions about sexual and physical abuse without going into specific details about the abuse experienced by the victim. The objective is to begin discussing the forms abuse may take and the effect it can have on mental health status. Sometime thereafter, it may be possible and desirable to initiate a second phase of treatment where the therapist and client address specific instances of abuse. Since this level of treatment can often be painful and discomforting for the client, it must be done in confidential, one-to-one sessions that may be needed for several years.

The New Pathways program addresses the first phase of treatment. Groups of 10 or fewer women meet under the guidance of a psychologist to discuss the general topic of sexual and physical abuse. The program provides opportunities for individual followup sessions with the supervising psychologist if issues raised in the group bring up painful or disturbing reactions.

New Pathways is not intended to be a vehicle for the treatment of mental health problems associated with the trauma of prior sexual and physical abuse. The feasibility of delivering such treatment in a prison environment is questionable, given that professional mental health services for one-to-one treatment are rarely available. However, the program may be helpful in preparing a woman to enter more intensive treatment on release from prison.

six CHAPTER

Issues and Recommendations

In the United States, the prevailing approach to managing high-risk and special management prison populations has been to build larger, more secure, and heavily staffed administrative segregation and super maximum-security housing units. Prisoners are typically placed in these units only after their destructive behavior has made it obvious that they should be removed from the general population. Much less consideration has been given to preventing violent incidents from occurring in the first place through the use of classification tools, aggressive management techniques, and programming and treatment services designed to modify prisoners' behavior. Of the states that responded to the National Survey of the Management of High-Risk Inmates, only a small number answered the question about model programs, and most of the programs they described targeted inmates who had already been placed in administrative segregation. Neither the survey nor the other efforts of the project team identified any programs or policies directed at high-risk prisoners housed in the general population whose actions had not yet led to their removal to a special management population.

Research is needed to develop better classification tools and a more proactive approach to managing high-risk and special management prisoners. Such research will be hampered, however, until the states adopt a common terminology for classifying prison populations. The National Survey revealed the lack of consensus among the states regarding even the most basic classification terms such as “general population,” “protective custody,” and “administrative” versus “disciplinary” segregation. To facilitate meaningful cross-jurisdictional comparisons of the types of prisoners held in state correctional systems and the effectiveness of methods for managing prison populations, states should agree, at a minimum, on a common definition of each of the following categories and to the use of these categories to designate all prisoners:

- ◆ General population.
- ◆ Special management:
 - ❖ Administrative segregation.
 - ❖ Disciplinary segregation.
 - ❖ Protective custody.

Research to develop better classification tools and a more proactive approach to managing high-risk and special management prisoners will be hampered until the states adopt a common terminology for classifying the prison population.

Chapter 6

- ❖ Severe mental health care.
- ❖ Severe medical care.

The National Survey also revealed that few states had correctional data systems that could quickly and accurately aggregate the numbers and types of prisoners in their custody. States are strongly encouraged to upgrade their correctional data systems so that they can track and monitor the prisoner population daily according to the five basic categories listed above. State correctional data systems should also provide more detailed information about the basis for assigning a prisoner to a category and about the movement of prisoners from one category to another.

Research into proactive methods for preventing prison violence should include an examination of the effects of environment on prisoner behavior. It is well known among corrections professionals that prison architecture influences inmate behavior and also that similarly situated inmate populations can have very different rates of serious misconduct. However, these observations are not supported by research. States and the federal government are strongly advised to initiate studies to determine the impact of architecture and prison management methods on inmate disruptive behavior.

Such studies should include assessments of the often advocated but still highly controversial super maximum-security facilities. More information is needed on how best to identify inmates who require this level of segregation, how long they should remain segregated from the general population, what interventions should be used to control their high-risk behavior, when and how they should be returned to the general population, and how they behave after release from these units. In the absence of such basic research, it is difficult to propose new methods for identifying such high-risk prisoners and to apply interventions that will help control and manage them.

Research into proactive methods for preventing prison violence should examine the effects of environment on prisoner behavior and assess the often advocated but still highly controversial super maximum-security facilities.

Notes

1. See California Department of Corrections, Data Analysis Unit, *Inmate Incidents in Institutions: Calendar Year 2002*, Sacramento: California Department of Corrections, 2003. Available at the California Department of Corrections Web site: <http://www.corr.ca.gov/OffenderInfoServices/Reports/Annual/BEH1/BEH1d2002.pdf>. California is one of the few states that openly report data on prisoners.

2. Personal communication with staff of the New Mexico and California Departments of Corrections.

3. For more discussion of internal management systems, see *Internal Prison Classification Systems: Case Studies in Their Development and Implementation* (Hardyman et al., 2002).

4. Source: National Survey of the Management of High-Risk Inmates, National Institute of Corrections, 2002.

5. For a more detailed description of the Level of Service Inventory–Revised, see “Reliability and Validity Study of the LSI–R Risk Assessment Instrument” (Austin et al., 2003).

6. For more information about the COMPAS or to contact the Northpointe Institute, visit the company’s Web site at www.northpointeinc.com.

7. The Sex Offender Assessment Board, which is part of the Pennsylvania Board of Probation and Parole, is also mandated to review all convicted sex offenders about to be sentenced by the courts.

8. See Connecticut Department of Correction, Program Services, *Compendium of Programs and Services for Offender Population*, available at the department’s Web site: <http://www.doc.state.ct.us>. Although the Gang Awareness Program is related to the Close Custody Phase Program discussed later in this chapter, it is a separate program that targets a different group of inmates.

9. Much of the information in this section is drawn from a report prepared by James Austin for the Ohio Department of Rehabilitation and Correction.

10. Security staff assigned to each unit are under the supervision of the unit manager.

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Appendix

**National Survey of the Management
of High-Risk Inmates**

Introduction

The National Survey of the Management of High-Risk Inmates was part of a project funded by the National Institute of Corrections to better understand the classification of high-risk, aggressive, disruptive, and predatory offenders in the general population, close-custody management units, maximum custody, or administrative segregation. This study also directed attention to special topics such as identification and classification of inmates involved in serious incidents who are mentally ill, risk assessment for younger inmates and sexual predators within prison systems, and application of community risk assessment instruments for civil commitments.

This survey, which was sent in 2002 to the correctional agencies of all 50 states and the District of Columbia and Puerto Rico, was designed to obtain information on the procedures used to classify high-risk inmates, particularly those in protective custody or administrative segregation, and inmates with mental illnesses or medical problems. The last section of the survey asked for information on new or model programs, including the name and location of the program, the target population, screening processes, programs and services offered, and staffing levels.

It was hoped that this project would result in state and federal prison systems learning more about the practices and procedures in correctional agencies and that the survey would provide examples of some innovative programs and policies that hold great promise for other agencies.

Definition of a High-Risk, Predatory, and Special Management Inmate:

For purposes of this survey, a high-risk or disruptive inmate is one who cannot be housed in the general inmate population and/or is likely to be placed in a special housing unit. In general, a high-risk inmate will be assigned to one of the following special management categories: 1) Administrative Segregation, 2) Protective Custody, 3) Mental Health and 4) Medical.

However, this study also asked some questions about high-risk, aggressive, disruptive, and predatory offenders who are in the general population but who may become management problems due to their high-risk, aggressive, disruptive, and predatory behavior. The study also asked some questions about these inmates as well.

What follows is the questionnaire that was used for this survey.

Appendix

I. Background Information

Name of Agency: _____

Agency Address: _____

Name and Title of Person Completing this Form: _____

Telephone Number: _____

Fax: _____

E-mail Address: _____

We are also interested in doing a followup interview with someone in your agency who is responsible and familiar with how the department monitors the general population to identify inmates and situations that may lead to a serious incident if not attended to. Please provide the name(s) of persons with whom we can have a more detailed and comprehensive discussion of these issues.

- | | | | |
|----|-------|----------|-----------|
| 1. | _____ | _____ | _____ |
| | Name | Position | Telephone |
| 2. | _____ | _____ | _____ |
| | Name | Position | Telephone |
| 3. | _____ | _____ | _____ |
| | Name | Position | Telephone |
| 4. | _____ | _____ | _____ |
| | Name | Position | Telephone |
| 5. | _____ | _____ | _____ |
| | Name | Position | Telephone |

II. Current Inmate Population Attributes

This first section is designed to provide us with some basic numbers and trends concerning the types of inmates currently assigned to special population units. These numbers should be based on the most recent data you have available at the time you receive this survey.

1. Please indicate how many inmates are placed in the following classification designations. Note that the numbers reported for items 2–6 must equal the numbers reported in item 1.

Number of Inmates and Beds as of ___/___/_____/

Classification Level	Males		Females	
	Inmates	Beds	Inmates	Beds
1. Total Inmate Population				
2. Total General Population (GP)				
2a. Total Maximum or High Custody in GP				
3. Total Special Population not in GP				
3a. Administrative Segregation				
3b. Disciplinary Segregation				
3c. Protective Custody				
3d. Mental Health/Mental Retardation				
3e. Medical/Infirmary (24-hour segregation)				
4. Total Unclassified				
5. Other – List				
6. Other – List				

Appendix

2. How many inmates are currently taking psychotropic medications?

Male: _____ Female: _____ Not Sure: _____

3. How many inmates are civil committed?

Male: _____ Female: _____ Not Applicable: _____

4. Please indicate the number of inmates under the age of 18.

Male: _____ Female: _____

5. Please describe your agency's definition of "maximum- or high-custody" populations.

5a. Are high-risk inmates segregated from the general population 24 hours a day?

Yes: _____ No: _____

5b. Do these inmates have contact with other high-security inmates?

Yes: _____ No: _____

5c. Are there restrictions on contact with visitors?

Yes: _____ No: _____

5d. Do inmates wear restraints when moving?

Yes: _____ No: _____

5e. How much out-of-cell time is allocated for high-security inmates? _____

Please elaborate on the above answers, if necessary, and/or provide additional information on your agency's definition of "maximum-custody inmates."

6. Is the same definition applied to mentally ill inmates?

Yes: _____ No: _____ Not Sure: _____

If no, how is administrative segregation different for mentally ill inmates?

7. Please indicate if, in the past year, your maximum- or high-custody populations have been *Increasing*, *Decreasing*, or are *Unchanged*. For each cell, be sure to use only the appropriate response of *Increasing*, *Decreasing*, or *Unchanged*.

Trends in the Number of Inmates in the Past Year, by Classification Level

Classification Level	Males	Females
1. Total Inmate Population		
2. Total General Population (GP)		
2a. Maximum or High Custody in GP		
3. Total Special Population not in GP		
3a. Administrative Segregation		
3b. Disciplinary Segregation		
3c. Protective Custody		
3d. Mental Health/Mental Retardation		
3e. Medical/Infirmery (24-hour segregation)		
4. Total Unclassified		
5. Other – List		
6. Other – List		

8. Has the rate of *inmate assaults on staff* changed in recent years?

No Change: ___ Increased Violence: ___ Decreased Violence: ___ Not Sure: ___

Has the rate of *inmate assaults on other inmates* changed in recent years?

No Change: ___ Increased Violence: ___ Decreased Violence: ___ Not Sure: ___

If yes, to what do you attribute these increases or decreases? _____

Appendix

9. Are there any active consent decrees that govern, or that pending litigation will govern, the operations and policies of the following special inmate population units?

Special Population	Consent Decree? (Y/N)	Pending Settlement? (Y/N)	Name(s) of Case(s)
Administrative Segregation			
Disciplinary Segregation			
Mental Health/Mental Retardation			
Medical			
Substance Abuse Populations			
Other – List			

10. Once inmates have been placed in special housing, are they able to return to the general population?

Yes: _____ No: _____ Not Sure: _____

10a. If yes, under what circumstances may inmates return to the general population? _____

10b. If yes, do you provide any type of transitional programming to assist inmates in moving from special housing to the general population?

Yes: _____ No: _____ Not Sure: _____

If yes, please describe the type of programming and attach any supplementary information/materials. _____

Classification of High-Risk and Special Management Prisoners

11. Are you satisfied with the way your agency handles disruptive inmates?

Yes: _____ No: _____

11a. If no, what circumstances or policies do you think would help you manage disruptive inmates? _____

11b. Are there any administrative barriers (e.g., security rules, administration concerns, legislation) that affect the ability of your department to provide special housing units?

Yes: _____ No: _____ Not Sure: _____

Please explain your answer: _____

11c. Are you interested in new approaches to dealing with disruptive inmates?

Yes: _____ No: _____

11d. How could NIC assist you?

III. Screening and Assessment Methods

1. Please indicate if inmates are screened upon admission for any of the following attributes associated with special management concerns. Also, *please specify whether or not these assessment procedures are the same for both male and female inmates.*

High-Risk Indicator	Screened (Y/N)		By Whom? (e.g., Nurse, Doctor, Classification Staff, Psychiatrist...)	Instrument or Assessment Tool and Methods Applied by Staff	Is the Original Assessment Updated? (Y/N)	How Often?	By Whom?
	M	F					
Security Issues							
Gangs/ Security Threat Groups							
Escapee							
Protection – Witness							
Protection – Sex Assault							
Violence – In Prison							
Violence – Public							
Enemies							
Sexual Predator							
Mental Health Issues							
Suicidal							
Mood Disorders							
Psychotic Disorders							
Other Axis I (specify)							
Other Axis I (specify)							
Personality Disorders							
Mental Retardation							
Other – List							

Classification of High-Risk and Special Management Prisoners

2. Please identify the number of inmates currently in your custody by risk indicator and specify who has access to this information in your MIS system.

High-Risk Indicator	Number of Inmates	Stored in MIS (Y/N)	Access Restrictions
Security Issues			
Gangs/Security Threat Groups			
Escapee			
Protection – Witness			
Protection – Sex Assault			
Violence – In Prison			
Violence – Public			
Enemies			
Sexual Predator			
Mental Health Issues			
Suicidal			
Mood Disorders			
Psychotic Disorders			
Other Axis I Diagnoses			
Personality Disorders			
Mental Retardation			
Other – List			

IV. Model Intervention Programs

Some states have developed model or new programs designed to better identify, manage, and treat inmates who are removed from the general population. Other departments however, have developed programs that attempt to avoid or reduce the need for the use of protective custody or segregation. Please indicate below if you believe your department has such a program(s) and if that program is worthy of further analysis by NIC. If you have more than one program, please complete additional forms.

1. Model Program Name: _____

2. Facility Name and Address: _____

3. Contact Person Name: _____ Phone Number: _____

4. Target Population (Check one): Administrative Segregation
 Disciplinary Segregation
 Protective Custody (Involuntary)
 Protective Custody (Voluntary)
 Mental Health
 Medical
 General Population (Possible High-Risk)
 Other (list)

5. Number of Inmates Currently in the Program:
Males: _____ Females: _____ Under Age 18: _____

6. Admissions Per Year: _____
Releases Per Year: _____
Average Time in Program: _____

7. Describe how inmates are screened and admitted to the program: _____

8. What *Services* are provided to the inmates while in the program? _____

Classification of High-Risk and Special Management Prisoners

9. What is the *Staffing Level* (including contractual staff) for the program?

Total Staff: _____ Clerical: _____ Mental Health: _____ Medical: _____

Educational: _____ Case Workers: _____ Security: _____ Other (list): _____

10. How many inmates have successfully completed or graduated from the program in the past year? _____

Please attach organizational chart and official program descriptions as well as the program's policies and procedures with the survey if they are available.

11. If you have any additional comments that you believe would be pertinent to our study, please attach them to this survey. Thank you!

User Feedback Form

Please complete and return this form to assist the National Institute of Corrections in assessing the value and utility of its publications. Detach from the document and mail to:

Publications Feedback
National Institute of Corrections
320 First Street N.W.
Washington, DC 20534

1. What is your general reaction to this document?

_____ Excellent _____ Good _____ Average _____ Poor _____ Useless

2. To what extent do you see the document as being useful in terms of:

	Useful	Of some use	Not useful
Providing new or important information			
Developing or implementing new programs			
Modifying existing programs			
Administering ongoing programs			
Providing appropriate liaisons			

3. Do you believe that more should be done in this subject area? If so, please specify the types of assistance needed. _____

4. In what ways could this document be improved? _____

5. How did this document come to your attention? _____

6. How are you planning to use the information contained in this document? _____

7. Please check one item that best describes your affiliation with corrections or criminal justice.

If a governmental program, please also indicate the level of government.

- | | |
|---|---------------------------------|
| _____ Citizen group | _____ Legislative body |
| _____ College/university | _____ Parole |
| _____ Community corrections | _____ Police |
| _____ Court | _____ Probation |
| _____ Department of corrections or prison | _____ Professional organization |
| _____ Jail | _____ Other government agency |
| _____ Juvenile justice | _____ Other (please specify) |

8. Optional:

Name: _____

Agency: _____

Address: _____

Telephone: _____

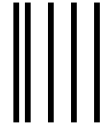
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