No. 18-16427

IN THE UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

TODD ASHKER, ET AL.,

Plaintiffs-Appellees,

v.

EDMUND BROWN, JR., ET AL.,

Defendants-Appellants.

On Appeal from the United States District Court
for the Northern District of California,
No. 4:09-cv-05796-CW
Hon. Claudia Wilken

BRIEF OF *AMICI CURIAE* FORMER CORRECTIONS OFFICIALS IN SUPPORT OF AFFIRMANCE

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INTEREST OF *AMICI CURIAE*

Amici curiae[1] are nine former state corrections directors and corrections experts, including two former senior leaders with the California Department of Corrections and Rehabilitation, with first-hand experience supervising general population units and reforming solitary confinement units in prisons across the United States. As corrections professionals, *amici* have an interest in ensuring that issues affecting corrections systems are decided in a manner that is consistent with sound penological principles. *Amici* thus respectfully submit this brief to advise the Court of certain principles and practices relevant to the issues presented in this case. *Amici*'s biographies are listed in Appendix A.

[1] This brief has not been authored, in whole or in part, by counsel to any party in this appeal. No party or counsel to any party contributed money intended to fund preparation or submission of this brief. No person, other than the *amici*, their members, or their counsel, contributed money that was intended to fund preparation or submission of this brief. All parties have consented to the filing of this brief.

INTRODUCTION

This case requires the Court to consider typical conditions for general population prisoners, as well as the use and overuse of solitary confinement. As former corrections officials who have run major state correctional systems, *amici* have expertise in sound correctional practices for general population conditions and in reducing the use of solitary confinement.[2]

Leading correctional organizations, including the American Correctional Association ("ACA") and the Association of State Correctional Administrators ("ASCA"), acknowledge that the use of solitary confinement should be curtailed and constrained. The ASCA in 2015 found that "prolonged isolation of individuals in jails and prisons is a grave problem in the United States" and by 2016 noted that "a national consensus has emerged focused on limiting the use of restricted

[2] In this brief we use the terms "solitary confinement" or "solitary confinement conditions" to refer to conditions in which a prisoner is housed in a cell alone or with another prisoner and kept locked inside that cell for the vast majority of the day. Jurisdictions use varying terms to describe solitary confinement, including restricted housing, restrictive custody, secure housing units, secure management units, isolation, segregation, etc. We use the term "solitary confinement" or "solitary confinement conditions," therefore, not to identify any particular unit or housing area in a facility but rather to describe a particular set of conditions defined primarily by the amount of time spent in-cell. As Justice Kennedy has explained, these conditions are "better known [as] solitary confinement." *Davis v. Ayala*, 135 S. Ct. 2187, 2208 (2015) (Kennedy, J., concurring); *see also Apodaca v. Raemisch*, 139 S. Ct. 5, 6 (2018) (Sotomayor, J., respecting denial of cert.) ("segregation . . . is also fairly known by its less euphemistic name: solitary confinement").

housing . . . ."[3] According to the ASCA, "while restricted housing once was seen as central to prisoner management, by 2016 many prison directors and organizations such as the ASCA and the ACA have defined restricted housing as a practice to use only when absolutely necessary and for only as long as absolutely required."[4]

The ACA promulgated standards limiting the use of solitary confinement to only "those circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility."[5]

Amici have been leaders in this national dialogue. In addition, as former corrections officials, *amici* have witnessed first-hand the devastating and debilitating effects of solitary confinement conditions. *Amici* are acutely aware of the broad consensus among their mental health and medical colleagues that solitary confinement leads to significant psychological and physical damage. *Amici* submit that as part of sound correctional management, corrections officials have an obligation to be aware of, and take action in response to, this scientific consensus. *Amici* are therefore well-suited to address the scientific literature regarding the effects of solitary confinement.

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[3] Ass'n of State Corr. Adm'rs & Liman Ctr. for Pub. Interest L. at Yale L. Sch., *Aiming to Reduce Time-In-Cell: Reports from Correctional Systems on the Numbers of Prisoners in Restricted Housing and on the Potential of Policy Changes to Bring About Reforms* 1 (2016) [hereinafter "*ASCA-Liman 2016*"].

[4] *Id*. at 2.

[5] American Correctional Association, *Performance-Based Expected Practices for Adult Correctional Institutions,* 5-4B-0001 (5th Ed. 2018) [hereinafter "*ACA Standards*"].

Amici are also well aware, based on their extensive experience managing correctional systems, that reliance on solitary confinement conditions is dangerous and ineffective. Proven and reliable alternatives, on the other hand, have successfully reduced or eliminated the use of solitary confinement in many jurisdictions while increasing safety.

In this brief, *amici* share with the Court their expertise on three concepts: (1) the definition of "general population" conditions, in contrast to the harmful conditions of solitary confinement; (2) the scientific literature on the serious harms caused by solitary confinement conditions; and (3) the safe, effective alternatives to solitary confinement that have been successfully implemented around the country.

Amici urge this Court to uphold the lower court's order requiring class members in general population facilities to receive "meaningfully greater" out of cell time than received when in solitary confinement, "consistent with California Department of Corrections and Rehabilitation's (CDCR) legitimate security needs." ER 4.

ARGUMENT

I. CORRECTIONS OFFICIALS HAVE A COMMON AND CONSISTENT UNDERSTANDING OF THE DEFINITION AND APPLICATION OF THE TERM "GENERAL POPULATION."

The term "general population" is consistently used and understood in the corrections field. Objective risk assessments are usually used to assign a prisoner to a general population unit. Once that assessment and assignment occurs, and absent any intervening factors specific to that individual, there is no penological interest in housing a prisoner in solitary confinement conditions.

A. General Population Conditions Include Out-Of-Cell Time For A Substantial Portion Of Each Day.

Significant out-of-cell time is a defining characteristic of general population conditions. Unlike in solitary confinement, prisoners in general population units, including maximum security general population units, spend a substantial portion of each day out of cell. For example, Maryland reports that its general population prisoners, including maximum security general population prisoners, get a minimum of 8 to 12 hours of out-of-cell time daily.[6] Minnesota reports that general population prisoners get 8.5 to 14 hours of out-of-cell time daily.[7] In Nebraska, state regulations define general population as including a minimum of 6 hours per

[6] Ass'n of State Corr. Adm'rs & Liman Ctr. for Pub. Interest L. at Yale L. Sch., *Reforming Restrictive Housing: The 2018 ASCA-Liman Nationwide Survey of Time-in-Cell* 66, 66 n.233 (2018) [hereinafter "*ASCA-Liman 2018*"].
[7] *ASCA-Liman 2018* at 66, 66 n.235.

day of out-of-cell time.[8] And the Rhode Island Department of Corrections provides between 8.5 and 13 hours of daily out-of-cell time to general population prisoners, including prisoners in maximum security units.[9]

Out-of-cell time for general population prisoners typically includes both structured and unstructured time. Structured out-of-cell time may include meals eaten in a cafeteria or common area; access to group educational programming, group or individual mental health programming, and group religious programming and services; work details; daily showers; or visitation with family and friends. Unstructured out-of-cell time may include access to telephones, access to outdoor exercise yards and equipment, and opportunities to socialize with others in common areas.

Courts in this Circuit and around the country have acknowledged the basic conditions for general population prisoners, including substantial out-of-cell time and access to "contact visits . . . , the prison and law libraries, group religious worship, educational and vocational opportunities, telephone use except in emergencies, access to televisions, and access to personal property." *Brown v. Oregon Dep't of Corr.*, 751 F.3d 983, 985 (9th Cir. 2014) (describing general

[8] 72 Neb. Admin. Code. Ch. 1 § 002.04 (2019).
[9] Rhode Island Department of Corrections, Policy 12.27: Conditions of Confinement § IV(D)(4) (2018), *available at* http://www.doc.ri.gov/documents/administration/policy/policies/12.27_Conditions%20of%20Confinement_02-26-2018_Y.pdf.

population conditions and contrasting those to conditions in solitary confinement). *See also Williams v. Sec'y Pennsylvania Dep't of Corr.*, 848 F.3d 549, 563 (3d Cir. 2017) (describing general population conditions as including access to group religious services, a variety of jobs and vocational programs, group sport activities, unlimited access to phones and meals in communal dining rooms); *McClary v. Kelly*, 4 F. Supp. 2d 195, 203 (W.D.N.Y. 1998) (describing general population conditions where prisoners were "outside of their cells for at least half the day in order to engage in congregate meals, vocational programs, educational programs, recreational programs, congregate religious programs or, when eligible, family reunion programs").

In contrast to general population conditions, prisoners housed in solitary confinement generally receive only one to two hours of out-of-cell time per day. They typically receive showers only three times a week, and actual outdoor time is extremely circumscribed. Some days, prisoners in solitary confinement will not have the opportunity to leave their cell at all. Access to congregate programming of any kind is limited or non-existent. And all meals are taken inside the cell. As a result, in solitary confinement conditions, prisoners are deprived of meaningful social interaction and positive environmental stimulation.

Conditions in which prisoners receive less than two hours out of cell each day, therefore, do not meet any generally accepted definition of "general

population." Instead, prisoners receiving this limited amount of out-of-cell time are being subjected to solitary confinement conditions.

B. There Is No Penological Justification For Housing General Population Prisoners In Solitary Confinement Conditions.

There is no valid penological justification for housing prisoners deemed appropriate for general population in solitary confinement conditions. Indeed, the ACA Standards provide that solitary confinement should be used only on a short-term basis if a prisoner "pose[s] a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility."[10]

Prison officials generally use objective risk assessments to determine the appropriate security or classification level for a particular individual. Multiple factors are used, including age, history of violence, mental illness, and recent disciplinary actions.[11] If a prisoner has received a risk assessment and been assigned to a general population unit, that indicates prison officials have determined there is no safety or security rationale for separating that individual from the rest of the prison population. There is no safety or security rationale, therefore, that supports subjecting that general population prisoner to solitary

[10] *ACA Standards*, 5-4B-0001.
[11] *See* JAMES AUSTIN, NAT'L INST. OF CORRECTIONS, FINDINGS IN PRISON CLASSIFICATION AND RISK ASSESSMENT 4-5 (2003).

confinement conditions.[12] This is particularly true in light of the devastating psychological and physical harms caused by solitary confinement conditions and the available alternatives to solitary confinement, discussed below.

II. THE USE OF SOLITARY CONFINEMENT UNNECESSARILY RISKS SERIOUS HARM TO PRISONERS' MENTAL AND PHYSICAL HEALTH.

Prisoners who receive only one to two hours of out-of-cell time a day are at a substantial risk of serious harm. Solitary confinement conditions severely constrain meaningful social interaction and positive environmental stimulation, which are basic human needs essential to physical and psychological health. There is a broad consensus among doctors, psychiatrists, psychologists, and other scientists who study isolation: Solitary confinement both exacerbates pre-existing psychological disorders and is itself the genesis of such disorders. Solitary confinement is also uniquely dangerous. Research consistently demonstrates that it inflicts psychological and physical damage significantly exceeding the negative effects of prolonged incarceration in general population.

It is critical to note that phrases like "solitary confinement," "segregation," and "isolated housing" as employed in the scientific literature, the case law, and

[12] Occasionally, a facility may experience a major incident requiring an entire unit or the entire facility to be "locked down"—essentially confining all prisoners to solitary confinement conditions in order to maintain safe and secure operations. These incidents are rare, however, and sound correctional practice mandates that facilities return to normal operations as soon as feasible.

throughout this brief do not refer to absolute isolation from other humans in an environment completely devoid of environmental stimuli. Indeed, *amici* are not aware of any facility in the United States or abroad that absolutely deprives prisoners of these necessities. Rather, these terms describe imprisonment under conditions where meaningful social interaction and positive environmental stimuli are severely restricted. Brief and episodic breaks from absolute isolation—such as the delivery of a food tray, being handcuffed and escorted to a shower stall, or being able to yell through the wall to a neighbor—do not constitute the meaningful social interaction and positive environmental stimuli that research has identified as essential to physical and psychological health.

A. Meaningful Social Interaction And Positive Environmental Stimulation Are Essential To Human Health, Yet Their Absence Is The Defining Characteristic Of Solitary Confinement Conditions.

Meaningful social interaction and positive environmental stimulation (such as exposure to varying surroundings and participation in productive activities) are no less essential to human health than shelter, nutrition, and medical care.[13] The

[13] *E.g.*, Craig Haney, *Restricting the Use of Solitary Confinement*, 1 ANN. REV. CRIMINOLOGY 285, 298 (2018) [hereinafter "*Restricting the Use*"] (collecting studies); Terry A. Kupers, *Waiting Alone to Die*, *in* LIVING ON DEATH ROW: THE PSYCHOLOGY OF WAITING TO DIE 47, 53 (Hans Toch & James Acker eds., 2018) [hereinafter "*Waiting Alone to Die*"]; Stuart Grassian, *Psychiatric Effects of Solitary Confinement*, 22 WASH. U. J. L. & POL'Y 325, 354 (2006) [hereinafter "*Psychiatric Effects*"]; Diana Arias & Christian Otto, NASA, *Defining the Scope of*

near total absence of meaningful social interaction and positive environmental stimulation, however, are the hallmarks of solitary confinement conditions.[14]

Some animals are solitary by nature.[15] Such creatures seek out community infrequently, often for limited purposes like reproduction.[16] Humans, by contrast, are a social species.[17] In fact, "the human brain is literally wired to connect to others."[18] Throughout our life span, therefore, we require regular meaningful interaction with others.[19] Consistent social contact also enables humans to "sustain a sense of identity and to maintain a grasp on reality."[20] And the relationship

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Sensory Deprivation for Long Duration Space Missions 20, 51 (2011) [hereinafter "NASA, *Long Duration Space Missions*"].

[14] *See* Craig W. Haney, *Mental Health Issues in Long-Term Solitary and "Supermax" Confinement*, 49 CRIME & DELINQUENCY 124, 125-27 (2003) [hereinafter "*Mental Health*"].

[15] Jared Reser, *Solitary Mammals Provide an Animal Model for Autism Spectrum Disorders*, 128 J. COMP. PSYCHOL. 1, 2-3 (2013).

[16] *Id*.

[17] Simon N. Young, *The Neurobiology of Human Social Behavior: An Important but Neglected Topic*, 33 J. PSYCHIATRY & NEUROSCIENCE 391, 391 (2008).

[18] Haney, *Restricting the Use*, *supra*, at 294-295 (internal quotations omitted).

[19] Young, *supra*, at 391; *see also* Haney, *Restricting the Use*, *supra*, at 290.

[20] Terry A. Kupers, *Isolated Confinement: Effective Method for Behavior Change or Punishment for Punishment's Sake*, *in* ROUTLEDGE HANDBOOK OF INTERNATIONAL CRIME AND JUSTICE STUDIES 213, 215 (Bruce Arrigo & Heather Bersot eds., 2013) [hereinafter "*Isolated Confinement*"]; *see also, e.g.*, Haney, *Restricting the Use*, *supra*, at 296 (collecting studies).

between social connection and physical and psychological health is well-documented in the scientific literature.[21]

Likewise, exposure to positive and diverse stimuli is critical to psychological and physical well-being.[22] Such exposure stimulates the brain, permitting us to "maintain[] an adequate state of alertness and attention."[23] Acceptable executive function also depends on adequate positive environmental stimulation.[24]

B. Solitary Confinement Conditions Subject Prisoners To Severe Psychological And Physiological Harms.

Justice Kennedy wrote of the "terrible price" imposed by isolation. *Davis v. Ayala*, 135 S. Ct. 2187, 2210 (2015) (Kennedy, J., concurring). And with good reason. Scientific research, regardless of methodology, has produced "strikingly consistent" results: The deprivation of meaningful social contact and positive environmental stimulation characteristic of solitary confinement conditions subjects prisoners to grave psychological and physical harms.[25] Solitary

[21] *See* Craig Haney, *The Psychological Effects of Solitary Confinement: A Systematic Critique*, 47 CRIME & JUST. 365, 374-75 (2018) [hereinafter "*A Systematic Critique*"] (collecting studies).
[22] *See* Haney, *Restricting the Use*, *supra*, at 294-95 (collecting studies).
[23] Grassian, *Psychiatric Effects*, *supra*, at 330.
[24] *E.g.*, *id.* at 346.
[25] *E.g.*, Haney, *A Systematic Critique*, *supra*, at 367-68, 370-75 (collecting studies); Grassian, *Psychiatric Effects*, *supra*, at 335-38.

confinement often inflicts harm within days of its institution,[26] and longer durations impose greater costs.[27]

Prisoners exposed to solitary confinement conditions consistently develop some or all of the following psychological injuries: cognitive dysfunction, anxiety, paranoia, panic, severe depression, hallucination, memory loss, insomnia, withdrawal, lethargy, and stimuli hypersensitivity.[28] Impulse control is also negatively affected by solitary confinement.[29] Life-threatening behavior, such as self-mutilation and suicide attempts, is all too common among prisoners in solitary confinement conditions.[30] Describing this phenomenon to Congress, one expert provided examples of a prisoner who "used a makeshift needle and thread from his pillowcase to sew his mouth completely shut," and another who "amputated one of

[26] Grassian, *Psychiatric Effects*, *supra*, at 331.
[27] *E.g.*, Kupers, *Waiting Alone to Die*, *supra*, at 54; Haney, *Restricting the Use*, *supra*, at 291-92.
[28] *E.g.*, Kupers, *Waiting Alone to Die*, *supra*, at 53; Haney, *Mental Health*, *supra*, at 130-31, 134 (collecting studies); Grassian, *Psychiatric Effects*, *supra*, at 335–36, 349, 370-71; Kupers, *Isolated Confinement*, *supra*, at 216; Peter Scharff Smith, *The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature*, 34 CRIME & JUST. 441, 488-90 (2006).
[29] *E.g.*, Craig Haney, *"Infamous Punishment": The Psychological Consequences of Isolation*, 8 NAT'L PRISON PROJECT J. 1, 6 (1993).
[30] Grassian, *Psychiatric Effects*, *supra*, at 349; Stuart Grassian, *Psychopathological Effects of Solitary Confinement*, 140 AM. J. PSYCHIATRY 1450, 1453 (2006).

his pinkie fingers and chewed off the other, removed one of his testicles and scrotum, sliced off his ear lobes, and severed his Achilles tendon."[31]

Physiological injury, too, is a consistent effect of solitary confinement, and commonly includes hypertension, heart palpitations, decline in neural activity, gastrointestinal disorders, headaches, severe insomnia, and weight loss.[32] Isolation also causes "'increased activation of the brain's stress systems, vascular resistance, and blood pressure, as well as decreased inflammatory control, immunity, sleep salubrity, and expression of genes regulating glucocorticoid responses and oxidative stress.'"[33] Even the mere perception of social isolation is associated with an increased likelihood of dementia.[34] Notably, within days of a prisoner's confinement in solitary confinement conditions, brain scans may reflect "abnormal pattern[s] characteristic of stupor and delirium."[35]

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[31] *Reassessing Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences: Hearing Before the Subcomm. on Constitution, Civil Rights & Human Rights of the S. Comm. on the Judiciary*, 112th Cong. 72, 80–81 (2012) (statement of Craig Haney).

[32] *E.g.*, Kupers, *Waiting Alone to Die*, *supra*, at 54; Haney, *Mental Health*, *supra*, at 133; Smith, *supra*, at 488-90.

[33] Elizabeth Bennion, *Banning the Bing: Why Extreme Solitary Confinement Is Cruel and Far Too Usual Punishment*, 90 IND. L.J. 741, 762 (2015) (quoting John T. Cacioppo & Stephanie Ortigue, *Social Neuroscience: How a Multidisciplinary Field Is Uncovering the Biology of Human Interactions*, CEREBRUM, Dec. 19, 2011, at 7-8)).

[34] *See id*. at 755 (summarizing studies).

[35] Grassian, *Psychiatric Effects*, at 331.

In fact, neurological advances establish that the types of traumatic psychological harms associated with solitary confinement conditions often trigger detectable negative modifications to the brain's structure and operation.[36] For example, the type of stress associated with isolation may shrink and "rewire" the brain and kill neurons.[37] The hippocampus and amygdala, two structures within the brain critical to decision-making, memory, and emotional regulation, are also damaged by the sort of chronic stress associated with solitary confinement conditions.[38]

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[36] *See generally* Dana G. Smith, *Neuroscientists Make a Case Against Solitary Confinement*, SCI. AM., Nov. 9, 2018, https://www.scientificamerican.com/article/neuroscientists-make-a-case-against-solitary-confinement; Ajai Vyas et al., *Effect of Chronic Stress on Dendritic Arborization in the Central and Extended Amygdala*, 965 BRAIN RESEARCH 290, 290-94 (2003); Bruce S. McEwen, *Protective and Damaging Effects of Stress Mediators*, 338 NEW ENG. J. MED. 171, 175-76 (1998).

[37] *See* Carol Schaeffer, *"Isolation Devastates the Brain": The Neuroscience of Solitary Confinement*, SOLITARY WATCH (May 11, 2016), https://solitarywatch.org/2016/05/11/isolation-devastates-the-brain-the-neuroscience-of-solitary-confinement/; McEwen, *supra*, at 175-76; M. Malter Cohen, et al., *Translational Developmental Studies of Stress on Brain and Behavior*, 249 NEUROSCIENCE 53, 54-55 (2013); Nicole Branan, *Stress Kills Brain Cells Off*, 18 SCI. AM. 10 (June 2007), https://www.scientificamerican.com/article/stress-kills-brain-cells/.

[38] *See* D. Smith, *Neuroscientists Make a Case Against Solitary Confinement*, *supra*; Bruce S. McEwen, et al., *Stress Effects on Neuronal Structure: Hippocampus, Amygdala, and Prefrontal Cortex*, 41 NEUROPSYCHOPHARMACOLOGY 3 (2015); *see also* Jules Lobel & Huda Akil, *Law and Neuroscience: The Case of Solitary Confinement*, 147(4) DAEDALUS 61, 70 (Fall 2018), https://www.mitpressjournals.org/doi/pdf/10.1162/daed_a_00520 ("[T]he brain of people who experience extreme psychological stress (like those in solitary

Accounts of prisoners of war and hostages subjected to solitary confinement conditions bear out this research. Former Senator John McCain, who was held in isolation in Vietnam, described it as "crush[ing] your spirit and weaken[ing] your resistance more effectively than any other form of mistreatment."[39] Other American soldiers imprisoned in Vietnam characterized solitary confinement as "among the most serious problems" they faced.[40] Terry Anderson, an American journalist captured and held hostage in Lebanon for seven years, likewise reported that, after just weeks in isolation, his mind went "dead."[41] After three years in solitary confinement conditions, Anderson began slamming his head against a wall.[42] Later, he feared he would "lose control completely."[43] Unsurprisingly, solitary confinement is "frequently used as a component of torture."[44]

The adverse effects of solitary confinement conditions may persist for decades after prisoners are released into a less restrictive environment such as

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confinement) literally diminish in volume because the neural cells become shriveled.").

[39] RICHARD KOZAR, JOHN MCCAIN: OVERCOMING ADVERSITY 53 (Chelsea House Pub. 2002).

[40] John E. Deaton et al., *Coping Activities in Solitary Confinement of U.S. Navy POWs in Vietnam*, 7 J. APPLIED SOC. PSYCHOL. 239, 241 (1977).

[41] Atul Gawande, *Hellhole*, THE NEW YORKER (Mar. 30, 2009), http://www.newyorker.com/magazine/2009/03/30/hellhole.

[42] *Id*.

[43] *Id*.

[44] Haney, *A Systematic Critique*, *supra*, at 373 (collecting studies).

general population or the community.[45] For example, prisoners may continue to endure symptoms of post-traumatic stress and anxiety disorders, suffer from cognitive impairments and a pervasive sense of hopelessness, and experience lasting personality changes such as obsessive-compulsive disorder and emotional instability.[46]

Such psychological dysfunction may be disabling forever.[47] Because isolation can precipitate a transformation in emotion, conduct, personality, and cognition, those subjected to it may be permanently ill-suited to a less restrictive life, whether in prison or in the community.[48]

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[45] *E.g.*, Haney, *Restricting the Use*, *supra*, at 297; Terry A. Kupers, *The SHU Post-Release Syndrome: A Preliminary Report*, 17 CORRECTIONAL MENTAL HEALTH REPORT 81, 92 (March/April 2016).

[46] *E.g.*, Stanford Univ. Human Rights in Trauma Mental Health Lab, *Mental Health Consequences Following Release from Long-Term Solitary Confinement in California: Consultative Report Prepared for the Center for Constitutional Rights* 15-25 (2017), https://handacenter.stanford.edu/sites/default/files/publications/mental_health_consequences_following_release_from_long-term_solitary_confinement_in_california.pdf; Grassian, *Psychiatric Effects*, *supra*, at 353; NASA, *Long Duration Space Missions*, *supra*, at 43 (noting that "symptoms of anxiety, confusion, depression, suspiciousness and detachment from social interactions" often persist for decades after isolation is discontinued); Smith, *supra*, at 496 (collecting studies). Physical contact, too, may remain stressful long after isolation is removed. Craig Haney & Mona Lynch, *Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement*, 23 N.Y.U. REV. L. & SOC. CHANGE 477, 568 (1997).

[47] Haney, *Mental Health*, *supra*, at 137-41.

[48] Grassian, *Psychiatric Effects*, *supra*, at 332-33.

A handful of researchers have asserted that isolation is not dangerous.[49] These conclusions are at odds with the overwhelming scientific consensus that has established the significant harms caused by solitary confinement conditions. And for good reason: the outlier studies are predicated on fatally flawed methodologies.[50] Justice Breyer has it right: it is "well documented that . . . prolonged solitary confinement produces numerous deleterious harms." *Glossip v. Gross*, 135 S. Ct. 2726, 2765 (2015) (Breyer, J., dissenting).

C. The Damage Inflicted By Solitary Confinement Conditions Is Unique.

While incarceration is not conducive to optimal psychological and physiological health, research establishes that solitary confinement conditions are uniquely dangerous. Studies, both in the United States and abroad, consistently demonstrate that solitary confinement causes psychological and physiological damage that is extreme in comparison to the harms experienced by prisoners in general population.[51]

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[49] *See* Maureen L. O'Keefe et al., *Reflections on Colorado's Administrative Segregation Study*, 278 NAT'L INS. JUST. J. 1 (2017) [hereinafter "*Colorado Study*"]; Robert D. Morgan et al., *Quantitative Syntheses of the Effects of Administrative Segregation on Inmates' Well-Being*, 22 PSYCHOL. PUB. POL'Y & L. 439 (2016).

[50] *E.g.*, Haney, *A Systematic Critique*, *supra*, at 369-70; Stuart Grassian & Terry A. Kupers, *The Colorado Study vs. The Reality of Supermax Confinement*, 13 CORRECTIONAL MENTAL HEALTH REP. 1, 11 (2011).

[51] *E.g.*, Haney, *Restricting the Use*, *supra*, at 292-93; Kenneth Appelbaum, *American Psychiatry Should Join the Call to Abolish Solitary Confinement*, 43 J.

Suicide and self-mutilation are disproportionately high among prisoners in solitary confinement conditions.[52] Although prisoners in solitary confinement constitute only 2% to 8% of the United States prison population, they account for 50% of all suicides by prisoners.[53] For example, in a Maine prison, "almost every prisoner in the isolation unit had attempted suicide."[54] A national survey of jail suicides across a two-year period revealed that two-thirds of suicides were committed by detainees subjected to solitary confinement conditions, causing researchers to designate isolation one of three "key indicators of suicidal behavior."[55] Non-fatal self-mutilation statistics are no less dramatic. During an eight-year period, nearly half of all self-mutilation incidents in the North Carolina prison system occurred in solitary confinement.[56] In Virginia, the data is strikingly similar.[57] And in New York City jails, detainees in solitary confinement conditions were seven times more likely than those in general population to engage in self-

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AM. ACAD. PSYCHIATRY & L. 406, 410 (2015); Smith, *supra*, at 477; Bennion, *supra*, at 758 (citing Dorte Maria Sestoft et al., *Impact of Solitary Confinement on Hospitalization Among Danish Prisoners in Custody*, 21 INT'L J.L. & PSYCHIATRY 99, 103 (1998)).

[52] *E.g.*, Haney, *Restricting the Use*, *supra*, at 294 (collecting studies); Kupers, *Waiting Alone to Die*, *supra*, at 55; Grassian & Kupers, *supra*, at 1.

[53] *E.g.*, Grassian & Kupers, *supra*, at 1; Kupers, *Waiting Alone to Die*, *supra*, at 55.

[54] Haney & Lynch, *supra*, at 518.

[55] Lindsay M. Hayes & Joseph R. Rowan, *National Study of Jail Suicides: Seven Years Later*, 60 PSYCH. Q. 7, 23 (1989).

[56] Haney & Lynch, *supra*, at 525.

[57] *Id*.

mutilation.[58] Even data from the flawed Colorado Study showed higher rates of suicidal and self-destructive behavior among prisoners in solitary confinement than among a comparable population of prisoners not subjected to isolation.[59]

Prisoners consigned to solitary confinement conditions are also much more likely to suffer from mental illness than prisoners in general population. For example, researchers conducting a comprehensive examination of prisoners in Washington State concluded that mental illness was twice as common in solitary confinement.[60] Researchers in Denmark concluded that psychiatric disorders among prisoners in solitary confinement conditions for three months or more were three times more common than among prisoners in general population.[61] Even for solitary confinement stints shorter than three months, the disparity remained profound.[62] Numerous other studies have reached virtually identical conclusions.[63]

To be sure, prisoners with mental illness are more likely to be placed in solitary confinement conditions.[64] The disproportionate frequency of mental illness

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[58] *See* Homer Venters et al., *Solitary Confinement and Risk of Self-Harm Among Jail Inmates*, 104 AM. J. PUB. HEALTH 442, 445 (2014).
[59] *See* Grassian & Kupers, *supra*, at 7-8.
[60] Thomas Hafemeister & Jeff George, *The Ninth Circle of Hell*, 90 DENV. U. L. REV. 1, 46-47 (2012).
[61] Smith, *supra*, at 477-78.
[62] *Id*. (showing psychiatric disorders nearly doubled among prisoners relegated to solitary confinement for fewer than three months compared to those not in solitary conditions).
[63] *See* Hafemeister & George, *supra*, at 46-47; Smith, *supra*, at 477-78.
[64] *E.g.*, Haney, *Mental Health*, *supra*, at 142-43.

among prisoners in solitary confinement, however, cannot be attributed to preexisting mental illness alone. Rather, solitary confinement conditions result in "acute mental illness in individuals who had previously been free of any such illness."[65] In this respect, Justice Kennedy's admonition that isolation "will bring you to the edge of madness, perhaps to madness itself," is all too accurate. *See Ayala*, 135 S. Ct. at 2209 (Kennedy, J., concurring).

III. PRISONS, INCLUDING MAXIMUM CUSTODY GENERAL POPULATION UNITS, CAN BE SAFELY MANAGED USING LESS RESTRICTIVE HOUSING OPTIONS.

Faced with this damning research and concomitant first-hand observations of the deleterious effects of solitary confinement, corrections officials have an obligation to take meaningful steps to mitigate its use. In addition, corrections officials recognize that the use of solitary confinement conditions is unnecessary to safely and effectively manage general population units, including maximum security general population. Many state correctional officials who once relied on solitary confinement to run facilities "efficiently" have since turned to a range of successful solutions to drastically and permanently reduce the use of solitary confinement throughout their facilities: 1) reducing the number of prisoners housed in solitary confinement conditions; 2) providing rehabilitation that instills prosocial behaviors benefitting the prison as a whole; and 3) reducing the length of time

[65] *See* Grassian, *Psychiatric Effects*, *supra*, at 333.

prisoners spend in solitary confinement conditions.[66] In light of the widespread availability and success of these reforms, prison administrators can no longer assert a compelling interest in keeping prisoners, including general population prisoners, in solitary confinement conditions.

A. Solitary Confinement Did Not Reduce Violence Within Prison Systems But Did Raise Concerns About Harm To Prisoners.

Over a century ago, the United States abandoned solitary confinement as a failed experiment begetting mental illness rather than rehabilitation.[67] But in the 1980s, solitary confinement returned to America's prisons, partly in reaction to exploding prison populations.[68] Correctional officials believed they could pinpoint the "troublemakers" and the "worst of the worst" who most frequently engaged in violence and put them in isolation to restore order.[69] Officials expected removing prisoners from general population would reduce prison violence.[70] They were wrong.

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[66] *See* Gary C. Mohr & Rick Raemisch, *Restrictive Housing: Taking the Lead*, CORRECTIONS TODAY (2015), http://www.aca.org/aca_prod_imis/Docs/Corrections%20Today/2015%20Articles/March%202015/Guest%20Editorial.pdf.
[67] Bennion, *supra*, at 746-47.
[68] *Id.* at 747-50.
[69] Chad S. Briggs et al., *The Effect of Supermaximum Security Prisons on Aggregate Levels of Institutional Violence*, 41 CRIMINOLOGY 1341, 1341-42 (2006).
[70] *Id.* at 1342.

Unfortunately, even though the increased use of solitary confinement was "not associated with reductions in facility or systemwide misconduct and violence,"[71] isolation became an overused part of the correctional toolkit.[72] Punitive isolation became common for even minor offenses.[73] Inevitably, as the practice continued, studies showed "[p]risons with higher rates of restrictive housing had higher levels of facility disorder."[74] Psychologists demonstrated the social pathology caused by isolation led prisoners to "occupy this idle time by committing themselves to fighting against the system and the people that surround, provoke, deny, thwart, and oppress them."[75]

Attitudes about solitary confinement shifted. As shown above, research confirmed that prolonged solitary confinement causes extensive harm to people's mental and physical health.[76] Litigation highlighted the risks to prisoners in solitary confinement, particularly those with mental illnesses. *See, e.g.*, *Coleman v. Brown*,

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[71] B. Steiner & C.M. Cain, U.S. Dep't of Justice, *The Relationship Between Inmate Misconduct, Institutional Violence, and Administrative Segregation: A Systematic Review of the Evidence, Restrictive Housing in the U.S.: Issues, Challenges, and Future Directions* 165, 179 (2016).
[72] Erica Goode, *Prisons Rethink Isolation, Saving Money, Lives and Sanity*, N.Y. TIMES, March 11, 2012, at A1.
[73] Leon Digard et al., Vera Institute of Justice, *Rethinking Restrictive Housing: Lessons from Five U.S. Jail and Prison Systems* 15 (2018).
[74] Allen Beck, U.S. Dep't of Justice, *Use of Restrictive Housing in U.S. Prisons and Jails, 2011-12* 1 (2015), https://www.bjs.gov/content/pub/pdf/urhuspj1112.pdf.
[75] Haney, *Mental Health*, *supra*, at 140.
[76] Haney, *Restricting the Use*, *supra*, at 286.

28 F. Supp. 3d 1068, 1105 (E.D. Cal. 2014); *Jones'El v. Berge*, 164 F. Supp. 2d 1096 (W.D. Wis. 2001); *Madrid v. Gomez*, 889 F. Supp. 1146 (N.D. Cal. 1995). The United States Senate and several states commissioned studies of the impact of solitary confinement on prisoners and its effectiveness in managing violence.[77] Simultaneously, international condemnation of prolonged solitary confinement increased.[78]

Mindful of solitary confinement's harm to prisoners and its failure to reduce prison violence, twenty-one states and the federal government have undertaken broad solitary confinement reforms.[79] Seven states passed legislation restricting placement of prisoners with a mental illness in solitary confinement.[80] Sixteen

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[77] Eli Hager & Gerald Rich, *Shifting Away from Solitary: More states have passed solitary confinement reforms this year than in the past 16 years*, The Marshall Project (Dec. 12, 2014) https://bit.ly/1Bk0AJz; Press Release, The White House, *Fact Sheet: Department of Justice Review of Solitary Confinement* (Jan. 25, 2016), https://bit.ly/2YKCc5R; *ASCA-Liman 2018*, at 87-88.

[78] Juan E. Mendez (Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment), ¶¶ 79-101, U.N. Doc. A/66/268 (5 Aug. 2011), http://daccess-ods.un.org/access.nsf/Get?OpenAgent&DS=A/66/268&Lang=E; G.A. Res. 70/175, Rule 44, *United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules)* (Dec. 17, 2015); *see also Canadian Civil Liberties Assn. v. Canada (Attorney General)*, [2019] O.J. No. 1537, 2019 ONCA 243 (Can.); *British Columbia Civil Liberties Assn. v. Canada (Attorney General)*, [2018] B.C.J. 53, 2018 BCSC 62 (Can.).

[79] Hager & Rich, *supra*; *ASCA-Liman 2018*, at 87-88.

[80] Those states are Colorado, Massachusetts, Nebraska, Nevada, New Mexico, New York, and Texas. National Conference of State Legislatures, Administrative Segregation: State Enactments: January 2018 (2018), https://bit.ly/2YJabvK [hereinafter "*State Enactments*"]; Andrew Oxford, *Gov. Lujan Grisham signs*

states passed legislation intended to limit the use of solitary confinement, and many more reformed correctional policies to reduce solitary confinement.[81] The ACA published standards designed to limit the use of solitary confinement, including prohibiting the placement of people with serious mental illness in long-term solitary confinement.[82] In 2016, a report published by the ACSA and the Arthur Liman Center for Public Interest Law at Yale Law School captured the growing tendency toward reform: "Instead of being cast as the solution to a problem, restricted housing has come to be understood by many as a problem in need of a solution."[83]

B. Limiting The Use Of Solitary Confinement Has Reduced Violence Within Prisons And Improved Safety For Corrections Officers.

Over one-third of states have initiated restrictions on the use of solitary confinement. Nine states—Colorado, Idaho, Maine, Mississippi, Nebraska, North Carolina, North Dakota, Oregon, and Washington—report system-wide reforms, reducing the estimated population of prisoners in solitary confinement conditions from nearly 100,000 to approximately 61,000 in just four years.[84] Colorado reports reducing its population of prisoners in long-term solitary confinement from seven

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criminal justice legislation, SANTA FE NEW MEXICAN, Apr. 3, 2019, https://bit.ly/2JyTAqL; Hager & Rich, *supra*.

[81] *State Enactments, supra*.

[82] *ACA Standards*, *supra*, 5-4B-0031.

[83] *ASCA-Liman 2016*, *supra*, at 15.

[84] *ASCA-Liman 2018*, *supra*, at 4-7, 10.

percent of the prison population to one percent.[85] In reforming states, prisoners who remain in solitary confinement now reportedly stay for days, not years, in compliance with ACA standards.[86] These states transformed their prisons by reducing the number of prisoners sent to solitary confinement, initiating prosocial training for prisoners in temporary isolation, and reducing the length of time prisoners spend in solitary confinement conditions.

Putting prisoners into solitary confinement did not reduce violence in prisons, and the corollary also proved true: Releasing prisoners from solitary confinement did not increase violence. Instead, reforms limiting the use of solitary confinement conditions resulted in a dramatic *decrease* in prison violence.[87] In Mississippi, "the number of incidents requiring use of force plummeted . . . Monthly statistics showed an almost seventy percent drop in serious incidents, both

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[85] Marie Gottschalk, *Staying Alive: Reforming Solitary Confinement in U.S. Prisons and Jails*, 125 YALE L.J. FORUM 253, 263 (Jan. 15, 2016), https://bit.ly/2X1vdVR.

[86] *See, e.g.*, *ACA Standards*, 5-4B-0008.

[87] *See, e.g.*, Marc A. Levin, Esq., *Testimony Before the U.S Senate Judiciary Subcommittee on The Constitution, Civil Rights and Human Rights* 3 (February 25, 2014), https://bit.ly/2Mdmgbg; Rick Raemisch, remarks at Vera Institute of Justice, *Webinar: Rethinking Restrictive Housing: What's Worked in Colorado?* (Sept. 17, 2018), https://bit.ly/2VXdpPh [hereinafter "*Raemisch Remarks*"]; *Focused Deterrence Initiatives to Reduce Group Violence in Correctional Facilities: A Review of Operation Workplace Safety and Operation Stop Violence*, ACA 2018 Winter Conference Seminar (2018) 18-23 (on file with counsel) [hereinafter "*Deterrence*"].

prisoner-on-staff and prisoner-on-prisoner."[88] Similar broad measures of violence in the Colorado prison system decreased by approximately 80 percent post-reforms, and prisoner-on-staff assaults decreased by nearly 50 percent.[89] In North Dakota, extreme incidents such as suicide attempts and cell flooding used to occur three or more times every week in solitary; after dramatic reductions in the use of solitary confinement, they now occur only a few times each year.[90] In Maine, barely a year after launching solitary confinement reforms, prison officials reported "substantial reductions in violence" and other uses of force and restraint.[91] And in Washington, officials observed a 50 percent drop in assaults against staff, the use of weapons, and fights in just the first year following adoption of solitary confinement reforms and a group violence deterrence strategy.[92] Between 2014 and

[88] Terry Kupers et al., *Beyond Supermax Administrative Segregation: Mississippi's Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs*, 36 CRIM. JUST. & BEHAVIOR 1037, 1043 (2009).
[89] *Raemisch Remarks*, *supra*.
[90] Cheryl Corley, *North Dakota Prison Officials Think Outside the Box to Revamp Solitary Confinement*, NPR Morning Edition (July 31, 2018, 5:01 a.m.), https://n.pr/2vlYbTL.
[91] Levin, *supra*, at 3.
[92] Dan Pacholke & Sandy Felkey Mullins, U.S. Dep't of Justice, *More Than Emptying Beds: A Systems Approach to Segregation Reform* 1, 5 (2016), https://bit.ly/2MdmuiC; *see generally*, TERRY ALLEN KUPERS, SOLITARY: THE INSIDE STORY OF SUPERMAX ISOLATION AND HOW WE CAN ABOLISH IT 171-211 (Univ. of Calif. Press 2017).

2017, violent incidents in two high-security Washington prisons decreased by nearly 60 percent and prisoner-on-staff assaults decreased by nearly 90 percent.[93]

C. There Are Proven, Effective Strategies Available To Reduce The Use of Solitary Confinement.

Recognizing solitary confinement does not reduce prison violence, prison officials developed strategies to reduce the influx of prisoners into isolation, including deterring the violent acts that resulted in solitary confinement placement, eliminating punitive isolation for minor infractions, and creating alternative housing for prisoners who need mental health treatment or protective custody.[94]

Prison officials began reforms by evaluating who was put in solitary confinement and why. Staff shortages or administrative convenience were frequently reasons used to justify housing prisoners in solitary confinement conditions.[95] Officials also discovered that rather than housing "the worst of the worst," isolation cells often were filled with people who were simply disruptive, had mental illness, or sought protective custody.[96] The first ASCA-Liman report revealed "the criteria for entry [into solitary confinement] were broad, as was the discretion accorded correctional officials when making individual decisions about

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[93] *Deterrence*, *supra*.
[94] Digard, *supra*, at 28-29.
[95] Sharon Shalev, *Solitary Confinement as a Prison Health Issue*, World Health Org. Guide to Prisons and Health (2014), *available at* https://bit.ly/2K7I2ue.
[96] Hans Toch & Terry Kupers, *Violence in Prisons, Revisited* 45.3 J. OFFENDER REHABILITATION 1, 18 (2007); Digard, *supra*, at 15.

placement."[97] Self-reports from correctional departments indicated "[l]ow-level nonviolent offenses were among the most common infractions to result in disciplinary segregation sanctions," and in many states, a significant percentage of prisoners in solitary confinement had been diagnosed with a mental illness.[98] Prisoners who "disrupted the efficient running of an institution" were isolated to make institutional management easier on staff.[99]

Solitary confinement may have been more convenient in the short-term but it delayed or exacerbated problems in the long-term.[100] Reforming states now withhold privileges from people who commit less serious infractions instead of sending them to solitary confinement.[101] Officials reserve solitary confinement for prisoners who "pose a serious threat to the safety of others," and "only when a less-restrictive setting is not sufficient."[102]

States also reduced the influx of prisoners into solitary confinement by creating alternative housing for prisoners who need mental health treatment and/or protective custody. Several states—including Colorado, Massachusetts, Nebraska,

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[97] Ass'n of State Corr. Adm'rs & Liman Ctr. for Pub. Interest L. at Yale L. Sch., *Time-In-Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison* i (2015).
[98] Digard, *supra*, at 15; *ASCA-Liman 2016*, *supra*, at 50.
[99] Rick Raemisch, *Why We Ended Long-Term Solitary Confinement in Colorado*, N.Y. TIMES, Oct. 13, 2017, at A25.
[100] Rick Raemisch, *My Night in Solitary*, N.Y. TIMES, Feb. 21, 2014, at A25.
[101] Digard, *supra*, at 31-32.
[102] *Id*. at 32.

New Mexico, New York, and Texas—passed legislation restricting the isolation of prisoners with serious mental illness, with New Mexico also excluding any prisoner who exhibits self-injurious or suicidal behaviors.[103] These states, along with Arizona, Mississippi, North Carolina, North Dakota, Pennsylvania, Virginia, Washington, and the federal government, report creating policies for housing prisoners with mental illness in ways that do not exacerbate their illnesses.[104] Reforming states report implementing screening policies to ensure vulnerable people are not placed with people known to be violent.[105] "Innovations by an increasing number of jurisdictions now demonstrate that agencies can safely reduce their use of segregation . . . by removing vulnerable, nonviolent individuals from segregation and considering alternative strategies as an initial response for those screened at risk of sexual victimization or abusiveness."[106]

CONCLUSION

In light of the correctional norms regarding conditions for general population prisoners, the severe harm inflicted by solitary confinement conditions, and the ready alternatives to the use of solitary confinement, we urge this Court to

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[103] *State Enactments*, *supra*; Oxford, *supra*; *Hager & Rich*, *supra*.
[104] *Hager & Rich*, *supra*; U.S. DEP'T OF JUSTICE, REPORT AND RECOMMENDATIONS CONCERNING THE USE OF RESTRICTIVE HOUSING 48-49 (2016), https://www.justice.gov /archives/dag/file/815551/download.
[105] Allison Hastings et al., National PREA Resource Center, *Keeping Vulnerable Populations Safe under PREA: Alternative Strategies to the Use of Segregation in Prisons and Jails* 7-8 (2015).
[106] *Id.* at 18-19.

uphold the District Court's requirement for out-of-cell time for class members in general population.

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Respectfully submitted,

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Jennifer Wedekind

Counsel for Amici Curiae

APPENDIX A: BIOGRAPHIES OF *AMICI CURIAE*

Kathleen Dennehy worked for the Massachusetts Department of Corrections for more than 30 years, serving as Commissioner from 2004 until 2007. She is currently a correctional expert and consultant, and a monitor for the Department of Justice.

Martin F. Horn served as Secretary of Corrections of Pennsylvania from 1995 to 2000. He also served as Commissioner of the New York City Departments of Corrections and Probation for seven years. Horn has also served as Executive Director of the New York State Sentencing Commission.

Steve J. Martin is the former General Counsel/Chief of Staff of the Texas prison system and has served in gubernatorial appointments in Texas on both a sentencing commission and a council for offenders with mental impairments. He coauthored *Texas Prisons: The Walls Came Tumbling Down*, and has written numerous articles on criminal justice issues.

Gary Mohr is currently the President of the American Correctional Association, the largest corrections accrediting body in the United States. He has more than 40 years of correctional experience, including as the director of the Ohio Department of Rehabilitation and Correction (ODRC), the deputy director and superintendent of the Ohio Department of Youth Services, the deputy director of

administration for ODRC, and the deputy director for the ODRC Office of Prisons. Mr. Mohr signs this brief in his individual capacity.

Richard Morgan was appointed Secretary of the Washington State Department of Corrections in 2016. He also was appointed to Washington State's Parole Board and elected to the Walla Walla City Council, and he has served on the Board for the Washington State Coalition to Abolish the Death Penalty since 2012. Mr. Morgan is currently a consultant and expert witness on matters of correctional policy and operations.

Phil Stanley is the former Commissioner of the New Hampshire Department of Corrections, reporting directly to the Governor. His 42-year career in corrections includes terms as Director of Correctional Institutions, Regional Administrator, Probation Officer, and Youth Correctional Officer. He is currently a consultant for jail operations.

Richard Subia is a former Director of the California Department of Corrections and Rehabilitation, a senior position within one of the largest correctional systems in the United States. Subia served in the Department for 26 years. He is now the President of Subia Consulting Services, Inc., through which he offers his expertise in correctional operations, oversight, and rehabilitative programming. He has served as an expert witness for a variety of correctional issues in numerous state and federal court cases.

Roger Werholtz served as the Secretary of Corrections of Kansas from 2002 until his retirement in 2010. He also served as the Deputy Secretary of Corrections of Kansas. He has supervised all three divisions of the Kansas Department of Corrections: Community and Field Services, Programs and Staff Development, and Facilities Management. He has community mental health experience and served on the Governor's Mental Health Services Planning Council. He also served as the Midwest Regional Representative on the Executive Committee of the ASCA. He is the recipient of the 2009 Michael Franke Award, given in recognition of outstanding correctional administration.

Jeanne Woodford is a former Undersecretary of the California Department of Corrections and Rehabilitation. She has more than 30 years of experience in corrections and law enforcement, including as a correctional officer and Warden of San Quentin State Prison. After her retirement from the Department, she taught at Berkeley and Hastings Law Schools and Stanford University's Continuing Studies Program.