

The High Cost of Solitary Confinement



SB 176 – SOLITARY CONFINEMENT – IDENTIFIED POPULATIONS

Sponsored by Senator Morgan Carroll and Representative Claire Levy

Solitary Confinement, also known as administrative segregation, is the custody level assigned to an inmate where he or she is isolated from the general prison population and housed in a single-cell for up to 23 hours per day with severely restricted out-of-cell activities. Over the past 12 years, placement into solitary confinement has nearly tripled for inmates with developmental disabilities or mental health issues. **Currently, 37% of inmates in solitary confinement are prisoners with developmental disabilities or mental health needs.**ⁱ In contrast, in 1999 fifteen percent of inmates in solitary confinement were mentally ill.ⁱⁱ This drastic growth is largely attributed to significant budget cuts targeting prison services leaving solitary confinement as the default placement for many inmates with developmental disabilities or mental health care needs.

HIGH COSTS

The choice to continually place offenders with mental health issues or developmental disabilities into solitary confinement has simultaneously increased costs for incarceration, increased recidivism rates, and reduced public safety.

The two largest populations of prisoners in administrative segregation are housed in Centennial Correctional Facility and Colorado State Penitentiary, where the state is forced to bear the cost of \$48,403 and \$42,642 respectively per inmate annually.ⁱⁱⁱ Similarly situated facilities based on population size and security level, Limon and Sterling Correctional Facilities, spend only \$27,709 and \$26,918 respectively per inmate annually.^{iv} **The increased cost to maintain a prisoner in solitary confinement can range from \$14,933 to \$21,485 per inmate every year.**

SOLITARY CONFINEMENT FACTS

1,407 people: Current inmate total

23 hours: Daily isolation in cell

16 months: Average length of stay

\$48,403: Annual cost per inmate in Centennial Correctional Facility

Colorado Department of Corrections,
accessed January 18, 2011

Further, **nearly 41% of all prisoners released from solitary confinement are released directly into the community** either on discretionary parole (8%), mandatory parole (20%), or as a result of discharging their sentence (13%) in which they are released without any parole supervision.^v These prisoners are not given the ability or time to readjust to human interaction with the general prison population, and thus have very limited success reintegrating into their communities at home.

Two-thirds of prisoners who were released directly from solitary confinement to the streets returned to prison within 3 years, while **inmates who transitioned from solitary confinement into the general prison population before community re-entry experienced a 6% reduction in their comparative recidivism rate** for the same time period.^{vi}

In addition to the financial and human costs associated with the practice of solitary confinement, the United States of America has a long-standing moral objection to its use in the correction system. From the earliest days of American penitentiaries, dating back to

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Philadelphia in 1829, the use of solitary confinement has been widely denounced as an immoral tactic that undermines the innate human need for social interaction and works against the core goal of rehabilitation for correction institutions.

The decline of mental health services in the Department of Corrections, in conjunction with the conscious choice to continually place offenders with mental health issues or developmental disabilities into solitary confinement, has created a substantial financial burden for the state, exacerbated the severe human costs for prisoners with mental illness and their communities, and marred Colorado with reputation that defies our national legacy of opposition to solitary confinement.

In response to how history will judge Colorado's use of solitary confinement:

"Twenty, thirty, fifty years from now, they may be looking back at us and saying that wasn't a great answer, a great response, we should have known better."

– Colorado State Penitentiary Warden Susan Jones

Denver Post, November 07, 2010

EFFICIENCY, ACCOUNTABILITY & SAFETY

As drafted, this legislation proposes to fix the high cost of solitary confinement by:

- Creating an evaluation process for prisoners with developmental disabilities or serious mental illness, while maintaining the warden's ability to restrict the confinement of any person who is a confirmed security risk;
- Ensuring all inmates placed in solitary confinement are reintegrated into the general prison population before their community release to mitigate cost and public safety issues;
- Allowing an inmate housed in solitary confinement the opportunity, based on proof of lack of disciplinary incidents, to accrue earned time to be deducted from his or her sentence and redirecting all cost savings into alternatives to solitary confinement, including mental and behavioral health programs; and,
- Strengthening existing accountability oversight to ensure mental health is considered before and during placement in solitary confinement.

COALITION MEMBERS

ACLU of Colorado
Colorado Criminal Justice Reform
Coalition
Colorado CURE

Mental Health America of Colorado
University of Denver Civil Rights Clinic
Colorado Criminal Defense Bar

ⁱ O'Keefe, Maureen L. (2008), "Administrative Segregation for Mentally Ill Inmates," *Journal of Offender Rehabilitation*, 45:1, 149-165 at 155 and 157

ⁱⁱ O'Keefe, Maureen L. (2005), "Analysis of Colorado's Administrative Segregation," Colorado Department of Corrections at 29.

ⁱⁱⁱ (2010), "Cost Per Offender By Facility FY 2009-2010," Colorado Department of Corrections, accessed January 18, 2011.

^{iv} *ibid*

^v O'Keefe, Maureen L. (2005), "Analysis of Colorado's Administrative Segregation," Colorado Department of Corrections at 23.

^{vi} *ibid* at 25.