



SOLITARY

CONFINEMENT
IN NEW MEXICO



A REVIEW OF POLICIES,
PRACTICES, & INMATE
EXPERIENCES IN ISOLATION

ACLU
New Mexico

Solitary Confinement in New Mexico:
A Review of Policies, Practices, and Inmate Experiences in
Isolation

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I. Executive Summary/Highlights

While there is no universally agreed upon definition of solitary confinement, international organizations and national studies have defined this practice as “separating prisoners from the general population and holding them in their cells for *22 hours per day or more*, for 15 or more continuous days.” In the past decade, the unrestricted use of solitary confinement has gained national and international attention as hundreds of thousands of prisoners around the world have been placed in isolated housing. Studies have estimated that around 80,000 people are in solitary in U.S. prisons.

In recent years, the state of New Mexico has been nationally recognized for being one of the US states with the highest rates of inmates in solitary confinement according to the 2016 ASCA-Liman Report, which estimated that about 9 percent of the inmate population in New Mexico was in solitary confinement. While there have been significant attempts to regulate the use of solitary confinement in state-run facilities, no state-wide policy has been enacted to address the challenges and side consequences of solitary confinement in New Mexico such as recent lawsuits and settlements about the lengthy and harsh use of solitary confinement in local jails, suicides and health deterioration of inmates placed in solitary confinement in state-run facilities, and increasing awareness and scrutiny of the high rates of solitary confinement of New Mexico when compared to other US states.

This report provides an analysis and evaluation of the current state of solitary confinement in New Mexico. Through an extensive policy review, collection of public documents, and interviews and surveys conducted to inmates that have been placed in solitary confinement, we found the following:

Solitary Confinement in New Mexico: Policies, Practices and Numbers

- Policies and procedures from the New Mexico Corrections Department do not have specific definitions of solitary confinement and have multiple and constantly-changing terms that refer to the practice of solitary confinement.
- There is a lack of uniform policies, practices and procedures on the use of solitary confinement, along with significant limitations on the data collection from the state, which pose a threat to information transparency and institutional accountability related to one of the most vulnerable populations in New Mexico.
- We find significant gaps among the rates of solitary confinement calculated by NMCD and our calculations; this occurs because calculations from NMCD have failed to include several security levels and steps in different programs that meet the characteristics of solitary confinement or segregated housing.
- There are significant gaps between the use of solitary confinement calculations from NMCD and those of this report:
 - NMCD reported that the solitary confinement rate **across all facilities** in January 2010 was about 17 percent, whereas our calculations reveal that the rate in the same period was 22 percent;
 - Calculations from NMCD have yielded that the rate of solitary confinement in September 4, 2018 was about 4 percent across all facilities whereas our calculations indicate a rate of about 9 percent on the same date;
 - The greatest reporting gap between NMCD and this study occurs in the Penitentiary of New Mexico (PNM), the facility that houses the highest security classification of offenders in the state.
- Regardless of the significant disparities across calculations from this report and those conducted by NMCD, the rate of solitary confinement in the state has decreased across the years, presumably because of increasing public awareness, national scrutiny, and recent policy changes and revisions of existing policies.
- One of the most significant recent policy changes has been the creation of the Predatory Behavior Management Program (PBMP) at PNM in 2015. PBMP is a “behavioral based program for inmates requiring enhanced supervision,” comprised of four steps, which range from evaluation (step 1), which is the most restrictive step, to re-integration (step 4), in which inmates are prepared to return to the general population. Each step has minimum periods of assignment.
- ***Based on our examination of policies, inmates placed in PBMP spend a minimum of 240 days –the equivalent of eight months– in conditions of solitary confinement.***

First-Hand Experiences: Results from Inmate Survey and Interviews on the Use of Solitary Confinement in New Mexico

- 4 a.m. shower times conflict with recreation time, forcing inmates to choose between personal hygiene and recreation.

- Participants also reported that if they are not up prior to their scheduled recreation time, as early as 4 a.m., and ready to present to prison guards that they are ready to go out for recreation, then they can miss out on their recreation time for that day.
- NMCD officer observation Procedure [4-4255] requiring routine 30-minute observations by a correctional officer while in administrative segregation is largely not followed, as reported by 81 percent of participants.
- Recreation policies are not followed: 94 percent of participants report recreation cancellation, and 72 percent reveal cancellation either 2 to 3 times a week or daily.
 - Participants also report that it is common practice for prison guards to offer sack lunches or hygiene products in place of taking them out for their recreation time. This is known as “trading” recreation time.
- Roughly 90 percent of participants report a mental health diagnosis.
- Participants are approximately two times more likely to report great dissatisfaction with the physical (46%) and mental health care (47%) physicians than care from nurses (25%) and the dentist (28%).
- 66 percent of participants feel they do not have adequate access to mental health services, and 79 percent indicate they do not receive timely follow-ups for their mental health condition.
- 91 percent or more of participants reported that they experience feelings of loneliness, anxiety, depression, and sleep disturbances.
- On occasion, inmates are housed in solitary confinement without formal documentation or a review board decision of segregated housing placement and are often not notified of their right to appeal.
- Participants report that the name of the Predatory Behavior Management Program is demeaning in and of itself, creates low morale among inmates, and sends the wrong message to society that their incarceration may be related to a sex crime.

Policy Recommendations Based on Data Collection and Inmate Experiences

- Revisiting the use and practices of solitary confinement in state-run facilities
- Reassessing the use of solitary confinement on vulnerable populations such as juveniles and inmates diagnosed with mental health conditions; and
- Increasing institutional transparency and accountability through biannual reports that reveal general treatment of and information about inmates in solitary confinement, such as living conditions and length that inmates are in isolation, as well as demographic characteristics of inmates (e.g., age, levels of educational attainment, ethno-racial background, health status).

II. Introduction

The use of solitary confinement³ in correctional facilities has been a prominent topic of debate at both the national and international levels. Solitary confinement is broadly defined as the practice of “separating prisoners from the general population and holding them in their cells for 22 hours per day or more” for various purposes including disciplinary segregation, protective custody, and administrative segregation. The publication of a report from the United Nations Special Rapporteur on Torture in 2011 raised awareness of the conditions that inmates in solitary confinement across the world experience, including length of isolation and severe side effects such as mental and health problems.⁴ Since then, countries across the world, including the United States, have actively looked into the use and practices of solitary confinement in correctional facilities.

The use of solitary confinement is present in every state in the United States, including New Mexico.⁵ While most US states have attempted to reform practices and

³ Correctional facility policies across the US –and even globally– use different terms to refer to solitary confinement, including “administrative close supervision,” “administrative confinement,” “administrative maximum,” “administrative segregation,” “behavior modification,” “departmental segregation,” “inmate segregation,” “intensive management,” “locked unit,” “maximum control unit,” “restricted housing,” “security control,” “security housing unit,” “segregated housing,” “special housing unit,” and “special management.” See Metcalf et al, “Administrative Segregation, Degrees of Isolation, and Incarceration,” June 25, 2013 for a complete list of these terms.

⁴ United Nations News, “Solitary confinement should be banned in most cases, UN expert says.” October 18, 2011, <https://news.un.org/en/story/2011/10/392012-solitary-confinement-should-be-banned-most-cases-un-expert-says>

⁵ Association of State Correctional Administrators (ASCA) and the Arthur Liman Public Interest Program, “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,” November 21, 2016, <https://law.yale.edu/system/files/area/center/liman/document/aimingtoeducetic.pdf>

policies on solitary confinement, there are still thousands of prisoners held in isolation.⁶ In New Mexico, there have been recent policy changes such as the creation of the Predatory Behavior Management Program (PBMP) in 2015 and the revision of policies dealing with inmates housed in the highest security levels.⁷ Regardless of these changes, there have been serious incidents with inmates in solitary confinement in New Mexico, including settlements costing millions of dollars and the lives of inmates who have committed suicide while in segregation.⁸ For this reason, it is important to raise awareness of the current status of inmates housed in solitary confinement in New Mexico.

⁶ Association of State Correctional Administrators (ASCA) and the Arthur Liman Public Interest Program, “Time-In-Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison,” August 31, 2015, https://law.yale.edu/system/files/documents/pdf/asca-liman_administrative_segregation_report_sep_2_2015.pdf.

This report revealed that in any given day, there are about 80,000 people held in solitary confinement.

⁷ New Mexico Corrections Department, *CD-141000 Predatory Behavior Management Program (PBMP)*, issued on January 11, 2016 and revised on December 8, 2016; New Mexico Corrections Department, *CD-143000 Prison Security Levels V and VI*, issued April 30, 2001 and revised on June 24, 2014; New Mexico Corrections Department, *CD-180500 APA Behavioral Health and Related Services for Special Management Inmates*, issued on December 9, 2002 and revised on August 22, 2018; New Mexico Corrections Department, *CD-141600 Special Management Population*, issued on January 11, 2016 and revised on December 8, 2016; etc.

⁸ Hudetz, Mary, “Solitary confinement suits cost NM counties millions,” *Las Cruces Sun News*, March 6, 2017, <https://www.lcsun-news.com/story/news/local/new-mexico/2017/03/06/solitary-confinement-suits-cost-nm-counties-millions/98817624/>; Ramirez, Chris, “Two inmates commit suicide within hours of each other at NM prison,” *KOB 4 Eyewitness News*, December 7, 2018, <https://www.kob.com/investigative-news/two-inmates-commit-suicide-within-hours-of-each-other-at-nm-prison/5172048/>; Armas, Marissa, “Woman’s son commits suicide in solitary confinement, now she hopes lawmakers will change policies,” *KOAT Action News*, January 31, 2019, <https://www.koat.com/article/new-mexicos-high-solitary-confinement-numbers-cause-worry-for-some/26093920>; Edge, Sami, “Lawsuit says prison failed to care for man who killed himself,” *Santa Fe New Mexican*, January 16, 2019, http://www.santafenewmexican.com/news/local_news/lawsuit-says-prison-failed-to-care-for-man-who-killed/article_7fba7391-6cdc-5296-95dd-62e80e2d6400.html

The main purpose of this report is to examine the use of solitary confinement in the state of New Mexico. To do so, we conducted an extensive review of policies, guidelines and procedures for inmates placed in solitary confinement, as well as Designated Special Control Units, which house inmates in the highest prison security levels.⁹ We also conducted a survey among inmates placed in solitary confinement in state-run facilities to examine whether their housing and living conditions match those from existing policies. Additionally, we conducted a series of Inspection of Public Record Act (IPRA) requests to examine the rates of solitary confinement provided by state officials, which have raised concerns by revealing significant variations between New Mexico Correction Department (NMCD) public statements about the rate of solitary confinement and our findings.¹⁰ Finally, we compared the rates of solitary confinement across several states to understand how New Mexico ranks nationally. With this information, this report aims to not only provide a clear understanding of the use and conditions of solitary confinement in New Mexico, but also to serve as a point of departure and dialogue for adequate policies and treatment of one of the most vulnerable groups of people in New Mexico.

The report begins with an overview of solitary confinement in Section 3, which (1) provides the historical context and definitions of solitary confinement from different organizations, (2) goes over a comparison of the use of solitary confinement within the United States, (3) reviews literature on the effects of solitary confinement among the general and vulnerable populations, and (4) provides an overview of the importance of

⁹ NMCD *CD-143000 Prison Security Levels V and VI*

¹⁰ See Section 4.3 “Rates of Solitary Confinement: NMCD and Authors’ Calculations,” for more information about the different rates of solitary confinement reported by NMCD staff across the years.

institutional transparency within the criminal system for vulnerable inmate populations. Next, Section 4 explores the use of solitary confinement in the State of New Mexico, (1) providing a definition of solitary confinement that is suitable for the data that NMCD collects,¹¹ (2) examining the rates of solitary confinement based on existing policies and procedures of NMCD, (3) revealing trends in the experience of inmates recently placed in solitary confinement, and (4) going over the Predatory Behavior Management Program, which was established in 2015 “for inmates requiring enhanced supervision.”¹² Section 5 provides an overview of recent policy changes on the use of solitary confinement from multiple states such as Colorado, North Dakota, Ohio, South Carolina and Utah. Finally, the last section of the report goes over policy recommendations based on the information obtained from this study, including (1) revisiting the definition and use of solitary confinement in the state, (2) the treatment of vulnerable populations in solitary confinement such as inmates diagnosed with mental illnesses, and (3) increasing institutional transparency of the use of solitary confinement through regular and consistent reports.

III. Solitary Confinement in the United States

3.1 Overview of Solitary Confinement

¹¹ As Section 4.1 states, “the information provided by NMCD does not allow identifying whether prisoners have been in restricted conditions for more or less than the 15-day standard” because NMCD only collects information on a daily basis rather than temporal reports that account for the length of placement in solitary confinement by inmate

¹² NMCD *CD-141000 Predatory Behavior Management Program (PBMP)*

The history of the use of solitary confinement can be traced as far back as the Middle Ages,¹³ but its use became widely common with the rise in the number of modern penitentiaries during the first half of the nineteenth century across European countries and the Americas.¹⁴ In these regions, solitary confinement was a model in which inmates would spend the entire day alone, within the limit of their cells. It was used for either rehabilitation purposes, so that inmates would reflect on their transgressions against others, or as practice to substitute death penalty, limb amputations and others penalties prevalent in the 1800s against the most dangerous inmates.¹⁵ While the use and practices of solitary confinement have evolved over time, studies have shown that countries around the world, including the United States, continue to use this practice extensively.¹⁶

While there is no universally agreed upon definition of solitary confinement, there have been several international attempts to identify what constitutes the practice of solitary confinement. One of the most recent and significant efforts occurred in December 2015, when the United Nations General Assembly unanimously adopted the United Nations Standard Minimum Rules for the Treatment of Prisoners, also known as

¹³ Smith, Peter Scharff, "The effects of solitary confinement on prison inmates: A brief history and review of the literature," *Crime and justice* 34, no. 1 (2006): 441-528; Peters, Edward M., "Prison before the Prison," in *The Oxford History of the Prison*, edited by Norval Morris and David J. Rothman, Oxford University Press. The authors state that the use of solitary confinement may have originated during the Middle Ages through the monastic practice of imprisonment called *muris strictus* or "close confinement."

¹⁴ Smith, "The effects of solitary confinement on prison inmates: A brief history and review of the literature," 441-528.

¹⁵ Mendez, Juan E., "Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment," *United Nations General Assembly*, September 2016, https://www.weil.com/~media/files/pdfs/2016/un_special_report_solitary_confinement.pdf

¹⁶ Ibid

the **Nelson Mandela Rules**.¹⁷ The Rules defined the general practice of solitary confinement as “the confinement of prisoners for 22 hours or more a day without meaningful human contact,” whereas *prolonged* solitary confinement was described as “solitary confinement for a time period in excess of 15 consecutive days.”¹⁸ The Mandela Rules also called for the prohibition of *indefinite* solitary confinement,¹⁹ a practice that occasionally occurs as a result of ambiguous policies or disregarded policy implementation,²⁰ and stated that solitary confinement “shall be used only in exceptional cases as a last resort, for as short a time as possible and subject to independent review.”²¹

International institutions have also considered the use of solitary confinement on vulnerable populations such as inmates with physical and mental health problems, as well as women and children. The Mandela Rules outlined specific guidelines for these populations, stipulating that “solitary confinement should be *prohibited* in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures.”²² Regarding children and juveniles, as well as pregnant and breastfeeding women, the Rules provided that these populations should not be held in

¹⁷ United Nations Office on Drugs and Crime (UNODC), “United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),” December 17, 2015, https://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf.

¹⁸ UNODC, “United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),” Rule 44, page 14

¹⁹ UNODC, “United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),” Rule 43, page 13

²⁰ Lobel, Jules. “Prolonged solitary confinement and the Constitution.” *U. Pa. J. Const. L.* 11 (2008): 115.

²¹ UNODC “United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),” Rule 45, page 14

²² *Ibid*

solitary confinement.²³ Similarly, the European Court of Human Rights (ECtHR) has declared that the use of solitary confinement among inmates suffering from severe mental and physical health problems is unlawful, as it violates the Article 3 of European Convention on Human Rights.²⁴ ECtHR follows The United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders, also known as the Bangkok Rules, stipulating that “pregnant women, women with infants and breastfeeding mothers in prison” must be excluded from solitary confinement.²⁵

Within the United States, there is no agreed upon definition of solitary confinement as the use and guidelines of isolated housing vary state by state. Most state level policies place inmates in isolated housing for three different purposes: (1) to protect inmates from particular threats (a.k.a. protective custody); (2) to impose sanctions for a discrete act (a.k.a. punitive or disciplinary segregation); or (3) to control inmates that may pose risks for the general inmate population (a.k.a. administrative segregation).²⁶

²³ UNODC “United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules),” Rule 45; United Nations Human Rights Office of the High Commissioner, “United Nations Rules for the Protection of Juveniles Deprived of their Liberty,” adopted on December 14, 1990, Rule 67

<https://www.ohchr.org/en/professionalinterest/pages/juvenilesdeprivedofliberty.aspx>; United Nations Office on Drugs and Crime, “United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary, March 16, 2011, Rule 22, https://www.unodc.org/documents/justice-and-prison-reform/Bangkok_Rules_ENG_22032015.pdf

²⁴ European Court of Human Rights case *Kucheruk v. Ukraine* on September 6, 2007

²⁵ European Committee on Crime Problems (CDPC), “Revised Commentary to Recommendation CM/REC (2006)2 of the Committee of Ministers to Member States on European Prison Rules,” May 22, 2018, page 45, <https://rm.coe.int/pc-cp-2018-1-e-rev-2-epr-2006-with-changes-and-commentary-22-may-2018/16808add21>

²⁶ Metcalf, Hope, Jamelia Morgan, Samuel Olikier-Friedland, Judith Resnik, Julia Spiegel, Haran Tae, Alyssa Work, and Brian Holbrook, “Administrative Segregation, Degrees of Isolation, and Incarceration: A National Overview of State and Federal Correctional Policies,” June 25, 2013,

Most states separate inmates in solitary confinement, placing them in cells for nearly all day long, typically between 22 and 23 hours.²⁷ A report from Metcalf and colleagues²⁸ found that administrative segregation across US states is generally long-term, with significant variations ranging from “not fixed” periods, “either indefinite or renewable” time, and in some cases established to last 30 days or more.²⁹ Moreover, policies across states use different terms for these types of practices, including “administrative close supervision,” “administrative confinement,” “administrative maximum,” “administrative segregation,” “behavior modification,” “departmental segregation,” “inmate segregation,” “intensive management,” “locked unit,” “maximum control unit,” “restricted housing,” “security control,” “security housing unit,” “segregated housing,” “special housing unit,” and “special management.”³⁰ Clearly, while US states have an array of practices that are similar, correctional systems do not have standardized terms and policies related to solitary confinement.

In an effort to develop a nationwide dataset to allow for comparisons across US states, the ASCA-Liman report (2016) defines restricted housing or solitary confinement as:

[https://law.yale.edu/system/files/area/center/liman/document/Liman_overview_segregation_June_25_2013_TO_POST_FINAL\(1\).pdf](https://law.yale.edu/system/files/area/center/liman/document/Liman_overview_segregation_June_25_2013_TO_POST_FINAL(1).pdf)

²⁷ Metcalf et al, “Administrative Segregation, Degrees of Isolation, and Incarceration,” June 25, 2013; ASCA-Liman, “Time-In-Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison,” August 31, 2015; Mendez, “Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment.”

²⁸ Metcalf et al, “Administrative Segregation, Degrees of Isolation, and Incarceration,” June 25, 2013.

²⁹ Metcalf et al, “Administrative Segregation, Degrees of Isolation, and Incarceration,” June 25, 2013

³⁰ Ibid.

“Separating prisoners from the general population and holding them in their cells for 22 hours per day or more, for 15 or more continuous days. The definition includes prisoners held in both single or double cells, if held for 22 hours per day or more in a cell, for 15 or more continuous days.”

While this definition is useful for our understanding of the concept and practices of solitary confinement within the United States, it is important to highlight that several states, including New Mexico, do not collect information on the length that inmates spend in isolated housing.³¹ This issue occurs partly because several states do not place limits on the time that inmates are placed in solitary confinement. Thus, studies have often used a broader definition of restrictive housing, very similar to the one provided by the U.S. Department of Justice:³²

“Any type of detention that includes three basic elements:

- Removal from the general inmate population, whether voluntary or involuntary;
- Placement in a locked room or cell, whether alone or with another inmate; and
- Inability to leave the room or cell for the vast majority of the day, typically 22 hours or more.”

3.2 Use of Solitary Confinement Across US States

In 2015, the Association of State Correctional Administrators (ASCA) and the Arthur Liman Program at Yale Law School conducted a statewide survey³³ to study the use of restrictive housing, which was defined as a correctional practice in which

³¹ ASCA-Liman, “Time-In-Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison,” August 31, 2015.

³² Department of Justice (DOJ), “Report and Recommendations Concerning the Use of Solitary Confinement,” January 2016, <https://www.justice.gov/archives/dag/file/815551/download>

³³ The 2016 ASCA-Liman Report is based on survey responses from 48 US jurisdictions, holding about 96 percent of the US prisoners convicted with a felony.

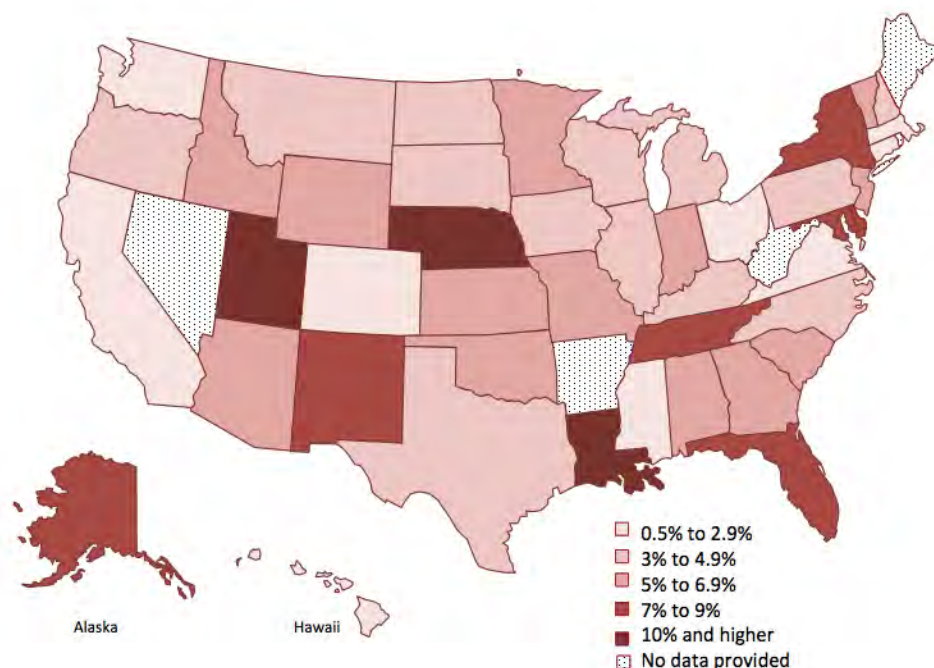
“individuals are held in their cells for 22 hours or more each day, and for 15 continuous days or more at a time.” The ASCA-Liman Report (2016), which is consistent with our definition of solitary confinement,³⁴ revealed important information that provides a general sense of the use of solitary confinement across the states in 2015.

The ASCA-Liman report (2016) revealed that the use of solitary confinement across selected states in 2015 ranged from 0.5% in Hawaii to 14.5% in Louisiana.³⁵ The five US states with the highest rate of inmate population in solitary confinement were Louisiana (14.5%), Utah (14%), Nebraska (11%), New Mexico (9%) and Delaware (8.8%), as Figure 1 shows. Conversely, the states with the lowest rate of inmates in restricted housing were Hawaii (0.5%), Connecticut (0.8%), California (0.9%), Mississippi (1%) and Colorado (1.2%). Across all jurisdictions, the rate of inmates placed in restrictive housing was 4.9 percent.

Figure 1. Rates of Inmate Population in Restricted Housing by State, 2015

³⁴ See Section IV “Solitary Confinement: The Case of New Mexico” for the definition of solitary confinement adopted in this report.

³⁵ For a list of the states that provided data for the 2016 ASCA-Liman Report, see Appendix A. The 2016 ASCA-Liman Report clarifies that “the percentage of men held in restricted housing in Louisiana was calculated from the data that Louisiana provided in the fall of 2015.”



Source: ASCA-Liman Report, November 2016.

While 48 US jurisdictions participated in the survey providing the rates of inmates in restrictive housing of the general population, few of them, including the state of New Mexico, failed to provide more specific information about the demographic characteristics of inmates in solitary confinement such as gender (5 jurisdictions), and ethno-racial composition (9 jurisdictions).

ASCA-Liman report (2016) found that among US jurisdictions that provided gender information about inmates in restrictive housing, 5 percent of all incarcerated males were placed in solitary confinement, compared to only 1.7 percent of females in the same jurisdictions. The states with the largest share of male inmates in restrictive housing included Louisiana (14.7%), Utah (14.3%), Nebraska (11.7%), whereas the states with the highest percentage of female inmates in restrictive housing were Louisiana (11.3%), Utah (11.2%) and New Jersey (7.5%).

3.3 The Use of Solitary Confinement in Different Groups

Section 3.2 above addresses national trends in solitary confinement. This section (3.3) provides information on the use of solitary confinement specifically among vulnerable populations. Extensive research suggests that solitary confinement disproportionately affects vulnerable populations.³⁶ Thus, we address four dominant vulnerable groups in this section: racial and ethnic minorities, persons with mental health diagnoses, pregnant women, and juveniles.

3.3.1 National trends of persons of color in solitary confinement

The ASCA-Liman report³⁷ also revealed ethno-racial gaps in the use of solitary confinement across the 39 US jurisdictions that provided information on this matter. At the aggregate level among females, while non-Hispanic Whites constituted 58 percent of the female custodial population, this group constituted 42 percent of female inmates in restrictive housing. Conversely, African American women represented 24 percent of the female custodial population, but 41 percent of female inmates placed in restrictive housing. Similar trends were observed among male inmates. While African Americans constituted 40 percent of the total male custodial population, this group represented 45

³⁶ Hastings, Allison, Angela Browne, Kaitlin Kall, and Margaret diZerega. *Keeping vulnerable populations safe under PREA: Alternative strategies to the use of segregation in prisons and jails*. Vera Institute of Justice, 2015. Chávez-García, Miroslava. *States of Delinquency: Race and Science in the Making of California's Juvenile Justice System*. Vol. 35. Univ of California Press, 2012. Watson, Arianne. *Intersectional analysis of female prisoner's depictions in Orange is the New Black*. State University of New York at Albany, 2016.

³⁷ Association of State Correctional Administrators (ASCA) and the Arthur Liman Public Interest Program, "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," November, 2016, <https://law.yale.edu/system/files/area/center/liman/document/aimingtoreducetic.pdf>

percent of inmates placed in restricted housing. Conversely, non-Hispanic White males represented 37 percent of the total male custodial population, but 31 percent of inmates placed in restricted housing. These survey results provide an insight of the ethno-racial disparities in the use of solitary confinement across the US. See Appendix A for further details.

Segregated housing is primarily implemented to isolate inmates from the general prison population who pose a risk or threat to the security of the correctional facility. These threat determinations are made by assessments of “dangerousness” and “risk,” which are inextricably linked to stereotypes of race and gender.³⁸ For example, prevalent societal stereotypes of Blacks, Latinos, and Native Americans as violent, criminal, and gang affiliated can explain the disproportionate percentage of men and women of color in segregated housing.³⁹ As a result, people of color are placed in restrictive housing at higher rates than their White counterparts.

It is widely recognized that segregated housing poses many physical and psychological threats such as depression, stress, anxiety to individual well-being. Minority men and women, especially African Americans, already suffer from

³⁸ Arrigo, Bruce A., and Jennifer Leslie Bullock. “The psychological effects of solitary confinement on prisoners in supermax units: Reviewing what we know and recommending what should change.” *International Journal of Offender Therapy and Comparative Criminology* 52, no. 6 (2008): 622-640. Tasca, Melinda, Jillian Turanovic, Sam Houston State University, and United States of America. *Examining Race and Gender Disparities in Restrictive Housing Placements*. National Institute of Justice, WEB Du Bois Program of Research on Race and Crime, 2018.

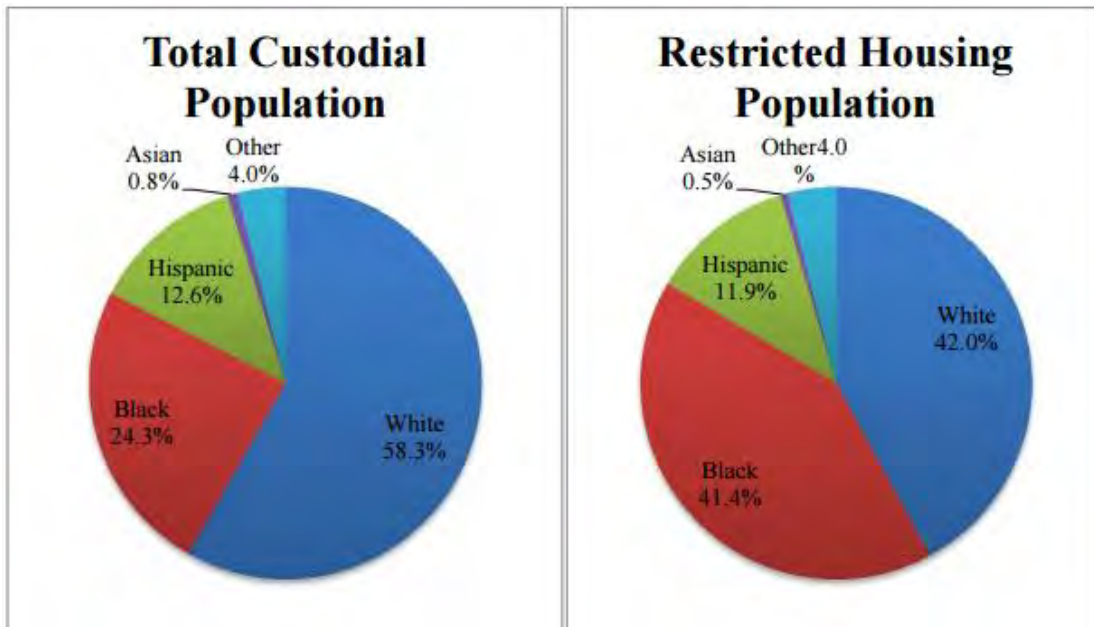
³⁹ Haney, Craig. “Mental health issues in long-term solitary and “supermax” confinement.” *Crime & Delinquency* 49, no. 1 (2003): 124-156. Toch, Hans. “The future of supermax confinement.” *The Prison Journal* 81, no. 3 (2001): 376-388. Tasca, Melinda, Jillian Turanovic, Sam Houston State University, and United States of America. *Examining Race and Gender Disparities in Restrictive Housing Placements*. National Institute of Justice, WEB Du Bois Program of Research on Race and Crime, 2018.

disproportionate rates of hypertension, diabetes, asthma, and cardiovascular diseases.⁴⁰ Thus, placement in solitary confinement among these at-risk populations nearly doubles or triples these serious medical conditions.⁴¹ Furthermore, women of color are housed in administrative segregation at unprecedented rates relative to their White, female counterparts. Figure 2 below highlights differences between females in the custodial population and restricted housing. As demonstrated below, while Black women make up only 24.3 percent of the total custodial population, they constitute 41.4 percent of the restricted housing population. Conversely, while White women comprise 58.3 percent of the total custodial population, only 42 percent make up the total restrictive housing population. Overall, policy and practice must address these ethno-racial inequities and underlying biases in placement in segregated housing, as well as health disparities that arise disproportionately in people of color while housed in isolation.

Figure 2. Female ethno-racial disparities in restricted housing population

⁴⁰ Kurian, Anita K., and Kathryn M. Cardarelli. "Racial and ethnic differences in cardiovascular disease risk factors: a systematic review." *Ethnicity and Disease* 17, no. 1 (2007): 143. Mensah, George A., Ali H. Mokdad, Earl S. Ford, Kurt J. Greenlund, and Janet B. Croft. "State of disparities in cardiovascular health in the United States." *Circulation* 111, no. 10 (2005): 1233-1241. Hertz, Robin P., Alan N. Unger, Jeffrey A. Cornell, and Elijah Saunders. "Racial disparities in hypertension prevalence, awareness, and management." *Archives of internal medicine* 165, no. 18 (2005): 2098-2104.

⁴¹ Shaylor, Cassandra. "It's Like Living in a Black Hole: Women of Color and Solitary Confinement in the Prison Industrial Complex." *New Eng. J. on Crim. & Civ. Confinement* 24 (1998): 385.



Source: ASCA-Liman Report, November 2016

3.3.2 Solitary confinement and Mental health

The harmful effects of isolation or acute sensory deprivation are documented in an exhaustive body of literature. Acute sensory deprivation is defined as the deliberate reduction or removal of a person from one or more of the senses consisting of several hours in dark, soundproof areas.⁴² With this definition in mind one can understand how acute sensory deprivation is prevalent in inmates who experience solitary confinement when considering the typical cell in segregated housing. Just about any period in acute sensory deprivation or solitary confinement commonly results in psychological distress

⁴² Haney, Craig. "Mental health issues in long-term solitary and "supermax" confinement." *Crime & Delinquency* 49, no. 1 (2003): 124-156.

and hallucinations, appetite and sleep disturbances, anxiety, panic, rage, loss of control, paranoia, hallucinations and self-mutilations.⁴³

Furthermore, psychological distress due to loss of social contact increases negative attitudes,⁴⁴ insomnia,⁴⁵ anxiety,⁴⁶ panic,⁴⁷ withdrawal,⁴⁸ hypersensitivity, irritability, aggression and rage,⁴⁹ hopelessness,⁵⁰ depression,⁵¹ emotional breakdown and suicidal thoughts.⁵² Isolation in segregated housing conditions further increases directed

⁴³ Jackson, Michael. *Prisoners of isolation: Solitary confinement in Canada*. University of Toronto Press, 1983. Haney, Craig. "The Psychological Effects of Solitary Confinement: A Systematic Critique." *Crime and Justice* 47, no. 1 (2018): 365-416. Haney, Craig. "Mental health issues in long-term solitary and 'supermax' confinement." *Crime & Delinquency* 49, no. 1 (2003): 124-156. Bukstel, Lee H., and Peter R. Kilmann. "Psychological effects of imprisonment on confined individuals." *Psychological Bulletin* 88, no. 2 (1980): 469.

⁴⁴ Bauer, Michael, and Stefan Priebe. "Psychopathology and long-term adjustment after crises in refugees from East Germany." *International journal of social psychiatry* 40, no. 3 (1994): 165-176. Miller, Holly A., and Glenn R. Young. "Prison segregation: administrative detention remedy or mental health problem?" *Criminal Behaviour and Mental Health* 7, no. 1 (1997): 85-94.

⁴⁵ Koch, Ida. "Mental and social sequelae of isolation: the evidence of deprivation experiments and of pretrial detention in Denmark." *The expansion of European prison systems. Working papers in European criminology* 7 (1986).

⁴⁶ Andersen, Henrik Steen, Dorte Sestoft, Tommy Lillebæk, Gorm Gabrielsen, Ralf Hemmingsen, and Peter Kramp. "A longitudinal study of prisoners on remand: psychiatric prevalence, incidence and psychopathology in solitary vs. non-solitary confinement." *Acta Psychiatrica Scandinavica* 102, no. 1 (2000): 19-25. Miller, H. A. (1994). Reexamining psychological distress in the current conditions of segregation. *Journal of Correctional Health Care*, 1(2), 39-53.

⁴⁷ Toch, Hans. *Men in crisis: Human breakdowns in prison*. Transaction Publishers, 2007.

⁴⁸ Ibid

⁴⁹ Brodsky, Stanley L., and Forrest R. Scogin. "Inmates in protective custody: First data on emotional effects." *Forensic Reports* (1988). Cormier, Bruno M., and Paul J. Williams. "Excessive Deprivation of Freedom." *Canadian Psychiatric Association Journal* 11, no. 6 (1966): 470-484.

⁵⁰ Haney, Craig. "Mental health issues in long-term solitary and 'supermax' confinement." *Crime & Delinquency* 49, no. 1 (2003): 124-156.

⁵¹ Korn, Richard. "The effects of confinement in the high security unit at Lexington." *Social Justice* 15, no. 1 (31 (1988): 8-19.

⁵² Grassian, Stuart. "Psychopathological effects of solitary confinement." *American Journal of Psychiatry* 140, no. 11 (1983): 1450-1454. Benjamin, Thomas B., and

violence such as stabbings, attacks on staff, property destruction and collective violence.⁵³ The adverse effects of solitary confinement are especially significant for persons with mental health diagnoses. There are many psychiatric risks of seclusion/isolation for people suffering from mental illness. The added stress and lack of social contact and structure can exacerbate symptoms among persons with mental illness.

Research conducted in the last decade indicates that somewhere between 8 to 19 percent of prisoners in general in the United States suffer from some form of major mental illness,⁵⁴ and another 15 to 20 percent require some form of psychiatric intervention during their incarceration.⁵⁵

New Mexico state penitentiaries are not described as “supermax” or “maximum-prison facilities,” but it is imperative to understand the role in lower security levels in perpetuating severe health effects identical to solitary confinement. In addition, the survey results listed from the 2013 Report are derived mostly from the experiences of the Penitentiary of New Mexico, which is a men’s maximum-security prison.

In 1991 the rise of supermax prisons was identified by Human Rights Watch as the most troubling human rights trend in US corrections. In particular, maximum-security

Kenneth Lux. “Constitutional and psychological implications of the use of solitary confinement: Experience at the Maine state prison.” *Clearinghouse Rev.* 9 (1975): 83.

⁵³ Bidna, Howard. “Effects of increased security on prison violence.” *Journal of Criminal Justice* 3, no. 1 (1975): 33-45. Kratcoski, Peter C. “The implications of research explaining prison violence and disruption.” *Fed. Probation* 52 (1988): 27. Sestoft, Dorte Maria, Henrik Steen Andersen, Tommy Lillebæk, and Gorm Gabrielsen. “Impact of solitary confinement on hospitalization among Danish prisoners in custody.” *International Journal of Law and Psychiatry* 21, no. 1 (1998): 99-108.

⁵⁴ Jamelka, R., E. Trupin, and J. Chiles. “The mentally ill in prison.” *Hospital and Community Psychiatry* 40 (1989): 481-491. Metzner, J., & Dvoskin, J. (2006). An overview of correctional psychiatry. *Psychiatric Clinics*, 29(3), 761-772. Metzner, Jeffrey L. “Evolving issues in correctional psychiatry.” *Psychiatric Times* 24, no. 10 (2007): 9-9.

⁵⁵ Ibid.

prisons house prisoners in virtual isolation for extremely long periods of time. In this environment, prisoners rarely leave their cells except for the one hour a day of out-of-cell. They eat all of their meals alone in the cells, and typically no group or social activity of any kind is permitted. When prisoners in these units are escorted outside their cells or beyond their housing units, they are typically placed in chains in order to leave their cells. They are rarely, if ever, in the presence of another person (including physicians and mental health therapists) without being in multiple forms of physical restraints (e.g., ankle chains, belly or waist chains, handcuffs). Likewise, those in maximum-security facilities often incur restrictions to possessions of personal property and access to reading and writing materials, canteen, and vocational or educational training programs useful for reintegration into the general prison population or the civilian population when released from prison.⁵⁶

3.3.3 Pregnant women and solitary confinement

Segregated housing poses an even greater harm to women who are pregnant, are in the eight weeks postpartum, or are living with their infants in prison nursery programs. Solitary confinement is especially dangerous for pregnant women because it restricts “access to critical OB care and prevents women from getting the regular exercise and movement that are vital for a healthy pregnancy. In addition, many pregnant women experience stress and depression regardless of whether they have a mental illness, and solitary can greatly exacerbate those feelings. High levels of stress are hazardous for

⁵⁶ Haney, Craig. “Mental health issues in long-term solitary and ‘supermax’ confinement.” *Crime & Delinquency* 49, no. 1 (2003): 124-156.

pregnant women, lowering their ability to fight infection and increasing the risk of preterm labor, miscarriage and low birth weight in babies.”⁵⁷

Prison facilities do not and cannot consistently provide pregnant women with appropriate care. Access to and availability of medical care while in solitary confinement is minimal. This is a concern for pregnant women due to their unique, specialized medical needs and greater demand for more frequent monitoring compared to their non-pregnant women and male counterparts in segregated housing. In addition, like many others in segregated housing, pregnant women face privacy concerns and inadequate care during medical assessments when finally receiving a check-up. There is a heightened dissatisfaction with the quality of care among pregnant-women inmates placed in segregated housing. For example, before being allowed to see the nurse for a medical assessment, female inmates in solitary confinement have to provide detailed explanations regarding their medical concerns to correctional officers. If granted, “sick call nurses do their medical assessments... by standing outside the cell and speaking with women through the closed cell door.”⁵⁸ These are dangerous practices for pregnant women housed in segregated housing as it impedes with basic standards for pregnancy care imposed by the American Medical Association, the American College of Gynecologists and Obstetricians, and the National Commission on Correctional Health Care.

In addition to the psychological harms faced while in segregated housing among all persons, pregnant women housed in these conditions can face even greater risks of

⁵⁷ New York Civil Liberties Union (NYCLU), “Prohibiting the Use of Segregated Confinement for Incarcerated Women Who Are Pregnant, Recently Gave Birth, and/or Are Participating in the Nursery Programs,” 2019, <https://www.nyclu.org/en/legislation/prohibiting-use-segregated-confinement-incarcerated-women-who-are-pregnant-recently-gave>

⁵⁸ Ibid

stress, depression, infection, miscarriage, premature labor and postpartum depression.⁵⁹

The number of incarcerated women in the United States increased by 700 percent from 1980 to 2014.⁶⁰ While the exact percentage of pregnant women housed in segregated housing is unknown, it is evident that the placement of pregnant women in isolation is harmful to both the mother and child not only during stages of pregnancy, but also after giving birth.⁶¹

3.3.4 Juveniles and solitary confinement

There are approximately 54,000 juveniles incarcerated in the United States among state, federal, county juvenile facilities, and adult jails.⁶² Many young people are held in prolonged isolation across the country in juvenile facilities. According to the 2012 Human Rights Watch and ACLU report *Growing Up Locked Down*, children are heavily impacted by placement in segregated housing since they are still developing and thus more vulnerable to irreparable harm. Particularly for children with disabilities or histories of trauma or familial abuse, solitary confinement significantly impacts cognitive development, brain function and structure.⁶³ Youth placed in solitary confinement face side effects and conditions similar to adults; however, due to their developmental

⁵⁹ McHugh, Gerald Austin. "Protection of the rights of pregnant women in prisons and detention facilities." *New Eng. J. on Prison Law* 6 (1979): 231. Roth, Rachel. "Obstructing Justice: Prisons as Barriers to Medical Care for Pregnancy Women." *UCLA Women's LJ* 18 (2010): 79.

⁶⁰ See bill H.R.6805. "Pregnant Women in Custody Act", Introduced September 13, 2018, <https://www.congress.gov/bill/115th-congress/house-bill/6805/text>

⁶¹ Vera Institute of Justice, "Rethinking Restrictive Housing," May 2018, <https://www.vera.org/rethinking-restrictive-housing#introduction>

⁶² Department of Justice, "Report and Recommendations Concerning the Use of Solitary Confinement," January 2016.

⁶³ Muir, Carina. "Protecting America's Children: Why an Executive Order Banning Juvenile Solitary Confinement Is Not Enough." *Pepperdine Law Review* 44, no. 1 (2017): 4.

vulnerability, the lasting effects are more severe.⁶⁴ As of 2016, as shown in Table 1, 29 states or jurisdictions prohibit punitive juvenile solitary confinement, but the practice remains in roughly 20 states (15 states placed some limits on the practice, and 7 states or jurisdictions had no limits).⁶⁵ An unfortunate correlation exists with regard to children being placed in solitary confinement, as it leads to an increased likelihood of attempted suicide and recidivism.⁶⁶

⁶⁴ Clark, Andrew B. “Juvenile Solitary Confinement as a Form of Child Abuse.” *The Journal of the American Academy of Psychiatry and the Law* 45, no. 3 (2017): 350-357.

⁶⁵ Kraner, Natalie, Naomi Barrowclough, Catherine Weiss, Jacob Fisch, “51-Jurisdiction Survey of Juvenile Solitary Confinement Rules in Juvenile Justice Systems,” October 2015, Lowenstein Center for the Public Interest, <https://www.lowenstein.com/files/upload/51-jurisdiction%20survey%20of%20juvenile%20solitary%20confinement%20rules.pdf>

⁶⁶ Wolff, Kevin T., Michael T. Baglivio, and Alex R. Piquero. “The relationship between adverse childhood experiences and recidivism in a sample of juvenile offenders in community-based treatment.” *International Journal of Offender Therapy and Comparative Criminology* 61, no. 11 (2017): 1210-1242.

Table 1. Jurisdictions prohibiting, limiting, or allowing use of punitive solitary confinement in Juvenile Correctional Facilities

Prohibit the Use of Punitive Solitary Confinement	Limit Time Spent in Punitive Solitary Confinement (Six Hours to 90 Days)	Place No Limit on, or Allowing Indefinite Extension of, Punitive Solitary Confinement
Alaska	California	Alabama
Arizona	Delaware	Georgia
Arkansas	Indiana	Iowa
Colorado	Kentucky	Kansas
Connecticut	Louisiana	Michigan
Florida	Minnesota	
	Mississippi	
Hawaii	Nevada	Texas
Idaho	North Carolina	
Illinois	Rhode Island	Wyoming
Maine	South Dakota	
Maryland	Virginia	
Massachusetts	Washington	
	West Virginia	
Missouri	Wisconsin	
Montana		
Nebraska		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
South Carolina		
Tennessee		
Utah		
Vermont		
Washington, DC		

Source: Lowenstein Center for the Public Interest, October 2015

3.4 Informational Transparency and Institutional Accountability

Informational transparency has been defined as “knowledge about government actors and decisions, and access to government information.”⁶⁷ Transparency is a core value of healthy democratic governments, as well as legitimate and trusted institutions.⁶⁸ Informational transparency is beneficial to the public because, even in its most limited form, it can foster attention when certain trends and issues are brought to light.⁶⁹ Yet, for prisons, particularly the most vulnerable inmate populations, informational transparency is out of reach.⁷⁰

Typically, the current process for obtaining prison operation data, as well as information about the treatment of vulnerable inmate populations, is “byzantine, complex, and usually involves submission of public records requests.”⁷¹ Without tangible evidence, public officials have argued that the release of information, particularly about vulnerable inmates, could threaten the security of prisons or create public disturbances.⁷² However, one of the most common reasons for the lack of informational transparency in prisons is related to adequate resources. Officials have stated that the lack of transparency in prisons occurs simply because “facilities lack the necessary resources to either collect

⁶⁷ Jack Balkin, “How Mass Media Simulate Political Transparency,” *Journal for cultural Research* 3, no. 4, 1999, 393-413.

⁶⁸ Jackson, Jonathan, Tom R. Tyler, Ben Bradford, Dominic Taylor, and Mike Shiner, “Legitimacy and procedural justice in prisons.” *Prison service journal* 191, 2010, pages 4-10.

⁶⁹ Glen Zaszewski, “Reason-Giving and Accountability,” *Minnesota Law Review*, 2009, pages 1266-77.

⁷⁰ Andrea C. Armstrong, “No Prisoner Left Behind: Enhancing Public Transparency of Penal Institutions.” *Stanford Law & Policy Review*, 2014, pages 436-475.

⁷¹ Ibid.

⁷² Zaszewski, “Reason-Giving and Accountability,” 2009.

the data or synthesize the data they do possess.”⁷³ This is the case in the state of New Mexico, which reported that “requiring correctional facilities to report on the usage of solitary confinement will result in additional costs.”⁷⁴

While additional costs may be a burden to facilities, studies have found that informational transparency often has positive effects within prison systems and with the general population. The release of policies, practices and data has been associated with inmates’ perceptions of the prison administration as legitimate (e.g. that policies and programs are neutral and fairly applied); moreover, with informational transparency, “prisoners are more likely to contribute to an orderly and safe prison environment.”⁷⁵ Moreover, recent polls and studies have found that the American public, including that of New Mexico, overwhelmingly supports and calls for transparency of government and institutions.⁷⁶ Thus, informational transparency is crucial for creating better and more legitimate institutions.

The importance of informational transparency through regular reports on the use of solitary confinement was highlighted in 2011, when the United Nations Special Rapporteur on Torture published a “historic report” on the use of solitary confinement

⁷³ Armstrong, “No Prisoner Left Behind: Enhancing Public Transparency of Penal Institutions.”

⁷⁴ New Mexico Legislative Finance Committee, *Fiscal Impact Report of HB 242 “Isolated Confinement Act,”* February 8, 2017 from 2017.

⁷⁵ Armstrong, “No Prisoner Left Behind: Enhancing Public Transparency of Penal Institutions”; Sarah Geraghty and Melanie Velez, “Bringing transparency and accountability to criminal justice institutions in the South,” *Stanford Law and Policy Review*, 22, 2011, pages 455-488.

⁷⁶ Common Cause New Mexico, “2018 Poling Results,” March 24, 2018, <https://www.commoncause.org/new-mexico/resource/2018-polling-results/>; David K. Rehr, “Public Opinion Overwhelmingly Supports Transparency: The Next Big Political Issue,” *Huffington Post*, March 10, 2015, https://www.huffingtonpost.com/david-k-rehr/public-opinion-overwhelmi_b_6433820.html.

across the world.⁷⁷ This landmark report allowed the public to be aware of the conditions that inmates in solitary confinement experienced, including length of isolation and severe side effects such as mental and physical health problems.⁷⁸ As a result, the report set the stage for advocacy efforts, public education and human rights awareness, all of which culminated in significant policy changes across the world.⁷⁹ In fact, scholars and centers for human rights have revealed that when requesting access to public documents “prisons often fail to respond (requiring civil suit to obtain the information) or cite security concerns.”⁸⁰

⁷⁷ United Nations News, “Solitary confinement should be banned in most cases, UN expert says.”

⁷⁸ Ibid

⁷⁹ Mendez, “Interim report of the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment.”

⁸⁰ Armstrong, “No Prisoner Left Behind: Enhancing Public Transparency of Penal Institutions”; Southern Center for Human Rights, “Southern Center for Human Rights Sues Georgia Department of Corrections for Violations of the Open Records Act,” April 4, 2013, https://www.schr.org/SCHR_sues_georgia_department_of_corrections_for_ORA_violations

IV. Solitary Confinement: The Case of New Mexico

4.1 Solitary Confinement in New Mexico

To our knowledge, state policies do not have specific definitions of “solitary confinement;”⁸¹ however, NMCD has detailed guidelines, procedures and lists of services for inmates housed in Designated Special Control Units, which house inmates in prison Security Levels V and VI.⁸² NMCD states that “inmates who cannot be managed in general population or cannot function in general population due to criteria established by this policy will be separated from the general population and placed in a Special Control Unit.”⁸³ According to NMCD’s policy CD-143000 “Prison Security Levels V and VI,” these Special Control Units have multiple conditions of confinement or isolated housing that vary by security level and steps within them, as well as by the gender of the inmates. Security Level V Step 1 for male inmates, for example, has no tier time⁸⁴, no group programs, access to up to six two-hour visits per month (to be determined by facility), and meals delivered to cell.⁸⁵ Similarly, all steps in Security Level VI for male inmates include outdoor recreation five times per week (weather permitting), no tier time, and meals delivered to cell.⁸⁶ For female inmates housed in special control units, their table of

⁸¹ In our research we found that terms referring to the practice of solitary confinement have continuously changed from Security Level 6 to Special Management Population, and most recently to PBMP.

⁸² NMCD *CD-143000 Prison Security Levels V and VI*

⁸³ Ibid

⁸⁴ Although NMCD does not have a specific definition of the term, tier time is typically defined as the time when inmates in isolation have access to common areas of prison outside of their cells.

⁸⁵ According to CD-143003.A “Level V Table of Services Attachment.” The minimum length in security level V step 1 is 30 days.

⁸⁶ According to CD-143003.A “Level V Table of Services Attachment” and CD-143003.B “Level VI Table of Services Attachment.” The minimum length in Level VI

services includes Level VI Step 1⁸⁷ with the least restrictive procedures, Level V Step 2,⁸⁸ and Level V Step 3⁸⁹ with the least restrictive guidelines.

The information provided by NMCD does not allow identifying whether prisoners have been in restricted conditions for more or less than the 15-day standard. This occurs because the data provided by NMCD reflects the rates of solitary confinement in a given date, and, based on attempts to obtain records, NMCD does not have public information that keeps track of the numbers of continuous days that inmates remain in isolation.⁹⁰ For these reasons, we adapt the widely accepted definition of solitary confinement from the ASCA-Liman report (2016)⁹¹, and define the term as:

The practice of separating prisoners from the general population and holding them in their cells (either alone or with an additional cellmate) for 22 hours per

Step 1 is 30 days, followed by 120 days in step 2, 120 days in step 3, and “review in 365 days” in step 4.

⁸⁷ Level VI Step 1 for female inmates include no tier time, six two-hour visits per month (“schedule to be determined by facility”), no group programs, and all meals delivered to cell.

⁸⁸ Level V Step 2 includes tier time one hour five times per week, eight two-hour visits per month (“schedule to be determined by facility”), access to group programming, and up to two meals with tier outside of cell.

⁸⁹ Level V Step 3 contains the least restrictive services available to female inmates in designated special control units, including tier time two hours five times per week, eight two-hour visits per month (“schedule to be determined by facility”), access to group programs, and up to two meals with pod outside of cell.

⁹⁰ Through two separate IPRA requests (18-413 and 18-454), NMCD provided us with samples of Individual Inmate Behavior Logs for inmates placed in solitary confinement and PBMP. While this information is useful for the collection on data about inmates’ access to services (e.g. food, recreation time, shower and conditions of inmates’ cells), this information only allows us to see the length of stay for one week. See Appendix B for samples of these logs obtained through IPRA requests.

⁹¹ In addition to the 2015 and 2016 ASCA-Liman Reports, similar definitions have been used by state-levels governments in the United States, as well as internationally recognized organizations such as the United Nations (see UNODC, “United Nations Standard Minimum Rules for the Treatment of Prisoners,” 2015).

day or more for multiple purposes, including disciplinary segregation, protective custody, and administrative segregation.

4.2 Rates of Solitary Confinement: NMCD & Authors' Calculations

In the past years, the New Mexico Corrections Department has provided different statistics on the use of solitary confinement among incarcerated individuals, revealing significant variations even within the same year. The 2013 Report, for example, cited a figure given by a corrections department representative of 16 percent of inmates housed in solitary confinement in that year.⁹² In 2015, an NMCD's spokesperson reported that the use of solitary confinement in the state had dropped from 10.1 percent in 2012 to "about 6.6 percent" in 2015;⁹³ however, in the ASCA-Liman report (2016), NMCD reported that the rate of solitary confinement in 2015 was 9 percent.⁹⁴ In 2018, NMCD Deputy Secretary Jerry Roark stated that in July 2018, the rate of restrictive housing was "down to four and a half percent,"⁹⁵ whereas by September of the same year, NMCD spokesperson Mahesh stated that about 7 percent of the inmates in the state were placed

⁹² New Mexico Department of Corrections, "2016 Legislative Packet: Frequently Asked Questions," January 19, 2016, https://cd.nm.gov/docs/2016_FAQS_NMCD_LEGISLATIVE_PACKET.pdf

⁹³ Phaedra Haywood, "Stuck on solitary: Efforts to reform prison practices in New Mexico have yet to succeed," *Santa Fe New Mexican*, September 29, 2018, http://www.santafenewmexican.com/news/local_news/stuck-on-solitary-efforts-to-reform-prison-practices-in-new/article_9c82b09e-5f58-5de3-9150-ffd886e69206.html

⁹⁴ ASCA-Liman, "Aiming to Reduce Time-In-Cell," November 21, 2016

⁹⁵ Aaron Cantu, "All Alone, Reforms to adult and child solitary confinement in New Mexico could be on the horizon for next year," *Santa Fe Reporter*, July 18, 2018, <https://www.sfreporter.com/news/2018/07/18/all-alone/>; Phaedra Haywood, "Advocates seek reforms to curb use of solitary confinement," *The Taos News*, October 5, 2018, <https://www.taosnews.com/stories/advocates-seek-reforms-to-curb-use-of-solitary-confinement,52229>

in solitary confinement.⁹⁶ While the rates of solitary confinement do fluctuate from year to year, and even in a daily basis because of the way NMCD calculates them, we requested data from NMCD to analyze what specific units⁹⁷ were included in the calculations of solitary confinement that NMCD has presented throughout the years.⁹⁸

In order to examine NMCD's calculations of the use of solitary confinement, we conducted a careful review of the guidelines and policies of the use of restrictive housing and designated special control units in the state. The examined policies include (but are not limited to) CD-141000 Predatory Behavior Management Program; CD-141001 Predatory Behavior Management Program Placement; CD-141002 Predatory Behavior Management Conditions of Confinement; CD-141003 Predatory Behavior Management Release; CD-143000 Prison Security Levels V and VI; CD-143001 Interim Level VI Placement; CD-143002 Level V and VI Placement Criteria and Procedures; CD-143003 Level V and VI Admission, Orientation and Conditions of Confinement; CD-180500 APA Behavioral Health and Related Services for Special Management Inmates; and CD-180501 APA Behavioral Health and Related Services for Special Management Inmates. See Appendix C for a comprehensive list of the policies and documents examined to calculate the rates of solitary confinement in the NMCD.

⁹⁶ Haywood, "Advocates seek reforms to curb use of solitary confinement," October 5, 2018

⁹⁷ In our research we found that the units where inmates in isolation are placed change often. This issue creates a lack of uniformity in data collection, and it makes it difficult to keep, seek, and track data regarding inmates who are in solitary confinement. Thus, our calculations of inmates placed in solitary confinement could be higher based on documentation obtained from various IPRA requests.

⁹⁸ This data was obtained through a series of documents issued by NMCD through a series of Inspection of Public Records Act (IPRA) requests, which were granted/issued/delivered in October 2018.

We found that the calculations from NMCD failed to include several security levels and steps in the Predatory Behavior Management Program (PBMP) that meet the definition of solitary confinement or segregated housing.⁹⁹ For example, according to NMCD's Policy CD-143000 "Prison Security Levels V and VI," Security Levels V and VI are "the most restrictive custody statuses for inmates posing the greatest risk to institutional security and the safety of others. [Therefore,] Such inmates cannot function in general population based on classification designation, the need for Inmate Protection, the need to separate the inmate for the secure and orderly operation of the institution, or the service of a disciplinary sanction in Level VI." Moreover, Policy CD-143002 titled "Level V and VI Admission, Orientation and Conditions of Confinement" revised in the same date, contains a table of services for Level V, which provides limited amount of recreation (5x per week), no tier time, no access to group programs, and meals delivered to cell for inmates placed.¹⁰⁰ Through these characteristics, Security Level V meets the criteria for solitary confinement or segregated housing. Nevertheless, the calculations from NMCD in 2012 exclude PNM's Level V.¹⁰¹ Similarly, Attachment CD-143000.A

⁹⁹ ASCA-Liman, "Aiming to Reduce Time-In-Cell," November 21, 2016; United Nations News, "Solitary confinement should be banned in most cases, UN expert says;" and other peer reviewed publications.

¹⁰⁰ NMCD *CD-143000 Prison Security Levels V and VI*, Attachment CD-143002.A "New Mexico Corrections Department, Level V Table of Services."

¹⁰¹ In addition to the disparities between the definition of solitary confinement and the calculations of solitary confinement rates, there were differences in the way that facility units are reported in official and published policies established by NMCD, and the way NMCD reports specific units of each facility from the documents provided in the IPRA request. For example, while NMCD *CD-143000 Prison Security Levels V and VI* provides specific names of units with designated special control units, the reports provided for 2012 present specific units among facilities substantially different. For example, NMCD *CD-143000 Prison Security Levels V and VI* refers to designated special control units in SNMCF, WNMCF, LCCF, GCCF and NENMDF as Level VI – interim placement; however, data provided by NMCD refers to these units as

indicates that Designated Special Control Units for CNMCF include Level VI –interim placement, as well as level V/VI –APA; however, the calculations from NMCD exclude levels V and VI Alternative Placement Area (APA) units, which may meet the criteria for solitary confinement as stated in Policy CD-180501 “APA Behavioral Health and Related Services for Special Management Inmates,” in the section on Individual Program Plan and Program Services, revised on August 22, 2018.¹⁰²

In addition to evidence found in official policies and procedures from NMCD, NMCD’s website provides evidence that inmates placed in security levels V and VI also meet the criteria of segregated housing.¹⁰³ In its website, NMCD states that special management units include Level V in PNM, NMWCF, CNMCF (APA) and SNMCF, as well as Level VI in PNM, NMWCF and CNMCF (APA).¹⁰⁴ Moreover, the website states that inmates in security levels VI “are housed in single occupancy cells for *23 hours per day* and are not allowed to congregate with other inmates; they receive one (1) hour per

Disciplinary SP, and in the case of WNMCF, data on either Level VI or Disciplinary SP is not presented for the calculations of solitary confinement in 2012.

¹⁰² NMCD, *CD-180500 APA Behavioral Health and Related Services for Special Management Inmates*, revised on August 22, 2018. Policy CD-180501 states that “each inmate will be assigned to participate in five hours of programming per week as specified in the APA Individual Program Plan form (CD-180501.1).” While programming may include multiple types of activities, such as clinical services that are delivered either “individually or in groups,” if inmates assigned to APA units spend more than 22 hours isolated in their cells, such condition meets the criteria for solitary confinement. See Form CD-180501.1 “NMCD APA Individual Program Plan,” for a breakdown of the program recommendations and time frames for each inmate in APA.

¹⁰³ New Mexico Corrections Department Office of Constituent Services, “Family/Constituent Services & Correspondence Office,” under Frequently Asked Questions, question 1: “My father was recently convicted of a crime. He is at the county jail waiting to be transferred to RDC. What is RDC and what is the process once he gets there?” <https://cd.nm.gov/ocs/fs.html>

¹⁰⁴ Ibid

day for recreation.”¹⁰⁵ For level V, NMCD described very similar housing conditions: “Inmate requires separation from the general population with limited movement and activities. Some inmates in level V are housed in single occupancy cells for 23 hours per day, receiving one (1) hour per day for recreation. Inmate may or may not be allowed to congregate with other inmates.”¹⁰⁶ It is important to mention that inmates housed in APA are only placed in security levels V and VI, both of which meet the criterion of solitary confinement.

Appendix D provides a list of units by facilities that NMCD included in its calculations and compares them to those that this report identifies as isolated housing.

NMCD provided data of the Central Bureau Classification (CBC) Daily Institutional Movement of the following dates, highlighting the items that NMCD included in its calculations of solitary confinement:

- January 4, 2010;
- January 4, 2012;
- January 2, 2015;
- January 5, 2016;
- September 4, 2018; and
- October 10, 2018.

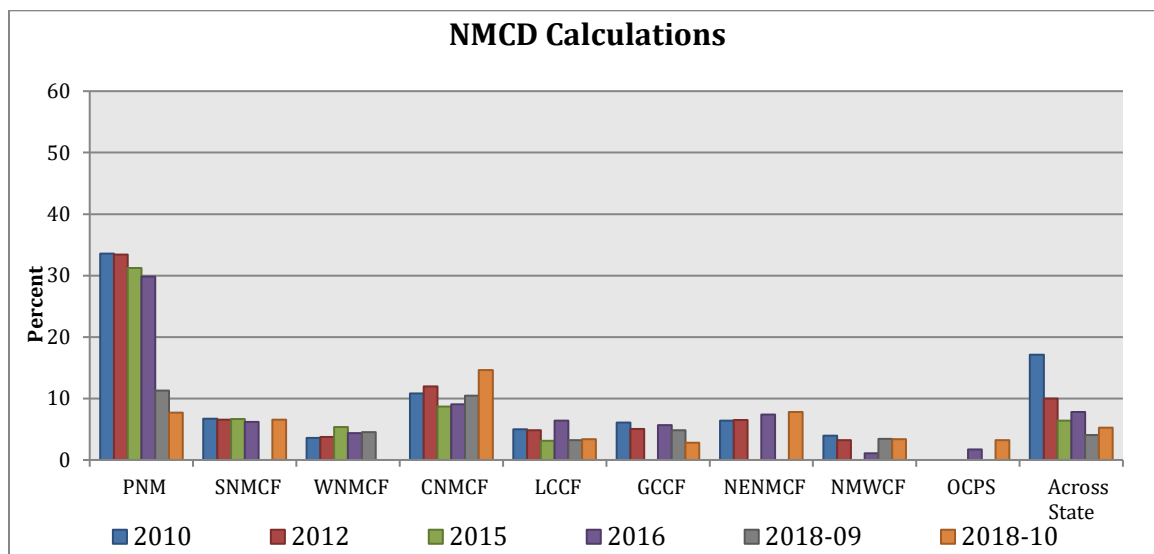
We found that the units that NMCD included for its calculation of solitary confinement and the ones that we identified through an extensive examination of NMCD policies are distinct, yielding substantially different results. Figure 3 presents the rates of solitary confinement from NMCD and from our analyses, which we refer to as Authors’ calculations. As Figure 3 shows, while NMCD reported that the solitary confinement rate across all facilities in 2010 was about 17 percent, our calculations indicate that the

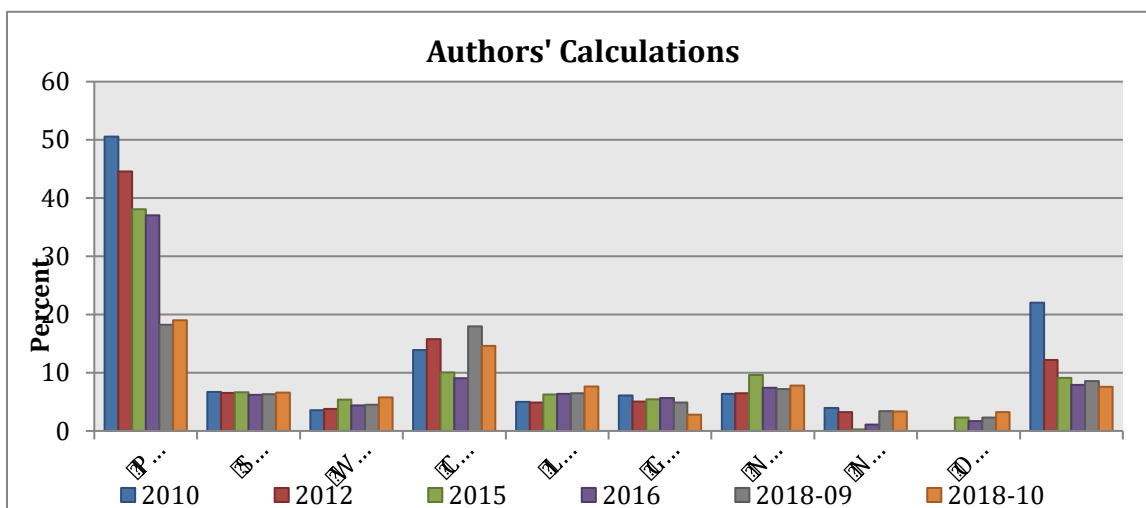
¹⁰⁵ Ibid

¹⁰⁶ Ibid

solitary confinement rate in the same year was 22 percent; more recently, the calculations from NMCD of September 4, 2018 report a solitary confinement rate of about 4 percent across all facilities, whereas our calculations indicate a rate of about 9 percent on the same date.

Figure 3. Rates of Solitary Confinement by Facility, NMCD and Authors' Calculations





Sources: State of New Mexico Corrections Department, IPRA requests 2018. “CBC Daily Institutional Movement 01/04/10;” “CBC Daily Institutional Movement 01/04/12;” “CBC Daily Institutional Movement 01/02/15;” “CBC Daily Institutional Movement 01/05/2016;” “CBC Daily Institutional Movement 09/04/2018;” “CBC Daily Institutional Movement 10/10/2018.”

Regarding individual facilities, Figure 3 shows that the greatest reporting gap between NMCD and our calculations occurs in the Penitentiary of New Mexico (PNM), the facility that houses the highest security classification of offenders in the state. In January 2010, NMCD’s calculations reported that the use of solitary confinement in PNM was about 34 percent, compared to 51 percent revealed by our calculations. More recently, with data from October 10, 2018, NMCD’s calculations revealed the use of solitary confinement in PNM was about 8 percent, compared to 19 percent according to our calculations.

Regardless of the gaps in the rates of solitary confinement between NMCD’s calculations and our calculations, we found similar trends across years. As Figure 4 shows, the use of solitary confinement across the state has significantly reduced, from 22 percent in January 4, 2010 to about 8 percent in October 10, 2018, according to our calculations. Similarly, the use of solitary confinement in PNM has decreased over time

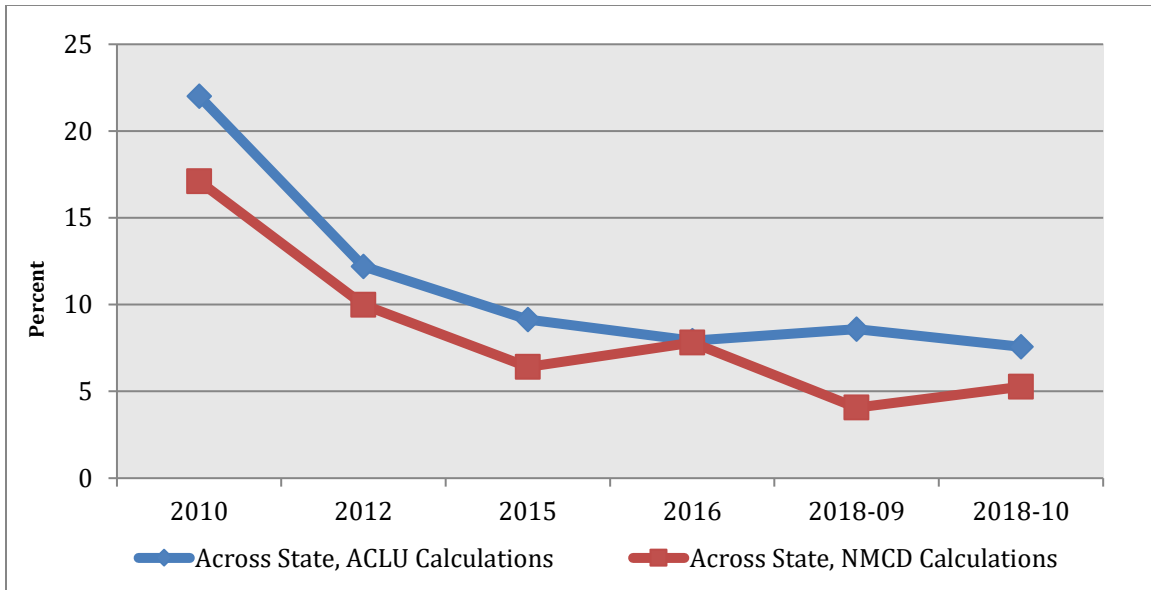
from 50 percent in January 4, 2010 to 19 percent in October 10, 2018, according to our calculations, as Figure 5 shows. We presume that this drop has occurred for multiple reasons, such as recent lawsuits and settlements regarding the lengthy and harsh use of solitary confinement in local jails,¹⁰⁷ increasing awareness and scrutiny of the high rates of solitary confinement in New Mexico when compared to other US states;¹⁰⁸ and recent advocacy and policy change efforts in recent legislative sessions.¹⁰⁹

Figure 4. Solitary Confinement Rate in New Mexico by Year

¹⁰⁷ Alan Duke, “‘Forgotten’ inmate gets \$15.5 million settlement from N.M. county,” *CNN*, March 8, 2013, <https://www.cnn.com/2013/03/07/justice/new-mexico-inmate-settlement/index.html>; Mary Hudetz, “Solitary confinement suits cost NM counties millions,” *Las Cruces Sun News*, March 6, 2017, <https://www.lcsun-news.com/story/news/local/new-mexico/2017/03/06/solitary-confinement-suits-cost-nm-counties-millions/98817624/>; Huffington Post, “Stephen Slevin Accepts \$15.5 Million Settlement For 2 Years In Solitary Confinement In New Mexico Jail,” March 7, 2013, https://www.huffingtonpost.com/2013/03/07/stephen-slevin-solitary-settlement-new-mexico_n_2828137.html; US News, “Lawsuit: New Mexico Inmate Left for Dead in Solitary,” October 20, 2018, <https://www.usnews.com/news/best-states/new-mexico/articles/2018-10-20/lawsuit-new-mexico-inmate-left-for-dead-in-solitary>; Leslie Linthicum, “Closing the door on solitary confinement,” *Albuquerque Journal*, January 5, 2014; Russell Contreras, “Woman settles solitary confinement lawsuit,” *Santa Fe New Mexican*, February 6, 2014, http://www.santafenewmexican.com/news/local_news/woman-settles-solitary-confinement-lawsuit/article_f4dab109-03e1-5998-9b05-6d75ac4f3654.html; etc.

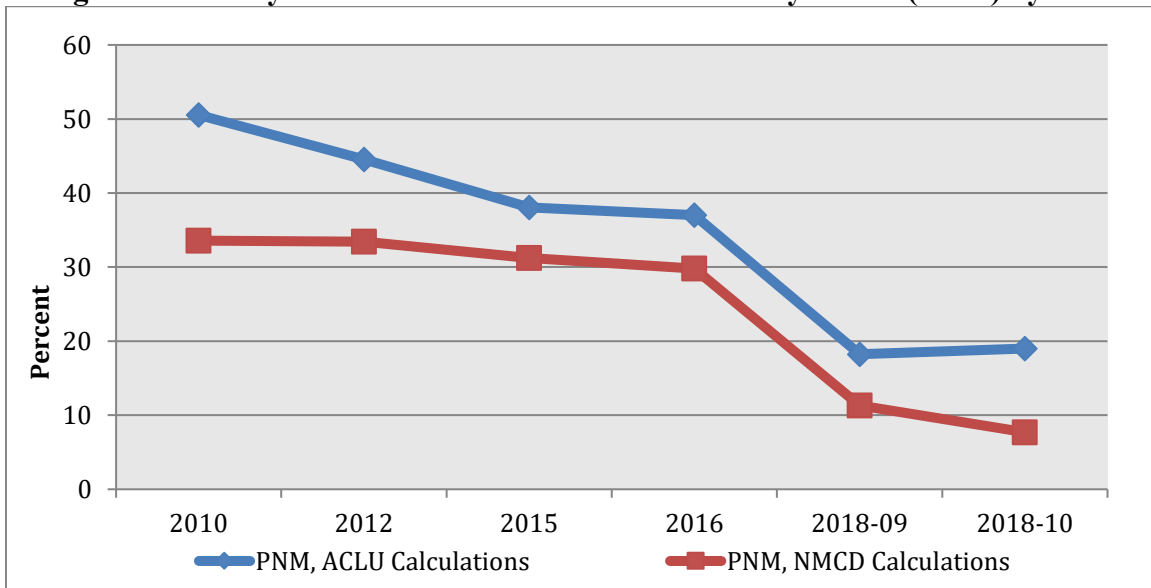
¹⁰⁸ ASCA-Liman, “Aiming to Reduce Time-In-Cell,” November 21, 2016; Vera Institute of Justice, “Case Study: New Mexico Corrections Department,” *Center on Sentencing and Corrections*; Department of Justice, “U.S. Department of Justice Report and Recommendations Concerning the Use of Restrictive Housing, Final Report,” 2016; see also Section 3.2 “Use of Solitary Confinement Across US States” of this report for further information.

¹⁰⁹ 52nd Legislature –State of New Mexico, *House Bill 376 “Restrict Isolated Confinement in Prisons”*; 53rd Legislature –State of New Mexico, *House Bill 242 “Isolated Confinement Act,”* which was vetoed by former governor Susana Martinez in April 2017; see also recent policy revisions such as CD-141000 Predatory Behavior Management Program created in July 2015 and last revised in October 2017; CD-180500 APA Behavioral Health and Related Services for Special Management Inmates revised in August 2018; and CD-141600 Special Management Population revised in December 2017.



Sources: State of New Mexico Corrections Department, IPRA requests 2018. “CBC Daily Institutional Movement 01/04/10;” “CBC Daily Institutional Movement 01/04/12;” “CBC Daily Institutional Movement 01/02/15;” “CBC Daily Institutional Movement 01/05/2016;” “CBC Daily Institutional Movement 09/04/2018;” “CBC Daily Institutional Movement 10/10/2018.”

Figure 5. Solitary Confinement Rate at the Penitentiary of NM (PNM) by Year



Sources: State of New Mexico Corrections Department, IPRA requests 2018. “CBC Daily Institutional Movement 01/04/10;” “CBC Daily Institutional Movement 01/04/12;” “CBC Daily Institutional Movement 01/02/15;” “CBC Daily Institutional Movement 01/05/2016;” “CBC Daily Institutional Movement 09/04/2018;” “CBC Daily Institutional Movement 10/10/2018.”

4.3 The Experience of Inmates Placed in Solitary Confinement in New Mexico

Purpose of Present Study

The purpose of the survey was to examine the conditions and mental health effects of segregated housing on inmates in the state of New Mexico. In particular, the survey, which is presented in Appendix E, emphasizes four primary areas: (1) psychological and physical experiences of solitary confinement; (2) access to and quality of prison healthcare providers; (3) recreation quality and accessibility; and (4) post-segregation reintegration experiences. The study primarily focuses on experiences of male offenders in the sample at 90 percent.¹¹⁰ To follow is a more detailed description of

¹¹⁰ Ten percent of the sample are female respondents, and of these women, only 50 percent (5/10) reported placement in segregated housing. Thus, the information insights gathered from the data capture only five women, we were still able to gather a few important insights from conditions in women prisons. Due to the small percent of women respondents in our sample, we caution the generalizability of the results outside of the study's domain, though it is likely that similar trends are present in women prisons across the country. The women in our sample are housed at the Women's New Mexico Corrections Facility (WNMCF). Participants' age range from 25 to 60 with their length of sentence ranging from one year and two months to 24 years. Seven in ten survey participants are women of color (two African American, and five Hispanic). Six in ten women report visitation a few times a year predominately from mothers, siblings or children. Eight in ten respondents report living conditions in the prison getting a little to a lot worse. Seven in ten women report being diagnosed with a mental illness by a mental health care provider at some point in their lives. Five out of five women report the duration of their segregated housing stay as 30 days or less. All female respondents placed in segregated housing consistently report experiencing feelings of depression, anxiety, loneliness, mood swings, joint pain, pain in abdomen, losing track of time, extreme tiredness. Four out of five women state that they did not receive a visit from a doctor or health provider while in segregated housing who checked in to see how they were doing. Contrary to Policy *CD-141000* Procedure [4-4270] which stipulates that those housed in segregation should receive one hour of recreation time, five days a week, five of five women report *not* having recreation time for five days each week while in

each of the primary aims of this study:

Aim 1: Psychological and physical experiences of solitary confinement

We explored the mental and physiological experiences of survey respondents during placement in administrative segregation. Also, we asked if visitation, phone or letter-writing privileges were revoked during their time in segregation to provide context to their isolation experiences. Specifically, we were interested in the following:

- The reason and duration of placement in administrative segregation; and
- Psychological and physical domains of segregated environments including but not limited to feelings of depression, loneliness, anxiety, violent thoughts or fits of rage, confusion and suspicion, abdomen pain, joint pain, hallucinations and cognitive impairment.

Aim 2: Access to and quality of healthcare providers

Per NMCD Policy *CD-141000* Procedure [4-4255] inmates, especially those with a known mental health diagnosis, should be monitored daily by a mental health provider,

segregated housing. In addition, five in five women report dissatisfaction with access to recreation while in segregated housing. However, when asked if and how often they refuse rec time, five of five women respondents refuse recreation time two to three times a week. When asked to expand on changes they would like to see regarding conditions of segregated housing, the respondents reveal that they are forced to choose between recreation time and shower time, since both occur simultaneously at 4am. Aside from breaches in recreation policy, trading recreation time with shower time negatively impacts women's reproductive health. Likewise, numerous studies suggest that the use of segregated housing without recreation time leads to serious, long-term mental health effects (Burns, 2005; Shalev, 2008; Gallant, Sherry, and Nicholson, 2015). Lastly, consistent with Policy *CD-141000* Procedure [4-4255], four out of five female survey participants report being checked on by an officer either every 30 mins or every hour. Overall, future research and policy efforts should target satisfaction with and quality of recreation time in conjunction with mental and physical health outcomes. NMDC authorities and facilities should provide the resources to hire more, long-term prison healthcare providers accessible to the segregated housing population.

and every 30 minutes by a correctional officer. We sought answers to the following questions:

- If you have a known mental health condition, are you generally receiving timely follow-ups?
- Overall, how satisfied are you with the quality of health care in the prison provided by the following providers at the facility: dentist, nurses, doctor, mental health?
- Thinking of your most recent experience, did you receive a visit from a doctor or health provider while in segregated housing who checked in to see how you were doing? If so, how often did they visit?
- What are some changes you would most like to see regarding mental health care service delivery?
- How can the prison improve on the quality of mental health care services?

Aim 3: Quality of and access to recreation time

The lack of or restricted access to recreation and visitation rights exacerbate mental health conditions and prove to increase violent thoughts or actions post isolation.¹¹¹

According to NMCD Policy *CD-141000* Procedure [4-4270], inmates should receive at least one hour of recreation time five days a week. To address these areas, we asked the following questions:

¹¹¹ Cohen, Fred. "Penal isolation: Beyond the seriously mentally ill." *Criminal Justice and Behavior* 35, no. 8 (2008): 1017-1047. Haney, Craig. "Mental health issues in long-term solitary and 'supermax' confinement." *Crime & Delinquency* 49, no. 1 (2003): 124-156. Haney, Craig. "A culture of harm: Taming the dynamics of cruelty in supermax prisons." *Criminal Justice and Behavior* 35, no. 8 (2008): 956-984. Kurki, Leena, and Norval Morris. "The purposes, practices, and problems of supermax prisons." *Crime and Justice* 28 (2001): 385-424.

- To your knowledge, does your prison facility have a recreation schedule during segregated housing?
- Thinking of your most recent experience in segregated housing, is the recreation schedule generally followed?
- Thinking of your most recent experience, did you receive at least one hour of exercise during recreation time outside of your cell while in segregated housing?
- Did you have recreation time five days per week while in segregated housing?
- How satisfied were you with the size of recreation space and access to recreation while in segregated housing?
- Thinking of your most recent experience in segregated housing, was there a time you wanted recreation time but could not go because it was cancelled? If so, how often did that occur?

Aim 4: Reintegration experiences post segregation

The primary goal of this aim was to understand inmate experiences with reintegration into the general population after placement in segregated housing. There is a lack of evidence that segregation has achieved its intended goal of reducing violence in the prison system.¹¹² Thus, we directly asked:

- Thinking of your most recent experience, do you feel your time in segregated housing helped to improve your behavior?
- Thinking of your last experience, did you experience difficulty getting back into

¹¹² Mears, Daniel P. "An assessment of supermax prisons using an evaluation research framework." *The Prison Journal* 88, no. 1 (2008): 43-68. Kurki, Leena, and Norval Morris. "The purposes, practices, and problems of supermax prisons." *Crime and Justice* 28 (2001): 385-424.

the prison routine after being released from segregated housing, and if so, please explain.

- What are some changes you would most like to see regarding conditions of segregated housing?

Methods

Recruitment procedures

The ACLU of New Mexico distributed Informed Consent Forms for participation via mail describing the following: the purpose of the study, the types of questions participants would expect on the survey, their voluntary involvement, and the anonymity and confidentiality of their responses. Each participant received a consent form notifying them of their right to decline participation in the survey. From our sample, we mailed out roughly 178 consent forms. 105 of 178 consent forms were returned, and a total of 90 surveys (n=90) were completed, with a final completion rate of 51 percent. About 93 percent of respondents reported placement in segregated housing.

We reached out predominantly to male inmates across the following prison facilities: Penitentiary of New Mexico (PNM), North East New Mexico Detention Facility (NENMDF), Lea County Correctional Facility (LCCF), Otero County Prison Facility (OCPF), and North West New Mexico Correctional Facility (NWNMCF), and Southern New Mexico Correctional Facility (SNMCF).

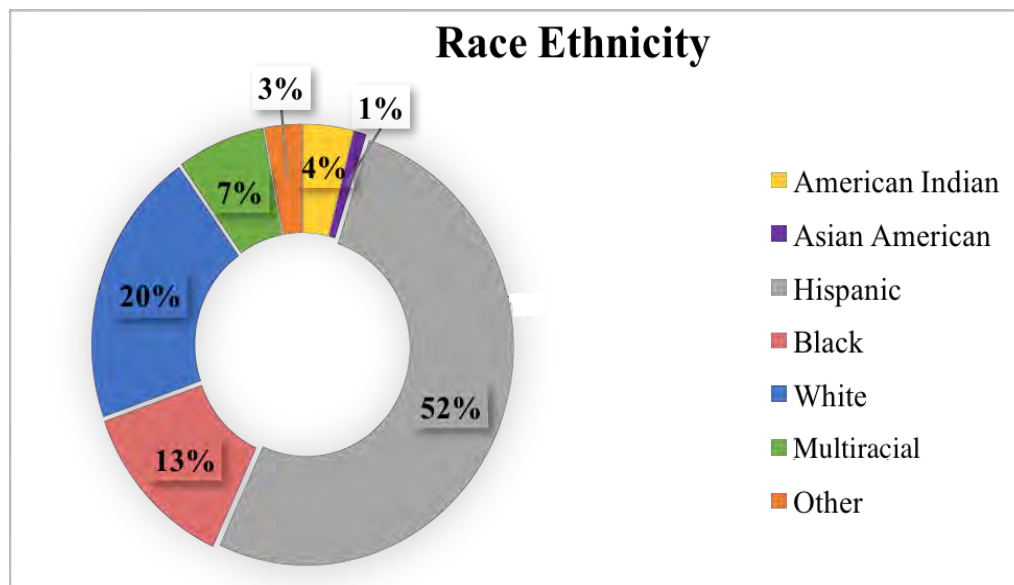


Figure 6. Ethno-racial composition of survey respondents

Source: Authors' Original Study, "Inmate Survey on the Use of Solitary Confinement in New Mexico," (Albuquerque: ACLU, 2018), conducted September 2018-January 2019.

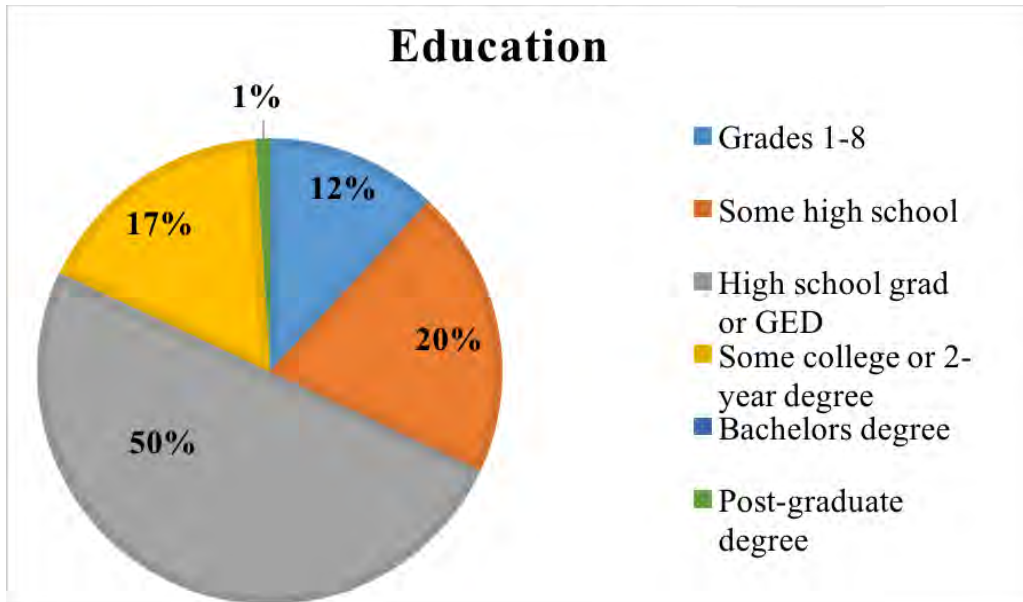
Participants

As stated earlier, 89 percent of the sample is comprised of male offenders, while 11 percent is comprised of female offenders.¹¹³ Similar to incarceration rates across the country, racial and ethnic minorities comprise roughly 75 percent of New Mexico's prisons. As demonstrated in Figure 6, Hispanic, Non-whites account for approximately 52 percent of the total prison population, slightly larger than the actual proportion of Hispanics in the state. Even more alarming is the percent of African Americans in New Mexico's prison facilities at 13 percent, even though they only make up 2.3 percent of the New Mexico population. Moreover, inmate respondents in the sample are slightly more

¹¹³ Frank Newport, "In U.S., Estimate of LGBT Population Rises to 4.5%," *Gallup*. Gallup, May 22, 2018, <https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>. (accessed February 18, 2019). Among both male and female respondents, roughly 7.5 percent housed in solitary confinement identify as LGBTQ which almost doubles the national estimate of the LGBTQ population at 4.5 percent.

educated than the national average. Figure 7 below shows that 50% of inmates have at least a high school graduate degree or GED and 17 percent obtained some college or two-year degree. Still, approximately 37 percent of the sample only achieved some high school education or grades 1-8.

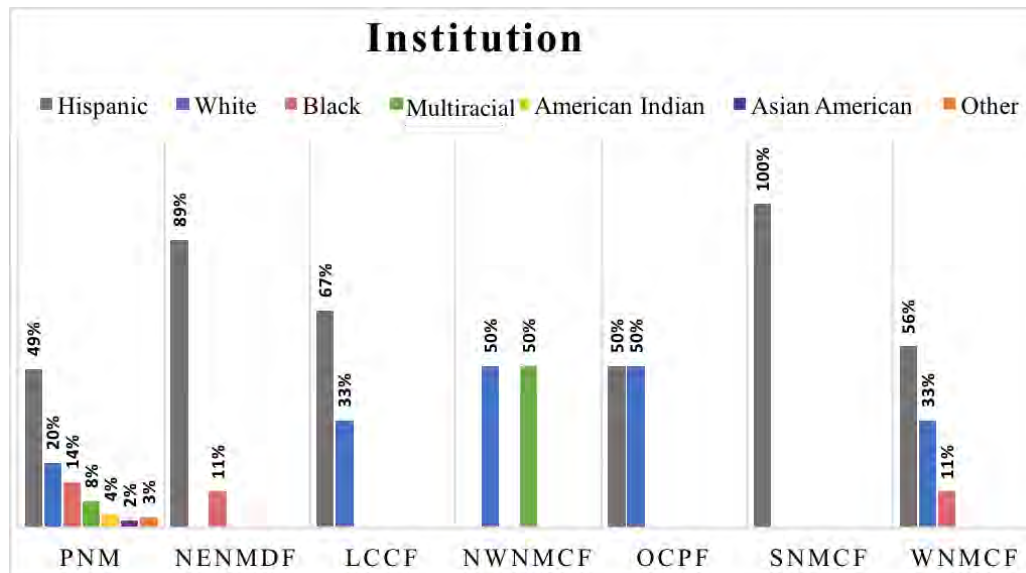
Figure 7. Education status of survey respondents



Source: Authors' Original Study, "Inmate Survey on the Use of Solitary Confinement in New Mexico," (Albuquerque: ACLU, 2018), conducted September 2018-January 2019.

Participants in the sample are predominantly housed at PNM (79%), NENMDF (9%), LCCF (4%), and OCPF, NWNMCF, and SNMCF each at 2 percent respectively. See Figure 8 for the ethno-racial breakdown of participants by NMCD facility. Respondent ages ranged from 22 to 69, with the average age around 37. Respondents are mostly either single (50%) or in a long-term relationship (26%), and the length of their sentences range from one year and five months to five life sentences.

Figure 8. Ethno-racial composition of survey respondents across NMCD facilities



Source: Authors' Original Study, "Inmate Survey on the Use of Solitary Confinement in New Mexico," (Albuquerque: ACLU, 2018), conducted September 2018-January 2019.

Findings

In January 2016, NMCD reported housing about 460 inmates, or 6.5 percent, in segregation. Among respondents who were placed in segregated housing, only 10 percent were housed for less than 30 days. Most respondents report being housed in isolation for over a year at 58 percent or over six months but less than a year at 17 percent. According to the New Mexico Department of Corrections Legislative report,¹¹⁴ inmates can no longer serve more than 30 days in punitive disciplinary sanctions to include time served prior to disciplinary hearing.

Important to the identified discrepancies in our data and NMCD's lack of

¹¹⁴ New Mexico Department of Corrections, "2016 Legislative Packet: Frequently Asked Questions," January 19, 2016.

adherence to its policies on solitary confinement are staffing considerations. NMCD reports losing almost every officer recruit within thirty-six (36) months due to low officer salary compensation.¹¹⁵ With the average correctional officer in New Mexico's prisons working sixty-four (64) hours a week, coupled with little compensation and understaffed facilities, the daily effectiveness of our state's prisons suffer.¹¹⁶ Fatigue and low staff morale, resulting from significant amounts of mandatory overtime, cause correctional officers who are on duty to perform tasks inadequately. Additionally, when correctional officer staffing remains so dramatically and consistently below minimal levels, normal activities such as contraband searches, training, inmate programming, and other activities, such as inmate recreation and visitation designed to manage inmate conduct, cannot be conducted.

Inmate recreation access and quality served as a focal point of our study, since social contact and connection to one's natural environment are critical to mental health quality and stability, especially for those in isolation. The survey asked, "thinking of your most recent experience in segregated housing, is the recreation schedule generally followed?" 70 percent state that their recreation schedule is followed either "only sometimes" or never. When asked if they received at least one hour of exercise during recreation time outside of their cell while in segregated housing at least five days a week, 55 percent state that they did not receive recreation time of at least one hour, and 71 percent stated that they did not receive recreation time five days a week. Moreover, we asked participants how satisfied they were with access to and size of recreation while in segregated housing. 70 percent indicated that they were either unsatisfied or very

¹¹⁵ Ibid

¹¹⁶ Ibid

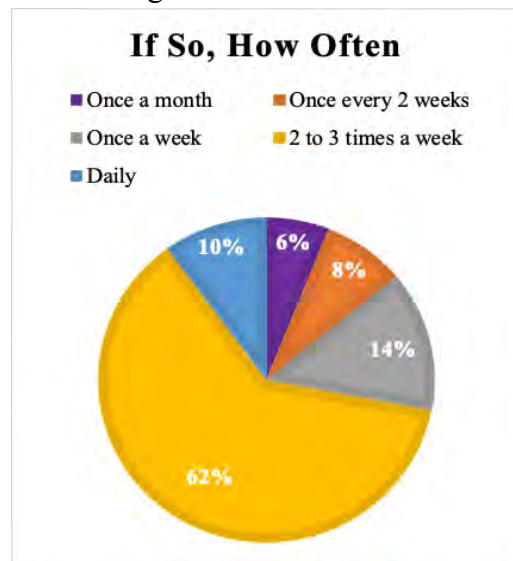
unsatisfied with access to recreation, while only 49 percent of inmates were either unsatisfied or very unsatisfied with the size of recreation.

Lastly, we asked participants if there was a time while in segregated housing that they wanted recreation time but could not go because it was cancelled, and if so, how often was recreation time cancelled. Figure 9 below shows that 94 percent of participants stated that there was a time that they wanted recreation but could not go because it was cancelled. Of those that expressed cancellation of recreation time, 62 percent stated that it was cancelled two to three times a week, which is displayed in Figure 10.

Figure 9



Figure 10



Source: Authors' Original Study, "Inmate Survey on the Use of Solitary Confinement in New Mexico," (Albuquerque: ACLU, 2018), conducted September 2018-January 2019.

To determine whether inmates did not attend recreation out of their own will, we asked if there was a time that recreation was offered to participants but they refused it. We found that 53 percent of respondents did refuse recreation time when it was offered. However, this high percentage of respondents refusing recreation may be due in part to practices of the forceful trading of recreation time for basic necessities. For example,

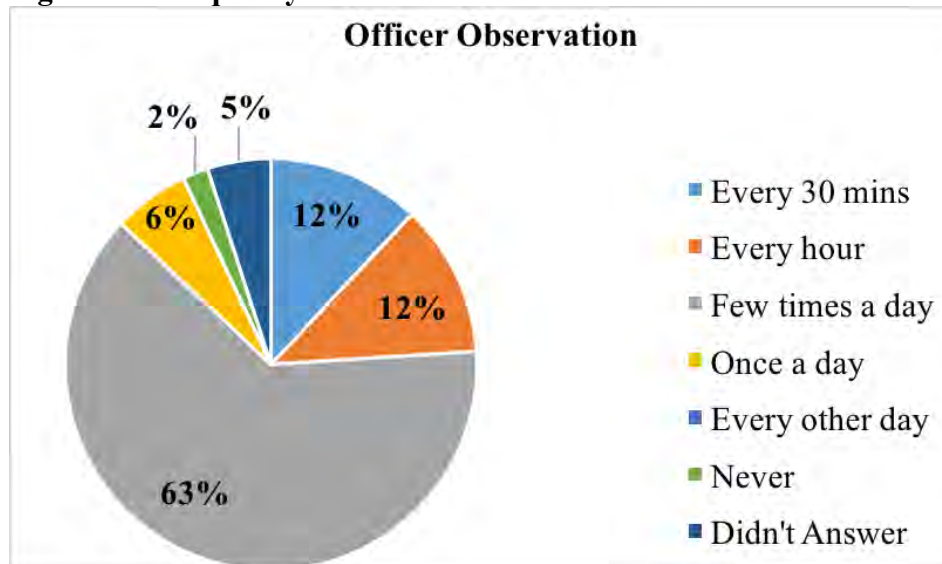
both men and women report extremely inconvenient recreation times at 4am. In these cases, inmates must choose between sleep and recreation time early morning before sunrise. Women (5/5) placed in segregated housing, particularly reported that they did not only sacrifice sleep, but also shower time in order to attend recreation. In this case, at WNMCF, women reported missing recreation time 2-3 times a week because shower time also took place at 4am, simultaneous to recreation time.

While Policy *CD-141000* Procedure [4-4270] states that recreation in segregated housing must take place for one hour, five days a week, the Liman-ASCA (2014) survey¹¹⁷ reports that on average, out-of-cell time for exercise, visits and programs were limited; the time out-of-cell ranged from 3 to 7 hours a week in many jurisdictions. Consistent deprivation of normal activities such as recreation time continues to be a point of contention for activists, health advocates, and policymakers attempting to mitigate the negative effects of segregated housing. Short-staffed prison facilities not only interrupt normal activities with which inmates can engage, but also take away from regulated monitoring duties that inmates so desperately require while in complete isolation.

This sentiment is highlighted in Figure 11 below: 6 percent of participants reported observation by an officer while in segregated housing only once a day, 63 percent reported observation only a few times a day, 12 percent are observed every hour, and only 12 percent reported being observed by a correctional officer every thirty minutes. Observation is required every 30 minutes as stated by Policy *CD-141000* Procedure [4-4255].

¹¹⁷ ASCA-Liman, "Time-In-Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison," August 31, 2015.

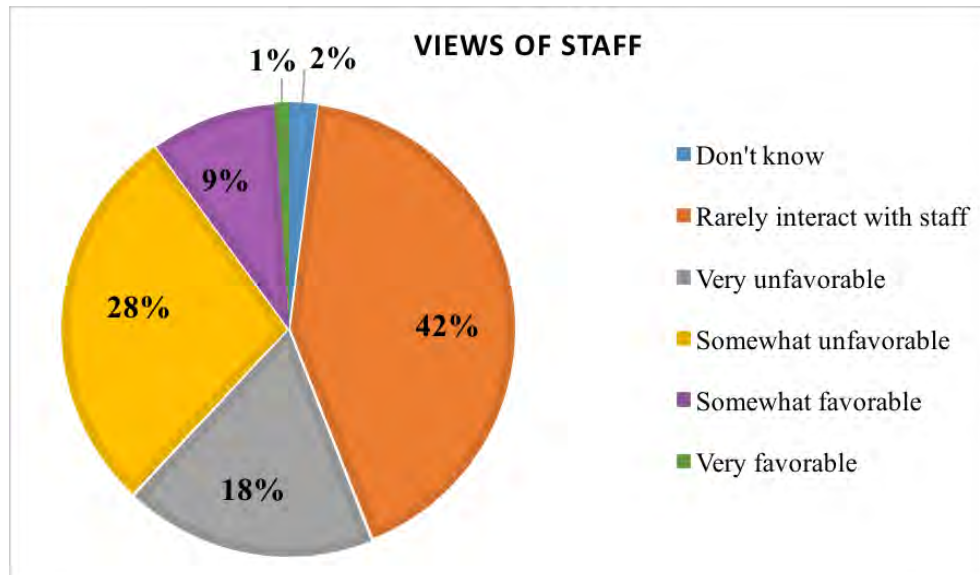
Figure 11. Frequency of officer observation



Source: Authors' Original Study, "Inmate Survey on the Use of Solitary Confinement in New Mexico," (Albuquerque: ACLU, 2018), conducted September 2018-January 2019.

Similarly, low correctional officer staffing and their inability to carry out routine and required daily activities for inmates can lead to lower levels of inmate satisfaction with correctional officers and living conditions. Accordingly, the results of the survey indicate low levels of satisfaction as shown in Figure 12. When asked, "do you have a favorable or unfavorable view of the staff you interact with," roughly 46 percent report either somewhat unfavorable or very unfavorable views. It is important to note that 42 percent of respondents state that they rarely interact with staff.

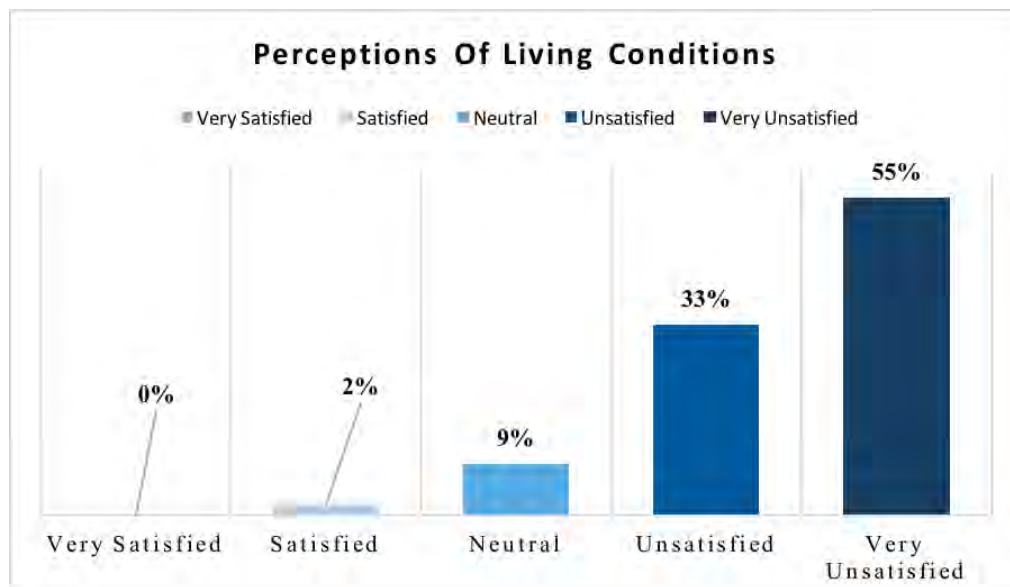
Figure 12. Inmate views of staff



Source: Authors' Original Study, "Inmate Survey on the Use of Solitary Confinement in New Mexico," (Albuquerque: ACLU, 2018), conducted September 2018-January 2019.

Also, when asked, "how satisfied are you with the current living conditions in the prison," 88 percent report that they are either very unsatisfied or unsatisfied with their current living conditions. Figure 13 illustrates the perceptions of living conditions. Lastly, when asked, "in your opinion, are living conditions in your prison getting better or worse," 86 percent report that living conditions in their prison facility are either getting a little or a lot worse.

Figure 13. Inmate satisfaction with living conditions



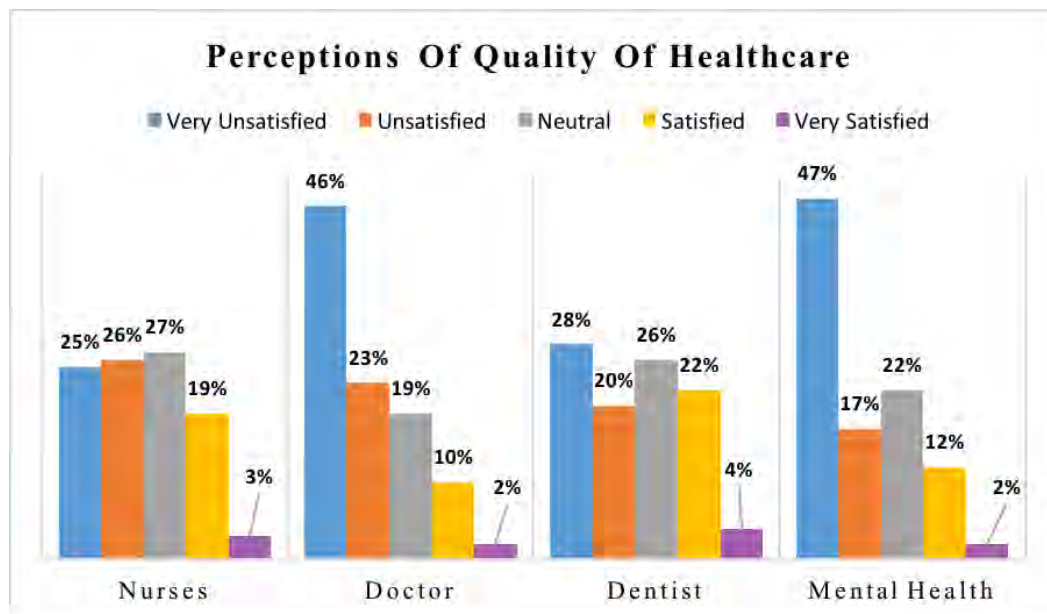
Source: Authors' Original Study, "Inmate Survey on the Use of Solitary Confinement in New Mexico," (Albuquerque: ACLU, 2018), conducted September 2018-January 2019.

Unfavorable perceptions are not only directed at correctional officers, but also towards prison healthcare providers. Figure 14 displays perceptions of the quality of healthcare received by nurses, doctors, dental staff, and mental health staff. Auditor Amanda Rasmussen, a U.S. Department of Justice (USDOJ) Certified PREA Auditor for Adult Facilities, states that, "PNM has medical health services staff onsite, 24-hours a day as evidenced by a review of health services staff schedules and an interview with a health services staff member."¹¹⁸ However, 55 percent of respondents to our survey stated that they never received a visit from a doctor or healthcare provider while in segregated housing who checked in to see how they were doing. Of those that did receive a visit from a doctor or health provider while in segregated housing, only 3 percent received

¹¹⁸ Amanda Rasmussen, "PREA Audit Report," August 23, 2017: pg37
https://cd.nm.gov/prea/docs/SNMCF_Audit_2017.pdf

visits daily or 3 percent received a visit 2-3 times a week while in segregated housing. 62 percent of respondents who received a visit from a health care provider while in segregated housing report monthly visits, 15 percent state they only received visits once a week, and 13 percent once every two weeks. When asked if inmates feel they have adequate access to mental health services, and if they receive timely follow-ups for those diagnosed with a mental health condition, 66 percent feel they do not have adequate access to mental health services, and 79 percent indicate they do not receive timely follow-ups for their mental health condition. The lack of follow-ups for mental health diagnoses has severe implications for symptoms that might flare up during extensive time served in isolation.

Figure 14. Perceptions of quality of health care across physicians



Source: Authors' Original Study, "Inmate Survey on the Use of Solitary Confinement in New Mexico," (Albuquerque: ACLU, 2018), conducted September 2018-January 2019.

As discussed in section 3.3, long periods of isolation and lack of social contact while in solitary confinement lead to a number of developed, severe mental and physical health manifestations, and the exacerbation of harmful, already-diagnosed mental and

physical health symptoms. In a series of questions asking about their solitary confinement experiences, respondents checked off whether they exhibited the following feelings or emotions. Table 2 below emphasizes that feelings of loneliness, anxiety, depression, sleep disturbances, and mood swings were the top five most prevalent emotions experienced while in segregated housing. These findings are consistent with a multitude of other prison-mental health studies.¹¹⁹ While the results demonstrate the pitfalls of prison institutions, participants desire change and provide suggestions for how to achieve useful prison reform moving forward.

Table 2. Symptoms and behaviors exhibited in segregated housing

Symptoms and Behavior in Segregated Housing	Prevalence
Loneliness	98%
Anxiety	95%
Depression	94%
Sleep disturbances	91%
Mood swings	87%
Abdomen pain	85%
Lose track of time	85%
Difficulty communicating	81%
Suspicion	81%
Violent thoughts	81%
Confusion	79%
Joint pain	78%

¹¹⁹ See Chillicothe Correctional Institution Inspection Committee Report (2014)

Difficulty concentrating	78%
Fits of rage	77%
Extreme tiredness	77%
Hearing voices	75%
Severe headaches	75%
Impulse control	63%
Visual problems	63
Loss of appetite	58%
Increased pulse	57%
Nervous breakdown	54%
Memory loss	51%
Hallucination	50%
Cry spells	41%
Thoughts of suicide	24%
Digestion or Diarrhea	33%

Source: Authors' Original Study, "Inmate Survey on the Use of Solitary Confinement in New Mexico," (Albuquerque: ACLU, 2018), conducted September 2018-January 2019.

Ways to improve conditions according to participants

Roughly 88 percent of those housed in segregation expressed issues with reintegrating back into the general population. Participants largely assert that reintegration after solitary confinement was difficult because they were not used to being around so many people after being in isolation for long periods of time. As a result, inmates exhibited antisocial, violent, and aggressive tendencies; problems interacting and living with others; issues with trusting others; feelings of paranoia and irritation; trouble connecting with others; adjusting to light and sound; and weakened speaking and

communication skills. Participant A stated, “whenever an individual is released from a 23/24-hour lockdown, when we are told what to do, when to do it, how to do it, and getting tossed back into general population where it’s open freedom. It becomes excruciating, especially being around so many people, loud, in the pods all day, disrespectful individuals, etc.” Another inmate expressed that, “you just become used to being locked down by yourself. You don’t feel comfortable in or out of your cell. You don’t want to be locked down, but at the same time you feel a lot of discomfort being around people.” Participants across institutions provided numerous ways to change conditions in segregated housing that might reduce issues of reintegration.

Inmates also showed concerns about the timing of recreation. Interviewees and survey respondents stated that they had to be awake and actively sign up for recreation time early in the morning, in many instances as early as 4:00 a.m. Otherwise, inmates would not have access to recreation.

Inmates suggested regular mental health care visits; regular meals and hot showers; access to cleaning supplies; access to canteen, tv and radio privileges; cleaner, warmer rooms; windows in cells; access to rehabilitation services, classes and programs; longer, more consistent rec time; better and more respectful treatment from guards; more discipline and accountability of CO misconduct; timely responses to requests, grievances, complaints, and appeals; more phone calls/communication with family; enforcement of policies around the length of time being held in segregation; and better visitation so that families can connect with each other. Female respondents mentioned not constantly being told to strip naked, and not being forced to choose shower time over rec time. A respondent reported the following, “we should get rec every day and get 2 rolls of tissue

and get contact visits again. Now that they have cameras everywhere it is beneficial to inmates because our complaints can be verified. Rec and visits should be vital to any inmate's well-being." Furthermore, another stated that, "we need more programs to fix the reason behind misconduct. Offer reading materials and talk to us and explain the procedures for appeals and explain our rights instead of just putting us in a cell."

Moreover, an interview with an inmate revealed inconsistent implementation of due process and grievance procedures pertaining to any initial behavior reports indicating the reason for being placed in solitary confinement. There are incidences where inmates are placed in solitary confinement without notification of the reason they are placed in isolation. Inmates are also housed in different types of isolated housing for long periods of time such as Pre-Hearing Detention (PHD) and Temporary Restrictive Hold (TRH); some of them waiting for a verdict on placement in segregation. This was the case of an interviewee from PNM, who revealed that he was placed in PHD and TRH for more than six months without knowing why he was investigated or why he would be placed in PBMP. The interviewee stated that after being placed in PHD for 30 days, he contacted the corresponding unit manager because he continued to be in PHD without a signed extension. The interviewee stated that immediately after that, he was placed in TRH, where, after 168 days, he learned why he was being investigated. After that, the interviewee said that he was sent back to PHD. The interviewee stated that he received the results of the investigation minutes before we met with him to conduct an interview for this study.

This behavior directly contradicts the placement criteria highlighted under Policy CD-141000 Procedure [2-CO-4B-01]¹²⁰ which states the following:

- An administrator will determine if the inmate meets referral criteria for placement in PBMP, followed by an investigation determining PBMP eligibility to be completed within fifteen working days documenting the specific and detailed reasons that the inmate meets eligibility criteria for placement.
- The Restrictive Housing Administrator will complete the Referral Checklist form CD-141001.2 and forward to the Facility Warden for review, which is then sent to the Restrictive Housing Administrator of OMS immediately after.
- The Restrictive Housing Administrator of OMS has five working days to review the Referral documentation and then sent to the Predatory Behavior Management Board for review within three working days to decide either approval or denial of placement in the PBMP. If the inmate wishes to submit an appeal of Predatory Behavior Management Placement or Retention Decision, the inmate must submit the appeal no later than fifteen working days after receiving the written decision.

Lastly, when asked to provide insight on changes regarding mental health care service delivery and quality of care, inmates recommend the following as vital: more timely, frequent mental health visits; more private visits; in depth conversation and explanation of medications they are prescribed; longer duration of medical care visits so

¹²⁰ New Mexico Corrections Department, “Predatory Behavior Management Program (PBMP),” October 5, 2017, <https://cd.nm.gov/policies/docs/CD-141000.pdf>

they can explain symptoms from medication or symptoms they are experiencing that might need attention; more consistent and familiar providers that build relationships with the inmates; more responsive providers that actively listen to concerns; and finally, more access to their provider for follow-ups after medication is given, especially when experiencing side effects. One inmate conveyed the following:

One of the main changes I would like to see regarding Mental Health would be to actually receive some type of cognitive therapy or any programming that will assist inmates for when they get sent back to general population or to the streets. For instance, I am currently in a short-timer pod waiting to be paroled; however, I am not receiving any type of programming to better equip me for the real world. Allowing inmates some type of programs would benefit those who want to really rectify their negative behaviors. Unfortunately, there's only one mental health assistant who is inept in her duties and it's hard to even speak to her. The other mental health peoples that sometimes conduct rounds are usually mental health from other facilities. Another improvement would be to actually have some real confidential conversations with the mental health provider. Mental health screening interviews are often conducted at the cell in front of, rather than in a private setting, and inmates are generally quite reluctant to disclose psychological distress in the context of such an interview, since such conversation would inevitably be heard by other inmates in adjacent cells, exposing inmates to possible stigma and humiliation in front of fellow inmates.

4.4 The Predatory Behavior Management Program

The Predatory Behavior Management Program (PBMP) was established in 2015. It is a “behavioral based program for inmates requiring enhanced supervision”¹²¹ aimed to decrease violent occurrences within prisons and work “towards alternatives to incarceration for non-violent offenders to reduce overcrowding.”¹²² Policy CD-141000

¹²¹ NMCD *CD-141000 Predatory Behavior Management Program (PBMP)*

¹²² New Mexico Legislative Finance Committee, “Performance Report Card, NMCD Fourth Quarter, Fiscal Years 2016,”

“Predatory Behavior Management Program” defines predatory behavior as “preying upon others through acts of violence, extortion, coercion, or conspiracy to commit any of these acts.” These terms are vague and comprehensive, as survey respondents placed in PBMP revealed that in their most recent experience with solitary confinement, they were placed in segregated housing due to possession of contraband, protective custody, participating in a sit-down strike, etc.¹²³ Survey respondents stated that most of these incidents are not “predatory” in nature.

PBMP is composed of four different steps that range from evaluation (step 1), which is the most restrictive step, to re-integration (step 4), in which inmates are prepared to return to the general population. Each step has different minimum periods of assignment, as well as different privileges and restrictions for inmates. Therefore, we examined each step in the program to determine which ones meet the criteria of solitary confinement outlined in this report. Table 3 presents the procedures of each step as outlined in Policy CD-141002 “Predatory Behavior Management Conditions of Confinement” last reviewed on 12/29/17.

As Table 3 shows, there is a discrepancy on whether PBMP Step 3 is considered restricted housing. In our analyses, we included Step 3 as solitary confinement not only because of the lack of tier time, but also because of the lack of access to activities in congregate space and the fact that the up to 5 hours of recreation a week and separated programming activities still keep inmates in Step 3 away from the general population,

https://www.nmlegis.gov/Entity/LFC/Documents/Agency_Report_Cards/770%20-%20NMCD%20FY16%20Q4%20Report%20Card%20Final.pdf

¹²³ Survey respondents provided one or multiple responses to the following question: “thinking of your most recent experience, without admitting any conduct what was the reason you were given for being placed in segregated housing?”

holding inmates in their cells for 22 hours per day or more. Through these issues, Step 3 of PBMP meets the criterion of solitary confinement of this study.¹²⁴

Table 3. Minimum Periods of Assignment and Privileges by Step for Inmates Placed in PBMP

PBMP Step	Minimum Period of Assignment	Privileges	Considered Solitary Confinement by NMCD	Considered Solitary Confinement by Authors' Analyses
1	30 days	<ul style="list-style-type: none"> • 3 showers per week • 1 hour of recreation 5 times per week • 4 phone calls per month • 2 visits per month • In-cell programming 	Yes	Yes
2	90 days	<ul style="list-style-type: none"> • 3 showers per week • 1 hour of recreation 5 times per week • 4 phone calls per month • 2 visits per month • In-cell programming or programming maintaining inmate separation 	Yes	Yes
3	120 days	<ul style="list-style-type: none"> • 3 showers per week • 1 hour of recreation 5 times per week • 6 phone calls per month • 4 visits per month • In-cell programming or programming maintaining inmate separation 	No	Yes
4	120 days	<ul style="list-style-type: none"> • 5 showers per week • 1 hour of recreation 5 times per week • 1 hour of tier time 5 days 	No	No

¹²⁴ Additional comments from interviewees and survey respondents concur with this assessment. One of them stated that “PNM is a level 6 prison and you stay in a segregated setting until you reach step 4 of the PBMP program so you stay in seg for almost a year.” Another inmate stated the following: “PBMP says on each step we will earn our privileges back, but I am on step three and still am not getting 6 visits or 6 phone calls.”

		per week • 20 minutes per meal in a congregate space • 10 phone calls per month • 6 visits per month • In-cell programming and programming in small congregate groups		
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Source: Policy CD-141002 “Predatory Behavior Management Conditions of Confinement” last reviewed on 12/29/17.

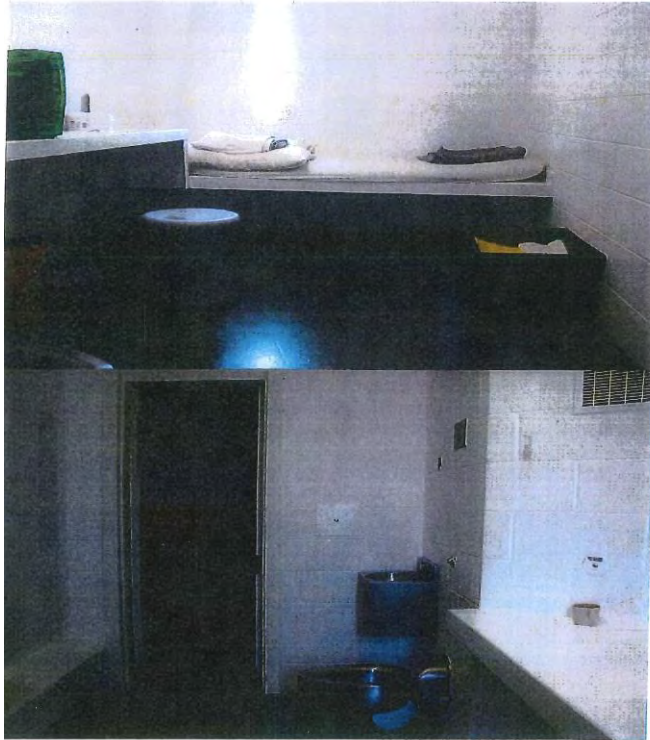
4.4.1 PBMP Housing Conditions

The housing conditions of inmates placed in PBMP are unclear and ambiguous. On one hand, Policy CD-141000 “Predatory Behavior Management Program” states that housing units for inmates placed in PBMP “provide living conditions that approximate those of the general inmate population; all exceptions are clearly documented.” This means that “all cells/rooms in Predatory Behavior Management provide a minimum of eighty (80) square feet, and shall provide (35) square feet of unencumbered space for the first occupant and 25 square feet of unencumbered space for each additional occupant.”¹²⁵ Through these standards, it is unclear whether inmates in the most restrictive phase of the program (step 1) have the same housing conditions as inmates who are ready to be reintegrated with the general population (step 4).

In order to know more about the housing conditions for inmates placed in PBMP, we requested photographs, images or documents showing the housing and recreation facilities of all security levels (steps 1-4) of the program. NMCD provided us with the two following photographs:¹²⁶

¹²⁵ NMCD *CD-141000 Predatory Behavior Management Program (PBMP)*, point H in page 4.

¹²⁶ Pursuant to request of IPRA tracking number 18-457



NMCD described the room depicted above as a “standard PBMP cell.” Nevertheless, previous reports and media articles covering stories about solitary confinement in New Mexico have shown identical housing cells for inmates placed in solitary confinement.¹²⁷ Therefore, it is unclear whether all inmates of the program are housed in cells that resemble the conditions of maximum-security levels.

¹²⁷ Associated Press, “New Mexico prisons boss gets raise, shelves plan to retire,” *Albuquerque Journal*, January 23, 2015, <https://www.abqjournal.com/530732/new-mexico-prisons-boss-gets-raise-shelves-plan-to-retire.html>

This article, which covers the stay of Secretary of Corrections Gregg Marcantel in a segregated cell in the Level 6 unit at PNM in January 2015, shows a photograph of a cell for inmates placed in segregation or solitary confinement, which was courtesy of NMCD. See also Phaedra Haywood, “Stuck on solitary: Efforts to reform prison practices in New Mexico have yet to succeed,” September 29, 2018, which shows a photograph of the cell where an inmate placed in solitary confinement was placed at PNM in September 2018.

4.4.2 Name of the Program Perceived Unfavorable among Inmates

The Predatory Behavior Management Program was originally identified as the “Special Management Program,” according to a Fiscal Impact Report of the 2015 HB 376 “Restrict Isolated Confinement in Prisons” conducted by New Mexico’s Legislative Finance Committee in 2015.¹²⁸ Nonetheless, the program was officially named Predatory Behavior Management Program. Through our survey and a series of interviews with inmates placed in PBMP, we find that the name of the program, particularly the word *predatory*, is considered derogatory.

The word *predatory* is defined as an adjective “relating to or denoting an animal or animals preying naturally on others” or the action of “seeking to exploit or oppress others.” It often has a sexual connotation, which is an issue that inmates showed concerned about. As one inmate stated, civilians who are not familiar with the program may infer that he was placed in PBMP for sexual reasons. The inmate stated that if potential employers know that he was placed in a program with such name, it would exclude him for consideration without any sort of inquiry into the allegations against him that led to his placement in PBMP, which could be minor.

4.4.3 PBMP’s Re-Integration Phase

In 2015, the Vera Institute of Justice published a case study of the New Mexico Corrections Department, stating that “NMCD renamed its Level 6 maximum security unit the Predatory Behavior Management Program (P[B]MP) to more clearly define its

¹²⁸ New Mexico Legislative Finance Committee, *Fiscal Impact Report of HB 376 “Restrict Isolated Confinement in Prisons,”* March 6, 2015, <https://www.nmlegis.gov/Sessions/15%20Regular/firs/HB0376.PDF>

purpose to prepare prisoners for successful return to general population.”¹²⁹ While this information concurs with the procedures outlined of PBMP,¹³⁰ interviews with inmates in PBMP revealed concerns about the implementation of the last step of the program, which is the re-integration phase, including “socialization in small groups prior to release to General Population.”¹³¹ Some inmates stated that former PBMP inmates housed in step 1 had been directly released to the streets without going through the proper re-integration phase outlined in the procedures of the program.

Although these claims are worth examining, the information provided by NMCD does not allow verifying these claims. In the CBC Daily Institutional Movement data from October and September 2018, NMCD provides the number of inmates placed in PBMP for steps 3 and 4 in the same count; therefore, it is impossible to know whether, and if so, how many, inmates are placed in the re-integration phase of the program. However, it is important to mention that NMCD did provide this information for CBC Daily Institutional Movement from 01/02/15¹³² and 01/05/2016.¹³³ A clear and concise break down of the number of inmates placed in each step is key for knowing to what extent NMCD is following the guidelines of PBMP.

¹²⁹ Vera Institute of Justice, “Case Study: New Mexico Corrections Department,” *Center on Sentencing and Corrections*, <http://cloud.quallsbenson.com/uploads/case-study-new-mexico.pdf>

¹³⁰ NMCD CD-141000 *Predatory Behavior Management Program (PBMP)*, October 5, 2017; see specifically NMCD’s CD-141002 “Predatory Behavior Management Conditions of Confinement.”

¹³¹ Ibid

¹³² Reported as “PNM V Level IV (2A; 2BM,N,O, 3A-B)”

¹³³ Reported as “PNM SOUTH LEVEL IV (2-3)”

V. Overview of Recent Policies and Practices Addressing the Use of Solitary Confinement

Policies and practices addressing the use of solitary confinement differ across states. Table 4 highlights key comparisons of state policies and practices between New Mexico, Ohio, Colorado, North Carolina, North Dakota, and Utah.¹³⁴ While these states vary in solitary confinement practices, their programs reformed policies related to pertinent targeted areas¹³⁵ conducted in the solitary confinement study discussed in Section 4.3. We compared outcomes on the following key policy domains as it pertains to solitary confinement: segregated housing duration, recreation, unit conditions, mental health services, treatment of prisoners with mental illnesses, privileges, officer monitoring, inmate grievance procedures, cognitive behavior programs, and reentry planning services.

Table 4. Comparison of State Policies regarding Solitary Confinement

Policy Areas	New Mexico	Ohio	Colorado	North Carolina	North Dakota	Utah
Segregated housing (cell size and duration)	★	★	★	★	★	★
Recreation	★	★	★	★	★	★
Unit conditions		★	★	★	★	★
Mental Health	★	★	★	★	★	★

¹³⁴ Chillicothe Correctional Institution, “Correctional Institution Inspection Committee Report on the Inspection and Evaluation of Chillicothe Correctional Institution,” March 2014. O’Keefe Maureen, Kelli Klebe, Alaysha Stucker, Kristin Sturm and William Leggett, “One Year Longitudinal Study of the Psychological Effects of Administrative Segregation,” January 2011. Utah Department of Corrections, “Division of Institutional Operations: Inmate Orientation Handbook,” January 2013.

¹³⁵ (1) psychological and physical experiences of solitary confinement; (2) access to and quality of prison healthcare providers; (3) recreation quality and accessibility; and (4) post-segregation reintegration experiences.

services						
Treatment of prisoners with Mental illness	★	★	★	★	★	★
Privileges (telephone, reading, visitation)	★	★	★	★	★	★
Officer monitoring	★	★	★	★	★	★
Inmate grievance procedures	★	★	★	★	★	★
Cognitive Behavior programs	★	★	★			
Reentry planning		★	★	★		★
Inmate tracking, monitoring and reporting mechanisms		★	★			★

Across the targeted policy dimensions, New Mexico falls behind in inmate tracking, monitoring and reporting mechanisms policies and meeting baseline satisfactory unit conditions policies. While the stars indicate the existence of policies, we note core issues in the quality or enforcement of these policies and procedures.

Primarily, the Legislative Finance Committee (LFC) has concerns about the integrity of NMCD's performance data, including overall recidivism rate. According to the LFC Hearing Brief, a request was made to NMCD to provide an explanation and monitoring plan for lower turnover rates; no data or explanation has yet been provided.¹³⁶

With respect to officer training, policies exist on officer conduct, regulations or practices

¹³⁶ New Mexico Legislative Finance Committee, "NMCD New Mexico Legislative Finance Committee Hearing Brief," July 21, 2017, https://www.nmlegis.gov/Entity/LFC/Documents/Public_Safety_and_The_Courts/Hearing%20Brief%20-%20Corrections%20Department%20July%202017.pdf.

on how to approach or discipline persons with mental illnesses, but appear to be underdeveloped compared to other states. NMCD Policy CD-037400 states that they will not hire or promote applicants or contractor applicants who have engaged, been convicted of, or civilly adjudicated to have engaged in prohibited activity.¹³⁷ The agency will consider incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor. Documentation from the Prison Rape Elimination Act Compliance Manager (PREA CM) and an interview of the Human Resource Supervisor indicated that PNM had not been requested to provide information on any staff who previously worked at PNM to another confinement facility. Training is provided to all staff who may have contact with inmates in the corrections academy at new employee training “Corrections 101.” The Corrections 101 training included: the agency’s zero tolerance for sexual abuse and sexual harassment; how to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; inmates’ right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and harassment in confinement; common reactions of victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; and how to communicate effectively and professionally with all inmates including those identifying as LGBTQI or gender nonconforming.¹³⁸ However, the PREA Audit Report conducted on May 10, 2017 by Amanda Rasmussen a U.S. Department of

¹³⁷ Amanda Rasmussen, “PREA Audit Report,” August 23, 2017, (17-19) https://cd.nm.gov/prea/docs/SNMCF_Audit_2017.pdf.

¹³⁸ Ibid

Justice (USDOJ) Certified PREA Auditor for Adult Facilities states that, “An extensive review of all employee training records indicated that 17 had not been documented to have received the required training...PNM took immediate action to ensure the identified staff were trained and documentation of that training was sent to the auditor for review.”¹³⁹

Moreover, while New Mexico technically has a Cognitive Behavior Program listed as PBMP, we have found that it acts as a form of punitive solitary confinement. The program is supposed to provide treatment to offenders who have demonstrated the inability to habituate themselves through programs offered in the general population and have engaged in “predatory” behavior. While other states implement some form of a Behavior Management Program or Quality of Life Program, they greatly differ from New Mexico; as they provide actual cognitive classes and access to similar privileges as those in the general population.¹⁴⁰

Lastly, the availability and accessibility of general population reentry planning services are lacking relative to other states post isolation. States such as Ohio, Colorado and Utah provide behavioral classes and programs, mental health wellness programs, psychological assessment processes. These states also have designated Progressive Reintegration or Administrative Transition units for inmates transitioning from solitary confinement to the general population. In addition to the lack of programming to aid in the

¹³⁹ Ibid

¹⁴⁰ Chillicothe Correctional Institution, “Correctional Institution Inspection Committee Report on the Inspection and Evaluation of Chillicothe Correctional Institution,” March 2014. O’Keefe Maureen, Kelli Klebe, Alaysha Stucker, Kristin Sturm and William Leggett, “One Year Longitudinal Study of the Psychological Effects of Administrative Segregation,” January 2011. Utah Department of Corrections, “Division of Institutional Operations: Inmate Orientation Handbook,” January 2013.

release back into general population, in our in-person interviews with inmates connected to our research inmates expressed concern about being released directly from PMBP back into society. In other words, our research has indicated that inmates can be released from PMBP without completion of the program and directly into their arrangement outside of prison.

VI. Policy Recommendations

Based on the data collection on policies from New Mexico and across the country, as well as the interviews and surveys conducted with inmates, we provide a series of recommendations and best practices to address issues related to the use of solitary confinement in New Mexico.

6.1 Revisiting the Use of Solitary Confinement

As stated in Section IV “Solitary Confinement in New Mexico,” NMCD provided data of the Central Bureau Classification (CBC) Daily Institutional Movement through a New Mexico Inspection of Public Records Act (IPRA) request. The data listed the number of inmates placed in different facilities, specifying the units/security levels where inmates were located. The data also showed how the state calculated the rates of solitary confinement from six different dates. Nevertheless, based on our examination of guidelines, procedures and lists of services for inmates placed in different security levels, we found that the units that NMCD included in its calculations of solitary confinement were incomplete based on our standards of restrictive housing, which concur with those from the Department of Justice, the ASCA-Liman Report (2016), and the United Nations.

For the most part, NMCD identified security level VI as solitary confinement, and in recent years, with the creation of the Predatory Behavior Management Program (PBMP) in 2015, the Department included PBMP's steps I and II in the calculations of restrictive housing. However, as we showed in Section IV, inmates placed in other security levels also experience isolation from the general inmate population, and the treatment and services they receive also meet the criteria of segregated housing.

One of the discrepancies occurred in PBMP step III, which we included as restrictive housing because of the absence of tier time, lack of access to activities in congregate spaces, and the fact that the up to 5 hours of recreation a week and separated programming activities still keep inmates in this step away from the general population, holding inmates in their cells for 22 hours per day or more. Another discrepancy occurred in prison security level V, which NMCD did not include as restrictive housing. An NMCD policy¹⁴¹ states that security levels V *and* VI are “the most restrictive custody statuses” and that “such inmates cannot function in general population.” The same policy¹⁴² reveals that inmates in level V have no tier time, no access to group programming, meals delivered to inmates' cells, and limited recreation (5 times per week). Additionally, a Q&A section from the NMCD website stated that some “inmates in level V are housed in single occupancy cells for *23 hours per day*, receiving one (1) hour per day for recreation.”¹⁴³ Based on this information, we conclude that security level V should be included in the calculations of solitary confinement, as it concurs with the

¹⁴¹ NMCD *CD-143000 Prison Security Levels V and VI*

¹⁴² NMCD's *CD-143003.A*, Level V Table of Services Attachment

¹⁴³ New Mexico Corrections Department Office of Constituent Services, “Family/Constituent Services & Correspondence Office,” under Frequently Asked Questions; for further details, see Section 4.3 “Rates of solitary Confinement: NMCD and Authors' Calculations.”

standards from the Department of Justice, the ASCA-Liman Report (2016), and the United Nations.

While we recognize that there is not a universally agreed upon definition of solitary confinement, the state of New Mexico should revisit the way it defines solitary confinement to align with standards of prominent organizations, including the U.S. Department of Justice and the United Nations. Also, policy and practice must take into consideration ethno-racial inequities and underlying biases related to the history of what causes an inmate to be placed in segregated housing, as well as health disparities that arise disproportionately in people of color while housed in isolation.

This would allow us to truly understand where New Mexico stands in the use of solitary confinement when compared to other US states and countries around the world.

6.2 Reassessing the Use of Solitary Confinement on Vulnerable Populations.

Juvenile Inmates

In July 2018, Tamera Marcantel, deputy director for Juvenile Justice Facilities at Children, Youth & Families Department (CYFD), reported that the use of solitary confinement in minors has significantly decreased in recent years. Marcantel stated that the use of solitary confinement among juveniles has decreased 88 percent from 2016 to 2018, going “from 234 to 28” accordingly.¹⁴⁴ Moreover, Marcantel stated that length of confinement among juveniles is minimal and has decreased over time, “from an average of 1 hour and 36 minutes to 37 minutes.”¹⁴⁵ Nonetheless, there have been testimonies

¹⁴⁴ Aaron Cantu, “All Alone, Reforms to adult and child solitary confinement in New Mexico could be on the horizon for next year,” July 18, 2018.

¹⁴⁵ Ibid

from formerly incarcerated youth attesting to severe conditions and lengthy placement to restrictive housing.¹⁴⁶

According to the Juvenile Justice Geography, Policy, Practice and Statistics (JJGPS), New Mexico prohibits the use of solitary confinement for punitive purposes; however, juvenile inmates can be placed in restrictive housing for other purposes such as rehabilitation or protective custody.¹⁴⁷

Regardless of the purpose for isolation, several US states and international organizations such as the United Nations and the European Court of Human Rights have called for a ban on the use of solitary confinement on children. Other agencies, such as the US Federal Bureau of Prisons, have established detailed policies for juvenile inmates, outlining specific periods of time that juveniles may be placed in restrictive housing depending on the types of incidents or violations that juveniles engage with.¹⁴⁸

Based on that, we recommend banning the use of restrictive housing on juvenile inmates to mitigate the distressing situations that juvenile inmates in solitary confinement go through. Another option could be adopting specific guidelines on how to deal with juveniles placed in restrictive housing to minimize the mental trauma that this vulnerable population goes through when isolated.¹⁴⁹

¹⁴⁶ Aaron Cantu, "All Alone, Reforms to adult and child solitary confinement in New Mexico could be on the horizon for next year," July 18, 2018; Collins and Collins P.C., "Solitary Confinement for Pregnant Women, Children and the Mentally Ill in the Land of Enchantment," <https://www.collinsattorneys.com/injuryblawg/civil-rights/solitary-confinement-pregnant-women-children-mentally-ill-land-enchantment/>

¹⁴⁷ Juvenile Justice Geography, Policy, Practice and Statistics, "New Mexico, Juvenile Justice Services," <http://www.jjgps.org/juvenile-justice-services/new-mexico>

¹⁴⁸ Department of Justice, "U.S. Department of Justice Report and Recommendations Concerning the Use of Restrictive Housing, Final Report," January 2016, pages 61-62.

¹⁴⁹ Arrigo and Bullock, "The psychological effects of solitary confinement on prisoners in supermax units: Reviewing what we know and recommending what should change,"

Inmates Diagnosed with Mental Health Conditions

Currently, NMCD has policies and procedures on how to deal with inmates that “(1) have a Special Management designation; and, (2) who meet specified mental health criteria.”¹⁵⁰ Inmates that meet such characteristics are placed in Alternative Placement Areas (APA), which is aimed to facilitate restrictive housing for inmates in security levels V and VI with diagnosed mental health conditions.¹⁵¹

As discussed in Section 4.3 “Rates of Solitary Confinement: NMCD and Authors’ Calculations,” the policies dealing with inmates in APA have broad guidelines on the services that APA inmates receive, and it is unclear how much time inmates in this program spend in their cells. While APA programming may include multiple types of activities, such as clinical services that are delivered either “individually or in groups,” if inmates assigned to APA units spend more than 22 hours isolated in their cells, such condition meets the criteria for solitary confinement.¹⁵² As previously stated, studies have found that prisoners with mental health issues deteriorate dramatically when they are in isolation.¹⁵³

2008; Tasca and Turanovic, *Examining Race and Gender Disparities in Restrictive Housing Placements*, 2018; Haney, “Mental health issues in long-term solitary and “supermax” confinement,” 2003; etc.

¹⁵⁰ NMCD CD-143000 *Prison Security Levels V and VI*; NMCD CD-143000 *Prison Security Levels V and VI*.

¹⁵¹ New Mexico Corrections Department Office of Constituent Services, “Family/Constituent Services & Correspondence Office,” under Frequently Asked Questions

¹⁵² Form CD-180501.1 “NMCD APA Individual Program Plan,” for a breakdown of the program recommendations and time frames for each inmate in APA.

¹⁵³ American Civil Liberties Union, “Abuse of the Human Rights of Prisoners in the United States: Solitary Confinement” (2011); Heartland Alliance National Immigrant

As discussed in Section 4.3, inmates diagnosed with mental health conditions need special care, particularly when assigned to special management units. While NMCD has guidelines on how to treat this population, more detailed guidelines are needed. Although NMCD Policy CD-180500 “APA Behavioral Health and Related Services for Special Management Inmates” has individual program plans to address the unique issues of each inmate, the policy is vague, leaving too much leeway in the treatment of inmates with mental health conditions. Therefore, we advocate for a revision of NMCD Policy CD-180500 that includes guidelines on the minimum activities and services provided to inmates placed in APA housing.

6.3 Increasing Institutional Transparency and Accountability

One of the challenges of the creation of this report was the lack of available information about the use of solitary confinement in state-run facilities. While our team submitted 12 different IPRA requests from September to November 2018, only a third of those requests were fully responded to¹⁵⁴ with the information that we requested.¹⁵⁵ One request that caused the most concern was the lack of general demographics of inmates housed in solitary confinement and the PBMP. Based on the responses we obtained from the IPRA requests, the state does not collect summaries or reports of the demographic information of inmates (e.g., ethno-racial background, levels of educational attainment, health status, etc.) or the length of time that inmates are placed in segregation. This is a

Justice Center, letter to the Special Rapporteur on torture, dated 16 June 2011; Settlement Agreement, *Rasho v. Baldwin*, No. 07-01298 (C.D. Ill. May 10, 2016), ECF No. 696.

¹⁵⁴ As of February 7, 2019

¹⁵⁵ While more than 50 percent of the IPRA requests were marked as “responded,” a recurring response to the requests was that correctional facilities or the state did not have “reports, studies or summaries containing the requested information.”

concerning issue that was also highlighted in the 2016 ASCA-Liman report, in which the state did not provide demographic characteristics of inmates in solitary confinement (e.g., gender, ethno-racial composition, pregnancy status) or the length of time that inmates were placed in segregation.

In order to increase informational transparency related to one of the most vulnerable populations in New Mexico, we recommend the creation of regular and consistent reports that address the use of solitary confinement in state-run facilities. We recommend the creation of **biannual reports** that reveal **general trends of inmates** placed in solitary confinement; these reports shall include (1) **demographic characteristics** of inmates placed in segregation, including but not limited to their age, levels of educational attainment, ethno-racial background, health status, etc. The reports shall also include a way to identify each inmate in a confidential manner;¹⁵⁶ in this way, the state would avoid alleged violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which imposes fines on state employees and institutions for publicly exposing the names of inmates with mental illnesses.¹⁵⁷

Moreover, the reports shall contain detailed **information about the treatment of inmates, specifically living conditions and length** that inmates are placed in solitary confinement. This includes –but it is not limited to– (2) the reasons of placement in

¹⁵⁶ While we recognize that it is important to keep the names of inmates placed in segregation confidential to avoid revealing information about inmates with mental and physical conditions, we call for a way to keep track of each inmate’s record through a secret identification number that NMCD keeps track of. In this way, NMCD would be the only institution in the state to be aware of the mental and physical conditions of inmates in solitary confinement.

¹⁵⁷ US Department of Health and Human Services, “Summary of the HIPPA Privacy Rule,” May 2003, <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

segregation (3) and length of placement in solitary confinement, keeping track of the security levels and/or length of stay in every step in the PBMP. As of today, CD-141000 “Predatory Behavior Management Program” states that inmates shall be placed in isolation for *minimum* periods of time; it also establishes maximum length in isolation for inmates with additional enhancement days, which range from up to 240 days in step 2, to 360 days in step 3. However, the information provided by NMCD does not allow inspection of whether state-run facilities comply with these mandatory minimum and maximum periods of isolation.

Additionally, providing detailed information about the living conditions and the length that inmates are placed in solitary confinement would allow citizens and independent organizations to know and verify the information provided by the state. As previously stated, we found a significant difference in the share of inmates in solitary confinement that NMCD reported and our calculations.¹⁵⁸ Reporting detailed information about the treatment of inmates in solitary confinement would promote informational transparency within the correctional system and would allow New Mexican residents to hold institutions accountable.

Based on the findings from the survey conducted for this study, we recommend that all reports contain (4) the total number of check-ins per day by facility security guards, and visits by physical and mental health providers. This is particularly important given that, although NMCD policies state that inmates must have regular visitations from

¹⁵⁸ See Section 4.3 “Rates of Solitary Confinement: NMCD and Authors’ Calculations.”

health staff, as well as continuous check-ins from correctional officers throughout the day,¹⁵⁹ 42 percent of survey respondents revealed that they “rarely interact with staff.”¹⁶⁰

Moreover, the bi-annual report shall also include a (5) detailed record of the access to recreation time and activities provided to each inmate. This is particularly important because 94 percent of survey respondents revealed that there were times that they wanted recreation time but could not get it because it was cancelled.¹⁶¹ Although policies of segregated housing state that inmates shall have recreation time for one hour, five times per week,¹⁶² 62 percent of inmates revealed that their recreation time was cancelled two to three times a week.¹⁶³ Survey respondents and interviewees also expressed dissatisfaction about “trading” recreation time in order to have access to basic services and items such as access to their correspondence, sack lunches, and taking showers.¹⁶⁴ Reporting detailed records of recreation time and activities of inmates placed

¹⁵⁹ NMCD CD-141000 *Predatory Behavior Management Program (PBMP)*; according to this policy, “All Predatory Behavior Management inmates shall be personally observed by a correctional officer at *least every 30 minutes* on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior shall receive more frequent observation; suicidal inmates shall be under continuous observation. [4-4257].” See also NMCD CD-143000 *Prison Security Levels V and VI*; NMCD CD-141600 *Special Management Population*; NMCD CD-143000 *Prison Security Levels V and VI*.

¹⁶⁰ See Section 4.3 The Experience of Inmates Placed in Solitary Confinement of this report.

¹⁶¹ Ibid (section 4.3)

¹⁶² NMCD CD-141000 *Predatory Behavior Management Program (PBMP)*; NMCD CD-141600 *Special Management Population*; NMCD CD-143000 *Prison Security Levels V and VI*.

¹⁶³ See Section 4.3 The Experience of Inmates Placed in Solitary Confinement of this report.

¹⁶⁴ In our survey, female survey respondents who had been in solitary confinement stated that they are forced to choose between recreation time and shower time since both of them occur at the same time.

in solitary confinement would not only allow us to learn about the conditions and treatment of these inmates, but would also enhance institutional transparency.

While we acknowledge that having a system that promotes institutional transparency requires access to adequate resources, having bi-annual reports would be a way to have clear information without a high cost attached. A Fiscal Impact Report from the New Mexico Legislative Finance Committee estimated that having detailed reports about similar information every three months could “require the hiring of an additional staff member at a cost of approximately \$60 thousand per year.”¹⁶⁵ However, by limiting the amounts of reports to two per year, we estimate that it would reduce the cost by half, making it convenient and affordable for New Mexican residents.

VII. Conclusion

This report has found that the use of solitary confinement in New Mexico’s prisons exposes inmates to harmful mental and physical health deterioration. Furthermore, both the lack of transparency of and derailment from policies and procedures pertaining to the use and conditions of isolation significantly affects reintegration into general population or society. Multiple survey respondents highlighted this sentiment by stating,

“[W]e need more programs to fix the reason behind misconduct.”

“One of the main changes I would like to see regarding Mental Health would be to actually receive some type of cognitive therapy or any programming that will assist inmates for when they get sent back to general population or to the streets.”

¹⁶⁵ New Mexico Legislative Finance Committee, *Fiscal Impact Report of HB 242 “Isolated Confinement Act, 2017*

“Segregated housing should be a last resort and be no longer than 30 days.

Inmates who have problems should be given the means to [address the underlying causes of their problems].”

In the end, inmates who have experienced solitary confinement do not feel like they have been given adequate access to rehabilitative resources to address behavioral issues. The highest concentration of inmates in solitary confinement in New Mexico are in PBMP, which is designed to reduce violent encounters in prison and work toward alternatives to incarceration for non-violent offenders.¹⁶⁶ Our research shows that these aims fall short. The PBMP houses inmates in solitary confinement for a minimum of 240 days, which exceeds the length of suggested time in solitary confinement per the Mandela Rules by 225 days –the equivalent to 7.5 months. Additionally, with regard to solitary confinement in and outside of PBMP there is both a lack of clearly defined rehabilitative programs and a lack of access to behavioral specialists integral to reintegration of inmates back into society or the general prison population.

Through the findings of this report, the ACLU of New Mexico encourages state and county correctional officials to work with advocates to incorporate these recommendations into a uniform set of guidelines to ensure the protection of inmate rights and the preservation of their mental and physical health status. The recommendations in this report are a starting place to improve the mental health of

¹⁶⁶ NMCD CD-141000 *Predatory Behavior Management Program (PBMP)*

inmates who are impacted by solitary confinement, which in turn improves the public safety for all New Mexicans.

**Appendix A. Data on the Use of Solitary Confinement Across US States as Reported
by the ASCA-Liman Report (2016)**

Table A.1. Solitary Confinement Across All Participant Jurisdictions

Jurisdiction	Total custodial population	Total custodial population for facilities reporting RH data	Population in Restricted housing	Percentage in restricted housing
Alabama	25,284	24,549*	1,402	5.70%
Alaska	4,919	4,919	352	7.20%
Arizona	42,736	42,736	2,544	6.00%
California	128,164	117,171*	1,104,172	0.90%
Colorado	18,231	18,231	217173	1.20%
Connecticut	16,056	16,056	128	0.80%
D.C.	1,153	1,153	95	8.20%
Delaware	5,824	4,342*	381	8.80%
Florida	99,588	99,588	8,103	8.10%
Georgia	56,656	56,656	3,880	6.80%
Hawaii	4,200	4,200	23	0.50%
Idaho	8,013	8,013	404	5.00%
Illinois	46,609	46,609	2,255	4.80%
Indiana	27,508	27,508	1,621	5.90%
Iowa	8,302	8,302	247	3.00%
Kansas	9,952	9,952	589	5.90%
Kentucky	11,669	11,669	487	4.20%
Louisiana	36,511	18,515*	2,689	14.50%
Maryland	19,687	19,687	1,485	7.50%
Massachusetts	10,004	10,004	235	2.30%
Michigan	42,826	42,826	1,339	3.10%
Minnesota	9,321	9,321	622	6.70%
Mississippi	18,866	18,866	185	1.00%
Missouri	32,266	32,266	2,028	6.30%
Montana	2,554	2,554	90	3.50%
Nebraska	5,456	5,456	598	11.00%
New Hampshire	2,699	2,699	125	4.60%
New Jersey	20,346	20,346	1,370	6.70%
New Mexico	7,389	7,389	663	9.00%
New York	52,621	52,621	4,498	8.50%
North Carolina	38,039	38,039	1,517	4.00%
North Dakota	1,800	1,800	54	3.00%
Ohio	50,248	50,248	1,374	2.70%
Oklahoma	27,650	27,650	1,552	5.60%
Oregon	14,724	14,724	630	4.30%
Pennsylvania	50,349	50,349	1,716	3.40%

South Carolina	20,978	20,978	1,068	5.10%
South Dakota	3,526	3,526	106	3.00%
Tennessee	20,095	20,095	1,768	8.80%
Texas	148,365	148,365	5,832	3.90%
Utah	6,497	6,497	912	14.00%
Vermont	1,783	1,783	106	5.90%
Virgin Islands	491	339*	96	28.30%
Virginia	30,412	30,412	854	2.80%
Washington	16,308	16,308	274	1.70%
Wisconsin	22,965	20,535*	751	3.70%
Wyoming	2,128	2,128	131	6.20%

Source: ASCA-Liman Report (2016) "Numbers and Percentages of Men and Women in Custodial Population in Restricted Housing by Jurisdiction (15 Consecutive Days or Longer, 22 Hours or More per Day) (n = 48)"

Table A.2. Solitary Confinement by Gender Across Participant Jurisdictions that Provided Data on Gender Composition

Jurisdiction	Male Inmates			Female Inmates		
	Total custodian population	Restricted housing population	Percentage in restricted housing	Total custodian population	Restricted housing population	Percentage in restricted housing
Alabama	23,062	1,382	6.00%	1,487	20	1.30%
Alaska	4,360	345	7.90%	559	10	1.80%
Arizona	38,764	2,452	6.30%	3,972	92	2.30%
California	111,996	1,079	1.00%	.	.	.
Colorado	16,719	214	1.30%	1,512	3	0.20%
Connecticut	14,993	120	0.80%	1,063	8	0.80%
Delaware	4,119	378	9.20%	223	3	1.30%
D.C.	1,153	95	8.20%	.	.	.
Florida	92,679	7,863	8.50%	6,909	240	3.50%
Hawaii	3,989	22	0.60%	738	1	0.10%
Idaho	7,001	389	5.60%	1,012	15	1.50%
Indiana	24,937	1,579	6.30%	2,571	42	1.60%
Iowa	7,575	242	3.20%	727	5	0.70%
Kansas	9,132	581	6.40%	820	8	1.00%
Kentucky	10,664	362	3.40%	1,005	20	2.00%
Louisiana	17,577	2,583	14.70%	938	106	11.30%
Maryland	18,736	1,454	7.80%	951	31	3.30%
Massachusetts	9,313	447	4.80%	691	16	2.30%
Michigan	40,625	1,321	3.30%	2,201	18	0.80%
Minnesota	8,674	602	6.90%	647	20	3.10%
Mississippi	17,516	180	1.00%	1,350	5	0.40%
Missouri	29,028	1,968	6.80%	3,238	60	1.90%
Montana	2,345	83	3.50%	.	.	.
Nebraska	5,018	589	11.70%	438	9	2.10%
New Jersey	17,027	1,316	7.70%	722	54	7.50%
New York	50,189	4,410	8.80%	2,432	88	3.60%
North Carolina	35,228	1,476	4.20%	2,811	41	1.50%
North Dakota	1,582	53	3.40%	218	1	0.50%

Ohio	46,115	1,363	3.00%	4,133	11	0.30%
Oklahoma	24,722	1,519	6.10%	2,928	33	1.10%
Oregon	13,451	609	4.50%	1,273	21	1.60%
Pennsylvania	47,551	1,701	3.60%	2,798	15	0.50%
South Carolina	19,575	1,045	5.30%	1,403	23	1.60%
South Dakota	3,132	101	3.20%	394	5	1.30%
Tennessee	18,630	1,716	9.20%	1,465	52	3.50%
Texas	135,580	5,726	4.20%	12,785	106	0.80%
Utah	5,960	852	14.30%	537	60	11.20%
Virgin Islands	324	95	29.30%	15	1	6.70%
Virginia	28,059	824	2.90%	2,353	30	1.30%
Washington	15,172	273	1.80%	1,136	1	0.10%
Wisconsin	19,221	692	3.60%	1,313	59	4.50%
Wyoming	1,877	121	6.40%	251	10	4.00%
BOP	177,451	8,827	5.00%	11,730	115	1.00%
Across Jurisdictions	1,180,821	59,049	5.00%	83,749	1,458	1.70%

Source: ASCA-Liman Report (2016), “Number and Percentage of Male Custodial Population in Restricted Housing (n=43),” and “Number and Percentage of Female Custodial Population in Restricted Housing (n=40).”

Appendix B. Samples of NMCD Individual Inmate Behavior Log for Inmates Placed in Solitary Confinement and PBMP

B.1 NMCD Individual Inmate Behavior Log for Inmates Placed in Solitary Confinement, Obtained through IPRA Request #18-413

Form CD-143002.2
(Page #1)

NEW MEXICO CORRECTIONS DEPARTMENT Individual Inmate Behavior Log

INSTRUCTIONS TO STAFF: This form is used in determining whether or not an inmate will advance to a less restrictive step of Administrative Segregation. This log is to be completed daily and turned in weekly to the Unit Security Supervisor. ANY STAFF MEMBER MAY MAKE AN ENTRY. The types of behaviors to be evaluated include disruptive behavior AND exceptionally good behavior. An entry should include the specifics of his/her behavior, if a misconduct report was generated, the date, time, and the name/signature of staff member making the entry. Examples of behavior may include but are not limited to: kicking/banging on door, refusal to conform to escort procedures, being verbally disruptive in the pod, interfering with staff duties, failing to maintain cleanliness, passing contraband, performing an extra work duty, or assisting in de-escalating a potential disruption. This form is not meant to be shared with the inmate.

NAME: [REDACTED] NMCD#: [REDACTED] HOUSING UNIT/CELL: MR402 BEGIN DATE: 01-02-15 END DATE: 1-5-15

Rating instructions: Rate the inmate according to his performance in the following categories. A rating of 1 or 3 requires a notation in the COMMENTS section

3—above expectations
2—compliant with housing unit regulations
1—non-compliant

Date 01/02/15 Is His/Her Cell Clean? Yes ☒ No ☐

Breakfast ☐ Lunch ☐ Dinner ☒

Took Shower ☐ Went to Recreation ☐ Reason if cancelled: Phone ☐

Refused Shower ☐ Refused Recreation ☐ Visit ☐

Not Scheduled ☒ Not Scheduled ☒ Haircut ☐

Cancelled ☐

D/W Officer: NIA (print) NIA (sign) E/W Officer: R. Rodriguez (print) (sign)

	Day Watch Rating	Evening Watch Rating
1. Housekeeping	N/A	2
2. Personal Hygiene	N/A	2
3. Cooperation with Staff	N/A	2
4. Social Adjustment	N/A	2

Date 1/3/15 Is His/Her Cell Clean? Yes ☒ No ☐

Breakfast ☒ Lunch ☐ Dinner ☐

Took Shower ☐ Went to Recreation ☐ Reason if cancelled: Phone ☐

Refused Shower ☒ Refused Recreation ☐ Visit ☐

Not Scheduled ☐ Not Scheduled ☐ Haircut ☐

Cancelled ☐

D/W Officer: [Signature] (print) (sign) E/W Officer: [Signature] (print) (sign)

	Day Watch Rating	Evening Watch Rating
1. Housekeeping	2	2
2. Personal Hygiene	2	2
3. Cooperation with Staff	2	2
4. Social Adjustment	2	2

Date 1/4/15 Is His/Her Cell Clean? Yes ☒ No ☐

Breakfast ☒ Lunch ☒ Dinner ☒

Took Shower ☒ Went to Recreation ☐ Reason if cancelled: Phone ☐

Refused Shower ☐ Refused Recreation ☒ Visit ☐

Not Scheduled ☐ Not Scheduled ☐ Haircut ☐

Cancelled ☐

D/W Officer: [Signature] (print) (sign) E/W Officer: [Signature] (print) (sign)

	Day Watch Rating	Evening Watch Rating
1. Housekeeping	2	2
2. Personal Hygiene	2	2
3. Cooperation with Staff	2	2
4. Social Adjustment	2	2

Date 01/05/14 Is His/Her Cell Clean? Yes ☒ No ☐

Breakfast ☐ Lunch ☐ Dinner ☒

Took Shower ☐ Went to Recreation ☐ Reason if cancelled: Phone ☐

Refused Shower ☒ Refused Recreation ☒ Visit ☐

Not Scheduled ☐ Not Scheduled ☐ Haircut ☐

Cancelled ☐

D/W Officer: [Signature] (print) (sign) E/W Officer: R. [Signature] (print) (sign)

	Day Watch Rating	Evening Watch Rating
1. Housekeeping	2	2
2. Personal Hygiene	2	2
3. Cooperation with Staff	2	2
4. Social Adjustment	2	2

Date 1/1/15 Is His/Her Cell Clean? Yes ☐ No ☐

Breakfast ☐ Lunch ☐ Dinner ☐

Took Shower ☐ Went to Recreation ☐ Reason if cancelled: Phone ☐

Refused Shower ☐ Refused Recreation ☐ Visit ☐

Not Scheduled ☐ Not Scheduled ☐ Haircut ☐

Cancelled ☐

D/W Officer: [Signature] (print) (sign) E/W Officer: [Signature] (print) (sign)

	Day Watch Rating	Evening Watch Rating
1. Housekeeping		
2. Personal Hygiene		
3. Cooperation with Staff		
4. Social Adjustment		

NEW MEXICO CORRECTIONS
DEPARTMENT

Date <u> </u> / <u> </u> / <u> </u>	Is His/Her Cell Clean?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Took Shower <input type="checkbox"/>	Went to Recreation <input type="checkbox"/>	Reason if cancelled:	Phone <input type="checkbox"/>	Day Watch Rating		Evening Watch Rating
Refused Shower <input type="checkbox"/>	Refused Recreation <input type="checkbox"/>		Visit <input type="checkbox"/>	1. Housekeeping		
Not Scheduled <input type="checkbox"/>	Not Scheduled <input type="checkbox"/>		Haircut <input type="checkbox"/>	2. Personal Hygiene		
	Cancelled <input type="checkbox"/>			3. Cooperated with Staff		
				4. Special Assignment		
D/W Officer: <u> </u>	(print)	(sign)	E/W Officer: <u> </u>	(print)	(sign)	

Date <u> </u> / <u> </u> / <u> </u>	Is His/Her Cell Clean? Yes <input type="checkbox"/> No <input type="checkbox"/>		Breakfast <input type="checkbox"/>		Lunch <input type="checkbox"/>		Dinner <input type="checkbox"/>	
Took Shower <input type="checkbox"/>	Went to Recreation <input type="checkbox"/>	Reason if cancelled: <input type="checkbox"/>	Phone <input type="checkbox"/>	Day Watch Rating		Evening Watch Rating		
Refused Shower <input type="checkbox"/>	Refused Recreation <input type="checkbox"/>	<input type="checkbox"/>	Visit <input type="checkbox"/>	1. Housekeeping				
Not Scheduled <input type="checkbox"/>	Not Scheduled <input type="checkbox"/>	<input type="checkbox"/>	Haircut <input type="checkbox"/>	2. Personal Hygiene				
	Cancelled <input type="checkbox"/>	<input type="checkbox"/>		3. Cooperation with Staff				
				4. Social Adjustment				
D/W Officer: <u> </u>	(print)	(sign)	E/W Officer: <u> </u>	(print)	(sign)			

Inmates will not be sanctioned through the inmate discipline process, the behavior log, or the UMT for merely engaging in normal conversation with other inmates. Normal conversation is considered to be conversation that occurs in a normal tone and level of voice between two or more inmates, and does not contain abusive, derogatory, or inflammatory language directed at staff or other inmates and which does not disrupt the orderly operation of the facility.

[illegible]

Date _____

B.2 NMCD Individual Inmate Behavior Log for Inmates Placed in the Predatory Behavior Management Program, Obtained through IPRA Request #18-454

Form CD-143002.2

Page #1a

NEW MEXICO
CORRECTIONS DEPARTMENT
Individual Inmate Behavior Log

INSTRUCTIONS TO STAFF: This form is used in determining whether or not an inmate will advance to a less restrictive step of Administrative Segregation. This log is to be completed daily and turned in weekly to the Unit Security Supervisor. ANY STAFF MEMBER MAY MAKE AN ENTRY. The types of behaviors to be evaluated include disruptive behavior AND exceptionally good behavior. An entry should include the specifics of his/her behavior, if a misconduct report was generated, the date, time, and the name/signature of staff member making the entry. Examples of behavior may include but are not limited to: kicking/banging on door, refusal to conform to escort procedures, being verbally disruptive in the pod, interfering with staff duties, failing to maintain cleanliness, passing contraband, performing an extra work duty, or assisting in de-escalating a potential disruption. This form is not meant to be shared with the inmate.

NAME: [REDACTED] NMCD#: [REDACTED] HOUSING UNIT/CELL: 2B/M- [REDACTED] BEGIN DATE: 4-30-17 END DATE: 5-6-17

Rating instructions: Rate the inmate according to his performance in the following categories. A rating of 1 or 3 requires a notation in the COMMENTS section

3=above expectations
2=compliant with housing unit regulations
1=non-compliant

Date: 4-30-17 Is His/Her Cell Clean? ☒ Yes ☐ No

Breakfast ☒ Lunch ☒ Dinner ☒

Took Shower ☐ Went to Recreation ☐ Reason if cancelled: Phone ☐

Refused Shower ☐ Refused Recreation ☐ Visit ☐

Not Scheduled ☒ Not Scheduled ☒ Haircut ☐

Cancelled ☐

D/W Officer: [Signature] (print) [Signature] (sign) E/W Officer: [Signature] (print) [Signature] (sign)

	Day Watch Rating	Evening Watch Rating
1. Housekeeping	2	2
2. Personal Hygiene	2	2
3. Cooperation with Staff	2	2
4. Social Adjustment	2	2

Date: 5-1-17 Is His/Her Cell Clean? ☒ Yes ☐ No

Breakfast ☒ Lunch ☒ Dinner ☒

Took Shower ☒ Went to Recreation ☒ Reason if cancelled: Phone ☐

Refused Shower ☐ Refused Recreation ☐ Visit ☐

Not Scheduled ☐ Not Scheduled ☐ Haircut ☐

Cancelled ☐

D/W Officer: [Signature] (print) [Signature] (sign) E/W Officer: [Signature] (print) [Signature] (sign)

	Day Watch Rating	Evening Watch Rating
1. Housekeeping	2	2
2. Personal Hygiene	2	2
3. Cooperation with Staff	2	2
4. Social Adjustment	2	2

Date: 5-2-17 Is His/Her Cell Clean? ☒ Yes ☐ No

Breakfast ☒ Lunch ☒ Dinner ☒

Took Shower ☐ Went to Recreation ☐ Reason if cancelled: Phone ☐

Refused Shower ☐ Refused Recreation ☐ Visit ☐

Not Scheduled ☒ Not Scheduled ☒ Haircut ☐

Cancelled ☐

D/W Officer: [Signature] (print) [Signature] (sign) E/W Officer: [Signature] (print) [Signature] (sign)

	Day Watch Rating	Evening Watch Rating
1. Housekeeping	2	2
2. Personal Hygiene	2	2
3. Cooperation with Staff	2	2
4. Social Adjustment	2	2

Date: 5-3-17 Is His/Her Cell Clean? ☒ Yes ☐ No

Breakfast ☒ Lunch ☒ Dinner ☒

Took Shower ☐ Went to Recreation ☐ Reason if cancelled: Phone ☐

Refused Shower ☐ Refused Recreation ☐ Visit ☐

Not Scheduled ☒ Not Scheduled ☒ Haircut ☐

Cancelled ☐

D/W Officer: [Signature] (print) [Signature] (sign) E/W Officer: [Signature] (print) [Signature] (sign)

	Day Watch Rating	Evening Watch Rating
1. Housekeeping	2	2
2. Personal Hygiene	2	2
3. Cooperation with Staff	2	2
4. Social Adjustment	2	2

Date: 5-4-17 Is His/Her Cell Clean? ☒ Yes ☐ No

Breakfast ☒ Lunch ☐ Dinner ☐

Took Shower ☐ Went to Recreation ☐ Reason if cancelled: Phone ☐

Refused Shower ☐ Refused Recreation ☐ Visit ☐

Not Scheduled ☐ Not Scheduled ☐ Haircut ☐

Cancelled ☐

D/W Officer: [Signature] (print) [Signature] (sign) E/W Officer: [Signature] (print) [Signature] (sign)

	Day Watch Rating	Evening Watch Rating
5. Housekeeping		2
6. Personal Hygiene		2
7. Cooperation with Staff		2
8. Social Adjustment		2

Date: <u>5-6-17</u>	Is His/Her Cell Clean? Yes <input type="checkbox"/> No <input type="checkbox"/>	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Took Shower <input type="checkbox"/>	Went to Recreation <input type="checkbox"/>		Day Watch Rating	Evening Watch Rating
Refused Shower <input type="checkbox"/>	Refused Recreation <input type="checkbox"/>			
Not Scheduled <input type="checkbox"/>	Not Scheduled <input type="checkbox"/>			
	Cancelled <input type="checkbox"/>			
Reason				

D/W Officer: _____	E/W Officer: _____
(print) (sign)	(print) (sign)

Inmates will not be sanctioned through the inmate discipline process, the behavior log, or the UMT for merely engaging in normal conversation with other inmates. Normal conversation is considered to be conversation that occurs in a normal tone and level of voice between two or more inmates, and does not contain abusive, derogatory, or inflammatory language directed at staff or other inmates and which does not disrupt the orderly operation of the facility.

[illegible]

Classification Officer

Date _____

Individual Inmate Behavior Log (07/07/2003)

CD-143002.2 page 2 of 2

Appendix C. List of NMCD Policies and Documents Reviewed for the Calculation of Rates of Solitary Confinement in New Mexico

Policy	Title	Description/ Overview	Issued date	Last revised/ reviewed date
CD-141000	Predatory Behavior Management Program	Policy establishes placement criteria, guidelines and living conditions of inmates placed in PBMP; defines <i>predatory behavior, predatory behavior management program, and restrictive housing conditions</i> .	July 23, 2015	October 5, 2017
CD-141001	Predatory Behavior Management Program Placement	Policy establishes detailed placement criteria, procedures for referral, and mental health assessment for inmates in PBMP	July 23, 2015	October 5, 2017
CD-141002	Predatory Behavior Management Conditions of Confinement	Policy describes steps of PBMP including Evaluation (step 1), self-accountability (step 2), cultural competency (Step 3), and re-integration (step 4) for male and female inmates.	July 23, 2015	October 5, 2017
CD-141003	Predatory Behavior Management Release	Policy outlines procedures for release of inmates to the general population, with a checklist to be approved by a unit manager stating that inmates must have completed 120 consecutive days on step 4 before being released.	July 23, 2015	October 5, 2017
CD-180500	APA Behavioral Health and Related Services for Special Management Inmates	Policy establishes guidelines for the provision of behavioral health services to Special Management inmates assigned to APA housing; defines alternative placement area (APA), mental health treatment Center (MHTC), Regular Special Management Housing	December 9, 2002	August 22, 2018
CD-180501	APA Behavioral Health and Related Services for Special Management Inmates	Process of behavioral health services, including intake process, well-being checks; clinical and non-clinical requirements; progression through the steps and levels of privileges; behavioral and security escort staff	December 9, 2002	August 22, 2018

CD-141600	Special Management Population	Policy provides a mission specific general population for inmates who NMCD is actively pursuing placement in appropriate alternative populations. Policy defines Special Management Population as a short-term alternative to Restrictive Housing	January 11, 2016	December 29, 2017
CD-142000	Drug Suppression Program	Policy provides intensive treatment for inmates with drug trafficking offenses in a close custody General Population setting and to temporarily separate these inmates from other general population inmates to protect the integrity of recidivism reduction programming in those populations.	December 3, 2015	November 30, 2018
CD-142001	Drug Suppression Program	Policy outlines placement, programs and requirements for inmates placed in the program.	December 3, 2015	November 30, 2018
CD-180400	Behavioral Health Screening and Services for Special Management Inmates	Policy establishes guidelines for the screening and behavioral health evaluation of inmates classified to Special Management, to ensure the behavioral health needs of such inmates are addressed; defines Alternative Placement Area (APA), Mental Health Special Management, Well-being checks	December 9, 2002	January 31, 2018
CD-180401	Behavioral Health Screening and Services for Special Management Inmates	Policy provides specific behavioral health screening of inmates referred to special management, and alternative placement areas; outlines services for inmates in Regular Special Management Housing (non-APA housing)	December 9, 2002	January 31, 2018
CD-143000	Prison Security Levels V and VI	Appendix of this policy contains a list of “Designated Special Control Units”	April 30, 2001	June 24, 2014
CD-143001	Interim Level VI Placement	Policy defines purpose and applicability of interim security level VI; defines assaultive behavior and conditions of confinement; provides a list	April 30, 2001	June 24, 2014

		Facilities and Units that are designated as Level V or Level VI. Appendix contains a List of Table of Services for interim Level VI		
CD-143002	Level V and VI Placement Criteria and Procedures	Criteria and Procedures for Placement in Level V and VI Facilities; Institutional Procedures for Placement of Inmates in Designated Level V or Level VI Facilities; appealing procedures;	April 30, 2001	June 24, 2014
CD-143003	Level V and VI Admission, Orientation and Conditions of Confinement	Admission, orientation and conditions of confinement for Levels V and VI, and Level V/VI for female inmates; levels V and VI step progression and regression process. Appendix contains tables of services for Levels V and VI, as well as Level V/VI for female inmates. Also contains an Individual Inmate Behavioral log	April 30, 2001	June 24, 2014
CD-143004	Level V/VI Release Procedures	Classification Committee Transfer/ Custody Reviews; Process for Release from Level VI Inmate Protection; annual reviews	April 30, 2001	June 24, 2014
CD-143005	Adjustment Controls	General regulations; incidents leading to placement in solitary confinement; Correctional Staff Counseling and Intervention; documentation and notification provisions	April 30, 2001	June 24, 2014
CD-143007	Programs, Activities and Services for Inmates in Level V and VI	List of programs and activities for inmates in levels V and VI, including recreation, religious access, educational/ social services, visiting privileges, physical and behavioral health services; etc.	April 30, 2001	June 24, 2014

Appendix D. List of Units by Facilities Included Calculations of Solitary Confinement in New Mexico

D.1. CBC Daily Institutional Movement 01/04/10

Facility and Unit	Included in NMCD Calculations	Included in Authors' calculations
PNM-VI SP	Yes	Yes
PNM-V SP (1A, 3A-B)	No	Yes
PNM V level IV (1B, 2A-B)	No	No
PNM-II (A-1; B-4-6)	No	No
PNM-II CRU (A-2, 3)	No	No
SNMCF IV (SNM) 1A	No	No
SNMCF III (2A-5B)	No	No
Disciplinary SP (1B)	Yes	Yes
SNMCF II	No	No
SNMCF COMPLEX TOTAL		
WNMCF IV (5)	No	No
WNMCF III (6, 7 R-S)	No	No
Disciplinary SP (7T)	Yes	Yes
WNMCF II (1-4)	No	No
WNMCF II Unit 8	No	No
WNMCF COMPLEX TOTAL		
CNMCF GER. SP	No	No
CNMCF LTCU SP	No	No
CNMCF A, D, SEG SP (1A, 2A)	Yes	Yes
CNMCF MHTC SP	No	No
CNMCF APA SP (1B)	No	Yes
RDC (3A-5B)	No	No
PV/Court Hold (2B)	Yes	Yes
CNMCF II	No	No
CNMCF I	No	No
CNMCF COMPLEX TOTAL		
RCC II	No	No
Springer (SCC) I (1-2)	No	No
Springer (SCC) II (3-8)	No	No
Springer Complex Total		
State Facility Total:		
total of State Male GP:		
LCCF II	No	No
LCCF III	No	No

Unit 1 GP SP	No	No
Disciplinary SP	Yes	Yes
LCCF COMPLEX TOTAL		
GCCF III	No	No
Disciplinary SP	Yes	Yes
GCCF COMPLEX TOTAL		
NENMDF III	No	No
Disciplinary SP	Yes	Yes
NENMCF COMPLEX TOTAL:		
Private Facility Total:		
Total of Private Male GP		
CNMCF LTCU (females)	No	No
NMWCF SP (D)	Yes	Yes
NMWCF RDC (E)	No	No
NMWCF GP	No	No
NMWCF COMPLEX TOTAL:		

D.2. CBC Daily Institutional Movement 01/04/12

Facility and Unit	Included in NMCD Calculations	Included in Authors' calculations
PNM-VI SP	Yes	Yes
PNM-V SP (1A-B)	No	Yes
PNM V level IV (2A-B, 3A-B)	No	No
PNM-II (A-1; B-4-6)	No	No
PNM-II CRU (A-2, 3)	No	No
PNM COMPLEX TOTAL		
SNMCF IV (SNM) 1A	No	No
SNMCF IV (5A)	No	No
SNMCF III (2A-5B; 5B)	No	No
Disciplinary SP (1B)	Yes	Yes
SNMCF II	No	No
SNMCF COMPLEX TOTAL		
WNMCF IV (5, 6, 7 R-S)	No	No
Disciplinary SP (7T)	Yes	Yes
WNMCF II (1-4)	No	No
WNMCF COMPLEX TOTAL		
CNMCF GER. SP	No	No
CNMCF LTCU SP	No	No
CNMCF A, D, SEG SP (1A, 2A)	Yes	Yes

CNMCF MHTC SP	No	No
CNMCF APA SP (1B)	No	Yes
RDC (3A-5B)	No	No
PV/Court Hold (2B)	Yes	Yes
CNMCF II	No	No
CNMCF I	No	No
CNMCF COMPLEX TOTAL		
RCC II	No	No
Springer (SCC) I (9-10)	No	No
Springer (SCC) II (1-8)	No	No
Springer Complex Total		
State Facility Total:		
Total of State Male GP:		
LCCF II	No	No
LCCF III	No	No
Unit 1 GP SP	No	No
Disciplinary SP	Yes	Yes
LCCF COMPLEX TOTAL		
GCCF III	No	No
Disciplinary SP	Yes	Yes
GCCF COMPLEX TOTAL		
NENMDF III	No	No
Disciplinary SP	Yes	Yes
NENMDF COMPLEX TOTAL:		
Private Facility Total:		
Total of Private Male GP		
CNMCF LTCU (females)	No	No
NMWCF SP (D)	Yes	Yes
NMWCF RDC (E)	No	No
NMWCF GP	No	No
NMWCF COMPLEX TOTAL:		
WWF I/II Unit 8	No	No
Total of Female (GP)		

D.3. CBC Daily Institutional Movement 01/02/15

Facility and Unit	Included in NMCD Calculations	Included in Authors' calculations
PNM-VI SP	Yes	Yes
PNM VI APA (3A S&T Pod)	No	Yes
PNM-S R&R (1A)	No	No
PNM-V SP (1B)	No	Yes
PNM V Level IV (2A; 2BM, N, O, 3A-B)	No	No
PNM-II(RPP)(2B-Ppod)	No	No
PNM-II (A-1, B-4-6)	No	No
PNM-II CRU (A-2,3)	No	No
PNM COMPLEX TOTAL		
SNMCF IV (SNM) 1A	No	No
SNMCF IV (4A-B; 5A (A-B pod); 5B)	No	No
SNMCF III (2A-B; 3A-B)	No	No
SNMCF (2A A-pod Intensive RPP)	No	No
SNMCF (OCPF Holds) (5A-C pod)	No	No
Disciplinary SP (1B)	Yes	Yes
SNMCF II	No	No
SNMCF COMPLEX TOTAL		
WNMCF IV (5, 6, O-P)	No	No
Disciplinary SP (6Q)	Yes	Yes
WNMCF II (1-4) (8)	No	No
WNMCF COMPLEX TOTAL		
CNMCF GER. SP (4B D-pod)	No	No
CNMCF LTCU SP	No	No
CNMCF A, D, SEG SP (1A, 1B)	No	Yes
CNMCF Court Hold (5B F Pod)	No	Yes
CNMCF MHTC SP	No	No
RDC (2A;2B-5B D-E Pod; 4B E-F pod)	No	No
CNMCF II	No	No
CNMCF I	No	No
CNMCF COMPLEX TOTAL		
RCC II	No	No
Springer (SCC) I (9-10)	No	No
Springer (SCC) II (1-8)	No	No
Springer Complex Total		
State Facility Total:		
LCCF II(HU-I)	No	No
LCCF III (HU1-B-E, 2,3)	No	No
Orientation/Overflow Seg (HU-1A)	Yes	Yes

Unit 1 GP SP (HU-4)		
Disciplinary SP (HU-S)	No	Yes
LCCF COMPLEX TOTAL		
GCCF III	No	No
Disciplinary SP	No	Yes
GCCF COMPLEX TOTAL		
NENMDF III	No	No
NENMDF III (RPP) (1B & C-pod)	No	No
Disciplinary SP	No	Yes
NENMDF COMPLEX TOTAL:		
OCP(CRU) (W Units) III	No	No
OCP (S Units)	No	No
OCPS (Dis Seg)	No	Yes
OCP COMPLEX TOTAL:		
Private Facility Total:		
CNMCF LTCU (females)	No	No
NMWCF SP (D K-Pod)	No	Yes
NMWCF RDC (E)	No	No
NMWCF GP	No	No
NMWCF COMPLEX TOTAL:		
Total of Female (GP)		
Total male		
Total of population		

D.4. CBC Daily Institutional Movement 01/05/16

Facility and Unit	Included in NMCD Calculations	Included in Authors' calculations
PNM-NORTH SP	Yes	Yes
PNM NORTH APA (3A S&T Pod)	No	Yes
PNM-SOUTH R&R (1A)	No	No
PNM-SOUTH SP (1B)	No	No
PNM SOUTH LEVEL IV (2-3)	No	No
PNM-II (A-1; B-4-6)	No	No
PNM COMPLEX TOTAL		
SNMCF IV (SNM) 1A	No	No
SNMCF IV (4A-B; 5A-5B)	No	No
SNMCF III (2A-B; 3A-B)	No	No
Disciplinary SP (1B)	Yes	Yes
SNMCF II	No	No
SNMCF COMPLEX TOTAL		

WNMCF III (4,5,6, 7 R, S)	No	No
Disciplinary SP (7T)	Yes	Yes
WNMCF II (1-3) (8)	No	No
WNMCF COMPLEX TOTAL		
CNMCF GER. SP (MHTC E-POD)	No	No
CNMCF LTCU SP	No	No
CNMCF A, D, SEG SP (1A, 1B)	Yes	Yes
CNMCF Court Hold (5B F Pod)	No	No
CNMCF MHTC SP	No	No
RDC (2A-5B D-E pod)	No	No
CNMCF II	No	No
CNMCF I	No	No
CNMCF COMPLEX TOTAL		
RCC II	No	No
Springer (SCC) I (9-10)	No	No
Springer (SCC) II (1-8)	No	No
Springer Complex Total		
State Facility Total:		
LCCF II(HU-I)	No	No
LCCF III (HU1-B-E, 2,3)	No	No
Orientation/Overflow Seg (HU-1A)	Yes	Yes
Unit 1 GP SP (HU-4)	No	No
Disciplinary SP (HU-S)	Yes	Yes
LCCF COMPLEX TOTAL		
GCCF III	No	No
Disciplinary SP	Yes	Yes
GCCF COMPLEX TOTAL		
NENMDF III	No	No
NENMDF III (RPP) (1A; B & C-pod)	No	No
Disciplinary SP	Yes	Yes
NENMDF COMPLEX TOTAL:		
OCP(CRU) (W Units) III	No	No
OCP (S Units)	No	No
OCPS (Dis Seg)	Yes	Yes
OCP COMPLEX TOTAL:		
Private Facility Total:		
CNMCF LTCU (females)	No	No
NMWCF SP (D K-Pod)	Yes	Yes
NMWCF RDC (E)	No	No
NMWCF GP	No	No
NMWCF COMPLEX TOTAL:		

Total of Female (GP)		
Total male		
Total of population		
REI Complex Totals (Day Prior)		

D.5. CBC Daily Institutional Movement 09/04/18

Facility and Unit	Included in NMCD Calculations	Included in Authors' calculations
LCCF II (HU 5)	No	No
LCCF III (HU 2, 3, 4)	No	No
Orientation (HU 1A)	No	Yes
Unit 1 GP SP (HU1 B-E)	No	No
LCCF MED (HU 6)	No	No
RHU (HU 7 SEG)	Yes	Yes
LCCF COMPLEX TOTAL		
GCCF III (UNIT 1 B-E, 2)	No	No
RHU (UNIT 1 A)	Yes	Yes
ORIENTATION (UNIT 3)	No	No
GCCF COMPLEX TOTAL		
NENMDF III	No	No
NENMDF RPP (HU1 A-C pods)	No	No
NENMDF (HU M)	No	No
RHU (HU 3)	No	Yes
NENMDF COMPLEX TOTAL		
OCPF (SO)	No	No
OCPP (XLE)	No	No
OCPS (RHU)	No	Yes
OCP COMPLEX TOTAL		
NWNMCF Level II (B, F, G)	No	No
NWNMCF Level III (A, E)	No	No
NWNMCF INTAKE (C)	No	No
NWNMDF RHU (D)	Yes	Yes
NMWCF COMPLEX TOTAL:		
Private Facility Total:		
PNM NORTH PBMP (1A step III; 1B step IV)	No	No
PNM NORTH PBMP (2 A I, j, k) 180-day release	No	No
PNM NORTH HU 2A(L-pod) Step III	No	Yes
PNM NORTH -HU 2B Step III	No	Yes
PNM NORTH HU 3 A- (q, r) PBMP steps I, II	Yes	Yes
PNM NORTH PBMP/RHU (s, t)	Yes	Yes
PNM NORTH PBMP HU 3B (v, w)	Yes	Yes
PNM NORTH RHU/PBMP steps I, II (u, x)	Yes	Yes

PNM SOUTH RHU/TRH- SMP DISC (1Aa)	Yes	Yes
PNM SOUTH SMP (1Ab-d, 1Be-g)	No	No
PNM SOUTH IV (1Bh, 2AL, 2B, 3A, 3Bu-w)	No	No
PNM SOUTH SNM (2A I, j, k)	No	No
PNM SOUTH IV ALT Sanctions (3B-x pod)	No	No
PNM II	No	No
PNM COMPLEX TOTAL:		
SNMCF III (2A, 2B, 3A, 3B, 4A)	No	No
SNMCF IV (4B, 5A, 5B)	No	No
SNMCF IV CAL SUR (1A)	No	No
RHU (1B)	No	Yes
SNMCF II	No	No
SNMCF COMPLEX TOTAL		
CNMCF LTCU	No	No
CNMCF MHTC	No	No
CNMCF (MHTC E-pod) Seminary	No	No
RDC (HU 2-5)	No	No
CNMCF RHU (HU 1)	No	Yes
CNMCF HU 1 *	No	No
CNMCF HU 2 *	No	No
CNMCF HU 3*	Yes	Yes
CNMCF HU 4 *	Yes	Yes
CNMCF II HU 5 (SENIOR LIVING	No	No
CNMCF II HU6 (ELEVATED NEEDS UNIT)	No	No
CNMCF I	No	No
CNMCF COMPLEX TOTAL		
RCC II -COMPLEX TOTAL	No	No
SCC -COMPLEX TOTAL	No	No
WNMCG III (HU, 1,2,7,8)	No	No
WNNMCF III *HU 3)	No	No
WNMCF III (HU4 - RHU)	Yes	Yes
WNMCF CCU (HU5-L pod)	No	No
WNMCF RDC/D&E (HU 5-M pod)	No	No
WNMCF IV (HU5-N pod)	No	No
WNMCF RDC (HU6)	No	No
WNMCF ID	No	No
WNMCF LTCU (HU 9)	No	No
WNMCF RDAP HU (10	No	No
WNMCF TBHU (HU 11)	No	No
WNMCF COMPLEX TOTAL		

CBC Daily Institutional Movement 10/10/18

Facility and Unit	Included in NMCD Calculations	Included in Authors' calculations
LCCF II (HU 5)	No	No
LCCF III (HU 2, 3, 4)	No	No
Orientation (HU 1A)	No	Yes
Unit 1 GP SP (HU1 B-E)	No	No
LCCF MED (HU 6)	No	No
RHU (HU 7 SEG)	Yes	Yes
LCCF COMPLEX TOTAL		
GCCF III (UNIT 1 B-E, 2)	No	No
RHU (UNIT 1 A)	Yes	Yes
ORIENTATION (UNIT 3)	No	No
GCCF COMPLEX TOTAL		
NENMDF III	No	No
NENMDF RPP (HU1 A-C pods)	No	No
NENMDF (HU M)	No	No
RHU (HU 3)	Yes	Yes
NENMDF COMPLEX TOTAL		
OCPF (SO)	No	No
OCPP (XLE)	No	No
OCPS (RHU)	Yes	Yes
OCP COMPLEX TOTAL		
NWNMCF Level II (B, F, G)	No	No
NWNMCF Level III (A, E)	No	No
NWNMCF INTAKE (C)	No	No
NWNMDF RHU (D)	Yes	Yes
NMWCF COMPLEX TOTAL:		
Private Facility Total:		
PNM NORTH PBMP (1A step III; 1B step IV)	No	No
PNM NORTH PBMP (2 A I, j, k) 180-day release	No	No
PNM NORTH HU 2A(L-pod) Step III	No	Yes
PNM NORTH -HU 2B Step III	No	Yes
PNM NORTH HU 3 A- (q, r) PBMP steps I, II	Yes	Yes
PNM NORTH PBMP/RHU (s, t)	Yes	Yes
PNM NORTH PBMP HU 3B (v, w)	No	Yes
PNM NORTH RHU/PBMP steps I, II (u, x)	Yes	Yes
PNM SOUTH RHU/TRH- SMP DISC (1Aa)	No	Yes
PNM SOUTH SMP (1Ab-d, 1Be-g)	No	No
PNM SOUTH IV (1Bh, 2AL, 2B, 3A, 3Bu-w)	No	No
PNM SOUTH SNM (2A I, j, k)	No	No

PNM SOUTH IV ALT Sanctions (3B-x pod)	No	No
PNM II	No	No
PNM COMPLEX TOTAL:		
SNMCF III (2A, 2B, 3A, 3B, 4A)	No	No
SNMCF IV (4B, 5A, 5B)	No	No
SNMCF IV CAL SUR (1A)	No	No
RHU (1B)	Yes	Yes
SNMCF II	No	No
SNMCF COMPLEX TOTAL		
CNMCF LTCU	No	No
CNMCF MHTC	No	No
CNMCF (MHTC E-pod) Seminary	No	No
RDC (HU 2-5)	No	No
CNMCF RHU (HU 1)	Yes	Yes
CNMCF HU 1	No	No
CNMCF HU 2	Yes	Yes
CNMCF HU 3	No	No
CNMCF HU 4	No	No
CNMCF II HU 5 (SENIOR LIVING	No	No
CNMCF II HU6 (ELEVATED NEEDS UNIT)	No	No
CNMCF I	No	No
CNMCF COMPLEX TOTAL		
RCC II -COMPLEX TOTAL	No	No
SCC -COMPLEX TOTAL	No	No
WNMCG III (HU, 1,2,7,8)	No	No
WNNMCF III *HU 3)	No	No
WNMCF III (HU4 - RHU)	No	Yes
WNMCF CCU (HU5-L pod)	No	No
WNMCF RDC/D&E (HU 5-M pod)	No	No
WNMCF IV (HU5-N pod)	No	No
WNMCF RDC (HU6)	No	No
WNMCF ID	No	No
WNMCF LTCU (HU 9)	No	No
WNMCF RDAP HU (10	No	No
WNMCF TBHU (HU 11)	No	No
WNMCF COMPLEX TOTAL		

Basic Demographic Questions

1. What is your race or ethnicity
 - ☐ White, not-Hispanic
 - ☐ Hispanic or Latino
 - ☐ Black or African American
 - ☐ Asian American
 - ☐ American Indian/Native American
 - ☐ Middle Eastern or Arab
 - ☐ Other
2. In what year were you born
____ _
3. Are you currently
 - ☐ Single
 - ☐ Long-term relationship
but *not* married
 - ☐ Married
 - ☐ Divorced
 - ☐ Widowed
4. What is your gender
 - ☐ Male
 - ☐ Female
 - ☐ Other
5. What is your highest level of completed education
 - ☐ Grades 1-8
 - ☐ Some High School
 - ☐ High School graduate or GED
 - ☐ Some college, 2-year degree
 - ☐ 4-year college graduate
 - ☐ Post-graduate education
6. Do you have family/friends that have visited you during your time here
 - ☐ Yes ☐ No
7. If yes, who normally visits you and how often do they visit you?
Check all that apply
 - ☐ Mother
 - ☐ A few times a week
 - ☐ A few times a month
 - ☐ A few times a year
 - ☐ Once a year
 - ☐ Never
 - ☐ Father
 - ☐ A few times a week
 - ☐ A few times a month
 - ☐ A few times a year
 - ☐ Once a year
 - ☐ Never
 - ☐ Siblings
 - ☐ A few times a week
 - ☐ A few times a month
 - ☐ A few times a year
 - ☐ Once a year
 - ☐ Never
 - ☐ Spouse/Partner
 - ☐ A few times a week
 - ☐ A few times a month
 - ☐ A few times a year
 - ☐ Once a year
 - ☐ Never
 - ☐ Children
 - ☐ A few times a week
 - ☐ A few times a month
 - ☐ A few times a year
 - ☐ Once a year
 - ☐ Never
 - ☐ Friend
 - ☐ A few times a week
 - ☐ A few times a month
 - ☐ A few times a year
 - ☐ Once a year
 - ☐ Never
 - ☐ Extended family

- ☐ A few times a week
☐ A few times a month
☐ A few times a year
☐ Once a year
☐ Never
8. What type of offense(s) have you been convicted of?
Check all that apply
- ☐ Crime against person
 (murder, manslaughter, assault, robbery)
☐ Sex offense
☐ Property offense (i.e. burglary)
☐ Drug offense
☐ Fraud
☐ Other [SPECIFY] _____
9. What is the length of your sentence?

10. What is the total time you've spent incarcerated to date?

11. Do you have a favorable or unfavorable view of the staff you interact with?
- ☐ I rarely interact with staff
☐ Very unfavorable
☐ Somewhat unfavorable
☐ Somewhat favorable
☐ Very favorable
12. How satisfied are you with the current living conditions in the prison?
- ☐ Very Satisfied
☐ Satisfied
☐ Neutral
☐ Unsatisfied
☐ Very Unsatisfied

13. In your opinion, are living conditions in your prison getting better or worse?
- ☐ Staying about the same
☐ Getting a lot worse
☐ Getting a little worse
☐ Getting a little better
☐ Getting a lot better
14. Do you consider yourself to be...
- ☐ Heterosexual or straight
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Transgender
☐ Queer
☐ Other [SPECIFY] _____

Mental Health

15. Do you feel you have adequate access to mental health services?
- ☐ Yes ☐ No
16. Have you been diagnosed with a mental health condition by a mental health care provider at any time in your life?
- ☐ Yes ☐ No
17. If you have a known mental health condition, are you generally receiving timely follow-ups?
- ☐ Yes ☐ No
18. Overall, how satisfied are you with the quality of healthcare in the prison provided by the following:

Nurses ☐ Very Unsatisfied ☐ Unsatisfied
☐ Neutral ☐ Satisfied ☐ Very Satisfied

Doctor ☐ Very Unsatisfied ☐ Unsatisfied
☐ Neutral ☐ Satisfied ☐ Very Satisfied

Dentist ☐ Very Unsatisfied ☐ Unsatisfied
☐ Neutral ☐ Satisfied ☐ Very Satisfied

Mental Health ☐ Very Unsatisfied
☐ Unsatisfied ☐ Neutral ☐ Satisfied
☐ Very Satisfied

Segregated housing experience

Segregated housing is broadly defined as, “separating prisoners from the general population and holding them in their cells for 22 hours per day or more”.

19. Have you ever been placed in segregated housing for any reason?
[If, No, please skip to the “Open-Ended” section at the end of the survey]

☐ Yes ☐ No

20. If yes, thinking of your most recent experience, without admitting any conduct what was the reason you were given for being placed in segregated housing?

☐ Breaking the rules
☐ Participating in a sit-down strike
☐ Starting a riot
☐ Assaulting staff, visitors or volunteers
☐ Gang affiliation
☐ Possession of contraband

☐ Fighting or threatening another inmate

☐ Committing Murder

☐ Protective custody

☐ Attempted Escape

☐ Committing sexual assault

☐ Too dangerous for general population

☐ Other [SPECIFY] _____

21. Approximately how much time of your life have you spent incarcerated?

_____ years _____ months _____ days

22. Approximately how much of your time incarcerated did you spend in segregated housing?

_____ years _____ months _____ days

23. Thinking of your most recent experience, what was the duration of time spent in segregated housing?

☐ Less than 30 days

☐ More than 30 but less than 45 days

☐ 45 to 60 days

☐ 61 to 90 days

☐ 91 to 120 days

☐ 121- 180 days

☐ Over 6 months but less than a year

☐ Over a year

24. How many times would you say you have been sent to segregated housing during your time here?

25. We find that many people engage in strategies to help pass time while in segregated housing. Thinking of

your most recent experience, how did you pass the time while in segregated housing? Did you (check all that apply):

- ☐Read a book
- ☐Write letters
- ☐Engage in physical activity
- ☐Sleep a lot
- ☐Day dream/think of your life out of prison
- ☐Other [SPECIFY]_____

26. To your knowledge, does your prison facility have a recreation schedule during segregated housing?

- ☐Yes ☐No

27. Thinking of your most recent experience in segregated housing, is the recreation schedule generally followed?

- ☐Never
☐Only sometimes
☐Most of the time
☐Just about always

28. Thinking of your most recent experience, did you receive at least one hour of exercise during recreation time outside of your cell while in segregated housing?

- ☐Yes ☐No

29. Thinking of your most recent experience, did you have recreation time 5 days per week while in segregated housing?

- ☐Yes ☐No

30. Thinking of your most recent experience in segregated housing, how satisfied were you with access to recreation while in segregated housing?

- ☐Very unsatisfied
☐Unsatisfied
☐Neutral
☐Satisfied
☐Very satisfied

31. Thinking of your most recent experience, how satisfied were you with the size of recreation space while in segregated housing?

- ☐Very satisfied
☐Satisfied
☐Neutral
☐Unsatisfied
☐Very unsatisfied

32. Thinking of your most recent experience in segregated housing, was there a time you wanted recreation time but could not go because it was cancelled?

- ☐Yes ☐No

33. If recreation time was cancelled, how often did that occur?

- ☐Daily
☐2-3 times a week
☐Once a week
☐Once every two weeks
☐Once a month

34. Thinking of your most recent experience in segregated housing, was recreation time offered but you refused it?

☐Yes ☐No

35. If you refused recreation time, how often did you refuse it?

☐Daily
☐2-3 times a week
☐Once a week
☐Once every two weeks
☐Once a month

36. Thinking of your most recent experience, did you receive a visit from a doctor or health provider while in segregated housing who checked in to see how you were doing?

☐Yes ☐No

37. If you did receive a visit from a doctor or health provider while in segregated housing how often did they visit?

☐Daily
☐Once a week
☐2-3 times a week
☐Once every two weeks
☐Once a month

38. Thinking of your most recent experience in segregated housing, were you allowed the following:

Telephone privileges ☐Yes ☐No
Visitation privileges ☐Yes ☐No
Writing and receiving letters ☐Yes ☐No

39. One of the stated purposes for the use of segregated housing is to

ultimately improve or correct inmate behavior. Thinking of your most recent experience, do you feel your time in segregated housing helped to improve your behavior?

☐Yes ☐No

Symptoms of Segregated housing

40. Thinking of your most recent experience, did you experience any of the following symptoms or reactions while in segregated housing?

Check all that apply

Joint Pain ☐Yes ☐No
Severe headaches ☐Yes ☐No
Heart palpitations/increased pulse ☐Yes ☐No
Pain in abdomen, and muscle pains in neck and back ☐Yes ☐No
Digestion/diarrhea ☐Yes ☐No
Weight loss ☐Yes ☐No
Loss of appetite ☐Yes ☐No
Visual problems ☐Yes ☐No
Sleep disturbances (more than usual sleep or lack of sleep?) ☐Yes ☐No
Self-mutilation ☐Yes ☐No

41. Thinking of your most recent experience, did you experience any of the symptoms while in segregated housing?

Check all that apply

Problems with ability to concentrate ☐Yes ☐No
State of confusion/confused thought process ☐Yes ☐No
Difficulty in communicating ☐Yes ☐No
Loss of memory ☐Yes ☐No
Strong feelings of suspicion ☐Yes ☐No
Hearing voices and/or talking to yourselves ☐Yes ☐No
Violent and aggressive thoughts ☐Yes ☐No

42. Thinking of your most recent experience, did you experience any of the following feelings while in segregated housing?

Check all that apply

Depression ☐Yes ☐No
Anxiety ☐Yes ☐No
Loneliness ☐Yes ☐No
Mood swings ☐Yes ☐No
Crying spells ☐Yes ☐No
(long periods of constant crying)
Impulse control ☐Yes ☐No

43. Thinking of your most recent experience, did you experience any of the following while in segregated housing?

Check all that apply

Extreme tiredness ☐Yes ☐No
Hallucination ☐Yes ☐No
(hearing or seeing things)
Nervous breakdown ☐Yes ☐No
Losing track of time ☐Yes ☐No
Suicidal tendencies ☐Yes ☐No
(thoughts of and attempts of suicide)
Fits of rage ☐Yes ☐No

Procedures/Policies

44. Were you informed at any time about your right to appeal/disagree with placement in segregated housing?

☐Yes ☐No

45. Did you decide to appeal?

☐Yes ☐No

46. If you decided to appeal, did you receive a response?

- ☐ Yes, my appeal was approved
☐ Yes, my appeal was denied
☐ No, I didn't receive a response
47. If you did *not* decide to appeal, what was the reason?
☐ fear of retaliation from guards
☐ fear that no one would believe you
☐ fear of inaction
☐ Other[SPECIFY] _____
48. At any point, were you discouraged or told *not* to use your right to appeal placement in segregated housing?
☐ Yes ☐ No
49. About how often did a correctional officer observe you (check in on you) while in segregated housing?
☐ Never
☐ Every 30 mins
☐ Every hour
☐ A few times a day
☐ Once a day
☐ Every other day
50. Thinking of your last experience, did you experience difficulty getting back into the prison routine after being released from segregated housing?
☐ Yes ☐ No
51. If Yes, please explain why.
52. What are some changes you would most like to see regarding conditions of segregated housing?

Open-Ended prison experience/adjustment

Thank you for your responses to our questions to this point in the survey, which are very helpful for our research. We are almost finished. This final section provides an opportunity to share your thoughts in your own words about your experiences being incarcerated in this particular prison.

53. Do you believe that there are some positive aspects of this prison that have helped you maintain your mental health while being incarcerated?

54. What are some changes you would most like to see regarding mental health care service delivery, and how can the prison improve on the quality of mental health care service

Appendix F. NMCD Website Stating Inmates Placed in Security Level V May be In Isolation for 23 Hours or More

“Family/Constituent Services & Correspondence Office,” under Frequently Asked Questions, question 1: “My father was recently convicted of a crime. He is at the county jail waiting to be transferred to RDC. What is RDC and what is the process once he gets there?”

<https://cd.nm.gov/ocs/fs.html>

The screenshot shows the NMCD website with a sidebar on the left containing various departmental links. The main content area features a header image of a family, followed by text describing the Family/Constituent Services & Correspondence Office. Below this is a VINE logo and a section titled 'FREQUENTLY ASKED QUESTIONS'. The first question in the FAQ section is: "My father was recently convicted of a crime. He is at the county jail waiting to be transferred to RDC. What is RDC and what is the process once he gets there?" The answer discusses Special Management Units, specifically Level V inmates, and mentions that inmates in Level V are housed in single occupancy cells for 23 hours per day, receiving one (1) hour per day for recreation. It also includes a personal anecdote from a user about their husband being transferred to a facility closer to their family.

**Appendix G. IPRA Request # 18-342 regarding Records Provided by NMCD that Were
Used To Obtain the Rates of Solitary Confinement in New Mexico**

CBC DAILY INSTITUTIONAL MOVEMENT 01/04/10

Transfer for 01/05/10

Facility	Capacity	Count	Beds/Holds	Vacant	IN	OUT	End Count
PNM-VI SP	288	277	7	4	6	4	2
PNM-V SP (1A,3A-B)	144	140	4	0	1	2	1
PNM V Level IV (1B, 2A-B)	144	131	10	3	7	4	0
PNM-II (A-1; B-4-6)	192	185	2	5	6	1	0
PNM-II CRU (A-2,3)	96	92	0	4	0	0	4
PNM COMPLEX TOTAL	864	825	23	16	20	11	7
SNMCF IV (SNM) 1A	48	40	5	3	3	0	0
SNMCF III (2A-5B)	384	366	6	12	0	0	12
Disciplinary SP (1B)	48	48	0	0	0	0	0
SNMCF II	288	263	3	22	7	0	15
SNMCF COMPLEX TOTAL	768	717	14	37	10	0	27
WNMCF IV (5)	48	40	8	0	0	0	0
WNMCF III (6, 7 R-S)	80	80	0	0	0	0	0
Disciplinary SP (7T)	16	15	0	1	0	5	6
WNMCF II (1-4)	224	223	0	1	1	0	0
WNMCF II Unit 8	60	60	0	0	0	0	0
WNMCF COMPLEX TOTAL	428	418	8	2	1	5	6
CNMCF GER. SP	42	40	1	1	0	0	1
CNMCF LTCU SP	37	30	0	7	0	4	11
CNMCF A.D.SEG SP (1A,2A)	96	95	0	1	6	7	2
CNMCF MHTC SP	103	88	0	15	0	0	15
CNMCF APA SP (1B)	48	36	0	12	0	0	12
RDC (3A-5B)	288	275	0	13	4	18	27
PV/ Court Hold (2B)	48	32	0	16	0	0	16
CNMCF II	288	275	1	12	4	0	8
CNMCF I	336	303	0	33	1	0	32
CNMCF COMPLEX TOTAL	1286	1174	2	110	15	29	124
RCC II	312	278	0	34	0	0	34
Springer (SCC) I (1-2)	60	47	0	13	0	0	13
Springer (SCC) II (3-8)	164	130	0	34	3	0	31
Springer Complex Total	224	177	0	47	3	0	44
State Facility total:	3882	3589	47	246	49	45	242
Total of State Male GP:	2724	2513	35	176	32	5	149
LCCF II	13	13	0	0	0	0	0
LCCF III	894	710	0	184	0	0	184
Unit 1 GP SP	306	306	0	0	0	0	0
Disciplinary SP	54	54	0	0	0	0	0
LCCF COMPLEX TOTAL	1267	1083	0	184	0	0	184
GCCF III	568	510	0	58	8	11	61
Disciplinary SP	33	33	0	0	0	0	0
GCCF COMPLEX TOTAL	601	543	0	58	8	11	61
NENMDF III	584	543	0	41	12	9	38
Disciplinary SP	42	37	0	5	0	0	5
NENMDF COMPLEX TOTAL	626	580	0	46	12	9	43
Private Facility Total:	2494	2206	0	288	27	38	288
Total of Private Male GP:	2365	2082	0	283	20	20	283
CNMCF LTCU (Females)	2	1	0	1	0	0	1
NMWCF SP (D)	24	23	0	1	0	0	1
NMWCF RDC (E)	78	69	0	9	0	0	9
NMWCF GP	504	491	0	13	0	0	13
NMWCF COMPLEX TOTAL:	606	583	0	23	0	0	23

CBC DAILY INSTITUTIONAL MOVEMENT 01/04/12

Transfer for 01/05/12

Facility	Capacity	Count	Beds/Holds	Vacant	IN	OUT	End Count
PNM-VI SP	288	279	7	2	0	0	2
PNM-V SP (1A-B)	96	93	3	0	0	0	0
PNM V Level IV (2A-B, 3A-B)	192	184	5	3	0	0	3
PNM-II (A-1; B-4-6)	192	186	2	4	0	0	4
PNM-II CRU (A-2,3)	96	93	0	3	0	0	3
PNM COMPLEX TOTAL	864	835	17	12	0	0	12
SNMCF IV (SNM) 1A	48	45	3	0	0	0	0
SNMCF IV (5A)	96	93	3	0	0	0	0
SNMCF III (2A-4B;5B)	288	286	2	0	0	0	0
Disciplinary SP (1B)	48	48	0	0	0	0	0
SNMCF II	288	260	4	24	0	0	24
SNMCF COMPLEX TOTAL	768	732	12	24	0	0	24
WNMCF III (5,6, 7 R-S)	128	119	9	0	0	0	0
Disciplinary SP (7T)	16	13	1	2	0	0	2
WNMCF II (1-4)	224	213	8	3	0	0	3
WNMCF COMPLEX TOTAL	368	345	18	5	0	0	5
CNMCF GER. SP	56	51	5	0	0	0	0
CNMCF LTCU SP	37	30	0	7	0	0	7
CNMCF A.D.SEG SP (1A,2A)	96	96	0	0	0	0	0
CNMCF MHTC SP	103	74	0	29	0	0	29
CNMCF APA SP (1B)	48	43	2	3	0	0	3
RDC (3A-5B)	288	261	0	27	21	0	6
PV/ Court Hold (2B)	48	40	0	8	0	0	8
CNMCF II	288	272	0	16	0	0	16
CNMCF I	336	270	0	66	0	0	66
CNMCF COMPLEX TOTAL	1300	1137	7	156	21	0	135
RCC II	340	318	1	21	0	0	21
Springer (SCC) I (9-10)	40	34	1	5	0	0	5
Springer (SCC) II (1-8)	256	223	0	33	0	0	33
Springer Complex Total	296	257	1	38	0	0	38
State Facility total:	3936	3624	56	256	21	0	235
Total of State Male GP:	2716	2503	35	178	0	0	178
LCCF II	13	13	0	0	0	0	0
LCCF III	894	738	0	156	0	0	156
Unit 1 GP SP	306	306	0	0	0	0	0
Disciplinary SP	54	54	0	0	0	0	0
LCCF COMPLEX TOTAL	1267	1111	0	156	0	0	156
GCCF III	568	526	0	42	0	0	42
Disciplinary SP	33	28	0	5	0	0	5
GCCF COMPLEX TOTAL	601	554	0	47	0	0	47
NENMDF III	584	563	0	21	0	0	21
Disciplinary SP	42	39	0	3	0	0	3
NENMDF COMPLEX TOTAL	626	602	0	24	0	0	24
Private Facility Total:	2494	2267	0	227	21	0	227
Total of Private Male GP:	2365	2146	0	219	0	0	219
CNMCF LTCU (Females)	2	2	0	0	0	0	0
NMWCF SP (D)	24	19	0	5	0	0	5
NMWCF RDC (E)	78	77	0	1	0	0	1
NMWCF GP	504	494	0	10	0	0	10
NMWCF COMPLEX TOTAL:	606	590	0	16	0	0	16
WWF I/II Unit 8	72	31	0	41	0	0	41
Total of Female (GP):	678	621	0	57	0	0	57

CBC DAILY INSTITUTIONAL MOVEMENT 01/02/15

Transfer for 01/05/15

Facility	Capacity	Count	Beds/Holds	Vacant	IN	OUT	End Count
PNM-VI SP	264	250	4	10			10
PNM VI APA (3A S&T Pod)	24	11	0	13			13
PNM-S R&R (1A)	48	37	0	11			11
PNM-V SP (1B)	48	44	2	2			2
PNM V Level IV (2A;2BM,N,O, 3A-B)	180	177	0	3			3
PNM V(RPP)(2B-Ppod)	12	7	0	5			5
PNM-II (A-1; B-4-6)	192	183	2	7			7
PNM-II CRU (A-2,3)	96	92	1	3			3
PNM COMPLEX TOTAL	864	801	9	54	0	0	54
SNMCF IV (SNM) 1A	48	48	0	0			0
SNMCF IV (4A-B;5A (A-B pod);5B)	176	161	10	5			5
SNMCF III (2A-B;3A-B)	176	171	3	2			2
SNMCF (2A Apod Intensive RPP)	16	11	0	5			5
SNMCF (OCPP Holds) (5A-C pod)	16	0	0	16			16
Disciplinary SP (1B)	48	48	0	0			0
SNMCF II	288	282	2	4			4
SNMCF COMPLEX TOTAL	768	721	15	32	0	0	32
WNMCF III (5,6 O-P)	128	77	51	0			0
Disciplinary SP (6Q)	16	16	0	0			0
WNMCF II (1-4)(8)	296	205	15	76			76
WNMCF COMPLEX TOTAL	440	298	66	76	0	0	76
CNMCF GER. SP (4B D-pod)	16	15	0	1			1
CNMCF LTCU SP	37	30	0	7			7
CNMCF A.D.SEG SP (1A,1B)	96	96	0	0			0
CNMCF Court Hold (5B F Pod)	16	15	0	1			1
CNMCF MHTC SP	103	85	0	18			18
RDC (2A;2B-5B D-E Pod; 4B E-F pod)	352	286	48	18			18
CNMCF II	288	277	0	11			11
CNMCF I	336	299	0	37			37
CNMCF COMPLEX TOTAL	1244	1103	48	93	0	0	93
RCC II	340	289	2	49			49
Springer (SCC) I (9-10)	40	38	1	1			1
Springer (SCC) II (1-8)	256	213	2	41			41
Springer Complex Total	296	251	3	42	0	0	42
State Facility total:	3952	3463	143	346	0	0	346
LCCF II (HU-I)	13	10	0	3			3
LCCF III (HU1-B-E,2,3)	852	831	0	21			21
Orientation/Overflow Seg (HU-1A)	66	38	0	28			28
Unit 1 GP SP(HU-4)	306	301	0	5			5
Disciplinary SP (HU-S)	42	38	0	4			4
LCCF COMPLEX TOTAL	1279	1218	0	61	0	0	61
GCCF III	568	558	0	10			10
Disciplinary SP	33	32	0	1			1
GCCF COMPLEX TOTAL	601	590	0	11	0	0	11
NENMDF III	470	451	0	19			19
NENMDF III (RPP) (1B & Cpod)	114	87	0	27			27
Disciplinary SP	42	38	0	4			4
NENMDF COMPLEX TOTAL	626	576	0	50	0	0	50
OCP(CRU) (W Units) III	450	396	0	54			54
OCP (S Units)	44	27	0	17			17
OCP (Dis Seg)	10	10	0	0			0
OCP COMPLEX TOTAL	504	433	0	71	0	0	71
Private Facility Total:	3010	2817	0	193	0	0	193
CNMCF LTCU (Females)	2	1	0	1			1
NMWCF SP (D K-Pod)	8	2	0	6			6
NMWCF RDC (E)	78	72	0	6			6
NMWCF GP	658	625	0	33			33
NMWCF COMPLEX TOTAL:	744	699	0	45	0	0	45
Total Female	746	700	0	46	0	0	46
Total Male	6962	6280	143	539	0	0	539
Total of Population:	7708	6979	143	584	0	0	584

CBC DAILY INSTITUTIONAL MOVEMENT 01/05/2016

Transfer for 01/06/2016

Facility	Capacity	Count	Beds/Holds	Vacant	IN	OUT	End Count
PNM-NORTH SP	264	234	8	22			22
PNM NORTH APA (3A S&T Pod)	24	8	2	14			14
PNM-South R&R (1A)	48	44	4	0			0
PNM-South SP (1B)	48	30	5	13			13
PNM South Level IV (2-3)	192	188	4	0			0
PNM-II (A-1; B-4-6)	288	281	4	3			3
PNM COMPLEX TOTAL	864	785	27	52	0	0	52
SNMCF IV (SNM) 1A	48	44	2	2			2
SNMCF IV (4A-B;5A-5B)	192	168	16	8			8
SNMCF III (2A-B;3A-B)	192	175	1	16			16
Disciplinary SP (1B)	48	44	0	4			4
SNMCF II	288	279	2	7			7
SNMCF COMPLEX TOTAL	768	710	21	37	0	0	37
WNMCF III (4,5,6, 7 R, S)	176	169	4	3			3
Disciplinary SP (7T)	16	16	0	0			0
WNMCF II (1-3)(8)	248	180	68	0			0
WNMCF COMPLEX TOTAL	440	365	72	3	0	0	3
CNMCF GER. SP (MHTC E-pod)	16	15	0	1			1
CNMCF LTCU SP	37	31	0	6			6
CNMCF A.D.SEG SP (1A,1B)	96	96	0	0			0
CNMCF Court Hold (5B F Pod)	16	15	0	1			1
CNMCF MHTC SP	103	92	0	11			11
RDC (2A-5B D-E Pod)	352	326	48	-22			-22
CNMCF II	288	237	48	3			3
CNMCF I	336	248	0	88			88
CNMCF COMPLEX TOTAL	1244	1060	96	88	0	0	88
RCC II	340	320	4	16			16
Springer (SCC) I (9-10)	40	38	1	1			1
Springer (SCC) II (1-8)	256	229	2	25			25
Springer Complex Total	296	267	3	26	0	0	26
State Facility total:	3952	3507	223	222	0	0	222
LCCF II (HU-I)	13	7	0	6			6
LCCF III (HU1-B-E,2,3)	852	841	0	11			11
Orientation/Overflow Seg (HU-1A)	66	34	0	32			32
Unit 1 GP SP(HU-4)	306	268	0	38			38
Disciplinary SP (HU-S)	42	42	0	0			0
LCCF COMPLEX TOTAL	1279	1192	0	87	0	0	87
GCCF III	568	548	0	20			20
Disciplinary SP	33	33	0	0			0
GCCF COMPLEX TOTAL	601	581	0	20	0	0	20
NENMDF III	410	403	0	7			7
NENMDF III (RPP) (1A;B & Cpod)	174	98	0	76			76
Disciplinary SP	42	40	0	2			2
NENMDF COMPLEX TOTAL	626	541	0	85	0	0	85
OCP(CRU) (W Units) III	576	544	0	32			32
OCP (S Units)	44	32	0	12			12
OCP (S Dis Seg)	10	10	0	0			0
OCP COMPLEX TOTAL	630	586	0	44	0	0	44
Private Facility Total:	3136	2900	0	236	0	0	236
CNMCF LTCU (Females)	2	1	0	1			1
NMWCF SP (D K-Pod)	8	8	0	0			0
NMWCF RDC (E)	78	68	0	10			10
NMWCF GP	706	652	0	54			54
NMWCF COMPLEX TOTAL:	792	728	0	64	0	0	64
Total Female	794	729	0	65	0	0	65
Total Male	7088	6407	223	458	0	0	458
Total of Population:	7882	7136	223	522	0	0	522
REI Complex Totals (Day Prior)	PNM	16	RCC	10		NENMDF	8
	SNMCF	27	SCC	4		OCPF	21
	WNMCF	12	LCCF	29		NMWCF	10
	CNMCF	15	GCCF	1		GRAND TOTAL	153

CBC DAILY INSTITUTIONAL MOVEMENT 09/04/2018

Transfer out on 09/05/2018

Facility	Capacity	Count	Beds/Holds	Vacant	IN	OUT	End Count
LCCF II (HU 5)	18	3	0	15			15
LCCF III (HU 2, 3, 4)	918	916	0	2			2
Orientation (HU 1A)	66	40	0	26			26
Unit 1 GP SP (HU1 B-E)	240	238	0	2			2
LCCF MED (HU 6)	9	1	0	8			8
RHU (HU 7 SEG)	42	40	0	2			2
LCCF COMPLEX TOTAL	1293	1238	0	55	0	0	55
GCCF III (UNIT 1 B-E, 2)	546	537	0	9			9
RHU (UNIT 1 A)	33	28	0	5			5
ORIENTATION (UNIT 3)	11	11	0	0			0
GCCF COMPLEX TOTAL	590	576	0	14	0	0	14
NENMDF III	410	405	0	5			5
NENMDF RPP (HU1 A-C pods)	174	95	0	79			79
NENMDF (HU M)	3	2	0	1			1
RHU (HU 3)	41	39	0	2			2
NENMDF COMPLEX TOTAL	628	541	0	87	0	0	87
OCPP (SO)	576	562	0	14			14
OCPP (XLE)	44	40	0	4			4
OCPS (RHU)	27	14	0	13			13
OCPP COMPLEX TOTAL	647	616	0	31	0	0	31
NWNMCF Level II (B,F,G)	575	536	0	39			39
NWNMCF Level III (A,E)	139	131	0	8			8
NWNMCF INTAKE (C)	10	10	0	0			0
NWNMDF RHU (D)	24	24	0	0			0
NMWCFC COMPLEX TOTAL:	748	701	0	47	0	0	47
Private Facility Total:	3906	3672	0	234	0	0	234
PNM NORTH PBMP (1A step III; 1B step IV)	96	87	0	9			9
PNM NORTH PBMP (2 A i,j,k) 180 day release	36	32	0	4			4
PNM NORTH HU 2A (Lpod) Step III	12	12	0	0			0
PNM NORTH - HU 2B Step III	48	44	0	4			4
PNM NORTH HU 3 A- (q,r) PBMP steps I,II	24	21	0	3			3
PNM NORTH PBMP/RHU (s,t)	24	21	0	3			3
PNM NORTH PBMP HU 3B (v,w)	24	22	0	2			2
PNM NORTH RHU/PBMP steps I,II (u,x)	24	20	0	4			4
PNM SOUTH RHU/TRH- SMP DISC (1Aa)	12	7	0	5			5
PNM SOUTH SMP (1Ab-d, 1Be-g)	72	62	0	10			10
PNM SOUTH IV (1Bh, 2AL, 2B, 3A, 3Bu-w)	156	151	0	5			5
PNM SOUTH SNM (2A i,j,k)	36	33	0	3			3
PNM SOUTH IV ALT Sanctions (3B-x pod)	12	12	0	0			0
PNM II	288	282	0	6			6
PNM COMPLEX TOTAL	864	806	0	58	0	0	58
SNMCF III (2A, 2B, 3A, 3B, 4A)	240	238	0	2			2
SNMCF IV (4B, 5A, 5B)	144	132	0	12			12
SNMCF IV CAL SUR (1A)	48	28	0	20			20
RHU (1B)	48	45	0	3			3
SNMCF II	288	273	0	15			15
SNMCF COMPLEX TOTAL	768	716	0	52	0	0	52
CNMCF LTCU	41	20	0	21			21
CNMCF MHTC	88	56	0	32			32
CNMCF (MHTC E-pod) Seminary	16	13	0	3			3
RDC (HU 2 - 5)	384	323	0	61			61
CNMCF RHU (HU 1)	96	65	0	31			31
CNMCF II HU 1	48	45	0	3			3
CNMCF II HU 2	48	45	0	3			3
CNMCF II HU 3	48	45	0	3			3
CNMCF II HU 4	48	46	0	2			2
CNMCF II HU 5 (SENIOR LIVING)	38	35	0	3			3
CNMCF II HU6 (ELEVATED NEEDS UNIT)	30	20	0	10			10
CNMCF I	336	156	0	180			180
CNMCF COMPLEX TOTAL	1221	869	0	352	0	0	352
RCC II - COMPLEX TOTAL	340	324	0	16			16
SCC - COMPLEX TOTAL	437	396	0	41			41
WNMCF III (HU 1,2,7,8)	184	175	0	9			9
WNNMCF III (HU 3)	48	45	0	3			3
WNMCF III (HU4 - RHU)	24	17	0	7			7

WNMCF CCU (HU5- L pod)	16	13	0	3			3
WNMCF RDC/D&E (HU 5- M pod)	21	18	0	3			3
WNMCF IV (HU5- N pod)	16	15	0	1			1
WNMCF RDC (HU6)	53	53	0	0			0
WNMCF ID	20	5	0	15			15
WNMCF LTCU (HU 9)	6	5	0	1			1
WNMCF RDAP HU (10)	20	17	0	3			3
WNMCF TBHU (HU 11)	15	14	0	1			1
WNMCF COMPLEX TOTAL	423	377	0	46	0	0	46
State Facility total:	4053	3488	0	565	0	0	565
Total Female	860	773	0	87	0	0	87
Total Male	7099	6387	0	712	0	0	712
Total inmate population in residence:	7959	7160	0	799	0	0	799

CBC DAILY INSTITUTIONAL MOVEMENT 10/10/2018

Transfer out on 10/11/2018

Facility	Capacity	Count	Beds/Holds	Vacant	IN	OUT	End Count
LCCF II (HU 5)	18	8	0	10			10
LCCF III (HU 2, 3, 4)	918	904	0	14			14
Orientation (HU 1A)	66	53	0	13			13
Unit 1 GP SP (HU1 B-E)	240	235	0	5			5
LCCF MED (HU 6)	9	5	0	4			4
RHU (HU 7 SEG)	42	42	0	0			0
LCCF COMPLEX TOTAL	1293	1247	0	46	0	0	46
GCCF III (UNIT 1 B-E, 2)	546	546	0	0			0
RHU (UNIT 1 A)	33	16	0	17			17
ORIENTATION (UNIT 3)	11	10	0	1			1
GCCF COMPLEX TOTAL	590	572	0	18	0	0	18
NENMDF III	410	395	0	15			15
NENMDF RPP (HU1 A-C pods)	174	87	0	87			87
NENMDF (HU M)	3	3	0	0			0
RHU (HU 3)	41	41	0	0			0
NENMDF COMPLEX TOTAL	628	526	0	102	0	0	102
OCPP (SO)	576	554	0	22			22
OCPP (XLE)	44	44	0	0			0
OCPS (RHU)	27	20	0	7			7
OCPP COMPLEX TOTAL	647	618	0	29	0	0	29
NWNMCF Level II (B,F,G)	575	552	0	23			23
NWNMCF Level III (A,E)	139	130	0	9			9
NWNMCF INTAKE (C)	10	7	0	3			3
NWNMDF RHU (D)	24	24	0	0			0
NMWCFC COMPLEX TOTAL:	748	713	0	35	0	0	35
Private Facility Total:	3906	3676	0	230	0	0	230
PNM NORTH PBMP (1A step III; 1B step IV)	96	87	0	9			9
PNM NORTH PBMP (2 A i,j,k) 180 day release	36	34	0	2			2
PNM NORTH HU 2A (Lpod) Step III	12	11	0	1			1
PNM NORTH - HU 2B Step III	48	48	0	0			0
PNM NORTH HU 3 A- (q,r) PBMP steps I,II	24	18	0	6			6
PNM NORTH PBMP/RHU (s,t)	24	20	0	4			4
PNM NORTH PBMP HU 3B (v,w)	24	23	0	1			1
PNM NORTH RHU/PBMP steps I,II (u,x)	24	24	0	0			0
PNM SOUTH RHU/TRH- SMP DISC (1Aa)	12	9	0	3			3
PNM SOUTH SMP (1Ab-d, 1Be-g)	72	56	0	16			16
PNM SOUTH IV (1Bh, 2AL, 2B, 3A, 3Bu-w)	156	150	0	6			6
PNM SOUTH SNM (2A i,j,k)	36	33	0	3			3
PNM SOUTH IV ALT Sanctions (3B-x pod)	12	9	0	3			3
PNM II	288	283	0	5			5
PNM COMPLEX TOTAL	864	805	0	59	0	0	59
SNMCF III (2A, 2B, 3A, 3B, 4A)	240	233	0	7			7
SNMCF IV (4B, 5A, 5B)	144	138	0	6			6
SNMCF IV CAL SUR (1A)	48	28	0	20			20
RHU (1B)	48	46	0	2			2
SNMCF II	288	255	0	33			33
SNMCF COMPLEX TOTAL	768	700	0	68	0	0	68
CNMCF LTCU	41	21	0	20			20
CNMCF MHTC	88	59	0	29			29
CNMCF (MHTC E-pod) Seminary	16	12	0	4			4
RDC (HU 2 - 5)	384	298	0	86			86
CNMCF RHU (HU 1)	96	80	0	16			16
CNMCF II HU 1	48	48	0	0			0
CNMCF II HU 2	48	45	0	3			3
CNMCF II HU 3	48	46	0	2			2
CNMCF II HU 4	48	44	0	4			4
CNMCF II HU 5 (SENIOR LIVING)	38	36	0	2			2
CNMCF II HU6 (ELEVATED NEEDS UNIT)	30	21	0	9			9
CNMCF I	336	146	0	190			190
CNMCF COMPLEX TOTAL	1221	856	0	365	0	0	365
RCC II - COMPLEX TOTAL	340	332	0	8			8
SCC - COMPLEX TOTAL	437	413	0	24			24
WNMCF III (HU 1,2,7,8)	184	182	0	2			2
WNMCF III (HU 3)	48	45	0	3			3
WNMCF III (HU4 - RHU)	24	21	0	3			3

WNMCF CCU (HU5- L pod)	16	13	0	3			3
WNMCF RDC/D&E (HU 5- M pod)	21	9	0	12			12
WNMCF IV (HU5- N pod)	16	14	0	2			2
WNMCF RDC (HU6)	53	43	0	10			10
WNMCF ID	20	4	0	16			16
WNMCF LTCU (HU 9)	6	3	0	3			3
WNMCF RDAP HU (10)	20	15	0	5			5
WNMCF TBHU (HU 11)	15	15	0	0			0
WNMCF COMPLEX TOTAL	423	364	0	59	0	0	59
State Facility total:	4053	3470	0	583	0	0	583
Total Female	860	777	0	83	0	0	83
Total Male	7099	6369	0	730	0	0	730
Total inmate population in residence:	7959	7146	0	813	0	0	813

