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		RESTRICTIVE HOUSING	

This Administrative Regulation is to be made available in law libraries, other inmate resource centers.

EFFECTIVE: July 1, 2016
 REVISED: July 14, 2016

This regulation was retitled and extensively revised to incorporate Nebraska Administrative Code Title 72, Chapter 1, other applicable statutes and restrictive housing provisions previously included in Administrative Regulation 201.05, Inmate Classification and Assignment – Special Management Inmates on July 1, 2016. Revisions include minor word changing, organization and formatting throughout with no changes to policy content. Section XIII. Has been added and remaining sections re-numbered. Attachments have been added and/or revised and re-lettered for process efficiency.

APPROVED:



 Scott R. Frakes, Director
 Nebraska Department of Correctional Services

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PURPOSE

To provide policy, in compliance with state statute and the Nebraska Administrative Code, Title 72, for the use of restrictive housing to ensure that it is an alternative of last resort and will be utilized in the least restrictive manner possible for the least amount of time consistent with the safety and security of staff, inmates, and the facility. Alternatives to restrictive housing shall be used in every case possible rather than placing an inmate in restrictive housing as a standard response to rule breaking, disruption, and vulnerability. Behavior shall be managed primarily through programming, behavioral plans, incentives, and mission-specific housing instead of relying primarily on sanctions.

This policy establishes specific levels of confinement outside of general population, including Immediate Segregation housing, Longer-Term Restrictive Housing, and provisions for Secure Mental Health housing; defines behaviors, conditions, and mental/behavioral health statuses whereby an inmate may be placed in each confinement level; defines and mandates processes and procedures for making these determinations for each level of confinement; and describes and mandates individualized transition plans for promotion to less restrictive housing assignments at the earliest opportunity that maintains safety and security.

GENERAL

Each institution, consistent with its function and the nature of its inmate population and programs, shall develop its own version of this Administrative Regulation (AR) within the limits and guidelines that follow.

TERMS

Behavior/Programming Plan. A document with a standard format used to identify desired behavior changes, programming opportunities offered and approaches to facilitate those behavioral changes.

Individual Treatment Plan. A clinical document used by mental health professionals to establish a patient’s mental health treatment plan.

Central Office Multidisciplinary Review Team (MDRT). A team comprised of the Deputy Director of Operations (Chair), the Behavioral Health Administrator, the Intelligence Team Leader, a representative from the classification unit and a representative of the research division. Others may be added at the discretion of the Chair or the Director. Any delegation of representation on the MDRT must be approved, in advance, by the Chair. The MDRT shall meet weekly.

General Population. All inmate housing areas that allow out-of-cell movement without the use of restraints, a minimum of six hours per day of out-of-cell time, and regular access to programming areas outside of the living unit.

Restrictive Housing. Conditions of confinement that provide limited contact with other inmates, strictly controlled movement, and out-of-cell time less than 24 hours per week. (Neb. Rev. Stat. 83-170)

Immediate Segregation. A short-term restrictive housing assignment of not more than 30 days in response to behavior that creates a risk to the inmate, others, or the security of the institution. Immediate Segregation is used to maintain safety and security while investigations are completed, risk and needs assessments are conducted, and appropriate housing is identified. Exceptions to this timeframe require the prior approval of the Deputy Director and/or Director.

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Longer-Term Restrictive Housing. A classification-based restrictive housing assignment of over 30 days. Longer-Term Restrictive Housing (LTRH) is used as a behavior management intervention for inmates whose behavior continues to pose a risk to the safety of themselves or others and includes inmate participation in the development of a plan for transition back to general population or mission-based housing.

Mental Illness / Mentally Ill. Presence of a psychiatric disorder that involves a severe or substantial impairment of a person's thought processes, sensory input, mood balance, memory, or ability to reason which substantially interferes with such person's ability to meet the ordinary demands of living or interferes with the safety or well-being of others. (Neb. Rev. Stat. 71-907)

Mission-Specific Housing. Housing focused on individual needs and demographics to provide effective living conditions and programming for specific populations. Mission-Specific Housing includes residential treatment and responses to cognitive disabilities as well as prosocial options for inmates with common interests and challenges. The goal is to reduce behaviors that otherwise might lead to restrictive housing, provide risk- and needs-responsive options to facilitate transitions from restrictive housing to the general population, and concentrate services and program availability to this population.

Protective Custody (PC). The status of an inmate who is housed in a safe location to reduce the risk of harm by others while having privileges similar to general population housing. Protective Custody is used to meet the needs of inmates who cannot be safely housed in other general population units, with the goal of helping reduce the use of restrictive housing.

Protective Management Unit (PM). Units used to house inmates who cannot be safely housed in other general population units. Whenever possible, protective management units are operated similarly to general population units in out-of-cell time, access to programming, work, and recreation, etc.

Secure Mental Health Housing (SMH). Units used to house inmates with serious mental illness who present a high risk to others or to self and who require residential mental health treatment.

Serious Mental Illness. Any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the serious mental illness. Serious mental illness includes, but is not limited to (1) schizophrenia, (2) schizoaffective disorder, (3) delusional disorder, (4) bipolar affective disorder, (5) major depression, and (6) obsessive compulsive disorder. (Neb. Rev. Stat. 44-792)

Solitary Confinement. The status of confinement of an inmate in an individual cell with solid, soundproof doors and which deprives the inmate of all visual and auditory contact with other persons (Neb. Rev. Stat. 83-170(14)). NDCS does not utilize solitary confinement.

PROCEDURE

I. ALTERNATIVES TO RESTRICTIVE HOUSING

- A. Alternatives to restrictive housing shall be used in every case possible – including but not limited to: short-term cell restrictions, loss of other privileges, restitution, changes to work, housing and/or programming assignments – rather than placing an inmate in restrictive housing as a standard response to rule breaking, disruption, and vulnerability.

As these alternatives are developed and approved, Policy Directives will be issued.

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- B. Mission Specific Housing shall be used to: (1) reduce the use of restrictive housing by providing a range of alternatives that address needs and reduce the behaviors that previously led to the use of restrictive housing, and (2) provide risk- and needs-responsive options for individuals transitioning from restrictive housing, thus reducing lengths of stay for inmates not ready to return successfully and safely to the general prison population.
1. Mission Specific Housing focuses on individual needs and demographics to provide effective living conditions and programming for specific populations. Mission specific housing includes residential treatment and responses to cognitive disabilities, as well as prosocial housing options for inmates with common interests and challenges.
 2. Mission Specific Housing Units shall operate as general population units and shall, whenever possible, have out-of-cell programming and opportunities for individuals to interact with other inmates and staff during meals, recreation, dayroom, and work activities. Mission specific housing may include, but shall not be limited to:
 - a. Protective Management Units to house inmates who cannot be safely housed in other general population units. Whenever possible protective management units are operated similarly to general population units in out-of-cell time, access to programming, work, and recreation, etc.
 - b. Residential Mental Health Unit to house inmates determined by the Mental Illness Review Team (MIRT) to be in need of residential mental health treatment due to a mental illness and/or developmental/intellectual disabilities and/or traumatic brain injuries that interfere with their safety and/or ability to function effectively in general population, who otherwise might be in restrictive housing for their protection or for risk-intervention.
 - c. Residential Sex Offender Treatment to house inmates in need of programming or treatment for sex abuse crimes as determined by the Clinical Sex Offender Review Team (CSORT).
 - d. Residential Substance Abuse Treatment to house inmates in need of programming or treatment for substance use disorders as determined by the Clinical Substance Abuse Review Team (CSART).
 - e. Veteran Housing for inmates who served in the U.S. Armed Forces and would benefit from being housed with other veterans in a supportive environment.
 - f. Active Senior Units house inmates primarily 50 and older whose behavior is stable and who may or may not have physical limitations to provide an effective living environment that addresses common interests and challenges.

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II. USE OF RESTRICTIVE HOUSING

- A. Restrictive housing shall be used in the least restrictive manner possible, consistent with institutional safety and security. When restrictive housing is used, the purpose shall be two-fold: short-term risk assessment and longer-term risk/needs intervention. Short-term restrictive housing, or Immediate Segregation, provides time to assess the risk the individual poses to safety and security. The guiding focus of Longer-Term Restrictive Housing shall be on individualized goal planning, behavior change, and treatment that will facilitate the inmate's capacity to live successfully in general population and return successfully to the community.
- B. Inmates with a serious mental illness shall be diverted to the least restrictive environment and provided with risk- and needs-responsive therapeutic settings that are interactive, constructive, and based on individualized interventions balanced with safety and security.
- C. The use of restrictive housing for pregnant inmates, and inmates under the age of 19 requires approval of the Warden within eight hours of placement.
- D. Refer to Attachment A for a general overview of the restrictive housing process.
- E. As described in this policy, the duties of the Director, Deputy Director and Warden are not to be permanently assigned to a designee, but may be performed by an Acting Director, Acting Deputy Director or Acting Warden.

III. IMMEDIATE SEGREGATION

- A. Any time an inmate is placed in a holding cell for non-routine purposes (III.B.1-6 below), every attempt will be made to ensure alternatives to Immediate Segregation are used.
- B. Incidents that could result in placement on Immediate Segregation status are limited to the following:
 - 1. A serious act of violent behavior (i.e., assaults or attempted assaults) directed at correctional staff and/or at other inmates.
 - 2. A recent escape or attempted escape from secure custody.
 - 3. Threats or actions of violence that are likely to destabilize the institutional environment to such a degree that the order and security of the facility is significantly threatened.
 - 4. Active membership in a "security threat group" (prison gang), accompanied by a finding, based on specific and reliable information, that the inmate either has engaged in dangerous or threatening behavior directed by the security threat group or directs the dangerous or threatening behavior of others.
 - 5. The incitement or threats to incite group disturbances in a correctional facility.

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6. Inmates whose presence in the general population would create a significant risk of physical harm to staff, themselves and/or other inmates (a WRITTEN EXPLANATION OF THE EVENT AND DECISION MUST BE INCLUDED).
- C. The shift supervisor will review all relevant reports and information to determine if the inmate's actions warrant placement on Immediate Segregation status. A Notice of Immediate Segregation Review form will be completed (Attachment B-1), to include the date, time, and summary of the incident.
 - D. The shift supervisor will note the disposition of the review of Immediate Segregation on the form. The disposition may include, but is not limited to, return to current housing assignment, placement in mission-specific housing, or other approved alternatives (Procedure I.A.), transfer to another facility, or placement on Immediate Segregation status.
 1. If placement on Immediate Segregation status is determined to be necessary, the shift supervisor shall provide the inmate the opportunity to provide a statement relative to this placement on the Immediate Segregation Inmate Statement Form (Attachment C). If the inmate refuses to provide a statement, staff shall attempt to obtain a verbal statement and document these comments on an Incident Report. If the inmate refuses to make a statement, such shall also be documented on an Incident Report.
 2. The completed Notice of Immediate Segregation Review form shall be distributed (paper copy or electronic copy as noted on form) as follows:
 - a. Inmate
 - b. Housing Unit staff (original unit and the receiving restrictive housing unit)
 - c. Unit Administrator
 - d. Warden (to include copy of the completed Immediate Segregation Inmate Statement Form or Incident Report documenting the verbal statement or refusal to make statement)
 - e. Inmate File (original documents to include copy of inmate statement or incident report documenting refusal to make statement)
 - f. NDCS Planning, Research and Accreditation contact
 3. The shift supervisor must provide notification of Immediate Segregation placement to the facility warden. The Warden must review and approve continued placement on IS status within 24 hours.
 - a. An Immediate Segregation Review form (Attachment B-2) shall be completed.
 - (1) During normal business hours, this review form shall be signed by the Warden within 24 hours of the initial Notice of Immediate Segregation

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- (2) On weekends/holidays, this review form must be approved by the Warden within 24 hours of the initial Notice of Immediate Segregation; however, the approval may be completed electronically or verbally and documented accordingly by the shift supervisor.
- b. If the Warden approves continued Immediate Segregation status, the inmate will be advised that his/her status will again be reviewed by the Warden within 15 days and that he/she may appeal this decision by submitting an Inmate Interview Request form to the Warden.
 - c. The completed Notice of Immediate Segregation Review form shall be distributed as follows:
 - (1) Inmate
 - (2) Housing Unit staff (original unit and the receiving restrictive housing unit)
 - (3) Unit Administrator
 - (4) Warden
 - (5) Inmate File (original)
 - (6) Planning, Research and Accreditation
- E. Prior to placing the inmate in his/her assigned cell, the shift supervisor will initiate the medical assessment process. Health Services staff must conduct a face-to-face assessment of the inmate to identify any physical injuries, urgent mental health needs, or other urgent conditions.
1. Health Services staff will consult the inmate's medical and mental health file prior to beginning the assessment.
 2. Health Services staff will complete the Restrictive Housing Admission Self-Report Suicide Screening form (Attachment D) with the inmate.
 3. If, during the initial screening by health services staff, concerns about mental health status are noted, the inmate shall be seen by mental health staff for a one-on-one, out-of-cell assessment within 24 hours.
 - a. 24 hours is calculated from the time of placement on Immediate Segregation status as noted by the shift supervisor.
 - b. If the mental health needs are deemed to be emergent, the inmate shall be held in a location other than restrictive housing until a mental health screening can be completed.
 4. Inmates placed on Immediate Segregation status will be housed in restrictive housing, secure mental health housing, or a skilled nursing facility in response to the medical/mental health assessment.

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- F. All inmates on Immediate Segregation status shall receive a mental health screening within 14 days. This screening will take place in a location outside of the inmate's cell. An inmate may decline to talk with a provider. Force shall not be used to bring an inmate to the consult with the provider unless there is a clear life-threatening issue or serious decompensation is noted.

Inmates with a serious mental illness diagnosis whose current level of functionality does not require residential treatment shall be seen for a one-on-one out of cell consult with a mental health provider every seven days while on Immediate Segregation status.

- G. Continuation on Immediate Segregation status must be approved by the Warden within 15 calendar days (Attachment B-3). The review will include initial placement form, the Inmate Statement (or refusal), and any additional information gathered since the placement on Immediate Segregation status. It is the expectation that the Warden has enough information at this time to determine whether the inmate should be placed in alternative housing, returned to general population or referred for assignment to Longer-Term Restrictive Housing.
1. Requests for extensions of Immediate Segregation past 30 days shall require approval by the Deputy Director – Operations and must be submitted via e-mail within 21 calendar days of initial placement (Attachment E-1).
 2. Requests for extensions of Immediate Segregation past 45 days shall require approval by the Director and must be submitted through the Deputy Director – Operations via e-mail within 38 calendar days (Attachment E-2).
 3. The maximum length of stay on Immediate Segregation is 60 days.

IV. LONGER-TERM RESTRICTIVE HOUSING (LTRH)

- A. Longer-Term Restrictive Housing shall be used when inmates need more intensive supervision and intervention before promotion to an appropriate non-restrictive housing assignment. Longer-Term Restrictive Housing is a targeted individualized intervention with a primary emphasis on pro-social behavior, interactions with others, life-view change, incentives for positive change, and successful transition to lower levels of security. Consideration at all levels of review must be given to the mental health needs of the individual.
- B. All assignments to Longer-Term Restrictive Housing shall require a classification hearing. For restrictive housing actions, the Unit Classification Committees shall include, but not be limited to, a unit manager, case manager, and unit sergeant. The Longer-Term Restrictive Housing classification action will include: the Longer-Term Restrictive Housing Referral Form (Attachment F), the most recent custody classification action form, the most recent STRONG-R scores, a Behavior/Programming Plan (Attachment G) and, if applicable, a Confidential Intelligence Memo (Attachment H).
1. Unit Staff shall give the inmate the Notice/Waiver of Classification Hearing (Attachment F) at least 48 hours in advance of the hearing. This notice shall include the following:
 - a. The date, time and place of the classification hearing;

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- b. The reason for Longer-Term Restrictive Housing status is being considered, to include copies of the Longer-Term Restrictive Housing Referral form, his/her Behavior/Programming Plan and, if applicable, his/her Individual Treatment Plan (Attachment I).
 - c. The inmate will be advised that he or she may present a written appeal of the recommendation action at the time of his/her classification hearing to be considered by the Warden and the Central Office Multi-Disciplinary Review Team in the review of his/her status.
 2. The Unit Classification Committee hearing shall be impartial. The Unit Classification Committee may recommend that the inmate be removed from Immediate Segregation status or assigned to or continued on Longer-Term Restrictive Housing status.
 - a. The inmate may request a continuance of the hearing by making a written request for additional time to prepare a response.
 - b. If an inmate's English reading and writing skills don't support preparing a written request, or the issues are so complex that the inmate may not be able to present a response, the inmate will be provided a staff representative or staff assistance in preparing a request.
 - c. If an inmate is unable to speak or understand English, the inmate may be provided a staff or other interpreter.
 - d. During the hearing, the Unit Classification Committee shall inform the inmate of any relevant information being considered.
 - e. The inmate shall have the opportunity to refute the information presented, submit a written appeal of the recommendation and/or any other pertinent information. If an inmate's English reading and writing skills don't support preparing a written appeal, the inmate shall be provided assistance in preparing an appeal.
 - f. The inmate's scheduled date of reentry to the community will be reviewed. If the date is under one year, a referral to the NDCS Reentry Services Unit will be made.
 - g. The identity of any confidential informants or the content of psychiatric, psychological and mental health reports will not be disclosed to the inmate.
 - h. After the hearing, the inmate (and interpreter and staff representative, if applicable) may be asked to leave the hearing room while the Unit Classification Committee deliberates.
 - i. At the conclusion of the hearing, the inmate will be advised of the Unit Classification Committee's recommendation.

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5. The inmate may appeal the decision of the Central Office Multi-Disciplinary Review Team to the Director.
 - a. The appeal shall be submitted via inter-office mail on an Inmate Interview Request form.
 - b. Only one appeal to the Director per classification action will be considered.
6. When an inmate has been assigned to restrictive housing for 365 days, the Director must approve continued assignment to Longer-Term Restrictive Housing status.

Inmates in restrictive housing for 365 consecutive days shall be reviewed at least every 30 days thereafter by the Central Office Multi-Disciplinary Review Team and the Director. This review shall include, but not be limited to, an assessment of compliance with individualized Behavior/Programming Plans and Individual Treatment Plans and recommendations from the Central Office MDRT for changes to the individual plans to allow the inmate to safely transition to a less-restrictive housing setting.

V. BEHAVIOR/PROGRAMMING PLAN

Each inmate in Longer-Term Restrictive Housing shall have a Behavior/ Programming Plan that shall be reviewed during scheduled Restrictive Housing Status reviews. The Behavior/Programming Plan will outline to staff and inmates the steps and criteria for inmates to return to the general population or transition to another form of non-restrictive housing. It will include an incentive-based system that encourages pro-social behavior and program engagement.

- A. Inmates will participate in discussions and planning of criteria and next steps for each transition opportunity and will help craft individualized goals and areas for improvement.
- B. Unit staff will monitor behavior using a standard Behavior Baseline Report (Attachment L) and note the progress towards goals and behavior on the Restrictive Housing Status Review form (Attachment M). The Warden will review the information and recommend promotion to a less restrictive custody level as appropriate through the established Central Office Multi-Disciplinary Review Team review process.

VI. MENTAL HEALTH SERVICES

- A. Mental health services for Longer-Term Restrictive Housing inmates shall be managed through a combination of requests for consultation made by the inmate or facility staff (in accordance with established procedures and protocols), and weekly cell-front visits by mental health providers.
- B. In addition, if the inmate agrees to the consult, monthly one-on-one out-of-cell therapeutic assessments will be provided for Longer-Term Restrictive Housing inmates with a diagnosis of serious mental illness.
- C. Force shall not be used to bring an inmate out to see a mental health provider unless there is a clear life-threatening issue or serious decompensation is noted.

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- D. Dependent on the individual's mental health diagnosis and needs, a Restrictive Housing Individual Treatment Plan may be developed for individuals in Longer-Term Restrictive Housing.
1. The Restrictive Housing Individual Treatment Plan shall be developed by clinical staff and is intended to work in conjunction with the Behavior/Programming Plan.
 2. Inmates will participate in the development of the Restrictive Housing Individual Treatment Plan.
 3. At a minimum, the Restrictive Housing Individual Treatment Plan shall identify problem areas, goals, interventions and coping strategies.
 4. The Restrictive Housing Individual Treatment Plan shall be reviewed on a regular basis determined by clinical staff to determine progress and effectiveness.
 5. The Restrictive Housing Individual Treatment Plan is considered a clinical and confidential document and shall not routinely be shared with non-clinical staff unless deemed necessary by the clinician.

VII. SECURE MENTAL HEALTH HOUSING

- A. Individuals on Immediate Segregation or Longer-Term Restrictive Housing status with a serious mental illness who present a high risk to others or to self and require residential mental health treatment shall be housed in the designated Secure Mental Health Unit at the Lincoln Correctional Center. The assignment to SMHU is a clinical decision and requires the approval of the Mental Illness Review Team (MIRT). The Mental Illness Review Team (MIRT) may conduct electronic reviews for emergent cases to ensure expedient transfer. The Mental Illness Review Team (MIRT) shall consider the following criteria:
1. Evidence of functional impairment related to a diagnosed Serious Mental Illness or need for evaluation to determine the impact of mental illness on presenting behavior.
 2. Need for evaluation to determine the impact of mental illness on presenting behavior.
 3. Mental Health Unit inmates who require a more secure setting based upon clinical and/or administrative review.
 4. Mental Health Unit inmates who discharge from Skilled Nursing Facility and continue to require increased monitoring of behavior.
- B. All inmates assigned to the SMHU must be able to ambulate sufficiently on a multi-tiered housing unit. Alternative placement options (to include the Skilled Nursing Facility, Lincoln Regional Center or other identified restrictive housing unit) will be considered for inmates on Longer-Term Restrictive Housing status with a serious mental illness who present a high risk to other or self and are unable to ambulate sufficiently.

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- C. Procedures specific to the SMHU shall be established in facility operational memorandums consistent with the provisions of this policy. All Immediate Segregation and Longer-Term Restrictive Housing rules and regulations apply to individuals assigned to Secure Mental Health Housing. Exceptions will be permitted based on the clinical recommendations of Mental Health staff or as specified in the inmates Behavior/Programming Plan and/or Individual Treatment Plan as approved by the Warden
- D. In addition to a Behavior/Programming Plan, mental health staff shall complete an Individual Treatment Plan for all inmates assigned to Longer-Term Restrictive Housing status on the SMHU.
- E. The Warden shall consult with mental health staff before removing an inmate from Immediate Segregation status or recommending placement, continuation or removal from Longer-Term Restrictive Housing status.

VIII. ASSIGNMENT OF LIVING LOCATION

- A. Using the criteria defined below, inmates on Immediate Segregation status may have a cellmate. Inmates assigned to Longer-Term Restrictive Housing will be in single cells, moving to a double cell according to the Behavior/Programming plan and/or Individual Treatment Plan.
- B. Prior to the assignment to a cell in restrictive housing in which an inmate will have a cellmate, the Unit Manager/designee of the respective restrictive housing unit will confer with the Unit Manager from the housing unit to which that the inmate was previously assigned. In the absence of the respective Unit Managers, Unit Case Managers from the respective housing units and/or the shift supervisor will confer. Prior to conferring, the classification study, initial classification/reclassification action form, PREA documents, Security Threat Group (STG) documents, and institutional files of the inmates whom are being considered for the same cell in restrictive housing will be reviewed. Items that will be reviewed and considered include, but are not limited to:
 - 1. History of assaultive behavior (includes behavior in the institution and/or community)
 - 2. Reason for Segregation/Restrictive Housing status
 - 3. Central Monitoring
 - 4. PREA Score (aggression/vulnerability)
 - 5. Security Threat Group affiliation
- C. Based on the above noted review, the above mentioned staff will determine the most appropriate housing location for inmates assigned to a restrictive housing status and then complete the Restrictive Housing Assignment of Living Location form (Attachment N).
- D. Inmates on Immediate Segregation status pending a review for possible placement on Protective Custody may only be assigned to a cell with another inmate on the same status. Such assignments will be determined based on a review of the reason

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each inmate has been referred to restrictive housing, their prior behaviors in NDCS, their PREA Score for aggression and vulnerability, their level of general functioning, and gang affiliation to protect against predatory behavior.

- E. The words “most appropriate housing location for inmates assigned to a restrictive housing status” shall mean a housing placement, as of the time of the cell assignment is made, which provides each cellmate with reasonable safety from assault, taking into consideration all data available to the decision-makers regarding each proposed cellmate.
- F. Reasonable safety is not a guarantee of absolute safety, and the words “most appropriate housing location for inmates assigned to a restrictive housing status” shall not be understood to require a guarantee of absolute safety.
- G. The decision-makers may consider other valid goals in making cell assignments so long as the cell assignment provides each cellmate with reasonable safety from assault. If a decision is made to assign more than one person to a cell, the persons making such assignment shall state in writing why, at the time of the cell assignment, the cell assignment provides each cellmate with reasonable safety from assault.

The statement of reasons may be a short and concise summary of the reasons for the conclusion that the cell assignment provides each inmate with reasonable safety from assault. Such a statement shall be made on the Restrictive Housing Assignment of Living Location form and the decision shall be recorded under the heading “Comments”.

- H. There will be a minimum of two persons that confer to determine the most appropriate housing location for inmates assigned to a restrictive housing status when said assignment involves being assigned to a cell with another inmate. This assignment is made pursuant to the procedures noted above.

IX. RESTRICTIVE HOUSING STATUS REVIEWS

Review of inmates’ restrictive housing status shall occur regularly.

- A. The Unit Classification Committee shall conduct formal reviews of the status of each Restrictive Housing inmate every seven days until 60 days after the inmate has been placed in Restrictive Housing.
- B. The Unit Classification Committee shall conduct formal reviews of the status of each Restrictive Housing inmate every two weeks after 60 continuous days of Restrictive Housing.
- C. Restrictive Housing inmates shall be given notice of the Restrictive Housing Status Review and have an opportunity to appear before the Unit Classification Committee once a month at the Restrictive Housing Status Review.
- D. Staff will evaluate each Longer-Term Restrictive Housing inmate’s compliance with their Behavior/Programming Plan at all scheduled restrictive housing status reviews.
- E. The Unit Classification Committee shall make a written record of the Restrictive Housing Status Review (Attachment M).

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- F. The written record of the Restrictive Housing Status Review shall be submitted to the Warden/designee.
- G. The Warden/designee shall review the record of the Restrictive Housing Status Review for final approval or return it to the Unit Classification Committee for further action.

X. PROGRAMMING AND TREATMENT

- A. Programming refers to non-clinical, organized activities or curriculum that addresses thinking and behavior as well as pro-social interaction.
- B. Treatment must be delivered by licensed clinicians and is directly related to a person's behavioral health diagnosis and recovery.
- C. Risk assessments, and the results of mental health testing, when appropriate, shall be used to guide coordinated interventions, assignments to programming, and other applicable resources. Programming and behavioral health resources will be used to reduce risk and address needs.
- D. Program delivery formats for high security environments shall be created that allow program participation while ensuring the safety of participants and staff. This shall include the development of congregate classroom space where possible, use of security programming chairs and in-cell programming.
- E. Opportunities for inmates to learn and practice pro-social behaviors through cognitive programming shall be provided, with the opportunity to progress through incentivized step-down programs to lower security classifications, based on goal development and attainment, completion of required tasks and activities, and demonstrated positive behavior.

XI. GENERAL CONDITIONS OF RESTRICTIVE HOUSING

- A. Inmates are placed in restrictive housing in response to behavior that creates a risk to the inmate, others, or the security of the institution or as a result of a classification action. Restrictive housing inmate shall receive the following services and programs unless documented security and safety considerations dictate otherwise.
 - 1. Prescribed medication and access to health care by a qualified health care official.
 - 2. Clothing that is not degrading.
 - 3. Access to authorized personal items for use in their cells.
 - 4. Substantially the same meals served to the general population.
 - 5. The opportunity to shave and shower at least three times per week.
 - 6. The issue and exchange of clothing, bedding and linen on the same basis as inmates in the general inmate population.

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7. Access to laundry services on the same basis as inmates in the general inmate population.
 8. Access to hair care services on substantially the same basis as inmates in the general inmate population.
 9. The same opportunity to write and receive letters as is available to the general inmate population.
 10. Opportunities to visit.
 11. Telephone privileges as defined in A.R. 205.03, *Inmate Telephone Regulations*.
 12. Access to legal\reading materials.
 13. A minimum of one hour per day, five days per week, of exercise outside their cells.
- B. It is in the best interest of all to provide restrictive housing inmates with resources that will enable them to be better citizens within the institution and upon their return to the community. Inmates assigned to restrictive housing for more than 30 days, shall have access to programs and services that include, but are not limited to educational services, canteen services, library services, social services, counseling services, religious guidance, and recreational programs as established by the Operational Memorandum of each facility based upon the services provided at the facility.
- C. Deviations from the Conditions of Restrictive Housing (Attachment O) must be approved by the Director/designee.
- D. Inmates housed in restrictive housing shall be permitted to possess property as described below. Restrictions shall be imposed only for cause and with the approval of the Warden/designee.
1. Each inmate in restrictive housing will be provided the following:
 - a. Earbuds (one per inmate)
 - b. Television (one per cell)
 - c. Hygiene/stationary items
 2. Immediate Segregation
 - a. All inmates placed in restrictive housing are authorized to possess the following property. The property may be kept in storage until needed.
 - (1) One state-issued sweatshirt
 - (2) One state-issued stocking cap
 - (3) One pair of state-issued pants
 - (4) One state-issued shirt.
 - (5) One set of state-issued underwear

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- (6) One pair of state-issued socks
- (7) One pair of state-issued boots
- (8) One pair of state-issued tennis shoes
- (9) One pair of shower shoes
- (10) One state-issued coat (winter only)
- (11) One pair of state issued Jersey gloves (winter only)
- (12) One pair of prescription eyeglasses and one eyeglass case
- (13) One wedding ring
- (14) One religious necklace/medallion
- (15) One religious book
- (16) One address book
- (17) One telephone list
- (18) Legal papers (consistent with property restrictions for restrictive housing)
- (19) Stamped envelopes (in quantity permitted by institutional procedure)
- (20) One wristwatch
- (21) One drinking cup
- (22) One Comb/pick

b. Inmates may purchase hygiene/legal materials and up to \$5.00 of non-hygiene canteen items consistent with the facility canteen schedule. The total weekly canteen order must not exceed \$10.00.

3. Longer-Term Restrictive Housing

Once assigned to Longer-Term Restrictive Housing inmates may be permitted to possess additional personal property items based on compliance with behavior and/or treatment plans. Plans shall specifically identify incentives that will be provided for complying with the expectations of the plan. Incentives may include, but are not limited to, the following:

- a. Additional cell cleanings
- b. Job assignment consideration
- c. Extra shower (4 total)
- d. Extra yard sessions (6 total)
- e. Extra personal phone calls
- f. Extra visit (2 total per week)
- g. Additional canteen (Up to \$20)
- h. Authorized congregate activities
- i. Personal MP4 player
 - (1) MP4 messaging
 - (2) Kiosk access to purchase music

E. General Provisions Regarding Limitations on Services and Programs

- 1. Exceptions to the services and programs for restrictive housing inmates must be made by the shift supervisor or the Unit Manager/designee and be based on a finding that the exceptions are necessary for the safety and security of the inmate, other inmates, staff or the unit.

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2. The restrictive housing unit staff shall record the exception and the reason for the exception in the permanent unit log.
3. When an inmate in restrictive housing is deprived of any right or privilege, the restrictive housing unit staff shall prepare a written report. This report shall be sent to the Security Administrator of the facility and shall be kept in the inmate's institutional file.

F. Provisions and Limitations on Showers and Exercise

1. Except in emergencies, the Director/designee will not curtail shower and exercise periods to fewer than three times per week for restrictive housing inmates.
2. Exceptions shall be granted for a definite time period and shall be in response to institution or unit special needs and contingencies.
3. In facilities where restrictive housing exercise yards exist outside and where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be made available to the inmates who want to take advantage of their authorized exercise time.

G. Refusal to Shower or Exercise

1. The refusal to shower and exercise shall be documented in the Restrictive Housing Unit permanent log.
2. An inmate will be deemed to have refused to shower or exercise by not complying with security procedures, or threatening actions that present an immediate danger to the safety of staff or other inmates.
3. After consultation with the medical department, the inmate may be required to shower.

H. Non-Contact Visitation Provisions

1. Visiting schedules for inmates designated for non-contact visits shall be on an appointment basis according to the visiting schedule authorized by the Warden.
2. Non-contact visits shall not last longer than one hour per visit.
3. The shift supervisor may alter the visitation time and number of visitors to insure proper order and security.

I. Health Care

1. All medical or health care visits shall be recorded in the inmate's health record and in the Restrictive Housing Unit permanent log.
2. An inmate's refusal of medical care shall be documented in the inmate health record and in the Restrictive Housing Unit permanent log.

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J. Alternative Meal Service

Food should not be withheld, nor the standard menu varied, as a disciplinary sanction for an individual inmate. If an inmate uses food or food service equipment in a manner hazardous to self, staff or inmates or, which creates a health/sanitation hazard, alternative meal service equipment may be utilized. Alternative meal service equipment shall consist of a silicone meal tray and a paperboard eating utensil (no drinking cups). The food served to the inmate(s) shall consist of the same food items served to the remainder of the population including applicable medical and religious diet orders. Authorization for use of the alternative meal service equipment shall be approved by the Deputy Warden or higher authority, shall be on an individual basis and shall be based on health and safety considerations only. A Restriction of Privileges/Rights form will be completed accordance with established procedures. This restriction will be reviewed at a minimum of once a week by staff designated by the Warden but may be reviewed more frequently. The restriction may only be removed by the authority of the Deputy Warden or higher authority and shall be based on the assessment of safety and health risks. Refer to Attachment [NP](#) regarding the protocol to be followed in the event the inmate refuses to return the alternative meal service equipment and/or misuses food items.

K. Disruptive Hygiene Behavior

Disruptive hygiene behavior is the intentional smearing of any bodily fluid/substance, including but not limited to feces and urine, on one's person or anywhere in the cell. See Attachment Q for Disruptive Hygiene Behavior Response Protocol.

L. Management of Restrictive Housing Units

1. A shift supervisor shall visit the restrictive housing unit(s) at least once every day.
2. A qualified health care official shall visit the restrictive housing unit at least once every day.
3. Program staff members shall visit the restrictive housing unit(s) upon request.
4. Each facility shall establish policies on the selection criteria, supervision and rotation of the staff members who work on a regular and daily contact basis with inmates in the restrictive housing unit(s)
5. In facilities with small, short-term restrictive housing units and no specified restrictive housing posts, designated unit and custody staff will receive special training prior to providing coverage in the unit.
6. All restrictive housing inmates shall be personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuing observation.
7. A qualified mental health professional shall conduct a personal interview of any inmate who is in restrictive housing for more than 30 days and prepare a

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written report. If restrictive housing continues for an extended period, a mental health assessment of the restrictive housing inmate must be done at least every three months.

8. In addition to any other provisions provided in this policy, the Institutional Classification Committee or facility Multi-Disciplinary Team (MDT) will review the restrictive housing status of inmates who are pregnant, are 17 years or younger or are diagnosed with a major mental illness a minimum of once per month to assess the potential for promotion to a less restrictive setting based on compatibility with the safety of the inmate, others, and security of the facility.
- M. Space availability in restrictive housing may necessitate the early release of inmates. In such cases, the Warden/designee shall determine which inmates on Immediate Segregation status or Longer-Term Restrictive Housing status will be released by giving priority to those inmates who present the lowest risk to safety and security. Release of Longer-Term Restrictive Housing inmates requires the approval of the Central Office Multi-Disciplinary Review Team in accordance with this policy. Nothing in this policy precludes the early review of an inmate's restrictive housing status.

XII. PROTECTIVE MANAGEMENT

- A. Protective Management is not a restrictive housing unit. A Protective Management unit is a designated mission specific gallery/unit that provides a placement option for inmates who cannot be safely housed in other general population units with the goal of helping to reduce the use of restricting housing and concentrating services and program availability to this population.
- B. Protective management units/galleries provide an environment of reduced risk of harm from other inmates while having privileges similar to general population housing in terms of out-of-cell time, access to programming, access to work and recreation, etc.
- C. Protective Custody is a classification status. Classification to Protective Custody status may occur only after it has been determined that there is no other viable general population placement or other mission-specific housing assignment available to meet the safety needs of the inmate.

In every case possible, inmates classified to Protective Custody status will generally be housed in a Protective Management Unit/Gallery.

Only after it is determined that there is no other viable general population, Protective Management Unit, or other mission-specific housing option that will maintain the safety and security of the inmate, other inmates, staff, and the facility will inmates assigned to Protective Custody status may be housed in a restrictive housing unit. In these circumstances, policies for longer-term restrictive housing shall apply.

- D. Appropriate residential mental health treatment housing for protective custody status inmates will be provided when needed.

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XIII. DISCHARGE AND REENTRY PLANNING

- A. Having no one transition from restrictive housing to the community is a targeted outcome for the agency.
- B. If an inmates is already assigned to or placed in restrictive housing at 120 days prior to their scheduled release date, the Central Office MDRT shall be notified by the facility Warden. The MDRT Chair shall then initiate contact with the facility Warden to discuss appropriate steps to assess risk and conduct release planning consistent with safety within the facility and in the community.
 - 1. This notification shall be sent by the Warden via e-mail to MDRT Chair (Deputy Director-Operations) with both the Reentry Program Manager and Director of Social Worker copied on the notification.
 - 2. Strategic reentry and discharge protocols shall be implemented prior to release to the community.
 - a. Whenever possible, inmates will be transition from restrictive housing to general population, mission-specific housing and/or treatment-based/behavioral focused housing prior to release.
 - b. Transition general population housing, designed to help inmates transition from restrictive housing, based on individualized risk and needs assessments shall be used to prepare individuals for return to a less restrictive and more interactive security level.
 - 1) Transfer to transition housing will depend on the individual's level of readiness, safety and security considerations and assessments, reviews and decisions by the MDRT.
 - 2) The standard for risk shall be measured against the fact that the inmate shall be returning to the community.
- C. All discharges from restrictive housing shall involve ongoing coordinated effort from facility staff, behavioral health staff, social workers, parole administration and reentry staff to develop specialized reentry plans for any inmate with a stay over 60 days in restrictive housing 150 days prior to release.
- D. Restrictive housing inmates in the security mental health unit in the 180 day period before their release and will be housing in the secure mental health unit at the time of their discharge, will also be reviewed by the NDCS Discharge Review Team.
- E. The facility Warden shall designate staff to ensure monitoring and reporting of discharge and reentry planning is being done consistent with this policy. This process shall be clearly articulated in written facility procedures.

XIV. DATA ENTRY/ELECTRONIC RECORD KEEPING

- A. To ensure accurate and real-time data entry of restrictive housing placements and removals as well as accurate data regarding the status of individuals placed in restrictive housing, the following process shall be used at all NDCS facilities with restrictive housing units:

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1. When an inmate is placed on Immediate Segregation status, the restrictive housing unit staff shall notify the facility Central Control Center staff of the inmate's restrictive housing unit cell assignment. Central Control staff shall update the cell assignment in the Corrections Tracking System (CTS/C-1) and restrictive housing unit staff shall update the segregated status in Nicams. Both updates shall be made within two hours or prior to the next scheduled facility count, whichever comes first.
 2. When an inmate is removed from a restrictive housing status, the restrictive housing unit staff shall notify the facility Central Control Center staff of the inmate's restrictive housing unit cell assignment. Central Control staff shall update the cell assignment in the Corrections Tracking System (CTS/C-1) and restrictive housing unit staff shall update the segregated status in Nicams. Both updates shall be made within two hours or prior to the next scheduled facility count, whichever comes first.
- B. When the Central Office Multi-Disciplinary Review Team approves an inmate's placement on or removes an inmate from Longer-Term Restrictive Housing, the Deputy Director/designee shall update the inmate's status in Nicams with the review date and hearing summary. When the inmate is moved from restrictive housing, the restrictive housing unit staff shall update the inmate's segregation status in Nicams.
 - C. The facility Warden will identify a person to serve as his/her designee and point of contact for restrictive housing data collection. The Warden/designee will be responsible for auditing Corrections Tracking System (CTS/C-1) and Nicams data entry, to include comparing a list of individuals in restrictive housing with CTS and Nicams data entries a minimum of once per month. Completion of the monthly audit, findings and corrective action taken shall be electronically forwarded to the NDCS Research Administrator. The Research Administrator will notify the appropriate Deputy Director of any concerns or need for additional corrective action.

XV. DATA COLLECTION AND REPORTING

NDCS shall provide regular reporting on the use of restrictive housing, and shall issue an annual report to the Governor and the Clerk of the Legislature. (Neb. Rev. Stat. 83-4,114) This report shall include:

- A. The number of inmates who were held in restrictive housing during the prior year.
- B. The mean and median length of time for all inmates who were held in restrictive housing during the prior year.
- C. The race, gender, age, and length of time each inmate has continuously been held in restrictive housing for all inmates who were held in restrictive housing during the prior year.
- D. The reason or reasons each inmate was held in restrictive housing during the prior year.
- E. The number of protective custody inmates who were placed in restrictive rather than alternative housing for their own safety, and the underlying circumstances for each.
- F. The number of inmates held in restrictive housing who were diagnosed with a mental

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illness (as defined in Neb. Rev. Stat. 71-907) and the type of mental illness by inmate during the prior year.

- G. The number of inmates who were released from restrictive housing directly to parole or the general public, and the reasons for those releases during the prior year.
- H. Comparable statistics for the nation and each state bordering Nebraska pertaining to subdivisions (4) (a) through (e) of section Neb. Rev. Stat. Stat. 83-4,114, to the extent ascertainable.

XVI. STAFF TRAINING

- A. All NDCS facilities with Restrictive Housing and/or Secure Mental Health Housing, shall ensure that all regularly assigned unit staff shall receive special training in working with the population housed in the unit. At a minimum, refresher training will be required on an annual basis.
 - 1. Facilities will provide unit specific on-the-job training for staff assigned to work in Restrictive Housing and/or Secure Mental Health units
 - 2. The NDCS Internal Restrictive Housing Workgroup will be responsible for developing a standard training curriculum for staff assigned to work in Restrictive Housing and/or Secure Mental Health Housing Units. This training shall be implemented no later than January 1, 2017, and include: an overview of restrictive housing policies, basic communication techniques, crisis de-escalation and intervention techniques, and an overview of work with mentally ill and other special needs populations.
- B. Starting in July 2018, NDCS Pre-Service staff training shall include, but not be limited to: basic communication techniques, Motivational Interviewing, working with mentally ill and other special needs populations, working with inmates with behavioral disorders, cognitive behavioral interventions, and trauma training, as well as core correctional practices, crisis de-escalation, and intervention. These types of trainings will help prevent incidents that may result in injuries, use of force, and use of restrictive housing. This training shall be required for all staff interacting directly with inmates.

XVII. LB 598 WORKGROUP

- A. Workgroup members are:
 - 1. Director
 - 2. All Deputy Directors
 - 3. Behavioral Health Administrator
 - 4. Director of Health Services
 - 5. Two employees of the department who currently work with inmates held in restrictive housing
 - 6. Additional department staff , as designated by the director

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7. Two representatives from a nonprofit prisoners' rights advocacy group, including at least one former inmate
 8. Two mental health professionals independent from the department with particular knowledge of prisons and conditions of confinement
- B. The Director shall provide the work group with quarterly updates on the department's policies related to the work group's subject matter.
 - C. The workgroup will meet at least semi-annually to review the use of restrictive housing and to provide input on ways to reduce and improve the use of restrictive housing.

REFERENCE

- I Nebraska Administrative Code, Title 72, Chapter 1. Nebraska Revised State Statute 44-792, 71-907, 83-170, 83-173.03, 83-180, 83-1,107(4), 83-1,107 (5)(c),. 83-4,114

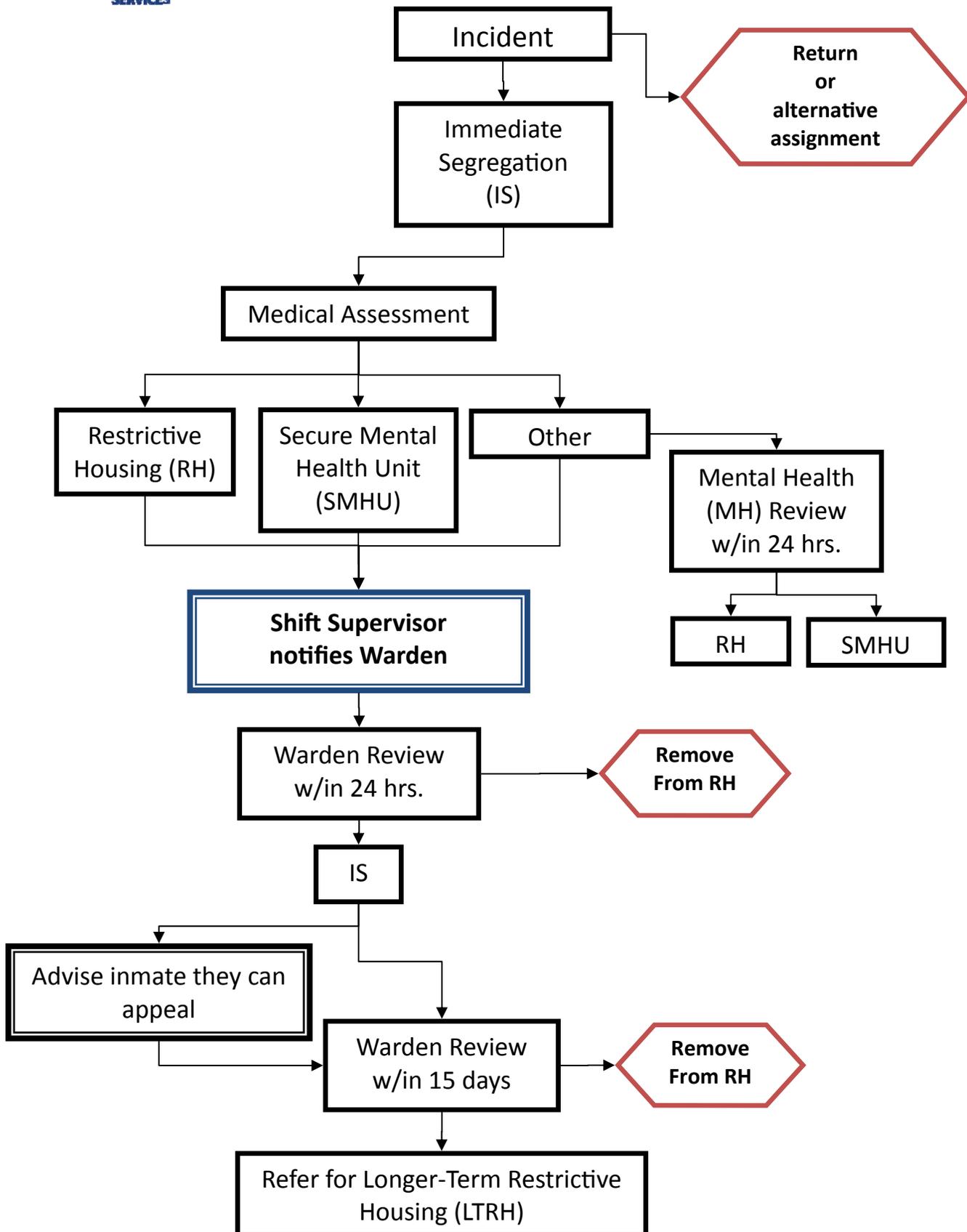
II ATTACHMENTS:

- A. Restrictive Housing Process Flowchart
- B. Immediate Segregation Review Form (Standard PDF fillable form used at each review)
 - B-1. Depicts Initial Review
 - B-2. Depicts 24-Hour Warden Review
 - B-3. Depicts 15-Day Warden Review
- C. Immediate Segregation Inmate Statement
- D. Restrictive Housing Admission of Self-Report Suicide Screening
- E. Immediate Segregation Extension Request (Standard PDF fillable form used for extension requests)
 - E-1. Depicts Initial 15 Day Deputy Director Immediate Segregation Extension Request
 - E-1. Depicts Additional 15 Day Director Immediate Segregation Extension Request
- F. Longer-Term Restrictive Housing Referral Form
- G. Restrictive Housing Behavior/Programming Plan
- H. Restrictive Housing Confidential Intelligence Memo Form
- I. Restrictive Housing Individual Treatment Plan
- J. Longer-Term Restrictive Housing Review Form
- K. Disposition of Longer-Term Restrictive Housing Review Notice
- L. Restrictive Housing Behavior/Programming Plan Baseline
- M. Restrictive Housing Status Review Form
- N. Restrictive Housing Assignment of Living Location Form
- O. Conditions of Restrictive Housing
- P. Refusal to Return Alternative Meal Service Equipment Protocol
- Q. Disruptive Hygiene Behavior Response Protocol

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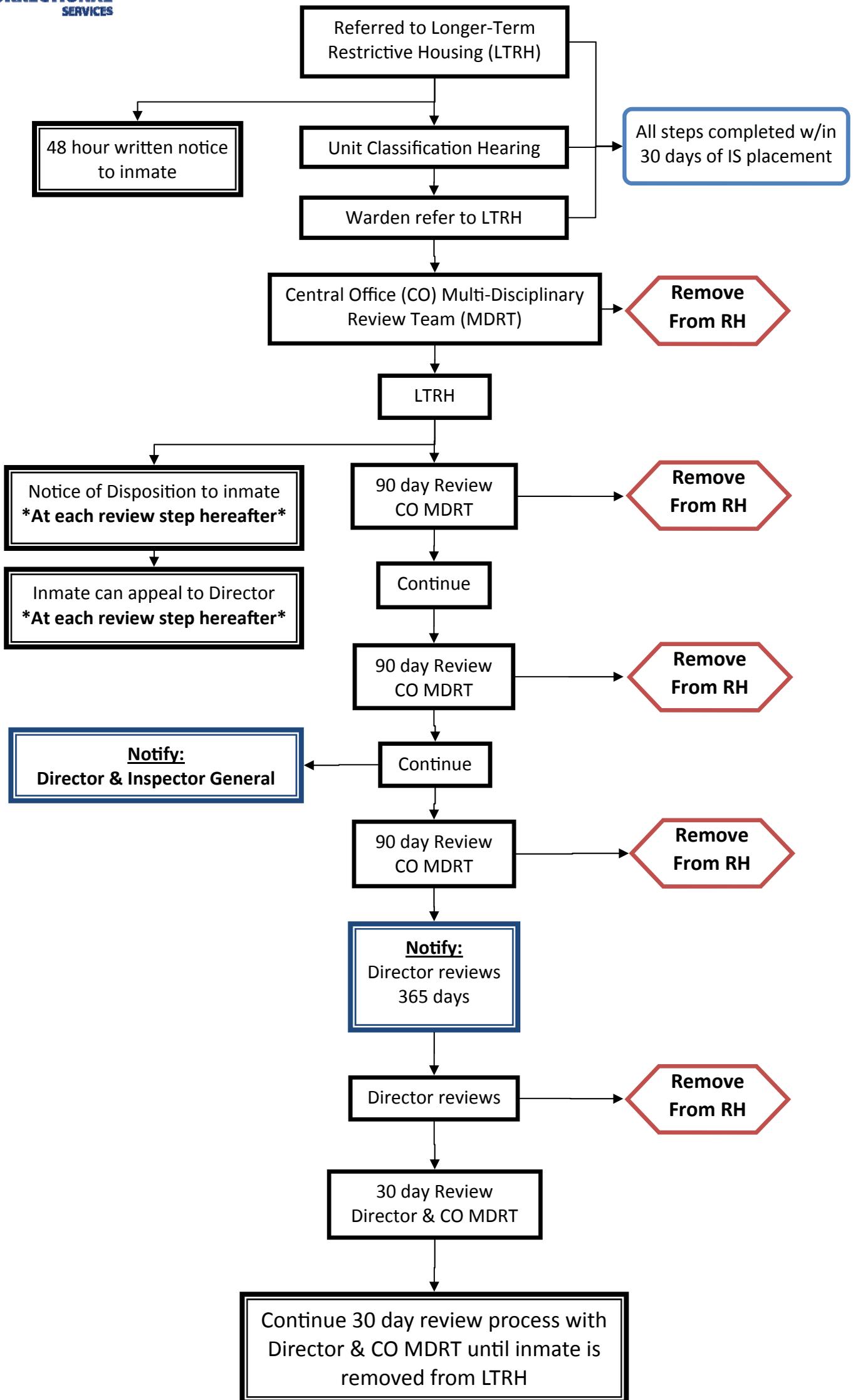
- III. ACA STANDARDS – Standards for Adult Correctional Institutions, (ACI) (4th edition): 4-4155, 4-4249, 4-4250, 4-4251, 4-4253, 4-4254, 4-4255, 4-4256, 4-4257, 4-4258, 4-4259, 4-4260, 4-4261, 4-4262, 4-4263, 4-4264, 4-4265, 4-4266, 4-4267, 4-4268, 4-4269, 4-4270, 4-4271, 4-4272, 4-4273, 4-4320 and 4-4435.

RESTRICTIVE HOUSING—Immediate Segregation





RESTRICTIVE HOUSING—LONGER-TERM RESTRICTIVE HOUSING





IMMEDIATE SEGREGATION (IS) REVIEW

Date: _____ Inmate Name: _____ Inmate Number: _____ Institution: _____

IS Placement Date/Time: _____ Document Prepared By: _____

Summary of Incident:

Alternative Placement:

Review Type:

Disposition:

Reason for Placement/Continuation on IS Status:

Description Abbreviated, see AR 210.01 for details

Attachments:

Initial placement is reviewed by the facility warden within 24 hours. Notice will be provided following this review. You may appeal placement on IS status by submitting an Inmate Interview Request form to the warden within 5 days of initial placement. Continued placement will be reviewed by the facility warden within 15 days.

Signature: _____ Date/Time: _____

Inmate Signature: _____ Date/Time: _____

Staff Witness: _____ Date/Time: _____

Distribution: Inmate, Housing Unit (From), Housing Unit (To), Unit Administrator, Warden, Inmate File, PRA Research



IMMEDIATE SEGREGATION (IS) REVIEW

Date: _____ Inmate Name: _____ Inmate Number: _____ Institution: _____

IS Placement Date/Time: _____ Document Prepared By: _____

Summary of Incident:

Alternative Placement:

Review Type:

Disposition:

Reason for Placement/Continuation on IS Status:

Description Abbreviated, see AR 210.01 for details

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Distribution: Inmate, Housing Unit (From), Housing Unit (To), Unit Administrator, Warden, Inmate File, PRA Research



IMMEDIATE SEGREGATION (IS) REVIEW

Date: _____ Inmate Name: _____ Inmate Number: _____ Institution: _____

IS Placement Date/Time: _____ Document Prepared By: _____

Summary of Incident:

Alternative Placement:

Review Type:

Disposition:

Reason for Placement/Continuation on IS Status:

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Signature: _____ Date/Time: _____

Inmate Signature: _____ Date/Time: _____

Staff Witness: _____ Date/Time: _____

Distribution: Inmate, Housing Unit (From), Housing Unit (To), Unit Administrator, Warden, Inmate File, PRA Research



IMMEDIATE SEGREGATION (IS) REVIEW

Date: _____ Inmate Name: _____ Inmate Number: _____ Institution: _____

IS Placement Date/Time: _____ Document Prepared By: _____

Summary of Incident:

Alternative Placement:

Review Type:

Disposition:

Reason for Placement/Continuation on IS Status:

Description Abbreviated, see AR 210.01 for details

Attachments:

Initial placement is reviewed by the facility warden within 24 hours. Notice will be provided following this review. You may appeal placement on IS status by submitting an Inmate Interview Request form to the warden within 5 days of initial placement. Continued placement will be reviewed by the facility warden within 15 days.

Signature: _____ Date/Time: _____

Inmate Signature: _____ Date/Time: _____

Staff Witness: _____ Date/Time: _____

Distribution: Inmate, Housing Unit (From), Housing Unit (To), Unit Administrator, Warden, Inmate File, PRA Research



Restrictive Housing Admission Self-Report Suicide Screening

Date: Inmate Name: Inmate Number: Institution:

IS Placement Date/Time: Document Prepared By:

If known, brief description of reason inmate was placed in restrictive housing:

Ask the inmate the following questions. Check either YES, NO or REFUSE TO RESPOND.

Yes No Refuse to Respond

1. Do you anticipate any emotional difficulties that will require Mental Health contact while in restrictive housing?
2. Have you recently experienced a significant loss (death of family member/close friend, divorce or separation)?
3. Are you feeling sad, hopeless or depressed?
4. Have you intentionally hurt yourself or attempted suicide?
5. Do you currently see someone in mental health on a regular basis?
6. Are you currently on psychiatric medications, or were you recently on them?
7. At this time, do you feel suicidal or feel like hurting yourself?

If "Yes" to question #7, initiate CONSTANT OBSERVATION and notify your Supervisor.

Comments:

If you have concerns related to this inmate's risk of harm to self or emotional state contact Mental Health at your facility. After hours – request your shift supervisor contact the Mental Health Officer of the Day. Any responses of "Yes" or "Refused to Respond" to any question should result in a general mental health referral at a minimum.

Yes No Routinely Mental Health assesses inmates entering restrictive housing within 14 days. Based on the inmate self-report and your observations, should Mental Health further evaluate this inmate within the first 24 hours?

Yes No Check here once you have notified the MHOD that this inmate was placed on IS status.



IMMEDIATE SEGREGATION (IS) EXTENSION REQUEST

Date: **Inmate Name:** **Inmate Number:** **Institution:**

IS Placement Date: **Document Prepared By:**

Reason for Extension: **Extension Type:**

Requested By:

Disposition:

Comments:

Inmate Signature

Staff Signature

Distribution: **Inmate, Housing Unit (From), Housing Unit (To), Unit Administrator, Warden, Inmate File**



IMMEDIATE SEGREGATION (IS) EXTENSION REQUEST

Date: **Inmate Name:** **Inmate Number:** **Institution:**

IS Placement Date: **Document Prepared By:**

Reason for Extension: **Extension Type:**

Requested By:

Disposition:

Comments:

Inmate Signature

Staff Signature

Distribution: **Inmate, Housing Unit (From), Housing Unit (To), Unit Administrator, Warden, Inmate File**



IMMEDIATE SEGREGATION (IS) EXTENSION REQUEST

Date: **Inmate Name:** **Inmate Number:** **Institution:**

IS Placement Date: **Document Prepared By:**

Reason for Extension: **Extension Type:**

Requested By:

Disposition:

Comments:

Inmate Signature

Staff Signature

Distribution: **Inmate, Housing Unit (From), Housing Unit (To), Unit Administrator, Warden, Inmate File**



Longer-Term Restrictive Housing (LTRH) Referral

Date: Inmate Name: Inmate Number: Institution:

IS Placement Date: Document Prepared By:

Review

Reason for placement (abbreviated Description, see AR 210.01 for details)

Narrative of facts justifying placement on LTRH:

Distribution:
UCC
ICC
Warden
PRA Research
CO MDRT
Director



Longer-Term Restrictive Housing (LTRH) Referral

Inmate Name:

Inmate Number:

Institution:

Compliant with Restrictive Housing Individual Treatment Plan: Yes No NA
(SMHU & as determined by Mental Health Services)

Attachments:

Most recent custody classification action form

Most recent STRONG-R scores

Behavior/Programming Plan

Confidential Intelligence Memo

Unit Classification Committee

Institutional Classification Committee

Warden



Restrictive Housing Notice/Waiver for Longer-Term Restrictive Housing (LTRH) Hearing

Inmate Name:

Inmate Number:

Institution:

Date/Time of Notice:

Document Prepared By:

Your presence is required at a Unit Classification Hearing on (Date/Time):

***Inmate acknowledgement: I have been notified of my right to appeal; I acknowledge receipt of a copy of the referral for Longer-Term Restrictive Housing. I waive my right to 48 hour notice _____ (initials). I hereby waive my presence _____ (initials).**

I have been advised that I am being recommended for Longer-Term Restrictive Housing _____ . _____

I understand that participation in my behavior/programming plan will affect the committee's decision. _____

Narrative form received by inmate _____ (inmate initials)

Serving employee date and time _____ Signature of inmate/date _____

Staff use only

Interpreter provided

Staff counsel provided



Restrictive Housing Behavior/Programming Plan

Date: Inmate Name: Inmate Number: Institution:

STRONG-R Score

The purpose of this plan is to provide you the opportunity to transition from Longer-Term Restrictive Housing to a less restrictive environment at the earliest possible time. The goals you set and the recommendations staff make cannot be accomplished without your full participation.

My goals are:

Actions or behaviors that will help me accomplish my goals are:

Staff recommendations are:

Actions or behaviors that will help me meet these recommendations are:

Certain behaviors can be a barrier to accomplishing my goals and meeting staff recommendations. Success includes acknowledging these behaviors and identifying positive behaviors to replace them.

	Behavior to Change	Replacement Behavior
My Challenges		
Staff Recommendations		

Sometimes, certain things can trigger the behaviors we want to change. Knowing what those triggers are can help us change the behavior before we engage in it. Below are things I think or staff have observed that may contribute to these behaviors AND ways to respond to those things.

	Behavior to Change	Replacement Behavior
My Challenges		
Staff Recommendations		

When I achieve the following, I may receive an incentive listed below:

ACHIEVE:

RECEIVE:

I have participated in the development of this Behavior/Programming Plan, and accept it as a part of my treatment. I am making a commitment to follow this plan.

Inmate Signature

Date

Staff Signature

Date



CONFIDENTIAL INTELLIGENCE MEMO

Date: **Inmate Name:** **Inmate Number:** **Institution:**

Document Prepared By:

Security Threat Group affiliation:

Current level of STG involvement:

Current threat to security:

History of STG activity (within 1 year):

History of STG activity (past 5 years):

Supporting documentation attached

Distribution:
Records - Original
Inmate - Photocopy
Housing Unit, Unit Administrator, Warden, PRA Research



Restrictive Housing Mental Health Individual Treatment Plan

Date: _____ **Inmate Name:** _____ **Inmate Number:** _____ **Institution:** _____

IS Placement Date/Time: _____ **Document Prepared By:** _____

Diagnosis: _____

Initial Date: _____ **Review Date:** _____ **Completion Date:** _____

<u>Problem</u>	
<u>Goal</u>	
<u>Related Coping Skills/Strengths</u>	
<u>Incentives</u>	
<u>Consequences</u>	

I have participated in the development of this treatment plan, and accept it as a part of my treatment. I am making a commitment to follow this plan. I understand this treatment plan may be revised on my treatment/therapeutic needs.

Inmate Signature

Date

Mental Health Staff Signature

Date

Distribution:
Records - Original
Inmate - Photocopy
Housing Unit, Unit Administrator, Warden, PRA Research



Longer-Term Restrictive Housing (LTRH) Review

Date: **Inmate Name:** **Inmate Number:** **Institution:**

IS Placement Date: **Document Prepared By:**

LTRH Referral Date:

Review

Reason for placement: (Abbreviated Description, see AR 210.01 for details)

Disposition:

Chair – Deputy Director – Operations

Mental Health Representative

Classification Representative

Intelligence Representative

Research Representative

If placement exceeds 365 days

Director

Distribution:
Records - Original
Inmate - Photocopy
Housing Unit, Unit Administrator, Warden, PRA Research - Electronic



DISPOSITION OF LONGER-TERM RESTRICTIVE HOUSING REVIEW

TO:

FROM: Central Office Multi-Disciplinary Review Team

DATE:

INSTITUTION:

FACILITY ADMINISTRATOR:

Your classification action for _____ longer-term restrictive housing status was reviewed by the Central Office Multi-Disciplinary Review Team on _____

This memo is to advise you that you have been _____ Longer-Term Restrictive Housing status.

If you disagree with this decision, you may appeal this action via Inmate Interview Request form to the Director. In accordance with policy, only one appeal to the Director per classification action will be considered.

Distribution:
Records - Original
Inmate - Photocopy
Housing Unit, Unit Administrator, Warden, PRA Research - Electronic



Restrictive Housing Levels Behavioral Baseline

Day	Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Monday			
	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	
Appropriate behavior																						
1. Compliance																						
2. Effective communication																						
3. Healthy boundaries																						
4. Using coping strategies																						
5. Other:																						

Key: X= acceptable Behavior (For each X write an explanation and initial in comments below.)

Level: _____ **Start Date:** _____
Comments: _____

Day	Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Monday			
	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	1st	2nd	3rd	
Problem behaviors																						
1. Non-compliance																						
2. Inciting/manipulation																						
3. Sanitation/hygiene																						
4. Aggression (to self, others, or																						
5: Other																						

Key: X= Unacceptable Behavior (For each X write an explanation and initial in comments below.)

Level: _____ **Start Date:** _____
Comments: _____

Inmate Name	Number	Room	Status	AC/PC	
				TRD Date	SMU Date

CONDITIONS OF CONFINEMENT		APPLICATIONS		
		IS	LTRH	SMH
A. PRESCRIBED MEDICATION				
	Inmates shall receive prescription medications.	X	X	X
B. CLOTHING				
	Inmates shall receive state-issued clothing that is not degrading.	X	X	X
C. PERSONAL PROPERTY				
	Inmates shall have access to authorized property in accordance with policy	X	X	X
	Inmates shall have access to additional authorized personal items for use in their cells in accordance with their Behavior/Programming Plan and/or Individual Treatment Plan (as applicable).	X	X	X
D. MEALS				
	Inmates shall receive substantially the same meals served to the general population.	X	X	X
	Inmates shall receive meals in their cells.	X	X	X
	Inmates may be permitted to receive meals outside their cells if proper security can be maintained and in accordance with the Behavior/Programming Plan and/or Individual Treatment Plan (if applicable).		X	X
E. SHOWERS AND SHAVING				
	Inmates shall have an opportunity to shave and shower three times per week	X	X	X
	Inmates shall have the opportunity to shave and shower more than three times per week in accordance with the Behavior/Programming Plan and/or Individual Treatment Plan		X	X

CONDITIONS OF CONFINEMENT		APPLICATIONS		
		IS	LTRH	SMH
	Inmates shall be issued clothing, bedding and linen on the same basis as inmates in the general population.	X	X	X
	Clothing, bedding and linen shall be exchanged on the same basis as inmates in the general population.	X	X	X
G. ACCESS TO LAUNDRY SERVICES				
	Inmates shall have access to laundry services for state issue clothing on the same basis as inmates in general population.	X	X	X
H. HAIR CARE SERVICES				
	Inmates shall have substantially the same access to hair care services on the same basis as inmates in the general population.	X	X	X
I. MAIL AND LETTERS				
	Inmates shall have the same personal and legal mail privileges as inmates in the general population.	X	X	X
J. VISITS				
	Inmates assigned to facilities/units without tele-visiting (LCC, NCCW, NCYF, NSP, OCC) may have contact visits.	X	X	X
	Inmates assigned to facilities/units with tele visiting (TSCI) will not have contact visits.	X	X	
K. TELEPHONE PRIVILEGES				
	Inmates shall have telephone privileges as set forth in AR 205.03 <i>Inmate Telephone Regulations</i> and in accordance with the Behavior/Programming Plan and/or Individual Treatment Plan (if applicable).	X	X	X

	CONDITIONS OF CONFINEMENT	APPLICATIONS		
		IS	LTRH	SMH
L. LEGAL MATERIALS				
	Inmates will have access to legal materials and services.	X	X	X
M. READING MATERIALS				
	Inmates may possess books and magazines within the property limitations imposed, as long as the accumulated materials do not constitute a health, fire or security hazard.	X	X	X
N. EXERCISE PERIODS				
	Inmates shall have the opportunity to exercise for one hour five days per week and in accordance with the Behavior/Programming Plan and/or Individual Treatment Plan (if applicable).	X	X	X
O. ACCESS TO PROGRAMS AND SERVICES				
	Inmates shall have access to programs and services, including educational services, social services, counseling services and religious guidance as established by the Operational Memorandum of each facility and based upon the services provided at that facility.	X	X	X
P. SANITATION				
	Inmates shall keep their cells neat and clean. Correctional staff will provide the necessary cleaning materials.	X	X	X
Q. PERSONAL HYGIENE				
	Inmates shall maintain acceptable standards of personal hygiene. Indigent inmates will be issued the necessary personal hygiene items.	X	X	X

CONDITIONS OF CONFINEMENT		APPLICATIONS		
		IS	LTRH	SMH
R. TRUST FUND WITHDRAWALS/CANTEEN				
	Inmates may purchase hygiene/legal materials and up to \$5.00 of non-hygiene items not to exceed \$10.00 per week.	X	X	X
	Inmates may draw up to the amount allowed for canteen purchases by general population inmates from their inmate trust account in accordance with the Behavior/Programming Plan and/or Individual Treatment Plan (if applicable).		X	X
	Inmates can have canteen orders filled at least one time per week.	X	X	X
S. RADIO/TELEVISION PRIVILEGES				
	Inmates will be issued earbuds, one television (IS) per cell and hygiene/stationary items.	X	X	X
	Inmates may use personal radio, MP players with headsets or earphones in accordance with the Behavior/Programming Plan and/or Individual Treatment Plan,(if applicable).	X	X	X
T. USE OF RESTRAINTS – INTERNAL MOVEMENT				
	Inmates may be restrained for internal movement and proper management	X	X	X
U. ACCESS TO HEALTH CARE				
	Inmates shall have access to health care by health care officials on a daily basis, unless medical attention is required more frequently.	X	X	X
V. WORK ASSIGNMENTS				
	Inmates may be allowed to have work assignments in accordance with the Behavior/Programming Plan or Individual Treatment Plan (if applicable).		X	X

REFUSAL TO RETURN ALTERNATIVE MEAL SERVICE EQUIPMENT PROTOCOL:

Alternative Meal Service: If an inmate uses food or food service equipment in a manner hazardous to self, staff or inmates or which creates a health/sanitation hazard, alternative meal service equipment may be utilized. Alternative meal service equipment shall consist of a silicone meal tray and a paperboard eating utensil (no drinking cups). Authorization for use of the alternative meal service equipment shall be approved by the Deputy Warden or higher authority and shall be on an individual basis and shall be based on health and safety considerations only. A Restriction of Privileges/Rights form will be completed in accordance with established procedures. This restriction will be reviewed at a minimum of once a week by staff designated by the Warden but may be reviewed more frequently. The restriction may only be removed by the authority of the Deputy Warden or higher authority and shall be based on the assessment of safety and health risks.

If an inmate refuses to return the alternative meal service equipment (silicone meal tray and/or paperboard eating utensil) or creates a health/sanitation hazard by smearing food within the cell, the following protocol will be followed:

1. The incident will be reported to the shift supervisor and documented as appropriate.
2. If no safety concerns exist (covering of windows, covering of cameras, self-harm activities, etc.), the inmate will be notified that he must return the items and/or be directed to clean the cell prior to the next meal. Appropriate cleaning supplies will be offered. A review of the current Restriction of Privileges/Rights form will be completed to determine if modifications are necessary based on the current behavior.
3. The inmate will be checked during normal gallery checks to ensure no safety concerns exist.
4. If the inmate has not returned the items and/or cleaned the cell prior to the time the next meal is served, the inmate will not receive a meal.
5. The inmate will be told that if he does not return the items prior to the next meal being served, he/she will be removed from the cell.
6. The inmate can only miss one meal. If the inmate misses the first meal period and then voluntarily complies, he/she will receive a meal as soon as possible.
7. If the inmate does not return the items and/or clean the cell by the second meal, the Shift Supervisor will be contacted. The Shift Supervisor will be responsible for authorizing a use of force to retrieve the items. The use of force will be conducted per established procedure.
8. Once the inmate is returned to the cell, he/she will be offered a meal. (If the inmate remains on Alternative Meal Service status, the alternative meal service equipment will be used. If the inmate is no longer on Alternative Meal Service status, regular food service equipment will be used.) If the regular meal is no longer available, a sack lunch will be provided.

DISRUPTIVE HYGIENE BEHAVIOR RESPONSE PROTOCOL

Disruptive Hygiene Behavior (DHB) is the intentional smearing of any bodily fluid/substance, including but not limited to feces and urine, on one's person or anywhere in the cell. This protocol is for use in Restrictive Housing Units only, and will not be utilized in Skilled Nursing Units.

- A. When an inmate engages in DHB, the incident will be reported to the shift supervisor and documented as appropriate
- B. Mental Health will be notified but they do not need to immediately report to the area. MH staff will review the MH records to determine if the inmate has active mental health issues that are driving the behavior or if the inmate is seeking attention.
- C. If the cell was smeared and no safety concerns exist (e.g.; covered windows, self-harm activities, visible open wounds, etc.) the inmate will be directed to clean the cell and appropriate cleaning supplies will be offered, including gloves.
- D. If the inmate cleans the cell or if the inmate only had feces smeared on him/herself: the inmate will be given the opportunity to take a shower.

The inmate will be given clean clothing to replace any soiled clothing. The inmate will then be returned to the same cell, if possible.

E. If the inmate refuses to clean the cell, the inmate will be asked if he/she has any open wounds.

- 1. If the inmate indicates he/she does, the inmate will be asked to show staff the wounds.
- 2. If the inmate has open wounds the inmate will be given directives to be restrained so he/she can be showered and the cell cleaned.
- 3. If the inmate refuses to be restrained, follow steps F.6. a through e below.

F. If the inmate refuses to clean his/her cell:

- 1. The refusal will be documented and the shift supervisor will be notified.
 - a. Medical Staff will be contacted to determine if the inmate has a medical condition that would be exacerbated if one meal is withheld from the inmate.
 - b. If the inmate has a medical condition that will not allow one meal to be withheld from the inmate and the inmate refuses to be restrained so he/she can be showered and the cell can be cleaned, follow steps F.6. a through e below.
- 2. The inmate will be notified that before he/she receives his/her next meal, the cell must be cleaned and the inmate must take a shower.
- 3. A water restriction device will be placed at the base of the cell door to help control the odor and deodorizer will be sprayed around the door.
- 4. The inmate will be checked for compliance during normal gallery checks. The inmate will be offered cleaning supplies at each gallery check. There should be minimal conversation with the inmate. Refrain from comments about the odor.

5. If the inmate has not cleaned the cell by the time the first meal is served following the behavior, the inmate will not receive a meal. The inmate will be told the meal is not being served because of the potential health hazards that may exist. The inmate will be told that if he/she does not clean the cell by the time the next meal is served, he/she will be removed from the cell. (The inmate can only miss one meal. If the inmate misses the first meal period and then voluntarily complies, he/she will get a meal as soon as possible).
6. If the inmate does not clean the cell by the second meal, the Shift Supervisor and mental health will be contacted. Mental health will determine if there is need for further dialogue with the inmate.
 - a. The Shift Supervisor will notify the warden during business hours or the OD after hours and receive authorization to conduct a use of force to remove the inmate from the cell.
 - b. The use of force will be video recorded per procedure and the normal use of force protocol will be initiated.
 - c. Following the use of force, normal OC decontamination protocol will be followed.
 - d. If the inmate refuses to comply with the OC decontamination or refuses to wash the feces from his/her body, the inmate should be placed in a holding cell.
 - e. If the inmate continues to refuse to wash the feces from his/her body, staff will conduct an involuntary shower to clean the inmate.
7. If the inmate cooperated during the use of force and allows staff to place him/her in restraints, the inmate will be allowed to shower.
8. Staff will clean the inmate's cell while the inmate is being showered/decontaminated.
9. Once the shower is completed, the inmate will be provided clean clothing and returned to the same cell, if appropriate.
10. Once the inmate is returned to the cell, he/she will be offered a sacked meal. If the hot meal is still available, the inmate may be offered the hot meal.

Note Inmates who only need OC decontamination and refuse to cooperate with the same, will be observed continuously for two hours and every 15 minutes after that for the next 24 hours.

Note Any time the cell hatch is opened during the above process, the inmate must be away from the door behind the red line, where applicable, and must show their open hands before the hatch is opened. The staff must use the shield in front of the open hatch.

Note Incidents of the DHB that occur in a skilled nursing facility (SNF) should be addressed immediately.