 Good Life. Great Mission. <hr/> DEPT OF CORRECTIONAL SERVICES	POLICY		
	<b>RESTRICTIVE HOUSING</b>		
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EFFECTIVE: July 1, 2016  
 REVISED: July 14, 2016  
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Terms – Added definitions for Limited Movement Unit, Controlled Movement Unit (CMU), Acute Mental Health Unit (AMHU), and Chronic Care Mental Health Unit (CCMHU) and removed paragraph on Secure Mental Health Housing. Changed SMHU to AMHU throughout. Procedure III.D.3.C. – Added a signed copy of the IS Review form will be uploaded to the documents section in NiCaMS. Removed Procedure VII.A.3. and VII.A.4. Added Procedure VIII.I addressing compatibility issues and VIII.J. stating that no inmate will remain in the same restrictive housing cell for more than six months. Procedure XI.D. – Added clarifying language pertaining to OTC products and incentives. Procedure XIII.B. – Changed the time periods for discharge and reentry planning. Removed attachments C and D and re-lettered the remaining attachments. Added new incentive attachments J, K, L, and M.

APPROVED:




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Scott R. Frakes, Director  
 Nebraska Department of Correctional Services

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## PURPOSE

To provide policy, in compliance with Nebraska Revised Statute 83-173.03 and the Nebraska Administrative Code, Title 72, for the use of restrictive housing to ensure that it is an alternative or 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 Acute and Chronic Care 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 Policy within the limits and guidelines that follow.

## DEFINITIONS

- I. **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.
- II. **INDIVIDUAL TREATMENT PLAN** - A clinical document used by mental health professionals to establish a patient's mental health treatment plan.
- III. **CENTRAL OFFICE MULTIDISCIPLINARY REVIEW TEAM (MDRT)** - A team comprised of the Deputy Director of Prisons (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.
- IV. **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.
- V. **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)
- VI. **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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- VII. 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-specific housing.
- VIII. 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)
- IX. 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. Mission-Specific Housing Units shall operate as general population units.
- X. 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.
- XI. 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.
- XII. LIMITED MOVEMENT UNIT (LMU) - Unit used to house inmates in transition to placement in their approved living assignment. Appropriate inmates for this unit are inmates who have requested Protective Custody or are in need of Involuntary Protective Custody and have a completed Protective Custody Investigation. Individuals assigned to a Limited Movement Unit will receive a minimum of four hours of out-of-cell time per day. This is a temporary housing assignment as an alternative to restrictive housing while an inmate awaits transfer to the appropriate living assignment, as determined through the established classification procedures.
- XIII. CONTROLLED MOVEMENT UNIT (CMU) - Unit used to house inmates that have a demonstrated history of institutional behavior that is disruptive to the effective operations of the facility. Individuals assigned to a controlled movement unit will receive a minimum of four hours of out-of-cell time per day and may transition to a regular general population housing assignment after meeting established behavioral expectations.
- XIV. ACUTE MENTAL HEALTH UNIT (AMHU) - A unit that provides controlled and highly structured housing for individuals in need of clinical mental health treatment and intervention due to active suicidal ideation, acute or debilitating mental illness, developmental or intellectual disabilities, and/or traumatic brain injuries that interfere with their safety and/or ability to function effectively in the Mental Health Unit or general population due to risk of harm to self, staff or other individuals.

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- XV. CHRONIC CARE MENTAL HEALTH UNIT (CCMHU) - A unit that provides a controlled and highly structured alternative to restrictive housing for individuals in need of residential mental health treatment due to chronic and unstable mental illness and/or developmental/intellectual disabilities and/or traumatic brain injuries that interfere with their safety and/or ability to function effectively in the Mental Health Unit or general population due to risk to themselves, staff, and/or other inmates.
  
- XVI. 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. (Neb. Rev. Stat. 44-792) Serious mental illness includes but is not limited to:
  - A. Schizophrenia
  - B. Schizoaffective disorder
  - C. Delusional disorder
  - D. Bipolar affective disorder
  - E. Major depression
  - F. Obsessive compulsive disorder
  
- XVII. 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.
  
  - B. Mission-Specific Housing shall be used to 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. Mission-Specific Housing shall also provide risk/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 when possible, have out-of-cell programming and opportunities for individuals to

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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/Accommodations 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.
- g. Acute Mental Health Unit (AMHU) provides controlled and highly structured housing for individuals in need of clinical mental health treatment and intervention due to active suicidal ideation, acute or debilitating mental illness, developmental or intellectual disabilities, and/or traumatic brain injuries that interfere with their safety and/or ability to function effectively in the Mental Health Unit or general population due to risk of harm to self, staff or other individuals.
- h. Chronic Care Mental Health Unit (CCMHU) provides a controlled and highly structured alternative to restrictive housing for individuals in need of residential mental health treatment due to chronic and unstable mental illness and/or developmental/intellectual disabilities and/or traumatic brain injuries that interfere with their safety and/or ability to function effectively in the Mental Health Unit or general population due to risk to themselves, staff, and/or other inmates.
- i. Limited Movement Unit (LMU) Unit used to house inmates in transition to placement in their approved living assignment. Appropriate inmates for this unit are inmates who have requested Protective Custody or are in

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need of Involuntary Protective Custody and have a completed Protective Custody Investigation. This is a temporary housing assignment as an alternative to restrictive housing while an inmate awaits transfer to the appropriate living assignment, as determined through the established classification procedures.

- j. Controlled Movement Unit (CMU) - Unit used to house inmates that have a demonstrated history of institutional behavior that is disruptive to the effective operations of the facility. Individuals assigned to a controlled movement unit will receive a minimum of four hours of out-of-cell time per day and may transition to a regular general population housing assignment after meeting established behavioral expectations.

## 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. (Neb. Rev. Stat. 83-180)
- 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. General overview of the restrictive housing process. (Attachment A)
- 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.

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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.
  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 Restrictive Housing Event will be created, to include date, time, summary of the incident, and significant risk reason.
- D. The shift supervisor will note the disposition of the review of Immediate Segregation in the Restrictive Housing Event. The disposition may include, but is not limited to, return to current housing assignment, placement in mission-specific housing, use of approved alternatives (Procedure I.A.), transfer to another facility, or placement on Immediate Segregation status. Should the review determine the inmate will not be placed on Immediate Segregation; the Restrictive Housing Event should be ended.
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 B). 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. Either the Inmate Statement or the Incident Report documenting the verbal statement or refusal to make a statement shall be uploaded into the documents section with the appropriate label.
  2. The completed Notice of Immediate Segregation Review form shall be given to the inmate.
  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. (4-4250)
    - a. An Immediate Segregation Review shall be completed.
      - 1) This review form shall be completed by the Warden within 24 hours of the initial Notice of Immediate Segregation (4-4250)
    - b. If the Warden approves continued Immediate Segregation status, the inmate will be advised that his/her status will again be reviewed by the

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Warden within 15 days and that he/she may appeal this decision by submitting an Inmate Interview Request form to the Warden.

- c. A printed copy of the completed Notice of Immediate Segregation Review form shall be provided to the inmate at the time of the review. A signed copy will be uploaded to the documents section in NICaMS.
- 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 Self-Report Suicide Screening 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, acute or subacute bed, or a skilled nursing facility in response to the medical/mental health assessment.
- 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. Immediate Segregation status must be reviewed by the Warden within 15 calendar days. 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.



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1. Requests for extensions of Immediate Segregation past 30 days shall require approval by the Deputy Director – Prisons and must be recommended by the Warden and submitted within 21 calendar days of initial placement. The Warden will notify the Deputy Director - Prisons via e-mail when the request for an extension is submitted. Any request submitted after the 21<sup>st</sup> calendar day requires a detailed written explanation. (4-4255)
  2. Requests for extensions of Immediate Segregation past 45 days shall require approval by the Director and must be recommended by the Warden and submitted through the Deputy Director – Prisons within 38 calendar days. The Warden shall notify both the Deputy Director - Prisons and the Director via e-mail when the request for an extension is submitted.
  3. The maximum length of stay on Immediate Segregation is 60 days.
- H. Once an inmate is assigned to Immediate Segregation by the Warden, removal from this status must be approved by the Warden. Said approval must be documented on an Immediate Segregation Review in NiCaMS.

#### 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. (4-4249)
- 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, the unit manager, or in facilities where there are no unit managers the unit case manager, shall serve as chairperson of the UCC, which is comprised of representatives from unit management and others as designated by the warden. The UCC will initiate all classification and reclassification actions, conduct the classification hearing, which includes inmate participation, and make specific recommendations. The Longer-Term Restrictive Housing classification action will include: the Longer-Term Restrictive Housing Referral, the most recent custody classification action form, the most recent STRONG-R scores, a Behavior/Programming Plan (NiCaMS), Inmate Contact Notes (NiCaMS) to include all entries during the current restrictive housing placement and, if applicable, a Confidential Intelligence Memo (NiCaMS) and a Restrictive Housing Individual Treatment Plan (Attachment C).
1. Unit Staff shall give the inmate the LTRH Hearing Notice 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.
    - b. The reason for Longer-Term Restrictive Housing status is being considered, to include copies of the Longer-Term Restrictive Housing

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Referral form, his/her Behavior/Programming Plan (NICaMS) and, if applicable, his/her Individual Treatment Plan (Attachment C).


- 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 MDRT 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. Members of the Unit Classification Committee shall be documented in the LTRH Referral.
    - 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.

For all Longer-Term Restrictive Housing referrals, the Unit Classification Committee shall obtain a statement from the inmate, specific to acknowledging responsibility for the actions that resulted in their restrictive housing placement and what they would do differently in the future if faced with similar circumstances. While the inmate is strongly encouraged to do this as a way to share their individual perspective with the Institutional Classification Committee, Warden and MDRT, the inmate may refuse to submit this accountability statement. Refusals shall be documented by the inmate or in an Incident Report authored by staff. In all cases, the written statement or documentation of refusal shall be uploaded into the Documents section with the appropriate label. This accountability statement does not replace the above referenced appeal of the recommendation, but may include other pertinent information the inmate wishes to provide.

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- 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.
  - j. The Unit Classification Committee shall forward all documents reviewed at the hearing to the Institutional Classification Committee/Warden.
3. The Institutional Classification Committee and the Warden shall review the Unit Classification Committee's recommendation. Members of the Institutional Classification Committee shall be documented in the LTRH Referral. The Warden will make a recommendation to the MDRT, who will make the final decision.
- The Institutional Classification Committee and Warden shall be responsible for ensuring all required documents and thorough/accurate information is included with the Longer-Term Restrictive Housing Referral.
4. The Central Office Multi-Disciplinary Review Team shall review all Longer-Term Restrictive Housing classifications. This review shall include, but not be limited to, an assessment of compliance with individualized transition and treatment plans and recommendations from the Warden/Institutional Classification Committee.
- a. The Central Office Multi-Disciplinary Review Team will meet at least weekly.
  - b. Inmates in Longer-Term Restrictive Housing shall have a classification hearing at least every 90 days to assess demonstrated compliance with individualized transition and treatment plans and 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. The process identified in IV.B.1-3 shall be used at each 90-day review.

Central Office MDRT reviews will include time served on immediate segregation status for the present placement. For example, if an inmate is placed on immediate segregation on July 1, 2016 and subsequently approved for Longer-Term Restrictive Housing status on July 28, 2016, the 90 day LTRH review will be conducted 90 days from the July 1<sup>st</sup> IS placement date, subsequently the 180 day LTRH review will be conducted 180 days from the July 1<sup>st</sup> IS placement date. This will remain the review schedule until the inmate has been removed from LTRH.

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- c. The Central Office MDRT shall document the decision and rationale for promotion to a less restrictive environment or to continue the inmate in Longer-Term Restrictive Housing at each review. The written notice of the disposition of the review shall be provided to the inmate (LTRH Review Memo).
  - d. When an inmate has been assigned to long-term restrictive housing for 180 consecutive days, the Restrictive Housing Manager will send out the 180 day report, on the first of every month. The results of each MDRT review will be made available to the Director and the Inspector General. The packet will include all information considered by the MDRT, and the team's decision regarding the housing assignment for the inmate. The Inspector General will provide this information to other appropriate sources as requested. (Title 72, Chapter 1)
5. The inmate may appeal the decision of the MDRT to the Director.
- a. The appeal shall be submitted on one LTRH Appeal form (Attachment D).  
  
Once completed, the LTRH Appeal form will be given to unit staff who will document the date and time they received the LTRH Appeal form from the inmate. Unit staff will upload the LTRH Appeal form into the Documents section of NiCaMS, under the document category Appeal Form. The date and time the LTRH Appeal form is uploaded into NiCaMS will be documented on the form. Once the LTRH Appeal form is uploaded into NiCaMS and all date and times are documented, staff shall return the LTRH Appeal form to the inmate as the appeal receipt.
  - b. Only one appeal to the Director per classification action will be considered.
6. Inmates in restrictive housing for 365 consecutive days shall be reviewed at least every 30 days thereafter by the MDRT and the Director. The Director must approve continued assignment to Longer-Term Restrictive Housing status. 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 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 and updated 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.

In the event the inmate refuses to participate in the creation of the Behavior/Programming Plan, the inmate will be non-compliant until such time they participate in the development

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of their plan. Non-compliance with the Behavior/Programming Plan will result in the loss of all earned incentives and the loss of the ability to earn incentives. Efforts taken to gain the inmate's engagement shall be documented on the inmate's contact notes.

- B. Expectations for earning incentives identified on the Behavior/Programming Plan shall be clearly defined in reasonable increments. To ensure consistency, the opportunity to earn incentives shall be available at seven days, 14 days, 21 days, 28 days, 35 days, 42 days, 49 days, 56 days and every 14 days thereafter; occurring in conjunction with the inmate's Behavior/Programming Plan's compliancy date.
- C. Unit staff will monitor behavior using the Behavior Baseline and note the progress towards goals and behavior in the LTRH Referral. Unit staff will continually update the Behavior/Programming Plan in the Behavior/Programming Plan section on NICaMS. The Warden will review the information and recommend promotion to a less restrictive custody level as appropriate through the established MDRT review process.

Efforts to engage inmates who refuse to participate in programming shall be documented in contact notes and may include mental health referrals/intervention.

#### 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.
- 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.

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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. ACUTE MENTAL HEALTH HOUSING (AMHU)

- 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 Acute Mental Health Housing at the Lincoln Correctional Center. The assignment to AMHU is a clinical decision. When considering an inmate on Immediate Segregation or Longer-Term Restrictive Housing status, the evaluator 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.
- B. All inmates assigned to the AMHU 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 others or self and are unable to ambulate sufficiently.
- C. Processes specific to the AMHU shall be established in facility procedures consistent with the provisions of this policy. All Immediate Segregation and Longer-Term Restrictive Housing rules and regulations apply to individuals assigned to AMHU. 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 AMHU.
- 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 may 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

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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 who 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 E).
- 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 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 (Attachment E) and the decision shall be recorded under the heading “Comments”.

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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.

I. Staff will communicate with inmates in restrictive housing assigned to a cell with another inmate at a minimum of once a day to ensure compatibility issues are addressed. This conversation will be documented on the Individual Segregation Log Sheet, maintained for each inmate.

After 30 consecutive days assigned to a cell with the same cellmate staff will meet with each inmate individually to ensure compatibility issues are reviewed. Both inmates shall need to write a statement regarding their current living assignment. This shall be completed every thirty consecutive days two inmates are assigned to the same cell. This statement shall be uploaded to the documents section in NICaMS, under Restrictive Housing.

1. Should the inmate refuse to write a statement, staff need to complete an Incident Report regarding their conversation with inmate regarding their cell assignment. The Incident Report will be uploaded to the documents section in NICaMS, under Restrictive Housing.

J. No inmate will remain in the same restrictive housing cell for longer than six months. The inmate shall be moved to a different gallery if at all possible.

**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. (4-4253)

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. (4-4253)

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.

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.



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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. Services

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 inmates 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. (4-4261)
2. Clothing that is not degrading. (4-4261)
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. (4-4262)
6. The issue and exchange of clothing, bedding and linen on the same basis as inmates in the general inmate population. (4-4263)
7. Access to laundry services on the same basis as inmates in the general inmate population. (4-4263)

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8. Access to hair care services on substantially the same basis as inmates in the general inmate population. (4-4263)
9. The same opportunity to write and receive letters as is available to the general inmate population. Access to kiosks will not be authorized. Facility mailroom staff will print e-messages daily (with the exception of weekends and holidays) and such will be delivered to the respective inmate(s) through regular mail delivery process. (4-4266)
10. Opportunities to visit. (4-4267)
11. Telephone privileges as defined in Policy 205.03, *Inmate Telephone Regulations*. (4-4271, 4-4272)
12. Access to legal/reading materials. (4-4268, 4-4269)
13. A minimum of one hour per day, five days per week, of exercise outside their cells. (4-4270)

B. Programs

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 Procedures of each facility based upon the services provided at the facility. (4-4255, 4-4273, 4-4435)


C. Conditions of Restrictive

Deviations from the Conditions of Restrictive Housing (Attachment F) must be approved by the Director/designee.

D. Property

Inmates housed in restrictive housing shall be permitted to possess property as described below. All property, including televisions, possessed by the inmate is subject to their behavior. If the inmate is noncompliant with NDCS rules and regulations and/or their Behavior/Programming Plan, restrictions may be imposed. Restrictions of inmate property will be only for cause and with the appropriate approval.

1. Each inmate in restrictive housing will be provided the following:
  - a. Earbuds (one per inmate)
  - b. Television (one per cell) (Subject to Behavior/Programming Plan compliance once assigned to LTRH)
  - c. Hygiene/stationary items

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2. Immediate Segregation

a. All inmates placed in restrictive housing are authorized to possess the following property and 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
- 6) One pair of state-issued socks
- 7) One pair of state-issued boots (not permitted in cell)
- 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 drinking cup
- 21) One comb/pick

b. Inmates may purchase legal materials consistent with facility limits, over-the-counter (OTC) items consistent with General Population inmates,

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hygiene items 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, excluding the cost of legal materials and OTC items. OTC items will not be allowed in cell.

3. Behavior/Programming and/or treatment plans shall specifically identify incentives that will be provided for complying with the expectation of the plan. All approved incentives to be offered to the inmate are included in the Behavior/Programming plan in NICaMS. Adult Male Incentives see (Attachment J), NCCW Incentives see (Attachment K), and NCYF Incentives see (Attachment L).

NOTE: Additional incentives may be submitted by the Warden to the Restrictive Housing Internal Workgroup for review/disposition.

**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.
2. The restrictive housing unit staff shall record the exception and the reason for the exception in the permanent unit log. (4-4260)
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. (4-4265)

**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. (4-4155)

**G. Refusal to Shower or Exercise**

1. The refusal to shower and exercise shall be documented in the Restrictive Housing Unit permanent log. (4-4260)
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.

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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 ensure 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. (4-4260)
2. An inmate's refusal of medical care shall be documented in the inmate health record and in the Restrictive Housing Unit permanent log. (4-4260)

J. Alternative Meal Service


Food should not be withheld, nor the standard menu varied, as a disciplinary sanction for an individual inmate. (4-4320) 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 G) regarding the protocol to be followed in the event the inmate refuses to return the alternative meal service equipment and/or misuses food items. (4-4264)

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 H) 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.

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2. A qualified health care official shall visit the restrictive housing unit at least once every day. (4-4258)
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). (4-4249, 4-4259)
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 continuous, visual observation. (4-4257)
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 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. (4-4256)
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

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 MDRT in accordance with this policy. Nothing in this policy precludes the early review of an inmate's restrictive housing status. (4-4254)

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.

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- 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. (4-4251)

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

### 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 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. (Neb. Rev. Stat. 83-1,107 (4), Neb. Rev. Stat. 83-1,107 (5)(c))
  - 1. This notification shall be sent by the Warden via e-mail to the MDRT Chair (Deputy Director-Prisons) 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. (Neb. Rev. Stat. 83-1,107 (4))
    - a. Whenever possible, inmates will be transitioned 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.

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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 discharge and reentry planning efforts by Multi-Discipline Teams (MDT) consisting of staff from the following disciplines: facility unit management staff/management staff, behavioral health, social work, reentry and, if appropriate, parole and probation to develop specialized reentry plans for any inmate currently in restrictive housing who is within 157 days from discharge/parole and has been in restrictive housing for 45 consecutive days. At a minimum, the Restrictive Housing Discharge and Reentry Planning MDT shall meet once per month (in person or via video or teleconference); however, as discharge and reentry planning should start as soon as possible for inmates within 150 days of their tentative release date who are placed in restrictive housing and as the circumstances of these individuals are subject to change, more frequent meetings may be required. The planning shall be consistent with safety concerns both within the facility and in the community. Discharge and reentry planning for all individuals meeting this criterion shall be documented in memorandum format (Attachment I). A separate memorandum shall be completed for each inmate being reviewed and document discussion only from one meeting. Memorandums shall be electronically maintained using the following file name format:

Last name,first initial.inmatenumber.meetingdate  
 (example: Doe,J.12345.2016.11.09). Do not put the # before the inmate number.

When an inmate's plans are discussed at multiple meetings, there should be a separate memorandum for each meeting. Completed memorandums detailing the MDT review shall be e-mailed within 10 days of the MDT meeting to the following distribution.

Central Office Multidisciplinary Review Team (MDRT) Chair  
 Agency Restrictive Housing Program Manager  
 Facility Warden  
 Facility Deputy Warden  
 Designated Facility Discharge and Reentry Coordinator  
 Other facility staff as deemed appropriate by the Warden/Designee

D. Restrictive housing inmates in the AMHU in the 180 day period before their release that will remain in the AMHU 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 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 MDRT 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.

#### 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 illness (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. 83-4,114, to the extent ascertainable.


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XVI. STAFF TRAINING

- A. All NDCS facilities with Restrictive Housing, AMHU and/or CCMHU, 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. The NDCS Internal Restrictive Housing Workgroup is responsible for developing a standard training curriculum for staff assigned to work in Restrictive Housing, AMHU and/or CCMHU. (Attachment M)
  - 2. All staff assigned to work these units after January 1, 2017 will receive the above listed training prior to being assigned to these units.
- B. NDCS Pre-Service staff training shall include, but not be limited to: basic communication techniques, introduction to 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. LONG TERM RESTRICTIVE HOUSING WORKGROUP

- A. As mandated in state statute, workgroup members include:
  - 1. One member of the Judiciary Committee of the Legislature, appointed by the Executive Board of the Legislative Council (nonvoting, ex officio)
  - 2. NDCS Director or his/her designee (to serve as chairperson)
  - 3. Deputy directors who have oversight of inmate health services or correctional facilities
  - 4. Behavioral Health Administrator
  - 5. Two employees of the department who currently work with inmates held in restrictive housing, as designated by the director
  - 6. Additional department staff, as designated by the director
  - 7. Six members appointed by the Governor
    - a. One must be an individual who was previously incarcerated in NDCS
    - b. Five must be mental health professionals
- B. The Director shall provide the work group with quarterly updates on the department's policies related to the work group's subject matter and with any other information related to long-term restrictive housing that is requested by members of the workgroup

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- C. The work group 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
- D. The work group shall terminate on December 31, 2021

REFERENCE

I. STATUTORY REFERENCE

- A. 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
- B. Nebraska Administrative Code, Title 72, Chapter 1

II. NDCS POLICIES – None noted

III. ATTACHMENTS

- A. Restrictive Housing Process Flowchart
- B. Immediate Segregation Inmate Statement
- C. Restrictive Housing Individual Treatment Plan
- D. LTRH Appeal Form
- E. Restrictive Housing Assignment of Living Location Form
- F. Conditions of Restrictive Housing
- G. Refusal to Return Alternative Meal Service Equipment Protocol
- H. Disruptive Hygiene Behavior Response Protocol
- I. Discharge and Review Planning Template
- J. Adult Inmate Incentives
- K. NCCW Incentives
- L. NCYF Incentives
- M. Restrictive Housing Training Requirements

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS

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- A. Standards for Adult Correctional Institutions, (ACI) (4<sup>th</sup> 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.