



## PARTICIPANT GUIDE

Internet Broadcast  
November 16 - 17, 2016

IB201611





**NATIONAL INSTITUTE OF CORRECTIONS MISSION**

The National Institute of Corrections is a center of learning, innovation and leadership that shapes and advances effective correctional practice and public policy. NIC is fully committed to equal employment opportunity and to ensuring full representation of minorities, women, and disabled persons in the workforce. NIC recognizes the responsibility of every employer to have a workforce that is representative of this nation's diverse population. To this end, NIC urges agencies to provide the maximum feasible opportunity to employees to enhance their skills through on-the-job training, work-study programs, and other training measures so they may perform at their highest potential and advance in accordance with their abilities.

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## PROGRAM CONTACT INFORMATION

### **Prior to Broadcast Day**

1-800-995-6429, Follow prompts for "Academy Division"

### **Broadcast Days – November 16 and 17, 2016**

#### **Each Day - Two 2.5-Hour On-Air Time Blocks:**

8am - 10:30am **and** 11:30am - 2:00pm Pacific Time

9am - 11:30am **and** 12:30pm - 3:00pm Mountain Time

10am - 12:30pm **and** 1:30pm - 4:00pm Central Time

11am - 1:30pm **and** 2:30pm - 5:00pm Eastern Time

**See the live telecast at:** <http://nicic.gov/ViewBroadcast>

**Join the simultaneous online live chat discussion during the program at:**

<http://nicic.gov/LiveChat>

**Participate in the Live On-Air Discussion via:**

Phone: 1-800-278-4315

Email: [nic@ksps.org](mailto:nic@ksps.org)

## CONTINUING EDUCATION UNITS

CEUs are available through Eastern Washington University.

1. Site Coordinator should print out the EWU registration form, program evaluation form and participant sign-in /sign-out sheet.

**(CEU Forms are on the last pages of this Participant Guide.)**

2. Participants sign-in, complete the CEU registration form, take part in teleconference, fill out the evaluation and sign out. Submission of sign-in /sign-out sheet is required by IAECT which approves CEUs.

3. At conclusion of the program, the site coordinator should mail all forms and a fee of \$22.00 payable to EWU for each participant who desires CEUs. (Checks and money orders only.)

*Mail Forms to:*

Hitomi Martin, Continuing Education

Eastern Washington University

300 Senior Hall

Cheney, WA 99004-2442

Phone: 509-359-6143

**NOTE:** *Coordinators should only send in forms if there are participants who are applying for CEUs.*

4. Once EWU receives and processes the registration forms, each participant will receive via mail a CEU form which details course information and each participant's information.

## PROGRAM OBJECTIVES

- Examine Restrictive Housing practices in your agency and compare and contrast those with the DOJ Guiding Principles.
- Explore the Guiding Principles and implications for Restrictive Housing practices and conditions of confinement.
- Use interactive activities and action planning to determine strategies to reduce the use of Restrictive Housing in your agency. Use an informal assessment tool to examine practices in your agency.
- Share promising practices and recommendations for the implementation of the DOJ Guiding Principles.

## PROGRAM SCHEDULE - November 16 & 17, 2016

### On-Air via Internet

#### Each Day - Two 2.5-hour Time Blocks

8am - 10:30am and 11:30am - 2:00pm Pacific Time

9am - 11:30am and 12:30pm - 3:00pm Mountain Time

10am - 12:30pm and 1:30pm - 4:00pm Central Time

11am - 1:30pm and 2:30pm - 5:00pm Eastern Time

## PRESENTER BIOS



**Kathleen Allison** is the Director of the Division of Adult Institutions, for the California Department of Corrections and Rehabilitation where she has served for nearly 30 years. As Director, she holds overall responsibility for support and operation of California's 35 prisons and contract facilities, which house nearly 130,000 inmates. In her previous capacity as Deputy Director, Kathleen oversaw Restrictive Housing reforms. She takes great pride in being instrumental in the reduction of the California Department of Corrections and Rehabilitation Restrictive Housing population from approximately 12,000 to less than 4,500.



**Dr. Kathryn A. Burns, MD, MPH** received her Bachelor of Science degree in Biology from Cleveland State University, her Medical Doctor Degree from Case Western Reserve University School of Medicine and a Master's Degree in Public Health from Ohio State University. Dr. Burns completed her psychiatric residency training and a fellowship in forensic psychiatry at University Hospitals of Cleveland. Dr. Burns' clinical work has always been in the public sector, providing psychiatric care at community mental health centers, state psychiatric hospitals and local jails. Burns' administrative work has also been entirely in the public sector and included Medical Director positions in the Ohio Prison System, state psychiatric hospitals and the community mental health system. She has been recognized as an expert in the delivery of mental health care in jails and prisons by virtue of her experience in service delivery, publications, professional organization committee work and correctional consultations in multiple states. Dr. Burns is currently the Chief Psychiatrist at the Ohio Department of Rehabilitation and Correction and serves on the clinical faculty at Ohio State and Case Western Reserve Universities.



**Dr. Marie Garcia, Ph.D.**, is a Social Science Analyst in the Justice Systems Research Division at the National Institute of Justice (NIJ). She earned her Doctorate in Criminal Justice from Temple University, where her research focused on the impact of disorganization and crime on levels of trust in Philadelphia, communities and crime, and institutional corrections. Dr. Garcia's research portfolio at NIJ has focused on institutional and community corrections, offender reentry, justice systems and special offender populations. Prior to NIJ, Dr. Garcia worked as a Mental Health Counselor at Valley State Prison for Women in Chowchilla, CA. Her writing has appeared in *Justice Quarterly*, *Criminology & Public Policy*, *The Journal of Research on Crime and Delinquency*, *The Journal of Family and Marriage*, and *Criminology*. Dr. Garcia is committed to addressing the challenges faced by justice-involved individuals and criminal justice personnel through innovation and science.



**Rob L. Jeffreys** has over 21 years of correctional experience in various capacities with the Ohio Department of Rehabilitation and Corrections (ODRC). As a Regional Director, Mr. Jeffreys oversees the daily operations of adult correctional facilities. In addition to Mr. Jeffreys' tenure at the ODRC, he serves as a National Criminal Justice Consultant with the National Institute of Corrections. Mr. Jeffreys holds a Master of Science Degree in Criminal Justice with a concentration in Correctional Administration from Marshall University in Huntington, West Virginia.

## PRESENTER BIOS



**David Marcial** is a Criminal Justice Consultant who has worked with the Association of State Correctional Administrators (ASCA) as a Senior Consulting Associate and with the National Institute of Corrections as a Subject Matter Expert in the areas of operational practices, policy review and development, management of restrictive housing populations, and staff training. He has an extensive background in correctional operations and management, having worked in a variety of positions for the State of Connecticut and the Connecticut Department of Correction over his twenty-nine year career, holding positions of Correctional Officer, Lieutenant, Investigator (Internal Affairs), Captain, Major, Warden, as well as serving as a Regional Director for the Department of Correction. Marcial holds an Associate of Science Degree in Criminal Justice, a Bachelor of Science Degree in Human Services, and a Master's of Science Degree in Organizational Management.



**Shirley Moore-Smeal** is the Executive Deputy Secretary for the Pennsylvania Department of Corrections. Since 1987, Moore-Smeal has worked in various positions for the PA DOC: Clerk Typist, Purchasing Agent, Superintendent's Assistant, Unit Manager, Executive Assistant, Deputy Superintendent, Superintendent, Regional Deputy Secretary, and Executive Deputy Secretary. She holds a Bachelor's Degree in Business Administration from Edinboro University, is a member of the Pennsylvania Prison Wardens Association, American Correctional Association, and Association of Women Executives, where she serves on the Board of Directors. She participated in a correctional system reform effort that resulted in the largest population reduction in the Department's history, and is responsible for enacting all provisions of the Justice Re-Investment Initiative, to include the complete restructuring of the community corrections system. Moore-Smeal was instrumental in implementing the Department's Empowerment Initiative, a leadership training program designed to recognize and appreciate diversity; provide opportunities for growth, development, and networking.



**Dr. Ryan Quirk** has worked as a Psychologist for the Washington State Department of Corrections in Restrictive Housing at the Monroe Correctional Complex (MCC) since 2009. In addition to supervising mental health staff, Dr. Quirk provides direct care, both individually and in group settings, and conducts evaluations in a housing unit designated for inmates with serious mental illness (Intensive Treatment Unit; ITU). At a TEDx event in March of 2014, held at the Monroe Correctional Complex, Dr Quirk's presentation, "Maximum Opportunity," focused on the potential of congregate programming in Restrictive Housing to increase both prison and community safety. Dr. Quirk has both clinical and research experience, as well as in inpatient and outpatient hospital settings. He has also provided anger management counseling to individuals on probation. In 2015, Dr. Quirk's article "Aligning Prison Classification with Treatment Needs" was published in the *Correctional Mental Health Report*. His article "Under New Influence: Changing Behavior with Individualized Management Plans" was published in *Corrections Today* in 2016. More recently, his article "Calculated Risks" was published in the June/July issue of the *Correctional Law Reporter*. Dr. Quirk is committed to the safe reduction of Restrictive Housing populations and is passionate about the reduction of violence in both institutions and in the community.

## PRESENTER BIOS



**Larry Reid** is an independent Correctional Consultant who works with criminal justice entities nationally and internationally. Reid holds a Bachelor's Degree in Psychology, a Master's Degree in Criminal Justice, served as a Warden for ten years, and retired as the Deputy Director of Prison Operations in 2014. Larry has a varied and distinctive correctional background having worked in a number of positions with the Colorado Department of Corrections throughout his career. Larry currently works with criminal justice entities as a Subject Matter Expert in the areas of management, leadership development, security auditing, safety assessments and correctional inmate management programs. As a Subject Matter Expert, Larry has worked with the National Institute of Corrections in a number of areas. In the year 2000, Larry was instrumental in the creation NIC's Supermax program which was modeled after Colorado State Penitentiary's Progressive Reintegration Opportunity Program (PRO) and the incentive-based Quality of Life Step Down program. In appreciation for his dedicated work to improve Corrections, Larry has received numerous awards and recognition including the Colorado Criminal Justice Association's prestigious Harry Tinsley Award for his outstanding contributions to the Criminal Justice Field.



**Tony Stines** began his career as a Correctional Officer in 1988 while serving in the United States Marine Corps. He worked in a variety of positions with increased responsibility throughout his military career, culminating in serving as Warden of two military confinement facilities. He retired after 23 years of service in 2011. Tony joined the National Institute of Corrections in 2012, focusing on prison staffing and emergency preparedness. He quickly realized a need for a renewed focus on Administrative Segregation and was instrumental in creating NIC's current program on Restrictive Housing. Mr. Stines holds a Bachelor of Science Degree in Correctional Administration and Management from Bellevue University in Bellevue, Nebraska.

## ACKNOWLEDGEMENTS

**Special thanks to additional members of the Program Content Development Team:**

**David Bobby**, Regional Director, Ohio Department of Rehabilitation and Correction

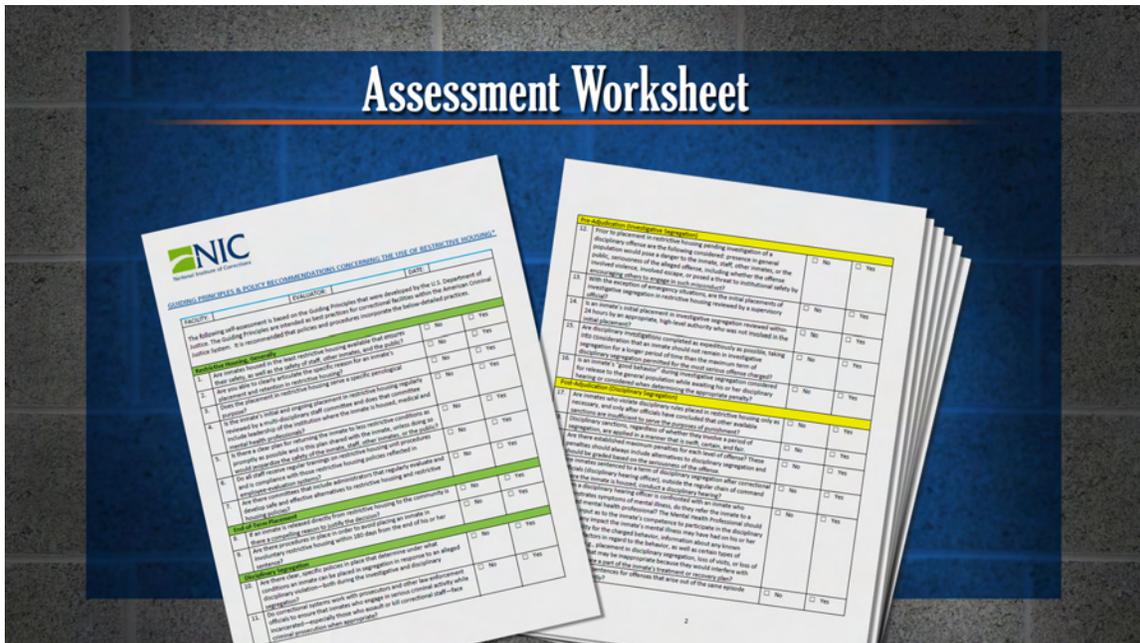
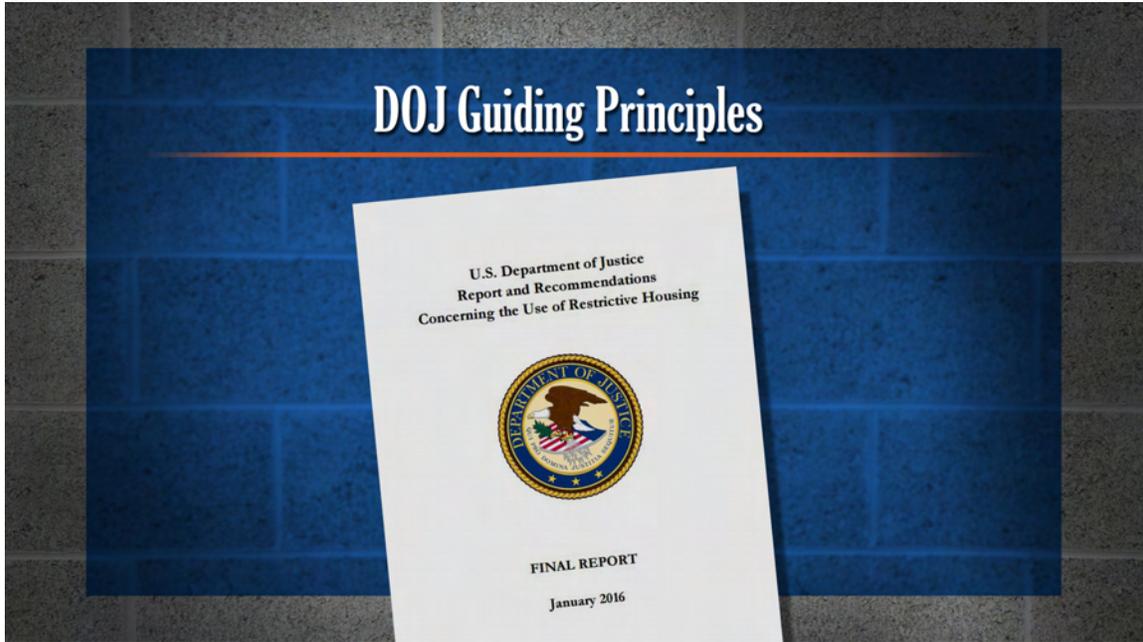
**George Giurbino**, Director (Retired), Adult Institutions, California Department of Corrections and Rehabilitation

**Janna Morgan, Ph.D.**, Chief Mental Health Officer, Oklahoma Department of Corrections

**Alberto Ramirez**, Warden, Idaho Maximum Security Institution, Idaho Department of Correction

# Reference Materials for this Restrictive Housing Training

Both of these documents will be referenced throughout the training and can be found at the back of this guide.

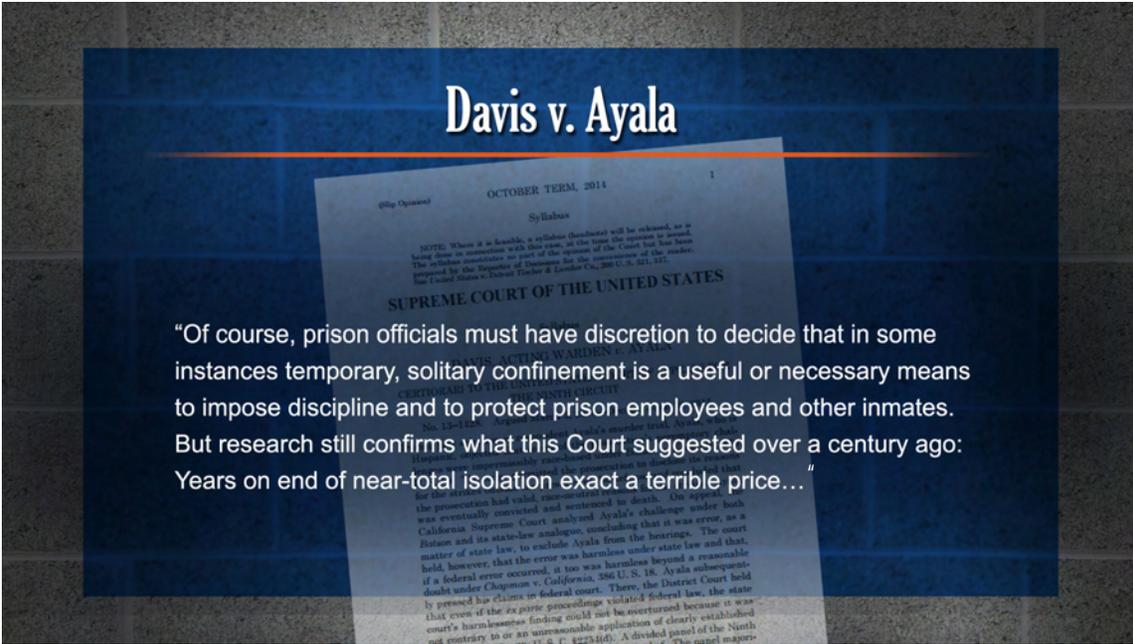
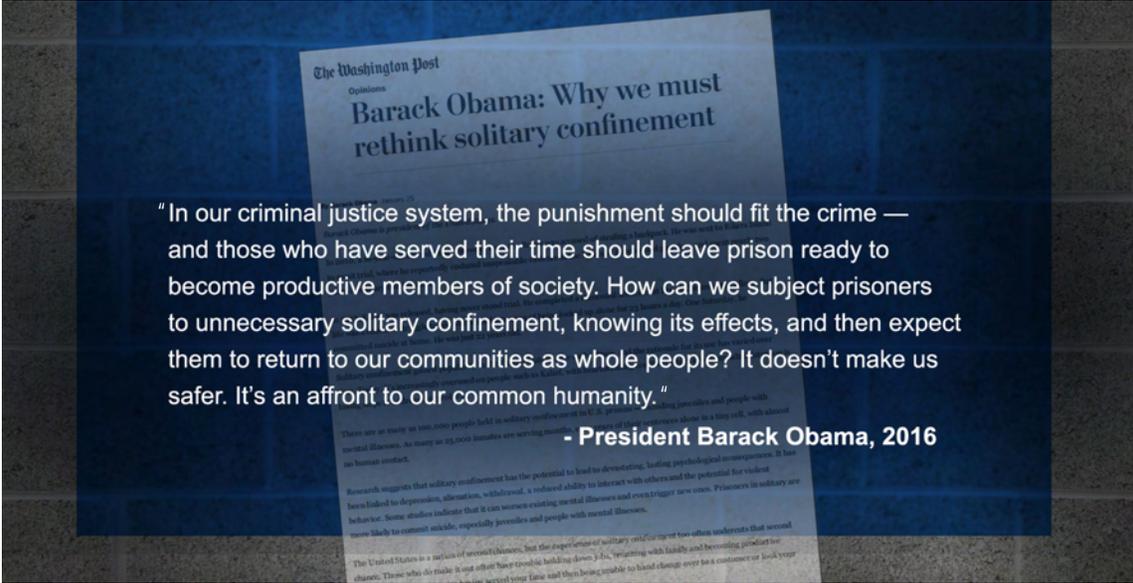


## Why Restrictive Housing Reform? Why Now?

### OBJECTIVES

- ✓ Review history of Restrictive Housing and highlight cases, including numerous names/definitions that exist across jurisdictions and the law.
- ✓ Introduce the Guiding Principles and the DOJ Report.
- ✓ Encourage an open mind, start conversation about change and increase motivation and buy-in. Jurisdictions will begin to examine their own practices and compare them to the DOJ Guiding Principles.
- ✓ Describe goals, the action planning process and provide an overview of the interactive training broadcast.

# National Focus on Restrictive Housing



## National Focus on Restrictive Housing



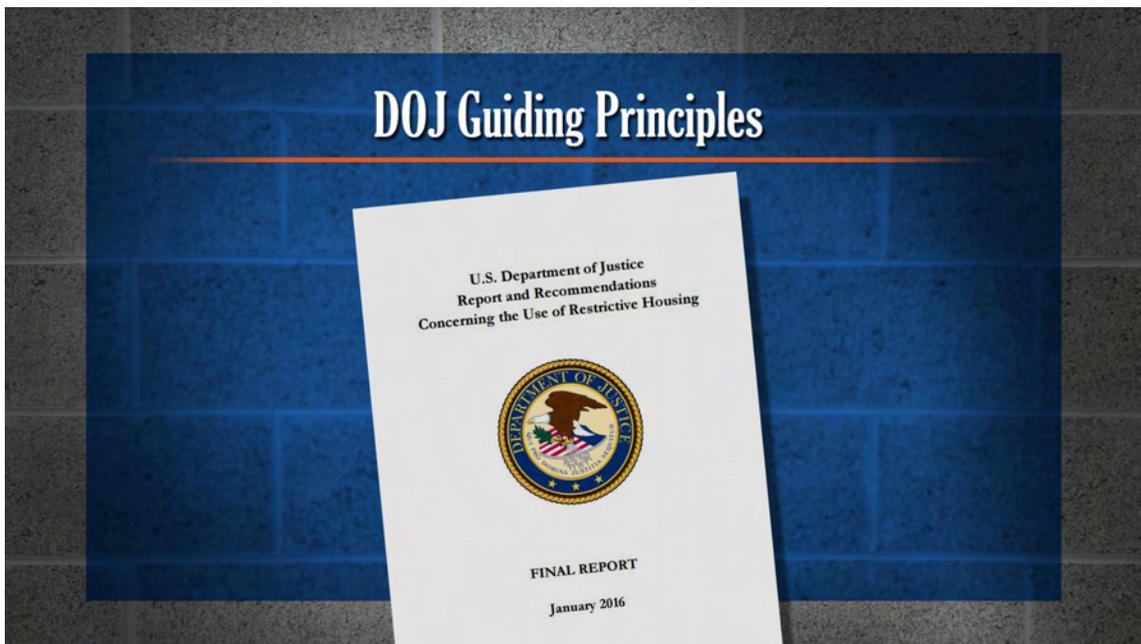
Which events in the Timeline on Restrictive Housing stood out to you? Why?

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Guiding Principles: Restrictive Housing should be used rarely, applied fairly and subject to reasonable constraints.



**TIME:** 10 minutes

**PURPOSE:** Participants will provide the many names by which Restrictive Housing has been known.

**MATERIALS / SETUP:**

Board for placing the provided names/terms. Chart stands and pads at each table group.

Worksheet on following page for brainstorming names.

Large rectangle index cards and markers for the participants to use to write names for Restrictive Housing.

**Facilitators:** Pre-determine some of the more common/popular terms and write them on index cards, so they can be readily placed on the board if participants do not include a particular term.

**DIRECTIONS:** Ask participants to write down their RH terms and share. 2 minutes to brainstorm

**REPORT OUT:** 1 minute for each table team to share what they came up with; ask them to skip over duplicates if another table team has already mentioned a term they have identified.

**DEBRIEF:** 2 minutes

**DISCUSSION QUESTIONS:**

What happens when, as a nation, we have so many terms to describe one practice?

Has your jurisdiction/facility changed the name over time?

Does your jurisdiction use a term other than RH? If so, what impact does that have?

At times the practice and the building where it takes place become incorrectly synonymous. Explore the impact of when staff use the term “the hole” or other names that have a negative connotation.

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# ACA Definitions - Restrictive Housing

**Restrictive Housing** – A placement that requires an inmate to be confined to a cell at least 22 hours per day for the safe and secure operation of the facility.

**Extended Restrictive Housing** – Housing that separates the offender from contact with general population while restricting an offender/inmate to his/her cell for at least 22 hours per day and for more than 30 days for the safe and secure operation of the facility.

**Extended Restrictive Housing with Medical and Behavioral Health Treatment** – Offenders who are placed in long-term Restrictive Housing to his or her cell for at least 22 hours per day and for more than 30 days that are in need of behavioral health treatment and services.

## Activity: Taking the Temperature





**TIME:** 8 minutes

**PURPOSE:** By using a procedure (and language) that is inspired by Motivational Interviewing (“Stages of Change”- Prochaska & DiClemente), the purpose of this activity is to have audience members and participants increase (or maintain) their willingness for change in the area of RH.

**MATERIALS / SETUP:** A board that includes a thermometer graphic (horizontally) with the following spectrum of words (from left to right): Precontemplation, Contemplation, Preparation, Action, and Maintenance. Post-it notes in two colors for participants.

**DIRECTIONS:**

**Participants consider the following definitions:**

**Precontemplation** - No intention of making changes/no changes have been made

**Contemplation** - Considering making changes/any changes would be six months from now

**Preparation** - Plans to make changes within the next month

**Action** - Has made changes within the last six months

**Maintenance** - Has made changes and sustained those changes for over six months

Participant volunteers are asked to place a marker - Post-it note - of one color on one side the term that best describes where their unit, facility, jurisdiction, etc. is at with regard to RH reform/changes, and another Post-it note of another color on the opposite side of the term for where they are personally.

A few volunteers will come up and put where they are personally and then organizationally on the thermometer.

**DISCUSSION QUESTIONS:**

Where are you on the thermometer (personally and organizationally)?

For those participants that indicated that they are either considering or have made changes, they will be asked for what reasons these changes were made and why it was important to do so.

For a larger discussion regarding personal and organizational examples of change- what it is like, how has it happened, challenges, and what it takes to maintain/sustain?



What are the challenges of Restrictive Housing reform related to safety?

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How does this offender's case illustrate the complexities of RH decisions?

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What are the implications of this type of release?

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**TIME:** 12 minutes

**PURPOSE:** Provide an overview of the history of RH and the Constitutional Amendments that most commonly apply to RH, and some examples of landmark cases are included within some questions.

**MATERIALS / SETUP:** Graphic display of 5 institutions associated with first 5 questions. Graphics associated with the remaining 5 questions and the answers to the questions. Answers will be provided by the Facilitator.

**DIRECTIONS:** Participants will be provided with the names of the 5 institutions that are associated with the first 5 questions (graphic with all 5 institutions and associated names). Questions 6-10 will then be asked. Answers will be provided after all 10 questions are asked.

**Participants determine which of these 5 institutions are the correct answers for the first 5 questions:**

- Alcatraz Federal Penitentiary
- Eastern State Penitentiary, PA
- Pelican Bay State Prison
- United States Penitentiary, Administrative Maximum Facility (ADX)
- United States Penitentiary Marion, Illinois

**QUIZ QUESTIONS:** Listed on the following pages. Answers follow.

## QUIZ History of Restrictive Housing

**Q1:** Beginning in 1829, this prison in Pennsylvania prohibited all communication between inmates and minimized contact between inmates and staff. Inmates wore masks when out of their cells.

## QUIZ History of Restrictive Housing

**Q2:** From 1934-1963 this Federal Penitentiary located in California housed dangerous inmates in the "Treatment Unit", also known as "D-Block" for approximately 24 hours a day (1 hour of recreation yard per week).

## QUIZ History of Restrictive Housing

**Q3:** . In 1983, two officers were killed by two inmates on the same day at this Federal Penitentiary. The facility went into a lockdown that lasted 23 years. It went on to become a model replicated by other facilities.

## QUIZ History of Restrictive Housing

**Q 4:** In 1989, this state prison opened and it included a Supermax facility. Part of its name, when translated to Spanish is "Alcatraz."

## QUIZ History of Restrictive Housing

**Q 5:** In 1994, this state-of-the-art Federal Penitentiary was opened and designed to house the "worst of the worst." Some refer to it as the "Alcatraz of the Rockies."

## QUIZ History of Restrictive Housing

**Q 6:** In 2014, the Yale Law School and the Association of State Correctional Administrators published "Time in Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison." How many U.S. inmates were estimated to be housed in restrictive housing?

## QUIZ History of Restrictive Housing

**Q 7:** This Constitutional Amendment states:  
"Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted."

## QUIZ History of Restrictive Housing

**Q 8:** To establish a violation of the 8th Amendment it is necessary to show these two things: \_\_\_\_\_

## QUIZ History of Restrictive Housing

**Q 9:** This Constitutional Amendment applies to Equal Protection, Deprivation of any person of life, liberty, or property without due process of the law, and Fundamental Fairness.

## QUIZ History of Restrictive Housing

**Q 10:** Wolff v McDonnell (1974) established six minimum procedural due process requirements for disciplinary hearings.

Please name at least two of the six requirements.

Quiz Answers on Following Pages

## QUIZ History of Restrictive Housing

**Q 1:** Beginning in 1829, this prison in Pennsylvania prohibited all communication between inmates and minimized contact between inmates and staff. Inmates wore masks when out of their cells.

**Answer: Eastern State Penitentiary**

ESP's practices, known as the "Pennsylvania" (or "separate system") was based on the Walnut Street Jail in Philadelphia (1787). The jail was the first to use individual cells. The Quakers believed it was a time for reflection and remorse.



## QUIZ History of Restrictive Housing

**Q 2:** From 1934-1963 this Federal Penitentiary located in California housed dangerous inmates in the "Treatment Unit", also known as "D-Block" for approximately 24 hours a day (1 hour of recreation yard per week).

**Answer: Alcatraz Federal Penitentiary**

36 segregation cells, and 6 solitary confinement cells (known as confinement chambers by many inmates). An example of a consolidation (versus a dispersion) model.



## QUIZ History of Restrictive Housing

**Q 3:** . In 1983, two officers were killed by two inmates on the same day at this Federal Penitentiary. The facility went into a lockdown that lasted 23 years. It went on to become a model replicated by other facilities.

**Answer: United States Penitentiary Marion, Illinois**

Built in 1963 to replace the Alcatraz prison, which closed the same year. Federal appeals court upholds the lockdown (1988): "The whole here is depressing in the extreme, but we are not persuaded that any relaxation in the controls instituted in the fall of 1983 is constitutionally required, given the extraordinary security problems at the prison. The controls are a unitary and integrated system for dealing with the nation's least corrigible inmates; piecemeal dismantling would destroy the system's rationale and impair its efficiency." Served as a template for new American Super-Max.



## QUIZ History of Restrictive Housing

**Q 4:** In 1989, this state prison opened and it included a Supermax facility. Part of its name, when translated to Spanish is "Alcatraz."

**Answer: Pelican Bay State Prison**

8'x10' cells made of made of smooth, poured concrete with perforated cell fronts and doors (no windows). In cell for approximately 22 hours per day. A control officer could allow one, or two inmates, if they are cell mates, out of their assigned cell to shower or exercise. Inmates were offered up to 10 hours of outdoor exercise per week. Exercise took place in a cement yard, which extended the length of three cells, and had a partially open roof.



## QUIZ History of Restrictive Housing

**Q 5:** In 1994, this state-of-the-art Federal Penitentiary was opened and designed to house the "worst of the worst." Some refer to it as the "Alcatraz of the Rockies."

**Answer: United States Penitentiary, Administrative Maximum Facility (ADX)**

Inmates spent approximately 23 hours per day in cell.

Discussion (1-5):

Observed changes over time?

Purpose/aim of the practices in each facility?



## QUIZ History of Restrictive Housing

**Q 6:** In 2014, the Yale Law School and the Association of State Correctional Administrators published "Time in Cell: The ASCA-Liman 2014 National Survey of Administrative Segregation in Prison." How many U.S. inmates were estimated to be housed in restrictive housing?

**Answer: 80,000-100,000 inmates**

Discussion: Is the estimate higher, lower or about what you expected?

## QUIZ History of Restrictive Housing

**Q 7:** This Constitutional Amendment states:  
"Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted."

**Answer:** 8th Amendment

## QUIZ History of Restrictive Housing

**Q 8:** To establish a violation of the 8th Amendment it is necessary to show these two things: \_\_\_\_\_

**Answer:**

1. Deprivation of a basic human need such as: Food, clothing, shelter, exercise, medical care, or reasonable safety. "Sufficiently serious"- denied "the minimal civilized measure of life's necessities" (Rhodes v. Chapman, 1981).
2. "Deliberately Indifferent" to the threat caused by the conditions – knowingly disregarded the health and safety risks posed to the inmate (Farmer v. Brennan, 1994). Estelle v Gamble, 1976: Access to health care, access to qualified health care, and failure to carry out medical orders. -"unnecessary and wanton infliction of pain"

## QUIZ History of Restrictive Housing

**Q 9:** This Constitutional Amendment applies to Equal Protection, Deprivation of any person of life, liberty, or property without due process of the law, and Fundamental Fairness.

**Answer:**

**14th Amendment**

**QUIZ** History of Restrictive Housing

**Q 10:** Wolff v McDonnell (1974) established six minimum procedural due process requirements for disciplinary hearings. Please name at least two of the six requirements.

**Answer:**

1. Written notice of the claimed violation 24 hours prior to hearing.
2. Written statement of evidence and reasons for misconduct.
3. Inmates should be able to present evidence and call witnesses as long as it is not hazardous to institutional safety and correctional goals.
4. Hearing board is sufficiently impartial.
5. Right to cross examination and confrontation witnesses.
6. Right to legal aid for illiterate inmates.

## Restrictive Housing and the Constitution

### 8th Amendment:

- Use of force procedures
- Limited access to medical and mental health care
- Conditions of confinement
- See also: Ruiz v Estelle (1980), Tillery v Owens (1990), Torraco v Maloney (1991), and Madrid v Gomez (1995)

### 14th Amendment:

- Conditions of confinement that impose an “atypical and significant” hardship
- Right to know the reason for and length of placement and continued stay in segregation
- Lack of opportunity to contest the placement decision at an impartial hearing
- Restrictions on access to legal resources to defend their liberty interests
- Denial of periodic, meaningful reviews to assess the need for continued confinement.

**VIDEO**

### What we Know and Don't Know about RH

What stood out for you about what we know and don't know?

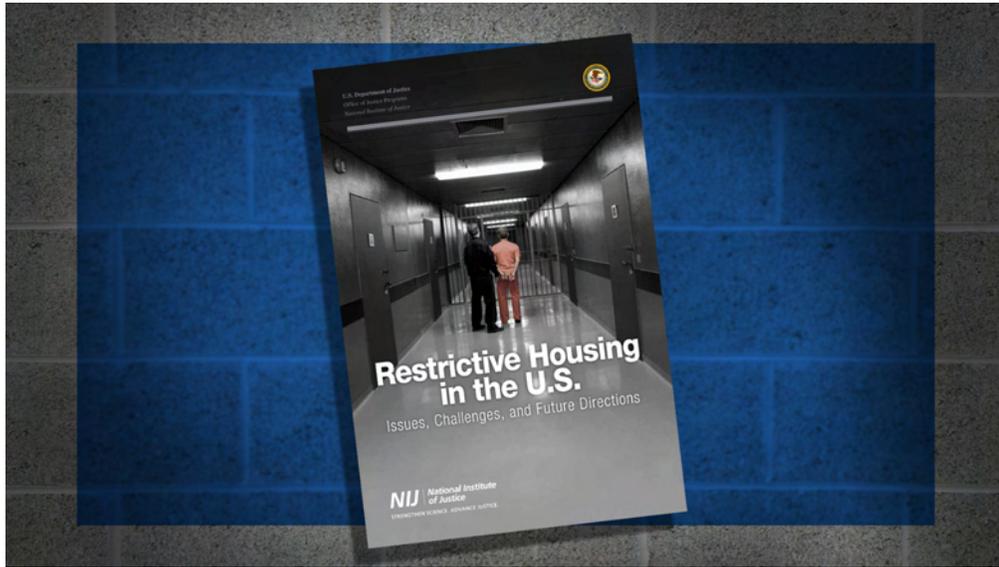
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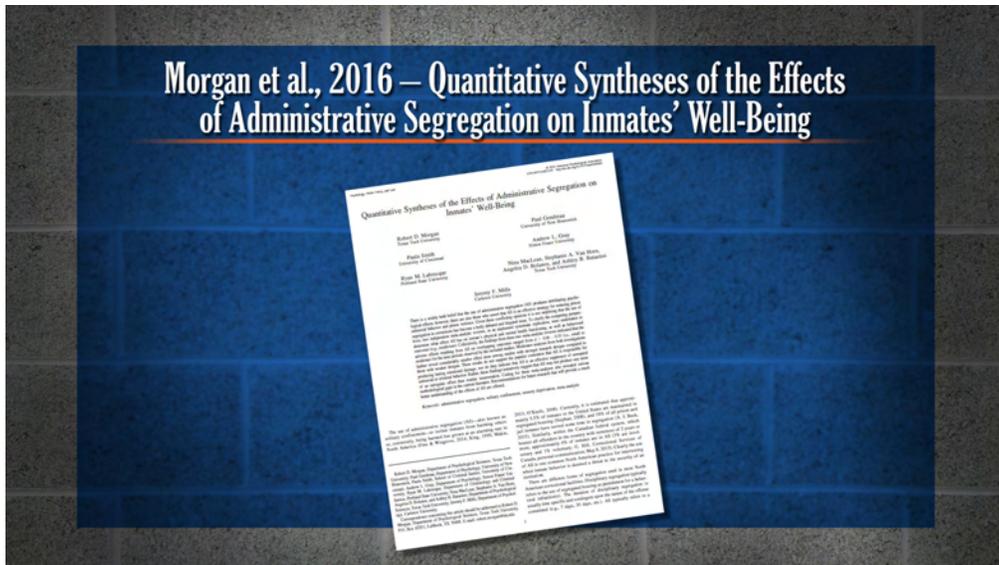
# Research on Restrictive Housing



## Bureau of Justice Statistics Special Report on the Use of Restrictive Housing



## Morgan et al., 2016 – Quantitative Syntheses of the Effects of Administrative Segregation on Inmates' Well-Being





**ACTIVITY**  
**Research Questions & Future Directions**

**TIME:** 8 minutes

**PURPOSE:** Following the description of the current state of RH research, audience members and participants will have an opportunity to ask questions about the presented research and consider what types of research questions and information they believe their facility/jurisdiction would benefit from in the future.

**MATERIALS / SETUP:** Chart paper to collect and display responses.

**DIRECTIONS:** Audience members and participants are provided an opportunity to ask questions about past research and provide the areas/topics they would like to see researched in the future.

**DISCUSSION QUESTIONS:**

What works to increase/maintain safety/security of institutions? What works to change behavior? If not RH, then what?

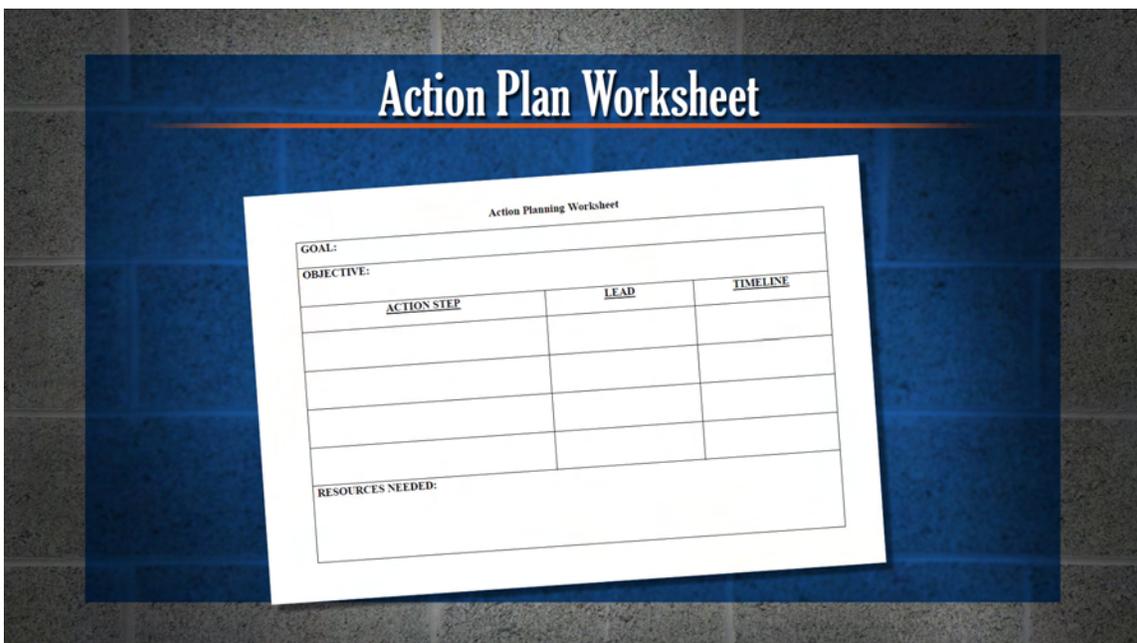
What kinds of questions are you asked by staff? Inmates? Politicians?

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## Action Plan - Six Components

**Goal:** A broad or lofty aspiration that and closes the gap between how things are and how you want them in the future. As stated, a goal is not measurable.

**Objectives:** Specific measurable steps of what you want to accomplish. Objectives are a subset of the goal and together all your stated objectives should help achieve your goal.

**Action Steps:** What you are going to do and how are you going to do it to accomplish your objective. When you review your action steps as a whole, are they should be sufficient to accomplish your objective?

**Lead:** A specific individual who will either accomplish the action step or coordinate others to accomplish the action step. This person will be responsible to report to you on achievements or obstacles.

**Timeline:** Identifies when an action step starts and by when will it be completed. At a minimum, identify the month and year of proposed completion or the intervals for progress review.

**Resources:** The things you identify as needed to accomplish the objective: Staff, money, data, outside expertise, etc.

Action Planning Worksheet

<b>GOAL:</b>		
<b>OBJECTIVE:</b>		
<u><b>ACTION STEP</b></u>	<u><b>LEAD</b></u>	<u><b>TIMELINE</b></u>
<b>RESOURCES NEEDED:</b>		



**TIME:** 6 minutes

**PURPOSE:**

- To provide participants with a review of the Action Plan Worksheet.
- Provide an overview and introduction to the Action Planning Process.
- Review an example of an Action Plan.

**MATERIALS / SETUP:** Participants are asked to refer to the Action Plan Worksheet preceding this page in their Guides.

**DIRECTIONS:** Action Plan overview is provided by the Facilitator. Following the overview, participants are asked if they have any questions regarding the Action Plan.

**DISCUSSION QUESTIONS:**

- What is the importance of having an Action Plan in this training?
- Why would you want to build an Action Plan as a team and/or as an individual during this training?

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## Additional Resources

**U.S. Department of Justice Report and Recommendations Concerning the Use of Restrictive Housing**

<https://www.justice.gov/restrictivehousing>

**President Barack Obama's OP ED in the Washington Post**

[https://www.washingtonpost.com/opinions/barack-obama-why-we-must-rethink-solitary-confinement/2016/01/25/29a361f2-c384-11e5-8965-0607e0e265ce\\_story.html?utm\\_term=.7585f5c2eb76](https://www.washingtonpost.com/opinions/barack-obama-why-we-must-rethink-solitary-confinement/2016/01/25/29a361f2-c384-11e5-8965-0607e0e265ce_story.html?utm_term=.7585f5c2eb76)

**Davis v. Ayala (2015)**

[https://www.supremecourt.gov/opinions/14pdf/13-1428\\_1a7d.pdf](https://www.supremecourt.gov/opinions/14pdf/13-1428_1a7d.pdf)

**American Correctional Association (ACA) Restrictive Housing Performance Based Standards (August 2016)**

[http://www.aca.org/ACA\\_Prod\\_IMIS/ACA\\_Member/Standards\\_\\_\\_Accreditation/Standards/Restrictive\\_Housing\\_Committee/ACA\\_Member/Standards\\_and\\_Accreditation/Restrictive\\_Housing\\_Committee/Restrictive\\_Housing\\_Committee.aspx?hkey=458418a3-8c6c-48bb-93e2-b1fcbca482a2](http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Standards___Accreditation/Standards/Restrictive_Housing_Committee/ACA_Member/Standards_and_Accreditation/Restrictive_Housing_Committee/Restrictive_Housing_Committee.aspx?hkey=458418a3-8c6c-48bb-93e2-b1fcbca482a2)

**PBS-FRONTLINE- "Solitary Nation"**

<http://www.pbs.org/wgbh/frontline/film/solitary-nation/>

**NPR- "From Solitary to the Streets: Released Inmates Get Little Help"**

<http://www.npr.org/2015/06/11/413208055/from-solitary-to-the-streets-released-inmates-get-little-help>

**U.S. Department of Justice, Office of Justice Programs, National Institute of Justice- Administrative Segregation in U.S. Prisons**

<https://www.ncjrs.gov/pdffiles1/nij/249749.pdf>

**Quantitative Syntheses of the Effects of Administrative Segregation on Inmates' Well-Being**

[https://www.researchgate.net/publication/306025617\\_Quantitative\\_Syntheses\\_of\\_the\\_Effects\\_of\\_Administrative\\_Segregation\\_on\\_Inmates'\\_Well-Being](https://www.researchgate.net/publication/306025617_Quantitative_Syntheses_of_the_Effects_of_Administrative_Segregation_on_Inmates'_Well-Being)

## General Guiding Principles, Conditions of Confinement, Disciplinary Process & Alternative Placements

### OBJECTIVES

- ✓ Discuss the first 7 General Guiding Principles of Restrictive Housing.
- ✓ Identify characteristic of conditions of confinement.
- ✓ Explore the Disciplinary Process of Restrictive Housing.
- ✓ Identify examples of Alternative Placements.
- ✓ Discuss staff training programs for the DOJ Guiding Principles.



### ACTIVITY

## What does Restrictive Housing Look Like in Your Agency?

**TIME:** 10 minutes

**PURPOSE:** Participants will provide feedback to capture the characteristics of Restrictive Housing in their respective agencies.

**MATERIALS / SETUP:** Chart paper and markers to collect and display responses

**DIRECTIONS:** During this activity, participants will have an opportunity to describe what Restrictive Housing looks like in their agencies. Each table will have a designated scribe to capture input on chart paper and an appointed person for a report out to the large group. Once groups have had a few minutes to capture feedback, each group will report out.

## General Guiding Principles



**TIME:** 10 minutes - 5 minutes to discuss, 2 minutes to report out

**PURPOSE:** Introduce participants to the 7 General Guiding Principles of Restrictive Housing. Discuss what the DOJ Guiding Principles imply and their intent.

**MATERIALS / SETUP:** Chart paper and markers to collect and display responses for each table group

**DIRECTIONS:** Participants will read and discuss the first 7 General Guiding Principles. The Facilitator will discuss Guiding Principle 1. Each of three table groups will be assigned two Guiding Principles to read, discuss and report out on their assigned Guiding Principles' intent and implications.

Table 1 will be assigned Guiding Principles 2 and 3

Table 2 will be assigned Guiding Principles 4 and 5

Table 3 will be assigned Guiding Principles 6 and 7

Table groups have 5 minutes to discuss and 2 minutes each to report out. Each table appoints a scribe for collecting feedback on chartpaper and a person to report out.

### DISCUSSION QUESTIONS:

What does the Guiding Principle imply, what is the intent and what implications does it have for your agency?



**Guiding Principle 2**  
**Clearly Articulate Reasons for RH**

The reason(s) should be supported by objective evidence. Inmates should remain in Restrictive Housing for no longer than necessary to address the specific reason(s) for placement.



**Guiding Principle 3**  
**Specific Penological Purpose**

Policy authorizing the use of Restrictive Housing should clearly articulate the purpose(s) for employing RH.



**Guiding Principle 4**  
**Regular Review by Multi-disciplinary Committee**

Multi-disciplinary committee should include leadership, medical, mental health professionals and unit management.



**Guiding Principle 5**  
**Clear Plan for Return to Less Restrictive Conditions**

The plan should be shared with the inmate, unless doing so would jeopardize the safety of the inmate, staff or other inmates.



**Guiding Principle 6**  
**Staff Regularly Trained on RH Policies**

Compliance with Restrictive Housing policies should be reflected in employee evaluations.



**Guiding Principle 7**  
**Standing Committees Regularly Evaluate RH Policies**

Committees should regularly evaluate existing policies and develop safe and effective alternatives to Restrictive Housing.



**TIME:** 2 minutes to complete cards

**PURPOSE:** Participants generate a list of all the reasons an inmate is placed in Restrictive Housing including behaviors that result in RH placement. Participants understand the definitions and expected applications.

**MATERIALS / SETUP:**

- Large index cards and markers for each table,
- List of 5 identified categories of RH and definitions for Investigative, Disciplinary, Preventative, Transitional, and Protective Custody,
- Large chart or bulletin board with the 5 RH categories at the top and enough room to place several index cards underneath

**DIRECTIONS:** Participants are asked to think of some of the reasons an inmate is placed in Restrictive Housing including behaviors, issues and circumstances. Participants then write reasons for placement on index cards - one reason per card. On each card, participants write the title - what the RH is called - and one sentence to describe it.

## Restrictive Housing - Five Categories

**Investigative** - Immediate placement of an inmate in Restrictive Housing while officials attempt to determine outcome and long-term placement.

**Disciplinary** - Designed as a sanction for violation of a specific disciplinary rule. The inmate is typically placed in disciplinary detention for a determinate term.

**Preventative** - Designed to prevent an inmate from threatening the safety and order of the institution ("too dangerous" for general population). This placement is typically for an indeterminate term lasting until prison officials conclude that the inmate can be housed safely in a less restrictive setting.

**Transitional** - Retention in Restrictive Housing for a period of time while awaiting transfer to a new location, often when bed space is not available.

**Protective Custody** - Designed to protect an inmate from a real or perceived threat within the prison. This placement is typically for an indeterminate term and returned to the general population once the threat dissipates.



**TIME:** 15 minutes

**PURPOSE:** Demonstrate understanding of the DOJ definitions and the expected applications.

**MATERIALS / SETUP:**

- Provide the 5 identified categories and definitions
- A large bulletin board with the Restrictive Housing definition categories: Investigative, Disciplinary, Preventative, Transitional, and Protective Custody, at the top and enough room to place several index cards underneath. Pushpins or tape to place index cards on the board underneath the category.

**NOTE:** Chart with five categories is on the following page of the Guide

**DIRECTIONS:**

Participants consider the 5 categories on the large board and are asked to identify where their title/descriptions fit under the DOJ category based on the definition.

Each table groups is asked for a couple examples of the index cards.

Participants read the index card out loud and then decide where it fits on the board, and why.

The process is repeated for each of five categories, one category at a time: Investigative, Disciplinary, Preventative, Transitional and Protective Custody.

There may be some left over index cards/categories for further discussion.

**DISCUSSION TOPICS / QUESTIONS:**

Where does Administration segregation fit?

Protective custody is placed in restrictive housing.

Explain the meaning of preventative.

What are different interpretations of the meaning and its application as it relates to their agency and jurisdiction?

# Restrictive Housing - Five Categories

INVESTIGATIVE	
DISCIPLINARY	
PREVENTATIVE	
TRANSITIONAL	
PROTECTIVE CUSTODY	

## Conditions of Confinement

 VIDEO  
**Images of RH Cells and Environment Montage**

Write down descriptions of the conditions of confinement you observe.

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 Guided Discussion:  
**Conditions of Confinement Brainstorm**

**QUESTIONS:**

What are observations you made about the RH conditions of confinement in the video?

What are other observations you have made about RH conditions of confinement in your agency?

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# Conditions of Confinement

- Confined 22 + hours per day
- Limited contact with staff or other inmates
- Exercise is limited to five hours per week
- Showers may be limited to three per week
- Commissary, visitation, telephone, and library privileges are more limited than those available to the general population
- Limited or no access to work, religious activity, rehabilitation or other programs/activities
- Restraints used when exiting cell
- Escorted by a minimum of two officer’s when leaving cell
- Limited (or eliminated) opportunity to “earn good time”
- TVs/radios are not allowed
- Strip/cell searches are common
- Limited exposure to natural light
- Use of chain link enclosures for recreation
- Treatment/programming chairs and tables



**Guided Discussion:**  
**Improving Conditions of Confinement Brainstorm**

**QUESTIONS:**

What are ways to improve conditions of confinement, given the characteristics we just shared?

What are examples of good management practices?

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What strategies for improving conditions of confinement stand out in this video?

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What is your reaction to Alabama's approach to improving conditions of confinement?

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Describe aspects of the PA Gender Responsive Programming you found valuable.

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# Disciplinary Process of Restrictive Housing

**Disciplinary:**

Designed as a sanction for violation of a specific disciplinary rule.

The inmate is typically placed in disciplinary detention for a determinate term.



An inmate is removed from general population and placed in restrictive housing for either investigative, protective control, or adjudicated for disciplinary and/or preventative restrictive housing.



How does an inmate get into Restrictive Housing?

## Disciplinary Violations

- Fight
- Assault
- Riot
- Disturbance
- Unauthorized group activity
- Attempted homicide
- Homicide



### Guiding Principle 10

## Clear, Specific Policies for Disciplinary Violations



### Guiding Principle 11

## Corrections Should Work with Law Enforcement - Inmate Criminal Activity



**TIME:** 20 minutes

**PURPOSE:** Participants begin to look at ways to operationally apply the Guiding Principles for five types of Restrictive Housing.

**MATERIALS / SETUP:** Chart paper, makers for listing strategies to address the Guiding Principles. Participants work in table groups.

**DIRECTIONS:** Each table group is assigned a Restrictive Housing category; investigative, disciplinary and protective custody and asked to develop strategies for satisfying the DOJ Principles for that category.

**One category is assigned to each of 3 table groups. Groups will have 5 minutes to discuss, 3 minutes to report out.**

**Table 1 - Assignment: Investigative** - Immediate placement of an inmate in Restrictive Housing while officials attempt to determine outcome and long-term placement. Guiding Principles 12, 13, 14, 15, 16

**Questions for Table 1:**

- Who approves placement?
- Who reviews placement and when?
- What types of investigation warrant placement?
- Make sure to reference identified rule violations.
- Make sure to address DOJ #15 and #1

**Table 2 - Assignment: Disciplinary** - Designed as a sanction for violation of a specific disciplinary rule. The inmate is typically placed in disciplinary detention for a determinate term. Guiding Principles 17, 18, 19, 20, 21, 22, 23

**Questions for Table 2:**

- How do you accomplish DOJ #20?
- Who reviews placement and when?
- What do you do to address inmates who demonstrate symptoms of mental illness?
- Make sure to reference identified rule violations from DOJ Guiding Principle #12 to address DOJ #19
- Provide examples of duration of hearing timeframe.

**Table 3 - Assignment: Protective Custody** - Designed to protect an inmate from a real or perceived threat within the prison. This placement is typically for an indeterminate term and returned to the general population once the threat dissipates. Guiding Principles 24, 25, 26

**Questions for Table 3:**

- Who approves placement?
- What threat warrants placement?
- Who reviews placement and when?
- What are the conditions of confinement for protective custody?

# Disciplinary Process of Restrictive Housing



## Guiding Principle 12

### Investigation



## Guiding Principle 13

### Supervisory Approval

# Disciplinary Process



Guiding Principle 14

## 24 Hour Review



Guiding Principle 15

## Credit Time Served

## Disciplinary Process



Guiding Principle 16  
Good Behavior

## Group 2 Reports Out





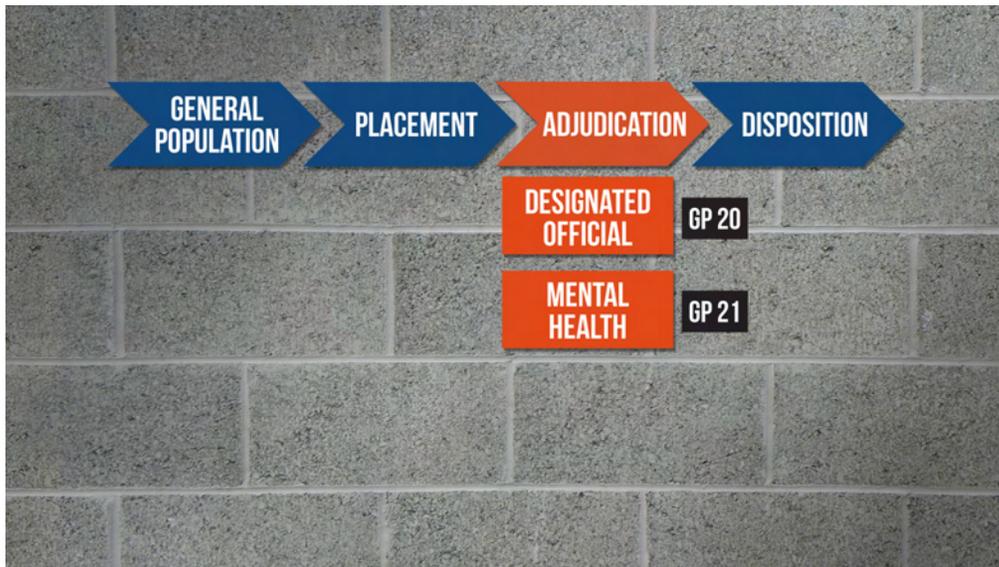
Guiding Principle 18  
Swift, Certain and Fair



Guiding Principle 19  
Maximum Penalties



Guiding Principle 20  
Designated Outside Official



**Guiding Principle 21**  
**Refer to Mental Health**



**Guiding Principle 22**  
**Concurrent Sentences for Same Episode**

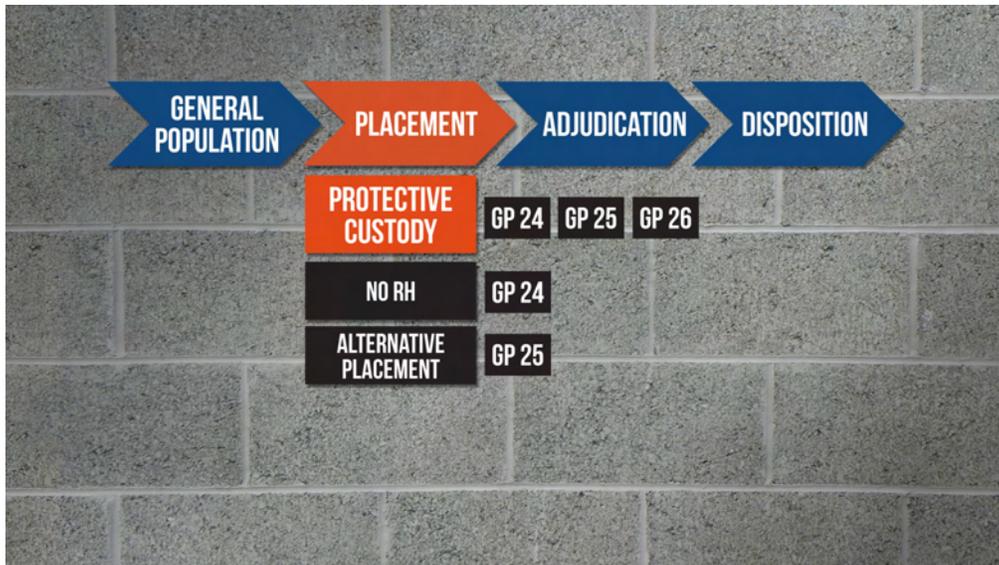


**Guiding Principle 23**  
**Good Behavior Incentives**

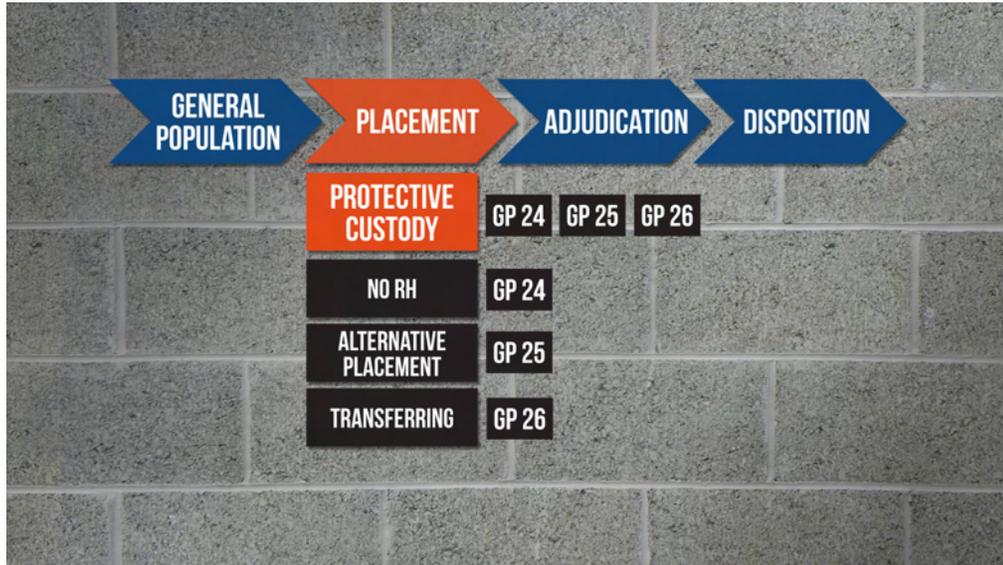
# Group 3 Reports Out



## Guiding Principle 24 Generally, No Protective Custody in RH



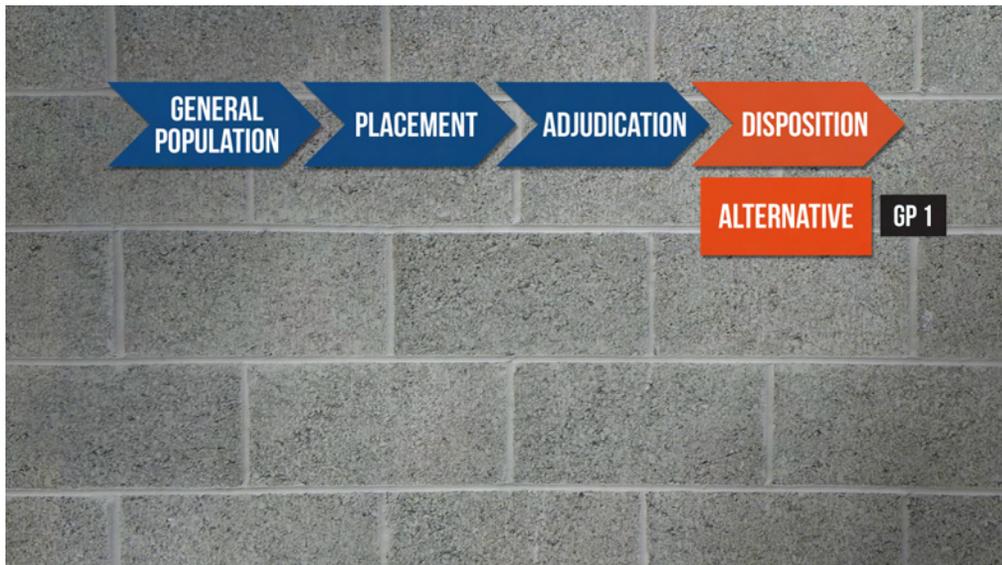
## Guiding Principle 25 Seek Alternative Placement



Guiding Principle 26  
**Transferring - Consider Inmate's Release Residence**



Guiding Principle 27  
**ID Most Common Reasons for PC Requests**



Guiding Principle 1  
**Least Restrictive Setting to Ensure Safety**



What aspects of the Kansas Behavior Modification Program seem most valuable?

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What stood out about the North Dakota Behavior Management Program?

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What seem to be the strongest components of the Pennsylvania Pilot Programs?

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## Staff Training - RH



**What is most valuable about the Mental Health First Aid and Certified Peer Specialists training?**

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**What are the benefits of the MN CIT Training for staff?**

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### Staff Training Examples:

- Restrictive Housing Inservice Training
- Care for inmates with Serious Mental Illness
- Crisis Intervention Teams Training
- VA Staff Training
- Motivational Interviewing
- Professionalism, Communication, Quality Rounds, Legal Updates

## Preventative Segregation, Step Down Programs & Behavior Management

### OBJECTIVES

- ✓ Clearly define Preventative Restrictive Housing and its use.
- ✓ Provide an overview and understanding of a structure based Step Down Program sufficient to develop and implement a departmental operational procedure.
- ✓ Develop a Structured Living Program as a safe/humane alternative to long-term Restrictive Housing management for serious and violent prone inmates that includes a clear, designed plan for returning the inmate to less Restrictive Housing as promptly as possible.
- ✓ Explain how a structured Step Down Program provides staff the ability to evaluate inmate behaviors as they successfully progress through the program levels for re-integration.
- ✓ Provide participants with an understanding of behavioral principles; learn methods for analyzing offender behavior including conducting Functional Analysis and identify the benefits and challenges associated with Behavior Management.



## Definition

Preventative Restrictive Housing - a form of segregation designed to prevent an inmate from threatening the safety and order of the institution.

## Components

### Fundamental Components:

1. "Clearly articulate" in policy the behaviors that warrants consideration for placement
2. Clarify policy on who goes into Preventative Restrictive Housing.
3. Document, document, and document!



**Guided Discussion:**  
**Who Goes Into Restrictive Housing?**

**QUESTIONS:**

- Why do we use Restrictive Housing?
  - Who should be placed in this environment?
  - Are we mad at them or afraid of them?
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**VIDEO**  
**TX - Program for Violent Offenders**

What aspects of the Texas program seem most valuable?

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**VIDEO**  
**WA DOC - Violence Reduction Strategy**

What stood out about the Washington State violence reduction program?

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**Guided Discussion:**  
**Let's Talk About Guiding Principle 28**

**QUESTION:**

How do we ensure when inmates are placed in Preventative Restrictive Housing based on evidence, that no other form of housing will ensure the inmate's safety and the safety of staff, other inmates, and the public?

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**Guided Discussion:**  
**Let's Talk About Procedural Protections**

**QUESTIONS:**

When we think about long-term restrictive housing, is that atypical?

What is the liberty interest in placing inmates in long-term RH?

What are procedural protections?

It is a best-practice to conduct a due process hearing before placing someone in Preventative Restrictive Housing, why?

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**TIME:** 14 minutes, work time - 5 minutes, report outs 2 minutes for each group

**PURPOSE:** Participants will understand the complexities of the decision making process for determining who will be assigned to Preventative Restrictive Housing.

**MATERIALS / SETUP:** Participants work in table groups. Materials needed: Inmate Profiles worksheets, Chart paper, markers and easels

**DIRECTIONS:** Each table will serve as a Multi-Disciplinary Team consisting of; Facility Administrator, Classification, Correctional Officer, Medical, Mental Health, Investigations, Case Manager/Counselor/Program representative, and Hearing Officer. Review your assigned inmate profile. Determine the most appropriate placement/assignment. Discuss the rationale for decision. Chart rationale for decision on flip chart. Select a scribe and team member to report out.

- 1.Preventative Restrictive Housing
- 2.Alternative Placement
- 3.Return to General Population

**DISCUSSION TOPICS / QUESTIONS:**

Assaultive History, Mental Health History, No Disciplinary History, Due Process

What did the MDT consider to determine placement assignment?

Was there consideration given to how your decision would impact staff, the facility and the department?

Was the placement decision unanimous or majority?

Was there solid justification to support the decision?

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## Internal Classification Restrictive Housing Inmate Profile 2

<b>Name</b>	Richard Williams
<b>DOC #</b>	555555
<b>AKA</b>	None

<b>Height</b>	5'10"
<b>Weight</b>	155 lbs.
<b>Eyes</b>	Brown
<b>Hair</b>	Black

<b>Sex</b>	Male
<b>DOB</b>	4/15/1990
<b>Age</b>	25
<b>Ethnicity</b>	Black
<b>Citizenship</b>	USA

Mental Health Code 1 (No Needs) - 4 (Requires Stabilization)			
1	2	<u>3</u> X	4
PTSD Anxiety Disorder (Combat Iraq)			

<b>Security Threat Group</b>	"Crazy Boys"		
<b>Leader</b>		<b>Member</b>	X
		<b>Associate</b>	
	0	0	0

<b>DOC Disciplinary History</b>	Disobeying an order x2
<b>Previous Placement in Restrictive Housing</b>	None
<b>Current reason for placement in Restrictive Housing</b>	Inmate Williams is a new arrival to Minimum Custody Facility, Hope Correctional Institution (HCI) after serving 5 years of his 7 year sentence in Medium Custody for drug trafficking. After two weeks at the facility while working on the farm, Inmate Williams walked away and placed on escape status, Inmate Williams was apprehended with no resistance 3 weeks later. He served 45 days

## Internal Classification Restrictive Housing Inmate Profile 3

<b>Name</b>	Jesus Espinosa
<b>DOC #</b>	444444
<b>AKA</b>	None

<b>Height</b>	5' 9"
<b>Weight</b>	135 lbs.
<b>Eyes</b>	Green
<b>Hair</b>	Black

<b>Sex</b>	Male
<b>DOB</b>	9/11/1994
<b>Age</b>	23
<b>Ethnicity</b>	Hispanic
<b>Citizenship</b>	Mexico

Mental Health Code 1 (No Needs) - 4 (Requires Stabilization)			
1	<u>2</u> X	3	4

<b>Security Threat Group</b>	<b>Azteca</b>		
<b>Leader</b>		<b>Member</b>	
		<b>Associate</b>	X

<b>DOC Disciplinary History</b>	Fighting x1, possession of marijuanax1 verbal abuse x1
<b>Previous Placement in Restrictive Housing</b>	one
<b>Current reason for placement in Restrictive Housing</b>	While playing basketball in the gym, cell mates Espinosa and Taylor began fighting about a foul. Inmate Espinosa was identified as the aggressor. While Taylor was on the ground Espinosa continued to punch him. Taylor sustained a broken nose and laceration to his face. Espinosa received minor injuries. Both inmates were charged with fighting, Espinosa receive a 15 day disciplinary sanction for fighting.



 **Guiding Principle 29**  
**Regular Review of Inmates in Preventative RH**

**ACA Standards - Regular Reviews**

ACA standard Adult Correctional Institute – 4-RH-0008 (formerly 4-4253) and Adult Local Detention Facility – 4-ALDF-RH-004 (formerly 4-ALDF-2A-48).

“Review the status of inmates in RH every seven (7) days for the first 60 days and at least every 30 days thereafter.”



Guided Discussion:

## They are in ... Now What? - Regular Reviews

QUESTIONS:

What is the purpose of conducting regular reviews?

What makes a review meaningful?

Who should be involved in the process?

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**ACTIVITY**  
**Decision Time ... What do I Need to Know?**

**TIME:** 10 minutes, work time - 5 minutes, report outs - 2 minutes for each group

**PURPOSE:** Opportunity for participants to determine what information the multidisciplinary team would need to make an appropriate justifiable decision to retain and inmate in Preventative Restrictive Housing or release to General Population.

**MATERIALS / SETUP:** Three easels with chart paper, dark markers

**DIRECTIONS:** Participants (multidisciplinary team) discuss at their tables what documentation they need to make the decision to release an inmate from Preventative Restricted Housing or release to General Population. Document on chart paper and select a scribe and a person to report out.

**QUESTION:**

What documentation is needed to make the decision to release an inmate from Preventative Restricted Housing or release to General Population.

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**VIDEO**  
**Group Report Out: Preventative Restrictive Housing**

What stood out to you about the group's strategies for meeting the Guiding Principles related to Preventative Restrictive Housing?

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 **Guiding Principle 30**  
**Preventative RH - Opportunity for Step Down**

**ACA Definition - Step Down Program**

A program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community. Individualized programs involve a coordinated, multidisciplinary team approach that includes mental health, case management, and security practitioners.

Medical personnel will be part of the multidisciplinary team when inmates who have chronic care or other significant medical accommodation needs participate in this program.

 **VIDEO**  
**VA - Step Down Program**

What aspects of the Virginia Step Down Program seemed most valuable?

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Guided Discussion:

## Achieving the Goal of a Step Down Program

**QUESTIONS:**

What is the purpose of a Step Down Program?

How is this goal achieved?

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## Step Down Purpose

1. Evaluate inmate's behavior.
2. Use progressive behavioral incentives and directed cognitive based programs that address criminal behavior.
3. Evaluate where they are at by increasing the expectations at each step, evaluate their prosocial adjustment by interacting with others with minimal restraints to no restraints.
4. Evaluate how they apply what they've learned with handling conflict and or disagreement.

## Step Down Elements

- Level System - 4 to 5 levels that are incentivized
- Entry level – Short, up to 7 days, can be used as timeout phase
- Orientation - Occurs at Level I
- Restrictive Housing Handbook - Rules and expectations
- Subsequent Levels/Steps - Progressive management i.e., increased opportunities for out of cell time, decreased security measures, increased incentives, and opportunities for congregate activities
- Overall length of program 9 - 12 months

## Step Down Program - Level 1

- Up to 7 days in length – Most restrictive of all levels
- Orientation – Acclimation
- In cell programming
- Health care screening
- Mental health screening/consultation
- Full Restraints - all movement
- Escorted movement (2 on 1)
- Commissary/canteen – hygiene items only
- Recreation – 1 hour, 5 days week individual rec area
- Showers – 3 times week
- Phone – 1 initial call
- Visits – none
- Property - minimal
- Meals – in cell

## Purposes for Level 1

1. Time to orient to the program
2. Begin evaluating behavior attitude
3. Give self-help homework assignments
4. Evaluate willingness to participate and comply with program requirements
5. Opportunity for the inmate to see and observe staff interaction



**TIME:** 10 minutes, work time - 4 minutes, report outs 2 minutes for each group

**PURPOSE:** Allow participants to see how a step-down program incorporates progressive management and increased privileges with the reduction of security measures through the development of Phases 2 through 4 of a Step Down program.

**MATERIALS / SETUP:** Participants work in table groups. Materials needed: Worksheet (following page), chart paper, markers and easels

**DIRECTIONS:** Participants discuss at their tables based how to construct levels 2 – 4 of a step-down program for Preventative Restrictive Housing. A worksheet (following page) will be utilized to assist with the development. Document on chart paper, select a scribe, and a person to report out.

**QUESTIONS:**

How do we construct opportunities for inmates to show that they are exhibiting pro-social behaviors and following rules?

How do we increase out-of-cell opportunities, congregate activities, with decreased security measures?

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## **Worksheet - Step Down Program – Level II, III, and IV**

Programming – In cell, out of cell, journaling, worksheets, congregate

Escorted or Unescorted

If escorted, 2 on 1 or 1 on 1

Restraints – Cuffs only front, Cuff only in rear, full restraints, cuff in rear

Commissary/Canteen items: hygiene only, full items, \$ to purchase from commissary

Recreation - \_\_\_ hours per day, \_\_\_ days per week individual recreation yard/congregate yard

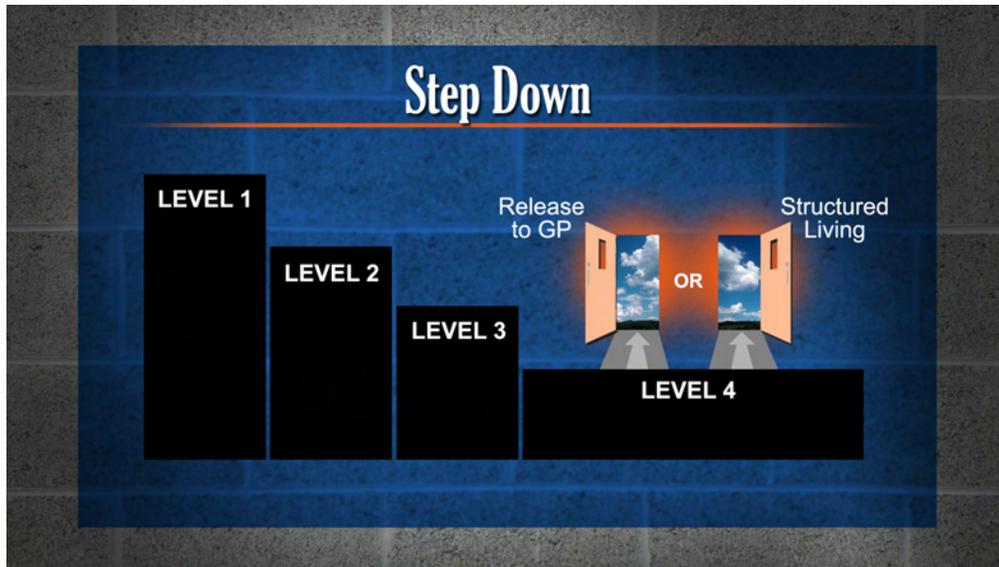
Showers - \_\_\_\_ times per week

Phone Calls - \_\_\_\_ calls per week/month

Visits - \_\_\_\_ per week/month, contact, non-contact

Meals – in cell, out of cell, \_\_\_ of inmates congregate

Library/self-help, Medical access, Mental Health access



## Managing Behavior in Preventative RH

### Examples:

1. Reduction in Privileges
2. Time out
3. Level Reduction
4. Develop individualized non-punitive behavior plans created by MDT to encourage appropriate behavior and program participation.
5. Expect relapses
6. Don't let an inmate get stuck at a level.
7. Don't personalize success or failure. Be encouraging.



**Guided Discussion:**

## Expected Behaviors in a Step Down Program

**QUESTIONS:**

How do you expect inmates to behave in a restrictive housing Step Down Program?

What types of behaviors might you see in a Step Down program?

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**Guided Discussion:**

## Let Me Out!

**QUESTIONS:**

Keeping Guiding Principle 5 in perspective (a plan to get out), how do inmates get out of Preventative Restrictive Housing?

What types of behaviors might you see in a Step Down Program?

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What aspects of the South Dakota program seemed most effective?



## Structured Living Housing Unit

Form of general population housing for inmates who require increased levels of management and supervision based upon risk and need. Long-term environment for those that we are afraid of but who haven't committed disciplinary infractions or maybe they've completed all the requirements of the Step Down program.

## Criteria for Structured Living Unit

- Not within Step Down program space
- Mirrors General Population in smaller numbers
- 6 to 12 inmates
- Monthly reviews to include executive personnel



What aspects of the Indiana Moral Reconciliation Program seemed most effective?

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**TIME:** 10 minutes, work time - 4 minutes, report outs 2 minutes for each group

**PURPOSE:** Allow participants to develop a mission specific housing unit that could be utilized for a number of populations (PC, Females, Juveniles, and those inmates that we are still afraid of, but Restrictive Housing is not the right placement).

**MATERIALS / SETUP:** Participants work in table groups. Materials needed: Worksheet (following page), chart paper, markers and easels

**DIRECTIONS:** Participants discuss at their tables based how to construct Structured Living Housing Unit. A worksheet (following page) will be utilized to assist with the development. Document on chart paper, select a scribe, and a person to report out.

**QUESTIONS:**

Why is this type of housing (mission specific) useful?

How can we manage vulnerable and/or potentially violent and dangerous inmates in a small group environment with out-of-cell opportunities, congregate activities, decreased security measures, and other items that mirror General Population?

## **Worksheet - Structured Living Housing Unit**

Restrained or Unrestrained movement up to \_\_\_\_ inmates in unit with staff presence.

Restrained or Unrestrained group programs up to \_\_\_\_ inmates for activities, games, movies, recreation, and free time in day hall.

Opportunity for a job - In unit or off unit, rotating (minimal opportunities), paid/unpaid job assignments

Time out of cell - \_\_\_\_ hours daily

Movement in unit – restrained or unrestrained movement to recreation/programming.

Movement outside of unit – cuffs only, full restraints, escorted 2 on 1, escorted 1 on 1

Commissary/canteen – reduced or mirror general population

Property – reduced or mirror general population

Recreation – \_\_\_\_ hours, \_\_\_\_ days week up to \_\_\_\_ inmates in congregate activity.

Showers – \_\_\_\_ times per week or mirror general population

Phone Calls – - \_\_\_\_ calls per week/month or mirror general population

Meals – in cell or up to \_\_\_\_ inmates in congregate activity

Visits – \_\_\_\_ per week/month, contact, non-contact, mirror general population

Library/self-help, Medical access, Mental Health access

Religious services – attend with GP or modify for smaller group access

## Structured Living Unit

- Unrestrained movement (6 to 12) in unit with staff presence.
- Unrestrained group programs (6 to 12 inmates) and activities such as meals in day hall, recreation, group activities in day hall
- In unit rotating unpaid job assignments (janitorial)
- Increased time out of cell
- Unrestrained in unit with unrestrained movement to recreation/programming.
- Commissary/canteen – mirror general population
- Property - mirrors general population
- Recreation - 2 hours, 7 days week congregate (6 to 12)
- Showers - mirrors general population
- Phone - mirrors general population
- Meals - congregate in groups (6 to 12)
- Visits - 2 contact visits per week

## Functional Analysis



A video thumbnail featuring a play button icon on the left, the word "VIDEO" in a dark box above it, and the title "Dr. Rain Carei - Functional Analysis" in white text on a blue background. The background of the thumbnail is a grey brick wall.

What aspects of Functional Analysis seem most effective?

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## Functional Analysis - Breaking Down Behavior

### Changing Behavior - Individualized Management Plans

#### What to Look for:

1. Problem Behavior
2. Antecedent Conditions (What were the environmental conditions or what happened right before the Problem Behavior started?)
3. Hypothesized function (What is driving the behavior or why is it happening?)
  - Communication (including power/control)
  - Self-Regulation
  - Self-Entertainment
4. Intervention (What did you do?)
5. Evaluation (Did it work? Short-term vs. long-term?)



In this clip you will see two inmates who engage in Problem Behaviors. The incident takes place in a Restrictive housing unit located in a state prison in Maine. The two inmates, Peter Gibbs - who you have already seen in a previous clip - and Gordon Perry are both inmates from out of state. Preceding this incident, inmates on the unit, including Mr. Gibbs and Mr. Perry, observed another inmate engage in self-harm behavior, receive staff attention, and was removed from the unit.

When the clip starts, focus your attention on Gordon Perry. As you watch, keep in mind the five questions above and conduct your own Functional Analysis. We will review your responses at the end. For clarification purposes, one of the staff members who responds to the incident towards the end of the clip is the Warden.

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**TIME:** 15 minutes

**PURPOSE:** Participants practice using Functional Analysis using the five questions.

**MATERIALS / SETUP:** Participants work in table groups. Materials needed: chart paper, markers and easels

**DIRECTIONS:** Participants refer to the list that contains the five questions as they watch the video.

1. Problem Behavior
2. Antecedent Conditions (What were the environmental conditions or what happened right before the Problem Behavior started?)
3. Hypothesized function (What is driving the behavior or why is it happening?)
  - Communication (including power/control)
  - Self-Regulation
  - Self-Entertainment
4. Intervention (What did you do?)
5. Evaluation (Did it work? Short-term vs. long-term?)

**QUESTIONS:**

What interventions would you recommend if you were responsible for responding to this incident?

What is likely to happen in the future - increased incidence, or decrease incidence of such behavior?

What Individual Behavior Management Plans do you use in your jurisdiction and what are the processes?

What is the value of conducting functional analyses and implementing Individual Behavior Management Plans?

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## Additional Resources

### **Reshaping Restrictive Housing at South Dakota State Penitentiary**

<http://www.crj.org/page/-/publications/Reshaping%20Restrictive%20Housing%20-%20South%20Dakota.pdf>

### **Nature Imagery in Prisons Project at the Oregon Department of Corrections**

<https://services.oregon.gov/oia/research/ResearchBrief-NatureImageryPrisonsProject.pdf>

### **More Than Emptying Beds: A Systems Approach to Segregation Reform**

<https://www.bja.gov/publications/MorethanEmptyingBeds.pdf>

### **Solitary Confinement: Ending the Over-Use of Extreme Isolation in Prison and Jail**

[http://johnjaypri.org/wp-content/uploads/2016/08/LangelothReport\\_web.pdf](http://johnjaypri.org/wp-content/uploads/2016/08/LangelothReport_web.pdf)

### **Impact of a Dialectic Behavior Therapy - Corrections Modified (DBT-CM) Upon Behaviorally Challenged Incarcerated Male Adolescents**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080237/>

Quirk, R. (2016). Calculated Risks with Inmates Housed in Restrictive Housing, *Correctional Law Reporter*, 28 (1), pgs. 1, 4, 6, & 15.

Carei, R. & Quirk, R. (2016). Under New Influence: Changing Behavior with Individualized Management Plans, *Corrections Today*, June.

Quirk, R. (2015). Aligning Prison Classification with Treatment Needs, *Correctional Mental Health Report*, 17 (4), pgs. 49, 60, & 62.

## Managing Special Populations, Mental Health, Reentry & Reintegration, End of Term, Death Row

### OBJECTIVES

- ✓ Identify strategies for managing Special Populations other than locking them up in Restrictive Housing.
- ✓ Identify strategies for addressing mental health needs for all inmates in Restrictive Housing.
- ✓ Identify strategies for addressing reintegration and re-entry of inmates in Restrictive Housing.

## Restrictive Housing - Special Populations

### Three Categories:

1. Those the Guiding Principles indicate require Alternative Placements where they can receive programming
2. Inmates who should not be placed in Restrictive Housing based simply on status
3. Those who need Special Programming or attention if placed in Restrictive Housing  
Treatment/programming chairs and tables



**Guided Discussion:**  
**Individuals who Require Alternative Placements**

**QUESTIONS:**

Who are those individuals the Guiding Principles state require alternative placement?

Who are the inmates the Guiding Principles indicate should NOT be placed in RH based simply on status?

What inmates might have special needs? Who are they and what are their needs?

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**LGBTI Inmates**



**VIDEO**  
**LGBTI Inmates - Terms and Vulnerabilities**

What new information did you learn about LGBTI offenders?

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Guided Discussion:

## Management of LGBTI Inmates

QUESTION:

How are LGBTI inmates managed in the different jurisdictions represented here today?

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## Protective Custody



Guiding Principles 46 & 47

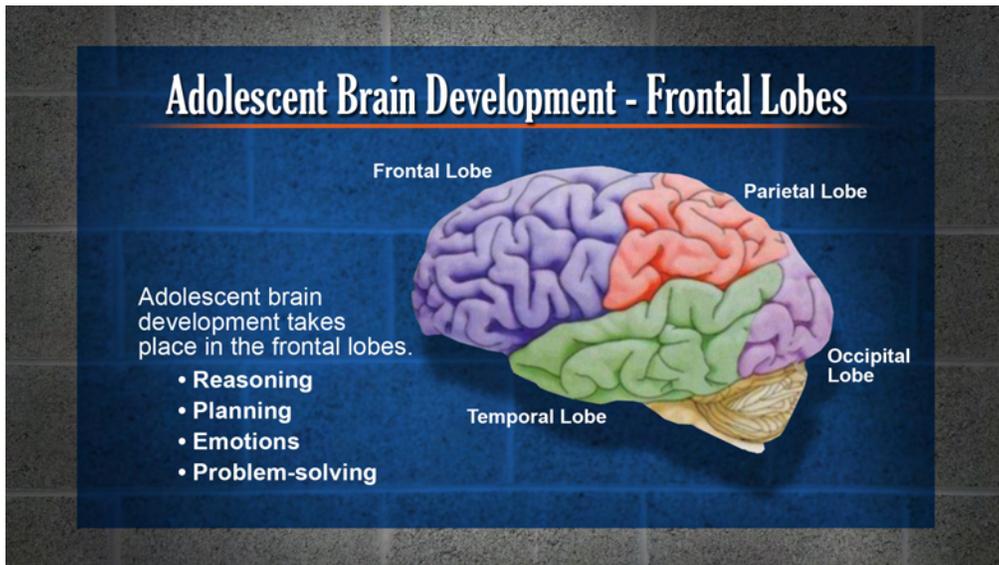
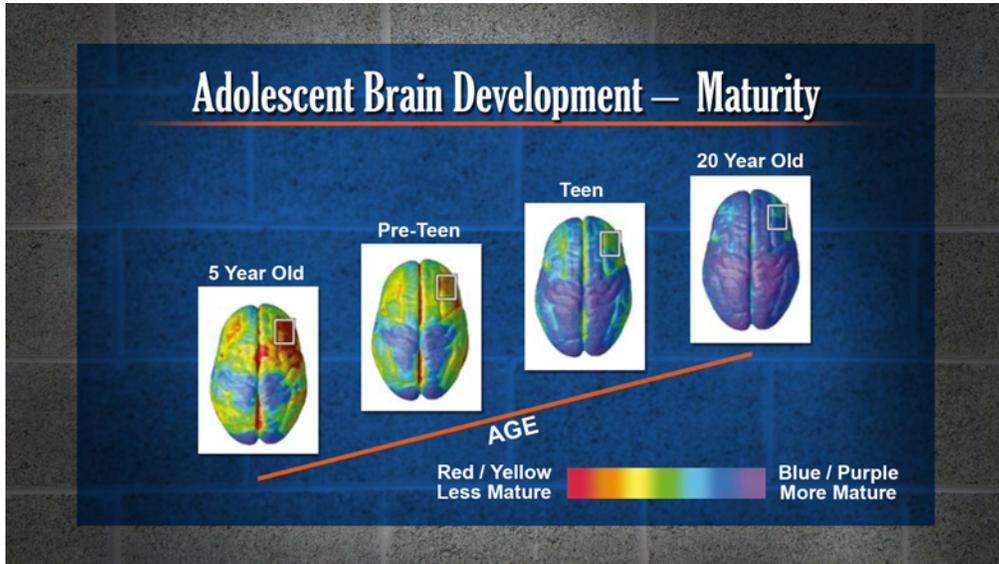
No RH, Alt. Placement for Safety, Same as GP



Guiding Principle 48

Assignments Case-by-Case

Young Adults




Guiding Principles 41 & 42

## Young Adults and Juveniles



**Guided Discussion:**  
**Diversion Programs for 18-24 Year Olds**

**QUESTIONS:**

What kind of diversion programs could we use with this population?

What kind of therapeutic services seem appropriate for this age group?

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**Medical Needs**



**Guiding Principles 51 & 52**  
**Medical Needs**

# Pregnancy & Post-partum

## Pregnant and Post-partum Inmates

- Inmates who are pregnant, who are post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy should not be placed in Restrictive Housing.
- In very rare situations, pregnant women may be placed in Restrictive Housing as a temporary response to behavior that poses a serious and immediate risk of physical harm.
- In such cases, this decision must be approved by the agency’s senior official overseeing women’s programs and services, in consultation with senior officials in health services.
- These placements must be reviewed every 24 hours.



**Guided Discussion:**

## Women Offenders

**QUESTIONS:**

What Restrictive Housing practices do the jurisdictions represented employ with women offenders?

Is the Restrictive Housing policy the same for the men as it is for the women? Should it be?

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**VIDEO**

## Promising Practice - WY Women’s Programs

What aspects of the Wyoming Women’s Programs seem most effective?

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# Juveniles



**Guided Discussion:**  
**Connecting DOJ Guidelines and PREA**

**QUESTION:**  
According to PREA, how are Juveniles, those inmates 18 years of age or younger, to be managed?

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**PREA Standard 115.14 - Youthful inmates:**

- (a) A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.
- (c) Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision.



**Guided Discussion:**  
**Juveniles - Separation**

**QUESTION:**  
Can we have sight and sound separation in Restrictive Housing for these individuals?

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What stands out to you concerning the ban on Restrictive Housing for juveniles in federal prisons?

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## Inmates with Serious Mental Illness

### Diagnosis

Schizophrenia

Bipolar disorder

### Degree of Disability

Functional impairment

Suicide and self-harm

Inability to care for self

### Duration

Long lasting impairment



Guided Discussion:

## Connecting DOJ Guidelines and PREA

**QUESTION:**

The Guiding Principles prohibit inmates with SMI in Restrictive Housing. How should we manage them?

Does that mean that SMI inmates should not be held accountable?

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Guiding Principles 36-40

## Inmates with Serious Mental Illness



VIDEO

## Mental Health Wing

What stands out to you in this video that looks at ways to address mental health needs of inmates?

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What seems most effective about Kansas strategies for addressing inmates mental health needs?

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### Guiding Principles 36-40 – SMI

- A mental health professional must determine:
- Placement is not contraindicated
- The inmate is not a suicide risk
- The inmate does not have active psychotic symptoms

**NOTE:** In disciplinary circumstances mitigating factors related to the mental illness do not contraindicate Disciplinary Restrictive Housing

### Structured and Unstructured Activities

#### Structured

Mental health  
Parole  
Education  
Therapy  
Substance abuse  
Group therapy  
Individual therapy

#### Unstructured

Leisure activities  
Activities of choice  
Visits  
Recreation

## Structured and Unstructured Activities

Make observations about the following images of activities in Restrictive Housing. For each activity, determine whether it is structured or unstructured.



Structured or Unstructured?



Structured or Unstructured?



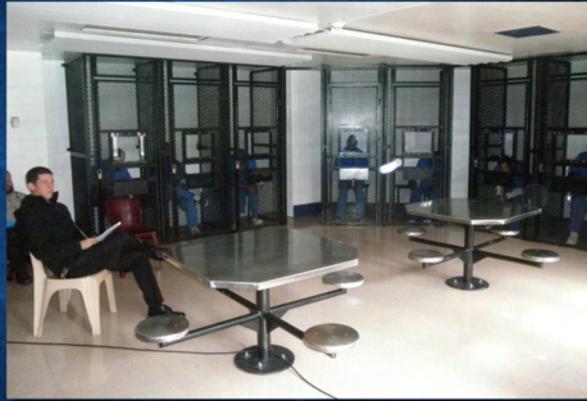
Stuctured or Unstructured?



Stuctured or Unstructured?



Stuctured or Unstructured?



Stuctured or Unstructured?



Stuctured or Unstructured?



Stuctured or Unstructured?



Guiding Principle 38

Inmates with SMI Diverted from RH



Guiding Principle 39

Inmates with SMI Reviewed once a Week

### Multi-Disciplinary Team Review



## Match Game - Monitoring, Clinical Contact and Screening

### ANSWERS

- 1** For SMI inmates, face-to-face clinical contact with a qualified mental health practitioner to monitor mental health status and identify signs of deterioration
- 2** Medical staff
- 3** Correctional Officer Tours
- 4** Screened for signs of SMI
- 5** An out of cell face-to-face psychological review by MH staff

### ANSWERS

- A** Multiple Times per Day
- B** Within 24 Hours of Placement
- C** At 30 Day Intervals
- D** Once per Day
- E** Once per Week

## Match Game - Monitoring, Clinical Contact and Screening

	ANSWERS
<p><b>1</b> For SMI inmates, face-to-face clinical contact with a qualified mental health practitioner to monitor mental health status and identify signs of deterioration</p> <p><b>2</b> Medical staff</p> <p><b>3</b> Correctional Officer Tours</p> <p><b>4</b> Screened for signs of SMI</p> <p><b>5</b> An out of cell face-to-face psychological review by MH staff</p>	<p><b>E</b></p> <p><b>D</b></p> <p><b>A</b></p> <p><b>B</b></p> <p><b>C</b></p>
<p><b>A</b> Multiple Times per Day</p> <p><b>B</b> Within 24 Hours of Placement</p> <p><b>C</b> At 30 Day Intervals</p> <p><b>D</b> Once per Day</p> <p><b>E</b> Once per Week</p>	<p><b>3</b></p> <p><b>4</b></p> <p><b>5</b></p> <p><b>2</b></p> <p><b>1</b></p>

## Mental Health - All RH Inmates



### Guiding Principle 40 - Evaluations of all Inmates in RH

- Line staff rounds multiple times per day
- Medical rounds daily (at least once per day)
- At 30 day intervals - out of cell Face-to-face psychological review by MH staff
- If at any time the inmate shows signs of deterioration, evaluate immediately to determine whether to transfer the inmate, enhanced services being provided or finding some alternative form of housing.

### RH Inmates with Signs of Psychological Deterioration

#### After Review, MH Staff Should:

1. Recommend whether the inmate requires immediate transfer to a medical facility or other treatment center.
2. Recommend whether the inmate should receive enhanced mental health services.
3. Determine if the inmate should be referred to a clinically appropriate alternative form of housing.

**REVIEW** Special Populations

CATEGORIES

- INMATES WITH SERIOUS MENTAL ILLNESSES
- JUVENILES

**REVIEW** Special Populations

INMATES WITH SERIOUS MENTAL ILLNESSES

**ANSWER:** Immediate and serious danger.

**REVIEW** Special Populations

INMATES WITH SERIOUS MENTAL ILLNESSES

**ANSWER:** Frequency of multidisciplinary review of placement in RH.

REVIEW Special Populations

INMATES  
WITH SERIOUS  
MENTAL ILLNESSES

**ANSWER:** Frequency of face-to-face contact by MH practitioners.

REVIEW Special Populations

JUVENILES

**ANSWER:** Never.

REVIEW Special Populations

JUVENILES

**ANSWER:** Temporary placement for behavior that poses serious and immediate risk of physical harm to any person.

REVIEW Special Populations

INMATES  
WITH SERIOUS  
MENTAL ILLNESSES

**ANSWER:** Immediate and serious danger.

**QUESTION:** What are the conditions under which SMI may be placed in RH?

REVIEW Special Populations

INMATES  
WITH SERIOUS  
MENTAL ILLNESSES

**ANSWER:** Frequency of multidisciplinary review of placement in RH.

**QUESTION:** What is weekly?

REVIEW Special Populations

INMATES  
WITH SERIOUS  
MENTAL ILLNESSES

**ANSWER:** Frequency of face-to-face contact by MH practitioners.

**QUESTION:** What is at least once a week?

**REVIEW** Special Populations **JUVENILES**

**ANSWER:** Never.

**QUESTION:** When should juveniles be placed in RH?

**REVIEW** Special Populations **JUVENILES**

**ANSWER:** Temporary placement for behavior that poses serious and immediate risk of physical harm to any person.

**QUESTION:** What is a brief, cool down period?

## Reentry / Reintegration



Guided Discussion:

### Direct Release of RH Inmates to the Streets

**QUESTION:**

How many systems still release individuals directly to the streets?

What do you do with inmates that “check-in” to segregation during last part of sentence?

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VIDEO

### Short Version of Vignette - Direct Release to Street

What are the implications of releasing inmates directly from RH to the street?

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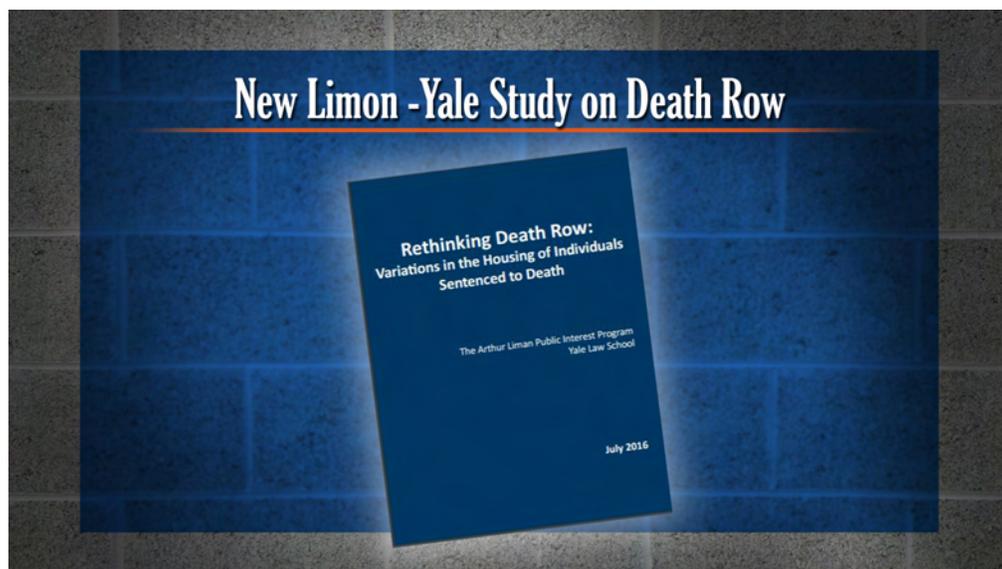
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### Re-Entry, Reintegration & Public Safety

- Affords corrections an opportunity to be a pro-active component of the criminal justice system
- Helps to prevent crime
- Helps to prevent victimization
- It improves community and public safety

## Inmates on Death Row





What seems effective about North Carolina's least restrictive Death Row?

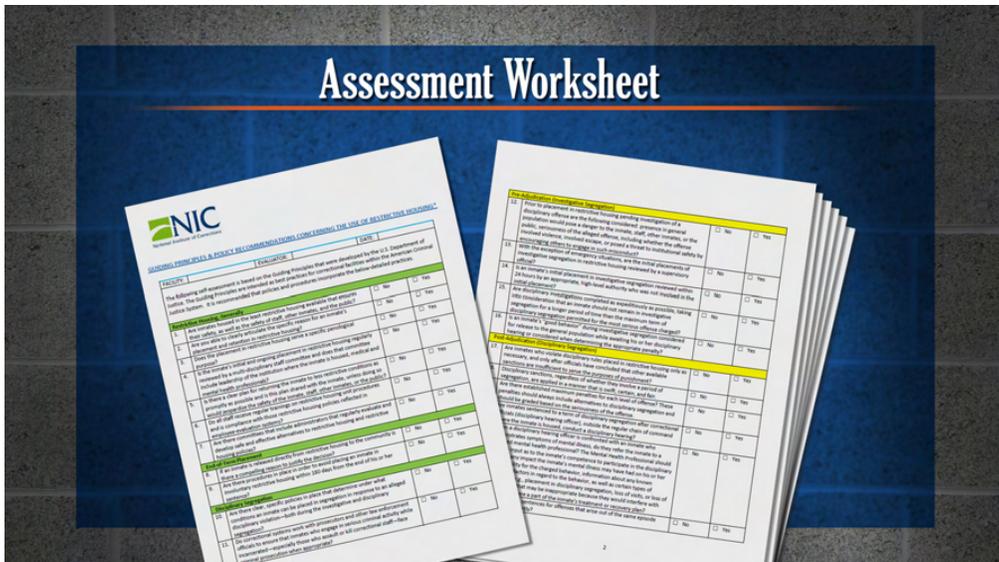
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## Additional Resources

Rethinking Death Row: Variations in the Housing of Individuals Sentenced to Death  
[https://www.law.yale.edu/system/files/documents/pdf/Liman/deathrow\\_reportfinal.pdf](https://www.law.yale.edu/system/files/documents/pdf/Liman/deathrow_reportfinal.pdf)

Bridges, William. *Managing Transition*. 3rd. Philadelphia, PA: Perseus Book Group, 2009.

Kotter, John P. *Our Iceberg is Melting: Changing and succeeding under Any Condition*.

Innes, Chris. *Healing Corrections: The Future of Imprisonment*.

Jackson, Michael. *Systems Thinking: creative Holism for Managers*.

Johnson, Spencer. *Who Moved my Cheese?*.

Kotter, John P. *Leading Change. The Heart of Change: Real Life Stories of how People Changed their Organizations*.

Lencioni, Patrick. *The 5 Dysfunctions of a Team*.

Quinn, Robert and Kim Cameron and Robert. *Diagnosing and Changing Organizational Culture*

# Non-Credit Professional Course Registration

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Today's Date: \_\_\_\_\_ Quarter: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Previous Name

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Mailing Address City State Zip Code

\_\_\_\_\_  
Email Address (Mandatory to sign into CANVAS) Daytime Phone Number Home Phone Number

\_\_\_\_\_  
EWU Student ID Number Date of Birth (Required)

Do you have any Special Needs? (Please specify): \_\_\_\_\_

Gender  Male  Female | Are you a resident of Washington?  Yes  No

Have you previously earned credit through EWU?  Yes  No | If yes, when? Quarter Year

Are you of Spanish/Hispanic origin? (Check all that apply)

<input type="checkbox"/> No, not of Spanish/Hispanic (999)	<input type="checkbox"/> Yes, Cuban (709)	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> Yes, Chicano/Chicana (705)	<input type="checkbox"/> Yes, Puerto Rican (727)	<input type="checkbox"/> Graduate
<input type="checkbox"/> Yes, Mexican/Mexican American (722)	<input type="checkbox"/> Yes, other Spanish/Hispanic: _____	<input type="checkbox"/> Completed Doctoral Program
<input type="checkbox"/> Other Race (Specify): _____	<small>(Specify one group, for example Columbian, etc)</small>	<input type="checkbox"/> Non-Credit/Prof. Dev.
		<input type="checkbox"/> Post-Baccalaureate
		<input type="checkbox"/> Other(Please Specify): _____

Required: What race do you consider yourself? (Check all that apply)

<input type="checkbox"/> White/Caucasian (800)	<input type="checkbox"/> Black/African American (870)	<input type="checkbox"/> Chinese (605)
<input type="checkbox"/> Eskimo (935)	<input type="checkbox"/> Aleut (941)	<input type="checkbox"/> American Indian (597) Name of Principal or enrolled tribe: _____
<input type="checkbox"/> Korean (612)	<input type="checkbox"/> Filipino (608)	<input type="checkbox"/> Vietnamese (619)
<input type="checkbox"/> Asian Indian (600)	<input type="checkbox"/> Guamanian (660)	<input type="checkbox"/> Samoan (655)
<input type="checkbox"/> Hawaiian (653)	<input type="checkbox"/> Japanese (611)	<input type="checkbox"/> Other Asian or Pacific Islander: _____

### Course Information:

PDU  CEU  CE  Clock Hours  
Event Date(s): ( 1 CEU) Nov. 16 & 17, 2016 \$22.00

Course Title: Restrictive Housing : Roadmap to Reform  
Location: NIC Broadcast: Live Internet Broadcast

#### Payment Information

Check (payable to EWU)  
 Money Order

#### Mail Registration and Tuition:

Eastern Washington University  
Office of Continuing Education  
300 Senior Hall, Cheney, WA 99004-2442  
**Or fax: 509.359.2220**

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**Eastern Washington University**  
**Continuing Education**  
**NIC Live Broadcast / Internet Broadcast**  
**Course Title: Restrictive Housing: Roadmap to Reform**  
*Sign-In & Sign out Sheet*  
**November 16 & 17, 2016**

PRINTED NAME	SIGNATURE / SIGN IN / Date	POSITION	SIGNATURE / SIGN OUT/ Date
1.			
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***Eastern Washington University  
Continuing Education  
Workshop Summary***

**Workshop:** NIC Live Broadcast / Restrictive Housing: Roadmap to Reform  
**Date(s):** November 16 & 17, 2016  
**Location:** NIC Live Broadcast  
**Facilitator:** National Institute of Corrections: Leslie LeMaster

Your feedback is important to us. It is the basis of our continuous improvement to ensure that programs meet or exceed your expectations. Thank you for taking the time to complete this evaluation.

**Response Code**

*5-Excellent      4-Good      3-Adequate      2-Poor      1-Desire changes*

**Instructor Effectiveness**

Knowledge of subject	5	4	3	2	1
Ability to teach according to the student's level	5	4	3	2	1
Organization of class meeting	5	4	3	2	1
Ability to answer questions	5	4	3	2	1
Ability to encourage participation	5	4	3	2	1

**Course Information**

Course objectives met my expectations	5	4	3	2	1
Material contributed to learning	5	4	3	2	1

**Facilities and General**

Comfort of classroom for learning	5	4	3	2	1
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**Overall**

Overall, I rate the learning experience	5	4	3	2	1
I would recommend this course to others (Please circle your response)	Yes		No		

**Comments:**

**Suggestions for improvement:**

**THANK YOU**





**GUIDING PRINCIPLES & POLICY RECOMMENDATIONS CONCERNING THE USE OF RESTRICTIVE HOUSING\***

FACILITY:		EVALUATOR:		DATE:	
<p>The following self-assessment is based on the Guiding Principles that were developed by the U.S. Department of Justice. The Guiding Principles are intended as best practices for correctional facilities within the American Criminal Justice System. It is recommended that policies and procedures incorporate the below-detailed practices.</p>					
<b>Restrictive Housing, Generally</b>					
1.	Are inmates housed in the least restrictive housing available that ensures their safety, as well as the safety of staff, other inmates, and the public?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
2.	Are you able to clearly articulate the specific reason for an inmate’s placement and retention in restrictive housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
3.	Does the placement in restrictive housing serve a specific penological purpose?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
4.	Is the inmate’s initial and ongoing placement in restrictive housing regularly reviewed by a multi-disciplinary staff committee and does that committee include leadership of the institution where the inmate is housed, medical and mental health professionals?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
5.	Is there a clear plan for returning the inmate to less restrictive conditions as promptly as possible and is this plan shared with the inmate, unless doing so would jeopardize the safety of the inmate, staff, other inmates, or the public?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
6.	Do all staff receive regular trainings on restrictive housing unit procedures and is compliance with those restrictive housing policies reflected in employee-evaluation systems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
7.	Are there committees that include administrators that regularly evaluate and develop safe and effective alternatives to restrictive housing and restrictive housing policies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>End-of-Term Placement</b>					
8.	If an inmate is released directly from restrictive housing to the community is there a compelling reason to justify the decision?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
9.	Are there procedures in place in order to avoid placing an inmate in involuntary restrictive housing within 180 days from the end of his or her sentence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>Disciplinary Segregation</b>					
10.	Are there clear, specific policies in place that determine under what conditions an inmate can be placed in segregation in response to an alleged disciplinary violation—both during the investigative and disciplinary segregation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
11.	Do correctional systems work with prosecutors and other law enforcement officials to ensure that inmates who engage in serious criminal activity while incarcerated—especially those who assault or kill correctional staff—face criminal prosecution when appropriate?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

Pre-Adjudication (Investigative Segregation)			
12.	Prior to placement in restrictive housing pending investigation of a disciplinary offense are the following considered: presence in general population would pose a danger to the inmate, staff, other inmates, or the public, seriousness of the alleged offense, including whether the offense involved violence, involved escape, or posed a threat to institutional safety by encouraging others to engage in such misconduct?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
13.	With the exception of emergency situations, are the initial placements of investigative segregation in restrictive housing reviewed by a supervisory official?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
14.	Is an inmate's initial placement in investigative segregation reviewed within 24 hours by an appropriate, high-level authority who was not involved in the initial placement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
15.	Are disciplinary investigations completed as expeditiously as possible, taking into consideration that an inmate should not remain in investigative segregation for a longer period of time than the maximum term of disciplinary segregation permitted for the most serious offense charged?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
16.	Is an inmate's "good behavior" during investigative segregation considered for release to the general population while awaiting his or her disciplinary hearing or considered when determining the appropriate penalty?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Post-Adjudication (Disciplinary Segregation)			
17.	Are inmates who violate disciplinary rules placed in restrictive housing only as necessary, and only after officials have concluded that other available sanctions are insufficient to serve the purposes of punishment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
18.	Disciplinary sanctions, regardless of whether they involve a period of segregation, are applied in a manner that is swift, certain, and fair.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
19.	Are there established maximum penalties for each level of offense? These penalties should always include alternatives to disciplinary segregation and should be graded based on the seriousness of the offense.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
20.	Are inmates sentenced to a term of disciplinary segregation after correctional officials (disciplinary hearing officer), outside the regular chain of command where the inmate is housed, conduct a disciplinary hearing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
21.	When a disciplinary hearing officer is confronted with an inmate who demonstrates symptoms of mental illness, do they refer the inmate to a qualified mental health professional? The Mental Health Professional should provide input as to the inmate's competence to participate in the disciplinary hearing, any impact the inmate's mental illness may have had on his or her responsibility for the charged behavior, information about any known mitigating factors in regard to the behavior, as well as certain types of sanctions, (e.g., placement in disciplinary segregation, loss of visits, or loss of phone calls) that may be inappropriate because they would interfere with supports that are a part of the inmate's treatment or recovery plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
22.	Are disciplinary sentences for offenses that arise out of the same episode served concurrently?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

23.	Is the demonstration of good behavior during the inmate’s disciplinary segregation given consideration when reviewed for early release from segregation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Protective Custody</b>			
24.	In general, inmates who require protective custody are not placed in restrictive custody?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
25.	<p>If an inmate is receiving legitimate threats from other inmates are there procedures in place to facilitate a transfer of the non-threatening inmate to the general population of another institution or to a special-purpose housing unit for inmates who face similar threats, with conditions comparable to those of general population with exception to the following:</p> <ul style="list-style-type: none"> <li>• When the inmate poses such extraordinary security risks that even a special-purpose housing unit is insufficient to ensure the inmate’s safety and the safety of staff, other inmates, and the public. In such cases, the inmate may be housed in more restrictive conditions. The inmate’s placement should be regularly reviewed to monitor any medical or mental health deterioration and to determine whether the extraordinary security risks have subsided.</li> <li>• During a brief investigative period while correctional staff attempt to verify the need for protective custody or while the inmate is awaiting transfer to another facility.</li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
26.	When transferring an inmate to another institution for protective custody reasons is consideration given to the inmate’s release residence, including a desire to be housed close to family?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
27.	Is there a process in place to identify common reasons for inmates to request protective custody (e.g., prior cooperation with law enforcement, conviction for sex offense, gang affiliation, sex or gender identification) and develop strategies to safely house these inmates outside traditional restrictive units?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Preventative Segregation</b>			
28.	Is long-term preventative segregation based on evidence, that no other form of housing will ensure the inmate’s safety and the safety of staff, other inmates, and the public?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
29.	Do correctional officials regularly review those in preventative segregation with the goal of transitioning them back into less restrictive housing as soon as it is safe to do so?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
30.	Are inmates placed in restrictive housing due to preventative segregation permitted the opportunity to participate in incentive or step-down programs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Conditions of Confinement</b>			
31.	Is there progressive thinking towards creating new ideas for out-of-cell opportunities as well as enhance in-cell opportunities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
32.	As the population of inmates in restrictive housing decreases are those lower staff-to-inmate ratios utilized to devote additional resources towards improving the conditions of those remaining in segregation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
33.	Are inmates housed in restrictive housing provided with out-of-cell confidential psychological assessments and visits whenever possible?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

34.	Do the Restrictive housing units maintain adequate conditions for environmental, health, and fire safety?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
35.	Are basic human needs, such as food and water, provided whether alone or in conjunction with the use of restrictive housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Inmates with Serious Mental Illness</b>			
36.	In general, inmates with serious mental illness (SMI) are not placed in restrictive housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
37.	<p>If an inmate with SMI is placed in restrictive housing are the following criteria met:</p> <ul style="list-style-type: none"> <li>• The inmate presents such an immediate and serious danger that there is no reasonable alternative; or</li> <li>• A qualified mental health practitioner determines:                             <ul style="list-style-type: none"> <li>- That such placement is not contraindicated;</li> <li>- That the inmate is not a suicide risk;</li> <li>- That the inmate does not have active psychotic symptoms; and</li> <li>- In disciplinary circumstances, that lack of responsibility for the misconduct due to mental illness or mitigating factors related to the mental illness do not contraindicate disciplinary segregation.</li> </ul> </li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
38.	Prior to placing a SMI inmate in restrictive housing are other clinically appropriate, alternative forms of housing, such as a secure mental health unit or other residential psychology treatment program, considered?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
39.	<p>If an inmate with SMI is placed in restrictive housing are the following criteria met:</p> <ul style="list-style-type: none"> <li>• Mental health staff should conduct a mental health consultation at the time of the inmate’s placement in restrictive housing;</li> <li>• The inmate should receive intensive, clinically appropriate mental health treatment for the entirety of the inmate’s placement in restrictive housing;</li> <li>• The inmate should receive enhanced opportunities for in-cell and out-of-cell therapeutic activities and additional unstructured out-of-cell time, to the extent such activities can be conducted while ensuring the safety of the inmate, staff, other inmates, and the public;</li> <li>• At least once per week, a multidisciplinary committee of correctional officials should review the inmate’s placement in restrictive housing;</li> <li>• At least once per week, a qualified mental health practitioner, assigned to supervise mental health treatment in the restrictive housing unit, should conduct face-to-face clinical contact with the inmate, to monitor the inmate’s mental health status and identify signs of deterioration; and</li> <li>• After 30 days in restrictive housing, the inmate should be removed from restrictive housing, unless the warden of the facility certifies that transferring the inmate to an alternative housing is clearly inappropriate. In making this determination, the warden should consult with mental health staff, who should conduct a psychological evaluation of the inmate beforehand.</li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

40.	<p>If an inmate with SMI is placed in restrictive housing, are they screened for the following:</p> <ul style="list-style-type: none"> <li>• Prior to an inmate’s placement in restrictive housing (or when that is infeasible, as soon as possible and no later than within 24 hours of placement), staff can promptly determine whether the inmate has been previously designated as seriously mentally ill or at risk of developing SMI;</li> <li>• Multiple times per day, correctional officers, trained in identifying signs of mental health decompensation, conduct rounds of the restrictive housing unit;</li> <li>• At least once per day, medical staff conduct medical rounds of the restrictive housing unit</li> <li>• After 30 days in restrictive housing, and every 30 days thereafter, all inmates in restrictive housing receive a face-to-face psychological review by mental health staff; and</li> <li>• If at any point an inmate shows signs of psychological deterioration while in restrictive housing, the inmate should be immediately evaluated by mental health staff. At the conclusion of this review, mental health staff should recommend whether the inmate requires immediate transfer to a medical facility or other treatment center, as well as whether the inmate should receive enhanced mental health services and/or should be referred to a clinically appropriate alternative form of housing.</li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Juveniles (Under 18 at Time of Adjudication)</b>			
41.	In general, Juveniles (under 18 at time of adjudication) are not placed in restricted housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
42.	If Juveniles are placed in restrictive housing as a temporary response to behavior that poses a serious and immediate risk of physical harm to any person and those placements brief and done only in consultation with a mental health professional?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Young Adults (Age 18-24 at Time of Conviction)</b>			
43.	Do all correctional staff receive training on young adult brain development, and appropriate de-escalation tactics?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
44.	Are developmentally responsive policies and practices for young adults, implemented as part of modified therapeutic housing communities that include wrap-around programming in order to reduce the number of incidents that result in placement in restrictive housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
45.	Do Correctional officials attempt to limit the use of restrictive housing whenever possible, and to the extent used, to limit the length of inmates’ stay and to identify services—including group educational and therapeutic services—that they can safely participate in while in restrictive housing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) and Gender Nonconforming Inmates</b>			
46.	Inmates are not placed in restrictive housing based on identifying as LGBTI or Gender Nonconforming?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

47.	If an inmate identifies as LGBTI or Gender Nonconforming do correctional officials seek alternative housing, with conditions comparable to general population to the extent possible?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
48.	Do correctional officials attempt to avoid unnecessary use of restrictive housing by making different classification assignments when deciding whether to assign a transgender or intersex inmate to a facility or program for male or female inmates?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Pregnant and Post-Partum Inmates</b>			
49.	When considering restrictive housing for women are the following conditions taken into consideration: pregnancy, currently post-partum, miscarriage, or recently terminated pregnancy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
50.	If deemed appropriate for women who are pregnant, who are currently post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy to be placed in restrictive housing as a temporary response to behavior that poses a serious and immediate risk of physical harm is the agency's senior official overseeing women's programs and services, as well as senior officials in health services consulted and is the inmate reviewed every 24 hours?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Inmates with Medical Needs</b>			
51.	Do inmates in restrictive housing have access to appropriate medical care, including emergency medical care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
52.	If an institution lacks the capacity to provide appropriate medical care to an inmate in restrictive housing, is that inmate transferred to an appropriate facility where he or she can receive necessary treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Data Collection &amp; Transparency</b>			
53.	Is data collected on the following aspects of restrictive housing: <ul style="list-style-type: none"> <li>• Is system-wide data collected that includes the incidence and prevalence of restrictive housing, including the total number of inmates in each type of restrictive housing, restrictive housing recidivism rates, and the average length of stay?</li> <li>• Is Inmate-level data collected used to determine whether, how often, and how long a particular inmate has been placed in segregation, including as the inmate changes status (i.e., from investigative segregation to disciplinary segregation)?</li> <li>• Is Officer data collected and used to help officials identify trends, revise policy as needed, and deploy additional training where necessary?</li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

\*Developed by the Pennsylvania Department of Corrections

Updated 11/1/2016

**U.S. Department of Justice  
Report and Recommendations  
Concerning the Use of Restrictive Housing**



**GUIDING PRINCIPLES**

**January 2016**

## Guiding Principles

The U.S. Department of Justice’s *Report and Recommendations Concerning the Use of Restrictive Housing* includes a series of “Guiding Principles,” which are intended as best practices for correctional facilities within the American criminal justice system.<sup>1</sup> (*See pp. 94-103.*) These aspirational principles should serve as a roadmap for correctional systems seeking direction on future reforms. When a correctional system possesses the resources, staffing, and legal authority to fully implement these principles, it should do so. When a correctional system lacks the resources, staffing, or legal authority, it should develop a clear plan for building the necessary capacity and then proceed expeditiously toward that goal. Officials at prisons and jails should work with policymakers, correctional officer labor unions, advocacy organizations, and other stakeholders to develop responsible and humane restrictive housing policies that both protect inmates and enhance officer safety.

### Restrictive Housing, Generally

1. Inmates should be housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff, other inmates, and the public.
2. Correctional systems should always be able to clearly articulate the specific reason(s) for an inmate’s placement and retention in restrictive housing. The reason(s) should be supported by objective evidence. Inmates should remain in restrictive housing for no longer than necessary to address the specific reason(s) for placement.
3. Restrictive housing should always serve a specific penological purpose. When drafting or implementing policy authorizing the use of restrictive housing, correctional systems should

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<sup>1</sup> These Guiding Principles do not have the force of law and do not create or confer any rights, privileges, or benefits to past, current, or future inmates or detainees housed by federal, state, or local correctional or detention systems, including the Federal Bureau of Prisons. The Guiding Principles were developed for correctional systems that detain or incarcerate inmates in connection with criminal proceedings in civilian courts. Other correctional or detention systems may wish to review these Guiding Principles to determine which are applicable to their unique circumstances and to make appropriate changes accordingly.

Both implementation and application of these Guiding Principles involve the exercise of judgment of relevant Department officials, including those at the Federal Bureau of Prisons and the U.S. Marshals Service. Nothing in these Guiding Principles should be construed to limit the authority of the Attorney General to impose Special Administrative Measures pursuant to 28 C.F.R. §§ 501.2-501.3. Nor should they be construed to limit the Department’s ability to implement administrative detention for any inmate or detainee as imposed by the Attorney General pursuant to 28 C.F.R. §§ 501.2(a) or 501.3(a), or as needed to implement any Special Administrative Measure or any court order issued pursuant to 18 U.S.C. § 3582(d).

clearly articulate the purpose(s) for employing restrictive housing in the authorized circumstances.

4. An inmate’s initial and ongoing placement in restrictive housing should be regularly reviewed by a multi-disciplinary staff committee, which should include not only the leadership of the institution where the inmate is housed, but also medical and mental health professionals.
5. For every inmate in restrictive housing, correctional staff should develop a clear plan for returning the inmate to less restrictive conditions as promptly as possible. This plan should be shared with the inmate, unless doing so would jeopardize the safety of the inmate, staff, other inmates, or the public.
6. All correctional staff should be regularly trained on restrictive housing policies. Correctional systems should ensure that compliance with restrictive housing policies is reflected in employee-evaluation systems.
7. Correctional systems should establish standing committees, consisting of high-level correctional officials, to regularly evaluate existing restrictive housing policies and develop safe and effective alternatives to restrictive housing.

### **End-of-Term Placement**

8. Absent a compelling reason, prison inmates should not be released directly from restrictive housing to the community.
9. During the final 180 days of an inmate’s term of incarceration, officials should avoid placing the inmate in involuntary restrictive housing. If an inmate is housed in involuntary segregation 180 days out from the end of his or her sentence, officials should consider releasing the inmate to a less restrictive setting if this can be done without endangering the safety of the inmate, staff, other inmates, or the public. If segregation becomes necessary during this time, officials should provide targeted re-entry programming to prepare the prisoner for his or her return to the community.

### **Disciplinary Segregation**

10. Correctional systems should develop clear, specific policies for determining under what conditions an inmate can be placed in segregation in response to an alleged disciplinary violation—both during the investigative stage and after an adjudication of guilt—as discussed below.

11. Correctional systems should work with prosecutors and other law enforcement officials to ensure that inmates who engage in serious criminal activity while incarcerated—especially those who assault or kill correctional staff—face criminal prosecution when appropriate.

***Pre-Adjudication (Investigative Segregation)***

12. An inmate should not be placed in restrictive housing pending investigation of a disciplinary offense unless the inmate’s presence in general population would pose a danger to the inmate, staff, other inmates, or the public. In making this determination, officials should consider the seriousness of the alleged offense, including whether the offense involved violence, involved escape, or posed a threat to institutional safety by encouraging others to engage in such misconduct. Policy and training should be crafted carefully to ensure that this principle is not interpreted overly broadly to permit the imposition of restrictive housing for infrequent, lower-level misconduct.
13. Except in emergency situations, an inmate should not be initially placed in investigative segregation without prior approval by a supervisory official. This supervisor should carefully scrutinize the proposed placement to determine whether segregation is necessary at this stage.
14. An inmate’s initial placement in investigative segregation should be reviewed within 24 hours by an appropriate, high-level authority who was not involved in the initial placement decision.
15. Correctional staff should complete their disciplinary investigation as expeditiously as possible. Any time that an inmate spends in investigative segregation should be credited towards the term he or she ultimately serves in disciplinary segregation for that offense. Absent compelling circumstances, such as a pending criminal investigation, an inmate should not remain in investigative segregation for a longer period of time than the maximum term of disciplinary segregation permitted for the most serious offense charged.
16. An inmate who demonstrates good behavior during investigative segregation should be considered for release to the general population while awaiting his or her disciplinary hearing. Similarly, if an inmate is ultimately adjudicated guilty, the inmate’s good behavior should be given consideration when determining the appropriate penalty.

***Post-Adjudication (Disciplinary Segregation)***

17. Inmates who violate disciplinary rules should be placed in restrictive housing only as necessary, and only after officials have concluded that other available sanctions are insufficient to serve the purposes of punishment.

18. Disciplinary sanctions, regardless of whether they involve a period of segregation, should be applied in a manner that is swift, certain, and fair.
19. Correctional systems should establish maximum penalties for each level of offense. These penalties should always include alternatives to disciplinary segregation. The maximum penalties should be graded based on the seriousness of the offense. If used for punishment, restrictive housing should be reserved for offenses involving violence, involving escape, or posing a threat to institutional safety by encouraging others to engage in such misconduct. Policy and training should be crafted carefully to ensure that this principle is not interpreted overly broadly to permit the imposition of restrictive housing for infrequent, lower-level misconduct.
20. An inmate should be sentenced to a term of disciplinary segregation only after officials conduct a disciplinary hearing and the inmate is adjudicated guilty of the alleged violation. The hearing should be conducted by a correctional official outside the regular chain of command at the institution where the inmate is housed.
21. When a disciplinary hearing officer is confronted with an inmate who demonstrates symptoms of mental illness, the officer should refer the inmate to a qualified mental health professional to provide input as to the inmate’s competence to participate in the disciplinary hearing, any impact the inmate’s mental illness may have had on his or her responsibility for the charged behavior, and information about any known mitigating factors in regard to the behavior. The disciplinary hearing officer should also consult a mental health professional, preferably the treating clinician, as to whether certain types of sanctions, (*e.g.*, placement in disciplinary segregation, loss of visits, or loss of phone calls) may be inappropriate because they would interfere with supports that are a part of the inmate’s treatment or recovery plan. Disciplinary hearing officers should take the psychologist’s findings into account when deciding what if any sanctions to impose.
22. Ordinarily, disciplinary sentences for offenses that arise out of the same episode should be served concurrently.
23. To incentivize conduct that furthers institutional safety and security, inmates who demonstrate good behavior during disciplinary segregation should be given consideration for early release from segregation, where appropriate.

### **Protective Custody**

24. Generally, inmates who require protective custody should not be placed in restrictive housing.

25. When an inmate faces a legitimate threat from other inmates, correctional officials should seek alternative housing, by transferring the threatened inmate either to the general population of another institution or to a special-purpose housing unit for inmates who face similar threats, with conditions comparable to those of general population. There are two exceptions to this general principle:
  - a. When the inmate poses such extraordinary security risks that even a special-purpose housing unit is insufficient to ensure the inmate’s safety and the safety of staff, other inmates, and the public. In such cases, the inmate may be housed in more restrictive conditions. The inmate’s placement should be regularly reviewed to monitor any medical or mental health deterioration and to determine whether the extraordinary security risks have subsided.
  - b. During a brief investigative period while correctional staff attempt to verify the need for protective custody or while the inmate is awaiting transfer to another facility.
26. When transferring an inmate to another institution for protective custody reasons, correctional officials should give consideration to an inmate’s release residence, including a desire to be housed close to family.
27. Correctional systems should identify the most common reasons that inmates request protective custody (*e.g.*, prior cooperation with law enforcement, conviction for sex offense, gang affiliation, sex or gender identification) and develop strategies for safely housing these inmates outside traditional restrictive housing units.

### **Preventative Segregation**

28. Inmates should not be placed in long-term preventative segregation unless correctional officials conclude, based on evidence, that no other form of housing will ensure the inmate’s safety and the safety of staff, other inmates, and the public. This determination should be guided by clearly articulated procedural protections, including the use of a multidisciplinary review team.
29. Officials should regularly review those in preventative segregation with the goal of transitioning inmates back to less restrictive housing as soon as it is safe to do so.
30. Inmates in preventative segregation should be given the opportunity to participate in incentive or step-down programs that allow them to progress to less restrictive housing.

## Conditions of Confinement

31. Correctional systems should seek ways to increase the minimum amount of time that inmates in restrictive housing spend outside their cells and to offer enhanced in-cell opportunities. Out-of-cell time should include opportunities for recreation, education, clinically appropriate treatment therapies, skill-building, and social interaction with staff and other inmates.
32. As correctional systems reduce the number of inmates in restrictive housing, they should devote resources towards improving the conditions of those remaining in segregation. In particular, correctional systems should take advantage of lower staff-to-inmate ratios within restrictive housing units by providing the remaining inmates with increased out-of-cell time.
33. Correctional systems should provide out-of-cell, confidential psychological assessments and visits for inmates whenever possible, to ensure patient privacy and to eliminate barriers to treatment.
34. Restrictive housing units should maintain adequate conditions for environmental, health, and fire safety.
35. The denial of basic human needs—such as food and water—should not be used as punishment, whether alone or in conjunction with the use of restrictive housing.

## Inmates with Serious Mental Illness

36. Generally, inmates with serious mental illness (SMI) should not be placed in restrictive housing.
37. An inmate with SMI should not be placed in restrictive housing, unless:
  - a. The inmate presents such an immediate and serious danger that there is no reasonable alternative;<sup>2</sup> or
  - b. A qualified mental health practitioner determines:
    - i. That such placement is not contraindicated;<sup>3</sup>

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<sup>2</sup> “Immediate and serious danger” might arise during an emergency, such as a large-scale prison riot, but would only last as long as emergency conditions are present. “Immediate and serious danger” also includes the “extraordinary security needs” described in Institution Supplement FLM 5310.16A, Treatment and Care of Inmates with Mental Illness, dated July 22, 2015. *See* DOJ Report, at 51 n.25.

- ii. That the inmate is not a suicide risk;
  - iii. That the inmate does not have active psychotic symptoms; and
  - iv. In disciplinary circumstances, that lack of responsibility for the misconduct due to mental illness or mitigating factors related to the mental illness do not contraindicate disciplinary segregation.
38. Inmates with SMI who are diverted from restrictive housing should be placed in a clinically appropriate alternative form of housing, such as a secure mental health unit or other residential psychology treatment program.
39. If an inmate with SMI is placed in restrictive housing:
- a. Mental health staff should conduct a mental health consultation at the time of the inmate’s placement in restrictive housing;
  - b. The inmate should receive intensive, clinically appropriate mental health treatment for the entirety of the inmate’s placement in restrictive housing;
  - c. The inmate should receive enhanced opportunities for in-cell and out-of-cell therapeutic activities and additional unstructured out-of-cell time, to the extent such activities can be conducted while ensuring the safety of the inmate, staff, other inmates, and the public;
  - d. At least once per week, a multidisciplinary committee of correctional officials should review the inmate’s placement in restrictive housing;
  - e. At least once per week, a qualified mental health practitioner, assigned to supervise mental health treatment in the restrictive housing unit, should conduct face-to-face clinical contact with the inmate, to monitor the inmate’s mental health status and identify signs of deterioration; and
  - f. After 30 days in restrictive housing, the inmate should be removed from restrictive housing, unless the warden of the facility certifies that transferring the inmate to an alternative housing is clearly inappropriate.<sup>4</sup> In making this determination, the

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<sup>3</sup> A qualified mental health practitioner might conclude that placement in restrictive housing is not contradicted, when, for example, the practitioner determines that the inmate is stable, responding well to medication, unlikely to remain in restrictive housing for more than a short period of time, and likely to decompensate if transferred away from the inmate’s current mental health treatment team.

<sup>4</sup> In determining the appropriateness of the inmate’s continuing placement, wardens should be guided by the principles outlined above regarding the placement of inmates with SMI in restrictive housing.

warden should consult with mental health staff, who should conduct a psychological evaluation of the inmate beforehand.

40. Inmates in restrictive housing should be screened for signs of SMI. Correctional systems should implement policies, procedures, and practices to ensure that:
  - a. Prior to an inmate’s placement in restrictive housing (or when that is infeasible, as soon as possible and no later than within 24 hours of placement), staff can promptly determine whether the inmate has been previously designated as seriously mentally ill or at risk of developing SMI;<sup>5</sup>
  - b. Multiple times per day, correctional officers, trained in identifying signs of mental health decompensation, conduct rounds of the restrictive housing unit;
  - c. At least once per day, medical staff conduct medical rounds of the restrictive housing unit;
  - d. After 30 days in restrictive housing, and every 30 days thereafter, all inmates in restrictive housing receive a face-to-face psychological review by mental health staff; and
  - e. If at any point an inmate shows signs of psychological deterioration while in restrictive housing, the inmate should be immediately evaluated by mental health staff. At the conclusion of this review, mental health staff should recommend whether the inmate requires immediate transfer to a medical facility or other treatment center, as well as whether the inmate should receive enhanced mental health services and/or should be referred to a clinically appropriate alternative form of housing.

### **Juveniles (Under 18 at Time of Adjudication)**

41. Juveniles should not be placed in restrictive housing.
42. In very rare situations, a juvenile may be separated from others as a temporary response to behavior that poses a serious and immediate risk of physical harm to any person. Even in such cases, the placement should be brief, designed as a “cool down” period, and done only in consultation with a mental health professional.

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<sup>5</sup> A correctional system could make this determination by, for example, creating an index, or “hot list,” of inmates previously designated as seriously mentally ill. When a correctional system lacks this capacity, staff should conduct a psychological review of the inmate at the time of placement to make this determination.

### **Young Adults (Age 18-24 at Time of Conviction)**

43. All correctional staff should receive training on young adult brain development, and appropriate de-escalation tactics. Training should incorporate reliable, evidence-based science.
44. Correctional systems should incorporate developmentally responsive policies and practices for young adults, and as resources allow, implement modified therapeutic housing communities with wrap-around programming in order to reduce the number of incidents that result in placement in restrictive housing.
45. Correctional officials should strive to limit the use of restrictive housing whenever possible, and to the extent used, to limit the length of inmates' stay and to identify services—including group educational and therapeutic services—that they can safely participate in while in restrictive housing.

### **Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) and Gender Nonconforming Inmates**

46. Inmates who are LGBTI or whose appearance or manner does not conform to traditional gender expectations should not be placed in restrictive housing solely on the basis of such identification or status.
47. When an inmate who is LGBTI or a gender nonconforming inmate faces a legitimate threat from other inmates, correctional officials should seek alternative housing, with conditions comparable to those of general population to the extent possible.
48. Correctional officials can sometimes avoid the unnecessary use of restrictive housing for protective custody reasons by making different classification assignments. In deciding whether to assign a transgender or intersex inmate to a facility or program for male or female inmates, correctional officers must consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, giving serious consideration to the inmate's own views.

### **Pregnant and Post-Partum Inmates**

49. Women who are pregnant, who are post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy should not be placed in restrictive housing.
50. In very rare situations, a woman who is pregnant, is postpartum, recently had a miscarriage, or recently had a terminated pregnancy may be placed in restrictive housing as a temporary response to behavior that poses a serious and immediate risk of physical

harm. Even in such cases, this decision must be approved by the agency’s senior official overseeing women’s programs and services, in consultation with senior officials in health services, and must be reviewed every 24 hours.

### **Inmates with Medical Needs**

51. All inmates in restrictive housing should have access to appropriate medical care, including emergency medical care.
52. When an institution lacks the capacity to provide appropriate medical care to an inmate in restrictive housing, that inmate should be transferred to an appropriate facility where he or she can receive necessary treatment.

### **Data Collection & Transparency**

53. Prison systems should collect data about several aspects of their use of restrictive housing:
  - a. System-wide data. This data should describe the incidence and prevalence of restrictive housing, including the total number of inmates in each type of restrictive housing, restrictive housing recidivism rates, and the average length of stay. This information should be publicly available on corrections websites. It should include demographic information for inmates, including race, national origin, religion, gender, gender identity, sexual orientation, disability status, and age, to the extent that the collection and publication of such information complies with all applicable laws.
  - b. Inmate-level data. This data should allow correctional systems to track individual inmates throughout their incarceration. This will allow facilities to determine whether, how often, and how long a particular inmate has been placed in segregation, including as the inmate changes status (*i.e.*, from investigative segregation to disciplinary segregation). This information should be available to correctional officers, to the extent consistent with applicable law, as a way to identify strategies to treat disruptive inmates, and should not be released publicly.
  - c. Officer data. Correctional systems should consider implementation of an early intervention system, a management tool that promotes supervisory awareness and helps officials identify trends, revise policy as needed, and deploy additional training where necessary. This information should not be released publicly.