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	<b>RESTRICTIVE HOUSING</b>		
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EFFECTIVE: July 1, 2016  
 REVISED: July 14, 2016  
 REVISED: June 30, 2017  
 REVISED: June 30, 2018  
 REVISED: December 31, 2019  
 REVISED: September 24, 2020

### SUMMARY of REVISION/REVIEW


Incorporated Policy Directive 020-022. Policy 210.02 Deleted. DEFINITIONS – Language changed and updated. PROCEDURE – I.- Completely rewritten. I.F. - Placement of pregnant inmates, inmates with TBI and developmental disabilities, or youthful offenders on IS shall require the approval of the Warden within eight hours of placement. II. – Completely rewritten. III. – Completely rewritten. III.B. - If placement on IS status is determined to be necessary restrictive housing unit staff shall notify the facility Central Control staff of the inmate’s restrictive housing unit cell assignment. III.B.1.a. - Both updates shall be made within two hours or prior to the next scheduled facility count, whichever comes first. IV.B. – Language changed. IV.C. – Language changed. V. – Completely rewritten. V.I. – New section, Intentional Peer Support (IPS). VI. – Completely rewritten. XI. – Section deleted. XII.A. – Language updated.

APPROVED:




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Scott R. Frakes, Director  
 Nebraska Department of Correctional Services

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## PURPOSE

To provide policy, in compliance with Nebraska Revised Statute 83-173.03 and the Nebraska Administrative Code, Title 72, for the use of restrictive housing to ensure that it is an alternative or last resort and will be utilized in the least restrictive manner possible for the least amount of time consistent with the safety and security of staff, inmates, and the facility. Alternatives to restrictive housing shall be used in every case possible rather than placing an inmate in restrictive housing as a standard response to rule breaking, disruption, and vulnerability. Behavior shall be managed primarily through programming, behavioral plans, incentives, and mission-specific housing instead of relying primarily on sanctions. (4B-01, 4B-03)


This policy establishes specific levels of confinement outside of general population, including Immediate Segregation housing, Longer-Term Restrictive Housing, and provisions for Acute and Chronic Care Mental Health housing; defines behaviors, conditions, and mental/behavioral health statuses whereby an inmate may be placed in each confinement level; defines and mandates processes and procedures for making these determinations for each level of confinement; and describes and mandates individualized transition plans for promotion to less restrictive housing assignments at the earliest opportunity that maintains safety and security. (4B-01, 4B-04)

## GENERAL

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


## DEFINITIONS

- I. **ACUTE MENTAL HEALTH UNIT (AMHU)** - A unit that provides controlled and highly structured housing for individuals in need of clinical mental health treatment and intervention due to active suicidal ideation, acute or debilitating mental illness, developmental or intellectual disabilities, and/or traumatic brain injuries that interfere with their safety and/or ability to function effectively in the Mental Health Unit or general population due to risk of harm to self, staff or other individuals.
- II. **BEHAVIOR/PROGRAMMING PLAN** - A document with a standard format used to identify desired behavior changes, programming opportunities offered and approaches to facilitate those behavioral changes.
- III. **CHRONIC CARE MENTAL HEALTH UNIT (CCMHU)** - A unit that provides a controlled and highly structured alternative to restrictive housing for individuals in need of residential mental health treatment due to chronic and unstable mental illness and/or developmental/intellectual disabilities and/or traumatic brain injuries that interfere with their safety and/or ability to function effectively in the Mental Health Unit or general population due to risk to themselves, staff, and/or other inmates.
- VI. **CONTROLLED MOVEMENT UNIT (CMU)** - Unit used to house inmates that have a demonstrated history of institutional behavior that is disruptive to the effective operations of the facility. Individuals assigned to a controlled movement unit will receive a minimum of four hours of out-of-cell time per day and may transition to a regular general population housing assignment after meeting established behavioral expectations.
- V. **CENTRAL OFFICE MULTIDISCIPLINARY REVIEW TEAM (MDRT)** - A team comprised of the Deputy Director of Prisons (Chair), the Behavioral Health Administrator, the Intelligence Team Leader, a representative from the classification unit, and a representative of the research division.

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Others may be added at the discretion of the Chair or the Director. Any delegation of representation on the MDRT must be approved, in advance, by the Chair. The MDRT shall meet weekly.

- VI. **GENERAL POPULATION (GP)** - All inmate housing areas that allow out-of-cell movement without the use of restraints, a minimum of six hours per day of out-of-cell time, and regular access to programming areas outside of the living unit.
- VII. **IMMEDIATE SEGREGATION (IS)** - A short-term restrictive housing assignment of not more than 30 days in response to behavior that creates a risk to the inmate, others, or the security of the institution. Immediate Segregation (IS) is used to maintain safety and security while investigations are completed, risk and needs assessments are conducted, and appropriate housing is identified. Exceptions to this timeframe require the prior approval of the Deputy Director and/or Director.
- VIII. **LONGER-TERM RESTRICTIVE HOUSING (LTRH)** - A classification-based restrictive housing assignment of over 30 days. Longer-Term Restrictive Housing (LTRH) is used as a behavior management intervention for inmates whose behavior continues to pose a risk to the safety of themselves or others and includes inmate participation in the development of a plan for transition back to general population or mission-specific housing.
- IX. **LIMITED MOVEMENT UNIT (LMU)** - Unit used to house inmates in transition to placement in their approved living assignment. Appropriate inmates for this unit are inmates who have requested Protective Custody or are in need of Involuntary Protective Custody and have a completed Protective Custody Investigation. Individuals assigned to a Limited Movement Unit will receive a minimum of four hours of out-of-cell time per day. This is a temporary housing assignment as an alternative to restrictive housing while an inmate awaits transfer to the appropriate living assignment, as determined through the established classification procedures.
- X. **MISSION-SPECIFIC HOUSING** – Housing focused on individual needs and demographics to provide effective living conditions and programming for specific populations. Mission-Specific Housing includes residential treatment and responses to cognitive disabilities as well as prosocial options for inmates with common interests and challenges. The goal is to reduce behaviors that otherwise might lead to restrictive housing, provide risk- and needs-responsive options to facilitate transitions from restrictive housing to the general population, and concentrate services and program availability to this population.
- XI. **PROTECTIVE MANAGEMENT UNIT (PM)** - Units used to house inmates who cannot be safely housed in other general population units. Whenever possible, protective management units are operated similarly to general population units in out-of-cell time, access to programming, work, and recreation, etc.
- XII. **RESTRICTIVE HOUSING (RH)** - Conditions of confinement that provide limited contact with other inmates, strictly controlled movement, and out-of-cell time less than 24 hours per week. (Neb. Rev. Stat. 83-170)
- XIII. **SERIOUS MENTAL ILLNESS** - Any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the serious mental illness; to include: schizophrenia, schizoaffective disorder, delusional disorder, bi-polar affective disorder, major depression, obsessive compulsive disorder. (Neb. Rev. Stat. 44-792)

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- XIV. **SOLITARY CONFINEMENT** - The status of confinement of an inmate in an individual cell with solid, soundproof doors and which deprives the inmate of all visual and auditory contact with other persons (Neb. Rev. Stat. 83-170 (14)). NDCS does not utilize solitary confinement.
- XV. **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. (4B-31)
- XVI. **VULNERABLE POPULATION** - An individual who is 18 years of age or younger, pregnant, or has been diagnosed with a serious mental illness as defined in section 44-792, a developmental disability as defined in section 71-1107, or a traumatic brain injury as defined in section 79-1118.01. (Neb 44-792, 71-1107, 79-1118.0, 83-173.04).

## PROCEDURE

### I. USE OF RESTRICTIVE HOUSING

- A. Alternatives to restrictive housing shall be used in every case possible – including but not limited to: short-term cell restrictions, loss of other privileges, restitution, changes to work, housing and/or programming assignments – rather than placing an inmate in restrictive housing as a standard response to rule breaking, disruption, and vulnerability, see Policy 210.03, *Mission Specific Housing*.
- B. Restrictive housing shall be used in the least restrictive manner possible, consistent with institutional safety and security. Restrictive Housing units provide living conditions that approximate those of the general inmate population; all exceptions are clearly documented. (4B-04) When restrictive housing is used, the purpose shall be two-fold: short-term risk assessment and longer-term risk/needs intervention. Short-term restrictive housing, or IS, provides time to assess the risk the individual poses to safety and security. The guiding focus of LTRH shall be on individualized goal planning, behavior change, and treatment that will facilitate the inmate’s capacity to live successfully in general population and return successfully to the community.
- C. An inmate who has a SMI diagnosis and/or has a Level of Care (LOC) 3, 4, or 5 shall not be held in a restrictive housing location and shall instead be diverted to the least restrictive environment and provided with risk- and needs-responsive therapeutic settings that are interactive, constructive, and based on individualized interventions balanced with safety and security. (Neb. Rev. Stat. 83-180, 83-17.03)
- D. Inmates will not be placed in restrictive housing on the basis of gender identity alone. (4B-34)
- E. The use of restrictive housing for inmates who are members of a vulnerable population requires approval of the warden within 8 hours of placement. (Neb. Rev. Stat. 83-17.03)
- F. Placement of pregnant inmates, inmates with TBI and developmental disabilities, or youthful offenders on IS shall require the approval of the Warden within eight hours of placement. (4B-32, 4B-33)

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- G. Inmates age 17 or younger shall not be placed in restrictive housing. (Neb. Rev. Stat. 83-4, 125).
- H. As described in this policy, the duties of the Director, Deputy Director, and Warden are not to be permanently assigned to a designee, but may be performed by an Acting Director, Acting Deputy Director or Acting Warden.

II. HOLDING EVENT (Attachment A)


- A. Any time an inmate is placed in a holding cell for non-routine purposes (III.B.1-6 below) every attempt will be made to ensure alternatives to IS are used.
- B. The shift supervisor will review all relevant reports and information to determine if the inmate's actions warrant placement on Immediate Segregation status. A Restrictive Housing Event will be created, to include date, time, summary of the incident, and significant risk reason. (4B-02)
- C. The shift supervisor will note the disposition of the review of IS in the Restrictive Housing Event. The disposition may include, but is not limited to, return to current housing assignment, placement in mission-specific housing, use of approved alternatives (Procedure I.A.), transfer to another facility, or placement on Immediate Segregation status. Should the review determine the inmate will not be placed on Immediate Segregation; the Restrictive Housing Event should be ended.

III. IMMEDIATE SEGREGATION (Attachment B)


- A. Incidents that could result in placement on IS status are limited to the following: (4B-02)
  - 1. A serious act of violent behavior (i.e., assaults or attempted assaults) directed at correctional staff and/or at other inmates.
  - 2. A recent escape or attempted escape from secure custody.
  - 3. Threats or actions of violence that are likely to destabilize the institutional environment to such a degree that the order and security of the facility is significantly threatened.
  - 4. Active membership in a "security threat group" (prison gang), accompanied by a finding, based on specific and reliable information, that the inmate either has engaged in dangerous or threatening behavior directed by the security threat group or directs the dangerous or threatening behavior of others.
  - 5. The incitement or threats to incite group disturbances in a correctional facility.
  - 6. Inmates whose presence in the general population would create a significant risk of physical harm to staff, themselves and/or other inmates (a written explanation of the event and decision must be included).
- B. If placement on IS status is determined to be necessary:

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1. Restrictive housing unit staff shall notify the facility Central Control staff of the inmate's restrictive housing unit cell assignment. Central Control staff shall update the cell assignment in the Corrections Tracking System (CTS/C-1) and restrictive housing unit staff shall update the segregated status in NICaMS.
    - a. Both updates shall be made within two hours or prior to the next scheduled facility count, whichever comes first.
  2. The shift supervisor shall provide the inmate the opportunity to provide a statement relative to this placement on the Immediate Segregation Inmate Statement Form (Attachment C).
    - a. If the inmate refuses to provide a statement, staff shall attempt to obtain a verbal statement and document these comments on an Incident Report.
    - b. If the inmate refuses to make a statement, such shall also be documented on an Incident Report.
    - c. Either the Inmate Statement or the Incident Report documenting the verbal statement or refusal to make a statement shall be uploaded into the documents section with the appropriate label.
  3. The completed Notice of Immediate Segregation Review form shall be given to the inmate.
  4. The warden will receive notification of an inmate's assignment to IS status.
  5. Utilizing the appropriate channels available on the NICaMS Restrictive Housing Dashboard, the warden will review and approve continued placement on IS status within 24 hours. (4B-02)
    - a. If the Warden approves continued IS status, the inmate will be advised that his/her status will again be reviewed by the Warden within 7 days and that he/she may appeal this decision by submitting an Inmate Interview Request form to the Warden.
    - b. A printed copy of the completed Notice of Immediate Segregation Review form shall be provided to the inmate at the time of the review. A signed copy will be uploaded to the documents section in NICaMS.
- C. Upon determination that IS status is necessary and prior to placing the inmate in his/her assigned cell, the shift supervisor will initiate the medical assessment process. Health Services staff must conduct a face-to-face assessment of the inmate to identify any physical injuries, urgent mental health needs, or other urgent conditions. See Policy 115.05, *Health Screenings, Examinations, Appraisals & Reviews*, Attachment F. (4B-28)
1. Health Services staff will consult the inmate's medical and mental health file prior to beginning the assessment.
  2. Health Services staff will complete the Restrictive Housing Self-Report Suicide Screening with the inmate.

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- a. If, during the initial screening by health services staff, the inmate: answers yes to Protocol 50, Questions 1-7, is not cooperative with the exam, and/or has been diagnosed with a serious mental illness, the inmate shall be seen by mental health staff for a one-on-one, out-of-cell assessment within 24 hours.
  - 1) 24 hours is calculated from the time of placement on Immediate Segregation status as noted by the shift supervisor.
- c. If the mental health needs are deemed to be emergent, the inmate shall be held in a location other than restrictive housing until a mental health screening can be completed.
3. Inmates who present with a LOC 3, 4, 5, shall be assigned to an acute or subacute housing unit, a skilled nursing facility, or a designated observation cell.
- D. All inmates on IS status shall receive a mental health screening within 14 days. This screening will take place in a location outside of the inmate's cell. An inmate may decline to talk with a provider. Force shall not be used to bring an inmate to the consult with the provider unless there is a clear life-threatening issue or serious decompensation is noted.
- E. Inmates with a serious mental illness diagnosis whose current level of functionality does not require residential treatment shall be seen for a one-on-one out of cell consult with a mental health provider every seven days while on Immediate Segregation status.
- F. An inmate's IS status must be reviewed by the Warden within 7 calendar days. The review will include initial placement form, the Inmate Statement (or refusal), and any additional information gathered since the placement on IS status.
  1. It is the expectation that the Warden has enough information at this time to determine whether the inmate should be placed in alternative housing, returned to general population or referred for assignment to LTRH.
- G. Every effort shall be made to assign the inmate to a less-restrictive housing location or to LTRH within 21 calendar days of placement on IS status. In only exceptional cases shall an extension of the IS status be allowed.
  1. Requests for extensions of IS past 21 days shall require approval by the Deputy Director – Prisons and must be recommended by the Warden and submitted within 15 calendar days of initial placement. The Warden will notify the Deputy Director - Prisons via e-mail when the request for an extension is submitted. Any request submitted requires a detailed written explanation.
  2. Requests for extensions of IS past 35 days shall require approval by the Director and must be recommended by the Warden and submitted through the Deputy Director – Prisons within 30 calendar days. Any request submitted requires a detailed written explanation. The Warden shall notify both the Deputy Director - Prisons and the Director via e-mail when the request for an extension is submitted.
  3. No inmate shall remain on IS for more than 49 days.


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- H. Once an inmate is assigned to IS by the Warden, removal from this status must be approved by the Warden. Said approval must be documented on an Immediate Segregation Review in NICaMS.
- I. When an inmate is removed from a restrictive housing status, the restrictive housing unit staff shall notify the facility Central Control Center staff of the inmate's restrictive housing unit cell assignment. Central Control staff shall update the cell assignment in the Corrections Tracking System (CTS/C-1) and restrictive housing unit staff shall update the segregated status in NICaMS. Both updates shall be made within two hours or prior to the next scheduled facility count, whichever comes first.

IV. LONGER-TERM RESTRICTIVE HOUSING (LTRH) (Attachment D)

- A. LTRH shall be used when inmates need more intensive supervision and intervention before promotion to an appropriate non-restrictive housing assignment. LTRH is a targeted individualized intervention with a primary emphasis on pro-social behavior, interactions with others, life-view change, incentives for positive change, and successful transition to lower levels of security. Consideration at all levels of review must be given to the mental health needs of the individual.
- B. Any time served in IS shall be credited to the determinant restrictive housing sanction. (4B-07)
- C. All assignments to LTRH shall require a classification hearing. For restrictive housing actions, the Unit Classification Committees (UCC) shall include, but not be limited to, the unit manager, unit case manager, and unit sergeant. The UCC will initiate all classification and reclassification actions, conduct the classification hearing, which includes inmate participation, and make specific recommendations. The classification hearing will be conducted outside of cell in a location that affords incarcerated individuals a reasonable expectation of privacy. The LTRH classification action will include: the LTRH Referral, the most recent custody classification action form, the most recent STRONG-R scores, a Behavior/Programming Plan (NICaMS), Inmate Contact Notes (NICaMS) to include all entries during the current restrictive housing placement and, if applicable, a Confidential Intelligence Memo (NICaMS) and a Restrictive Housing Individual Treatment Plan (Attachment E).
  - 1. Unit Staff shall give the inmate the LTRH Hearing Notice at least 48 hours in advance of the hearing. This notice shall include the following:
    - a. The date, time, and place of the classification hearing.
    - b. The reason for LTRH status is being considered, to include copies of the LTHR Referral form, his/her Behavior/Programming Plan (NICaMS) and, if applicable, his/her Individual Treatment Plan (Attachment E).
    - c. The inmate will be advised that he or she may present a written appeal of the recommendation action at the time of his/her classification hearing to be considered by the Warden and the MDRT in the review of his/her status.




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2. The Unit Classification Committee hearing shall be impartial. The Unit Classification Committee may recommend that the inmate be removed from IS status or assigned to or continued on LTRH status. Members of the Unit Classification Committee shall be documented in the LTRH Referral.

- a. The inmate may request a continuance of the hearing by making a written request for additional time to prepare a response.
- b. If an inmate's English reading and writing skills don't support preparing a written request, or the issues are so complex that the inmate may not be able to present a response, the inmate will be provided a staff representative or staff assistance in preparing a request.
- c. If an inmate is unable to speak or understand English, the inmate may be provided a staff or other interpreter.
- d. During the hearing, the Unit Classification Committee shall inform the inmate of any relevant information being considered.
- e. The inmate shall have the opportunity to refute the information presented, submit a written appeal of the recommendation and/or any other pertinent information. If an inmate's English reading and writing skills don't support preparing a written appeal, the inmate shall be provided assistance in preparing an appeal.

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

- f. The identity of any confidential informants or the content of psychiatric, psychological and mental health reports will not be disclosed to the inmate.
- g. After the hearing, the inmate (and interpreter and staff representative, if applicable) may be asked to leave the hearing room while the Unit Classification Committee deliberates.
- i. At the conclusion of the hearing, the inmate will be advised of the Unit Classification Committee's recommendation.

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j. The Unit Classification Committee shall forward all documents reviewed at the hearing to the Institutional Classification Committee/Warden.

3. The Institutional Classification Committee and the Warden shall review the Unit Classification Committee's recommendation. Members of the Institutional Classification Committee shall be documented in the LTRH Referral. The Warden will make a recommendation to the MDRT, who will make the final decision.

The Institutional Classification Committee and Warden shall be responsible for ensuring all required documents and thorough/accurate information is included with the Longer-Term Restrictive Housing Referral.


4. The Central Office Multi-Disciplinary Review Team shall review all LTRH classifications. This review shall include, but not be limited to, an assessment of compliance with individualized transition and treatment plans and recommendations from the Warden/Institutional Classification Committee.

When the MDRT approves an inmate's placement on or removes an inmate from LTRH, the Deputy Director/designee shall update the inmate's status in NICaMS with the review date and hearing summary. When the inmate is moved from restrictive housing, the restrictive housing unit staff shall update the inmate's segregation status in NICaMS.

- a. The Central Office Multi-Disciplinary Review Team will meet at least weekly.
- b. Inmates in LTRH shall have a classification hearing at least every 90 days to assess demonstrated compliance with individualized transition and treatment plans and assess the potential for promotion to a less restrictive setting based on compatibility with the safety of the inmate, others, and security of the facility. The process identified in IV.B.1-3 shall be used at each 90-day review.

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

- c. The Central Office MDRT shall document the decision and rationale for promotion to a less restrictive environment or to continue the inmate in LTRH at each review. The written notice of the disposition of the review shall be provided to the inmate (LTRH Review Memo).
- d. When an inmate has been assigned to LTRH for 180 consecutive days, the Restrictive Housing Manager will send out the 180 day report, on the first of every month. The results of each MDRT review will be made available to the Director and the Inspector General. The packet will include


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all information considered by the MDRT, and the team's decision regarding the housing assignment for the inmate. The Inspector General will provide this information to other appropriate sources as requested. (Title 72, Chapter 1)

5. The inmate may appeal the decision of the MDRT to the Director.
  - a. The appeal shall be submitted on one LTRH Appeal form (Attachment F).  
  
Once completed, the LTRH Appeal form will be given to unit staff who will document the date and time they received the LTRH Appeal form from the inmate. Unit staff will upload the LTRH Appeal form into the Documents section of NiCaMS, under the document category Appeal Form. The date and time the LTRH Appeal form is uploaded into NiCaMS will be documented on the form. Once the LTRH Appeal form is uploaded into NiCaMS and all date and times are documented, staff shall return the LTRH Appeal form to the inmate as the appeal receipt.
  - b. Only one appeal to the Director per classification action will be considered.
6. Inmates in restrictive housing for 365 consecutive days shall be reviewed at least every 30 days thereafter by the MDRT and the Director. The Director must approve continued assignment to LTRH status. This review shall include, but not be limited to, an assessment of compliance with individualized Behavior/Programming Plans and Individual Treatment Plans and recommendations from the MDRT for changes to the individual plans to allow the inmate to safely transition to a less-restrictive housing setting.

#### V. PROGRAMMING AND INCENTIVES

- A. It is in the best interest of all to provide restrictive housing inmates with resources that will enable them to be better citizens within the institution and upon their return to the community. Inmates assigned to restrictive housing for more than 30 days, shall have access to non-clinical programs, organized activities or curriculum that addresses thinking and behavior as well as pro-social interaction.
- B. Program delivery formats for high security environments shall be created that allow program participation while ensuring the safety of participants and staff. This shall include the development of congregate classroom space where possible, use of security programming chairs, and in-cell programming.
- C. Opportunities for inmates to learn and practice pro-social behaviors through cognitive programming shall be provided, with the opportunity to progress through incentivized step-down programs to lower security classifications, based on goal development and attainment, completion of required tasks and activities, and demonstrated positive behavior. (4B-31)
- D. Each inmate in LTRH shall have a Behavior/ Programming Plan that shall be reviewed and updated during scheduled Restrictive Housing Status reviews. The Behavior/Programming Plan will outline to staff and inmates the steps and criteria for inmates to return to the

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general population or transition to another form of non-restrictive housing. It will include an incentive-based system that encourages pro-social behavior and program engagement.

- E. Inmates will participate in discussions and planning of criteria and next steps for each transition opportunity and will help craft individualized goals and areas for improvement.
  - 1. In the event the inmate refuses to participate in the creation of the Behavior/Programming Plan, the inmate will be non-compliant until such time they participate in the development of their plan. Non-compliance with the Behavior/Programming Plan will result in the loss of all earned incentives and the loss of the ability to earn incentives. Efforts taken to gain the inmate's engagement shall be documented on the inmate's contact notes.
  
- F. Expectations for earning incentives identified on the Behavior/Programming Plan shall be clearly defined in reasonable increments. The Behavior Programming Plan Incentive page on NiCaMS shall be utilized to ensure consistency and as the method for tracking incentives.
  - 1. Approved incentives to be offered to the inmate are included in the BPP plan on NiCaMS. For adult male incentives, see (Attachment G). For female incentives see (Attachment H).
    - a. Additional incentives may be submitted by the Warden to the restrictive housing internal workgroup for review/disposition.
  - 2. Incentives can be earned every seven days during the first eight weeks and every 14 days thereafter; occurring in conjunction with the inmate's Behavior/Programming Plan's compliancy date.
  
- G. Unit staff will monitor behavior using the Behavior Baseline and note the progress towards goals and behavior in the LTRH Referral. The Warden will review the information and recommend promotion to a less restrictive custody level as appropriate through the established MDRT review process.
  
- H. Efforts to engage inmates who refuse to participate in programming shall be documented in contact notes and may include mental health referrals/intervention.
  
- I. Individuals assigned to restrictive housing shall have access to the Intentional Peer Support (IPS) Program. This program shall remain in adherence with the IPS Program Standard Operating Procedures (SOP); maintained henceforth by the Restrictive Housing Program Manager.


## VI. MENTAL HEALTH SERVICES

- A. Mental health services for LTRH inmates shall be managed through a combination of requests for consultation made by the inmate or facility staff (in accordance with established procedures and protocols), and weekly cell-front visits by mental health providers.
  
- B. Individuals who have a current SMI diagnosis and are assigned to IS or LTRH will have their LOC monitored closely by a mental health professional. In the event that an individual


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is found to have a LOC indicative of a higher need level (i.e. LOC 3, 4, 5) he/she shall be immediately transferred to an acute or subacute mental health unit or an SNF.

1. Monthly one-on-one out-of-cell therapeutic assessment will be provided to LTRH inmates with a diagnosis of serious mental illness. These assessments shall include, but not be limited to, the update of the individual's LOC. (4B-04)
- C. Force shall not be used to bring an inmate out to see a mental health provider unless there is a clear life-threatening issue or serious decompensation is noted.
- D. Dependent on the individual's mental health diagnosis and needs, a Restrictive Housing Individual Treatment Plan may be developed for individuals in LTRH.
1. The Restrictive Housing Individual Treatment Plan shall be developed by clinical staff and is intended to work in conjunction with the Behavior/Programming Plan.
  2. Inmates will participate in the development of the Restrictive Housing Individual Treatment Plan.
  3. At a minimum, the Restrictive Housing Individual Treatment Plan shall identify problem areas, goals, interventions and coping strategies.
  4. The Restrictive Housing Individual Treatment Plan shall be reviewed on a regular basis determined by clinical staff to determine progress and effectiveness.
  5. The Restrictive Housing Individual Treatment Plan is considered a clinical and confidential document and shall not routinely be shared with non-clinical staff unless deemed necessary by the clinician.
- E. Clinical treatment must be delivered by licensed clinicians and is directly related to a person's behavioral health diagnosis and recovery.
- F. Risk assessments, and the results of mental health testing, when appropriate, shall be used to guide coordinated interventions, assignments to programming, and other applicable resources.
- VII. ASSIGNMENT OF LIVING LOCATION
- A. Using the criteria defined below, inmates on IS status may have a cellmate. Inmates assigned to LTRH may be in single cells, moving to a double cell according to the Behavior/Programming plan and/or Individual Treatment Plan.
  - B. Prior to the assignment to a cell in restrictive housing in which an inmate will have a cellmate, the Unit Manager/designee of the respective restrictive housing unit will confer with the Unit Manager from the housing unit to which that the inmate was previously assigned. In the absence of the respective Unit Managers, Unit Case Managers from the respective housing units and/or the shift supervisor will confer. Prior to conferring, the classification study, initial classification/reclassification action form, PREA documents, Security Threat Group (STG) documents, and institutional files of the inmates who are being considered for the same cell in restrictive housing will be reviewed. Items that will be reviewed and considered include, but are not limited to:

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1. History of assaultive behavior (includes behavior in the institution and/or community)
  2. Reason for Segregation/Restrictive Housing status
  3. Central Monitoring
  4. PREA Score (aggression/vulnerability)
  5. Security Threat Group affiliation
- C. Based on the above noted review, the above mentioned staff will determine the most appropriate housing location for inmates assigned to a restrictive housing status and then complete the Restrictive Housing Assignment of Living Location form (Attachment I).
- D. Inmates on IS status pending a review for possible placement on Protective Custody may only be assigned to a cell with another inmate on the same status. Such assignments will be determined based on a review of the reason each inmate has been referred to restrictive housing, their prior behaviors in NDCS, their PREA Score for aggression and vulnerability, their level of general functioning, and gang affiliation to protect against predatory behavior.
- E. The words “most appropriate housing location for inmates assigned to a restrictive housing status” shall mean a housing placement, as of the time of the cell assignment is made, which provides each cellmate with reasonable safety from assault, taking into consideration all data available to the decision-makers regarding each proposed cellmate.
- F. Reasonable safety is not a guarantee of absolute safety, and the words “most appropriate housing location for inmates assigned to a restrictive housing status” shall not be understood to require a guarantee of absolute safety.
- G. The decision-makers may consider other valid goals in making cell assignments so long as the cell assignment provides each cellmate with reasonable safety from assault. If a decision is made to assign more than one person to a cell, the persons making such assignment shall state in writing why, at the time of the cell assignment, the cell assignment provides each cellmate with reasonable safety from assault.
- The statement of reasons may be a short and concise summary of the reasons for the conclusion that the cell assignment provides each inmate with reasonable safety from assault. Such a statement shall be made on the Restrictive Housing Assignment of Living Location form (Attachment I) and the decision shall be recorded under the heading “Comments”.
- H. There will be a minimum of two persons that confer to determine the most appropriate housing location for inmates assigned to a restrictive housing status when said assignment involves being assigned to a cell with another inmate. This assignment is made pursuant to the procedures noted above.
- I. Staff will communicate with inmates in restrictive housing assigned to a cell with another inmate at a minimum of once a day to ensure compatibility issues are addressed. This

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conversation will be documented on the Individual Segregation Log Sheet, maintained for each inmate.

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

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

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

#### VIII. RESTRICTIVE HOUSING STATUS REVIEWS

Review of inmates' restrictive housing status shall occur regularly.

A. The Unit Classification Committee shall conduct formal reviews of the status of each Restrictive Housing inmate every seven days until 60 days after the inmate has been placed in Restrictive Housing. (4B-08)

B. The Unit Classification Committee shall conduct formal reviews of the status of each Restrictive Housing inmate every two weeks after 60 continuous days of Restrictive Housing. (4B-08)

C. Restrictive Housing inmates shall be given notice of the Restrictive Housing Status Review and have an opportunity to appear before the Unit Classification Committee once a month at the Restrictive Housing Status Review.

D. Staff will evaluate each LTRH inmate's compliance with their Behavior/Programming Plan at all scheduled restrictive housing status reviews.

E. The Unit Classification Committee shall make a written record of the Restrictive Housing Status Review.


F. The written record of the Restrictive Housing Status Review shall be submitted to the Warden/designee.

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

#### IX. GENERAL CONDITIONS OF RESTRICTIVE HOUSING

##### A. Services

Inmates are placed in restrictive housing in response to behavior that creates a risk to the inmate, others, or the security of the institution or as a result of a classification action.

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Restrictive housing inmates shall receive the following services and programs unless documented security and safety considerations dictate otherwise: (4B-15, 4B-19)


1. Prescribed medication and access to health care by a qualified health care official. (4B-14)
2. Clothing that is not degrading.
3. Access to authorized personal items for use in their cells.
4. Substantially the same meals served to the general population. (4B-18)
5. The opportunity to shave and shower at least three times per week. (4B-16)
6. The issue and exchange of clothing, bedding and linen on the same basis as inmates in the general inmate population. (4B-17)
7. Access to laundry services on the same basis as inmates in the general inmate population. (4B-17)
8. Access to hair care services on substantially the same basis as inmates in the general inmate population. (4B-17)
9. The same opportunity to write and receive letters as is available to the general inmate population. Access to kiosks will not be authorized. Facility mailroom staff will print e-messages daily (with the exception of weekends and holidays) and such will be delivered to the respective inmate(s) through regular mail delivery process. (4B-20)
10. Opportunities to visit. (4B-21)
11. Telephone privileges as defined in Policy 205.03, *Inmate Telephone Regulations*. (4B-25)
12. Access to legal/reading materials. (4B-22, 4B-23)
13. A minimum of one hour per day, five days per week, of exercise outside their cells. (4B-24)
14. Orientation materials and/or translations in their own language. When a literacy problem exists, a staff member assists the inmate in understanding the material. Completion of orientation is documented by a statement signed and dated by the inmate. (4B-27)

B. Conditions of Restrictive

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

C. Property



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Inmates housed in restrictive housing shall be permitted to possess property as described in (Attachment K).

**D. General Provisions Regarding Limitations on Services and Programs**

1. Exceptions to the services and programs for restrictive housing inmates must be made by the shift supervisor or the Unit Manager/designee and be based on a finding that the exceptions are necessary for the safety and security of the inmate, other inmates, staff or the unit.
2. The restrictive housing unit staff shall record the exception and the reason for the exception in the permanent unit log.
3. When an inmate in restrictive housing is deprived of any right or privilege, the restrictive housing unit staff shall prepare a written report. This report shall be sent to the Security Administrator of the facility and shall be kept in the inmate's institutional file. (4B-19)

**E. Provisions and Limitations on Showers and Exercise**


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

**F. Refusal to Shower or Exercise**

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

**G. Non-Contact Visitation Provisions**

1. Visiting schedules for inmates designated for non-contact visits shall be on an appointment basis according to the visiting schedule authorized by the Warden.
2. Non-contact visits shall not last longer than one hour per visit.

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3. The shift supervisor may alter the visitation time and number of visitors to ensure proper order and security.

H. Health Care

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

I. Alternative Meal Service


Food should not be withheld, nor the standard menu varied, as a disciplinary sanction for an individual inmate. (5C-08) If an inmate uses food or food service equipment in a manner hazardous to self, staff or inmates or, which creates a health/sanitation hazard, alternative meal service equipment may be utilized. Alternative meal service equipment shall consist of a silicone meal tray and a paperboard eating utensil (no drinking cups). The food served to the inmate(s) shall consist of the same food items served to the remainder of the population including applicable medical and religious diet orders. Authorization for use of the alternative meal service equipment shall be approved by the Deputy Warden or higher authority, shall be on an individual basis and shall be based on health and safety considerations only. A Restriction of Privileges/Rights form will be completed accordance with established procedures. This restriction will be reviewed at a minimum of once a week by staff designated by the Warden but may be reviewed more frequently. The restriction shall not exceed seven days unless it is extended with the review of the Deputy Warden or higher authority and the approval of medical staff. The restriction may only be removed by the authority of the Deputy Warden or higher authority and shall be based on the assessment of safety and health risks. Refer to (Attachment L) regarding the protocol to be followed in the event the inmate refuses to return the alternative meal service equipment and/or misuses food items. (4B-18)

J. Disruptive Hygiene Behavior

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

K. Management of Restrictive Housing Units

1. A shift supervisor shall visit the restrictive housing unit(s) at least once every day. (4B-12)
2. A qualified health care official shall visit the restrictive housing unit at least once every day. (4B-12)
3. Program staff members shall visit the restrictive housing unit(s) upon request.
4. Each facility shall establish policies on the selection criteria, supervision and rotation of the staff members who work on a regular and daily contact basis with inmates in the restrictive housing unit(s). (4B-13)

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5. In facilities with small, short-term restrictive housing units and no specified restrictive housing posts, designated unit and custody staff will receive special training prior to providing coverage in the unit.
6. All restrictive housing inmates shall be personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal inmates are under continuous, visual observation. Observation shall be documented on a log and a qualified mental health professional will determine the type of observation. (4B-11)
7. A qualified mental health professional shall conduct a personal interview of any inmate who is in restrictive housing for more than 30 days and prepare a written report. If restrictive housing continues for an extended period, a mental health assessment of the restrictive housing inmate must be done at least every three months. (4-4256)
8. In addition to any other provisions provided in this policy, the Institutional Classification Committee or facility Multi-Disciplinary Team (MDT) will review the restrictive housing status of inmates who are pregnant, or are diagnosed with a serious mental illness a minimum of once per month to assess the potential for promotion to a less restrictive setting based on compatibility with the safety of the inmate, others, and security of the facility.

L. Space availability

Space availability in restrictive housing may necessitate the early release of inmates. In such cases, the Warden/designee shall determine which inmates on IS status or LTRH status will be released by giving priority to those inmates who present the lowest risk to safety and security. Release of LTRH inmates requires the approval of the MDRT in accordance with this policy. Nothing in this policy precludes the early review of an inmate's restrictive housing status.

X. DISCHARGE AND REENTRY PLANNING (Attachment N)

- A. Having no one transition from restrictive housing to the community is a targeted outcome for the agency. (4B-29)
- B. If an inmates is already assigned to or placed in restrictive housing at 120 days prior to their scheduled release date, the MDRT shall be notified by the facility Warden. The MDRT Chair shall then initiate contact with the facility Warden to discuss appropriate steps to assess risk and conduct release planning consistent with safety within the facility and in the community. (Neb. Rev. Stat. 83-1,107 (4), 83-1,107 (5)(c)) (4B-09)
  1. This notification shall be sent by the Warden via e-mail to the MDRT Chair (Deputy Director-Prisons) with both the Reentry Program Manager and Director of Social Worker copied on the notification.
  2. Strategic reentry and discharge protocols shall be implemented prior to release to the community. (Neb. Rev. Stat. 83-1,107 (4))

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- a. Whenever possible, inmates will be transitioned from restrictive housing to general population, mission-specific housing, and/or treatment-based/behavioral focused housing prior to release.
- b. Transition general population housing, designed to help inmates transition from restrictive housing, based on individualized risk and needs assessments shall be used to prepare individuals for return to a less restrictive and more interactive security level.
  - 1) Transfer to transition housing will depend on the individual's level of readiness, safety and security considerations and assessments, reviews, and decisions by the MDRT.
  - 2) The standard for risk shall be measured against the fact that the inmate shall be returning to the community.
- C. All discharges from restrictive housing shall involve ongoing coordinated discharge and reentry planning efforts by Multi-Discipline Teams (MDT) consisting of staff from the following disciplines: facility unit management staff/management staff, behavioral health, social work, reentry and, if appropriate, parole and probation to develop specialized reentry plans for any inmate currently in restrictive housing who is within 157 days from discharge/parole and has been in restrictive housing for 45 consecutive days. At a minimum, the Restrictive Housing Discharge and Reentry Planning MDT shall meet once per month (in person or via video or teleconference); however, as discharge and reentry planning should start as soon as possible for inmates within 150 days of their tentative release date who are placed in restrictive housing and as the circumstances of these individuals are subject to change, more frequent meetings may be required. The planning shall be consistent with safety concerns both within the facility and in the community. Discharge and reentry planning for all individuals meeting this criterion shall be documented in memorandum format. A separate memorandum shall be completed for each inmate being reviewed and document discussion only from one meeting. Memorandums shall be electronically maintained using the following file name format:

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

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

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

- D. Restrictive housing inmates in the AMHU in the 180 day period before their release that will remain in the AMHU at the time of their discharge, will also be reviewed by the NDCS Discharge Review Team.

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- E. The facility Warden shall designate staff to ensure monitoring and reporting of discharge and reentry planning is being done consistent with this policy. This process shall be clearly articulated in written facility procedures.

#### XI. DATA COLLECTION AND REPORTING


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

- A. The number of inmates who were held in restrictive housing during the prior year.
- B. The mean and median length of time for all inmates who were held in restrictive housing during the prior year.
- C. The race, gender, age, and length of time each inmate has continuously been held in restrictive housing for all inmates who were held in restrictive housing during the prior year.
- D. The reason or reasons each inmate was held in restrictive housing during the prior year.
- E. The number of protective custody inmates who were placed in restrictive rather than alternative housing for their own safety, and the underlying circumstances for each.
- F. The number of inmates held in restrictive housing who were diagnosed with a mental illness (defined in Neb. Rev. Stat. 71-907) and the type of mental illness by inmate during the prior year.
- G. The number of inmates who were released from restrictive housing directly to parole or the general public, and the reasons for those releases during the prior year.
- H. Comparable statistics for the nation and each state bordering Nebraska pertaining to subdivisions (4) (a) through (e) of section Neb. Rev. Stat. 83-4,114, to the extent ascertainable.

#### XII. STAFF TRAINING

- A. All NDCS facilities with Restrictive Housing shall ensure that all regularly assigned unit staff shall receive special training in working with the population housed in the unit. At a minimum, refresher training will be required on an annual basis. (Attachment O)
- B. NDCS Pre-Service staff training shall include, but not be limited to: basic communication techniques, introduction to motivational interviewing, working with mentally ill and other special needs populations, working with inmates with behavioral disorders, cognitive behavioral interventions, and trauma training, as well as core correctional practices, crisis de-escalation, and intervention. These types of trainings will help prevent incidents that may result in injuries, use of force, and use of restrictive housing. This training shall be required for all staff interacting directly with inmates.

#### XIII. LONG TERM RESTRICTIVE HOUSING WORKGROUP

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- A. As mandated in state statute, workgroup members include:
1. One member of the Judiciary Committee of the Legislature, appointed by the Executive Board of the Legislative Council (nonvoting, ex officio)
  2. NDCS Director or his/her designee (to serve as chairperson)
  3. Deputy directors who have oversight of inmate health services or correctional facilities
  4. Behavioral Health Administrator
  5. Two employees of the department who currently work with inmates held in restrictive housing, as designated by the director
  6. Additional department staff, as designated by the director
  7. Six members appointed by the Governor
    - a. One must be an individual who was previously incarcerated in NDCS
    - b. Five must be mental health professionals
- B. The Director shall provide the work group with quarterly updates on the department's policies related to the work group's subject matter and with any other information related to long-term restrictive housing that is requested by members of the workgroup
- C. The work group will meet at least semi-annually to review the use of restrictive housing and to provide input on ways to reduce and improve the use of restrictive housing
- D. The work group shall terminate on December 31, 2021


## REFERENCE

### I. STATUTORY REFERENCE

- A. Nebraska Revised State Statute: 44-792, 71-907, 83-170, 83-173.03, 83-180, 83-1,107(4), 83-1,107 (5)(c), 83-4,114, 83-17.03, 83-17.04, 83-4,125
- B. Nebraska Administrative Code, Title 72, Chapter 1

### II. NDCS POLICIES

- A. Policy 115.05, *Health Screenings, Examinations, Appraisals & Reviews*
- B. Policy 115.22, *Mental Health Levels of Care*
- C. Policy 210.03, *Mission Specific Housing*

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### III. ATTACHMENTS

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

### IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA)

- A. Expected Practices for Adult Correctional Institutions (ACI) (5<sup>th</sup> edition): 5-ACI-4B-01, 5-ACI-4B-03, 5-ACI-4B-04, 5-ACI-4B-07, 5-ACI-4B-08, 5-ACI-4B-09, 5-ACI-4B-11, 5-ACI-4B-12, 5-ACI-4B-13, 5-ACI-4B-15, 5-ACI-4B-16, 5-ACI-4B-18, 5-ACI-4B-19, 5-ACI-4B-20, 5-ACI-4B-21, 5-ACI-4B-22, 5-ACI-4B-23, 5-ACI-4B-25, 5-ACI-4B-26, 5-ACI-4B-27, 5-ACI-4B-28, 5-ACI-4B-29, 5-ACI-4B-32, 5-ACI-4B-33, 5-ACI-4B-34, 5-ACI-5C-08, 5-ACI-5E-09