
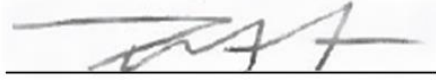


<b>POLICY TITLE: ADMINISTRATIVE STATUS</b>		<b>PAGE 1 OF 23</b>
<b>POLICY NUMBER: 15.1</b>		
<b>CHAPTER 15: SPECIAL HOUSING</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT of CORRECTIONS</b>  <b>Approved by Commissioner:</b> 	
	<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VIII</b>	
<b>EFFECTIVE DATE:</b> <b>February 1, 2002</b>	<b>LATEST REVISION:</b> <b>January 5, 2023</b>	<b>CHECK ONLY IF</b> <b>APA [ ]</b>

**I. AUTHORITY**

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

**II. APPLICABILITY**

All Departmental Adult Facilities

**III. POLICY**

The Department of Corrections recognizes that some residents in its adult facilities may need to be housed separately for administrative reasons. Residents are placed on administrative status when their continued presence in general population would pose a direct threat to staff or other residents or a clear threat to the safe and secure operation of the facility. An administrative status placement is an option of last resort, to be used only when a less restrictive alternative has not been or would not be effective to resolve the threat posed. The placement is to last no longer than necessary.

Residents on administrative status are provided with program and activity access, treatment services, and property as appropriate for residents in restrictive housing. The purpose of this policy is to provide governance for the supervision of residents on administrative status.

*5-ACI-4A-04 & 5-ACI-4B-03*

Because the Department does not house anyone under eighteen years of age in adult facilities, there will be no placement of persons under that age on administrative status.

*5-ACI-4B-33*

This policy does not govern residents on disciplinary restriction, on disciplinary segregation status or protective custody status, or in the Administrative Control Unit or the Intensive Mental Health Unit (IMHU).

**IV. DEFINITIONS**

1. Administrative status – the confinement of a resident in a cell in a restrictive housing unit or in a cell in another housing unit separated from the general population only for as

long as necessary as a result of a determination that there is a direct threat to the safety of other persons or a clear threat to the safe and secure operation of the facility if the resident is on a less restrictive status.

2. Current custody release date – the release date calculated with detention time credit and with all good time (deductions) awarded and not lost up to the prior month. It also takes account of the restoration of lost good time (deductions) if that occurred any time up to the prior month.
3. Health care provider – for purposes of this policy, physician, physician assistant, or nurse practitioner.
4. Licensed clinician – a psychiatrist, psychologist, psychiatric nurse practitioner, licensed clinical social worker, licensed clinical professional counselor, or licensed marriage and family therapist.
5. Restrictive housing – housing that separates a resident from the general population and restricts the resident to their cell for up to twenty-two (22) hours per day for the safe and secure operation of the facility.
6. Serious mental illness – a substantial disorder of thought, mood, perception, orientation, or memory, including disabling conditions such as schizophrenia, schizoaffective disorder, psychotic disorders due to substance use or a general medical condition, major depression, bipolar disorder, or post-traumatic stress disorder, resulting in significant impairment of functioning.
7. Step-down program – a program that includes a system of review and establishes criteria to prepare a resident for transition to general population or the community. The program shall be individualized and involve a coordinated, multidisciplinary team approach that includes behavioral health, case management, and security staff. Medical staff shall be a part of the multidisciplinary team when a resident who has a chronic care or other significant medical need participates in this program.
8. Staff – for purposes of this policy, Department employee or a person in an adult facility providing services to an adult resident by agreement with or under contract with the Department (e.g., facility health care staff), but not including a volunteer, student intern, delivery person, etc.
9. Security staff – for purposes of this policy, corrections officer, corrections supervisor, or correctional investigative officer (detective) or other facility law enforcement officer.

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**VII. PROCEDURES**

**Procedure A: Administrative Status Placement**

1. Placement of an adult resident on administrative status may occur if and only if one or more of the following criteria is met: *5-ACI-4B-01*
  - a. the resident is a clear threat to the safe and secure operation of the facility in that the resident constitutes an escape risk if in a less restrictive status (e.g., the resident has attempted an escape, possesses escape tools, etc.);
  - b. the resident is otherwise a clear threat to the safe and secure operation of the facility if in a less restrictive status (e.g., the resident is refusing to cooperate with an intake procedure, refusing to cooperate with a search, refusing to leave a restrictive housing or special management housing placement, participating in drug trafficking in general population, actively promoting Security Threat Group (STG) or gang activities, etc.);
  - c. the resident is a direct threat to the safety of another person if in a less restrictive status (e.g., the resident has assaulted or threatened to assault another person, is stalking another person, possesses weapons, etc.); or
  - d. the resident is under direct threat to their safety if in a less restrictive status (e.g., the resident is a high-profile case, the resident is a former criminal justice official, the resident is the target of an STG or gang, etc.).
2. A resident shall not be placed or remain on administrative status merely because the resident is a threat to their own safety (e.g., due to self-injurious behavior) or merely because the resident has a contagious disease or condition that is a threat to the health of others.
3. A resident shall not be placed or remain on administrative status merely because there is an ongoing investigation or merely because there is a disciplinary report (write-up), disciplinary hearing, or disciplinary appeal pending.
4. A resident shall not be placed or remain on administrative status on the basis of gender identity alone. *5-ACI-4B-34*
5. Female residents known to be pregnant or known to be thirty (30) days or fewer postpartum shall not be placed or remain on administrative status. *5-ACI-4B-32*
6. Administrative status shall not be used as punishment.

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7. A resident may be placed on administrative status by the Unit Manager of the resident's housing unit, the Shift Commander, or higher supervisory staff if it is necessary to safely deal with one of the threats set out above.
8. In a case where one of the above supervisory staff is not immediately available, lower level security staff may make the placement and then notify one of the above listed supervisory staff immediately after placement for approval, modification, or denial of the placement.
9. A resident placed on administrative status may be housed in a restrictive housing unit or in another housing unit, as determined by the supervisory staff making or approving the placement.
10. The staff making the placement shall document the rationale for placement on the Administrative Status Placement form (Attachment A) and in CORIS to include:  
*5-ACI-4B-01*
  - a. type of placement (administrative status) and type of housing unit (e.g., restrictive housing unit, etc.);
  - b. criteria and behavior on which the placement is based;
  - c. written incident report, if applicable;
  - d. description of alternatives to placing the resident on administrative status, e.g., de-escalation intervention, housing reassignment, informal or formal disciplinary process, etc., and why they were not effective to resolve the threat posed or, if they were not used, why they would not have been effective to resolve the threat posed;
  - e. name of the staff making the placement; and
  - f. if different, name of the supervisor approving the placement initially.
11. The staff making the placement shall provide the original of the form to the Unit Manager, or designee, of the restrictive housing unit or of another housing unit where the resident has been placed.
12. Provided they were not involved in the placement, the Unit Manager or higher supervisory staff shall, within twenty-four (24) hours, review the placement and approve, modify, or deny it based on whether one or more of the criteria set out above is met at that time. Their decision shall be documented on the form and in CORIS. *5-ACI-4B-02*
13. The Unit Manager, or designee, shall provide a copy of the form to the resident. The original shall be maintained in the resident's unit file.
14. Placement on administrative status shall take precedence over a placement on disciplinary restriction.

**Procedure B: Health Care Services**

1. When a resident is placed on administrative status, the Unit Manager, or designee, of the restrictive housing unit or of another housing unit where the resident has been placed shall immediately notify the facility health care staff, who shall provide a screening and review as set out in Department Policy (AF) 18.5, Health Care Services.

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The notification to the facility health care staff shall be recorded in CORIS. If applicable, the facility health care staff shall, as soon as practicable after the screening and review, notify the facility licensed clinician who will be performing the below mental health appraisal of the resident. *5-ACI-4A-01, 5-ACI-4B-10 & 5-ACI-4B-28*

2. If there is any medical or mental health condition that might contraindicate the placement, the Unit Manager, or designee, shall consult with the facility Health Services Administrator, or designee, to determine whether the identified problem(s) can be resolved. If not, the Unit Manager, or designee, shall notify the Chief Administrative Officer, or designee, who shall notify the Commissioner, or designee, for a decision regarding how to proceed. Any consultation, decision(s), and notification shall be documented in CORIS. *5-ACI-4B-01*
3. Residents placed on administrative status shall receive the same medical and behavioral health services as provided to general population residents. An exception may be made by a security supervisor, provided the staff making the exception obtains the approval of the Unit Manager or, if the Unit Manager is not on duty, the Shift Commander, prior to or immediately after the exception. The exception may be made, on a case-by-case basis, when a resident's behavior indicates a threat to medical, behavioral health, or other staff. In such a case, if possible, the provision of medical or behavioral health services shall be modified to ensure the safety of staff.
4. Approval for a resident to receive modified medical or behavioral health services or for another exception to medical or behavioral health services shall be recorded in the unit log. In addition to recording the information in the unit log, the staff person making the request shall complete an Incident Report in CORIS, which shall be reviewed by the Unit Manager as soon as practicable. The exception shall last only as long as necessary, and the approval for the exception and the duration of the exception shall be recorded in CORIS. Any exception shall also be posted on the resident's cell door.
5. A resident on administrative status shall be provided medication as prescribed by facility health care staff. *5-ACI-4A-15 & 5-ACI-4B-14*
6. A facility physician shall visit residents on administrative status as determined necessary by the Department's contracted health care services provider. A licensed clinician shall visit residents on administrative status as determined necessary by the Department's contracted health care services provider. *5-ACI-4A-01 & 5-ACI-4B-28*
7. A licensed clinician shall meet with a resident on administrative status and shall complete:
  - a. a mental health appraisal within twenty-hours (24) of placement or as soon thereafter as a licensed clinician is on duty, unless the resident was already in a restrictive housing unit at the time of the placement on administrative status; and *5-ACI-4B-10*
  - b. a behavioral health assessment at least every thirty (30) days thereafter for a resident with a diagnosed serious mental illness and more frequently if clinically indicated; or *5-ACI-4A-10 & 5-ACI-4B-10*
  - c. a behavioral health assessment at least every ninety (90) days thereafter for all other residents and more frequently if clinically indicated.

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The licensed clinician shall record the meetings in the housing log and the resident's electronic health care record and shall include reports of the appraisal and assessments in the resident's electronic health care record. *5-ACI-4A-10 & 5-ACI-4B-10*

8. The above reports or summaries of the reports shall be made available to the Unit Manager, or designee, and the Chief Administrative Officer, or designee, as applicable, so that this information can be taken into consideration prior to the resident's next administrative status review.
9. If any resident remains on administrative status for more than thirty (30) days, the Unit Manager, or designee, shall ensure that an individualized treatment plan is developed that includes weekly monitoring by behavioral health staff, treatment as necessary, and steps to facilitate the transition of the resident to general population status. *5-ACI-4B-30*

**Procedure C: Administrative Status Reviews**

1. The restrictive housing unit team or the unit team of another housing unit where the resident is being housed while on this status (consisting of at least three (3) members, one of whom shall be the Unit Manager, or designee, or a case manager), in collaboration with the resident's assigned unit team, if applicable, shall conduct a review, after consultation with appropriate facility staff (e.g., Special Investigations and Intelligence (SII), the staff making the placement, etc.), to determine if continuation on administrative status is appropriate based on whether one or more of the criteria set out in Procedure A above is met: *5-ACI-4A-07, 5-ACI-4A-08, 5-ACI-4B-08 & 5-ACI-4B-09*
  - a. no later than seventy-two (72) hours after placement on administrative status, including weekends and holidays, which must include, but not necessarily be limited to, a review of the initial placement of the resident on administrative status and a determination of the need for continued placement on administrative status (if a team as described above is not available within the above time frame, the review may take place on the next business day after the expiration of the seventy-two (72) hours); and
  - b. at least every seven (7) days after placement, which must include, but not necessarily be limited to a determination of the need for continued placement on administrative status (for each seven (7) day review, the team must include a member of the behavioral health staff).

Note: In some facilities, the restrictive housing unit team, the special management housing unit team, and the assigned unit team may be the same team.

2. It shall not be recommended or decided that any resident remain on administrative status merely because there is an ongoing investigation or merely because there is a disciplinary report (write-up), disciplinary hearing, or disciplinary appeal pending.
3. Unless the resident's behavior warrants denying the resident's presence, the resident shall be allowed to attend each review. At least one day prior to each review, the Unit Manager, or designee, shall notify the resident of the review and the resident's ability to attend and to submit a written statement for the review, and the Unit Manager, or designee, shall document the notification in CORIS.

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4. If the resident's behavior warrants denying the resident's presence at a review, documentation of the denial and the behavior shall be made on the Administrative Status Review Minutes form (Attachment B) and in CORIS, and the review shall proceed in the resident's absence.
5. If a resident refuses to attend a review, the refusal shall be documented on the form and in CORIS, and the review shall proceed in the resident's absence. The resident shall be given the opportunity to submit a written statement prior to the review, and any written statement shall be attached to the form and summarized in CORIS.
6. If present at the review, the resident may respond orally or submit a statement in writing. A summary of the resident's oral statement, if any, shall be documented on the form and in CORIS, and any written statement shall be attached to the form and summarized in CORIS.
7. At the seventy-two (72) hour review, the unit team may recommend to the Chief Administrative Officer, or designee, that the resident remains on administrative status, at least until the next review or the unit team may remove the resident from administrative status. In the case of a resident diagnosed by facility behavioral health staff with a serious mental illness, prior to this seventy-two (72) hour review, the resident shall be reviewed for possible placement in the Intensive Mental Health Unit, in accordance with Department Policy (AF) 18.6.1, Intensive Mental Health Unit.
8. At subsequent reviews, the unit team may recommend to the Chief Administrative Officer, or designee, that the resident:
  - a. remains on administrative status, at least until the next review; or
  - b. be removed from administrative status.
9. In the case of a removal at the seventy-two (72) hour review, the Unit Manager, or designee, shall ensure that the decision and the reason(s) for the decision are documented on the Administrative Status Review Minutes form and in CORIS. In all other cases, the Unit Manager, or designee, shall ensure that the recommendation and the reason(s) for the recommendation are documented on the Administrative Status Review Minutes form and in CORIS.
10. If the unit team recommends that the resident remains on administrative status, the reason(s) shall include an explanation as to why the team believes one of more of the criteria set out in Procedure A is met based on facts known and circumstances in existence at the time of the review (e.g., the resident committed an assault and continues to express anger toward the victim; the resident expresses remorse but has a pattern of lying about this and, then, once able, reengaging in gang activities; etc.).
11. When conducting a review of a resident who the team is recommending remain on administrative status for more than thirty (30) days, the team shall consider opportunities to increase a resident's time out of cell for program opportunities, prosocial activity, and/or an attempt to target the behaviors that led to the placement. The Unit Manager, or designee, shall document this consideration in CORIS.
12. In the case of a resident diagnosed by facility behavioral health staff with a serious mental illness, starting with the first seven (7) day review, the reviews shall be

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conducted by a multidisciplinary team, including at least the Unit Manager, or designee, the facility Director of Behavioral Health, or designee, and a security supervisor. The team may consult with appropriate facility staff (e.g., Special Investigations and Intelligence, etc.). The resident shall not remain on administrative status unless the facility Chief Administrative Officer, or designee, after consultation with the team, determines there is an immediate and present danger to others or the safe and secure operation of the facility. *5-ACI-4B-30*

13. In the case of a resident sixty five (65) years of age or older, starting with the first seven (7) day review, the reviews shall be conducted by a multidisciplinary team, including at least the Unit Manager, or designee, a facility health care provider, and a security supervisor. The team may consult with appropriate facility staff (e.g., Special Investigations and Intelligence, behavioral health staff, etc.). The resident shall not remain on administrative status unless the facility Chief Administrative Officer, or designee, after consultation with the team, determines there is an immediate and present danger to others or the safe and secure operation of the facility.
14. For each resident who is not removed from administrative status at the seventy-two (72) hour review, the facility Chief Administrative Officer, or designee, shall make a decision whether to accept the recommendation of the Unit Team or multidisciplinary team, as applicable, and shall ensure their decision is documented in CORIS and on the Administrative Status Review Minutes form.
15. The original of the form shall be maintained in the resident's unit file.
16. A resident shall not remain on administrative status for more than thirty (30) days unless that is reviewed and approved by the Chief Administrative Officer, or designee, as a result of the fourth seven (7) day review.
17. In addition, a resident shall not remain on administrative status for more than thirty (30) days unless that is reviewed and approved by the Commissioner, or designee. If the Chief Administrative Officer, or designee, has given approval for the resident to remain on administrative status, the Unit Manager, or designee, shall forward the Administrative Status Review Minutes form to the Commissioner, or designee, in time for a decision to be made by the Commissioner, or designee, prior to the expiration of the thirty (30) day time period. The Commissioner, or designee, shall document their decision on the form and return it to the Unit Manager, or designee, and the Unit Manager, or designee, shall document the decision in CORIS. The copy of the form returned by the Commissioner, or designee, shall be maintained in the resident's unit file.
18. The Chief Administrative Officer, or designee may, at any time, remove a resident from administrative status and shall ensure any such action is documented in CORIS.

**Procedure D: Appeals**

1. An appeal is not allowed of a decision made to place a resident on administrative status or to retain a resident on administrative status prior to the first seven (7) day review.
2. An appeal is not allowed of a decision of the Commissioner, or designee, to approve the retention of a resident on administrative status for more than thirty (30) days.

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3. If a resident is retained on administrative status as a result of the first seven (7) day review or any subsequent review, the Unit Manager, or designee, shall advise the resident that they may appeal the decision to the facility Chief Administrative Officer, or designee.
4. The Unit Manager, or designee, shall ask the resident whether they wish to waive the right to appeal. If the resident signs the waiver on the Administrative Status Review Minutes form, no appeal shall be considered.
5. Any written waiver signed by a resident as part of the administrative status review process is final and may not be withdrawn.
6. If the resident does not sign the waiver, the Unit Manager, or designee, shall provide the resident with a copy of the Administrative Status Review Minutes form and a Resident Appeal of Administrative Status form (Attachment C) and shall also inform the resident of the specific staff to whom the appeal is to be submitted.
7. If the resident does not sign a waiver of the right to appeal, the resident may submit an appeal, which must be received by the facility Chief Administrative Officer, or designee, within three (3) days of the resident's receipt of the decision made by the Chief Administrative Officer, or designee, to retain the resident on administrative status.
8. The resident shall remain on administrative status pending the decision on the appeal.
9. An appeal, if timely, must be decided within three (3) days of its receipt by the Chief Administrative Officer, or designee.
10. Upon review of a timely appeal, the facility Chief Administrative Officer, or designee, as applicable, may:
  - a. affirm the decision; or
  - b. reverse the decision.
11. The Chief Administrative Officer, or designee, is the final authority on an appeal (i.e., there is no further administrative level of appeal).
12. The Chief Administrative Officer, or designee, shall return the appeal form with the decision on the appeal (or notation that the right to appeal was waived or the appeal was not timely) to the Unit Manager, or designee. The Unit Manager, or designee, shall forward the form to designated staff, keeping a copy of the form for the Unit Manager's records. The staff shall meet with the resident without unnecessary delay and the resident and the staff shall sign and date the form. If the resident refuses to sign, the staff shall note that on the form. The staff shall return the original of the signed form to the Unit Manager, or designee, and provide a copy of the signed form to the resident. The original form shall be maintained in the resident's unit file and the Unit Manager, or designee, shall document the decision in CORIS.

**Procedure E: Conditions for Residents on Administrative Status**

1. The Unit Manager, or designee, shall ensure that residents receive an orientation to administrative status and the restrictive housing unit, if applicable, within twenty-four

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(24) hours of placement and that the orientation is documented in CORIS. The orientation shall include written information regarding schedules and access to programs and services, as well as verbal explanation of this and other relevant information.

2. If the resident is newly admitted to the facility and is placed directly on administrative status, they shall receive orientation materials and/or translations in their own language within twenty-four (24) hours of placement and that orientation shall be documented in CORIS. *5-ACI-4B-27*
3. A resident placed on administrative status whose conduct is satisfactory is eligible to earn deductions (good time) for conduct on the same basis as residents in general population, as set out in Department Policy (AF) 11.5, Calculation of Resident Release Date, up until the first seven (7) day review, but is not eligible to earn deductions (good time) for work, education, or other programs.
4. A resident retained on administrative status after the first seven (7) day review is not eligible to earn any deductions (good time), as set out in Department Policy (AF) 11.5, Calculation of Adult Resident Sentences and Release Date.
5. If the resident is in restrictive housing, posted on each cell door shall be the resident's photograph, MDOC number, status (administrative status), any exceptions to the conditions below, any suicide and self-injury watch, any medical therapeutic seclusion ordered, and any other pertinent information. Otherwise, this information shall be kept at the housing officer's desk.
6. Residents on administrative status shall be provided living conditions that approximate those of general population residents regarding cell size, lighting, heat, and ventilation and *5-ACI-4A-02 & 5-ACI-4B-04*
  - a. cell design shall permit the residents assigned to the cells to converse with and be observed by staff; and
  - b. residents on administrative status shall be single-celled.
7. Space is available either inside the housing unit or external to the unit for behavioral health staff consultation with residents on administrative status. *5-ACI-4B-04*
8. There shall be no commissary purchases or deliveries allowed to residents on administrative status, except items needed for correspondence and, if not provided by the facility, allowable personal hygiene items.
9. Unless an exception is made in accordance with this policy, the following shall apply to residents on administrative status:
  - a. Mail: *5-ACI-4A-20 & 5-ACI-4B-20*
    - 1) Incoming and outgoing mail shall be permitted as per Department Policy (AF) 21.2, Resident Mail.
    - 2) The resident shall be provided envelopes, paper, and writing instruments as necessary for outgoing correspondence, if not purchased through the commissary.

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- b. Phone calls: *5-ACI-4A-25 & 5-ACI-4B-25*
  - 1) The resident may make privileged phone calls in accordance with Department Policy (AF) 21.3, Resident Telephone System.
  - 2) Unless further restrictions have been imposed on other phone calls pursuant to applicable Department policies, the resident shall be allowed:
    - a) one (1) telephone call per day; and
    - b) emergency phone calls as determined by the Unit Manager, or designee.
- c. Visits: *5-ACI-4A-21 & 5-ACI-4B-21*
  - 1) The resident shall be allowed professional visits in accordance with Department Policy (AF) 21.4, Resident Visitation.
  - 2) Unless further restrictions have been imposed on regular visits pursuant to applicable Department policies, the resident shall be allowed one (1) regular visit per week.
  - 3) All regular and professional visits shall be non-contact, which may include video visitation.
- d. Legal Materials: *5-ACI-4A-22 & 5-ACI-4B-22*
  - 1) Residents shall be permitted to access legal materials using electronic legal research service terminal(s) in the housing unit, if available, or by requesting access to legal materials from the law library in accordance with Department Policy (AF) 24.4, Library Services and facility practices.
  - 2) Access to the legal research terminals in the unit may be scheduled for up to one (1) hour per day, five (5) days per week.
  - 3) Additional access may be permitted by the unit team as determined necessary in connection with an active case.
- e. Out-of-cell exercise shall be offered for at least one (1) hour per day, seven (7) days per week, outdoors (weather permitting). If weather does not permit exercise outdoors, out-of-cell exercise shall be offered indoors. *5-ACI-4A-24 & 5-ACI-4B-24*
- f. Beside time out-of-cell for exercise, additional time out-of-cell, whether for legal research, programs or services, phone calls, or recreational or other activities, shall be offered for at least one (1) hour per day, seven (7) days per week.
- g. Health care items shall be permitted as determined necessary by a facility health care provider. If an item might create a risk to safety or security, the Unit Manager, or designee, shall consult with the health care provider about other alternatives.
- h. Reading materials may be accessed on a weekly basis from the library in accordance with facility practices. A resident may not have hard cover books and may only have only three (3) soft cover books at a time. *5-ACI-4A-23 & 5-ACI-4B-23*
- i. There shall be no personal property items allowed, except for:
  - 1) Personal legal materials, written religious materials, and correspondence and writing materials that can be contained in the approved storage box/container. Any additional legal materials shall be stored by staff and made available within a reasonable period of time, upon written request, on an even exchange basis;

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- 2) Personal religious items that residents in general population are permitted to keep in their cells; and
  - 3) A wedding ring, if applicable.
- j. Residents on administrative status shall receive the following services on the same basis as residents in general population: *5-ACI-4A-17 & 5-ACI-4B-17*
- 1) laundry;
  - 2) barbering and hair care services;
  - 3) at least three (3) clothing exchanges per week;
  - 4) issuance and exchange of bedding and linen; and
  - 5) the opportunity to shower and shave at least three (3) times per week. *5-ACI-4A-16 & 5-ACI-4B-16*
- k. Residents on administrative status shall be provided the following: *5-ACI-4A-15 & 5-ACI-4B-15*
- 1) toilet, sink and running water;
  - 2) personal hygiene items:
    - a) toothbrush
    - b) toothpaste
    - c) comb or brush
    - d) soap
    - e) deodorant
    - f) feminine hygiene items, as gender-appropriate
    - g) toilet paper
    - h) access to shaving implements
    - i) drinking cup
  - 3) linens and bedding:
    - a) 1 towel
    - b) 1 washcloth
    - c) 2 bed sheets
    - d) 1 pillowcase
    - e) 2 blankets
    - f) 1 pillow
    - g) 1 mattress
  - 4) clothing, which shall be similar to that provided to general population residents:
    - a) pants and shirt or one-piece suit
    - b) 1 complete set of underwear, appropriate by gender
    - c) 1 pair of socks
    - d) 1 pair of footwear
    - e) access to a jacket or coat, hat, and gloves for outdoor exercise or transport, when seasonally necessary.

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10. An exception to any of the above may be made by a security supervisor, provided the staff making the exception obtains the approval of the Unit Manager or, if the Unit Manager is not on duty, the Shift Commander, prior to or immediately after the exception. The exception may be made, on a case-by-case basis, when it is necessary to prevent suicide or other self-injurious behavior, injury to others, damage to property of others, or risk to security.
11. Approval for an exception to any of the above shall be recorded in the housing unit log. In addition to recording the information in the unit log, the staff making the request shall complete an Incident Report in CORIS, which shall be reviewed by the Unit Manager as soon as practicable. The exception shall last only as long as necessary, and the approval for and the duration of the exception shall be recorded in CORIS. Any exception shall also be posted on the resident's cell door. *5-ACI-4A-19 & 5-ACI-4B-19*
12. If a resident on administrative status is also on a suicide and self-injury watch, the applicable provisions of Department Policy (AF) 18.6.2, Suicide and Self-Injury Prevention Plan shall be followed, including, but not limited to, any exceptions to the conditions described in this procedure. *5-ACI-4B-11*
13. If a resident on administrative status is also in medical therapeutic seclusion, the applicable provisions of Department Policy (AF) 18.5, Health Care shall be followed, including, but not limited to, any exceptions to the conditions described in this procedure.
14. Residents on administrative status may be served meals with trays and utensils consistent with reasonable precautions designed to protect safety, security, or orderly management of the facility.
15. Residents on administrative status shall receive the same meals as provided to general population residents. An exception may be made when a resident is throwing food or otherwise using food or a food service implement in a manner that is hazardous to self, staff, or other residents. Alternative meal service shall be on a case-by-case basis, based only on safety or security considerations, shall meet basic nutritional requirements, and shall only occur if an exception is made by a security supervisor, provided the staff making the exception obtains the written approval of the Chief Administrative Officer, or designee, and a facility health care provider, prior to the exception. In such a case, the resident may be given the same meal in a different form or a different meal of similar nutritional value up to seven (7) days.
16. The approvals for a resident to receive alternative meal service shall be recorded in the unit log. In addition to recording the information in the unit log, the staff person making the request shall complete an Incident Report in CORIS, which shall be reviewed by the Unit Manager as soon as practicable. The exception shall last only as long as necessary, and the approvals for and duration of the exception shall be recorded in CORIS. The alternative meal service shall also be posted on the resident's cell door. The alternative meal service shall not exceed seven (7) days at any one time. *5-ACI-4A-18 & 5-ACI-4B-18*
17. A resident on administrative status is not eligible for participation in a privilege level system.

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**Procedure F: Case Plans, Programs, and Services for Residents on Administrative Status**

1. If, after the seventy-hour (72) hour review, the resident is approved for continued placement on administrative status, the case manager shall meet with the resident to update the individualized case plan and meet with the resident to update it after subsequent reviews as necessary.
2. The case plan shall include action steps and activities for the resident to engage in on a daily basis and for completion while in the housing unit, preferably in cell.
3. The case plan shall also include steps to transition to less restrictive housing. The unit team may conduct more frequent reviews to determine whether the resident is taking the steps outlined in the case plan and whether to recommend the resident's release from administrative status as a result.
4. When updating the case plan, the case manager shall consider that residents on administrative status are to have access to programs and services that include, but are not limited to, the following: educational programs, commissary services (as set out above), library services, social services, behavioral health services, religious guidance, and recreational programs. *5-ACI-4A-27 & 5-ACI-4B-26*
5. If programs and services are permitted to be provided by volunteers, they shall be provided on a non-contact basis only.
6. Residents may have access to programs and services using tablets if allowed by Department Policy 24.10.1 (AF), Computer Tablets, and facility practice.

**Procedure G: Security Procedures**

1. At a minimum, all residents on administrative status shall be observed in person by a correctional officer at least twice per hour, but no more than thirty (30) minutes apart, on an irregular schedule. *5-ACI-4B-11*
2. Residents who are violent or have been diagnosed with a serious mental illness or who demonstrate unusual or bizarre behavior shall receive more frequent observation. The rationale for more frequent observation shall be documented in the unit logbook and CORIS. *5-ACI-4B-11*
3. Residents on administrative status:
  - a. shall be in restraints and controlled by security staff when transported outside of the facility;
  - b. may be in restraints and controlled by security staff when escorted out of the housing unit; and
  - c. may otherwise be in restraints only when necessary for safety, security, or orderly management of the facility.
4. A resident on administrative housing status may be temporarily restrained using stationary restraints (restraints attached to the floor, a wall or an immovable object) provided the use of stationary restraints has been approved by the Commissioner, or

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designee, for administrative status residents during the particular type of activity (e.g., while making a phone call, during group therapy, etc.) and provided the stationary restraints are used only under the conditions approved by the Commissioner, or designee, and only for the duration of the activity.

5. Staff may utilize shields or other barriers in front of cells to prevent or reduce the throwing of body fluids, food, drinks, or other items. Use of these barriers shall be approved by the Unit Manager, Shift Commander, or higher authority. They shall only be used as long as necessary to preserve safety, security, and sanitation. The barriers shall not impair staff view into the cell.

**Procedure H: Additional Requirements for Staff** *5-ACI-4A-12, 5-ACI-4A-01, 5-ACI-4B-12 & 5-ACI-4B-28*

1. The assigned Correctional Sergeant shall visit the housing unit where residents on administrative status are housed at least twice daily.
2. The Shift Commander shall visit the housing unit at least daily.
3. The Unit Manager, or designee, shall visit the housing unit at least daily.
4. The Chief Administrative Officer, or designee, shall visit the housing unit at least weekly.
5. At a minimum, visits to a resident on administrative status shall be made by facility health care staff daily (unless medical attention is needed more frequently) to ensure the resident's access to appropriate health care.
  - a. the presence of the health care staff shall be announced to the residents in the unit and recorded in the housing unit log by security staff; and
  - b. the health care staff shall observe each resident and inquire of each resident as to the resident's well-being.
6. At a minimum, visits to a resident on administrative status shall be made by facility behavioral health staff weekly (unless mental health attention is needed more frequently) to ensure the resident's access to appropriate mental health care.
  - a. the presence of the behavioral health staff shall be announced to the residents in the unit and recorded in the housing unit log by security staff; and
  - b. the behavioral health staff shall observe each resident and inquire of each resident as to the resident's well-being.
7. Staff from all programs available to residents on administrative status shall visit the housing unit at least weekly.
8. Case managers assigned to residents on administrative status shall personally meet with each resident on their caseload a minimum of once per week, the meeting to be out-of-cell unless the resident's behavior indicates a threat to the case manager or other staff.

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9. Residents on administrative status shall be provided the opportunity to receive weekly visits from the facility chaplain to provide religious guidance. Residents may request further religious counselling through the chaplain.
10. Security staff shall inspect the cell of each resident on administrative status at least daily.
11. Staff who supervise or work with residents on administrative status on a regular basis shall be appropriately trained to perform duties relating to residents on that status, to include initial and annual training on this policy . The Chief Administrative Officer, or designee, shall establish practices to supervise and evaluate the performance of all staff who supervise or work with residents on administrative status on a regular basis and develop criteria for rotation of staff as necessary. *5-ACI-4A-13 & 5-ACI-4B-13*

**Procedure I: Release from Administrative Status** *5-ACI-4A-08*

1. A resident shall be released from administrative status when the Chief Administrative Officer, or designee, determines administrative status is no longer necessary as set out above or if the Commissioner, or designee, decides not to approve the retention of the resident on administrative status beyond thirty (30) days. The unit team for the restrictive housing unit or for another housing unit where the resident is being housed while on this status shall determine the appropriate housing unit for the resident to be placed in, after consulting with the resident’s prior unit team at the facility, if applicable, and that placement shall occur on the same day that the administrative status has ended. Any disagreement about the appropriate placement shall be resolved by the Chief Administrative Officer, or designee.
2. A step-down program shall be made available to residents on administrative status for more than thirty (30) days to facilitate the transition of the resident into general population or the community in accordance with applicable Department policies.

*5-ACI-4B-31*

This program shall include, at a minimum, the following:

- a. pre-screening evaluation;
  - b. monthly evaluations using a multidisciplinary approach to determine the resident's compliance with program requirements;
  - c. subject to monthly evaluations, gradually increasing out-of-cell time, then gradually increasing group interaction, then gradually increasing program opportunities, and finally gradually increasing privileges;
  - d. a step-down transition compliance review; and
  - e. post-screening evaluation.
3. A resident on administrative status shall not be released from administrative status directly to the community unless, no later than thirty (30) days prior to the resident’s current custody release date, the facility Chief Administrative Officer, or designee, after consultation with the unit team, determines that, if the resident continues to meet one or more of the criteria for administrative status, there would be an immediate and present danger to others or the safe and secure operation of the facility.

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4. In addition, a resident shall not be released from administrative status directly to the community unless that is reviewed and approved by the Commissioner, or designee. If the Chief Administrative Officer, or designee, has given approval for the resident to be released from administrative status directly to the community, the Unit Manager, or designee, shall immediately forward the Administrative Status Review Minutes form to the Commissioner, or designee. The Commissioner, or designee, shall document their decision on the form and return it to the Unit Manager, or designee, and the Unit Manager, or designee, shall document the decision in CORIS. The copy of the form returned by the Commissioner, or designee, shall be maintained in the resident's unit file.
5. If the decision is that the resident is not to be released directly to the community from administrative status, the Chief Administrative Officer, or designee, after consultation with a multidisciplinary team including the facility Director of Behavioral Health, or designee, shall determine the appropriate housing unit for the resident to be placed in pending release.
6. The procedures outlined in Department Policy (AF) 27.1, Release and Reentry Planning shall be followed for a resident who is to be released from administrative status directly to the community, as applicable.
7. In addition, if a resident on administrative status for more than thirty (30) days is to be released directly to the community from administrative status, the facility classification staff, or other designated facility staff, shall provide notification of release to appropriate state and local law enforcement. *5-ACI-4B-29*

**Procedure J: Documentation**

1. A logbook shall be maintained within the housing unit and shall be reviewed by the Unit Manager, or designee, at least daily. *5-ACI-4A-14*
2. All documentation pertaining to placement and reviews shall be done on forms as set out above and in CORIS for each resident on administrative status.
3. All other documentation shall be made in accordance with applicable Department policies and facility practice, including, but not limited to, in the unit logbook, in activity and other logs, and in CORIS, as applicable, to include, but not be limited to:
  - a. counts;
  - b. security rounds and the observations made during those rounds;
  - c. major incidents of any type;
  - d. unusual occurrences and/or behavior;
  - e. visits by staff as set out in Procedure H.
  - f. daily cell inspections by staff
  - g. sick call and medication distribution;
  - h. when showers were offered and whether they were taken and by which residents;
  - i. when exercise was offered and whether it was taken and by which residents;

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- j. when other out-of-cell was offered and whether it was taken and by which residents;
- k. regular and professional visits;
- l. privileged and emergency telephone calls;
- m. requests to use legal research terminals in the unit and the responses to those requests;
- n. alternative meals;
- o. programs and services offered (e.g., education, religious services);
- p. contact by health care staff;
- q. reasons for any decision to refuse a property item, program, service, or activity;
- r. any restrictions, exceptions, and special precautions; and
- s. any deviations from a schedule along with the explanation.

**Procedure K: Data Collection and Reporting**

1. The facility Chief Administrative Officer, or designee, shall ensure that the following data is collected on each resident who is placed on administrative status:
  - a. criteria on which the placement was based;
  - b. length of time on administrative status;
  - c. programs and services provided while the resident was on administrative status;
  - d. demographic data regarding age, gender, gender identity, race and ethnicity; and
  - e. any other data requested by the Commissioner, or designee.
2. The Chief Administrative Officer, or designee, shall provide a report on the data collected to the Commissioner, or designee, on a monthly basis.

**VIII. PROFESSIONAL STANDARDS**

**ACA**

- 5-ACI-4A-01 (MANDATORY) When an offender is transferred to special management housing, health care staff will be informed immediately and will provide a screening and review, as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each offender in special management housing receives a daily visit from a qualified health care professional. The visit ensures that offenders have access to the health care system. The presence of a health care provider in special management housing is announced and recorded. The frequency of physician visits to special management housing is determined by the health authority.**
- 5-ACI-4A-02 Special management units provide living conditions that approximate those of the general inmate population; all exceptions are clearly documented. Special management cells/rooms permit the inmates assigned to them to converse with and be observed by staff members.**
- 5-ACI-4A-04 When special management housing units exist, written policy and procedure govern their operation for the supervision of inmates under administrative status, protective custody, and disciplinary detention.**

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- 5-ACI-4A-07 Written policy, procedure, and practice provide for a review of the status of inmates in special management housing by the classification committee or other authorized staff group every seven days for the first two months and at least every 30 days thereafter.
- 5-ACI-4A-08 Written policy, procedure, and practice specify the review process used to release an inmate from administrative status and protective custody.
- 5-ACI-4A-10 Written policy, procedure, and practice provide that a qualified mental health professional personally interviews and prepares a written report on any inmate remaining in special management housing for more than 30 days. If confinement continues beyond 30 days, a mental health assessment by a qualified mental health professional is made at least every 30 days for inmates who have an identified mental health need and every three months for all other inmates—more frequently if prescribed by the chief medical authority.
- 5-ACI-4A-12 Written policy, procedure, and practice provide that inmates in special management housing receive daily visits from the senior correctional supervisor in charge, daily visits from a qualified health care official (unless medical attention is needed more frequently), and visits from members of the program staff upon request.
- 5-ACI-4A-13 Written policy and procedure govern the selection criteria, supervision, and rotation of staff who work directly with inmates in special management housing on a regular and daily basis.
- 5-ACI-4A-14 Written policy, procedure, and practice provide that staff operating special management housing units maintain a permanent log.
- 5-ACI-4A-15 Written policy, procedure, and practice provide that all inmates in special management housing are provided prescribed medication, clothing that is not degrading, and access to basic personal items for use in their cells unless there is imminent danger that an inmate or any other inmate(s) will destroy an item or induce self-injury.
- 5-ACI-4A-16 Written policy, procedure, and practice provide that inmates in special management housing have the opportunity to shave and shower at least three times per week.
- 5-ACI-4A-17 Written policy, procedure, and practice provide that inmates in special management housing receive laundry, barbering, and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as inmates in the general population. Exceptions are permitted only when found necessary by the senior officer on duty; any exception is recorded in the unit log and justified in writing.
- 5-ACI-4A-18 Alternative meal service may be provided to an inmate in special management housing who uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of the warden/ superintendent, or designee and responsible health authority, or designee. The substitution period shall not exceed seven days.
- 5-ACI-4A-19 Written policy, procedure, and practice provide that whenever an inmate in special management housing is deprived of any usually authorized item or activity, a report of the action is filed in the inmate's case record and forwarded to the chief security officer.
- 5-ACI-4A-20 Written policy, procedure, and practice provide that inmates in special management housing can write and receive letters on the same basis as inmates in the general population.
- 5-ACI-4A-21 Written policy, procedure, and practice provide that inmates in special management housing have opportunities for visitation unless there are substantial reasons for withholding such privileges.
- 5-ACI-4A-22 Written policy, procedure, and practice provide that inmates in special management housing have access to legal materials.

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- 5-ACI-4A-23 Written policy, procedure, and practice provide that inmates in special management housing have access to reading materials.
- 5-ACI-4A-24 Written policy, procedure, and practice provide that inmates in special management housing receive a minimum of one hour of exercise per day outside their cells, five days per week, unless security or safety considerations dictate otherwise.
- 5-ACI-4A-25 Written policy, procedure, and practice provide that inmates in administrative status or protective custody are allowed telephone privileges.
- 5-ACI-4A-27 Written policy, procedure, and practice provide that inmates in administrative status and protective custody have access to programs and services that include, but are not limited to, the following: educational services, commissary services, library services, social services, counseling services, religious guidance, and recreational programs.
- 5-ACI-4B-01 Written policy, procedure and practice provide that the placement of an inmate in Restrictive Housing shall be limited to those circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility. The policy governing the placement of an inmate in Restrictive Housing shall include:
- the relationship between the threat the inmates poses and the behaviors articulated in the policy.
  - the impact that Restrictive Housing may have on medical and mental health conditions exhibited by the inmate and the possible alternatives that may be available to compensate for such conditions.
  - a description of alternatives that may be available to safely deal with the threat posed by the inmate other than restricted housing.
- 5-ACI-4B-02 Written policy, procedure, and practice provide that the warden/superintendent, authorized designee or shift supervisor can order immediate removal from general population when it is necessary to protect the inmate or others. The action will be approved, denied, or modified within 24 hours by an appropriate and higher authority who is not involved in the initial placement.
- 5-ACI-4B-03 When Restrictive Housing units exist, written policy and procedure govern their operation.
- 5-ACI-4B-04 Restrictive Housing units provide living conditions that approximate those of the general inmate population; all exceptions are clearly documented. Restrictive Housing cells permit the inmates assigned to them to converse with and be observed by staff members. Space is available either inside the Restrictive Housing unit or external to the unit for treatment staff consultation with Restrictive Housing inmates.
- 5-ACI-4B-08 Written policy, procedure, and practice provide for a review of the status of inmates in Restrictive Housing by the classification committee or other authorized staff every seven days for the first 60 days and at least every 30 days thereafter.
- 5-ACI-4B-09 Written policy, procedure, and practice specify the review process used to release an inmate from Restrictive Housing.
- 5-ACI-4B-10 Written policy, procedure, and practice provide that a mental health practitioner/provider completes a mental health appraisal within 7 days of placement. This may include a mental health screening that has been completed by health care personnel at the time the offender is placed in restrictive housing. If confinement continues beyond 30 days, a behavioral health assessment by a mental health practitioner/provider is completed at least every 30 days for offenders with a diagnosed behavioral health disorder and more frequently if clinically indicated. For offenders without a behavioral health disorder, an assessment is completed every 90 days and more frequently if clinically indicated. The behavioral health assessment will be conducted in a manner that ensures confidentiality.

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- 5-ACI-4B-11 Written policy, procedure, and practice require that all Restrictive Housing inmates are 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 or self-harm receive more frequent observation; suicidal inmates are under continuous observation. Observation shall be documented on a log. A qualified mental health professional will determine the type of observation (minimal to constant).
- 5-ACI-4B-12 Written policy, procedure, and practice provide that inmates in Restrictive Housing receive daily visits from the senior correctional supervisor in charge, daily health care rounds from a qualified health care professional (unless medical attention is needed more frequently), and visits from members of the program staff at least weekly.
- 5-ACI-4B-13 Written policy and procedure govern the selection criteria, specialized training, supervision, and rotation of security staff who work directly with inmates in Restrictive Housing on a regular and daily basis.
- 5-ACI-4B-14 Written policy, procedure, and practice provide that all inmates in Restrictive Housing are provided medication as prescribed.
- 5-ACI-4B-15 Written policy, procedure, and practice provide that all inmates in Restrictive Housing are provided suitable clothing, and access to basic personal items for use in their cells unless there is imminent danger that an inmate or any other inmate(s) will destroy an item or induce self-injury.
- 5-ACI-4B-16 Written policy, procedure, and practice provide that inmates in Restrictive Housing have the opportunity to shave and shower at least three times per week. In instances where inmates are not allowed to shave or shower, these instances must be documented and reviewed by the senior correctional supervisor in charge.
- 5-ACI-4B-17 Written policy, procedure, and practice provide that inmates in Restrictive Housing receive laundry and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as inmates in the general population. Exceptions are permitted only when found necessary by the senior officer on duty; any exception is recorded in the unit log and justified in writing.
- 5-ACI-4B-18 Alternative meal service may be provided to an inmate in Restrictive Housing who uses food or food service equipment in a manner that is hazardous to self, staff, or other inmates. Alternative meal service is on an individual basis, is based on health or safety considerations only, meets basic nutritional requirements, and occurs with the written approval of the warden/superintendent, or designee and facility health care authority or designee. The substitution period shall not exceed seven days unless it is extended with the review of the authorizing administrator and the approval of the health care practitioner.
- 5-ACI-4B-19 Written policy, procedure, and practice provide that whenever an inmate in Restrictive Housing is deprived of any usually authorized item or activity; a report of the action is filed in the inmate's case record and forwarded to the chief security officer.
- 5-ACI-4B-20 Written policy, procedure, and practice provide that inmates in Restrictive Housing can write and receive letters on the same basis as inmates in the general population.
- 5-ACI-4B-21 Written policy, procedure, and practice provide that inmates in Restrictive Housing have opportunities for visitation unless there are substantial documented reasons for withholding such privileges.
- 5-ACI-4B-22 Written policy, procedure, and practice provide that inmates in Restrictive Housing have access to legal materials.
- 5-ACI-4B-23 Written policy, procedure, and practice provide that inmates in Restrictive Housing have access to reading materials.
- 5-ACI-4B-24 Written policy, procedure, and practice provide that inmates in Restrictive Housing receive a minimum of one hour of exercise outside their cells, five days per week, unless security or safety considerations dictate otherwise.

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- 5-ACI-4B-25 Written policy, procedure, and practice provide that inmates in Restrictive Housing are allowed at minimum telephone privileges to access the judicial process and family emergencies as determined by the facility administrator or designee unless security or safety considerations dictate otherwise.
- 5-ACI-4B-26 Written policy, procedure, and practice provide that inmates in Extended Restrictive Housing have access to programs and services that include but are not limited to the following: educational services, commissary services, library services, social services, behavioral health and treatment services, religious guidance, and recreational programs.
- 5-ACI-4B-27 Written policy, procedure, and practice provide that new inmates assigned directly to Restrictive Housing receive written 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.
- 5-ACI-4B-28 (MANDATORY) When an offender is transferred to Restrictive Housing, health care personnel will be informed immediately and will provide a screening and review as indicated by the protocols established by the health authority. The mental health portion of the screening should include at a minimum, but is not limited to:

**Inquiry into:**

- whether the offender has a present suicide ideation
- whether the offender has a history of suicidal behavior
- whether the offender is presently prescribed psychotropic medication
- whether the offender has a current mental health complaint
- whether the offender is being treated for mental health problems
- whether the offender has a history of inpatient and outpatient psychiatric treatment
- whether the offender has a history of treatment for substance abuse

**Observation of:**

- general appearance and behavior
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

**Disposition of offender:**

- no mental health referral
- referral to mental health care service
- referral to appropriate mental health care service for emergency treatment

If the results of the inmate screening indicate the inmate is at imminent risk for serious self-harm, suicide, exhibits debilitating symptoms of a SMI, or requires emergency medical care, a health care professional shall be contacted for appropriate assessment and treatment.

Unless medical attention is needed more frequently, each offender in Restrictive Housing receives a daily visit from health care personnel to ensure that offenders have access to the health care system. The presence of health care personnel in Restrictive Housing is announced and recorded. The health authority determines the frequency of physician visits to Restrictive Housing units.

Unless mental health attention is needed more frequently, each offender in Restrictive Housing shall receive a weekly visit from mental health staff to ensure that offenders have access to the behavioral health system. The presence of a mental health staff in Restrictive Housing is announced and recorded. The mental health authority determines the frequency of mental health professionals to Restrictive Housing units.

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- 5-ACI-4B-29** Written policy, procedure and practice require that the agency will attempt to ensure offenders are not released directly into the community from Extended Restrictive Housing. In the event that the release of an offender directly from Extended Restrictive Housing into the community is imminent, the facility will document the justification and receive agency level or designee approval (does not apply to immediate court order release).
- In addition to required release procedures (see 5-ACI-5F-05) the following must be taken at a minimum:
- development of a release plan that is tailored to specific needs of the offender (does not apply to immediate court order release)
  - notification of release to state and local law enforcement
  - notify releasing offender of applicable community resources
  - victim notification (if applicable/there is a victim)
- 5-ACI-4B-30** An individual diagnosed with a serious mental illness will not be placed in Extended Restrictive Housing, unless the multidisciplinary service team determines there is an immediate and present danger to others or the safety of the institution. There must be an active individualized treatment plan that includes weekly monitoring by mental health staff, treatment as necessary, and steps to facilitate the transition of the offender back into general population.
- 5-ACI-4B-31** Written policy, procedure, and practice require that step down programs are offered to Extended Restrictive Housing inmates to facilitate the reintegration of the inmate into general population or the community. These programs shall include, at a minimum, the following:
- pre-screening evaluation
  - monthly evaluations using a multidisciplinary approach to determine the inmate's compliance with program requirements
  - subject to monthly evaluations; to gradually increasing out-of-cell time to gradually increasing group interaction to gradually increasing education and programming opportunities to gradually increasing privileges
  - a step-down transition compliance review
  - post Screening Evaluation
- 5-ACI-4B-32** Female inmates determined to be pregnant will not be housed in Extended Restrictive Housing.
- 5-ACI-4B-33** Confinement of offenders under the age of 18 years of age in Extended Restrictive Housing is prohibited.
- 5-ACI-4B-34** An inmate will not be placed in Restrictive Housing on the basis of Gender Identity alone.

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