

# **The Reduction of Restrictive Housing in the Virginia Department of Corrections**

FY2019 Report



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October 1, 2019



## Authority

This report has been prepared and submitted to fulfill the requirements of Chapter 516 of the Acts of Assembly of 2019.<sup>1</sup> This provision requires the Department of Corrections to report certain information pertaining to the agency's restrictive housing and Shared Allied Management populations to the Governor, the Chairmen of the House Committee on Militia, Police and Public Safety and the Senate Committee on Rehabilitation and Social Services, and the Clerks of the House of Delegates and the Senate by October 1<sup>st</sup> of each year.<sup>2</sup>

## Background

Over the past 20 years, prison systems across the nation have increasingly relied on restrictive housing as a management status for offenders deemed as a risk to the safety of other incarcerated offenders or prison staff. Typically, offenders were assigned to "Administrative Segregation" due to assaultive and disruptive behaviors at lower security level prisons, escape histories, or extremely violent and notorious crimes. Offenders were managed constitutionally but traditionally with high security control limiting socialization and lack of design for progression into lower security levels or general population. Since 2011, the Virginia Department of Corrections (VADOC) has remained dedicated to developing a culture change and reducing the use of restrictive housing. VADOC spearheaded an organizational shift and managed the initial risk in the institutional setting to accelerate reentry skill-building. The Wallens Ridge and Red Onion State Prison Restrictive Housing Reduction Step-Down Program ensures people returning to the community have the tools they need to succeed. By focusing on risk reduction in addition to traditional risk control, offenders progress to a general population setting through an interactive journaling series utilized independently and in group settings, through the use of therapeutic modules and programming. Offenders are evaluated on several different characteristics including behavior, personal hygiene, cell compliance, and overall respect toward staff and other offenders.

VADOC's reform efforts have been nationally recognized. In 2013, the Southern Legislative Conference presented Virginia the State Transformation in Action Recognition (STAR) Award, for its diligent work toward reducing restrictive housing. In 2014, the General Assembly passed Senate Joint Resolution 184 "*commending the Virginia Department of Corrections for its outstanding leadership and dedication to public safety in administering the Step Down program.*"

<sup>3</sup> In 2016, the U.S. Department of Justice, in its *Report and Recommendations Concerning the Use of Restrictive Housing*,<sup>4</sup> highlighted five jurisdictions that have undertaken particularly significant reforms in recent years, featuring Red Onion State Prison. Virginia has served as a

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<sup>1</sup> HB1642 (<https://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0453>), patroned by Delegates Hope, Carroll Foy, Carter, Guzman, Keam, Kory, Krizek, Levine, Lopez, Price, Sullivan, and Thomas, and SB1777 (<https://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+CHAP0516>), patroned by Senators Saslaw and Ebbin, set forth the information to be contained this report

<sup>2</sup> <https://law.lis.virginia.gov/vacode/title53.1/chapter2/section53.1-39.1/>

<sup>3</sup> SJ 184 (<http://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+SJ184ER>) patroned by Senator Ebbin and Delegate Hope

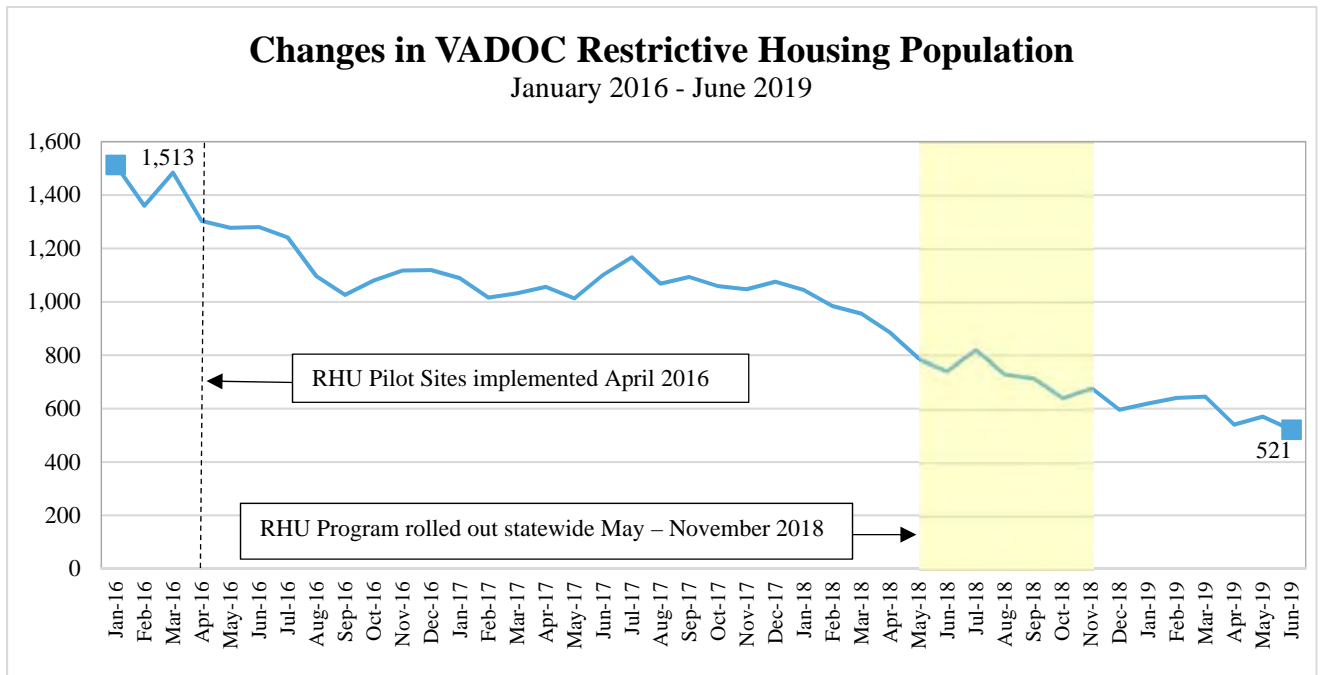
<sup>4</sup> <https://www.justice.gov/archives/dag/report-and-recommendations-concerning-use-restrictive-housing>



support to thirteen different states who have toured, observed, and applied aspects of the step-down operations in their own jurisdictions.

In December 2016, the Vera Institute of Justice (Vera)—in partnership with the U.S. Department of Justice Programs, Bureau of Justice Assistance (BJA)—selected Virginia as one of five new states to join the Safe Alternatives to Segregation Initiative (SAS Initiative). In recognition of the infrastructure that VADOC already had in place as part of its ongoing efforts to reduce the use of restrictive housing, Vera offered to provide targeted technical assistance to VADOC. Vera assisted VADOC with its reform efforts, provided recommendations, and developed a partnership of learning from cultural reform. The Vera Institute of Justice Report highlighted “Great Successes” of Virginia’s Restrictive Housing Reforms and offered support for future initiatives. Vera found that VADOC staff reported “witnessing improved behavior, a calmer environment and higher staff morale in the Restrictive Housing Units.”

Based upon the documented success of this incentivized step-down process, with enhanced conditions of confinement, VADOC began a Restrictive Housing Pilot Program in four medium security level institutions in April 2016. This program was successfully expanded to all male facilities by November 2018. From January 2016 to June 2019, VADOC decreased its restrictive housing population statewide by 66% (-992).



## FY2019 Restrictive Housing Summary

During FY2019, more offenders exited from a restrictive housing setting than entered (7,331 exits vs. 7,121 entries). One-hundred sixty-two offenders were released from short-term restrictive



housing directly to the community. More than three-quarters of these 162 offenders (123 or 76%) entered short term restrictive housing within the 30 days immediately preceding their release.<sup>5</sup> No security level “S” offenders were released directly to the community in FY2019.<sup>6</sup>

### *Short-Term Restrictive Housing*

There were 484 offenders in short-term restrictive housing on June 30, 2019, comprising 1.6% of VADOC’s average daily population (ADP). Demographically, 58% of these offenders were Black while 41% were White. On average, these offenders were 35.2 years old with almost one-third (32%) under thirty years old and 10% fifty years old or older. More than half (51%) of these offenders in short-term restrictive housing had no history or current evidence of mental health impairment while 45% had either minimal or mild mental health impairment.<sup>7</sup> More than one-third (37%) of these offenders in short-term restrictive housing had no medical disabilities. Sixty-one percent of these offenders have medical conditions that are not indicative of a need for a medical/infirmiry bed or assisted living bed.<sup>8</sup> The remaining 0.8% (4 offenders) do have a medical condition that could warrant placement in a medical/infirmiry bed or assisted living bed.

Offenders in short-term restrictive housing on June 30, 2019 had been at every custody level at the time of their placement in short-term restrictive housing. More than one-quarter (27%) were at moderate custody level, another 26% were at a medium custody level, and 21% were at a maximum custody level. On average, these offenders in short-term restrictive housing each had 4.9 convictions for major disciplinary offenses prior to their placement in short-term restrictive housing (median=2.0). On average, these offenders each had 13.4 convictions for less serious disciplinary offenses prior to their placement in short-term restrictive housing (median=7.0).<sup>9</sup>

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<sup>5</sup> Includes offenders who voluntarily request placement in short-term restrictive housing within 30 days of their scheduled release so as to not engage in behavior that may negatively impact their release date

<sup>6</sup> Offenders assigned to security level “S”, designated as VADOC’s highest level of classification, are considered to be in long-term restrictive housing. Offenders work their way out of security level “S” through an incentivized step-down process, with enhanced conditions of confinement, accountability, and cognitive behavioral programming.

<sup>7</sup> A numeric code assigned to an offender by a Psychology Associate that reflects the offender’s current mental health status and mental health service needs; the coding system is hierarchical, ranging from MH-0 representing no current need for mental health services to MH-4 representing the greatest need for mental health services. Please refer to DOP 730.2 for more detailed information

(<https://vadoc.virginia.gov/files/operating-procedures/700/vadoc-op-730-2.pdf>)

<sup>8</sup> Offenders with a medical class code of E, J, K, or L could have a need for placement in a medical/infirmiry bed, and offenders with a medical class code of F, G, or H could have a need for placement in an assisted living bed. See the Medical Class table at the end of this report for a more detailed description of these codes.

<sup>9</sup> Includes all Disciplinary Offense Convictions that have occurred throughout an offender’s current term of state responsible incarceration; major disciplinary offenses (Level 100 Charges) include, but are not limited to, offenses such as killing or attempting to kill another person, escape or attempted escape, possession of a weapon, sexual assault, and aggravated assault; less serious disciplinary offenses (Level 200 Charges) include, but are not limited to, offenses such as refusing to attend class or programming, disobeying an order, threatening bodily harm to another, fighting with any person, and possession of contraband. For a complete list of disciplinary offenses, please refer to Department Operating Procedure 861.1 - Offender Discipline, Institutions (<https://vadoc.virginia.gov/files/operating-procedures/800/vadoc-op-861-1.pdf>)



Offenders released from short-term restrictive housing during FY2019 had a median length of stay of 14.1 days. More than one-quarter (26%) of these offenders released from short-term restrictive housing were released within five days, and another 26% were released within 14 days.

### ***Red Onion Step-Down Program***

The population of Red Onion Step-Down Program is much lower than the population in short-term restrictive housing (37 vs. 484 on June 30, 2019). This is because the Red Onion Step-Down Program was designed for two specific types of offenders: 1) those who have a history that indicates the willingness to carry out intentional, serious, or deadly harm; have a high escape risk; and/or have high profile crimes and/or significant media attention and may be targets of other offenders; and 2) those who have frequently recurring disciplinary violations; have a history of fighting with staff or inmates or violent resistance towards a staff intervention, but without the intent to invoke serious harm or the intent to kill; and/or intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing. The first type of offender is assigned to the Intensive Management (IM) pathway to progress out of restrictive housing, while the second type of offender is assigned to the Special Management (SM) pathway to progress out of restrictive housing.

There were 37 offenders in the Red Onion Step-Down Program on June 30, 2019, comprising 0.1% of VADOC's average daily population (ADP). Demographically, 30 of these 37 offenders were Black. On average, these offenders were 37.9 years old, making them slightly older than the offenders in short-term restrictive housing (35.2 years old). Ten of the 37 offenders in the Red Onion Step-Down Program were under thirty years old, and five of these offenders were fifty years old or older. Thirteen of these offenders had no history or current evidence of mental health impairment while the remaining 24 offenders had either minimal or mild mental health impairment. Sixteen of these 37 offenders had no medical disabilities. The remaining 21 offenders have medical conditions that are not indicative of a need for a medical/infirmarary bed or assisted living bed. No offenders in the Red Onion Step-Down Program have a medical condition warranting placement in a medical/infirmarary bed or assisted living bed.

Offenders in the Red Onion Step-Down Program on June 30, 2019 were all security level "S" offenders.<sup>10</sup> On average, these 37 offenders had two and half times the number of Level 100 disciplinary offense convictions as the offenders in short-term restrictive housing (13.3 for those in the Step-Down Program compared to 4.9 for those in short-term restrictive housing). On average, these 37 offenders had almost twice as many Level 200 disciplinary offense convictions as the offenders in short-term restrictive housing (23.3 for those in the Step-Down Program compared to 13.4 for those in short-term restrictive housing).

Offenders released from the Red Onion Step-Down Program during FY2019 had a median length of stay of 221 days. Almost one-third (32%) of these offenders released from the Red Onion

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<sup>10</sup> Offenders assigned to security level "S", designated as VADOCs highest level of classification, are considered to be in long-term restrictive housing. Offenders work their way out of security level "S" through an incentivized step-down process, with enhanced conditions of confinement, accountability, and cognitive behavioral programming.





Step-Down Program were released within six months, and another 48% were released within six to 12 months.

More detailed information about the Red Onion Step-Down Program can be found in the tables beginning on Page 7 of this report.

## **FY2019 Shared Allied Management Summary**

VADOC's Shared Allied Management (SAM) Units are not restrictive housing. In January 2018, the agency created and ultimately expanded the SAM Units within the general population in its institutions. The intent of SAM Units is to promote safety and stability within institutions while reducing the cycling of certain offenders into and out of restrictive housing. The SAM Unit population is composed of three distinct groups of offenders which VADOC identifies as requiring more intense case management:

- **Mental Health Population:** mentally ill or seriously mentally ill (SMI) individuals who are at a greater risk to cycle through restrictive housing and/or licensed mental health pods for disruptive behavior related to their mental health diagnoses and symptoms;
- **Medical Population:** medically infirm individuals requiring intermittent medical attention but not requiring placement in the infirmary; or
- **Vulnerable Population:** individuals who are at greater risk for victimization or being bullied in general population due to characteristics such as a cognitive challenge, age (seniors and youthful), or small in stature or timid personality.

SAM Units better address offender needs and reduce high demands on security, mental health staff, and medical staff while keeping the offenders in a general population setting. The SAM Unit program provides a continuum of services to assist in planning for the offenders' release and successful transition to society. Within this modified therapeutic community, offenders experience unique programs such as Distress Tolerance Skills Group, which includes Dialectical Behavior Therapy (DBT). SAM Unit offenders also review topics such as crisis intervention, anger management, and emotional regulation skills. The goal is to create therapeutic environments for offenders with similar characteristics to encourage prosocial behaviors and interactions amongst others.

There were 602 offenders in a Shared Allied Management (SAM) Unit on June 30, 2019. Demographically, 58% of these offenders were White while 41% were Black. On average, these offenders were 44.5 years old, with 14% of these offenders under thirty years of age and more than one-third (36%) of these offenders fifty years old or older. Nearly two-thirds (63%) of these offenders had either minimal or mild mental health impairment, while 21% of these offenders had either a diagnosis of serious mental illness or had moderate mental health impairment. Ten percent of these offenders have no medical disabilities, while 81% of these offenders have a medical condition that is not indicative of a need for a medical/infirmary bed or assisted living bed. The remaining nine percent of offenders in the SAM Units do have a medical condition that could warrant placement in a medical/infirmary bed or an assisted living bed.



Almost one-third (31%) of the SAM Unit offenders had a custody level of “4-Close”, another 31% had a custody level of “3-Medium”, and 20% had a custody level of “2-Moderate”. On average, these offenders each had 4.4 convictions for major disciplinary offenses (median=1.0). On average, these offenders each had 12.5 convictions for less serious disciplinary offenses (median=6.0).

More detailed information about the SAM Unit offenders can be found in the tables beginning on Page 7 of this report. Copies of VADOC restrictive housing procedures and changes to these procedures during FY2019 begin on Page 10 of this report.

## VADOC Restrictive Housing Report - FY2019 (§53.1-39.1)

VADOC Average Daily Population (FY2019) = 29,994

Offenders Placed in Restrictive Housing (July 1, 2018 - June 30, 2019) = 7,121

Offenders Released from Restrictive Housing (July 1, 2018 - June 30, 2019) = 7,331

Offenders Released from Short Term Restrictive Housing<sup>1</sup> Directly to the Community (July 1, 2018 - June 30, 2019) = 162

Offenders Released from ROSP Step Down Program<sup>2</sup> Directly to the Community (July 1, 2018 - June 30, 2019) = 0

Number of Full-Time Mental Health Staff (as of June 30, 2019) = 161

Offenders in Restrictive Housing or SAM Units (as of June 30, 2019) =	Short Term RH <sup>1</sup>		Step Down Program <sup>2</sup>		SAM Unit <sup>3</sup>	
	484		37		602	
<b>Gender</b>	Short Term RH <sup>1</sup>		Step Down Program <sup>2</sup>		SAM Unit <sup>3</sup>	
	Number	Col %	Number	Col %	Number	Col %
Male	449	93%	37	100%	602	100%
Female	35	7%	0	0%	0	0%
<b>Race</b>						
White	197	41%	6	16%	349	58%
Black	283	58%	30	81%	246	41%
Other	4	1%	1	3%	7	1%
<b>Ethnicity</b>						
Hispanic	16	3%	0	0%	18	3%
Non-Hispanic	468	97%	37	100%	584	97%
<b>Current Age (as of June 30, 2019)</b>						
Under 18	0	0%	0	0%	0	0%
18 - 24	61	13%	3	8%	24	4%
25 - 29	94	19%	7	19%	60	10%
30 - 34	105	22%	6	16%	79	13%
35 - 39	89	18%	6	16%	91	15%
40 - 44	54	11%	4	11%	79	13%
45 - 49	35	7%	6	16%	50	8%
50 - 54	22	5%	2	5%	64	11%
55 - 59	13	3%	1	3%	67	11%
60 - 64	6	1%	2	5%	34	6%
65 and Over	5	1%	0	0%	54	9%
Average Age	35.2		37.9		44.5	



**VADOC Restrictive Housing Report - FY2019 (§53.1-39.1)**

	Short Term RH <sup>1</sup>		Step Down Program <sup>2</sup>		SAM Unit <sup>3</sup>	
	Number	Col %	Number	Col %	Number	Col %
<b>Mental Health Code</b>						
MH X - No code assigned	0	0%	0	0%	0	0%
MH O - No history or current evidence of impairment	247	51%	13	35%	95	16%
MH 1 - Minimal impairment	49	10%	5	14%	28	5%
MH 2 - Mild impairment	167	35%	19	51%	352	58%
MH S2 - Diagnosis of serious mental illness	10 <sup>4</sup>	2%	0	0%	117	19%
MH 3 - Moderate impairment	9 <sup>4</sup>	2%	0	0%	10	2%
MH 4 - Severe impairment	2 <sup>4</sup>	0%	0	0%	0	0%
Not Reported	0	0%	0	0%	0	0%
<b>Medical Class Code</b>						
A - No Disabilities	180	37%	16	43%	61	10%
B - Moderate sight/hearing problems, Mild, controlled hypertensives, Asthmatics	98	20%	4	11%	66	11%
D - Hepatitis C Virus on treatment, Documented systemic allergies, IDDM (insulin dependent diabetic mellitus), Psychotropic medication	200	41%	17	46%	420	70%
E - Severe cardiac case, Severe respiratory case, Weekly or monthly medical appointments	0	0%	0	0%	15	2%
F - Any Facility without hills, or housing/critical areas without steps or barriers	2	0%	0	0%	10	2%
G - Adapted for Handicapped MSD	1	0%	0	0%	21	3%
H - Assisted Living	0	0%	0	0%	4	1%
J - Respiratory Isolation	0	0%	0	0%	1	0%
K - Infirmary (DFCC, GRCC, FCCW, PMU)	1	0%	0	0%	2	0%
L - Dialysis in Population/infirmary	0	0%	0	0%	0	0%
Not Reported	2	0%	0	0%	2	0%
<b>Offender Security/Custody Level at Time of Placement</b>						
W - Work center	9	2%	0	0%	1	0%
1 - Minimum	23	5%	0	0%	3	0%
2 - Moderate	131	27%	0	0%	118	20%
3 - Medium	128	26%	0	0%	185	31%
4 - Close	69	14%	0	0%	186	31%
5 - Maximum	104	21%	0	0%	81	13%
6 - Level 6	5	1%	0	0%	20	3%
Special <sup>5</sup>	4	1%	37	100%	5	1%
Other <sup>6</sup>	11	2%	0	0%	3	0%
<b>Disciplinary Offense Convictions Preceding Restrictive Housing or SAM Unit Placement<sup>7</sup></b>	Mean	Median	Mean	Median	Mean	Median
Average Number of Level 100 Charges	4.9	2.0	13.3	9.0	4.4	1.0
Average Number of Level 200 Charges	13.4	7.0	23.3	17.5	12.5	6.0

## VADOC Restrictive Housing Report - FY2019 (§53.1-39.1)

<b>Length of Stay in Short Term Restrictive Housing for All Releases from Short Term Restrictive Housing<sup>8</sup></b>	Number	Col %
Less Than 5 Days	2,823	26%
5 to 9 Days	1,724	16%
10 to 14 Days	1,109	10%
15 to 29 Days	2,087	19%
30 Days or More	3,166	29%
Median Length of Stay (days)	14.1	
<b>Length of Stay in Step Down Program for All Releases from RO SP Step Down Program<sup>9</sup></b>	Number	Col %
Less than 3 Months	6	6%
3 to 6 Months	25	26%
6 to 12 Months	47	48%
12 to 18 Months	10	10%
18 Months Or More	9	9%
Median Length of Stay (months)	7.3	

<sup>1</sup>Includes offenders who voluntarily request placement in Short Term RH within 30 days of their scheduled release so as to not engage in behavior that may negatively impact their release date

<sup>2</sup>Step Down Program combines structured evidence-based practices, including re-entry programming, with incentives to allow offenders to progress toward increased responsibilities and avenues for offenders to earn their way to a less restrictive environment. The Intensive Management (IM) Pathway is designed for offenders who: have a history that indicates the willingness to carry out intentional serious or deadly harm; have a high escape risk; or have high profile crimes and/or significant media attention and may be targets of other offenders. The Special Management (SM) Pathway is designed for offenders who: have frequently recurring disciplinary violations; have a history of fighting with staff or inmates or violent resistance towards a staff intervention, but without the intent to invoke serious harm or the intent to kill; or intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing.

<sup>3</sup>Shared Allied Management (SAM) Units are specialized units designated for offenders with Serious Mental Illness (SMI) and other vulnerable populations. For example, SAM may appeal to: offenders with mental health diagnoses that result in management challenges in general population or offenders who frequently cycle in and out of restrictive housing and/or licensed mental health units; offenders with medical conditions requiring frequent nursing attention, but not requiring admission to the infirmary; and offenders subject to bullying or manipulation due predation characteristics such as an intellectual challenge, age, or size.

<sup>4</sup>ACA Standards require that the placement of offenders with Serious Mental Illness in Restrictive Housing will not exceed 30 days; to accomplish this, the VADOC Multi-Disciplinary Team (MDT) formally reviews these offenders within 3 and 10 days of admission to Restrictive Housing for release or transfer to appropriate housing, programs, and treatment; all of these offenders are removed from Restrictive Housing by Day 28 unless a clinical exception is granted.

<sup>5</sup>Offenders assigned to security level "S", designated as VADOCs highest level of classification, are considered to be in long-term restrictive housing. Offenders work their way out of security level "S" through an incentivized step-down process, with enhanced conditions of confinement, accountability, and cognitive behavioral programming.

<sup>6</sup>Includes Protective Custody, Hearing Impaired, and newly received offenders whose security level has not yet been determined

<sup>7</sup>Includes all Disciplinary Offense Convictions that have occurred throughout an offender's current term of state responsible incarceration; Level 100 Charges include, but are not limited to, offenses such as killing or attempting to kill another person, escape or attempted escape, possession of a weapon, sexual assault, and aggravated assault; Level 200 Charges include, but are not limited to, offenses such as refusing to attend class or programming, disobeying an order, threatening bodily harm to another, fighting with any person, and possession of contraband. For a complete list of disciplinary offenses, please refer to Department Operating Procedure 861.1 - Offender Discipline, Institutions (<https://vadoc.virginia.gov/files/operating-procedures/800/vadoc-op-861-1.pdf>)

<sup>8</sup>If an offender was placed into and released from Short Term RH multiple times during the year, each release is shown here in order to present the length of stay for each stay in Short Term RH

<sup>9</sup>If an offender was placed into and released from the RO SP Step Down Program multiple times during the year, each release is shown here in order to present the length of stay for each stay in the RO SP Step Down Program



# Operating Procedure

<b>Effective Date</b> April 1, 2019	<b>Number</b> 425.4
<b>Amended</b>	<b>Operating Level</b> Department
<b>Supersedes</b> Operating Procedure 425.4 (9/1/16) Operating Procedure 425.4 RH (2/1/16)	
<b>Authority</b> COV §53.1-10, §53.1-25	
<b>Subject</b> <b>MANAGEMENT OF BED AND CELL ASSIGNMENTS</b>	
<b>ACA/PREA Standards</b> 5-2C-4133, 5-3D-4281, 5-3D-4281-2, 5-4A-4260, 5-4A-4265, 5-4B-0001, 5-4B-0020, 5-4B-0029, 5-4B-0032, 5-4B-0035, 5-5D-4339; 4-4133, 4-4260, 4-4265, 4-4281, 4-4281-2, 4-4339; §115.5, §115.14, §115.42, §115.43, §115.68, §115.81	
<b>Incarcerated Offender Access</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Public Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Attachments</b> Yes <input checked="" type="checkbox"/> #1 No <input type="checkbox"/>
<b>Office of Primary Responsibility</b> Director of Security and Correctional Enforcement	

Portions of this operating procedure are excluded from public disclosure under the Virginia Freedom of Information Act and have been redacted in accordance with COV §2.2-3704.01.

## I. PURPOSE

This operating procedure provides guidance for appropriate assignment of offenders to beds in Department of Corrections institutions. Included are review processes for offenders assigned to double cells and considerations for assignment to restrictive housing units and other special populations as well as movement from these units to general population.

## II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## III. DEFINITIONS

**“At Risk” Offender** - An offender identified by a Qualified Mental Health Professional as meeting the criteria in Operating Procedure 730.5, *Mental Health Services: Behavior Management*, based on evaluation of the impact that restrictive housing may have on mental health conditions exhibited by the offender

**Central Classification Services (CCS)** - Staff members from the Offender Management Services Unit who review certain recommendations made by the Institutional Classification Authority and Multi-Disciplinary Team (MDT) to render a final decision regarding offender status and assignments

**Discharge** - The release of an offender from a facility due to satisfying the requirements for incarceration at that facility; discharge may be due to parole, good time release, pardon, court order, completion of Community Corrections program or other reasons. Discharge may be to society with or without probation/parole/ post-release obligations or discharge may be to law enforcement authorities for other legal obligations or deportation.

**General Detention** - Special purpose bed assignments, utilized under proper administrative process, for the immediate secure confinement of offenders pending review for an appropriate assignment

**Grooming Standards Violator Housing Unit (VHU)** - An offender housing unit designated to house Grooming Standards Violators with the objective to manage and encourage compliance of male offenders determined to be in violation of Department of Corrections grooming standards

**Health Trained Staff** - A DOC employee, generally a Corrections Officer who has been trained to administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency

**High Risk Sexual Victim (HRSV)** - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender confirmed as a sexual victim or identified as being at high risk of

being sexually victimized

**Institution** - A prison facility operated by the Department of Corrections - includes major institutions, field units, and work centers

**Institutional Classification Authority (ICA)** - The facility staff person designated to conduct offender case review hearings; hearings related to restrictive housing status review are formal due process hearings and are generally conducted by a Multi-Disciplinary Team.

**Management Path** - The restrictive housing unit level to which the offender is assigned and the remaining steps for the offender to enter full privilege general population

**Medical Practitioner** - A physician, physician's assistant, or nurse practitioner licensed to practice medicine in the Commonwealth of Virginia or in the jurisdiction where the treatment is to be rendered or withheld

**Mental Health Residential Treatment Unit** - A designated treatment unit where mental health services are provided to offenders who are unable to function in a general population setting due to mental disorder but who typically do not meet the criteria for admission to an Acute Care unit

**Multi-Disciplinary Team (MDT)** - MDT members are responsible to review individual offenders related to restrictive housing and step-down statuses and act as the Institutional Classification Authority to make recommendations for housing status, transfer, security level, good time class, etc.; decisions are the responsibilities of the Facility Unit Head and Regional Administrator.

**Offender with Serious Mental Illness (SMI)** - An offender diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, Posttraumatic Stress Disorder (PTSD) or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living.

**Protective Custody Unit** - A special purpose general population housing unit designated by the Director for offenders classified as requiring separation from other offenders as a result of their personal security needs; offenders requesting and requiring assignment to a protective custody unit may be managed in General Detention and Restrictive Housing, as appropriate, pending assignment and transfer.

**Qualified Mental Health Professional (QMHP)** - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, Psychiatric Provider, Social Worker (Masters level) or Registered Nurse or an individual with at least a Master's degree in psychology, social work or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders

**Restrictive Housing Unit** - A general term for special purpose bed assignments including general detention, restrictive housing, and step-down statuses; usually a housing unit or area separated from full privilege general population

- **Restrictive Housing (RHU)** - Special purpose bed assignments operated under maximum security regulations and procedures, and utilized under proper administrative process, for the personal protection or custodial management of offenders
- **RH Step-down 1 (SD-1), RH Step-down 2 (SD-2)** - General population bed assignments operated with increased privileges above Restrictive Housing but more control than full privilege general population

**Secure Diversionary Treatment Program (SDTP)** - Bed assignments designated for offenders who have been classified as SMI; operates with structured security regulations and procedures, and provides programming and treatment services conducive with evidence based treatment protocols and individualized treatment plans

**Shared Allied Management (SAM) Unit** - A residential programming unit operated at designated DOC institutions to deliver intensive services in a safe environment to specific offender populations that typically require a high level of services from security, mental health, and/ or medical staff

**Steps to Achieve Reintegration (STAR) Program** - A DOC program operated at designated DOC

institutions for offenders, who motivated by an unspecified fear, refuse to leave restrictive housing and enter general population

**Tether** - A strap inserted through the tray slot of the cell door to fasten an offender's handcuffs while the offender is kneeling to apply leg irons and for offender escort, where one officer maintains control of the strap that is attached to the handcuffs

**Working Day** - Weekdays, Monday through Friday, except official state holidays

**Youthful Inmate** - Any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail (§115.5)

#### IV. BED AND CELL ASSIGNMENTS

##### A. Use of Offender *Classification Assessment*

1. Institutional staff will use information from the offender's *Classification Assessment* when determining appropriate housing and bed assignments with the goal of protecting offenders from personal abuse, personal injury, disease, property damage, harassment, and to separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive in accordance with Operating Procedure 810.1, *Offender Reception and Classification*, and Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*. (5-3D-4281, 5-3D-4281-2; 4-4281, 4-4281-2; §115.42[a])
  - a. Staff will make individualized determinations about how to ensure the safety of each offender. (§115.42[b])
  - b. Housing and bed assignments for transgender or intersex offenders will be made on a case-by-case basis and will take into consideration whether an assignment would ensure the offender's health and safety and whether the assignment would present management or security problems. (§115.42[c])
    - i. A transgender or intersex offender's views with respect to their own safety will be given serious consideration. (§115.42[e])
    - ii. When an offender indicates they are transgender or intersex during the *Classification Assessment* or at any time during their incarceration, a "six month follow up" alert must be placed in VACORIS. A Counselor or the staff member completing the *Classification Assessment* will add the alert and notify mental health staff by email. (§115.42[d])
    - iii. Lesbian, gay, bisexual, or intersex offenders will not be placed in a dedicated housing unit or wing solely on the basis of such identification or status. (§115.42[g])
2. Any information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioners and other staff, as necessary, to make appropriate housing and bed assignments, or as otherwise required by Federal, State, or local law. (§115.81[d])

##### B. Bed and Cell Assignments

1. Single Cell Assignments
  - a. Institutions will provide for single cell assignments to meet special needs, including but not limited to offenders with severe medical disabilities, serious mental illnesses, sexual predators, offenders likely to be exploited or victimized by others, and offenders who have other special needs for single housing. (5-2C-4133; 4-4133)
  - b. Single cell assignments may also be used to encourage positive behavior.
2. Assignment to a Double Cell
  - a. Offender assignment to a bed other than a single cell requires judgment based on all available information in order to determine offender double cell compatibility.
  - b. Offenders must be compared for double cell compatibility using the VACORIS *Cell Compatibility Assessment*.

- i. Factors considered in the *Cell Compatibility Assessment* include history of assaultive behavior, potential for victimization or aggressive behavior, history of prior victimization, special medical and mental health status, escape history, age, and “Alerts.”
- ii. The Shift Commander or above should use any other related information, including interviews and observations if needed in the cell assignment decision.
- c. The Facility Unit Head or designated authority of management rank must approve any assignment to a double cell for an offender with a *Double Cell Restriction Alert* in VACORIS.
- d. Program and security staff should review existing double cell assignments following relevant changes in an offender’s behavior or special needs, or upon identification of information not previously available.

C. Cell Assignment and Bed Changes

- 1. Each institution should provide a process for offenders to request cell assignment and bed changes and a process to appeal the institution’s decision. Existing processes i.e. *Offender Request* or *Informal Complaint* may be utilized.
- 2. Routine cell assignments and bed moves from one building or housing area to another will occur only during the day shift.
- 3. Cell assignments and bed moves within an individual building or housing area may take place during an evening shift.
- 4. Emergency cell assignments and bed moves made at other times will be the exception rather than a routine option, and will require the approval of the Facility Unit Head or designated authority of management rank.

D. Cell and bed assignments to Honor Dorms and programs that offer extra privilege incentives will be operated in accordance with institution specific implementation memoranda defining the necessary qualifications and the privileges to be allowed.

E. Medical Observation Units, Infirmaries, or Mental Health Units - The decision to assign offenders to such units is a medical decision to be made by the treating physician or QMHP and is not governed by this operating procedure.

F. Youthful Inmates (§115.14) (Under age 18, convicted as an adult; not under *Youthful Offender Law*)

- 1. The DOC provides specialized housing arrangements for youthful inmates that meet the requirements of this standard.
- 2. A youthful inmate will not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters.
- 3. Direct supervision by institutional staff is required at all times when a youthful inmate and an adult offender have sight, sound, or physical contact with one another.
- 4. All youthful inmates will be assigned to the specialized unit, unless this assignment would create a risk to the safe, secure, and orderly operation of the institution. Exigent circumstances may require removal to a restrictive housing unit.

V. RESTRICTIVE HOUSING UNITS

A. This operating procedure governs the operation of restrictive housing units at Security Level 1 through Security Level 5 institutions. Offender accessible information on this subject can be found in Operating Procedure 841.4, *Restrictive Housing Units*.

- 1. Security Level W institutions and Deerfield Correctional Center do not operate restrictive housing units; when warranted, offenders will be immediately transferred to the designated parent/host institution for placement on General Detention in the restrictive housing unit.



2. Restrictive housing units at institutions that house Security Levels 5, 6 and S offenders will operate in accordance with this operating procedure for Security Level 5 offenders and the Red Onion State Prison/Wallens Ridge State Prison local operating procedure addressing the *Restrictive Housing Reduction Step Down Program*, for Security Level 6 and S offenders.
  3. For institutions designated for multiple security level offenders, the restrictive housing unit will operate in accordance with the *Restrictive Housing Operating Level Designation*. (See Operating Procedure 841.4, *Restrictive Housing Units*.)
- B. Restrictive housing units provide for personal protection and custodial management measures, exercised by the institution for the welfare of the offender, the institution, or both and will not be used as punishment.
1. Offenders will only be placed in a restrictive housing unit when their presence in the general population poses a direct threat to the offender (to include when an offender requires personal protection and no reasonable alternative is available), other offenders, institutional staff, or a clear threat to the safe, secure operation of the institution. The goals of a restrictive housing unit are to: **(5-4B-0001)**
    - a. Manage offenders in a safe and secure manner
    - b. Provide a consistent, systems approach to the operation of restrictive housing units in all institutions to maximize positive outcomes in offender adjustment
    - c. Provide opportunities for offenders to increase their likelihood for success in a full privilege general population
  2. An offender moved from general population into a restrictive housing unit must be initially assigned to General Detention, which is authorized by the Shift Commander or above for the immediate secure confinement of an offender when there is no other alternative to ensure the safety and security of the offender and the institution.
    - a. Offenders who are moved from SD-1 or SD-2 for the immediate secure confinement of the offender when there is no other alternative to ensure the safety and security of the offender and the institution must be initially assigned to General Detention.
    - b. Offenders moved from SD-1 or SD-2 by the MDT as a result of a formal ICA hearing will be placed directly on RHU status, initial assignment to General Detention is not required.
  3. Assignment to any other restrictive housing status requires a formal due process hearing held by the Multi-Disciplinary Team (MDT), and must be approved by the Facility Unit Head or designee in accordance with Operating Procedure 830.1, *Institution Classification Management*.
- C. Multi-Disciplinary Team (MDT)
1. The MDT conducts Institutional Classification Authority hearings related to restrictive housing units and is responsible to review individual offenders and make recommendations concerning the offender's management path as well as the offender's security level, good time class, transfer, etc.
  2. The MDT at Security Level 1 institutions and Baskerville Correctional Center will be comprised of three members representing different departments as designated by the Facility Unit Head.
  3. The MDT at Security Level 2 and above institutions **(5-4B-0032)**
    - a. MDT members may include but are not limited to the following staff:
      - i. Chief of Housing and Programs or Chief of Security - Mandatory
      - ii. Counselor - Mandatory
      - iii. QMHP - Mandatory
      - iv. PREA Compliance Manager (Mandatory-PREA incidents, only)
      - v. Unit Manager
      - vi. Institutional Program Manager
      - vii. Investigator/ Intelligence Officer

- viii. Medical Staff
- ix. Corrections Officer
- b. A quorum of three members is required to be present for the MDT to conduct a formal ICA hearing.
  - i. Mandatory MDT members who are unable to attend a hearing must provide a written statement for consideration.
  - ii. Non-Mandatory MDT members who are unable to attend a hearing where they have relevant input should provide a written statement for consideration.
- c. Mental Health or Medical staff will serve as mandatory members on the MDT for offenders assigned to a restrictive housing unit for Mental Health or Medical Hold.
  - i. Mental Health staff will advise the MDT when the offender has recovered adequately to be returned to general population, whether the offender must be assigned to the restrictive housing unit and/ or transferred to a Protective Custody Unit or the *Steps to Achieve Reintegration (STAR) Program*. (See Operating Procedure 830.5, *Transfers, Institution Reassignments*.)
  - ii. When the offender will remain in the restrictive housing unit, Mental Health staff will assist in development of the offender's management path and programmatic goals.
- d. When an offender is assigned to the restrictive housing unit for a PREA related incident, the PREA Compliance Manager will serve as a mandatory member on the MDT. If the PREA Compliance Manager is unable to attend a hearing, they must provide a written statement for consideration.

#### D. Restrictive Housing Assignment Process

1. Only the Shift Commander or a higher authority may authorize an offender's placement in a restrictive housing unit on General Detention.
  - a. The person referring the offender for assignment to General Detention (such as but not limited to Corrections Officer, Investigator, QMHP, or Health Authority) must complete an *Internal Incident Report* in VACORIS documenting the reason for the offender's placement in General Detention and the specific facts supporting that placement to include: (5-4B-0001)
    - i. What behavior demonstrated by the offender warrants consideration for assignment to the restrictive housing unit?
    - ii. How is this behavior a threat to public, staff, offender safety, or the orderly operation of the institution?
    - iii. What alternatives to the restrictive housing unit are available?
  - b. An offender will not be assigned to General Detention and placed in a restrictive housing unit solely based on a *Disciplinary Offense Report*.
  - c. An offender will not be placed in the restrictive housing unit on the basis of Gender Identity alone. (5-4B-0035)
  - d. The Shift Commander will meet with the referring staff member and the offender, and will either place the offender on General Detention or return the offender to general population.
  - e. The Shift Commander will document their decision, the reason for their decision and any alternatives considered, prior to the offender's placement in restrictive housing, in the *Level 1 Review* section of the *Internal Incident Report* and prepare the *Institution Classification Authority Hearing Notification* generated in VACORIS. (See Operating Procedure 830.1, *Institution Classification Management*.)
2. When an offender requests protective custody and the need for protective custody is documented and no alternative exists, the Shift Commander will authorize the offender's assignment to General Detention in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*, and Operating Procedure 830.6, *Offender Keep Separate Management*.
3. When Mental Health or Medical staff determine that an offender should be placed in a restrictive

housing unit to protect the offender, other offenders, institutional staff, or the safe, secure operation of the institution, they may request to the Shift Commander that the offender be placed on General Detention.

4. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse or sexual harassment will not be placed in the restrictive housing unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Shift Commander and Regional PREA Analyst that there are no available alternative means of separation from likely abusers. (§115.43[a], §115.68).
  - a. The institution must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged. (§115.43[d], §115.68)
    - i. A [Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) 425\_F6 must be completed by the Shift Commander prior to placing the offender in a restrictive housing unit.
    - ii. If the [Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) cannot be conducted immediately, the Shift Commander may place the offender in a restrictive housing unit on General Detention for up to two hours while completing the assessment. (§115.43[a], §115.68)
    - iii. A copy of the completed [Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) must be sent to the Regional PREA Analyst immediately upon completion with a copy maintained in the PREA Investigation file. (§115.68)
  - b. Offenders will remain in the restrictive housing unit only until an alternative means of separation from likely abuse can be arranged; this assignment will not ordinarily exceed 30 days. (§115.43[c], §115.68)

#### E. Restrictive Housing Assignment Mental Health and Medical Reviews

1. A Qualified Mental Health Professional (QMHP) will screen and complete the [Mental Health Screening: Restrictive Housing Unit Assignment \(DOC MH 14\)](#) 730\_F12 before an offender's placement or within one working day after placement in General Detention to evaluate the impact that restrictive housing may have on mental health conditions exhibited by the offender. (5-4B-0001)
  - a. Screening will be conducted and special instructions provided in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
    - i. At institutions with no QMHP, health care personnel or health trained staff should interview the offender within one working day after placement in General Detention using the [Restrictive Housing Review](#) section of the [Health Screening - Health-Trained Staff](#) 720\_F10 to identify if there is any indication the offender may be "at risk".
    - ii. If the results of the screening indicate the offender is at imminent risk for serious self-harm, suicide, or exhibits debilitating symptoms of a SMI, contact with a QMHP will be made for appropriate assessment and treatment. See the [Guidelines to Access Emergency Mental Health Services](#) attachment to Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*. (5-4B-0029)
  - b. Any offenders identified as "at risk" will be monitored in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
  - c. If the QMHP determines an offender assigned to General Detention or RHU status to be "at risk," they will complete an ["At Risk" Offender Notification \(MH 14A\)](#) 730\_F13 to communicate relevant management information to security staff.
    - i. A Building Supervisor where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\)](#) 730\_F13 to confirm receipt of any [Special Management Instructions](#).
    - ii. [Special Management Instructions](#) must be entered on the [Individual Offender Log](#) 425\_F4 or [Special Watch Log](#) 425\_F5.
  - d. If the QMHP determines that placement in General Detention or RHU status may have a deleterious effect on an offender's mental health, the QMHP must notify the Facility Unit Head

that the offender's placement in General Detention or RHU status is not recommended. (5-4B-0001)

- i. The QMHP will offer alternatives for mental health care such as commitment to an acute care setting, transfer to another institution, or strategies for management within the general population.
  - ii. The Facility Unit Head's signature is required on the "At Risk" Offender Notification (MH 14A) 730\_F13 for placement of an "at risk" offender in General Detention or RHU status against QMHP recommendations.
2. Health care personnel will be informed immediately when an offender is transferred from general population to General Detention in order to provide assessment per protocols established by the Health Authority. This assessment will determine the impact that restrictive housing may have on medical conditions exhibited by the offender and the possible alternatives that may be available to compensate for such conditions. (5-4B-0001)

#### F. Initial Assignment to General Detention - Offender Classification Process

1. The Facility Unit Head or other Administrative Duty Officer must review the *Internal Incident Report* and any other available, relevant information within 24 hours of the offender's placement on General Detention to determine if the placement is warranted.
  - a. The reviewing authority must not have been involved in the initial placement of the offender on General Detention.
  - b. The reviewing authority will either approve the placement or order the offender returned to their previous status when General Detention is not warranted.
2. Within three working days of an offender's initial placement on General Detention, the MDT will review the *Internal Incident Report*, any other available, relevant information, and conduct a formal ICA hearing to determine the following:
  - a. For Security Level 1 institutions and Baskerville Correctional Center
    - i. The MDT will determine if the offender will be released to general population at their current institutional assignment.
    - ii. Offenders who cannot return to the general population at the current institution but would be suitable for general population at another equal or higher level institution should be recommended for transfer to an appropriate institution.
    - iii. Offenders who cannot return to the general population at the current institution and who are expected to require maximum security management in excess of 30 days should be recommended for transfer to the Centralized Restrictive Housing Unit.
  - b. For Security Level 2 and above institutions, the MDT will determine if the offender can return to the previous housing status (general population or step-down) or remain in the restrictive housing unit and assign to RHU or other appropriate internal status in restrictive housing.
3. For Security Level 2 and above institutions, within 10 working days (15 working days for investigative status) of an offender's initial placement on General Detention, the MDT will conduct a formal ICA hearing to determine the following:
  - a. Security Level 2 institutions
    - i. The MDT will evaluate the offender and determine if the offender will be released to general population at their current institutional assignment.
    - ii. Offenders who cannot return to the general population at the current institution but would be suitable for general population at another equal or higher level institution should be recommended for transfer to an appropriate institution.
    - iii. Offenders who cannot return to the general population at the current institution and who are expected to require maximum security management in excess of 30 days should be recommended for transfer to the Centralized Restrictive Housing Unit.
  - b. Security Level 3 and above institutions

- i. The MDT will determine if the offender will be released to general population at their current institutional assignment.
  - ii. Offenders, who will remain in the restrictive housing unit at their current institution, will be provided a management path (RHU, SD-1, SD-2) that is designed to address their behaviors and needs so that the offender can enter a full privilege general population. Restrictive housing offenders will be reviewed for placement in Step-down statuses and general population as soon as the risk is reduced to an acceptable level.
  - iii. Offenders who cannot return to the general population at the current institution and who are expected to require maximum security management in excess of 30 days (not achieve assignment to a Step-down level or full privilege general population) should be recommended for transfer to the Centralized Restrictive Housing Unit.
  - iv. Offenders who cannot return to the general population at the current institution but would be suitable for general population at another equal or higher level institution, based on the severity of behaviors, should be recommended for transfer to an appropriate institution.
  - v. Restrictive housing offenders will be reviewed for placement in Step-down statuses and general population as soon as the risk is reduced to an acceptable level.
4. Offenders with a Serious Mental Illness (SMI) as indicated on the [Mental Health Serious Mental Illness \(SMI\) Determination 730\\_F34](#) must be reviewed within 10 working days after the initial placement on General Detention; the MDT will conduct a formal ICA hearing to evaluate the offender and determine the following:
- a. If the offender will be released to general population or placed in SD-1 or SD-2 within 28 days of the initial placement on General Detention at their current institution
  - b. SMI offenders who will not be released to general population or placed in SD-1 or SD-2 within 28 days will be reviewed to determine appropriate placement from the options below:
    - i. Referral to Marion Correctional Treatment Center’s (MCTC) Acute Care Unit in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*, if the offender meets the legal commitment criteria.
    - ii. Referral to a Mental Health Residential Treatment Unit or other Mental Health Unit in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*, when the offender does not meet the criteria for commitment to an Acute Care Unit but is unable to function in a general population.
    - iii. Referral to a *Secure Diversionary Treatment Program* in accordance with in Operating Procedure 830.5, *Transfers, Institution Reassignments*, if the offender frequently engages in assaultive, disruptive, and/ or unmanageable behaviors.
    - iv. Specialized placement in a *Secured Allied Management Unit (SAM)* in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*.
  - c. SMI offenders must be moved out of Restrictive Housing (RHU) within 28 days of placement on General Detention unless a [Serious Mental Illness \(SMI\) 28 Day Exemption Request 425\\_F7](#) has been granted.
    - i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
5. Pregnant offenders and offenders under the age of 18 must be reviewed within 10 working days after the initial placement on General Detention; the MDT will conduct a formal ICA hearing to evaluate the offender and determine the following:

- a. If the offender will be released to their previous housing assignment in general population or placed in SD-1 or SD-2 at their current institution within 28 days of the initial placement on General Detention
  - b. Pregnant offenders and offenders under the age of 18 who will not be released to their previous housing assignment in general population or placed in SD-1 or SD-2 within 28 days because they pose a risk to the safe, secure, and orderly operation of the institution will be reviewed by the MDT to determine appropriate alternate housing.
  - c. Pregnant offenders and offenders under the age of 18 who are SMI who will not be released to their previous housing assignment in general population or placed in SD-1 or SD-2 within 28 days must be reviewed by the MDT who will consult with the Psychology Associate Senior at CCS to determine appropriate alternate housing.
  - d. Pregnant offenders and offenders under the age of 18 must be moved out of Restrictive Housing (RHU) within 28 days of placement on General Detention.
6. Offenders placed in the restrictive housing unit for non-compliance with the established DOC grooming standards and who have been convicted of Offense Code 133, *Refusal to obey an order to comply with the Department's grooming standard*, should be reviewed by the institution for transfer to the *Grooming Standards Violator Housing Unit (VHU)*. (See Operating Procedure 864.1, *Offender Grooming and Hygiene*.)
    - a. The offender will remain on RHU status in restrictive housing until the offender is in compliance with the grooming standards or the offender is transferred to the VHU designated institution. Only the VHU designated institution may assign an offender to SD-1.
    - b. Within three working days of arrival at the VHU designated institution, the offender will be reviewed by the MDT to determine if the offender will remain on RHU status, will be assigned to SD-1, or will be housed in the *Grooming Standards Violator Housing Unit* subject to bed space availability.
  7. Offenders in a restrictive housing unit who refuse assignment to general population due to an unspecified fear and not for a specific fear or threat, violent or aggressive behavior, or legitimate protective custody needs should be reviewed for transfer to the *Steps to Achieve Reintegration (STAR) Program*. (See Operating Procedure 830.5, *Transfers, Institution Reassignments*.)
  8. Offenders in a restrictive housing unit and who are classified as requiring separation from other offenders as a result of their personal security needs should be reviewed for transfer to a Protective Custody Unit. (See Operating Procedure 830.1, *Institution Classification Management*, and Operating Procedure 830.5, *Transfers, Institution Reassignments*.)
  9. Security Level S offenders temporarily transferred to an institution for medical, court, etc. may be managed in the institution's restrictive housing unit.
    - a. Security Level S offenders in a restrictive housing unit in excess of 90 consecutive days (SM-Special Management) or 180 consecutive days (IM-Intensive Management) must be provided adequate recreation, program services, and privileges.
    - b. Recreation, program services, and privileges provided will be consistent with the requirements of the Red Onion State Prison/ Wallens Ridge State Prison local operating procedure addressing the *Segregation Reduction Step-Down Plan*.

#### G. Offender Management Path Development

1. Offenders at Security Level 2 institutions are not provided a management path. Offenders will be required to participate in journaling and/or other program assignments as deemed appropriate by the MDT.
2. Offenders at Security Level 3 and above institutions who will remain in the restrictive housing unit at their current institutional assignment will be evaluated and provided a management path that is designed to address their behaviors and needs so that the offender can enter a full privilege general population.



- a. Restrictive Housing (RHU) - To be used for offenders that must be managed under maximum security conditions.
  - b. Step-down 1 (SD-1) - To be used for offenders whose behavior does not rise to the level of RHU or whose behavior has improved since assignment to RHU to include completion of required programmatic goals.
  - c. Step-down 2 (SD-2) - To be used for offenders who have been identified as needing a more structured living environment than in general population but do not need the level of control provided in RHU or SD-1 and/ or offenders whose behavior has improved since assignment to RHU or SD-1 to include completion of required programmatic goals.
3. Appropriate members of the MDT will evaluate the offender and develop the offender's management path (RHU, SD-1, SD-2) within 10 working days (15 working days for investigative status) in accordance with this operating procedure. Evaluation tools and program components include but are not limited to the following:
    - a. Review of COMPAS findings
    - b. Case Plan review and development
    - c. History of behavior
    - d. Risk/Needs assessment
    - e. Assessment of:
      - i. Disciplinary Violation goals - to reduce or eliminate disciplinary violations
      - ii. Mental Health goals - medication compliant, number of office visits per month, etc.
      - iii. Responsible behavior goals - personal hygiene, standing for count, cell compliance, department; satisfactory rapport with staff and offenders with compliance documented on the [Responsible Behavior Goals Progress Report](#) 841\_F22
      - iv. Journaling and/or program assignments relevant to offender needs and goals
  4. Once the offender's management path is approved, the offender's Case Plan in VACORIS must be updated.
  5. Offenders who refuse to participate in the requirements of their designated management path will subject to disciplinary action in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions*.
    - a. Offenders at Security Level 2 institutions, who refuse to participate in journaling and/or other program assignments, and offenders at Security Level 3 institutions will be given a warning for their first refusal to participate.
      - i. If the offender again refuses to participate, the offender will be charged with Offense Code 200, *Refusing to work or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed*.
      - ii. Upon conviction of Offense Code 200, the offender will be reviewed by the MDT for transfer to the Centralized Restrictive Housing Unit.
    - b. Offenders who refuse to participate in the requirements of their designated management path in the Centralized Restrictive Housing Unit will be given a warning for the first refusal.
      - i. If the offender again refuses to participate, the offender will be charged with Offense Code 119f, *Refusal to participate in the restrictive housing unit assignment*.
      - ii. Upon conviction of Offense Code 119f, the offender will be reviewed by the MDT for transfer to higher security level institution.
    - c. Offenders who refuse to participate at Security Level 4 and above institutions will be charged with Offense Code 119f, *Refusal to participate in the restrictive housing unit assignment* and managed in the restrictive housing unit at their current location.
    - d. After the first refusal and warning, the offender must be given the opportunity to comply. The offender cannot be charged with a disciplinary offense until the next seven day *Restrictive Housing Status Review*.

- e. Upon conviction for refusal to participate, the offender should be reviewed for reduction to Good Time Class IV in accordance with Operating Procedure 830.3, *Good Time Awards*.
- f. An offender shall be charged only once during a continued period of refusal.

H. Centralized Restrictive Housing Unit Transfers

- 1. Security Level 4 and above institutions will not transfer offenders to the Centralized Restrictive Housing Unit, offenders who require maximum security management in excess of 30 days will be managed in the restrictive housing unit at their current location.
- 2. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - a. Each institutional recommendation for offender transfer to the Centralized Restrictive Housing Unit must be based on a formal ICA Hearing conducted by the MDT and submitted via VACORIS in accordance with Operating Procedure 830.1, *Institution Classification Management*.
  - b. The MDT must submit justification with each request for transfer on the *Institutional Classification Authority Hearing Notification* for review and approval by the Facility Unit Head.
  - c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - iv. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
- 3. MDT recommendations for transfer other than to the Centralized Restrictive Housing Unit will be made through the normal processes appropriate to the type of transfer in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*.

I. Restrictive Housing Status Reviews

- 1. Every seven days of an offender’s first 60 days in RHU status and every 30 days thereafter, the MDT will perform a *Restrictive Housing Status Review* in VACORIS of all offenders assigned to RHU to monitor the appropriateness of the offender’s status.
  - a. The *Restrictive Housing Status Review Report* must be printed, signed by the reviewer and maintained as documentation of the review.
  - b. Additional offenders will be added to the [Multi-Disciplinary Team Hearing Docket](#) 425\_F8 as needed. If a formal review of the offender's status is warranted, the offender will be served notice of an ICA hearing in accordance with Operating Procedure 830.1, *Institution Classification Management*.
  - c. All offenders identified as HRSV or an alleged victim of sexual abuse will be reviewed to determine whether there is a continuing need for separation from general population and listed on the *Restrictive Housing Status Review Report*. (§115.43[e], §115.68)
- 2. At least once every 30 days, the offender’s status while they are assigned to any restrictive housing unit level, will be formally reviewed by the MDT.
  - a. The MDT will conduct a formal due process hearing and review the offender's adjustment and behavior in accordance with Operating Procedure 830.1, *Institution Classification Management*.

- i. The MDT will evaluate the offender and determine whether to recommend that the offender continue in the current restrictive housing level for a subsequent period of up to 30 days or be assigned to another level.
    - ii. The MDT should base its recommendation on the reason for the assignment, the offender's behavior, and any progress made on the management path and treatment objectives.
  - b. When the MDT determines that an offender's behavior or circumstances no longer warrant the current restrictive housing unit status, a recommendation for the offender's reclassification to a different status or release to full privilege general population should be made.
    - i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - iv. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - c. The MDT should determine whether the offender poses an unacceptable risk to the offender to include personal protection and keep separates in the general population, or is a threat to other offenders, institutional staff, or the safe, secure operation of the institution.
    - i. Offenders in the restrictive housing pending approval for and transfer to a Protective Custody Unit or to the *Steps to Achieve Reintegration (STAR) Program* may be managed on RHU status or SD-1 as deemed appropriate by the MDT and approved by the Facility Unit Head or designee.
    - ii. Offenders under investigation by the Special Investigations Unit (SIU) who cannot return to general population and must remain in the restrictive housing unit, may be managed on RHU or SD-1 status as deemed appropriate by the MDT and approved by the Facility Unit Head.
    - iii. The MDT may recommend a transfer to another institution when return to the full privilege general population at that institution is not appropriate.
- 3. ICA hearings may be conducted by the MDT at the institution's discretion any time a significant change in circumstances or the offender's behavior warrants a review in accordance with Operating Procedure 830.1, *Institution Classification Management*.
- 4. Offenders assigned to a restrictive housing unit in excess of 30 days should not be discharged directly to the community.
  - a. No less than 30 days prior to the offender's discharge date, the MDT will conduct a formal due process hearing to review the offender's status and determine if the offender can return to general population or if the offender must be discharged from the restrictive housing unit.
  - b. If the offender will be discharged from the restrictive housing unit, the MDT must document their justification on the *Institutional Classification Authority Hearing Notification* for review and approval by the Regional Operations Chief or Regional Administrator.
  - c. In addition to the release requirements mandated for all offender in Operating Procedure 050.3, *Facility Release of Offenders*, Operating Procedure 720.3, *Health Maintenance Program*, and Operating Procedure 820.2, *Re-Entry Planning*, the following must be taken at a minimum
    - i. Development of a release plan that is tailored to specific needs of the offender
    - ii. Notification of release to the supervising P&P Office who will contact state and local law enforcement

- iii. Notification to releasing offender of applicable community resources
  - iv. Notification to Victim, if applicable
5. Temporary Suspension of Time Frames
- a. In the event of a widespread institutional disruption, natural disaster, or other unusual occurrence that requires emergency action, the Facility Unit Head may temporarily suspend any or all portions of this operating procedure.
  - b. Offenders involved in the emergency may be detained without being served an *Institutional Classification Authority Hearing Notification* or conducting an ICA Hearing throughout the course of the emergency.
  - c. Upon restoration of institutional order, all detained offenders will be subject to Institutional Classification Authority and other reviews in accordance with this operating procedure.

VI. RESTRICTIVE HOUSING UNIT OPERATIONAL MANAGEMENT

A. Staffing

- 1. A written mental health training program should be provided to staff (non-mental health services staff) assigned to work in restrictive housing units.
  - a. This training program will be developed, reviewed, and provided by mental health services staff.
  - b. Staff assigned to restrictive housing units must complete their training as soon as possible and no later than nine months after their assignment to the unit.
  - c. Following completion of the training, staff must complete a minimum of one day of in-service training every two years related to mental health issues.
- 2. Staff who work directly with offenders in a restrictive housing unit on a regular and daily basis should be selected based on the following considerations:
  - a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)] f
  - c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - d. [Information redacted pursuant to Code of Virginia §2.2-3705.2]
  - e. [Information redacted]
  - f. [Information redacted pursuant to Code of Virginia]
  - g. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

B. Security, Movement, and Control of Contraband

- 1. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
- 2. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

3. A Corrections Officer must check each offender in General Detention or on RHU status twice per hour, no more than 40 minutes apart, on an irregular schedule, with each check recorded on the [Individual Offender Log 425\\_F4](#).
  - a. Offenders in SD-1 or SD-2 statuses should be checked on a similar schedule with documentation maintained in a logbook. Use of the [Individual Offender Log 425\\_F4](#) or use of an institution specific offender log is not allowed.
  - b. Offenders who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal offenders are under continuous observation in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
  - c. In addition to supervision provided by the unit Corrections Officers, the Shift Commander or higher authority will visit the restrictive housing unit daily. The visit should be recorded in a restrictive housing unit logbook.
4. Offender Confinement Record
  - a. A permanent [Individual Offender Log 425\\_F4](#) will be maintained on each offender assigned to General Detention or on RHU status.
    - i. The *Individual Offender Log* will show the date of admission, weight of the offender upon entering and leaving, and note special conditions such as diet, exercise, and special precautions for "at risk" offenders.
    - ii. The initials, date, and time of the Corrections Officer making the twice hourly checks will be recorded on the *Individual Offender Log*.
    - iii. The *Individual Offender Log* will also show other pertinent information such as weekly weight, medical requests and visits, medications administered or refused, and meals accepted or refused.
    - iv. The *Individual Offender Log* will be utilized at all institutions and is the only log approved for this purpose.
    - v. A new *Individual Offender Log* must be started each time there is a change in status.
  - b. If an offender is placed on a 15-minute or Constant Watch, the *Individual Offender Log* will be suspended and the [Special Watch Log 425\\_F5](#) will be used for the duration of the special watch using a new page for each day.
  - c. When offenders are released from the restrictive housing unit, a file containing all completed *Individual Offender Logs*, *Special Watch Logs*, and *Denials of Activity or Service* should be retained in the restrictive housing unit. (5-4A-4265, 5-4B-0020; 4-4265)
5. A strip search must be conducted on each offender assigned to the restrictive housing unit before the offender exits their cell.
  - a. Each offender in General Detention or on RHU status will be placed in restraints (hand cuffed from behind and leg irons) and escorted by two certified Corrections Officers whenever outside a secure area, such as a cell, shower, or exercise module.
    - i. An offender in SD-1 status at Security Level 4 and above institutions and the Centralized Restrictive Housing Unit will placed in handcuffs and escorted by two certified Corrections Officers. SD-1 offenders in Security Level 3 institutions may be moved within the restrictive housing unit area by two certified Corrections Officers without restraints and without direct escort.
    - ii. An offender in SD-2 status may be moved within the restrictive housing unit area by one certified Corrections Officer without restraints and without direct escort.
    - iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - iv. Any deviation from the restraint requirements must be approved by the Chief of Security or higher authority.

- b. A frisk search will be conducted immediately after a restrictive housing unit offender is removed from their cell or other secure area.
  - c. A frisk search must be conducted on each offender prior to returning the offender to their restrictive housing unit cell.
6. Only one offender at a time may be out of a secure area in the restrictive housing unit unless both offenders are restrained with separate security escorts.
    - a. With approval of the Facility Unit Head, an exception may be made for offenders participating in small group programs (SD-2 - maximum ten offenders) within the restrictive housing unit area.
    - b. Protective custody offenders must be separated from known keep separates. Such offenders must be housed in separate cells and have no direct contact unless both offenders are in restraints with separate security escorts.
  7. Each restrictive housing unit cell will be inspected whenever an offender is removed from the cell.
    - a. This inspection is a general review of sanitation conditions and scan for contraband.
    - b. The restrictive housing unit cell inspection may be conducted by one Corrections Officer and the offender need not be present.
    - c. A thorough search and inspection of the restrictive housing unit cell will be conducted and documented each time an offender is moved out of a cell, before another offender is moved into the cell.
  8. **Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)**  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]
  9. All items entering the restrictive housing unit must be searched to detect and eliminate contraband.
  10. Offenders from general population may provide housekeeping and other services in the restrictive housing unit.
    - a. If allowed to do so, each worker must be specifically authorized by the Chief of Security, will be searched (strip search for Security Level 3 and higher) upon entrance and exit, and must remain under direct supervision of a staff member at all times.
    - b. No offender worker will be allowed physical contact with a restrictive housing unit offender except as required for services rendered, i.e. barber.
  11. All housing areas in the restrictive housing unit, to include cells housing offenders identified as potentially suicidal, must have readily accessible equipment and supplies necessary in an emergency.
- C. Mental Health and Medical Reviews and Care
1. No offender will be denied necessary or proper medical, dental, and or mental health care while in a restrictive housing unit.
    - a. Any offender with identified mental health problems who is placed in General Detention or is on RHU status will be monitored per Operating Procedure 720.1, *Access to Health Services*, and Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
    - b. Medical services will be provided in accordance with Operating Procedure 720.1, *Access to Health Services*, and Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
    - c. Offenders should request dental services if needed. Dental staff will determine the need to provide dental care while the offender is in a restrictive housing unit.
    - d. Prescribed medications will be provided in accordance with Operating Procedure 720.5, *Pharmacy Services*.
    - e. Any “at risk” offender should receive a physical screening (i.e., weight and vital signs taken and recorded on a [Health Services “At Risk” Physical Screening 720\\_F18](#) and checked for symptoms of possible side-effects to prescribed medication) by a qualified health care professional (i.e., RN,



LPN/CNT, or CHA) no less than once every 14 days.

2. Unless medical attention is needed more frequently, each offender in General Detention or on RHU status will receive a daily visit from a qualified health care professional (not required for institutions that do not have medical staff on duty on weekends).
  - a. The visit ensures that offenders have access to the health care system.
  - b. The presence of a health care professional in the restrictive housing unit is announced and recorded in the restrictive housing unit logbook.
  - c. Medical requests, medical staff visits, and medications administered or refused must be recorded on the *Individual Offender Log* 425\_F4, *Special Watch Log* 425\_F5 or the restrictive housing unit logbook if the offender is not on an individual log.
  - d. Medical Practitioner visits to the restrictive housing unit are not required, offenders will submit a request to be seen by the Medical Practitioner through the established sick call process.
3. Unless mental health attention is needed more frequently, each offender on RHU status will receive a weekly visit from mental health staff in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
  - a. A QMHP will personally interview any offender remaining on RHU status for more than 7 days.
  - b. If confinement continues beyond 7 days, a mental health screening by a QMHP must be conducted within 7 days thereafter or more frequently if clinically indicated.
4. Any in-person assessment or examination of an offender in General Detention or on RHU status by a health care professional will be accomplished in the following manner:
  - a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
  - f. If the assessment or examination cannot be successfully completed in the cell, the offender must be removed from the cell and escorted in appropriate restraints to an area where the assessment or examination can be completed.
  - g. In-person mental health interviews and assessments will be conducted in a manner that ensures confidentiality and provides for a therapeutic atmosphere as deemed appropriate by Mental Health staff.

#### D. Living Conditions and General Requirements for Restrictive Housing Units

1. On initial assignment to a restrictive housing unit, offenders should receive an orientation (written preferred but not required) on available services and how to access them. Offenders will have access to programs, privileges, education, and work opportunities to the extent possible while ensuring the offender's safety.
2. Offenders will receive laundry, barbering, and hair care services and are issued and afforded the opportunity to exchange clothing, bedding, and linen on the same basis as offenders in the general population.
3. Restrictive housing units provide living conditions that approximate those of the general offender population; all exceptions are clearly documented in this operating procedure.
  - a. Cell Conditions

- i. Restrictive housing cells/rooms permit the offenders assigned to them to converse with and be observed by staff members.
  - ii. Space is available either inside the restrictive housing unit or external to the unit for treatment staff consultation with restrictive housing offenders.
  - iii. Restrictive housing cells or units should be well ventilated, adequately lighted, appropriately heated and maintained in a sanitary condition at all times.
  - iv. Except in emergencies, the number of offenders confined to each cell or room should not exceed the number for which it is designed (usually one offender per cell).
    - (a) With the approval of the Facility Unit Head, in cells with proper equipment, suitable offenders in SD-2 may be double bunked if they are screened in accordance with this operating procedure
    - (b) If an emergency creates excess occupancy in the restrictive housing unit, the Facility Unit Head, or designee, should provide temporary written approval to exceed design capacity, and alleviate the situation as promptly as possible by providing other housing for the offenders so confined.
- b. Correspondence
- i. Offenders are generally subject to the same mail regulations and privileges, including sending and receiving legal mail, as offenders assigned to general population in accordance with Operating Procedure 803.1, *Offender Correspondence*.
  - ii. Secure messaging is a privilege, offenders assigned to General Detention and RHU status will not be provided access to the kiosk in order to retrieve or send their secure messages.
  - iii. Offenders assigned to SD-1 and SD-2 will not have access to kiosks but may access secure messaging through the following process.
    - (a) When requested by the offender, all incoming messages will be printed by institutional mailroom staff and delivered to the offender through the institutional mail.
    - (b) If a pre-paid stamp is purchased by the sender, the offender may hand write a return letter on the blank pre-labelled page provided with their incoming message and forward their response to the mailroom through the institutional mail.
    - (c) Upon receipt of the offender response, mailroom staff will scan the offender's letter for delivery to the sender.
  - iv. Offenders in the restrictive housing unit will not receive the contents of packages unless approved by the Facility Unit Head. Disapproved items may be stored if approved for general population, returned to the sender at the expense of the offender or the sender, or disposed of in accordance with Operating Procedure 802.1, *Offender Property*.
- c. Food
- i. Offenders assigned to a restrictive housing unit will receive the same number and type of meals served the general population.
  - ii. Food will not be used as a disciplinary measure. Punitive diets (i.e., bread and water) for offenders are prohibited.
  - iii. On initial placement in a restrictive housing unit, the offender (if not on Common Fare) will designate if they want to receive regular or alternate entrée food trays.
    - (a) The Restrictive Housing Unit Supervisor must allow the offender the opportunity to change their choice of tray type every 90 days that they remain in a restrictive housing unit.
    - (b) An offender approved for Common Fare will be provided Common Fare meals while in the restrictive housing unit, if Common Fare is available at that institution.
  - iv. Whenever the offender refuses to eat, a record should be made on the [Individual Offender Log 425\\_F4](#), [Special Watch Log 425\\_F5](#) or the restrictive housing unit logbook if the offender is not on an individual log.
  - v. Offenders who refuse to eat will be managed in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*, and Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
  - vi. Offenders who abuse the trays or food products served to them will be managed in accordance

with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*.

- d. Legal Access
    - i. Offenders will not be prohibited from conducting litigation on their own behalf.
    - ii. Offenders will be afforded access to institutional legal services to include the Facility Court Appointed Attorney and Law Library materials in accordance with Operating Procedure 866.3, *Offender Legal Access*. During orientation, offenders will be provided institution specific information on how to access legal services.
    - iii. Attorney visits will occur during normal working hours of the institution unless otherwise approved by the Facility Unit Head or designee. Attorneys will be required to present proper identification before being admitted to the institution and the visit will be conducted in accordance with Operating Procedure 851.1, *Visiting Privileges*.
    - iv. Legal calls will be conducted through the offender telephone system in accordance with Operating Procedure 866.3, *Offender Legal Access*.
  - e. Telephone
    - i. Offenders will be permitted to place telephone calls in accordance with Operating Procedure 803.3, *Offender Telephone Service*.
      - (a) General Detention/RHU will be allowed two calls per month
      - (b) SD-1 will be allowed four calls per month
      - (c) SD-2 will be allowed six calls per month
    - ii. During orientation, offenders should be provided institution specific information on how to access telephone services including legal and emergency calls.
  - f. Visitation
    - i. Offenders will have opportunities for visitation unless there are substantial reasons for withholding such privileges.
    - ii. The visitation schedule for offenders in a restrictive housing unit will be established by the Facility Unit Head.
      - (a) Offenders should be provided a maximum of one visit per week for one hour with no more than five persons.
      - (b) Some facilities may set a lower limit on the number of visitors due to space limitations.
    - iii. Visitation will be non-contact unless approved by the Facility Unit Head.
4. All offenders in a restrictive housing unit will be provided clothing that is not degrading, and access to basic personal items for use in their cells unless there is imminent danger that an offender or any other offender(s) will destroy an item, use it as a weapon or instrument of escape, or induce self-injury.
- a. Clothing and Bedding
    - i. Upon arrival in a restrictive housing unit, offenders will be strip searched and should dress in state issue clothing.
    - ii. The offender's personal clothing will be removed, and the offender will be furnished appropriate clothing and bedding in accordance with Operating Procedure 802.1, *Offender Property*.
      - (a) At least three times per week, clean state issue clothing should be immediately available when dirty clothes are taken off to be laundered.
      - (b) A clean washcloth and towel will be issued on a one-for-one exchange basis at shower time or included in the weekly linen exchange.
      - (c) Linens will be exchanged weekly.
    - iii. At the discretion of the Facility Unit Head, offenders may be issued the required amount of state clothing, wash clothes, towels, and linens on a weekly basis; the offender must receive three complete sets of clean clothing, a clean towel, washcloth, and linen at least once per week.
    - iv. Blankets will be exchanged as needed per the institution's schedule.
  - b. Personal Property

- i. A Corrections Officer and the offender, or two Corrections Officers in the offender's absence, will inventory all personal property items when an offender is placed in the restrictive housing unit in accordance with Operating Procedure 802.1, *Offender Property*.
    - (a) Offenders should be issued only those items specified on the appropriate *Authorized Personal Property Matrix* while assigned to the restrictive housing unit.
    - (b) In addition to those property items allowed on the *Authorized Personal Property Matrix*, offenders assigned to SD-2, will be permitted to purchase consumable food items sold through the facility commissary.
    - (c) Other personal property items that are not issued to the offender, but are allowed at the offender's security level and current institution will be placed in storage.
    - (d) Offender personal clothing should be washed and when necessary disinfected before being placed in storage. (5-5D-4339; 4-4339)
  - ii. The offender must be given a copy of the property inventory and will sign for all property issued while in a restrictive housing unit.
  - iii. The offender may request in writing any authorized personal property that was stored and not initially issued to the offender (i.e. hygiene items to replace items that have been consumed). All property taken from the offender's property storage and delivered to the offender will be documented on the initial inventory completed when the offender was initially placed in the restrictive housing unit.
  - iv. Offenders in a restrictive housing unit will not be allowed to purchase any property that is not specifically authorized for possession on the appropriate *Authorized Personal Property Matrix*.
    - (a) Any pre-approved item of personal property received that is not specifically authorized for offender possession in the restrictive housing unit, will be held in Personal Property and will not be issued to the offender.
    - (b) The offender will be notified of the receipt of property items by Personal Property staff via the [Personal Property Request - Add/Drop](#) 802\_F1.
    - (c) Offenders will not be allowed to view, try-on, or examine this property while assigned to the restrictive housing unit.
  - v. When an offender is discharged from a restrictive housing unit, the Restrictive Housing Unit Supervisor will be notified and will have the offender's property ready to be issued when the offender is released. The offender must sign for the property when issued.
- c. Personal Hygiene
- i. Offenders should have the opportunity to sponge bathe whenever they choose. They will be permitted to shower and shave not less than three times each week.
  - ii. Offenders will be moved directly to and from the showers. Offenders should be allowed to take only the minimum items needed.
  - iii. Offenders are allowed to possess a reasonable quantity of personal hygiene items as determined by the Facility Unit Head consistent with the security needs of the institution.
    - (a) If the offender does not have basic personal hygiene items and is indigent, the institution should furnish them.
    - (b) The institution should provide security toothbrushes. Personal toothbrushes are generally not allowed since they may be used as weapons.
    - (c) No oils or lotions should be allowed, except prayer oil.
  - iv. Offenders should be provided razors by the institution. Personal razors should not be allowed. The type of razor should be consistent with the security level of the institution.
    - (a) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - (b) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

- (c) If the institution provides electric razors, they should be cordless with removable cutting heads. Cutting heads and screen covers should be sanitized after each use by soaking in a solution of suitable disinfectant in accordance with manufacturer's instructions.
  - v. Barbering services will be available on a regular basis.
5. Within the resources available to the institution, unless security or safety considerations dictate otherwise, offenders in restrictive housing units have access to educational services, commissary services, library services, social services, treatment services, religious guidance, and recreational programs.
- a. Commissary
    - i. Commissary orders will be taken at least 3 times per month on scheduled days.
    - ii. Offenders are allowed a \$40.00 spend limit per month. SD-2 offenders will be allowed an additional \$10.00 per month of consumable items.
    - iii. Glass, metal, and other hazardous containers or products may be restricted if determined by the institution to pose a risk to security.
    - iv. Security writing instruments should be provided by the institution. Offenders who will remain in a restrictive housing unit in excess of 30 days may be required to purchase security writing instruments after the initial issue.
    - v. A list of approved Commissary items for restrictive housing unit offenders should be available in the unit.
  - b. Educational and Library Book Services
    - i. Offenders will have access to library books for personal use.
    - ii. Offenders will have access to educational services as determined by the institution Principal
  - c. During orientation, offenders will be provided institution specific information on how to access counseling services and program staff upon request and for emergencies. At a minimum, each offender on RHU status will receive a weekly visit from treatment staff.
  - d. Religious Guidance
    - i. Offenders will be afforded access to religious guidance. During orientation, offenders will be provided institution specific information on how to access the Chaplain or other available religious services.
    - ii. Visits from spiritual leaders may be requested in accordance with Operating Procedure 851.1, *Visiting Privileges*.
  - e. Exercise
    - i. Each institution should strive to confine offenders to their cells for less than 22 hours per day in restrictive housing units.
    - ii. Offenders assigned to General Detention and RHU status and will be allowed a minimum of two hours of out of cell exercise five separate days per week in a supervised area, unless security or safety considerations dictate otherwise.
    - iii. Offenders assigned to SD-1 and SD-2 will be allowed a minimum of two hours of out of cell exercise seven separate days per week in a supervised area.
    - iv. During periods of total institutional lockdown, out of cell exercise may be suspended for restrictive housing units.
    - v. A record will be made in both the restrictive housing unit logbook and the offender's *Individual Offender Log* or *Special Watch Log* any time exercise is given or refused.
    - vi. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
6. Exceptions to normally provided living conditions, activities, and services are permitted only when found necessary by the Shift Commander; exceptions must be recorded in the restrictive housing unit logbook and documented on a [Denial of Activity or Service](#) 425\_F3 for offenders assigned to General Detention or RHU status. (5-4A-4265, 5-4B-0020; 4-4265)
- a. Unless offender behaviors or medical/mental health needs warrant the removal of specific

property items or denial of specific activities, conditions for Mental Health and Medical Hold will conform to the living conditions for restrictive housing units. If any normally allowed specific property item or activity is denied, it must be documented using [Denial of Activity or Service](#) 425\_F3.

- b. If access to activities and services is more restrictive for offenders identified as HRSV or who have alleged to have suffered sexual abuse or sexual harassment than for others in their housing status, staff will document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations on the [Denial of Activity or Service](#) 425\_F3. (§115.43[b], §115.68)

## VII. REFERENCES

Operating Procedure 050.3, *Facility Release of Offenders*  
Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*  
Operating Procedure 720.1, *Access to Health Services*  
Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*  
Operating Procedure 720.3, *Health Maintenance Program*  
Operating Procedure 720.5, *Pharmacy Services*  
Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*  
Operating Procedure 730.3, *Mental Health Services: Levels of Service*  
Operating Procedure 730.5, *Mental Health Services: Behavior Management*  
Operating Procedure 802.1, *Offender Property*  
Operating Procedure 803.1, *Offender Correspondence*  
Operating Procedure 803.3, *Offender Telephone Service*  
Operating Procedure 810.1, *Offender Reception and Classification*  
Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*  
Operating Procedure 820.2, *Re-Entry Planning*  
Operating Procedure 830.1, *Institution Classification Management*  
Operating Procedure 830.3, *Good Time Awards*  
Operating Procedure 830.5, *Transfers, Institution Reassignments*  
Operating Procedure 830.6, *Offender Keep Separate Management*  
Operating Procedure 841.4, *Restrictive Housing Units*  
Operating Procedure 851.1, *Visiting Privileges*  
Operating Procedure 861.1, *Offender Discipline, Institutions*  
Operating Procedure 864.1, *Offender Grooming and Hygiene*  
Operating Procedure 866.3, *Offender Legal Access*

## VIII. FORM CITATIONS

[Restrictive Housing Unit: Shift Report](#) 425\_F2  
[Denial of Activity or Service](#) 425\_F3  
[Individual Offender Log](#) 425\_F4  
[Special Watch Log](#) 425\_F5  
[Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) 425\_F6  
[Serious Mental Illness \(SMI\) 28 Day Exemption Request](#) 425\_F7  
[Multi-Disciplinary Team Hearing Docket](#) 425\_F8



[Health Screening - Health-Trained Staff](#) 720\_F10

[Health Services "At Risk" Physical Screening](#) 720\_F18

[Mental Health Screening: Restrictive Housing Unit Assignment \(DOC MH 14\)](#) 730\_F12

["At Risk" Offender Notification \(MH 14A\)](#) 730\_F13

[Mental Health Serious Mental Illness \(SMI\) Determination](#) 730\_F34

[Personal Property Request - Add/Drop](#) 802\_F1

[Responsible Behavior Goals Progress Report](#) 841\_F22

IX. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

*Signature Copy on File*

**1/31/19**

A. David Robinson, Chief of Corrections Operations

Date



# Operating Procedure

<b>Effective Date</b> September 1, 2016	<b>Number</b> 425.4
<b>Amended</b> 9/14/16, 1/6/17, 9/19/17, 11/8/17, 1/16/18	<b>Operating Level</b> Department
<b>Supersedes</b> Operating Procedure 425.4 (9/1/13)	
<b>Authority</b> COV §53.1-10	
<b>Subject</b> <b>MANAGEMENT OF BED AND CELL ASSIGNMENTS</b>	
<b>ACA/PREA Standards</b> 4-4133, 4-4250, 4-4251, 4-4252, 4-4253, 4-4254, 4-4255, 4-4256, 4-4257, 4-4258, 4-4259, 4-4260, 4-4262, 4-4263, 4-4265, 4-4269, 4-4270, 4-4271, 4-4272, 4-4281, 4-4281-2, 4-4281-4, 4-4281-5, 4-4320, 4-4339, 4-4400; §115.14, §115.42, §115.43, §115.62, §115.68, §115.81	
<b>Incarcerated Offender Access</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Public Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Attachments</b> Yes <input checked="" type="checkbox"/> #1 No <input type="checkbox"/>
<b>Office of Primary Responsibility</b> Security Operations Manager	

Portions of this operating procedure are excluded from public disclosure under the Virginia Freedom of Information Act and have been redacted in accordance with COV §2.2-3704.01.

## I. PURPOSE

This operating procedure provides guidance for appropriate assignment of offenders to beds in Department of Corrections institutions. Included are review processes for offenders assigned to double cells and considerations for assignment to Special Housing and other special populations as well as movement from these units to general population.

## II. COMPLIANCE

This operating procedure applies to all institutions operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## III. DEFINITIONS

**At Risk Offender** - An offender identified by a Qualified Mental Health Professional as meeting the criteria in Operating Procedure 730.5, *Mental Health Services: Behavior Management*

**Central Classification Services (CCS)** - Staff members from the Offender Management Services Unit who review certain recommendations made by the Institutional Classification Authority and Multi-Disciplinary Team (MDT) to render a final decision regarding offender status and assignments. (added 1/16/18)

**Disciplinary Segregation** - Special purpose bed assignment in which the offender is confined without privileges; imposed by the Hearings Officer as a penalty for conviction of a disciplinary offense

**General Detention** - Special purpose bed assignments, utilized under proper administrative process, for the immediate secure confinement of offenders pending review for an appropriate assignment

**Grooming Standards Violator Housing Unit (VHU)** - An offender housing unit designated to house Grooming Standards Violators with the objective to manage and encourage compliance of male offenders determined to be in violation of Department of Corrections grooming standards

**Health Trained Staff** - A DOC employee, generally a Corrections Officer who has been trained to administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency

**High Risk Sexual Aggressor (HRSA)** - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender at high risk of being sexually abusive

**High Risk Sexual Victim (HRSV)** - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender confirmed as a sexual victim or identified as being at high risk of

being sexually victimized

**Institution** - A prison facility operated by the Department of Corrections - includes major institutions, field units, and work centers

**Institutional Classification Authority (ICA)** - The facility staff person designated to conduct offender case review hearings

**Mental Health Residential Treatment Unit** - A designated treatment unit where mental health services are provided to offenders who are unable to function in a general population setting due to mental disorder but who typically do not meet the criteria for admission to an Acute Care unit (added 1/16/18)

**Offender with Serious Mental Illness (SMI)** - Offender diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, PTSD or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living. (added 1/16/18)

**Pre-Hearing Detention (PHD)** - Special purpose bed assignments utilized under proper administrative process for the immediate confinement of offenders who have been charged with an offense under the Offender Disciplinary Procedure, are awaiting a Disciplinary Hearing, and are considered to be a potential threat to persons, property, or for escape.

**Protective Custody Unit** - A special purpose general population housing unit designated by the Director for offenders classified as requiring separation from other offenders as a result of their personal security needs; offenders requesting and requiring assignment to a protective custody unit may be managed in General Detention and Segregation, as appropriate, pending assignment and transfer.

**Qualified Mental Health Professional (QMHP)** - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, ~~Psychiatrist~~ Psychiatric Provider, Social Worker (Masters level) or Registered Nurse, or an individual with at least a Master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders. (changed 1/16/18)

**Segregation** - Special purpose bed assignments operated under maximum security regulations and procedures, and utilized under proper administrative process, for the personal protection or custodial management of offenders

**Special Housing** - A general term for special purpose bed assignments including segregation, disciplinary segregation, general detention, and pre-hearing detention

**Secure Diversionary Treatment Program (SDTP)** - Bed assignments designated for offenders who have been classified as SMI; operates with structured security regulations and procedures, and provides programming and treatment services conducive with evidence based treatment protocols and individualized treatment plans (added 1/16/18)

**Shared Allied Management (SAM) Unit** - A residential programming unit operated at designated DOC institutions to deliver intensive services in a safe environment to specific offender populations that typically require a high level of services from security, mental health, and/ or medical staff (added 1/16/18)

**Steps to Achieve Reintegration (STAR) Program** - A DOC program operated at designated DOC institutions for offenders, who motivated by an unspecified fear, refuse to leave segregation and enter general population

**Youthful Inmate** - Any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail

#### IV. PROCEDURE

##### A. Assessment and Screening

1. Reception Centers will complete a *Classification Assessment* in VACORIS for each offender entering the DOC. This assessment will include the following factors: history of assaultive behavior,

- potential for victimization, history of prior victimization, special medical or mental health status, escape history, age, enemies or offender separation information, and any other related information.
2. Within 24 hours of arrival at any DOC institution, prior to bed assignment, each offender shall be screened for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, and housing assignments are made accordingly. (4-4281-2, 4-ACRS-2A-07) (added 11/8/17)
    - a. Offenders identified as high risk with a history of sexually assaultive behavior (HRSA) and offenders identified as at risk for sexual victimization (HRSV) are referred to be assessed by a mental health or other qualified professional. Such offenders are identified, monitored, and counseled (4-4281-4, 4-4281-5)
    - b. Victims of recent sexual assault should be referred to Health Services for medical and mental health care and treatment as necessary in accordance with Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.
    - c. Offenders who are subject to a substantial risk of imminent sexual abuse, or are considered to be at risk for additional sexual victimization shall be referred to the QMHP who will immediately consult with the Facility Unit Head or designee to recommend immediate action to protect the offender. (§115.62)
  3. Use of Offender Screening Information
    - a. Institutional staff shall use information from the *Classification Assessment* (see Operating Procedure 810.1, *Offender Reception and Classification*) to determine appropriate housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. (§115.42[a])
    - b. Staff shall make individualized determinations about how to ensure the safety of each offender. (§115.42[b])
    - c. Housing and bed assignments for transgender or intersex offenders shall be made on a case-by-case basis and shall take into consideration whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. (§115.42[c])
      - i. A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. (§115.42[e])
      - ii. When an offender indicates they are transgender or intersex during the *Classification Assessment* or at any time during their incarceration, a "six month follow up" alert shall be placed in VACORIS. A Counselor or the staff member completing the *Classification Assessment* shall add the alert and notify mental health staff by email. (§115.42[d])
      - iii. Lesbian, gay, bisexual, or intersex offenders shall not be placed in a dedicated housing unit or wing solely on the basis of such identification or status. (§115.42[g])
  4. Housing assignments and other management practices must be designed to protect offenders from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment. (4-4281)
  5. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. (§115.81[d])
- B. Assignment to a Double Cell
1. Offender assignment to a bed other than a single cell requires judgments based on available information in order to determine compatibility. Offenders shall be compared for double cell compatibility using the *VACORIS Cell Compatibility Assessment*.
  2. Factors considered in the *Cell Compatibility Assessment* include history of assaultive behavior,

potential for victimization or aggressive behavior, history of prior victimization, special medical and mental health status, escape history, age, and “Alerts.” The DOC official (Captain/Shift Commander, Unit Manager or above) should use any other related information, including interviews or observation if needed, in the cell assignment decision.

3. The Facility Unit Head or designated authority of management rank must approve any assignment of an offender with a Double Cell Restriction Alert in VACORIS to a double cell.
4. Program and security staff should review existing double cell assignments following relevant changes in an offender’s behavior or special needs, or the identification of additional information not previously available.

#### C. Single Cell Assignments

1. Institutions will provide for single cell assignments to meet special needs, including but not limited to offenders with severe mental disabilities, serious mental illnesses, sexual predators, offenders likely to be exploited or victimized by others, maximum custody offenders, and offenders who have other special needs for single housing. (4-4133)
2. Single cell assignments may also be used to encourage positive behavior.

#### D. Youthful Inmates (§115.14) (Under age 18, convicted as an adult; not under *Youthful Offender Law*)

1. A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.
2. DOC provides specialized housing arrangements for youthful inmates to meet the requirements of this standard. All youthful inmates shall be assigned to the specialized unit, unless this assignment would create a risk to the safe, secure, and orderly operation of the institution.
3. Exigent circumstances may require removal to a Special Housing Unit.

#### E. Bed Changes

1. Each institution should provide a process for offender requests for bed changes and an appeal process for bed assignments. Existing request procedures i.e. *Offender Request* or *Informal Complaint* may be utilized.
2. Routine cell moves from one building or housing area to another shall occur only during the day shift.
3. Bed moves within an individual building or housing area may take place during an evening shift.
4. Emergency moves made at other times will be the exception rather than a routine option, and require the approval of the Facility Unit Head or designated authority of management rank.

### V. SPECIAL HOUSING UNITS

#### A. Assignment to Special Housing

1. Offenders should be placed in special housing only when their presence in the general population poses an unacceptable risk to the offender, other offenders, institutional staff, or the safe, secure operation of the institution.
2. Special housing offenders should be reviewed for placement in general population as soon as the risk is reduced to an acceptable level.
3. An offender moved from general population into special housing may be initially assigned one of the following statuses:
  - a. General Detention - authorized by the Shift Commander or above for the immediate secure confinement of offenders pending review for an appropriate assignment and documented on *Institutional Classification Authority Hearing Notification* generated in VACORIS (see Operating

Procedure 830.1, *Facility Classification Management*).

- b. Pre-Hearing Detention - authorized by the shift commander or above for the immediate confinement of offenders that have been charged with an offense under Operating Procedure 861.1, *Offender Discipline, Institutions*, are awaiting a Disciplinary Hearing, and are considered a potential threat to persons or property, or for escape. Assignment to Pre-Hearing Detention shall be documented on *Institutional Classification Authority Hearing Notification* generated in VACORIS (see Operating Procedure 830.1, *Facility Classification Management*).
  - c. Disciplinary Segregation - after accepting a penalty offer for Disciplinary Segregation or being found guilty of violating the offender disciplinary procedure and sentenced to Disciplinary Segregation by the Hearings Officer in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions*.
4. Assignment to any other special housing status requires a formal due process hearing and action by the Institutional Classification Authority (ICA).
  5. Every seven days of an offender's first two months in Special Housing and every 30 days thereafter, the Special Housing Unit Supervisor or designee will perform a *Special Housing Status Review* in VACORIS of all offenders assigned to the Special Housing Unit to monitor the appropriateness of these statuses. (4-4253)
    - a. The *Special Housing Status Review Report* shall be printed, signed by the reviewer and maintained as documentation of the review.
    - b. Additional offenders will be added to the hearing docket as needed. If a formal review of the offender's status is warranted, the offender will be served notice of an ICA hearing in accordance with Operating Procedure 830.1, *Facility Classification Management*.
    - c. All offenders identified as HRSV or an alleged victim of sexual abuse shall be reviewed to determine whether there is a continuing need for separation from general population and listed on the *Special Housing Status Review Report*. (§115.43[e], §115.68)
  6. *Offenders with Serious Mental Illness (SMI)*, within 10 working days after an SMI offender's assignment to the Special Housing Unit, a formal ICA hearing shall be conducted to evaluate the offender. If the offender cannot be moved out of Special Housing within 28 days of initial placement, the ICA shall determine an appropriate housing assignment. (added 1/16/18)
    - a. The ICA Hearing must include the following institutional staff members; any staff member who is unable to attend the hearing where they have relevant input shall provide a written statement for consideration.
      - i. Institutional Classification Authority
      - ii. Chief of Housing and Programs
      - iii. Counselor
      - iv. QMHP
      - v. Unit Manager
      - vi. Medical Staff
    - b. Offenders with a Serious Mental Illness (SMI) as indicated on the [\*Mental Health Serious Mental Illness \(SMI\) Determination\*](#) 730\_F34 must be reviewed by designated staff during the ICA hearing and a determination on appropriate placement must be made from the options below:
      - i. Referral to Marion Correctional Treatment Center's (MCTC) Acute Care Unit or Fluvanna Correctional Center for Women's (FCCW) Acute Care Unit if the offender meets the legal commitment criteria as provided in Operating Procedure 730.3, *Mental Health Services: Levels of Service*.
      - ii. Referral to a Mental Health Residential Treatment Unit or other Mental Health Unit when the offender does not meet the criteria for commitment to an Acute Care Unit but is unable to function in a general population setting as provided in Operating Procedure 730.3, *Mental Health Services: Levels of Service*.



- iii. Referral to a *Secure Diversionary Treatment Program* if the offender frequently engages in assaultive, disruptive, and/ or unmanageable behaviors in accordance with in Operating Procedure 830.5, *Transfers, Institution Reassignments*.
- iv. Specialized placement in a *Secured Allied Management (SAM) Unit* in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*
- c. Offenders with Serious Mental Illness must be moved out of Special Housing within 28 days of placement on General Detention unless a [Serious Mental Illness \(SMI\) 28 Day Exemption Request](#) 425\_F7 has been granted.
  - i. If it is determined at the ICA hearing that an SMI offender will remain in Special Housing for more than 28 days, the QMHP must complete the [Serious Mental Illness \(SMI\) 28 Day Exemption Request](#) 425\_F7.
  - ii. The *Exemption Request* must be submitted to the Facility Unit Head, Mental Health Clinical Supervisor, Regional Administrator, and Regional Operations Chief for each level of review and approval.
  - iii. A copy of the completed [Serious Mental Illness \(SMI\) 28 Day Exemption Request](#) 425\_F7 with required approval and signatures must be forwarded to the Director, the Chief of Corrections Operations, and the Chief of Mental Health Services.

#### B. Mental Health and Medical Reviews and Care

1. The QMHP shall complete a [Mental Health Screening: Special Housing Assignment \(DOC MH 14\)](#) 730\_F12 on the first working day after an assignment to Special Housing for any offender who has not previously been screened, who has previously been screened and found to be “at risk”, or who has previously been screened but the *DOC MH 14* is more than one year old.
  - a. At institutions with no QMHP, health trained staff or a nurse or should interview the offender using the *Special Housing Review* section of the [Health Screening - Health-Trained Staff](#) 720\_F10 to identify if there is any indication the offender may be “at risk” and in need of transfer to an institution with a QMHP.
  - b. Screenings should be conducted and special instructions provided in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
2. Any offender with identified mental health problems who is placed in special housing should be monitored per Operating Procedure 730.5, *Mental Health Services: Behavior Management*, and Operating Procedure 720.1, *Access to Health Services*.
3. When an offender is transferred from general population to special housing, health care personnel will be informed immediately to provide assessment and review as indicated by the protocols established by the Health Authority. (4-4400)
4. No offender will be denied necessary or proper medical, dental, and or mental health care while in special housing.
5. Medical services should be provided in accordance with Operating Procedure 720.1, *Access to Health Services* and Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
6. "At risk" offenders should be identified and monitored in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
7. Any in-person assessment or examination of an offender in special housing by a QMHP or other health care professional shall be accomplished in the following manner:
  - a. The offender will be restrained by handcuffs behind the back; use of leg irons is optional dependent on security level and the offender’s behavior pattern.
  - b. The offender will be instructed to sit on their bunk.
  - c. Two certified Corrections Officers and the QMHP/health care professional shall enter the cell to perform the assessment or examination.



- d. Portable blood pressure equipment, scales, etc. should be available for checking vital signs and for routine assessments and examinations.
  - e. If the examination cannot be successfully completed with the hands cuffed behind the offender's back, the QMHP/health care professional should step back and allow the Corrections Officers to move the handcuffs to the front of the offender. If the examination still cannot be successfully completed, the offender shall be removed from the cell and escorted in appropriate restraints to an area where the examination can be completed.
8. Unless medical attention is needed more frequently, each offender in special housing shall receive a daily visit from a qualified health care provider (not required for institutions that do not have medical staff on duty on weekends). (4-4258, 4-4400)
    - a. The visit ensures that offenders have access to the health care system.
    - b. The presence of a health care provider in special housing is announced and recorded in the special housing log book.
    - c. The Health Authority determines the frequency of physician visits to Special Housing Units.
  9. Offenders should request dental services if needed. Dental staff will determine the need to provide dental care while the offender is in special housing.
  10. Prescribed medications will be provided in accordance with Operating Procedure 720.5, *Pharmacy Services*.
  11. Medical requests, medical staff visits, and medications administered or refused shall be recorded on the [Special Housing: Individual Log 425\\_F4](#).
  12. A QMHP will personally interview any offender remaining in special housing for more than 30 days in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*. If confinement continues beyond 30 days, a mental health assessment by a QMHP is made at least every 30 days for offenders who have an identified mental health need, and every three months for all other offenders and more frequently if prescribed by the Health Authority. (4-4256)

C. Security and Control of Contraband

1. All segregated housing areas, to include cells housing offenders identified as potentially suicidal, have readily accessible equipment and supplies necessary in an emergency.
2. Items entering Special Housing Units are searched to detect and eliminate contraband.
3. A strip search shall be conducted on each offender before exiting a Special Housing Unit cell and then a frisk search shall be conducted immediately after restraints are applied and the offender removed from the cell.
  - a. Whenever a Special Housing Unit offender is outside a secure area, such as a cell, shower, or recreation module, restraints and escort shall be provided in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*.
  - b. A frisk search shall be conducted prior to returning the offender to a Special Housing Unit cell.
4. Each time an offender moves out of a Special Housing Unit cell, a thorough search and inspection will be conducted and documented before another offender moves into the cell.
5. Each Special Housing Unit cell is inspected whenever an offender is removed from the cell.
  - a. This inspection is a general review of sanitation conditions and scan for contraband.
  - b. The Special Housing cell inspection may be conducted by one Corrections Officer and the offender need not be present.
6. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
7. Protective Custody offenders are separated from known enemies and from offenders in Pre-Hearing

Detention and Disciplinary Segregation. Such offenders must be housed in separate cells and have no direct contact unless both offenders are in restraints with separate security escorts.

8. Offenders from General Population may provide housekeeping and other services in the Special Housing Unit. If allowed to do so, each worker is specifically authorized by the Chief of Security, shall be searched (strip search for Security Level 3 and higher) upon entrance and exit, and remains under direct supervision of a staff member at all times. No worker should be allowed physical contact with a Special Housing offender except as required for services rendered, i.e. barber.

#### D. Living Conditions and General Requirements for Special Housing

1. On initial assignment to special housing, offenders should receive an orientation (written preferred but not required) on available services and how to access them in special housing. Offenders being placed in special housing should be provided information on how to access counseling services upon request and for emergencies. (4-4258)
2. Offenders assigned to special housing should be allowed basic living levels of decency and humane treatment.
  - a. See Operating Procedure 861.3, *Special Housing*, for living condition information specific to the offender's status.
  - b. Each facility should strive to confine offenders to their cells for less than 22 hours per day in Special Housing. (added 9/14/16)
3. Exceptions to normally provided conditions are permitted only when found necessary by the shift commander; any exception is recorded in the special housing log book and documented using [Special Housing: Denial of Activity or Service](#) 425\_F3 (4-4265)
4. Staff operating Special Housing Units will maintain a permanent log. (4-4260)
  - a. Institutional post orders shall designate the post(s) responsible for maintaining special housing log book(s).
  - b. Smaller units may record special housing information in a general dormitory log book, while larger units may require separate log books for floor Officers, control room Officers, and to record official visits to the Special Housing Unit by administrative Duty Officers, security supervisors, medical staff, mental health staff, chaplains, treatment staff, etc.
5. Staff operating Special Housing Units should complete a [Special Housing Shift Report](#) 425\_F2 for each housing pod on each shift to pass significant information to the next shift, to the Special Housing Unit Supervisor, and the Chief of Security as directed in institutional post orders.
6. The temperature inside each Special Housing Unit will be logged at the beginning of each shift in the special housing log book and on the *Special Housing: Shift Report*.
7. Number of Occupants
  - a. Except in emergencies, the number of offenders confined to each cell or room should not exceed the number for which it is designed (usually one offender per cell).
  - b. In cells with proper equipment, suitable offenders may be double bunked if they are screened in accordance with this operating procedure.
  - c. If an emergency creates excess occupancy in the Special Housing Unit, the Facility Unit Head, or designee, should provide temporary written approval to exceed design capacity, and alleviate the situation as promptly as possible by providing other housing for the offenders so confined.
8. Clothing and Bedding
  - a. Offenders assigned to special housing should dress in state issue clothing and be furnished with clothing and bedding in accordance with Operating Procedure 802.1, *Offender Property*.
  - b. Upon arrival in the Special Housing Unit all offenders' personal clothing will be removed; offenders will be strip searched and issued appropriate clothing.
  - c. At least three times per week, clean clothes should be immediately available when dirty clothes

are taken off to be washed.

- d. Clean washcloth and towel will be issued on a one-for-one exchange basis at shower time or included in the weekly linen exchange.
- e. Linens will be exchanged weekly. Blankets will be exchanged as needed per the institution's schedule.

#### 9. Personal Property

- a. Offenders in special housing should be allowed to keep only those items allowed for their status in accordance with Operating Procedure 802.1, *Offender Property*.
- b. A Corrections Officer and the offender, or two Corrections Officers in the offender's absence, will inventory all personal property items in accordance with Operating Procedure 802.1, *Offender Property*.
- c. The offender will be given a copy of his property inventory and will sign for all property issued while in special housing.
- d. All other items of offender personal property that were not issued to the offender, but are allowed at the offender's security level and current institution, will be stored upon assignment to special housing, in accordance with Operating Procedure 802.1, *Offender Property*. Offender personal clothing should be washed before being placed in storage. (4-4339)
- e. The offender must request in writing any authorized personal property that was stored and not initially issued to the offender (i.e. hygiene items to replace items that have been consumed). All property taken from the offender's property storage and delivered to the offender will be documented on the initial inventory completed when the offender was initially placed in special housing.
- f. Offenders in special housing will not be allowed to purchase any property that is not specifically authorized to offenders for possession in their assigned status.
  - i. Any pre-approved item of personal property which is received while the offender is in special housing, but which is not specifically authorized for the offender's status, will be held in Personal Property and not issued to the offender.
  - ii. The offender will be notified of the receipt of property items by Personal Property staff via the *Personal Property Request - Add/Drop*.
  - iii. Offenders will not be allowed to view, try-on, or examine this property while assigned to special housing.
- g. When an offender is discharged from special housing, the Special Housing Unit Supervisor will be notified and will have the offender's property ready to be issued when the offender is released. The offender will sign for the property when issued.

#### 10. Supervision

- a. A written mental health training program should be provided to employees (non-mental health services staff) assigned to work in designated housing units (i.e., mental health units; Segregation, Disciplinary Segregation, and detention units; and parole violator units).
  - i. This training program shall be developed, reviewed, and provided by mental health services staff.
  - ii. Employees assigned to any one of these designated housing units shall complete their training as soon as possible and no later than nine months after their assignment to the unit.
  - iii. Following completion of the training, employees assigned to any of these units shall complete a minimum of one day of in-service training related to mental health issues every two years.
- b. Staff who work directly with offenders in special housing on a regular and daily basis should be selected based on the following considerations: (4-4259)
  - i. **Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)**
  - ii. **Information redacted pursuant to Code of Virginia §2.2-3705.2**

- iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
- iv. [Information redacted pursuant to Code of
- v. [Information redacted
- vi. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
- vii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

- c. A Corrections Officer should check each offender in special housing twice per hour, no more than 40 minutes apart, on an irregular schedule, with each check recorded on the [Special Housing: Individual Log 425\\_F4](#). Offenders who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal offenders are under continuous observation in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*. (4-4257)
- d. In addition to supervision provided by the unit Officers, the Shift Commander or higher authority should visit the Special Housing Unit daily. The visit should be recorded in the special housing log book. (4-4258)

#### 11. Confinement Record

- a. A permanent [Special Housing: Individual Log 425\\_F4](#) will be maintained on each offender assigned to special housing.
- b. The *Special Housing Individual Log* will show the date of admission, weight of the offender upon entering and leaving, and note special conditions such as diet, exercise, and special precautions for "at risk" offenders.
- c. The initials, date, and time of the Correctional Officer making the twice per hour checks will be recorded on the *Special Housing Individual Log*.
- d. The *Special Housing Individual Log* will also show other pertinent information such as medical requests and visits, medications administered or refused, and meals accepted or refused.
- e. The *Special Housing Individual Log* will be utilized at all institutions and is the only log approved for this purpose.
- f. A new *Special Housing Individual Log* must be started each time there is a change in status.
- g. If an offender is placed on a 15-minute or Constant Watch, the *Special Housing Individual Log* will be suspended and the [Special Watch Log 425\\_F5](#) will be used for the duration of the special watch using a new page for each day.
- h. When offenders are released from special housing, the Special Housing Unit should retain a file including all completed *Special Housing: Individual Logs* and *Special Watch Logs*.

#### 12. Food

- a. Offenders assigned to special housing should receive the same number and type of meals served the general population.
- b. Food may not be used as a disciplinary measure. Punitive diets (i.e., bread and water) for offenders are prohibited. (4-4320)
- c. On initial placement in a Special Housing Unit, the offender (if not on Common Fare) will designate if they want to receive regular or alternate entrée food trays.
  - i. The Special Housing Unit Supervisor shall allow the offender the opportunity to change their choice of tray type every 90 days that they remain in a Special Housing Unit.
  - ii. An offender approved for Common Fare should be provided Common Fare meals while in a Special Housing Unit, if Common Fare is available at that institution.
- d. Whenever the offender refuses to eat, a record should be made on the *Special Housing Individual Log*.
- e. Offenders who refuse to eat will be managed in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* and Operating Procedure 730.5, *Mental*

*Health Services: Behavior Management.*

- f. Offenders who abuse the trays or food products served to them will be managed in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*.
13. Personal Hygiene
- a. Offenders in special housing receive laundry, barbering, and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as offenders in the general population. Exceptions are permitted only when found necessary by the shift commander; any exception is recorded in the special housing log book and documented using [Special Housing: Denial of Activity or Service](#) 425\_F3. (4-4263)
- b. Offenders assigned to special housing should have the opportunity to sponge bathe whenever they choose. They should be permitted to shower and shave not less than three times each week. (4-4262)
- c. The offender is allowed to possess the personal hygiene items authorized for the assigned status in Operating Procedure 802.1, *Offender Property*. If the offender does not have basic personal hygiene items and is indigent, the institution should furnish them.
- d. The institution should provide security toothbrushes. Personal toothbrushes are generally not allowed since they may be used as weapons.
- e. No oils or lotions should be allowed, except prayer oil.
- f. Offenders assigned to special housing and certain mental health units should be provided razors by the institution. Personal razors should not be allowed. The type of razor should be consistent with the security level of the institution.
- i. When disposable razors (see *Approved Razors*, Attachment 1) are provided, the institution should assure the offender does not destroy the razor and use the blade to create a weapon or to cause self-harm. Staff should inspect the razor after use to ensure the offender has not tampered with the razor and the blade is present. The institution shall use an accountability system to ensure the same disposable razor is not issued to more than one offender.
- ii. If the institution provides electric razors, they should be cordless with removable cutting heads. Cutting heads and screen covers should be sanitized after each use by soaking in a solution of suitable disinfectant in accordance with manufacturer's instructions.
- g. Offenders will be escorted directly to and from the showers. Offenders should be allowed to take only the minimum items needed.
- h. Barbering services should be available on a regular basis.
14. Commissary
- a. Orders should be taken at least 3 times per month on scheduled days. Offenders in special housing are allowed a \$40.00 spend limit per month.
- b. Glass, metal and other hazardous containers or products may be restricted if determined by the institution to pose a risk to security.
- c. Security writing instruments should be provided by the institution. Long term segregation institutions may require offenders to purchase security writing instruments after the initial issue.
- d. A list of approved Commissary items for special housing offenders should be available in the Special Housing Unit.
15. Exercise
- a. Special housing offenders should be allowed a minimum of ~~one hour~~ two hours of out of cell exercise five separate days per week in a supervised area, unless security or safety considerations dictate otherwise. (4-4270) (changed 9/14/16)
- b. During periods of total institutional lockdown, out of cell exercise may also be suspended for special housing offenders.
- c. A record will be made in both the special housing log book and the offender's *Special Housing:*



*Individual Log* any time exercise is given or refused.

d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

16. Telephone

- a. Offenders assigned to special housing (except Pre-Hearing Detention and Disciplinary Segregation) should be permitted to place two telephone calls per month in accordance with Operating Procedure 803.3, *Offender Telephone Service*. (4-4271)
- b. Offenders being placed in special housing should be provided information on how to access telephone services including legal and emergency calls.

17. Educational and Library Book Services

- a. Offenders assigned to special housing will have access to educational services as determined by the DCE Principal
- b. Offenders assigned to Segregation will have access to library books for personal use. (4-4269)

18. Religious Guidance

- a. Offenders assigned to special housing will have access to religious guidance. Offenders being placed in special housing should be provided information on how to access the Chaplain or other available religious services
- b. Visits from spiritual leaders may be requested in accordance with Operating Procedure 851.1, *Visiting Privileges*.

E. General Detention

1. General Detention Assignment and Classification Process

- a. General Detention may be utilized for the immediate secure confinement of an offender pending investigation of a possible criminal or institutional rule violation, when the offender is considered to be a potential threat to persons or property, or when an offender requires personal protection and no reasonable alternative is available.
- b. Only the Shift Commander or a higher authority may authorize an offender's placement in General Detention using VACORIS. The Facility Unit Head or other Administrative Duty Officer shall review this action within 72 hours of the offender's placement on General Detention. (4-4250)
- c. When an offender requests protective custody, the Shift Commander should attempt to find a reasonable alternative to assignment to the Special Housing Unit. If the need for protective custody is documented and no alternative exists, the Shift Commander shall authorize the offender's assignment to General Detention status. (4-4251)
- d. The ICA shall conduct a formal review for determination of appropriate housing assignment within three working days of the offender being placed on General Detention.
  - i. Possible appropriate housing assignments are: return to the general population, assignment to Pre-Hearing Detention if a charge is served, or assignment to Segregation.
  - ii. The ICA may not re-assign the offender to General Detention.
  - iii. Unless assigned to a new housing status by the ICA, the offender will revert to the previous housing assignment after three working days in General Detention.
- e. The ICA may assign an offender to Segregation for investigation of the matter that caused the offender to be placed on General Detention. An offender may not be held in investigative status beyond 15 work days unless they are being investigated by the Special Investigations Unit.

2. Conditions for General Detention

- a. Unless offender behaviors warrant the removal of specific property items or denial of specific activities, conditions for General Detention shall conform to the living conditions for special



housing listed above.

- b. If any normally allowed specific property item or activity is denied, it must be documented using [Special Housing: Denial of Activity or Service](#) 425\_F3.

#### F. Pre-Hearing Detention

##### 1. Pre-Hearing Detention Assignment and Classification Process

- a. Assignment to Pre-Hearing Detention may be made when an offender has been charged with violation of an offense in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions* is awaiting a Disciplinary Hearing, and is considered to be a potential threat to persons or property.
- b. Pre-Hearing Detention can only be authorized by the Shift Commander or a higher authority using VACORIS. The Facility Unit Head or other Administrative Duty Officer shall review this action within 72 hours of the offender's placement on Pre-Hearing Detention.
- c. An offender may not be held in Pre-Hearing Detention for longer than three working days without being formally reviewed by the ICA in accordance with Operating Procedure 830.1, *Facility Classification Management*, to determine if the offender continues to be a threat to persons, property, or security.
  - i. The ICA should make a recommendation to return the offender to the general population or continue the offender in Pre-Hearing Detention status until they receive a Disciplinary Hearing.
  - ii. The maximum total period in Pre-Hearing Detention shall not exceed fifteen days.
  - iii. If the Disciplinary Hearing is not held within fifteen days of the beginning of Pre-Hearing Detention, the ICA must conduct a formal hearing to determine if the offender should be assigned to Segregation or released to general population.
2. Conditions for Pre-Hearing Detention are the same as for Disciplinary Segregation (see below).

#### G. Disciplinary Segregation

##### 1. Disciplinary Segregation Assignment Process

- a. Disciplinary Segregation is a disciplinary measure used for the management of offenders the Hearings Officer has found guilty of institutional rule violations. Offenders may only be assigned to Disciplinary Segregation in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions*. (4-4252)
- b. Offenders may be assigned to Disciplinary Segregation for a maximum period of 30 days for each major rule violation.
- c. On completion of a Disciplinary Segregation sentence, the offender will return to general population unless assigned another status by the ICA in a formal hearing held in accordance with Operating Procedure 830.1, *Facility Classification Management*.
- d. When an offender has more than one Disciplinary Segregation sentence to serve, after serving 30 consecutive days prior to serving any subsequent sentence, the offender will be given a rest period of 15 consecutive days before being placed back in Disciplinary Segregation. (4-4255)
- e. Offenders may be returned to the general population, if appropriate, during the rest periods between Disciplinary Segregation sentences, or may be reviewed by the ICA in a formal hearing held in accordance with Operating Procedure 830.1, *Facility Classification Management*, for assignment to Segregation during the rest periods. Offenders assigned to Segregation between sentences should be provided the same privileges as other offenders assigned to Segregation. (4-4255)
- f. When computing time for those offenders assigned to Disciplinary Segregation and Pre-Hearing Detention, the day of admittance shall count as one day and the day of release shall count as one day.
- g. Offenders on Pre-Hearing Detention or serving a Disciplinary Segregation sentence are subject to

the same living conditions as other offenders in special housing with the following exceptions:

- i. Bedding may be removed during the daytime hours. In place of bedding, a chair should be placed in the cell.
- ii. Offenders on Pre-Hearing Detention or in Disciplinary Segregation should be allowed to keep only those items listed for Pre-Hearing Detention and Disciplinary Segregation status in Operating Procedure 802.1, *Offender Property*.
- iii. Visitation
  - (a) Offenders on Pre-Hearing Detention or in Disciplinary Segregation will forfeit the privileges of receiving visits from relatives and friends; however, under exceptional circumstances, permission may be obtained from the Facility Unit Head for such visits.
  - (b) Attorney visits to an offender in on Pre-Hearing Detention or Disciplinary Segregation may not be restricted and attorneys should be allowed access to the offender in accordance with Operating Procedure 851.1, *Visiting Privileges*.
- iv. Commissary
  - (a) Offenders on Pre-Hearing Detention or in Disciplinary Segregation are limited to the purchase of necessary legal supplies, personal hygiene items, and OTC medications.
  - (b) A list of approved Commissary items for Pre-Hearing Detention and Disciplinary Segregation offenders will be available in the Special Housing Unit.
  - (c) Security writing instruments should be provided by the institution. Long term segregation institutions may require offenders to purchase security writing instruments after the initial issue.
- v. Telephone
  - (a) Offenders on Pre-Hearing Detention or assigned to Disciplinary Segregation should not be afforded personal telephone privileges.
  - (b) Offenders being placed on Pre-Hearing Detention or in Disciplinary Segregation status should be provided information on how to access the offender telephone system for placing legal and emergency calls. (4-4272)

## H. Segregation

### 1. Segregation Classification Process

- a. Segregation is not a disciplinary measure but a means of custodial or protective control. Segregation consists of personal protection and custodial management measures exercised by the institution for the welfare of the offender or the institution, or both.
- b. Offenders may only be assigned to Segregation by the ICA after a due process hearing held in accordance with Operating Procedure 830.1, *Facility Classification Management*.
- c. The offender's behavior and attitude will be observed and evaluated during assignment to Segregation.
- d. An offender may not be held in Segregation on investigative status beyond 15 work days unless the offender is being investigated by the Special Investigations Unit.
- e. During the assignment to Segregation, the offender status will be formally reviewed by the ICA at least once every 90 days. (4-4254) The ICA will formally review the offender's adjustment and behavior in accordance with Operating Procedure 830.1, *Facility Classification Management*, and determine whether to recommend that the offender continue in Segregation for a subsequent period of up to 90 days or be assigned to the general population.
  - i. The ICA should base its recommendation on consideration of the reason for the assignment, the offender's behavior, and the progress made towards his treatment objectives.
  - ii. The ICA should determine whether the offender is a threat to security or if the offender may be in danger due to enemies in the general population.
  - iii. If appropriate, offenders may be managed in Segregation pending approval for and transfer to a Protective Custody Unit or the *Steps to Achieve Reintegration (STAR) Program*.
  - iv. The ICA may recommend a transfer to another institution when return to the general

population is not appropriate.

- f. Administrative ICA hearings may be conducted at the institution's discretion at any time a significant change in circumstances or the offender's behavior warrants a review in accordance with Operating Procedure 830.1, *Facility Classification Management*.
  - g. When the ICA determines that an offender's behavior or circumstances no longer warrant a segregated status, a recommendation for the offender's release to general population should be made.
    - i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
2. Conditions of Segregation
- a. Unless offender behaviors warrant the removal of specific property items or denial of specific activities, conditions for Segregation shall conform to the living conditions for special housing listed above.
  - b. If any normally allowed specific property item or activity is denied, it must be documented using [Special Housing: Denial of Activity or Service](#) 425\_F3.

## VI. OTHER SPECIAL BED ASSIGNMENTS

### A. Mental Health Hold and Medical Hold

- 1. Mental Health Hold and Medical Hold are special types of Segregation assigned by the ICA.
- 2. When Mental Health or Medical staff determine that an offender should be placed in special housing to protect the offender or the general population they may request to the Shift Commander that the offender be placed on General Detention.
  - a. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse or sexual harassment shall not be placed in Special Housing without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Regional PREA Analyst and Shift Commander that there is no available alternative means of separation from likely abusers. (§115.43[a], §115.68). ~~The Regional PREA Analyst must be notified.~~ (changed 9/19/17)
  - b. A [Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) 425\_F6 shall be completed by the Shift Commander prior to placing the offender in Special Housing. (added 9/19/17)
  - c. If the [Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) institution cannot be conducted ~~an assessment~~ immediately, the Shift Commander may place the offender in special housing on General Detention for up to 2 hours ~~no more than 24 hours~~ while completing the assessment. (§115.43[a], §115.68) (changed 9/19/17)
  - d. The institution must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged. A copy of the completed [Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) must be sent to the Regional PREA Analyst with a copy maintained in the PREA Investigation file. (§115.43[d], §115.68) (added 9/19/17)
- 3. The Mental Health or Medical staff causing the offender to be placed in General Detention should advise the ICA whether the offender should be assigned to Segregation or released to general population on review of the General Detention status.

4. For an offender identified as HRSV or an alleged victim of sexual abuse who has been assigned to Special Housing without their consent, Mental Health staff shall advise the ICA on whether the offender can be released to general population or whether they must be assigned to Segregation and/or transferred to the DOC Protective Custody Unit (see Operating Procedure 830.5, *Transfers, Facility Reassignments*). (§115.43[c], §115.68)
  - a. Involuntary assignment to Segregation shall only be made until an alternative means of separation from likely abusers can be arranged. (§115.43[c], §115.68)
  - b. The ICA must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means can be arranged. (§115.43[d], §115.68)
  - c. This assignment shall not ordinarily exceed a period of 30 days. (§115.43[c], §115.68)
  - d. Offenders shall have access to programs, privileges, education, and work opportunities to the extent possible while ensuring their safety. If access is more restrictive than for others in their housing status, staff shall document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations on the [\*Special Housing: Denial of Activity or Service\*](#) 425\_F3. (§115.43[b], §115.68)
5. If an offender is assigned to Segregation with Mental Health or Medical Hold, Mental Health or Medical staff must advise the ICA when the offender has recovered adequately to be returned to general population. The ICA should then hold an administrative review for release of the offender to general population.
6. Conditions for Mental Health Hold and Medical Hold
  - a. Unless offender behaviors or medical/mental health needs warrant the removal of specific property items or denial of specific activities, conditions for Mental Health Hold and Medical Hold shall conform to the living conditions for Special Housing listed above.
  - b. If any normally allowed specific property item or activity is denied, it must be documented using [\*Special Housing: Denial of Activity or Service\*](#) 425\_F3.
- B. Medical Observation Units, Infirmaries, or Mental Health Units - The decision to assign offenders to such units is a medical decision to be made by the treating physician or QMHP according to appropriate Health Services procedures and is not governed by this operating procedure.
- C. Protective Custody Units
  1. Assignment to and removal from Protective Custody Units shall be in accordance with Operating Procedure 830.1, *Facility Classification Management*, and Operating Procedure 830.5, *Transfers, Facility Reassignments*.
  2. Protective Custody Units should be operated as a general population except that offenders assigned to the unit will not have unregulated contact with other offenders in the institution. See Operating Procedure 830.5, *Transfers, Facility Reassignments*.
- D. Structured Living Units - Assignment to and management of restricted privilege special general population units will be in accordance with Operating Procedure 841.7, *Structured Living Unit Program*.
- E. Steps to Achieve Reintegration Program - Offenders in Segregation who refuse assignment to general population due to an unspecified fear and not for a specific fear or threat, violent or aggressive behavior, or legitimate protective custody needs should be reviewed by the institution for transfer to the *Steps to Achieve Reintegration (STAR) Program*. See Operating Procedure 830.5, *Transfers, Facility Reassignments*.
- F. Grooming Standards Violator Housing Unit (VHU) - Offenders in Segregation for non-compliance with the established DOC grooming standards and who have been convicted of Offense Code 133, *Refusal to obey an order to comply with the Department's grooming standard* should be reviewed by the institution for transfer to the *Grooming Standards Violator Housing Unit (VHU)*. See Operating

Procedure 864.1, *Offender Grooming and Hygiene*.

G. Honor Dorms and programs that offer extra privilege incentives shall be operated in accordance with institution specific implementation memoranda defining the necessary qualifications and the privileges to be allowed.

## VII. REFERENCES

Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*  
Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*  
Operating Procedure 720.1, *Access to Health Services*  
Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*  
Operating Procedure 720.5, *Pharmacy Services*  
Operating Procedure 730.3, *Mental Health Services: Levels of Service* (added 1/16/18)  
Operating Procedure 730.5, *Mental Health Services: Behavior Management*  
Operating Procedure 802.1, *Offender Property*  
Operating Procedure 803.3, *Offender Telephone Service*  
Operating Procedure 810.1, *Offender Reception and Classification*  
Operating Procedure 830.1, *Facility Classification Management*  
Operating Procedure 830.5, *Transfers, Facility Reassignments*  
Operating Procedure 841.7, *Structured Living Unit Program*  
Operating Procedure 851.1, *Visiting Privileges*  
Operating Procedure 861.1, *Offender Discipline, Institutions*  
Operating Procedure 861.3, *Special Housing*  
Operating Procedure 864.1, *Offender Grooming and Hygiene*

## VIII. FORM CITATIONS

[Special Housing Shift Report](#) 425\_F2  
[Special Housing: Denial of Activity or Service](#) 425\_F3  
[Special Housing: Individual Log](#) 425\_F4  
[Special Watch Log](#) 425\_F5  
[Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) 425\_F6 (added 9/19/17)  
[Serious Mental Illness \(SMI\) 28 Day Exemption Request](#) 425\_F7 (added 1/16/18)  
[Health Screening - Health-Trained Staff](#) 720\_F10  
[Mental Health Screening: Special Housing Assignment \(DOC MH 14\)](#) 730\_F12  
[Mental Health Serious Mental Illness \(SMI\) Determination](#) 730\_F34 (added 1/16/18)

## IX. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

*Signature Copy on File*

A. David Robinson, Chief of Corrections Operations

*7/28/16*

Date





# Operating Procedure

<b>Effective Date</b> February 1, 2016	<b>Number</b> 425.4 RH
<b>Amended</b> 2/24/16, 3/7/16, 9/14/16, 9/19/17, 1/16/18, 7/1/18, 8/1/18	<b>Operating Level</b> Department
<b>Supersedes</b> Operating Procedure 425.4 (9/1/13)	
<b>Authority</b> COV §53.1-10, §53.1-25	
<b>ACA/PREA Standards</b> 4-4133, 4-4140, 4-4249, 4-4250, 4-4251, 4-4253, 4-4254, 4-4256, 4-4257, 4-4258, 4-4259, 4-4260, 4-4261, 4-4262, 4-4263, 4-4265, 4-4266, 4-4267, 4-4268, 4-4269, 4-4270, 4-4271, 4-4273, 4-4281, 4-4281-2, 4-4281-4, 4-4281-5, 4-4320, 4-4339, 4-4400; §115.14, §115.42, §115.43, §115.62, §115.68, §115.81	
<b>Incarcerated Offender Access</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Public Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Attachments</b> Yes <input checked="" type="checkbox"/> #1 No <input type="checkbox"/>
<b>Office of Primary Responsibility</b> Security Operations Manager	

**Subject**  
**MANAGEMENT OF BED AND CELL ASSIGNMENTS**

**Portions of this operating procedure are excluded from public disclosure under the Virginia Freedom of Information Act and have been redacted in accordance with COV §2.2-3704.01.**

## I. PURPOSE

This operating procedure provides guidance for appropriate assignment of offenders to beds in Department of Corrections institutions. Included are review processes for offenders assigned to double cells and considerations for assignment to Restrictive Housing Units and other special populations as well as movement from these units to general population.

## II. COMPLIANCE

This operating procedure applies to all institutions operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## III. DEFINITIONS

**At Risk Offender** - An offender identified by a Qualified Mental Health Professional as meeting the criteria in Operating Procedure 730.5, *Mental Health Services: Behavior Management*

**Central Classification Services (CCS)** - Staff members from the Offender Management Services Unit who review certain recommendations made by the Institutional Classification Authority and Multi-Disciplinary Team (MDT) to render a final decision regarding offender status and assignments. (changed 1/16/18)

**General Detention** - Special purpose bed assignments, utilized under proper administrative process, for the immediate secure confinement of offenders pending review for an appropriate assignment

**Health Trained Staff** - A DOC employee, generally a Corrections Officer who has been trained to administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency

**High Risk Sexual Aggressor (HRSA)** - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender at high risk of being sexually abusive

**High Risk Sexual Victim (HRSV)** - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender confirmed as a sexual victim or identified as being at high risk of being sexually victimized

**Institution** - A prison facility operated by the Department of Corrections - includes major institutions, field units, and work centers.

**Institutional Classification Authority (ICA)** - The facility staff person designated to conduct offender



case review hearings; hearings related to restrictive housing status review are formal due process hearings and are generally conducted by a Multi-Disciplinary Team.

**Management Path** - The restrictive housing unit level to which the offender is assigned and the remaining steps for the offender to enter full privilege general population

**Mental Health Residential Treatment Unit** - A designated treatment unit where mental health services are provided to offenders who are unable to function in a general population setting due to mental disorder but who typically do not meet the criteria for admission to an Acute Care unit (added 1/16/18)

**Multi-Disciplinary Team (MDT)** - MDT members are responsible to review individual offenders related to restrictive housing and step-down statuses and act as the Institutional Classification Authority to make recommendations for housing status, transfer, security level, good time class, etc.; decisions are the responsibilities of the Facility Unit Head and Regional Administrator.

**Offender with Serious Mental Illness (SMI)** - Offender diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, PTSD or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living. (added 1/16/18)

~~**Program Pathway** - A document developed by the Multi-Disciplinary Team in cooperation with the offender, if possible, which documents the steps and programming goals the offender must achieve to be released from Restrictive Housing to full-privilege General Population. (deleted 1/16/18)~~

**Protective Custody Unit** - A special purpose general population housing unit designated by the Director for offenders classified as requiring separation from other offenders as a result of their personal security needs; offenders requesting and requiring assignment to a protective custody unit may be managed in General Detention and Restrictive Housing, as appropriate, pending assignment and transfer.

**Qualified Mental Health Professional (QMHP)** - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, ~~Psychiatric Provider~~ ~~Psychiatrist~~, Social Worker (Masters level) or Registered Nurse or an individual with at least a Master's degree in psychology, social work or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders. (changed 1/16/18)

**Restrictive Housing Unit** - A general term for special purpose bed assignments including general detention, restrictive housing, and step-down statuses; usually a housing unit or area separated from full privilege general population.

- **Restrictive Housing (RHU)** - Special purpose bed assignments operated under maximum security regulations and procedures, and utilized under proper administrative process, for the personal protection or custodial management of offenders.
- **RH Step-down 1 (SD-1), RH Step-down 2 (SD-2)** - General population bed assignments operated with increased privileges above Restrictive Housing but more control than full privilege general population.

**Secure Diversionary Treatment Program (SDTP)** - Bed assignments designated for offenders who have been classified as SMI; operates with structured security regulations and procedures, and provides programming and treatment services conducive with evidence based treatment protocols and individualized treatment plans (added 1/16/18)

**Shared Allied Management (SAM) Unit** - A residential programming unit operated at designated DOC institutions to deliver intensive services in a safe environment to specific offender populations that typically require a high level of services from security, mental health, and/ or medical staff (added 1/16/18)

**Steps to Achieve Reintegration (STAR) Program** - A DOC program operated at a designated DOC institutions for offenders, who motivated by an unspecified fear, refuse to leave restrictive housing and enter general population (changed 2/24/16)

**Working Day** - Weekdays, Monday through Friday, except official state holidays

**Youthful Inmate** - Any person under the age of 18 who is under adult court supervision and incarcerated

or detained in a prison or jail

#### IV. BED AND CELL ASSIGNMENTS

##### A. Assessment and Screening

1. Reception Centers will complete a classification assessment in VACORIS for each offender entering the DOC. This assessment will include the following factors: history of assaultive behavior, potential for victimization, history of prior victimization, special medical or mental health status, escape history, age, enemies or offender separation information, and any other related information.
2. Within 24 hours of arrival at any DOC institution, prior to bed assignment, each offender shall be screened for potential vulnerabilities or tendencies for acting out with sexually aggressive or other violent behavior, and housing assignments are made accordingly. (4-4281-2)
  - a. Offenders identified as high risk with a history of sexually assaultive behavior (HRSA) and offenders identified as at risk for sexual victimization (HRSV) are referred to be assessed by a mental health or other qualified professional. Such offenders are identified, monitored, and counseled (4-4281-4, 4-4281-5)
  - b. Victims of recent sexual assault should be referred to Health Services for medical and mental health care and treatment as necessary in accordance with Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.
  - c. Offenders who are subject to a substantial risk of imminent sexual abuse, or are considered to be at risk for additional sexual victimization shall be referred to the QMHP who will immediately consult with the Facility Unit Head or designee to recommend immediate action to protect the offender. (§115.62)
3. Use of Offender Screening Information
  - a. Institutional staff shall use information from the *Classification Assessment* (see Operating Procedure 810.1, *Offender Reception and Classification*) to determine appropriate housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. (§115.42[a])
  - b. Staff shall make individualized determinations about how to ensure the safety of each offender. (§115.42[b])
  - c. Housing and bed assignments for transgender or intersex offenders shall be made on a case-by-case basis and shall take into consideration whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. (§115.42[c])
    - i. A transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. (§115.42[e])
    - ii. When an offender indicates they are transgender or intersex during the *Classification Assessment* or at any time during their incarceration, a "six month follow up" alert shall be placed in VACORIS. A Counselor or the staff member completing the *Classification Assessment* shall add the alert and notify mental health staff by email. (§115.42[d])
    - iii. Lesbian, gay, bisexual, or intersex offenders shall not be placed in a dedicated housing unit or wing solely on the basis of such identification or status. (§115.42[g])
4. Housing assignments and other management practices must be designed to protect offenders from personal abuse, corporal punishment, personal injury, disease, property damage, and harassment. (4-4281)
5. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. (§115.81[d])

## B. Assignment to a Double Cell

1. Offender assignment to a bed other than a single cell requires judgments based on available information in order to determine compatibility. Offenders shall be compared for double cell compatibility using the VACORIS *Cell Compatibility Assessment*.
2. Factors considered in the *Cell Compatibility Assessment* include history of assaultive behavior, potential for victimization or aggressive behavior, history of prior victimization, special medical and mental health status, escape history, age, and “Alerts.” The DOC official (Captain/Shift Commander, Unit Manager or above) should use any other related information, including interviews or observation if needed, in the cell assignment decision.
3. The Facility Unit Head or designated authority of management rank must approve any assignment to a double cell of an offender with a *Double Cell Restriction Alert* in VACORIS.
4. Program and security staff should review existing double cell assignments following relevant changes in an offender’s behavior or special needs, or the identification of additional information not previously available.

## C. Single Cell Assignments

1. Facilities will provide for single cell assignments to meet special needs, including but not limited to offenders with severe mental disabilities, serious mental illnesses, sexual predators, offenders likely to be exploited or victimized by others, maximum custody offenders, and offenders who have other special needs for single housing. (4-4133)
2. Single cell assignments may also be used to encourage positive behavior.

## D. Youthful Inmates (§115.14) (Under age 18, convicted as an adult; not under *Youthful Offender Law*)

1. A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.
2. DOC provides specialized housing arrangements for youthful inmates to meet the requirements of this standard. All youthful inmates shall be assigned to the specialized unit, unless this assignment would create a risk to the safe, secure, and orderly operation of the institution.
3. Exigent circumstances may require removal to a Restrictive Housing Unit.

## E. Bed Changes

1. Each institution should provide a process for offender requests for bed changes and an appeal process for bed assignments. Existing request procedures i.e. *Offender Request* or *Informal Complaint* may be utilized.
2. Routine cell moves from one building or housing area to another shall occur only during the day shift.
3. Bed moves within an individual building or housing area may take place during an evening shift.
4. Emergency moves made at other times will be the exception rather than a routine option, and require the approval of the Facility Unit Head or designated authority of management rank.

## V. RESTRICTIVE HOUSING UNITS

### A. Restrictive Housing Units (see Operating Procedure 425.4, *Management of Bed and Cell Assignments*, for Special Housing Units)

1. This operating procedure governs the operation of Restrictive Housing Units at Security Level 1 and above institutions for the supervision of offenders under General Detention, Restrictive Housing (RHU), and Step-down statuses (SD-1 and SD-2). (4-4249) (added 7/1/18)
  - a. Security Level W institutions and Deerfield Correctional Center do not operate restrictive housing

units.

- b. For institutions that are designated for multiple security levels, the Restrictive Housing Unit will operate in accordance with the *Restrictive Housing Operating Level Designation* (see Operating Procedure 841.4, *Restrictive Housing Units*)
  - c. Offender accessible information on this subject may be found in Operating Procedure 841.4, *Restrictive Housing Units*.
2. Restrictive Housing is not a disciplinary measure but a means of custodial or protective control. Restrictive Housing consists of personal protection and custodial management measures exercised by the institution for the welfare of the offender or the institution, or both.
  3. Offenders shall be placed in a restrictive housing unit only when their presence in the general population poses an unacceptable risk to the offender, other offenders, institutional staff, or the safe, secure operation of the institution. Restrictive housing shall not be used as punishment. The goals of restrictive housing units are to:
    - a. Manage offenders in a safe and secure manner
    - b. Provide a consistent, systems approach to the operation of all DOC restrictive housing units in order to maximize positive outcomes in offender adjustment to incarceration
    - c. Provide opportunities for offenders to increase their likelihood for success in full privilege general population
  4. Restrictive housing offenders should be reviewed for placement in Step-down statuses and general population as soon as the risk is reduced to an acceptable level.
  5. An offender moved from general population into a restrictive housing unit shall be initially assigned to General Detention, which is authorized by the Shift Commander or above for the immediate secure confinement of offenders pending review for an appropriate assignment and documented on *Institutional Classification Authority Hearing Notification* generated in VACORIS (see Operating Procedure 830.1, *Facility Classification Management*).
  6. General Detention shall be utilized for the immediate secure confinement of an offender only when their presence in the general population poses an unacceptable risk to the offender, other offenders, institutional staff, or the safe, secure operation of the institution, including when an offender requires personal protection and no reasonable alternative is available.
  7. An offender shall not be placed in General Detention solely based on a *Disciplinary Offense Report*. The behaviors that caused the *Disciplinary Offense Report* to be written may also indicate that the offender poses an unacceptable risk to the safe, secure operation of the facility such that General Detention is appropriate.
  8. Assignment to any other restrictive housing status requires a formal due process hearing held in accordance with Operating Procedure 830.1, *Facility Classification Management* by the Multi-Disciplinary Team (MDT) and approval by the Facility Unit Head or designee.
  9. Offenders assigned to a Restrictive Housing level, in Security Level 2 and above institutions, will be provided a management path ~~and a program pathway~~ designed to meet that offender's behaviors and needs so that the offender can enter a full privilege general population. (changed 1/16/18, added 7/1/18)
  10. Every seven days of an offender's first two months in RHU status and every 30 days thereafter, the Restrictive Housing Unit Supervisor or designee will perform a *Restrictive Housing Status Review* in VACORIS of all offenders assigned to RHU to monitor the appropriateness of this status. (4-4253)
    - a. The *Restrictive Housing Status Review Report* shall be printed, signed by the reviewer and maintained as documentation of the review.
    - b. Additional offenders will be added to the hearing docket as needed. If a formal review of the offender's status is warranted, the offender will be served notice of a MDT hearing in accordance with Operating Procedure 830.1, *Facility Classification Management*.
    - c. All offenders identified as HRSV or an alleged victim of sexual abuse shall be reviewed to

determine whether there is a continuing need for separation from general population and listed on the *Restrictive Housing Status Review Report*. (§115.43[e], §115.68)

#### B. Multidisciplinary Disciplinary Team (MDT)

1. The Multi- Disciplinary Team has the authority to conduct Institutional Classification Authority hearings related to restrictive housing units and is responsible to review individual offenders and make recommendations concerning the management paths ~~and program pathways~~ as well as security level, good time class, transfer, etc. (changed 1/16/18)
2. The MDT at Security Level 1 institutions and Baskerville Correctional Center will be comprised of three members representing different departments as designated by the Facility Unit Head. (added 7/1/18)
3. At Security Level 2 and above institutions, MDT members may include but are not limited to the following: (added 7/1/18)
  - a. Chief of Housing and Programs or Chief of Security - Mandatory
  - b. Counselor - Mandatory
  - c. QMHP - Mandatory
  - d. Unit Manager
  - e. Institutional Program Manager
  - f. Investigator/ Intel Officer
  - g. Medical Staff (added 1/16/18)
  - h. Corrections Officer
4. A quorum of 3 members is required to be present for the MDT to conduct a formal hearing.
5. Mandatory MDT members who are unable to attend a hearing shall provide a written statement for consideration. Non-Mandatory MDT members who are unable to attend a hearing where they have relevant input ~~may~~ should provide a written statement for consideration. (changed 1/16/18)

#### C. Assignment and Classification Processes

1. Only the Shift Commander or a higher authority may authorize an offender's placement in General Detention.
  - a. The person referring the offender for General Detention (such as but not limited to Corrections Officer, Investigator, QMHP, or Health Authority) shall enter in VACORIS an Internal Incident Report documenting the reason for placing the offender in General Detention and the specific facts supporting that placement, including:
    - i. What is the behavior demonstrated by the offender that warrants consideration for assignment to Restrictive Housing?
    - ii. How is this behavior a threat to public, staff, offender safety or orderly operation of the facility?
    - iii. What alternatives to Restrictive Housing are available?
  - b. The Shift Commander shall meet with the referring person and the offender, and document their decision in the Level 1 Review section of the VACORIS module to either place the offender on General Detention in Restrictive Housing with their reason for the decision or return the offender to General Population.
  - c. The Shift Commander shall document on the Internal Incident Report any alternatives considered prior to placement in Restrictive Housing.
  - d. The Facility Unit Head or other Administrative Duty Officer shall review the *Internal Incident Report* and other available information within ~~72~~ 24 hours of the offender's placement on General Detention to determine if the placement is warranted. (4-4250) (changed 1/16/18)
  - e. The reviewing authority may order the offender returned to their previous status if General Detention is not warranted.

2. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]  
[REDACTED]
3. When an offender requests protective custody, the Shift Commander should attempt to find a reasonable alternative to assignment to the Restrictive Housing Unit. If the need for protective custody is documented and no alternative exists, the Shift Commander shall authorize the offender's assignment to General Detention status. (4-4251)
4. The Multi-Disciplinary Team (MDT) shall conduct a formal review for determination of appropriate housing assignment within three working days of the offender being placed on General Detention.
  - a. This review will consider the *Internal Incident Report* documenting placement into General Detention and any other available, relevant information.
  - b. Possible appropriate housing assignments at Security Level 2 and above institutions are: return to the previous status (general population or Step-down) or remain in General Detention assign to an appropriate housing status in Restrictive Housing pending development of a program pathway for the offender. (changed 1/16/18, added 7/1/18, changed 8/1/18)
5. For offenders continued on General Detention in Restrictive Housing at Security Level 2 and above institutions, appropriate members of the MDT will evaluate the offender and develop a Program Pathway management path. Evaluation tools and program components may include but not be limited to the following: (changed 1/16/18, added 7/1/18, changed 8/1/18)
  - a. Review of COMPAS findings
  - b. Case Plan review and development
  - c. History of behavior
  - d. Risk/Needs assessment
  - e. Develop Program Pathway Assessment of: (changed 1/16/18)
    - i. Disciplinary Violation goals - to reduce or eliminate disciplinary violations
    - ii. Responsible behavior goals
      - (a) Personal hygiene
      - (b) Standing for count
      - (c) Cell compliance
      - (d) Deportment; satisfactory rapport with staff and offenders
    - iii. Journaling and/or program assignments relevant to offender needs and goals
    - iv. Mental Health goals (Example: Medication Compliant, Number of Office Visits Per Month, etc.)
  - f. Once the offender's Program Pathway management path is approved by the Chief of Housing and Programs or higher authority, the Program Pathway will be added to the offender's Case Plan in VACORIS will be updated. (changed 1/16/18)

**D. Development of Offender Housing Assignment and Management Path** (added 1/16/18)

1. Security Level W institutions and Deerfield Correctional Center do not have Restrictive Housing Units, offenders who are assigned to General Detention will be transferred to the designated parent host institution for placement in Restrictive Housing. (added 7/1/18)
2. For Security Level 1 institutions and Baskerville Correctional Center, within 3 working days after the initial assignment to General Detention, the MDT will conduct a formal ICA hearing to determine an appropriate housing assignment. (added 7/1/18)
  - a. The MDT shall evaluate the offender and determine if the offender will be released to general population at their current institutional assignment.
  - b. Offenders who cannot return to the general population at the current institution but would be suitable for general population at another equal or higher level institution should be recommended for transfer to an appropriate institution.



- c. Offenders who cannot return to the general population at the current institution and who are expected to require maximum security management in excess of 30 days should be recommended for transfer to a Centralized Restrictive Housing Unit.
3. For Security Level 2 ~~and below offenders~~ institutions, within 10 working days (15 working days for investigative status) after the initial assignment to General Detention, the MDT will conduct a formal ICA hearing to determine an appropriate housing assignment. (added 1/16/18, changed 7/1/18)
    - a. The MDT shall evaluate the offender and determine if the offender will be released to general population at their current institutional assignment.
    - b. Offenders who cannot return to the general population at the current institution but would be suitable for general population at another equal or higher level institution should be recommended for transfer to an appropriate institution.
    - c. Offenders who cannot return to the general population at the current institution and who are expected to require maximum security management in excess of 30 days should be recommended for transfer to a Centralized Restrictive Housing Unit.
  4. For Security Level 3 and above offenders institutions, within 10 working days (15 working days for investigative status) after the initial assignment to General Detention, the MDT will conduct a formal ICA hearing to evaluate the offender and develop an appropriate housing assignment or management path (RHU, SD-1, SD-2, or general population) ~~and a Program Pathway~~. (changed 1/16/18, changed 7/1/18)
    - a. Restrictive Housing (RHU) - to be used for offenders that must be managed under maximum security conditions.
      - i. Offenders who cannot return to the general population at the current institution or who are expected to require maximum security management in excess of 30 days (not achieve assignment to a Step-down level or full privilege general population) should be recommended for transfer to a Centralized Restrictive Housing Unit or other institution based on the severity of behaviors as appropriate.
      - ii. The MDT must submit justification with each request for transfer.
    - iii. [Information redacted pursuant to Code of Virginia \_\_\_\_\_]
      - (a) [Information redacted pursuant to Code of Virginia \_\_\_\_\_]
      - (b) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14) \_\_\_\_\_]
      - (e) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14) \_\_\_\_\_]
    - iv. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14) \_\_\_\_\_]
      - (a) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14) \_\_\_\_\_]
      - (b) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14) \_\_\_\_\_]
      - (c) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14) \_\_\_\_\_]
      - (d) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14) \_\_\_\_\_]
      - (e) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14) \_\_\_\_\_]
    - v. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14) \_\_\_\_\_]
  - b. Step-down 1 (SD-1) - To be used for offenders whose behavior does not rise to the level of RHU or whose behavior has improved since assignment to RHU to include completion of required programmatic goals.

- c. Step-down 2 (SD-2) - To be used for offenders who have been identified as needing a more structured living environment than in general population but do not need the level of control provided in RHU or SD-1. Also for offenders whose behavior has improved since assignment to RHU or SD-1 to include completion of required programmatic goals.
  - d. Security Level 4 and above institutions will not transfer offenders to a Centralized Restrictive Housing Unit, offenders who require maximum security management in excess of 30 days will be managed in the Restrictive Housing Unit at their current location. (added 8/1/18)
5. For offenders with Serious Mental Illness, within 10 working days after the initial assignment to General Detention, the MDT will conduct a formal ICA hearing to evaluate the offender and develop an appropriate housing assignment if the offender will not be released to General Population or placed in SD-1 or SD-2 within 28 days. (added 1/16/18)
- a. Offenders with a *Serious Mental Illness (SMI)* as indicated on the [Mental Health Serious Mental Illness \(SMI\) Determination](#) 730\_F34 must be reviewed by the Multi-Disciplinary Team to determine appropriate placement from the options below:
    - i. Referral to Marion Correctional Treatment Center's (MCTC) Acute Care Unit or Fluvanna Correctional Center for Women's (FCCW) Acute Care Unit if the offender meets the legal commitment criteria as provided in Operating Procedure 730.3, *Mental Health Services: Levels of Service*.
    - ii. Referral to a Mental Health Residential Treatment Unit or other Mental Health Unit when the offender does not meet the criteria for commitment to an Acute Care Unit but is unable to function in a general population setting as provided in Operating Procedure 730.3, *Mental Health Services: Levels of Service*.
    - iii. Referral to a *Secure Diversionary Treatment Program* if the offender frequently engages in assaultive, disruptive, and/ or unmanageable behaviors in accordance with in Operating Procedure 830.5, *Transfers, Institution Reassignments*.
    - iv. Specialized placement in a *Secured Allied Management Unit (SAM)* in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*
  - b. Offenders with Serious Mental Illness must be moved out of Restrictive Housing within 28 days of placement on General Detention unless a [Serious Mental Illness \(SMI\) 28 Day Exemption Request](#) 425\_F7 has been granted.
    - i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
6. For pregnant offenders and offenders under the age of 18, within 10 working days after the initial assignment to General Detention, the MDT will conduct a formal ICA hearing to determine an appropriate housing assignment. (added 1/16/18)
- a. The MDT shall evaluate the offender and determine if the offender will be released within 28 days to their previous housing assignment or placed in SD-1 or SD-2 at their current institution.
  - b. Pregnant offenders and offenders under the age of 18 who are SMI or pose a risk to the safe, secure, and orderly operation and of the institution and will not be released to their previous housing assignment or placed in SD-1 or SD-2 within 28 days must be reviewed by the Multi-Disciplinary Team who will consult with Psychology Associate Senior at CCS to determine appropriate alternate housing. (deleted 8/1/18)
7. During the assignment to any Restrictive Housing level, the offender's status will be formally

reviewed by the MDT at least once every 30 days. (4-4254) The MDT will formally conduct a formal due process hearing and review the offender's adjustment and behavior in accordance with Operating Procedure 830.1, *Facility Classification Management*, and determine whether to recommend that the offender continue in the current Restrictive Housing level for a subsequent period of up to 30 days or be assigned to a less restrictive level. (changed 1/16/18)

- a. The MDT should base its recommendation on consideration of the reason for the assignment, the offender's behavior, and the progress made on the Program Pathway management path and treatment objectives. (changed 1/16/18)
  - b. The MDT should determine whether the offender is a threat to security or if the offender may be in danger due to enemies in the general population.
  - c. If appropriate, offenders may be managed in a Restrictive Housing level pending approval for and transfer to a Protective Custody Unit or the *Steps to Achieve Reintegration (STAR) Program*.
  - d. The MDT may recommend a transfer to another institution when return to the full privilege general population is not appropriate.
8. MDT hearings may be conducted at the institution's discretion any time a significant change in circumstances or the offender's behavior warrants a review in accordance with Operating Procedure 830.1, *Facility Classification Management*.
9. When the MDT determines that an offender's behavior or circumstances no longer warrant the current Restrictive Housing level, a recommendation for the offender's reclassification to a different level or release to general population should be made.

a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

10. Temporary Suspension of Time Frames

- a. In the event of a widespread institutional disruption, natural disaster, or other unusual occurrence that requires emergency action, the Facility Unit Head may temporarily suspend any or all portions of this operating procedure.
- b. Offenders involved in the emergency may be detained without being served an *Institutional Classification Authority Hearing Notification* or conducting an ICA Hearing throughout the course of the emergency.
- c. Upon restoration of institutional order, all detained offenders shall be subject to Institutional Classification Authority and other reviews in accordance with this operating procedure.

E. Security, Movement, and Control of Contraband

1. Staff operating Restrictive Housing Units shall maintain a permanent log. (4-4260)
  - a. Institutional post orders shall designate the post(s) responsible for maintaining Restrictive Housing Unit log book(s).
  - b. Smaller units may record restrictive housing information in a general dormitory log book, while larger units may require separate log books for floor officers, control room officers, and to record official visits to the Restrictive Housing Unit by administrative duty officers, security supervisors, medical staff, mental health staff, chaplains, treatment staff, etc.
2. Staff operating Restrictive Housing Units should complete a [Restrictive Housing Shift Report](#), 425\_F2RH for each housing pod on each shift to pass significant information to the next shift, to the Restrictive Housing Unit Supervisor, and the Chief of Security as directed in institutional post

- orders.
3. All restrictive housing areas, to include cells housing offenders identified as potentially suicidal, have readily accessible equipment and supplies necessary in an emergency.
  4. Items entering Restrictive Housing Units are searched to detect and eliminate contraband.
  5. Control and movement of offenders in a Restrictive Housing Unit
    - a. A strip search shall be conducted on each offender in a Restrictive Housing Unit ~~General Detention or RHU status~~ before exiting a cell. (changed 3/7/16)
    - b. Each offender in General Detention or RHU status shall be placed in restraints (hand cuffed from behind, leg irons) and escorted by two certified Corrections Officers whenever outside a secure area, such as a cell, shower, or exercise module. Any deviation from restraint requirements must be approved by the Chief of Security or higher authority.
    - c. An offender in SD-1 status may be moved within the Restrictive Housing Unit area by two certified Corrections Officers without restraints and without direct escort.
    - d. An offender in SD-2 status may be moved within the Restrictive Housing Unit area by one certified Corrections Officer without restraints and without direct escort.
    - e. A frisk search shall be conducted immediately after a Restrictive Housing Unit offender is removed from a cell or other secure area.
    - f. Only one offender at a time may be out of a secure area in the Restrictive Housing Unit unless both offenders are restrained with separate security escorts. With approval of the Facility Unit Head, an exception may be made for offenders participating in small group programs (SD-2 - maximum ten offenders) within the Restrictive Housing Unit area.
    - g. A frisk search shall be conducted prior to returning the offender to a Restrictive Housing Unit cell.
  6. Each time an offender moves out of a Restrictive Housing Unit cell, a thorough search and inspection will be conducted and documented before another offender moves into the cell.
  7. Each Restrictive Housing Unit cell is inspected whenever an offender is removed from the cell.
    - a. This inspection is a general review of sanitation conditions and scan for contraband.
    - b. The Restrictive Housing cell inspection may be conducted by one Corrections Officer and the offender need not be present.
  8. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]  
[REDACTED]
  9. Protective Custody offenders are separated from known enemies. Such offenders must be housed in separate cells and have no direct contact unless both offenders are in restraints with separate security escorts.
  10. Offenders from General Population may provide housekeeping and other services in the Restrictive Housing Unit.
    - a. If allowed to do so, each worker is specifically authorized by the Chief of Security, shall be searched (strip search for Security Level 3 and higher) upon entrance and exit, and remains under direct supervision of a staff member at all times.
    - b. No worker should be allowed physical contact with a Restrictive Housing Unit offender except as required for services rendered, i.e. barber.
  11. Confinement Record
    - a. A permanent [Restrictive Housing: Individual Log](#) 425\_F4RH will be maintained on each offender assigned to General Detention or RHU status.
    - b. The *Restrictive Housing Individual Log* will show the date of admission, weight of the offender

upon entering and leaving, and note special conditions such as diet, exercise, and special precautions for "at risk" offenders.

- c. The initials, date, and time of the Corrections Officer making the twice hourly checks will be recorded on the *Restrictive Housing Individual Log*.
  - d. The *Restrictive Housing Individual Log* will also show other pertinent information such as medical requests and visits, medications administered or refused, and meals accepted or refused.
  - e. The *Restrictive Housing Individual Log* will be utilized at all facilities and is the only log approved for this purpose.
  - f. A new *Restrictive Housing Individual Log* must be started each time there is a change in status.
  - g. If an offender is placed on a 15-minute or Constant Watch, the *Restrictive Housing Individual Log* will be suspended and the [Special Watch Log](#) 425\_F5 will be used for the duration of the special watch using a new page for each day.
  - h. When offenders are released from restrictive housing, the Restrictive Housing Unit should retain a file including all completed *Restrictive Housing Individual Logs* and *Special Watch Logs*.
12. A Corrections Officer should check each offender in General Detention or RHU status twice per hour, no more than 40 minutes apart, on an irregular schedule, with each check recorded on the [Restrictive Housing: Individual Log](#) 425\_F4RH. (4-4257)
- a. Offenders in SD-1 or SD-2 statuses should be checked on a similar schedule with documentation in a Log Book. Individual log sheets are not required.
  - b. Offenders who are violent or mentally disordered or who demonstrate unusual or bizarre behavior receive more frequent observation; suicidal offenders are under continuous observation in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*. (4-4257)
13. In addition to supervision provided by the unit Corrections Officers, the Shift Commander or higher authority should visit the Restrictive Housing Unit daily. The visit should be recorded in the Restrictive Housing Unit Log Book. (4-4258)
14. Staffing
- a. A written mental health training program should be provided to employees (non-mental health services staff) assigned to work in designated housing units (i.e., mental health units; Restrictive Housing; and parole violator units).
    - i. This training program shall be developed, reviewed, and provided by mental health services staff.
    - ii. Employees assigned to any one of these designated housing units shall complete their training as soon as possible and no later than nine months after their assignment to the unit.
    - iii. Following completion of the training, employees assigned to any of these units shall complete a minimum of one day of in-service training every two years related to mental health issues.
  - b. Staff who work directly with offenders in Restrictive Housing on a regular and daily basis should be selected based on the following considerations: (4-4259)
    - i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
    - iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)] s
    - iv. [Information redacted pursuant to Code of
    - v. [Information redacted
    - vi. [Information redacted pursuant to Code of Virginia
    - vii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

#### F. Mental Health and Medical Reviews and Care



1. Offenders should be screened by a Qualified Mental Health Professional (QMHP) before their placement or within one working day after placement in General Detention or RHU status so any “at risk” offenders may be identified.
  - a. At facilities with no QMHP, health trained staff should interview the offender within one working day after placement in General Detention or RHU status to identify if there is any indication the offender may be “at risk”.
  - b. Screening should be conducted and special instructions provided (MH 14A) in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
  - c. If the QMHP determines an offender assigned to General Detention or RHU status to be “at risk,” they will complete an ["At Risk" Offender Notification \(MH 14A\)](#) 730\_F13 to communicate relevant management information to security staff.
    - i. A Building Supervisor where the offender is housed should countersign the ["At Risk" Offender Notification \(MH 14A\)](#) 730\_F13 to confirm receipt of any *Special Management Instructions*.
    - ii. *Special Management Instructions* shall be entered on the [Restrictive Housing: Individual Log](#) 425\_F4RH or [Special Watch Log](#) 425\_F5.
  - d. If the QMHP determines that placement in General Detention or RHU status may have a deleterious effect on an offender's mental health, the QMHP shall notify the Facility Unit Head that placement in General Detention or RHU status is not recommended and offer alternatives for mental health care such as commitment to an acute care setting, transfer to another institution, or strategies for management within the general population. NOTE: The Facility Unit Head's signature is required on the ["At Risk" Offender Notification \(MH 14A\)](#) 730\_F13 for placement of an "at risk" offender in General Detention or RHU status against QMHP recommendations. (4-4399)
2. Any offender with identified mental health problems who is placed in General Detention or RHU status should be monitored per Operating Procedure 730.5, *Mental Health Services: Behavior Management*, and Operating Procedure 720.1, *Access to Health Services*.
3. When an offender is transferred from general population to General Detention or RHU status, health care personnel will be informed immediately to provide assessment and review as indicated by the protocols established by the Health Authority. (4-4400)
4. No offender will be denied necessary or proper medical, dental, and or mental health care while in a Restrictive Housing Unit.
5. Medical services should be provided in accordance with Operating Procedure 720.1, *Access to Health Services*, and Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
6. "At risk" offenders should be identified and monitored in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
7. Any in-person assessment or examination of an offender in General Detention or RHU status by a QMHP or other health care professional shall be accomplished in the following manner:
  - a. The offender will be restrained by handcuffs behind the back; use of leg irons is optional dependent on security level and the offender's behavior pattern.
  - b. The offender will be instructed to sit on their bunk.
  - c. Two certified Corrections Officers and the QMHP/health care professional shall enter the cell to perform the assessment or examination.
  - d. Portable blood pressure equipment, scales, etc. should be available for checking vital signs and for routine assessments and examinations.
  - e. If the examination cannot be successfully completed with the hands cuffed behind the offender's back, the QMHP/health care professional should step back and allow the Corrections Officers to move the handcuffs to the front of the offender. If the examination still cannot be successfully



completed, the offender shall be removed from the cell and escorted in appropriate restraints to an area where the examination can be completed.

8. Unless medical attention is needed more frequently, each offender in General Detention or RHU status shall receive a daily visit from a qualified health care provider (not required for facilities that do not have medical staff on duty on weekends). (4-4400, 4-4258)
    - a. The visit ensures that offenders have access to the health care system.
    - b. The presence of a health care provider in restrictive housing is announced and recorded in the Restrictive Housing Unit log book.
    - c. The Health Authority determines the frequency of physician visits to Restrictive Housing Units.
  9. Offenders should request dental services if needed. Dental staff will determine the need to provide dental care while the offender is in restrictive housing.
  10. Prescribed medications will be provided in accordance with Operating Procedure 720.5, *Pharmacy Services*.
  11. Medical requests, medical staff visits, and medications administered or refused shall be recorded on the [Restrictive Housing: Individual Log](#) 425\_F4RH.
  12. A QMHP will personally interview any offender remaining in RHU status for more than 30 days in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*. If confinement continues beyond 30 days, a mental health assessment by a QMHP is made at least every 30 days for offenders who have an identified mental health need, and every three months for all other offenders and more frequently if prescribed by the Health Authority. (4-4256)
- G. Living Conditions and General Requirements for Restrictive Housing Units
1. On initial assignment to a Restrictive Housing Unit, offenders should receive an orientation (written preferred but not required) on available services and how to access them. Offenders being placed in a Restrictive Housing Unit should be provided information on how to access counseling services upon request and for emergencies. (4-4258)
  2. Restrictive Housing Units provide living conditions that approximate those of the general offender population; all exceptions are clearly documented throughout this operating procedure.
    - a. Restrictive housing cells/rooms permit the offenders assigned to them to converse with and be observed by staff members. (4-4140)
    - b. Each facility should strive to confine offenders to their cells for less than 22 hours per day in Restrictive Housing. (added 9/14/16)
  3. All offenders in a Restrictive Housing Unit shall be 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 offender or any other offender(s) will destroy an item, use it as a weapon or instrument of escape, or induce self-injury. (4-4261)
  4. Within the resources available to the facility, unless security or safety considerations dictate otherwise, offenders in restrictive housing have access to educational services, commissary services, library services, social services, counseling services, religious guidance, and recreational programs. (4-4273)
  5. Restrictive housing cells or units should be well ventilated, adequately lighted, appropriately heated and maintained in a sanitary condition at all times.
  6. Exceptions to normally provided conditions are permitted only when found necessary by the Shift Commander; any exception is recorded in the Restrictive Housing Unit log book and documented using [Restrictive Housing: Denial of Activity/Service](#) 425\_F3RH (4-4265)
  7. The temperature inside each Restrictive Housing Unit will be logged at the beginning of each shift in the Restrictive Housing Unit log book and on the *Restrictive Housing: Shift Report*.

8. Number of Occupants

- a. Except in emergencies, the number of offenders confined to each cell or room should not exceed the number for which it is designed (usually one offender per cell).
- b. With the approval of the Facility Unit Head, in cells with proper equipment, suitable offenders in SD-2 may be double bunked if they are screened in accordance with this operating procedure.
- c. If an emergency creates excess occupancy in the Restrictive Housing Unit, the Facility Unit Head, or designee, should provide temporary written approval to exceed design capacity, and alleviate the situation as promptly as possible by providing other housing for the offenders so confined.

9. Clothing and Bedding

- a. Offenders assigned to a Restrictive Housing Unit should dress in state issue clothing and be furnished with clothing and bedding in accordance with Operating Procedure 802.1, *Offender Property*.
- b. Upon arrival in a Restrictive Housing Unit all offenders' personal clothing will be removed; offenders will be strip searched and issued appropriate clothing.
- c. At least three times per week, clean clothes should be immediately available when dirty clothes are taken off to be washed.
- d. Clean washcloth and towel will be issued on a one-for-one exchange basis at shower time or included in the weekly linen exchange.
- e. Linens will be exchanged weekly. Blankets will be exchanged as needed per the institution's schedule.

10. Personal Property

- a. Offenders in a Restrictive Housing Unit should be allowed to keep only those items allowed for their status in accordance with Operating Procedure 802.1, *Offender Property*.
- b. A Corrections Officer and the offender, or two Corrections Officers in the offender's absence, will inventory all personal property items in accordance with Operating Procedure 802.1, *Offender Property*.
- c. The offender will be given a copy of his property inventory and will sign for all property issued while in a Restrictive Housing Unit.
- d. All other items of offender personal property that were not issued to the offender, but are allowed at the offender's security level and current institution, will be stored upon assignment to a Restrictive Housing Unit, in accordance with Operating Procedure 802.1, *Offender Property*. Offender personal clothing should be washed before being placed in storage. (4-4339)
- e. The offender must request in writing any authorized personal property that was stored and not initially issued to the offender (i.e. hygiene items to replace items that have been consumed). All property taken from the offender's property storage and delivered to the offender will be documented on the initial inventory completed when the offender was initially placed in the Restrictive Housing Unit.
- f. Offenders in a Restrictive Housing Unit will not be allowed to purchase any property that is not specifically authorized to offenders for possession in their assigned status.
  - i. Any pre-approved item of personal property which is received while the offender is in a Restrictive Housing Unit, but which is not specifically authorized for the offender's status, will be held in Personal Property and not issued to the offender.
  - ii. The offender will be notified of the receipt of property items by Personal Property staff via the *Personal Property Request - Add/Drop*.
  - iii. Offenders will not be allowed to view, try-on, or examine this property while assigned to a Restrictive Housing Unit.
- g. When an offender is discharged from a Restrictive Housing Unit, the Restrictive Housing Unit Supervisor will be notified and will have the offender's property ready to be issued when the

offender is released. The offender will sign for the property when issued.

11. Food

- a. Offenders assigned to a Restrictive Housing Unit should receive the same number and type of meals served the general population.
- b. Food may not be used as a disciplinary measure. Punitive diets (i.e., bread and water) for offenders are prohibited. (4-4320)
- c. On initial placement in a Restrictive Housing Unit, the offender (if not on Common Fare) will designate if they want to receive regular or alternate entrée food trays.
  - i. The Restrictive Housing Unit Supervisor shall allow the offender the opportunity to change their choice of tray type every 90 days that they remain in a Restrictive Housing Unit.
  - ii. An offender approved for Common Fare should be provided Common Fare meals while in a Restrictive Housing Unit, if Common Fare is available at that institution.
- d. Whenever the offender refuses to eat, a record should be made on the *Restrictive Housing Individual Log* or the unit log book if the offender is not on an individual log.
- e. Offenders who refuse to eat will be managed in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* and Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
- f. Offenders who abuse the trays or food products served to them will be managed in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*.

12. Personal Hygiene

- a. Offenders in a Restrictive Housing Unit receive laundry, barbering, and hair care services and are issued and exchange clothing, bedding, and linen on the same basis as offenders in the general population. Exceptions are permitted only when found necessary by the shift commander; any exception is recorded in the Restrictive Housing Unit log book and documented using [Restrictive Housing: Denial of Activity/Service](#) 425\_F3RH. (4-4263)
- b. Offenders assigned to a Restrictive Housing Unit should have the opportunity to sponge bathe whenever they choose. They should be permitted to shower and shave not less than three times each week. (4-4262)
- c. The offender is allowed to possess the personal hygiene items authorized for the assigned status in Operating Procedure 802.1, *Offender Property*. If the offender does not have basic personal hygiene items and is indigent, the institution should furnish them.
- d. The institution should provide security toothbrushes. Personal toothbrushes are generally not allowed since they may be used as weapons.
- e. No oils or lotions should be allowed, except prayer oil.
- f. Offenders assigned to a Restrictive Housing Unit and certain mental health units should be provided razors by the institution. Personal razors should not be allowed. The type of razor should be consistent with the security level of the institution.
  - i. When disposable razors (see *Approved Razors*, Attachment 1) are provided, the institution should ensure the offender does not destroy the razor and use the blade to create a weapon or to cause self-harm. Staff should inspect the razor after use to ensure the offender has not tampered with the razor and the blade is present. The institution shall use an accountability system to ensure the same disposable razor is not issued to more than one offender.
  - ii. If the institution provides electric razors, they should be cordless with removable cutting heads. Cutting heads and screen covers should be sanitized after each use by soaking in a solution of suitable disinfectant in accordance with manufacturer's instructions.
- g. Offenders will be moved directly to and from the showers. Offenders should be allowed to take only the minimum items needed.
- h. Barbering services should be available on a regular basis.

13. Correspondence

- a. Offenders confined to a Restrictive Housing Unit are generally subject to the same mail regulations and privileges, including sending and receiving legal mail, as offenders assigned to general population in accordance with Operating Procedure 803.1, *Offender Correspondence*. (4-4266)
- b. Secure messaging is a privilege, offenders assigned to General Detention or RHU status will not be provided access to the kiosk in order to retrieve or send their secure messages.
- c. Offenders assigned to General Detention or RHU status in a Centralized Restrictive Housing Unit will not have access to kiosks but may access secure messaging through the following process.
  - i. All incoming messages shall be printed by facility mailroom staff and delivered to the offender through the facility mail.
  - ii. If a pre-paid stamp is purchased by the sender, the offender may hand write a return letter on the blank pre-labelled page provided with their incoming message and forward their response to the mailroom through the facility mail.
  - iii. Upon receipt of the offender response, mailroom staff shall scan the offender's letter for delivery to the sender.
- d. Offenders in General Detention or RHU status will not receive the contents of packages unless approved by the Facility Unit Head. Disapproved items may be stored if approved for General Population, returned to the sender at the expense of the offender or the sender, or disposed of in accordance with Operating Procedure 802.1, *Offender Property*.

14. Access to Legal Services

- a. Offenders assigned to a Restrictive Housing Unit will not be prohibited from conducting litigation on their own behalf.
- b. Offenders assigned to a Restrictive Housing Unit should be afforded access to facility legal services including the Facility Attorney and the use of Law Library materials in accordance with Operating Procedure 866.3, *Offender Legal Access*. Offenders being placed in a Restrictive Housing Unit should be provided information on how to access legal services. (4-4268)
- c. Attorney visits and legal calls are addressed in the *Visitation* and *Telephone* sections of this operating procedure.

15. Visitation

- a. Offenders in a Restrictive Housing Unit have opportunities for visitation unless there are substantial reasons for withholding such privileges. (4-4267)
- b. The visitation schedule for offenders in a Restrictive Housing Unit should be established by the Facility Unit Head as permitted by available staff and facilities.
- c. Visitation in a Restrictive Housing Unit will be non-contact unless approved by the Facility Unit Head.
- d. A maximum of one visit per week for one hour with no more than five persons should be granted to offenders in a Restrictive Housing Unit. Some facilities may set a lower limit on the number of visitors due to space limitations.
- e. Attorney visits to an offender in a Restrictive Housing Unit shall occur during normal working hours of the facility unless otherwise approved by the Facility Unit Head or designee. Attorneys shall be asked to present proper identification before being admitted to the facility and the visit will be conducted in accordance with Operating Procedure 851.1, *Visiting Privileges*.

16. Commissary

- a. Orders should be taken at least 3 times per month on scheduled days.
- b. Offenders in a Restrictive Housing Unit are allowed a \$40.00 spend limit per month. SD-2 offenders will be allowed an additional \$10.00 per month of consumable items.
- c. Glass, metal and other hazardous containers or products may be restricted if determined by the

institution to pose a risk to security. No oils or lotions should be allowed, except prayer oil.

- d. Security writing instruments should be provided by the institution. Long term Restrictive Housing facilities may require offenders to purchase security writing instruments after the initial issue.
- e. A list of approved Commissary items for restrictive housing unit offenders should be available in the Restrictive Housing Unit.

17. Exercise

- a. Restrictive Housing Unit offenders should be allowed a minimum of ~~one hour~~ two hours of out of cell exercise five separate days per week in a supervised area, unless security or safety considerations dictate otherwise. (4-4270) SD-2 offenders may be allowed additional out of cell activity. (changed 9/14/16)
- b. During periods of total institutional lockdown, out of cell exercise may also be suspended for Restrictive Housing Unit offenders.
- c. A record will be made in both the Restrictive Housing Unit Log Book and the offender's *Restrictive Housing: Individual Log* any time exercise is given or refused.
- d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]
- e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (14)]

18. Telephone

- a. Offenders assigned to a Restrictive Housing Unit should be permitted to place telephone calls in accordance with Operating Procedure 803.3, *Offender Telephone Service*. (4-4271)
  - i. General Detention/RHU allowed two calls per month
  - ii. SD-1 allowed four calls per month
  - iii. SD-2 allowed six calls per month
- b. Offenders being placed in a Restrictive Housing Unit should be provided information on how to access telephone services including legal and emergency calls.

19. Educational and Library Book Services

- a. Offenders assigned to a Restrictive Housing Unit will have access to educational services as determined by the Principal
- b. Offenders assigned to a Restrictive Housing Unit will have access to library books for personal use. (4-4269)

20. Religious Guidance

- a. Offenders assigned to a Restrictive Housing Unit will have access to religious guidance. Offenders being placed in a Restrictive Housing Unit should be provided information on how to access the Chaplain or other available religious services
- b. Visits from spiritual leaders may be requested in accordance with Operating Procedure 851.1, *Visiting Privileges*.

## VI. OTHER SPECIAL BED ASSIGNMENTS

### A. Mental Health Hold and Medical Hold

- 1. When Mental Health or Medical staff determine that an offender should be placed in a Restrictive Housing Unit to protect the offender or the general population they may request to the Shift Commander that the offender be placed on General Detention.
  - a. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse or sexual harassment shall not be placed in a Restrictive Housing Unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Regional PREA Analyst and Shift Commander that there is no available



alternative means of separation from likely abusers. (§115.43[a], §115.68). ~~The Regional PREA Analyst must be notified.~~ (changed 9/19/17)

- b. A [Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) 425\_F6 shall be completed by the Shift Commander prior to placing the offender in a Restrictive Housing Unit. (added 9/19/17)
  - c. If the [Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) ~~institution~~ cannot be conducted ~~an assessment~~ immediately, the Shift Commander may place the offender in a Restrictive Housing Unit on General Detention for up to 2 hours ~~no more than 24 hours~~ while completing the assessment. (§115.43[a], §115.68) (changed 9/19/17)
  - d. The institution must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged. A copy of the completed [Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) must be sent to the Regional PREA Analyst with a copy maintained in the PREA Investigation file (§115.43[d], §115.68) (added 9/19/17)
2. The Mental Health or Medical staff causing the offender to be placed in General Detention shall enter in VACORIS an *Internal Incident Report* documenting the reason for placing the offender in General Detention and the specific facts supporting that placement.
  3. The Mental Health or Medical staff member or their designee shall serve on the Multi-Disciplinary Team (MDT) reviewing the offender's placement on General Detention/Restrictive Housing and developing the management path ~~and Program Pathway~~. (changed 1/16/18)
  4. For an offender identified as HRSV or an alleged victim of sexual abuse who has been assigned to a Restrictive Housing Unit without their consent, Mental Health staff shall advise the MDT on whether the offender can be released to General Population or whether they must be assigned to a Restrictive Housing Unit and/ or transferred to the DOC Protective Custody Unit (see Operating Procedure 830.5, *Transfers, Facility Reassignments*). (§115.43[c], §115.68)
    - a. Involuntary assignment to a Restrictive Housing Unit shall only be made until an alternative means of separation from likely abusers can be arranged. (§115.43[c], §115.68)
    - b. The MDT must clearly document the basis for the institution's concern for the offender's safety and the reason why no alternative means can be arranged. (§115.43[d], §115.68)
    - c. This assignment shall not ordinarily exceed a period of 30 days. (§115.43[c], §115.68)
    - d. Offenders shall have access to programs, privileges, education, and work opportunities to the extent possible while ensuring their safety. If access is more restrictive than for others in their housing status, staff shall document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations on the [Restrictive Housing: Denial of Activity/Service](#) 425\_F3RH. (§115.43[b], §115.68)
  5. If an offender is assigned to a Restrictive Housing Unit with a Mental Health or Medical Hold, Mental Health or Medical staff must advise the MDT when the offender has recovered adequately to be returned to general population. The MDT should then hold an administrative review for release of the offender to general population.
  6. Conditions for Mental Health Hold and Medical Hold
    - a. Unless offender behaviors or medical/mental health needs warrant the removal of specific property items or denial of specific activities, Conditions for Mental Health Hold and Medical Hold shall conform to the Living Conditions for Restrictive Housing listed above.
    - b. If any normally allowed specific property item or activity is denied, it must be documented using [Restrictive Housing: Denial of Activity/Service](#) 425\_F3RH.
- B. Medical Observation Units, Infirmaries, or Mental Health Units - The decision to assign offenders to such units is a medical decision to be made by the treating physician or QMHP according to appropriate Health Services procedures and is not governed by this operating procedure.



### C. Protective Custody Units

1. Assignment to and removal from Protective Custody Units shall be in accordance with Operating Procedure 830.1, *Facility Classification Management*, and Operating Procedure 830.5, *Transfers, Facility Reassignments*.
2. Protective Custody Units should be operated as a general population except that offenders assigned to the unit will not have unregulated contact with other offenders in the institution. See Operating Procedure 830.5, *Transfers, Facility Reassignments*.

D. *Steps to Achieve Reintegration Program* - Offenders in a Restrictive Housing Unit who refuse assignment to general population due to an unspecified fear and not for a specific fear or threat, violent or aggressive behavior, or legitimate protective custody needs should be reviewed by the facility for transfer to the *Steps to Achieve Reintegration (STAR) Program*. See Operating Procedure 830.5, *Transfers, Facility Reassignments*.

E. Honor Dorms and programs that offer extra privilege incentives shall be operated in accordance with institution specific implementation memoranda defining the necessary qualifications and the privileges to be allowed.

## VII. REFERENCES

Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*

Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*

Operating Procedure 425.4, *Management of Bed and Cell Assignments*

Operating Procedure 720.1, *Access to Health Services*

Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*

Operating Procedure 720.5, *Pharmacy Services*

Operating Procedure 730.3, *Mental Health Services: Levels of Service* (added 1/16/18)

Operating Procedure 730.5, *Mental Health Services: Behavior Management*

Operating Procedure 802.1, *Offender Property*

Operating Procedure 803.1, *Offender Correspondence*

Operating Procedure 803.3, *Offender Telephone Service*

Operating Procedure 810.1, *Offender Reception and Classification*

Operating Procedure 830.1, *Facility Classification Management*

Operating Procedure 830.5, *Transfers, Facility Reassignments*

Operating Procedure 841.4, *Restrictive Housing*

Operating Procedure 851.1, *Visiting Privileges*

Operating Procedure 866.3, *Offender Legal Access*

## VIII. FORM CITATIONS

[Restrictive Housing Shift Report](#), 425\_F2RH

[Restrictive Housing: Denial of Activity/Service](#) 425\_F3RH

[Restrictive Housing: Individual Log](#) 425\_F4RH

[Special Watch Log](#) 425\_F5

[Sexual Abuse/Sexual Harassment Available Alternatives Assessment](#) 425\_F6 (added 9/19/17)

[Serious Mental Illness \(SMI\) 28 Day Exemption Request](#) 425\_F7 (added 1/16/18)

["At Risk" Offender Notification \(MH 14A\)](#) 730\_F13

[Mental Health Serious Mental Illness \(SMI\) Determination](#) 730\_F34 (added 1/16/18)

**IX. REVIEW DATE**

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

*The office of primary responsibility reviewed this operating procedure in February 2017 and no changes are needed at this time.*

*The office of primary responsibility reviewed this operating procedure in February 2018 and no changes are needed at this time.*

*Signature Copy on File*

**1/20/16**

A. David Robinson, Chief of Corrections Operations

Date



# Operating Procedure

<b>Effective Date</b> March 1, 2017	<b>Number</b> 830.5
<b>Amended</b> 5/8/17, 1/16/18, 2/8/18, 3/2/18, 8/1/18, 10/1/18, 5/1/19, 7/1/19, 8/1/19	<b>Operating Level</b> Department
<b>Supersedes</b> Operating Procedure 830.5 (11/1/14)	
<b>Authority</b> COV §53.1-21	
<b>ACA/PREA Standards</b> 4-4444; 4-ACRS-5A-06; 4-ACRS-5A-14; 4-APPFS-2C-04; §115.42, §115.43, §115.68	
<b>Office of Primary Responsibility</b> Director of Offender Management Services	

**Subject**  
**TRANSFERS, INSTITUTION REASSIGNMENTS**

<b>Incarcerated Offender Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Public Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Attachments</b> Yes <input checked="" type="checkbox"/> #2 3 No <input type="checkbox"/> 4
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## I. PURPOSE

This operating procedure governs offender requests for and management of offender transfers and reassignments for offenders incarcerated in Department of Corrections institutions.

## II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## III. DEFINITIONS

**Annual Review** - A uniform yearly review of an offender's classification, needs, and objectives; the Initial Classification Date (ICD) is used to establish the review date for an offender received on or after February 1, 2006. The Custody Responsibility Date (CRD) is used to establish the review date for an offender received prior to February 1, 2006.

**Behavioral Correction Program (BCP)** - Requires a court referral to CCS prior to sentencing, is a specific sentence into CTC that allows for the potential of sentence suspension and release on Probation after an offender's successful completion of a minimum of 24 months in CTC. (added 5/1/19)

**Central Classification Services (CCS)** - Staff members from the Offender Management Services Unit who review certain recommendations made by the Institutional Classification Authority and **Multi-Disciplinary Team (MDT)** to render a final decision regarding offender status and assignments (added 1/16/18)

**Cognitive Therapeutic Community (CTC)** - A structured, residential substance abuse treatment program that incorporates cognitive and behavioral programming to aid in the recovery from alcohol and other drug addictions

**Detainer** - Any form of legal hold placed on an offender by another jurisdiction, where the effect is that an offender will not be released upon completion of confinement, because that jurisdiction intends to take physical custody of the offender. A legal hold may be filed by federal, state, or local authorities and shall include: *Detainers* for arraignment or prosecution of untried charges; *Judgment & Commitment Orders* for an un-served sentence; *Non-Detainer Holds* to serve the balance of a sentence subsequent to escape, or revocation of parole/probation; or any form of *Notify or Hold Request* filed by the U.S. Immigration & Customs Enforcement (ICE).

**Emergency Transfer** - Temporary movement found necessary to protect offenders and staff from imminent danger of physical harm, to prohibit offenders from destruction of State property, and/or escape

**Facility Reassignment (Transfer)** - The physical movement of an offender from the custody of one facility to the custody of another facility within the purview of the Department of Corrections and local jail facilities

~~**Grooming Standards Violator Housing Unit (VHU)** - An offender housing unit designated to house Grooming Standards Violators with the objective to manage and encourage compliance of male offenders determined to be in violation of Department of Corrections grooming standards (deleted 7/1/19)~~

**High Risk Sexual Victim (HRSV)** - As identified by the *Classification Assessment* and QMHP assessment, any incarcerated offender confirmed as a sexual victim or identified as being at high risk of being sexually victimized

**Initial Classification Date (ICD)** - The date on which the offender was initially assigned to a Security Level

**Institutional Classification Authority (ICA)** - The facility staff person designated to conduct offender case review hearings.

**Local DOC Jail Contract Work Release** - For eligible offenders housed within a DOC institution, the DOC in contract with local and regional jails provides the opportunity for offenders to return to a local or regional jail for work release ~~A program operated by local and regional jails under contract with the Department of Corrections to provide work release opportunities for state offenders in the locality where they will be released after incarceration~~ (changed 3/2/18)

**Multi-Institution Treatment Team (MITT)** - MITT members are responsible for assigning the offender to one of the Secure Diversionary Treatment Programs and transitioning offenders to other SDTP programming and out to a non - SDTP general population setting upon completion of programming. (added 1/16/18)

**Offender with Serious Mental Illness (SMI)** - Offender diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, PTSD or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living. (added 1/16/18)

**Parole Board Recommendation** - The Parole Board may recommend an offender for work release participation in lieu of granting parole. Recommendations are reviewed administratively by Central Classification Services.

**Protective Custody** - A classification status and form of custodial management for offenders requesting or requiring separation from other offenders as a result of their personal security needs

**Protective Custody Unit** - A special purpose general population housing unit designated by the Director for offenders classified as requiring separation from other offenders as a result of their personal security needs; offenders requesting and requiring assignment to a protective custody unit may be managed in General Detention and Segregation or Restrictive Housing, as appropriate, pending assignment and transfer.

**Secure Diversionary Treatment Program (SDTP)** - Bed assignments designated for offenders who have been classified as SMI; operates with structured security regulations and procedures, and provides programming and treatment services conducive with evidence based treatment protocols and individualized treatment plans. (added 1/16/18)

**Seriously Mentally Illness (SMI) Coordinator** - A member of the MITT responsible for gathering and organizing documentation for SDTP referrals and coordinating the offender review, approval, and assignment process (added 1/16/18, changed 10/1/18)

**Shared Allied Management (SAM) Unit** - A residential programming unit operated at designated DOC institutions to deliver intensive services in a safe environment to specific offender populations that typically require a high level of services from security, mental health, and/ or medical staff (added 1/16/18)

**Sheriff Requested Home Electronic Monitoring (HEM)** - The Code of Virginia (§53.1-131.2, paragraph C) does not grant Department of Corrections the authority to operate an HEM incarceration program or approve offenders for such a program. However, at the request of the jail, state responsible offenders can be assigned to a local jail and the Sheriff or Jail Administrator can then approve them for HEM status. Offenders are not eligible to earn good conduct credit when on HEM status.

**Sheriff/Jail Requested Work Release** - A Sheriff/Jail Administrator may request in writing that a state responsible eligible offender, housed in a DOC facility or at a jail, be permanently assigned to the jail's work release program. ~~Jails sign a one-time work release contract with DOC.~~ (changed 3/2/18)

**Steps to Achieve Reintegration (STAR) Program** - A DOC program operated at designated DOC institutions for offenders who, motivated by fear, refuse to leave segregation or restrictive housing and enter

general population

#### IV. PROCEDURE

##### A. Transfers of offenders

1. Except where otherwise specified in this operating procedure, all institutional transfers should be coordinated through the Transportation Section, Central Classification Services.
2. Transfer of Offender Records:
  - a. The offender's criminal record, including personal property, medical records, and any prescribed medication orders, shall accompany an offender on transfer to any DOC institution. NOTE: This does not apply to temporary transfers to hospitals or to local jail facilities to facilitate court appearances.
  - b. The Records Office shall complete the [Interdepartmental Transfer Notice \(CA4\)](#) 050\_F9 (see Operating Procedure 050.3, *Facility Release of Offenders*) and attach it to the outside of the envelope containing the Facility Folder/ Historical Hardcopy Record and Medical Records.
  - c. Facility Unit Heads or their designees of receiving institutions are not required to accept the custody of the offender without the complete applicable historical hardcopy record or facility folder.

##### B. Population Management Transfers

1. Central Classification Services (CCS) may administratively reassign offenders to other institutions without an ICA Hearing for the purposes of managing the prison population. Offenders who were administratively transferred to a facility are not required to meet the eligibility criteria of one year at present assignment in order to request a transfer at their Annual Review. The offender's transfer request at their annual may be submitted to CCS for final review. (added 5/1/19)
2. CCS may assign offenders temporarily to institutions not on the same security level for purposes of interviews, courts, medical, psychological, security, special work assignments, etc. Transportation will be coordinated through the routine Central Transportation schedule if at all possible.
3. The Director of Offender Management Services has authorized specific parent host institutions to temporarily transfer eligible and suitable offenders to their adjacent Work Centers. The Facility Unit Head or designee must complete an [Intra-Regional Transfer Authorization](#) 050\_F8 (see Operating Procedure 050.3, *Facility Release of Offenders*). The Transportation Supervisor shall be notified via telephone or email and copies of the *Authorization* shall be forwarded to Central Transportation Services, the Institution's Records Office, and the receiving Work Center prior to physical movement of the offender.

##### C. Field Unit and Work Center Transfers (4-4444; 4-ACRS-5A-14)

1. Field Units and Work Centers are minimum security facilities designed to provide suitable confinement for lower risk offenders, increase productivity of offenders through work activity, and provide a cost effective alternative to more traditional prison construction.
2. Offenders who meet the eligibility criteria may request a transfer to a Field Unit or Work Center at the time of their annual review, or may be administratively reviewed and assigned by CCS upon determination that such an assignment is appropriate.
3. All institutional requests will be submitted, via VACORIS, to CCS for review and final decision.
4. Eligibility Criteria - Offenders must meet each of the following criteria to be reviewed for assignment to a Field Unit or Work Center:
  - a. Security Level 1 offenders - No Murder I or II, Sex Offense, Kidnap/Abduction, No Escapes within the last ~~15~~ 10 years as defined in the *Institutional Assignment Criteria*, or Felony Detainers (changed 5/1/19)
  - b. Security Level W offenders - No Murder I or II, Voluntary Manslaughter, Sex Offense, Kidnap/Abduction, Carjacking, ~~Malicious Wounding~~, Flight/FTA pattern, No Escapes within the

last 15 10 years as defined in the *Institutional Assignment Criteria*, No Felony Detainers. Felony convictions for Robbery w/Weapon Present or Implied, Malicious Wounding, Unlawful Wounding, Maiming, and Felonious Assault, including multiple convictions, will be considered on a case-by-case basis. (changed 5/1/19)

c. Field Units and Work Centers

i. Class Level I or II

ii. "A" or "B" Medical Location Code and "D" Medical Location Code for Psychotropic Medications with "MH-X" Mental Health Classification Code ~~Offenders assigned to a "D" Medical Location Code for systemic allergies will be considered on a case-by-case basis~~ (see *Standard Treatment Guideline - Medical/ Location Codes*). (changed 5/8/17)

iii. "0" or "1" Mental Health Classification Code. Offenders assigned to a "2" Mental Health Classification Code will be considered on a case-by-case basis for assignment to a designated Field Unit or Work Center (see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*, Attachment 4, *Designated Field Unit and Work Center - Psychiatric Services Guidelines*).

D. Cadre Assignment Transfers

1. Offenders who meet all eligibility criteria may request a Cadre assignment at the time of their annual review, or may be administratively reviewed and assigned by CCS upon determination that such an assignment is appropriate.

2. Eligibility Criteria - Offenders must meet each of the following criteria to be reviewed for Cadre:

a. Security Level W offenders - No Murder I or II, Voluntary Manslaughter, Sex Offense, Kidnap/Abduction, Carjacking, ~~Malicious Wounding~~, Flight/FTA pattern, No Escapes within the last 10 years as defined in the *Institutional Assignment Criteria*, No Felony Detainers. Felony convictions for Robbery with Weapon Present or Implied, Malicious Wounding, Unlawful Wounding, Maiming, and Felonious Assault, including multiple convictions, will be considered on a case-by-case basis. (changed 5/1/19)

b. Security Level 1 offenders - No Murder I or II, Sex Offense, Kidnap/Abduction, Escape within the last 10 years as defined in the *Institutional Assignment Criteria*, or Felony Detainers (added 5/1/19)

c. Security Level 2 offenders - No Life+ or Multiple Life sentences, Single Life GCA sentences must have reached their PED. Single Life ESC sentences are not eligible for SL 2

d. For all Security Levels (W, 1, and 2)

i. Class Level I or II

ii. "A" or "B" Medical Location Code, "D" Medical Location Code considered on a case-by-case basis

iii. "0" or "1" Mental Health Classification Code, "2" Mental Health Classification Code considered on a case-by-case basis

e. No Disciplinary Infractions in the past 6 months

3. CCS must be notified when an offender is no longer eligible or suitable for a Cadre Assignment.

4. Upon notification that an offender is no longer eligible or suitable for Cadre assignment, CCS will review for appropriate reassignment.

E. Medical and Mental Health Transfers

1. Temporary or permanent transfers for medical purposes will be coordinated by the Office of Health Services in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, and Operating Procedure 720.7, *Emergency Medical Equipment and Care*.

2. Transfers of offenders based on mental health problems will be handled through the CCS Psychologist Senior in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*.

F. Court Appearance Transfers



1. An offender summoned by Court order to appear in a Court may be housed in a local jail facility for court appearances. Offenders transferred to local jail facilities for Court purposes will be returned to the sending institution upon completion of their involvement in Court proceedings.
2. Where it is deemed necessary to transfer an offender from one institution to another to facilitate Court appearance in the absence of a Court order, the Facility Unit Head or their designee receiving verbal instructions from the Court (or the Attorney General's office) shall promptly notify the Director of Offender Management Services.
  - a. The Facility Unit Head or their designee will indicate the date of the scheduled Court appearance.
  - b. The Director of Offender Management Services or designee will issue a temporary reclassification order authorizing the necessary transfer to an appropriate institution.
  - c. Upon completion of the Court appearance, the offender will be returned to the sending institution, if suitable.

#### G. Emergency Transfers

1. In situations which require the immediate removal of an offender from an institution, CCS (during business hours) or the Regional Administrator or Regional Duty Officer (during non-working hours, holidays, and weekends) may authorize a temporary transfer to any equal or higher security level institutional bed. These transfers will be in accordance with levels established in the *Institutional Assignment Criteria*. Such decisions may be made for security and health reasons only, and must conform to the definition of *Emergency Transfer* in this operating procedure.
2. Exception: The Director of Offender Management Services has authorized all Work Centers to coordinate the temporary, emergency removal of offenders from their units with their parent host institution using an [Intra-Regional Transfer Authorization 050\\_F8](#) (see Operating Procedure 050.3, *Facility Release of Offenders*). If the Facility Unit Head of the host institution accepts the offender for temporary transfer, no further authorization for transfer is necessary. The Transportation Supervisor shall be notified via telephone or email immediately. All eligibility standards for emergency transfer and Institutional Classification Authority (ICA) hearing requirements of Operating Procedure 830.1, *Facility Classification Management*, apply.
3. Where possible, temporarily transferred offenders will be assigned to fill vacant beds and "swaps" of offenders will be utilized only as a last resort. All emergency transfers should be coordinated with the Central Transportation Supervisor. The Regional Administrator, or designee, should contact (email acceptable) the Central Transportation Supervisor the next business day after a temporary intra-regional transfer to confirm that their transfer presents no conflict with already committed beds.
4. All temporary, emergency transfer decisions are subject to review and approval by CCS. All Institutional Classification Authority (ICA) Hearing requirements of Operating Procedure 830.1, *Facility Classification Management*, shall be observed.
5. Offenders Eligible for Emergency Transfer:
  - a. An offender who cannot be safely controlled at the current institution pending standard reclassification due to disruptive or violent/aggressive infractions; the offender may not be assigned to a general population status at time of transfer.
  - b. An offender whose medical needs require immediate transfer to an institution with 24 hr. medical coverage, specialized medical equipment, or close proximity to a major medical facility.
6. Processing Temporary Emergency Transfers - (Normal Business Hours - 8:00 am - 5:00 p.m.):
  - a. The Facility Unit Head or the Assistant Facility Unit Head requesting a temporary transfer will contact CCS. [\(4-ACRS-5A-06\)](#)
  - b. This institutional administrator will provide a detailed written explanation of the rationale for the offender's assignment to segregation/ restrictive housing, the need for their immediate transfer from the current housing institution, and a recommendation of the level of security housing needed for the offender.

- c. CCS will issue a *Temporary Reclassification* to affect the necessary transfer.
- 7. Processing Temporary Emergency Intra-Regional Transfers - (Non-Working Hours, Holidays, and Weekends):
  - a. The Regional Administrator or Regional Duty Officer will be responsible for determining the validity of need for immediate temporary transfer based on a Facility Unit Head (or Administrative Duty Officer if the Facility Unit Head is not available) request. [\(4-ACRS-5A-06\)](#)
  - b. The Regional Administrator, or designee, will ensure the offender being transferred meets the established assignment criteria of the institution chosen to receive the offender and will ensure the sending institution completes a thorough records check for documented keep separates prior to transfer to ensure that the temporary transfer will not place the offender in jeopardy.
  - c. The Regional Office shall maintain a permanent ledger or file of all temporary transfers approved at the regional level.
  - d. The Regional Administrator, or designee, will be responsible for ensuring institutional compliance with Operating Procedure 830.1, *Facility Classification Management*.
  - e. The [Intra-Regional Transfer Authorization 050\\_F8](#) (see Operating Procedure 050.3, *Facility Release of Offenders*), along with a detailed, written explanation of the need for temporary transfer from the offender's housing institution will be completed and distributed. Notification to the Central Transportation Section will be made by telephone and fax or email of the *Intra-Regional Transfer Authorization* by 9:00 AM on the following working day.
  - f. When a temporary transfer conflicts with a bed commitment, CCS will select an alternate location, where possible, on the first working day following the temporary move.
- 8. Responsibilities for Temporary Emergency Transfer:
  - a. Sending Institution's Responsibilities
    - i. The sending institution is to provide CCS or the Regional Administrator with clear, concise information regarding the need for a temporary transfer. A record keep separate check will be conducted to ensure the offender has no documented keep separates at the institution to which they are being sent.
    - ii. Institutional Classification Authority (ICA) Hearing will be conducted by the sending institution when the offender is being assigned to segregation/ restrictive housing status at the same time they are being temporarily transferred. When this is not possible, the sending institution will ensure at a minimum the following is accomplished prior to the physical move:
      - (a) Offender will receive and sign an *Institutional Classification Authority Hearing Notification*, per Operating Procedure 830.1, *Facility Classification Management* for assignment to segregation/ restrictive status, prior to transfer.
      - (b) The Reporting Officer will provide a signed written statement describing the pertinent facts and action(s) taken concerning the incident that prompted or resulted in the temporary transfer.
    - iii. The following documents are to be forwarded to the receiving institution with the offender's record at the time of transfer:
      - (a) *Institutional Classification Authority Hearing Report*, indicating the reason for transfer
      - (b) Reporting Officer's original written statement
      - (c) Any untried disciplinary infractions as well as the originals of any infractions
      - (d) *Disciplinary Hearing Reports* which are pending possible offender appeal action
      - (e) Other pertinent documents, statements and/or reports concerning the incident and/or transfer (i.e. keep separate lists or completed request sheets, ICA results)
  - b. Receiving Institution's Responsibilities
    - i. The sending Facility Unit Head or designee will apprise the receiving Facility Unit Head or their designee of the pertinent facts surrounding the case.
    - ii. If an ICA was not conducted prior to the offender's physical transfer, the receiving institution will conduct an ICA Hearing within three working days. The ICA may address a temporary

assignment pending the outcome of the investigation or disciplinary hearing or a permanent assignment for the offender, whichever is appropriate. If a temporary assignment is addressed by the ICA pending completion of an investigation or disciplinary action, an additional ICA hearing will be required to address the offender's permanent assignment.

- iii. The institution will ensure that all procedural safeguards are observed per applicable operating procedures.
- iv. The institution conducting the ICA Hearing will note in *Classification Action*:
  - (a) The fact that the offender was temporarily transferred
  - (b) The date of the transfer
  - (c) The location to and from which the offender was transferred
  - (d) The specific reason(s) for the temporary transfer and recommendations for institutional assignment
- c. Central Classification Services Responsibility
  - i. The Manager of CCS, or designee, will determine the priorities when a temporary regional transfer conflicts with an earlier bed commitment.
  - ii. The Manager will advise the Transportation Supervisor to redirect offenders as deemed necessary and appropriate.
- d. All *Intra-Regional Transfer Authorizations* received in the Central Classification Services will be forwarded to the Transportation Supervisor who will maintain a log of all intra-regional transfers.
- e. CCS will review each *Classification Action* involving offenders who have been temporarily transferred intra-regionally. CCS will require the institution where the offender is housed to provide additional information for any *Classification Action* that does not specifically address the rationale for temporary transfer.
- f. CCS will ensure all necessary procedural safeguards are in place and will initiate final action in the case of each temporary transfer.

#### H. Transfer to Other Regional Facilities for Special Housing/ Restrictive Housing

1. Facility Unit Heads or their designees may authorize the transfer of an offender to another institution's Special Housing Unit or Restrictive Housing Unit when the sending institution does not have adequate special housing/ restrictive housing resources.
2. In such cases, the offender is normally returned to the assigned institution upon return to General Population.
3. The Institutional Classification Authority will review offenders who, for security reasons, cannot be returned to their institution of assignment.

#### I. Disciplinary/ Keep Separate Transfers

1. Offenders may be referred administratively to the Institutional Classification Authority (ICA) for transfer consideration to another appropriate institution when the institution determines the offender is a threat to the secure and orderly operation of the institution due to disciplinary infractions or a documented keep separate situation.
2. Offenders assigned to a restrictive housing unit or special housing for investigative purposes or pre-hearing detention should not be recommended for a transfer until the investigation is completed or the charge is heard. When the offender is assigned to segregation status or restrictive housing, the ICA may recommend a transfer to a suitable institution (with documentation) or return the offender to the general population.

#### J. Protective Custody

1. Designation of Protective Custody Units
  - a. The Department of Corrections Director or designee shall determine the location of Protective Custody Units and the number of beds assigned for that purpose.

- b. The Facility Unit Head or designee should designate the specific beds within the institution allocated to protective custody use.
  - c. Protective custody units may be double celled or double bunked as needed for population management.
2. An offender may declare a need for protection at any time.
    - a. After thorough investigation, the institution administration may request an offender's transfer to the Protective Custody Unit, if deemed appropriate.
    - b. The institution(s) maintaining a Protective Custody Unit may be at a higher security level than that which the offender is currently assigned.
    - c. Offenders assigned to the Protective Custody Unit will be designated as security level P.
  3. Classification To Protective Custody Units - The ICA under provisions of Operating Procedure 830.1, *Facility Classification Management*, should reach a decision for a protective custody assignment based on substantial, credible information, and after investigation as per Operating Procedure 830.6, *Offender Keep Separate Management*, which confirms the need for protective custody. For example, the offender:
    - a. Has multiple documented keep separates
    - b. Documented former public officials, law enforcement or other employees from criminal justice agencies
    - c. Documented testimony against gang or other crime organization
    - d. High Risk Sexual Victim (HRSV) or Sexual Abuse Victim
      - i. The institution shall make individualized determinations about how to ensure the safety of each offender. (§115.42[b])
      - ii. In deciding whether to assign a transgender or intersex offender to a Protective Custody Unit, the institution shall consider on a case-by-case basis whether this placement would ensure the offender's health and safety, and whether the placement would present management or security problems. (§115.42[c])
      - iii. A transgender or intersex offender's own views with respect to their own safety shall be given serious consideration. (§115.42[e])
    - e. Gang members will be considered on a case-by-case basis.
  4. Offenders may be placed in segregation/ restrictive housing at the discretion of the ICA upon a determination that such placement is appropriate for the security needs of the offender. Offenders should be managed in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments*, and Operating Procedure 861.3, *Special Housing*, pending review for protective custody assignments (see Operating Procedure 425.4RH, *Management of Bed and Cell Assignments*, and Operating Procedure 841.4, *Restrictive Housing Units*, for offenders housed in institutions operating under the Restrictive Housing Model)
  5. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse should not normally be placed in segregation or a restrictive housing unit without their consent by the ICA unless it has been determined that there is no available alternative means of separation from likely abusers. (see Operating Procedure 425.4, *Management of Bed and Cell Assignments* or Operating Procedure 425.4RH, *Management of Bed and Cell Assignments*, as applicable) (§115.43[a], §115.68)
    - a. The ICA must clearly document on the *Institutional Classification Authority Hearing* report the basis for the institution's concern for the offender's safety and the reason why no alternative means of separation can be arranged. (§115.43[d], §115.68)
    - b. Involuntary assignment to Segregation or a Restrictive Housing Unit shall only be made until an alternative means of separation from likely abusers can be arranged. (§115.43[c], §115.68)
    - c. This assignment to segregation/ restrictive housing shall not ordinarily exceed a period of 30 days (§115.43[c], §115.68)

- d. Mental Health staff shall advise the ICA on whether the offender can be released to General Population or whether they must be assigned to Segregation/ Restrictive Housing and/or transferred to the DOC Protective Custody Unit. (§115.43[c], §115.68)
  - e. The Regional PREA Analyst must be notified of this assignment and kept informed of any changes in the offender's status. (§115.43[a], §115.68)
6. Offenders with documented aggressive behavior or other potential for causing management problems should not be classified to a specialized Protective Custody Unit. They should be considered for other alternatives that meet their protective custody needs without endangering the safety of staff or other offenders.
  7. Requests will be submitted via VACORIS to CCS for review and final decision. Offenders should not be moved from a general population or segregation/ restrictive housing assignment to a Protective Custody Unit without the approval of the CCS.
  8. CCS may assign an offender to the Protective Custody Unit for one or more of the following reasons:
    - a. Keep separate claims, whether offender or administrative, have been approved by CCS in accordance with Operating Procedure 830.6, *Offender Keep Separate Management*.
    - b. The offender's background, crimes, lifestyle, behavior, etc. indicates a high likelihood they will be preyed upon by other offenders in a general population setting
  9. The following information should be provided in the *Institutional Classification Authority Hearing* report:
    - a. The reason(s) the offender is in need of protective custody
    - b. How long the offender has been in segregation/ restrictive housing for his protection
    - c. Any charges the offender has received while in segregation/ restrictive housing for protection
    - d. Any other documentation that would provide CCS with information to assess the institution's request for an assignment to the Protective Custody Unit
  10. General Provisions of Protective Custody Units (§115.43[b], §115.68)
    - a. To the extent feasible, Protective Custody Units should provide programs and services similar to those available to general population offenders.
    - b. Institutions operating Protective Custody Units should develop Local Operating Procedures to specify the services and programs that will be available to protective custody offenders. Procedures should generally address the following programs and services:
      - i. Orientation
      - ii. Personal Property
      - iii. Visitation
      - iv. Legal Services/Law Library
      - v. Commissary purchases
      - vi. Education
      - vii. Medical Services
      - viii. Telephone Calls
      - ix. Work Assignments
      - x. Exercise
      - xi. Counseling
      - xii. Correspondence
  11. Classification Reviews
    - a. Assignment to a Protective Custody Unit is a specialized general population housing status. Offenders housed in a Protective Custody Unit should have an annual review of their Good Time Class Level with an updated Re-entry Case Plan and Home Plan. Security level and transfer requests should not be considered.

- b. Protective custody offenders who become disruptive should be assigned to the institution's regular segregation/ restrictive housing unit in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments* or Operating Procedure 425.4RH, *Management of Bed and Cell Assignments* and Operating Procedure 841.4, *Restrictive Housing Units* or Operating Procedure 861.3, *Special Housing*, as applicable.
  - c. An offender may be referred administratively to the Institutional Classification Authority (ICA) for transfer out of the Protective Custody Unit for the following:
    - i. The institution determines that the subject can no longer be managed in the Protective Custody Unit
    - ii. The institution determines that the threat to the offender's safety no longer exists.
    - iii. The offender requests release or refuses an assignment to the Protective Custody Unit. When an offender requests release or refuses assignment, the [Protective Custody Release and Refusal 830\\_F7](#) must be completed and attached to the ICA in VACORIS.
    - iv. All institutional recommendations will be escalated to Central Classification Services via VACORIS for a final decision.
    - v. If approved, the offender will be assigned to an appropriate security level and institution.
12. Keep separates within the Protective Custody Unit
- a. Offenders who claim keep separates within the Protective Custody Unit must report and identify these keep separates in accordance with Operating Procedure 830.6, *Offender Keep Separate Management*.
  - b. Keep separate claims should be evaluated for validity by CCS. This requirement is an additional precaution that applies only to Protective Custody Units.
  - c. The Protective Custody Unit should take reasonable steps to separate keep separates pending CCS decision.

K. Security Level S Transfers

- 1. Security Level S is a type of housing reserved for special purpose bed assignment which is utilized by institutions under proper administrative process for the protective care and management of offenders.
- 2. To initiate a transfer to Red Onion State Prison (ROSP) ~~or Wallens Ridge State Prison (WRSP)~~ for assignment to Security Level S, the institution currently housing the eligible offender should conduct an ICA Hearing in accordance with Operating Procedure 830.1, *Facility Classification Management*, and Operating Procedure 830.2, *Security Level Classification*, documenting the offender's eligibility and recommending assignment ~~to the appropriate institution~~. (changed 1/16/18)
- 3. Central Classification Services (CCS) will review each assignment ~~to the appropriate institution~~ and, in VACORIS, escalate eligible offenders for review to the ~~respective~~ Facility Unit Head or their designee and the Regional Operations Chief. (changed 1/16/18)

L. ~~Grooming Standards Violator Housing Unit (VHU)~~ (deleted 7/1/19)

- ~~1. Wallens Ridge State Prison (WRSP) has established a Grooming Standards Violator Housing Unit (VHU) to manage and encourage compliance of male offenders determined to be in violation of Department of Corrections grooming standards in accordance with Operating Procedure 864.1, *Offender Grooming and Hygiene*.~~
- ~~2. To initiate a transfer to WRSP for the Grooming Standards Violator Housing Unit, the institution currently housing the eligible offender should conduct an ICA Hearing in accordance with Operating Procedure 830.1, *Facility Classification Management*, documenting the offender's eligibility and recommending assignment to the VHU.~~
- ~~3. Central Classification Services (CCS) will review each assignment to VHU and, in VACORIS, escalate eligible offenders for review to the Facility Unit Head or their designee at WRSP and the Regional Operations Chief.~~



#### M. Steps to Achieve Reintegration (STAR) Program Transfers

1. Offenders in segregation or restrictive housing who refuse assignment to general population due to fear, threat, violent or aggressive behavior, or legitimate protective custody needs should be reviewed by the institution for transfer to the *Steps to Achieve Reintegration (STAR) Program*.
2. Security level W through 4 offenders shall be considered for the *Star Program* at Keen Mountain Correctional Center (KMCC) and Security Level 5 offenders and offenders not eligible for placement at KMCC shall be considered for the High Security Level *STAR Program* at Wallens Ridge State Prison (WRSP).
3. To recommend a transfer to either *STAR Program*, institutional staff shall prepare the [Offender Case Analysis for Steps to Achieve Reintegration \(STAR\) Program](#) 830\_F5 for review and approval by the Facility Unit Head or designee.
4. The staff member preparing the *Offender Case Analysis* must notify an institution QMHP who will complete the [Steps to Achieve Reintegration \(STAR\) Program - Mental Health Review](#) 830\_F6.
  - a. The [Steps to Achieve Reintegration \(STAR\) Program - Mental Health Review](#) 830\_F6 must be sent directly to the Keen Mountain Correctional Center (KMCC) or the Wallens Ridge State Prison (WRSP) senior QMHP for review.
  - b. Failure to submit the *Mental Health Review* to KMCC or WRSP will result in CCS disapproval of the offender for participation in the *STAR Program*.
  - c. The [Steps to Achieve Reintegration \(STAR\) Program - Mental Health Review](#) 830\_F6 shall not be uploaded into VACORIS.
5. A formal ICA Hearing shall be conducted in accordance with Operating Procedure 830.1, *Facility Classification Management* and submitted via VACORIS to CCS for review.
  - a. Confirmation that the [Steps to Achieve Reintegration \(STAR\) Program - Mental Health Review](#) 830\_F6 was completed and submitted to KMCC or WRSP must be documented on the *Institutional Classification Authority Hearing Notification*.
  - b. The completed *Offender Case Analysis* must be uploaded as an external document and forwarded with the ICA recommendation for assignment to the *STAR Program*.
6. CCS will review each assignment to the *STAR Program*, and in VACORIS, escalate eligible offenders for review by the Facility Unit Head or designee of the designated *STAR Program* institution and the Regional Operations Chief.
7. The Facility Unit Head or designee and the Regional Operations Chief must approve the offender's admission into the *STAR Program* and will coordinate with Central Transportation to arrange transfer, as needed for offenders accepted into the program.
8. Offenders disapproved for assignment to the STAR Program should be re-evaluated for alternative options i.e. release to general population and/ or transfer.

#### N. Shared Allied Management (SAM) Unit Transfers (added 1/16/18)

1. The purpose of the SAM Unit is to promote safety within institutions by avoiding the use of Special and Restrictive Housing to manage offenders that typically require a high level of services from security, mental health, and/ or medical staff.
2. Three specific offender populations are eligible for assignment to the *Shared Allied Management (SAM) Unit*.
  - a. Mental Health Population: Mentally ill or seriously mentally ill (SMI) offenders who are at a greater risk to cycle in and out of Special or Restrictive Housing and/ or Mental Health Units for disruptive behavior related to their mental health diagnoses and symptoms to include:
    - i. Offenders with a Mental Health Code 2 or 2S, who are housed in SHU/ RHU with a history of repeated misbehavior due to their mental illness
    - ii. Offenders recently released from an Acute Care Unit or other Mental Health Units

- iii. Offenders who had suicidal/ self-harm incidents and/ or thoughts in the last three months
  - iv. Offenders who are having a difficult time adapting to the basic demands of their current housing status due to the symptoms of their mental health diagnosis but do not meet the criteria for a Mental Health Unit
- b. Medical Population: Medically infirmed offenders requiring intensive medical attention but not requiring admission to the infirmary
  - c. Vulnerable Population: Offenders who are at a greater risk for victimization or being bullied in general population due to characteristics such as cognitive challenge, age (seniors and youthful), small in stature or timid personalities
3. SMI offenders requiring special housing or restrictive housing for longer than 28 days, offenders with a history of repeated or recent predatory behavior, and offenders attempting to manipulate their housing due to debt, threat, other social factors, or personal gain are not eligible for assignment to a *SAM Unit*.
4. In order to recommend an offender for assignment to ~~any~~ a *SAM Unit*, designated institutional staff ~~shall~~ must prepare the [Shared Allied Management \(SAM\) Unit Admission Screening 830\\_F8](#) for review and approval by ~~the Chief of Housing and Programs (CHAP) the Unit Manager and senior QMHP of the SAM Unit.~~ (changed 10/1/18)
- a. In order to assign an offender to the *SAM Unit* at their current institution, an informal ICA hearing is required and designated institutional staff must prepare the [Shared Allied Management \(SAM\) Unit Admission Screening 830\\_F8](#) for review and approval by the ~~Unit Manager and senior QMHP of the~~ institution's ~~SAM Unit~~ CHAP. (changed 10/1/18)
    - i. Offenders must first be referred and reviewed for placement in the *SAM Unit* at their current institution.
    - ii. Submission of the [Shared Allied Management \(SAM\) Unit Admission Screening 830\\_F8](#) to DOCSAM for internal assignments is not required.
  - b. When the offender's assignment to a *SAM Unit* requires an institutional transfer, a formal ICA Hearing ~~shall~~ will be conducted in accordance with Operating Procedure 830.1, *Facility Classification Management*, and submitted via VACORIS to the Psychology Associate Senior at CCS or designee for review. (changed 10/1/18)
    - i. The offender's security level score and status must be reviewed to determine if the current security level is appropriate. When the offender's behavior or other factors indicate that the current security level assignment may not be appropriate, the offender's security level must be updated in VACORIS in accordance with Operating Procedure 830.2, *Security Level Classification*. (added 10/1/18)
    - ii. The ICA recommendation should include a transfer request to a *SAM Unit* at an appropriate institution listed on Attachment 3, *Shared Allied Management (SAM) Unit Institutional Criteria*. (added 10/1/18)
    - iii. Upon conclusion of the ICA and recommendation of offender assignment to a *SAM Unit*, the CHAP or their designee will forward the completed [Shared Allied Management \(SAM\) Unit Admission Screening 830\\_F8](#) ~~will be forwarded~~ by email to DOCSAM. (changed 10/1/18)
    - iv. The Psychology Associate Senior at CCS or designee will review each recommended assignment and, taking into consideration bed availability, will make a determination on the appropriate institutional *SAM Unit* assignment.
    - v. The Psychology Associate Senior at CCS or designee will forward the *SAM Admission Screening* to the ~~Unit Manager and senior QMHP~~ CHAP at the receiving *SAM Unit* for review and approval, ~~and escalate the ICA in VACORIS to the Facility Unit Head or designee.~~ (changed 10/1/18)
      - (a) Within 3 working days, the CHAP or their designee must make email notification to the Psychology Associate Senior at CCS or designee of their decision to either accept, accept with waitlist, or deny an offender's assignment to the *SAM Unit*.
      - (b) If the offender is accepted, the Psychology Associate Senior at CCS or designee will approve

the offender's admission into the *SAM Unit* and finalize the ICA's recommendation for transfer in VACORIS.

(c) If the offender accepted with waitlist, the Psychology Associate Senior or designee will add the offender to the statewide wait list for *SAM Unit* beds.

(d) If the offender is denied for admission, the CHAP or their designee must clearly document the reason for denial on the [Shared Allied Management \(SAM\) Unit Admission Screening 830\\_F8](#). Denial of a *SAM Unit* referral is limited to legitimate operational or security reasons i.e. validated enemies, inappropriate classification, bottom bunk availability, etc.

vi. When an inappropriate referral is submitted or an offender's admission into a *SAM Unit* is denied, the Psychology Associate Senior at CCS or their designee will consult with the Serious Mental Illness (SMI) Coordinator. (added 10/1/18)

(a) The SMI Coordinator will make the final determination on the appropriateness of these referrals and on an offender's institutional *SAM Unit* assignment.

(b) The Psychology Associate Senior or their designee will approve or disapprove an offender's admission into a *SAM Unit* on behalf of the SMI Coordinator, finalize the ICA's recommendation for transfer in VACORIS, and notify appropriate staff of the decision.

vii. ~~The Facility Unit Head or designee will approve the offender's admission into the *SAM Unit* at their institution by finalizing the ICA's recommendation for transfer in VACORIS.~~ (deleted 10/1/18)

5. All offenders ~~will~~ should be required to sign the [Shared Allied Management \(SAM\) Unit Contract 830\\_F9](#) as a condition of their assignment to ~~an~~ the institution's *SAM Unit*. ~~An~~ offender's refusal to sign the *Contract* will be documented on the *Contract* and may result in removal from the *Unit*. (changed 10/1/18)

#### O. Secure Diversionary Treatment Program (SDTP) Transfer (added 1/16/18)

1. The *Secure Diversionary Treatment Program (SDTP)* is designed to provide treatment in a secure setting to offenders with *Serious Mental Illness (SMI)* in Special or Restrictive Housing who will not be released to General Population or moved into SD-1 or SD-2 within 28 days.

2. In order to initiate the SDTP review process, a formal ICA Hearing shall be conducted in accordance with Operating Procedure 830.1, *Facility Classification Management*, and submitted via VACORIS to the Mental Health Clinical Supervisor (MHCS) of the referring region for review and approval. The institution's ICA recommendation must include a transfer request that includes and is limited to Wallens Ridge State Prison, Marion Correctional Treatment Center, and River North Correctional Center.

a. Upon conclusion of the ICA and recommendation of offender referral to an SDTP, the Chief of Housing and Programs or designee at the referring facility shall complete the [Assignment to Secure Diversionary Treatment Program 830\\_F10](#) and forward the completed form by email to DOCSMI by the end of the following work day.

b. The senior QMHP at the referring facility will complete the [Mental Health Clinical Supervisor - External Review 830\\_F11](#) and a new [Mental Health Serious Mental Illness \(SMI\) Determination 730\\_F34](#). Both documents will be submitted to the Mental Health Clinical Supervisor (MHCS) of the referring region for review and approval by the end of the following work day.

c. The MHCS will conduct an external review and document their decision on the [Mental Health Clinical Supervisor - External Review 830\\_F11](#).

i. If approved, the completed [Mental Health Clinical Supervisor - External Review 830\\_F11](#) and [Mental Health Serious Mental Illness \(SMI\) Determination 730\\_F34](#) will be forwarded by email to DOCSMI.

ii. The MHCS will escalate the ICA in VACORIS to the Regional Operations Chief of the Western Region who approves or disapproves the offender's assignment to an SDTP. If approved, the ICA will then be escalated to the Psychology Associate Senior at CCS.

d. The ~~Serious~~ ~~Mental~~ ~~Illness~~ (SMI) Coordinator will review the [Assignment to Secure](#)

[Diversions Treatment Program](#) 830\_F10, [Mental Health Clinical Supervisor - External Review](#) 830\_F11 and [Mental Health Serious Mental Illness \(SMI\) Determination](#) 730\_F34 and verify the documents are complete and accurate. Upon completion of their review, the SMI Coordinator will prepare the documents for further review and approval by the MITT

- i. The MITT will review the offender and if approved, determine the appropriate SDTP institutional assignment.
- ii. The Psychology Associate Senior at CCS will approve the offender's transfer in VACORIS to the approved SDTP location on behalf of the MITT.

3. After successful completion of the SDTP, offenders with additional Mental Health needs may be referred to a *Shared Allied Management (SAM) Unit* as outlined in this operating procedure.
  - a. In addition to the referral process and ICA hearing requirements as provided in this operating procedure, the referring SDTP site must also forward a copy of the [Shared Allied Management \(SAM\) Unit Admission Screening](#) 830\_F8 to the Chief of Housing and Programs at the receiving SAM site, as determined by the Psychology Senior at CCS.
  - b. The QMHP at the referring SDTP site will also prepare and send an [Electronic Notification of Mental Health Offender Transfer](#) 730\_F11 to the senior QMHP at the receiving SAM site, as determined by the Psychology Senior at CCS.

P. Substance Abuse Cognitive Therapeutic Community Transfer

1. Offenders may be administratively assigned and required to participate in a Substance Abuse Cognitive Therapeutic Community (CTC) upon determination that such an assignment is appropriate.
  - a. Transfers to CTC will take priority over vocational programming for those offenders who the court has ordered or recommended for TC.
  - b. Transfers to CTC will take priority for those offenders who have been enrolled in a vocational program for 4 months or less at the time the transfer is submitted to CCS.
  - c. Behavioral Correctional Program Offenders (BCP) will be administratively reviewed and assigned to CTC by CCS.
  - d. Offenders may request a CTC transfer at an annual review.
2. Eligible offenders identified on the *Classification Review Screen* in VACORIS or offenders whose COMPAS scores reflect the required rating on the Substance Abuse Scale and Cognitive Behavioral Scale should be reviewed by the ICA for transfer to a CTC at any time after determining the offender's suitability for participation.
3. The institutional ICA will review CTC transfer requests in accordance with the *CTC Eligibility and Suitability Criteria* listed below. Offenders must meet the institution's requirements as listed in the *Institutional Assignment Criteria* which can be found on the Virtual Library
4. CTC Transfer requests should be submitted via VACORIS to CCS for review and a final decision. Requests for Lawrenceville CTC must also be accompanied by the *LVCC New Hope Therapeutic Community Admissions Contract* (see Attachment 1). CCS will determine eligibility and suitability for assignment to the particular institution and will have final authority for approval or disapproval.
  - a. Transfer requests shall be submitted in the *Classification* module of VACORIS designated with an *Action Type of Transfer, Priority 3, Priority Reason of Program Needs, and Transfer Reason of Substance Abuse Program*.
  - b. If approved for participation, CCS will effect the necessary transfer.
  - c. CCS disapproval will be noted on the Institutional Classification Authority Hearing Report.
5. CTC Eligibility and Suitability Criteria
  - a. Indian Creek Correctional Center (ICCC) (males)
    - i. Security Level W, 1 or 2
    - ii. Mental Health Code 0, 1 or 2

- iii. ~~18-30-20~~ 16-26 months to projected release (changed 8/1/18, changed 5/1/19)
  - iv. ~~No felony sex offenses~~ (deleted 8/1/18)
  - v. No felony detainees
  - vi. ~~Required~~ COMPAS *Substance Abuse Scale* and *Cognitive Behavioral Scale* rating in accordance with Operating Procedure 841.1, *Offender Programs and Services* and/or a documented history of substance abuse at the discretion of CCS (changed 8/1/18)
  - vii. Ability to read and write
  - viii. IQ of 75 or higher
- b. Virginia Correctional Center for Women (VCCW)
- i. Security Level W, 1 or 2
  - ii. Mental Health Code 0, 1 or 2
  - iii. ~~15-18-20~~ 16-26 months to projected release date (changed 8/1/18, changed 5/1/19)
  - iv. ~~No felony sex offenses~~ (deleted 8/1/18)
  - v. No felony detainees
  - vi. ~~Required~~ COMPAS *Substance Abuse Scale* and *Cognitive Behavioral Scale* rating in accordance with Operating Procedure 841.1, *Offender Programs and Services* and/or a documented history of substance abuse at the discretion of CCS (changed 8/1/18)
  - vii. Ability to read and write
- c. Lawrenceville Correctional Center (LVCC) (males)
- i. Security Level 3
  - ii. 18 to 36 months to projected release date
  - iii. Documented history of substance abuse
  - iv. Stable adjustment and at least 4 months infraction free
  - v. Ability to read and write
  - vi. Accepts only voluntary referrals
6. Removals from CTC
- a. Failure to participate will be justification for Class Level IV per COV §53.1-200.
  - b. Offenders who refuse to participate in the CTC program or whose behavior warrants removal from the program as a result of their non-compliant or disruptive behavior will be reviewed by the *Cognitive Community Treatment Team* for removal.
  - c. In accordance with Operating Procedure 861.1, *Offender Discipline, Institutions*, a member of the treatment team shall charge the offender with Offense Code 119e *Refusal to participate in or removal from a residential cognitive community program*.
  - d. Offenders found guilty of Offense Code 119e shall be referred to the Institutional Classification Authority (ICA) for a formal hearing to address the offender's removal from the TC program, assignment to Class Level IV., review of Security Level, and appropriate institutional assignment.
  - e. Offenders determined to be physically or mentally incapable of CTC participation will be referred to the ICA with documentation from the institutional Physician or QMHP for program removal without sanctions.
  - f. ICA recommendations for CTC program removal shall be submitted for final review and approval to CCS as a "transfer".
- Q. Sex Offender Residential Treatment Program (SORT)
- 1. Offenders determined as eligible for the Sex Offender Residential Treatment Program may be referred to the Director of the SORT Program by completion of the *Sex Offender Residential Treatment Program Referral* (See Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*).
  - 2. The SORT Treatment Team will review the referral for admission to the program.
  - 3. Transfer arrangements for offenders accepted will be made by a member of the Sort Treatment Team through CCS Psychologist Senior or designee. CCS will have final authority for approval or

disapproval of transfer.

R. Offender Requested Transfer

1. General population offenders (other than Youthful Offenders, Protective Custody offenders, and those sentenced to Death Row) may request a transfer during their annual review to equal security level institution provided the level does not change.
2. Offenders requesting transfers must meet the following criteria:
  - a. Must be assigned to a General Population setting
  - b. Must have been at present assignment for a minimum of one year (not required for an offender administratively transferred for population management) (added 5/1/19)
  - c. Must be currently assigned to Security Level W, 1, 2, 3, or 4
  - d. Must be GCA (Good Conduct Allowance) or ESC (Earned Sentence Credit) I or II; GCA L-1 or L-2, for lifers; GCA V-1 or V-2, or have earned an equivalent point score under the GCT (Good Conduct Time) system
  - e. Must not have been convicted of any institutional infractions within the past twelve months
  - f. Must not have been convicted of an infraction code 100 through 108 or 198 related to any 100-108 codes within the past twenty-four months
3. Offenders, whose security level is reduced as the result of annual review, will usually be transferred to an appropriate institution according to their newly assigned security level.
  - a. Offender preferences for transfer should be noted in *Comments*. The ICA should select the institutional assignment in the Action Type - Transfer section of the classification action in VACORIS and escalate to Central Classification Services (CCS) for review and final decision, if necessary.
  - b. Transfers as the result of security level reviews at the time of annual review do not require due process or a formal review.
  - c. Offender requests for transfer to preferred locations must give way to considerations of space, security, and program availability.

S. Common Fare Diet Transfers -

1. Assignments to the Common Fare Diet shall be managed in accordance with Operating Procedure 841.3, *Offender Religious Programs*.
2. Requests for transfers from facilities that do not offer the Common Fare Diet will be escalated to CCS for assignment to an appropriate institution.
3. Security Level W and 1 offenders who are transferred to a higher security level facility for the Common Fare diet and then voluntarily withdrawal from the diet, will be submitted for an administrative transfer to a facility that houses Security Level W and 1 offenders. (added 5/1/19)

T. Corrections Construction Unit, Environmental Services Unit, and Operational Maintenance Unit

1. The Corrections Construction Unit (CCU), Environmental Services Unit (ESU), or Operational Maintenance Unit (OMU) are considered programs which also provide job skills.
2. Offenders desiring to be assigned to the Corrections Construction Unit (CCU), Environmental Services Unit (ESU), or Operational Maintenance Unit (OMU) should send a letter to the Manager of the CCU, ESU, or OMU listing their name, number, current location, and a brief listing of their training and skills that would be useful in the CCU, ESU, or OMU.

Manager, Corrections Construction Unit  
3600 Woods Way, Bld. 74  
State Farm, VA 23160

Manager, Environment Services Unit



783 Prison Road  
Boydton, VA 23917

Manager, Operational Maintenance Unit  
6900 Atmore Drive, Room 3040  
Richmond, Virginia 23225

3. The CCU Manager, ESU Manager, or OMU Manager will submit a request to Central Classification Services (CCS) with recommendations of appropriate candidates for assignment to CCU, ESU, or OMU. The CCS will review each referral and determine approval/disapproval for CCU, ESU, or OMU.
4. Type I “Unrestricted” Assignment
  - a. Offenders are permanently assigned to CCU, ESU, or OMU.
  - b. Offenders may be transferred as needed by the CCU Manager, ESU Manager, or OMU Manager throughout the State to work sites for the period of time needed.
  - c. The CCU Manager, ESU Manager, or OMU Manager will coordinate with the Central Transportation Section for temporary assignments to other institutions.
  - d. Criteria
    - i. Security Level W
    - ii. Outside Work Classification I, or II
    - iii. “A” Medical, and MH-0 or medically cleared for CCU, ESU, or OMU
    - iv. Not Adult Basic Education Program eligible is preferred, but not required
    - v. Within 7 years of MPRD/GTRD
    - vi. No disciplinary convictions within the last 6 months
    - vii. No violent or assaultive current or prior offenses
5. Type 2 “Restricted” Assignment
  - a. Offenders are permanently assigned to CCU, ESU, or OMU and housed at a designated institution.
  - b. Offenders are restricted to work under armed supervision or only for inside perimeter projects dependent upon the offender’s work classification.
6. Offenders approved for the Corrections Construction (CCU), Environmental Services (ESU), and Operational Maintenance Unit (OMU) will complete the journal “~~Skills for Successful Living Re-entry Planning Workbook~~” and view the video “Money Smart: Making Cents of Your Finances”. (changed 5/1/19)
7. CCS must be notified when an offender is no longer eligible or suitable for CCU, ESU, or OMU assignment.
8. Upon notification that an offender is no longer eligible or suitable for CCU, ESU, or OMU assignment, CCS will review for appropriate reassignment.

#### U. Work Release

1. DOC Jail Contract Work Release - Offenders housed in a DOC institution ~~offenders who meet all eligibility criteria~~ may request assignment to work release at a local or regional jail at the time of their annual review, or may be administratively reviewed at the discretion of the institution based upon pending date of release, provided the offender meets all other criteria. (4-4444; 4-ACRS-5A-14; 4-APPFS-2C-04) (changed 3/2/18)
2. Sheriff/Jail Requested Work Release – For DOC offenders housed in local or regional jails, a Sheriff/Jail Administrator may request in writing that a state responsible offender be assigned to the jail’s work release program. (added 3/2/18)
3. Transitional Women’s Work Release (TWWR) - see Attachment 2 for the eligibility and suitability criteria for the *DOC Women’s Work Release Program*.

- a. Participation in the *DOC Women's Work Release Program* will not be limited by an offender's release plan area.
  - b. Female offenders whose release plan is to the Tidewater area are not eligible for ~~local~~ DOC Jail Contract Work Release and will only be considered for work release through the *DOC Women's Work Release Program*. (changed 3/2/18)
4. Transitional Men's Work Release (TMWR) - See Attachment 4 for eligibility and suitability criteria for the *Transitional Men's Work Release Program*. (added 8/1/19)
- a. Participation is limited to offenders who have a release plan to the greater Richmond area to include the cities of Richmond, Petersburg, and Colonial Heights and the counties of Henrico, Chesterfield, Hanover, New Kent, Goochland, Charles City, Amelia, and Powhatan.
  - b. Offender transfer to State Farm Work Center for the purpose of participation in the Transitional Work Release Program does not guarantee assignment to TMWR.
    - i. Offenders will be required to complete a 30 day evaluation/orientation conducted by Spectrum staff and will be assigned to the kitchen for a minimum of 90 days.
    - ii. Offenders working in the State Farm Work Center kitchen for at least 90 days will be referred to the ASD Culinary Arts Program where the offender will work for a minimum period of 6 months and complete Foundations I and II.
    - iii. Offenders will be required to complete the ServSafe program prior to or during their assignment to the TMWR.
    - iv. Upon successful completion of the ASD Culinary Arts Program and ServSafe certification, the offender will be reviewed for participation in the community work release portion of the TMWR Program.
  - c. Institutional recommendations for offender approval to the community work release portion of TMWR will be submitted to CCS for final review.
    - i. The counselor will review the [Transitional Work Release Offender Agreement](#) 830\_F12 with the offender; the offender must sign the *Agreement* in order to participate in community work release.
    - ii. The [Employer's Community Work Release Agreement](#) 830\_F13 and [Transitional Work Release Employment Assignment](#) 830\_F14 must be completed to document the expectations for the employer and the offender during the community work release phase of TMWR.
5. The institutional ICA will review requests in accordance with *Eligibility Criteria* and *Suitability Criteria* below.
6. Requests will be submitted, via VACORIS, to CCS for review and final decision.
7. Eligibility Criteria - Offenders must meet each of the following criteria to be reviewed for work release participation:
- a. Criminal Offense History - Offenders serving time for, or who have an offense history involving any of the following felony offenses are not eligible for work release unless otherwise noted:
    - i. Homicide/Murder - §18.2-30
    - ii. Abduction/Kidnapping - §18.2-47
    - iii. Sex Related Crimes - §18.2-61
    - iv. Robbery - §18.2-58 (Cannot have a conviction for robbery within the last 15 years or more than 2 convictions in the last 25 years)
    - v. Felonious Assault, Unlawful Wounding, Malicious Wounding, Maiming - §18.2-51 (Cannot have a conviction for a felonious assault, unlawful wounding, malicious wounding or maiming within the last 15 years or more than 2 convictions in the last 25 years)
    - vi. Carjacking - §18.2-58.1
    - vii. Mob related offenses - §18.2-38
    - viii. ~~No active Protective Orders~~ (moved 3/2/18)
  - b. Release Criteria - Release criteria vary depending on whether an offender is reviewed for ~~Local~~

DOC Jail Contract Work Release or for Sheriff/Jail Requested Work Release. (changed 3/2/18)

- i. ~~Local~~ DOC Jail Contract Work Release criteria (changed 3/2/18)
    - (a) Offenders must be within 14 months of their Good Time Release Date or Mandatory Release Date with a minimum of 8 months left to serve on their sentence.
    - (b) Offenders approved for work release will complete the journal “Skills for Successful Living Re-entry Planning Workbook” and view the video “Money Smart: Making Cents of Your Finances”. Work Release is considered a program which provides job skills. (changed 5/1/19)
  - ii. Sheriff/Jail Requested Work Release criteria - DOC offenders housed in ~~the DOC~~ local jails must be within 24 months of their release date. (changed 2/8/18, added 3/2/18)
  - c. Escape History
    - i. There should be no history of escape or attempted escape ~~from incarceration~~ during the last ~~five~~ ten years ~~of incarceration~~. (changed 5/1/19)
    - ii. Offenders who have had two or more escapes, or attempted escapes, ~~from incarceration~~ within the past ten years ~~of incarceration~~ are not eligible. (changed 5/1/19)
    - iii. ~~Incarceration includes any state or federal prison; local/regional jail or detention facility; or other place where a prisoner is involuntarily confined pursuant to court order. Years of incarceration do not have to be consecutive years.~~ (deleted 5/1/19)
  - d. Security Level - Offenders must be assigned to Security Level W or 1.
  - e. Good Time Earning Level - Offenders should be assigned to good time Class Level I or the equivalent. Central Classification Services, during administrative reviews, may waive this criterion if an offender meets all other eligibility and suitability criteria.
  - f. Medical/Mental Health
    - i. Offenders on maintenance medication for high blood pressure, epilepsy, diabetes, etc. may be considered after consultation with institutional medical staff to determine an offender’s ability to function in a work setting away from immediate medical services.
    - ii. Institutional medical staff should review each case to ensure medical codes are correct and that there are no pending appointments, surgeries, or mental health or dental problems that could prevent assignment at that time.
  - g. Detainer - Offenders should have no active detainers or pending charges.
  - h. Program Violations - Offenders removed from work release due to a program violation will not be eligible to reapply for work release for a period of 12 months after the date of removal. Offenders removed due to a criminal conviction committed while assigned to work release are ineligible to reapply during the remainder of their sentence per COV §53.1-62.
  - i. Offenders removed from court ordered community programs or Community Corrections Alternative Programs (CCAP) shall not be eligible for sheriff or jail requested work release programs if they are serving a probation violation sentence as a result of their removal.
  - j. Must be eligible to work in the United States
  - k. Currently assigned to work under unarmed supervision outside the security perimeter for at least the last six months. All work release recommendations by the ICA shall indicate that the applicant has successfully completed six months of outside work under unarmed supervision. Preferential consideration for work release will be given for offenders who are assigned to a Work Center.
8. Suitability Criteria - The following evaluation criteria should be used when making final decisions for assignment to work release. Consideration should be given to the listed objective risk assessment factors when considering ability to abide by program expectations and level of risk to the public.
- a. Severity and total number of current and prior criminal convictions (History of misdemeanor assaults or assaultive behavior may disqualify an offender from acceptance).
  - b. Length of time in minimum security and good time class level
  - c. Drug/alcohol abuse history (several jail programs will not accept offenders with “drug distribution” convictions).

- d. Program participation and performance during incarceration (e.g. GED, NA)
  - e. Institution work history and employment stability prior to incarceration
  - f. Previous probation/parole supervision adjustment included but not limited to failing to report, moving without permission, removal from or failing to complete treatment programs, and absconding from supervision.
  - g. Previous adjustment in work release or other community release program
  - h. Consideration should be given to any significant adverse public sentiment to the offender's presence in the community. This may be gauged by specific objections that may be expressed by prosecuting attorneys, courts, local law enforcement officials, victims, or others.
  - i. History of domestic violence including misdemeanor assault and battery charges, stalking, **active protective orders** or **prior protective order violations**, and threatening charges (added 3/2/18)
9. Offender Requests - Offenders meeting the eligibility criteria may request **Local DOC Jail Contract Work Release** through the institutional counselor during the annual review per Operating Procedure 830.1, *Facility Classification Management*. (changed 3/2/18)
- a. Requests may be considered outside the annual review at the discretion of the institution, particularly in cases where the offender's release date precludes any future annual review.
  - b. Offenders should inform their counselor of a release plan location, so a determination can be made about the availability of a work release program in that locality.
  - c. The *Work Release Quick Reference* that lists participating jails and any special criteria is available for institutional staff to discuss with offenders. (contact CCS)
10. Referral Process - Referrals may be made by institution staff, the Virginia Parole Board, Sheriff, Jail Administrator, through the Pre-Release Program, or administratively by Central Classification Services (CCS).
- a. Institutional referrals for **Local DOC Jail Contract Work Release** are made via established review procedures of the offender's eligibility and suitability. Administrators may refer offenders for review outside the annual review. Institutional recommendations are forwarded to CCS for final review. These recommendations should include: (changed 3/2/18)
    - i. Release Plan location
    - ii. Name and phone number of the prospective employer if this is determined to be necessary
    - iii. Current Progress Report
  - b. Sheriff/Jail Administrator referrals are written requests to the Director of Offender Management Services (OMS). Jails may request that state offenders, housed in a jail or a DOC institution, be assigned to the jail for the purpose of work release. OMS staff administratively reviews the case with the final decision resting with the Director of Offender Management Services.
  - c. Parole Board referrals for **Local DOC Jail Contract Work Release** are made via letter to the Offender Management Services. CCS staff will administratively review the case and make an appropriate decision. Prior to approval, CCS will obtain a recommendation from the institution. (changed 3/2/18)
  - d. Administrative referrals may be made at any time by CCS in order to manage bed space. Prior to final approval, CCS will obtain a recommendation from the institution.
11. Work Release Agreements:
- a. Jails are provided a *Work Release Program Manual* upon initial agreement and as needed when changes occur.
  - b. DOC/Jail Work Release Agreements, for Sheriff Requested placements, should be signed by the current Sheriff or Jail Administrator.
  - c. Offenders approved for **Local DOC Jail Contract Work Release** participation must review and sign the [\*Offender Work Release Agreement\*](#) 830\_F2 prior to transfer to a jail. (changed 3/2/18)
12. Pre-Program Placement Counseling - Offenders approved for work release should be given individual

- counseling at the current location prior to transfer.
- a. Offenders should be notified of the following:
    - i. Offenders are governed by jail rules and regulations, not DOC operating procedures.
    - ii. Offenders are responsible for paying their own medical costs while on work release.
    - iii. Offenders, once placed at a jail, do not have the option to request transfer to a different jail. Transfers between jails will only be made when there is no available employment at the assigned jail or a keep separate situation exists.
    - iv. Offenders may be returned to a higher security institution if removed from work release by the jail.
    - v. Time will continue to be computed by DOC.
    - vi. Offenders should be given a list of allowable personal property items for their assigned jail. Unauthorized property should be disposed of prior to transfer in accordance with Operating Procedure 802.1, *Offender Property*.
  - b. Counselors should assist the offender in obtaining necessary documents for employment, to include a valid Social Security Card ([Social Security Administration forms](#)) and Birth Certificate ([Office of Vital Records forms](#)). **In no case will an offender who is ineligible to work in the United States be transferred to work release.** Institutional staff will ensure that the *Virginia Criminal Justice Agency Offender Information Form* is completed. This form will be accepted by the Virginia Department of Motor Vehicles as a primary proof of residency and as a secondary proof of identity, so that offenders can obtain a DMV identification card.
  - c. The offender must submit to a drug test and test negative prior to transfer. Test results and date taken should be documented in the “Dummy” file.
13. Notifications - In accordance with COV §53.1-160, Central Classification Services will send a fifteen day written notification to the Sheriff, Chief of Police and Commonwealth’s Attorney of the jurisdiction in which the work release facility is located. If an offender is transferred to another work release site, Central Classification Services will reissue the fifteen day notification to the new locality. Notifications shall also be made to the DOC Victim Services Unit who will initiate victim notifications in accordance with COV §53.1-160., B., iii. Offenders approved may be transferred any time after CCS approval; however, offenders should not be permitted to work in the community until fifteen calendar days have elapsed from the postmark of such notice.
14. Offender Records - Institution and medical “dummy” files shall be prepared in accordance with Operating Procedure 050.3, *Facility Release of Offenders*
15. Transfer Processing - All transfers to jail work release programs are coordinated through the Central Transportation Section. Prior to transfer to a work release assignment, institutional staff should ensure that:
- a. Property - Only property on the Jails’ Allowable Personal Property list is sent with an offender to the jail. All other property should be disposed of in accordance with Operating Procedure 802.1, *Offender Property*.
  - b. Dummy Files - The “dummy” files are complete per Operating Procedure 050.3, *Facility Release of Offenders*.
  - c. Medications - Medical staff will provide a supply of medications in accordance with Operating Procedure 720.5, *Pharmacy Services*.
  - d. Transfer Clothing - Male offenders will be provided with, and transferred in, DOC standard release clothing, per Operating Procedure 050.3, *Facility Release of Offenders*, to include work boots or shoes appropriate for a work environment. Female offenders shall be released in the standard “blue” clothing (offenders may be released with personal tennis/athletic shoes or work boots).
  - e. Offender Funds - Offenders will be provided all funds credited to their Trust Account, per Operating Procedure 050.3, *Facility Release of Offenders*. Since offenders are not being released from incarceration, institutions DO NOT need to supplement offender funds to meet the \$25.00 Discharge Allowance. A check, in the amount of funds currently available, will be made out to the

receiving jail and be included in the offender's dummy file sent with the transporting officer. Any additional funds posted after the offender's release should be forwarded to the appropriate jail upon closure of the Trust Account.

16. Supervision
  - a. Offenders will be supervised by jail work release staff and will be required to abide by all rules, regulations and program criteria of the Jail. This includes job checks, drug screening, transportation to and from work, visitation, recreation, discipline, etc. as directed by jail staff.
  - b. Offender attendance at funerals or deathbed visits will be in accordance with Jail policies and procedures.
  - c. General care such as food, clothing, and routine health services will be provided in accordance with 6VAC15-40, *Minimum Standards for Jails and Lockups*.
17. Financial Obligations - Offenders participating in work release programs will be responsible for making payments from their work release wages to defray the cost of judicial or administrative support orders; fines, restitution, or costs as ordered by the Court; and expenses associated with work release supervision/programs in accordance with COV §53.1-131:
  - a. Offenders will be informed of fees associated with the above obligations by jail staff upon transfer to a work release program. Payment priorities, amounts to be applied, and methods of payment will be in accordance with local jail policies and procedures.
    - i. Priority 1 - Meet the obligation of any judicial or administrative order to provide support and such funds shall be disbursed according to the terms of such order
    - ii. Priority 2 - Pay any fines, restitution or costs as ordered by the court
    - iii. Priority 3 - Pay travel and other such expenses made necessary by the offender's work release employment or participation in educational or rehabilitative programs, including the sums specified in COV §53.1-150
    - iv. Priority 4 - Defray the offender's keep
  - b. The remaining balance will be credited to the offender's jail account.
18. Medical Services - Offenders will be provided with medical care in accordance with jail policies and procedures.
  - a. Routine medical care requires a co-payment, like in DOC institutions. Since offenders are working and receiving wages, many jails also require full payment for routine medical costs (i.e. doctor's visits, medications, etc.). Offenders will be informed of the jail policy upon arrival at the jail.
  - b. Emergency or critical medical care will be provided by the jail at the time of the occurrence. Jails should immediately notify the DOC Health Services Unit of such situations so that a determination can be made to retake the offender for continued medical care within the DOC and/or to provide reimbursement to the jail for medical costs incurred.
19. Parole Review/Progress Reports - Work release offenders with a parole eligibility date are subject to review by the Parole Board. Often, a satisfactory adjustment in work release status will result in Discretionary Parole Release prior to the offender's Mandatory Release Date.
  - a. After four full months of satisfactory participation in work release, Jail staff, at their discretion, may submit a progress report to the Virginia Parole Board for review. A progress report to the Parole Board is not necessary for offenders that are not eligible for parole.
  - b. If an offender is denied parole, Jail staff should immediately review the offender's suitability for continuation on work release. Offenders recommended for program removal will receive a due process hearing at the jail prior to return to the DOC. Transfer of offenders determined to be unsuitable for continuation in work release should be coordinated through the DOC Central Transportation Section.
20. Program Violations/Removals - Offenders who violate program rules and regulations, or commit a crime while on work release, will be removed from the program by the jail. Appropriate disciplinary and/or criminal proceedings will be implemented in accordance with established jail rules and



regulations.

- a. Offenders removed from work release are not eligible to reapply for twelve months after the date of removal. If removed due to committing a new criminal offense while on work release, an offender is not eligible for consideration during the current incarceration per COV §53.1-62.
  - b. Jails should immediately notify DOC Central Transportation Section of a program violation, so the offender can be scheduled for retake upon completion of any disciplinary hearing conducted by the jail.
  - c. Documentation of the inappropriate behavior and any charges (disciplinary and/or criminal) should accompany the offender when returned to the DOC. Jails have the authority and are encouraged to reduce Class Levels when appropriate as part of the jail's disciplinary process.
  - d. The receiving institution will conduct a formal due process review of assignment, security level, and Class Level, based on documentation received from the jail.
  - e. Any wages received by the Jail after DOC retake will be forwarded to the offender's current DOC institution.
21. Release Processing - Jails will assist offenders who have been granted parole or are being released on a Good Time Release Date with release transportation if requested by the offender.
  22. Appeals - Offenders may appeal decisions relating to the institution or Central Classification Services approval or disapproval for program participation through the established DOC offender grievance process. Appeals of Jail operation or supervision issues must be submitted via the Jail's established grievance process.

#### V. Offender Appeals

1. An offender may appeal any final classification decision through the Offender Grievance Procedure.
2. The ICA recommendation and the final approval are one issue and cannot be grieved separately.

#### V. REFERENCES

Operating Procedure 050.3, *Facility Release of Offenders*

Operating Procedure 425.4, *Management of Bed and Cell Assignments*

Operating Procedure 425.4RH, *Management of Bed and Cell Assignments*

Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*

Operating Procedure 720.5, *Pharmacy Services*

Operating Procedure 720.7, *Emergency Medical Equipment and Care*

Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*

Operating Procedure 730.3, *Mental Health Services: Levels of Service*

Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*

Operating Procedure 802.1, *Offender Property*

Operating Procedure 830.1, *Facility Classification Management*

Operating Procedure 830.2, *Security Level Classification*

Operating Procedure 830.6, *Offender Keep Separate Management*

Operating Procedure 841.1, *Offender Programs and Services*

Operating Procedure 841.3, *Offender Religious Programs*

Operating Procedure 841.4, *Restrictive Housing Units*

Operating Procedure 861.1, *Offender Discipline, Institutions*

Operating Procedure 861.3, *Special Housing*

~~Operating Procedure 864.1, *Offender Grooming and Hygiene*~~ (deleted 7/1/19)

VI. FORM CITATIONS

- [Intra-Regional Transfer Authorization](#) 050\_F8
- [Interdepartmental Transfer Notice \(CA4\)](#) 050\_F9
- [Electronic Notification of Mental Health Offender Transfer](#) 730\_F11 (added 1/16/18)
- [Mental Health Serious Mental Illness \(SMI\) Determination](#) 730\_F34 (added 1/16/18)
- [Offender Work Release Agreement](#) 830\_F2
- [Offender Case Analysis for Steps to Achieve Reintegration \(STAR\) Program](#) 830\_F5
- [Steps to Achieve Reintegration \(STAR\) Program - Mental Health Review](#) 830\_F6
- [Protective Custody Release and Refusal](#) 830\_F7
- [Shared Allied Management \(SAM\) Unit Admission Screening](#) 830\_F8 (added 1/16/18)
- [Shared Allied Management \(SAM\) Unit Contract](#) 830\_F9 (added 1/16/18)
- [Assignment to Secure Diversionary Treatment Program](#) 830\_F10 (added 1/16/18)
- [Mental Health Clinical Supervisor - External Review](#) 830\_F11 (added 1/16/18)
- [Transitional Work Release Offender Agreement](#) 830\_F12 (added 8/1/19)
- [Employer's Community Work Release Agreement](#) 830\_F13 (added 8/1/19)
- [Transitional Work Release Employment Assignment](#) 830\_F14 (added 8/1/19)

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

*The office of primary responsibility reviewed this operating procedure in March 2018 and necessary changes have been made.*

*The office of primary responsibility reviewed this operating procedure in March 2019 and necessary changes are being drafted.*

*Signature Copy on File*

*2/1/17*

A. David Robinson, Chief of Corrections Operations

Date



# Operating Procedure

<b>Effective Date</b>	April 1, 2019	<b>Number</b>	841.4
<b>Amended</b>	7/1/19, 9/1/19	<b>Operating Level</b>	Department
<b>Supersedes</b>			
Operating Procedure 841.4 (4/1/16) Operating Procedure 861.3 (4/1/15)			
<b>Authority</b>			
COV §53.1-10, §53.1-25			
<b>ACA/PREA Standards</b>			
5-4A-4400, 5-4A-4140, 5-4A-4249, 5-4A-4251, 5-4A-4253, 5-4A-4254, 5-4A-4256, 5-4A-4257, 5-4A-4258, 5-4A-4261, 5-4A-4262, 5-4A-4263, 5-4A-4266, 5-4A-4267, 5-4A-4268, 5-4A-4269, 5-4A-4270, 5-4A-4271, 5-4A-4273, 5-4B-0002, 5-4B-0003, 5-4B-0004, 5-4B-0008, 5-4B-0009, 5-4B-0010, 5-4B-0011, 5-4B-0012, 5-4B-0015, 5-4B-0016, 5-4B-0017, 5-4B-0018, 5-4B-0021, 5-4B-0022, 5-4B-0023, 5-4B-0024, 5-4B-0025, 5-4B-0026, 5-4B-0027, 5-4B-0029, 5-4B-0030, 5-4B-0031, 5-4B-0032, 5-4B-0033, 5-4B-0034, 5-5C-4320; 4-4140, 4-4249, 4-4250, 4-4251, 4-4253, 4-4254, 4-4256, 4-4257, 4-4258, 4-4261, 4-4262, 4-4263, 4-4266, 4-4267, 4-4268, 4-4269, 4-4270, 4-4271, 4-4273, 4-4320, 4-4400			
<b>Office of Primary Responsibility</b>			
Chief of Restrictive Housing and Serious Mental Illness			

**Subject**

## RESTRICTIVE HOUSING UNITS

**Incarcerated Offender Access**  
Yes  No

**Public Access** Yes  No   
**Attachments** Yes  #1 No

### I. PURPOSE

This operating procedure provides for the classification of offenders incarcerated in Department of Corrections institutions to General Detention, and Restrictive Housing statuses, minimum standards for the operation of restrictive housing units, and minimum standards for the care and custody of offenders assigned to each of these statuses.

### II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

### III. DEFINITIONS

**“At Risk” Offender** - An offender identified by a Qualified Mental Health Professional as meeting the criteria in Operating Procedure 730.5, *Mental Health Services: Behavior Management*, based on evaluation of the impact that restrictive housing may have on mental health conditions exhibited by the offender

**Discharge** - The release of an offender from a facility due to satisfying the requirements for incarceration at that facility; discharge may be due to parole, good time release, pardon, court order, completion of Community Corrections program or other reasons. Discharge may be to society with or without probation/parole/ post-release obligations or discharge may be to law enforcement authorities for other legal obligations or deportation.

**General Detention** - Special purpose bed assignments, utilized under proper administrative process, for the immediate secure confinement of offenders pending review for an appropriate assignment

~~**Grooming Standards Violator Housing Unit (VHU)** - An offender housing unit designated to house Grooming Standards Violators with the objective to manage and encourage compliance of male offenders determined to be in violation of Department of Corrections grooming standards (deleted 7/1/19)~~

**Health Trained Staff** - A DOC employee, generally a Corrections Officer, who has been trained to administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency

**High Risk Sexual Victim (HRSV)** - As identified by the *Classification Assessment* and QMHP

assessment, any incarcerated offender confirmed as a sexual victim or identified as being at high risk of being sexually victimized

**Institution** - A prison facility operated by the Department of Corrections - includes major institutions, field units, and work centers.

**Institutional Classification Authority (ICA)** - The facility staff person designated to conduct offender case review hearings; hearings related to restrictive housing status review are formal due process hearings and are generally conducted by a Multi-Disciplinary Team.

**Management Path** - The restrictive housing unit level to which the offender is assigned and the remaining steps for the offender to enter full privilege general population

**Medical Practitioner** - A physician, physician's assistant, or nurse practitioner licensed to practice medicine in the Commonwealth of Virginia or in the jurisdiction where the treatment is to be rendered or withheld

**Mental Health Residential Treatment Unit** - A designated treatment unit where mental health services are provided to offenders who are unable to function in a general population setting due to mental disorder but who typically do not meet the criteria for admission to an Acute Care unit

**Multi-Disciplinary Team (MDT)** - MDT members are responsible to review individual offenders related to restrictive housing and step-down statuses and act as the Institutional Classification Authority to make recommendations for housing status, transfer, security level, good time class, etc.; decisions are the responsibilities of the Facility Unit Head and Regional Administrator.

**Offender with Serious Mental Illness (SMI)** - An offender diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, Posttraumatic Stress Disorder (PTSD) or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living.

**Protective Custody Unit** - A special purpose general population housing unit designated by the Director for offenders classified as requiring separation from other offenders as a result of their personal security needs; offenders requesting and requiring assignment to a protective custody unit may be managed in General Detention and Restrictive Housing, as appropriate, pending assignment and transfer.

**Qualified Mental Health Professional (QMHP)** - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, Psychiatric Provider, Social Worker (Masters level) or Registered Nurse or an individual with at least a Master's degree in psychology, social work or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders

**Restrictive Housing Unit** - A general term for special purpose bed assignments including general detention, restrictive housing, and step-down statuses; usually a housing unit or area separated from full privilege general population

- **Restrictive Housing (RHU)** - Special purpose bed assignments operated under maximum security regulations and procedures, and utilized under proper administrative process, for the personal protection or custodial management of offenders
- **RH Step-down 1 (SD-1), RH Step-down 2 (SD-2)** - General population bed assignments operated with increased privileges above Restrictive Housing but more control than full privilege general population

**Secure Diversionary Treatment Program (SDTP)** - Bed assignments designated for offenders who have been classified as SMI; operates with structured security regulations and procedures, and provides programming and treatment services conducive with evidence based treatment protocols and individualized treatment plans

**Shared Allied Management (SAM) Unit** - A residential programming unit operated at designated DOC institutions to deliver intensive services in a safe environment to specific offender populations that typically require a high level of services from security, mental health, and/ or medical staff

**Steps to Achieve Reintegration (STAR) Program** - A DOC program operated at designated DOC institutions for offenders, who motivated by an unspecified fear, refuse to leave restrictive housing and enter general population

**Working Day** - Weekdays, Monday through Friday, except official state holidays

#### IV. PROCEDURES

##### A. Restrictive Housing Units

1. This operating procedure provides offenders incarcerated in Department of Corrections institutions with information on the operation of restrictive housing units at Security Level 1 through Security Level 5 institutions and for the supervision of offenders under General Detention, Restrictive Housing (RHU), and Step-down statuses (SD-1 and SD-2). (See Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted), for security considerations relating to restrictive housing units.) (5-4A-4249, 5-4B-0003; 4-4249)
2. Security Level W institutions and Deerfield Correctional Center do not operate restrictive housing units; when warranted, offenders will be immediately transferred to the designated parent/host institution for placement on General Detention in the restrictive housing unit.
3. Restrictive housing units at institutions that house Security Levels 5, 6 and S offenders will operate in accordance with this operating procedure for Security Level 5 offenders and the Red Onion State Prison/Wallens Ridge State Prison local operating procedure addressing the *Restrictive Housing Reduction Step Down Program*, for Security Level 6 and S offenders.
4. For institutions designated for multiple security level offenders, the restrictive housing unit will operate in accordance with Attachment 1, *Restrictive Housing Operating Level Designation*.

##### B. Restrictive Housing Mission

1. Restrictive housing units provide for personal protection and custodial management measures, exercised by the institution for the welfare of the offender, the institution, or both and will not be used as punishment.
2. General Detention will be utilized for the immediate secure confinement of an offender only when their presence in the general population or a step-down status poses a direct threat to the offender (to include when an offender requires personal protection and no reasonable alternative is available), other offenders, institutional staff, or a clear threat to the safe, secure operation of the institution. The goals of a restrictive housing unit are to: (5-4B-0002; 4-4250)
  - a. Manage offenders in a safe and secure manner
  - b. Provide a consistent, systems approach to the operation of restrictive housing units in all institutions to maximize positive outcomes in offender adjustment
  - c. Provide opportunities for offenders to increase their likelihood for success in a full privilege general population
3. An offender moved from general population into a restrictive housing unit must be initially assigned to General Detention, which is authorized by the Shift Commander or above for the immediate secure confinement of an offender pending review for an appropriate assignment. (5-4B-0002; 4-4250)
4. Assignment to any other restrictive housing status requires a formal due process hearing held by the Multi-Disciplinary Team (MDT), and must be approved by the Facility Unit Head or designee in accordance with Operating Procedure 830.1, *Institution Classification Management*.
5. The MDT has the authority to conduct Institutional Classification Authority hearings related to restrictive housing units and is responsible to review individual offenders and make recommendations concerning the management paths as well as security level, good time class, transfer, etc.

### C. Restrictive Housing Assignment Process

1. Only the Shift Commander or a higher authority may authorize an offender's placement in a restrictive housing unit on General Detention.
  - a. Institutional staff, such as but not limited to Corrections Officer, Investigator, QMHP, or Health Authority may refer an offender for General Detention.
  - b. The Shift Commander will meet with the referring staff member and the offender, and will either place the offender on General Detention in the restrictive housing unit or return the offender to general population.
2. When an offender requests protective custody and the need for protective custody is documented and no alternative exists, the Shift Commander will authorize the offender's assignment to General Detention in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*, and Operating Procedure 830.6, *Offender Keep Separate Management*. (5-4A-4251; 4-4251)
3. When Mental Health or Medical staff determine that an offender should be placed in a restrictive housing unit to protect the offender, other offenders, institutional staff, or the safe, secure operation of the institution, they may request to the Shift Commander that the offender be placed on General Detention.
4. Offenders identified as HRSV or offenders alleged to have suffered sexual abuse or sexual harassment will not be placed in the restrictive housing unit without their consent unless an assessment of all available alternatives has been made, and it has been determined by the QMHP in consultation with the Shift Commander and Regional PREA Analyst that there are no available alternative means of separation from likely abusers.

### D. Restrictive Housing Assignment Mental Health and Medical Reviews

1. Offenders will be screened by a Qualified Mental Health Professional (QMHP) before their placement or within one working day after placement in General Detention so that any "at risk" offenders may be identified and monitored in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*. At facilities with no QMHP, health trained staff should screen the offender to identify if there is any indication the offender may be "at risk". (5-4B-0010)
2. Health care personnel will be informed immediately when an offender is transferred from general population to General Detention in order to provide assessment per protocols established by the Health Authority. This assessment will determine the impact that restrictive housing may have on medical conditions exhibited by the offender and the possible alternatives that may be available to compensate for such conditions. (5-4A-4400, 5-4B-0029; 4-4400)

### E. Initial Assignment to General Detention - Offender Classification Process

1. The Facility Unit Head or other Administrative Duty Officer must review the offender's placement in restrictive housing on General Detention within 24 hours and will either approve the placement or order the offender returned to their previous status when General Detention is not warranted. (5-4B-0002; 4-4250)
2. Within three working days of an offender's initial placement on General Detention, the MDT will review all available, relevant information and conduct a formal ICA hearing to determine the following:
  - a. For Security Level 1 institutions and Baskerville Correctional Center
    - i. The MDT will determine if the offender will be released to general population at their current institutional assignment.
    - ii. Offenders who cannot return to the general population at the current institution but would be suitable for general population at another equal or higher level institution should be recommended for transfer to an appropriate institution.
    - iii. Offenders who cannot return to the general population at the current institution and who are expected to require maximum security management in excess of 30 days should be



- recommended for transfer to the Centralized Restrictive Housing Unit.
- b. For Security Level 2 and above institutions, the MDT will determine if the offender can return to the previous housing status (general population or step-down) or remain in the restrictive housing unit and assign to RHU or other appropriate internal status in restrictive housing.
3. For Security Level 2 and above institutions, within 10 working days (15 working days for investigative status) of an offender's initial placement on General Detention, the MDT will conduct a formal ICA hearing to determine the following:
    - a. Security Level 2 institutions
      - i. The MDT will evaluate the offender and determine if the offender will be released to general population at their current institutional assignment.
      - ii. Offenders who cannot return to the general population at the current institution but would be suitable for general population at another equal or higher level institution should be recommended for transfer to an appropriate institution.
      - iii. Offenders who cannot return to the general population at the current institution and who are expected to require maximum security management in excess of 30 days should be recommended for transfer to the Centralized Restrictive Housing Unit.
    - b. Security Level 3 and above institutions (5-4B-0032)
      - i. The MDT will determine if the offender will be released to general population at their current institutional assignment.
      - ii. Offenders who will remain in the restrictive housing unit at their current institution, will be provided a management path (RHU, SD-1, SD-2) that is designed to address their behaviors and needs so that the offender can enter a full privilege general population. Restrictive housing offenders will be reviewed for placement in Step-down statuses and general population as soon as the risk is reduced to an acceptable level.
      - iii. Offenders who cannot return to the general population at the current institution and who are expected to require maximum security management in excess of 30 days (not achieve assignment to a Step-down level or full privilege general population) should be recommended for transfer to the Centralized Restrictive Housing Unit.
      - iv. Offenders who cannot return to the general population at the current institution but would be suitable for general population at another equal or higher level institution, based on the severity of behaviors, should be recommended for transfer to an appropriate institution.
      - v. Restrictive housing offenders will be reviewed for placement in Step-down statuses and general population as soon as the risk is reduced to an acceptable level.
  4. Offenders with a *Serious Mental Illness* (SMI) must be reviewed within 10 working days after the initial placement on General Detention; the MDT will conduct a formal ICA hearing to evaluate the offender and determine the following: (5-4B-0031)
    - a. If the offender will be released to general population or placed in SD-1 or SD-2 within 28 days of initial placement on General Detention at their current institution
    - b. SMI offenders who will not be released to general population or placed in SD-1 or SD-2 within 28 days will be reviewed to determine appropriate placement from the options below:
      - i. Referral to Marion Correctional Treatment Center's (MCTC) Acute Care Unit in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*, if the offender meets the legal commitment criteria.
      - ii. Referral to a Mental Health Residential Treatment Unit or other Mental Health Unit in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*, when the offender does not meet the criteria for commitment to an Acute Care Unit but is unable to function in a general population.
      - iii. Referral to a *Secure Diversionary Treatment Program* in accordance with in Operating Procedure 830.5, *Transfers, Institution Reassignments*, if the offender frequently engages in assaultive, disruptive, and/ or unmanageable behaviors.

- iv. Specialized placement in a *Secured Allied Management Unit (SAM)* in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*.
  - c. SMI offenders must be moved out of Restrictive Housing (RHU) within 28 days of placement on General Detention unless a *Serious Mental Illness (SMI) 28 Day Exemption Request* been granted in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments (Restricted)*.
5. Pregnant offenders and offenders under the age of 18 must be reviewed within 10 working days after the initial placement on General Detention; the MDT will conduct a formal ICA hearing to evaluate the offender and determine the following: (5-4B-0033, 5-4B-0034)
    - a. If the offender will be released to their previous housing assignment in general population or placed in SD-1 or SD-2 at their current institution within 28 days of the initial placement on General Detention
    - b. Pregnant offenders and offenders under the age of 18 who will not be released to their previous housing assignment in general population or placed in SD-1 or SD-2 within 28 days because they pose a risk to the safe, secure, and orderly operation of the institution will be reviewed by the MDT to determine appropriate alternate housing.
    - c. Pregnant offenders and offenders under the age of 18 who are SMI who will not be released to their previous housing assignment in general population or placed in SD-1 or SD-2 within 28 days must be reviewed by the MDT who will consult with the Psychology Associate Senior at CCS to determine appropriate alternate housing. (5-4B-0031)
  - ~~6. Offenders placed in the restrictive housing unit for non-compliance with the established DOC grooming standards will remain on RHU status until the offender is in compliance with the grooming standards or the offender is transferred to the designated institution with the *Grooming Standards Violator Housing Unit (VHU)*. (See Operating Procedure 864.1, *Offender Grooming and Hygiene*.) (deleted 7/1/19)~~
  7. Offenders in a restrictive housing unit who refuse assignment to general population due to an unspecified fear and not for a specific fear or threat, violent or aggressive behavior, or legitimate protective custody needs should be reviewed for transfer to the *Steps to Achieve Reintegration (STAR) Program*. (See Operating Procedure 830.5, *Transfers, Institution Reassignments*.)
  8. Offenders in a restrictive housing unit and who are classified as requiring separation from other offenders as a result of their personal security needs should be reviewed for transfer to a Protective Custody Unit. (See Operating Procedure 830.1, *Institution Classification Management*, and Operating Procedure 830.5, *Transfers, Institution Reassignments*.)
  9. Security Level S offenders in restrictive housing in in excess of 90 consecutive days (SM-Special Management) or 180 consecutive days (IM-Intensive Management) due to temporary transfer for medical, court, etc., must be provided adequate recreation, program services, and privileges in accordance with the Red Onion State Prison/Wallens Ridge State Prison local operating procedure addressing the *Restrictive Housing Reduction Step-Down Program*.
- F. Offender Management Path Development
1. Offenders at Security Level 2 institutions are not provided a management path. Offenders will be required to participate in journaling and/or other program assignments as deemed appropriate by the MDT.
  2. Offenders at Security Level 3 and above institutions who will remain in the restrictive housing unit at their current institutional assignment will be evaluated and provided a management path that is designed to address their behaviors and needs so that the offender can enter a full privilege general population. (5-4B-0032)
    - a. Restrictive Housing (RHU) - To be used for offenders that must be managed under maximum security conditions.
    - b. Step-down 1 (SD-1) - To be used for offenders whose behavior does not rise to the level of RHU

- or whose behavior has improved since assignment to RHU to include completion of required programmatic goals.
- c. Step-down 2 (SD-2) - To be used for offenders who have been identified as needing a more structured living environment than in general population but do not need the level of control provided in RHU or SD-1 and/ or offenders whose behavior has improved since assignment to RHU or SD-1 to include completion of required programmatic goals.
3. Appropriate members of the MDT will evaluate the offender and develop the offender's management path (RHU, SD-1, SD-2) within 10 working days (15 working days for investigative status) in accordance with this operating procedure. Evaluation tools and program components include but are not limited to the following: (5-4B-0032)
    - a. Review of COMPAS findings
    - b. Case Plan review and development
    - c. History of behavior
    - d. Risk/Needs assessment
    - e. Assessment of:
      - i. Disciplinary Violation goals - to reduce or eliminate disciplinary violations
      - ii. Mental Health goals - medication compliant, number of office visits per month, etc.
      - iii. Responsible behavior goals - personal hygiene, standing for count, cell compliance, deportment; satisfactory rapport with staff and offenders with compliance documented on the [Responsible Behavior Goals Progress Report](#) 841\_F22
      - iv. Journaling and/or program assignments relevant to offender needs and goals
  4. Once the offender's management path is approved, the offender's Case Plan in VACORIS must be updated.
  5. Offenders who refuse to participate in the requirements of their designated management path will subject to disciplinary action in accordance with Operating Procedure 861.1, *Offender Discipline, Institutions*.
    - a. Offenders at Security Level 2 institutions, who refuse to participate in journaling and/or other program assignments, and offenders at Security Level 3 institutions will be given a warning for their first refusal to participate.
      - i. If the offender again refuses to participate, the offender will be charged with Offense Code 200, *Refusing to work or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed*.
      - ii. Upon conviction of Offense Code 200, the offender will be reviewed by the MDT for transfer to the Centralized Restrictive Housing Unit.
    - b. Offenders who refuse to participate in the requirements of their designated management path in the Centralized Restrictive Housing Unit will be given a warning for the first refusal.
      - i. If the offender again refuses to participate, the offender will be charged with Offense Code 119f, *Refusal to participate in the restrictive housing unit assignment*.
      - ii. Upon conviction of Offense Code 119f, the offender will be reviewed by the MDT for transfer to higher security level institution.
    - c. Offenders who refuse to participate at Security Level 4 and above institutions will be charged with Offense Code 119f, *Refusal to participate in the restrictive housing unit assignment* and managed in the restrictive housing unit at their current location.
    - d. After the first refusal and warning, the offender must be given the opportunity to comply. The offender cannot be charged with a disciplinary offense until the next seven day *Restrictive Housing Status Review*.
    - e. Upon conviction for refusal to participate, the offender should be reviewed for reduction to Good Time Class IV in accordance with Operating Procedure 830.3, *Good Time Awards*.

f. An offender shall be charged only once during a continued period of refusal.

#### G. Centralized Restrictive Housing Unit Transfers

1. Each institutional recommendation for offender transfer to the Centralized Restrictive Housing Unit must be based on a formal ICA Hearing conducted by the MDT and submitted via VACORIS in accordance with Operating Procedure 830.1, *Institution Classification Management*.
  - a. The MDT must submit justification with each request for transfer.
  - b. Each recommendation for transfer to a Centralized Restrictive Housing Unit will be reviewed by the appropriate authorities to determine if the transfer is warranted.
2. Security Level 4 and above institutions will not transfer offenders to the Centralized Restrictive Housing Unit, offenders who require maximum security management in excess of 30 days will be managed in the restrictive housing unit at their current location.
3. MDT recommendations for transfer other than to the Centralized Restrictive Housing Unit will be made through the normal processes appropriate to the type of transfer in accordance with Operating Procedure 830.5, *Transfers, Institution Reassignments*.

#### H. Restrictive Housing Status Reviews

1. Every seven days of an offender's first 60 days in RHU status and every 30 days thereafter, the MDT will perform a *Restrictive Housing Status Review* of all offenders assigned to RHU to monitor the appropriateness of this status. If a formal review of the offender's status is warranted, the offender will be served notice of an ICA hearing in accordance with Operating Procedure 830.1, *Facility Classification Management*. (5-4A-4253, 5-4B-0008; 4-4253)
2. The MDT will formally review the offender's status at least once every 30 days while they are assigned to any restrictive housing unit level. (5-4A-4254, 5-4B-0009, 5-4B-0032; 4-4254)
  - a. The MDT will conduct a formal due process hearing and review the offender's adjustment and behavior in accordance with Operating Procedure 830.1, *Institution Classification Management*.
    - i. The MDT will evaluate the offender and determine whether to recommend that the offender continue in the current restrictive housing level for a subsequent period of up to 30 days or be assigned to another level.
    - ii. The MDT should base its recommendation on the reason for the assignment, the offender's behavior, and any progress made on the management path and treatment objectives.
  - b. When the MDT determines that an offender's behavior or circumstances no longer warrant the current restrictive housing unit status, a recommendation for the offender's reclassification to a different status or release to full privilege general population should be made.
  - c. Offenders transferred for placement in the Centralized Restrictive Housing Unit who have completed SD-2 will be reviewed by the MDT to determine if the offender will be released to the full privilege general population at that institution or transferred to general population at another Security Level 3 institution.
  - d. The MDT should determine whether the offender poses an unacceptable risk to the offender to include personal protection and keep separates in the general population, or is a threat to other offenders, institutional staff, or the safe, secure operation of the institution.
    - i. Offenders in the restrictive housing unit pending approval for and transfer to a Protective Custody Unit or to the *Steps to Achieve Reintegration (STAR) Program* may be managed in the restrictive housing unit on RHU or SD-1 status as deemed appropriate by the MDT and approved by the Facility Unit Head or designee.
    - ii. Offenders under investigation by the Special Investigations Unit (SIU) who cannot return to general population and must remain in the restrictive housing unit, may be managed on RHU or SD-1 status as deemed appropriate by the MDT and approved by the Facility Unit Head.
    - iii. The MDT may recommend a transfer to another institution when return to the full privilege general population at that institution is not appropriate.

3. ICA hearings may be conducted by the MDT at the institution's discretion any time a significant change in circumstances or the offender's behavior warrants a review in accordance with Operating Procedure 830.1, *Institution Classification Management*.
  4. Offenders assigned to a restrictive housing unit in excess of 30 days should not be discharged directly to the community. (5-4B-0030)
    - a. No less than 30 days prior to the offender's discharge date, the MDT will conduct a formal due process hearing to review the offender's status and determine if the offender can return to general population or if the offender must be discharged from the restrictive housing unit.
    - b. If the offender will be discharged from the restrictive housing unit, the MDT must document their justification on the *Institutional Classification Authority Hearing Notification* for review and approval by the Regional Operations Chief or Regional Administrator.
    - c. In addition to the release requirements mandated for all offender in Operating Procedure 050.3, *Facility Release of Offenders*, Operating Procedure 720.3, *Health Maintenance Program*, and Operating Procedure 820.2, *Re-Entry Planning*, the following must be taken at a minimum
      - i. Development of a release plan that is tailored to specific needs of the offender
      - ii. Notification of release to the supervising P&P Office who will contact state and local law enforcement
      - iii. Notification to releasing offender of applicable community resources
      - iv. Notification to Victim, if applicable
  5. Temporary Suspension of Time Frames
    - a. In the event of a widespread institutional disruption, natural disaster, or other unusual occurrence that requires emergency action, the Facility Unit Head may temporarily suspend any or all portions of this operating procedure.
    - b. Offenders involved in the emergency may be detained without being served an *Institutional Classification Authority Hearing Notification* or conducting an ICA Hearing throughout the course of the emergency.
    - c. Upon restoration of institutional order, all detained offenders will be subject to Institutional Classification Authority and other reviews in accordance with this operating procedure.
- I. Security, Movement, and Control of Contraband
1. A Corrections Officer must check each offender in General Detention or on RHU status twice per hour, no more than 40 minutes apart, on an irregular schedule. (5-4A-4257, 5-4B-0011; 4-4257)
    - a. Offenders in SD-1 or SD-2 statuses should be checked on a similar schedule.
    - b. Offenders who are violent or mentally disordered or who demonstrate unusual or bizarre behavior will receive more frequent observation
    - c. Suicidal offenders are under continuous observation in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*
    - d. In addition to supervision provided by the unit Corrections Officers, the Shift Commander or higher authority will visit the restrictive housing unit daily. (5-4A-4258, 5-4B-0012; 4-4258)
  2. A strip search must be conducted on each offender assigned to the restrictive housing unit before the offender exits their cell.
    - a. Each offender in General Detention or on RHU status will be placed in restraints and escorted by two certified Corrections Officers whenever outside a secure area, such as a cell, shower, or exercise module. (5-4B-0032)
      - i. An offender in SD-1 status at Security Level 4 and above institutions and the Centralized Restrictive Housing Unit will placed in handcuffs and escorted by two certified Corrections Officers. SD-1 offenders in Security Level 3 institutions may be moved within the restrictive housing unit area by two certified Corrections Officers without restraints and without direct escort.



- ii. An offender in SD-2 status may be moved within the restrictive housing unit area by one certified Corrections Officer without restraints and without direct escort.
  - b. A frisk search will be conducted immediately after a restrictive housing unit offender is removed from their cell or other secure area.
  - c. A frisk search will be conducted on each offender prior to returning the offender to their restrictive housing unit cell.
3. Only one offender at a time may be out of a secure area in the restrictive housing unit unless both offenders are restrained with separate security escorts.
- a. With approval of the Facility Unit Head, an exception may be made for offenders participating in small group programs (SD-2 - maximum ten offenders) within the restrictive housing unit area. (5-4B-0032)
  - b. Protective custody offenders must be separated from known keep separates. Such offenders must be housed in separate cells and have no direct contact unless both offenders are in restraints with separate security escorts.
4. Each restrictive housing unit cell will be inspected whenever an offender is removed from the cell.
- a. This inspection is a general review of sanitation conditions and scan for contraband.
  - b. The restrictive housing unit cell inspection may be conducted by one Corrections Officer and the offender need not be present.
  - c. A thorough search and inspection of the restrictive housing unit cell will be conducted and documented each time an offender is moved out of a cell, before another offender is moved into the cell.
5. All items entering the restrictive housing unit must be searched to detect and eliminate contraband.
6. Offenders from general population may provide housekeeping and other services in the restrictive housing unit.
- a. If allowed to do so, each worker must be specifically authorized by the Chief of Security, will be searched (strip search for Security Level 3 and higher) upon entrance and exit, and must remain under direct supervision of a staff member at all times.
  - b. No offender worker will be allowed physical contact with a restrictive housing unit offender except as required for services rendered, i.e. barber.
7. All housing areas in the restrictive housing unit, to include cells housing offenders identified as potentially suicidal, must have readily accessible equipment and supplies necessary in an emergency.
- J. Mental Health and Medical Reviews and Care
1. No offender will be denied necessary or proper medical, dental, and or mental health care while in a restrictive housing unit.
- a. Any offender with identified mental health problems who is placed in General Detention or is on RHU status will be monitored per Operating Procedure 720.1, *Access to Health Services*, and Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
  - b. Medical services will be provided in accordance with Operating Procedure 720.1, *Access to Health Services*, and Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
  - c. Offenders should request dental services if needed. Dental staff will determine the need to provide dental care while the offender is in a restrictive housing unit.
  - d. Prescribed medications will be provided in accordance with Operating Procedure 720.5, *Pharmacy Services*. (5-4A-4261, 5-4B-0015; 4-4261)
  - e. Any “at risk” offender should receive a physical screening (i.e., weight and vital signs taken and recorded and checked for symptoms of possible side-effects to prescribed medication) by a qualified health care professional (i.e., RN, LPN/CNT, or CHA) no less than once every 14 days.



2. Unless medical attention is needed more frequently, each offender in General Detention or on RHU status will receive a daily visit from a qualified health care professional (not required for institutions that do not have medical staff on duty on weekends). (5-4A-4400, 5-4A-4258, 5-4B-0012, 5-4B-0029; 4-4258, 4-4400)
  - a. The visit ensures that offenders have access to the health care system.
  - b. The presence of a health care professional in the restrictive housing unit is announced and recorded.
  - c. Medical requests, medical staff visits, and medications administered or refused will be recorded.
  - d. Medical Practitioner visits to the restrictive housing unit are not required, offenders will submit a request to be seen by the Medical Practitioner through the established sick call process.
3. Unless mental health attention is needed more frequently, each offender on RHU status will receive a weekly visit from mental health staff in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*. (5-4B-0027, 5-4B-0029; 5-4B-0031)
  - a. A QMHP will personally interview any offender remaining in RHU status for more than 7 days.
  - b. If confinement continues beyond 7 days, a mental health screening by a QMHP must be conducted within 7 days thereafter or more frequently if clinically indicated. (5-4A-4256, 5-4B-0010; 4-4256)
4. When an in-person assessment or examination of an offender in General Detention or on RHU status by a QMHP or other health care professional is conducted in the cell, the offender will be restrained and instructed to sit on their bunk.

#### K. Living Conditions and General Requirements for Restrictive Housing Units

1. On initial assignment to a restrictive housing unit, offenders should receive an orientation (written preferred but not required) on available services and how to access them. Offenders will have access to programs, privileges, education, and work opportunities to the extent possible while ensuring the offender's safety.
2. Offenders will receive laundry, barbering, and hair care services and are issued and afforded the opportunity to exchange clothing, bedding, and linen on the same basis as offenders in the general population. (5-4A-4263, 5-4B-0018; 4-4263)
3. Restrictive housing units provide living conditions that approximate those of the general offender population; all exceptions are clearly documented in this operating procedure. (5-4A-4140, 5-4B-0004; 4-4140)
  - a. Cell Conditions
    - i. Restrictive housing cells/rooms permit the offenders assigned to them to converse with and be observed by staff members. (5-4A-4140, 5-4B-0004; 4-4140)
    - ii. Space is available either inside the restrictive housing unit or external to the unit for treatment staff consultation with restrictive housing offenders. (5-4B-0004)
    - iii. Restrictive housing cells or units should be well ventilated, adequately lighted, appropriately heated and maintained in a sanitary condition at all times.
    - iv. Except in emergencies, the number of offenders confined to each cell or room should not exceed the number for which it is designed (usually one offender per cell).
      - (a) With the approval of the Facility Unit Head, in cells with proper equipment, suitable offenders in SD-2 may be double bunked if they are screened in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted).
      - (b) If an emergency creates excess occupancy in the restrictive housing unit, the Facility Unit Head, or designee, should provide temporary written approval to exceed design capacity, and alleviate the situation as promptly as possible by providing other housing for the offenders so confined.
  - b. Correspondence

- i. Offenders are generally subject to the same mail regulations and privileges, including sending and receiving legal mail, as offenders assigned to general population in accordance with Operating Procedure 803.1, *Offender Correspondence*. (5-4A-4266, 5-4B-0021; 4-4266)
- ii. Secure messaging is a privilege, offenders assigned to General Detention and RHU status will not be provided access to the kiosk in order to retrieve or send their secure messages.
- iii. Offenders assigned to SD-1 and SD-2 will not have access to kiosks but may access their secure messaging messages through the following process. (5-4B-0032) (changed 9/1/19)
  - (a) When requested by the offender, all incoming messages will be printed by institutional mailroom staff and delivered to the offender through the institutional mail.
  - (b) If a pre-paid stamp is purchased by the sender, the pre-paid stamp will remain on the offender's account for use once the offender is released to a housing unit with kiosk access.
  - (c) The offender may hand write a return letter on the blank pre-labelled page provided with their incoming message and forward their response to the mailroom through the institutional mail for processing and delivery through the US Postal Service in the same manner as all other outgoing offender correspondence.
  - (d) Upon receipt of the offender response, mailroom staff will scan the offender's letter for delivery to the sender.
- iv. Offenders in the restrictive housing unit will not receive the contents of packages unless approved by the Facility Unit Head. Disapproved items may be stored if approved for general population, returned to the sender at the expense of the offender or the sender, or disposed of in accordance with Operating Procedure 802.1, *Offender Property*.

c. Food

- i. Offenders assigned to a restrictive housing unit will receive the same number and type of meals served the general population.
- ii. Food will not be used as a disciplinary measure. Punitive diets (i.e., bread and water) for offenders are prohibited. (5-5C-4320; 4-4320)
- iii. On initial placement in a restrictive housing unit, the offender (if not on Common Fare) will designate if they want to receive regular or alternate entrée food trays.
  - (a) The Restrictive Housing Unit Supervisor must allow the offender the opportunity to change their choice of tray type every 90 days that they remain in a restrictive housing unit.
  - (b) An offender approved for Common Fare will be provided Common Fare meals while in the restrictive housing unit, if Common Fare is available at that institution.
- iv. Whenever the offender refuses to eat, a record should be made on the *Individual Offender Log*, *Special Watch Log* or the restrictive housing unit logbook if the offender is not on an individual log.
- v. Offenders who refuse to eat will be managed in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* (Restricted), and Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
- vi. Offenders who abuse the trays or food products served to them will be managed in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* (Restricted).

d. Legal Access

- i. Offenders will not be prohibited from conducting litigation on their own behalf.
- ii. Offenders will be afforded access to institutional legal services to include the Facility Court Appointed Attorney and Law Library materials in accordance with Operating Procedure 866.3, *Offender Legal Access*. During orientation, offenders will be provided institution specific information on how to access legal services. (5-4A-4268, 5-4B-0023; 4-4268)
- iii. Attorney visits will occur during normal working hours of the institution unless otherwise approved by the Facility Unit Head or designee. Attorneys will be required to present proper identification before being admitted to the institution and the visit will be conducted in accordance with Operating Procedure 851.1, *Visiting Privileges*.
- iv. Legal calls will be conducted through the offender telephone system in accordance with

Operating Procedure 866.3, *Offender Legal Access*.

- e. Telephone (5-4A-4271, 5-4B-0026; 4-4271)
    - i. Offenders will be permitted to place telephone calls in accordance with Operating Procedure 803.3, *Offender Telephone Service*. (5-4B-0032)
      - (a) General Detention/RHU will be allowed two calls per month
      - (b) SD-1 will be allowed four calls per month
      - (c) SD-2 will be allowed six calls per month
    - ii. During orientation, offenders should be provided institution specific information on how to access telephone services including legal and emergency calls.
  - f. Visitation
    - i. Offenders will have opportunities for visitation unless there are substantial reasons for withholding such privileges. (5-4A-4267, 5-4B-0022; 4-4267)
    - ii. The visitation schedule for offenders in a restrictive housing unit will be established by the Facility Unit Head as permitted by available staff and facilities.
      - (a) Offenders should be provided a maximum of one visit per week for one hour with no more than five persons.
      - (b) Some facilities may set a lower limit on the number of visitors due to space limitations.
    - iii. Visitation will be non-contact unless approved by the Facility Unit Head.
4. All offenders in a restrictive housing unit will be provided clothing that is not degrading, and access to basic personal items for use in their cells unless there is imminent danger that an offender or any other offender(s) will destroy an item, use it as a weapon or instrument of escape, or induce self-injury. (5-4A-4261, 5-4B-0016; 4-4261)
- a. Clothing and Bedding
    - i. Upon arrival in a restrictive housing unit, offenders will be strip searched and should dress in state issue clothing
    - ii. The offender's personal clothing will be removed, and the offender will be furnished appropriate clothing and bedding in accordance with Operating Procedure 802.1, *Offender Property*.
      - (a) At least three times per week, clean state issue clothing should be immediately available when dirty clothes are taken off to be laundered.
      - (b) A clean washcloth and towel will be issued on a one-for-one exchange basis at shower time or included in the weekly linen exchange.
      - (c) Linens will be exchanged weekly.
    - iii. At the discretion of the Facility Unit Head, offenders may be issued the required amount of state clothing, wash clothes, towels, and linens on a weekly basis; the offender must receive three complete sets of clean clothing, a clean towel, washcloth, and linen at least once per week.
    - iv. Blankets will be exchanged as needed per the institution's schedule.
  - b. Personal Property
    - i. A Corrections Officer and the offender, or two Corrections Officers in the offender's absence, will inventory all personal property items when an offender is placed in the restrictive housing unit in accordance with Operating Procedure 802.1, *Offender Property*.
      - (a) Offenders should be issued only those items specified on the appropriate *Authorized Personal Property Matrix* while assigned to the restrictive housing unit.
      - (b) In addition to those property items allowed on the *Authorized Personal Property Matrix*, offenders assigned to SD-2, will be permitted to purchase consumable food items sold through the facility commissary. (5-4B-0032)
      - (c) Other personal property items that are not issued to the offender, but are allowed at the offender's security level and current institution will be placed in storage.
    - ii. The offender must be given a copy of the property inventory and will sign for all property issued while in a restrictive housing unit.

- iii. The offender may request in writing any authorized personal property that was stored and not initially issued to the offender (i.e. hygiene items to replace items that have been consumed). All property taken from the offender's property storage and delivered to the offender will be documented on the initial inventory completed when the offender was initially placed in the restrictive housing unit.
  - iv. Offenders in a restrictive housing unit will not be allowed to purchase any property that is not specifically authorized for possession on the appropriate *Authorized Personal Property Matrix*.
    - (a) Any pre-approved item of personal property received that is not specifically authorized for offender possession in the restrictive housing unit, will be held in Personal Property and will not be issued to the offender.
    - (b) The offender will be notified of the receipt of property items by Personal Property staff via the [Personal Property Request - Add/Drop](#) 802\_F1.
    - (c) Offenders will not be allowed to view, try-on, or examine this property while assigned to the restrictive housing unit.
  - v. When an offender is discharged from a restrictive housing unit, the Restrictive Housing Unit Supervisor will be notified and will have the offender's property ready to be issued when the offender is released. The offender must sign for the property when issued.
- c. Personal Hygiene
- i. Offenders should have the opportunity to sponge bathe whenever they choose. They will be permitted to shower and shave not less than three times each week. (5-4A-4262, 5-4B-0017; 4-4262)
  - ii. Offenders will be moved directly to and from the showers. Offenders should be allowed to take only the minimum items needed.
  - iii. Offenders are allowed to possess a reasonable quantity of personal hygiene items as determined by the Facility Unit Head consistent with the security needs of the institution.
    - (a) If the offender does not have basic personal hygiene items and is indigent, the institution should furnish them.
    - (b) The institution should provide security toothbrushes. Personal toothbrushes are generally not allowed since they may be used as weapons.
    - (c) No oils or lotions should be allowed, except prayer oil.
  - iv. Offenders should be provided razors by the institution.
    - (a) Personal razors should not be allowed.
    - (b) If the institution provides electric razors, they should be cordless with removable cutting heads. Cutting heads and screen covers should be sanitized after each use by soaking in a solution of suitable disinfectant in accordance with manufacturer's instructions.
    - (c) Barbering services will be available on a regular basis.
5. Within the resources available to the institution, unless security or safety considerations dictate otherwise, offenders in restrictive housing units have access to educational services, commissary services, library services, social services, treatment services, religious guidance, and recreational programs. (5-4A-4273, 5-4B-0027; 4-4273)
- a. Commissary
- i. Commissary orders will be taken at least 3 times per month on scheduled days.
  - ii. Offenders are allowed a \$40.00 spend limit per month. SD-2 offenders will be allowed an additional \$10.00 per month of consumable items. (5-4B-0032)
  - iii. Glass, metal, and other hazardous containers or products may be restricted if determined by the institution to pose a risk to security.
  - iv. Security writing instruments should be provided by the institution. Offenders who will remain in a restrictive housing unit in excess of 30 days may be required to purchase security writing instruments after the initial issue.
  - v. A list of approved Commissary items for restrictive housing unit offenders should be available

in the unit.

- b. Educational and Library Book Services (5-4A-4269, 5-4B-0024; 4-4269)
    - i. Offenders will have access to library books for personal use.
    - ii. Offenders will have access to educational services as determined by the institution Principal
  - c. During orientation, offenders will be provided institution specific information on how to access counseling services and program staff upon request and for emergencies. At a minimum, each offender on RHU status will receive a weekly visit from treatment staff (5-4A-4258, 5-4B-0012; 4-4258)
  - d. Religious Guidance
    - i. Offenders will be afforded access to religious guidance. During orientation, offenders will be provided institution specific information on how to access the Chaplain or other available religious services.
    - ii. Visits from spiritual leaders may be requested in accordance with Operating Procedure 851.1, *Visiting Privileges*.
  - e. Exercise (5-4A-4270, 5-4B-0025, 5-4B-0032; 4-4270)
    - i. Each institution should strive to confine offenders to their cells for less than 22 hours per day in restrictive housing units.
    - ii. Offenders assigned to General Detention and RHU status will be allowed a minimum of two hours of out of cell exercise five separate days per week in a supervised area, unless security or safety considerations dictate otherwise.
    - iii. Offenders assigned to SD-1 and SD-2 will be allowed a minimum of two hours of out of cell exercise seven separate days per week in a supervised area.
    - iv. During periods of total institutional lockdown, out of cell exercise may be suspended for restrictive housing units.
6. Exceptions to normally provided living conditions, activities, and services are permitted only when found necessary by the Shift Commander; exceptions must be documented in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted). (5-4A-4263, 5-4B-0017, 5-4B-0018; 4-4263)
- a. Unless offender behaviors or medical/mental health needs warrant the removal of specific property items or denial of specific activities, conditions for Mental Health and Medical Hold will conform to the living conditions for restrictive housing units.
  - b. If access to activities and services is more restrictive for offenders identified as HRSV or who have alleged to have suffered sexual abuse or sexual harassment than for others in their housing status, staff will document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

## V. REFERENCES

Operating Procedure 050.3, *Facility Release of Offenders*

Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior* (Restricted)

Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted)

Operating Procedure 720.1, *Access to Health Services*

Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*

Operating Procedure 720.3, *Health Maintenance Program*

Operating Procedure 720.5, *Pharmacy Services*

Operating Procedure 730.3, *Mental Health Services: Levels of Service*

Operating Procedure 730.5, *Mental Health Services: Behavior Management*

Operating Procedure 802.1, *Offender Property*

Operating Procedure 803.1, *Offender Correspondence*  
Operating Procedure 803.3, *Offender Telephone Service*  
Operating Procedure 820.2, *Re-Entry Planning*  
Operating Procedure 830.1, *Institution Classification Management*  
Operating Procedure 830.3, *Good Time Awards*  
Operating Procedure 830.5, *Transfers, Institution Reassignments*  
Operating Procedure 830.6, *Offender Keep Separate Management*  
Operating Procedure 851.1, *Visiting Privileges*  
Operating Procedure 861.1, *Offender Discipline, Institutions*  
~~Operating Procedure 864.1, *Offender Grooming and Hygiene*~~ (deleted 7/1/19)  
Operating Procedure 866.3, *Offender Legal Access*

VI. FORM CITATIONS

[\*Personal Property Request - Add/Drop\*](#) 802\_F1

[\*Responsible Behavior Goals Progress Report\*](#) 841\_F22

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

*Signature Copy on File*

*1/31/19*

A. David Robinson, Chief of Corrections Operations

Date





# Operating Procedure

<b>Effective Date</b> 2/15/18	<b>Number</b> 830.A
<b>Amended</b> 2/18/13; 6/27/18	<b>Operating Level</b> Local
<b>Supersedes</b> 2/18/13	
<b>Authority</b> COV §53.1-10	
<b>ACA/PREA Standards</b> None	
<b>Office of Primary Responsibility</b> Red Onion State Prison – Wallens Ridge State Prison	

**Subject**  
**RESTRICTIVE HOUSING REDUCTION STEP-DOWN PROGRAM**

**Incarcerated Offender Access**  
Yes  No

**Public Access** Yes  No   
**Attachments** Yes  #3 No

## I. PURPOSE

Red Onion State Prison (ROSP) and Wallens Ridge State Prison (WRSP) have established procedures for incentive based offender management which will create a pathway for offenders to step-down from security level S to lower security levels in a manner that maintains public, staff and offender safety. The established procedure infuses evaluation tools into the operational design by establishing observable and measurable standards to ensure fidelity in offender management services and programming. This operating procedure provides re-entry transition services by helping to motivate offenders in making appropriate pro-social choices and provide effective programming to assist offenders with making a successful reduction in security level while at the same time providing opportunities for successful re-entry into their communities upon release from incarceration.

## II. COMPLIANCE

This Local Operating Procedure provides institution specific information concerning staff and offender responsibilities pertaining to Restrictive Housing reduction and re-entry preparation for general population as well as society.

## III. DEFINITIONS

**Dual Treatment Team (DTT)** - A team headed by the Chief of Housing and Programs (CHAP) and representing both ROSP and WRSP; DTT members include but are not limited to: CHAP, Unit Manager, Institutional Program Manager (IPM), Intelligence Officer, Qualified Mental Health Professional (QMHP), Facility Medical Director, Counselor, Correctional Officer, an/or any other staff member with relevant information that is assigned by the respective facility's CHAP.

**Security Level S-** A non-scored security level reserved for offenders who must be managed in a Restrictive Housing setting; Level S offenders are assessed and assigned to:

- **Intensive Management (IM), Security Level S-** Offenders with the potential for extreme and/or deadly violence; they may have an institutional adjustment history indicating the capability for extreme/deadly violence against staff or other offenders. This group most often would have an extensive criminal history and lifestyle that has escalated so that extreme/deadly violence has become a behavior characteristic. The potential for extreme or deadly violence is not eliminated despite the offender's daily institutional adjustment even when providing more than a year of compliant, polite, and cooperative behavior and attitude. Alternatively, the offender may present a routinely disruptive and threatening pattern of behavior and attitude. Also includes offender incarcerated for a notorious crime that puts them at risk from other offenders.
- **Special Management (SM), Security Level S-** Offenders who may display an institutional adjustment history indicating repeated disruptive behavior at lower level facilities, a history of

fighting with staff or offenders, and/or violent resistance towards a staff intervention resulting in harm to staff, other offenders without the intent to invoke serious harm or the intent to kill, or serious damage to the facility, and where reasonable intervention at the lower security level have not been successful in eliminating disruptive behaviors.

**Security Level 6 (SL6)**- The offender's first step down from Level S into general population; there will be greater opportunities to socialize with other offenders. Security Level 6 offenders will be managed in accordance with Operating Procedure 847.1, Structured Living Unit Program with increased privileges over Level S and will be provided with programming and behavior goals allowing them to earn eligibility for additional privileges. Level 6 offenders are assessed and assigned to:

- **Intensive Management Security Level 6 Closed Pod (IM-SL6)** - Housing reserved for offenders, possibly facing long term in high security, who have successfully completed necessary programming required to step down from Security Level S into Level 6.
- **Secured Integrated Pod (SIP) (SL6)** - Housing reserved for offenders who express resistance to out of cell activities or a general population environment and/or display a pattern of intentionally committing minor disciplinary violations to ensure they are trained in Restrictive Housing; programming will focus on strategies to reintegrate offenders into a general population setting in preparation for advancement to a lower security level.
- **Secured Allied Management (SAM) (SL6)** – Housing reserved for offenders who may be vulnerable to victimization by other offenders as a result of their cognitive impairment; programming will focus on stabilization and increasing their resiliency to determine if they are appropriate for living in general population.
- **Step-Down Pods Phase I and II (SL6)** – Pods designed for offenders in preparation for transfer to lower security level; programming will focus on beginning the process of re-socialization following potentially lengthy periods housed in Restrictive Housing. Offenders will work toward participation in limited general population activities such as but no limited to recreation, meals, programming, etc.

**Re-Entry Unit** - Security Level 6 incentive based special housing units that house offenders with 24 months or less remaining on their sentence; re-entry units provide programs designed to prepare offenders to re-enter society. Some services provided during re-entry are education, job training, and risk assessment. Level S offenders with 24 months or less to re-entry will be immediately directed into a Level 6 re-entry program that incorporates accelerated stages of security with the goal of providing a period of socialization prior to release to the community.

**Building Management Team** – A multi-disciplinary team comprised of staff assigned to work in the housing unit that tracks, measures, and advances or lowers offenders to appropriate privilege levels based on established criteria. Members may consist of Unit Manager, Security Supervisors, Counselor, Officer, Mental Health and Investigator. Additional members can be included as needed.

#### IV. PROCEDURE

##### A. Eligibility Criteria for Assignment to Security Level S

1. While Level S is not a scored security level, it is a type of housing reserved for special purpose bed assignment which is utilized by facilities under proper administrative process for the protective care and management of offenders.
2. The Level S Qualifiers listed in Operating Procedure 830.2, *Security Level Classification*, indicate that an offender should be considered for assignment to Security Level S. Extreme consideration will be given to offenders who meet the following criteria:
  - a) Aggravated Assault on staff
  - b) Aggravated Assault on staff
  - c) Aggravated Assault on Offender w/weapon or Resulting in Serious Injury w/o weapon

- d) Serious Escape Risk - requiring maximum security supervision
  - e) Commission of Crime of Exceptional Violence and/or Notoriety
  - f) Excessive Violent Disciplinary Convictions - reflecting inability to adjust to a lower level of supervision
  - g) Setting Fire Resulting in Injury to Persons or Extensive Damage to State Property
  - h) Rioting resulting in Injury to Persons or Extensive Damage to State Property
  - i) Seizing or Holding Hostages
  - j) Possession of Firearms, Ammunition, Explosives, Weapons
3. An offender may be assigned to Security Level S through Institutional Classification Authority (ICA), Central Classification Services Review (CCS), Warden of ROSP, Western Regional Operations Chief (ROC) or designee Regional Administrator (RA). The Warden of ROSP and Western Regional Operations Chief or designee will have final approval for the increase of Security Level S.

#### B. Intake, Orientation, and Assessment

1. All Level S offenders arriving at ROSP will be initially housed in the Intake/Orientation Unit which is managed as Special Housing in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments (Restricted)*, and Operating Procedure 861.3, *Special Housing*.
  - a. Immediately upon arrival, offenders will be provided an orientation and case plan including goals, expectations, privilege earning process, and step-down process.
  - b. A primary goal of the immediate orientation is to begin a positive rapport, motivate offenders to want to participate in the assessment process and step-down program, and outline the expectation and benefits the offender can anticipate.
  - c. Programming will begin during the offender's stay in the Intake/Orientation unit.
  - d. At the completion of the Intake/Orientation process, offenders will be referred to the Dual Treatment Team where they will be:
    - i. Assigned to either Intensive Management (IM) or Special Management (SM) path based on their identified risk level

#### C. Screening and Assessment – an initial battery of assessments will be used to establish a baseline for each offender. Assessments will be repeated at mid-point and completion of each major program curriculum (the Challenge Series, Thinking for a Change, and other possible curricula) to measure change.

1. Counselors will engage offenders in a review of the findings from the assessment instruments and use Effective Communication skills to:
  - a. Build Rapport
  - b. Validate the Offender's profile including risks and needs
  - c. Engage the offender in developing a program and management plan
  - d. Help improve the offender's motivation to participate in the Step-Down program
2. Each Security Level S offender will complete a battery of assessment instruments during Intake/Orientation to include the following:
  - a. COMPAS – The findings from the COMPAS will be used to reach the following goals:
    - i. Program Planning – support development of Program/Management Path plans based on identified risks and needs
    - ii. Criminal Thinking Scales (CTS) – Introduced at intake to create a baseline of criminogenic thinking and repeated at intervals to measure change in criminal thinking
  - b. TCU Criminogenic Scales
    - i. Social Function Scales (SOC)

- ii. Psychological Functioning Scales (PSY)
- iii. Treatment Needs and Motivations Scales (MOT) (as needed)
- iv. Treatment Engagement and Process Scales (ENG) (as needed)
- c. Other COMPAS Screeners to be considered but not required initially
  - i. TCU Drug Screening
  - ii. NIJ Mental Health Screening
  - iii. VASOC (sex offender recidivism)

D. Intensive Management Pathway (IM)

1. IM privilege levels are IM0, IM1, IM2 and IM-SL6
  - a. IM-0 is the initial privilege level for offenders being placed in the IM-Pathway. Offenders who choose to participate in the step down program, may progress to higher IM privilege levels. Offender choosing not to participate in the step down program will remain at IM-0 Status and will receive the basic requirements set forth in Operating Procedure 861.3, *Special Housing*.
  - b. Security Level VI is the lowest security level for offenders in the IM Pathway.
2. Offenders on the Intensive Management Pathway will be afforded privileges in accordance with the Intensive Management Privilege Level Chart, Attachment 1. Assignment to privilege levels will be done by the Building Management Team. Building Management Team actions should be done informally as a program assignment. Actions should be documented on the Classification Hearing Docket – DOC 11F (See Operating Procedure 830.1, *Facility Classification Management*)
3. Intensive Management Status Level Goals
  - a. Offenders participating in the Step-Down Program will be challenged to meet goals in three areas:
    - i. Disciplinary Violation goals – To reduce or eliminate disciplinary violations
    - ii. Responsible behavior goals
      - Personal Hygiene
      - Standing for count
      - Cell Compliance
      - Deportment; satisfactory rapport with staff and offenders
    - iii. Program participation goals
      - To participate in programs initially in-cell and eventually moving to therapeutic modules, program chairs, and finally to unrestrained during counseling and small group programming.
  - b. As offenders meet goal levels, they will be eligible to advance from IM0, IM1, to IM2. As offenders advance in status, they will earn additional privileges (outlined on a separate IM Privilege Level Chart).
  - c. Rating System – to be documented on Special/Intensive Management Status Rating Chart, Attachment 2
    - i. The Unit Manager (or designee) will track each offender’s charges
    - ii. Responsible Behavior will be rated each week by Correctional Officers, Counselors, and the Unit Manager as “*poor, acceptable, or good*” in each category (cell compliance, personal hygiene, standing for count, and respect)
    - iii. Treatment Officers will rate each offender’s program participation for that week as either “*incomplete, complete or positive effort*”
  - d. It is valuable for Officers, Counselors, and the Unit Manager to communicate with each offender routinely on their ratings as an opportunity to acknowledge positive performance as well as to motivate them to improve when needed.
4. Assignment to Lower Incentive Level
  - a. Offenders that do not meet the standards for disciplinary, responsible behavior, and/or self-

improvement and programming can be placed back to a lower incentive level by decision of the Building Management Team

- b. When an offender received a serious disciplinary offense or refuses over a period of time to meet standards for responsible behavior or program participation, the Building Supervisor or higher authority can decide to immediately lower an offender's status. The Building Management Team will review all such actions.

#### E. Special Management Pathway (SM)

1. SM privileges are SM0, SM1, SM2, and SM-SL6
2. SM-0 is the initial privilege level for offenders being placed in the SM-Pathway. Offenders who choose to participate in the step down program, may progress to higher SM privilege levels. Offender choosing not to participate in the step down program will remain at SM-0 Status and will receive the basic requirements set forth in Operating Procedure 861.3, *Special Housing*
3. SM0 Offenders having completed Intake/orientation at ROSP and demonstrated satisfactory participation in the step-down program may be assigned to SM 1 or 2 and either retained at ROSP or may be transferred to WRSP in some circumstances
4. Offenders on the Special Management Pathway will be afforded privileges in accordance with the Special Management Privilege Level Chart, Attachment 3. Assignment to privilege levels will be done by the Building Management Team. Building Management Team actions should be done informally as a program assignment. Actions should be documented on the Classification Hearing Docket – DOC 11F (See Operating Procedure 830.1, *Facility Classification Management*)
5. Special Management Status Level Goals
  - a. Offenders participating in the Step-Down Program will be challenged to meet goals in three areas:
    - i. Disciplinary Violation goals – To reduce or eliminate disciplinary violations
    - ii. Responsible behavior goals
      - Personal Hygiene
      - Standing for count
      - Cell Compliance
      - Deportment; satisfactory rapport with staff and offenders
    - iii. Program participation goals
      - To participate in programs initially in-cell and eventually moving to therapeutic modules, program chairs, and finally to unrestrained during counseling and small group programming.
  - b. As offenders meet goal levels, they will be eligible to advance from SM0, SM1, to SM2. As offenders advance in status, they will earn additional privileges (outlined on a separate SM Privilege Level Chart).
  - c. Rating System – to be documented on Special/Intensive Management Status Rating Chart, Attachment 2
    - i. The Unit Manager (or designee) will track each offender's charges
    - ii. Responsible Behavior will be rated each week by Correctional Officers, Counselors, and the Unit Manager as "*poor, acceptable, or good*" in each category (cell compliance, personal hygiene, standing for count, and respect)
    - iii. Treatment Officers will rate each offender's program participation for that week as either "*incomplete, complete or positive effort*"
  - d. It is valuable for Officers, Counselors, and the Unit Manager to communicate with each offender routinely on their ratings as an opportunity to acknowledge positive performance as well as to motivate them to improve when needed.
6. Assignment to Lower Incentive Level

- a. Offenders that do not meet the standards for disciplinary, responsible behavior, and/or self-improvement and programming can be placed back to a lower incentive level by decision of the Building Management Team
- b. When an offender received a serious disciplinary offense or refuses over a period of time to meet standards for responsible behavior or program participation, the Building Supervisor or higher authority can decide to immediately lower an offender's status. The Building Management Team will review all such actions.

F. Level 6; SIP, SAM and Step-Down

1. Following a successful period in IM or SM, offenders will be eligible for advancement and to step-down from Level S to their first introduction into general population at Security Level 6.
  - a. Prior to advancement to Security Level 6, each offender will be formally reviewed by the Institutional Classification Authority (ICA) in accordance with Operating Procedure 830.1, *Facility Classification Management*.
    - i. Recommendations for advancement to Level 6 will be referred to the Dual Treatment Team.
    - ii. The Dual Treatment Team will escalate their recommendations to the Warden for final decision.
  - b. The purpose of Level 6 is to reintroduce offenders into a social environment with other offenders, and to serve as a proving ground and preparation for stepping down to Level 5.
  - c. At Level 6, Offenders are assigned to an appropriate program pod based upon the common characteristics and motivations that resulted in the offender's assignment to Level S initially.
  - d. The various program pods are designed to be responsive to the common goals for each sub-population: I/M Closed Pod, Secure Allied Management Pod/Secure Integrated Pod (SAM/SIP), SM Re-Entry, IM Re-Entry, or Step-Down Pod
  - e. Each sub-population of Security Level 6 (SL6) will have two phases.
2. Step Down Phase 1
  - a. New transfers from SM to Level 6 will come out of cell unrestrained individually (no other offenders out of cell unrestrained at the same time) for at least their first 7 days to assess their adjustment out of Restrictive Housing into a General Population environment.
  - b. Single Celled
  - c. Unrestrained to shower and recreation
  - d. In-Pod recreation 1 tier at a time for 1 hour on days there is no outside recreation
  - e. Outside recreation 1 tier at a time for 1 hour, three times per week
  - f. Programming will be conducted in small groups. The primary curriculum will be Thinking for a Change which may be supplemented with additional curriculum. The amount of offenders placed within the group will be consistent with Thinking for a Change protocols.
  - g. Walk to meals 1 tier at a time with no more than one tier in the dining hall at a time.
3. Step Down Phase II
  - a. Double celled
  - b. Unrestrained to shower and recreation
  - c. In-Pod recreation 1 tier at a time for 1 hour on days there is no outside recreation
  - d. Outside recreation 1 tier at a time for 1 hour, three times per week
  - e. Programming will be conducted in small groups. The primary curriculum will be Thinking for a Change which may be supplemented with additional curriculum. The amount of offenders placed within the group will be consistent with Thinking for a Change protocols.
  - f. Walk to meals 1 tier at a time with no more than one tier in the dining hall at a time.
4. Secured Allied Management Pod (SAM) Secure Integrated Pod (SIP)



- a. The SIP/SAM pod is designed for offenders who have a pattern of intentionally committing numerous minor disciplinary violations to ensure they are retained in Restrictive Housing rather than returned to General Population. Programming will focus on strategies to socially reintegrate offenders in preparation for advancement to Level 5.
  - b. The following management protocols are in place for both SIP and SAM units:
    - i. Single-Celled Housing
    - ii. Meals will be eaten in cell
    - iii. Move unrestrained to shower and recreation
    - iv. Programming will be delivered in Secure Chairs or small groups in the pod
    - v. The Challenge Series must be completed prior to entering these programs
    - vi. Options: At a minimum of 30 days, offenders may participate in the following options upon being reviewed and approved by the building management committee:
      - Group Meals in pod up to 1 tier at a time
      - In-pod group recreation up to 1 tier at a time
      - Outside group recreations up to 1 tier at a time
5. Step-Down Pod – Security Level 6
- a. The Step-Down program is for previously SM offenders that do not meet the criteria for SAM or SIP. (IM offenders are not eligible for Step-Down Phase I/II) These are offenders with a lengthy history of disciplinary behavior including assaultiveness (but do not rise to the level of dangerousness reserved for IM status), or multiple charges for non-compliance with facility rules. They have spent frequent and lengthy periods in Restrictive Housing and with limited social contact with others. They have also satisfactorily completed the requirements for SM1 and SM2 indicating a new pattern of complying with rules and appropriate interactions with staff and other offenders. They will have also completed the Challenge Series Programming increasing the likelihood for a change in thinking and attitude and an increased sense of responsibility and maturity.
  - b. However, while in Level S Restrictive Housing, they have adjusted their routines and attitudes and acclimated to long periods of time alone with limited social interactions. Therefore, programming will focus on beginning the process of resocialization in preparation for stepping down to Level 5. A primary curriculum will be *Thinking for a Change (T4C)* as a tool for offenders to understand the connection between their thinking and their behavior as a means to improve more responsible and self-directed behavior in contrast to impulsive and reactionary behavior, and improved decision-making skills.
6. Level 6; IM Closed Pod
1. Following a successful period in IM, offenders will be eligible for advancement and to step-down from Level S to their first introduction into general population at Level 6. The purpose of IM Level 6 is to create an opportunity for an increased quality of life for offenders possibly facing a long term in high security.
  2. IM Closed Phase I offenders in Level 6 will continue to be managed per Special Housing Guidelines policy 861.3 to include single celled housing, segregated recreation, and out of cell restraints. Pod workers will wear a level of restraints deemed appropriate by the Unit Manager to maintain safety and security. Security Level 6, Phase I IM Closed Offenders will have increased privileges over Level-S. Phase I, IM offenders can earn eligibility for additional privileges to include:
    - Limited in-pod job assignments, (meeting specific eligibility criteria)
    - Programming in-cell and in secure chairs up to 5 offenders in a group
    - Video visitation and extended in person visitation
    - JP5 players available for purchase in commissary for audio books and music
    - Productive activities such as a structured art program and creative writing with out of cell meetings in secure chairs
    - Food Service Support projects out of cell at a secure work station.

3. Offenders who have advanced to Phase II of this program will have the opportunity to earn eligibility for additional privileges to include:
  - i. Continued privileges outlined in Phase I
  - ii. Contact visitation in secure chair
  - iii. Extended Commissary spend limits
4. Upon a 12 month, successful and charge free housing assignment in IM Closed Phase I, an offender may be eligible to progress to IM Closed Phase II, upon approval by the Building Management Committee
5. IM Closed Phase II offenders may receive the same privileges as offenders assigned to IM Closed Phase I in addition to; increased commissary spend limit and additional phone usage. Offenders assigned to IM Closed Phase II may be allowed to move unrestrained to and from specified activities, such as recreation and showers at the discretion of the building committee.

#### G. Enhanced Security Options

1. Level S Offenders will be managed in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments (restricted)*, and Operating Procedure 861.3, *Special Housing*
2. As part of this initiative, a number of advanced security measures, beyond required procedures, are being instituted to enhance officer safety to include, but not limited to, the following:
  - i. All Restrictive Housing offender property will be x-rayed during cell shakedowns and bed moves.
  - ii. During cell searches, shakedowns, or bed moves the BOSS (Body Orifice Security Scanner) chair will be used to detect the presence of metal contraband that might be concealed inside the offenders' body.
  - iii. Two officers will be stationed on the floor during any offender movement in buildings housing SL-6.
  - iv. A K-9 will be present outside of the housing units during any out of cell movement including showers, recreation, and movement to the Therapeutic Modules or Program Chairs for programming or work for security level 6 offenders.
  - v. Following any incident involving the use of restraints (ambulatory restraints, 5-point humane restraints, the use of a security strip cell) the offender's behavior will be reviewed by the Unit Manager and/or members of the Building Management Committee before the offender is returned to normal management status.
  - vi. Therapeutic Modules and Security Chairs will be used to allow Level S offenders to come out of cell for individual interviews or to join small groups (of up to 5 offenders) facilitated by a Treatment Officer. This increases the effectiveness of programming while ensuring safety for both staff and other offenders.

#### H. Formal Programming

1. Challenge Series
2. Thinking for a Change
3. GED Education
4. TCU Brief Interventions

#### I. Level S/Level 6 Reentry Program

- a. A Level S/Level 6 Reentry Program has been developed at ROSP for offenders within the SM and IM pathways. These programs will address many of the identified risks and needs and prepare the offender for return to the community. The reentry program includes an accelerated level of programming and appropriate social interactions between the offender, staff, and other offenders as part of a broader reentry strategy to prepare them for return to the outside community. Attention to reentry will begin at five (5) years prior to release. This will allow

ample time to develop a success-based reentry plan, for a GED to be attained, to complete vocational training, and to build a sufficient savings account. At two-years prior to release Level S and Level 6 offenders will be diverted into the Level S/Level 6 Reentry Program from whatever point they may be in the Level S step-down program. Also to assist in reentry efforts at lower level facilities, offenders who are within 9 months of release to the community and are refusing reentry programming offered to them may be assigned to this program by following the existing procedures for assignment to ROSP from another facility.

- b. Each offender diverted into the reentry path should have their assessments reviewed or updated to include COMPAS assessments (risk/needs, CTS) by the Unit Manager and the Building Management Committee. Additionally, a Psychological Self-Efficacy Evaluation may be completed which will help assess the offender's level of self-reliance, considered an important factor in their reliability to accomplish the multitude of tasks facing them at reentry. This Evaluation will be conducted by a QMHP and the results discussed with the Unit Manager and the Building Management Committee
- c. Upon completion of the assessment, the offender will be aligned with the appropriate programming. Some of the programs that are offered may include but are not limited to the following:
  - Anger Management
  - Resources for Successful Living
  - P.R.E.P.S.
  - Challenge Series
  - Thinking for a Change
  - Thinking for a Change Aftercare
  - ServSafe
  - Ready to Work
  - Cognitive Self Change
  - Re-Entry – Skills for Successful Living
  - Re-Entry – Money Smart
  - Decision Points

#### J. SM Re-Entry

- a. The first six months of reentry programming will be delivered to the offenders in the Security Chairs. In the second six-months offenders may be advanced to unsecured direct contact with staff that will occur one to one. During this time, the offenders may advance to small groups for programming with other reentry offenders participating in the program. The assessment of the offender's readiness to advance will be determined by the Unit Manager and the Building Management Committee. Some factors to be considered are: the behavior patterns of the offender, the willingness of the offender to participate in programming and the offender's participation
- b. Special security measures can be implemented when needed to include specialized movement, programming being delivered by specially trained treatment officers, having K-9 present in front of the housing unit or additional officers present within the Reentry Pod. The decision to adapt the security measures would be made by the Unit Manager and the Building Management Committee.
- c. Progression from restrained to unrestrained movement in SM-Re-Entry will be determined with the approval of the building committee.
- d. For the final six months of reentry, Level 6 SM Re-Entry offenders may be reduced to Level 5

and transferred to the Sussex I reentry program if their plan includes releasing to the north, south or eastern regions of the state, or into the WRSP Level 5 reentry program if they will be releasing to the western region

#### K. IM Re-Entry

- a. Programming for the offenders housed in IM Re-Entry is similar to that of the programming offered to SM-Re-Entry. Additional programming will be made available to address the needs of the offenders participating in the program.
- b. Security measures will mirror those currently utilized within IM Closed. Progression from Phase I to Phase II IM Re-Entry may be determined based on the review and approval of the Building Management Committee.
- c. Phase II offenders will walk unrestrained to and from the showers and recreation when no other offenders or staff members are present on the pod floor.

#### L. Review of Offender Classification Assignments

##### 1. Bi-Annual External Review Team

- a. A team external to ROSP and WRSP will perform bi-annual reviews of each offender's case assigned to ROSP and WRSP in Security Levels S and 6. The review will include, but not be limited to, the following areas:
  - i. Is the offender currently appropriately assigned to Level S?
  - ii. Does the offender meet the criteria for the Intensive Management or Special Management path to which they are assigned?
  - iii. Does the offender require a pathway change at this time?
  - iv. Has the Dual Treatment Team made appropriate decisions to advance the offender through the step-down process?
- b. The External Review Team will consist of the following members or designee:
  - i. Security Operations Manager, Chairman
  - ii. Regional Operations Chief of the Eastern and Central Regions
  - iii. Chief of Offender Management
  - iv. Manager of Classification and Records
  - v. Reentry and Programs Administrator
  - vi. Chief of Mental Health Services
  - vii. Chief Nurse

#### M. Western Regional Operations Chief, External Review

- a. The Regional Operations Chief/Regional Administrator will provide an external review in the following situations:
  - i. In advance of offender movement from any facility to ROSP for placement in Level S; the Regional Operations Chief must approve the transfer of any offender to ROSP and assignment to Level S.
  - ii. In advance of any change in offender classification level including:
    - (a) Reassignment from a lower classification (other than security level 6) to Level S
    - (b) Reassignment from Level S to Level 6; the Regional Operations Chief or designee will review cases in which the two Wardens do not agree.
    - (c) Reassignment from Level 6 to Level 5
- b. Wardens Review - Wardens are responsible for the following decisions:
  - i. For reassignment from Level S to Level 6 or Level 6 back to Level S, decisions will be made by the Warden of ROSP or WRSP depending on where the Level S offender is located.
  - ii. For reassignment from Level 6 to Level 5, the recommendation will be made by the Warden

- of ROSP with an External Review by the Regional Operations Chief/Regional Administrator.
- iii. For Level-5 transfers from ROSP to WRSP, the decision will be made by consensus of the ROSP and WRSP Wardens. If consensus cannot be reached, the decision will be referred to the Regional Operations Chief
- c. Central Classification Services (CCS) Review
    - i. Reassignment from any all lower classification (security level 1-5) to Level S will result in the following approval process: Referring facility->Central Classification Services->Warden of the primary Maximum Security Prison (currently ROSP)->Regional Operations Chief (ROC) or designee Regional Administrator (RA)
    - ii. The Warden and Western Regional Operations Chief or designee will have final approval for the increase of security level
  - d. Dual Treatment Team Review
    - i. The Dual Treatment Team (DTT) refers to a team headed by both Chiefs of Housing and Program representing both ROSP and WRSP. Representatives from both ROSP and WRSP will make up the DTT may include, but not limited to, the following individuals or their designees:
      - Chief of Housing and Programs
      - IPM / Cognitive Counselor
      - Unit Manager
      - Investigator / Intelligence Officer
      - Qualified Mental Health Professional (QMHP)
      - Counselor (s) – (Counselors directly involved in the management of the offenders being reviewed should be utilized.)
      - Corrections Officer - (When possible, line staff members directly involved with the management of the offenders being reviewed should be involved.)
    - ii. The Dual Treatment Team is responsible to review individual offenders and make certain recommendations. Recommendations by the Team are reached through dialogue and consensus. Decisions will not be made by a voting majority. The team is responsible to consider a variety of options when necessary until a recommendation is reached which all members can support. If there is difficulty reaching consensus, then the team should default to the safer options. Decisions are the responsibility of the Wardens and Regional Operations Chief. The Dual Treatment Team is may be responsible for the following reviews and recommendations:
      - Advise the Regional Operations Chief and Warden if the team believes an offender may not meet the criteria for Level S status (The Dual Treatment Team is authorized to make contact with the staff from any sending facility to gather background information.) If at any time, evidence is obtained that an offender no longer needs to be a Level S or was assigned as a Level S incorrectly, the Dual Treatment Team shall advise the Regional Operations Chief and Warden of this information and present it to them for consideration.
      - The Dual Treatment Team will meet and interview offenders as part of the process in determining the offenders pathway
      - Assignment of Level S Intake/Orientation offenders at ROSP to IM or SM status
      - Assigning IM offenders from Level S to Level 6 Closed Pod and IM Re-Entry
      - Assigning offenders from SM2 to Level 6
      - Review of the QMHP's assessments on any mental health services provided for serious mental illness to include but not limited to crisis intervention, screening, psychological assessment and psychoeducational services, individual and group therapy, treatment planning, that may contribute to the appropriate housing
    - iii. The work of the Dual Treatment Team requires not only an understanding of the criteria for

the different offender sub-groups, but also the use of judgment especially when making recommendations regarding IM offenders, level of danger and assignment to appropriate pathways. Therefore, the Dual Treatment Team will meet at least quarterly to dialogue on scenarios as a means to strengthen their evaluation of high risk offenders and review offenders that are being recommended to be considered for a status or pathway change. This committee may meet more often as circumstances deem necessary. Factors the Dual Treatment Team should review would include:

- Identifying possible offender motivators and triggers,
- Investigating not only institutional adjustment history but the history of street behavior and crimes,
- Considering offender intent in addition to the results of their actions,
- Review and interpretation of assessment results (COMPAS, CTS, etc.)
- All as a way of helping to determine the offender's potential for high risk behavior.

e. Building Management Committee

f. The Building Management Committee refers to a grouping of individuals directly involved in the operations of a specific unit at ROSP and WRSP. These committees will be convened at least monthly to discuss offender statuses and unit incentives and sanctions. This grouping will be made up of but not limited to the following individuals:

- Chief of Housing and Programs
- Unit Manager
- Counselor
- Unit Security Supervisors
- Security Line Staff
- Treatment Officers
- Qualified Mental Health Professional (QMHP)

g. The Building Management Committee is responsible to review individual offenders and make certain recommendations. Recommendations by the team will be made through dialogue and consensus. Decisions will not be made by a voting majority. The team is responsible for considering a variety of options when necessary until a recommendation is reached which all members can support. If there is difficulty reaching consensus, then the team should default to the safer options. Decisions are the responsibility of the Chief of Housing and Programs. The Building Management Committee is responsible for the following reviews and recommendations:

- Assigning offenders to SM0, SM1, and SM2
- Assigning offenders to IM0, IM1, and IM2.
- Assigning offenders to return to earlier levels due to excessive disciplinary behavior or unsatisfactory performance.
- Discussing and preparing recommendations to be presented to the Dual Treatment Team and ICA.
- Discussing and adjusting individual pod incentives and sanctions based on behavior, infractions, incidents, etc.
- Reviewing individual offenders upon being removed from security protocols due to behavioral issues and prior to being returned to normal status, i.e. five point restraints, ambulatory restraints, security strip cell.

h. Institutional Classification Authority

- a. Each Level S offender will be reviewed at a minimum of every 90 days by the ICA, or more frequently as necessary, to ensure the reclassification of Level S offenders is consistent with policy.



V. REFERENCES

Operating Procedure 425.4, *Management of Bed and Cell Assignment*

Operating Procedures 830.1, *Facility Classification Management*

Operating Procedures 830.2, *Security Level Classification*

Operating Procedure 841.7, *Structure Living Unit*

Operating Procedure 861.3, *Special Housing*

VI. FORM CITATIONS

Intensive Management Privilege Level Chart, Attachment 1

Special/Intensive Management Status Rating Chart, Attachment 2

Special Management Privilege Level Chart, Attachment 3

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than October 1, 2020.

\_\_\_\_\_  
Jeff Kiser, Warden Date

\_\_\_\_\_  
Henry Ponton, Regional Operations Chief Date

# VIRGINIA DEPARTMENT OF CORRECTIONS

## Shared Allied Management (SAM) Pod v12

### Operations Manual

5.24.19

Augusta

Buckingham

Green Rock

Greensville

Nottoway

Pocahontas

Red Onion

River North

Sussex I

Sussex II

Wallens Ridge



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# **VIRGINIA DEPARTMENT OF CORRECTIONS**

## **SHARED ALLIED MANAGEMENT (SAM) POD**

### **SAM DESCRIPTION**

The Shared Allied Management (SAM) Pod is a residential pod intended to provide a safe environment for the delivery of intensive services to three offender populations that typically require a high level of services from security, mental health, and/or medical department:

- Offenders with a mental health diagnosis that present management difficulties in GP or frequently cycle in and out of Special Housing and/or the licensed mental health units.
- Offenders with a medical condition requiring frequent nursing attention, but do not require admission to the infirmary.
- Offenders vulnerable to predation, bullying, or manipulation due to characteristics such as an intellectual challenges, age, or size.

The pod uses an integrated model based on COMPAS Criminogenic Risk/Need Assessment findings, pre- and post- program testing to quantify criminogenic and symptomatic change. This includes an emphasis on EBP cognitive-behavioral therapies, skills training, individual psychotherapy and group therapy. Staffing will include an allied management team of CHAPs, Unit Managers, Officers, Counselors, QMHPs, and Medical staff assigned to the pod. For offenders with mental health needs, the SAM Pods offer an intermediate level of care. The program is specifically designed to serve offenders who do not require inpatient treatment, but may lack the skills to function in a regular General Population (GP) setting. They provide evidence based treatment to chronically mentally ill offenders in order to maximize their ability to function and minimize relapse.

### **PURPOSE**

The purpose of the Shared Allied Management (SAM) Pod is to improve the efficient delivery of correctional services from an allied management team to high need populations by placing them in one specific pod. Three populations are served in the SAM Pod:

- **Mental Health Population:** mentally ill or seriously mentally ill (SMI) offenders who are at a greater risk to cycle in and out of Restrictive Housing Pods and/or licensed Mental Health Pods for disruptive behavior related to their mental health diagnoses and symptoms.
- **Medical Population:** medically infirmed offenders requiring intensive medical attention but not requiring placement in the infirmary.
- **Vulnerable Population:** offenders who are at greater risk for victimization or being bullied in general population due to characteristics such as a cognitive challenge, age (seniors and youthful), smaller stature, or timid personalities.

## **GOALS**

The overall intent of the SAM Pod is to promote safety and stability within the institution while avoiding the unnecessary use of the Restrictive Housing Unit (RHU), or an unnecessarily high demand on Security, Mental Health, and/or Medical Staff.

Generally, these high demand offenders will be gathered in a single housing unit where specialized staff can efficiently deliver services towards the goals of increasing adaptive behaviors and improve the offender's conditions of confinement in hopes of their return to general population or transfer to a lower security facility with appropriate services. For some offenders, the SAM Pod is the least restrictive environment and they will remain within one of the SAM pods for the remainder of their sentence. Re-entry preparation services will be provided to those offenders to increase their likelihood of a successful return to society.

## **OPERATING GUIDELINES**

The SAM Pod will be led by a SAM Committee – Co-Facilitated by the Unit Manager and QMHP – consisting of the Counselor or Cognitive Counselor, Director of Medical Services or designee, and Treatment Officer. Other staff members may be added to this committee as assigned by the Unit Head and/or AW. At various times the SAM Committee may invite staff from other areas of the facility that may have familiarity with the offender in question.

The SAM Committee will meet weekly or more often as needed, to make decisions on admissions, removals, pathway assignments, treatment plans, and the overall status and stability of the SAM Pod including operations and culture. The SAM Committee will make decisions by consensus, and utilize a working dialogue process to support decision-making. If the SAM Committee cannot reach a placement decision, the CHAP will be the final authority with placement decisions. In cases where there is disagreement within the SAM Committee and the CHAP renders a final decision, these actions will be reviewed by the AW and Warden.

The SAM Pod will operate as a social system with staff in leadership, having offenders participate in program and treatment activities, and performing duty assignments needed for the safe and efficient operation of the housing pod. A system of offender rules, expectations, earned privileges, and pod operating guidelines will promote safe and efficient daily operations.

Each offender will have a program pathway based on their identified criminogenic risks and needs from their COMPAS Assessment, mental health diagnosis, medical condition, vulnerability history, institutional behavior history, and personal goals. Offenders will be encouraged to actively participate with the QMHP for MH offenders or Counselor for Medical and Vulnerable offenders in the development of their pathway to encourage commitment to their participation.

Individual and Pod Privilege programs will be designed consistent with the facility offender privilege programs, but may require some modification due to the nature of the populations housed in the SAM Pod. Offenders will be able to earn increasing privileges, and the pod as a

whole may earn increasing privileges based on criteria to include personal hygiene, cell compliance, department, number and type of disciplinary charges, standing for count, orderly return to cell, pod cleanliness, and program participation.

In-pod offender jobs will be held by SAM Pod offenders rather than bringing pod workers from outside the pod.

SAM Pod offenders may hold jobs outside the pod and may participate in out-of-pod programs such as vocational training, education, and other out-of-pod opportunities as determined by the SAM Committee.

A primary goal for offenders within SAM is to successfully reintegrate into general population. SAM should be designed for offenders to develop capabilities to safely return to GP, transfer to lower security level facilities with appropriate services and programs, or transfer to the Re-entry Cognitive Community when approaching release. Offenders not able to leave SAM before their release will be provided robust re-entry services within the SAM Pod designed to increase the likelihood of a successful return to society.

Offenders selected for the SAM Pod will have a participation contract to sign that will:

- Identify treatment goals and programming to address those goals based upon the offender's risks and needs assessments.
- Outline appropriate rules and behaviors for the pod.
- Explain reasons for advancement, transfer or removal from the pod.
- Explain the Pod and Individual Privilege Programs.

### **Companion Animals**

SAM Pods are approved for and encouraged, but not required, to implement Companion Animals as an incentive and a means of calming and enriching the culture and environment in the SAM Pod. A Companion Animal involves a staff person bringing a dog into the facility. This does not apply to dog training programs where multiple dogs are housed at the facility and trained by offenders. The companion animal expectations are listed below:

- Visitation teams will consist of a companion animal and staff member
- Both will be credentialed by a nationally recognized association as a registered therapy animal and a registered therapy animal handler
- Both animal and handler will have updated certification on file at the facility with the Institutional Program Manager (IPM)
- The companion animal will remain with the staff handler for the entire time the animal is in the facility.
- The companion animal will have no contact with DOC working canines (drug dogs, cell phone dogs, etc.)
- Companion Animal Visitation will be suspended during lock-down
- When either an offender or employee requests no contact with the animal, the animal will immediately be removed from the area



- Animals will be updated on all recommended vaccinations, heartworm and flea/tick prevention. (Documentation will be held on file by the IPM and updated as required at least annually).
- Companion animals are not allowed in offender sleeping areas and must remain in the day area if visiting a pod or dorm
- Staff member is responsible for all grooming which will be done off-site
- Staff member is responsible for cleaning up behind their animal. This includes animal waste, dirt, hair, etc.
- All animals will be on a leash not more than 6 feet long
- No animals who are “in season” will be brought into the facility
- Companion Animals will have a DOC ID and will be signed in and out of the facility
- Registered Handlers can only bring in one animal at a time
- No animals will be allowed in areas where staff or offenders eat
- The animal will be subject to searches upon entry.
- Any food for the animal will be subject to the same regulations as staff food
- Any complaints regarding animals will be logged and reviewed monthly by the warden
- The Warden or designee has the right to restrict or cancel any animal from entering the facility
- The Companion Animal Bite protocol (attached) will be followed if needed
- The Registered Companion Handler will be responsible for ensuring the well-being of their animal and will not hold the facility responsible for any harm that comes to the animal

### **Offender Tutors**

Offender Tutors, under the supervision of the Department of Education, are allowed to be housed on or come to the SAM Pod as needed, as approved by the Unit Head.

### **Offender Individual and Pod Privilege Program**

The Offender Individual and Pod Privilege Program will be implemented in the SAM Pod according to the site’s approved EBP Strategic Plan. Individual and Pod privileges can be earned based on meeting the Behavior Standards for the SAM Pod. This program is designed to increase motivation, emphasize recognition of responsible and mature behavior, and balance disciplinary consequences. (Privileges and recognition are designed to be applied four times more often than disciplinary consequences as recommended by evidence-based research.)

Pod privileges promote positive peer influence. Individual privileges provide balance by recognizing individual effort.

### **Measuring Offender Change**

Criminogenic change measurements will be used with each offender for SAM Committee decision-making regarding program/treatment plan progress, return to general population, or transfer to lower security facilities.

Every offender will complete COMPAS testing to identify criminogenic risk levels and inform participation in programs such as Thinking for a Change, Cognitive Behavioral Intervention for Substance Abuse, Anger Management, and selected Interactive Journals. Pre- and post-COMPAS testing will be done to measure offender risk level change.

Various Change Company Interactive Journals and Journal Series may be used extensively to support achieving treatment and program goals outlined in each offender's individual program plan, as approved by the Unit Head.

Additional Pre-/Post- testing will be completed for Change Company Interactive Journals and all mental health programming to determine the effectiveness of the program.

## **ADMISSION AND REMOVAL CRITERIA**

### **Mental Health Admission Criteria**

- Offenders with a Mental Health Code of 2 or 2S, who are housed in RHU with a history of repeated misbehavior due to their mental illness
- Offenders recently released from Marion Correctional Treatment Center (MCTC) or other mental health units
- Offenders who had suicidal/self-harm behaviors and/or thoughts in the last three months
- Offenders who are having a difficult time adapting to the basic demands of general populations due to the symptoms of their mental health diagnosis but do not meet the criteria for a mental health unit

### **Medically Infirm Admission Criteria**

1. Offenders with medical conditions requiring frequent attention, which creates exceptional difficulty to manage in GP housing, but do not require assignment to the infirmary.

### **Vulnerable Offender Admission Criteria**

2. Offenders housed in GP who have been identified at high-risk to be victims of predation including physical, psychological or sexual abuse. Vulnerable offenders may be intellectually challenged, senior, youthful, and small in stature or other factors causing them to be targeted by predatory offenders.

### **Decline Admission Criteria**

1. SMI offenders requiring restrictive housing for longer than 28 days will be referred to the Secure Diversionary Treatment Program (SDTP).
2. Offenders with histories of repeated predatory behavior, including but not limited to HRSA offenders. Offenders denied admission for repeated predation will not simply remain in general population, but will be transferred to appropriate facilities with special program units capable of managing their predatory behavior.

3. Offenders who are attempting to manipulate the housing system by seeking safe housing due to debt, threat, other social factors, or for personal gain. Manipulating offenders may be returned to general population or transferred to appropriate facilities with special program units.

### **Involuntary Removal Criteria**

1. Offenders that present an imminent danger to self or others and cannot be managed safely with the resources of the SAM Pod.
2. Offenders that are unable or unwilling to meet the minimum behavior standards and present frequent or recurring behavior that interferes with the normal operation of the unit. Such offenders may be placed on probationary status for up to 60 days.
3. Offenders capable of self-improvement, but unwilling to work on their institutional program plan can be removed if they are disruptive or detrimental to the SAM Pod operations. If they are able to live successfully in general population then they may be moved back into general population. If they are unable to live successfully in general population and are disruptive or detrimental to the SAM Pod operations, then the SAM Committee must find clear justification for removal and properly document. If they are unable to live successfully in general population at their current facility, the SAM Committee must recommend transfer to another institution with appropriate programs and resources. Before removing an offender there must be documentation of attempts to address the behavior or teach appropriate behavior unless the behavior poses an immediate danger to self or others.
4. Offenders receiving disciplinary charges requiring assignment to the Restrictive Housing Unit.
5. Offenders engaging in suicidal or self-injurious behavior that results in assignment to RHU, the medical infirmary, and/or mental health unit referrals.
6. Offenders with patterns of repetitive medication non-compliance that results in decompensating behaviors. Prior to removal from SAM there should be documented attempts to address the problematic behavior or teach appropriate behaviors unless there is immediate danger to self or others. Offenders exhibiting decompensation related to medication non-compliance will not be returned to general population but will be transferred to a facility with programs and resources capable of managing the behavior.

### **Principles Guiding Declination of Admission and Involuntary Removal**

It is important to recognize that the purpose of the SAM Pod is to support security, medical and mental health staff by managing offenders that are difficult to manage in general population. Offenders excluded from admission to SAM or involuntarily removed from SAM should not be merely returned to general population. When excluding an offender from SAM, an appropriate recommendation is necessary to facilities with specialized programs or higher security facilities with specialized programs that have the ability to manage the offender behavior in question.

## **VOLUNTARY REQUEST FOR REMOVAL/TRANSFER**

An offender's request to transfer out of the SAM Pod will be reviewed by the SAM Committee to determine if the offender can be safely housed and reasonably managed in another unit. In the event that the SAM Committee determines that the offender cannot be safely housed or managed on another unit at the same facility, the request can be denied or considered for transfer to another facility with appropriate housing and resources.

Requests to transfer out of the SAM Pod should be submitted to the Unit Manager. The SAM Committee should make decisions that deter offenders from cycling in and out of the SAM Pod for inappropriate reasons.

## **READMISSION TO SAM POD**

1. Offenders requesting readmission to SAM that have previously voluntarily requested transfer out will be reviewed by the SAM Committee. It may be appropriate to readmit offenders as part of a long-term self-improvement strategy where they may be successful for longer periods of time in general population, but require periodic periods in the SAM Pod. Offenders may be denied readmission if they are attempting to manipulate SAM housing for protection or personal gain or other inappropriate motivation.
2. Offenders that were involuntarily removed from the SAM Pod to RHU may be readmitted by the SAM Committee. Removal to RHU alone shall not be a reason to deny readmission. The quality of the offender's participation, personal improvement, ability to live successfully in general population, and motivation to return to SAM are all considerations for readmission.
3. For offenders denied readmission, the SAM Committee should recommend appropriate housing at this or another facility and not simply return the offender to general population to become an unnecessary burden on security, medical and/or mental health staff.

## **BEHAVIOR STANDARDS FOR THE SAM POD**

Behavior Expectations:

1. Maintain good personal hygiene
2. Meet Cell Compliance standards.
3. Maintain respectful deportment with staff and peers.
4. Participate in programs as outlined in each offender's Program and Treatment Plan.
5. Avoid disciplinary charges. Excessive or serious disciplinary charges may result in involuntary removal or transfer to the Restrictive Housing Unit.
6. Refrain from any self-injurious behavior.
7. Stand for count.
8. Return to cell as instructed.
9. Support pod cleanliness.
10. Maintain medication compliancy.

## SAM POD PATHWAYS

Pathways are designed for different groups of offenders as a means for self-improvement. Successful completion of a pathway may earn eligibility for return to GP or transfer to a lower security level facility.

Programming will be used to support Program Plan progress. COMPAS criminogenic risk/need assessment results will determine which offenders will be directed into

- Thinking for a Change,
- Cognitive Behavioral Intervention for Substance Abuse, and/or
- Anger Management.

Additional Pre-/Post- testing will be completed for Change Company Interactive Journals and all mental health programming to determine effectiveness of the program, measure offender change and validate progress.

### **Mental Health Pathway**

#### *Criteria:*

Offenders classified as MH-2 or MH-2S whose mental health symptoms have made living in a general population setting difficult due to their behaviors. These offenders have required additional attention from security and mental health, may have had admissions to mental health units, and/or placements in Restrictive Housing Units (RHU).

#### *Program Plan:*

- QMHP will assess offender to determine needs based upon offender's diagnosis and criminogenic risk factors.
- QMHP, SAM Committee, and offender will determine treatment plan goals and appropriate Programming. Programming may include but is not limited to:
  - Trauma (Seeking Safety, CPT, Trauma Resolution)
  - DBT (Distress Tolerance, Emotions Regulations, Mindfulness)
  - Stress Management
  - Symptoms Management
  - Motivational Enhancement Therapy
  - Positive Psychology
  - Rational Emotive Therapy
- QMHP will encourage offender to participate in recommended programming as outlined in the treatment plan
- Make referrals to psychiatry as appropriate.
- Encourage medication compliance as appropriate
- Educational and Vocational Participation
- Substance Abuse Participation as appropriate
- Participate in COMPAS informed risk/needs programming
- Interactive Journals for MH offenders
  - Self-Management, Mental Health and Co-occurring Disorders

- Managing Co-occurring Disorders
- Life Skills Series
- Responsible Thinking
- My Individual Change Plan
- Maintaining Positive Change
- Handling Difficult Emotions
- Life Skills
- Healthy Relationships
- Mental Health Disorders

*Desired outcome:*

- Maintain stable adjustment
- Increase offender’s awareness of their mental health symptoms and triggers to prevent decompensation.
- Develop offender’s positive coping skills to encourage better social adjustments.
- Return to general population
- Transfer to a lower level SAM Pod

**Medical Pathway**

*Criteria:*

Offenders with medical conditions requiring frequent and intensive medical observation or attention, or frequent urgent care, but not requiring housing in the infirmary demand an inordinate amount of time from medical staff and are difficult to attend to when housed in various pods throughout the facility. The intent is to identify and move those offenders to the SAM Pod where medical staff can more efficiently attend to them in a single location.

*Program Plan:*

- Medical observation and treatment as determined by the medical department
- Review the COMPAS and Case Plan to target criminogenic needs and determine appropriate program assignments:
  - Thinking for a Change(T4C)
  - Anger Management
  - Cognitive Behavioral Intervention for Substance Abuse
- Educational and Vocational participation

*Desired Outcome:*

- Improve the offender’s medical condition to where the frequency of medical attention can safely decrease.
- Retain offender on the SAM Pod if their condition cannot be improved significantly enough to safely return them to general population or transfer them to a lower security facility.
- Avoid housing in the infirmary
- Avoid a worsening medical condition



- Transfer to lower security SAM pod
- Recover and return to general population

*Program Journals for Medical Offenders:*

- Personal Health Journal: Physical, Finance Management, Emotional, Eating Healthy

**Vulnerable Offender Pathways**

*Criteria:*

The vulnerable populations are those offenders that are greater risk for being bullied or manipulated by predatory offenders and lack the ability to resist or avoid being taken advantage of. The vulnerable population includes offenders that may have Intellectual Disabilities, may be seniors, youthful, or small in stature that are easily intimidated and taken advantage of by predatory offenders.

*Program Plan:*

- Review the COMPAS and Case Plan to target criminogenic needs and determine appropriate program assignments:
  - Thinking for a Change(T4C)
  - Anger Management
  - Cognitive Behavioral Intervention for Substance Abuse
- Social Skills Training
- Mental Health Programming determined to be appropriate based on needs of the offender
- Educational and Vocational participation
- Interactive Journals for Vulnerable offenders
  - BRAVE Series (Vulnerable and PREA)
  - Traumatic Stress and Resilience
  - Life Skills Series
  - Daily Life
  - Healthy Relationships
  - Core Skills
  - Feelings

*Desired Outcome:*

- Develop daily living skills
- Improve social skills to engage in healthy relationships with appropriate boundaries
- Return to General Population
- Eligible to Transfer to a lower level SAM Pod

## Re-entry Pathway

### *Criteria:*

For offenders within 12 months of release and are determined by the SAM Committee to be ineligible to be transferred to their re-entry program will be provided re-entry services in the SAM pod. To be eligible for transfer to the re-entry pod, the SAM Committee must determine that the offender will be able to remain mentally and emotionally stable and participate fully in the re-entry program. The SAM Committee should consider that the re-entry unit is a generally safer and calmer housing unit than general population and will be supportive to offenders that otherwise might be marginally safe and stable in general population.

### *Program Plan:*

Review the COMPAS and Case Plan to target criminogenic needs and determine appropriate program assignments:

- Thinking for a Change (T4C)
- Anger Management
- Cognitive Behavioral Intervention for Substance Abuse

Within 12 months:

- Birth Certificate
- Problematic Release
- Family Reunification
- Resources for Successful Living
- Serv Safe
- Genie Lift
- Academic/Vocational participation

Within 6 months

- Ready to Work
- Money Smart
- Skills for Successful Living
- Parenting
- DMV ID
- Verify Home Plan
- Resource Fair
- P&P Re-entry Visit

Within 4 months

- Social Security Card
- SSI
- Medicaid
- Refer eligible offender to VASAVOR

*Desired Outcome:*

- Successful Reintegration back into society
- Eligible offenders to transfer to the VASAVOR program

*Program Journals for Reentry offenders:*

- Getting It Right
- Personal Health Journal: Physical, Finance Management, Emotional, Eating Healthy

### **ADJUNCTIVE PROGRAMMING**

Each facility is expected to provide programming in line with the four pathways above. If your institution does not currently feature evidence based programming addressing the needs of the population, journaling options listed within each pathway may be utilized at each location upon the approval of Re-entry Services and the Mental Health Services Steering Committee.

### **SHARED ALLIED MANAGEMENT UNIT TRANSFERS PER OPERATING PROCEDURE 830.5:**

1. In order to recommend an offender for assignment to any SAM Unit, designated institutional staff must prepare the Shared Allied Management (SAM) Unit Admission Screening 830\_F8 for review and approval by the Chief of Housing and Programs (CHAP) of the SAM Unit.
2. In order to assign an offender to the SAM Unit at their current institution, an informal ICA hearing is required. Designated institutional staff must prepare the Shared Allied Management (SAM) Unit Admission Screening for review and approval by the SAM Unit CHAP.
3. Offenders must first be referred and reviewed for placement in the SAM Unit at their current institution before being considered for transfer to another facility.
  - a. Submission of the Shared Allied Management (SAM) Unit Admission Screening to DOCSAM for internal assignments is not required.
  - b. Any institutional staff member may make an internal referral to the site's SAM Pod. The SAM Committee will review all new referrals for admission eligibility.
4. When the offender's assignment to a SAM Unit requires an institutional transfer, a formal ICA Hearing shall be conducted in accordance with Operating Procedure 830.1, *Facility Classification Management*, and submitted via VACORIS to the Psychology Associate Senior at CCS or designee for review.
  - a. The offender's security level score and status must be reviewed to determine if the current security level is appropriate prior to considering any SAM transfer. When the offender's behavior or other factors indicate that the current security

level assignment may not be appropriate, the offender's security level must be updated in VACORIS in accordance with Operating Procedure 830.2, *Security Level Classification*.

- b. The ICA recommendation should include a transfer request to a SAM Unit at an appropriate institution listed on Attachment 3 - *Shared Allied Management (SAM) Unit Institutional Criteria*.
  - c. Upon conclusion of the ICA and recommendation of offender assignment to a SAM Unit, the CHAP or their designee will forward the completed Shared Allied Management (SAM) Unit Admission Screening by email to DOCSAM.
5. The Psychology Associate Senior at CCS or designee will review each recommended assignment and make a determination on the appropriate institutional SAM Unit assignment while also considering bed space availability.
  - a. The Psychology Associate Senior at CCS or designee will forward the SAM Admission Screening to the CHAP at the receiving SAM Unit for review and approval.
6. Within 3 working days, the CHAP or their designee must make email notification to the Psychology Associate Senior at CCS or designee of their decision to either accept, accept with waitlist, or deny an offender's assignment to the SAM Unit.
7. If the offender is accepted, the Psychology Associate Senior at CCS or designee will approve the offender's admission into the SAM Unit and finalize the ICA's recommendation for transfer in VACORIS.
  - a. If the offender is accepted with waitlist, the Psychology Associate Senior or designee will add the offender to the statewide wait list for SAM Unit beds.
8. If the offender is denied for admission, the CHAP or their designee must clearly document the reason for denial on the Shared Allied Management (SAM) Unit Admission Screening. Denial of a SAM Unit referral is limited to legitimate operational or security reasons - i.e. validated enemies, inappropriate classification, bottom bunk availability, etc.
  - a. Referrals may also be deemed inappropriate SAM referrals. If an offender is denied due to being an inappropriate referral, the Psychology Associate Senior at CCS or their designee will consult with the Serious Mental Illness (SMI) Coordinator.
  - b. The SMI Coordinator will make the final determination on the appropriateness of these referrals and on an offender's institutional SAM Unit assignment.
9. The Psychology Associate Senior or their designee will approve or disapprove an offender's admission into a SAM Unit on behalf of the SMI Coordinator, finalize the

ICA's recommendation for transfer in VACORIS, and notify appropriate staff of the decision.

10. All offenders should be required to sign the Shared Allied Management (SAM) Unit Contract as a condition of their assignment to an institution's SAM Unit. An offender's refusal to sign the Contract will be documented on the Contract and may result in removal from the Unit.

## APPENDIX A

### **Guiding Principles for SMI Management**

The overall goal is to minimize and/or eliminate the use of Restrictive Housing for SMI offenders. The following broad guidance is provided for Psychology Associates and Administrative Staff at each facility:

1. If an offender who is classified as SMI appears to require Restrictive Housing, every effort should be made to avoid said placement unless there is clear evidence of a risk to Staff, the offender, or the orderly operation of the facility. For example, if a cell move to another General Population pod might ameliorate the incident, and Staff and offender safety is not at immediate risk, a cell change may be considered and made.
2. If an offender still requires Restrictive Housing, intensive efforts should be made by staff to attempt to return the offender to General Population as quickly as is possible, and no longer than 28 days.
3. Placement back into General Population is ideal, yet may require specialized placement into a SAM Unit.
4. If an offender meets the legal commitment criteria for MCTC Acute Care (Operating Procedure 730.3), referral should be made as quickly as is feasible.
5. If the offender does not meet criteria for commitment to MCTC Acute Care, other treatment options such as an MHU or RTU referral should be considered, in accord with Operating Procedure 730.3.
6. The offender will be considered for referral to the SDTP pathway as warranted, in accord with admission criteria.



## APPENDIX B

### RHU Process and SDTP Linkage

Assignment to any other restrictive housing status requires a formal due process hearing held in accordance with Operating Procedure 830.1, Facility Classification Management by the Multi-Disciplinary Team (MDT) and approval by the Facility Unit Head or designee.

For offenders continued on General Detention, appropriate members of the MDT will evaluate the offender and develop a Program Pathway.

The Multi-Disciplinary Team (MDT) shall conduct a formal review for determination of appropriate housing assignment within three working days of the offender being placed on General Detention.

This review will consider the Internal Incident Report documenting placement into General Detention and any other available, relevant information. Possible appropriate housing assignments are: return to the previous status (general population or Step-down) or remain in General Detention pending development of a program pathway for the offender.

During the assignment to any Restrictive Housing level, the offender's status will be formally reviewed by the MDT at least once every 30 days. (4-4254) The MDT will formally review the offender's adjustment and behavior in accordance with Operating Procedure 830.1, Facility Classification Management, and determine whether to recommend that the offender continue in the current Restrictive Housing level for a subsequent period of up to 30 days or be assigned to a less restrictive level. The MDT should base its recommendation on consideration of the reason for the assignment, the offender's behavior, and the progress made on the Program Pathway and treatment objectives. The MDT should determine whether the offender is a threat to security or if the offender may be in danger due to enemies in the general population. If appropriate, offenders may be managed in a Restrictive Housing level pending approval for and transfer to a Protective Custody Unit or the Steps to Achieve Reintegration (STAR) Program. The MDT may recommend a transfer to another institution when return to the full privilege general population is not appropriate.

Secure Diversionary Treatment Program (SDTP) referral is predicated by RHU Placement. SDTP is designed to provide a secure and safe alternative treatment option for offenders with a major mental illness who otherwise functionally would be in Restrictive Housing because that behavior may be considered a threat to safety and security of staff or other offenders. These offenders who qualify often exhibit behaviors, which are intractable and unresponsive to the usual therapeutic and management interventions available in the regular general population setting. The SDTP utilizes four (4) phases of treatment and management to meet these needs, from most to least restrictive. Steps within these phases will also be utilized.

Referral to SDTP from RHU:

- MDT at sending institution believes offender needs to be referred to SDTP and a referral is made by day 10.

- Referral goes to MHCS of the region from the sending site.
- If MHCS approves the referral then goes to the ROC of Western Region for approval.
- If ROC approves the referral, it is then transferred to the Multi-Institution Treatment Team (MITT) for review and placement into the appropriate SDTP Program.

The SDTP is a treatment program whose primary purpose is for offender treatment in a secure prison setting. The cooperative effort of custody administrative staff, custody/housing staff, school, mental health and counseling staff is essential to the success of this treatment program. Team members should be committed to sound security-driven therapeutic interactions in a humane and goal-oriented manner with offenders participating in treatment. The Multidisciplinary Treatment Team's professionalism, commitment to the program, and willingness to function as a unified team sends a positive message to the offenders involved and increases their success rate. Each profession contributes his or her expertise to the plan for treatment and services provided, and each profession is integral in the overall goal.

### **Program Transition**

Prior to discharge from any of the SDTP Programs, each participant should complete all individual and group assignments as indicated on their individualized treatment plan. Upon discharge, each offender will be expected to continue working toward their personal goals using evidence based treatment materials provided in the SDTP.

After successful completion of the SDTP, offenders will be transitioned based on recommendations of the multidisciplinary treatment team. The offenders will have an active voice in their transition process as well. Depending on the specific risk factors and needs of the offender, there are several options for transitions available. Offenders may be required to be referred to the Multi-Institution Treatment Team for further review for additional programming within the SDTP Programmatic Structure. Offenders who continue to experience active symptoms of their mental illness and/or who have a history of poor adjustment to general population will be considered for transfer to a Residential Unit.

If an offender does not require the structure of a residential unit, they may be referred to a SAM unit or they may be moved to general population for aftercare services. Offenders that are being transferred to SAM units and general population settings will be referred to Central Classification Services. As, the SDTP program is entirely Multi-Institution Treatment Team driven in terms of program placement and decision making, once offenders have been assessed by the SDTP site as ready to progress into a SAM Pod Environment, they can then be referred to the Psychology Associate II at Classification for placement into a SAM Unit commensurate with their assigned Security Level.

## APPENDIX C

### CCS Reminders for SAM CORIS Actions

- When submitting any actions for SAM cases, please escalate to Eric Madsen when CCS approval is needed. Gale Jones and Chris Genisinger are just forwarding those to Eric in any event. (Please save a step for Gale and Chris).
- ANY CORIS action to effect a transfer of an offender so labeled MUST be accompanied by a SAM referral sent to the DOC SAM mailbox if they are assessed to still require such a placement OR please provide clear documentation in the ICA narrative that offenders are no longer considered in need of SAM and are considered stable for a regular GP setting.
- ANY CORIS action that involves a Security level should be very carefully considered. The offenders' participation in SAM is important, but not everyone can remain at higher SL if/when SAM programs exist at lower SL's (i.e. a SL-4/5 scoring SL-3). They should be scored appropriately and referred to lower SL-SAM or GP as appropriate.
- Internal status actions do not need be escalated to Eric Madsen or CCS.
- SAM Committees, Unit Managers, and CHaPs should ensure internal statuses and rationales are completed for removals and admissions to SAM.
- Sites must do an ICA AND submit the SAM referral TOGETHER for transfer SAM offenders. Facilities that have SAM units and conduct annual reviews or interim reviews, please note some ask for transfer and don't submit a referral or don't specify the offender is stable to depart from SAM.
- All SAM sites are also highly encouraged to review OP 830.5 moving forward.
- SAM units should evaluate the appropriateness of referrals totally..... can they meet the medical code needed for example? Are there keep separates? If you are already looking into the depth of the cases, a couple of classification qualifiers should be easy to incorporate into the decision process.
- ALWAYS document everything. Something one might think unimportant, frankly, is not. Document in progress notes, MH 14s, MH 14As, MH17s, MH18s, MH6s, referrals to Medical, Log Books, Shift Reports, IIRs, IRS, CORIS Notes, Treatment Plans, Programming, etc. On programming, if an offender chooses not to participate, document that you afforded him the opportunity. We all need to be acutely aware of documenting progress or lack thereof in this program moving forward.

## APPENDIX D

### Definition of Terms Related to SDTP

**Secure Diversionary Treatment Program (SDTP):** Bed assignments designated for offenders who have been classified as SMI; operates with structured security regulations and procedures, and provides programming and treatment services conducive with evidence based treatment protocols and individualized treatment plans.

**Offender with Serious Mental Illness (SMI):** Offender diagnosed with a Psychotic Disorder, Bipolar Disorder, Major Depressive Disorder, PTSD or Anxiety Disorder, or any diagnosed mental disorder (excluding substance abuse disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living.

**Central Classification Services (CCS):-** Staff members from the Offender Management Services Unit who review certain recommendations made by the Institutional Classification Authority and Multi-Disciplinary Team to render a final decision regarding offender status and assignments.

**Institutional Classification Authority (ICA):** The facility staff person designated to conduct offender case review hearings; hearings related to restrictive housing status review are formal due process hearings and are generally conducted by a Multi-Disciplinary Team.

**Mental Health Unit (MHU):** A designated treatment unit where mental health services are provided to offenders who are unable to function in a general population setting due to mental disorder but who typically do not meet the criteria for admission to an Acute Care unit.

**Multi-Disciplinary Team (MDT):** MDT members are responsible to review individual offenders related to the institutional diversionary housing and step-down statuses and act as the Institutional Classification Authority to make recommendations for housing status, transfer, security level, good time class, etc.

**Multi-Institution Treatment Team (MITT):** MITT members are responsible for assigning the offender to one of the Secure Diversionary Treatment Programs and transitioning offenders to other SDTP programming and out to a non-SDTP general population setting upon completion of programming.

**Restrictive Housing Unit (RHU):** A general term for special purpose bed assignments including general detention, restrictive housing, and step-down statuses; usually a housing unit or area separated from full privilege general population.

## APPENDIX E



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Electronic Notification of Mental Health Offender Transfer 730\_F11\_7-14

### Electronic Notification of Mental Health Offender Transfer

To be sent electronically to the QMHP of the receiving facility to include any and all relevant information that would be helpful to the receiving QMHP staff

**THIS IS NOT INTENDED TO BE FILED IN THE MENTAL HEALTH RECORD**

Sending QMHP: \_\_\_\_\_ Phone, ext.: \_\_\_\_\_  
 Sending Facility: \_\_\_\_\_ Transfer \_\_\_\_\_  
 Receiving Facility: \_\_\_\_\_ Date: \_\_\_\_\_  
 Offender Name: \_\_\_\_\_ DOC #: \_\_\_\_\_  
 MH Code: \_\_\_\_\_ Housing Status:  General Population  Special Housing  Mental Health Unit  
 Other: \_\_\_\_\_  
 HRSV  HRSA  Intersex  Transgender

<b>Prescribed medication for psychiatric reasons?</b>		<input type="checkbox"/> NO	<input type="checkbox"/> YES
If yes, list the name, dosage, frequency			
Name of Medication	Dosage	Compliance, Last 30 Days	
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
		<input type="checkbox"/> NO	<input type="checkbox"/> YES
When was offender's LAST Psychiatric appointment? _____			
When was offender scheduled to see the Psychiatrist again? _____			
Comments:  			
<b>Currently receiving Mental Health Treatment?</b>		<input type="checkbox"/> NO	<input type="checkbox"/> YES
If yes, briefly explain (i.e. individual, group, frequency of contacts):  			
History of SIB and Suicide Attempts? <input type="checkbox"/> NO <input type="checkbox"/> YES - Explain: _____			
<b>Diagnosis and/ or reason for contact including all specifiers listed in order of immediacy of needs:</b>			
<b>Additional Information</b>			
Include information such as recent mental health related or behavioral problems, recent suicide precautions or restraints or hunger strike, recent changes in medication, some indication of the offender's functioning and participation in mental health services (individual, group, medication management, etc.) within the last 30 - 90 days, whether offender is being released soon and if there are anticipated problems with the release, etc.  			

## APPENDIX F



VIRGINIA  
DEPARTMENT OF CORRECTIONS

Shared Allied Management (SAM) Unit Admission Screening 830\_FB\_12-18

### Shared Allied Management (SAM) Unit Admission Screening

<b>Offender Name</b> _____	<b>Number</b> _____	<b>Institution</b> _____	<b>Housing Type</b> _____	<b>Release Date</b> _____
<b>Date of Screening:</b> _____		Referral Type: (Check One) <input type="checkbox"/> Mental Health <input type="checkbox"/> Medical <input type="checkbox"/>		
		Vulnerable <input type="checkbox"/>		
<b>Current Security Level/ Effective Date</b> _____ / _____		<b>MH Code:</b> _____	<b>Medical Location Code</b> _____	

**Mental Health Referral**

Diagnosis: \_\_\_\_\_

Current Psychotropic Prescriptions: \_\_\_\_\_

Current Other Medications: \_\_\_\_\_

Has the offender ever been in a mental health unit, inpatient hospital/ involuntary commitment, SAM Unit, or SDTP Unit?  No  Yes (If yes, explain below and include assignment dates) \_\_\_\_\_

Is there a history of suicidal ideation, gestures, or attempts, or any self-mutilation?  No  Yes (Check all that apply)

- Suicidal ideation and/ or gestures:      Date of last episode: \_\_\_\_\_
- Suicide attempts:                              Date of last episode: \_\_\_\_\_
- Self-mutilation:                                  Date of last episode: \_\_\_\_\_
- Placement on precautions                  Date of last episode: \_\_\_\_\_

(If more than one, explain) \_\_\_\_\_

Current Risk of self-harm?  No  Yes      Willing to contract for safety?  No  Yes

**Medical Referral**

Medical condition/diagnosis? \_\_\_\_\_

Currently prescribed medications?  No  Yes \_\_\_\_\_

**Vulnerable Referral**

Victim Characteristics: (check all that apply)  Intellectual Disability  Senior  Stature  Youthful   
Other (Explain) \_\_\_\_\_

History of Victimization in Institution and/or Community: \_\_\_\_\_

**General Information**

What placements have already been considered and/or utilized?

- General Population - Outcome/Results: \_\_\_\_\_
- STAR -  KMCC  WRSP - Outcome/Results: \_\_\_\_\_
- SAM Unit Location \_\_\_\_\_ Outcome/Results: \_\_\_\_\_
- SDTP Unit Location \_\_\_\_\_ Outcome/Results: \_\_\_\_\_
- MHU Location \_\_\_\_\_ Outcome/Results: \_\_\_\_\_



Offender Name	Number	Institution	Housing Type	Release Date
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MCTC Acute -  
Outcome/Results: \_\_\_\_\_

Has the offender been referred to the SAM Unit at current institution, if applicable?  No  Yes;

(If no, explain) \_\_\_\_\_

Has the offender been referred to a SAM Unit and then refused the assignment?  No  Yes

Disciplinary offense history and assignments to Restrictive Housing:  No  Yes

Number and type of disciplinary offenses offender has received within the past 5 years: \_\_\_\_\_

History of physically or sexually assaultive and/or predatory behavior against others in institution and/ or community?  No  Yes (If yes, explain)

History of being a victim of physical, sexual and/ or predatory abuse in institution and/ or community?  No  Yes (If yes, explain) \_\_\_\_\_

Explain reason for SAM recommendation and how assignment to the SAM Unit will benefit the offender: \_\_\_\_\_

Screener (printed)	Title	Signature	Date	Contact Number
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**SAM Committee Decision:**

Accepted for admission to SAM Unit for  Mental Health  Medical  Vulnerable

Declined for admission to SAM Unit (Explain): \_\_\_\_\_

\_\_\_\_\_  
Chief of Housing and Programs or Designee

\_\_\_\_\_  
Date

File: Original - Health Record, Section IV



# APPENDIX G



## Shared Allied Management (SAM) Unit Contract

As a participant in the SAM Unit, you are encouraged to meet the following expectations; failure to meet these expectations will result in not receiving additional privileges and when warranted, a loss of privileges:

1. You are expected to complete COMPAS testing and other testing as needed to identify the needs you have and determine important treatment goals and the appropriate programming to respond to your needs and help you reach your goals.
2. You are expected to participate with your QMHP or Counselor to help develop a treatment or program plan that will guide your participation while residing in the SAM Unit.
3. You are expected to agree with and work to meet the following behavior standards for the SAM Unit:
  - a. Maintain good personal hygiene
  - b. Meet Cell Compliance standards
  - c. Maintain respectful deportment with staff and peers
  - d. Participate in programs as outlined in each offender's Program and Treatment Plan
  - e. Avoid disciplinary offenses. Excessive or serious disciplinary offenses may result in involuntary removal or transfer to the Special or Restrictive Housing Unit
  - f. Refrain from any self-injurious behavior
  - g. Stand for count
  - h. Return to cell as instructed
  - i. Support housing unit cleanliness
4. You can be removed from the SAM Unit for the following reasons:
  - a. If you become an imminent danger to yourself or to others and cannot be managed safely with the resources in the SAM Unit
  - b. If you are unable or unwilling to meet the minimum behavior standards and present frequent or recurring behavior that interferes with the normal operation of the unit
  - c. If you are capable of self-improvement but failing to make appropriate progression towards fulfilling offender treatment goals
  - d. If you receive disciplinary offenses requiring assignment to the Special or Restrictive Housing Unit
  - e. If you engage in suicidal or self-injurious behavior
  - f. If you show a pattern of repetitive medication non-compliance that results in decompensating behaviors
5. You can voluntarily request to transfer out of the SAM Unit. The SAM Committee will determine if you can be safely housed and reasonably managed in another unit. If the SAM Committee determines that you cannot, your request can be denied or you can be considered for transfer to another facility with appropriate housing and resources.
6. If you previously voluntarily transferred out of the SAM Unit at your request, and you want to return, the SAM Committee can decide to readmit you or not.
7. The SAM Committee will evaluate when you are ready to transfer to a lower security facility, another facility, or to another general population setting.
8. If your release will occur while you still reside in the SAM Unit, a re-entry preparation plan will be developed with you.
9. The SAM Unit has an individual and unit privilege program where you can earn increasing privileges for reaching goals, or lose privileges if you do not meet expectations. Your QMHP or Counselor will explain this to you.

By signing below, you are agreeing to the requirements for SAM Unit participation.

Offender Refused to Sign

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor or QMHP Signature

\_\_\_\_\_  
Date

*Revision Date: 8/15/18*

## APPENDIX H



### Shared Allied Management (SAM) Unit Institutional Criteria

<b>Augusta Correctional Center</b>	
<b>Security Level</b>	3
<b>Medical Location Code</b>	A, B, D, Telemedicine (No severe cardiac or respiratory cases, or offenders who require weekly or monthly medical appointments; No mobility limitations related to hills, stairs, or barriers; No wheelchair beds)
<b>Mental Health Code</b>	0, 1, 2, 2S, 3
<b>Special Restrictions (Current &amp; Prior Offenses)</b>	All Sentences with the following assignment restrictions: <ul style="list-style-type: none"> <li>• Offenders with Life, Multiple Life, &amp; Life Plus sentences must have served 20 consecutive years on sentence</li> <li>• Offenders who are parole eligible must also have reached PED.</li> <li>• Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date.</li> </ul>
<b>Buckingham Correctional Center</b>	
<b>Security Level</b>	3 & 4
<b>Medical Location Code</b>	A, B, D, E, Telemedicine (No mobility limitations related to hills, stairs, or barriers; No wheelchair beds)
<b>Mental Health Code</b>	0, 1, 2, 2S, 3
<b>Special Restrictions (Current &amp; Prior Offenses)</b>	All Sentences with the following assignment restrictions: <p>SL 3:</p> <ul style="list-style-type: none"> <li>• Offenders with Life, Multiple Life, &amp; Life Plus sentences must have served 20 consecutive years on sentence.</li> <li>• Offenders who are parole eligible must also have reached PED.</li> <li>• Offenders with Numerical sentences must have served 20 consecutive years OR be within 40 years of their projected release date.</li> </ul> <p>SL4:</p> <ul style="list-style-type: none"> <li>• The above criteria may be waived if the offender has good institutional adjustment. These reviews will be on a case by case basis.</li> </ul>
<b>Green Rock Correctional Center</b>	
<b>Security Level</b>	2 & 3
<b>Medical Location Code</b>	A, B, D, F, G, J, Telemedicine (No severe cardiac or respiratory cases, or offenders who require weekly or monthly medical appointments)
<b>Mental Health Code</b>	0, 1, 2, 2S, 3
<b>Special Restrictions (Current &amp; Prior Offenses)</b>	All Sentences with the following assignment restrictions: <ul style="list-style-type: none"> <li>• Offenders with Life, Multiple Life, &amp; Life Plus sentences must have served 20 consecutive years on sentence.</li> <li>• Offenders who are parole eligible must also have reached PED.</li> <li>• Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date.</li> </ul>
<b>Greenville Correctional Center</b>	
<b>Security Level</b>	2 & 3
<b>Medical Location Code</b>	A, B, D, E, J, K, L, Telemedicine (No mobility limitations related to hills, stairs, or barriers; No wheelchair beds)
<b>Mental Health Code</b>	0, 1, 2, 2S, 3
<b>Special Restrictions (Current &amp; Prior Offenses)</b>	All Sentences with the following assignment restrictions: <ul style="list-style-type: none"> <li>• Offenders with Life, Multiple Life, &amp; Life Plus sentences must have served 20 consecutive years on sentence.</li> <li>• Offenders who are parole eligible must also have reached PED.</li> <li>• Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date.</li> <li>• Offenders convicted of 105 Assault Infraction must be assigned to level 4 or higher</li> </ul>





<b>Nottoway Correctional Center</b>	
Security Level	3
Medical Location Code	A, B, D, E, Telemedicine (No mobility limitations related to hills, stairs, or barriers; No wheelchair beds)
Mental Health Code	0, 1, 2, 2S, 3
Special Restrictions (Current & Prior Offenses)	All Sentences with the following assignment restrictions: <ul style="list-style-type: none"> <li>• Offenders with Life, Multiple Life, &amp; Life Plus sentences must have served 20 consecutive years on sentence.</li> <li>• Offenders who are parole eligible must also have reached PED.</li> <li>• Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date.</li> </ul>
<b>Pocahontas State Correctional Center</b>	
Security Level	2 & 3
Medical Location Code	A, B, D, F, G, Telemedicine (No severe cardiac or respiratory cases, or offenders who require weekly or monthly medical appointments, No wheelchair accessibility)
Mental Health Code	0, 1, 2, 2S, 3
Special Restrictions (Current & Prior Offenses)	All Sentences with the following assignment restrictions: <ul style="list-style-type: none"> <li>• Offenders with Life, Multiple Life, &amp; Life Plus sentences must have served 20 consecutive years on sentence.</li> <li>• Offenders who are parole eligible must also have reached PED.</li> <li>• Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date.</li> </ul>
<b>River North Correctional Center (added 12/3/18)</b>	
Security Level	4
Medical Location Code	A, B, D, F, G, Telemedicine, Telepsych (No severe cardiac or respiratory cases, or offenders who require weekly or monthly medical appointments)
Mental Health Code	0, 1, 2, 2S, 3
Special Restrictions (Current & Prior Offenses)	All Sentences
<b>Sussex I State Prison</b>	
Security Level	4 & 5
Medical Location Code	A, B, D, E, F, G, Telemedicine
Mental Health Code	0, 1, 2, 2S, 3
Special Restrictions (Current & Prior Offenses)	All Sentences
<b>Sussex II State Prison</b>	
Security Level	4
Medical Location Code	A, B, D, E, F, G, L, Telemedicine
Mental Health Code	0, 1, 2, 2S, 3
Special Restrictions (Current & Prior Offenses)	All Sentences
<b>Wallens Ridge State Prison</b>	
Security Level	5
Medical Location Code	A, B, D, F, G, J, Telemedicine (No severe cardiac or respiratory cases, or offenders who require weekly or monthly medical appointments)
Mental Health Code	0, 1, 2, 2S, 3
Special Restrictions (Current & Prior Offenses)	All Sentences

\*Offenders convicted of 105 Assault Infraction must be assigned to level 4 or higher