

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

FACI	LITY:		EVALUATOR:		DAT	E:		
The following self-assessment is based on the Guiding Principles that were developed by the U.S. Department of Justice. The Guiding Principles are intended as best practices for correctional facilities within the American Criminal Justice System. It is recommended that policies and procedures incorporate the below-detailed practices.								
Rest	rictive	Housing, Generally						
1.	Are i	nmates housed in the least re	strictive housing	g available that ensures		No		Yes
	their	safety, as well as the safety of	of staff, other inr	mates, and the public?				
2.	-	ou able to clearly articulate tement and retention in restric		on for an inmate's		No		Yes
3.		the placement in restrictive		specific penological		No		Yes
4.	Is the revie inclu	e inmate's initial and ongoing wed by a multi-disciplinary st de leadership of the institutio tal health professionals?	aff committee a	nd does that committee		No		Yes
5.	pron	ere a clear plan for returning to nptly as possible and is this plant Id jeopardize the safety of the	an shared with t	he inmate, unless doing so		No		Yes
6.	and i	II staff receive regular training is compliance with those restriblese-evaluation systems?				No		Yes
7.	deve	there committees that include lop safe and effective alterna ing policies?				No		Yes
End	-of-Te	rm Placement			•			
8.		inmate is released directly from a compelling reason to justifut		ousing to the community is		No		Yes
9.	Are to involude sente	there procedures in place in o luntary restrictive housing wit ence?	rder to avoid pla			No		Yes
Disc	iplina	ry Segregation						
10.	cond disci	there clear, specific policies in litions an inmate can be place plinary violation—both during egation?	d in segregation	in response to an alleged		No		Yes
11.	Do c	orrectional systems work with ials to ensure that inmates where are are are where the cerated—especially those where are are are are are are are are are	no engage in ser	ious criminal activity while		No		Yes

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

22.	Are disciplinary sentences for offenses that arise out of the same episode served concurrently?	□ No	☐ Yes			
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23.	Is the demonstration of good behavior during the inmate's disciplinary segregation given consideration when reviewed for early release from segregation?	□ No	☐ Yes			
Prote	ective Custody					
24.	In general, inmates who require protective custody are not placed in restrictive custody?	□ No	□ Yes			
25.	If an inmate is receiving legitimate threats from other inmates are there procedures in place to facilitate a transfer of the non-threatening inmate to the general population of another institution or to a special-purpose housing unit for inmates who face similar threats, with conditions comparable to those of general population with exception to the following: • When the inmate poses such extraordinary security risks that even a special-purpose housing unit is insufficient to ensure the inmate's safety and the safety of staff, other inmates, and the public. In such cases, the inmate may be housed in more restrictive conditions. The inmate's placement should be regularly reviewed to monitor any medical or mental health deterioration and to determine whether the extraordinary security risks have subsided. • During a brief investigative period while correctional staff attempt to verify the need for protective custody or while the inmate is awaiting transfer to another facility.	□ No	☐ Yes			
26.	When transferring an inmate to another institution for protective custody reasons is consideration given to the inmate's release residence, including a desire to be housed close to family?	□ No	□ Yes			
27.	Is there a process in place to identify common reasons for inmates to request protective custody (e.g., prior cooperation with law enforcement, conviction for sex offense, gang affiliation, sex or gender identification) and develop strategies to safely house these inmates outside traditional restrictive units?	□ No	□ Yes			
Preventative Segregation						
28.	Is long-term preventative segregation based on evidence, that no other form of housing will ensure the inmate's safety and the safety of staff, other inmates, and the public?	□ No	□ Yes			
29.	Do correctional officials regularly review those in preventative segregation with the goal of transitioning them back into less restrictive housing as soon as it is safe to do so?	□ No	☐ Yes			
30.	Are inmates placed in restrictive housing due to preventative segregation permitted the opportunity to participate in incentive or step-down programs?	□ No	☐ Yes			
Conc	litions of Confinement					
31.	Is there progressive thinking towards creating new ideas for out-of-cell opportunities as well as enhance in-cell opportunities?	□ No	☐ Yes			
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32. As the population of inmates in restrictive housing decreases are those lower \text{No}	☐ Yes
staff-to-inmate ratios utilized to devote additional resources towards	
improving the conditions of those remaining in segregation?	
33. Are inmates housed in restrictive housing provided with out-of-cell \qquad No	☐ Yes
confidential psychological assessments and visits whenever possible?	
	☐ Yes
environmental, health, and fire safety?	
35. Are basic human needs, such as food and water, provided whether alone or in \(\subseteq \text{No} \)	☐ Yes
conjunction with the use of restrictive housing?	
Inmates with Serious Mental Illness	
36. In general, inmates with serious mental illness (SMI) are not placed in □ No	☐ Yes
restrictive housing?	
	☐ Yes
met:	
The inmate presents such an immediate and serious danger that	
there is no reasonable alternative; or	
A qualified mental health practitioner determines:	
- That such placement is not contraindicated;	
- That the inmate is not a suicide risk;	
- That the inmate does not have active psychotic symptoms;	
and	
- In disciplinary circumstances, that lack of responsibility for	
the misconduct due to mental illness or mitigating factors	
related to the mental illness do not contraindicate	
disciplinary segregation.	
38. Prior to placing a SMI inmate in restrictive housing are other clinically	☐ Yes
appropriate, alternative forms of housing, such as a secure mental health unit	
or other residential psychology treatment program, considered?	
39. If an inmate with SMI is placed in restrictive housing are the following criteria No	□ Yes
met:	
Mental health staff should conduct a mental health consultation at the	
time of the inmate's placement in restrictive housing;	
The inmate should receive intensive, clinically appropriate mental health	
treatment for the entirety of the inmate's placement in restrictive	
housing;	
The inmate should receive enhanced opportunities for in-cell and out-of-	
cell therapeutic activities and additional unstructured out-of-cell time, to	
the extent such activities can be conducted while ensuring the safety of the inmate, staff, other inmates, and the public;	
At least once per week, a multidisciplinary committee of correctional	
officials should review the inmate's placement in restrictive housing;	
At least once per week, a qualified mental health practitioner, assigned	
to supervise mental health treatment in the restrictive housing unit,	
should conduct face-to-face clinical contact with the inmate, to monitor	
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the inmate's mental health status and identify signs of deterioration; and	

	restrictive housing, unless the warden of the facility certifies that transferring the inmate to an alternative housing is clearly inappropriate. In making this determination, the warden should consult with mental health staff, who should conduct a psychological evaluation of the inmate beforehand.			
40.	If an inmate with SMI is placed in restrictive housing, are they screened for the following: Prior to an inmate's placement in restrictive housing (or when that is infeasible, as soon as possible and no later than within 24 hours of placement), staff can promptly determine whether the inmate has been previously designated as seriously mentally ill or at risk of developing SMI; Multiple times per day, correctional officers, trained in identifying signs of mental health decompensation, conduct rounds of the restrictive housing unit; At least once per day, medical staff conduct medical rounds of the restrictive housing unit After 30 days in restrictive housing, and every 30 days thereafter, all inmates in restrictive housing receive a face-to-face psychological review by mental health staff; and If at any point an inmate shows signs of psychological deterioration while in restrictive housing, the inmate should be immediately evaluated by mental health staff. At the conclusion of this review, mental health staff should recommend whether the inmate requires immediate transfer to a medical facility or other treatment center, as well as whether the inmate should receive enhanced mental health services and/or should be referred to a clinically appropriate alternative form of housing.		No	Yes
Juvei	niles (Under 18 at Time of Adjudication)			
41.	In general, Juveniles (under 18 at time of adjudication) are not placed in restricted housing?		No	Yes
42.	If Juveniles are placed in restrictive housing as a temporary response to behavior that poses a serious and immediate risk of physical harm to any person and those placements brief and done only in consultation with a mental health professional?		No	Yes
	g Adults (Age 18-24 at Time of Conviction)	ı		
43.	Do all correctional staff receive training on young adult brain development, and appropriate de-escalation tactics?		No	Yes
44.	Are developmentally responsive policies and practices for young adults, implemented as part of modified therapeutic housing communities that include wrap-around programming in order to reduce the number of incidents that result in placement in restrictive housing?		No	Yes
45.	Do Correctional officials attempt to limit the use of restrictive housing whenever possible, and to the extent used, to limit the length of inmates' stay and to identify services—including group educational and therapeutic services—that they can safely participate in while in restrictive housing?		No	Yes

Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) and Gender Nonconforming Inmates							
46.	Inmates are not placed in restrictive housing based on identifying as LGBTI or Gender Nonconforming?		No		Yes		
47.	If an inmate identifies as LGBTI or Gender Nonconforming do correctional officials seek alternative housing, with conditions comparable to general population to the extent possible?		No		Yes		
48.	Do correctional officials attempt to avoid unnecessary use of restrictive housing by making different classification assignments when deciding whether to assign a transgender or intersex inmate to a facility or program for male or female inmates?		No		Yes		
_	nant and Post-Partum Inmates						
49.	When considering restrictive housing for women are the following conditions taken into consideration: pregnancy, currently post-partum, miscarriage, or recently terminated pregnancy?		No		Yes		
50.	If deemed appropriate for women who are pregnant, who are currently post- partum, who recently had a miscarriage, or who recently had a terminated pregnancy to be placed in restrictive housing as a temporary response to behavior that poses a serious and immediate risk of physical harm is the agency's senior official overseeing women's programs and services, as well as senior officials in health services consulted and is the inmate reviewed every 24 hours?		No		Yes		
Inma	Inmates with Medical Needs						
51.	Do inmates in restrictive housing have access to appropriate medical care, including emergency medical care?		No		Yes		
52.	If an institution lacks the capacity to provide appropriate medical care to an inmate in restrictive housing, is that inmate transferred to an appropriate facility where he or she can receive necessary treatment?		No		Yes		
Data	Collection & Transparency						
53.	 Is data collected on the following aspects of restrictive housing: Is system-wide data collected that includes the incidence and prevalence of restrictive housing, including the total number of inmates in each type of restrictive housing, restrictive housing recidivism rates, and the average length of stay? Is Inmate-level data collected used to determine whether, how often, and how long a particular inmate has been placed in segregation, including as the inmate changes status (i.e., from investigative segregation to disciplinary segregation)? Is Officer data collected and used to help officials identify trends, revise policy as needed, and deploy additional training where necessary? 		No		Yes		

*Developed by the Pennsylvania Department of Corrections

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