


Exhibit 1

 <h1 style="margin: 0;">Operating Procedure</h1>	Effective Date 2/15/18	Number 830.A
	Amended 2/18/13	Operating Level Local
	Supersedes 2/18/13	
Subject SEGREGATION REDUCTION STEP-DOWN PROGRAM		Authority COV §53.1-10
ACA/PREA Standards None		Office of Primary Responsibility Red Onion State Prison – Wallens Ridge State Prison
Incarcerated Offender Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Access Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Attachments Yes <input checked="" type="checkbox"/> #3 No <input type="checkbox"/>	

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 segregation 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 segregation 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 segregation; 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 segregation. 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 Segregation 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 Segregation 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

 <h1 style="margin: 0;">Operating Procedure</h1>		Effective Date May 1, 2015	Number 420.2
		Amended 9/4/15, 10/2/15, 7/29/16	Operating Level Department
		Supersedes Operating Procedure 420.2 (5/1/12)	
		Authority COV §53.1-10, §53.1-40.1	
Subject USE OF RESTRAINTS AND MANAGEMENT OF OFFENDER BEHAVIOR		ACA/PREA Standards 4-4190, 4-4190-1, 4-4191, 4-4202, 4-4224, 4-4264; 2-CO-3A-01	
Incarcerated Offender Access Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attachments Yes <input checked="" type="checkbox"/> #1 No <input type="checkbox"/>	Office of Primary Responsibility 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 establishes guidelines for the control and management of offender behavior through the use of restraining devices, restricted feeding, and other behavior management and control techniques.

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

Administrative Duty Officer (ADO) - A member of the senior management team of a facility or P&P Office who is assigned on a rotating basis to remain in contact with on-duty staff at the unit.

Ambulatory Restraints - Utilization of handcuffs, leg irons, black box, and either a waist chain or a chain connecting the black box on the handcuffs to the leg irons; this is generally the first level of restraints utilized in physical management of offender disruptive behavior.

Community Corrections Facility - A residential facility operated by the Department of Corrections to provide the Detention Center Incarceration program in accordance with COV §53.1-67.8 or the Diversion Center Incarceration Program in accordance with COV §53.1-67.7.

Disability - A physical or mental impairment that substantially limits a major life activity.

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

Door Tether - A long 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; offenders shall not be escorted with the door tether attached.

Facility - Any community corrections facility or institution

Five Point Restraints - A method of restraining an offender where the offender is placed face up on the bed with both arms and legs restrained; a chest strap is placed over the offender's chest.

Flex Cuffs - Plastic restraints that may be utilized in temporary or emergency situations

Four Point Restraints - A method of restraining an offender where the offender is placed face up on the bed with both arms and legs restrained.

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

Impairment - A medically documented physiological condition or disorder affecting a body system; the condition must be of a permanent or long-term nature.

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

Medically Approved Restraints - Any soft restraint that has been approved for use within DOC institutions.

Mid-level Practitioner - Nurse Practitioner and Physician Assistant

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, 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.

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

IV. PROCEDURE

A. Management of Offender Behavior

1. Correctional facilities must control and manage offender behaviors for the safety of the public, employees, and offenders. This may be preemptive control such as the use of restraints when transporting offenders outside secure facilities or it may be control imposed due to the actions or threat of actions by offenders within the facility. This operating procedure provides guidance on the use of restraining devices in DOC facilities. (2-CO-3A-01) (added 10/2/15)
2. Facility staff should provide appropriate intervention and control of unusual or problematic offender behavior as needed to protect the offender, staff, and other offenders, and to maintain a sanitary, safe, and secure environment.
3. Because unusual or problematic offender behavior may occur as the result of physical illness or mental disorder (including personality disorders) or may be deliberately manipulative to gain desired ends, facility administration, security, mental health, and medical staff must work together closely to determine the appropriate level and duration of controls imposed on each offender.
4. The control measures in this procedure must be appropriately matched to the seriousness of the behaviors they are intended to control.
 - a. The controls must not be applied any longer than necessary to manage the targeted behaviors.
 - b. The use of excessive controls may be equated to the use of excessive force.
5. In facilities where a QMHP is not assigned and an offender is demonstrating disruptive, self-injurious behavior or other signs of a possible mental disorder, a Nurse will be notified to provide a preliminary assessment and contact either the QMHP at a designated major facility or the designated Mental Health Clinical Supervisor regarding the possible assessment, treatment, and management of

the individual. Transfers are initiated only as needed and after consultation and review of interventions.

B. Approved Restraint Equipment

1. Restraint equipment authorized for use in the DOC is listed in Attachment 1, *Approved Restraints*.
2. All purchases of security equipment must be approved by the Office of Special Operations.
3. Instruments of restraint may never be applied as punishment and are applied only with the approval of the Facility Unit Head or designee. (4-4190)
 - a. For DOC institutions, this procedure serves as the Facility Unit Head's approval for use of restraints other than restraints applied within a cell, which requires specific advance approval by the Facility Unit Head or designee.
 - b. Each use of restraints in Community Corrections facilities requires the specific approval of the Facility Unit Head.
4. The use of personally owned restraints is prohibited.

C. Restraint Application Procedures (added 9/4/15)

1. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - f. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
2. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
3. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
4. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

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- [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
5. [Information redacted]
- a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
6. [Information redacted]
- a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

D. Approved Offender Behavior Control Techniques

1. Offenders who threaten the safety and security of a Community Corrections facility should be separated from the general population and removed from the facility under a *PB-15, Arrest Authority*.
2. Offenders who threaten the safety and security of an institution may be removed from the general population and placed in special housing by use of appropriate administrative process.
3. Specific property items may be removed from an offender's possession to prevent harm to the offender or others.
 - a. Property removal may range from removing specific items to stripping the cell of all property.
 - b. Any removal of property must be properly documented in accordance with Operating Procedure 802.1, *Offender Property*.
4. Special control measures may be needed for special problems such as restricting water flow to a cell that an offender has tried to flood or the use of restricted feeding procedures for offenders who disrupt food service operation. Any restriction of services to an offender must be properly documented using a *Special Housing: Denial of Activity/Service* 425_F3.
5. Watches consisting of more frequent or continuous observation of the offender may be used to prevent self-injury by the offender in accordance with Operating Procedure 730.5, *Mental Health Services: ~~Suicide Prevention and~~ Behavior Management*.

6. With proper approvals, in-cell restraints may be used to prevent an offender from causing harm to self or others.
7. No control measure shall be imposed and no item or activity shall be withheld for the purpose of punishment or for longer than necessary to ensure the safety and well-being of the offender and others.

E. Reporting Incidents

1. Facility Unit Heads shall report incidents in accordance with Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
2. All use of restraints other than for routine offender movement in institutions and all use of controls must be properly documented and applied under the appropriate administrative controls.
3. A written report shall be submitted to the Facility Unit Head or designee no later than the conclusion of the tour of duty when an offender remains in restraints at the end of the shift. (4-4202) This does not include routine use of restraints, i.e. transportation or movement of offenders in special housing.

V. RESTRAINTS USED AS PREEMPTIVE CONTROL

A. Use of Restraints during Offender Transportation

1. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
[Redacted]
2. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
3. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]

B. Movement of Special Housing Offenders

1. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]

- [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
2. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

C. Other Preemptive Control Situations

1. Hands may be restrained behind the offender's back when, in the judgment of the officer in control, the offender poses a danger to the officer or other persons.
2. The Facility Unit Head may authorize the use of an electronic security belt when deemed appropriate and necessary to move an offender within the facility, during transportation, at hearings, at medical appointments, etc. An electronic security belt shall not be used as an in-cell restraint.
3. An offender in restraints should never be allowed direct contact with an offender who is not restrained.

D. Restraining Offenders with Disabilities

1. Before restraining an offender who may have a medically documented disability, security staff should consult with a physician or mid-level practitioner to determine any restrictions on applying restraints.
2. Unless there is a medically documented restriction regarding the use of restraints, restraints should be applied to disabled offenders taking into account any illness or disability that adversely affects an offender's stability, balance, and/ or coordination in accordance with this operating procedure in the same manner as any other offender. (changed 9/4/15)
3. Force multipliers (chemical agents, impact weapons, canines, etc.) may be used on offenders with disabilities, if necessary to protect the staff, visitors, and other offenders or to control disruptive behavior.
4. Any restraints authorized in this operating procedure may be used on disabled offenders subject to the guidance below and recommendations of a physician or mid-level practitioner.

5. Methods of Restraint for Types of Disabilities

- a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- iv. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

- iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- iv. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- f. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- g. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

E. Restraining Pregnant Offenders (4-4190-1)

- 1. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- iv. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- v. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- 2. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- 3. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- 4. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

VI. MANAGEMENT OF DISRUPTIVE BEHAVIORS

A. Facilities should be operated in a manner which effectively and professionally addresses situations that may precipitate disruptive behaviors.

1. Housing

- a. Appropriate assignment of offenders to housing areas is an important tool in facility management. Operating Procedure 425.4, *Management of Bed and Cell Assignments*, provides guidance to assure that offenders are provided appropriate housing assignments.
- b. The Facility Unit Head should review the demographic composition of general population housing units on a regular basis to ensure that appropriate balance is maintained so that the population is manageable, incident trends are considered, and the climate of the facility is assessed to minimize risk of incidents. Demographic factors to consider include race, creed, color, religion, national origin, and gang allegiance.
- c. Assignments may be based on behavioral adjustment, program status, seniority, need for supervision, and other measurable criteria.
- d. Offender requests for particular assignments may be considered if the request is in keeping with prudent classification and security practices.
- e. Offender requests for housing changes based on reasons of personal safety shall receive prompt attention. Refer to Operating Procedure 425.4, *Management of Bed and Cell Assignments*, and Operating Procedure 830.5, *Transfers, Facility Reassignments*.
- f. Offenders should not be assigned to housing areas with documented enemies as defined in Operating Procedure 830.6, *Offender Keep Separate Management*. Exceptions may be made in disciplinary segregation, segregation, or other controlled areas where special care should be taken to prevent actual contact between known enemies.

2. The facility administration and staff should be available to offenders personally through facility rounds, by written request, and by appointment to communicate offender concerns and address offender problems.

3. Mental Health and treatment staff should assess and provide or recommend appropriate services or other interventions to offenders who have a history of engaging in or threatening self-injury, suicidal, or disruptive behavior.

- a. Every offender should be seen by a doctor or nurse, upon arrival at the facility in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*.
- b. A QMHP should review any suspected "at risk" offender as provided in Operating Procedure 730.5, *Mental Health Services: Behavior Management* ~~730.4, Offenders "At Risk" in Special Housing~~ (changed 9/4/15)
- c. The offender's Counselor should review the offender's VACORIS record to determine any special needs.

4. Recreation and other offender group activities should be monitored to ensure they are not used as cover for offenders to exert control over other offenders.

B. An offender who threatens the safe, orderly operation of a facility may be removed from general population and placed in special housing.

1. Documentation of assignment to and management of special housing units shall be in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments*.
2. When an offender is placed in special housing, the shift commander or designee shall determine if the offender has been screened to identify those with a mental health or physical condition that precludes such an assignment, or requires special care. This screening and any special management instructions needed will be prepared by a QMHP or other appropriate staff in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments*; ~~Operating Procedure 730.4, Offenders "At Risk" in Special Housing~~; and Operating Procedure 730.5, *Mental Health Services*:

~~Suicide Prevention~~ and Behavior Management. (changed 9/4/15)

3. 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* ~~730.4, Offenders "At Risk" in Special Housing~~, and Operating Procedure 720.1, *Access to Health Services*. (changed 9/4/15)
- C. An offender that poses a risk of harm to self or others may have items of property removed from their control to reduce the risk of harm.
 1. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 2. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 3. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 4. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- D. Certain specific offender behaviors require specific control measures that are not included in the other general control techniques. When warranted, these measures may be applied with other techniques as needed.
 1. *Refusal of Food, Hunger Strikes* - See Operating Procedure 730.5, *Mental Health Services: ~~Suicide Prevention and Behavior Management~~*. Any Offender may refuse food for one or more meals, but when staff becomes aware that an offender, on a regular basis, is refusing food or not eating the following steps should be taken: (4-4224)
 - a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 - iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
 2. *Food Abuse, Disrupting Food Service Operations, or Throwing/Smearing Body Waste* - Restricted feeding procedures may be utilized for an offender in special housing who uses food, food service equipment, or body waste in a manner that is hazardous to self, staff, or other offenders. See Operating Procedure 730.5, *Mental Health Services: ~~Suicide Prevention and Behavior Management~~*, for management of offenders who smear or manipulate feces.
 - a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

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- b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
- i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
[Redacted]
- ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
- iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
[Redacted]
- iv. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- v. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- (a) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- (b) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- (c) [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- vi. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
- vii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- viii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
- ix. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- x. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
- ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
- iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
- iv. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
[Redacted]
- v. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]

3. Arson Prevention and Management

- a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]
- b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
[Redacted]
[Redacted]

- [Information redacted pursuant to Code of Virginia]
- c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
4. Cell Flooding
- a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
5. *Self-Mutilation, Suicide Attempt, Threat Of Suicide* - See Operating Procedure 730.5, *Mental Health Services: ~~Suicide Prevention and~~ Behavior Management*.
- E. Restraints Applied Within a Cell for Behavior Management
1. Clinical restraints (Medical or Mental Health) may be ordered by a physician or QMHP in accordance with Operating Procedure 730.5, *Mental Health Services: ~~Suicide Prevention and~~ Behavior Management* and are subject to the notification, authorization and documentation requirements of that operating procedure.
2. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
3. Offenders may not be restrained to the cell bars or any other fixture or equipment of a cell except the bed.
4. Restraints applied within a cell will be removed as soon as the offender's dangerous or disruptive behavior has subsided, and it is determined the offender no longer poses a threat to himself or others.
5. Restraint of an offender within a cell shall be ended as soon as it is safe to do so.
- a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
- c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
6. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]
7. A QMHP will visit the cell and assess the offender within 24 hours of the offender's placement in restraints to ensure that the incident is not attributable to mental illness or confusion on the first working day that the offender is restrained. (changed 9/4/15) (moved 10/2/15)
- a. This assessment will be documented on the *Special Housing Notification: "At Risk" Offender (MH 144)* (see Operating Procedure 730.5, *Mental Health Services: ~~Suicide Prevention and~~*

~~Behavior Management):~~

~~b. The QMHP will determine the extent and frequency of any additional necessary mental health monitoring and/or services.~~

8. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

9. *Four or Five Point Restraints* - Offenders who continue to display dangerous or disruptive behavior may be placed in four/five point restraints only with the approval of the Facility Unit Head or designee. Subsequently, the health authority or designee and a QMHP must be notified to assess the offender's medical and mental health conditions respectively, and to advise whether, on the basis of serious danger to self or others, the offender should be placed in a medical observation unit or recommended for transfer to a designated mental health unit. If the offender is not transferred to a medical/mental health unit and is restrained in four/five point position, the following minimum procedures will be followed: (4-4191)

a. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

b. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

c. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

d. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

e. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

f. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

g. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

h. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

ii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

iii. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

iv. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

i. [Information redacted pursuant to Code of Virginia §2.2-3705.2 (6)]

Exhibit 2



Operating Procedure

Effective Date 2-18-2013	Number 830.A
Amended	Operating Level Local
Supersedes First Issue	
Authority COV §53.1-10	
ACA Standards None	
Office of Primary Responsibility Red Onion State Prison - Wallens Ridge State Prison	

Subject

SEGREGATION REDUCTION STEP-DOWN PROGRAM

Incarcerated Offender Access
Yes ☒ No ☐

FOIA Exempt 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 segregation reduction and re-entry preparation for general population as well as society.

III. DEFINITIONS

Dual Treatment Team (DTT) - A team headed by the Evidence Based Practice (EBP) Managers and representing both Red Onion State Prison (ROSP) and Wallens Ridge State Prison (WRSP); DTT members include and are not limited to: EBP Manager, Unit Manager, Institutional Program Manager (IPM), Intelligence Officer, Qualified Mental Health Professional (QMHP), Facility Medical Director, Counselor, Corrections Officer, and/or any other staff member with relevant information that is assigned by the respective facility's EBP Manager.

Security Level S - A non-scored security level reserved for offenders who must be managed in a segregation 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 offenders 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 interventions at the lower security level have not been successful in eliminating

disruptive behaviors.

- **Re-entry Unit, Security Level S** - Security Level S 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 reenter society. Some services provided during re-entry are education, substance abuse treatment, job training, and risk assessment. Level S offenders with 24 months or less to re-entry will be immediately directed into a re-entry program that incorporates accelerated stages of security with the goal of providing a period of socialization prior to release to the community.

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 841.7, 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 a long term in high security, who have successfully completed necessary programming required to step down from Security Level S into Level 6;
- **Secure 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 retained in segregation; programming will focus on strategies to reintegrate offenders into a general population setting in preparation for advancement to a lower security level.
- **Secure 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 Phase II (SL6)** - Pods designed for offenders in preparation for transfer to a lower security level; programming will focus on beginning the process of re-socialization following potentially lengthy periods housed in segregation. Offenders will work toward participation in limited general population activities such as but not limited to recreation, meals, programming, etc.

Unit Management Team – A multi-disciplinary team comprised of staff assigned to work in a 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 supervisor, 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 segregation 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 Segregation 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. Offenders posing an eminent risk for extreme or deadly violence against staff or other offenders
 - b. Offenders that pose a serious escape risk
 - c. Offenders sentenced for a crime that resulted in public notoriety that would create a serious risk of danger to themselves from other offenders. (This does not replace offenders that would be assigned to protective custody.)
 - d. Recent escape or attempted escape from a secure facility
 - e. Pattern of excessive violent disciplinary charges reflecting inability to adjust to a lower level of supervision where reasonable interventions at the lower security level have not been successful in

eliminating the behavior such as:

- i. Throwing or attempting to throw body waste
- ii. Fire starting
- iii. Breaking sprinkler heads or flooding

3. An offender may be assigned to Security Level S through Institutional Classification Authority (ICA), Central Classification Services (CCS) review, and Regional Operations Chief or designee approval.
4. On assignment to Level S, an offender will be transferred to Red Onion State Prison

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 expectations 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) management path based on their identified risk level
 - ii. Assigned to a privilege status depending on whether they have committed to participate in the step-down program or refused to participate (IM 0, 1, or 2; SM 0, 1, or 2).

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. URICA - to identify Stage of Change
 - c. Referral to SORT program (if applicable)
 - d. TCU Criminogenic Scales
 - i. Social Functioning Scales (SOC)
 - ii. Psychological Functioning Scales (PSY)

- iii. Treatment Needs and Motivation Scales (MOT) (as needed)
- iv. Treatment Engagement and Process Scales (ENG) (as needed)
- e. 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. IM0 are offenders who exhibit inappropriate behavior or choose not to participate in the step-down program and will receive the basic requirements set forth in Operating Procedure 861.3, Special Housing
 - b. IM-SL6 is the lowest security level for this population.
2. Offenders on the Intensive Management Pathway will be accorded privileges in accordance with the Intensive Management Privilege Level chart, Attachment 1. Assignment to privilege levels will be done by the Unit Management Team. Unit Management Team actions should be done informally as a program assignment. Actions should be documented on the Classification Hearings Docket – DOC 11F (see Operating Procedure 830.1, Facility Classification Management) with the ranking member of the Unit Management Team signing as the Program Assignment Reviewer (PAR).
3. Intensive Management Status Level Goals
 - a. Offenders participating in the Step-Down program will be challenged to meet goals in three areas:
 - i. Eliminate disciplinary infractions
 - ii. Meet a set of responsible behavior goals
 - iii. Participate in self-improvement and education programs
 - b. As offenders meet goal levels, they will be eligible to advance in status from IM0, IM1, to IM2. As offenders advance in status, they will earn additional privileges (outlined on a separate IM Privilege Levels 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. Counselors 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 Unit Management Team.
 - b. When an offender receives 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 Unit Management Team will review all such actions.

E. Special Management Pathway (SM)

1. SM privilege levels are SM0, SM1, SM2 and SM-SL6

- a. SM0 are offenders who exhibit inappropriate behavior or choose not to participate in the step-down program and will receive the basic requirements set forth in Operating Procedure 861.3, *Special Housing*.
2. SM 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.
3. Offenders on the Special Management Pathway will be accorded privileges in accordance with the Special Management Privilege Level chart, Attachment 3. Assignment to privilege levels will be done by the Unit Management Team. Unit Management Team actions should be done informally as a program assignment. Actions should be documented on the Classification Hearings Docket – DOC 11F (see Operating Procedure 830.1, Facility Classification Management) with the ranking member of the Unit Management Team signing as the Program Assignment Reviewer (PAR).
4. Special Management Status Level Goals
 - a. Offenders participating in the Step-Down program will be challenged to meet goals in three areas:
 - i. Eliminate disciplinary infractions
 - ii. Meet a set of responsible behavior goals
 - iii. Participate in self-improvement and education programs
 - b. As offenders meet goal levels, they will be eligible advance in status from SM0, SM1, to SM2. As offenders advance in status, they will earn additional privileges (see Attachment 3, *Special Management Privilege Levels*).
 - 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 disciplinary charges.
 - ii. Responsible Behavior will be rated each week by Corrections Officers, Counselors, and the Unit Manager as "*poor, acceptable, or good*" in each category (cell compliance, personal hygiene, standing for count, and respect).
 - iii. Counselors 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.
5. Assignment to Lower Incentive Level -
 - a. Offenders who do not meet the standards for disciplinary, responsible behavior, and/or self-improvement and programming can be placed back to a lower status by a decision of the Unit Management Team.
 - b. When an offender receives 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 Unit Manager and Treatment 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 recommendation 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: IM Closed Pod, Secure Allied Management Pod (SAM), Secure Integrated Pod (SIP), or Step-Down Pod.
 - e. Each sub-population of Security Level 6 (SL6) will have two phases.
2. 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 segregation 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 the days there is no outside recreation
 - e. Outside recreation 1 tier at a time for 1 hour, twice per week.
 - f. Programming face-to-face initially individually and advancing to small groups with a maximum of 15 participants; smaller group sizes will be used when needed and available. The primary curriculum will be *Thinking for a Change*. Additional curriculum may be supplemented to meet the needs of the population and foster successful advancement to lower security levels.
 - g. Walk to meals 1 tier at a time with no more than one tier in the dining hall at a time
3. Phase 2
- a. Double celled
 - b. Unrestrained to shower and recreation
 - c. In-pod recreation 1 tier at a time for 1 hour on the days there is no outside recreation
 - d. Outside recreation both tiers together for 1 hour, twice per week.
 - e. Programming face-to-face in small groups with a maximum of 15 participants; the primary curriculum will be *Thinking for a Change* which may be supplemented with additional curriculum.
 - f. Walk to meals, 1 tier at a time with both tiers collected in the dining hall.
4. Secure Allied Management Pod (SAM) - Security Level 6
- a. The SAM pod is designed for offenders who may be vulnerable to victimization by other offenders as a result of their cognitive impairment or other factors.
 - b. Programming in the SAM pod will focus on stabilizing the offender and increasing their resiliency to determine if they are appropriate for living in general population or if they should remain in a SAM environment. The SAM pod is designed to operate with a more intensive QMHP presence and Corrections Officers attuned to the special needs of this population. It is the responsibility of the QMHP(s) assigned to the SAM pod to identify appropriate programming, structured productive activities, and leisure time activities to ensure time is spent meaningfully.
 - c. Offenders from Level S who meet these criteria and successfully complete SM1 and SM2 goals can be assigned to the Level 6 SAM Pod and can eventually progress to Level 5 SAM at either ROSP or WRSP.
5. Secure Integrated Pod (SIP) - Security Level 6
- a. The SIP pod is designed for offenders who have a pattern of intentionally committing numerous

minor disciplinary violations to ensure that they are retained in segregation rather than returned to general population housing. Programming will focus on strategies to socially reintegrate offenders in preparation for advancement to Level 5.

- b. The SIP pod is used to determine if this population that shares a common interest in avoiding general population social pressures would develop their own more comfortable social system as a means to reducing their misuse of segregation and ability to access programs and services that would be made available in general population.
6. Step-Down Pod - Security Level 6
- a. The Step-Down program is for previously SM offenders who do not meet the criteria for SAM or SIP. (IM offenders are not currently eligible for Step-Down.) They have 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 also have completed the Challenge Series programming increasing the likelihood for a change in thinking and attitude and increased sense of responsibility and maturity.
 - b. However, while in Level S segregation, these offenders 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 re-socialization 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.

G. 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 offenders in Level 6 will be managed in accordance with Operating Procedure 841.7, *Structured Living Unit Program*, to include single celled housing, segregated recreation, and out of cell restraints except for pod workers. Level 6, Phase 1 will have increased privileges over Level S, Phase 2. IM offenders can earn eligibility for additional privileges to include:
 - a. Limited in-pod job assignments, unsecured (meeting specific eligibility criteria)
 - b. Programming in-cell, in therapeutic modules, and in secure chairs up to 5 offenders in a group
 - c. Video visitation and extended in person visitation
 - d. MP3 players available for purchase in commissary for audio books and music
 - e. Productive activities such as a structured art program and creative writing with out of cell meetings in therapeutic modules or secure chairs
 - f. Industry projects out of cell at a secure work table to include such projects as book repair, and other industries to be developed.
 - g. Restricted freedoms and interaction with staff and other offenders for the IM population is temporary. There is a strong commitment to develop a model to support an improved quality of life and greater opportunities for self-improvement for this dangerous population. The goal is to develop a management strategy that includes reduced restrictions, increased freedoms, and increased unrestrained interactions with others. However, at the time of this writing, guidelines or models are not available for predicting safety with a population that has a proven history of carrying out extreme and/or deadly violence. Once the larger Step-Down plan in general is implemented and stable, attention will be focused on additional IM step-down opportunities.

H. 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. For Special Management (SM) offenders:
 - a. Programming will normally be limited to in-cell for SM0.
 - b. At SM1 programming can expand to include Therapeutic Modules.
 - c. Security Chairs can be added at SM2.
 - d. When SM offenders advance to Level 6 for the SIP, SAM, and Step-Down pods, programming can be expanded to include unrestrained small groups.
 - e. Each offender should be assessed to determine their individual readiness and level of safety as they progress to increasing levels of freedom in greater contact with others during programming.

1. Formal Programming

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

J. Re-entry, Level S

1. It is the goal of the DOC that no Level S offender be released directly from segregation without the opportunity for re-entry preparation. Some Level S offenders may pose a risk, especially those offenders meeting IM criteria. The DOC has a professional responsibility to work to effectively reduce the offender's danger to the community and the risk of reoffending, and improve the likelihood of re-entry success.
2. As a reward for successful participation in the Level S Re-entry Program, the ICA may increase the offender's Good Time Earning Level by one level every 6 months.
3. Attention to re-entry begins the day the offender comes into contact with the Department of Corrections. This allows time to develop a success-based re-entry plan. For offenders approaching their release date while assigned to security level S, particular attention will be given to safely creating a pathway for re-entry that may include attainment of GED, completion of vocational training, and building a sufficient savings account.
4. At two-years prior to release Level S offenders will be diverted into a re-entry program from whatever point they may be in the Level S step-down program.
 - a. The re-entry program will include an acceleration of social interactions between the offender, staff, and other offenders as part of a broader re-entry strategy to prepare them for return to the outside community.
 - b. Offenders appropriately participating in level S reentry programming should be prioritized for institutional jobs and any other opportunities to earn pay as a way of supporting their ability to build their re-entry savings accounts.
5. For offenders who have not been programming out of cell, the first six-months of re-entry programming will be delivered in the Therapeutic Modules. In the second six-months, offenders will be advanced to Security Chairs. In the third six-months, offenders will begin unsecured direct contact with staff one-to-one, and advance to small groups with other re-entry offenders of three and eventually to five. Special security measures can be implemented when needed to include programming being delivered by specially trained treatment officers, having a K-9 on the floor or additional officers, or using an electronic belt. For the final six months of re-entry, Level S offenders will be reduced to Level 6 and continue reentry programming. Those offenders demonstrating appropriate behavior will be reduced to Level 5 and transferred to the Sussex I or II re-entry program if their plan includes releasing to the central or eastern regions of the state, or will be moved into the WRSP Level 5 re-entry program if they will be releasing to the western region.

6. Coordination will be developed with the state's Re-entry Project to develop a strong and effective re-entry program for Level S, Level 6, and Level 5 populations. Special attention will be given to the Level S population that has been housed in segregation for an extended period of time, but for whom release is pending.

K. Review of Offender Classification Assignments

1. Annual External Review Team

- a. A team external to ROSP and WRSP will perform an annual review of each offender's case assigned to ROSP and WRSP in Level S. 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. 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 (as approved by Chief of Corrections Operations):
 - i. Regional Operations Chief
 - ii. Regional Administrator
 - iii. Chief of Classification
 - iv. Chief Deputy/Re-entry and Programs Director/Statewide EBP Manager
 - v. Mental Health Program Director
 - vi. Chief Psychiatrist (as needed)
 - vii. Chief Nurse

2. Regional Operations Chief, External Review - The Regional Operations Chief/Regional Administrator will provide an external review in advance of the following situations:

- a. Assignment to Level S
- b. Reclassification from Level S to Level 6 in cases in which the two Wardens do not agree.
- c. Reclassification from Level 6 to Level 5

3. Wardens Review - Wardens are responsible for the following decisions:

- a. Reclassification from Level S to Level 6 based on recommendations of the ICA and review by the Dual Treatment Team; decisions will be made by the Warden of the facility where the Level S offender is located.
- b. For reassignment from Level 6 to Level 5; decision will be made by the Warden of ROSP with an External Review by the Regional Operations Chief/Regional Administrator.
- c. For Level-5 transfers from ROSP to WRSP; 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.

4. Dual Treatment Team Review

- a. The Dual Treatment Team (DTT) is headed by the EBP Managers and consists of staff representing both ROSP and WRSP and is responsible to review offenders and make certain recommendations.
 - i. Recommendations by the Team are reached through dialogue and consensus. Decisions will not be reached by a voting majority.
 - ii. The team is responsible to consider a variety of options when necessary until a recommendation is reached which all members can support.
 - iii. If there is difficulty reaching consensus, then the team should default to the safer option.

Decisions are the responsibility of the Wardens and Regional Operations Chief.

- b. The Dual Treatment Team is responsible for the following reviews and recommendations:
 - i. Advising the Regional Operations Chief and Warden if the team believes an offender may not meet the criteria for Level S (The Dual Treatment Team is authorized to make contact with the staff from any sending facility to gather background information.)
 - ii. Assigning Level S Intake/Orientation offenders at ROSP to IM or SM management pathway
 - iii. Assigning offenders to initial privilege level
 - iv. Assigning SM offenders that have completed Intake/Orientation at ROSP for transfer to WRSP
 - v. Reviewing ICA recommendation of offenders from SM2 to Level 6 and transfer of newly assigned Level 6 offenders from WRSP to ROSP
 - vi. Assigning IM offenders from Level S to Level 6 Closed Pod
 - vii. Assigning offenders to return to earlier levels due to excessive disciplinary behavior or unsatisfactory performance
 - viii. To ensure offender assessment has been complete including criminogenic risk factors and medical/mental health factors.
- c. 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 and level of danger. Therefore, the Dual Treatment Team should meet as a Learning Team at least monthly to dialogue on scenarios as a means to strengthen their evaluation of high risk offenders. Factors the Dual Treatment Team should review would include:
 - i. Identifying possible offender motivators and triggers
 - ii. Investigating not only institutional adjustment history but the history of street behavior and crimes
 - iii. Considering offender intent in addition to the results of their actions
 - iv. Review and interpretation of assessment results (COMPAS, CTS, URICA, etc.)
 - v. Use all available resources to help determine the offender's potential for high risk behavior

5. Institution Classification Authority (ICA)

- a. The ICA will review each Level S and Level 6 offender as necessary to ensure the reclassification of Level S and Level 6 offenders is consistent with Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted), Operating Procedure 861.3, *Special Housing*, and Operating Procedure 841.7, *Structured Living Unit Program*.
- b. The ICA will also review offenders in the following situation:
 - i. Assigning offenders from Level 6 to Level 5 at ROSP
 - ii. For ROSP Level 6 offenders who have been moved to Level 5, an interim review will be done at 6 months to determine if the offender has stabilized at Level 5 and therefore eligible for transfer to WRSP; subsequent reviews will be annual.
 - iii. ROSP Level 5 offenders will be prioritized for transfer to WRSP based on their seniority in Level 5 status. Level 5 offenders who have been assigned to Level 5 Segregation will start their seniority calculation as of the latest date of release from Level 5 Segregation.

L. Evaluation - Project Management and Success Measures

1. Both ROSP and WRSP should collect data monthly as a means of tracking and evaluating the effectiveness of the project in operation. Data should be used to meet two operational goals:
 - a. As a body of information for the Executive Teams from each facility to assess the effectiveness of the operations in meeting the project goals
 - b. Data should be evaluated by the team in an attempt to interpret the causative factors resulting in the data, to acknowledge areas of successful operation, and to identify areas of poor performance and the factors in need of adjustment that are likely to gain successful operation levels.

2. Monthly data should be graphed in a way that month-to-month trends can be easily seen.
3. The following are the minimum categories of data to be reported and reviewed monthly:
 - a. Level S, Intake/Orientation
 - i. Number of Level S offenders in Intake/Orientation (I/O)
 - ii. Length of time in I/O before move to IM or SM
 - b. IM and Level 6 – Intensive Management Offenders
 - i. Number of IM offenders in IM0, IM1 and IM2
 - ii. Length of time in IM before advancing to Level 6, Closed Pod
 - iii. Number of IM offenders in Level 6, Closed Pod
 - iv. Number of IM Level 6 offenders in disciplinary Segregation
 - v. Number of IM Level 6 offenders returned to Level S (internal recidivism)
 - vi. Number of disciplinary charges for IM Level S, and IM Level 6 broken out by violent and non-violent charges
 - vii. Number of physical interventions for IM Level S, and IM Level 6 broken out by use of force, use of gas, use of non-lethal weapons
 - viii. Number of Grievances for IM Level S, and IM Level 6
 - ix. Number of Informal complaints for IM Level S, and IM Level 6
 - c. SM and Level 6 – Special Management Offenders
 - i. Number of SM offenders in SM0, SM1 and SM2
 - ii. Length of time in SM before advancing to Level 6
 - iii. Number of Level 6, broken out by SIP, SAM, and Step-Down Pods
 - iv. Number of Level 6 offenders in disciplinary Segregation
 - v. Number of Level 6 offenders returned to Level S (internal recidivism)
 - vi. Number of disciplinary charges for SM Level S and for Level 6 broken out by violent and non-violent charges
 - vii. Number of physical interventions for SM Level S, and for Level 6 broken out by use of force, use of gas, use of non-lethal weapons
 - viii. Number of Grievances for SM Level S, and for Level 6
 - ix. Number of Informal complaints for SM Level S, and for Level 6
 - d. Level 5 and Level 4
 - i. Number of ROSP Level 5 offenders advanced to WRSP Level 5
 - ii. Number of WRSP Level 5 offenders advanced to SISP Level 4
 - iii. Number of WRSP Level 5 and SISP Level 4 returned to ROSP Level S (internal recidivism)

V. REFERENCES

Operating Procedure 425.4, Management of Bed and Cell Assignments
Operating Procedure 830.1, Facility Classification Management
Operating Procedure 830.2, Security Level Classification
Operating Procedure 841.7, Structured 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


Operating Procedure: 830.A

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than February 18, 2016.


R. C. Mathena, Warden, Red Onion State Prison

2/26/13
Date


Gregory Holloway, Warden, Wallens Ridge State Prison

2/26/13
Date


G. K. Washington, Regional Operations Chief

3/19/13
Date

**IM Privilege Levels** (March 2014) v4

	IM0	IM1	IM2	IM SL6 Closed Pod
Basic Requirements	<ul style="list-style-type: none"> • Library books, 2 per week • Religious materials in cell • Legal materials in cell • Commissary: Restrictive Housing list, \$10.00 per week • TV: mounted on pod wall <ul style="list-style-type: none"> ○ Education channel ○ Religious channel • AM/FM Radio eligible for purchase (with 3 months charge free and no "Poor" Responsible Behavior ratings) • Programming in-cell • Recreation: ACA standards, 1-hour per day outside in rec. cages • Phone calls: 2, 20 minute calls per month • Visitation: one, 1 hour visit per week, non-contact • Cell: single cell • Showers: 3 showers per week • Out of cell: shackled, dual escort 			
Job Eligible	<ul style="list-style-type: none"> • Not Eligible 	Not Eligible	Jobs: <ul style="list-style-type: none"> • Showers Eligibility Criteria: <ul style="list-style-type: none"> • History of safe job performance • Positive trend in COMPAS, CTS, and URICA scores • Positive Responsible Behavior & Program Scores • One year charge 	Jobs: <ul style="list-style-type: none"> • House Man • Barber • Showers Eligibility Criteria: <ul style="list-style-type: none"> • History of safe job performance • Positive trend in COMPAS, CTS, and URICA scores • Positive Responsible Behavior & Program Scores • One year charge free
Commissary	<ul style="list-style-type: none"> • \$10 per week Seg 	<ul style="list-style-type: none"> • \$10 per week Seg • \$5 Food items 	<ul style="list-style-type: none"> • \$20 per week Inclusive of all purchases 	<ul style="list-style-type: none"> • \$20 per week Inclusive of all purchases
Library Books	<ul style="list-style-type: none"> • 2 per week 	<ul style="list-style-type: none"> • 3 per week 	<ul style="list-style-type: none"> • 4 per week 	<ul style="list-style-type: none"> • 5 per week



Visitation	<ul style="list-style-type: none"> one, 1 hour visit per week, non-contact 	<ul style="list-style-type: none"> one, 1 hour visit per week, non-contact 	<ul style="list-style-type: none"> one, 1 hour visit per week, non-contact; added time request will be evaluated 	<ul style="list-style-type: none"> 2 hours total Saturday and Sunday added time request will be evaluated
Phone Calls	<ul style="list-style-type: none"> 2 calls per month 	<ul style="list-style-type: none"> 3 calls per month 	<ul style="list-style-type: none"> 4 calls per month 	<ul style="list-style-type: none"> 5 calls per month
TV In-cell (from commissary)	<ul style="list-style-type: none"> Ineligible 	<ul style="list-style-type: none"> Education channel Religious channel Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m. 	<ul style="list-style-type: none"> Education channel Religious channel Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m. ○ Special events 	<ul style="list-style-type: none"> All channels, all time
AM/FM Radio (eligible to purchase from commissary)	<ul style="list-style-type: none"> Ineligible 	<ul style="list-style-type: none"> Purchase from commissary 	<ul style="list-style-type: none"> Purchase from commissary 	<ul style="list-style-type: none"> Purchase from commissary
Programming	<ul style="list-style-type: none"> In-cell 	<ul style="list-style-type: none"> In-cell Therapeutic Module 	<ul style="list-style-type: none"> In-cell Therapeutic Module Secure Chair 5 maximum per group 	<ul style="list-style-type: none"> Secure Chair 5 maximum per group
Video Visitation	1 per month <ul style="list-style-type: none"> 6 months charge free 	1 per month <ul style="list-style-type: none"> 1 year charge free 	1 per month <ul style="list-style-type: none"> 18 months charge free 	2 per month <ul style="list-style-type: none"> 618 months charge free
MP3 Player (purchase from commissary)	<ul style="list-style-type: none"> Not eligible 	Eligible to purchase from commissary <ul style="list-style-type: none"> Audio books; 1 per month 	Eligible to purchase from commissary <ul style="list-style-type: none"> Audio books; 1 per month 	<ul style="list-style-type: none"> Audio books; 1 per month Music; 1 per month
Productive Activities:				



VIRGINIA DEPARTMENT OF CORRECTIONS
IM Privilege Levels

Operating Procedure 830. A Attachment #1

Structured Art Program / Art Contests (at designated intervals)	• Not eligible	• Not eligible	• Not eligible	• Eligible
Structured Creative Writing Program	• Not eligible	• Not eligible	• Not eligible	• Eligible
Industry/Work Table Projects				
Food Service Support	• Not eligible	• Not eligible	• Not eligible	• Eligible



IM/SM Status Rating Chart

Offender: _____ Responsible Behavior: P – Poor Program: I-Incomplete
A – Acceptable C-Complete
G- Good +-Positive Effort

Date	Staff	Responsible Behavior				Program Participation	Disciplinary Charges
		Cell Compliance	Personal Hygiene	Count	Respect		
	CO						
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VIRGINIA DEPARTMENT OF CORRECTIONS
IM/SM Status Rating Chart

Operating Procedure 830.A Attachment#2

	UM						
	Couns						
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**SM Privilege Levels** (March 2014) v6

	SM0	SM1	SM2	SL6, Phase 1	SL6 Phase 2
Basic Requirements	<ul style="list-style-type: none"> • Library books, 2 per week • Religious materials in cell • Legal materials in cell • Commissary: Restrictive Housing list, \$10.00 per week • TV: mounted on pod wall <ul style="list-style-type: none"> ○ Education channel ○ Religious channel • AM/FM Radio eligible for purchase (with 3 months charge free and no "Poor" Responsible Behavior ratings) • Programming in-cell • Recreation: ACA standards, 1-hour per day outside in rec. cages • Phone calls: 2, 15 minute calls per month • Visitation: one, 1 hour visit per week, non-contact • Cell: single cell • Showers: 3 showers per week Out of cell: shackled, dual escort 				
Job Eligible	<ul style="list-style-type: none"> • Ineligible 	<ul style="list-style-type: none"> • In-pod job • 2nd priority after SM2 	<ul style="list-style-type: none"> • In-pod job • 1st priority 	Jobs: <ul style="list-style-type: none"> • House Man • Barber • Showers Eligibility Criteria: <ul style="list-style-type: none"> • Positive Responsible Behavior & Program Scores • One year charge free 	Jobs: <ul style="list-style-type: none"> • House Man • Barber • Showers Eligibility Criteria: <ul style="list-style-type: none"> • Positive Responsible Behavior & Program Scores • One year charge free
Commissary	<ul style="list-style-type: none"> • \$10 per week Seg No food items 	<ul style="list-style-type: none"> • \$10 per week Seg • \$5 Food items 	<ul style="list-style-type: none"> • \$10 per week Seg • \$10 Food items 	<ul style="list-style-type: none"> • \$20 per week inclusive of all purchases 	<ul style="list-style-type: none"> • \$30 per week inclusive of all purchases
Library Books	<ul style="list-style-type: none"> • 2 per week 	<ul style="list-style-type: none"> • 3 per week 	<ul style="list-style-type: none"> • 4 per week 	<ul style="list-style-type: none"> • 5 per week 	<ul style="list-style-type: none"> • 5 per week



Visitation	<ul style="list-style-type: none"> • one, 1 hour visit per week, non-contact 	<ul style="list-style-type: none"> • one, 1 hour visit per week, non-contact 	<ul style="list-style-type: none"> • one, 1 hour visit per week, non-contact; added time request will be evaluated 	<ul style="list-style-type: none"> • 2 hours total Saturday and Sunday • added time request will be evaluated 	<ul style="list-style-type: none"> • 2 hours total Saturday and Sunday • added time request will be evaluated
Video Visitation	<ul style="list-style-type: none"> • Not eligible 	<ul style="list-style-type: none"> • Not eligible 	<ul style="list-style-type: none"> • Once per month; must be 18 months charge free 	<ul style="list-style-type: none"> • 2 per month • 18 months charge free 	<ul style="list-style-type: none"> • 2 per month • 18 months charge free
Phone Calls	<ul style="list-style-type: none"> • 2 calls per month 	<ul style="list-style-type: none"> • 3 calls per month 	<ul style="list-style-type: none"> • 4 calls per month 	<ul style="list-style-type: none"> • Unlimited 	<ul style="list-style-type: none"> • Unlimited
TV In-cell (from commissary)	<ul style="list-style-type: none"> • Ineligible 	<ul style="list-style-type: none"> • Education channel • Religious channel • Entertainment channels • Fri 12:00 noon to Mon 6:00 a.m. 	<ul style="list-style-type: none"> • Education channel • Religious channel • Entertainment channels • Fri 12:00 noon to Mon 6:00 a.m. • Special events 	<ul style="list-style-type: none"> • All channels all time 	<ul style="list-style-type: none"> • All channels all time
AM/FM Radio (eligible to purchase from commissary)	<ul style="list-style-type: none"> • Ineligible 	<ul style="list-style-type: none"> • Purchase from commissary 	<ul style="list-style-type: none"> • Purchase from commissary 	<ul style="list-style-type: none"> • Purchase from commissary 	<ul style="list-style-type: none"> • Purchase from commissary
Programming	<ul style="list-style-type: none"> • In-cell 	<ul style="list-style-type: none"> • In-cell • Therapeutic modules 	<ul style="list-style-type: none"> • In-cell • Therapeutic modules • Program chairs (groups up to 5) 	<ul style="list-style-type: none"> • In-cell • Therapeutic modules • Secure Chair • 5 maximum per group 	<ul style="list-style-type: none"> • In-cell • Therapeutic Module • Secure Chair • 5 maximum per group



VIRGINIA DEPARTMENT OF CORRECTIONS
SM Privilege Levels

Operating Procedure 830.A Attachment #3

JP4 Player	Not eligible	Not eligible	Not eligible	<ul style="list-style-type: none">• Audio books; 1 per month• Music; 1 per month	<ul style="list-style-type: none">• Audio books; 2 per month• Music; 2 per month
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EXHIBIT 3
(Filed Under Seal)

Exhibit 4



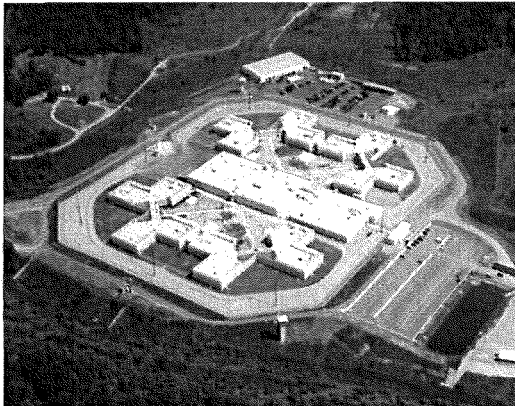
**Red Onion State Prison and Wallens Ridge State Prison
*Security Level –S and Level- 6 Operations Strategy***

***Restrictive Housing Reduction
Step-Down Program***

Guided by Evidence-Based Practices

"Partnering Science with Corrections"

September, 2017 [Update]



Red Onion State Prison



Wallens Ridge State Prison

Approval Signatures

I have received, reviewed and approved the Restrictive Housing Reduction Step-Down Plan for Red Onion State Prison and Wallens Ridge State Prison.

_____*Signature on File*_____
A. David Robinson, Date
Chief of Corrections Operations
Virginia Department of Corrections

_____*Signature on File*_____
H. Scott Richeson Date
Deputy Director of Reentry and Programs

_____*Signature on File*_____
Randall C. Mathena Date
Security Operations Manager

_____*Signature on File*_____
Henry J. Ponton Date
Regional Operations Chief, Western Region

_____*Signature on File*_____
Marcus Elam Date
Regional Administrator, Western Region

_____*Signature on File*_____ *Signature on File*_____

Jeffery Kiser Date
Warden, Red Onion State Prison

Carl Manis Date
Warden, Wallens Ridge State Prison

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Acknowledgments:

Original Planning Team- August 2012

Red Onion State Prison:

Talbert Bolling, Correctional Officer
Ronnie Brock, Asst. Food Services Mgr.
Bob Mullins, Correctional Officer
Israel Hamilton, EBP Manager
Andrew Kilbourne, Unit Manager
Paul Mocer, QMHP
Quinn Reynolds, Inst. Program Mgr.
Joe Stallard, Cognitive Counselor
Kelly Stewart, Correctional Officer
Glenda Tate, RN
Randall Mathena, Warden
Jeffrey Kiser, Assistant Warden

Wallens Ridge State Prison:

Nathan Cope, Captain
James Gallihar, Captain
Marcia Hensley, Inst. Program Mgr.
Kurt Schlobohm, EBP Manager
Gregory Holloway, Warden
David Zook, Assistant Warden
Rick White, Statewide EBP Mgr.
Marty La Barbera, Consultant

Update Team – March 2014

LaFayette Fleming, Statewide EBP Mgr.
Jeff Artrip, EBP Manager ROSP
Greg Swiney, Unit Manager ROSP
Andy Kilbourne, Unit Manager ROSP

Paul Mocer, Qualified Mental Health
Professional ROSP
Todd Farris, EBP Manager WRSP
Dennis Collins, Unit Manager WRSP

Update Team – August 2015

LaFayette Fleming – Statewide EBP Mgr.
Dwayne Turner – Unit Manager ROSP
Tori Raiford – Unit Manager ROSP
Brett Stallard – Counselor ROSP
Christopher Gilbert – Lieutenant ROSP
Chelsea Adams – QMHP ROSP

Todd Farris – Chief of Housing & Prog.
WRSP
Dennis Collins – Unit Manager WRSP
R.A. Light - Lieutenant WRSP
Chris Tiller – Cog. Coun. WRSP

Update Team - May 2015 - 2017

LaFayette Fleming – Statewide EBP Mgr.

*Tori Raiford – Statewide Restrictive
Housing Coord.*

Amee Duncan – Unit Manager ROSP

Greg Swiney – Unit Manager ROSP

Brett Stallard –Counselor ROSP

Chelsea Adams – QMHP ROSP

*Todd Farris – Chief of Housing & Prog.
WRSP*

Dennis Collins –Unit Manager WRSP

R.A. Light - Lieutenant WRSP

Chris Tiller – Cog. Coun. WRSP

Introduction

Operations Strategy for the ROSP/WRSP Step-Down Program Based on Evidence-Based Guidelines

PROJECT GOALS

1. To operate a prison management system that creates a pathway for offenders to step-down from Level S to lower security levels in a way that maintains public, staff, and offender safety, by applying the principles of evidence-based practices to ROSP and WRSP operations.
2. To house Level S, Level 6 and Level 5 offenders at ROSP for two primary purposes:
 - a. To reduce staff stress by providing varied job assignment options
 - b. To maintain a Level 5 proving ground to determine when Level S offenders are ready to dependably function safely in a Level 5 environment.
3. To infuse evaluation into the operation design by setting observable and measurable standards as a means to ensure fidelity; and to infuse research into the plan as a means of assessing outcome effectiveness. Evaluation and research together will support the executive staff in determining areas of strength and areas of adjustment.

EVIDENCE BASED PRINCIPLES

Guidelines for this strategy to continue to meet the established goals and mission for ROSP in concert with WRSP are drawn from the science of Evidence-Based Practices. It is important to understand the point of view derived from the science to be able to properly put the operational changes in perspective. Therefore, at the end of this document is an appendix that outlines the principles that are used to guide the thinking and planning for this project.

CHANGING THE CULTURE OF ROSP

To accomplish the goals of this project requires effecting and fostering a continued change in the culture of ROSP by addressing each of the three primary components that make up the prison culture which are:

1. Staff beliefs, attitudes, skills, and practices;
2. Facility resources and operating procedures; and
3. Offender thinking (beliefs, values, goals, attitudes) and behavior

This will be accomplished by using evidence-based principles and programming to engage and promote pro-social behaviors in offenders as a cultural group including their social influences and lifestyle, changes in the facility operating procedures, and an extensive staff training program.

Section I: Facility Operations

OPERATIONAL MANAGEMENT STRATEGY, SECURITY LEVEL S

Level-S offenders will be managed per Special Housing Guidelines policy 861.3 which includes all practices set out in this policy for the secure management of Level S offenders.

SYSTEMS COMPONENTS

LEVELS OF REVIEW

Bi-Annual External Team Review

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:

- Is the offender currently appropriately assigned to Level S?
- Does the offender meet the criteria for the Intensive Management or Special Management path to which they are assigned?
- Does the offender require a pathway change at this time?
- Has the Dual Treatment Team made appropriate decisions to advance the offender through the step-down process?

Copies of the documentation reviewed during this event shall be maintained by Red Onion State Prison and Offender Management Services.

The External Review Team will consist of the following members or designee:

- Security Operations Manager, **Chairman**
- Regional Operations Chief of Eastern and Central Regions
- Chief of Offender Management
- Manager of Classification and Records
- Reentry and Programs Administrator
- Chief of Mental Health Services
- Chief Nurse

Western Regional Operations Chief, External Review

The Regional Operations Chief/Regional Administrator will provide an external review in the following situations:

1. 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.
2. 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

Wardens Review

Wardens are responsible for the following decisions:

- For reassignment from Level S to Level 6, decisions will be made by the Warden of ROSP or WRSP depending on where the Level S offender is located.
- 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.

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

Central Classification Services (CCS) Review

- 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)
- The Warden and Western Regional Operations Chief or designee will have final approval for the increase of security level "S"

Dual Treatment Team Review (DTT)

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.)

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 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

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.

Building Management Committee

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)

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.

Institution Classification Authority (ICA)

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.

ADVANCED SECURITY PRACTICES

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:

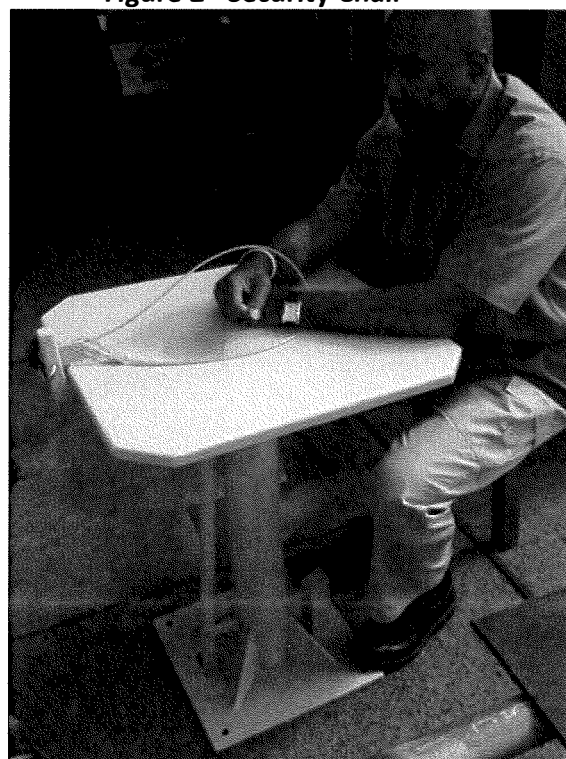


- Therapeutic Modules (Figure 1) and Security Chairs (Figure 2) will be used to allow Level S offenders to come out of cell for individual interviews or to join small groups (of up to 5 offenders) facilitated by a Counselor or Treatment Officer. This increases the effectiveness of programming while ensuring safety for both staff and other offenders.

Figure 1 - Therapeutic Modules



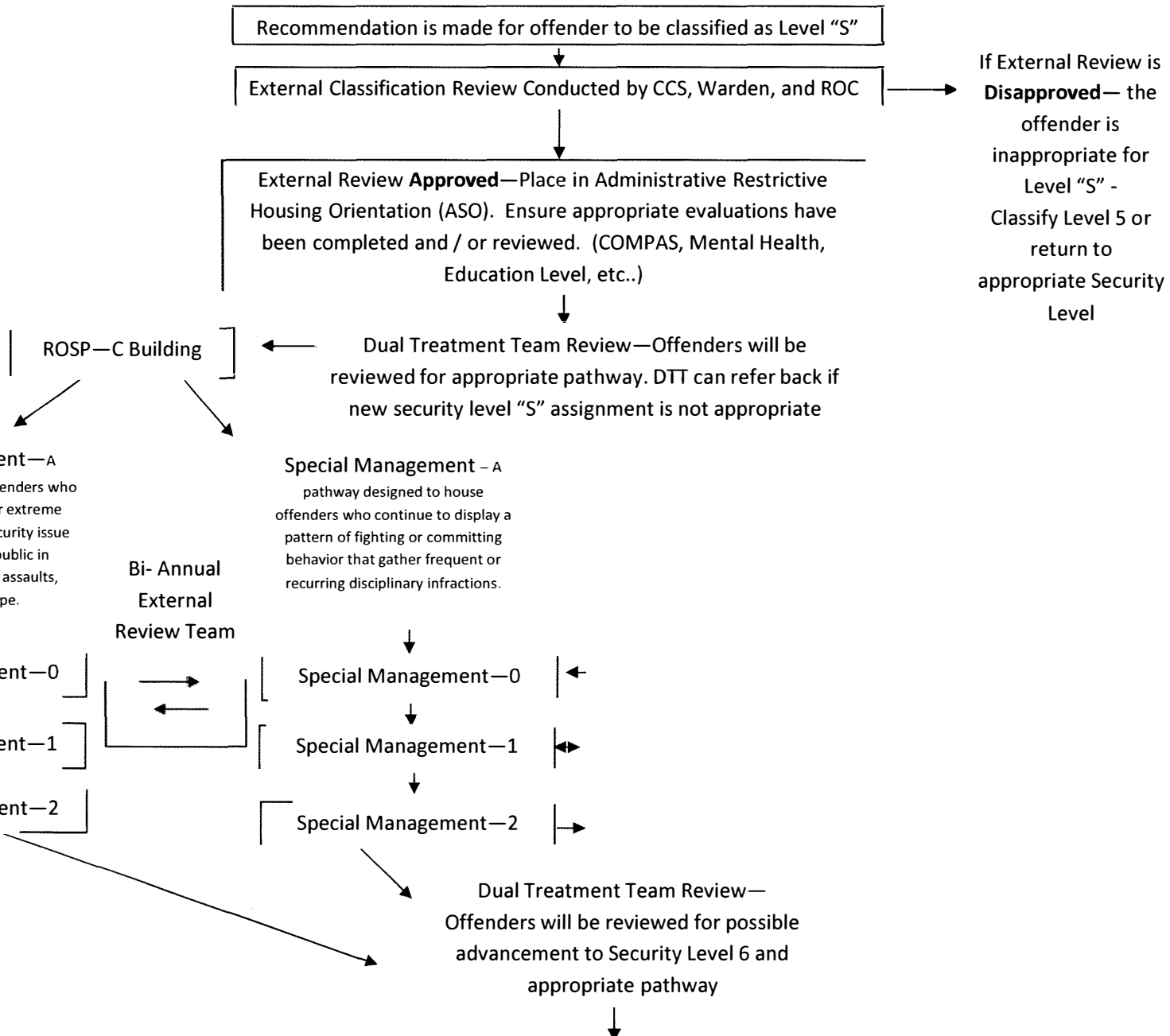
Figure 2- Security Chair

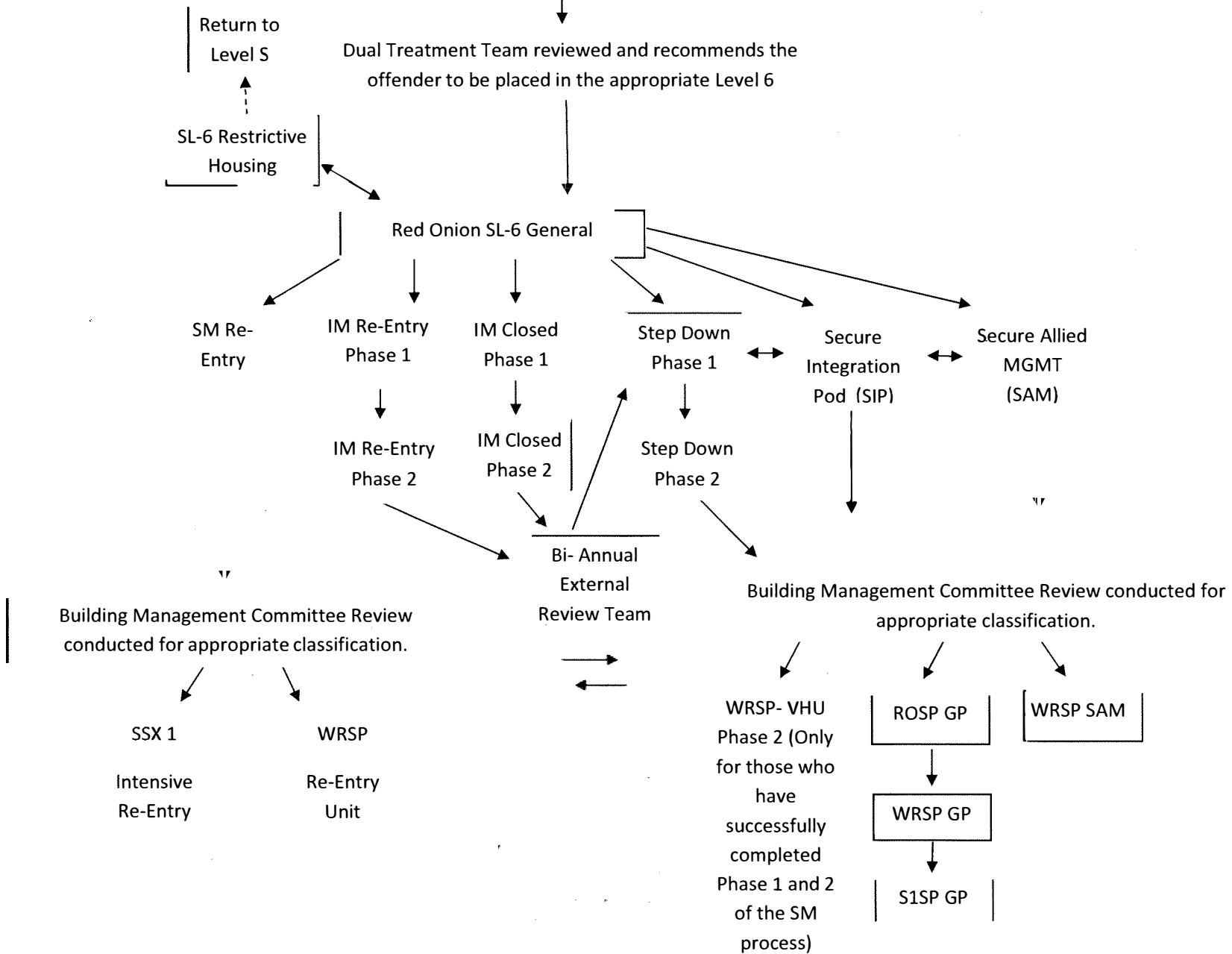


Section II: Offender Interventions

Red Onion State Prison

Level "S" Management Pathways for Restrictive Housing Reduction Step Down Program





Intake/Orientation at ROSP

All Level S offenders arriving at ROSP will be initially housed in the Intake/Orientation Unit and managed per Security Level S restraints and restrictions. Immediately upon arrival, offenders will be provided an orientation to the case plan including goals, expectations, privilege earning process, and step-down process. 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 expectations and benefits the offender can anticipate.

Several primary functions will occur during Intake/Orientation:

- Mental Health Assessment to identify if a history of Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder exist; and any diagnosed mental disorder that may currently be 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 and requires an individualized treatment plan by a qualified mental health professional
- Sub-Group identification;
 - Potential for extreme and deadly violence;
 - High escape risk;
 - High profile crimes that received significant media attention;
 - Frequently recurring disciplinary violations;
 - Intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing; and
 - Found to have been in possession of a weapon on their person while housed at ROSP.
- Management path assignment
 - Intensive Management,
 - Special Management
- Case Plan development and program assignment. (This will begin in the Orientation Pod and continue to be developed and fostered throughout the assigned pathway.
- Privilege status assignment
- Determine special consideration/ need for offender transfer to WRSP as a security level "S" offender

Programming will begin during the offender's stay in the Intake/Orientation unit.

By the completion of the Intake/Orientation process, offenders will be: 1) assigned to one of the two management paths of either Intensive Management (IM) or Special Management (SM), and 2) assigned to a privilege level depending on whether they have committed to participate in the step-down program or refused to participate (IM 0, 1, or 2; SM 0, 1, or 2).

Screening and Assessments

Intake/Orientation

Each Security Level S offender will complete a battery of assessment instruments during Intake/Orientation and during the step down process to include the following below.

Counselors will engage offenders in a review of the findings from the assessment instruments and use Effective Communication skills to

- 1) Build rapport,
- 2) Validate the offender's profile including risks and needs,
- 3) Engage the offender in developing a program and management plan, and
- 4) Help improve the offender's motivation to participate in the Step-Down program.

The following battery of assessments will be used to establish a baseline for each offender.

COMPAS – The findings from the COMPAS will be used to assist with program planning based on identified risks and needs.

**** To include all other assessments deemed necessary by VADOC Operating Procedures****

Security Level 6

Assessments such as Criminal Thinking Scales (CTS) will be utilized at the beginning and completion of Thinking for a Change to assist in the measure change.

Criminal Thinking Scales (CTS) – introduced at intake to create a baseline of criminogenic thinking and repeated at intervals to measure change in criminal thinking

- ✓ Entitlement
- ✓ Justification
- ✓ Power Orientation
- ✓ Cold Heartedness
- ✓ Criminal Rationalization
- ✓ Personal Irresponsibility

STEP-DOWN PROGRAM PARTICIPATION AS A CHOICE

Prior to completing the Intake/Orientation process, offenders will be assigned to a management path and will be presented the option to participate in the step-down program or not.

Those who do not choose to participate will be assigned to IM 0 or SMO which are non-privilege statuses where offenders merely serve their time. These offenders are provided with their basic requirements that meet constitutional standards such as, but not limited to, medical care, access to a law library, hygiene items, access to phones, in-cell education and religious programs, recreation, showers, and meals.

Offenders who, during Intake/Orientation, choose to participate in the step-down program, or who have previously refused but later request to participate, can begin the process to earn increasing privileges and eligibility for classification reduction and transfer to lower security level facilities. The goal is to motivate offenders to participate in the step-down program which includes three areas of commitment by the offender:

1. **Disciplinary Violation goals** – to reduce or eliminate disciplinary violations
2. **Responsible behavior goals**
 - **personal hygiene** (*If a security level "5" or "6" offender participating in the Restrictive Housing Reduction Step-Down Program refuses to comply with DOC grooming standards on religious principles, the offender will be charged with Offense Code 133, Refusal to obey an order to comply with the Department's grooming standard, (see Operating Procedure 861.1, Offender Discipline, Institutions). The offenders "Status Rating Chart" will **NOT** result in a "P" (Poor) for the personal hygiene category).*)
 - **standing for count**
 - **cell compliance**
 - **deportment; satisfactory rapport with staff and offenders**
3. **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.

The disciplinary violation goals are designed to improve respect for authority, improved decision making, and replace impulsivity with forward thinking. The responsible behavior goals are designed to develop a routine pattern of responsible and mature behavior. The program participation goals are to involve offenders in evidence-based programs that are proven to have a positive impact on offender thinking, beliefs, and attitudes which, in turn, support and reinforce responsible and mature behavior.

PROGRAMMING at Level S

Following completion of orientation, assessment and case planning, and security Level S sub-group assignment, both IM and SM offenders who commit to participate in the step-down program will be directed to begin participating in programming based on the case plan. For all Level S offenders, programming will begin in-cell. However, more effective programming is possible with increased counselor and offender direct contact and in groups of peers facilitated by counselors or other treatment staff.

Curriculum

The basic program to be used with Level S offenders will be the *Challenge Series* which includes seven journals designed to be used for in-cell programming. The Federal Bureau of Prisons in collaboration with the *Change Companies* developed this series specifically for offenders in Restrictive Housing. The Journals include the following:

- Journal 1 – Orientation: a motivational enhancement program designed to increase the level of motivation and engagement by the offender in the remaining series.
- Journal 2 – Rational Thinking: a fundamental cognitive-behavioral training program.
- Journal 3 – Criminal Lifestyles: provides insight into the thinking and attitudes that trap offenders in a lifestyle of crime; introduces the idea that lifestyles can change.
- Journal 4 – Violence Prevention: building on the cognitive-behavioral training as a base, this journal increases awareness of what leads up to violence and teaches and practices techniques to intervene.
- Journal 5 – Communication: introduces positive communication techniques.
- Journal 6 – Lifestyle Balance: introduces that a healthy lifestyle has a balance of work, relationships, and leisure time.
- Journal 7 – Transition: prepares the offender to leave a Restrictive Housing setting and return to interacting more with other offenders.

Program Delivery: In-Cell, Therapeutic Modules, Program Chairs, Small Groups

For IM offenders, in-cell programming will continue until the offender's pattern of programming and motivation are better understood, and counselor to offender rapport has had time to be established. Dialogue will be ongoing to determine at what point IM Level 6 Closed Pod, Level 1 might be implemented and when the appropriate programming tools are utilized. These factors can be used to help determine a safe time to begin moving the offender from their cell to Therapeutic Modules to the Security Chairs for programming. Program Chairs will be used with offenders during Level 1 in the SL6 Closed Pod. At Level 2 in the SL6 Closed pod, programming can be expanded to include small groups. Each offender should be assessed to determine their individual readiness and level of safety as they progress to increasing levels of freedom in greater contact with others during programming.

For SM offenders, programming is recommended to be limited to in-cell for SM0. At SM1 programming can expand to include Therapeutic Modules. Program Chairs can be added at SM2. When SM offenders advance to Level 6 for the SIP, SAM, and Step-Down pods, programming can be expanded to include unrestrained small groups. Each offender should be assessed to determine their individual readiness and level of safety as they progress to increasing levels of freedom in greater contact with others during programming.

IM Management Path	IM Program Delivery	SM Management Path	SM Program Delivery
IM0	In-Cell	SM0	In-Cell
IM1	In-Cell Therapeutic Modules	SM1	In-Cell Therapeutic Modules
IM2	In-Cell Therapeutic Modules Program Chairs	SM2	In-Cell Therapeutic Modules Program Chairs
SL6 IM Closed Pod Level 1	In-Cell Program Chairs	SL6 SIP and SAM,	Program Chairs Small Groups
SL6 IM Closed Pod Level 2	In-Cell Program Chairs	SL6 Step Down Phase 1 and Phase 2	Small Groups
SL6 IM - Re-Entry	Program Chairs	SL6 SM - Re-Entry	Program Chairs

Level S/Level 6 Reentry Program

(see APPENDIX H: ROSP Level S/Level 6 Reentry Program, Comprehensive Success-based Reentry)

Narrative

A number of offenders are released to the community from Level S each year. It is the goal of the department that no Level S offender be released directly from Restrictive Housing without the opportunity for reentry preparation. A number of Level S offenders may pose a risk, especially those offenders meeting IM criteria. However, the department considers it unconscionable that a Level S offender might be considered too dangerous for unrestrained contact with others in prison, yet they would be released directly from Restrictive Housing onto an unsuspecting citizenry in the community. Therefore, given that this population may pose a risk, the department's position is that the facility is in the best position to bear that risk. The department has a professional responsibility to work to effectively reduce the offender's danger to the community and the risk of reoffending, and improve the likelihood of reentry success. To ensure that a strong and effective reentry program for Level S, Level 6, and Level 5 populations exists, coordination will be maintained with the Reentry Department and other

external stakeholders. Offenders who choose not to enter the Re-entry housing units, and remain as Level S will be offered the opportunity to participate in available Re-entry programming.

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.

Reentry Assessment

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

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

Reentry Steps

Once assigned to the Reentry Program, an intensive battery of programming will be instituted that incorporates up-to-date evidence-based reentry programming and services as well as a component of socialization that includes unrestrained face-to-face interactions with staff and other offenders to be responsive to the possible extensive period of social Restrictive Housing. This program will be operated in a manner that maximizes the safety for both staff and offenders while maintaining a clear understanding that this population poses a risk.

SM Re-Entry

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

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.

Progression from restrained to unrestrained movement in SM-Re-Entry will be determined with the approval of the building committee.

For the final ten months of reentry, Level 6 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.

IM Re-Entry

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.

Security measures will mirror those currently utilized within IM Closed. Progression from Phase I to Phase II IM Re-Entry will be determined based on the review and approval of the Building Management Committee.

Phase II offenders may walk unrestrained to and from the showers and recreation when no other offenders or staff members are present on the pod floor.

Timeline for offenders participating in the SM Re-Entry Program

Timeline	24 Months to Release	16 Months to Release	10 Months to Release	Prior to Release
Programming	Step 1 Security Chair Programming	Step 2 Socialization Unrestrained Programming (Individually) (Small Groups of Offenders)	Step 3 Intensive Reentry	Direct communication on with Community Supervision Officer (in addition to CORIS)
Security; Accepting the Risk to Improve Public Safety	Dual Escort in restraints	Escort and Programming with Treatment Officers #1 Double Escort to Program Area #2 No Escort to Program Area Programming on Pod Floor	Reclassify to Level 5; transfer to WRSP or SISP Intensive Reentry Program	Counselor <u>DIRECT COMMUNICATION</u> with community supervision officer to advise progress or failure in Socialization. <u>Do not make</u> predictions regarding public safety

Security Level S, MANAGEMENT PATHS

By the completion of the Intake/Orientation phase, all Level S offenders will be assigned to a specific management path:

1. Intensive Management (IM)

2. Special Management (SM)

1) Intensive Management (IM):

Offenders in the following sub-groups will be managed in the Intensive Management path:

- Offenders with the potential for extreme and deadly violence

Intensive management strategies will be used for offenders that meet the following criteria:

- Offenders with a history that indicates the willingness to carry out intentional serious or deadly harm
- Street charges of murder or assault with the intent to kill.
- Institutional charges with the intent to seriously harm or kill staff or offenders.

Offenders with the potential **for extreme and/or deadly violence** 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 behavior that may be generally compliant with a pattern of positive institutional adjustment even when providing more than a year of compliant, polite, and cooperative behavior and attitude. Alternatively, this offender may present a routinely disruptive and threatening pattern of behavior and attitude.

This group is differentiated from other offender groups by behavior that would include the intent to commit extreme/deadly violence, while other offender groups might have been in fights but lack the desire or intent to seriously injure or kill.

Despite a pattern of compliance, this group is seen as posing the greatest threat to corrections staff and other offenders in that they have proven the capability and willingness to commit deadly violence whether their routine behavior may have been generally compliant for long periods of time, or whether they have made it known that their intention is to kill whenever the opportunity presents itself.

- Offenders with high escape risk -

Offenders with a history of serious and planned escape attempt(s). An unplanned walk-away or an attempt to evade arrest in the absence of extreme violence would not be considered for Intensive Management.

Offenders posing a high risk to attempt an escape may or may not have an extensive criminal history, and may or may not have a history of disciplinary charges. A serious escape attempt is seen as a high risk situation since there is a reasonable expectation that the person attempting to escape has considered and has prepared his self for the likelihood that serious or deadly violence may be needed to affect an escape.

- Offenders with high profile crimes and/or significant media attention and may be targets of other offenders -

Offenders sentenced to prison due to a high profile and notorious crime that most often involved serious violence may be at risk from other offenders that believe they will earn a reputation for assaulting or killing the high profile offender. This group is differentiated from other groups in that there may not be an extensive criminal lifestyle, the high-profile crime may seem inconsistent with their earlier lifestyle, and they are at risk from other offenders. This offender may be compliant and respectful towards corrections staff, and is considered in danger from other offenders due to their notoriety rather than posing a significant danger to others.

For offenders completing Intake/Orientation and assigned to the IM status, a program path has been designed to motivate offenders to participate in evidence-based self-improvement programming and meet basic responsible and mature behavioral goals (reduce or eliminate disciplinary charges, personal hygiene, cell compliance, standing for count, deportment, and program participation).

Programming initially will focus on the *Challenge Series Journals* (a seven journal series). This will potentially be followed by Anger Management, *Thinking for a Change*, or other appropriate Evidence Based Programs that have been identified to address the needs of the offenders participating in the program.

Programming for IM offenders will initially be limited to in-cell and will advance to access Therapeutic Modules and Program Chairs. Therapeutic Modules and Program Chairs are valuable tools that can allow high risk offenders to participate in direct contact with individual and group counseling in a safe setting which provides a more intensive programming experience including direct dialogue with treatment staff as well as other offenders in a safe setting.

IM strategies will follow Special Housing Guidelines policy 861.3 until a dependable method is identified to determine reduced risk. SL-6 currently is the lowest security level for this dangerous population. The project will continue to work on developing safe strategies for reintegrating the IM offenders into general population.

Reducing Dangerousness for IM Status

Offenders with a history and proven capability for extreme or deadly violence will be managed through Security Level S, Intensive Management strategies. Despite a review of the literature and consultation with experts, no reliable assessment instrument or set of criteria has been found as of this writing to predict with certainty the level of dangerousness towards staff or other offenders, by an offender who has exhibited the willingness and capability to perpetrate extreme or deadly violence while incarcerated. The safest strategy is to rely on the evidence-based principle that past behavior is one predictor of the likelihood of future behavior. For the safety of other incarcerated offenders, staff and the public, the DOC must operate with an abundance of caution in managing these high risk offenders, who comprise less than .003% of the DOC population. Even so, the DOC's goal is to manage each offender in the least restrictive environment. Offenders in IM status are

continually reviewed by interdisciplinary and external review teams to determine that continuing them in that status is the best management approach.

When Security Level S offenders are managed with Restrictive Housing restraint policies, their opportunity for violence is effectively curtailed. However, their potential for violence may not be reduced by even an extensive period in Restrictive Housing status. As well, even an extensive period without receiving institutional charges is not considered a trustworthy measure of safety from violent behavior. Therefore, good behavior while managed with Security Level S restraints has not been shown to be a reliable predictor for how dangerous offenders will behave once the restraints are removed.

While they require high security management, several levels of offenders have been placed within Intensive Management to allow them to reinforce positive behavior and allow them to earn privileges including in-pod jobs, increased programming services, commissary spending amounts, etc... Unless they receive a status change via the bi-annual external review for progression into Phase 1 of the Step-Down Process, those offenders who continue to meet the criteria to be assigned to Security Level S, Intensive Management, may progress no further than Security Level 6, Closed Pod at this time.

2) Special Management (SM) (see APPENDIX G, Special Management) :

Offenders in the following sub-groups will be managed in the Special Management path:

Special management strategies will be used for offenders that meet the following criteria:

- Offenders with a history of fighting with staff or offenders or violent resistance towards a staff intervention, but without the intent to invoke serious harm or the intent to kill.
- Histories of patterns of repeated disruptive behavior at lower level facilities, resulting in harm to staff or offenders or serious damage to the facility, and where reasonable interventions at the lower security level have not been successful in eliminating the behavior, such as:
 - throwing or attempting to throw body waste
 - breaking sprinkler heads
 - flooding cell
 - fire starting
- Criteria that would not warrant Level S, SM status:
 - Verbal abuse,
 - door pounding,
 - throwing food,
 - refusing to eat
 - refusing medical treatment
 - possession of a cell phone

- Offenders with frequently recurring disciplinary violations;

Offenders with frequently recurring disciplinary violations will have transferred from a lower security level facility for assaultive behavior, destruction of state property, or other serious and repeated disciplinary violations. Though this person may have had the intent to hurt a staff member or other offender, they do not meet the level of extreme or deadly violence that would warrant the need for Intensive Management. This group most often may have an extensive criminal history and criminal lifestyle, and show a pattern of disrespect for authority or others in general. This offender may generally be non-compliant, demanding, argumentative, and attempt to bully or intimidate corrections staff or offenders; which may escalate into a physical fight. And, the facility has shown reasonable attempts to manage and change this behavior that were not successful.

- Offenders that intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing;

Offenders who intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing will have a pattern of repeated disciplinary charges, non-violent and without intent to commit serious bodily harm. This group is differentiated from other groups in that their disruptive behavior does not generally include the attempt to physically assault or kill. Their disruptive behavior may generally be non-compliant, demanding, argumentative, and attempt to verbally bully or intimidate corrections staff or offenders; but does not generally escalate to physical violence. Instead, they resort to flooding their cells, breaking sprinkler heads, throwing body fluids, and other forms of non-violent behavior. This group of offenders may be motivated by disrespect for authority or by self-protection, and an expressed desire to remain segregated and refusal and fear of socializing with other offenders.

Offenders completing Intake/Orientation and assigned to the SM management path have the option to participate in the step-down program or refuse. Refusal leaves the offender in SM0 status with basic requirements, no privileges, and without consideration for security reduction. SM will allow certain self-improvement opportunities such as, but not limited to, in-cell education, programming, and religious programs.

Offenders who make a commitment to participate in the step-down program from Intake/Orientation will become eligible for SM1 after they prove their commitment to behavior and programming goals, and after achieving certain other goals while in SM0 status. While in SMO, offenders will complete the first and second book of the *Challenge Series Journals* during Intake/Orientation and will advance to SM1 and SM2 where they will continue in the *Challenge Series Journals* 3-7.

Offenders who initially refused to participate who then change their mind and choose to participate remain in SM0 status until they have completed the *Challenge Series Journals* 1 and 2 and meet designated positive behavior standards. They then become eligible to advance to SM1 and on to SM2.

At each step of progress, from SM 1 to SM2 offenders earn added privileges.

At SMO offenders receive programming in-cell. At SM1, offenders receive programming in-cell and in the Therapeutic Module. At SM2, offenders can be provided programming in-cell, in Therapeutic Modules or Program Chairs.

Security Level 6, General Population

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 Level 6. The purpose of Level 6 is to reintroduce offenders into a social environment with other offenders and as a proving ground and preparation for stepping down to Level 5. 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. The various program pods are designed to be responsive to the common goals for each sub-population: Secure Allied Management Pod (SAM), Secure Integrated Pod (SIP), or Step-Down Pod.

Level 6 Intensive Management (IM) Closed Pod (see APPENDIX F, Intensive Management)

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.

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.

Offenders who have advanced to Phase II of this program will have the opportunity to earn eligibility for additional privileges to include:

- Continued privileges outlined in Phase I
- Contact visitation in secure chair
- Extended Commissary spend limits

Restricted incentives, movements and interactions with staff and other offenders for the IM population are temporary. There is a strong commitment to develop a model to support an

improved quality of life and greater opportunities for self-improvement for this dangerous population. The goal is to develop a management strategy that includes reduced restrictions, increased incentives, and increased unrestrained interactions with others. However, at the time of this writing, guidelines or models are not available for predicting safety with a population that has proven history of carrying out extreme and/or deadly violence. Once the larger Step-Down plan in general is implemented and stable, attention will be focused on additional IM step-down opportunities.

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

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 will be allowed to move unrestrained to and from specified activities, such as recreation and showers at the discretion of the building committee.

Level 6 Special Management; SAM, SIP, and Step Down Pods

SIP and SAM Pods: At initial startup of the Restrictive Housing Reduction Step-Down Plan, there was a Fast-Track Program for those initial offenders that were moved directly from Level S to Level 6 SIP and SAM pods. These programs have proven to be effective and will continue to be utilized however; the Fast Track program has been discontinued.

Secure Allied Management Pod (SAM)

The SAM pod is designed for offenders that tend to be easily bullied, manipulated, or taken advantage of by other offenders. A high percentage of these offenders may be mentally ill, developmentally disabled, or mentally retarded; or younger, small in stature, or meek and easily intimidated. In addition to being the victims of predatory offenders, this population may be bullied or manipulated by more predatory offenders to pressure them to participate in disciplinary behavior at the direction of the predatory offender.

Programming in the SAM pod will focus on stabilizing the offenders' mental status and increasing their resiliency to determine if they are appropriate for living in general population or if they should remain in a SAM environment. The SAM pod is designed to operate with a more intensive QMHP presence and Corrections Officers attuned to the special needs of this population. It is the responsibility of the QMHP(s) assigned to the SAM pod to identify appropriate programming, structured productive activities, and leisure time activities to ensure time is spent meaningfully.

Offenders from Level S that meet these criteria and successfully complete SM1 and SM2 goals can be assigned to the Level 6 SAM Pod.

As these offenders display a continued pattern of stability and progression they may be recommended to the Dual Treatment Team for consideration for assignment to the Level 5 SAM at WRSP or Phase 1 Step Down at ROSP. If a consensus cannot be obtained by the Dual Treatment Team, the decision will then be referred to the External Review Committee for consideration. Discussions are currently continuing with WRSP about considerations, protocols and pathways for this to occur.

Secure Integrated Pod (SIP)

The SIP pod is designed for offenders that have a pattern of intentionally committing numerous minor disciplinary violations to ensure that they are retained in Restrictive Housing rather than returned to general population housing. Programming will focus on strategies to socially reintegrate offenders in preparation for advancement to Level 5.

These offenders choose to avoid general population from a number of motivations such as:

- To avoid getting drawn into more serious disciplinary activities that occur in general population
- To avoid other resentful offenders with lengthy sentences that would plot to create trouble for an offender that is approaching release as a way of extending his sentence
- To avoid gang recruitment pressure
- To avoid other undesirable social pressures found in general population

The SIP pod is an experiment to determine if this population that shares a common interest in avoiding general population social pressures would develop their own more comfortable social system as a means to reducing their misuse of Restrictive Housing and ability to access programs and services that would be made available in general population.

SIP is not intended as protective custody. Offenders being considered for SIP should be assessed to determine if they are more appropriate for protective custody housing such as if they have identified enemies.

The following management protocols are in place for both SIP and SAM Units:

- ☐ Single-celled housing
- ☐ Meals will be eaten in cell
- ☐ Move unrestrained to and from outside Recreation cages at one time
- ☐ Move unrestrained to and from Showers one at a time
- ☐ Programming will be delivered in Secure Chairs or small groups in the pod
- ☐ The Challenge Series must be completed prior to entering these programs.

Options: At a minimum of 30 days, offenders may participate in the following options upon being reviewed and approved by 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 recreation up to 1 tier at a time
- ☐ Job eligibility

Step-Down Phase 1 and 2

The Step-Down program is for previously SM offenders that do not meet the criteria for SAM or SIP. 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 also have completed the Challenge Series programming increasing the likelihood for a change in thinking and attitude and increased sense of responsibility and maturity.

However, while in Level 5 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.

WRSP Special Management (SM): Level 5 offenders having completed Intake/Orientation at ROSP may be assigned to SM 1 or 2 and either retained at ROSP or may be transferred to WRSP for specifically addressed circumstances. For WRSP offenders that have completed SM1 and SM2 phases and earned eligibility for advancement to Level 6 a decision will be made by the DTT as to whether these offenders will be returned to ROSP for Level 6.

The following management protocol will apply to the Level 6 Step-Down Program:

Phase 1

- 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.

- Single celled
- Unrestrained to shower and recreation
- In-pod recreation 1 tier at a time for 1 hour on the days that there is no outside recreation
- Outside recreation 1 tier at a time for 1 hour, three times per week.
- 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.
- Walk to meals 1 tier at a time with no more than one tier in the dining hall at a time.

Phase 2

- Double celled
- Unrestrained to shower and recreation
- In-pod recreation by tiers for 1 hour on the days there is no outside recreation
- Outside recreation by tiers for 1 hour, three days per week
- Programming face-to-face in. 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.
- Walk to meals 1 tier at a time with no more than one tier in the dining hall at a time.

SECURITY LEVEL 5 AND WRSP

Offenders who successfully adjust through Level 6 become eligible for Level 5. Offenders that successfully adjust to Level 5 at ROSP become eligible for transfer to Level 5 at WRSP. For previously Level 5 offenders that stepped down through Level 6, Level 5 at ROSP is used as a “proving ground” to determine their ability to successfully adjust to the incentives, responsibilities, and social structure of general population. If they are going to fail, it is considered best that occurs before transfer to a lower level facility. If they succeed, then there is reason for greater confidence that the success will continue following transfer to WRSP or SISF. ROSP Level 5 offenders will be prioritized for transfer to WRSP based on their seniority in Level 5 status. Level 5 offenders that have been assigned to Level 5 Restrictive Housing will start their seniority calculation as of the latest date of release from Level 5 Restrictive Housing. To ensure offender assignment has been complete including criminogenic risk factors and medical/mental health factors.

Level 5 at ROSP will incorporate all of the operational standards and opportunities found at other Level 5 facilities including components such as a complete educational program, religious activities, outdoor recreation, institutional jobs, and chow hall.

EVALUATION OF THE EBP STEP DOWN PROJECT AT ROSP AND WRSP

In collaboration with VADOC's Research and Evaluation Department, the following is a list of possible evaluation areas related both to the Level S and EBP projects.

Outcome Impact

1. Facility
 - a. Disciplinary Violations
 - i. number,
 - ii. severity
 1. Violent
 2. 100 series charges
 3. 200 series charges
 - b. Use of force
 - c. Use of non-lethal weapons
 - d. Offender on offender assaults
 - e. Offender on staff assaults
 - f. Formal grievances
 - g. Informal complaints
 - h. Number of disciplinary Restrictive Housing beds
2. Staff
 - a. Job safety
 - b. Job satisfaction
 - i. Based on different offender management techniques/strategies
 - ii. New job skills that are working or not
 - c. Job stress
 - d. Retention
 - e. Promotions associated with the project
3. Offenders
 - a. Program participation (% offenders active in programming)
 - b. Program completions
 - c. changes as offenders progress in program Management Paths
 - d. CTS scores: change related to progress
 - e. TCU Criminal Characteristics Scales: Psychological Functioning, Social Functioning, Motivation for Treatment, Engagement in Treatment

Project Success Measures

1. Number of Level S, SM offenders moving to Level 6
2. Number of Level S, IM offenders moving to Level 6
3. Length of time in IM before qualifying for Level 6
4. Length of time in SM before qualifying for Level 6
5. Number of ROSP offenders moving to WRSP Level 5

6. Number of WRSP Level 5 offenders moving to SISP Level 4
7. "Internal recidivism" – the number of offenders stepping down but returning to ROSP Level S.

Section II: Staff Development

Staff Training:

Extensive staff training was utilized as a core tactic to support culture change. All staff completed training in Effective Communication and Motivational Strategies (ECMS) during the initial phases of this plan. Executive staff completed a five-day version of this training while all other staff, security and support, completed a two-day version.

ECMS incorporated two main goals. First, effective communication skills and “levels of interaction” were taught as tools for offender management. Second, risk reduction and risk control strategies were introduced to influence new fundamental beliefs about the purpose and tactics that can be used to manage a high risk population. Risk reduction addresses the intent to provide evidence based programs and management practices that change offender thinking and thereby reduce the likelihood of disruptive behavior. Risk control refers to the traditional use of sanctions and restraints to manage offender behavior. Within this is introduced the strategy and design for EBP prison operations.

Since the inception of this plan, these tenets have been introduced into various levels of training within the Department. From Phase 1 and 2 all the way through Basic Correctional Officers Training. Case Management Counselors are provided numerous trainings to assist and develop their skills in utilizing effective interventions to produce accountability for the offender’s actions but awareness and understanding of the areas of their lives that need changing. These trainings in concert with each other are being utilized on a daily basis to create the environment and culture necessary to produce positive changes.

Learning Teams:

Initially, ECMS training and ongoing support for culture change supported through regularly scheduled Learning Teams were the program drivers. All facility staff were organized into Learning Teams from the Executive Learning Team through line officers and support staff. Certain staff were selected and trained as Subject Matter Specialists (SMS) and carry the responsibility as Learning Team Leaders. A series of Learning Team Lesson Plans were developed and put into place to guide reinforcement of the basic ECMS materials. Learning Teams used scenarios and actual events as a source of practical material from which to apply the ECMS skills.

As the understanding of Learning Teams and their many uses have evolved, so have their functions within the institution. Learning Teams utilize the tool of “dialogue” as a basis for the facilitating the conversations that occur during the meeting. Therefore staff has been provided with Dialogue Skills Training as a means to create deeper and more meaningful communications not only within the Learning Team but the entire staffing of ROSP. Essential in dialogue is the ability to suspend judgments when new concepts are introduced, listening for understanding, and conversations that harvest the individual voices of the participants to create a collective thinking of the learning team to promote creative and critical thinking and a level of respect and openness to new ways of operating. Dialogue incorporates several principles:

- **Voices within Dialogue:** Facilitators should acknowledge that participants will naturally take on certain roles when dialogue is practiced
 - Mover
 - Follower
 - Opposer
 - Bystander
- **Practices within Dialogue:** Facilitators should reinforce certain practices that are components of genuine dialogue
 - Utilize a genuine authentic voice to bring a variety of ideas to light
 - Listen for understanding
 - Suspend judgment and utilize inquiry for learning and to create clarification
 - Be respectful and search for Common Grounds as a means to reaching consensus

It is expected that all facility staff, including executive staff, security staff, and support staff, are continue to be organized into Learning Teams and meet in accordance with established policy

Human Capital Appreciation

An important tool to establish a positive staff culture is building a robust series of employee incentives and benefits to recognize increasing proficiency in EBP/Basic Effective Communications knowledge, skills, and attitudes. The assignment of an employee benefits committee is important to develop ideas and manage and maintain employee programs.

In addition to common practices such as employee of the month, birthday recognition, holiday celebrations, and other acknowledgments, EBP facilities have developed employee benefits that maximize the benefits to all employees rather than focusing primarily on a limited number of individuals. Human capital approaches are guided by widely accepted beliefs that staff work best in an environment where they believe their jobs are meaningful, they feel appreciated, communication is clear, and they have the ability to contribute and believe their contributions are valued.

Therefore, the administration should empower an employee committee to propose human capital programs. And, it is essential that approved proposals can be implemented by employee groups that are empowered, resourced, and given sufficient work time to put employee incentives and benefits into practice.

The following are possible human capital programs that staff may potentially value. This is not an all-inclusive listing and can be adapted based on staff needs:

- Career path development programs
 - Mentoring/Coaching
 - Interview preparation class
 - Career path counseling
- Staff Incentives

- Food quality, salad bar, outside food vendor
 - Exercise program
 - Child care cooperative
- Social Organizations (facility sponsored)
 - Sports teams (bowling, softball, golf, etc)
 - Interest groups (motorcycle club, car club,
- Staff Celebrations
 - Holidays
 - Birthdays
- Staff Recognition (earned time off in hour increments; cash bonuses; etc)
 - In addition to programs such as employee of the month that recognizes only one individual, consider developing standards of performance that each employee can achieve and acknowledge and reward every employee that achieves the standard.
 - Recognition of acts of heroic and meritorious behavior
 - Recognition of promotions
- Staff Assistance
 - Emergency/crisis support fund
 - EAP
 - Fund raisers
 - Community Relations Committee

Appendices

APPENDIX A

Definition of Terms

Security Level 5: A level of high security for offenders who have presented the most serious disciplinary problems up to and including extreme or deadly violence. This level helps to ensure the safety of staff and other offenders. [REDACTED]

[REDACTED] Level 5 offenders are permitted two hours per day of recreation in secure recreation pens, three showers per week and phone calls. Programming will be delivered in-cell initially and then can advance to the use of therapeutic modules, and program chairs.

Security Level 6: The security level between Restrictive Housing ('S') and Level 5 that is the first step to introduce offenders who have been in Restrictive Housing into the general population. The purpose of Level 6 is to begin the process of resocialization of offenders who have been housed in Restrictive Housing sometimes for extended periods of time. An advantage that Level 6 provides is the ability to utilize tools (e.g., restraints) which allows the offender to safely step down from high security to lower security management practices. Level 6 is the proving ground to help determine when an offender who has been housed in Restrictive Housing is ready to reintegrate into the less restrictive Level 5 setting.

Program Chairs: Include an attached seat and table with a latching system near the floor that will secure a high-risk offender's ankle shackles and which has an option to secure wrist chains to the top of the table. This provides treatment staff with an alternative to therapeutic modules where they can meet with small groups of high-risk offenders as a step towards a more normalized type of social interaction, e.g., via group counseling.

Therapeutic Modules: Secure booths made from expanded metal to which Level 5 or other high-risk offenders can be escorted and secured individually. Once inside the therapeutic module, restraints can be maintained or can be removed. Our plan is to include three to five therapeutic modules within a room that will allow treatment staff to have face-to-face contact with an individual or small group of high-risk offenders.

APPENDIX B

EBP Principles Used to Guide Recommendations

Following are the EBP principles used to guide this recommendation. It is highly encouraged that any plan that is finally adopted be reviewed to determine if it is based on accepted principles.

- **Risk Management and Risk Reduction Principles:** The mission of ROSP has been expanded. The expanded mission has two components:
 1. To manage offenders safely and securely
 2. To deliver treatment to offenders to reduce their criminogenic risk factors.Historically, risk management strategies were the primary methods for managing Level S offenders. For the expanded mission to be successful, risk reduction strategies must be incorporate and relied on heavily as well.

- **Social Learning Principle: Changing the Culture of ROSP** - To accomplish these goals, the fundamental prison culture will have to be changed by addressing each of the three primary components that make up the prison culture, and by using evidence-based principles and programming to engage and socially engineer the offenders as a cultural group including their social influences and lifestyle:
 1. Staff beliefs, attitudes, skills, and practices;
 2. Facility resources and operating procedures; and
 3. Offender beliefs, values, goals, attitudes, and behavior

- **Responsivity Principle: Offender Management and Program Matching; Organize Offenders into Groups with Common Characteristics and Devise Responses Specific to each Group's Management Needs and Programming Needs** - The facility's responsibilities include both managing offenders safely plus treating offenders in ways that science has shown increase the likelihood for successful outcomes. To do this, the Level S population was sorted based upon identified risks and needs so that strategies can be applied that respond to the specific risks, needs, and characteristics of the target groups.

A close study of the Level S population, influenced by the Nebraska DOC model for managing high security offenders, initially identified four distinct sub-groups that make up the Level S population at ROSP. More recently a fifth sub-group has been identified. Each sub-group deserves a specific behavior management strategy and a specific program strategy. The characteristics that differentiate the sub-groups include the potential for violence, notoriety of their crime, institutional behavior characteristics, factors motivating their institutional behavior, and mental health related conditions.

When these characteristics were applied, the Level S population organized itself into the following five sub-groups:

- those with the potential for extreme and deadly violence, or high escape risk;
 - those with high profile crimes that received significant media attention;
 - those with frequently recurring disciplinary violations;
 - those that intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing; and
 - those that behave abnormally.
- **Responsivity Principle, Program Options and Program Planning:** Programs and motivational enhancements should be delivered in a way that the offender is most likely to gain and that is directed to an identified need. Programming should not be misused as a tool to reduce idleness alone. Programs should be targeted to the specific needs shared by a group of offenders. Therefore, a menu of programs is needed based on the constellation of needs identified in the target population; and assignment to a program should be connected to the need identified in the offender's case plan.

Related to the principle of program matching is the idea that management methods should be matched to the offender characteristics. An offender that misbehaves with non-violent nuisance behavior as a method to remain isolated in Restrictive Housing, should not be managed with the same methods necessary for the offender that poses a serious risk of extreme or deadly violence towards staff or other offenders. Conversely, an offender with a history and high potential for extreme or deadly violence cannot be seen as low risk because they have not misbehaved even for an extensive period of time while in high security.

- **Motivational Principles**
 - **Privileges are used to motivate and introduce desirable behavior the offender would not otherwise do:** Offenders practicing criminal thinking are highly motivated by extrinsic privileges; i.e., they "do the math" and most often make decisions by asking "What's in it for me?" Therefore, for criminal thinkers, a program of privileges is needed to motivate the offender to comply with the behaviors goals set by staff including both management behaviors and program participation
 - **Balancing Positive Rewards and Sanctions:** Privileges and rewards should be delivered in a 4:1 ratio in relation to disciplinary sanctions. Sanctions alone, or a high ratio of sanctions to positive rewards, works against effective change goals by reinforcing criminal thinking
 - **Privileges and Sanctions should be given in short intervals and in close proximity to the associated behavior(s):** For example, a lengthy period, such as a year, before privileges can be earned is not an effective motivator for this population. More

effective would be a series of intermediate steps of one to three months duration with smaller or more limited privileges at each step

- **Privileges should be determined by the point of view of the offender,** what offenders perceive as desirable rather than what staff think is a privilege
 - **Earned Rather than Entitled:** Privileges should be assigned after a clear list of behavior management and program goals and expectations have been achieved. The work required to achieve the privileges establishes the value of the privilege. Privileges granted before a goal is achieved have little to no value and are perceived by offenders as an entitlement they deserve without the need for an investment.
- **Cognitive-Behavioral Programming, Fidelity, and Reinforcement** – Cognitive-behavioral programs have been found to be effective with offenders if they incorporate the goal to teach actual skills using role play and practice techniques. Therefore, at the completion of the program curriculum, there should be a new pattern of thinking that is reinforced with observable and measurable skills that are incorporated in the offender's way of life. Programs should be followed up by staff with strategies to continually reinforce the new thinking, skills, and behavior patterns; otherwise the offender may revert to their original habits.
 - **Systems Perspective:** Components of the step-down recommendation were incorporated from the perspective of a system design where all components work in concert rather than isolated good ideas that may not function effectively as part of a system.
 - **Put in Balance Past Behavior, Change, and Predicting Future Behavior:** When managing offenders, though there is well founded belief that change is possible, science shows that a strong predictor of future behavior is past behavior. In high risk situations, erring on the side of caution and being aware of past behavior is a valuable safety factor. Identifying genuine and resilient change is difficult, and relapse to previous behavior patterns is recognized as a reasonably predictable episode in an otherwise successful change process. Therefore, offenders with a history indicating the ability and willingness to perpetrate serious or deadly violence must be managed with caution even if their behavior has been compliant for a long period of time. The department is aggressively looking for evidence-based information to help predict the likelihood of future violence from an offender that has a history of extreme violence whether or not they have been compliant and well behaved for even extensive periods of time.

APPENDIX C

Using Incentives and Sanctions to Motivate Offender Behavior; Behavior Management and Behavior Shaping

Behavior shaping tools and disciplinary sanctions in combination are strategies that can be used to develop an offender behavior management system. Behavior shaping is moving an offender towards a set of goals for desirable offender characteristics. Disciplinary sanctions deter unwanted behavior.

The limitation of disciplinary sanctions is that they focus only on punishing the unwanted behavior, but they do not teach better behavior.

Behavior shaping is a strategy that starts with a definition of the rehabilitative behavior to be promoted in offenders, and then balances disciplinary sanctions with incentives, privileges, and rewards that motivate increasingly good behavior while deterring unwanted behavior. For example, positive behavior might be:

- accept responsibility for what I do (accept the responsibility that everything I do is a decision I make that I am responsible for; and if I don't like the outcomes from what I do I need to make better decisions);
- develop good decision making skills, think things through smartly rather than react impulsively and emotionally;
- be polite and cordial to others;
- set goals for myself and practice self-direction to use my days to move towards my goals rather than just doing time;
- carry myself with pride, be concerned with my personal appearance and hygiene and the condition of my cell and personal property.
- Accept the rules that being in prison requires I follow, and don't waste my time and energy fighting rules when I have more positive uses of my time.

The EBP methods built into the prison system to reach this goal include:

- ☐ Promoting positive interactions between staff and offenders with Effective Communications trainings and learning teams
- ☐ Using offender programs that are designed to move offenders towards positive characteristics and measuring offender progress through stages of change
- ☐ Creating a system of incentives, privileges, and rewards that become a stronger motivator and the focus of offender attention more than the disciplinary sanctions

A couple of principles

- Earning versus Entitlements – Offenders should start with very little, the minimum entitlements, and have detailed criteria for how they earn increasing privileges. Entitlements are what we are required by law and regulations to provide to offenders.

Privileges are what we have the discretion to provide based on set criteria for earning them only when they meet the positive behaviors we want. Meeting the criteria earns

- Behavior – non-compliant to compliant; number of disciplinary charges
 - Program participation
 - Personal hygiene
 - Cell cleanliness and compliance
 - General attitude and rapport
- Behavior Shaping – the balance between incentives, privileges, and rewards and sanctions that motivate increasingly good behavior while deterring bad behavior. Behavior Shaping requires a definition of good behavior as well as bad behavior.
 - Incentives, Privileges, Rewards:
 - Incentives are things used to encourage an offender to start something positive that they would not likely do on their own (ex: offenders that make a commitment and start a new program get a \$5 commissary coupon)
 - Privileges are sets of desirable things that they can earn to make their daily life better. They earn them by meeting expectations in
 - behavior standards (measured by number and type of charges)
 - personal hygiene standards
 - cell hygiene standards
 - program participation
 - attitude – level of compliance with expectations (hostile to compliant)
 - rapport – level of respectful interactions with staff and offenders (disrespectful, respectful, cordial)

Rewards are given to recognize a significant accomplishment (ex: offenders that successfully complete a program or remain charge free for x number of months get to participate in a celebration including cake and ice cream)

 - We have learned from previous experience to incorporate both individual and pod privileges and rewards

APPENDIX D

SM Orientation Fact Sheet [v5]

All new Level S offenders will be initially housed in the Intake/Orientation Unit. Immediately upon arrival, offenders will be provided an orientation to the case plan including goals, COMPAS, expectations, privilege earning process, and step-down process.

Orientation plans for SM0, SM1 and SM2

*Explanation of Special management-

Offenders with frequently recurring disciplinary violations will have transferred from a lower security level facility for assaultive behavior, destruction of state property, or other serious and repeated disciplinary violations.

***SM-0**-SM0 status includes minimum entitlements, no privileges, and without consideration for security reduction. SM will allow certain self-improvement opportunities such as in-cell education, programming, and religious programs

***SM-1** SM1 status includes eligibility to participate in the step-down program from the Intake/Orientation, offenders will become eligible for SM1 after they prove their commitment to behavior and programming goals after achieving certain goals while in SM0 status.

***SM-2** The SM2 status includes eligibility for offenders to be provided with programming in-cell, and in Therapeutic Modules or Program Chairs.

*After completion of SM1 and SM2 phases at WRSP and having earned eligibility for advancement to SL-6, these offenders will have the opportunity to return to ROSP, which is the only location providing SL-6.

Programming

*Following completion of orientation, assessment and case planning, and security Level S subgroup assignment, SM offenders who commit to participate in the step-down program will be directed to begin participating in programming based on the case plan. For all Level S offenders, programming will begin in-cell. The basic program to be used with Level S offenders will be the *Challenge Series* which includes seven journals designed to be used for in-cell programming. The Journals include the following:

Journal 1 – Orientation: a motivational enhancement program designed to increase the level of motivation and engagement by the offender in the remaining series.

Journal 2 – Rational Thinking: a fundamental cognitive-behavioral training program.

Journal 3 – Criminal Lifestyles: provides insight into the thinking and attitudes that trap offenders in a lifestyle of crime; introduces the idea that lifestyles can change.

Journal 4 – Violence Prevention: building on the cognitive-behavioral training as a base, this journal increases awareness of what leads up to violence and teaches and practices techniques to intervene.

Journal 5 – Communication: introduces positive communication techniques.

Journal 6 – Lifestyle Balance: introduces that a healthy lifestyle has a balance of work, relationships, and leisure time.

Journal 7 – Transition: prepares the offender to leave a Restrictive Housing setting and return to interacting more with other offenders.

***Program Delivery:**

SM0 in-cell programming

SM1 in-cell programming and Therapeutic Models

SM2 in-cell programming, therapeutic Models and Program chairs

Dual Treatment Team Review- The Dual Treatment Team is responsible to review the individual offender's classification step-down pathway to SL-6, and to make certain recommendations. The Dual team may include the following representatives:

- 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.)

Building Management Committee

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)

*The Building Management Committee will use the following criteria to determine eligibility for classification step-down:

- Reducing and eliminating disciplinary charges
- Personal hygiene
- Standing for count
- Cell compliance
- Respect; satisfactory rapport with staff and offenders
- Program participation

***Assessment-** After orientation a COMPAS assessment will be conducted on all offenders to assess– criminogenic risk, needs, criminal thinking, program planning and to develop a case plan.

A review and discussion of the COMPAS with offenders should include the results, ask if this is the way the offender see's himself, ask how they would like to see themselves and what goals they would like to achieve .

Appendix E

Guidelines for Assessing Dangerousness for IM Status

Offenders may arrive in prison with a potential for danger, and in other cases offenders may develop the potential for danger as a result of their prison experience. Offenders with a street history of deadly violence bring that potential for danger with them. Offenders without a street history of deadly violence may develop that potential from their prison experience.

Some offenders may be targeted and threatened by other offenders and use violence towards another offender in self-defense. Some offenders may fall under the direction of an offender leader that might direct an offender to carry out violence. Some offenders may believe they have been mistreated by staff and develop sufficient anger to strike out with deadly violence. Some offenders may strike out impulsively in the middle of an interaction. Other offenders may plan out and lay in wait for an opportunity to assault staff or an offender.

There is no known clear profile that will predict with certainty an offender's level of dangerousness towards staff or others. An assessment of dangerousness will depend on gathering information and making a professional judgment. The following are recommended criteria for information gathering to help make an informed judgment on an offender's level of dangerousness and their initial assignment to IM or SM status as well as safety for stepping down to lower security levels.

1. Does the offender clearly state the intent to harm a staff member or offender?
 - a. Is the intent to invoke serious or deadly harm?
2. Does the offender have a proven emotional capability to kill another person versus, for example, a pattern of fighting but without stepping over the line into intentional deadly violence?
 - a. Has the offender ever killed or attempted to kill another person? If so,
 - i. How many people has the offender killed or attempted to kill?
 - ii. Was it intentional or unintentional?
 - iii. Was it in self-defense or in defense of another?
 - iv. Was it for personal gain such as during a robbery or for hire?
 - v. Was it in the commission of a crime?
 - vi. Was it part of gang behavior?
 - vii. Was the killing particularly dreadful or heinous?
3. Does the offender have an institutional history that includes violence towards staff or offenders?
 - a. Factors:
 - i. Targeting a staff member or another offender?
 - ii. Attempt to invoke deadly harm?
 - iii. Not attempting to invoke deadly harm?

- iv. Self Defense?
 - v. Intentional or not intentional?
 - vi. Provoked or not provoked?
 - vii. Carrying out the direction of another offender or acting on his own?
-
- b. Is there a pattern of violent behavior or is the violence not typical for this offender?
 - c. Is the violence intentional with the intent to kill or invoke deadly harm, or with the intent to harm but not kill?
 - d. Is the violence provoked with the intention of self-defense?
 - e. Is the violence unprovoked but is the intention self-defense?
 - f. Is the violence unintentional such as inflicting harm when the offender's intent was to resist a physical intervention by staff?
-
4. Does the offender have a street history with violence?
- a. Is there a pattern of violent street behavior or is the violence not typical for this offender?
 - b. Is the violence intentional with the intent to kill or invoke deadly harm, or with the intent to harm but not kill?
 - c. Is the violence provoked with the intention of self-defense?
 - d. Is the violence unprovoked but is the intention self-defense?
 - e. Is the violence unintentional such as inflicting harm when the intent was to resist arrest, escape arrest, or avoid capture?
-
5. Does the offender have a history including escape attempt(s)?
- a. Was violence involved during the escape?
 - b. Was the need for violence predicted when planning the escape?
 - c. See item 3.
-
6. Has the offender been a victim of abuse by offenders or staff?
- a. Are there grievances claiming threats from other offenders or mistreatment by staff; and how traumatic do the claims seem?
 - i. Does the grievance indicate physical abuse?
 - ii. Does the grievance indicate emotional abuse?
 - iii. Does the grievance indicate humiliation?
 - iv. Does the grievance indicate intentional mistreatment?
 - v. Does the grievance indicate an ongoing pattern or an isolated incident?
 - vi. Does the grievance name a staff member; does that staff member have a pattern of grievances or grievances from more than one offender?

Appendix F

	IM Privilege Levels				
	IM0	IM1	IM2	IM SL6 Closed & IM Re-Entry Phase 1	IM SL6 Closed & IM Re-Entry Phase 2
Basic Requirements	<ul style="list-style-type: none"> Library books, 2 per week Religious materials in cell Legal materials in cell Commissary: Restrictive Housing list, \$10.00 per week Programming in-cell Recreation: ACA standards, 2-hour per day outside in rec. cages Phone calls: 2, 20 minute calls per month Visitation: one, 1 hour visit per week, non-contact Cell: single cell Showers: 3 showers per week Out of cell: restrained, dual escort 				
Job Eligible	<ul style="list-style-type: none"> Not Eligible 	Not Eligible	Jobs may include: <ul style="list-style-type: none"> Showers Food Service Support Eligibility Criteria: <ul style="list-style-type: none"> History of safe job performance Positive trend in COMPAS and CTS scores Positive Responsible Behavior & Program Scores One year charge 	Jobs may include: <ul style="list-style-type: none"> House Man Barber Showers Food Service Support Eligibility Criteria: <ul style="list-style-type: none"> History of safe job performance Positive trend in COMPAS and CTS scores Positive Responsible Behavior & Program Scores 	Jobs may include: <ul style="list-style-type: none"> House Man Barber Showers Food Service Support Eligibility Criteria: <ul style="list-style-type: none"> History of safe job performance Positive trend in COMPAS and CTS scores Positive Responsible Behavior & Program Scores
Commissary	<ul style="list-style-type: none"> \$10 per week Seg 	<ul style="list-style-type: none"> \$10 per week Seg \$10 Food items 	<ul style="list-style-type: none"> \$25 per week Inclusive of all purchases 	<ul style="list-style-type: none"> \$35 per week Inclusive of all purchases 	<ul style="list-style-type: none"> \$45 per week Inclusive of all purchases
Library Books	<ul style="list-style-type: none"> 2 Bi-Weekly 	<ul style="list-style-type: none"> 3 Bi-Weekly 	<ul style="list-style-type: none"> 4 Bi-Weekly 	<ul style="list-style-type: none"> 5 Bi-Weekly 	<ul style="list-style-type: none"> 5 Bi-Weekly
Visitation	<ul style="list-style-type: none"> one, 1 hour visit 	<ul style="list-style-type: none"> one, 1 hour 	<ul style="list-style-type: none"> one, 1 hour visit 	<ul style="list-style-type: none"> 2 hours total 	<ul style="list-style-type: none"> Friday ; 2 hour

	per week, non-contact	visit per week, non-contact	per week, non-contact; • added time request will be evaluated	Saturday and Sunday non-contact • added time request will be evaluated	contact in secure chair scheduled by Unit Manager 2 hours total Saturday and Sunday non-contact • Added time request will be evaluated
Phone Calls	• 2 calls per month	• 3 calls per month	• 4 calls per month	• 10 calls per month	• 15 Calls per month
TV In-cell (from commissary)	• Ineligible	• Education channel • Religious channel • Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m.	• Education channel • Religious channel • Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m. ○ Special events	• All channels, all time	• All channels, all time
AM/FM Radio (eligible to purchase from commissary)	• Ineligible	• Eligible	• Eligible	• Eligible	• Eligible
Programming	• In-cell	• In-cell • Therapeutic Module	• In-cell • Therapeutic Module • Secure Chair • 5 maximum per group	• Secure Chair • 5 maximum per group	• Secure Chair • 5 maximum per group
Video	1 per month	1 per month	1 per month	2 per month	2 per month
Visitation	• 6 months charge free	• 1 year charge free	• 18 months charge free	• 18months charge free	• 18months charge free
JPS Player	• Eligible	• Eligible	• Eligible	• Eligible	• Eligible
Productive Activities:					
Structured Art Program / Art Contests (at designated	• Not eligible	• Not eligible	• Not eligible	• Eligible	• Eligible

intervals)

Structured

• Not eligible

• Not eligible

• Not eligible

• Eligible

• Eligible

Creative

Writing

Program

IM Status Level Goals (Sept 2017)

	Disciplinary Behavior	Responsible Behavior Goals				Program Participation
		Cell Compliance	Personal Hygiene	Count	Respect	
		<ul style="list-style-type: none"> • Unobstructed windows • Clean/ uncluttered floor • Property neatly stored • Light uncovered • Clear view through cell 	<ul style="list-style-type: none"> • Grooming Standards • Personal cleanliness • Clean clothes 	<ul style="list-style-type: none"> • Standing for Count 	<ul style="list-style-type: none"> • Language • Attitude • Yelling through door • 137 • Patience 	<ul style="list-style-type: none"> • Challenge Series • Anger Management • TCU Brief Interventions • Education
		Rating <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	Rating <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	Rating <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	Rating <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	Rating <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete <input type="checkbox"/> Positive Effort
IM 0 to IM 1	6 months continuous:	Completion of Intake/Orientation Process Completion of Assessments Develop a Case Management Plan Agreement to participate in Programming				In-Cell
	<ul style="list-style-type: none"> • no serious assaultive or weapons related 100 series charges • no more than 3 total 100/200 series charges 	No more than 6 Poor/Incomplete within 90 day review period Minimum of 2 Good/Positive Effort within 90 day review period				Intake: Journal 1, Orientation Complete Journals 1 & 2 Education Classes
IM 1 to IM 2	6 month continuous:	No more than 4 Poor/Incomplete within 90 day review period Minimum of 4 Good/Positive Effort within 90 day review period				In-Cell
	<ul style="list-style-type: none"> • no serious 100 series charges • no more than 1 total 100/200 series charges 					Complete Journals 3-5 Education Classes
IM 2 to Lev 6	6 months continuous: charge free	No more than 2 Poor/Incomplete within 90 day review period Minimum of 6 Good/Positive Effort within 90 day review period				In-Cell Therapeutic Modules Complete Journals

IM
Level 6,
Closed
Pod

No more than 2 Poor/Incomplete within 90 day review period
Minimum of 6 Good/Positive Effort within 90 day review period

6-7

In-Cell
Therapeutic
Modules
Secure Program
Chair

T4c

Cognitive
Restructuring

TCU Brief
Interventions

Education Classes

IM Status Level Goals

Description:

Offenders participating in the Step-Down program will be challenged to meet goals in three areas:

- 1) Eliminate disciplinary infractions,
- 2) Meet a set of responsible behavior goals, and
- 3) Participate in self-improvement and education programs.

As offenders meet goal levels, they will advance in status from IM0, IM1, to IM2. As offenders advance in status, they will earn additional privileges (outlined on a separate IM Privilege Levels chart).

Rating System –

- The Unit Manager (or designee) will track each offender's charges.
- 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).
- Thirdly, Counselors will rate each offender's Program Participation for that week as either "*incomplete, complete, or positive effort.*"

It is valuable for Officers, Counselors, and the Unit Manager to update each offender routinely on their ratings as an opportunity to acknowledge positive performance as well as to motivate them to improve when needed.

Recommendation from Building Management Committee to the ICA

Each IM offender will have their case reviewed every 90 days during the ICA review. The Building Management Committee will review the ratings on each IM offender to determine when they have met the goals to be eligible for advancement to the next status level for recommendation to the appropriate ICA. An interim review can be done for offenders performing exceptionally well and ready for advancement before the next routinely scheduled ICA meeting, or for offenders performing poorly requiring placing them back to a lesser status including IM0 when warranted.

Advancement

Offenders that are meeting the standards set at each status for the period of time required are eligible for advancement to the next status. The Building Management Committee is responsible to evaluate overall performance and can decide to advance those offenders that are meeting advancement eligibility criteria.

Assign to Lower Status

Offenders that do not meet the standards for disciplinary, responsible behavior, and/or self-improvement and programming can be placed back to an earlier status by a decision of the Building Management Committee. When an offender receives a serious disciplinary offense that results in assignment to administrative Restrictive Housing or refuses over a period of time to meet standards for responsible behavior or program participation, the Building Management Committee can decide to immediately lower an offender's status.

IM Status Rating Chart

Offender: _____ Responsible Behavior: **P – Poor** Program: **I-Incomplete**
A – Acceptable **C-Complete**
G- Good **+Positive Effort**

Date	Staff	Responsible Behavior			Program		Disciplinary Charges
		Cell Compliance	Personal Hygiene	Count	Respect	Participation	
	CO						
	UM						
	Couns						
	CO						
	UM						
	Couns						
	CO						
	UM						
	Couns						
	CO						
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APPENDIX G

SM Privilege Levels (September 2017)

	SM0	SM1	SM2	SL6, Phase 1 & SM Re-Entry	SL6 Phase 2
Basic Requirements	<ul style="list-style-type: none"> Library books, 2 per week Religious materials in cell Legal materials in cell Commissary: Restrictive Housing list, \$10.00 per week Programming in-cell Recreation: ACA standards, 2-hour per day outside in rec. cages Phone calls: 2, 15 minute calls per month Visitation: one, 1 hour visit per week, non-contact Cell: single cell Showers: 3 showers per week Out of cell: restrained, dual escort 				
Job Eligible	<ul style="list-style-type: none"> Ineligible 	<ul style="list-style-type: none"> In-pod job 2nd priority after SM2 	<ul style="list-style-type: none"> In-pod job 1st priority 	Jobs may include: <ul style="list-style-type: none"> House Man Barber Showers Food Service Support Eligibility Criteria: <ul style="list-style-type: none"> Positive Responsible Behavior & Program Scores 	Jobs may include: <ul style="list-style-type: none"> House Man Barber Showers Eligibility Criteria: <ul style="list-style-type: none"> Positive Responsible Behavior & Program Scores
Commissary	<ul style="list-style-type: none"> \$10 per week Seg No food items 	<ul style="list-style-type: none"> \$10 per week Seg \$10 Food items 	<ul style="list-style-type: none"> \$10 per week Seg \$15 Food items 	<ul style="list-style-type: none"> \$35 per week inclusive of all purchases 	<ul style="list-style-type: none"> \$40 per week inclusive of all purchases
Library Books	<ul style="list-style-type: none"> 2 bi-weekly 	<ul style="list-style-type: none"> 3 bi-weekly 	<ul style="list-style-type: none"> 4 bi-weekly 	<ul style="list-style-type: none"> 5 bi-weekly 	<ul style="list-style-type: none"> 5 - bi-weekly
Visitation	<ul style="list-style-type: none"> one, 1 hour visit per week, non-contact 	<ul style="list-style-type: none"> one, 1 hour visit per week, non-contact 	<ul style="list-style-type: none"> one, 1 hour visit per week, non-contact; added time request will be evaluated 	<ul style="list-style-type: none"> 2 hours total Saturday and Sunday SM Re-Entry one, 1 hour visit per week, non-contact; added time request will be 	<ul style="list-style-type: none"> 2 hours total Saturday and Sunday added time request will be evaluated

Video Visitation	<ul style="list-style-type: none"> • Not eligible 	<ul style="list-style-type: none"> • Not eligible 	<ul style="list-style-type: none"> • Once per month; must be 18 months charge free 	<ul style="list-style-type: none"> evaluated • 2 per month • 18 months charge free 	<ul style="list-style-type: none"> • 2 per month • 18 months charge free
Phone Calls	<ul style="list-style-type: none"> • 2 calls per month 	<ul style="list-style-type: none"> • 3 calls per month 	<ul style="list-style-type: none"> • 4 calls per month 	<ul style="list-style-type: none"> • Unlimited • SM Re-Entry 10 calls per month 	<ul style="list-style-type: none"> • Unlimited
TV In-cell (from commissary)	<ul style="list-style-type: none"> • Ineligible 	<ul style="list-style-type: none"> • Education channel • Religious channel • Entertainment channels • Fri 12:00 noon to Mon 6:00 a.m. 	<ul style="list-style-type: none"> • Education channel • Religious channel • Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m. ○ Special events 	<ul style="list-style-type: none"> • All channels all time 	<ul style="list-style-type: none"> • All channels all time
AM/FM Radio (eligible to purchase from commissary)	<ul style="list-style-type: none"> • Ineligible 	<ul style="list-style-type: none"> • Eligible 	<ul style="list-style-type: none"> • Eligible 	<ul style="list-style-type: none"> • Eligible 	<ul style="list-style-type: none"> • Eligible
Programming	<ul style="list-style-type: none"> • In-cell 	<ul style="list-style-type: none"> • In-cell • Therapeutic modules 	<ul style="list-style-type: none"> • In-cell • Therapeutic modules • Program chairs (groups up to 5) 	<ul style="list-style-type: none"> • In-cell • Therapeutic modules • Secure Chair • Small Groups - 15 maximum per group 	<ul style="list-style-type: none"> • In-cell • Therapeutic Module • Secure Chair • Small Groups - 15 maximum per group
JP5 Player	<ul style="list-style-type: none"> Eligible 	<ul style="list-style-type: none"> • Eligible 	<ul style="list-style-type: none"> • Eligible 	<ul style="list-style-type: none"> • Eligible 	<ul style="list-style-type: none"> • Eligible

SM Status Level Goals (v5; June 2012)

Disciplinary Behavior		Responsible Behavior Goals				Program Participation
		Cell Compliance	Personal Hygiene	Count	Respect	
		<ul style="list-style-type: none"> • Unobstructed windows • Clean/uncluttered floor • Property neatly stored • Light uncovered • Clear view through cell 	<ul style="list-style-type: none"> • Grooming Standards • Personal cleanliness • Clean clothes 	<ul style="list-style-type: none"> • Standing for Count 	<ul style="list-style-type: none"> • Language • Attitude • Yelling through door • 137 • Patience 	<ul style="list-style-type: none"> • Challenge Series • TCU Brief Interventions • Education
		Rating	Rating	Rating	Rating	Rating
		<input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete <input type="checkbox"/> Positive Effort
SM0 to SM1	3 months continuous: <ul style="list-style-type: none"> • no serious assaultive or weapons related 100 series charges • no more than 3 total 100/200 series charges 	Completion of Intake/Orientation Process Completion of Assessments Completion of Case Management Plan Agreement to participate in Programming No more than 6 Poor/Incomplete within 90 day review period Minimum of 2 Good/Positive Effort within 90 day review period				Challenge Series Journals 1& 2 Education
SM1 to SM2	3 month continuous: <ul style="list-style-type: none"> • no serious 100 series charges • no more than 1 total 100/200 series charges 	No more than 4 Poor/Incomplete within 90 day review period Minimum of 4 Good/Positive Effort within 90 day review period				Challenge Series Journals 3, 4, 5 Education
SM2 to Lev 6	3 months continuous: charge free	No more than 2 Poor/Incomplete within 90 day review period Minimum of 6 Good/Positive Effort within 90 day review period				Challenge Series Journals 6 & 7 Education

SM Status Level Goals

Description:

Offenders participating in the Step-Down program will be challenged to meet goals in three areas:

- 1) Eliminate disciplinary infractions,
- 2) Meet a set of responsible behavior goals, and
- 3) Participate in self-improvement and education programs.

As offenders meet goal levels, they will advance in status from SM0, SM1, to SM2. As offenders advance in status, they will earn additional privileges (outlined on a separate SM Privilege Levels chart).

Rating System –

- The Unit Manager (or designee) will track each offender's charges.
- 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).
- Thirdly, Counselors will rate each offender's Program Participation for that week as either "*incomplete, complete, or positive effort.*"

It is valuable for Officers, Counselors, and the Unit Manager to update each offender routinely on their ratings as an opportunity to acknowledge positive performance as well as to motivate them to improve when needed.

Recommendation from Building Management Committee to the ICA

Each SM offender will have their case reviewed every 90 days during the ICA review. The Building Management Committee will review the ratings on each SM offender to determine when they have met the goals to be eligible for advancement to the next status level for recommendation to the appropriate ICA. An interim review can be done for offenders performing exceptionally well and ready for advancement before the next routinely scheduled ICA meeting, or for offenders performing poorly requiring placing them back to a lesser status including SM0 when warranted.

Advancement

Offenders that are meeting the standards set at each status for the period of time required are eligible for advancement to the next status. The Building Management Committee is responsible to evaluate overall performance and can decide to advance those offenders that are meeting advancement eligibility criteria.

Assign to Lower Status

Offenders that do not meet the standards for disciplinary, responsible behavior, and/or self-improvement and programming can be placed back to an earlier status by a decision of the Building Management Committee. When an offender receives a serious disciplinary offense that results in assignment to administrative Restrictive Housing or refuses over a period of time to meet standards for responsible behavior or program participation, the Building Management Committee can decide to immediately lower an offender's status.

SM Status Rating Chart

Offender: _____

Responsible Behavior: P – Poor
A – Acceptable
G- Good

Program: _____

I-Incomplete
C-Complete
+-Positive Effort

Date	Staff	Responsible Behavior			Program		Disciplinary Charges
		Cell Compliance	Personal Hygiene	Count	Respect	Participation	
	CO						
	UM						
	Couns						
	CO						
	UM						
	Couns						
	CO						
	UM						
	Couns						
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Couns					

Appendix H

ROSP Level S/Level 6 Reentry Program: **“Comprehensive Success-based Reentry Preparation”**

5 years prior to release:

Focus on Reentry should begin for all offenders at 5 years prior to release.
Develop programs/training classes for each of the items listed below considered essential for developing a reentry plan that is “success-based”, in that it is both comprehensive and practical.

IM/SM offenders at 24 months prior to release:

- IM/SM offenders should be directly into a reentry path to develop a comprehensive, success based reentry plan that addresses all items outlined in the reentry model.
- Reentry path offenders should be prioritized for immediate access to DCE GED / Rosetta Stone programming and Vocational Training.
- Reentry oath offenders should receive priority for institutional jobs or program opportunities to earn pay as a means of building their reentry savings accounts
- Reentry Savings Accounts plans should be immediately developed.

Reentry Assessment

- ☐ COMPAS
 - Risk/Needs
 - CTS
- ☐

Reentry Cognitive / Preparation Programs may include but 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

****End of Document****

Exhibit 5



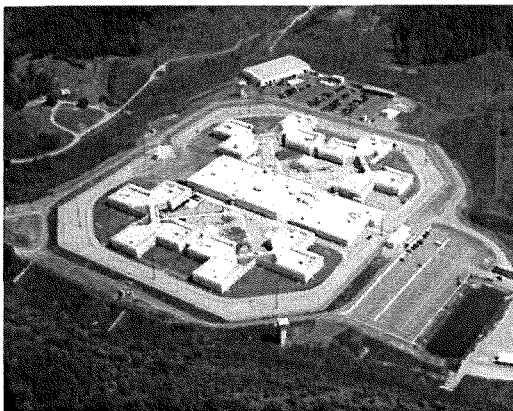
**Red Onion State Prison and Wallens Ridge State Prison
*Security Level –S and Level- 6 Operations Strategy***

***Restrictive Housing Reduction
Step-Down Program***

Guided by Evidence-Based Practices

"Partnering Science with Corrections"

August , 2015 [Update]



Red Onion State Prison



Wallens Ridge State Prison

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Acknowledgments:

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Introduction

Operations Strategy for the ROSP/WRSP Step-Down Program Based on Evidence-Based Guidelines

PROJECT GOALS

1. To operate a prison management system that creates a pathway for offenders to step-down from Level S to lower security levels in a way that maintains public, staff, and offender safety, by applying the principles of evidence-based practices to ROSP and WRSP operations.
2. To house Level S, Level 6 and Level 5 offenders at ROSP for two primary purposes:
 - a. To reduce staff stress by providing varied job assignment options
 - b. To maintain a Level 5 proving ground to determine when Level S offenders are ready to dependably function safely in a Level 5 environment.
3. To closely link ROSP and WRSP for the management and programming of Level S offenders, by housing a portion of Level S, Special Management offenders from ROSP at WRSP. Reducing the numbers of ROSP Level S offenders creates room for Level 5 offenders at ROSP. Linking WRSP with ROSP augments the system by taking advantage of the already successfully established EBP practices at WRSP in turn creating stronger environments at both institutions that are evidence based driven.
4. To infuse evaluation into the operation design by setting observable and measurable standards as a means to ensure fidelity; and to infuse research into the plan as a means of assessing outcome effectiveness. Evaluation and research together will support the executive staff in determining areas of strength and areas of adjustment.

EVIDENCE BASED PRINCIPLES

Guidelines for this strategy to continue to meet the established goals and mission for ROSP in concert with WRSP are drawn from the science of Evidence-Based Practices. It is important to understand the point of view derived from the science to be able to properly put the operational changes in perspective. Therefore, at the end of this document is an appendix that outlines the principles that are used to guide the thinking and planning for this project.

CHANGING THE CULTURE OF ROSP

To accomplish the goals of this project requires effecting and fostering a continued change in the culture of ROSP by addressing each of the three primary components that make up the prison culture which are:

1. Staff beliefs, attitudes, skills, and practices;
2. Facility resources and operating procedures; and
3. Offender thinking (beliefs, values, goals, attitudes) and behavior

This will be accomplished by using evidence-based principles and programming to engage and promote pro-social behaviors in offenders as a cultural group including their social influences and lifestyle, changes in the facility operating procedures, and an extensive staff training program.

Section I: Facility Operations

OPERATIONAL MANAGEMENT STRATEGY, SECURITY LEVEL S

Level-S offenders will be managed per Special Housing Guidelines policy 861.3 which includes all practices set out in this policy for the secure management of Level S offenders.

SYSTEMS COMPONENTS

LEVELS OF REVIEW

Bi-Annual External Team Review

A team external to ROSP and WRSP will perform bi-annual reviews of each offender's case assigned to ROSP and WRSP in Level S. The review will include, but not be limited to, the following areas:

- Is the offender currently appropriately assigned to Level S?
- Does the offender meet the criteria for the Intensive Management or Special Management path to which they are assigned?
- Has the Dual Treatment Team made appropriate decisions to advance the offender through the step-down process?

The External Review Team will consist of the following members:

- Chief of Corrections Operations
- Regional Operations Chief
- Regional Administrator
- Chief of Classification
- Reentry and Programs Director
- Chief of Security Operations
- Statewide EBP Manager
- Director of Mental Health Services
- Director of Psychiatric Services
- Chief Physician

Regional Operations Chief, External Review

The Regional Operations Chief/Regional Administrator will provide an external review in the following situations:

1. 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.

2. In advance of any change in offender classification level including
 - a. Reassignment from any lower classification 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

Wardens Review

Wardens are responsible for the following decisions:

- For reassignment from Level S to Level 6, decisions will be made by the Warden of ROSP or WRSP depending on where the Level S offender is located.
- 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.
- 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.

Dual Treatment Team Review

The Dual Treatment Team refers to a team headed by both EBP Managers and representing both ROSP and WRSP. Representatives from both ROSP and WRSP will make up the DTT to include, but not limited to, the following individuals or their designees:

- Chief of Housing and Programs
- IPM / Cognitive Counselor
- Unit Manager
- Investigator / Intelligence Officer
- 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.)
- Statewide EBP Manager

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 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 5 (The Dual Treatment Team is authorized to make contact with the staff from any sending facility to gather background information.)
- Assignment of Level 5 Intake/Orientation offenders at ROSP to IM or SM status
- Assigning IM offenders from Level 5 to Level 6 Closed Pod
- Assigning SM1 or SM2 offenders that have completed Intake/Orientation from ROSP to WRSP
- Assigning offenders from SM2 to Level 6 at either ROSP or WRSP; and transfer of newly assigned Level 6 offenders from WRSP to ROSP
- Assigning offenders from Level 6 to Level 5 at ROSP; for ROSP Level 6 offenders that have been moved to Level 5 an interim review will be done at 12 months to determine if the offender has stabilized at Level 5 and is therefore eligible for transfer to WRSP or Sussex 1. If the DTT deems that stabilization has occurred, recommendation for transfer will occur upon their next scheduled annual review; subsequent reviews will be annual. ROSP Level 5 offenders will be prioritized for transfer to WRSP based on their seniority in Level 5 status. Level 5 offenders that have been assigned to Level 5 Restrictive Housing will start their seniority calculation as of the latest date of release from Level 5 Restrictive Housing.
-
- To ensure offender assignment has been complete including criminogenic risk factors and medical/mental health factors.

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 and level of danger. 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 change. This committee may meet more often as circumstances require. 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, URICA, etc.)
- € all as a way of helping to determine the offender's potential for high risk behavior.

Building Management Committee

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

The Building Management Committee is responsible to review individual offenders and make certain recommendations. Recommended 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.
- Discussing and adjusting individual pod incentives and sanctions based on behavior, infractions, incidents, etc.
- Reviewing individual offenders upon being removed from security restraints prior to being returned to normal status.

Institution Classification Authority (ICA)

Each Level S 6 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 and offenders is consistent with policy.

ADVANCED SECURITY PRACTICES

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:



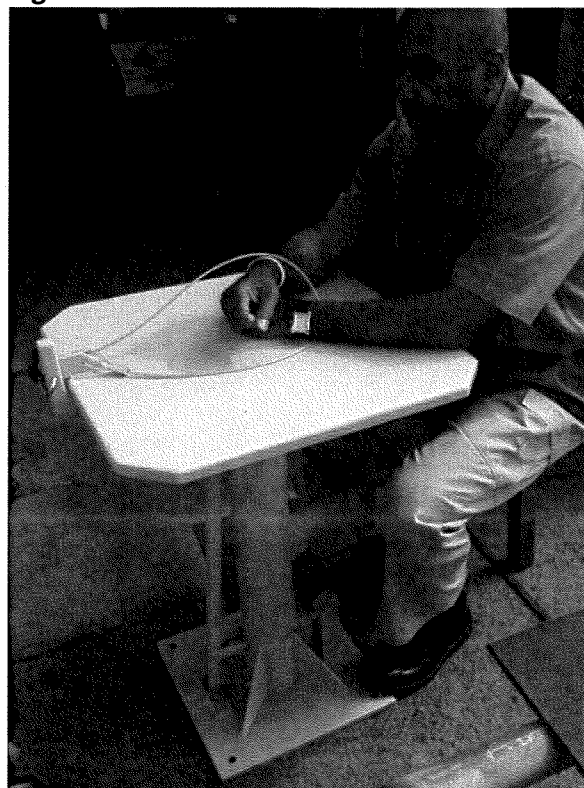
- Therapeutic Modules (Figure 1) and Security Chairs (Figure 2) will be used to allow Level S offenders to come out of cell for individual interviews or to join small groups (of up to 5 offenders) facilitated by a Counselor. This increases the effectiveness of programming while ensuring safety for both staff and other offenders.

Figure 1



Therapeutic Modules

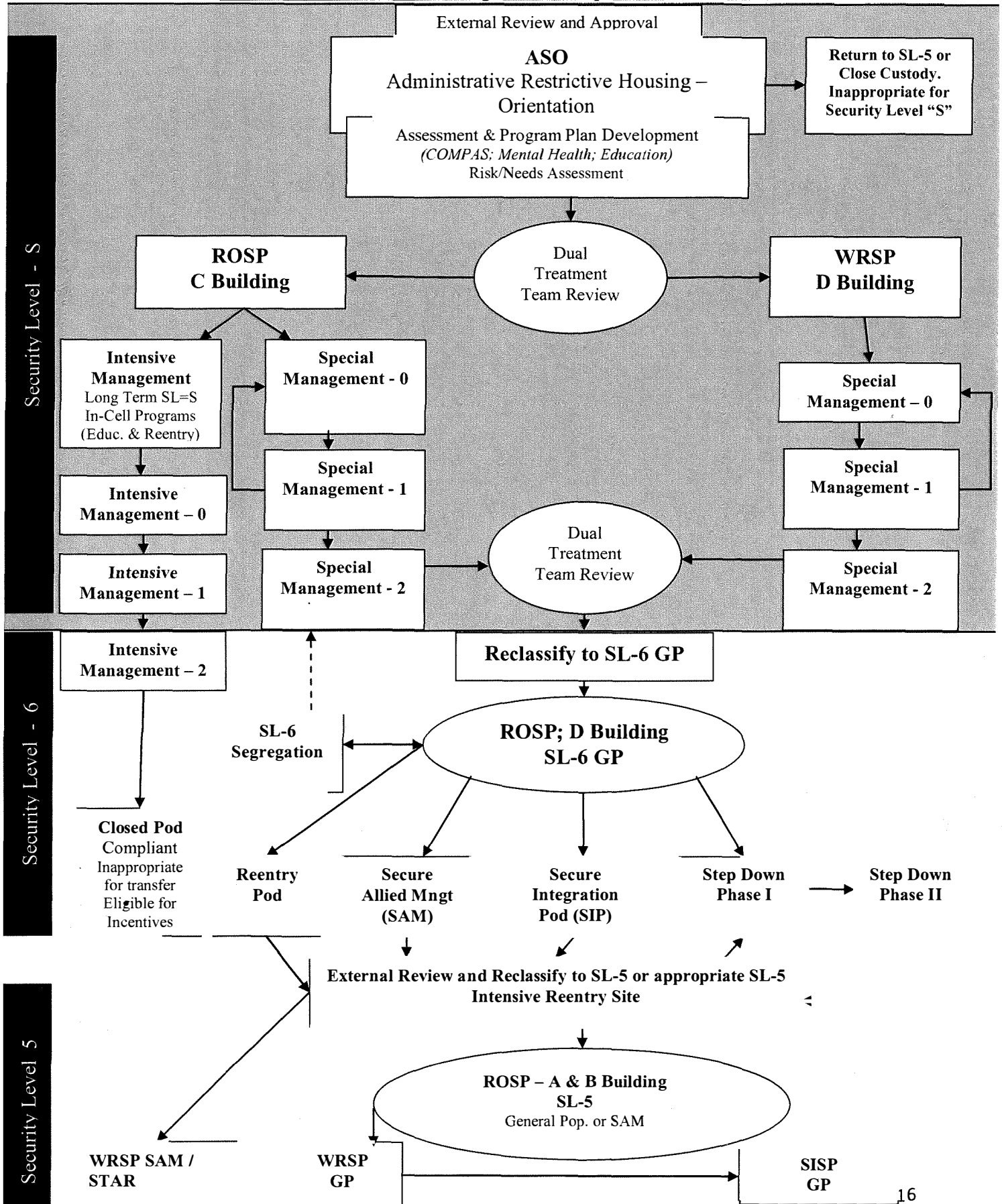
Figure 2



Security Chair

Section II: Offender Interventions

Red Onion – Wallens Ridge EBP Step-Down Model (v9)



Intake/Orientation at ROSP

All Level S offenders arriving at ROSP will be initially housed in the Intake/Orientation Unit and managed per Security Level S restraints and restrictions. Immediately upon arrival, offenders will be provided an orientation to the case plan including goals, expectations, privilege earning process, and step-down process. 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 expectations and benefits the offender can anticipate.

Several primary functions will occur during Intake/Orientation:

- Orientation
- Assessment
- Sub-Group identification;
 - Potential for extreme and deadly violence;
 - High escape risk;
 - High profile crimes that received significant media attention;
 - Frequently recurring disciplinary violations;
 - Intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing; and
 - Mental status of offenders who have a history of acting out (e.g. cutting, inserting objects, etc.) and who are not considered mentally ill as per the current DSM criteria.
 - Found to have been in possession of a weapon on their person while housed at ROSP.
- Management path assignment
 - Intensive Management,
 - Special Management
- Case Plan development and program assignment. (This will begin in the Orientation Pod and continue to be developed and fostered throughout the assigned pathway.
- Privilege status assignment
- Determine the SM1 & SM2 offenders to retain at ROSP and those to be transferred to WRSP

Programming will begin during the offender's stay in the Intake/Orientation unit.

By the completion of the Intake/Orientation process, offenders will be: 1) assigned to one of the two management paths of either Intensive Management (IM) or Special Management (SM), and 2) assigned to a privilege level depending on whether they have committed to participate in the step-down program or refused to participate (IM 0, 1, or 2; SM 0, 1, or 2).

Screening and Assessment (during Intake/Orientation)

Each Security Level S offender will complete a battery of assessment instruments during Intake/Orientation to include the following below. Counselors will engage offenders in a review of the findings from the assessment instruments and use Effective Communication skills to

- 1) Build rapport,
- 2) Validate the offender's profile including risks and needs,
- 3) Engage the offender in developing a program and management plan, and
- 4) Help improve the offender's motivation to participate in the Step-Down program.

The 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.

COMPAS – The findings from the COMPAS will be used to reach the following goals:

Program Planning – support development of Program/Management Path plans based on identified risks and needs.

Criminal Thinking Scales (CTS) – introduced at intake to create a baseline of criminogenic thinking and repeated at intervals to measure change in criminal thinking

- ✓ Entitlement
- ✓ Justification
- ✓ Power Orientation
- ✓ Cold Heartedness
- ✓ Criminal Rationalization
- ✓ Personal Irresponsibility

URICA – to identify Stage of Change (repeated at intervals to be determined)

STATIC-99 – to identify sex offender concerns

TCU Criminogenic Scales

Social Functioning Scales (SOC)

Hostility

Risk-Taking

Social Support

Treatment Needs and Motivation Scales (MOT)

Problem Recognition

Desire for Help

Treatment Readiness

Treatment Needs

Pressures for Treatment

Treatment Engagement and Process Scales (ENG)

- Treatment Participation
- Treatment Satisfaction
- Counseling Rapport
- Peer Support

Psychological Functioning Scales (PSY)

- Depression
- Anxiety
- Self-Esteem

Decision Making

Other COMPAS Screeners to be considered but not required initially

- TCU Drug Screening
- NIJ Mental Health Screening
- VASOC (sex offender recidivism)

STEP-DOWN PROGRAM PARTICIPATION AS A CHOICE

Prior to completing the Intake/Orientation process, offenders will be assigned to a management path and will be presented the option to participate in the step-down program or not.

Those who do not choose to participate will be assigned to IM 0 or SM0 which are non-privilege statuses where offenders merely serve their time. These offenders are provided with their basic requirements that meet constitutional standards such as, but not limited to, medical care, access to a law library, hygiene items, access to phones, in-cell education and religious programs, recreation, showers, and meals.

Offenders who, during Intake/Orientation, choose to participate in the step-down program, or who have previously refused but later request to participate, can begin the process to earn increasing privileges and eligibility for classification reduction and transfer to lower security level facilities. The goal is to motivate offenders to participate in the step-down program which includes three areas of commitment by the offender:

1. Disciplinary Violation goals – to reduce or eliminate disciplinary violations
2. Responsible behavior goals
 - personal hygiene
 - standing for count
 - cell compliance

- deportment; satisfactory rapport with staff and offenders
3. 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.

The disciplinary violation goals are designed to improve respect for authority, improved decision making, and replace impulsivity with forward thinking. The responsible behavior goals are designed to develop a routine pattern of responsible and mature behavior. The program participation goals are to involve offenders in evidence-based programs that are proven to have a positive impact on offender thinking, beliefs, and attitudes which, in turn, support and reinforce responsible and mature behavior.

PROGRAMMING at Level S

Following completion of orientation, assessment and case planning, and security Level S subgroup assignment, both IM and SM offenders who commit to participate in the step-down program will be directed to begin participating in programming based on the case plan. For all Level S offenders, programming will begin in-cell. However, more effective programming is possible with increased counselor and offender direct contact and in groups of peers facilitated by counselors or other treatment staff.

Curriculum

The basic program to be used with Level S offenders will be the *Challenge Series* which includes seven journals designed to be used for in-cell programming. The Federal Bureau of Prisons in collaboration with the *Change Companies* developed this series specifically for offenders in Restrictive Housing. The Journals include the following:

- Journal 1 – Orientation: a motivational enhancement program designed to increase the level of motivation and engagement by the offender in the remaining series.
- Journal 2 – Rational Thinking: a fundamental cognitive-behavioral training program.
- Journal 3 – Criminal Lifestyles: provides insight into the thinking and attitudes that trap offenders in a lifestyle of crime; introduces the idea that lifestyles can change.
- Journal 4 – Violence Prevention: building on the cognitive-behavioral training as a base, this journal increases awareness of what leads up to violence and teaches and practices techniques to intervene.
- Journal 5 – Communication: introduces positive communication techniques.
- Journal 6 – Lifestyle Balance: introduces that a healthy lifestyle has a balance of work, relationships, and leisure time.

Journal 7 – Transition: prepares the offender to leave a Restrictive Housing setting and return to interacting more with other offenders.

Program Delivery: In-Cell, Therapeutic Modules, Program Chairs, Small Groups

For IM offenders, in-cell programming will continue until the offender’s pattern of programming and motivation are better understood, and counselor to offender rapport has had time to be established. Dialogue will be ongoing to determine at what point IM Level 6 Closed Pod, Level 1 might be implemented and when the appropriate programming tools are utilized. These factors can be used to help determine a safe time to begin moving the offender from their cell to Therapeutic Modules to the Security Chairs for programming. Program Chairs will be used with offenders during Level 1 in the SL6 Closed Pod. At Level 2 in the SL6 Closed pod, programming can be expanded to include small groups. Each offender should be assessed to determine their individual readiness and level of safety as they progress to increasing levels of freedom in greater contact with others during programming.

For SM offenders, programming is recommended to be limited to in-cell for SM0. At SM1 programming can expand to include Therapeutic Modules. Program Chairs can be added at SM2. When SM offenders advance to Level 6 for the SIP, SAM, and Step-Down pods, programming can be expanded to include unrestrained small groups. Each offender should be assessed to determine their individual readiness and level of safety as they progress to increasing levels of freedom in greater contact with others during programming.

IM Management Path	IM Program Delivery	SM Management Path	SM Program Delivery
IM0	In-Cell	SM0	In-Cell
IM1	In-Cell	SM1	In-Cell
	Therapeutic Modules		Therapeutic Modules
IM2	In-Cell	SM2	In-Cell
	Therapeutic Modules		Therapeutic Modules
	Program Chairs		Program Chairs
SL6 IM Closed Pod Level 1	In-Cell	SL6 SIP and SAM,	Program Chairs
	Program Chairs		Small Groups
SL6 IM Closed Pod Level 2	In-Cell	SL6 Step Down Phase 1 and Phase 2	Small Groups
	Program Chairs	SL6	Program Chairs
IM - Re-Entry	(Currently in Development)	SM - Re-Entry	

Level S/Level 6 Reentry Program

(see APPENDIX H: ROSP Level S/Level 6 Reentry Program, Comprehensive Success-based Reentry)

Narrative

A number of offenders are released to the community from Level S each year. It is the goal of the department that no Level S offender be released directly from Restrictive Housing without the opportunity for reentry preparation. A number of Level S offenders may pose a risk, especially those offenders meeting IM criteria. However, the department considers it unconscionable that a Level S offender might be considered too dangerous for unrestrained contact with others in prison, yet they would be released directly from Restrictive Housing onto an unsuspecting citizenry in the community. Therefore, given that this population may pose a risk, the department's position is that the facility is in the best position to bear that risk. The department has a professional responsibility to work to effectively reduce the offender's danger to the community and the risk of reoffending, and improve the likelihood of reentry success. To ensure that a strong and effective reentry program for Level S, Level 6, and Level 5 populations exists, coordination will be maintained with the Reentry Department and other external stakeholders.

A Level S/Level 6 Reentry Program has been developed at ROSP to address many of the identified risks 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.

Reentry Assessment

Each offender diverted into the reentry path should have their assessments reviewed or updated to include COMPAS assessments (risk/needs, CTS, and URICA) 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

Upon completion of the assessment, the offender will be aligned with the appropriate programming. Some of the programs that are offered are:

- T4C (if already completed they may be exposed to refresher/reinforcement activities)
- PREPS
- Matrix
- Ready to Work
- ServSafe

Reentry Steps

Once assigned to the Reentry Program, an intensive battery of programming will be instituted that incorporates up-to-date evidence-based reentry programming and services as well as a component of socialization that includes unrestrained face-to-face interactions with staff and other offenders to be responsive to the possible extensive period of social Restrictive Housing. This program will be operated in a manner that maximizes the safety for both staff and offenders while maintaining a clear understanding that this population poses a risk.

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

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.

For the final six months of reentry, Level 6 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.

Timeline	24 Months to Release	16 Months to Release	10 Months to Release	Prior to Release
Programming	Step1 Security Chair Programming	Step 2 Socialization Unrestrained Programming (Individually) (Small Groups of Offenders)	Step 3 Intensive Reentry	Direct communication on with Community Supervision Officer (in addition to CORIS)
Security; Accepting the Risk to Improve Public Safety	Dual Escort in restraints	Escort and Programming with Treatment Officers #1 Single Escort to Program Area #2 No Escort to Program Area Programming on Pod Floor	Reclassify to Level 5; transfer to WRSP or SISP Intensive Reentry Program	Counselor <u>DIRECT COMMUNICATION</u> with community supervision officer to advise progress or failure in Socialization. <u>Do not</u> make predictions regarding public safety

Security Level S, MANAGEMENT PATHS

By the completion of the Intake/Orientation phase, all Level S offenders will be assigned to a specific management path:

1. Intensive Management (IM)
2. Special Management (SM)

1) Intensive Management (IM):

Offenders in the following sub-groups will be managed in the Intensive Management path:

- Offenders with the potential for extreme and deadly violence

Intensive management strategies will be used for offenders that meet the following criteria:

- Offenders with a history that indicates the willingness to carry out intentional serious or deadly harm
- Street charges of murder or assault with the intent to kill.
- Institutional charges with the intent to seriously harm or kill staff or offenders.

Offenders with the potential **for extreme and/or deadly violence** 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 behavior that may be generally compliant with a pattern of positive institutional adjustment even when providing more than a year of compliant, polite, and cooperative behavior and attitude. Alternatively, this offender may present a routinely disruptive and threatening pattern of behavior and attitude.

This group is differentiated from other offender groups by behavior that would include the intent to commit extreme/deadly violence, while other offender groups might have been in fights but lack the desire or intent to seriously injure or kill.

Despite a pattern of compliance, this group is seen as posing the greatest threat to corrections staff and other offenders in that they have proven the capability and willingness to commit deadly violence whether their routine behavior may have been generally compliant for long periods of time, or whether they have made it known that their intention is to kill whenever the opportunity presents itself.

- Offenders with high escape risk -

Offenders with a history of serious and planned escape attempt(s). An unplanned walk-away or an attempt to evade arrest in the absence of extreme violence would not be considered for Intensive Management.

Offenders posing a high risk to attempt an escape may or may not have an extensive criminal history, and may or may not have a history of disciplinary charges. A serious escape attempt is seen as a high risk situation since there is a reasonable expectation that the person attempting to escape has considered and has prepared his self for the likelihood that serious or deadly violence may be needed to affect an escape.

- Offenders with high profile crimes and/or significant media attention and may be targets of other offenders -

Offenders sentenced to prison due to a high profile and notorious crime that most often involved serious violence may be at risk from other offenders that believe they will earn a reputation for assaulting or killing the high profile offender. This group is differentiated from other groups in that there may not be an extensive criminal lifestyle, the high-profile crime may seem inconsistent with their earlier lifestyle, and they are at risk from other offenders. This offender may be compliant and respectful towards corrections staff, and is considered in danger from other offenders due to their notoriety rather than posing a significant danger to others.

For offenders completing Intake/Orientation and assigned to the IM status, a program path has been designed to motivate offenders to participate in evidence-based self-improvement programming and meet basic responsible and mature behavioral goals (reduce or eliminate disciplinary charges, personal hygiene, cell compliance, standing for count, deportment, and program participation).

Programming initially will focus on the *Challenge Series Journals* (a seven journal series). This will be followed by Anger Management and *Thinking for a Change*, plus possibly selected programs from the Texas Christian University Brief Interventions Series. Other evidence-based programs may be incorporated as they are identified appropriate for this population.

Programming for IM offenders will initially be limited to in-cell and will advance to access Therapeutic Modules and Program Chairs. Therapeutic Modules and Program Chairs are valuable tools that can allow high risk offenders to participate in direct contact with individual and group counseling in a safe setting which provides a more intensive programming experience including direct dialogue with treatment staff as well as other offenders in a safe setting.

IM strategies will follow Special Housing Guidelines policy 861.3 until a dependable method is identified to determine reduced risk. SL-6 currently is the lowest security level for this dangerous population. The project will continue to work on developing safe strategies for reintegrating the IM offenders into general population.

Reducing Dangerousness for IM Status

Offenders with a history and proven capability for extreme or deadly violence will be managed through Security Level S, Intensive Management strategies. Despite a review of the literature and consultation with experts, no trustworthy instrument or set of criteria has been found as of this writing to predict with certainty the level of dangerousness towards staff or other offenders, by an offender that has exhibited the willingness and capability to perpetrate extreme or deadly violence. Ongoing consultation with VADOC research staff

and NorthPointe scientists is focusing on identifying predictors that correlate with the level of risk for violence. Therefore, in the interim, it has been decided that the safest strategy is to rely on the evidence-based principle that past behavior is one predictor of the likelihood of future behavior.

When Security Level S offenders are managed with Restrictive Housing restraint policies, their opportunity for violence is effectively curtailed. However, their potential for violence may not be reduced by even an extensive period in Restrictive Housing status. As well, even an extensive period without receiving institutional charges is not considered a trustworthy measure of safety from violent behavior. Therefore, good behavior while managed with Security Level S restraints has not been shown to be a reliable predictor for how dangerous offenders will behave once the restraints are removed.

Therefore, until a trustworthy method is developed, for the safety of staff and other offenders, those offenders that have met the criteria to be assigned to Security Level S, Intensive Management, may progress no further than Security Level 6, Closed Pod at this time.

A strategy will be employed to introduce interventions designed to change offender thinking, values, and decision making as a possible method for reducing the risk for danger; and couple this with a plan to slowly reduce Restrictive Housing restraints through a series of intermediate steps that limit the offender's opportunity to harm others. Security Level 6, Closed Pod provides a secure and controlled environment for testing this strategy.

2) Special Management (SM) (see APPENDIX G, Special Management) :

Offenders in the following sub-groups will be managed in the Special Management path:

Special management strategies will be used for offenders that meet the following criteria:

- Offenders with a history of fighting with staff or offenders or violent resistance towards a staff intervention, but without the intent to invoke serious harm or the intent to kill.
- Histories of patterns of repeated disruptive behavior at lower level facilities, resulting in harm to staff or offenders or serious damage to the facility, and where reasonable interventions at the lower security level have not been successful in eliminating the behavior, such as:
 - throwing or attempting to throw body waste
 - breaking sprinkler heads
 - flooding cell
 - fire starting
- Criteria that would not warrant Level S, SM status:
 - Verbal abuse,
 - door pounding,

- throwing food,
 - refusing to eat
 - refusing medical treatment
 - possession of a cell phone
- Offenders with frequently recurring disciplinary violations;
Offenders with frequently recurring disciplinary violations will have transferred from a lower security level facility for assaultive behavior, destruction of state property, or other serious and repeated disciplinary violations. Though this person may have had the intent to hurt a staff member or other offender, they do not meet the level of extreme or deadly violence that would warrant the need for Intensive Management. This group most often may have an extensive criminal history and criminal lifestyle, and show a pattern of disrespect for authority or others in general. This offender may generally be non-compliant, demanding, argumentative, and attempt to bully or intimidate corrections staff or offenders; which may escalate into a physical fight. And, the facility has shown reasonable attempts to manage and change this behavior that were not successful.
- Offenders that intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing;
Offenders who intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing will have a pattern of repeated disciplinary charges, non-violent and without intent to commit serious bodily harm. This group is differentiated from other groups in that their disruptive behavior does not generally include the attempt to physically assault or kill. Their disruptive behavior may generally be non-compliant, demanding, argumentative, and attempt to verbally bully or intimidate corrections staff or offenders; but does not generally escalate to physical violence. Instead, they resort to flooding their cells, breaking sprinkler heads, throwing body fluids, and other forms of non-violent behavior. This group of offenders may be motivated by disrespect for authority or by self-protection, and an expressed desire to remain segregated and refusal and fear of socializing with other offenders.

Offenders completing Intake/Orientation and assigned to the SM management path have the option to participate in the step-down program or refuse. Refusal leaves the offender in SM0 status with basic requirements, no privileges, and without consideration for security reduction. SM will allow certain self-improvement opportunities such as, but not limited to, in-cell education programming over closed circuit TV and religious programs.

Offenders who make a commitment to participate in the step-down program from Intake/Orientation will become eligible for SM1 after they prove their commitment to behavior and programming goals, and after achieving certain other goals while in SM0

status. While in SMO, offenders will complete the first of the *Challenge Series Journals* in Intake/Orientation and will advance to SM1 and SM2 where they will continue in the *Challenge Series Journals* 2-7.

Offenders who initially refused to participate who then change their mind and choose to participate remain in SMO status until they have completed the *Challenge Series Journals* 1 and 2, and Anger Management, and meet designated positive behavior standards. They then become eligible to advance to SM1 and on to SM2.

At each step of progress, from SM 1 to SM2 offenders earn added privileges.

At SMO offenders receive programming in-cell. At SM1, offenders receive programming in-cell and in the Therapeutic Module. At SM2, offenders can be provided programming in-cell, in Therapeutic Modules or Program Chairs.

Security Level 6, General Population

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 Level 6. The purpose of Level 6 is to reintroduce offenders into a social environment with other offenders and as a proving ground and preparation for stepping down to Level 5. 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. The various program pods are designed to be responsive to the common goals for each sub-population: Secure Allied Management Pod (SAM), Secure Integrated Pod (SIP), or Step-Down Pod.

Level 6 Intensive Management (IM) Closed Pod (see APPENDIX F, Intensive Management)

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.

IM 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. Level 6, Phase 1 IM Offenders will have increased privileges over Level-S. Phase 1, 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
- JP4 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.

Offenders who have advanced to Phase 2 of this program will have the opportunity to earn eligibility for additional privileges to include:

- Continued privileges outlined in Phase 1
- Contact visitation
- Extended Commissary spend limits

Restricted incentives, movements and interactions with staff and other offenders for the IM population are temporary. There is a strong commitment to develop a model to support an improved quality of life and greater opportunities for self-improvement for this dangerous population. The goal is to develop a management strategy that includes reduced restrictions, increased incentives, and increased unrestrained interactions with others. However, at the time of this writing, guidelines or models are not available for predicting safety with a population that has proven history of carrying out extreme and/or deadly violence. Once the larger Step-Down plan in general is implemented and stable, attention will be focused on additional IM step-down opportunities.

Level 6 Special Management; SAM, SIP, and Step Down Pods

SIP and SAM Pods: At initial startup of the Restrictive Housing Reduction Step-Down Plan, there was a Fast-Track Program for those initial offenders that were moved directly from Level S to Level 6 SIP and SAM pods. These programs have proven to be effective and will continue to be utilized however; the Fast Track program has been discontinued.

Secure Allied Management Pod (SAM)

The SAM pod is designed for offenders that tend to be easily bullied, manipulated, or taken advantage of by other offenders. A high percentage of these offenders may be mentally ill, developmentally disabled, or mentally retarded; or younger, small in stature, or meek and easily intimidated. In addition to being the victims of predatory offenders, this population may be bullied or manipulated by more predatory offenders to pressure them to participate in disciplinary behavior at the direction of the predatory offender.

Programming in the SAM pod will focus on stabilizing the offenders' mental status and increasing their resiliency to determine if they are appropriate for living in general population or if they should remain in a SAM environment. The SAM pod is designed to operate with a more intensive QMHP presence and Corrections Officers attuned to the special needs of this population. It is the responsibility of the QMHP(s) assigned to the SAM pod to identify appropriate programming, structured productive activities, and leisure time activities to ensure time is spent meaningfully.

Offenders from Level S that meet these criteria and successfully complete SM1 and SM2 goals can be assigned to the Level 6 SAM Pod. As these offenders display a

continued pattern of stability and progression they may be recommended to the Dual Treatment Team for consideration for assignment to the Level 5 SAM at WRSP or Phase 1 Step Down at ROSP. If a consensus cannot be obtained by the Dual Treatment Team, the decision will then be referred to the External Review Committee for consideration. Discussions are currently continuing with WRSP about considerations, protocols and pathways for this to occur.

Secure Integrated Pod (SIP)

The SIP pod is designed for offenders that have a pattern of intentionally committing numerous minor disciplinary violations to ensure that they are retained in Restrictive Housing rather than returned to general population housing. Programming will focus on strategies to socially reintegrate offenders in preparation for advancement to Level 5.

These offenders choose to avoid general population from a number of motivations such as:

- To avoid getting drawn into more serious disciplinary activities that occur in general population
- To avoid other resentful offenders with lengthy sentences that would plot to create trouble for an offender that is approaching release as a way of extending his sentence
- To avoid gang recruitment pressure
- To avoid other undesirable social pressures found in general population

The SIP pod is an experiment to determine if this population that shares a common interest in avoiding general population social pressures would develop their own more comfortable social system as a means to reducing their misuse of Restrictive Housing and ability to access programs and services that would be made available in general population.

SIP is not intended as protective custody. Offenders being considered for SIP should be assessed to determine if they are more appropriate for protective custody housing such as if they have identified enemies.

The following management protocols are in place for these pods:

- € Single-celled housing
- € Meals will be eaten in cell
- € Move unrestrained to and from outside Recreation cages at one time
- € Move unrestrained to and from Showers one at a time
- € Programming will be delivered in Secure Chairs or small groups in the pod
- € The Challenge Series must be completed prior to entering these programs.

Options: Offenders may voluntarily participate in the following options as approved by staff:

- € Group meals in pod
- € In-pod group recreation
- € Up to 2 pod worker jobs

Offenders who have been assigned to the Level 6 SIP pod and display continued progression and stability can be recommended to the Dual Treatment Team for assignment to participate in the WRSP High Security STAR Program.

Step-Down Program

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.) 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 also have completed the Challenge Series programming increasing the likelihood for a change in thinking and attitude and increased sense of responsibility and maturity.

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.

WRSP Special Management (SM): Level S offenders having completed Intake/Orientation at ROSP may be assigned to SM 1 or 2 and either retained at ROSP or may be transferred to WRSP. For WRSP offenders that have completed SM1 and SM2 phases and earned eligibility for advancement to Level 6 a decision will be made by the DTT as to whether these offenders will be returned to ROSP for Level 6.

The following management protocol will apply to the Level 6 Step-Down Program:

Phase 1

- 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.
- Single celled
- Unrestrained to shower and recreation
- In-pod recreation 1 tier at a time for 1 hour on the days that there is no outside recreation
- Outside recreation 1 tier at a time for 1 hour, twice per week.
- 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.
- Walk to meals 1 tier at a time with no more than one tier in the dining hall at a time.

Phase 2

- Double celled
- Unrestrained to shower and recreation
- In-pod recreation by tiers for 1 hour on the days there is no outside recreation
- Outside recreation both tiers together 1 hour, three days per week
- Programming face-to-face in. 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.
- Walk to meals 1 tier at a time with no more than one tier in the dining hall at a time.

SECURITY LEVEL 5 AND WRSP

Offenders who successfully adjust through Level 6 become eligible for Level 5. Offenders that successfully adjust to Level 5 at ROSP become eligible for transfer to Level 5 at WRSP. For previously Level 5 offenders that stepped down through Level 6, Level 5 at ROSP is used as a “proving ground” to determine their ability to successfully adjust to the incentives, responsibilities, and social structure of general population. If they are going to fail, it is considered best that occurs before transfer to a lower level facility. If they succeed, then there is reason for greater confidence that the success will continue following transfer to WRSP or SISF.

Level 5 at ROSP will incorporate all of the operational standards and opportunities found at other Level 5 facilities including components such as a complete educational program, religious activities, outdoor recreation, institutional jobs, and chow hall.

EVALUATION OF THE EBP STEP DOWN PROJECT AT ROSP AND WRSP

In collaboration with VADOC's Research and Evaluation Department, the following is a list of possible evaluation areas related both to the Level S and EBP projects. This is not a final listing of all areas to be evaluated, but a comprehensive list of possible areas for evaluation. A team is in the process of developing a final plan to encompass both ROSP and WRSP that will be reached following further dialogue.

Outcome Impact

1. Facility
 - a. Disciplinary Violations
 - i. number,
 - ii. severity
 1. Violent
 2. 100 series charges
 3. 200 series charges
 - b. Use of force
 - c. Use of non-lethal weapons
 - d. Offender on offender assaults
 - e. Offender on staff assaults
 - f. Formal grievances
 - g. Informal complaints
 - h. Number of disciplinary Restrictive Housing beds
2. Staff
 - a. Job safety
 - b. Job satisfaction
 - i. Based on different offender management techniques/strategies
 - ii. New job skills that are working or not
 - c. Job stress
 - d. Retention
 - e. Promotions associated with the project
3. Offenders
 - a. Program participation (% offenders active in programming)
 - b. Program completions
 - c. URICA scores; changes as offenders progress in program Management Paths
 - d. CTS scores: change related to progress
 - e. TCU Criminal Characteristics Scales: Psychological Functioning, Social Functioning, Motivation for Treatment, Engagement in Treatment

Project Success Measures

1. Number of Level 5, SM offenders moving to Level 6
2. Number of Level 5, IM offenders moving to Level 6
3. Length of time in IM before qualifying for Level 6
4. Length of time in SM before qualifying for Level 6
5. Number of ROSP offenders moving to WRSP Level 5
6. Number of WRSP Level 5 offenders moving to SISP Level 4
7. "Internal recidivism" – the number of offenders stepping down but returning to ROSP Level 5.

Section II: Staff Development

Staff Training:

Extensive staff training was utilized as a core tactic to support culture change. All staff completed training in Effective Communication and Motivational Strategies (ECMS) during the initial phases of this plan. Executive staff completed a five-day version of this training while all other staff, security and support, completed a two-day version.

ECMS incorporated two main goals. First, effective communication skills and “levels of interaction” were taught as tools for offender management. Second, risk reduction and risk control strategies were introduced to influence new fundamental beliefs about the purpose and tactics that can be used to manage a high risk population. Risk reduction addresses the intent to provide evidence based programs and management practices that change offender thinking and thereby reduce the likelihood of disruptive behavior. Risk control refers to the traditional use of sanctions and restraints to manage offender behavior. Within this is introduced the strategy and design for EBP prison operations.

Since the inception of this plan, these tenets have been introduced into various levels of training within the Department. From Phase 1 and 2 all the way through Basic Correctional Officers Training. Case Management Counselors are provided numerous trainings to assist and develop their skills in utilizing effective interventions to produce accountability for the offenders actions but awareness and understanding of the areas of their lives that need changing. These trainings in concert with each other are being utilized on a daily basis to create the environment and culture necessary to produce positive changes.

Learning Teams:

Initially, ECMS training and ongoing support for culture change supported through regularly scheduled Learning Teams were the program drivers. All facility staff were organized into Learning Teams from the Executive Learning Team through line officers and support staff. Certain staff were selected and trained as Subject Matter Specialists (SMS) and carry the responsibility as Learning Team Leaders. A series of Learning Team Lesson Plans were developed and put into place to guide reinforcement of the basic ECMS materials. Learning Teams used scenarios and actual events as a source of practical material from which to apply the ECMS skills.

As the understanding of Learning Teams and their many uses have evolved so has their functions within the institution. Learning Teams utilize the tool of “dialogue” as a basis for the facilitating the conversations that occur during the meeting. Therefore staff has been provided with Dialogue Skills Training as a means to create deeper and more meaningful communications not only within the Learning Team but the entire staffing of ROSP. Essential in dialogue is the ability to suspend judgments when new concepts are introduced, listening for understanding, and conversations that harvest the individual voices of the participants to create a collective thinking of the learning team to promote creative and critical thinking and a level of respect and openness to new ways of operating. Dialogue incorporates several principles:

- **Voices within Dialogue:** Facilitators should acknowledge that participants will naturally take on certain roles when dialogue is practiced
 - Mover
 - Follower
 - Opposer
 - Bystander
- **Practices within Dialogue:** Facilitators should reinforce certain practices that are components of genuine dialogue
 - Utilize a genuine authentic voice to bring a variety of ideas to light
 - Listen for understanding
 - Suspend judgment and utilize inquiry for learning and to create clarification
 - Be respectful and search for Common Grounds as a means to reaching consensus

It is expected that all facility staff, including executive staff, security staff, and support staff, are continue to be organized into Learning Teams and meet in accordance with established policy

Human Capital Appreciation

An important tool to establish a positive staff culture is building a robust series of employee incentives and benefits to recognize increasing proficiency in EBP/Effective Communication knowledge, skills, and attitudes. The assignment of an employee benefits committee is important to develop ideas and manage and maintain employee programs.

In addition to common practices such as employee of the month, birthday recognition, holiday celebrations, and other acknowledgments, EBP facilities have developed employee benefits that maximize the benefits to all employees rather than focusing primarily on a limited number of individuals. Human capital approaches are guided by widely accepted beliefs that staff work best in an environment where they believe their jobs are meaningful, they feel appreciated, communication is clear, and they have the ability to contribute and believe their contributions are valued.

Therefore, the administration should empower an employee committee to propose human capital programs. And, it is essential that approved proposals can be implemented by employee groups that are empowered, resourced, and given sufficient work time to put employee incentives and benefits into practice.

The following are possible human capital programs that staff may potentially value. This is not an all-inclusive listing and can be adapted based on staff needs:

- Career path development programs
 - Mentoring/Coaching
 - Interview preparation class
 - Career path counseling

- Staff Incentives
 - Food quality, salad bar, outside food vendor
 - Exercise program
 - Child care cooperative
- Social Organizations (facility sponsored)
 - Sports teams (bowling, softball, golf, etc)
 - Interest groups (motorcycle club, car club,
- Staff Celebrations
 - Holidays
 - Birthdays
- Staff Recognition (earned time off in hour increments; cash bonuses; etc)
 - In addition to programs such as employee of the month that recognizes only one individual, consider developing standards of performance that each employee can achieve and acknowledge and reward every employee that achieves the standard.
 - Recognition of acts of heroic and meritorious behavior
 - Recognition of promotions
- Staff Assistance
 - Emergency/crisis support fund
 - EAP
 - Fund raisers
 - Community Relations Committee

Appendices

APPENDIX A

Definition of Terms

Security Level 5: A level of high security for offenders who have presented the most serious disciplinary problems up to and including extreme or deadly violence. This level helps to ensure the safety of staff and other offenders.

Level 5 offenders are permitted one hour per day of recreation in secure recreation pens, three showers per week and phone calls. Programming will be delivered in-cell initially and then can advance to the use of therapeutic modules, program chairs and possibly security tables.

Security Level 6: The security level between Restrictive Housing ('S') and Level 5 that is the first step to introduce offenders who have been in Restrictive Housing into the general population. The purpose of Level 6 is to begin the process of resocialization of offenders who have been housed in Restrictive Housing sometimes for extended periods of time. An advantage that Level 6 provides is the ability to utilize tools (e.g., restraints) which allows the offender to safely step down from high security to lower security management practices. Level 6 is the proving ground to help determine when an offender who has been housed in Restrictive Housing is ready to reintegrate into the less restrictive Level 5 setting.

Program Chairs: Include an attached seat and table with a latching system near the floor that will secure a high-risk offender's ankle shackles and which has an option to secure wrist chains to the top of the table. This provides treatment staff with an alternative to therapeutic modules where they can meet with small groups of high-risk offenders as a step towards a more normalized type of social interaction, e.g., via group counseling.

Therapeutic Modules: Secure booths made from expanded metal to which Level 5 or other high-risk offenders can be escorted and secured individually. Once inside the therapeutic module, restraints can be maintained or can be removed. Our plan is to include three to five therapeutic modules within a room that will allow treatment staff to have face-to-face contact with an individual or small group of high-risk offenders.

APPENDIX B

EBP Principles Used to Guide Recommendations

Following are the EBP principles used to guide this recommendation. It is highly encouraged that any plan that is finally adopted be reviewed to determine if it is based on accepted principles.

- **Risk Management and Risk Reduction Principles:** The mission of ROSP has been expanded. The expanded mission has two components:

1. To manage offenders safely and securely
2. To deliver treatment to offenders to reduce their criminogenic risk factors.

Historically, risk management strategies were the primary methods for managing Level S offenders. For the expanded mission to be successful, risk reduction strategies must be incorporate and relied on heavily as well.

- **Social Learning Principle: Changing the Culture of ROSP** - To accomplish these goals, the fundamental prison culture will have to be changed by addressing each of the three primary components that make up the prison culture, and by using evidence-based principles and programming to engage and socially engineer the offenders as a cultural group including their social influences and lifestyle:

1. Staff beliefs, attitudes, skills, and practices;
2. Facility resources and operating procedures; and
3. Offender beliefs, values, goals, attitudes, and behavior

- **Responsivity Principle: Offender Management and Program Matching; Organize Offenders into Groups with Common Characteristics and Devise Responses Specific to each Group's Management Needs and Programming Needs** - The facility's responsibilities include both managing offenders safely plus treating offenders in ways that science has shown increase the likelihood for successful outcomes. To do this, the Level S population was sorted based upon identified risks and needs so that strategies can be applied that respond to the specific risks, needs, and characteristics of the target groups.

A close study of the Level S population, influenced by the Nebraska DOC model for managing high security offenders, initially identified four distinct sub-groups that make up the Level S population at ROSP. More recently a fifth sub-group has been identified. Each sub-group deserves a specific behavior management strategy and a specific program strategy. The characteristics that differentiate the sub-groups include the potential for violence, notoriety of their crime, institutional behavior characteristics, factors motivating their institutional behavior, and mental health related conditions.

When these characteristics were applied, the Level S population organized itself into the following five sub-groups:

- those with the potential for extreme and deadly violence, or high escape risk;
 - those with high profile crimes that received significant media attention;
 - those with frequently recurring disciplinary violations;
 - those that intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing; and
 - those that behave abnormally.
- **Responsivity Principle, Program Options and Program Planning:** Programs and motivational enhancements should be delivered in a way that the offender is most likely to gain and that is directed to an identified need. Programming should not be misused as a tool to reduce idleness alone. Programs should be targeted to the specific needs shared by a group of offenders. Therefore, a menu of programs is needed based on the constellation of needs identified in the target population; and assignment to a program should be connected to the need identified in the offender's case plan.

Related to the principle of program matching is the idea that management methods should be matched to the offender characteristics. An offender that misbehaves with non-violent nuisance behavior as a method to remain isolated in Restrictive Housing, should not be managed with the same methods necessary for the offender that poses a serious risk of extreme or deadly violence towards staff or other offenders. Conversely, an offender with a history and high potential for extreme or deadly violence cannot be seen as low risk because they have not misbehaved even for an extensive period of time while in high security.

- **Motivational Principles**
 - **Privileges are used to motivate and introduce desirable behavior the offender would not otherwise do:** Offenders practicing criminal thinking are highly motivated by extrinsic privileges; i.e., they "do the math" and most often make decisions by asking "What's in it for me?" Therefore, for criminal thinkers, a program of privileges is needed to motivate the offender to comply with the behaviors goals set by staff including both management behaviors and program participation
 - **Balancing Positive Rewards and Sanctions:** Privileges and rewards should be delivered in a 4:1 ratio in relation to disciplinary sanctions. Sanctions alone, or a high ratio of sanctions to positive rewards, works against effective change goals by reinforcing criminal thinking
 - **Privileges and Sanctions should be given in short intervals and in close proximity to the associated behavior(s):** For example, a lengthy period, such as a year, before privileges can be earned is not an effective motivator for this population. More

effective would be a series of intermediate steps of one to three months duration with smaller or more limited privileges at each step

- **Privileges should be determined by the point of view of the offender,** what offenders perceive as desirable rather than what staff think is a privilege
- **Earned Rather than Entitled:** Privileges should be assigned after a clear list of behavior management and program goals and expectations have been achieved. The work required to achieve the privileges establishes the value of the privilege. Privileges granted before a goal is achieved have little to no value and are perceived by offenders as an entitlement they deserve without the need for an investment.
- **Cognitive-Behavioral Programming, Fidelity, and Reinforcement** – Cognitive-behavioral programs have been found to be effective with offenders if they incorporate the goal to teach actual skills using role play and practice techniques. Therefore, at the completion of the program curriculum, there should be a new pattern of thinking that is reinforced with observable and measurable skills that are incorporated in the offender's way of life. Programs should be followed up by staff with strategies to continually reinforce the new thinking, skills, and behavior patterns; otherwise the offender may revert to their original habits.
- **Systems Perspective:** Components of the step-down recommendation were incorporated from the perspective of a system design where all components work in concert rather than isolated good ideas that may not function effectively as part of a system.
- **Put in Balance Past Behavior, Change, and Predicting Future Behavior:** When managing offenders, though there is well founded belief that change is possible, science shows that a strong predictor of future behavior is past behavior. In high risk situations, erring on the side of caution and being aware of past behavior is a valuable safety factor. Identifying genuine and resilient change is difficult, and relapse to previous behavior patterns is recognized as a reasonably predictable episode in an otherwise successful change process. Therefore, offenders with a history indicating the ability and willingness to perpetrate serious or deadly violence must be managed with caution even if their behavior has been compliant for a long period of time. The department is aggressively looking for evidence-based information to help predict the likelihood of future violence from an offender that has a history of extreme violence whether or not they have been compliant and well behaved for even extensive periods of time.

APPENDIX C

Using Incentives and Sanctions to Motivate Offender Behavior; Behavior Management and Behavior Shaping

Behavior shaping tools and disciplinary sanctions in combination are strategies that can be used to develop an offender behavior management system. Behavior shaping is moving an offender towards a set of goals for desirable offender characteristics. Disciplinary sanctions deter unwanted behavior.

The limitation of disciplinary sanctions is that they focus only on punishing the unwanted behavior, but they do not teach better behavior.

Behavior shaping is a strategy that starts with a definition of the rehabilitative behavior to be promoted in offenders, and then balances disciplinary sanctions with incentives, privileges, and rewards that motivate increasingly good behavior while deterring unwanted behavior. For example, positive behavior might be:

- accept responsibility for what I do (accept the responsibility that everything I do is a decision I make that I am responsible for; and if I don't like the outcomes from what I do I need to make better decisions);
- develop good decision making skills, think things through smartly rather than react impulsively and emotionally;
- be polite and cordial to others;
- set goals for myself and practice self-direction to use my days to move towards my goals rather than just doing time;
- carry myself with pride, be concerned with my personal appearance and hygiene and the condition of my cell and personal property.
- Accept the rules that being in prison requires I follow, and don't waste my time and energy fighting rules when I have more positive uses of my time.

The EBP methods built into the prison system to reach this goal include:

Promoting positive interactions between staff and offenders with Effective Communications trainings and learning teams

Using offender programs that are designed to move offenders towards positive characteristics and measuring offender progress through stages of change

Creating a system of incentives, privileges, and rewards that become a stronger motivator and the focus of offender attention more than the disciplinary sanctions

A couple of principles

- Earning versus Entitlements – Offenders should start with very little, the minimum entitlements, and have detailed criteria for how they earn increasing privileges. Entitlements are what we are required by law and regulations to provide to offenders.

Privileges are what we have the discretion to provide based on set criteria for earning them only when they meet the positive behaviors we want. Meeting the criteria earns

- Behavior – non-compliant to compliant; number of disciplinary charges
 - Program participation
 - Personal hygiene
 - Cell cleanliness and compliance
 - General attitude and rapport
- Behavior Shaping – the balance between incentives, privileges, and rewards and sanctions that motivate increasingly good behavior while deterring bad behavior. Behavior Shaping requires a definition of good behavior as well as bad behavior.
 - Incentives, Privileges, Rewards:
 - Incentives are things used to encourage an offender to start something positive that they would not likely do on their own (ex: offenders that make a commitment and start a new program get a \$5 commissary coupon)
 - Privileges are sets of desirable things that they can earn to make their daily life better. They earn them by meeting expectations in
 - behavior standards (measured by number and type of charges)
 - personal hygiene standards
 - cell hygiene standards
 - program participation
 - attitude – level of compliance with expectations (hostile to compliant)
 - rapport – level of respectful interactions with staff and offenders (disrespectful, respectful, cordial)

Rewards are given to recognize a significant accomplishment (ex: offenders that successfully complete a program or remain charge free for x number of months get to participate in a celebration including cake and ice cream)

 - We have learned from previous experience to incorporate both individual and pod privileges and rewards

APPENDIX D

SM Orientation Fact Sheet [v5]

All new Level S offenders will be initially housed in the Intake/Orientation Unit. Immediately upon arrival, offenders will be provided an orientation to the case plan including goals, expectations, privilege earning process, and step-down process.

Orientation plans for SM0, SM1 and SM2

*Explanation of Special management-

Offenders with frequently recurring disciplinary violations will have transferred from a lower security level facility for assaultive behavior, destruction of state property, or other serious and repeated disciplinary violations.

***SM-0**-SM0 status includes minimum entitlements, no privileges, and without consideration for security reduction. SM will allow certain self-improvement opportunities such as in-cell education programming over closed circuit TV and religious shows.

***SM-1** SM1 status includes eligibility to participate in the step-down program from the Intake/Orientation, offenders will become eligible for SM1 after they prove their commitment to behavior and programming goals after achieving certain goals while in SM0 status.

***SM-2** The SM2 status includes eligibility for offenders to be provided with programming in-cell, and in Therapeutic Modules or Program Chairs.

*After completion of SM1 and SM2 phases at WRSP and having earned eligibility for advancement to SL-6, these offenders will have the opportunity to return to ROSP, which is the only location providing SL-6.

Programming

*Following completion of orientation, assessment and case planning, and security Level S subgroup assignment, SM offenders who commit to participate in the step-down program will be directed to begin participating in programming based on the case plan. For all Level S offenders, programming will begin in-cell. The basic program to be used with Level S offenders will be the *Challenge Series* which includes seven journals designed to be used for in-cell programming. The Journals include the following:

Journal 1 – Orientation: a motivational enhancement program designed to increase the level of motivation and engagement by the offender in the remaining series.

Journal 2 – Rational Thinking: a fundamental cognitive-behavioral training program.

Journal 3 – Criminal Lifestyles: provides insight into the thinking and attitudes that trap offenders in a lifestyle of crime; introduces the idea that lifestyles can change.

Journal 4 – Violence Prevention: building on the cognitive-behavioral training as a base, this journal increases awareness of what leads up to violence and teaches and practices techniques to intervene.

Journal 5 – Communication: introduces positive communication techniques.

Journal 6 – Lifestyle Balance: introduces that a healthy lifestyle has a balance of work, relationships, and leisure time.

Journal 7 – Transition: prepares the offender to leave a Restrictive Housing setting and return to interacting more with other offenders.

***Program Delivery:**

SM0 in-cell programming

SM1 in-cell programming and Therapeutic Models

SM2 in-cell programming, therapeutic Models and Program chairs

Dual Treatment Team Review- The Dual Treatment Team is responsible to review the individual offender's classification step-down pathway to SL-6, and to make certain recommendations. The Dual team will include the following representatives:

- Chief of Housing and Programs
- IPM / Cognitive Counselor
- Unit Manager
- Investigator / Intelligence Officer
- QMHP
- Counselor (s)
- Corrections Officer
- Statewide EBP Manager

*The dual team will use the following criteria to determine eligibility for classification step-down:

Reducing and eliminating disciplinary charges
Personal hygiene
Standing for count
Cell compliance
Respect; satisfactory rapport with staff and offenders
Program participation

***Assessment-** After orientation a COMPAS assessment will be conducted on all offenders to assess– criminogenic risk, needs, criminal thinking, program planning and to develop a case plan.

A review and discussion of the COMPAS with offenders should include the results, ask if this is the way the offender see's himself, ask how they would like to see themselves and what goals they would like to achieve while at WRSP.

Appendix E

Guidelines for Assessing Dangerousness for IM Status

Offenders may arrive in prison with a potential for danger, and in other cases offenders may develop the potential for danger as a result of their prison experience. Offenders with a street history of deadly violence bring that potential for danger with them. Offenders without a street history of deadly violence may develop that potential from their prison experience.

Some offenders may be targeted and threatened by other offenders and use violence towards another offender in self-defense. Some offenders may fall under the direction of an offender leader that might direct an offender to carry out violence. Some offenders may believe they have been mistreated by staff and develop sufficient anger to strike out with deadly violence. Some offenders may strike out impulsively in the middle of an interaction. Other offenders may plan out and lay in wait for an opportunity to assault staff or an offender.

There is no known clear profile that will predict with certainty an offender's level of dangerousness towards staff or others. An assessment of dangerousness will depend on gathering information and making a professional judgment. The following are recommended criteria for information gathering to help make an informed judgment on an offender's level of dangerousness and their initial assignment to IM or SM status as well as safety for stepping down to lower security levels.

1. Does the offender clearly state the intent to harm a staff member or offender?
 - a. Is the intent to invoke serious or deadly harm?
2. Does the offender have a proven emotional capability to kill another person versus, for example, a pattern of fighting but without stepping over the line into intentional deadly violence?
 - a. Has the offender ever killed or attempted to kill another person? If so,
 - i. How many people has the offender killed or attempted to kill?
 - ii. Was it intentional or unintentional?
 - iii. Was it in self-defense or in defense of another?
 - iv. Was it for personal gain such as during a robbery or for hire?
 - v. Was it in the commission of a crime?
 - vi. Was it part of gang behavior?
 - vii. Was the killing particularly dreadful or heinous?
3. Does the offender have an institutional history that includes violence towards staff or offenders?
 - a. Factors:
 - i. Targeting a staff member or another offender?
 - ii. Attempt to invoke deadly harm?
 - iii. Not attempting to invoke deadly harm?

- iv. Self Defense?
 - v. Intentional or not intentional?
 - vi. Provoked or not provoked?
 - vii. Carrying out the direction of another offender or acting on his own?
- b. Is there a pattern of violent behavior or is the violence not typical for this offender?
 - c. Is the violence intentional with the intent to kill or invoke deadly harm, or with the intent to harm but not kill?
 - d. Is the violence provoked with the intention of self-defense?
 - e. Is the violence unprovoked but is the intention self-defense?
 - f. Is the violence unintentional such as inflicting harm when the offender's intent was to resist a physical intervention by staff?
4. Does the offender have a street history with violence?
- a. Is there a pattern of violent street behavior or is the violence not typical for this offender?
 - b. Is the violence intentional with the intent to kill or invoke deadly harm, or with the intent to harm but not kill?
 - c. Is the violence provoked with the intention of self-defense?
 - d. Is the violence unprovoked but is the intention self-defense?
 - e. Is the violence unintentional such as inflicting harm when the intent was to resist arrest, escape arrest, or avoid capture?
5. Does the offender have a history including escape attempt(s)?
- a. Was violence involved during the escape?
 - b. Was the need for violence predicted when planning the escape?
 - c. See item 3.
6. Has the offender been a victim of abuse by offenders or staff?
- a. Are there grievances claiming threats from other offenders or mistreatment by staff; and how traumatic do the claims seem?
 - i. Does the grievance indicate physical abuse?
 - ii. Does the grievance indicate emotional abuse?
 - iii. Does the grievance indicate humiliation?
 - iv. Does the grievance indicate intentional mistreatment?
 - v. Does the grievance indicate an ongoing pattern or an isolated incident?
 - vi. Does the grievance name a staff member; does that staff member have a pattern of grievances or grievances from more than one offender?

Appendix F

IM Privilege Levels (March 2014) v4

	IM0	IM1	IM2	IM SL6 Closed Pod
Basic Requirements	<ul style="list-style-type: none"> Library books, 2 per week Religious materials in cell Legal materials in cell Commissary: Restrictive Housing list, \$10.00 per week TV: mounted on pod wall <ul style="list-style-type: none"> Education channel Religious channel AM/FM Radio eligible for purchase (with 3 months charge free and no "Poor" Responsible Behavior ratings) Programming in-cell Recreation: ACA standards, 1-hour per day outside in rec. cages Phone calls: 2, 20 minute calls per month Visitation: one, 1 hour visit per week, non-contact Cell: single cell Showers: 3 showers per week Out of cell: restrained, dual escort 			
Job Eligible	<ul style="list-style-type: none"> Not Eligible 	<ul style="list-style-type: none"> Not Eligible 	Jobs: <ul style="list-style-type: none"> Showers Eligibility Criteria: <ul style="list-style-type: none"> History of safe job performance Positive trend in COMPAS, CTS, and URICA scores Positive Responsible Behavior & Program Scores One year charge 	Jobs: <ul style="list-style-type: none"> House Man Barber Showers Eligibility Criteria: <ul style="list-style-type: none"> History of safe job performance Positive trend in COMPAS, CTS, and URICA scores Positive Responsible Behavior & Program Scores One year charge free
Commissary	<ul style="list-style-type: none"> \$10 per week Seg 	<ul style="list-style-type: none"> \$10 per week Seg \$5 Food items 	<ul style="list-style-type: none"> \$20 per week Inclusive of all purchases 	<ul style="list-style-type: none"> \$30 per week Inclusive of all purchases
Library Books	<ul style="list-style-type: none"> 2 per week 	<ul style="list-style-type: none"> 3 per week 	<ul style="list-style-type: none"> 4 per week 	<ul style="list-style-type: none"> 5 per week
Visitation	<ul style="list-style-type: none"> one, 1 hour 	<ul style="list-style-type: none"> one, 1 hour 	<ul style="list-style-type: none"> one, 1 hour visit 	<ul style="list-style-type: none"> 2 hours total

	visit per week, non-contact	visit per week, non-contact	per week, non-contact;	Saturday and Sunday
Phone Calls	<ul style="list-style-type: none"> • 2 calls per month 	<ul style="list-style-type: none"> • 3 calls per month 	<ul style="list-style-type: none"> • added time request will be evaluated • 4 calls per month 	<ul style="list-style-type: none"> • added time request will be evaluated • 5 calls per month
TV In-cell (from commissary)	<ul style="list-style-type: none"> • Ineligible 	<ul style="list-style-type: none"> • Education channel • Religious channel • Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m. 	<ul style="list-style-type: none"> • Education channel • Religious channel • Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m. ○ Special events 	<ul style="list-style-type: none"> • All channels, all time
AM/FM Radio (eligible to purchase from commissary)	<ul style="list-style-type: none"> • Ineligible 	<ul style="list-style-type: none"> • Purchase from commissary 	<ul style="list-style-type: none"> • Purchase from commissary 	<ul style="list-style-type: none"> • Purchase from commissary
Programming	<ul style="list-style-type: none"> • In-cell 	<ul style="list-style-type: none"> • In-cell • Therapeutic Module 	<ul style="list-style-type: none"> • In-cell • Therapeutic Module • Secure Chair • 5 maximum per group 	<ul style="list-style-type: none"> • Secure Chair • 5 maximum per group
Video Visitation	1 per month <ul style="list-style-type: none"> • 6 months charge free 	1 per month <ul style="list-style-type: none"> • 1 year charge free 	1 per month <ul style="list-style-type: none"> • 18 months charge free 	2 per month <ul style="list-style-type: none"> • 618months charge free
JP4 Player (purchase from commissary)	<ul style="list-style-type: none"> • Not eligible 	Eligible to purchase from commissary <ul style="list-style-type: none"> • Audio books; 1 per month • At the Unit Managers discretion 	Eligible to purchase from commissary <ul style="list-style-type: none"> • Audio books; 1 per month • At the Unit Managers discretion 	<ul style="list-style-type: none"> • Audio books; 1 per month • Music; 1 per month • At the Unit Managers discretion
Productive Activities:				
Structured Art Program / Art Contests	<ul style="list-style-type: none"> • Not eligible 	<ul style="list-style-type: none"> • Not eligible 	<ul style="list-style-type: none"> • Not eligible 	<ul style="list-style-type: none"> • Eligible

(at designated intervals)

Structured Creative Writing Program	• Not eligible	• Not eligible	• Not eligible	• Eligible
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Industry/Work Table Projects

Food Service Support	• Not eligible	• Not eligible	• Not eligible	• Eligible
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IM Status Level Goals (v3; June 2012)

Disciplinary Behavior	Responsible Behavior Goals				Program Participation
	Cell Compliance	Personal Hygiene	Count	Respect	
	<ul style="list-style-type: none"> • Unobstructed windows • Clean/uncluttered floor • Property neatly stored • Light uncovered • Clear view through cell 	<ul style="list-style-type: none"> • Grooming Standards • Personal cleanliness • Clean clothes 	<ul style="list-style-type: none"> • Standing for Count 	<ul style="list-style-type: none"> • Language • Attitude • Yelling through door • 137 • Patience 	<ul style="list-style-type: none"> • Challenge Series • Anger Management • TCU Brief Interventions • Education
	Rating € Poor € Acceptable € Good	Rating € Poor € Acceptable € Good	Rating € Poor € Acceptable € Good	Rating € Poor € Acceptable € Good	Rating € Incomplete € Complete € Positive Effort
IM0 to IM 1	6 months continuous: <ul style="list-style-type: none"> • no serious assaultive or weapons related 100 series charges • no more than 3 total 100/200 series charges 	Completion of Intake/Orientation Process Completion of Assessments Develop a Case Management Plan Agreement to participate in Programming			In-Cell Intake: Journal 1, Orientation Complete Journals 1 & 2 Education Classes
IM 1 to IM 2	6 month continuous: <ul style="list-style-type: none"> • no serious 100 series charges • no more than 1 total 100/200 series charges 	No more than 4 Poor/Incomplete within 90 day review period Minimum of 4 Good/Positive Effort within 90 day review period			In-Cell Complete Journals 3-5 Education Classes
IM 2 to Lev 6	6 months continuous: charge free	No more than 2 Poor/Incomplete within 90 day review period Minimum of 6 Good/Positive Effort within 90 day review period			In-Cell Therapeutic Modules Complete Journals

**IM
Level 6,
Closed
Pod**

No more than 2 Poor/Incomplete within 90 day review period
Minimum of 6 Good/Positive Effort within 90 day review period

6-7

In-Cell
Therapeutic
Modules
Secure Program
Desk

T4c

Cognitive
Restructuring

TCU Brief
Interventions

Education Classes

IM Status Level Goals

Description:

Offenders participating in the Step-Down program will be challenged to meet goals in three areas:

- 1) Eliminate disciplinary infractions,
- 2) Meet a set of responsible behavior goals, and
- 3) Participate in self-improvement and education programs.

As offenders meet goal levels, they will advance in status from IM0, IM1, to IM2. As offenders advance in status, they will earn additional privileges (outlined on a separate IM Privilege Levels chart).

Rating System –

- The Unit Manager (or designee) will track each offender's charges.
- 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).
- Thirdly, Counselors will rate each offender's Program Participation for that week as either *"incomplete, complete, or positive effort."*

It is valuable for Officers, Counselors, and the Unit Manager to update each offender routinely on their ratings as an opportunity to acknowledge positive performance as well as to motivate them to improve when needed.

ICA Committee Review

Each SM offender will have their case reviewed every 90 days during the ICA review. The ICA Committee will review the ratings on each SM offender to determine when they have met the goals to be eligible for advancement to the next status level. An interim review can be done for offenders performing exceptionally well and ready for advancement before the next routinely scheduled ICA meeting, or for offenders performing poorly requiring placing them back to a lesser status including SM0 when warranted.

Advancement

Offenders that are meeting the standards set at each status for the period of time required are eligible for advancement to the next status. The ICA Committee is responsible to evaluate overall performance and can decide to advance those offenders that are meeting advancement eligibility criteria.

Assign to Lower Status

Offenders that do not meet the standards for disciplinary, responsible behavior, and/or self-improvement and programming can be placed back to an earlier status by a decision of the ICA Committee. When an offender receives a serious disciplinary offense that results in assignment to administrative Restrictive Housing or refuses over a period of time to meet standards for responsible behavior or program participation, the ICA Committee can decide to immediately lower an offender's status.

IM Status Rating Chart

Offender: _____ Responsible Behavior: **P – Poor** Program: **I-Incomplete**
A – Acceptable **C-Complete**
G- Good **+Positive Effort**

Date	Responsible Behavior				Program		Disciplinary Charges
	Staff	Cell Compliance	Personal Hygiene	Count	Respect	Participation	
	CO						
	UM						
	Couns						
	CO						
	UM						
	Couns						
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APPENDIX G

SM Privilege Levels (March 2014) v6

	SM0	SM1	SM2	SL6, Phase 1	SL6 Phase 2
Basic Requirements	<ul style="list-style-type: none"> • Library books, 2 per week • Religious materials in cell • Legal materials in cell • Commissary: Restrictive Housing list, \$10.00 per week • TV: mounted on pod wall <ul style="list-style-type: none"> ○ Education channel ○ Religious channel • AM/FM Radio eligible for purchase (with 3 months charge free and no "Poor" Responsible Behavior ratings) • Programming in-cell • Recreation: ACA standards, 1-hour per day outside in rec. cages • Phone calls: 2, 15 minute calls per month • Visitation: one, 1 hour visit per week, non-contact • Cell: single cell • Showers: 3 showers per week Out of cell: restrained, dual escort 				
Job Eligible	<ul style="list-style-type: none"> • Ineligible 	<ul style="list-style-type: none"> • In-pod job • 2nd priority after SM2 	<ul style="list-style-type: none"> • In-pod job • 1st priority 	Jobs: <ul style="list-style-type: none"> • House Man • Barber • Showers Eligibility Criteria: <ul style="list-style-type: none"> • Positive Responsible Behavior & Program Scores • 90 days charge free 	Jobs: <ul style="list-style-type: none"> • House Man • Barber • Showers Eligibility Criteria: <ul style="list-style-type: none"> • Positive Responsible Behavior & Program Scores • 90 days charge free
Commissary	<ul style="list-style-type: none"> • \$10 per week Seg • No food items 	<ul style="list-style-type: none"> • \$10 per week Seg • \$5 Food items 	<ul style="list-style-type: none"> • \$10 per week Seg • \$10 Food items 	<ul style="list-style-type: none"> • \$30 per week inclusive of all purchases 	<ul style="list-style-type: none"> • \$35 per week inclusive of all purchases
Library Books	<ul style="list-style-type: none"> • 2 per week 	<ul style="list-style-type: none"> • 3 per week 	<ul style="list-style-type: none"> • 4 per week 	<ul style="list-style-type: none"> • 5 per week 	<ul style="list-style-type: none"> • 5 per week
Visitation	<ul style="list-style-type: none"> • one, 1 hour visit per week, non- 	<ul style="list-style-type: none"> • one, 1 hour visit per week, non-contact 	<ul style="list-style-type: none"> • one, 1 hour visit per week, non- 	<ul style="list-style-type: none"> • 2 hours total Saturday and Sunday 	<ul style="list-style-type: none"> • 2 hours total Saturday and Sunday

	contact		contact; added time request will be evaluated	• added time request will be evaluated	• added time request will be evaluated
Video Visitation	• Not eligible	• Not eligible	• Once per month; must be 18 months charge free	• 2 per month • 18 months charge free	• 2 per month • 18 months charge free
Phone Calls	• 2 calls per month	• 3 calls per month	• 4 calls per month	• Unlimited	• Unlimited
TV In-cell (from commissary)	• Ineligible	• Education channel • Religious channel • Entertainment channels • Fri 12:00 noon to Mon 6:00 a.m.	• Education channel • Religious channel • Entertainment channels • Fri 12:00 noon to Mon 6:00 a.m. • Special events	• All channels all time	• All channels all time
AM/FM Radio (eligible to purchase from commissary)	• Ineligible	• Purchase from commissary	• Purchase from commissary	• Purchase from commissary	• Purchase from commissary
Programming	• In-cell	• In-cell • Therapeutic modules	• In-cell • Therapeutic modules • Program chairs (groups up to 5)	• In-cell • Therapeutic modules • Secure Chair • Small Groups - 15 maximum per group	• In-cell • Therapeutic Module • Secure Chair • Small Groups - 15 maximum per group
JP4 Player	Not eligible	Eligible to purchase from commissary • Audio books; 1 per month • At the Unit	Eligible to purchase from commissary • Audio books; 1 per month • At the Unit	• Audio books; 1 per month • Music; 1 per month • At the Unit Managers	• Audio books; 2 per month • Music; 2 per month • At the Unit Managers

Managers
discretion

Managers
discretion

discretion

discretion

SM Status Level Goals (v5; June 2012)

	Disciplinary Behavior	Responsible Behavior Goals				Program Participation
		Cell Compliance	Personal Hygiene	Count	Respect	
		<ul style="list-style-type: none"> • Unobstructed windows • Clean/uncluttered floor • Property neatly stored • Light uncovered • Clear view through cell 	<ul style="list-style-type: none"> • Grooming Standards • Personal cleanliness • Clean clothes 	<ul style="list-style-type: none"> • Standing for Count 	<ul style="list-style-type: none"> • Language • Attitude • Yelling through door • 137 • Patience 	<ul style="list-style-type: none"> • Challenge Series • TCU Brief Interventions • Education
		Rating	Rating	Rating	Rating	Rating
		€ Poor € Acceptable € Good	€ Poor € Acceptable € Good	€ Poor € Acceptable € Good	€ Poor € Acceptable € Good	€ Incomplete € Complete € Positive Effort
SM0 to SM1	3 months continuous: <ul style="list-style-type: none"> • no serious assaultive or weapons related 100 series charges • no more than 3 total 100/200 series charges 	Completion of Intake/Orientation Process Completion of Assessments Completion of Case Management Plan Agreement to participate in Programming No more than 6 Poor/Incomplete within 90 day review period Minimum of 2 Good/Positive Effort within 90 day review period				Challenge Series Journals 1 & 2 Education
SM1 to SM2	3 month continuous: <ul style="list-style-type: none"> • no serious 100 series charges • no more than 1 total 100/200 series charges 	No more than 4 Poor/Incomplete within 90 day review period Minimum of 4 Good/Positive Effort within 90 day review period				Challenge Series Journals 3, 4, 5 Education
SM2 to	<ul style="list-style-type: none"> • 3 months continuous: charge free 	No more than 2 Poor/Incomplete within 90 day review period				Challenge Series Journals 6 & 7

Lev 6	Minimum of 6 Good/Positive Effort within 90 day review period	Education
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SM Status Level Goals

Description:

Offenders participating in the Step-Down program will be challenged to meet goals in three areas:

- 1) Eliminate disciplinary infractions,
- 2) Meet a set of responsible behavior goals, and
- 3) Participate in self-improvement and education programs.

As offenders meet goal levels, they will advance in status from SM0, SM1, to SM2. As offenders advance in status, they will earn additional privileges (outlined on a separate SM Privilege Levels chart).

Rating System –

- The Unit Manager (or designee) will track each offender's charges.
- 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).
- Thirdly, Counselors will rate each offender's Program Participation for that week as either *"incomplete, complete, or positive effort."*

It is valuable for Officers, Counselors, and the Unit Manager to update each offender routinely on their ratings as an opportunity to acknowledge positive performance as well as to motivate them to improve when needed.

ICA Committee Review

Each SM offender will have their case reviewed every 90 days during the ICA review. The ICA Committee will review the ratings on each SM offender to determine when they have met the goals to be eligible for advancement to the next status level. An interim review can be done for offenders performing exceptionally well and ready for advancement before the next routinely scheduled ICA meeting, or for offenders performing poorly requiring placing them back to a lesser status including SM0 when warranted.

Advancement

Offenders that are meeting the standards set at each status for the period of time required are eligible for advancement to the next status. The ICA Committee is responsible to evaluate overall performance and can decide to advance those offenders that are meeting advancement eligibility criteria.

Assign to Lower Status

Offenders that do not meet the standards for disciplinary, responsible behavior, and/or self-improvement and programming can be placed back to an earlier status by a decision of the ICA Committee. When an offender receives a serious disciplinary offense that results in assignment to administrative Restrictive Housing or refuses over a period of time to meet standards for responsible behavior or program participation, the ICA Committee can decide to immediately lower an offender's status.

SM Status Rating Chart

Offender: _____ Responsible Behavior: **P – Poor** Program: **I-Incomplete**
A – Acceptable **C-Complete**
G- Good **+Positive Effort**

Date	Staff	Responsible Behavior			Respect	Program Participation	Disciplinary Charges
		Cell Compliance	Personal Hygiene	Count			
	CO						
	UM						
	Couns						
	CO						
	UM						
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Appendix H

ROSP Level S/Level 6 Reentry Program: “Comprehensive Success-based Reentry Preparation”

5 years prior to release:

Focus on Reentry should begin for all offenders at 5 years prior to release. Develop programs/training classes for each of the items listed below considered essential for developing a reentry plan that is “success-based”, in that it is both comprehensive and practical.

IM/SM offenders at 24 months prior to release:

- IM/SM offenders should be directly into a reentry path to develop a comprehensive, success based reentry plan that addresses all items outlined in the reentry model.
- Reentry path offenders should be prioritized for immediate access to DCE GED / Rosetta Stone programming and Vocational Training.
- Reentry oath offenders should receive priority for institutional jobs or program opportunities to earn pay as a means of building their reentry savings accounts
- Reentry Savings Accounts plans should be immediately developed.

Reentry Assessment

- € COMPAS
 - Risk/Needs
 - CTS
 - URICA
- € Psychological Self –Efficacy Evaluation

Reentry Cognitive Programs

- € T4C (completion or reinforcement)
- € PREPS
- € Matrix

Reentry Preparation Programs

- € Productive Citizenship
- € Serv Safe
- € Ready for Work
- € Work Keys
- € Workforce Investment Act registration

“Comprehensive Success-based Reentry Preparation”

Assess progress regularly

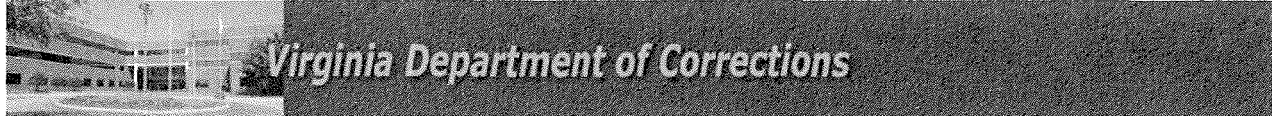
- Year 5: Initial plan development
- Year 4 and 3: annual reassessment of plan progress
- Year 2: reassessment every 6 months
- Year 1: quarterly reassessment
- 6 Months to release: monthly reassessment

Target Goals

- € Risk / Needs Assessment Goals
 - COMPAS results
 - In-prison programming addressing high risk areas
- € Reporting to supervision officer
- € Home plan development
 - Develop a preliminary home plan
 - Evaluate the pros and cons of going back to original neighborhood or starting fresh in a new environment
 - Living with relatives / friends, reentry facility / program / Oxford house, independent housing
- € Employment
 - Workforce Investment Act registration (SNAP Center within the facility)
 - Work Keys
 - Job skills training in prison
 - HVAC
 - Culinary Arts
 - Custodial Maintenance
 - Develop additional job skills training programs
 - Construction trades
 - Computer literacy
- € Education
 - Complete GED
 - Advanced Education
 - Computer Literacy
 - MSWord
 - Excel
 - Internet access, information search
- € Transportation
 - Public transportation
 - Bicycle
 - Car plan (practical plan for obtaining a personal car)
 - Drivers license
 - Insurance
 - Gas Budget
 - Maintenance / repair budget

- Car cost
- € Medical / Mental Health Services
- € Substance Abuse recovery / sobriety support plan
- € Sex Offender support plan
- € Leisure time activities
- € Support System
 - Family / friends
 - Faith-based support
 - Recovery support group
 - Peer Support group
 - Mentor
- € Bonding / Rebounding with children
 - Parenting from prison program
 - Messages Project video messages to children
- € Contact with spouse, significant other, family
 - Relationship program / training
- € Savings Account for Reentry
 - Develop a reentry budget to include housing / rent, transportation, food, necessities (food, clothing)

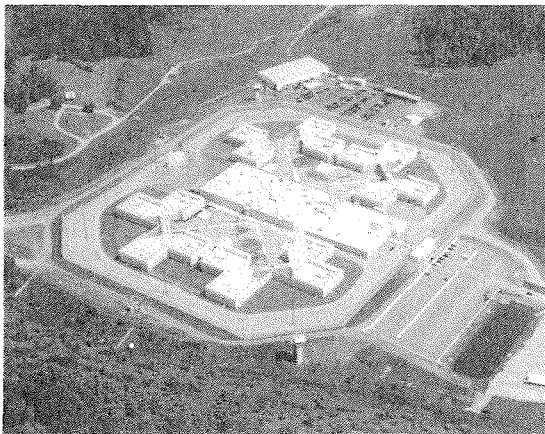
Exhibit 6



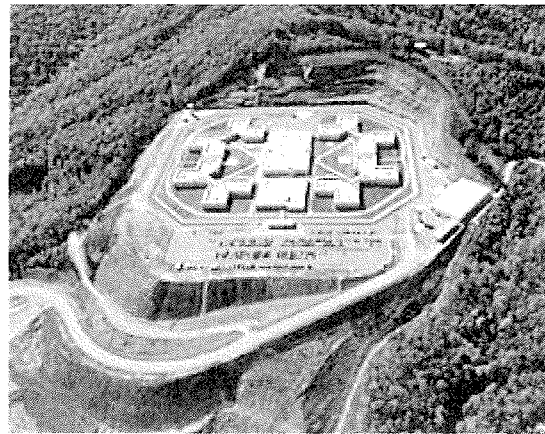
Restrictive Housing Reduction Step-Down Program
Red Onion State Prison and Wallens Ridge State Prison
Security Level –S and Level- 6 Operations Strategy

Guided by Evidence-Based Practices
Partnering Science with Corrections

March 4, 2014 [Update]



Red Onion State Prison



Wallens Ridge State Prison


Approval Signatures

I have received, reviewed and approved the Restrictive Housing Reduction Step-Down Plan for Red Onion State Prison and Wallens Ridge State Prison.



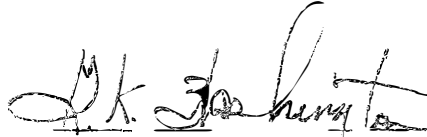
A. David Robinson,
Chief of Corrections Operations
Virginia Department of Corrections

11/3/2014
Date



H. Scott Richeson
Director of Reentry and Programs

10/21/14
Date

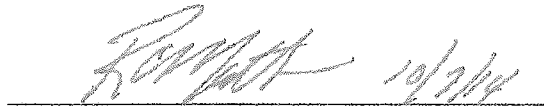


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Regional Operations Chief, Western Region

10/14/14
Date

Date

Regional Administrator, Western Region



Randall Mathena
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Dennis Collins, Unit Manager WRSP

Introduction

Operations Strategy for the ROSP/WRSP Step-Down Program Based on Evidence-Based Guidelines

PROJECT GOALS

1. To operate a prison management system that creates a pathway for offenders to step-down from Level S to lower security levels in a way that maintains public, staff, and offender safety, by applying the principles of evidence-based practices to ROSP and WRSP operations.
2. To house Level S, Level 6 and Level 5 offenders at ROSP for two primary purposes:
 - a. To reduce staff stress by providing varied job assignment options
 - b. To maintain a Level 5 proving ground to determine when Level S offenders are ready to dependably function safely in a Level 5 environment.
3. To closely link ROSP and WRSP for the management and programming of Level S offenders, by housing a portion of Level S, Special Management offenders from ROSP at WRSP. Reducing the numbers of ROSP Level S offenders creates room for Level 5 offenders at ROSP. Linking WRSP with ROSP augments the system by taking advantage of the already successfully established EBP practices at WRSP in turn creating stronger environments at both institutions that are evidence based driven.
4. To infuse evaluation into the operation design by setting observable and measurable standards as a means to ensure fidelity; and to infuse research into the plan as a means of assessing outcome effectiveness. Evaluation and research together will support the executive staff in determining areas of strength and areas of adjustment.

EVIDENCE BASED PRINCIPLES

Guidelines for this strategy to continue to meet the established goals and mission for ROSP in concert with WRSP are drawn from the science of Evidence-Based Practices. It is important to understand the point of view derived from the science to be able to properly put the operational changes in perspective. Therefore, at the end of this document is an appendix that outlines the principles that are used to guide the thinking and planning for this project.

CHANGING THE CULTURE OF ROSP

To accomplish the goals of this project requires effecting and fostering a continued change in the culture of ROSP by addressing each of the three primary components that make up the prison culture which are:

1. Staff beliefs, attitudes, skills, and practices;
2. Facility resources and operating procedures; and
3. Offender thinking (beliefs, values, goals, attitudes) and behavior

This will be accomplished by using evidence-based principles and programming to engage and promote pro-social behaviors in offenders as a cultural group including their social influences and lifestyle, changes in the facility operating procedures, and an extensive staff training program.

Section I: Facility Operations

OPERATIONAL MANAGEMENT STRATEGY, SECURITY LEVEL S

Level-S offenders will be managed per Special Housing Guidelines policy 861.3 which includes all practices set out in this policy for the secure management of Level S offenders.

SYSTEMS COMPONENTS

LEVELS OF REVIEW

Bi-Annual External Team Review

A team external to ROSP and WRSP will perform bi-annual reviews of each offender's case assigned to ROSP and WRSP in Level S. The review will include, but not be limited to, the following areas:

- Is the offender currently appropriately assigned to Level S?
- Does the offender meet the criteria for the Intensive Management or Special Management path to which they are assigned?
- Has the Dual Treatment Team made appropriate decisions to advance the offender through the step-down process?

The External Review Team will consist of the following members:

- Chief of Corrections Operations
- Regional Operations Chief
- Regional Administrator
- Chief of Classification
- Chief Deputy Reentry and Programs Director Statewide EBP Manager
- Director of Mental Health Services
- Director of Psychiatric Services
- Chief Physician

Regional Operations Chief, External Review – The Regional Operations Chief/Regional Administrator will provide an external review in the following situations:

1. 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.
2. In advance of any change in offender classification level including
 - a. Reassignment from any lower classification 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

Wardens Review – Wardens are responsible for the following decisions:

- For reassignment from Level S to Level 6, decisions will be made by the Warden of ROSP or WRSP depending on where the Level S offender is located.
- 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.
- 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.

Dual Treatment Team Review – The Dual Treatment Team refers to a team headed by both EBP Managers and representing both ROSP and WRSP. Representatives from both ROSP and WRSP will make up the DTT to include, but not limited to, the following individuals or their designees:

- EBP Manager
- IPM
- Unit Manager
- Intelligence Officer
- QMHP
- Medical Director
- Counselor (s)
- Corrections Officer

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 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 (The Dual Treatment Team is authorized to make contact with the staff from any sending facility to gather background information.)
- 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
- Assigning offenders to SM0, SM1, and SM2

- Assigning SM1 or SM2 offenders that have completed Intake/Orientation from ROSP to WRSP
- Assigning offenders from SM2 to Level 6 at either ROSP or WRSP; and transfer of newly assigned Level 6 offenders from WRSP to ROSP
- Assigning offenders from Level 6 to Level 5 at ROSP; for ROSP Level 6 offenders that have been moved to Level 5 an interim review will be done at 12 months to determine if the offender has stabilized at Level 5 and is therefore eligible for transfer to WRSP or Sussex 1. If the DTT deems that stabilization has occurred, recommendation for transfer will occur upon their next scheduled annual review; subsequent reviews will be annual. ROSP Level 5 offenders will be prioritized for transfer to WRSP based on their seniority in Level 5 status. Level 5 offenders that have been assigned to Level 5 Restrictive Housing will start their seniority calculation as of the latest date of release from Level 5 Restrictive Housing.
- Assigning offenders to return to earlier levels due to excessive disciplinary behavior or unsatisfactory performance.
- To ensure offender assignment has been complete including criminogenic risk factors and medical/mental health factors.

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 and level of danger. Therefore, the Dual Treatment Team should meet as a Learning Team at least monthly to dialogue on scenarios as a means to strengthen their evaluation of high risk offenders. 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, URICA, etc.)
- ☐ all as a way of helping to determine the offender's potential for high risk behavior.

Institution Classification Authority (ICA) -

Each Level S and Level 6 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 and Level 6 offenders is consistent with policy.

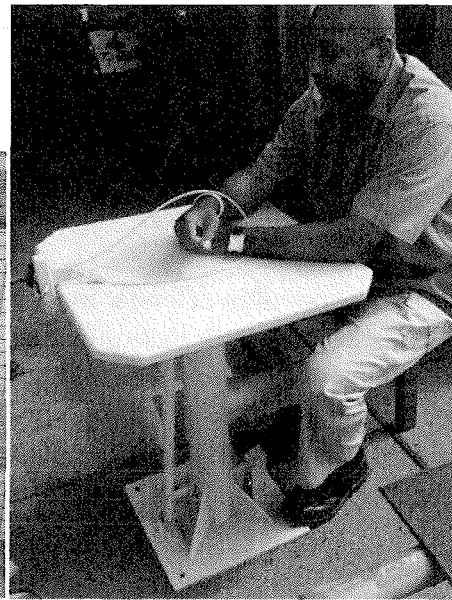
ADVANCED SECURITY PRACTICES

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:

- 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 Counselor. This increases the effectiveness of programming while ensuring safety for both staff and other offenders.



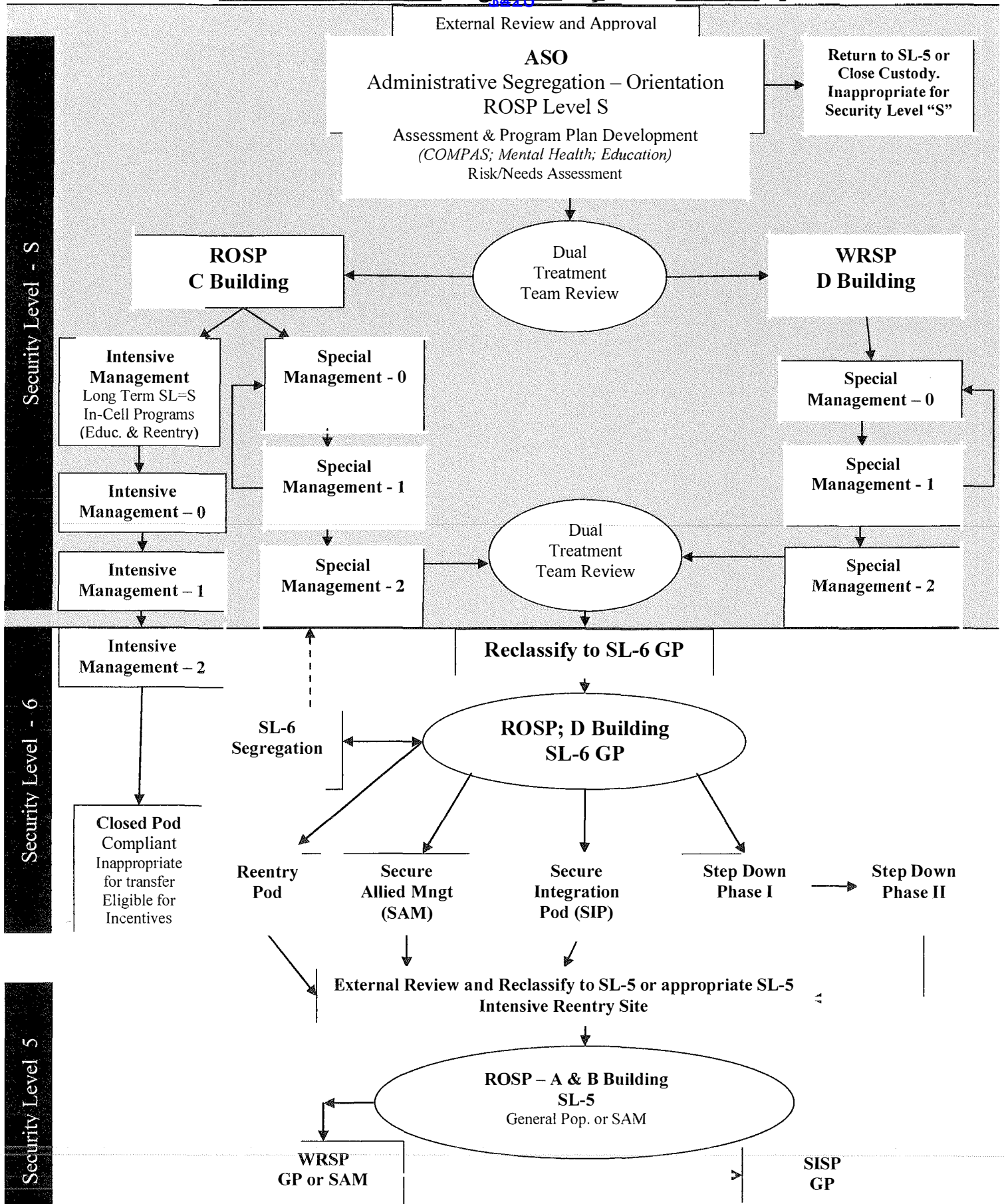
Therapeutic Modules



Security Chair

Section II: Offender Interventions

Red Onion – Wallens Ridge EBP Step-Down Model (v9)



Intake/Orientation at ROSP

All Level S offenders arriving at ROSP will be initially housed in the Intake/Orientation Unit and managed per Security Level S restraints and restrictions. Immediately upon arrival, offenders will be provided an orientation to the case plan including goals, expectations, privilege earning process, and step-down process. 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 expectations and benefits the offender can anticipate.

Several primary functions will occur during Intake/Orientation:

- Orientation
- Assessment
- Sub-Group identification;
 - Potential for extreme and deadly violence;
 - High escape risk;
 - High profile crimes that received significant media attention;
 - Frequently recurring disciplinary violations;
 - Intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing; and
 - Mental status of offenders who have a history of acting out (e.g. cutting, inserting objects, etc.) and who are not considered mentally ill as per the current DSM criteria.
 - Found to have been in possession of a weapon on their person while housed at ROSP.
- Management path assignment
 - Intensive Management,
 - Special Management
- Case Plan development and program assignment
- Privilege status assignment
- Determine the SM1 & SM2 offenders to retain at ROSP and those to be transferred to WRSP

Programming will begin during the offender's stay in the Intake/Orientation unit.

By the completion of the Intake/Orientation process, offenders will be: 1) assigned to one of the two management paths of either Intensive Management (IM) or Special Management (SM), and 2) assigned to a privilege level depending on whether they have committed to participate in the step-down program or refused to participate (IM 0, 1, or 2; SM 0, 1, or 2).

Screening and Assessment (during Intake/Orientation)

Each Security Level S offender will complete a battery of assessment instruments during Intake/Orientation to include the following below. Counselors will engage offenders in a review of the findings from the assessment instruments and use Effective Communication skills to

- 1) Build rapport,
- 2) Validate the offender's profile including risks and needs,
- 3) Engage the offender in developing a program and management plan, and
- 4) Help improve the offender's motivation to participate in the Step-Down program.

The 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.

COMPAS – The findings from the COMPAS will be used to reach the following goals:

Program Planning – support development of Program/Management Path plans based on identified risks and needs.

Criminal Thinking Scales (CTS) – introduced at intake to create a baseline of criminogenic thinking and repeated at intervals to measure change in criminal thinking

- ✓ Entitlement
- ✓ Justification
- ✓ Power Orientation
- ✓ Cold Heartedness
- ✓ Criminal Rationalization
- ✓ Personal Irresponsibility

URICA – to identify Stage of Change (repeated at intervals to be determined)

STATIC-99 – to identify sex offender concerns

TCU Criminogenic Scales

Social Functioning Scales (SOC)

- Hostility
- Risk-Taking
- Social Support

Treatment Needs and Motivation Scales (MOT)

- Problem Recognition
- Desire for Help
- Treatment Readiness
- Treatment Needs
- Pressures for Treatment

Treatment Engagement and Process Scales (ENG)

- Treatment Participation
- Treatment Satisfaction

Counseling Rapport
Peer Support

Psychological Functioning Scales (PSY)

Depression
Anxiety
Self-Esteem

Decision Making

Other COMPAS Screeners to be considered but not required initially

TCU Drug Screening
NIJ Mental Health Screening
VASOC (sex offender recidivism)

STEP-DOWN PROGRAM PARTICIPATION AS A CHOICE

Prior to completing the Intake/Orientation process, offenders will be assigned to a management path and will be presented the option to participate in the step-down program or not.

Those who do not choose to participate will be assigned to IM 0 or SM0 which are non-privilege statuses where offenders merely serve their time. These offenders are provided with their basic requirements that meet constitutional standards such as, but not limited to, medical care, access to a law library, hygiene items, access to phones, in-cell education and religious programs, recreation, showers, and meals.

Offenders who, during Intake/Orientation, choose to participate in the step-down program, or who have previously refused but later request to participate, can begin the process to earn increasing privileges and eligibility for classification reduction and transfer to lower security level facilities. The goal is to motivate offenders to participate in the step-down program which includes three areas of commitment by the offender:

1. Disciplinary Violation goals – to reduce or eliminate disciplinary violations
2. Responsible behavior goals
 - personal hygiene
 - standing for count
 - cell compliance
 - deportment; satisfactory rapport with staff and offenders
3. 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.

The disciplinary violation goals are designed to improve respect for authority, improved decision making, and replace impulsivity with forward thinking. The responsible behavior goals are designed to develop a routine pattern of responsible and mature behavior. The program participation goals are to involve offenders in evidence-based programs that are proven to have a positive impact on offender thinking, beliefs, and attitudes which, in turn, support and reinforce responsible and mature behavior.

PROGRAMMING at Level S

Following completion of orientation, assessment and case planning, and security Level S subgroup assignment, both IM and SM offenders who commit to participate in the step-down program will be directed to begin participating in programming based on the case plan. For all Level S offenders, programming will begin in-cell. However, more effective programming is possible with increased counselor and offender direct contact and in groups of peers facilitated by counselors or other treatment staff.

Curriculum

The basic program to be used with Level S offenders will be the *Challenge Series* which includes seven journals designed to be used for in-cell programming. The Federal Bureau of Prisons in collaboration with the *Change Companies* developed this series specifically for offenders in Restrictive Housing. The Journals include the following:

- Journal 1 – Orientation: a motivational enhancement program designed to increase the level of motivation and engagement by the offender in the remaining series.
- Journal 2 – Rational Thinking: a fundamental cognitive-behavioral training program.
- Journal 3 – Criminal Lifestyles: provides insight into the thinking and attitudes that trap offenders in a lifestyle of crime; introduces the idea that lifestyles can change.
- Journal 4 – Violence Prevention: building on the cognitive-behavioral training as a base, this journal increases awareness of what leads up to violence and teaches and practices techniques to intervene.
- Journal 5 – Communication: introduces positive communication techniques.
- Journal 6 – Lifestyle Balance: introduces that a healthy lifestyle has a balance of work, relationships, and leisure time.
- Journal 7 – Transition: prepares the offender to leave a Restrictive Housing setting and return to interacting more with other offenders.

Program Delivery: In-Cell, Therapeutic Modules, Program Chairs, Small Groups

For IM offenders, in-cell programming will continue until the offender's pattern of programming and motivation are better understood, and counselor to offender rapport has had time to be established. Dialogue will be ongoing to determine at what point IM Level 6 Closed Pod, Level 1 might be implemented and when the appropriate programming tools are utilized. These factors can be used to help determine a safe time to begin moving the

offender from their cell to Therapeutic Modules to the Security Chairs for programming. Program Chairs will be used with offenders during Level 1 in the SL6 Closed Pod. At Level 2 in the SL6 Closed pod, programming can be expanded to include small groups. Each offender should be assessed to determine their individual readiness and level of safety as they progress to increasing levels of freedom in greater contact with others during programming.

For SM offenders, programming is recommended to be limited to in-cell for SM0. At SM1 programming can expand to include Therapeutic Modules. Program Chairs can be added at SM2. When SM offenders advance to Level 6 for the SIP, SAM, and Step-Down pods, programming can be expanded to include unrestrained small groups. Each offender should be assessed to determine their individual readiness and level of safety as they progress to increasing levels of freedom in greater contact with others during programming.

IM Management Path	IM Program Delivery	SM Management Path	SM Program Delivery
IM0	In-Cell	SM0	In-Cell
IM1	In-Cell Therapeutic Modules	SM1	In-Cell Therapeutic Modules
IM2	In-Cell Therapeutic Modules Program Chairs	SM2	In-Cell Therapeutic Modules Program Chairs
SL6 IM Closed Pod Level 1	In-Cell Program Chairs (not small groups)	SL6 SIP and SAM,	Program Chairs Small Groups
SL6 IM Closed Pod Level 2	In-Cell Program Chairs Small Groups	SL6 Step Down Phase 1 and Phase 2	Small Groups

Level S/Level 6 Reentry Program

(see APPENDIX H: ROSP Level S/Level 6 Reentry Program, Comprehensive Success-based Reentry)

Narrative

A number of offenders are released to the community from Level S each year. It is the goal of the department that no Level S offender be released directly from Restrictive Housing without the opportunity for reentry preparation. A number of Level S offenders may pose a risk, especially those offenders meeting IM criteria. However, the department considers it unconscionable that a Level S offender might be considered too dangerous for unrestrained contact with others in prison, yet they would be released directly from Restrictive Housing onto an unsuspecting citizenry in the community. Therefore, given that this population may pose a risk, the department's position is that the facility is in the best position to bear that risk. The department has a professional responsibility to work to effectively reduce the offender's danger to the community and the risk of reoffending, and improve the likelihood of reentry success. To ensure that a strong and effective reentry program for Level S, Level 6, and Level 5 populations

exists, coordination will be maintained with the Reentry Department and other external stakeholders.

A Level S/Level 6 Reentry Program has been developed at ROSP to address many of the identified risks 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.

Reentry Assessment

Each offender diverted into the reentry path should have their assessments reviewed or updated to include COMPAS assessments (risk/needs, CTS, and URICA) 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

Upon completion of the assessment, the offender will be aligned with the appropriate programming. Some of the programs that are offered are:

- T4C (if already completed they may be exposed to refresher/reinforcement activities)
- PREPS
- Matrix
- Ready to Work
- ServSafe

Reentry Steps

Once assigned to the Reentry Program, an intensive battery of programming will be instituted that incorporates up-to-date evidence-based reentry programming and services as well as a component of socialization that includes unrestrained face-to-face interactions with staff and other offenders to be responsive to the possible extensive period of social Restrictive Housing. This program will be operated in a manner that maximizes the safety for both staff and offenders while maintaining a clear understanding that this population poses a risk.

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

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.

For the final six months of reentry, Level S 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.

Timeline	24 Months to Release	16 Months to Release	10 Months to Release	Prior to Release
Programming	Step1 Security Chair Programming	Step 2 Socialization Unrestrained Programming (Individually) (Small Groups of Offenders)	Step 3 Intensive Reentry	Direct communication on with Community Supervision Officer (in addition to CORIS)
Security; Accepting the Risk to Improve Public Safety	Dual Escort in restraints	Escort and Programming with Treatment Officers #1 Single Escort to Program Area #2 No Escort to Program Area Programming on Pod Floor	Reclassify to Level 5; transfer to WRSP or SISF Intensive Reentry Program	Counselor <u>DIRECT COMMUNICATION</u> with community supervision officer to advise progress or failure in Socialization. <u>Do not</u> make predictions regarding public safety

Security Level S, MANAGEMENT PATHS

By the completion of the Intake/Orientation phase, all Level S offenders will be assigned to a management path:

1. Intensive Management (IM)
2. Special Management (SM)

1) Intensive Management (IM):

Offenders in the following sub-groups will be managed in the Intensive Management path:

- Offenders with the potential for extreme and deadly violence

Intensive management strategies will be used for offenders that meet the following criteria:

- Inmates with a history that indicates the willingness to carry out intentional serious or deadly harm
- Street charges of murder or assault with the intent to kill.
- Institutional charges with the intent to seriously harm or kill staff or offenders.

Offenders with the potential **for extreme and/or deadly violence** 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 behavior that may be generally compliant with a pattern of positive institutional adjustment even when providing more than a year of compliant, polite, and cooperative behavior and attitude. Alternatively, this offender may present a routinely disruptive and threatening pattern of behavior and attitude.

This group is differentiated from other inmate groups by behavior that would include the intent to commit extreme/deadly violence, while other inmate groups might have been in fights but lack the desire or intent to seriously injure or kill.

Despite a pattern of compliance, this group is seen as posing the greatest threat to corrections staff and other offenders in that they have proven the capability and willingness to commit deadly violence whether their routine behavior may have been generally compliant for long periods of time, or whether they have made it known that their intention is to kill whenever the opportunity presents itself.

- Offenders with high escape risk

Offenders with a history of serious and planned escape attempt(s). An unplanned walk-away or an attempt to evade arrest in the absence of extreme violence would not be considered for Intensive Management.

Offenders posing a high risk to attempt an escape may or may not have an extensive criminal history, and may or may not have a history of disciplinary charges. A serious escape attempt is seen as a high risk situation since there is a reasonable expectation that the person attempting to escape has considered and has prepared his self for the likelihood that serious or deadly violence may be needed to affect an escape.

- Offenders with high profile crimes and/or significant media attention and may be targets of other offenders

Offenders sentenced to prison due to a high profile and notorious crime that most often involved serious violence may be at risk from other offenders that believe they will earn a reputation for assaulting or killing the high profile offender. This group is differentiated from other groups in that there may not be an extensive criminal lifestyle, the high-profile crime may seem inconsistent with their earlier lifestyle, and they are at risk from other offenders. This offender may be compliant and respectful towards corrections staff, and is considered in danger from other offenders due to their notoriety rather than posing a significant danger to others.

For offenders completing Intake/Orientation and assigned to the IM status, a program path has been designed to motivate offenders to participate in evidence-based self-improvement programming and meet basic responsible and mature behavioral goals (reduce or eliminate disciplinary charges, personal hygiene, cell compliance, standing for count, deportment, and program participation).

Programming initially will focus on the *Challenge Series Journals* (a seven journal series). This will be followed by *Thinking for a Change*, and later *Anger Management* plus possibly selected programs from the Texas Christian University Brief Interventions Series. Other evidence-based programs may be incorporated as they are identified appropriate for this population.

Programming for IM offenders will initially be limited to in-cell and will advance to access Therapeutic Modules and Program Chairs. Therapeutic Modules and Program Chairs are valuable tools that can allow high risk offenders to participate in direct contact with individual and group counseling in a safe setting which provides a more intensive programming experience including direct dialogue with treatment staff as well as other offenders in a safe setting.

IM strategies will follow Special Housing Guidelines policy 861.3 until a dependable method is identified to determine reduced risk. SL-6 currently is the lowest security level for this dangerous population. The project will continue to work on developing safe strategies for reintegrating the IM offenders into general population.

Reducing Dangerousness for IM Status

Offenders with a history and proven capability for extreme or deadly violence will be managed through Security Level S, Intensive Management strategies. Despite a review of the

literature and consultation with experts, no trustworthy instrument or set of criteria has been found as of this writing to predict with certainty the level of dangerousness towards staff or other offenders, by an offender that has exhibited the willingness and capability to perpetrate extreme or deadly violence. Ongoing consultation with VADOC research staff and NorthPointe scientists is focusing on identifying predictors that correlate with the level of risk for violence. Therefore, in the interim, it has been decided that the safest strategy is to rely on the evidence-based principle that past behavior is one predictor of the likelihood of future behavior.

When Security Level S offenders are managed with Restrictive Housing restraint policies, their opportunity for violence is effectively curtailed. However, their potential for violence may not be reduced by even an extensive period in Restrictive Housing status. As well, even an extensive period without receiving institutional charges is not considered a trustworthy measure of safety from violent behavior. Therefore, good behavior while managed with Security Level S restraints has not been shown to be a reliable predictor for how dangerous offenders will behave once the restraints are removed.

Therefore, until a trustworthy method is developed, for the safety of staff and other offenders, those offenders that have met the criteria to be assigned to Security Level S, Intensive Management, may progress no further than Security Level 6, Closed Pod at this time.

A strategy will be employed to introduce interventions designed to change offender thinking, values, and decision making as a possible method for reducing the risk for danger; and couple this with a plan to slowly reduce Restrictive Housing restraints through a series of intermediate steps that limit the offender's opportunity to harm others. Security Level 6, Closed Pod provides a secure and controlled environment for testing this strategy.

2) Special Management (SM) (see APPENDIX G, Special Management) :

Offenders in the following sub-groups will be managed in the Special Management path:

Special management strategies will be used for offenders that meet the following criteria:

- Offenders with 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.
- Histories of patterns of repeated disruptive behavior at lower level facilities, resulting in harm to staff or inmates or serious damage to the facility, and where reasonable interventions at the lower security level have not been successful in eliminating the behavior, such as:
 - throwing or attempting to throw body waste
 - breaking sprinkler heads
 - flooding cell
 - fire starting
- Criteria that would not warrant Level S, SM status:
 - Verbal abuse,
 - door pounding,

- throwing food,
- refusing to eat
- refusing medical treatment
- possession of a cell phone

▪ Offenders with frequently recurring disciplinary violations;

Offenders with frequently recurring disciplinary violations will have transferred from a lower security level facility for assaultive behavior, destruction of state property, or other serious and repeated disciplinary violations. Though this person may have had the intent to hurt a staff member or other offender, they do not meet the level of extreme or deadly violence that would warrant the need for Intensive Management. This group most often may have an extensive criminal history and criminal lifestyle, and show a pattern of disrespect for authority or others in general. This offender may generally be non-compliant, demanding, argumentative, and attempt to bully or intimidate corrections staff or offenders; which may escalate into a physical fight. And, the facility has shown reasonable attempts to manage and change this behavior that were not successful.

▪ Offenders that intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing;

Offenders who intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing will have a pattern of repeated disciplinary charges, non-violent and without intent to commit serious bodily harm. This group is differentiated from other groups in that their disruptive behavior does not generally include the attempt to physically assault or kill. Their disruptive behavior may generally be non-compliant, demanding, argumentative, and attempt to verbally bully or intimidate corrections staff or offenders; but does not generally escalate to physical violence. Instead, they resort to flooding their cells, breaking sprinkler heads, throwing body fluids, and other forms of non-violent behavior. This group of offenders may be motivated by disrespect for authority or by self-protection, and an expressed desire to remain segregated and refusal and fear of socializing with other offenders.

Offenders completing Intake/Orientation and assigned to the SM management path have the option to participate in the step-down program or refuse. Refusal leaves the offender in SM0 status with basic requirements, no privileges, and without consideration for security reduction. SM will allow certain self improvement opportunities such as, but not limited to, in-cell education programming over closed circuit TV and religious programs.

Offenders who make a commitment to participate in the step-down program from Intake/Orientation will become eligible for SM1 after they prove their commitment to behavior and programming goals, and after achieving certain other goals while in SM0 status. While in SMO, offenders will complete the first of the *Challenge Series Journals* in Intake/Orientation and will advance to SM1 and SM2 where they will continue in the *Challenge Series Journals* 2-7 plus Anger Management.

Offenders who initially refused to participate who then change their mind and choose to participate remain in SM0 status until they have completed the *Challenge Series Journals* 1 and 2, and Anger Management, and meet designated positive behavior standards. They then become eligible to advance to SM1 and on to SM2.

At each step of progress, from SM 1 to SM2 offenders earn added privileges.

At SMO offenders receive programming in-cell. At SM1, offenders receive programming in-cell and in the Therapeutic Module. At SM2, offenders can be provided programming in-cell, in Therapeutic Modules or Program Chairs.

Security Level 6, General Population

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 Level 6. The purpose of Level 6 is to reintroduce offenders into a social environment with other offenders and as a proving ground and preparation for stepping down to Level 5. 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. The various program pods are designed to be responsive to the common goals for each sub-population: Secure Allied Management Pod (SAM), Secure Integrated Pod (SIP), or Step-Down Pod.

Level 6 Intensive Management (IM) Closed Pod (see APPENDIX F, Intensive Management)

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.

IM 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 shackles except for pod workers. Level 6, Phase 1 will have increased privileges over Level-S. Phase 2, IM offenders can earn eligibility for additional privileges to include:

- Limited in-pod job assignments, unsecured (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
- JP4 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.

Restricted freedoms and interactions with staff and other offenders for the IM population are temporary. There is a strong commitment to develop a model to support an improved quality of life and greater opportunities for self-improvement for this dangerous population. The goal is to develop a management strategy that includes reduced restrictions, increased freedoms, and increased unrestrained interactions with others. However, at the time of this writing, guidelines or models are not available for predicting safety with a population that has proven history of

carrying out extreme and/or deadly violence. Once the larger Step-Down plan in general is implemented and stable, attention will be focused on additional IM step-down opportunities.

Level 6 Special Management; SAM, SIP, and Step Down Pods

SIP and SAM Pods: At initial start up of the Restrictive Housing Reduction Step-Down Plan, there was a Fast-Track Program for those initial offenders that were moved directly from Level S to Level 6 SIP and SAM pods. These programs have proven to be effective and will continue to be utilized however; the Fast Track program has been discontinued.

Secure Allied Management Pod (SAM)

The SAM pod is designed for offenders that tend to be easily bullied, manipulated, or taken advantage of by other offenders. A high percentage of these offenders may be mentally ill, developmentally disabled, or mentally retarded; or younger, small in stature, or meek and easily intimidated. In addition to being the victims of predatory offenders, this population may be bullied or manipulated by more predatory offenders to pressure them to participate in disciplinary behavior at the direction of the predatory offender.

Programming in the SAM pod will focus on stabilizing the offenders' mental status and increasing their resiliency to determine if they are appropriate for living in general population or if they should remain in a SAM environment. The SAM pod is designed to operate with a more intensive QMHP presence and Corrections Officers attuned to the special needs of this population. It is the responsibility of the QMHP(s) assigned to the SAM pod to identify appropriate programming, structured productive activities, and leisure time activities to ensure time is spent meaningfully.

Offenders from Level S that meet these criteria and successfully complete SM1 and SM2 goals can be assigned to the Level 6 SAM Pod and can eventually progress to Level 5 SAM at WRSP.

Secure Integrated Pod (SIP)

The SIP pod is designed for offenders that have a pattern of intentionally committing numerous minor disciplinary violations to ensure that they are retained in Restrictive Housing rather than returned to general population housing. Programming will focus on strategies to socially reintegrate offenders in preparation for advancement to Level 5.

These offenders choose to avoid general population from a number of motivations such as:

- To avoid getting drawn into more serious disciplinary activities that occur in general population

- To avoid other resentful offenders with lengthy sentences that would plot to create trouble for an offender that is approaching release as a way of extending his sentence
- To avoid gang recruitment pressure
- To avoid other undesirable social pressures found in general population

The SIP pod is an experiment to determine if this population that shares a common interest in avoiding general population social pressures would develop their own more comfortable social system as a means to reducing their misuse of Restrictive Housing and ability to access programs and services that would be made available in general population.

SIP is not intended as protective custody. Offenders being considered for SIP should be assessed to determine if they are more appropriate for protective custody housing such as if they have identified enemies.

The following management protocols are in place for these pods:

- ☐ Single-celled housing
- ☐ Meals will be eaten in cell
- ☐ Move unrestrained to and from outside Recreation cages at one time
- ☐ Move unrestrained to and from Showers one at a time
- ☐ Programming will be delivered in Secure Chairs
- ☐ The Challenge Series must be completed prior to entering these programs.

Options: Offenders may voluntarily participate in the following options as approved by staff:

- ☐ Group meals in pod
- ☐ In-pod group recreation
- ☐ Up to 2 pod worker jobs

Ongoing dialogue with WRSP will be maintained to identify any offenders that are participating in the SIP or SAM program that may be considered appropriate for programs that they have currently in operation.

Step-Down Program

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.) 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 also have completed the Challenge Series programming increasing the

likelihood for a change in thinking and attitude and increased sense of responsibility and maturity.

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.

WRSP Special Management (SM): Level S offenders having completed Intake/Orientation at ROSP may be assigned to SM 1 or 2 and either retained at ROSP or may be transferred to WRSP. For WRSP offenders that have completed SM1 and SM2 phases and earned eligibility for advancement to Level 6 a decision will be made by the DTT as to whether these offenders will be returned to ROSP for Level 6.

The following management protocol will apply to the Level 6 Step-Down Program:

Phase 1

- 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.
- Single celled
- Unrestrained to shower and recreation
- In-pod recreation 1 tier at a time for 1 hour on the days that there is no outside recreation
- Outside recreation 1 tier at a time for 1 hour, twice per week.
- 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.
- Walk to meals 1 tier at a time with no more than one tier in the dining hall at a time.

Phase 2

- Double celled
- Unrestrained to shower and recreation
- In-pod recreation by tiers for 1 hour on the days there is no outside recreation
- Outside recreation both tiers together 1 hour, three days per week
- Programming face-to-face in. 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.

- Walk to meals 1 tier at a time with no more than one tier in the dining hall at a time.

SECURITY LEVEL 5 AND WRSP

Offenders who successfully adjust through Level 6 become eligible for Level 5. Offenders that successfully adjust to Level 5 at ROSP become eligible for transfer to Level 5 at WRSP. In some circumstances, offenders could possibly be transferred to Level 5 at SISF based on the Department's bed management needs and other factors.

For previously Level S offenders that stepped down through Level 6, Level 5 at ROSP is used as a "proving ground" to determine their ability to successfully adjust to the freedoms, responsibilities, and social structure of general population. If they are going to fail, it is considered best that occurs before transfer to a lower level facility. If they succeed, then there is reason for greater confidence that the success will continue following transfer to WRSP or SISF.

Level 5 at ROSP will incorporate all of the operational standards and opportunities found at other Level 5 facilities including components such as a complete educational program, religious activities, outdoor recreation, institutional jobs, and chow hall.

EVALUATION OF THE EBP STEP DOWN PROJECT AT ROSP AND WRSP

In collaboration with VADOC's Research and Evaluation Department, the following is a list of possible evaluation areas related both to the Level S and EBP projects. This is not a final listing of all areas to be evaluated, but a comprehensive list of possible areas for evaluation. A team is in the process of developing a final plan to encompass both ROSP and WRSP that will be reached following further dialogue.

Outcome Impact

1. Facility
 - a. Disciplinary Violations
 - i. number,
 - ii. severity
 1. Violent
 2. 100 series charges
 3. 200 series charges
 - b. Use of force
 - c. Use of non-lethal weapons
 - d. Offender on offender assaults
 - e. Offender on staff assaults
 - f. Formal grievances
 - g. Informal grievances
 - h. Number of disciplinary Restrictive Housing housing beds

2. Staff
 - a. Job safety
 - b. Job satisfaction
 - i. Based on different offender management techniques/strategies
 - ii. New job skills that are working or not
 - c. Job stress
 - d. Retention
 - e. Promotions associated with the project
3. Offenders
 - a. Program participation (% offenders active in programming)
 - b. Program completions
 - c. URICA scores; changes as offenders progress in program Management Paths
 - d. CTS scores: change related to progress
 - e. TCU Criminal Characteristics Scales: Psychological Functioning, Social Functioning, Motivation for Treatment, Engagement in Treatment

Project Success Measures

1. Number of Level S, SM inmates moving to Level 6
2. Number of Level S, IM inmates moving to Level 6
3. Length of time in IM before qualifying for Level 6
4. Length of time in SM before qualifying for Level 6
5. Number of ROSP inmates moving to WRSP Level 5
6. Number of WRSP Level 5 inmates moving to SISP Level 4
7. "Internal recidivism" – the number of offenders stepping down but returning to ROSP Level S.

Section II: Staff Development

Staff Training:

Extensive staff training is under way as a core tactic to support culture change. All staff complete training in Effective Communication and Motivational Strategies (ECMS). Executive staff complete the five-day version of this training while all other staff, security and support, complete the two-day version.

ECMS incorporates two main goals. First, effective communication skills and “levels of interaction” are taught as tools for offender management. Second, risk reduction and risk control strategies are introduced to influence new fundamental beliefs about the purpose and tactics that can be used to manage a high risk population. Risk reduction addresses the intent to provide evidence based programs and management practices that change offender thinking and thereby reduce the likelihood of disruptive behavior. Risk control refers to the traditional use of sanctions and restraints to manage offender behavior. Within this is introduced the strategy and design for EBP prison operations.

Learning Teams:

Initial ECMS training and ongoing support for culture change is supported through regularly scheduled Learning Teams. All facility staff have been organized into Learning Teams from the Executive Learning Team through line officers and support staff. Certain staff have been selected and trained as Subject Matter Specialists (SMS) and carry the responsibility as Learning Team Leaders. A series of Learning Team Lesson Plans have been developed and put into place to guide reinforcement of the basic ECMS materials. Additionally, Learning Teams will use scenarios and actual events as a source of practical material from which to apply the ECMS skills.

Learning Teams utilize the tool of “dialogue” as a basis for the facilitating the conversations that occur during the meeting. Therefore staff is being provided with the Dialogue Skills Training as a means to create deeper and more meaningful communications not only within the Learning Team but the entire staffing of ROSP. Essential in dialogue is the ability to suspend judgments when new concepts are introduced, listening for understanding, and conversations that harvest the individual voices of the participants to create a collective thinking of the learning team to promote creative and critical thinking and an a level of respect and openness to new ways of operating. Dialogue will incorporate several principles:

- **Voices within Dialogue:** Facilitators should acknowledge that participants will naturally take on certain roles when dialogue is practiced
 - Mover
 - Follower
 - Opposer
 - Bystander
- **Practices within Dialogue:** Facilitators should reinforce certain practices that are components of genuine dialogue
 - Utilize a genuine authentic voice to bring a variety of ideas to light
 - Listen for understanding
 - Suspend judgment and utilize inquiry for learning and to create clarification
 - Be respectful and search for Common Grounds as a means to reaching consensus

It is expected that all facility staff, including executive staff, security staff, and support staff, are continue to be organized into Learning Teams and meet weekly (or bi-weekly) on a regular and ongoing basis.

Human Capital Appreciation

An important tool to establish a positive staff culture is building a robust series of employee incentives and benefits to recognize increasing proficiency in EBP/ECMS knowledge, skills, and attitudes. The assignment of an employee benefits committee is important to develop ideas and manage and maintain employee programs.

In addition to common practices such as employee of the month, birthday recognition, holiday celebrations, and other acknowledgments, EBP facilities have developed employee benefits that maximize the benefits to all employees rather than focusing primarily on a limited number of individuals. Human capital approaches are guided by widely accepted beliefs that staff work best in an environment where they believe their jobs are meaningful, they feel appreciated, communication is clear, and they have the ability to contribute and believe their contributions are valued.

Therefore, the administration should empower an employee committee to propose human capital programs. And, it is essential that approved proposals can be implemented by employee groups that are empowered, resourced, and given sufficient work time to put employee incentives and benefits into practice.

Following are possible human capital programs that staff may potentially value:

- Career path development programs
 - Mentoring/Coaching
 - Interview preparation class
 - Career path counseling
- Staff Incentives
 - Food quality, salad bar, outside food vendor
 - Exercise program
 - Child care cooperative
- Social Organizations (facility sponsored)
 - Sports teams (bowling, softball, golf, etc)
 - Interest groups (motorcycle club, car club,
- Staff Celebrations
 - Holidays
 - Birthdays
- Staff Recognition (earned time off in hour increments; cash bonuses; etc)
 - In addition to programs such as employee of the month that recognizes only one individual, consider developing standards of performance that each employee can achieve and acknowledge and reward every employee that achieves the standard.
 - Recognition of acts of heroic and meritorious behavior

- Recognition of promotions
- Staff Assistance
 - Emergency/crisis support fund
 - EAP
 - Fund raisers
 - Community Relations Committee

Appendices

APPENDIX A

Definition of Terms

Security Level S: A level of high security for offenders who have presented the most serious disciplinary problems up to and including extreme or deadly violence. This level helps to ensure the safety of staff and other offenders.

Level S offenders are permitted one hour per day of recreation in secure recreation pens, three showers per week and phone calls. Programming will be delivered in-cell initially and then can advance to the use of therapeutic modules, program chairs and possibly security tables.

Security Level 6: The security level between Restrictive Housing ('S') and Level 5 that is the first step to introduce offenders who have been in Restrictive Housing into the general population. The purpose of Level 6 is to begin the process of resocialization of offenders who have been housed in Restrictive Housing sometimes for extended periods of time. An advantage that Level 6 provides is the ability to utilize tools (e.g., restraints) which allows the offender to safely step down from high security to lower security management practices. Level 6 is the proving ground to help determine when an offender who has been housed in Restrictive Housing is ready to reintegrate into the less restrictive Level 5 setting.

Program Chairs: Include an attached seat and table with a latching system near the floor that will secure a high-risk offender's ankle shackles and which has an option to secure wrist chains to the top of the table. This provides treatment staff with an alternative to therapeutic modules where they can meet with small groups of high-risk offenders as a step towards a more normalized type of social interaction, e.g., via group counseling.

Therapeutic Modules: Secure booths made from expanded metal to which Level S or other high-risk offenders can be escorted and secured individually. Once inside the therapeutic module, restraints can be maintained or can be removed. Our plan is to include three to five therapeutic modules within a room that will allow treatment staff to have face-to-face contact with an individual or small groups of high-risk offenders.

APPENDIX B

EBP Principles Used to Guide Recommendations

Following are the EBP principles used to guide this recommendation. It is highly encouraged that any plan that is finally adopted be reviewed to determine if it is based on accepted principles.

- **Risk Management and Risk Reduction Principles:** The mission of ROSP has been expanded. The expanded mission has two components:

1. To manage offenders safely and securely
2. To deliver treatment to offenders to reduce their criminogenic risk factors.

Historically, risk management strategies were the primary methods for managing Level S offenders. For the expanded mission to be successful, risk reduction strategies must be incorporate and relied on heavily as well.

- **Social Learning Principle: Changing the Culture of ROSP** - To accomplish these goals, the fundamental prison culture will have to be changed by addressing each of the three primary components that make up the prison culture, and by using evidence-based principles and programming to engage and socially engineer the offenders as a cultural group including their social influences and lifestyle:

8. Staff beliefs, attitudes, skills, and practices;
9. Facility resources and operating procedures; and
10. Offender beliefs, values, goals, attitudes, and behavior

- **Responsivity Principle: Offender Management and Program Matching; Organize Offenders into Groups with Common Characteristics and Devise Responses Specific to each Group's Management Needs and Programming Needs** - The facility's responsibilities include both managing offenders safely plus treating offenders in ways that science has shown increase the likelihood for successful outcomes. To do this, the Level S population was sorted based upon identified risks and needs so that strategies can be applied that respond to the specific risks, needs, and characteristics of the target groups.

A close study of the Level S population, influenced by the Nebraska DOC model for managing high security offenders, initially identified four distinct sub-groups that make up the Level S population at ROSP. More recently a fifth sub-group has been identified. Each sub-group deserves a specific behavior management strategy and a specific program strategy. The characteristics that differentiate the sub-groups include the potential for violence, notoriety of their crime, institutional behavior characteristics, factors motivating their institutional behavior, and mental health related conditions. When these characteristics were applied, the Level S population organized itself into the following five sub-groups:

- those with the potential for extreme and deadly violence, or high escape risk;
 - those with high profile crimes that received significant media attention;
 - those with frequently recurring disciplinary violations;
 - those that intentionally commit disciplinary violations with the goal of remaining in Restrictive Housing; and
 - those that behave abnormally.
- **Responsivity Principle, Program Options and Program Planning:** Programs and motivational enhancements should be delivered in a way that the offender is most likely to gain and that is directed to an identified need. Programming should not be misused as a tool to reduce idleness alone. Programs should be targeted to the specific needs shared by a group of offenders. Therefore, a menu of programs is needed based on the constellation of needs identified in the target population; and assignment to a program should be connected to the need identified in the offender's case plan.

Related to the principle of program matching is the idea that management methods should be matched to the offender characteristics. An offender that misbehaves with non-violent nuisance behavior as a method to remain isolated in Restrictive Housing, should not be managed with the same methods necessary for the offender that poses a serious risk of extreme or deadly violence towards staff or other inmates. Conversely, an inmate with a history and high potential for extreme or deadly violence cannot be seen as low risk because they have not misbehaved even for an extensive period of time while in high security.

- **Motivational Principles**
 - **Privileges are used to motivate and introduce desirable behavior the offender would not otherwise do:** Offenders practicing criminal thinking are highly motivated by extrinsic privileges; i.e., they “do the math” and most often make decisions by asking “What’s in it for me?” Therefore, for criminal thinkers, a program of privileges is needed to motivate the offender to comply with the behaviors goals set by staff including both management behaviors and program participation
 - **Balancing Positive Rewards and Sanctions:** Privileges and rewards should be delivered in a 4:1 ratio in relation to disciplinary sanctions. Sanctions alone, or a high ratio of sanctions to positive rewards, works against effective change goals by reinforcing criminal thinking
 - **Privileges and Sanctions should be given in short intervals and in close proximity to the associated behavior(s):** For example, a lengthy period, such as a year, before privileges can be earned is not an effective motivator for this population. More effective would be a series of intermediate steps of one to three months duration with smaller or more limited privileges at each step
 - **Privileges should be determined by the point of view of the offender, what offenders perceive as desirable rather than what staff think is a privilege**

- **Earned Rather than Entitled:** Privileges should be assigned after a clear list of behavior management and program goals and expectations have been achieved. The work required to achieve the privileges establishes the value of the privilege. Privileges granted before a goal is achieved have little to no value and are perceived by offenders as an entitlement they deserve without the need for an investment.
 - **Cognitive-Behavioral Programming, Fidelity, and Reinforcement** – Cognitive-behavioral programs have been found to be effective with offenders if they incorporate the goal to teach actual skills using role play and practice techniques. Therefore, at the completion of the program curriculum, there should be a new pattern of thinking that is reinforced with observable and measurable skills that are incorporated in the offender's way of life. Programs should be followed up by staff with strategies to continually reinforce the new thinking, skills, and behavior patterns; otherwise the offender may revert to their original habits.
 - **Systems Perspective:** Components of the step-down recommendation were incorporated from the perspective of a system design where all components work in concert rather than isolated good ideas that may not function effectively as part of a system.
-
- **Put in Balance Past Behavior, Change, and Predicting Future Behavior:** When managing offenders, though there is well founded belief that change is possible, science shows that a strong predictor of future behavior is past behavior. In high risk situations, erring on the side of caution and being aware of past behavior is a valuable safety factor. Identifying genuine and resilient change is difficult, and relapse to previous behavior patterns is recognized as a reasonably predictable episode in an otherwise successful change process. Therefore, offenders with a history indicating the ability and willingness to perpetrate serious or deadly violence must be managed with caution even if their behavior has been compliant for a long period of time. The department is aggressively looking for evidence-based information to help predict the likelihood of future violence from an inmate that has a history of extreme violence whether or not they have been compliant and well behaved for even extensive periods of time.

APPENDIX C

Using Incentives and Sanctions to Motivate Inmate Behavior; Behavior Management and Behavior Shaping

Behavior shaping tools and disciplinary sanctions in combination are strategies that can be used to develop an inmate behavior management system. Behavior shaping is moving an inmate towards a set of goals for desirable inmate characteristics. Disciplinary sanctions deter unwanted behavior.

The limitation of disciplinary sanctions is that they focus only on punishing the unwanted behavior, but they do not teach better behavior.

Behavior shaping is a strategy that starts with a definition of the rehabilitative behavior to be promoted in inmates, and then balances disciplinary sanctions with incentives, privileges, and rewards that motivate increasingly good behavior while deterring unwanted behavior. For example, positive behavior might be:

- accept responsibility for what I do (accept the responsibility that everything I do is a decision I make that I am responsible for; and if I don't like the outcomes from what I do I need to make better decisions);
- develop good decision making skills, think things through smartly rather than react impulsively and emotionally;
- be polite and cordial to others;
- set goals for myself and practice self-direction to use my days to move towards my goals rather than just doing time;
- carry myself with pride, be concerned with my personal appearance and hygiene and the condition of my cell and personal property.
- Accept the rules that being in prison requires I follow, and don't waste my time and energy fighting rules when I have more positive uses of my time.

The EBP methods built into the prison system to reach this goal include:

- ☐ Promoting positive interactions between staff and inmates with ECMI training and learning teams
- ☐ Using inmate programs that are designed to move inmates towards positive characteristics and measuring inmate progress through stages of change
- ☐ Creating a system of incentives, privileges, and rewards that become a stronger motivator and the focus of inmate attention more than the disciplinary sanctions

A couple of principles

- Earning versus Entitlements – Inmates should start with very little, the minimum entitlements, and have detailed criteria for how they earn increasing privileges. Entitlements are what we are required by law and regulations to provide to inmates. Privileges are what we have the discretion to provide based on set criteria for earning them only when they meet the positive behaviors we want. Meeting the criteria earns

- Behavior – non-compliant to compliant; number of disciplinary charges
 - Program participation
 - Personal hygiene
 - Cell cleanliness and compliance
 - General attitude and rapport
- Behavior Shaping – the balance between incentives, privileges, and rewards and sanctions that motivate increasingly good behavior while deterring bad behavior. Behavior Shaping requires a definition of good behavior as well as bad behavior.
 - Incentives, Privileges, Rewards:
 - Incentives are things used to encourage an inmate to start something positive that they would not likely do on their own (ex: inmates that make a commitment and start a new program get a \$5 commissary coupon)
 - Privileges are sets of desirable things that they can earn to make their daily life better. They earn them by meeting expectations in
 - behavior standards (measured by number and type of charges)
 - personal hygiene standards
 - cell hygiene standards
 - program participation
 - attitude – level of compliance with expectations (hostile to compliant)
 - rapport – level of respectful interactions with staff and inmates (disrespectful, respectful, cordial)

Rewards are given to recognize a significant accomplishment (ex: inmates that successfully complete a program or remain charge free for x number of months get to participate in a celebration including cake and ice cream)

 - We have learned from previous experience to incorporate both individual and pod privileges and rewards

APPENDIX D

SM Orientation Fact Sheet [v5]

All new Level S offenders will be initially housed in the Intake/Orientation Unit. Immediately upon arrival, offenders will be provided an orientation to the case plan including goals, expectations, privilege earning process, and step-down process.

Orientation plans for SM0, SM1 and SM2

***Explanation of Special management-**

Offenders with frequently recurring disciplinary violations will have transferred from a lower security level facility for assaultive behavior, destruction of state property, or other serious and repeated disciplinary violations.

***SM-0**-SM0 status includes minimum entitlements, no privileges, and without consideration for security reduction. SM will allow certain self improvement opportunities such as in-cell education programming over closed circuit TV and religious shows.

***SM-1** SM1 status includes eligibility to participate in the step-down program from the Intake/Orientation, offenders will become eligible for SM1 after they prove their commitment to behavior and programming goals after achieving certain goals while in SM0 status.

***SM-2** The SM2 status includes eligibility for offenders to be provided with programming in-cell, and in Therapeutic Modules or Program Chairs.

***After completion of SM1 and SM2 phases at WRSP and having earned eligibility for advancement to SL-6, these offenders will have the opportunity to return to ROSP, which is the only location providing SL-6.**

Programming

***Following completion of orientation, assessment and case planning, and security Level S subgroup assignment, SM offenders who commit to participate in the step-down program will be directed to begin participating in programming based on the case plan. For all Level S offenders, programming will begin in-cell. The basic program to be used with Level S offenders will be the *Challenge Series* which includes seven journals designed to be used for in-cell programming. The Journals include the following:**

Journal 1 – Orientation: a motivational enhancement program designed to increase the level of motivation and engagement by the offender in the remaining series.

Journal 2 – Rational Thinking: a fundamental cognitive-behavioral training program.

Journal 3 – Criminal Lifestyles: provides insight into the thinking and attitudes that trap offenders in a lifestyle of crime; introduces the idea that lifestyles can change.

Journal 4 – Violence Prevention: building on the cognitive-behavioral training as a base, this journal increases awareness of what leads up to violence and teaches and practices techniques to intervene.

Journal 5 – Communication: introduces positive communication techniques.

Journal 6 – Lifestyle Balance: introduces that a healthy lifestyle has a balance of work, relationships, and leisure time.

Journal 7 – Transition: prepares the offender to leave a Restrictive Housing setting and return to interacting more with other offenders.

***Program Delivery:**

SM0 in-cell programming

SM1 in-cell programming and Therapeutic Models

SM2 in-cell programming, therapeutic Models and Program chairs

Dual Treatment Team Review- The Dual Treatment Team is responsible to review the individual offender's classification step-down pathway to SL-6, and to make certain recommendations. The Dual team will include the following representatives:

- EBP Manager
- IPM
- Unit Manager
- Intelligence Officer
- QMHP
- Medical Director
- Counselor (s)
- Corrections Officer

*The dual team will use the following criteria to determine eligibility for classification step-down:

Reducing and eliminating disciplinary charges
Personal hygiene
Standing for count
Cell compliance
Respect; satisfactory rapport with staff and offenders
Program participation

***Assessment-** After orientation a Compas assessment will be conducted on all offenders to assess— criminogenic risk, needs, criminal thinking, program planning and to develop a case plan.

A review and discussion of the COMPAS with offenders should include the results, ask if this is the way the offender see's himself, ask how they would like to see themselves and what goals they would like to achieve while at WRSP.

Appendix E

Guidelines for Assessing Dangerousness for IM Status

Inmates may arrive in prison with a potential for danger, and in other cases inmates may develop the potential for danger as a result of their prison experience. Inmates with a street history of deadly violence bring that potential for danger with them. Inmates without a street history of deadly violence may develop that potential from their prison experience.

Some inmates may be targeted and threatened by other inmates and use violence towards another inmate in self-defense. Some inmates may fall under the direction of an inmate leader that might direct an inmate to carry out violence. Some inmates may believe they have been mistreated by staff and develop sufficient anger to strike out with deadly violence. Some inmates may strike out impulsively in the middle of an interaction. Other inmates may plan out and lay in wait for an opportunity to assault staff or an inmate.

There is no known clear profile that will predict with certainty an inmate's level of dangerousness towards staff or other inmates. An assessment of dangerousness will depend on gathering information and making a professional judgment. The following are recommended criteria for information gathering to help make an informed judgment on an inmate's level of dangerousness and their initial assignment to IM or SM status as well as safety for stepping down to lower security levels.

1. Does the inmate clearly state the intent to harm a staff member or inmate?
 - a. Is the intent to invoke serious or deadly harm?
2. Does the inmate have a proven emotional capability to kill another person versus, for example, a pattern of fighting but without stepping over the line into intentional deadly violence?
 - a. Has the inmate ever killed or attempted to kill another person? If so,
 - i. How many people has the inmate killed or attempted to kill?
 - ii. Was it intentional or unintentional?
 - iii. Was it in self-defense or in defense of another?
 - iv. Was it for personal gain such as during a robbery or for hire?
 - v. Was it in the commission of a crime?
 - vi. Was it part of gang behavior?
 - vii. Was the killing particularly dreadful or heinous?
3. Does the inmate have an institutional history that includes violence towards staff or inmates?
 - a. Factors:
 - i. Targeting a staff member or another inmate?
 - ii. Attempt to invoke deadly harm?
 - iii. Not attempting to invoke deadly harm?
 - iv. Self Defense?
 - v. Intentional or not intentional?
 - vi. Provoked or not provoked?

- vii. Carrying out the direction of another inmate or acting on his own?
 - b. Is there a pattern of violent behavior or is the violence not typical for this inmate?
 - c. Is the violence intentional with the intent to kill or invoke deadly harm, or with the intent to harm but not kill?
 - d. Is the violence provoked with the intention of self defense?
 - e. Is the violence unprovoked but is the intention self defense?
 - f. Is the violence unintentional such as inflicting harm when the inmate's intent was to resist a physical intervention by staff?
4. Does the inmate have a street history with violence?
- a. Is there a pattern of violent street behavior or is the violence not typical for this inmate?
 - b. Is the violence intentional with the intent to kill or invoke deadly harm, or with the intent to harm but not kill?
 - c. Is the violence provoked with the intention of self defense?
 - d. Is the violence unprovoked but is the intention self defense?
 - e. Is the violence unintentional such as inflicting harm when the intent was to resist arrest, escape arrest, or avoid capture?
5. Does the inmate have a history including escape attempt(s)?
- a. Was violence involved during the escape?
 - b. Was the need for violence predicted when planning the escape?
 - c. See item 3.
6. Has the inmate been a victim of abuse by offenders or staff?
- a. Are there grievances claiming threats from other inmates or mistreatment by staff; and how traumatic do the claims seem?
 - i. Does the grievance indicate physical abuse?
 - ii. Does the grievance indicate emotional abuse?
 - iii. Does the grievance indicate humiliation?
 - iv. Does the grievance indicate intentional mistreatment?
 - v. Does the grievance indicate an ongoing pattern or an isolated incident?
 - vi. Does the grievance name a staff member; does that staff member have a pattern of grievances or grievances from more than one inmate?

Appendix F

IM Privilege Levels (March 2014) v4

	IM0	IM1	IM2	IM SL6 Closed Pod
Basic Requirements	<ul style="list-style-type: none">• Library books, 2 per week• Religious materials in cell• Legal materials in cell• Commissary: Restrictive Housing list, \$10.00 per week• TV: mounted on pod wall<ul style="list-style-type: none">○ Education channel○ Religious channel• AM/FM Radio eligible for purchase (with 3 months charge free and no “Poor” Responsible Behavior ratings)• Programming in-cell• Recreation: ACA standards, 1-hour per day outside in rec. cages• Phone calls: 2, 20 minute calls per month			
Job Eligible	<ul style="list-style-type: none">• Visitation: one, 1 hour visit per week, non-contact• Cell: single cell• Showers: 3 showers per week• Out of cell: shackled, dual escort			
	<ul style="list-style-type: none">• Not Eligible	Not Eligible	<div>Jobs:</div> <ul style="list-style-type: none">• Showers <div>Eligibility Criteria:</div> <ul style="list-style-type: none">• History of safe job performance• Positive trend in COMPAS, CTS, and URICA scores• Positive Responsible Behavior & Program Scores• One year charge	<div>Jobs:</div> <ul style="list-style-type: none">• House Man• Barber• Showers <div>Eligibility Criteria:</div> <ul style="list-style-type: none">• History of safe job performance• Positive trend in COMPAS, CTS, and URICA scores• Positive Responsible Behavior & Program Scores• One year charge free
Commissary	<ul style="list-style-type: none">• \$10 per week Seg	<ul style="list-style-type: none">• \$10 per week Seg• \$5 Food items	<ul style="list-style-type: none">• \$20 per week Inclusive of all purchases	<ul style="list-style-type: none">• \$20 per week Inclusive of all purchases
Library Books	<ul style="list-style-type: none">• 2 per week	<ul style="list-style-type: none">• 3 per week	<ul style="list-style-type: none">• 4 per week	<ul style="list-style-type: none">• 5 per week
Visitation	<ul style="list-style-type: none">• one, 1 hour	<ul style="list-style-type: none">• one, 1 hour	<ul style="list-style-type: none">• one, 1 hour visit	<ul style="list-style-type: none">• 2 hours total

	visit per week, non-contact	visit per week, non- contact	per week, non- contact; • added time request will be evaluated	Saturday and Sunday • added time request will be evaluated
Phone Calls	• 2 calls per month	• 3 calls per month	• 4 calls per month	• 5 calls per month
TV In-cell (from commissary)	• Ineligible	• Education channel • Religious channel • Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m.	• Education channel • Religious channel • Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m. ○ Special events	• All channels, all time
AM/FM Radio (eligible to purchase from commissary)	• Ineligible	• Purchase from commissary	• Purchase from commissary	• Purchase from commissary
Programming	• In-cell	• In-cell • Therapeutic Module	• In-cell • Therapeutic Module • Secure Chair • 5 maximum per group	• Secure Chair • 5 maximum per group
Video	1 per month	1 per month	1 per month	2 per month
Visitation	• 6 months charge free	• 1 year charge free	• 18 months charge free	• 618months charge free
MP3 Player (purchase from commissary)	• Not eligible	Eligible to purchase from commissary • Audio books; 1 per month	Eligible to purchase from commissary • Audio books; 1 per month	• Audio books; 1 per month • Music; 1 per month
Productive Activities:				
Structured Art Program / Art Contests (at designated intervals)	• Not eligible	• Not eligible	• Not eligible	• Eligible

Structured Creative Writing Program	• Not eligible	• Not eligible	• Not eligible	• Eligible
Industry/Work Table Projects				
Food Service Support	• Not eligible	• Not eligible	• Not eligible	• Eligible

IM Status Level Goals (v3; June 2012)

	Disciplinary Behavior	Responsible Behavior Goals				Program Participation
		Cell Compliance	Personal Hygiene	Count	Respect	
		<ul style="list-style-type: none"> • Unobstructed windows • Clean/uncluttered floor • Property neatly stored • Light uncovered • Clear view through cell 	<ul style="list-style-type: none"> • Grooming Standards • Personal cleanliness • Clean clothes 	<ul style="list-style-type: none"> • Standing for Count 	<ul style="list-style-type: none"> • Language • Attitude • Yelling through door • 137 • Patience 	<ul style="list-style-type: none"> • Challenge Series • Anger Management • TCU Brief Interventions • Education
		Rating <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	Rating <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	Rating <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	Rating <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	Rating <input type="checkbox"/> Incomplete <input type="checkbox"/> Complete <input type="checkbox"/> Positive Effort
IM0 to IM 1	6 months continuous: <ul style="list-style-type: none"> • no serious assaultive or weapons related 100 series charges • no more than 3 total 100/200 series charges 	Completion of Intake/Orientation Process Completion of Assessments Develop a Case Management Plan Agreement to participate in Programming No more than 6 Poor/Incomplete within 90 day review period Minimum of 2 Good/Positive Effort within 90 day review period				In-Cell Intake: Journal 1, Orientation Complete Journals 1 & 2 Education Classes
IM 1 to IM 2	6 month continuous: <ul style="list-style-type: none"> • no serious 100 series charges • no more than 1 total 100/200 series charges 	No more than 4 Poor/Incomplete within 90 day review period Minimum of 4 Good/Positive Effort within 90 day review period				In-Cell Complete Journals 3-5 Education Classes
IM 2 to Lev 6	• 6 months continuous: charge free	No more than 2 Poor/Incomplete within 90 day review period Minimum of 6 Good/Positive Effort within 90 day review period				In-Cell Therapeutic Modules Complete Journals

**IM
Level 6,
Closed
Pod**

No more than 2 Poor/Incomplete within 90 day review period
Minimum of 6 Good/Positive Effort within 90 day review period

6-7

In-Cell
Therapeutic
Modules
Secure Program
Desk

T4c

Cognitive
Restructuring

TCU Brief
Interventions

Education Classes

IM Status Level Goals

Description:

Offenders participating in the Step-Down program will be challenged to meet goals in three areas:

- 1) Eliminate disciplinary infractions,
- 2) Meet a set of responsible behavior goals, and
- 3) Participate in self-improvement and education programs.

As offenders meet goal levels, they will advance in status from IM0, IM1, to IM2. As offenders advance in status, they will earn additional privileges (outlined on a separate IM Privilege Levels chart).

Rating System –

- The Unit Manager (or designee) will track each offender's charges.
- 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).
- Thirdly, Counselors will rate each offender's Program Participation for that week as either *"incomplete, complete, or positive effort."*

It is valuable for Officers, Counselors, and the Unit Manager to update each offender routinely on their ratings as an opportunity to acknowledge positive performance as well as to motivate them to improve when needed.

ICA Committee Review

Each SM offender will have their case reviewed every 90 days during the ICA review. The ICA Committee will review the ratings on each SM offender to determine when they have met the goals to be eligible for advancement to the next status level. An interim review can be done for offenders performing exceptionally well and ready for advancement before the next routinely scheduled ICA meeting, or for offenders performing poorly requiring placing them back to a lesser status including SM0 when warranted.

Advancement

Offenders that are meeting the standards set at each status for the period of time required are eligible for advancement to the next status. The ICA Committee is responsible to evaluate overall performance and can decide to advance those offenders that are meeting advancement eligibility criteria.

Assign to Lower Status

Offenders that do not meet the standards for disciplinary, responsible behavior, and/or self-improvement and programming can be placed back to an earlier status by a decision of the ICA Committee. When an offender receives a serious disciplinary offense that results in assignment to administrative Restrictive Housing or refuses over a period of time to meet standards for responsible behavior or program participation, the ICA Committee can decide to immediately lower an offender's status.

IM Status Rating Chart

Offender: _____ Responsible Behavior: P – Poor Program: I-Incomplete
A – Acceptable C-Complete
G- Good +-Positive Effort

Date	Staff	Responsible Behavior				Program	Disciplinary Charges
		Cell Compliance	Personal Hygiene	Count	Respect	Participation	
	CO						
	UM						
	Couns						
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APPENDIX G

SM Privilege Levels (March 2014) v6

	SM0	SM1	SM2	SL6, Phase 1	SL6 Phase 2
Basic Requirements	<ul style="list-style-type: none"> • Library books, 2 per week • Religious materials in cell • Legal materials in cell • Commissary: Restrictive Housing list, \$10.00 per week • TV: mounted on pod wall <ul style="list-style-type: none"> ○ Education channel ○ Religious channel • AM/FM Radio eligible for purchase (with 3 months charge free and no "Poor" Responsible Behavior ratings) • Programming in-cell • Recreation: ACA standards, 1-hour per day outside in rec. cages • Phone calls: 2, 15 minute calls per month • Visitation: one, 1 hour visit per week, non-contact 				
Job Eligible	<ul style="list-style-type: none"> • Ineligible 	<ul style="list-style-type: none"> • In-pod job • 2nd priority after SM2 	<ul style="list-style-type: none"> • In-pod job • 1st priority 	Jobs: <ul style="list-style-type: none"> • House Man • Barber • Showers Eligibility Criteria: <ul style="list-style-type: none"> • Positive Responsible Behavior & Program Scores • One year charge free 	Jobs: <ul style="list-style-type: none"> • House Man • Barber • Showers Eligibility Criteria: <ul style="list-style-type: none"> • Positive Responsible Behavior & Program Scores • One year charge free
Commissary	<ul style="list-style-type: none"> • \$10 per week Seg • No food items 	<ul style="list-style-type: none"> • \$10 per week Seg • \$5 Food items 	<ul style="list-style-type: none"> • \$10 per week Seg • \$10 Food items 	<ul style="list-style-type: none"> • \$20 per week inclusive of all purchases 	<ul style="list-style-type: none"> • \$30 per week inclusive of all purchases
Library Books	<ul style="list-style-type: none"> • 2 per week 	<ul style="list-style-type: none"> • 3 per week 	<ul style="list-style-type: none"> • 4 per week 	<ul style="list-style-type: none"> • 5 per week 	<ul style="list-style-type: none"> • 5 per week
Visitation	<ul style="list-style-type: none"> • one, 1 hour visit per week, non- 	<ul style="list-style-type: none"> • one, 1 hour visit per week, non-contact 	<ul style="list-style-type: none"> • one, 1 hour visit per week, non- 	<ul style="list-style-type: none"> • 2 hours total Saturday and Sunday 	<ul style="list-style-type: none"> • 2 hours total Saturday and Sunday

	contact		contact; added time request will be evaluated	• added time request will be evaluated	• added time request will be evaluated
Video Visitation	• Not eligible	• Not eligible	• Once per month; must be 18 months charge free	• 2 per month • 18 months charge free	• 2 per month • 18 months charge free
Phone Calls	• 2 calls per month	• 3 calls per month	• 4 calls per month	• Unlimited	• Unlimited
TV In-cell (from commissary)	• Ineligible	• Education channel • Religious channel • Entertainment channels • Fri 12:00 noon to Mon 6:00 a.m.	• Education channel • Religious channel • Entertainment channels ○ Fri 12:00 noon to Mon 6:00 a.m. ○ Special events	• All channels all time	• All channels all time
AM/FM Radio (eligible to purchase from commissary)	• Ineligible	• Purchase from commissary	• Purchase from commissary	• Purchase from commissary	• Purchase from commissary
Programming	• In-cell	• In-cell • Therapeutic modules	• In-cell • Therapeutic modules • Program chairs (groups up to 5)	• In-cell • Therapeutic modules • Secure Chair • 5 maximum per group	• In-cell • Therapeutic Module • Secure Chair • 5 maximum per group
JP4 Player	Not eligible	Not eligible	Not eligible	• Audio books; 1 per month • Music; 1 per month	• Audio books; 2 per month • Music; 2 per month

SM Status Level Goals (v5; June 2012)

	Disciplinary Behavior	Responsible Behavior Goals				Program Participation
		Cell Compliance	Personal Hygiene	Count	Respect	
		<ul style="list-style-type: none"> • Unobstructed windows • Clean/uncluttered floor • Property neatly stored • Light uncovered • Clear view through cell 	<ul style="list-style-type: none"> • Grooming Standards • Personal cleanliness • Clean clothes 	<ul style="list-style-type: none"> • Standing for Count 	<ul style="list-style-type: none"> • Language • Attitude • Yelling through door • 137 • Patience 	<ul style="list-style-type: none"> • Challenge Series • Anger Management • TCU Brief Interventions • Education
		Rating	Rating	Rating	Rating	Rating
		<input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	<input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Good	<input type="checkbox"/> Incomplete <input type="checkbox"/> Complete <input type="checkbox"/> Positive Effort
SM0 to SM1	3 months continuous: <ul style="list-style-type: none"> • no serious assaultive or weapons related 100 series charges • no more than 3 total 100/200 series charges 	Completion of Intake/Orientation Process Completion of Assessments Completion of Case Management Plan Agreement to participate in Programming No more than 6 Poor/Incomplete within 90 day review period Minimum of 2 Good/Positive Effort within 90 day review period				Challenge Series Journals 1& 2 Education
SM1 to SM2	3 month continuous: <ul style="list-style-type: none"> • no serious 100 series charges • no more than 1 total 100/200 series charges 	No more than 4 Poor/Incomplete within 90 day review period Minimum of 4 Good/Positive Effort within 90 day review period				Challenge Series Journals 3, 4, 5 Education
SM2 to Lev 6	3 months continuous: charge free	No more than 2 Poor/Incomplete within 90 day review period Minimum of 6 Good/Positive Effort within 90 day review period				Challenge Series Journals 6 & 7 Education

SM Status Level Goals

Description:

Offenders participating in the Step-Down program will be challenged to meet goals in three areas:

- 1) Eliminate disciplinary infractions,
- 2) Meet a set of responsible behavior goals, and
- 3) Participate in self-improvement and education programs.

As offenders meet goal levels, they will advance in status from SMO, SM1, to SM2. As offenders advance in status, they will earn additional privileges (outlined on a separate SM Privilege Levels chart).

Rating System –

- The Unit Manager (or designee) will track each offender's charges.
- 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).
- Thirdly, Counselors will rate each offender's Program Participation for that week as either *"incomplete, complete, or positive effort."*

It is valuable for Officers, Counselors, and the Unit Manager to update each offender routinely on their ratings as an opportunity to acknowledge positive performance as well as to motivate them to improve when needed.

ICA Committee Review

Each SM offender will have their case reviewed every 90 days during the ICA review. The ICA Committee will review the ratings on each SM offender to determine when they have met the goals to be eligible for advancement to the next status level. An interim review can be done for offenders performing exceptionally well and ready for advancement before the next routinely scheduled ICA meeting, or for offenders performing poorly requiring placing them back to a lesser status including SMO when warranted.

Advancement

Offenders that are meeting the standards set at each status for the period of time required are eligible for advancement to the next status. The ICA Committee is responsible to evaluate overall performance and can decide to advance those offenders that are meeting advancement eligibility criteria.

Assign to Lower Status

Offenders that do not meet the standards for disciplinary, responsible behavior, and/or self-improvement and programming can be placed back to an earlier status by a decision of the ICA Committee. When an offender receives a serious disciplinary offense that results in assignment to administrative Restrictive Housing or refuses over a period of time to meet standards for responsible behavior or program participation, the ICA Committee can decide to immediately lower an offender's status.

SM Status Rating Chart

Offender: _____ Responsible Behavior: P – Poor Program: I-Incomplete
A – Acceptable C-Complete
G- Good +-Positive Effort

Date	Staff	Responsible Behavior				Program	Disciplinary Charges
		Cell Compliance	Personal Hygiene	Count	Respect	Participation	
	CO						
	UM						
	Couns						
	CO						
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Appendix H

ROSP Level S/Level 6 Reentry Program: “Comprehensive Success-based Reentry Preparation”

5 years prior to release:

Focus on Reentry should begin for all offenders at 5 years prior to release. Develop programs/training classes for each of the items listed below considered essential for developing a reentry plan that is “success-based”, in that it is both comprehensive and practical.

IM/SM offenders at 24 months prior to release:

- IM/SM offenders should be directly into a reentry path to develop a comprehensive, success based reentry plan that addresses all items outlined in the reentry model.
- Reentry path offenders should be prioritized for immediate access to DCE GED / Rosetta Stone programming and Vocational Training.
- Reentry oath offenders should receive priority for institutional jobs or program opportunities to earn pay as a means of building their reentry savings accounts
- Reentry Savings Accounts plans should be immediately developed.

Reentry Assessment

- ☐ COMPAS
 - Risk/Needs
 - CTS
 - URICA
- ☐ Psychological Self –Efficacy Evaluation

Reentry Cognitive Programs

- ☐ T4C (completion or reinforcement)
- ☐ PREPS
- ☐ Matrix

Reentry Preparation Programs

- ☐ Productive Citizenship
- ☐ Serv Safe
- ☐ Ready for Work
- ☐ Work Keys
- ☐ Workforce Investment Act registration

“Comprehensive Success-based Reentry Preparation”

Assess progress regularly

Year 5: Initial plan development

Year 4 and 3: annual reassessment of plan progress

Year 2: reassessment every 6 months

Year 1: quarterly reassessment

6 Months to release: monthly reassessment

Target Goals

- ☐ Risk / Needs Assessment Goals
 - COMPAS results
 - In-prison programming addressing high risk areas
- ☐ Reporting to supervision officer
- ☐ Home plan development
 - Develop a preliminary home plan
 - Evaluate the pros and cons of going back to original neighborhood or starting fresh in a new environment
 - Living with relatives / friends, reentry facility / program / Oxford house, independent housing
- ☐ Employment
 - Workforce Investment Act registration (SNAP Center within the facility)
 - Work Keys
 - Job skills training in prison
 - HVAC
 - Culinary Arts
 - Custodial Maintenance
 - Develop additional job skills training programs
 - Construction trades
 - Computer literacy
- ☐ Education
 - Complete GED
 - Advanced Education
 - Computer Literacy
 - MSWord
 - Excel
 - Internet access, information search
- ☐ Transportation
 - Public transportation
 - Bicycle
 - Car plan (practical plan for obtaining a personal car)
 - Drivers license
 - Insurance
 - Gas Budget
 - Maintenance / repair budget
 - Car cost
- ☐ Medical / Mental Health Services
- ☐ Substance Abuse recovery / sobriety support plan
- ☐ Sex Offender support plan

- ☐ Leisure time activities
- ☐ Support System
 - Family / friends
 - Faith-based support
 - Recovery support group
 - Peer Support group
 - Mentor
- ☐ Bonding / Rebounding with children
 - Parenting from prison program
 - Messages Project video messages to children
- ☐ Contact with spouse, significant other, family
 - Relationship program / training
- ☐ Savings Account for Reentry
 - Develop a reentry budget to include housing / rent, transportation, food, necessities (food, clothing)

EXHIBIT 7

(Filed Under Seal)

Exhibit 8

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

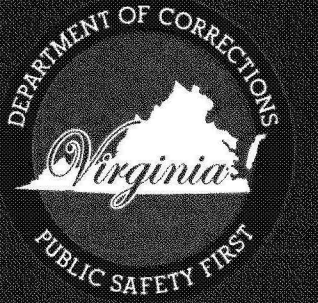


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VIRGINIA DEPARTMENT OF CORRECTIONS

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, deportment, 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.

VIRGINIA
DEPARTMENT OF CORRECTIONS

Electronic Notification of Mental Health Offender Transfer 730_F11_12-17

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
☒ SDTP ☐ SAM Unit
☐ Other: _____

☐ HRSV ☐ HRSA ☐ Intersex ☐ Transgender

Prescribed medication for psychiatric reasons? ☐ NO ☐ 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: _____

Currently receiving Mental Health Treatment? ☐ NO ☐ YES

If yes, briefly explain (i.e. individual, group, frequency of contacts): _____

History of SIB and Suicide Attempts? ☐ NO ☐ YES - Explain: _____

Diagnosis and/ or reason for contact including all specifiers listed in order of immediacy of needs:

Additional Information

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.



VIRGINIA
DEPARTMENT OF CORRECTIONS

Shared Allied Management (SAM) Unit Admission Screening 830_F8_12-18

Shared Allied Management (SAM) Unit Admission Screening

Offender Name _____ Number _____ Institution _____ Housing Type _____ Release Date _____
 Date of Screening: _____ Referral Type: (Check One) ☐ Mental Health ☐ Medical ☐ Vulnerable
 Current Security Level/ Effective Date _____ MH Code: _____ Medical Location Code _____

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: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Shared Allied Management (SAM) Unit Admission Screening 830_F8_12-18

Offender Name	Number	Institution	Housing Type	Release Date
---------------	--------	-------------	--------------	--------------

☐ 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



VIRGINIA
DEPARTMENT OF CORRECTIONS

Shared Allied Management (SAM) Unit Contract 830_F9_8-18

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

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

Augusta Correctional Center	
Security Level	3
Medical Location Code	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)
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"> • Offenders with Life, Multiple Life, & Life Plus sentences must have served 20 consecutive years on sentence • Offenders who are parole eligible must also have reached PED. • Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date.
Buckingham Correctional Center	
Security Level	3 & 4
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: <p>SL 3:</p> <ul style="list-style-type: none"> • Offenders with Life, Multiple Life, & Life Plus sentences must have served 20 consecutive years on sentence. • Offenders who are parole eligible must also have reached PED. • Offenders with Numerical sentences must have served 20 consecutive years OR be within 40 years of their projected release date. <p>SL4:</p> <ul style="list-style-type: none"> • The above criteria may be waived if the offender has good institutional adjustment. These reviews will be on a case by case basis.
Green Rock Correctional Center	
Security Level	2 & 3
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 with the following assignment restrictions: <ul style="list-style-type: none"> • Offenders with Life, Multiple Life, & Life Plus sentences must have served 20 consecutive years on sentence. • Offenders who are parole eligible must also have reached PED. • Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date.
Greenville Correctional Center	
Security Level	2 & 3
Medical Location Code	A, B, D, E, J, K, L, 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"> • Offenders with Life, Multiple Life, & Life Plus sentences must have served 20 consecutive years on sentence. • Offenders who are parole eligible must also have reached PED. • Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date. • Offenders convicted of 105 Assault Infraction must be assigned to level 4 or higher



Nottoway Correctional Center	
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"> • Offenders with Life, Multiple Life, & Life Plus sentences must have served 20 consecutive years on sentence. • Offenders who are parole eligible must also have reached PED. • Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date.
Pocahontas State Correctional Center	
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"> • Offenders with Life, Multiple Life, & Life Plus sentences must have served 20 consecutive years on sentence. • Offenders who are parole eligible must also have reached PED. • Offenders with numerical sentences must have served 20 consecutive years or be within 40 years of their projected release date.
River North Correctional Center (added 12/3/18)	
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
Sussex I State Prison	
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
Sussex II State Prison	
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
Wallens Ridge State Prison	
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

Exhibit 9



Virginia Department of Corrections

Health Services

Operating Procedure 720.2

Medical Screening, Classification, and Levels of Care

Authority:

Directive 720, *Health Care Services*

Effective Date: October 1, 2020

Amended: 12/1/20, 1/1/21, 9/1/21

Supersedes:

Operating Procedure 720.2, May 1, 2018

Access: ☐ Restricted ☒ Public ☒ Inmate

ACA/PREA Standards: 5-ACI-2C-11, 5-ACI-5A-01, 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-06, 5-ACI-6A-07, 5-ACI-6A-09, 5-ACI-6A-18, 5-ACI-6A-21, 5-ACI-6A-22, 5-ACI-6A-24, 5-ACI-6A-25, 5-ACI-6A-41, 5-ACI-6C-05, 5-ACI-6C-06, 5-ACI-6C-11, 5-ACI-6D-06, 5-ACI-6E-02, 5-ACI-6E-03, 5-ACI-6E-04; 4-4142, 4-4285, 4-4347, 4-4348, 4-4349, 4-4350, 4-4352, 4-4359, 4-4362, 4-4363, 4-4364, 4-4365, 4-4376, 4-4398, 4-4399, 4-4403-1, 4-4414, 4-4417, 4-4418, 4-4419; 4-ACRS-4C-06, 4-ACRS-4C-07, 4-ACRS-6A-04-2; 2-CO-4E-01; §115.15 [e], §115.61 [c], §115.215 [e], §115.261 [c]

Content Owner: Trey Fuller
Assistant Health Services Director

Documentation on File

8/26/20

Signature

Date

Reviewer: Steve Herrick
Health Services Director

Signature Copy on File

9/17/20

Signature

Date

Signatory: Joseph W. Walters
Deputy Director for Administration

Signature Copy on File

9/21/20

Signature

Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia 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.

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DEFINITIONS

Activities of Daily Living (ADL) - Any individual activity including basic self-care, performing manual tasks, walking, talking, hearing, seeing, breathing, learning, and working, etc. and including major bodily functions (non-exhaustive list)

Assisted Living - The care for inmates who require assistance with two or more activities of daily living

Chronic Care Clinic - Health care provided to inmates over a long period of time; health care services provided to inmates with long-term health conditions or illnesses (asthma, diabetes, cardiac, hypertension, seizure, mental health, and human immunodeficiency virus (HIV)); care usually includes initial assessment, treatment, and periodic monitoring to evaluate the patient's condition.

Consultant Care - Recommended treatment of a medical condition by a clinical specialist, either within the DOC or in the private sector, for conditions beyond the scope of services available at the facility or that can be provided by the attending physician

Convalescent Care - Health care provided to an inmate over a period of time to assist in the recovery from an illness, injury, or surgery

Convalescent Unit - Beds located in the medical area that provide a higher level of care that can be managed in the outpatient general population setting, but the patient does not require infirmary or hospital care.

Disability - A physical or mental impairment that substantially limits a major life activity.

Emergency Care/Treatment - Treatment of an acute injury or illness that requires immediate medical attention

Health Authority - The individual who functions as the administrator of the facility medical department

Health Care Practitioner - A clinician trained to diagnose and treat patients, such as physician, psychiatrist, dentist, optometrist, nurse practitioner, physician assistant, and psychologist.

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience

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

Hospital Care - Inpatient care for a medical condition that requires twenty-four hour clinical management in a facility licensed to provide such service

HSU Clinical Coordinator - The person in the Health Services Unit who is responsible, by job description, for transferring inmates either from a hospital, an infirmary, or a population to a facility that can provide the appropriate health care environment.

Impairment - A medically documented physiological condition or disorder affecting a body system; the condition must be of a permanent or long-term nature.

Infirmary - A specific area within a facility, separate from other housing areas, where inmates are admitted for skilled nursing care under the supervision and direction of a health care practitioner/provider

Intra-system Transfer - Transfer of an inmate from one institution to another, from an institution to a Community Corrections Alternative Program facility, or for transfer from one Community Corrections Alternative Program facility to another within the Department of Corrections

Physical or Mental Impairment - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities

Reasonable Accommodation - A modification, action, or provision that will assist an inmate with a disability in the performance of essential functions or will enable the inmate to enjoy equal benefits and privileges enjoyed by other similarly situated inmates without a disability, without causing an undue hardship to the facility or

compromise the health and safety of inmates, visitors, or staff

Self-Care - Treatment of a condition that can be accomplished solely by the inmate

Telehealth - The provision of remote medical and/or mental health care by a two-way, real-time electronic interactive communication between the patient and the practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio equipment.

Tuberculin Skin Test (TST) - A test given to screen for the possibility of infection with tuberculosis

Undue Hardship - An accommodation that would be unduly costly, extensive, substantial, or disruptive; undue hardship refers not only to financial difficulty, but to accommodations that would fundamentally alter the nature or operation of the business or work performed by or at the unit or creates a direct threat to the health and safety of others. Undue hardship is an extremely high legal standard to establish for a state agency.

Utilization Manager (UM) - Person responsible for reviewing, approving, and suggesting alternative plans to consultation requests; the UM or designee is also responsible for training users and maintaining the UM process.

PURPOSE

This operating procedure provides guidance to establish baseline data for use in subsequent care, treatment, and appropriate medical classification of inmates/probationer/parolee incarcerated in Department of Corrections (DOC) facilities. It also includes provisions for 24-hour inpatient care for acute illnesses, injuries, surgeries, and appropriate medical support services requiring convalescent or chronic care. Facilities will provide varying levels of health care to inmates/probationers/parolees as needs indicate.

PROCEDURE

- I. Screening and Classification (2-CO-4E-01)
 - A. The DOC protects the health and wellbeing of inmates and employees through prompt health status screenings of each arriving inmate.
 - B. The facility's health care provider should review inmate health care records upon arrival from outside health care entities, including those from inside the correctional system. (5-ACI-6A-04; 4-4347)
 - C. All inmates must be informed of the medical and mental health practitioner's duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse and the limitations of confidentiality prior to conducting a medical or mental health screening, appraisal, or examination. (§115.61 [c], §115.261[c])
- II. Intake Health Screening (5-ACI-6A-21; 4-4362; 4-ACRS-4C-06)
 1. An intake health screening will be performed by health-trained staff or a health care provider, immediately upon the inmate's/probationer's/parolee's arrival into the DOC, i.e., at a Reception and Classification Center or Community Corrections Alternative Program (CCAP). (5-ACI-5A-01; 4-4285) The purpose of the health intake screening is to ensure that emergent and urgent inmate/probationer/parolee health needs are met and to protect staff and inmates/probationers/parolees from unnecessary exposure to communicable disease. Health intake screenings not completed by a Registered Nurse (RN) will be reviewed and initialed upon completion.
 2. All findings by health care provider are recorded on the [Preliminary Medical Screening](#) 720_F8.
 3. When health care providers are not available, staff trained in the provision of basic health care will complete the [Health Screening - Health-Trained Staff](#) 720_F10.
 4. The screener will send the form to health care staff for review by a RN and inclusion into the inmate's Health Record.
 - B. Written procedures and screening guidelines are established by the responsible physician in cooperation with the facility Unit Head. The screening must include at least the following: (5-ACI-5A-01; 4-4285)
 1. Inquiry into:
 - a. Any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications
 - b. Current illness and health problems, including communicable diseases, and mental illness
 - c. Current or prescribed medications
 - d. Any dental problems
 - e. Any mental health problems including suicide attempts or ideations
 - f. Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions)
 - g. The possibility of pregnancy and history of problems (female only)
 - h. Any past history of mental illness, thoughts of suicide, or self-injurious behavior attempts
 - i. Other health problems designated by the responsible physician

2. Observation of:
 - a. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
 - b. Body deformities, ease of movement, and so forth
 - c. Condition of the skin, including abuse or trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and visible signs of needle marks or other indications of drug abuse
 3. Medical disposition of the inmate:
 - a. General population
 - b. General population with prompt referral to appropriate health care services
 - c. Referral to appropriate health care services for emergency treatment
 4. Inmates who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance by the examining health care practitioner.
- C. For inmates on medication, a health care practitioner should decide whether to continue, discontinue, or modify the medication within 24 hours of arrival and prescribe accordingly. Medication should be available to the inmate at a time considered appropriate by the health care practitioner.

III. Mental Health Screening

- A. A health care provider or a Psychology Associate will perform an intake mental health screening upon the inmate's arrival at a Reception and Classification Center. All findings are recorded on the [Preliminary Medical Screening 720_F8](#). The mental health screening includes, but is not limited to:
1. Inquiry into:
 - a. Whether the inmate has a present suicide ideation
 - b. Whether the inmate has a history of suicidal behavior
 - c. Whether the inmate is presently prescribed psychotropic medication
 - d. Whether the inmate has a current mental health complaint
 - e. Whether the inmate is being treated for any mental health problems
 - f. Whether the inmate has a history of inpatient and outpatient psychiatric treatment
 - g. Whether the inmate has a history of treatment for substance abuse
 - h. Whether the inmate has a history of trauma
 2. Observation of:
 - a. General appearance and behavior
 - b. Evidence of abuse and/or trauma
 - c. Current symptoms of psychosis, depression, anxiety, and/or aggression
 3. Disposition of inmate:
 - a. General population
 - b. General population with appropriate referral to mental health care service
 - c. Referral to appropriate mental health care service for emergency treatment

IV. Laboratory and Diagnostic Studies

- A. The following laboratory and diagnostic studies are required for all inmates entering institutions or CCAP facilities; COV §32.1-59, Examination and treatment in certain institutions, will be documented on the [Practitioners Receiving Intake Form - Female](#), [Practitioners Receiving Intake Form - Male](#), [Receiving Nursing Intake Form - Female](#), and [Receiving Nursing Intake Form - Male](#).



1. Laboratory Tests for newly received inmates should include:
 - a. RPR (Syphilis)
 - b. CBC (Complete Blood Count) with diff
 - c. Comprehensive Metabolic Panel (CMP-14)
 - d. Urine pregnancy test
 - e. Urine for Chlamydia and Gonorrhea (males)
 - f. Urinalysis
 - g. Cervical cytology (Pap test) and testing for Chlamydia and Gonorrhea (females)
 - h. TST (Tuberculin Skin Test)
 - i. Chancroid, if symptomatic
 - j. Granuloma inguinale, if symptomatic
 - k. HIV
 - l. Hepatitis C Virus Antibody
2. Immunizations and vaccines to include: Tetanus Diphtheria (Td) or Tetanus, Diphtheria Pertussis (Tdap), Hepatitis A, Hepatitis B, Influenza, and Pneumococcal if indicated per *DOC Medical Guidelines* on the DOC Intranet.
3. Chest X-ray for HIV positive inmates only unless pathology exists and further study is needed

V. Health Appraisals (5-ACI-6A-25; 4-4365; 4-ACRS-4C-07 [I]; 2-CO-4E-01)

- A. Each inmate newly admitted to a CCAP facility who was not transferred from a DOC facility will undergo a medical examination within 14 days of admission. (4-ACRS-4C-07 [CC])
- B. A comprehensive health appraisal for each inmate, excluding intra-system transfers, is completed as defined below after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required, except as determined by the designated Health Authority.
 1. A mental health appraisal will be completed in accordance with Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.
 2. The health appraisal conforms to age and gender recommendations in accordance with the *DOC Inmate Health Plan*, which is based on generally accepted national guidelines.
 3. The health appraisal includes the following:
 - a. Within 14 days after arrival at the facility, but sooner for incoming inmates with more urgent conditions, and in all cases consistent with the degree of urgency:
 - i. A review of the earlier receiving screen
 - ii. The collection of additional data to complete the medical, dental, mental health, and immunization histories
 - iii. Laboratory or diagnostic tests to detect communicable disease, including sexually transmitted diseases and tuberculosis
 - iv. Record of height, weight, pulse, blood pressure, and temperature
 - v. Other tests and examinations, as appropriate
 - b. Within 14 days after arrival for inmates with identified significant health care problems:
 - i. Medical examination, including review of mental and dental status (for those inmates with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth)
 - ii. Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other health care provider, if such is authorized in the medical practice act
 - iii. Initiation of therapy, when appropriate

- iv. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.
- c. Within 30 days after arrival for inmates without significant health care problems:
 - i. Medical examination, including review of mental and dental status (for those inmates without significant health care concerns identified during earlier screening-no identified acute or chronic disease, no identified communicable disease, and so forth).
 - ii. Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other health care provider.
 - iii. Initiation of therapy, when appropriate
 - iv. Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.
- 4. Health appraisal data collection and recording will include the following:
 - a. A uniform process as determined by the Health Authority
 - b. Health history and vital signs collected by health-trained staff or a health care provider
 - c. Collection of all other health appraisal data performed only by a health care provider
 - d. Review of the results of the medical examination or tests and identification of problems is performed by a health care provider, as allowed by law.
 - e. A written treatment plan is required for inmates
 - f. Documentation will be completed on the [Medical Classification C&R 7](#) 720_F15.
- 5. The history and physical will include the following:
 - a. Review of the jail medical record when available
 - b. Review of [Preliminary Medical Screening](#) 720_F8 and [Health Screening - Health-Trained Staff](#) 720_F10
 - c. Collection of additional data to complete the medical, dental, mental health, and immunization histories
 - d. Review the results of test, examinations, identification of problems by a physician or other health care provider , and all lab studies
 - e. Record of prior hospitalizations, including psychiatric hospitalizations, and history of tuberculosis
 - f. Allergies, immunization status, laboratory or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
 - g. Obstetrical history
 - h. Medical examination, including review of mental and dental status
 - i. Record of height, weight, pulse, blood pressure, and temperature
 - j. Initiation of therapy, when appropriate
 - k. Development and implementation of a treatment plan, including recommendation concerning housing, job assignment, and program participation.
- 6. A physical examination will not be conducted for the sole purpose of determining the genital status when a transgender or intersex inmate's genital status is unknown. This information may be determined during an interview, by reviewing medical records, or if, necessary, by learning this information as part of a broader medical examination conducted in private. (§115.15[e], §115.215[e])
- 7. Inmates identified with conditions that indicate a need to be followed in a chronic care clinic, or have any other non-urgent follow-up needs will be identified when they are assigned to their first permanent facility.
- C. Reception and Classification Center staff will pursue the diagnosis and treatment of abnormal results only if a clinical urgency is perceived, or if six months has elapsed since the findings. These abnormalities will be documented on the [Medical Transfer Comments](#) 720_F24 and follow-up initiated at the first permanent facility.

- D. Reception and Classification Center staff should make the initial infectious disease clinic appointment for inmates requiring antiretroviral medications for treatment of HIV.

VI. Out-of-State Inmates

- A. Inmates received from out of state on contract will be processed at their assigned facility and should have a health assessment to include:
1. Health history and inquiry into complaints
 2. Review of medical record
 3. Labs and examination as indicated
 4. Completion of a [Medical Classification C&R 7](#) 720_F15 with available information from out of state record, and addition of any test or examinations as a result of health history/inmate complaints.
- B. Inmates received by interstate compact are processed through Reception and Classification Centers the same as Virginia inmates.
- C. Upon entry into a facility, “in transit” inmates will receive a health screening by health-trained staff or a health care provider. (5-ACI-6A-24; 4-4364)
1. The finding will be recorded on the [Health Services Complaint and Treatment Form](#) 720_F17 and will accompany the inmate to all subsequent facilities until the inmate reaches their final destination.
 2. Health screenings will be reviewed at each facility by a health care provider.
 3. A complete health appraisal will be completed upon the arrival at the assigned facility.

VII. Refusal of Health Appraisal

- A. Every inmate has the right to refuse a health appraisal. This right must be respected.
- B. Any inmate who refuses to submit to an examination, testing, or treatment or to continue treatment-will be placed in medical isolation until such time as it is ascertained that no contagious disease is present. The Epidemiology Nurse and the Chief Physician will be notified.
- C. Inmate refusal of the health appraisal and staff efforts to gain compliance should be documented on the [Health Services Complaint and Treatment Form](#) 720_F17 and [Health Services Consent to Treatment; Refusal](#) 720_F3.

VIII. Assignment of Medical Classifications

A. CCAP's

1. Probationers and/or Parolees assigned to a CCAP will not be medically classified and assigned a location code.
2. All probationers and/or parolees assigned to a CCAP should meet the following health eligibility criteria:
 - a. The probationer and/or parolee must be physically and mentally capable to perform work
 - b. The probationer and/or parolee must not require daily nursing care
 - c. The probationer and/or parolee must be able to function independently
3. A probationer and/or parolee may be removed from a CCAP when unable to participate due to a health related issue as determined through an evaluation by the appropriate Health or Medical Authority, i.e., facility nurse, physician, or Psychology Associate.
 - a. Recommendations for removal from the program, due to health related issues, may be made during intake or at any time the probationer and/or parolee develops health related problems making them unsuitable for participation in the program.
 - b. Recommendations for removal from the program should be submitted to the Senior P&P Officer

and forwarded to the facility Unit Head for action.

- c. If it is medically appropriate and approved by the facility Unit Head and the sentencing court, a probationer and/or parolee may be released to receive medical treatment and then re-enter the CCAP once medically able.

B. Institutions

1. After the initial medical screening and a comprehensive health appraisal are completed and the findings evaluated, inmates are medically classified and assigned a location code; see [Standard Treatment Guidelines - Medical/Location Codes](#).
 - a. A physician will assign the inmate's medical activity classification
 - b. The Health Authority or designee will assign a medical location classification
2. The following medical categories must be considered in identifying inmates who may require medical classification and possible separation for appropriate diagnosis and treatment;
 - a. Communicable disease
 - b. Physical disability
 - c. Cognitive or developmental disability
 - d. Serious mental illness
 - e. Risk of harm to self
 - f. Chronic illness and debility
 - g. Systemic Allergies; see [Standard Treatment Guideline - Offenders with Systemic Allergies Housed at Field Units or Work Centers \(Non-24 Hour Nursing Facilities\)](#).
3. Upon completion of medical classification, the medical code, mental health code and location code must be entered into VACORIS.
 - a. The *Medical Classification C&R 7* should be forwarded to the person at the facility designated by the facility Unit Head to input this information into VACORIS.
 - b. A Psychology Associate will assign and input the inmate's mental health code in VACORIS; see Operating Procedure 730.2, *Mental Health Services: Screening, Assessment, and Classification*.
4. No inmate will be allowed to sign a waiver or other document for the purpose of obtaining a medical and location code other than the code determined based on the inmate's current health and medical history.

IX. Dental Appraisal

- A. Inmates will receive a dental screening and classification in accordance with Operating Procedure 720.6, *Dental Services*.
- B. Only emergency dental needs should be treated during reception and classification.

X. Changes in Medical or Location Codes

- A. Changes in the medical classification or location code will be noted in VACORIS, recorded on the [Health Services Complaint and Treatment Form](#) 720_F17, and notated on the [Problem Sheet](#) 720_F32.
 1. The physician will change the inmate's medical classification code whenever the inmate's condition so indicates.
 2. The Health Authority or designee will change the inmate's location code whenever the inmate's condition indicates.
- B. The facility Unit Head will designate facility staff responsible for ensuring that the current medical classification and location codes are entered into VACORIS.

XI. Medical and Mental Health Intra-system Transfer Screening (5-ACI-6A-22; 4-4363; 4-ACRS-4C-06 [I])

- A. All inmates will receive a medical and mental health screening by health-trained staff or a health care provider upon arrival to a facility. Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers within the same complex.
- B. All data collected by health care provider on admission to the facility will be recorded on [Intra-system Transfer Medical Review \(DOC 726-B\)](#) 720_F9.
- C. Facilities without 24-hour health care staff will have health-trained staff screen inmates when the health care providers are absent.
 - 1. Health-trained staff will complete the [Health Screening - Health-Trained Staff](#) 720_F10 immediately upon the inmate's arrival at the facility.
 - 2. The screener will send the form to health care staff for review by a RN and inclusion in the inmate Health Record.
- D. Intra-system transfer health screening will include:
 - 1. Inquiry into whether:
 - a. The inmate is being treated with a medical or dental problem
 - b. The inmate is currently on medication
 - c. The inmate has a current medical or dental complaint
 - d. The inmate has a present suicidal ideation
 - e. The inmate has a history of suicidal behavior
 - f. The inmate is presently prescribed psychotropic medications
 - g. The inmate has a current mental health complaint
 - h. The inmate is being treated for a mental health problem
 - i. The inmate has a history of inpatient or outpatient psychiatric treatment
 - j. The inmate has a history of treatment for substance abuse
 - 2. Observation of:
 - a. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
 - b. Body deformities and ease of movement
 - c. Conditions of the skin, including abuse or trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and visible signs of needle marks or other indications of drug abuse
 - d. Current symptoms of psychosis, depression, anxiety, and/or aggression
 - 3. Disposition of inmate:
 - a. General population
 - b. General population with prompt referral to appropriate health care or mental health service
 - c. Referral to the appropriate health or mental health care service for emergency treatment

XII. Levels of Care (2-CO-4E-01)

- A. Various levels of care are established to assure appropriate medical care is available to all inmates. Continuity of care will be maintained from admission to discharge, or transfer from the facility. (5-ACI-6A-04; 4-4347)
- B. When indicated, inmates will be referred to local health care providers in accordance with utilization management guidelines. (5-ACI-6A-04; 4-4347)
- C. Assignment to the appropriate level of care is based on medical need. Special purpose medical beds should not be used for population management except in emergencies. Inmates placed in medical

observation beds used for population management bed/non-medical will be considered observation inmates. They will continue to receive the same services as appropriate for their housing assignment.

D. Inmates may not choose their own practitioner or specialist. This includes physicians, physician extenders, and nurses inside and outside the DOC.

1. Basic care - All inmates have access to medical care in accordance with Operating Procedure 720.1, *Access to Health Services*. Facility assignment may be based on inmate need for access to full time or specialized health care.

2. Chronic care

a. All inmates, including those in a CCAP, will have continuity and coordination of care for chronic conditions such as hypertension, diabetes, and other diseases that require periodic care and treatment. The inmate will be monitored per [DOC Chronic Care Guidelines](#) including: (5-ACI-6A-18; 4-4359)

- i. Medications monitoring
- ii. Laboratory testing
- iii. Chronic care clinic use
- iv. Health record forms
- v. Specialist consultation and review as determined by the Medical Authority

b. Facilities will develop a system to provide chronic care to inmates in restorative housing units as well as general population.

c. A written treatment plan is required for inmates requiring health care supervision, including chronic care. This plan includes directions to health care staff and other staff regarding their roles in the care and supervision of the inmate, and is approved by the appropriate health care practitioner for each inmate requiring a treatment plan. (5-ACI-6A-07; 4-4350)

d. There is consultation between the facility Unit Head or a designee, and the responsible health care practitioner or designee, prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates in the following areas: (5-ACI-6C-06; 4-4399)

- i. Housing assignments
- ii. Program assignments
- iii. Disciplinary measures
- iv. Transfers to other facilities

e. When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

3. Assisted living

a. The Health Services Unit designates facilities to provide assisted living care. Each facility with an assisted living unit will develop procedures to define the scope of services available.

b. Trained staff will be available at all times to provide assistance when needed.

4. Convalescent Care (Medical Observation Unit)

a. Each facility that provides convalescent care will develop procedures for those inmates medically admitted to the medical observation unit for convalescent care to define the scope of services available.

- i. A written treatment plan is required for inmates requiring health care supervision, including convalescent care. (5-ACI-6A-07; 4-4350)
- ii. This plan includes directions to health care staff and other staff regarding their roles in the care and supervision of the inmate, and is approved by the appropriate health care practitioner for each inmate requiring a treatment plan. (5-ACI-6A-07; 4-4350)

b. The inmate may be temporarily removed from the general population and housed in the medical observation unit with readily access to health care staff.

- i. There are sufficient bathing facilities in the medical observation unit to allow inmates housed there to bathe daily. (5-ACI-6E-02; 4-4417)
 - ii. Inmates have access to operable washbasins with hot and cold running water in the medical observation unit at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio. (5-ACI-6E-03; 4-4418)
 - iii. Inmates have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical observation unit. (5-ACI-6E-04; 4-4419)
 - (a) Toilets are provided at a minimum ratio of one for every 12 inmates in male facilities and one for every eight inmates in female facilities.
 - (b) Urinals may be substituted for up to one-half of the toilets in male facilities.
 - (c) All housing units with three or more inmates have a minimum of two toilets.
 - iv. These ratios apply unless state or local building or health codes specify a different ratio.
 - c. A prescriber will be available on call 24 hours per day.
 - d. At a minimum, a RN will be onsite when an inmate is present.
 - e. All admissions and discharges require a prescriber's order at least via phone and the prescriber will see the inmate by the prescriber's next scheduled working day.
 - f. All admissions to convalescent care will be documented on the [Health Services Complaint and Treatment Form](#) 720_F17 that will include the following:
 - i. Vital signs
 - ii. Weight
 - iii. The prescriber and reason for the admission
 - iv. Any complaints and observations
 - v. Any treatment or care provided to the inmate.
 - g. All encounters with inmates will be documented on the [Health Services Complaint and Treatment Form](#) 720_F17.
 - h. Vital signs, complaints, and observations will be completed within two hours of the start of every nursing shift.
 - i. Medical rounds must be conducted as part of the report at each nursing shift change.
 - j. While in convalescent care, an inmate may only consume food items provided by the facility food service department or ordered by the Medical Authority.
5. Infirmary care
- a. All inmates have access to infirmary care if needed either within the correctional setting or off site. Facilities providing on-site infirmary care are designated by the HSU. (5-ACI-6A-09; 4-4352)
 - b. If provided onsite, infirmary care includes, at a minimum, the following: (5-ACI-6A-09; 4-4352)
 - i. Infirmary care is appropriate to meet the serious medical needs of inmates. This includes physical plant accommodations and hygiene, privacy, heat, and staffing.
 - ii. Each facility with an infirmary will follow the [DOC Infirmary Manual](#) on the DOC Intranet. The *DOC Infirmary Manual* must be printed and made available to all staff at all times.
 - iii. A physician on call or available 24 hours per day
 - iv. A RN will be present 24 hours per day when inmates are housed in the infirmary.
 - v. All inmates are within sight or sound of a staff member and a RN is on site 24 hours per day.
 - vi. Nursing care procedures per the [DOC Infirmary Manual](#).
 - vii. All nursing infirmary admission paperwork must be completed within eight hours and placed in

- the inmate's Health Record each time an inmate is placed into a DOC infirmary.
- viii. Compliance with applicable state statutes and local licensing requirements
 - ix. Sufficient bathing facilities in the medical infirmary area to allow inmates housed there to bathe daily. (5-ACI-6E-02; 4-4417)
 - x. Access to operable washbasins with hot and cold running water in the medical infirmary area at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio. (5-ACI-6E-03; 4-4418)
 - xi. Access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical infirmary area. (5-ACI-6E-04; 4-4419)
 - (a) Toilets are provided at a minimum ratio of one for every 12 inmates in male facilities and one for every eight inmates in female facilities.
 - (b) Urinals may be substituted for up to one-half of the toilets in male facilities. Infirmarys with three or more inmates have a minimum of two toilets.
 - (c) These ratios apply unless state or local building or health codes specify a different ratio.
 - c. Medical rounds must be conducted as part of the report at each nursing shift change.
 - d. Vital signs, complaints, and observations will be completed and documented within two hours of the start of every nursing shift.
 - e. Approved *Infirmary Forms* can be found on the DOC Intranet under Health Services, Patient Care Services - Institutions, Infirmary. Approved *Infirmary Forms* should be printed on blue paper and placed in Section VI in the eight-part record.
 - f. While in infirmary care, an inmate may only consume food items provided by the facility food service department or ordered by the Medical Authority.
6. Outpatient Surgery (Including Dental)
- a. Will be obtained locally whenever possible
 - b. When infirmary or convalescent care is needed for a limited time following outpatient care, the closest facility with an appropriate bed will be contacted in advance, when possible, to make arrangements. The HSU Clinical Coordinator will be notified of this arrangement in order to obtain authorization from Central Classification Services (CCS) for the temporary transfer.
 - c. When infirmary or convalescent care is needed unexpectedly, the HSU Clinical Coordinator will be notified and may assist as needed to find an available bed.
7. Hospital care; see *Inmate Medicaid Inpatient Program* section of this operating procedure
- a. Hospital care provides inpatient services for an illness or diagnosis requiring 24-hour clinical management in a hospital licensed to provide such service. Hospital care is beyond the scope of practice that can be provided within DOC facilities.
 - b. Inmates who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provision to a facility where such care is available. A written list of referral sources includes emergency and routine care. The list is reviewed and updated annually. (5-ACI-6A-05; 4-4348)
 - c. Hospital care is available locally to each facility either through designated security wards controlled by DOC staff or through agreements established with local hospitals.
 - d. If an inmate housed in a CCAP requires admittance to a hospital or DOC infirmary, the inmate must sign a [Hospital or DOC Infirmary Admission Permission](#) 720_F21.
 - e. Inmates admitted to local hospitals requiring extended hospital care may be transferred to a hospital with a DOC security ward when the attending physician approves the transfer and arranges with a physician to accept the inmate into the hospital with a security ward. The HSU Clinical Coordinator is to be notified that this move is occurring.

8. Detoxification is done only under medical supervision in accordance with local, state, and federal laws. (5-ACI-6A-41, 4-4376)
 - a. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center.
 - b. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs.
9. Inmates with disabilities
 - a. Inmates are essentially dependent on the physical conditions of and the services provided at the facility.
 - i. Facility staff will make reasonable accommodations for physically challenged and mentally ill inmates, consistent with and as required by the law.
 - ii. Accommodations will include but will not be limited to medical and mental health care, physical plant, medication, protection from heat injury, skilled nursing care, and programming.
 - iii. Health care, security, and other staff will not discipline inmates for their disabilities and must provide personal safety protection for those with disabilities, especially the elderly.
 - iv. Inmate access to medical services and wheelchair access in dining halls will provided at each facility.
 - v. Toilet access will be provided for inmates consistent with their medical needs as determined by a health care provider.
 - b. To the extent feasible, inmates with disabilities should be placed in general population settings. Inmates with disabilities who require special health care and services will be placed in settings that provide reasonable accommodations for the inmate's needs without an undue hardship to the facility based on its structure and mission.
 - c. Inmates with disabilities are housed in a manner that provides for their safety and security. (5-ACI-2C-11; 4-4142)
 - i. Housing used by inmates with disabilities is designed for their use and provides for integration with other inmates.
 - ii. Programs and services are accessible to inmates with disabilities who reside in the facility.
 - d. Appropriately trained staff should be assigned to assist inmates who cannot otherwise perform basic life functions. Inmates should be limited to providing assistance in such matters as ambulation and should not provide personal care such as bathing.
 - e. The facility staff should provide education, equipment and facilities, and the support necessary for inmates with disabilities to perform self-care and personal hygiene in a reasonably private environment. (4-ACRS-6A-04-2)
 - f. Durable medical equipment in appropriate working order, supplies, disability aids, and prostheses are ordered, maintained, provided, and available for inmate use, as medically necessary.
 - g. Physical therapy will be available on or off-site, as appropriate, and will be carried out, subject to the inmate's consent, as prescribed by the inmate's physician.
 - h. Training and education - Each facility should develop and implement training for security and health care staff on the needs and care of inmates with disabilities who are housed at that facility.
 - i. Disabilities and certain medical conditions may require modification to standard restraint procedures; see Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior*.
 - j. Health care staff should provide guidance in the application of restraints to inmates housed in convalescent units and infirmaries.
10. Deaf and hard of hearing inmates

- a. Inmates with reported hearing disabilities will be referred to the facility-attending health care practitioner for examination and diagnosis. Consultation with, or referral to, a specialist may be appropriate to determine the extent of the disability.
 - b. The inmates attending DOC health care practitioner will certify and advise the facility Unit Head if the inmate needs a special non-medical accommodation or qualified sign language interpreter. In such cases an interpreter must be provided at no expense to the inmate in the following situations:
 - i. Medical screenings and services as defined by the DOC
 - ii. Mental health interviews and services as defined by the DOC
 - iii. Due process issues as defined by DOC procedures, to include disciplinary hearings, adverse classification hearings, parole hearings, or any other hearing that may adversely affect the inmate
 - c. In cases where an inmate cannot read, speak, is dyslexic, or cannot lip-read, the facility should contact the ADA Coordinator for further review.
11. If telehealth is used for inmate/probationer/parolee encounters, the plan includes: (5-ACI-6C-11; 4-4403-1)
- a. Inmate/probationer/parolee consent; see [Consent to Participate in a Telehealth Consultation 720_F22](#)
 - i. For participation in telehealth consultation
 - ii. For release of relevant confidential or protected health information
 - b. Documentation of the encounter in the *Progress Notes*
 - c. File documentation in the appropriate section of the inmates/probationers/parolees Health Record
 - d. Mobile video telehealth devices may include the following:
 - i. iPads
 - ii. Tablets
 - iii. Microsoft Surfaces
 - iv. Telehealth cell phones
 - v. Telehealth MiFi's
 - vi. Webcams
 - (a) All mobile video telehealth devices must be stored in a secure location. When not in use, these devices must be stored in a locked cabinet/drawer in the medical unit, a locked cabinet/drawer in a locked Psychology Associate II office, or a secure dental unit area that does not have unaccompanied inmate/probationer/parolee ~~offender~~ access.
 - (b) All mobile video telehealth devices and components must be inspected and accounted for by each unit (medical, mental health, and dental) with each shift change and documented on [Telehealth Electronic Device Control Record 720_F42](#).
 - (c) The Health Authority or designee and the Chief of Security must inventory and inspect all mobile video telehealth devices monthly and document on [Telehealth Electronic Device Control Record 720_F42](#).
 - (d) Reference Attachment 2, *Mobile Telehealth Device Information* and Attachment 3, *Overview: Telehealth Mobile Device, Storage, Access, and Use* for further guidance.

XIII. Utilization Management Program

- A. The Utilization Management Program works to enhance quality of care by providing timely access to an appropriate level of care.
 - 1. Other than for medical emergencies as determined by the facility Health or Medical Authority, any referral for medical services beyond the services available in DOC facilities must be reviewed by the Utilization Manager (UM) or designee.
 - 2. The referring physician will document the requested procedure or consultation in the inmate's Health



- Record progress notes as an order that includes the following information:
- a. Procedure, treatment, or modality requested
 - b. Medical history
 - c. Pertinent physical or ancillary findings
 - d. Past and present treatments and response including medications
3. The Quality Medical Care (QMC) system is the electronic utilization management tool through which health care practitioners located at state-operated medical departments submit requests for inmate off-site care to include those facilities with individually contracted health care practitioners.
 - a. Facilities at which a private vendor is contracted to operate the entire medical department, the vendor will have their own electronic utilization management tool as determined by the private vendor.
 - b. The private vendor will follow the DOC Utilization Management process outlined in this operating procedure.
 4. All Utilization Management requests; see Attachment 1, *Utilization Management Request (Sample)*, must be reviewed within five working days.
 - a. All urgent Utilization Management requests are reviewed within 48 hours.
 - b. Alternate recommendations will only be issued by a licensed physician.
 5. An authorized health care practitioner or their approved designee must complete the QMC on-line *Consultation Request Form* to initiate the review for off-site care and will print a copy of the *Request* for the inmate Health Record.
 6. After review of the *Consultation Request Form*, the UM will take one of the following actions:
 - a. Recommend and authorize a specific diagnostic or therapeutic modality
 - b. Suggest an alternative treatment plan
 - c. Request additional information
 7. The original *Consultation Request Form* in the inmate Health Record will be replaced with the *Consultation Request* with the UM's response documented.
 8. Inmate consent for all medical, surgical, or special procedures must be obtained; see Operating Procedure 720.1, *Access to Health Services*.
 9. Only medically necessary consultations will be approved. When alternative treatment is recommended, the health care practitioner should prescribe the alternative treatment, if in agreement. Elective surgical procedures for inmates will not be approved. (5-ACI-6C-05; 4-4398)
 10. If a diagnostic or therapeutic modality is approved, the requesting facility health care practitioner may proceed with the scheduling of the modality. A printed copy of the *Request* and its approval by the UM will serve as reference in the inmates Health Record.
 11. If the UM's recommendation is an alternate treatment plan, the requesting health care practitioner will contact the UM if there are any questions, extenuating circumstances, or areas of concern.
 - a. The requesting health care practitioner is responsible for discussing the alternative action plan with the patient.
 - b. The health care practitioner is encouraged to call the UM to discuss atypical cases or concerns regarding the Utilization Management process.
 - c. If, after discussing the case with the UM, the physician is not in agreement with the response from the UM, the physician may appeal to the Health Services Director, who will review the appeal and make a decision or defer to a panel of physicians to review the case and make a decision. The Health Services Director will forward the decision to the appealing physician and copy the UM.
 - d. Health care practitioners working for private vendors who disagree with the utilization decision made by the private vendor's UM can appeal the utilization decision to the Health Services Director

who will review the case with the DOC Chief Physician. The final decision will be forwarded to and discussed in private with the private vendor's UM.

- e. If alternative treatment is to be pursued, do not write in the inmate Health Record "Request denied by UM." Please use terms such as "alternative treatment recommended." If the physician agrees that the consultation is not medically necessary, the physician is encouraged to explain this to the inmate and document accordingly.
12. Initial referrals must be accomplished within 30 days of the initial request. When this is not possible, unless otherwise indicated, a physician will see the patient every 30 days to review for deterioration and increased urgency until the referral visit is accomplished.
13. When the inmate is transported to a consult appointment, the [*Health Services Consultation Report 720_F23*](#) with the top portion completed, along with copies of any pertinent lab, x-ray, MAR, or other reports should be sent with the inmate.
 - a. The first follow-up visit after surgery does not require a *Consultation Request Form*.
 - b. Consultant care recommendation(s) will be documented in the inmate Health Record notated whether the recommendation(s) were followed or amended, with Health Record documentation of the rationale for not following the consultant's recommendation(s).
 - i. Follow-up appointments will be scheduled by facility staff and completed, as per the consultants' orders or as determined by the facility physician.
 - ii. Some types of follow-up care can be provided by the facility physician without transporting the inmate to the consultant.
14. Dental consultations
 - a. Facilities with DOC dental staff should submit requests for dental consultations to the Chief Dentist in accordance with the requirements in this operating procedure for submitting medical consultations.
 - b. Facilities with contract dental services should follow the instructions of the contract vendor for dental consultations.

B. Quality Medical Care (QMC) system

1. Access to the QMC system must be controlled so that confidential medical information is protected and can only be accessed by health care staff who have a need to access the information for the purpose of providing off-site health care for inmates.
2. Access to the QMC system requires that the individual being granted access has a VACORIS account and a Commonwealth of Virginia account number.
3. A request to grant an employee access to the QMC system must be submitted in writing by email to the QMC system owner (Chief Physician) or the owner's designee (only in the owner's absence).
 - a. The request for access must be submitted by the facility Health Authority or by the appropriate Chief (Medical, Dental, or Nursing).
 - b. The submitter must ensure that the employee requires access to the QMC system in order to submit/manage off-site requests for inmates.
4. After receiving a written request, only the QMC system owner or the owner's designee (in the owner's absence) can grant access to the QMC system.
 - a. If access is granted the QMC system owner will create a user account (or profile), which includes the user's COV account number, name, facility, user role, and contact phone number.
 - b. The QMC system owner will assign a user role based on what the individual's function will be in using the QMC system.
 - i. The following user roles are available in the QMC system:
 - (a) Approver/Medical Administrator - HSU employees, generally the Chief Physician and the Health Services Director, who are able to approve requests for off-site care in the QMC system as well as add or inactivate users in the QMC system.

- (b) Approver/Dental Administrator - A health services staff member, generally the Chief Dentist, who is able to approve requests for off-site dental care in the QMC system as well as add or inactivate users in the QMC system.
 - (c) Approver Medical - A staff member who is able to approve medical requests for off-site care submitted in the QMC system but who is not able to add or inactivate users in the QMC system.
 - (d) Approver Dental - A staff member who is able to approve dental requests for off-site care submitted in the QMC system but who is not able to add or inactivate users in the QMC system.
 - (e) Provider - A Physician, Nurse Practitioner, or Physician Assistant who provides direct patient care to inmates and is assigned. Provider status in the QMC system at the facility in which they deliver care. Provider status allows them to access and manage QMC requests for inmates at the facility in which they work but does not allow them to approve off-site requests or to add or inactivate users in the QMC system.
 - (f) Designee – A Nurse, Dental Assistant, or a Medical Clerk assigned the task of submitting and coordinating off-site care for inmates. Designees are assigned to specific Practitioners/Providers and can only enter and access off-site request for/from Practitioners to which they are assigned staff member at a facility assigned to the medical provider at that facility who can access and manage a QMC request for that provider. The Designee must be assigned to the Provider by the QMC owner upon request of the facility Health Authority.
 - ii. Only Approvers can approve off-site medical care.
 - iii. Designees and Practitioners cannot approve off-site care.
 - iv. Any of these roles can enter a request for off-site care for an inmate. However, the system will not allow anyone to both enter and approve a request for off-site care.
5. Whenever an individual with access to the QMC system leaves state employment or changes jobs such that they no longer require access to the QMC system, the facility Health Authority is to notify the QMC system owner by email so that individual's QMC account can be inactivated, rendering them unable to access the QMC system.
6. Users at facilities can only access confidential medical information for inmates who are housed at the locations assigned to the QMC User in their account. The inmate's Provider, the Designee assigned to the Provider, and the Approver, only, can access an inmate's confidential medical information in the QMC system.
7. QMC system integrity
- a. Monitoring user activity will confirm that individuals with access to the system require access and are using the system for legitimate purposes, as well as verify that access to the system and its confidential medical information is not available to anyone who does not have a legitimate need to access the information.
 - b. The QMC owner will conduct a yearly audit of users who have access to the QMC system by contacting facility Health Authorities in order to review their staff who have QMC access.
 - i. The audit will also include a manual review of the QMC system user list.
 - ii. Anyone found to have QMC access who no longer requires access will have their account inactivated in the QMC system.
 - c. All requests submitted in the QMC system are routed to the Chief Physician, Approver Medical/Administrator, or the Chief Dentist, Approver Dental/ Administrator, who review all requests for off-site care (unless a designee is assigned in their absence). The Chief Physician and Chief Dentist must continuously monitor the QMC system for proper use and integrity.
8. QMC system availability
- a. In the event the QMC system is disabled, the following process is in place to track requests for off-site care already entered into QMC and to submit requests for off-site care for inmates.
 - i. Facility staff at facilities using the QMC system should keep a hard copy of all requests

submitted in the QMC, or maintain a log of all requests submitted in QMC.

- ii. If the QMC system becomes disabled, requests for off-site care should be submitted via email to the Chief Physician or Chief Dentist.

- b. In the unexpected absence of the QMC owner, the Health Services Director also has Approver/Medical Administrator status and is able to access and manage the QMC system.

XIV. Inmate Medicaid Inpatient Program

- A. Inmates admitted to a hospital for more than 24 hours may be eligible to have their bills paid through Medicaid instead of Anthem. Once an inmate is approved for the Inmate Medicaid Inpatient Program, the hospital should be provided the inmate's Medicaid information instead of the Anthem billing information for inpatient admissions.
- B. Inmates in the following groups are eligible for Medicaid coverage.
 1. Aged 19-64 with income less than 138% of the Federal Poverty Level and income of \$1,397 or less per month
 2. Age 65 or over with less than \$2000 in their Inmate Trust System account and income of \$766 or less per month
- C. Upon intake to the DOC, each inmate should be questioned by a Case Management Counselor to determine if they have ever received Supplemental Security Income or been eligible for Medicaid.
 1. If the inmate answers yes, facility staff should attempt to confirm the inmate's Social Security Number and obtain their Medicaid number.
 2. Affirmative responses and the Medicaid number should be submitted to health care reimbursement staff.
- D. Applying for Medicaid payment of hospital bills
 1. The Health Authority at each facility will be responsible for notifying health care reimbursement staff located at DOC Headquarters of all inmate hospital admissions by submitting an [Institutional Inpatient Admission Report](#) 720_F30 either by email to health care reimbursement staff at InPatientMedicaid@vadoc.virginia.gov or fax to 804-674-3531, prior to the inmate being discharged from the hospital if possible.
 - a. Healthcare reimbursement staff will review the specific inmate information for Medicaid eligibility criteria.
 - b. Healthcare reimbursement staff will review inmate Trust Accounts to determine Medicaid financial eligibility.
 2. For all inmates who meet financial eligibility requirements, health care reimbursement staff will work with the facility's identified Medicaid Point of Contact to arrange for a Medicaid application to be completed.
 - a. Inmate Medicaid applications should be completed by phone with the Department of Medical Assistance Services (DMAS) Call Center designated for incarcerated individual applications.
 - i. The Case Management Counselor or designee, will assist the inmate with completing the Medicaid application over the phone
 - ii. The Medicaid application must be labeled as an "Expedited Application" and "Retro Coverage" must be requested when contacting the DMAS Call Center for applications submitted as the result of an inpatient stay.
 - iii. The Case Management Counselor or designee, is to report back to the health care reimbursement staff requesting the application with the date of the application and the application confirmation T# provided by the DMAS Call Center
 - b. If the inmate is unable to complete a telephone application for any reason, a paper application may be completed.

- i. Facility staff must work with health care reimbursement staff to assist in completing the appropriate paper application. A copy of the completed application must be provided to the inmate.
- ii. Health care reimbursement staff will arrange for the submission of the paper application to the DMAS Call Center
- c. For special circumstances, and with the prior approval of DMAS, an online application may be completed. This application will also need to be coordinated with health care reimbursement staff.
- d. Medicaid coverage information for each inmate is transmitted weekly via a data exchange from the DMAS information system into VACORIS. The current Medicaid coverage status can be found by running a status report for Medicaid coverage in the reports section of VACORIS.

XV. Medical Transfers

- A. Each facility must provide a transportation system that assures timely access to services that are only available outside the correctional facility. (5-ACI-6A-06; 4-4349)
 1. The Health Authority, or designee, will determine the need for and provide the following as needed:
 - a. Prioritization of medical need
 - b. Urgency (for example, an ambulance versus a standard transport)
 - c. Use of a medical escort to accompany security staff, if indicated
 - d. Transfer of medical information
 2. The safe and timely transportation of inmates for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility is the joint responsibility of the facility Unit Head and the Health Authority.
- B. Medical Requests for Transfer
 1. When facility health care staff determines an inmate requires temporary or permanent assignment elsewhere for medical care, a request for transfer should be submitted to the HSU Clinical Coordinator.
 2. Where indicated, the HSU Clinical Coordinator may consult the Chief Physician to determine an appropriate facility assignment.
 3. The HSU Clinical Coordinator will notify CCS to prepare the transfer order. CCS will be responsible for forwarding authorization for the transfer, via fax or other means, to the sending and receiving facilities.
 4. Any emergency medical transport to a non DOC medical facility should be initiated by the facility Medical Authority or Health Authority with the cooperation of facility security and administrative staff; see Operating Procedure 720.7, *Emergency Medical Equipment and Care*.
- C. Transfers of extraordinary medical cases
 1. Direct admission to the VCU Medical Center requires physician-to-physician contact.
 2. The HSU Clinical Coordinator must be notified when the following occurs:
 - a. There is a planned or emergency admission to a local hospital or the VCU Medical Center. When emergency admission is on a weekend, the HSU Clinical Coordinator must be notified the next working day.
 - b. An inmate is discharged from a local hospital or the VCU Medical Center, and the inmate cannot be medically managed at the inmate's currently assigned facility.
 - c. An inmate's medical needs increase beyond what is available at the inmate's currently assigned facility.
- D. Routine transfers
 1. Facility nurses will review the Health Records of all inmates who transfer for:
 - a. Correct and appropriate medical classification and location codes;

- b. Appropriateness of transfer
 - c. Contraindications to transfer
2. If the facility nurse determines the inmate should not be transferred, the HSU Clinical Coordinator will be contacted no later than 1:00 p.m. on the day preceding the scheduled transfer.
 3. Prior to transfer, the [Medical Transfer Comments](#) 720_F24 (pink) will be completed on all inmates, signed, dated, and filed in Section VI of the inmates Health Record. (5-ACI-6D-06; 4-4414) The inmate's current medical conditions, medications, and appointments should be listed.
 4. Inmates transferring from one facility to another will be screened by the receiving facility staff in accordance with the *Medical and Mental Health Intra-system Transfer Screening* section above. Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers within the same complex. (5-ACI-6D-06; 4-4414)
 5. A facility nurse should reconcile all medications and all medications should be continued as ordered at previous facility until seen by the facility physician.
 6. The facility Unit Head will develop a referral system to ensure that each inmate transferred to the facility receives a medical screening as soon as possible; and to ensure that any inmate in need of immediate medical attention upon arrival receives needed care.
 7. When inmates need transport to another facility, hospital, or clinic, the facility's health care staff will coordinate and cooperate with security staff to determine the conditions of transportation. Necessary security precautions must be utilized, when appropriate, in accordance with the security level of the inmate.
- E. Inmate Transfers Requiring Portable Oxygen
1. Inmates who are maintained on oxygen by way of nasal cannula may be transported to the emergency department and/or off-site appointments via facility security vehicle.
 2. A full oxygen cylinder must be secured to ensure it will not roll around or fall during transport. A tank holder or portable bag designed to hold an oxygen tank will be required.
 3. The oxygen tank cannot be placed in a floorboard or trunk of a vehicle.
 4. A RN will confirm the level of oxygen in the tank and administration setting prior to transport.
 5. The settings will not be changed by unlicensed staff.
 6. Any questions concerning inmate transportation methods must be discussed with the facility provider.
 7. Communication with the facility medical department is required for all inmates returning to the facility from off-site appointments.
 8. Inmates transported to the emergency department for any non-emergency needs will be transported by a facility security vehicle with continued use of oxygen.
 9. Any inmate in acute respiratory distress or with a worsening condition will be transported by ambulance to the emergency department.

REFERENCES

COV §32.1-59, Examination and treatment in certain institutions

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

Operating Procedure 720.1, *Access to Health Services*

Operating Procedure 720.6, *Dental Services*

Operating Procedure 720.7, *Emergency Medical Equipment and Care*

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

Medical Procedures Manual, *Inmate Health Care Plan*

DOC Chronic Care Guidelines



DOC Infirmary Manual

DOC Medical Guidelines

ATTACHMENTS

Attachment 1, *Utilization Management Request (Sample)*

Attachment 2, *Mobile Telehealth Device Information*

Attachment 3, *Overview: Telehealth Mobile Device, Storage, Access, and Use*

FORM CITATIONS

[Health Services Consent to Treatment; Refusal](#) 720_F3

[Preliminary Medical Screening](#) 720_F8

[Intra-system Transfer Medical Review \(DOC 726-B\)](#) 720_F9

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

[Medical Classification C&R 7](#) 720_F15

[Health Services Complaint and Treatment Form](#) 720_F17

[Hospital or DOC Infirmary Admission Permission](#) 720_F21

[Consent to Participate in a Telehealth Consultation](#) 720_F22

[Health Services Consultation Report](#) 720_F23

[Medical Transfer Comments](#) 720_F24

[Institutional Inpatient Admission Report](#) 720_F30

[Problem Sheet](#) 720_F32

[Telehealth Electronic Device Control Record](#) 720_F42

[Practitioners Receiving Intake Form - Female](#)

[Practitioners Receiving Intake Form - Male](#)

[Receiving Nursing Intake Form - Female](#)

[Receiving Nursing Intake Form - Male](#)

Exhibit 10



Virginia Department of Corrections

Offender Management and Programs

Operating Procedure 801.3

Managing Offenders with Disabilities

Authority:

Directive 801, *Facility Administration*

Effective Date: August 1, 2019

Amended: 9/1/21

Supersedes:

Operating Procedure 801.3, July 1, 2016

Access: ☒ Public ☐ Restricted

☒ Incarcerated Offender

ACA/PREA Standards:

5-ACI-2C-02, 5-ACI-2C-11, 5-ACI-2C-12,
5-ACI-2C-13, 5-ACI-3D-04, 5-ACI-5E-02,
5-ACI-5E-03, 5-ACI-6C-06, 5-ACI-7A-01,
5-ACI-7B-10, 5-ACI-7D-13; 4-4133, 4-4142,
4-4143, 4-4144, 4-4277, 4-4399, 4-4429, 4-4429-1,
4-4448, 4-4475, 4-4497; 4-ACRS-5A-19,
4-ACRS-6A-01-1, 4-ACRS-6A-04,
4-ACRS-6A-04-1, 4-ACRS-6A-04-2,
4-ACRS-6B-01; 2-CI-5A-1

Content Owner:	Rose Durbin PREA/ADA Supervisor	<i>Signature Copy on File</i>	6/14/19
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Reviewer:	Jermiah Fitz Jr. Corrections Operations Administrator	<i>Signature Copy on File</i>	6/17/19
		Signature	Date
Signatory:	A. David Robinson Chief of Corrections Operations	<i>Signature Copy on File</i>	7/1/19
		Signature	Date

REVIEW

The Content Owner will 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 September 2020 and determined that no changes are needed.

COMPLIANCE

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

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PURPOSE

This operating procedure provides guidelines for management of and provision of reasonable accommodations to offenders with disabilities housed in Department of Corrections (DOC) facilities. It describes levels of available services, methods by which assignments are made, and appropriate security measures for offenders with disabilities in accordance with the *Americans with Disabilities Act of 1990*, as Amended (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act* (COV §51.5-1 et seq.).

PROCEDURE

I. Training and Responsibility

- A. All staff, contract staff, interns, and volunteers who regularly interact with offenders will receive instruction related to the provisions of accommodations for offenders with disabilities and the requirements of this operating procedure.
- B. All staff and contract staff must complete the mandatory *Americans with Disabilities Act* (ADA) on-line training, annually. Upon completion of the training, a copy of the certificate must be printed and submitted to unit training staff or the immediate supervisor for units without training staff.
- C. Upon arrival and during formal orientation, all offenders, to include those offenders who are transferred immediately to the infirmary or restorative housing upon intake, will be informed of their right to non-discrimination on the basis of a disability and the process for requesting a reasonable accommodation as outlined in this operating procedure. (See Operating Procedure 810.1, *Offender Reception and Classification*, and Operating Procedure 810.2, *Transferred Offender Receiving and Orientation*.) (5-ACI-3D-04; 4-4277; 4-ACRS-6B-01)
 1. Each offender, upon arrival will be provided a copy of Attachment 1, *Notice of Rights for Offenders with Disabilities*, which includes the DOC ADA Coordinator's contact information.
 2. The facility *Orientation Manual, Packet*, and/or other written orientation materials must include the facility ADA Coordinator's name and contact information.
- D. Information on the nature and extent of an offender's disability and any reasonable accommodations related to the disability is considered protected health information. This information is confidential and will only be disclosed to staff as necessary to provide assistance to the offender or as authorized and/or permitted by the offender.
- E. ADA Coordinator
 1. Staff and offenders have access to the DOC ADA Coordinator and a facility ADA Coordinator. (5-ACI-5E-03; 4-4429-1; 4-ACRS-6A-01-1)
 - a. The DOC ADA Coordinator is an appropriately trained and qualified individual, educated in the problems and challenges faced by offenders with physical and/or mental impairments, programs designed to educate and assist offenders with disabilities, and all legal requirements for the protection of offenders with disabilities.
 - b. The facility ADA Coordinator is trained by the DOC ADA Coordinator in mandated legal requirements regarding disability accommodations.
 2. The DOC ADA Coordinator will serve as the authority on all issues related to offenders with disabilities, reasonable accommodations, and the application of this operating procedure.
 3. The facility ADA Coordinator will review all offender requests for a reasonable accommodation and, in consultation with appropriate staff, make a determination on the request and maintain documentation of the facility accommodation process to include approvals, denials, and appeals.
 - a. The following requirements will be considered when making a determination for an accommodation:
 - i. The disability, as recognized by the ADA, must be known to the DOC.
 - ii. The accommodation must not pose an undue hardship on the facility or to the safety and

security of the offender or any other person.

- b. The facility ADA Coordinator will maintain a current listing of all facility accommodations provided to offenders.
- c. The facility ADA Coordinator will make rounds twice per month to be available to offenders. These rounds should be documented in facility logbooks.

II. Offenders with Disabilities

- A. Offenders are essentially dependent on the physical conditions of and services provided by the facility.
- B. Facility staff must ensure that an individual with a disability will not be excluded from participation in, or be denied the benefits of, the services, programs, or activities of the facility, or be subjected to discrimination. (5-ACI-3D-04, 5-ACI-5E-02; 4-4277, 4-4429; 4-ACRS-6B-01)
- C. Reasonable accommodations must be made for offenders with disabilities, consistent with and as required by the *Americans with Disabilities Act of 1990, as Amended* (42 U.S.C. §12101 et seq.) and the *Virginians with Disabilities Act* (COV §51.5-1 et seq.)
- D. Such accommodations will allow for participation in services, programs, and activities that may include but not be limited to:
 - 1. Provision of medical and mental health care, medication, auxiliary aids and services, and protection from weather related injury
 - 2. Removal of barriers to physical plant access or transfer to a facility that meets the offender's needs
 - 3. Modification to procedure and/or facility practice, unless the facility can demonstrate that making the modification would fundamentally alter the nature of the service, program or activity
- E. Offenders with disabilities must be provided education, durable medical equipment, supplies and facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment. (5-ACI-2C-13; 4-4144; 4-ACRS-6A-04-2)
 - 1. Toilet access will be provided for offenders consistent with their medical needs as determined by a facility Medical Practitioner.
 - 2. Appropriately trained individuals should be assigned to assist offenders who cannot otherwise perform major life activities. (5-ACI-2C-12; 4-4143; 4-ACRS-6A-04-1) Offender helpers should be limited to providing assistance in such matters as ambulation and should not provide personal care such as bathing.
- F. Staff and contract staff are responsible to communicate information, announcements, procedures, and other directions to offenders with communication disabilities in a manner that will maximize the offender's ability to comprehend and understand the information.
 - 1. When a disability hinders an offender's ability to communicate, facility staff must ensure that the offender is provided with necessary accommodations to assist them during orientation, medical, psychological, educational testing and evaluation, and in explanation of facility rules and procedures.
 - 2. Offenders with communication disabilities must be made aware of all facility announcements and alerts such as work call, emergencies, school, meals, count, etc.
 - 3. Offenders with communication disabilities must be provided reasonable accommodations to ensure the offender and health care providers are able to communicate effectively during all scheduled appointments at the facility to include but not limited to review of medical history, medical appointments, follow-up appointments, and treatment sessions.
 - a. When offenders are transported for medical care, facility health care providers will inform the offsite health care provider as far in advance of the offsite appointment as possible that an offender with a communication disability, such as deafness, that requires a qualified interpreter or other auxiliary aids and services will be seeking medical care.
 - b. In the case of an emergency, a facility health care provider will inform offsite medical providers

that an offender with a communication disability such as deafness that requires an in-person qualified interpreter or other auxiliary aids and services is being transported to them on an urgent basis. Notification will include the estimated time of arrival.

- c. For all offenders transported for offsite health care, a facility health care provider will ensure that the offender's communication disability and the need for an accommodation is documented on the *Offender Gate Pass* and recorded in the offender's Health Record.
4. A conspicuous notice of any communications disabilities (i.e. hard of hearing, speech impairment, language translation, vision impairment) must be noted on the Health Record of any offender whose disability affects their ability to communicate and an appropriate advisory regarding this disability must be provided to facility staff and designated in VACORIS.

III. Determination of Disability and Reasonable Accommodations

- A. All offenders receive a medical and mental health screening by a qualified Health Care Provider or health trained staff in accordance with Operating Procedure 720.2, *Medical Screening, Classification, and Levels of Care*, and the *Nursing Guideline for Medical/Location Codes*.
 1. Offenders must be afforded the opportunity to disclose their present and prior disabilities and needs and request an accommodation(s) for their disability during their medical and mental health screening. The qualified Health Care Provider will:
 - a. Question the offender regarding any previous accommodation(s)
 - b. Discuss modified or additional accommodations as appropriate
 - c. Make appropriate notations in the offender's Health Record.
 2. When an offender arrives at a facility with an approved accommodation, medical equipment or an assistive device that presents any concerns, the Facility Unit Head, in consultation with the facility Medical Practitioner and ADA Coordinator, will make a decision regarding the removal of the item to minimize risk and provide alternate appropriate accommodations.
 3. The facility Health Care Practitioner may consult with the facility ADA Coordinator and DOC ADA Coordinator, as needed to determine if a requested accommodation is within the scope of the ADA.
- B. The facility Medical Practitioner, in consultation with qualified health care practitioners or specialists, and in conjunction with the affected offender, will diagnose any disability, not previously diagnosed.
 1. After the initial medical screening and a comprehensive health appraisal are completed and the findings evaluated, offenders will be medically classified and assigned a location code.
 2. The offender's medical classification code and location code should be reviewed during the intra-system transfer process, and any time a change of the offender's condition is identified to ensure it reflects the current medical status of the offender.
 3. The facility Medical Practitioner will assign a medical/disability code, which indicates if the offender has an impairment that qualifies as a disability (i.e. legally blind, deaf, mobility impaired). This determination is based on the *Americans with Disabilities Act of 1990, as Amended* (42 U.S.C. §12101 et seq.) and *The Virginians with Disabilities Act* (COV §51.5-1 et seq.).
 4. The Health Authority or designee will assign the medical location code, which indicates the offender's requirements for physical accommodations and access to health care services.
- C. After a disability is diagnosed, a qualified health care practitioner or specialist will determine the level of medical accommodation needed and provide appropriate medical treatment as is required by the offender's condition.
 1. The facility Health Care Practitioner (i.e. physician, optometrist, dentist, psychology associate) will make a determination on the specific accommodation provided and will determine the type of auxiliary aid and/or service to be provided, considering the request of the offender with a disability, but the offender's request, although not determinative, is given priority. This information will be recorded in the offender's Health Record.

2. If the medical equipment or assistive device required to address and accommodate an offender's disability poses an undue hardship to the facility or to the safety and security of the offender or any other person, the Facility Unit Head, in collaboration with the Health Care Practitioner, will make a decision regarding an alternate appropriate accommodation.
 - a. Under no circumstances will non-health care providers substitute their judgment for that of a health care provider where an accommodation needed to address a physical or mental disability has been prescribed.
 - b. If there are unclear issues about an accommodation, the DOC ADA Coordinator may discuss with facility staff whether the proposed accommodation poses an undue hardship to the facility or to the safety and security of the offender or any other person prior to a final decision regarding the requested accommodation.
 - c. The DOC ADA Coordinator will resolve the issue if the facility Health Care Practitioner and the Facility Unit Head cannot come to an agreement.
 - d. The DOC ADA Coordinator, as necessary, will provide written documentation to the Facility Unit Head and facility ADA Coordinator regarding the offender's protection under ADA and/or the accommodation to be provided.
- D. Physical therapy will be available on or off-site, as appropriate, and will be carried out, subject to the offender's consent, as prescribed by the facility Medical Practitioner.
- E. All offender requests for diagnosis of a disability, determinations about an offender having a disability, and whether the offender will receive medical accommodations for the disability must be recorded in the offender's Health Record.
- F. A copy of the decisions, including but not limited to diagnoses, regarding the disability determination, the reasons for denial or modification of the request, and reasonable accommodations will be provided to the offender.

IV. Offender Requests for Accommodation

- A. Offenders may request a reasonable accommodation for their disability by submitting a [Reasonable Accommodation Request](#) 801_F7 to the facility ADA Coordinator. Offenders who have difficulty in communicating, understanding, or writing a *Request* should contact their counselor for assistance.
- B. The facility ADA Coordinator will review the *Request* and, in consultation with appropriate staff, make a determination on the *Request*.
 1. *Reasonable Accommodation Requests* will be acted upon in writing within ten business days, or a shorter time if necessary, by either granting the request, denying it, requesting further investigation, or granting it with modification. A specific reason must be stated if the request is denied or modified.
 2. All *Accommodation Requests* with respect to medical care will be placed in the offender's Health Record with a copy forwarded to the offender and a copy maintained by the facility ADA Coordinator.
 3. *Accommodation Requests* not specifically involving medical care will be maintained by the institutional ADA Coordinator with a copy forwarded to the offender.
- C. If a facility Health Care Practitioner determines that a medically prescribed accommodation is warranted, facility health care providers will make provisions to provide for the medical accommodation.
 1. Medically prescribed accommodations must be reviewed to address any facility safety and security concerns.
 2. If facility health care providers have safety or security concerns regarding the medical accommodation, the facility ADA Coordinator or Facility Unit Head will be consulted.

3. If a medically prescribed accommodation poses an undue hardship on the facility or to the safety and security of the offender or any other person, the facility ADA Coordinator must notify a facility health care provider of the safety/security concerns so that the prescribed accommodation can appropriately modified.

D. In determining whether an offender's disability or accommodation poses an undue hardship to the health or safety of themselves or others, the facility ADA Coordinator must make an individualized assessment based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence to ascertain:

1. Nature, duration, and severity of the risk
2. Probability that the potential injury will actually occur
3. Whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids and services will mitigate the risk

E. Any offender who believes, they were discriminated against because of their disability, or decides to appeal their *Accommodation Requests* may do so in accordance with Operating Procedure 866.1, *Offender Grievance Procedure*. Grievances of this type must be initially reviewed by the facility ADA Coordinator, who should consult with the Facility Unit Head and, ultimately, the DOC ADA Coordinator.

V. Housing for Offenders with Disabilities

A. Facility staff will use information from the offender's *Classification Assessment* and the *Cell Compatibility Assessment* to determine appropriate housing and bed assignments for offenders with disabilities in accordance with Operating Procedure 425.4, *Management of Bed and Cell Assignments* (Restricted). When necessary, single occupancy cells should be made available for offenders with severe medical disabilities. (5-ACI-2C-02; 4-4133)

B. Offenders with disabilities will be housed in a manner that provides for their safety and security. Housing used by offenders with disabilities, is designed for their use and provides for integration with other offenders. Programs and services will be made accessible to offenders with disabilities who reside in the facility. (5-ACI-2C-11; 4-4142; 4-ACRS-6A-04)

1. To the extent feasible, offenders with disabilities should be placed in general population settings. Offenders with disabilities requiring special health care and services will be placed in settings that provide health services appropriate to the offender's health needs.
2. Offenders with disabilities should be housed in the most integrated setting appropriate to the needs of the individuals, unless it is deemed necessary to make an exception.
 - a. Offenders who require handicap accessible cells or beds will not be placed in inappropriate security classifications due to their disability.
 - b. Offenders with disabilities will only be placed in designated medical areas when necessary to provide medical care or treatment.
 - c. Offenders with disabilities will not be placed in facilities that do not offer the same programs as the facilities where they would otherwise be housed.
 - d. Offenders with disabilities will not be deprived of visitation with family members by placing them in distant facilities where they would not otherwise be housed; this does not preclude gathering groups of offenders with similar special needs (i.e. dialysis, geriatric, deaf and hard of hearing) into one or more locations where special resources can be provided to meet those needs.

C. Offenders Housed in the Infirmary

1. Offenders admitted to the infirmary may have access to one or more programs and services i.e., education, work, religious services, library access, and commissary, temporarily suspended as deemed appropriate by the facility Medical Practitioner based on the offender's medical condition and level of medical care needed.

2. Offenders assigned to the infirmary for long-term care will be periodically evaluated by the facility Medical Practitioner who will determine the appropriate level of access to programs and services.
3. Determinations regarding an offender's access to programming and services will be by medical order and documented in the offender's Health Record.

VI. Durable Medical Equipment, Disability Aids, and Prostheses

- A. Durable medical equipment in appropriate working order, supplies, disability aids, and prostheses will be ordered and provided for offender use by the facility Medical Practitioner as necessary to prevent an offender from being excluded from participation in, or denied the benefits of, the services, programs, or activities of the institution, or from being subjected to discrimination by the institution.
- B. Operating Procedure 750.3, *Prostheses*, provides that a prosthesis or orthotic should be made available to an offender if failure to do so will exclude the offender from participation in or deny the offender the benefits of the services, programs or activities of the facility or cause the offender to be subjected to discrimination.
 1. Prostheses or orthotics will be made available only by order of a DOC Health Care Practitioner.
 2. The DOC will determine the style, type, and manufacturer of the device based on the offender's needs and relevant security considerations.
 3. Operating Procedure 720.6, *Dental Services*, provides that a dental prosthesis, subject to co-payment, should be provided for an offender if failure to do so will result in deterioration of the offender's health while incarcerated; all dental prostheses should be ordered by the facility dentist.
- C. Prosthetic (including dental) and orthotic devices, subject to co-payment in accordance with Operating Procedure 720.4, *Co-Payment for Health Care Services*, are provided for an offender if failure to do so will result in deterioration of the offender's health while incarcerated.
 1. In order to assure continuity of care, the process of ordering a device must allow enough time for completion prior to release from incarceration.
 2. If there is not enough time until release, the process of ordering the device will be done in a location convenient to the offender in their post-release community.
- D. Resources will be made available to help offenders with mobility impairments that are being discharged to have access to mobility equipment after their release.

VII. Offender Services

- A. Accommodations will be provided to access and fully participate in the programs and services if needed. Information will be communicated to the offender in a manner that will maximize the offender's ability to comprehend and understand the information; including interpreters for deaf offenders and other means as appropriate.
- B. Each facility will make provisions to meet the educational and vocational needs of offenders who require special placement because of physical or mental disabilities. (5-ACI-7B-10; 4-4475)
 1. Offenders will be evaluated for participation in educational programs, on a case-by-case basis, in accordance with Operating Procedure 601.4, *Educational Testing*. Eligibility to participate depends on:
 - a. Offender's ability to perform the curriculum requirements with or without reasonable accommodation
 - b. Satisfaction of procedural requirements for participation in the program
 2. Offenders may request a reasonable accommodation for educational testing and instruction as provided in Operating Procedure 601.4, *Educational Testing*.
 3. Operating Procedure 601.5, *Academic Programs*, and Operating Procedure 601.6, *Career and Technical Education Programs*, provides for reasonable accommodations to be made to ensure that

the testing procedure is not discriminatory to offenders with disabilities based on the disability. Reasonable accommodation includes extended time to complete the test, reading aides, interpreters, and/or tape recorded questions.

- C. Operating Procedure 803.3, *Offender Telephone Service*, provides specific guidance to all offenders for access and use of the telephones. Telephones at wheelchair height and, where needed, special equipment suitable for use by the hearing impaired, including videophones, are provided. (5-ACI-7D-13; 4-4497; 4-ACRS-5A-19)
 - 1. Offenders with hearing and/or speech disabilities, and offenders who wish to communicate with parties who have such disabilities, are afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment.
 - 2. Public telephones with volume control are also made available to offenders with a hearing impairment.
- D. Offenders with disabilities will be provided the same access to recreation as other offenders in the same housing status as provided in Operating Procedure 841.6, *Recreation Programs*, and Operating Procedure 841.4, *Restorative Housing Units*.
 - 1. Such opportunities for recreation will include, but are not limited to, provision of reasonable accommodations so that disabled offenders may participate in recreational programs to the greatest extent possible.
 - 2. In addition, disabled offenders may seek and be granted accommodations in scheduling such that they may experience and participate in recreation in a safe environment.
- E. Offenders with disabilities will be provided the same access to visitation as other offenders in the same housing status as provided in Operating Procedure 851.1, *Visiting Privileges*, and Operating Procedure 841.4, *Restorative Housing Units*. Reasonable accommodations will be provided for offenders with disabilities to allow for effective communication with their visitor. The institution will provide auxiliary aids and devices as necessary to allow disabled offenders to communicate effectively with their visitor.
- F. Offenders with disabilities will be reviewed and approved for job assignments in accordance with Operating Procedure 841.2, *Offender Work Programs*. (5-ACI-7A-01; 4-4448; 2-CI-5A-1)
 - 1. Offenders with disabilities, subject to reasonable accommodations with respect to their disability, must meet the requirements and be able to perform the specific job duties and responsibilities provided on the *Offender Work Program Position Description*. Discrimination based on the offender's disability is prohibited. (5-ACI-3D-04; 4-4277; 4-ACRS-6B-01)
 - 2. Offenders with a disability will be offered accommodations, in order to meet the requirements of the position and to be able to perform the specific job duties and responsibilities, to be considered for the job assignment.
 - 3. Under no circumstance, will offenders be placed in a job assignment that jeopardizes their safety or security or the safety and security of others.

VIII. Special Considerations

- A. The Facility Unit Head or a designee in addition to the facility ADA Coordinator will consult with the facility Medical Practitioner or designee prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas: (5-ACI-6C-06; 4-4399)
 - 1. Housing assignments
 - 2. Program assignment
 - 3. Disciplinary measures
 - 4. Transfer to other facilities

5. When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.
- B. Operating Procedure 802.1, *Offender Property*, governs the purchase and possession of offender property items. Offenders with disabilities will be considered on a case-by-case basis for a reasonable accommodation for special property items that are consistent with the disability being addressed.
- C. Offenders with disabilities are subject to Operating Procedure 861.1, *Offender Discipline, Institutions*. Staff should take into account that an offender's disability may affect their understanding of institutional procedure; efforts should be made to communicate with the offender in a manner that will maximize the offender's ability to comprehend and understand the information.
- D. Operating Procedure 410.2, *Count Procedures (Restricted)*, will be followed in order to determine the total number of and location of offenders at all times. Offenders who have a disability, which interferes with their ability to follow normal count procedures, will be reasonably accommodated to provide for the effective performance of count.
- E. Operating procedure 411.1, *Offender Transportation (Restricted)*, provides the requirements for the secure transportation of institutional offenders; and these requirements will apply when transporting offenders with disabilities.
 1. Any offender who has a mobility impairment that makes it difficult to enter the secure transport must have use of the lift.
 2. Transport of offenders in wheelchairs:
 - a. Any offender confined to a wheelchair will be transported by a lift-equipped vehicle with the wheelchair properly secured in the vehicle.
 - b. For the convenience and safety of staff and offenders, offenders with limited mobility may be transported in a wheelchair by a lift-equipped vehicle with the wheelchair properly secured in the vehicle.
 - c. Correctional Officers will not lift offenders (either with their wheelchairs or without their wheelchairs).
 - d. Ambulatory offenders may be transported in the same vehicle with offenders in a wheelchair provided seats and safety restraints are available for each offender and the wheelchair is properly secured in the vehicle.
- F. Restraining Offenders with Disabilities
 1. Before restraining an offender who may have a medically documented disability, security staff should consult with a Medical Practitioner (or designee) to determine any restrictions on applying restraints.
 2. Unless there is a medically documented restriction regarding the use of restraints, restraints should be applied to offenders with disabilities taking into account any illness or disability that adversely affects an offender's stability, balance, and/ or coordination in accordance with Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior (Restricted)*, in the same manner as any other offender.
 3. Restraints should be applied to deaf offenders with handcuffs in front to allow some communication unless there is a significant security issue.
 4. Force multipliers (chemical agents, impact weapons, canines, etc.) may be used on offenders with disabilities if necessary to protect the staff, visitors, and other offenders or to control disruptive behavior. When offender notification is required for the use of a force multiplier, offenders with communication disabilities must be notified in a manner that the offender can observe and understand.
 5. Offenders with disabilities will be restrained as authorized in Operating Procedure 420.2, *Use of Restraints and Management of Offender Behavior (Restricted)*.

G. Use of Force

1. Force may be used on offenders with disabilities in instances of justifiable self-defense, protection of others, protection of property, prevention of escapes, or to maintain or regain control as provided in Operating Procedure 420.1, *Use of Force* (Restricted).
2. When such use must be preceded by the provision of an appropriate warning, this warning must be communicated by means that offenders with communication disabilities can observe and understand.

DEFINITIONS OF TERMS USED IN THIS OPERATING PROCEDURE

ADA Coordinator - A Department of Corrections employee assigned to coordinate the Department's efforts to comply with and carry out its responsibilities under the provisions of Title II of the *Americans with Disabilities Act* to include the review of complaints alleging non-compliance with requirements of non-discrimination for offenders with disabilities and coordination of DOC's efforts to comply.

Auxiliary Aids and Services - Assistance provided through services, equipment, or modifications to provide equal access for disabled or impaired individuals to activities, programs, and privileges, these aids and services may include, but are not limited to:

- Qualified interpreters or other effective methods of making aurally delivered materials available to individuals with hearing impairments
- Qualified readers, taped texts, audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals who are blind or have visual impairments
- Functional devices to increase mobility including but not limited to walkers, canes, crutches, and manual or powered wheelchairs for individuals with mobility impairments
- Acquisition or modification of equipment or devices and other similar services and actions

Communication Disability - Any impairment related to speech, language, and/or auditory processing; it includes hearing impairments, visual impairments, and cognitive impairments evidenced by an inability to speak, read, and/or understand written or oral communications of information provided at the facility.

Co-payment - The amount paid by the offender for health care service, treatment, prosthesis, or orthotic

Health Care Practitioner - A clinician trained to diagnose and treat patients, such as physician, psychiatrist, dentist, optometrist, nurse practitioner, physician assistant, and psychologist

Health Care Provider - An individual whose primary duty is to provide health services in keeping with their respective levels of licensure, health care training, or experience

Major Life Activities - Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, toileting, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working

Medical Practitioner - A physician, nurse practitioner or physician's assistant

Mobility Impairments - Inability to move about without the aid of a cane, splint, crutches, wheelchair, walker, or any other form of support or because of limited functional ability to ambulate, climb, descend, sit, rise, or perform any related function

Offender with a Disability - Any offender who has a physical or mental impairment that substantially limits one or more of their major life activities, has a record of such impairment, or is perceived as having such impairment

Physical or Mental Impairment - Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organ, respiratory (including speech organs), cardiovascular, reproductive, immune, digestive, genitourinary, hemic or lymphatic, skin and endocrine; or any mental or psychological disorder, such as mental retardation (Developmental Disorder), organic brain syndrome, emotional or mental illness, and specific learning disabilities. The phrase "physical or mental impairment" includes, but is not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental

retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

Prosthesis or Orthotic - An artificial device to replace a missing body part or to compensate for a defective body function, including, but not limited to:

- Artificial limbs
- Eyeglasses
- Contact lenses
- Dentures
- Hearing aids
- Orthopedic shoes
- Crutches, wheelchair, braces, support bandages, girdles, etc.

Qualified Individual with a Disability - An individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by the facility.

Reasonable Accommodation - A modification, action, or adjustment that will assist an offender with a disability in the performance of essential functions or that is necessary to prevent an offender with a disability from being excluded from participation in or being denied the benefits of the services, programs and/or activities of the facility or subjected to discrimination by the facility without causing an undue hardship to the facility or to the safety and security of the offender, or any other person

TDD Devices, Videophones, Video Relay Services - Devices and services that assist hearing impaired offenders to communicate through the Offender Telephone Service

Undue Hardship - An accommodation that would be unduly costly, extensive, substantial, or disruptive; undue hardship refers not only to financial difficulty, but to accommodations that would fundamentally alter the nature or operation of the business or work performed by or at the facility or creates a direct threat to the health and safety or others. Undue hardship is an extremely high legal standard to establish for a state agency.

REFERENCES

COV §51.5-1 et seq., *The Virginians with Disabilities Act*

42 U.S.C. §12101 et seq., *Americans with Disabilities Act of 1990*

Nursing Guideline for Medical & Location Codes

Operating Procedure 410.2, *Count Procedures* (Restricted)

Operating procedure 411.1, *Offender Transportation* (Restricted)

Operating Procedure 420.1, *Use of Force* (Restricted)

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 601.4, *Educational Testing*

Operating Procedure 601.5, *Academic Programs*

Operating Procedure 601.6, *Career and Technical Education Programs*

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

Operating Procedure 720.4, *Co-Payment for Health Care Services*

Operating Procedure 720.6, *Dental Services*

Operating Procedure 750.3, *Prostheses*

Operating Procedure 802.1, *Offender Property*

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 841.2, *Offender Work Programs*

Operating Procedure 841.4, *Restorative Housing Units*

Operating Procedure 841.6, *Recreation Programs*

Operating Procedure 851.1, *Visiting Privileges*

Operating Procedure 861.1, *Offender Discipline, Institutions*

Operating Procedure 866.1, *Offender Grievance Procedure*

ATTACHMENTS

Attachment 1, *Notice of Rights for Offenders with Disabilities*

FORM CITATIONS

[Reasonable Accommodation Request](#) 801_F7