***Standards Committee Meeting Minutes***

***Renaissance Orlando Airport - Normandy A/B Room***

***Orlando, Florida***

***May 12-14, 2016***

**Members Present**

Livingston, Brad, Chair, Texas

Kelley, Wendy, Vice Chair, Arkansas

Aufderheide, Dean, Florida

Bradley, Michael, Florida

Diggins, Elias, Colorado

Green, Robert, Maryland

Harrington, Kelly, California

Hebert, Jerry, Louisiana

LeBlanc, James, Louisiana

Lindamood, Cherry, Tennessee

Mohr, Gary, Ohio

Mora, Steve, District of Columbia

Perry, Gloria, Mississippi

Raemisch, Rick, Colorado

Riggin, Viola, Kansas

Robbins, Kim, Maine

Robinette, Michelle, Oklahoma

Schofield, Derrick, Tennessee

Toney, Ellyn, Louisiana

Wetzel, John, Pennsylvania

**Members Absent**

None

**Staff**

James A. Gondles, Jr, Executive Director

Jeffrey Washington, Deputy Executive Director

Dr. Elizabeth Gondles, Healthcare Advisor to the ACA President

Doreen Efeti, Health Services Specialist

Bridget Bayliss-Curren, Director of Standards and Accreditation

Robert Brooks, Accreditation Specialist

Aquilah Munir, Standard Associate

**Opening Remarks**

Brad Livingston, chairperson of the committee, welcomed the committee members and guests. Mr. Livingston talked about the significance of ACA standards, accreditation, and the importance of the committee. Mr. Livingston discussed the meeting agenda. Mr. Livingston recognized the countless hours of work the subcommittee has put into the Restrictive Housing standards. He discussed that there will be a vote on the standards in Boston.

ACA Executive Director James A. Gondles welcomed the committee members and ACA staff. Mr. Gondles addressed the role of the committee and announced the agenda for the meeting. Mr. Gondles encouraged committee members to voice any concerns or questions about the standards.

Bridget Bayliss-Curren, Director of Standards and Accreditation Department gave opening and welcoming remarks. Mrs. Bayliss-Curren discussed the meeting schedule.

Mr. Richard Stalder suggested the approach of creating a separate, new chapter for Restrictive Housing standards. This would not disrupt the current standards, and would avoid any unintended consequences. Committee members discussed this approach at length. Bridget Bayliss-Curren also recommended that the word ‘segregation’ be removed from the current standards and be replaced with ‘Special Management.”

Dr. Elizabeth Gondles emphasized the importance of defining Restrictive Housing. The definition is very important and will have an impact on many standards.

Mr. Livingston reached consensus with the committee members, and announced that they would be moving forward with the approach of creating a new chapter for Restrictive Housing Standards, and modifying the existing standards. Mr. Livingston thanked Mr. Richard Stalder, for suggesting this approach.

The Committee then moved to discuss the business at hand.

**Proposals for Restrictive Housing**

**ACA File Number Proposed Expected Practice**

**Restrictive Housing Committee-001 Definitions Addition**

It was concluded that **Disciplinary Detention, Protective Custody** and **Administrative Status**applies to Special Management housing, and is not relevant to Restrictive Housing.

The committee proceeded to discuss the remaining proposed definitions.

**Alternative Meal Service**

* There was discussion to include the word ‘palatable’ in the definition, however it was agreed to leave the definition as is, and proceed to the other definitions.

**Extended Restrictive Housing**

* The committee revised the definition as follows:

**Extended Restrictive Housing—** Housing that separates the offender from contact with general population while restricting an offender/inmate to his/her cell for at least 22 hours per day and for more than 30 days or longer for the safe and secure operation of the facility.

**Extended Restrictive Housing with Behavioral Health Treatment**

* The need to include medical in the definition, was discussed. The committee revised the definition as follows:

**Extended Restrictive Housing with Medical and Behavioral Health Treatment—**Offenders who are placed in long term Restrictive Housing to his or her cell for at least 22 hours per day and for more than 30 days or longer that are in need of Behavioral health treatment and services.

**Multidisciplinary Services Team**

* There were no changes to this proposed definition.

**ACA File Number Proposed Expected Practice**

**Restrictive Housing Committee-001 Definitions**

**Multidisciplinary Treatment Team**

* The following, recommended changes were made to the definition:

**Multidisciplinary treatment team—** provides an integrated team approach to inmate care and treatment. The members meet together to develop and provide necessary health and behavioral health care services and individualized treatment for inmates with particular emphasis on addressing needs during confinement in restrictive housing and step-down programs.

* + The team may include psychologists, psychiatric practitioners, licensed social workers, licensed mental health counselors, registered nurses, activity therapists, and correctional staffs.

**Restrictive Housing**

* The committee reached consensus on the following definition:

**Restrictive Housing**— a placement that requires an inmate to be confined to a cell at least 22 hours per day for the safe and secure operation of the facility.

**Serious Mental Illness**

* Dean Aufderheide suggested revisions to the definition. The committee reached consensus on the following definition:

**Serious Mental Illness—** Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use 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 and requires an individualized treatment plan by a qualified mental health professional(s).

**Psychological** - *as relating to the mental and emotional state of an individual*

**Cognitive** - *as relating to cognitive or intellectual abilities*

**Behavioral** – *as relating to actions or reactions in response to external or internal stimuli that is observable and measurable*

**ACA File Number Proposed Expected Practice**

**Restrictive Housing Committee-001 Definitions**

**Step Down Program**

* The committee discussed the need to reflect back on the definition of the Multidisciplinary Services Team in relation to this definition.
* There were no changes made to the definition.

**Restrictive Housing Committee-002 ACI 4-RH-0001 (Ref: 4-4140)**

* The committee discussed adding the phrase “that ensures confidentiality” to the end of the standard but reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-003 ACI 4-RH-0002 (Ref: 4-4141)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-004 ACI 4-RH-0003 (Ref: 4-4155)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-005 ACI 4-RH-0004 (Ref: 4-4249)**

* Recommended changes were made to the proposed expected practice. The proposed expected practice now reads:

**Proposal:** When restrictive housing units exist, written policy and procedure govern their operation .

**Comment:** None.

**Protocols:** Written policy and procedure, Post Orders, unit log book(s).

**Process Indicators:** Physical/electronic case notes, inmate files, logs for Multi-disciplinary treatment team, Mental Health & Medical visits. Inmate records and restrictive housing log.

**Restrictive Housing Committee-006 ACI 4- RH-0005**

* The committee reached consensus to delete this proposal, because it applies to the Special Management section.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-007 ACI 4- RH-0006 (Ref: 4-4250)**

* Further discussion is needed on this proposal. The points to focus on are the “higher authority” and “within 24 hours.”

**Restrictive Housing Committee-008 ACI 4- RH-0007 (Ref: 4-4251)**

* The committee reached consensus to delete this proposal, because it applies to the Special Management section.

**Restrictive Housing Committee-009 ACI 4- RH-0008 (Ref: 4-4252)**

* Mr. Gondles recommended changes to the proposal. The proposed expected practice now reads:

**Proposal:** Written policy, procedure, and practice provide any time served in pre hearing detention is to be credited to the determinant restrictive housing sanction.

**Comment:** None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Inmate files, conduct reports on rule violations, dispositional records of disciplinary committee or hearing examiner. Disciplinary action, Disciplinary records.

**Restrictive Housing Committee-010 ACI 4- RH-0009 (Ref: 4-4253)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-011 ACI 4- RH-0010 (Ref: 4-4254)**

* Mr. Gondles and Mr. Livingston suggested adding a proposed expected practice on how inmates are to be placed in Restrictive Housing.
* The proposed expected practice now reads:

**Proposal:** Written policy, procedure, and practice specify the review process used to release an inmate from restrictive housing.

**Comment:** An inmate should be released by action of the appropriate authority.

**Protocols:** Written policy and procedure.

**Process Indicators:** Release documentation, indication step-down option if applicable. Inmate unit record showing housed more than 30 days.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-012 ACI 4- RH-0011 (Ref: 4-4256)**

* Mr. Livingston requested Marina Cadreche, Psy. D., Dr. Linthicum, Dr. Gondles,

Dr. Aufderheide, and Inez Tann, R.N. to review this expected practice and return to the Committee with a recommendation the following day.

* The newly proposed expected practice reads:

**Proposal:** Written policy, procedure, and practice provide that a mental health practitioner/provider completes a mental health appraisal and prepares a written report on all inmates placed in restrictive housing within 7 days of placement. If confinement continues beyond 30 days, a behavioral health assessment by a mental health practitioner/provider is completed at least every 30 days for offenders with a diagnosed behavioral health disorder and more frequently if clinically indicated. For offenders without a behavioral health disorder, an assessment is completed every 90 days and more frequently if clinically indicated. The evaluation will be conducted in a confidential area.

*The mental health appraisal form should include at a minimum, but is not limited to:*

*Inquiry into:*

*• whether the offender has a present suicide ideation*

*• whether the offender has a history of suicidal behavior*

*• whether the offender is presently prescribed psychotropic medication*

*• whether the offender has a current mental health complaint*

*• whether the offender is being treated for mental health problems*

*• whether the offender has a history of inpatient and outpatient psychiatric treatment*

*• whether the offender has a history of treatment for substance abuse*

*Observation of:*

*• general appearance and behavior*

*• evidence of abuse and/or trauma*

*• current symptoms of psychosis, depression, anxiety, and/or aggression*

*Disposition of offender:*

*• no mental health referral*

*• referral to mental health care service*

*• referral to appropriate mental health care service for emergency treatment*

**Comment:** Inmates whose movements are restricted in restrictive housing units may develop symptoms of acute anxiety or other mental problems; regular psychological assessment is necessary to ensure the behavioral health of any inmate confined in such a unit beyond 30 days.

**Protocols:** Policy and procedures; standardized (behavioral health) reporting form

**Process Indicators:** Established and complete standardized behavioral health form (restrictive housing mental health (RHMH) evaluation form - complete and current for the required period). Inmate health records, unit logs, behavioral health review documentation within 7 days, and behavioral health review documentation after 30 days. Observation and interviews

**Restrictive Housing Committee-013 ACI 4- RH-0012 (Ref: 4-4257)**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Written policy, procedure, and practice require that all restrictive housing inmates are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior or self-harm receive more frequent observation; suicidal inmates are under continuous observation. A qualified mental health professional will determine the Identification type of observation (minimal to constant) is determined and documented on a log by a qualified mental health professional during regular hours or medical staff after hours

**Comment:** An inmate “companion” program for use in the observation process is acceptable provided that the inmate “companion” is trained and monitored and is not a replacement for observation by staff.

**Protocols:** Written policy and procedure and post orders.

**Process Indicators:** Staff plans/logs. Review sheets; observation forms. Unit record/log documenting cell checks.

**Restrictive Housing Committee-014 ACI 4- RH-0013 (Ref: 4-4258)**

* The committee reached consensus to leave the proposed expected practice as is.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-015 ACI 4- RH-0014 (Ref: 4-4259)**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Written policy and procedure govern the selection criteria, specialized training, supervision, and rotation of staff who work directly with inmates in restrictive housing on a regular and daily basis.

**Comment:** Specialized training should include but not limited to Crisis Intervention Training and Correctional Behavioral Health Certification.

**Protocols:** Policy and Procedure.

**Process Indicators:** Staff Roster and training records of staff assigned to the unit.

**Restrictive Housing Committee-016 ACI 4- RH-0015 (Ref: 4-4260)**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Written policy, procedure, and practice provide that staff operating restrictive housing units maintain a permanent log and logs are reviewed monthly by the warden and health authority or designee.

**Comment:** The log should contain the following information for each inmate admitted to restrictive housing: name, number, housing location, date admitted, type of infraction or reason for admission, tentative release date, and special medical or behavioral health problems or needs. The log also should be used to record all visits by officials who inspect the units or counsel the inmates, all unusual inmate behavior, and all releases.

**Protocols:** Written policy and procedure.

**Process Indicators:** Logs reviewed by Warden or Health authority or designee.

**Restrictive Housing Committee-017 ACI 4- RH-0016 (Ref: 4-4261)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-018 ACI 4- RH-0017**

* The committee reached consensus to leave the proposed expected practice as is.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-019 ACI 4- RH-0018 (Ref: 4-4262)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-020 ACI 4- RH-0019 (Ref: 4-4263)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-021 ACI 4- RH-0020 (Ref: 4-4264)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-022 ACI 4- RH-0021 (Ref: 4-4265)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-023 ACI 4- RH-0022 (Ref: 4-4266)**

* The committee agreed to revise the process indicators. The proposed expected practice now reads:

**Proposal:** Written policy, procedure, and practice provide that inmates in restrictive housing can write and receive letters on the same basis as inmates in the general population.

**Comment:** Letters should be delivered promptly. Any item rejected consistent with policy and procedure should be returned to sender, and the inmate should be advised of the reason for rejection.

**Protocols:** Written policies and procedures.

**Process Indicators:** Documents maintained for any instance of exceptions.

**Restrictive Housing Committee-024 ACI 4- RH-0023 (Ref: 4-4267)**

The committee reached consensus to delete this proposal.

**Restrictive Housing Committee-025 ACI 4- RH-0024 (Ref: 4-4268)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-026 ACI 4- RH-0025 (Ref: 4-4269)**

* The committee reached consensus to leave the proposed expected practice as is.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-027 ACI 4- RH-0026 (Ref: 4-4270)**

* This proposal requires further review, regarding the number of days. May want to change it to 7 days per week from 5 days per week.

**Restrictive Housing Committee-028 ACI 4- RH-0027 (Ref: 4-4271)**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Written policy, procedure, and practice provide that inmates in restrictive housing are allowed at minimum telephone privileges to access the judicial process and family emergencies as determined by the facility administrator or designee unless security or safety considerations dictate otherwise.

**Comment:** None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Phone log. Documentation of denial.

**Restrictive Housing Committee-029 ACI 4- RH-0028 (Ref: 4-4273)**

* It was recommended that the proposed comment be revised. It was also recommended that the process indicators be revised, to include social services requirements. The proposed expected practice now reads:

**Proposal:** Written policy, procedure, and practice provide that inmates in extended restrictive housing have access to programs and services that include, but are not limited to the following: educational services, commissary services, library services, social services, behavioral health and treatment services, religious guidance, and recreational programs.

**Comment:** Although services and programs cannot be identical to those provided to the general population, there should be no major differences for reasons other than danger to life, health, or safety.

**Protocols:** Written policy and procedure.

**Process Indicators:** Program listings with descriptions; Program and Extended Restrictive

Housing Rosters ; Sign in Logs; Unit logs; Commissary receipts.

**Restrictive Housing Committee-030 ACI 4- RH-0029 (Ref: 4-4288)**

* The committee reached consensus to leave the proposed expected practice as is.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-031 ACI 4- RH-0030 (Ref: 4-4400)**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** When an offender is transferred to restrictive housing, health care personnel will be informed immediately and will provide a screening and review as indicated by the protocols established by the health authority.

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

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

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

**Comment:** The assessment and treatment may require diversion from restrictive housing by a health care professional. Health care personnel’ and mental health staff’ visits are intended to be screening rounds and are not meant to be clinical encounters. Those offenders who request sick call are evaluated by health care personnel who determine the appropriate setting for further attention and examination. Health care practitioners/providers may request that an offender be removed from a cell or housing area for medical attention or examination. All sick call encounters are documented in the offender’s health record.

**Protocols:** Policies and procedures, unit logs, sign in and sign out sheets, cell check logs.

**Process Indicators:** Logs, observation, and healthcare staff schedule.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-032 ACI 4- RH-0031**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-033 ACI 4- RH-0032**

* The committee discussed the consequences of placing someone with serious mental illness in Restrictive Housing.
* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** The agency shall not place a person with serious mental illness in extended restrictive housing.

**Comment**: None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Initial placement assessment form by a qualified mental health professional and review by the mental health authority. Logs and medical records.

**Restrictive Housing Committee-034 ACI 4- RH-0033**

* After some discussion regarding making this standards not applicable to Death Row inmates, and the purpose of step down programs and evaluation frequency, the committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Written policy, procedure, and practice require that step down programs are offered to extended restrictive housing inmates to facilitate the reintegration of the inmate into general population or the community. These programs shall include, at a minimum, the following:

* Pre-screening evaluation
* Monthly evaluations using a multidisciplinary approach to determine the inmate’s compliance with program requirements
* Subject to monthly evaluations;
  + Gradually increasing out-of-cell time
  + Gradually increasing group interaction
  + Gradually increasing education and programming opportunities
  + Gradually increasing privileges
* A step-down transition compliance review
* Post Screening Evaluation

*\*See definition for multidisciplinary services team and multidisciplinary treatment teams*

*\*\*Definition of Step-Down Program:* A program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community. Individualized programs involve a coordinated, multidisciplinary team approach that includes mental health, case management, and security practitioners. Medical personnel will be part of the multidisciplinary team when inmates who have chronic care or other significant medical accommodation needs participate in this program.

**Comment**: None.

**Protocols:** Writtenpolicy and procedure, individualized treatment plan, step-down compliance review form.

**Process Indicators:** Pre-screening evaluation, multidisciplinary classification/case notes**,** completed step-down compliance review forms. Logs and completed monthly evaluations.

**Restrictive Housing Committee-035 ACI 4- RH-0034**

* The committee reached consensus to delete this proposal as it is a duplication of #0033.

**Restrictive Housing Committee-036 ACI 4- RH-0035**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Female inmates determined to be pregnant shall not be housed in Extended Restrictive Housing.

**Comment**: None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Interviews with inmates/staff, logs, observation.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-037 ACI 4- RH-0036**

The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Confinement of offenders under the age of 18 years of age in extended Restrictive Housing is prohibited.

**Comment:** None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Interviews with inmates/staff, observation and housing assignments.

**Restrictive Housing Committee-038 ACI 4- RH-0037**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** An inmate shall not be placed in Restrictive Housing on the basis of Gender Identity alone.

**Comment:** None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Interviews with inmates/staff, Observation and housing assignments.

**ADULT LOCAL DETENTION FACILITY EXPECTED PRACTICES**

**Restrictive Housing Committee-039 ALDF-RH-001(Ref: 4-ALDF-2A-27)**

* The committee reached consensus to delete the proposed addition, and revise the current expected practice (4-ALDF-2A-47).

**Restrictive Housing Committee-040 ALDF-RH-002(Ref: 4-ALDF-2A-44)**

* Further Review of this proposal is needed.

**Restrictive Housing Committee-041 ALDF-RH-003(Ref: 4-ALDF-2A-45)**

* Further review is needed. Tony Wilkes, Dr. Gondles, and Inez Tann were asked to further review the proposed expected practice and return to The Committee with a new proposal the following day.
* Based on the recommendation of above, the proposal was revised and consensus was reached knowing that the ACA Mental Health Committee are examining the wording of some of the definitions which pertain to the standard. (i.e. healthcare personnel, health authority and health care provider) The proposed expected practice now reads:

**Proposal: (MANDATORY):** When an inmate is transferred to restrictive housing, health care personnel are informed immediately and provide screening and review of medical and mental health risks factors as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each inmate in restrictive housing receives a daily visit from a qualified health care provider. The presence of a health care provider in restrictive housing is announced and recorded. The health authority determines the frequency of physician visits to restrictive housing units.

**Comment**: Health care provider’s visits are intended to be screening rounds and are not meant to be clinical encounters. The visit ensures that inmates have access to the health care system. The health care provider determines the appropriate setting for further medical attention or examination and may request an inmate’s removal from a cell or housing area to a clinical environment.

**Protocols:** Written policy and procedure

**Process Indicators:** Health records. Restrictive Housing logs. Duty assignment roster for health care providers. Observation. Interviews.

**Restrictive Housing Committee-042 ALDF-RH-004(Ref: 4-ALDF-2A-48)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-043 ALDF-RH-005(Ref: 4-ALDF-2A-49)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-044 ALDF-RH-006(Ref: 4-ALDF-2A-51)**

* **­­** The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-045 ALDF-RH-007(Ref: 4-ALDF-2A-52)**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal: (Revised 2015):** Written policy, procedure, and practice require that all restrictive housing inmates are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Inmates who are violent or mentally disordered or who demonstrate unusual or bizarre behavior, self-harm receive more frequent observation; suicidal inmates are under continuous observation. Identification of the type of observation (minimal to constant) is determined by a health professional and documented on a log

**Comment:** An inmate companion program for use in the observation process is acceptable provided that the inmate companion is trained and monitored.

**Protocols:** Written policy and procedure. Staffing plan. Log format.

**Process Indicators:** Facility records and logs. Documentation of cell checks.

**Restrictive Housing Committee-046 ALDF-RH-008(Ref: 4-ALDF-2A-53)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-047 ALDF-RH-009(Ref: 4-ALDF-2A-54)**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Staff assigned, on a regular basis, to work directly with inmates in restrictive housing units are selected based on criteria that includes:

* experience
* suitability for this population
* specialized training

Staff is closely supervised and their performance is documented at least annually. There are provisions for rotation to other duties.

**Comment**: Specialized training should include but not limited to Crisis Intervention Training, Stress Managament Correction Behavioral Health Ccertification, etc.

**Protocols:** Written policy and procedure. Staff roster/schedule.

**Process Indicat**ors: Performance reviews. Documentation of staff rotation.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-048 ALDF-RH-010(Ref: 4-ALDF-2A-55)**

* The committee reached consensus to revise the proposal by deleting “inmate behavior”. The proposed expected practice now reads:

**Proposal:** Staff operating restrictive housing units maintains a permanent log that contains at a minimum the following information for each inmate admitted to restrictive housing:

* - name
* - number
* - housing location
* - date admitted
* - type of infraction or reason for admission
* - tentative/actual transfer date
* - Special medical or mental health needs

All visitors to the unit will be documented on a permanent log.

**Comment**: None.

**Protocols:** Written policy and procedure. Log format.

**Process Indicators:** Completed log. Inmate records.

**Restrictive Housing Committee-049 ALDF-RH-011(Ref: 4-ALDF-2A-56)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-050 ALDF-RH-012**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-051 ALDF-RH-013(Ref: 4-ALDF-2A-57)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-052 ALDF-RH-014(Ref: 4-ALDF-2A-58)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-053 ALDF-RH-015(Ref: 4-ALDF-2A-60)**

* The committee reached consensus to leave the proposed expected practice as is.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-054 ALDF-RH-016(Ref: 4-ALDF-2A-61)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-055 ALDF-RH-017(Ref: 4-ALDF-2A-62)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-056 ALDF-RH-018(Ref: 4-ALDF-2A-63)**

* The committee reached consensus to leave the proposed expected practice as is.

**Restrictive Housing Committee-057 ALDF-RH-019(Ref: 4-ALDF-2A-64)**

* After extensive discussion of requiring one hour of exercise five days a week v. seven days a week outside of the cell, the committee reached tentative consensus to leave the proposed expected practice as is and return to it before a final vote in Boston, MA.

**Restrictive Housing Committee-058 ALDF-RH-020(Ref: 4-ALDF-2A-65)**

* It was suggested that the original proposed expected practice be reviewed and revised, to bring in line with the proposal, and corresponding ACI proposed expected practices.
* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Inmates in restrictive housing are allowed at a minimum telephone privileges to access the judicial process and family emergencies as determined by the facility administrator or designee.

**Comment**: None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Staff and inmate interviews. Restrictive Housing log.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-059 ALDF-RH-021(Ref: 4-ALDF-2A-66)**

* The committee reached consensus to revise the proposal by combining some items in the bullet points and adding other verbiage. The proposed expected practice now reads:

**Proposal:** Inmates in restrictive housing, have access to programs and services that include, but are not limited to the following:

* legally required educational services
* hygiene items
* social services
* religious guidance
* recreational programs
* Medical, dental and behavioral health services

**Comment**: None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Staff and inmate interviews. Restrictive Housing log.

**Restrictive Housing Committee-060 ALDF-RH-022(Ref: 4-ALDF-5C-04)**

* The committee noted that recommended changes would also need to be made to the existing proposed expected practice.
* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:** Restrictive housing units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for restrictive housing units are as follows:

* Group yard modules: 330-square feet of unencumbered space can accommodate two inmates. For each additional 150-square feet of unencumbered space, an additional inmate may use the exercise area simultaneously. (Formula: for each 150 square feet of unencumbered space exceeding the base requirement of 180 square feet for the first inmate, equals the maximum number of inmates who may use the recreation area space simultaneously). No more than five inmates are to use a group module at one time.
* Individual yard modules: 180 square feet of unencumbered space.

In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire shall be made available to the inmates who desire to take advantage of their authorized exercise time.

**Comment**: None.

**Protocols:** Written policy and procedure. Facility plans/specifications. Schedules.

**Process Indicators:** Observation. Measurement. Facility logs and activity records.

**Restrictive Housing Committee-061 ALDF-RH-023**

* The committee reached consensus to revise the proposal. The proposed expected practice now reads:

**Proposal:**

**Step-down programs for release from extended restrictive housing**

**4-ALDF-XX-XX:** Written policy, procedure, and practice require that step down programs from extended restrictive housing are offered to inmates to facilitate the reintegration of the inmate into general population or the community. These programs shall include, at a minimum, the following:

* Weekly evaluations using a multidisciplinary approach to determine the inmate’s compliance with program requirements
* Subject to weekly evaluations;
  + Gradually increasing out-of-cell time
  + Gradually increasing group interaction
  + Gradually increasing education and programming opportunities
  + Gradually increasing privileges
* Step- down compliance review

**Comment:** None.

**Protocol:** Policy and Procedure.

**Process indicators:** Step-down compliance review form. Evaluations form. Restrictive Housing logs.

**ACA File Number Proposed expected practice**

**Restrictive Housing Committee-062 ALDF-RH-024**

* The committee reached consensus to delete the existing proposal.

The Committee determined expected practices regarding pregnant females, offenders under the age of 18 the LGBTI community were necessary. The new proposed expected practices read:

**ALDF-RH-024**

**Proposal:** Female inmates determined to be pregnant shall not be housed in extended Restrictive Housing.

**Comment**: None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Interviews with inmates/staff, Observation and Admission in housing.

**ALDF-RH-025**

**Proposal:** Confinement of offenders under the age of 18 years of age in extended Restrictive Housing is prohibited.

**Comment:** None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Interviews with inmates/staff, Observation and Admission in housing.

**ALDF-RH-026**

**Proposal:** An inmate shall not be placed in Restrictive Housing on the basis of Gender Identity alone.

**Comment:** None.

**Protocols:** Written policy and procedure.

**Process Indicators:** Interviews with inmates/staff, Observation and Admission in housing.

**ALDF-RH-027**

**Proposal:** Written policy, procedure and practice shall support programs of criminal justice deflection and diversion for those individuals exhibiting signs and symptoms of mental illness.

**Comment**: None.

**Protocols**: Written policy and procedure

**Process Indicators**:

The Committee concluded their review of the proposed Restrictive Housing Proposed expected practices. The committee then moved to discuss the remaining tasks at hand.

Gary Mohr, Rick Raemisch, Richard Stalder and Michael Bradley were given the task of preparing a proposed expected practice on how an inmate is placed in restrictive housing. Mr. Mohr highlighted that purpose of the new proposed expected practices was to show that Restrictive Housing is reserved for inmates that provide a threat to security and safety of the facility.

The following proposed expected practice was prepared by the group.

**Proposed Expected Practice #1:**

Written policy, procedure and practice provide that the placement of an inmate in restrictive housing shall be limited to those circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility.   The policy governing the placement of an inmate in restrictive housing shall include:

* The relationship between the threat the inmates poses and the behaviors articulated in the policy.
* The impact that restrictive housing may have on medical and mental health conditions exhibited by the inmate and the possible alternatives that may be available to compensate for such conditions.
* A description of alternatives that may be available to safely deal with the threat posed by the inmate other than restricted housing.

**Comment:**  Offenders who pose a threat to staff, other inmates, or themselves may be removed from the general population for the safety and security of the institution.  An official review must occur within **XXX** hours.

**Process Indicators:**  Specific paperwork documenting review and approval/disapproval of placement or removal.  Documentation showing review within **XXX h**ours by the appropriate authority.

**Process Indicators:** Specific paperwork documenting review and approval/disapproval of placement or removal. Documentation showing review within **xxxxxx** hours by appropriate authority.

The committee discussed within how many hours would be required but did not come to a consensus on that detail. They reached consensus on all other aspects of this proposed expected practice. It was agreed by the Adult Local Detention Facility Committee Members that should be included in the ALDF expected practices as well. Mr. Gondles recommended reorganizing the proposed expected practices and making this the first so that the Restrictive Housing sections would begin with how/why an inmate can be placed into restrictive housing.

Mr. Livingston then addressed the need for an introduction or preamble for the ACI and the ALDF Manuals. Department Director Bridget Bayliss Curren cautioned that if there were items that the Committee wanted to hold agencies and facilities accountable for, they would need to be in an expected practice and not the introduction or preamble. Mr. Richard Stalder was tasked with drafting the introduction.

The committee held further discussion on the proposed changes to ACI 4-RH-0030. Mr. Livingston discussed the impact the proposal may have on the ALDF proposed expected practices. Consensus was reached to move forward with the proposal.

In closing remarks, ACA Executive Director James A. Gondles thanked Mr. Livingston and the committee for all of their hard work. Mr. Gondles gave special recognition to Mr. Livingston for his excellent work as Chair of the Standards Committee.

Mr. Gondles discussed the next steps. He announced that the proposals and minutes from the meeting would be published on the ACA website for the public to view. He also stated that a formal vote on the proposals would be held at the Standards Committee Meeting in Boston. Mr. Gondles discussed the change to expected practices and performance based standards for the ACI. He announced that there will be field testing of both the ALDF Restrictive Housing expected practices and the new ACI performance-based expected practices and Restrictive Housing expected practices. Mr. Gondles concluded by discussing the specialized training auditors will receive on the new ACI performance-based expected practices.

Meeting Adjourned