

RHOC Site Visit Questionnaire for Incarcerated Individuals

INTRODUCTORY STATEMENT AND CONSENT WAIVER

Hello, my name is ____ and I am a member of the Commonwealth of Massachusetts' Restrictive Housing Oversight Committee. I am on this committee as the _____ designee, because of my experience in _____. This committee's job is to gather information regarding the use of Restrictive Housing in correctional institutions and to determine the impact of Restrictive Housing here in the Commonwealth. I am here today to learn more about Restrictive Housing from the perspective of incarcerated individuals. Would you be willing to answer some questions about your experiences with Restrictive Housing? Any information you share with me is confidential, to the extent that your name and other identifying information will not be made public, except if you share any information about thoughts or plans to hurt yourself or someone else, which I will have to share with ____ to ensure the safety of all. If you are willing to speak with me, would you please read this waiver and if you would like to speak with me please sign and date the document?

[Present waiver to be signed]

PERSONAL DETAILS

- How old are you?
- Is this your first time in jail? How long have you been incarcerated? If not, tell us about your prior incarcerations.

RESTRICTIVE HOUSING PLACEMENT BACKGROUND/DETAILS/REVIEWS

- In your own words, why are you in Restrictive Housing?
- How long have you been here?
- Is this your first time in Restrictive Housing? If not, can you tell us about your prior transfers to Restrictive Housing?
- How would you describe your experience in Restrictive Housing? What is the most difficult part?
- Has your status in Restrictive Housing been reviewed?
 - o Did you receive written notice? A hearing?
 - o Did you present an argument?
 - o What kind of decision did you receive, if any?
 - o Are you able to appeal? Have you?
- Has your transfer to Restrictive Housing had a negative impact on your release status?

HEALTH HISTORY

- Are you willing to discuss your history and experiences with mental health?
- Did you receive any mental health treatment before or during your incarceration?
- Did you have an IEP in school? Can you tell us about it?
- Do you have any other health challenges or disabilities? Have you received any accommodations for them?
- Do you feel like your needs have been met while incarcerated? Are there differences between the care you received in general population and in Restrictive Housing?

LIFE IN RESTRICTIVE HOUSING

- Do you feel safe in Restrictive Housing? Why or why not?
- Would you feel safe returning to general population?
- What sort of vocational, educational and rehabilitative programs have you received or been offered during your time in Restrictive Housing?
- Tell us about any time you are able to spend outside your cell while in Restrictive Housing. Are you able to go outdoors?
- Do you have access to visits in Restrictive Housing? If so, how often and under what circumstances?
- Are you able to make phone calls?
- Are you able to contact or meet with your attorney?
- Do you have regular access to showers? Canteen? Property?
- Do you expect to be released in the next six months? If so, have you received any reentry programming while in Restrictive Housing?