**Survey of Specialized Housing Practices**

# Introduction

Dear Sheriff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

The Restrictive Housing Oversight Committee, a committee of the Commonwealth established by M.G.L. c. 127 s. 39G, requests your assistance in providing the following Information. These requests pertain to correctional facilities under your control and supervision pursuant to M.G.L. c. 126 s. 16.

This request is made in furtherance of the Committee’s duty to “gather information regarding the use of restrictive housing in correctional institutions to determine the impact of restrictive housing on inmates, rates of violence, recidivism, incarceration costs and self-harm within correctional institutions.” M.G.L. c. 127, s. 39G(b).

We kindly request that you, or a person designated by you, respond to this request within fourteen working days. If you, or your designee, do not or cannot provide the requested information, please respond in writing stating the reason the information is not provided.

If more than one correctional facility is under your control and supervision, please provide the requested information on a separate form for each facility.

You may direct any questions about this survey to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you for your assistance.

Restrictive Housing Oversight Committee

1. County:
2. Correctional Facility:
3. Please provide the name and job position of the person completing this survey and providing the requested information.

***We understand that facilities may use different words to describe what is often generically called “restrictive housing.” In answering the following questions, please assume that we are using the term “restrictive housing” to include what in some facilities might be called “administrative segregation,” “disciplinary segregation,” “isolation,” “protective custody,” and similar terms. We do not include units used for health care purposes including what is often called “mental health watch.”***

1. How does your facility define “restrictive housing”? Please state if the definition includes the number of hours during which the incarcerated person must be in-cell or our-of-cell and, if so, the number of hours stated in the definition.
2. Does your facility make use of restrictive housing, as defined in the preceding answer?
3. Did your facility change its definition of “restrictive housing” in response to the requirements of the Criminal Justice Reform Act (CJRA). (The CJRA was signed by Governor Baker on April 13, 2018.)

* 1. If so, what changes were made to the definition?

1. Did your facility stop using restrictive housing in response to the CJRA?
2. If your facility ceased to use Restrictive Housing, what steps were taken to achieve that goal?
3. In the units in your facility with the least *average* out of cell time, how many hours of out of cell time is made available daily to incarcerated individuals?

* Less than 1 hour
* 1-2 hours
* 2-3 hours
* 3-4 hours
* More than 4 hours

1. What are the names of the units that provide the fewest hours out-of-cell and what is the purpose of the units?
2. Not including units designated for healthcare (including for mental health watch), how many housing units for specific purposes (that is, not “general population’) are there in your facility currently?
   1. Please provide the name and purpose of each unit.
   2. Please note which, if any, of these units was created as an alternative to units previously used as restrictive housing.
3. If your facility operates housing units for incarcerated individuals who are considered to be unable to be housed safely in General Population, but who are not subject to a term of disciplinary detention, please identify the units by name and purpose. For each of these units please provide the following: number of beds, current number of incarcerated individuals, minimum daily out of cell recreation time, out of cell program hours per week. (Please include protective custody units, if any.)
   1. For each of the housing units listed in your answer to Question 12, please state whether some privileges may be limited for some or all of the persons housed on those units, as compared to the privileges afforded to the General Population. Please indicate which privileges may be limited for a given individual on a particular unit, identifying the unit. Please select all that may apply.

* Outdoor Recreation Time.

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Indoor Recreation Time

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Canteen Menu (what items are available)

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Canteen Possession (how many of a certain item or items they may have at a time)

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Access to Electronics (TV, Tablet, Radio, etc.)
* Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Access to Personal Items (clothing and shoes)

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Visits
* Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Telephone Calls

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other; please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.

1. Please identify any unit(s) housing those on disciplinary detention. For each unit, please provide the following: number of beds, current number of incarcerated individuals, minimum daily out of cell recreation time, and out of cell program hours per week.
   1. For each of the housing units listed in your answer to Question 13, please state whether some privileges may be limited for some or all of the persons housed on those units, as compared to the privileges afforded to the General Population. Please indicate which privileges may be limited for a given individual on a particular unit, identifying the unit. Please select all that may apply

* Outdoor Recreation Time.

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Indoor Recreation Time

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Canteen Menu (what items are available)

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Canteen Possession (how many of a certain item or items they may have at a time)

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Access to Electronics (TV, Tablet, Radio, etc.)
* Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Access to Personal Items (clothing and shoes)

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Visits
* Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Telephone Calls

Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other; please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unit(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If, since the signing of the CJRA, you have opened units as alternatives to previous forms of restrictive housing, on a scale of 1-10, please indicate your opinion of how effective the new alternatives have been in managing inmate behaviors that would have resulted in restrictive housing placement previously.



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Your comments to explain your reply are welcome.

1. Do staff members who are assigned to units other than general population receive specific training on the purpose and operation of the housing units?
   1. If the answer is yes, please identify what types of trainings those staff received:
2. For each of the housing units described in your answers to Questions 12 and 13 above, please describe which departments, teams, or individuals are involved in the decision-making process for placing inmates in these housing units? For each of the staff listed below, please indicate the units the staff are part of the placement decision making process for.

* Administrative leadership

Units \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Security Staff

Units \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Mental Health Staff

Units \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­

Units \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At a minimum, how frequently does your facility conduct reviews or evaluations of the impact on inmate behavior and overall facility safety housing units described in your answers to Questions 12 and 13?

 Monthly  Quarterly  Annually  Bi-Annually

Never

1. Are there any other thoughts you wish to share regarding these housing units and/or restrictive housing?

**THANK YOU FOR YOUR HELP WITH THIS IMPORTANT SURVEY**