

	<b>Corrections and Community Supervision</b>  <b>DIRECTIVE</b>		TITLE  <b>Special Housing Management Committees</b>	NO. 4933B
				DATE 12/03/2018
SUPERSEDES DIR# 4933B Dtd. 04/18/17	DISTRIBUTION A B	PAGES PAGE 1 OF 3	DATE LAST REVISED	
REFERENCES (Include but are not limited to) Title 7 NYCRR Section 254.9			APPROVING AUTHORITY 	

## I. ESTABLISHMENT

- A. There shall be in each correctional facility with a Special Housing Unit, a committee to be known as the Special Housing Management Committee (SHMC).
- B. The SHMC committee shall be comprised of a Deputy Superintendent who will serve as the chairperson, guidance staff (Special Housing Unit (SHU) Offender Rehabilitation Coordinator (ORC)), SHU Sergeant, Disciplinary Lieutenant, and others as designated by the Superintendent.

NOTE: All newly admitted SHU inmates shall be advised of the functions of the SHMC including a review of [Form #4933B-IRN](#), "Special Housing Management Committee Review Notice – Inmate," during their initial meeting with the SHU Offender Rehabilitation Coordinator.

## II. PURPOSE

- A. Insure a safe and secure correctional setting and improve the management of SHU operations;
- B. Encourage positive adjustment and establish clear-cut behavioral goals for those inmates assigned to a Special Housing Unit in a correctional facility;
- C. Provide line staff input into the SHMC decisions;
- D. Encourage inmates to maintain positive adjustment and attitude in SHU and provide for a positive outlook for those inmates serving long SHU dispositions;
- E. Reduce the number of misbehavior reports and hearings in SHU;
- F. Reduce conflict between SHU staff and inmates;
- G. Provide consistency in disciplinary review procedures throughout the state;
- H. Assist the Superintendent in exercising those discretionary powers authorized under Title 7 NYCRR Section 254.9.

## III. PROCEDURE

- A. Meet at least monthly, depending upon the needs of the facility according to the SHMC schedule.
- B. Conduct reviews of all inmates serving individual sanctions of 90 days or more of Special Housing Unit confinement time in a SHU cell and who have served one-half of the sanction time. This will include any inmate that has satisfied this requirement while housed in an area other than a Special Housing Unit. SHU Alternative Programs and Residential Mental Health Treatment Units (RMHTU) are excluded from these SHMC reviews.



- C. Conduct reviews of all inmates, regardless of their SHU release date, at a minimum of once every six months even if they were transferred during the first six-month period.
- D. The computerized disciplinary system (FIDS) enables staff to print via Function 61, a management report (Function 07 "Inmates for SHMC Review") which provides a listing of inmates eligible for SHMC consideration.
- E. During the SHMC Review/Decision Process
  - 1. The committee will conduct a review with consideration for an inmate's age, mental health status (OMH Level), overall adjustment, participation in assigned cell study programs, transfer history, and classification status.
  - 2. SHU staff, both security and programs will have direct input into all SHMC discretionary review decisions. The "SHU Evaluation Report," [Form #4933B-SHMC](#), must be completed by the appropriate staff for presentation to the committee. If the form is completed and the inmate is transferred to another SHU prior to consideration, the form should be scanned and emailed via Microsoft Outlook to the Deputy Superintendent for Security at the inmate's current facility. The committee will note their recommendations on the form and forward a copy of the form to the Superintendent for final review and determination. A copy of the completed form will be forwarded to the Inmate Records Coordinator to be placed in the disciplinary section of the inmate's legal file and a copy placed in the file maintained on each inmate in the Special Housing Unit. Inmates will receive notice with the results of the committee's review on [Form #4933B-IRN](#). They will not receive [Form #4933B-SHMC](#).

#### IV. PROCESS FOR FORMULATING SHMC RECOMMENDATIONS

- A. Inmates who are serving individual SHU sanctions of 90 days or more will receive time cuts reducing the original sanction in accordance with the following procedures:
  - 1. If the inmate exhibits good behavior, has positive interactions with staff, and shows progress and achievement in cell study (where applicable), the inmate will be presumptively awarded a time cut of 25% of the original sanction by the SHMC after the inmate has served one-half of his or her SHU confinement sanction.
  - 2. The SHMC may exceed the presumptive 25% time cut, which is not a cap, up to and including immediate release from SHU.
  - 3. If the SHMC finds that the inmate should receive less than the presumptive 25% time cut, the SHMC will articulate a specific reason why the inmate should receive the lesser time cut based on his or her behavior during service of the sanction.
  - 4. The issuance of additional Tier 2 or Tier 3 misbehavior reports while the inmate is serving a sanction may justify the denial of a time cut, but is not an automatic bar precluding the SHMC from granting time cuts if the inmate has otherwise demonstrated progress.
  - 5. Halfway through the inmate's initial sanction, the computer will electronically add the respective inmate to the queue of inmates to be reviewed at the next SHMC meeting.
  - 6. No inmate may receive a cumulative reduction of two or more years of confinement time without prior approval of the Deputy Commissioner for Correctional Facilities or designee.



7. The SHMC will promptly report the results of its deliberation in writing to the Superintendent. The Superintendent will have responsibility for the review decision and inmate notification.
8. Time Cut Examples:

SHU Sanction	Time Cut Eligible After	Total Time Served 25% Time Cut (Presumptive)	Total Time Served 50% Time Cut (Maximum)
6 Months	3 Months	4 ½ Months	3 Months
9 Months	4 ½ Months	6 ¾ Months	4 ½ Months
12 Months	6 Months	9 Months	6 Months

- B. Any inmate serving an individual sanction of 90 days or more for infractions which do not involve the referenced infractions involving escape or violent conduct or unhygienic acts who does not earn a time cut through the above described SHMC process will receive an automatic time cut of 10% of the original sanction, provided he or she has not been issued a subsequent Tier 2 or Tier 3 misbehavior report. Eligibility for the 10% time cut will be indicated on the electronic SHMC calendar. In those cases where the inmate does not earn a time cut through the SHMC process and the minimum 10% time cut of the original sanction is indicated on the SHMC calendar, the SHMC must award the minimum 10% time cut. The facility will then enter the time cut into the Inmate Disciplinary System through Function 35.

NOTE: The SHMC process is intended to provide a review and time cut to the individual sanction for which the SMHC is being conducted.

- V. **CALENDAR:** The calendar for SHMC meetings shall include the OMH Level of all inmates in SHU. In determining whether a time cut is warranted, the SHMC shall consider whether an inmate's OMH Level weights in favor of granting a time cut; for example, whether a time cut above the presumptive 25% should be granted to an OMH caseload inmate to permit that inmate an earlier return to a general population environment.

NOTE: This process does not prohibit Superintendents from independently exercising their discretionary review authority for deserving inmates at any time. As a means of encouraging continued positive behavior, the award of a time cut after a reasonable period of good behavior by the inmate reinforces the basic premise that all behavior has consequences. Positive behavior can shorten a SHU confinement sanction caused by negative behavior, when appropriate.

## New York State Department of Corrections and Community Supervision

\_\_\_\_\_ Correctional Facility

## Special Housing Management Committee Review Notice - Inmate

NAME: INMATE: \_\_\_\_\_ DIN: \_\_\_\_\_ LOCATION: \_\_\_\_\_

FROM: SPECIAL HOUSING MANAGEMENT COMMITTEE

SUBJECT: INMATE REVIEW NOTICE

DATE: \_\_\_\_\_

Your record of adjustment has been evaluated by the Special Housing Management Committee (SHMC) at \_\_\_\_\_ Correctional Facility. Based on the recommendations of the SHMC, the Superintendent has made the following decision regarding the reduction of your Special Housing Unit (SHU) confinement time:

☐ Based on your positive adjustment, you have been granted a time cut resulting in your SHU release date being changed to \_\_\_\_\_.

☐ You were denied a time cut for the following reason(s):

- ☐ Staff evaluations.
- ☐ Your disciplinary record in SHU.
- ☐ Refusal to program (cell study, workbook, etc.).
- ☐ The proximity of your sanction release date. (A transfer request has been submitted on your behalf).
- ☐ The SHMC has identified the following goals for you to achieve in order to be considered for a Time Cut at the next SHMC review: \_\_\_\_\_

In accordance with the SHMC procedures, SHU inmates will be reviewed by the committee every six (6) months. Your next SHMC review will be: \_\_\_\_\_

\_\_\_\_\_, SHMC Chairperson  
(Signature)

CC: Inmate

Disciplinary File

**New York State Department of Corrections and Community Supervision****Correctional Facility SHU Evaluation Report**

TO: SHU Sergeant (7-3 Shift) \_\_\_\_\_

FROM: \_\_\_\_\_ Chairperson, SHU Management Committee

DATE: \_\_\_\_\_

The following inmate is scheduled for review by the SHU Management Committee:

Name: \_\_\_\_\_ DIN: \_\_\_\_\_ Location: \_\_\_\_\_

SHU admission date: \_\_\_\_\_ Scheduled SHU Release date: \_\_\_\_\_

**Security staff assessment:**

Please review the listed categories with subordinate custodial staff most familiar with the inmate's adjustment.

	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Relationship with inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List security staff who provided input:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Cell study teacher assessment (when applicable) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Inmate is actively participating in the cell study to the best of his or her ability? Y \_\_\_\_ N \_\_\_\_
2. Inmate is respectful and appropriate in his or her dealings with academic staff? Y \_\_\_\_ N \_\_\_\_
3. Inmate is interested in continuing academic programming after SHU release? Y \_\_\_\_ N \_\_\_\_

**Comments:** \_\_\_\_\_**Offender Rehabilitation Coordinator assessment Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Inmate is aware of operation of SHU Management Committee? Y \_\_\_\_ N \_\_\_\_
2. Inmate is respectful and appropriate in his or her dealings with ORC? Y \_\_\_\_ N \_\_\_\_
3. Inmate understands long and short term goals discussed with ORC? Y \_\_\_\_ N \_\_\_\_

**Comments:** \_\_\_\_\_**UPON COMPLETION: FORWARD TO COMMITTEE CHAIRPERSON****Committee Recommendations:****Date:** \_\_\_\_\_☐ Recommend Time Cut of: \_\_\_\_\_ ☐ Time Cut Not Recommended**Comments:** \_\_\_\_\_

<b>Committee Members:</b>	<b>Name</b> _____	<b>Title</b> _____	<b>Name</b> _____	<b>Title</b> _____
	<b>Name</b> _____	<b>Title</b> _____	<b>Name</b> _____	<b>Title</b> _____

**Superintendents Decision:** ☐ Concur ☐ Reject ☐ Modify \_\_\_\_\_**Comments:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_