Initial Proposal 12-14-17  1

Readopt with amendment Cor 300, effective 9-29-17 (Document # 12396, Interim), to read as follows:

CHAPTER Cor 300  OPERATION AND MANAGEMENT OF CORRECTIONS DEPARTMENT ACTIVITIES

PART Cor 301  STANDARDS OF OPERATION, MANAGEMENT AND ADMINISTRATION OF STATE CORRECTIONS FACILITIES

Cor 301.01  Health and Safety Inspections.

(a) The housing, industrial, work, recreational, and administrative areas of each facility shall be maintained in a manner which meets the standards established for the facility by public health authorities in the state of New Hampshire.

(b) The New Hampshire department of health and human services (DHHS), division of public health services, office of licensure food protection shall be requested to designate their department’s safety director to inspect at least annually all areas of each facility, with the exception of exempted health services facilities, and to render a written report of the results to the commissioner. The chief administrator of each facility shall comply with the orders, requirements and recommendations contained in the inspection report or request a waiver from these requirements, and recommendations. Items that require additional funding shall be reported by the commissioner of corrections for inclusion in appropriate budgetary documents.

Cor 301.02  Sanitation.

(a) Sanitation in the food service and food storage areas of each facility shall be maintained in a manner that meets the rules adopted established by the commissioner of the DHHS, for food service and food storage areas (He-P 802.23).

(b) Departmental facilities shall provide each person in departmental custody and patient of the secure psychiatric unit inmate with access to cleaning supplies, including toilet brushes, brooms, cleansers, and disinfectants to keep their the inmate’s own cell clean and to keep the common and public areas of the facility clean.

Cor 301.03  Food Service.

(a) The New Hampshire DHHS Department of Health and Human Services, division of public health services, office of licensure food protection or its designee shall be requested at least annually to inspect all food service areas of departmental facilities and to render a written report of the results of its inspection. The chief administrator of each facility shall comply with the requirements and recommendations contained in the inspection report or request a waiver from these requirements and recommendations. Items that require additional funding shall be reported by the commissioner of corrections for inclusion in appropriate budgetary documents.

(b) Each person in departmental custody and patient of the secure psychiatric unit inmate shall be given the opportunity to have 3 wholesome and nutritious meals each day served with proper eating and drinking utensils.
(c) Efforts shall be made to ensure that food that is supposed to be served hot shall be served hot, and food that is supposed to be served cold shall be served cold.

(d) Restrictions on the type of food or utensils provided to inmates persons under departmental control and patients shall be imposed if the inmate person under departmental control or patient throws his or her food or uses his or her food to make the area unclean, unhealthy, unsafe, or is likely to use such items as weapons against himself or others or as a mechanism for self-injury.

(e) Each inmate person under departmental control and patient shall be served the same quality of food in a quantity sufficient to meet inmate persons under departmental control or patient’s nutritional needs.

(f) Availability of medical or religious diets shall not be dependent upon custodial or disciplinary status.

(g) There shall be a process in place that establishes a changing menu that provides for a regular variety in meals.

(h) The food served to inmates persons under departmental control and patients shall be properly prepared and served under the direction of the food services supervisor.

(i) Menu planning, food purchasing, and sanitation shall be overseen by a dietician in consultation with the food services supervisor to ensure that meals are wholesome and nutritious. A dietician in consultation with the food services supervisor shall provide staff and inmates persons under departmental control guidance in food handling, and preparation and medical diet supervision.

(j) Food shall be served, prepared and stored in accordance with rules adopted by the commissioner of DHHS (He-P 803.20). Food service equipment shall be maintained in good working condition.

(k) All kitchen employees including the persons under departmental control and patients of the secure psychiatric unit inmates shall be trained in the handling and preparation of food and medical diets by staff chefs and shift supervisors in consultation with the food services supervisor and dietician. Staff hired for food service duty shall be qualified by experience, training or education for the position.

(l) There shall be documentation that all persons who assist in the preparation or serving of food shall report information about their health, as it relates to diseases that are transmissible through food, in a manner that allows the person in charge to prevent the likelihood of food-borne disease transmission in compliance with the provisions of He-P 2305 2307.02.

(m) Each person under departmental control inmate and patient who requires a medical diet certified by medical personnel shall be provided a diet to meet their the inmate or patient’s medical needs.

(n) Diets for religious purposes shall be made available by the use of substitutes of approximate equivalent nutritional value, as determined by the department's dietician for those food items which conflict with the dietary requirements of an person under departmental control inmate or patient’s religion.

Cor 301.04 Fire Safety.
(a) The director of the New Hampshire department of safety, division of fire safety, or the local fire department shall be requested to inspect each residential facility of the department and its organizational sub-divisions, residential treatment unit and the secure psychiatric unit at least annually to determine fire safety, and to report the results to the chief administrator of each facility. The department’s safety director administrator of logistical services shall coordinate such inspections. The chief administrator of each facility shall comply with or shall request a waiver from the requirements and recommendations of the director of the New Hampshire department of safety, division of fire safety, or local fire department. Items that require additional funding shall be reported by the commissioner for inclusion in appropriate budget submissions.

(b) There shall be a fire and emergency evacuation disaster plans for each facility that is reviewed regularly and updated as necessary and such document shall be submitted to and approved by the state fire marshal.

(c) Fire drills for each departmental facility shall be conducted regularly involving persons under departmental control inmates, patients of the secure psychiatric unit, staff, and visitors.

(d) The department shall provide employees with training in fire safety, fire prevention, and limited firefighting.

(e) There shall be a written fire and disaster plan for each facility that shall include detailed actions to take in the event of fire or similar disaster at the facility. Such plan shall include evacuation as an option or such other approaches to minimize damage, injury, loss of life, or breaches of security in such situations as determined to be the most pragmatic by the state fire marshal and the administrator of logistical services departmental safety officer in consultation with the chief administrator of each facility.

Cor 301.05 Mail

(a) A departmental employee correctional officer shall be designated as the mail supervisor officer for each facility.

(b) All outgoing mail from persons under departmental control inmates and patients of the secure psychiatric unit, with the exception of privileged mail, shall be sent to the mailroom unsealed. The mail staff officer shall be authorized to inspect letters for contraband, escape plans, or other violations of statutes or standards of behavior. Mail which contains such items shall not be delivered.

(c) Incoming mail for inmate persons under departmental control and patients of the secure psychiatric unit shall be scanned to separate privileged correspondence. The mail staff officer shall inspect the non-privileged correspondence for any contraband or prohibited material, as listed below in (j), and remove checks and money orders. All checks and money orders shall contain the full name and address of the sender in clearly legible text. Checks and money orders shall be turned over to the bookkeeper accountant who handles inmate persons under departmental control and patient accounts to be credited to the inmate person under departmental control and patient’s personal deposit account. Contraband items or prohibited material discovered in the mail shall not be delivered and shall be returned to the sender or destroyed as indicated by the person under departmental control, after inmate notification or referral. Illicit items or substances will be seized and referred to appropriate law enforcement authorities, if appropriate.

(d) Packages shall be logged in by the mail staff officer and then inspected or forwarded to the property staff officer for inspection. Only items in the quantities shown in the persons under
departmental control or patient of the secure psychiatric unit inmate and patient handbooks shall be delivered to the person under departmental control or patient of the secure psychiatric unit inmates and patients. Items which persons under departmental control or patient of the secure psychiatric unit inmates and patients are not authorized to have in their possession or items in excess of authorized allowances established for persons under departmental control or patient of the secure psychiatric unit inmates and patients in departmental policy or by the chief administrator of the facility and contained within the inmate person under departmental control or patient of the secure psychiatric unit handbook shall be returned to the sender or otherwise disposed of as requested by the person under departmental control or patient of the secure psychiatric unit resident involved. Hobby craft and similar items received in the mail shall be delivered to the staff person responsible for hobby craft or the particular special activity involved for inspection and delivery to the person under departmental control or patient of the secure psychiatric unit inmate or patient.

(e) Privileged mail shall consist of correspondence with public officials including any elected state or federal official and any appointed head of a state or federal agency, courts, and attorney, medical offices and law-enforcement agencies.

(f) All privileged mail shall be completely confidential and shall be clearly marked on the front as "PRIVILEGED". Outgoing privileged mail shall be handled without interference, inspection, reading, or opening. It shall leave the possession of the person under departmental control or patient of the secure psychiatric unit inmates or patients sealed and shall be delivered sealed. Incoming privileged mail shall be opened and inspected for contraband only in the presence of the person under departmental control or patient of the secure psychiatric unit inmate or patient addressee. When the author of either inbound or outbound mail is in doubt, such items shall be brought to the attention of the department’s investigations bureau prior to delivery or returning the mail to the sender.

(g) Non-privileged mail shall consist of correspondence except that as described as privileged in (e), above.

(h) Non-privileged mail both incoming and outgoing shall be subject to inspection.

(i) Non-privileged mail, both incoming and outgoing, written in languages other than English, may be subject to translation by the department at its discretion.

(j) Non-privileged mail shall be rejected if it includes any of the following types of information or information pertaining to any of the following activities:

1. Descriptions or depictions of procedures for the construction or use of weapons, ammunition, bombs, or incendiary devices;

2. Materials that depict, encourage, or describe methods of escape from correctional facilities, or which contain blueprints, drawings, or similar descriptions of locking devices or of penal institutions;

3. Descriptions or depictions of procedures for the brewing of alcoholic beverages, or the manufacture of drugs or drug paraphernalia;

4. Any material that violates postal regulations, makes unlawful threats or attempts blackmail or extortion;
(5) Any material which contains contraband as defined by RSA 642:7, RSA 622:24, Cor 306 or Cor 301.05;

(6) Photographs or pictures of unclothed any partially nude children, adult visitors, or prospective visitors;

(7) Publications containing explicit descriptions, advertisements, or pictorial representations of homosexual acts that include penetration, bestiality, sadomasochism, bondage, or sex involving children;

(8) Sexually explicit material that has no scholarly, medical, or artistic value or would be detrimental to treatment, or which would encourage or educate persons under departmental control or patient of the secure psychiatric unit inmates or patients in unlawful sexual practices;

(9) Correspondence between persons under departmental control or patient of the secure psychiatric unit and inmates supervisors of any other correctional institute or jail without the permission of the chief administrator of each facility is prohibited as outlined in departmental policy and procedure directive 5.25;

(10) Documents written in code or instructions on how to write in code unless religious in nature;

(11) Descriptions or depictions which encourage activities which lead to the use of physical violence or group disruption or gang strategic threat group activity;

(12) Materials that encourage or instruct in the commission of criminal activities or violation of standards of behavior of persons under departmental control or patient of the secure psychiatric unit inmates;

(13) Any materials pertaining to gambling or facilitation of a lottery;

(14) Solicitation of gifts, goods, or money from persons other than the inmate or patient’s person under departmental control or patient of the secure psychiatric unit family;

(15) Correspondence constituting or contributing to the conduct or operation of a business, except correspondence necessary to protect the property and funds of the person under departmental control or patient of the secure psychiatric unit inmate or patient during confinement; and

(16) Contents that would, if transmitted, create a clear and present danger of violence and physical harm to persons or property, or severe psychiatric or emotional disturbance to an persons under departmental control or patient of the secure psychiatric unit inmate or patient;

(17) Any material or correspondence that relates to prison organized groups or unions;

(18) Security threat group correspondence or materials; and
(19) Obscene material as determined and defined by the literary review committee, the commissioner or a court of law.

(k) Homosexual materials that are not sexually explicit and cover the activities of gay rights or gay religious groups or are literary publications with homosexual themes or preferences shall not be rejected. Material that is not sexually explicit and covers issues related to gender identity status that is, lesbian, gay, bi-sexual, transgender, intersex, or questioning, shall be allowed.

(l) Material shall not be rejected solely because its content is religious, philosophical, political, social, sexual, unpopular, or repugnant.

(m) In cases where mail is rejected the following shall apply:

1. When outgoing mail is not processed in the normal manner the person under departmental control or patient of the secure psychiatric unit inmate involved shall be notified that his or her mail was not forwarded and the reason for that action;

2. When incoming mail is rejected the originator of incoming mail shall be notified that the letter was rejected; and

3. The originator of either inbound or outbound mail may protest the action taken on the mail to the chief administrator of the facility. The final decision shall be made by the chief administrator of each facility with the originator retaining the right to appeal to the commissioner pursuant to Cor 200.

PART Cor 302 STANDARDS FOR THE MANAGEMENT AND OPERATION OF REHABILITATION RELATED PROGRAMS

Cor 302.01 Academic and Vocational Education.

(a) The department shall provide an array of academic and vocational programs that shall consist of remedial reading and remedial math as well as high school and GED high school equivalency subjects. The staff shall consist of at least 5 full-time teachers, at least one of whom shall be certified by the New Hampshire department of education in special education. Teachers and vocational instructors shall be certified by the New Hampshire department of education. One of the staff shall be designated as education director, who shall be certified by the department of education as a principal. The education director shall be responsible for designing and implementing academic programs. The education director shall ensure that the career and technical education curriculum is designed with a transition to community based employment opportunities as its base. The career and technical education director shall be responsible for designing and implementing vocational programs. Both the education director and the career and technical education director shall possess a master’s degree in education, educational administration or related field. Inmates shall be selected, trained and employed by the education unit as tutors or classroom aides to supplement the efforts of the staff as needed.

(b) During the reception cycle staff from the education unit shall orient each new arrival as to services provided by the academic and vocational programs, shall obtain an educational history, a work history, vocational goals, and administer such tests as necessary to determine the inmate’s person under departmental control’s academic functioning. Appropriate assessments shall be administered to identify and address the specific educational needs of inmate students determined eligible for special education under the terms established by the interagency agreement between the department of education and the
department of corrections as prescribed in RSA 194:60. This information shall be used in conjunction with the classification system in recommending that inmates prospective students participate in a course of instruction designed to improve the likelihood that, upon release, they shall be able to live at liberty without violating the law.

(c) The department shall provide as wide a range of academic and vocational opportunities as reasonably possible and which shall include GED high school equivalency preparation, remedial instruction, high school academic, and vocational courses as defined by the interagency agreement, individual tutoring, and correspondence courses.

(d) High school diplomas shall be awarded under the provisions of the interagency agreement.

(e) Curriculum, facilities, and equipment shall be provided to deliver the academic and vocational programs.

Cor 302.02 Guidance. Pre-release Re-entry programs shall be provided that include vocational testing and counseling. Pre-release Re-entry classes shall assist in preparing inmates persons under departmental control for parole or unsupervised release and prepare inmates persons under departmental control to seek and hold jobs upon their release.

Cor 302.03 Diagnosis, Counseling, and Therapy.

(a) There shall be an outpatient mental behavioral health unit which shall provide for the inmate's mental person under departmental control's behavioral health needs as determined by completion of an initial mental behavioral health interview and a biopsychosocial assessment which results in a mental health diagnosis. Referrals for such assessments may be via self-referral made by inmates themselves or by any departmental staff member. These referrals shall be triaged accordingly, and for those cases requiring on-going mental behavioral health treatment, a treatment plan shall be developed and filed in the person under departmental control’s inmate’s medical record.

(b) The mental behavioral health unit shall be sufficiently staffed to include at a minimum:

(1) A full-time New Hampshire licensed psychologist administrative clinician who shall:

a. Oversee and supervise the testing operations and determine what types of psychological tests behavioral health interventions are needed for what cases;

b. Conduct staff training, triage referrals to the mental behavioral health unit, and assist mental behavioral health staff with individual cases;

c. Provide individual and group counseling and supervise the provision of such counseling by mental behavioral health clinicians; and

d. Review the mental behavioral health needs of the inmates persons under departmental control and implement new treatment modalities as indicated;

(2) New Hampshire licensed psychiatric practitioners providers who shall provide for the psychiatric needs of the persons under Departmental control and the secure psychiatric unit inmates within departmental facilities including prescription of medications, coordination of
care between medical disciplines, and consultation with administration with regard to mental behavioral health policy development; and

(3) A sufficient number of full-time clinical staff who, at a minimum, shall be qualified under the state personnel system to include, without being limited to, social workers, psychological associates or clinical mental health counselors.

(c) Newly arrived persons under departmental control inmates shall be processed in a reception cycle during which the person under departmental control inmate shall be interviewed and assessed under the supervision of the psychologist administrative clinician to determine, where possible, whether the inmate person under departmental control is suffering from mental illness requiring further interventions from the mental behavioral health delivery system.

(d) Reception cycle operations shall include any or all of the following:

(1) Administration of such tests that the psychologist determines shall be screening and assessment tools that are necessary to adequately identify mental behavioral health needs;

(2) Referrals to departmental mental health staff or external entities as are necessary for achievement, aptitude, interest or vocational inventory tests; and

(23) An initial mental behavioral health interview which shall include but not be limited to:

a. Obtaining a mental behavioral health history;

b. Recommendations for further screenings, assessments and/or tests;

c. Advising each inmate person under departmental control as to the inmate’s mental behavioral health needs, sexual offender treatment needs, and how to access services; and

d. Inmate referrals to medical, psychological, psychiatry, educational, or others staff for counseling, and treatment, and other interventions.

(e) The department shall initiate procedures to transfer an inmate person under Departmental control when in the opinion of the psychiatrist, physician, or psychiatric nurse practitioner the inmate person is suffering from a psychological or psychiatric disturbance impairment or mental retardation intellectual disability which could be treated or managed better in the secure psychiatric unit or other mental health or medical facility due to a threat of harm to themselves or others per RSA 623.

(f) The out-patient mental behavioral health unit shall provide at a minimum the following services:

(1) Documentation and implementation of a treatment plan;

(2) Psychiatric services;

(3) Medication management;
(4) Individual counseling by a mental health clinician under the supervision of the psychologist pursuant to RSA 330-A 329-B;

(5) Group therapy sessions as appropriate; and

(6) Such other specialized treatment for individuals or groups of inmates persons under departmental control as needed.

(g) Mental Behavioral health services shall be available to all inmates persons under departmental control regardless of their custody status.

(1) Individuals who are transferred to the restricted housing settings such as the special housing unit (SHU) shall be screened prior to being placed in a cell. Behavioral health shall conduct a suicide risk assessment and suitability review of the individual’s placement. If behavioral health is not on-site, nursing staff shall conduct the assessment within health services. All staff shall complete appropriate clinical documentation recording the assessment and outcome of the assessment in the individual’s health record. If the individual presents at risk as a result of the assessment, alternative housing arrangements shall be made to secure the individual for their safety;

(2) Individuals who are prescribed psychotropic medications or are diagnosed with a severe and persistent mental illness (SPMI) that are housed in the SHU shall have clinical appointments scheduled at least every 14 business days that will include at a minimum the following:

a. Mental status examination as follows:

1. Appearance;
2. Interaction;
3. Speech;
4. Mood/Affect;
5. Thought Process;
6. Thought Content;
7. Suicidality; and
8. Violence;

b. A review of their medications and any reported side-effects for triaging to psychiatric providers;

c. A subjective statement of each individual’s current emotional status;

d. An assessment of diagnosis/es with reflection of psychiatry’s perspective, if available in the health record;

e. A treatment plan, or an updated existing treatment plan, will be updated which may include referral to a case manager, assignment to group therapy, triage to medical staff, or other individual specific goals based on the clinical appointment; and
f. A monthly report of these clinical appointments to track compliance to the 14-day standard and treatment plan development which shall be reviewed by the Director of Medical and Forensic Services for compliance to the standards;

(3) The department will provide a psycho-social skill development program in restricted housing settings at all facilities. Such programs will be provided in consultation with the bureau of behavioral health. These shall operate in quarterly cycles with at a minimum of 4 offerings a year for individuals referred in these settings by the behavioral health staff;

(4) The correctional staff assigned to restricted housing settings shall be provided with specific training at a minimum of quarterly on topics related to the treatment and supervision of individuals with behavioral health issues; and

(5) The correctional staff assigned to restricted housing settings will conduct at a minimum 30-minute rounds on individuals housed in these settings on psychotropic medications or diagnosed with a severe and persistent mental illness.

(h) There shall be a therapeutic community in the form of a residential treatment unit (RTU) as follows for those inmates persons under departmental control who because of significant functional impairment due to their documented mental illness are unable to successfully live in the general population:

(1) The RTU shall be sufficiently staffed to include at a minimum:

a. A full time administrator who shall:

1. Oversee the day to day operations of RTU to ensure proper procedures are followed regarding admission, treatment, and discharge of inmates and patients persons under departmental control.

2. Assist in Manage the process of evaluating and triaging inmates those referred for RTU services; and

3. Supervise the collection of quality improvement data and participate in the development of quality improvement benchmarks;

b. Sufficient clinical staff to meet the treatment needs of inmates those receiving treatment in the RTU in the areas of recreational therapy, psychological services, special education, mental health therapy, medical care, safety, and but not limited to psychiatric interventions; and

(2) Inmates Persons under departmental control admitted to the RTU shall receive a complete evaluation of their psychiatric needs including at a minimum:

a. A complete psychiatric evaluation;

b. A bio-psychosocial comprehensive clinical assessment; and
c. An therapeutic recreational assessment of skills required to successfully navigate in their housing unit; and

(3) Above mentioned assessments shall result in the development of a master treatment plan that specifically addresses the inmate’s individual’s clinical needs.

(i) There shall be a sexual offender treatment services unit which provides for the treatment needs of individuals who are incarcerated for sexually-related offenses, and which meets the following requirements:

(1) The sexual offender treatment services unit shall be sufficiently staffed and to provide services as follows:

a. A full time director administrator who shall:

1. Oversee and supervise the assessment and treatment of sexual offender services for individuals identified as in need of these services;

2. Review the sexual offender treatment needs of the inmates individuals and implement treatment modalities as indicated;

3. Provide individual and group therapy and supervise the provision of such services by other sexual offender treatment therapists; and

4. Conduct staff training and supervision; and

b. A sufficient number of full-time clinical staff who at a minimum shall be qualified under the state personnel system as clinical mental health counselors; and

(2) Referrals to sexual offender treatment services shall be made through the initial classification process and on-going as needs are identified by correctional departmental staff. Assessments shall be based on risk and needs assessment and triaged into appropriate treatment services accordingly by trained sexual offender treatment staff;

(3) Inmates Individuals convicted of sexual offenses who are willing to participate in sexual offender treatment services shall be provided with an initial screening assessment in order to determine their treatment needs which shall include:

a. The initial screening assessment shall include:

1a. A complete bio-psychosocial comprehensive clinical assessment;

2b. A risk and needs assessment;

3c. A determination of required services will be provided to the inmate individual; and

4d. A review of any special accommodations necessary to participate in treatment (e.g. language barriers, intellectual disability or accessibility issues); and
4. (c) A referral to any other services as indicated; and

34. Individuals shall be placed into the appropriate form of treatment services or on the waiting list for appropriate services; and

45. The sexual offender treatment services unit shall at a minimum provide the following services:

a. Specific needs assessment to determine the specific treatment needs of each inmate individual as it relates to his, her, his or her sexual offender treatment;

b. The development of an individualized treatment plan specific to sexual offender treatment;

c. Group and individual therapy sessions; as appropriate and as determined in the individualized treatment plan;

d. Discharge planning; and

e. Coordination with other prison services and external services as indicated by the inmate’s individual’s specific sexual offender treatment needs;

f. Treatment reviews of services to ensure public safety and risk mitigation through the establishment of an administrative review committee as follows:

   1. The administrative review committee shall review the outcome of sexual offender treatment services. The administrative review committee shall provide oversight to ensure the department is meeting its mission in preventing further victimization from sexually-related crimes;

   2. The purpose of the administrative review committee is to ensure that each individual participating in the Department’s sexual offender treatment service has satisfactorily completed their treatment goals as specified on their individualized treatment plan and outlined by the clinicians discharge summary proposal;

   3. The clinician shall present the case, relating the individual’s progress to his goals. The clinician shall also provide information on any disciplinary action, and/or behaviors that resulted in being removed from the program, if applicable. Included in the case presentation shall be a description of the individual’s self-management plan for the community to include therapeutic, vocational, educational and housing activities established for transition;

   4. The administrative review committee shall review each case and make recommendations for the case. If treatment is not deemed completed, the administrative review committee shall provide recommendations to enhance attainment of treatment goals to the clinician for implementation with the individual;

   5. The administrative review committee shall meet on a regular basis;
6. The administrative review committee shall be comprised of administrators and/or senior level clinicians from the division of medical and forensic services as assigned by the director of medical and forensic services; and

7. Decisions made by the administrative review committee may be appealed through the department’s grievance process.

Cor 302.04 Work for Inmates.

(a) Each inmate person under departmental control at a departmental facility shall be afforded the opportunity to work. No inmate individual shall involuntarily wait for a job assignment longer than 44 days.

(b) Inmate individuals who by virtue of age, physical incapacity, or mental incapacity cannot work shall not be required to work but such inmate individuals shall have the opportunity to participate in other vocational training, education, and recreation programs commensurate with their physical or mental ability. Prior to removing such an inmate individual from a job and placing the inmate individual in non-working status on a permanent basis, staff from the division of medical and forensic services shall provide classification staff with information substantiating the medical and/or mental capacity issues warranting this decision.

Cor 302.05 Library.

(a) Inmate persons under departmental control and patients of the secure psychiatric unit shall have access to a law library to assist them in accessing the courts to challenge their convictions or their conditions of confinement pursuant to the requirements of Lewis, Director of the Arizona Department of Corrections v. Casey, 516 US 804 (1996), except as noted in (c) below.

(b) Law library access shall consist of:

(1) Physical attendance at the law library; or

(2) Access by mail requesting that law library materials be sent to them; or

(3) Individual virtual access through hardware and software resources to law library materials.

(c) In the event that inmates individuals do not have access to the law library as outlined in (b), above, they shall have access to someone trained in legal research to assist them in accessing the courts to challenge their convictions or their conditions of confinement pursuant to the requirements of Lewis, Director of the Arizona Department of Corrections v. Casey, 516 US 804 (1996).

Cor 302.06 Religious Activities.

(a) Religious programs, and/or individual religious counseling, or both shall be offered to all inmate persons under departmental control and patients. Inmate Persons under departmental control and patients shall be able to participate in religious activities appropriate to their custody grade and/or housing assignment, as follows:
(1) **Inmates** Individuals in minimum, medium, and close security settings shall be able to attend group religious activities;

(2) **Inmates** Individuals during quarantine cycle, in punitive segregation, on pending administrative review status, and in maximum custody status shall have access only to individual religious counseling and group religious activities when available in their respective housing units; and

(3) **Inmates** in the RTU shall have access to individual religious counseling, group religious activities when available in the RTU, and group activities in the NH state prison for men when deemed appropriate by the RTU treatment team and religious services staff; and

(4) Patients in the secure psychiatric unit shall have access only to individual religious counseling and group religious activities when available in the secure psychiatric unit.

(b) The department shall encourage religious volunteers to provide religious ministrations to **inmates** individuals and patients in departmental facilities.

(c) Proselytizing shall be prohibited.

Cor 302.07 Recreation.

(a) The department shall provide at least one full time recreation supervisor. The recreation supervisor shall provide direct oversight and consultation to all departmental facilities in organizing and implementing a program that affords inmates athletic and leisure time activities. These programs shall extend to all areas of each facility. The recreation supervisor and/or other departmental staff so tasked shall select and train **inmate** persons under departmental control to be assistants to help each facility implement and maintain a program which includes both organized and individual athletic and leisure undertakings.

(b) Physical space shall be provided for both the athletic and other leisure time activities.

(c) Both athletic and leisure time activities shall promote a holistic approach to individual health and wellness.

(d) The secure psychiatric unit and the residential treatment unit shall provide appropriate structured therapeutic recreational activities for **inmates** individuals and patients.

PART Cor 303 STANDARDS FOR HEALTH AND MEDICAL CARE IN CORRECTIONS FACILITIES

Cor 303.01 Health and Medical Care in Departmental Facilities.

(a) Medical care shall be provided to persons under departmental control **inmates** at each departmental facility. Medical care shall include services providing for the **inmate**’s physical and mental behavioral well-being as well as treatment for specific diseases or infirmities.
(b) A physician licensed in New Hampshire by the board of medicine shall be designated the chief medical officer and shall be responsible for medical services and work cooperatively with departmental mental behavioral health services on mutually related matters.

(c) Inmates Persons under departmental control arriving at a departmental facility shall receive a comprehensive medical examination within 14 days of arrival directed to the discovery of physical and/or mental behavioral health illness.

(d) Medical examinations shall include:

1. Medical and mental behavioral health history;
2. A physical examination;
3. A dental examination;
4. Diagnostic lab tests;
5. Notation of apparent medical physical illnesses or handicaps accessibility issues;
6. A determination of the physical ability of each inmate person under departmental control for work; and
7. Notation of referrals or recommended treatment for specific illnesses or handicaps accessibility issues.

(e) Based on the history and examination, a physician, physician’s assistant or advanced registered nurse practitioner (ARNP) licensed medical provider shall prescribe any necessary treatment including referral or therapy.

(f) All medical services shall be performed by medical staff licensed in the State of New Hampshire under the general supervision of a licensed physician.

(g) The department shall include appropriately certified licensed medical staff to assure inmates persons under departmental control have full-time access to medical care. Medical care shall include provisions for the transfer of sick or injured inmates individuals to medical facilities as deemed medically necessary. Medical facilities shall include prison infirmaries and referrals to outside medical specialists, other licensed health care facilities, accredited hospitals and the secure psychiatric unit.

(h) Medication shall be prescribed only by properly licensed physicians, physician assistants or ARNPs providers. Such medications shall only be dispensed under the supervision of licensed pharmacists or by physicians.

(i) Medications appropriately prescribed and dispensed as described above shall be administered in one of these methods:

1. Self-administered by inmates individuals;
2. Self-administered by inmates individuals under direct staff supervision; or
(3) Administered by medical staff.

(j) Medical records shall contain documentation concerning healthcare related encounters including, but not limited to medical and behavioral health assessment and examinations, medical healthcare findings, and medical treatments.

(k) A routine sick call policy shall be established for each facility. Each inmate person under departmental control shall be given an opportunity to request to report to sick call. Corrections officers and other staff members shall transmit an inmate’s individual’s medical concerns to medical authorities for the inmate individual when the inmate individual is unable to do so personally or when routine sick call is unavailable. No one shall prevent an inmate individual from seeking medical help. Inmates Individuals who, because of their custody or other status, are not able to visit the health services center to seek medical care on the schedule established, shall be visited in their cell or other convenient place by a medical professional who shall conduct an examination or perform any medical procedures as necessary. A record shall be maintained in the inmate’s individual’s medical health record in regards to sick call activity documenting the nature of the request and the response to that request.

(l) Medical personnel shall have available portable screens or other devices to insure adequate privacy during medical examinations and treatment. The medical services in-patient areas shall have a call system so that patients can summon medical help when they are confined in that facility. Nursing stations shall be so located that nurses can monitor the condition of the patients.

(m) Patients requiring monitoring shall be monitored by a trained individual or staff member. Inmates Individuals housed in segregation or any other restricted status that prevents them from visiting sick call at the medical facility shall be visited at least once a day by a member of the medical staff. The chief medical officer shall report to the chief administrator of the facility or designee and the director of medical and forensic services or designee whenever it is considered that an inmate’s individual’s physical or mental behavioral health will be adversely affected by continued imprisonment or by any condition of confinement.

(n) The department shall ensure that there are written policies which detail the operations and procedures of departmental medical facilities, medical care, medical services and medical treatment, and that they are reviewed at least bi-annually, kept current, and followed.

Cor 303.02 Involuntary Emergency Medical Treatment.

(a) "Emergency" means the physical or mental status of an inmate person under departmental control or patient that, if not treated promptly, will likely result in substantial harm to the inmate individual or patient or others.

b. “Restraint” means:

(1) Any drug or medication when it:

a. Is used as a restriction to manage an individual’s behavior or restrict the individual’s freedom of movement; and
b. Is not a standard treatment or dosage for the individual’s condition, in that its overall effect reduces an individual’s ability to effectively or appropriately interact; or

(2) Any manual method, physical or mechanical device, material, or equipment that immobilizes an individual or reduces the ability of an individual to move his or her arms, legs, head, or other body parts freely but does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of an individual, if necessary, for the purpose of:

a. Conducting routine physical examinations or tests;

b. Protecting the individual from falling out of bed; or

c. Permitting the individual to participate in activities without the risk of physical harm.

(b c) The department shall maintain the general health and well-being of persons under departmental control and patients of the secure psychiatric unit. Such person whose medical condition requires, in the opinion of the departmental physician, physician’s assistant or advanced registered nurse practitioner (ARNP) providers, expeditious emergency medical treatment to prevent death, substantial worsening illness or injury, contagion or infection of others, or harm to self or others shall be treated in the least intrusive manner as prescribed by the departmental physician, physician’s assistant or ARNP licensed provider, even over the objection of the individual inmate or patient, pursuant to RSA 627:6, VII (b).

(c d) In the case of an incompetent inmate individual or patient, pursuant to RSA 627:6, VII(b), emergency treatment shall be administered when the departmental physician, physician’s assistant or ARNP licensed provider reasonably believes that a reasonable person concerned for the welfare of the inmate or patient, individual would consent. Legally responsible persons shall be notified before the proposed treatment, if possible, but in no event later than 24 hours after the administration of such treatment.

(d e) Involuntary emergency treatment, seclusion, or restraint in a facility shall not be implemented unless a licensed provider determines that a personal safety emergency exists. Involuntary emergency medical and/or psychiatric treatment shall be administered by a departmental physician, physician’s assistant or ARNP licensed provider only upon personal examination and/or observation prior to the decision to administer such treatment, except in situations where emergency physical or mechanical restraint or seclusion is necessary as described in (k) below.

(e f) Involuntary emergency medical treatment, pursuant to RSA 627:6, VII (b) shall be limited to the extent that:

(1) The authorization by the departmental physician, physician’s assistant or ARNP licensed provider to impose involuntary treatment issued pursuant to Cor 303.02 shall last for not longer than 72 hours unless the physician licensed provider issues a new 72 hour authorization;
(2) No treatment shall be administered pursuant to Cor 303.02 which is not reasonably expected to alleviate or ameliorate the condition which has caused the need for said involuntary treatment; and

(3) The treatment that is administered shall be a form of treatment that is the least restrictive effective treatment.

(\(\text{f g}\)) When any emergency treatment is administered pursuant to Cor 303.02 the physician, physician’s assistant or ARNP or advanced practice registered nurse (APRN) administering or directing such treatment shall record in the inmate or patient’s individual’s medical health record the specific reasons that such involuntary treatment is necessary and the provider’s emergency response shall be an intervention that:

(1) Is expected to be effective;

(2) Considers whether any of the following factors regarding the individual’s condition would require special accommodation to ensure necessary communication and the individual’s safety:
   
   a. Medical factors;
   
   b. Psychological factors; and
   
   c. Physical factors, including:
      
      i. Blindness or other limitations of sight;
      
      ii. Deafness or other limitations of hearing; and
      
      iii. Any other physical limitation that would require special accommodation;

(3) Is the least restrictive of the individual’s freedom of movement; and

(4) Gives consideration to the individual’s preferred response to a psychiatric emergency situation

(\(\text{g h}\)) Documentation pursuant to (\(\text{f g}\)) above shall be distributed as follows:

(1) The original of the physician’s, physician’s assistant’s or ARNP’s APRN’s note regarding the involuntary treatment shall be retained in the resident’s individual’s medical health record; and

(2) A copy shall be promptly transmitted to the chief medical officer to keep him/her informed of inmates and patients individuals receiving treatment pursuant to Cor 303.02.

(\(\text{h i}\)) An inmate or patient individual or legally responsible person may complain against and appeal the administration of involuntary treatment pursuant to Cor 303.02 in accordance with the inmate and patient departmental grievance procedure as outlined in the SPU patient departmental handbooks.
The commissioner shall act on the appeal within 48 hours after securing additional advice and expertise from medical healthcare professionals.

(i) Each instance of involuntary emergency treatment shall require an administrative review conducted by the bureau of quality improvement director of medical and forensic services which shall review the treatment and circumstances and make recommendations to the commissioner.

(j) Departmental employees shall use the minimal amount of force and restraint necessary to prevent serious bodily harm to the inmate or patient individuals or others.

(k) All such interventions shall be limited to the extent that:

(1) Any such intervention shall be imposed for a period not to exceed one hour until a physician, physician’s assistant or ARNP can be consulted to authorize emergency treatment no longer than is necessary to resolve a personal safety emergency regardless of the length of the time identified in the order;

(2) Interventions emergently imposed by licensed nursing staff may not exceed one hour until a physician, or APRN can be consulted to determine if continued authorization of emergency treatment is necessary;

(3) Authorization for the use of seclusion or restraint shall be as follows:

   a. Follows deliberate and comprehensive consultation between the physician and a trained advanced practice registered nurse (APRN) or registered nurse (RN) who has personally evaluated the individual by reviewing:

      1. The assessments of the individual that have been performed;

      2. The safety issues involved; and

      3. The potential antecedents to the seclusion or restraint;

   b. Trained nursing staff shall continually monitor the individual during periods of seclusion or restraint to ensure that:

      1. In the judgment of the nursing staff, all reasonable measures are in place to ensure that the individual’s health and safety is protected during the period of seclusion or restraint;

      2. The individual receives meals and regular opportunities to move and to utilize the bathroom;

      3. All other basic physiological needs are identified and met; and

      4. The seclusion or restraint is discontinued as soon as the emergency is resolved, regardless of the length of time identified in the order; and
c. Include in the authorization order established release criteria for the termination of the seclusion or restraint;

(24) The physician, physician’s assistant or ARNP APRN shall authorize the use of restraint or seclusion by telephone order for a period not to exceed 4 hours;

(35) Such authorization shall expire unless it is renewed by telephone order for an additional 4 hours;

(46) Any further extensions of restraint or seclusion shall require a personal examination or observation by a physician, physician’s assistant or ARNP APRN;

(7) Individuals in seclusion or restraint shall be afforded privacy through practices including:

   a. The use of a room designed for the purpose of seclusion or restraint;

   b. Minimizing external stimuli such as noise, nearby movement, and approaches by other individuals; and

   c. Continuous staff observation to assure the conditions in (2) above are met.

(8) Seclusion or restraint shall never be used explicitly or implicitly as punishment for the behavior of the individual; and

(9) Restraint or seclusion shall be used only as a last resort when no other intervention in an emergency situation is feasible to protect the immediate safety of the individual or others.

Cor 303.03 Involuntary Non-Emergency Medical Treatment. Except as provided in Cor 304.02, medical treatment shall be administered only with the consent of the inmate or patient individual or the inmate or patient’s individual’s duly appointed legal guardian. In the event an inmate or patient individual is legally incapacitated, as defined in RSA 464-A:2, XI, to consent to medical treatment which, in the opinion of the departmental physician, physician’s assistant or ARNP APRN, would tend to promote the physical or mental health of the inmate or patient individual, and the inmate or patient does not have a legal guardian, the director of medical and forensic services shall consult with and refer the matter to the department of justice who shall petition the appropriate court for the appointment of a guardian or guardian ad litem pursuant to RSA 464-A.

PART Cor 304 STANDARDS FOR TREATMENT AT THE SECURE PSYCHIATRIC UNIT

Cor 304.01 Administration.

(a) An administrative director of medical and forensic services, in collaboration with a board certified or board eligible psychiatrist licensed in New Hampshire, under the administrative supervision of the commissioner or designee, shall be jointly responsible for the provision, supervision, and administration of the medical and psychiatric services of the department and the secure psychiatric unit (SPU).
(b) A psychiatrist who is a licensed physician in New Hampshire, who shall be board certified or who shall by virtue of education and training be board eligible, shall provide psychiatric services under the supervision of the administrative medical and forensic director.

(c) A non-medical administrator shall oversee the implementation of programs and services at the unit.

(d) There shall be on staff a psychiatrist, licensed and board certified in New Hampshire.

(e) There shall be on staff an advanced practice registered nurse (APRN) practitioner.

(f) Nursing and security coverage shall be provided 24 hours a day.

Cor 304.02 Secure Psychiatric Unit Inmate and Patient Management.

(a) SPU inmates and patients and persons under departmental control shall be those who are so classified pursuant to RSA 622:40-48, RSA 171-B:2, RSA 135:17-a, I & II, RSA 135-C:34, RSA 651:8-b, RSA 651:9-a, RSA 651:11-a, RSA 623:1, or RSA 135-E:4 & RSA 135-E:11 and are committed or transferred to an environment which provides for the safety and security of the public, the staff, and those committed.

(b) SPU inmates and patients and persons under departmental control shall be under supervision at all times when not in their rooms.

(c) SPU inmates and patients and persons under departmental control, when outside the boundaries of the SPU, shall be supervised to ensure the safety and security of the public, the staff, and the inmates and patients and persons under departmental control.

(d) Inmates and patients and persons under departmental control whose behavior and mental condition permit shall be fed in a communal dining area.

(e) If an individual inmate or patient or person under departmental control is disruptive, assaultive, violent, or dangerous within the constraints of the secure psychiatric unit and has demonstrated a propensity to throw his/her/his or her food or to use utensils as weapons, he/she or she shall be denied the utensils and wholesome and nutritious sandwiches or finger food shall be substituted for the regular food.

(f) SPU inmates and patients and persons under departmental control whose behavior and mental condition permit shall have in their possession in their rooms appropriate allowable property as detailed in the SPU inmate and patient handbook.

(g) The SPU shall be a 24-hour forensic treatment facility and the inmates and patients individuals housed within shall be provided with the services of a psychiatrist, or advanced registered nurse practitioner, an on-call physician, and 24-hour nursing coverage.

(h) Therapeutic recreational opportunities shall be offered to SPU inmates and patients and persons under departmental control if clinically indicated.
(i) SPU inmates and patients and persons under departmental control shall be provided the opportunity for religious counseling by ministers, priests, rabbis, or other religious representatives of organized faiths on a regular basis.

(j) SPU inmates and patients and persons under departmental control shall be provided the opportunity to participate in GED educational and high school diploma vocational programs as clinically able.

(k) SPU inmates and patients and persons under departmental control shall have the opportunity to work when their level of functioning permits, consistent with security.

(l) SPU inmates and patients and persons under departmental control shall be provided access to law library materials and access to regular library materials. Books being transferred into the SPU shall be carefully searched to preclude the introduction of contraband through library materials.

(m) Property taken from a resident patient or person under departmental control shall be accounted for by the SPU property officer. A receipt will be made for any property removed from the possession of the resident patient or person under departmental control and the resident patient or person under departmental control shall be furnished a copy of the receipt.

(n) SPU inmates and patients and persons under departmental control shall be provided a weekly opportunity to list items they desire from the canteen. A list shall be provided to inmates and patients and persons under departmental control reflecting the items available to them from the canteen. If an inmate or patient or persons under departmental control has the money to pay for the items listed by that inmate or patient individual, and subject to a security screening of the items, they shall be picked up by staff and delivered to the inmate or patient individual.

(o) SPU inmates and patients and persons under departmental control using the day rooms shall be afforded use of the collect-only telephones provided in the day room areas.

(p) SPU inmates and patients and persons under departmental control shall be afforded the opportunity to consult with their attorneys.

(q) SPU inmates and patients and persons under departmental control not under visiting restriction may shall be allowed social visits to be conducted during scheduled visiting hours in a supervised visiting area provided in the SPU.

(r) Inmates and patients. Patients and persons under departmental control admitted to the SPU shall be photographed and fingerprinted for the purpose of positive identification.

Cor 304.03 Medical Records. Notwithstanding the provisions of RSA 329:26, RSA 329-B, and RSA 330-A:32, medical and mental health records concerning current inmates persons under departmental control and patients of the secure psychiatric unit shall be exchanged between other state medical and mental health facilities to facilitate treatment pursuant to RSA 622:47.

Cor 304.04 Commitment. Any person admitted or transferred to the unit shall be under the care and custody of the commissioner and the administrative director of medical and forensic services and shall be subject to the rules and policies of the commissioner until the person is transferred to a receiving facility in the state mental health services system or otherwise discharged.
Cor 304.05 Inmate and Patient Persons under Departmental control and Patients of the SPU Rights. Persons committed or transferred to the unit who are convicted offenders, persons found not guilty because of insanity, pre-trial detainees, or persons civilly committed, shall retain all their individual rights, subject to those restrictions that are inherent with confinement within a secure forensic psychiatric setting as defined in the patient handbook.

Cor 304.06 Procedures for Commitment to the Secure Psychiatric Unit.

(a) All persons committed or transferred to the unit pursuant to RSA 171-B:2, RSA 135:17-a, RSA 135-C:34, RSA 135-E:4, RSA 135-E:11, RSA 623:1, RSA 651:8-b, RSA 651:9-a, RSA 651:11, or RSA 651:11-a, as lawfully ordered by the court of competent jurisdiction or the commissioner, shall be inmates persons under departmental control or patients of the unit unless otherwise discharged pursuant to New Hampshire law.

(b) A person in the custody of the commissioner who needs hospitalization for a mental illness shall be transferred to the unit following a due process hearing pursuant to RSA 623:1. If the person requires immediate transfer, the due process review shall occur within 24 hours following the transfer.

(c) Any person subject to an involuntary admission to New Hampshire hospital shall be transferred to the unit, per RSA 622:40-48, upon a determination that the person would present a serious likelihood of danger to himself or to others if admitted to or retained at New Hampshire hospital.

(d) Admission to the unit shall be ordered by:

(1) A probate court pursuant to the relevant sections of RSA 135-C, RSA 171, or RSA 135-E;

(2) A criminal court order pursuant to the relevant sections of RSA 651; or

(3) An emergency transfer pursuant to RSA 623.

(e) Except upon an order of court or in an emergency, no admission or transfer to the unit SPU shall occur without the prior approval of the commissioner or designee and the director of medical and forensic services or their designees. The request for approval shall be made in writing to the commissioner by the sending unit. The commissioner's approval shall be based upon the physician’s or ARPN’s certification documenting the dangerousness of the person to self or others. In such instances, if the person to be admitted or transferred objects to the admission or transfer, he or she shall request a review of the decision by the director of medical and forensic services or his designee. The review shall occur prior to the admission or transfer, or within 24 hours following the admission or transfer where immediate admission or transfer has been determined necessary by the physician or APRN to protect the person or others. If the director of medical and forensic services upholds the objection of a person to be transferred, the transfer shall not be made. If the director of medical and forensic services upholds the objection of a person already admitted or transferred, the person shall promptly be transferred back to a receiving facility named by the director of medical and forensic services.

Cor 304.07 Procedures Upon Admission.

(a) Upon admission to the secure psychiatric unit SPU, each inmate person in department custody and patient shall receive:
(1) A psychiatric examination to be completed by the psychiatrist or ARNP APRN;

(2) A preliminary treatment plan, resulting from the completion of the above documents by the psychiatrist or ARNP APRN;

(3) A physical examination to be completed by the physician's assistant or ARNP APRN within 24 hours of admission or on the next weekday including diagnostic lab tests such as blood and urine;

(4) Nursing assessment; and

(5) Nutritional assessment.

(b) Upon admission to the secure psychiatric unit SPU each inmate person in department custody and patient’s transfer paperwork shall be assessed to verify the completeness of the legal documents and the validity of the admission.

(c) A preliminary oral examination shall be made during the admission physical. Referral to a dentist shall be made when necessary. On-going oral hygiene shall be scheduled while the resident is admitted in the SPU. Further Additional dental services shall be available at the request of the patient and accomplished as determined necessary by the dentist.

Cor 304.08 Individual Treatment Plans.

(a) Each inmate and patient of person under departmental control admitted to the secure psychiatric unit SPU shall have an individualized treatment plan which shall be formulated by a multi-disciplinary treatment team and authorized by a psychiatrist or ARNP APRN.

(b) The preliminary individualized treatment plan shall be completed the first working day after admission.

(c) Reviews of the preliminary individualized treatment plan shall be completed 10 days after admission, 30 days after admission, every other month thereafter, and quarterly after a year.

(d) A biopsychosocial comprehensive clinical assessment shall be completed within 10 days of inmate’s and patient’s admission.

(e) A therapeutic recreational assessment shall be completed within 10 days following admission.

(f) Any other clinical assessments ordered by the psychiatrist or ARNP APRN shall also be completed within the first 10 days of admission.

Cor 304.09 Procedures for Release or Transfer from the Secure Psychiatric Unit.

(a) When a person committed or transferred to the unit no longer requires the security provided by the unit SPU, the commissioner shall initiate his or her release or transfer, as follows:

(1) A person who was in pre-trial or post-trial confinement when admitted to the unit shall be returned to the sending facility or other appropriate facility; or
(2) The commissioner or his designee shall transfer to the state mental health services system any person admitted or transferred to the unit, pursuant to RSA 622:45, I, upon a determination that the person no longer presents a serious likelihood of danger to himself or others if confined within a receiving facility in the state mental health services system.

(b) A person committed to the secure psychiatric unit SPU pursuant to RSA 651:9-a shall be eligible for transfer by the commissioner to the state mental health services system provided:

(1) That in consultation with the inmate’s person under departmental control and or patient’s treatment team, a psychiatrist or APRN determines that the person presents a potentially serious likelihood of danger to himself or others as a result of mental illness but that the person no longer requires the degree of safety and security as provided by the unit SPU;

(2) That prior approval of the proposed transfer is obtained from the superior court and the commissioner of health and human services or designee if the transfer is not already allowed for in an existing court order; or

(3) The person to be so transferred agrees to the proposed transfer.

(c) If the person does not desire to be transferred, a review shall be held by a designee of the commissioner to ascertain the reasons why the transfer is recommended and the inmate person under departmental control and patient’s reasons for objecting thereto. The designee shall recommend to the commissioner whether the person should be transferred and the circumstances relative thereto based on data presented at the review.

(d) The administrative director of medical and forensic services shall have complete access to the departmental medical and mental health records of the proposed transferee.

(e) Pursuant to RSA 622:49, if the director of medical and forensic services intends to grant off-grounds privileges to any person committed to the unit by criminal proceedings and who has subsequently transferred to the state mental health services system, the administrative director of medical and forensic services shall give written notice of such intention to the commissioner. The commissioner shall give written notice of the director of medical and forensic services’ intention to the superior court for the county in which the person was committed, to the department of justice, and to the county attorney, if any, who prosecuted the case.

PART Cor 305 ACCESS OF VISITORS TO FACILITIES OF THE DEPARTMENT OF CORRECTIONS

Cor 305.01 Access to Departmental Facilities for Informational or Educational Purposes.

(a) Any person who seeks access to departmental facilities for the purpose of gathering information or data shall apply to the commissioner of corrections or designee.

(b) Access shall be available to:

(1) A person who is employed to gather or to assist in gathering information or data by a news organization which includes, but is not limited to newspapers, magazines, radio stations or networks, TV stations or networks, and cable networks;
(2) A person who is engaged in gathering information or data on the subject of corrections for the purpose of informing the public in the course of research activity; or

(3) An educational or informational tour sponsored by a school or college, a unit of local, state or federal government, or a chartered community service organization.

(c) Everyone who applies for access shall abide by all rules of the department.

(d) Access shall be denied to anyone whose presence would jeopardize the security or good order of the facility, such as unapproved visitors, offenders on probation or parole with the exception of tours by court order, individuals whose criminal history poses legitimate security concerns, or individuals whose stated intention is to violate institutional regulations, department rules and directives.

(e) Access to departmental facilities shall include:

(1) Tours of facilities;

(2) Interviews with staff personnel;

(3) Observation of particular activities or programs; and

(4) Interviews with individual inmates persons under departmental control and patients of the SPU, provided that the inmate person or patient consents to the interview. Such access shall be deemed a special media visit and shall comport to all requirements and limitations set forth by the commissioner or designee.

(f) Every application for access shall specify the purpose or purposes for which it is sought.

(g) The commissioner or designee shall grant the application for access if he or she is satisfied that the requested access is consistent with the treatment programs, security, and good order of the institution and shall impose such conditions or restrictions as are necessary, in his or her opinion, to ensure effectiveness of treatment, security, and good order of the facility.

(h) No visual or sound recordings shall be made of any identifiable inmate person under departmental control or patient without the inmate person or patient’s individual written consent.

(i) A tour shall be summarily terminated if the person in charge of the facility or his or her representative believes that the safety of inmates persons under departmental control, patients, staff, or visitors is in doubt, or if conditions of the approval have been violated.

Cor 305.02 Access to Departmental Facilities for the Purpose of Visiting Inmates Persons in Department Custody and Patients.

(a) Persons confined in departmental facilities may receive visits on a schedule established by their facility as outlined in departmental policy and procedure directive 7.09.

(b) Visits may be conducted as contact visits, meaning that inmates persons under departmental control or patients and visitors sit together. without any barriers between them.
(c) Non-contact visits shall occur when:

(1) Contact visiting would enhance the likelihood of contraband being introduced; or

(2) The department’s investigations bureau or the facility’s chief of security has evidence from a credible source that a disruptive incident might occur.

(d) Visits shall be denied or restricted when:

(1) Security or safety is jeopardized; or

(2) When visitation by specific individuals would be detrimental to the mental behavioral health interests of the inmate person under departmental control or patient involved as determined and documented by the SPU mental behavioral health treatment team or treating psychiatrist psychiatric provider.

(e) Space shall be set aside for attorney visits that provide privacy where attorney-client confidentiality can be maintained. Attorney visits shall occur during normal business hours.

(f) The chief administrator of each facility shall assure that a list of individuals approved to visit each inmate person under departmental control or patient in the secure psychiatric unit is maintained. Attorneys who wish to visit an inmate person under departmental control or patient in a personal capacity shall be on the inmate person under departmental control or patient’s list of approved visitors. In order to apply for approval for visitation the individual’s name, address, telephone number, relationship, and date of birth shall be submitted by the inmate person under departmental control or patient for approval. The department shall conduct a national crime information center criminal background check after receipt of a signed and notarized consent form from the proposed visitor. A visitor shall not be listed on more than one inmate person under departmental control and patient.

(g) There shall be no limit on the number of members of an inmate person under departmental control or patient’s immediate family who can be approved to visit.

(h) For the purpose of (g) above, immediate family shall include:

(1) Husband;

(2) Wife;

(3) Children, either natural, adoptive or step;

(4) Mother, either natural, adoptive or step;

(5) Father either natural, adoptive or step;

(6) Grandparents either natural, adoptive or step;

(7) Brothers either natural, adoptive or step;
(8) Sisters either natural, adoptive or step;

(9) Aunts;

(10) Uncles;

(11) Brother’s spouse;

(12) Sister’s spouse; and

(13) Legal civil union partners; and

(14) Grandchildren.

(i) A maximum of 20 visitors outside the immediate family shall be approved to visit. At the inmate person under departmental control or patient’s request these persons shall be taken off the approved list and replaced with another approved visitor. Any such visitor removed from the approved list shall not be placed on any other inmate person under departmental control or patient’s list of approved visitors for a period of 12 months.

(j) Visitors shall not visit inmate persons under departmental control or patients hospitalized in the community unless the inmate person under departmental control or patient is affected with a life threatening illness or injury as verified by the treating physician.

(k) Adult visitors shall establish their identity by presenting a photographic identification document (current or expired) issued by a federal, state or territorial government agency such as a non-driver ID, driver’s license, military identification card, passport issued by any country, or similar document. Each visitor shall personally surrender this identification document to the security officer prior to entry into the facility for visiting and shall personally recover the identification document from the officer upon departure from the facility. Children under 17 shall not be required to have present a valid photographic identification card (current or expired) or a valid birth certificate to visit. Child visitors shall establish their identity by presenting a birth certificate issued and authenticated by an appropriate government entity.

(l) Children under 17 shall not be permitted to visit unless accompanied by an adult who shall be a family member, guardian, or other person who shall produce a notarized letter from the parent or guardian demonstrating in writing that the minor has permission to visit at the prison from an adult who is responsible for the child such as a parent, guardian or family member.

(m) All visitors shall consent to a search of their persons, possessions and vehicle, if the vehicle is on departmental property or remove themselves from departmental property. Visitors shall not introduce anywhere on or within departmental property any items identified as contraband and restricted in Cor 306.01. Visitors shall not introduce items not authorized within the secure confines of a facility. Such items shall be secured in their vehicles or in the small lockers provided outside the visiting room prior to visiting. Visitors found to possess contraband contrary to law shall be reported to law enforcement authorities for possible prosecution and shall be barred from entry in accordance with Cor 305.04.
(n) Each visitor shall obey the orders and instructions furnished by the facility staff. Failure to do so shall result in termination of the visit and possible debarment pursuant to Cor 305.04.

(o) Potential visitors with criminal records shall be restricted from visiting as follows:

1. Potential visitors with criminal records involving felony drug offenses within the last 5 years from the date of conviction shall not be allowed to visit;

2. Potential visitors with criminal records involving a drug offense violation within the last 5 years from the date of conviction shall not be allowed to visit;

3. Potential visitors with pending drug related offenses shall not be allowed to visit.

4. Potential visitors with a criminal history that resulted in confinement to a correctional facility for any offense shall not be allowed to visit for 5 years of the date of the release from confinement regardless of the duration of the confinement;

5. Potential visitors with any criminal record for non-drug related offenses within 1 year from the date of the most recent criminal conviction shall not be permitted to visit; and

6. Potential visitors who are on probation or parole shall not be granted visiting privileges without the written recommendation of the supervising probation/parole officer and the written approval of the warden of the facility. Consideration shall be given for immediate family members only.

Persons convicted or under present indictment for a misdemeanor or felony in any jurisdiction shall not visit any resident without first obtaining written permission from the commissioner of corrections, or his designee pursuant to Cor 200.

(p) No visitor shall give, convey, or leave any item or thing to an inmate person under departmental control or patient without advance approval of the administrator of the facility or his designee pursuant to Cor 200.

(q) Each visitor shall conform to the rules regarding visiting in the specific facility visited which include the following as follows:

1. Displays of affection such as hugging, kissing and embracing shall be limited to short durations, 45 seconds or less at the beginning and end of visits. No bodily contact, except for handholding, in visual site of the correctional staff observing the visit, shall be permitted during visiting for visitors above the age of 16;

2. Abusive, obscene, or vulgar language shall not be used on the facility grounds;

3. Small children shall be restrained from disruptive behavior by the visitor responsible for them;

4. Disruptive behavior on the part of adults or children shall result in the termination of the visit; and
(5) Refusal to follow instructions of the persons in charge of visiting shall result in the termination of the visit.

(r) Each visitor shall conform to the rules regarding a visitor’s attire while visiting in the facility which shall include without being limited to the following:

(1) Jackets, coats or outer sweaters shall not be taken into the visiting room; and

(2) Garments that expose the breasts, the midriff, the upper thighs, or buttocks or the genitalia shall not be allowed.

Cor 305.03 Visitor Requirement to Follow Rules. All visitors who visit, or go on, or cross the grounds of a facility or area under the control of the department shall be subject to the rules established in Cor 305. Failure to follow such rules shall subject the visitor to removal from the grounds, arrest, and/or prosecution or both.

Cor 305.04 Debarment from Departmental Facilities. Visitors or others who fail to follow the rules pertaining to departmental facilities or areas shall be barred from re-entry thereon by the commissioner, or person in charge of the facility or their agent, by notifying them in person or in writing of the debarment, the reasons therefore, and the duration of the debarment. Persons found to be in violation of the debarment order shall be reported to law enforcement authorities for possible prosecution under the provisions of RSA 635:2, or other appropriate statutes. All debarred persons shall have the right of appeal pursuant to Cor 200.

Cor 305.05 Permission to Re-Enter. Persons desiring to re-enter departmental facilities, once being removed or debarred, shall not re-enter said facilities without filing a complaint pursuant to Cor 200 and/or requesting the commissioner of corrections or his designee to have the visits restored. The commissioner or designee shall render a written decision based on an assessment of future risks, rehabilitative needs of the inmate person in department custody or patient, and security of the institution.

PART Cor 306 CONTROL OF CONTRABAND ON DEPARTMENTAL PROPERTY

Cor 306.01 Contraband.

(a) Items identified as contraband shall fall into 2 general categories:

(1) Items not allowed anywhere on departmental property; and

(2) Items not allowed inside departmental facilities that must be secured either in a visitor’s vehicle or within a locker available in a visitor reception area.

(b) Contraband items not allowed anywhere on departmental property shall consist of the following:

(1) Any substance or item whose possession is unlawful for the person or the general public possessing it;
(2) Any explosive device, bomb, grenade, dynamite or dynamite cap or detonating device including primers, primer cord, explosive powder or similar items or simulations of these items; and

(3) Lock-picking kits or tools or instructions on picking locks, making keys or making surreptitious entry or exit.

c) Neither visitors from the general public nor DOC employees shall be permitted to have in their possession items not allowed anywhere on departmental property.

(d) Contraband not allowed inside departmental facilities shall include the following:

(1) Any firearm, simulated firearm, or device designed to propel or guide a projectile against a person, animal, or target;

(2) Any bullets, cartridges, projectiles, or similar items designed to be projected against a person, animal, or target;

(3) Any drug item, whether medically prescribed or not, in excess of a one day supply or in such quantities that a person would suffer intoxication or illness if the entire available quantity were consumed alone or in combination with other available substances;

(4) Any intoxicating beverages;

(5) Knives and knife-like weapons;

(6) Clubs and club-like weapons;

(7) Maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds, or its vicinity;

(8) Sums of money or negotiable instruments in excess of $100;

(9) Pornography or pictures of visitors or prospective visitors undressed;

(10) Radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials;

(11) Identification documents, licenses, and credentials not in the possession of the person to whom properly issued;

(12) Ropes, saws, grappling hooks, fishing line, masks, artificial beards or mustaches, cutting wheels, or string, rope, or line impregnated with cutting material, or similar items to facilitate escapes;

(13) Balloons, condoms, false-bottomed containers, or other containers which could be used to facilitate transfer of contraband; and

(14) Tobacco products, except those secured in a visitor’s locked vehicle; and
(15) Cellphones.

(e) Visitors from the general public, and DOC staff, when the items are not owned or issued by the department, shall secure items that are not allowed inside any departmental facility either in the visitor’s locked vehicle or within a locker available in a visitor reception area.

(f) DOC staff shall secure items that are not owned or issued by the department and are not allowed inside any departmental facility either in their vehicle or within a locker available in an approved area not in the secure perimeter of departmental facilities.

Cor 306.02 Contraband on Departmental Property Prohibited. The possession, transport, introduction, use, sale or storage of contraband on departmental property shall be prohibited under the provisions of RSA 622:24 and RSA 622:25.

Cor 306.03 Searches and Inspections Authorized.

(a) Any person or possessions on departmental property shall be subject to search to discover contraband. Searches shall be necessary to prevent the introduction of contraband into the facilities and the hands of inmates and patients persons under departmental control and to prevent escapes, violence, and situations where violence is likely. Travel onto departmental property shall constitute implied consent to search for contraband pursuant to RSA 622:24-25, and RSA 622:39. In such cases where implied consent exists, the visitor shall be given a choice of either consenting to the search or immediately leaving departmental property. Nothing in Cor 306.03, however, shall prevent non-consensual searches in situations where probable cause exists to believe that the visitor is or has attempted to introduce contraband into a departmental facility pursuant to the laws of New Hampshire concerning search, seizure, and arrest or otherwise authorized by law.

(b) All motor vehicles parked on departmental property shall be locked and have the keys removed. Correctional personnel shall check to ensure that vehicles are locked and shall visually inspect the plain view interiors of the vehicles. Vehicles discovered to be unlocked shall be searched to ensure that no contraband is present. Contraband discovered during searches shall be confiscated as evidence and turned over to law enforcement authorities for use in possible prosecution.

(c) All persons entering departmental facilities to visit with inmates persons under departmental control, patients of the SPU, or staff, or to perform services at the facilities or to tour the facilities shall be subject to having their persons checked for contraband. In order to minimize the scope of such searches, items not needed for the visit such as purses, coats, and other baggage shall be left either in the vehicles or in the small lockers provided. All items and clothing carried into the institution waiting area shall be searched for contraband. Items left at the storage area shall be subject to inspection and search. Contraband seized shall be retained as evidence and turned over to law enforcement authorities for use in possible prosecution.

(d) Departmental employees shall be subject to search as follows:

(1) General searches of groups of employees shall be scheduled with prior approval of the chief administrator of the facility where the employees are assigned or designee. General searches shall not be subject to the probable cause standard for individual searches as set forth below. Such searches shall be limited to contents of pockets and bags or other items used to carry personal belongings unless otherwise authorized by the chief administrator of the facility or designee; and
(2) Individual searches of employees, who are not part of a group being searched during a general search, shall be conducted when there is probable cause to do so with the approval of the chief administrator of the facility or a staff member named as acting chief administrator. Based upon the information used to determine probable cause, such searches can include such measures as pat searches, strip searches, or cavity searches.

(3) Such searches, pursuant to (2) above, shall be subject to the following:

a. Individual employees shall not be searched by a person of lower rank or the opposite sex; and

b. Such searches shall only be conducted when the chief administrator of the facility is satisfied there is reason to believe the employee is in possession of contraband or unauthorized property.

(e) When reliable information exists from informants or law enforcement agencies that a visitor is expected to deliver contraband to an inmate person under departmental control, or patient of the SPU, the visitor shall be offered the opportunity to choose to be searched, including strip searched and a viewing of body cavities, or not to enter the facility. Since such searches are unpleasant and time consuming for all involved, they shall be required only on the authority of the chief of security, chief administrator of the facility, or higher authority on a special need basis where such apparently reliable information clearly mandates the need for contraband exclusion. Such searches shall be accomplished by 2 or more staff members of the same sex as the person to be searched and shall be done out of the public view.

Cor 306.04 Inspection of Material Subject to Attorney-Client Privilege.

(a) Material the confidentiality of which is protected by attorney-client privilege shall be, nevertheless, subject to some inspection, as outlined below, to insure the absence of contraband. The interest of inmates persons under departmental control and patients of the SPU and attorneys in maintaining the confidentiality necessary to effectuate legal representation shall be accommodated to the maximum extent possible consistent with the facility's need to insure internal security.

(b) Prior to entering a departmental facility, all visiting attorneys and other persons designated in writing by the attorney as his or her agent, such as paralegals, law clerks, or private investigators, shall be required to certify in writing that no written or other contraband is contained in any material brought into the facility by the attorney or the attorney’s agent.

(c) Prior to entering a departmental facility, all visiting attorneys and other persons designated in writing by the attorney as his or her agent, such as paralegals, law clerks, private investigators, shall submit their persons and all books, briefcases, folders, files, or other containers of whatever description being carried by them to a search by the appropriate officer.

(d) Prior to any search, the attorney or his or her agent shall designate which materials in his or her possession, if any, are subject to an attorney/client privilege of confidentiality.

(e) The inspecting officer shall search all material except that designated as coming within the scope of attorney/client privilege. Material designated as privileged shall only be inspected in a manner detailed in (f) below and in the immediate presence of the visiting attorney or the attorney’s agent.
(f) The inspecting officer shall not scrutinize any material designated as privileged for textual contraband. Rather, the attorney shall place the privileged material or file face down or text side down on a flat surface designated by the officer. The officer shall then by touching or mechanical means inspect the privileged material to insure the absence of concealed physical contraband other than textual contraband. Such inspection shall include a page-by-page separation of and pat down of the privileged written material provided the inspected material is examined text side down and in the presence of the visiting attorney. The attorney shall insure that no attempt to read any confidential material occurs, and shall report any suspected violation to the warden or his or her agent immediately. The warden or his or her agent shall initiate immediate and appropriate administrative action against any officer violating any provision of this rule.

(g) The procedures set out herein pertaining to the inspection of privileged material sought to be introduced into a facility shall also be applicable to privileged material upon departure from the facility.

(h) Inspected legal material may be given to the inmate person under departmental control or patient client during the visit.

PART Cor 307 WORK RELEASE

Cor 307.01 Work Release Program Purpose. The work release program shall provide a structured community-based opportunity for eligible inmates persons under departmental control to reintegrate into the community by obtaining employment and other approved rehabilitative activity while residing in a residential setting under control of corrections department personnel. Control shall means residing in a transitional housing unit. Inmates Individuals participating in the program shall be assisted in a graduated program of lessening restrictions as they demonstrate increasing social responsibility.

Cor 307.02 Work Release Program Description. The program shall provide guidance and control over the inmates persons under departmental control while assisting them in completion of their program. Inmates Individuals in the program shall be assigned to a departmental transitional housing unit, taking into consideration availability of employment, educational opportunities, public safety, public acceptance, and the desires of the inmate.

Cor 307.03 Eligible Entrants.

(a) Inmates Persons under departmental control eligible for entry into the work release program shall include those who meet the following criteria:

(1) The inmate individual shall be within 12 months of parole if serving on the last sentence;

(2) If detainers or warrants have been lodged, the inmate individual may seek approval through the administrator of classification;

(3) The administrator of classification after reviewing the detainers and warrants, and considering any perceived risk to the public, shall base his or her decision upon:

   a. The seriousness of the underlying offenses;

   b. The inmate’s individual’s institutional record;
c. The criminal history of the inmate individual;

d. Any unpaid fines, and/or restitution or both;

e. Warrants issued as a condition of parole; and

f. The originator of the warrant does not seek extradition.

(4) The inmate individual shall not have been found guilty of any departmental disciplinary actions for the past 60 days where prison privileges could have been curtailed as a sanction;

(5) The inmate individual shall be favorably recommended for program participation by the classification bureau; and

(6) The inmate individual shall possess sufficient funds in his or her account to cover initial expenses associated with participation in the program as determined by the department.

Cor 307.04 Eligible Entrants from Other Sources Than Prison.

(a) Parolees shall be eligible to participate in the program under such conditions as the adult parole board shall prescribe for them.

(b) Inmates Persons under departmental control committed or transferred to the secure psychiatric unit shall be eligible to participate in departmental work-release programs if consistent with the inmate’s individual’s treatment plan and program space availability. However, inmates individuals who object and patients who do not have a state prison sentence shall not be placed in state prison programs.

Cor 307.05 Inmates Persons under Departmental Control Required to Follow Rules. Inmates Persons in DOC custody at transitional housing units shall scrupulously follow the rules and instructions provided by the staff. Any failure to follow rules and orders shall result in the inmate individual being removed from the program.

Cor 307.06 Disposition of Inmate Persons under Departmental Control Funds.

(a) Each inmate person under departmental control shall have a limit placed on the amount of money at his or her disposal. Inmates Individuals having funds in their possession greater than authorized shall be guilty of violating standards of behavior as established by the commissioner. Such person shall be subject to sanctions which shall include, but not be limited to, loss of privileges, loss of good time, confiscation of contraband pursuant to RSA 471-C, and prosecution.

(b) Inmates Individuals shall report to their case managers all funds received by them or credited to their account.

(c) The inmate individual’s case manager shall assist the inmate individual in approved disposition of the funds, which includes payments for:

(1) Room and board payments in the specified amount;
(2) Transportation fees;

(3) Medical, dental, and prescription costs;

(4) Monthly shared costs of residents individuals such as television, telephone, and similar items;

(5) Court ordered restitution or fees and child support as ordered;

(6) Family support;

(7) Personal expenses in approved amounts;

(8) Savings; and

(9) Other expenses as ordered by the courts or regulatory agency having such powers.

**Cor 307.07 Approved Absences.**

(a) Upon application, and with a concurring recommendation from the person under departmental control’s case manager of the facility, and the unit manager program manager of the transitional housing unit facility shall approve absences from the facility unit for any inmate individual who meets the following criteria:

1. The inmate individual shall be serving the last 90 days of his or her last sentence;

2. The inmate individual shall be physically and mentally capable of conducting himself or herself in a law abiding manner and can be without escort or supervision without putting either the public or property at risk;

3. The inmate individual has demonstrated through institutional behavior a level of responsibility which provides reasonable assurance he or she will fully comply with the requirements of the approved absence and will not jeopardize the safety of persons or property; and

4. The purpose of the approved absence shall be to:
   a. Visit immediate family, including:
      1. Father, either natural, adoptive, or step;
      2. Mother, either natural, adoptive, or step;
      3. Brother, either natural, adoptive, or step;
      4. Sister, either natural, adoptive, or step;
      5. Wife;
6. Husband;

7. Children, either natural, adoptive, or step; or

8. Legal civil union partners; or

9. Grandchildren;

b. Attend the funeral of immediate family, as described in a. above;

c. Obtain medical treatment as prescribed by an appropriate medical authority; or

d. For attendance at specific community activities, including:

1. Religious;

2. Educational;

3. Vocational;

4. Social;

5. Civic; or

6. Recreational activities.

Cor 307.08  Removal from the Program.

(a) Work release status shall not be considered a right, but shall be a privilege. Any inmate person under departmental control shall be removed from the program at any time by the commissioner or the chief administrator of the facility if either believes or has reason to believe the peace, safety, welfare, or security of the community or any person will be endangered by the person on work release status. Any inmate shall be removed from the program for the benefit of the program when public acceptance of the work release program will be adversely affected by the presence of any inmate or group of inmates whether or not the inmate involved performed acceptably in any residential setting.

(b) Inmates Individuals so removed shall be returned to a more secure correctional setting.

(c) Parolees so removed shall be returned to the prison.

(d) Patients shall be returned to the secure psychiatric unit SPU.

(e) An inmate individual who is placed in escape status at a transitional housing unit shall upon return to custody be returned to prison and not returned to the transitional housing unit, at least until the incident is resolved.

PART Cor 308  HOME CONFINEMENT

Cor 308.01  Confinement to a Person's Place of Residence.
(a) Under the provisions of RSA 651:2, V (b) a court may order that, as a condition of probation, a person be confined to his or her place of residence for not more than one year in the case of a misdemeanor or more than 5 years in the case of a felony.

(b) Home confinement shall be monitored by a probation/parole officer, supplemented by electronic monitoring to verify compliance when established by the court or the parole board as a condition of supervised release.

(c) Home confinement shall be recommended to the commissioner as a punitive sanction for offenders meeting the following criteria:

1. The offender shall establish and maintain a residence and employment plan that meets the control needs identified for the individual by the evaluating probation/parole officer;

2. The offender shall have been placed on probation or parole and identified as being in need of a highly structured community release program in which activities beyond employment, self-improvement pursuits and fulfilling basic needs require strict and close monitoring beyond that provided under curfew restrictions;

3. The offender shall agree to maintain telephone service in his or her residence;

4. Less restrictive alternatives have not proven successful, or are not adequate for the specific offender; and

5. The offender is a probationer or parolee who is considered, by the evaluating probation/parole officer, to be a substantial risk for repeated infractions of probation conditions, if not rigidly monitored.

(d) The department shall recommend to the adult parole board that home confinement be considered as a condition of parole for offenders in need of a highly structured community release program in which activities beyond employment, self-improvement pursuits, and fulfilling basic needs require strict and close monitoring beyond that provided under curfew restrictions.

(e) Any offender in home confinement who violates the conditions established shall be subject to immediate arrest by a probation/parole officer or any authorized law enforcement officer and brought before the court or adult parole board for an expeditious hearing pending further disposition pursuant to RSA 651:2, V(f).

PART Cor 309  INTENSIVE SUPERVISION PROGRAM

Cor 309.01  Intensive Supervision Program.

(a) Intensive supervision shall be an alternative to incarceration and shall be the highest level of supervision provided in probation and parole.

(b) An offender shall be considered eligible for intensive supervision when the following criteria shall have been met:
(1) The offender individual shall be a prison-bound offender, a convicted felon on probation who otherwise would be sentenced to a term in the state prison, including felons for whom a house of correction sentence has or might be selected, when probation failure could be punished by a state prison sentence;

(2) The offender individual shall not, at any time, have been found guilty of committing, attempting to commit, soliciting to commit, or conspiring to commit any drug related offense or offense of violence, and/or assault, or both including, but not limited to, the following:

   a. RSA 629:1, 629:2, 629:3;
   b. RSA 630:1;
   c. RSA 630:1-a;
   d. RSA 630:1-b;
   e. RSA 630:2;
   f. RSA 631:1;
   g. RSA 632-A:2;
   h. RSA 633:1;
   i. RSA 636:1;
   j. RSA 642:6;
   k. RSA 642:9;
   l. RSA 649-A; and
   m. RSA 650-A:1; and

(3) The offender individual shall submit to the division of field services a residence plan that is a stable living arrangement in a law-abiding environment.

(c) Should the offender individual be ineligible for the intensive supervision program pursuant to (a) above the offender individual may seek a waiver of the criteria by the commissioner through the classification process.

(d) The commissioner or designee shall decide whether any or all criteria established in (a) above are to be waived based upon whether:

   (1) The offender individual has any prior criminal convictions;

   (2) The offender individual’s criminal act or acts were committed under duress, domination by another, mental or emotional stress, or similar circumstances;
(3) The offender individual is able to document that he/she has been able to maintain stability with regard to work history, residence, education, or family; or

(4) The offender individual is able to document other factors that would tend to substantiate the offender’s ability to maintain a law abiding lifestyle.

(e) Any offender individual placed in the intensive supervision program who violates the conditions or restrictions of his/her probation shall be subject to immediate arrest by a probation/parole officer or any authorized law enforcement officer and brought before the court for an expeditious hearing pending further disposition pursuant to RSA 651:2, V(f).

PART Cor 310 PAYMENTS AND COLLECTIONS

Cor 310.01 Payments and Collections.

(a) All payments and collections of fees, fines, and restitutions shall be pursuant to orders of the court or the adult parole board. Service and supervision fees shall be collected pursuant to RSA 504-A:13.

(b) The offender individual shall execute a payment contract that shall set forth the obligations of payment and shall include a payment plan as agreed to by the division of field services or the court.

(c) Individual ledgers shall be maintained by the department that shall accurately reflect the balance due and any and all payments made by or on behalf of the offender individual.

(d) Failure to make payments in accordance with the payment contract shall result in the filing of a notice, and/or violation, or both with the court or adult parole board if appropriate.

(e) Upon receipt of any payment made, in full or in part, the payer shall be given a receipt and such payment shall be appropriately recorded.

(f) All changes in court orders or parole board orders or payment plans regarding payment and collections shall be appropriately documented by the execution of an updated payment contract.

(g) The department shall maintain all records and corresponding documentation in a manner and method consistent with generally accepted accounting principles.

(h) In the event the offender individual makes a payment with a check which is returned to the division of field services by the bank due to insufficient funds, a notice shall be promptly forwarded to the offender individual notifying him/her of the insufficient funds status of the account and instructing him/her that all future payments shall be made in the form of cash, certified bank draft or money order. The offender individual shall be held responsible for any bank or other charges levied for the insufficient check pursuant to RSA 6:11-a.

(i) Arrearage notices shall be forwarded to the offender individual when he/she becomes 30 days behind in the payment obligation as contained within the offender individual’s payment contract.
### Appendix

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