Inmate Surveys, Part VI

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
N/A Printed name: N/A

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, ✓ NO.

Comments: Often I've witnessed staff at varying degrees labeling inmates to either staff or other inmates. At O.C.C. I received minimal food portions compared to others.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective Custody

4) How many times have you been on segregation status? 1st time 9 days; 2nd time 17 days - 3rd 60 plus and counting
1st time was disciplinary, 2nd + 3rd protective Custody.

5) Overall, approximately how long have you been on segregation status? A couple months this time but I've been in protective Custody roughly 3½ yrs. @ two different institutions.

6) During this stay, or your most recent stay in segregation status, how long were you held?
see question #4.

7) What **mental health treatments** are available to you when on segregation status?
None - As I've been told repeatedly "We do not provide mental health programs to inmates in segregation units including Protective Custody."

8) How often are you contacted by **a mental health** practitioner? Once
Typically, how much time do they spend with you? 5 min or less.

9) What **programs** are available to you in segregation status?
None as I've been informed that they are not provided to inmates in segregation including Protective Custody

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? CSORT has recommended Ohelp which is, due to varing factors unavailable to me, but necessary for me to prole.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
I hope to successfully complete the Ohelp program in an effort to gain the trust of the parole board as relating to my possible parole as afforded other inmates.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

I'm pleading for the opportunity, (absent the harassment and threats of violence) to be able to successfully complete the Ohelp program. Vocational and a job placement program I feel is imperative to empower inmates towards success.

Please provide any additional comments below:

Additional Comments regarding segregation status: The need for programming in the Segregation units, allows inmates the opportunity for self betterment, a sense of responsibility, accomplishment and potentially a sense of self-worth. Should mental health programming and habilitation or rehabilitation become a priority as part of the structure of the Department of Corrections

In my situation I am in protective custody as a result of dedicating myself to non-violence while I was harrassed, physically threatened, my property destroyed and stolen. This has occured at more than one institution. However in the present state, I'm not allowed to participate in the Ohelp program because of "what's stated as a waiting list" and lack of availability of programming in the segregation unit.

I am more than willing and eager in my desire to successfully complete the Ohelp program. I do my best to avoid misconduct reports, as the record would show are minimal.

In closing, I hope to encourage the powers that be, to create an opportunity (for those of us who don't creat problems in prison) for inmates to be able to successfully participate (without the threats, harrassments and violence) in the recommended programming with the objective to successfully assure the parole board and the public that I/we are of no further threat and are paying our debts to society.

Thank you.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

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1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: THE STAFF DO NOT RESPOND TO OUR REQUESTS FOR HELP AND WHE THEY DO, THEY TELL US TO CONTACT SOMEONE ELSE.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
INVOLUNTARY PROTECTIVE CUSTODY

4) How many times have you been on segregation status? 2

5) Overall, approximately how long have you been on segregation status? 6 1/2 MONTHS

6) During this stay, or your most recent stay in segregation status, how long were you held?
4 1/2 MONTHS

7) What **mental health treatments** are available to you when on segregation status?
NO TREATMENT IS AVAILABLE, DUE TO THE FACT THAT I'M IN SEGREGATION, ALTHOUGH I AM INVOL. PROTECTIVE CUSTODY

8) How often are you contacted by **a mental health** practitioner? 1 X A MONTH
Typically, how much time do they spend with you? 5 MINUTES

9) What **programs** are available to you in segregation status?
NO PROGRAMS ARE AVAILABLE

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? I AM RECOMMENDED FOR IOP (
INTENSIVE OUTPATIENT TREATMENT

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
HAVING A ONE-ON-ONE SESSION WITH A COUNSELOR ONCE A WEEK

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

AA, MENTAL HEALTH COUNSELING - ONE-ON-ONE SESSIONS

Please provide any additional comments below:

Additional Comments regarding segregation status:

BEING ON SEGREGATION IS PUNISHMENT ENOUGH. I'm ON INVOLUNTARY PROTECTIVE CUSTODY. I HAVENT DONE ANYTHING WRONG TO BE HERE, YET I AM TREATED AS IF I HAVE. I AM NOT GIVEN THE SAME OPPORTUNITIES TO GET HELP AS POPULATION (GENERAL POPULATION). WHEN I SEND REQUESTS ASKING TO SEE MENTAL HEALTH OR POSSIBLY GO TO AA, I AM EITHER DENIED OR TOLD TO CONTACT SOMEONE ELSE. AND WHEN I SEND A REQUEST TO PRISON ADMINISTRATION STAFF, THEY TELL ME TO WORK WITH MY UNIT STAFF.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

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Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
NA Printed name: NA

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, ✓ NO.

Comments: I think that the mental health personal could find a better way of helping those who actually need it.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective custody

4) How many times have you been on segregation status? Two times

5) Overall, approximately how long have you been on segregation status? 2 or 2½ years

6) During this stay, or your most recent stay in segregation status, how long were you held?
3 months

7) What **mental health treatments** are available to you when on segregation status?
It seems to me as if there is very minimal treatments available to those of our segregated status.

8) How often are you contacted by **a mental health** practitioner? right now not often
Typically, how much time do they spend with you? 5-10 minutes

9) What **programs** are available to you in segregation status?
At this time i do not believe there are any programs available to us.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? I-help, SAU,

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
1 on 1 counseling on a weekly basis.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

I-HELP, SAU

Please provide any additional comments below:

Additional Comments regarding segregation status:

I believe that most of us in the segregated population are somehow being punished and ~~they~~ therefore not given the same opportunities as those in General Population. If given the opportunities that ~~we~~ are given else where, i could have been out by now.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

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1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? X YES, _____ NO.

Comments: _____

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Immediate Segregation

4) How many times have you been on segregation status? first

5) Overall, approximately how long have you been on segregation status? 30 days

6) During this stay, or your most recent stay in segregation status, how long were you held?
_____

7) What **mental health treatments** are available to you when on segregation status?
none

8). How often are you contacted by **a mental health** practitioner? never
Typically, how much time do they spend with you? _____

9) What **programs** are available to you in segregation status?
none

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? I have not been seen to talk of what my individual plan is

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
none

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

I am willing to do any and all programs offered to me to better myself as a citizen of the community

Please provide any additional comments below:

Additional Comments regarding segregation status:

OPTIONAL: Name _____ INMATE NUMBER _____

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1) If someone from the facility helped you fill out this form, please have them sign here
N/A Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, _____ NO.
50/50

Comments: Medical has been good; certain staff members (c/o's), I only speak to a few; other inmates, I only trust myself, inmates (new & some old ones) are a joke anymore - to many gang-members, they try to run this place, very disrespectful. Someone has gone to get hurt real bad.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
PC

4) How many times have you been on segregation status? (1) once out of 27 yrs.

5) Overall, approximately how long have you been on segregation status? 12 months

6) During this stay, or your most recent stay in segregation status, how long were you held?
about 3 months in H.U. #4 Seg. Unit Dec. 13 to now (P.C.)

7) What **mental health treatments** are available to you when on segregation status?
I have no clue -

8) How often are you contacted by **a mental health** practitioner? _____
Typically, how much time do they spend with you? no more than a few minutes.

9) What **programs** are available to you in segregation status?
I have no clue

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? I do not have my individualized plan handy, at this time my cases are being investigated by an Innocence Project. I am claiming my innocence. Thank you.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
I can go back to general population, if I so desire, however, Administration won't guarantee my safety, I was assaulted by a gang member and threaten by this person, however, this person is not here anymore. I'd have to sit down with you and tell you face to face what has gone on in here, it would take you breathless and would be the truth, no bullshit here. I'd like to blow the whistle on this place.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Same question asked on #11

Please provide any additional comments below:

Additional Comments regarding segregation status: I can speak for alot of us in P.C, we the inmates in P.C would like to return to general population, we would like for all gang members (particularly the (Peckerwoods). If your assigned to a housing unit like RTC and have to go to drug classes or writing to go, gang members want to know what your doing time for and when they find out, they want "Rent money," or you go to the store for them or you have your family send money to their family. They are like the scum-bag "Ish", we the inmates would like for their removal or a law, you touch me, its more than 5 yrs (make it 25 yrs - consecutive)

I have been here for 27 years and I have lost my job of 8 yrs because of gang members and because of scared-ass staff that won't do anything.

NSP was not a bad place to do time in 1987 to about 2002. It has gone to hell because the Administration won't put a biggin foot down.

Thank you

Get Rid of the Scum-bags (Gang Members) and NSP maybe able to come an open yard prison instead of a lock-down shit hole, thanks to the punks (Gang members)

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

I am not afraid to say it... I am 61 yrs. old

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_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.

Comments: I'm here for Assault yet I'm being forced to do A Drug program. Yet to do the program I have to Assault other or get Assaulted. For my past and my stepson!

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective Custody

4) How many times have you been on segregation status? 4 time in 4 years

5) Overall, approximately how long have you been on segregation status? 2 1/2 years

6) During this stay, or your most recent stay in segregation status, how long were you held?
2 1/2 year

7) What **mental health treatments** are available to you when on segregation status?
None truthfuly deside's there 90 day's 5 min Q&A

8) How often are you contacted by **a mental health** practitioner? Every 90 days if you on there list
Typically, how much time do they spend with you? 5 min

9) What **programs** are available to you in segregation status?
None

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Anger mangment / Substant Abuse

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Anger mangement / Substant Abuse

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Anger management / Substand Abuse

Please provide any additional comments below:

Additional Comments regarding segregation status: I've been fighting this with the Department for almost a year now. They want me to do programing yet they don't give it to us on P.C.

An if I return to the yard to take programing I run the risk of getting in a fight where one or both party's get truely hurt. Or there's the risk of a group fight and that's not what I'm wantting!

yet Dan Sheiman of R.T.C can't seem to see that. There's guy's like me who have programing to take and who want to take it yet we are not willing to give up two more extra year's of our life's to lose good time to take there program's! For we fight we lose, we don't do the program we lose. Which is more important keeping people safe and the Assault's down or pushing people on a list for programing so they can get more money the following year?

Here's something for you to read. Everyone else already has a copy maybe it will help maybe not.

I just want to do my time and return to my family.

For I have a parole hearing in NOV 2014 and JAN NOV 2015 Either way I'll be home and this same old fight will be going on! It's been this way sense I first started coming to prison in 1986 at the age of 19 what make you or Anyone think it's ever going to change?

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

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2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: NO ACCESS TO ANY Programing - Self Help, or Required programs

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective Custody, DUE TO being Jumped on YARD

4) How many times have you been on segregation status? 1

5) Overall, approximately how long have you been on segregation status? JAN 2014 - Present

6) During this stay, or your most recent stay in segregation status, how long were you held?
8 3/4 months

7) What **mental health treatments** are available to you when on segregation status?
None That I am aware of

8) How often are you contacted by **a mental health** practitioner? Ever 90 Days
Typically, how much time do they spend with you? 3-5 minuts

9) What **programs** are available to you in segregation status?
NONE, we are Locked Down 22 hrs & 15 min A DAY

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? SAU, BHEP

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
The Programs That are Recomended for me to Parole AND They do Not want to send us TO A Prison that has them

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

NA - AA, Any Self Help Program Plus The Recommended or get us Transford Some were, where we can Do our Programing

Please provide any additional comments below:

Additional Comments regarding segregation status: To whom it may concern.
Although I Requested Protective Custody, it was due To being Jumped & Assualted on The yard At NSP N.S.P. And Told if I did not get off The Yard, It would be worse The Next Time
Now I Am Stuck in P.C. because NSP Staff will Not Transfer me To O.C.C To do my Required Programing per my Personalized Plan And per The Parole Board, So I will have A Chance at Parole.
I meet All ~~[illegible]~~'s Requirements, Point, Sentence Structure, No Misconduct Reports, To be Transford To O.C.C.
I do Not understand Why I Am Still Stuck in P.C.
Like I Said, I did Request P.C. but only because I feared being Assualted Again.
It's Not Like I Want To be in Seg, I Want To do my Required Programing And Return To my Family
Something Need's To be done About NSP Administration. Thank You
They Can't keep Getting Away with Treating people Like this.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

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_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, __X__ NO.

Comments: If you send a kite to say Dr. Baker, more than likely it will not get to the Doctor and even in some cases will end up in the hands of a unit manager or the deputy warden.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
I am on death row, but even death row inmates should be treated as otherinmates are treated, when it comes phyiscal health or mental health.

4) How many times have you been on segregation status? death row is segregation--but I havve been in the hole many times over the years.

5) Overall, approximately how long have you been on segregation status? 28 years

6) During this stay, or your most recent stay in segregation status, how long were you held?
28 years

7) What **mental health treatments** are available to you when on segregation status?
Not much of any. They expect you to stand at your door and talk to them or do it in front of some other staff members. If you go to segregation review, a State paid mental health person is there and that is not private, and it should be.

8) How often are you contacted by **a mental health** practitioner? Someone comes around once or twice a month
Typically, how much time do they spend with you? None. Because the person is not treating you with proper care of or with confidentiallity.

9) What **programs** are available to you in segregation status?
For death row, NONE

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? NONE

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Death row does not get any, and yet sometimes death row inmates get life sentences and even get set set free, but we have nothing to help us with either, if it should happen.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?
On death row, as in segregation, you live alone and if you go into general population and are suddenly forced to live with someone, that could be very hard to do, mentally. Dunster is a prime example of that.

Please provide any additional comments below:

Additional Comments regarding segregation status: One time I could tell that Roy Ellis, 67749, was having problems and he had stated that in the past he trusted Dr. Baker, so I wrote a kite to Dr. Baker, and explained to the Doctor what I observed from Mr. Ellis and Dr. Baker never recieved the kite, it was intercepted by Michelle Hillman/Capps and then sent to Unit Manage Gabe Meints (unit manager of Housing Unit One F Gallery) and he called Mr. Ellis in and let him read the kite. The kite was confidential, yet it was not treated that way, and down the road it caused problems between Ellis and myself, though we have worked it out since. On one other time, they had an inmate here on "F" gallery, and he was in cell 16, which is by the main door. People come in and out of it 24/7 and they knew the guy had problems, and he ask to be placed into a different cell, because he could not get any sleep or to be taken back to the hole, (Special Management Unit/SMU or the Hole) and guards begin to make fun of him and Meints the unit manager refused to move him and let the guards stand at the guys door and make fun of him and the guy snapped and through his TV set at the door. They suited up and ran in on the poor guy and took him back to the hole, and it was just a **BIG JOKE** to Meints and guards. That is how things are done around here and it is how Jenkins was treated and why all that happened. The inmates that need help **DO NOT GET MENTAL HELP AT TSCI AND IT IS A JOKE TO THE GUARDS AND STAFF.** Me, I don't worry about it for myself, I have cancer and other problems and will be dead long before you people do one tiny thing for people that need help.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

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_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? X YES, ____ NO.

Comments: _____

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)

_____

4) How many times have you been on segregation status? 1

5) Overall, approximately how long have you been on segregation status? 7 days

6) During this stay, or your most recent stay in segregation status, how long were you held?
7 days

7) What **mental health treatments** are available to you when on segregation status?
none really just talked to some gaurds

8) How often are you contacted by **a mental health** practitioner? 1 a month
Typically, how much time do they spend with you? 20 min

9) What **programs** are available to you in segregation status?
? not sure

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? none on my plan

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
help get my meds leveled off

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

no programs

Please provide any additional comments below:

Additional Comments regarding segregation status:

OPTIONAL: Name _____ INMATE NUMBER _____

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1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ✓ YES, _____ NO.

Comments: MENTAL HEALTH IS GOOD BUT OVER~~TAXED~~-WHELMED. MEDICAL IS NEARLY NON-RESPONSIVE BY CITIZEN STANDARDS, AND OFTEN MINIMIZES TREATMENT FOR ANY INJURY. STAFF IS PROFESSIONAL. NO REAL DEALINGS W/ ADMINISTRATI

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
PROTECTIVE CUSTODY

4) How many times have you been on segregation status? ONCE. JAN 2011 → SEPT 2014. VOLUNTARY.

5) Overall, approximately how long have you been on segregation status? ↑

6) During this stay, or your most recent stay in segregation status, how long were you held?
3 years, 8 months, approximately.

7) What **mental health treatments** are available to you when on segregation status?
None.

8) How often are you contacted by **a mental health** practitioner? ONCE A MONTH.
Typically, how much time do they spend with you? 5 to 7 MINUTES.

9) What **programs** are available to you in segregation status?
G.E.D. ONLY. No OTHER PROGRAMS, AND MANY SEX OFFENDERS NEED TO COMPLETE PROGRAMMING TO BE RELEASED AND ARE ATTACKED IF THEY VOLUNTARILY LEAVE P/C AND END UP BACK IN P/C.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? VARIOUS SEX OFFENDER PROGRAMS — I HAVE NO WAY TO DO ANY of THEM IN P/C AND HAVE A LIFE SENTENCE SO I CONCENTRATE ON STUDYING MY BIBLES AND GROWING W/ GOD. PERSONAL JOURNEY

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
IF I WERE TO HAVE A DIFFERENT SENTENCE STRUCTURE, HYPOTHETICALLY, MENTAL & RECOVERING SEX OFFENDER THERAPY.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?
SEX OFFENDER PROGRAMS.

Please provide any additional comments below:

Additional Comments regarding segregation status: STAFF IS PROFESSIONAL. WE'RE ALL HUMAN, THOUGH I WAS A FAR WORSE PERSON WHEN I WAS "OUTSIDE," MY GROWTH HERE HAS BEEN ENTIRELY DUE TO EMBRACING GOD (I WAS RAISED IN A NON-PRACTICING JEWISH HOUSEHOLD) THROUGH CHRIST.

IF YOU ARE SERIOUS ABOUT SECULAR SOLUTIONS FOR SEX OFFENDERS, THE COMMITTEE MUST REALIZE THAT "S.O.'s" CANNOT GENERALLY STAY IN GENERAL POPULATION, THAT RE-ENTERING "GEN. POP." VOLUNTARILY TO TRY TO COMPLETE RECOMMENDED OR REQUIRED PROGRAMS OFTEN LEADS TO VIOLENCE — AND THE COMMITTEE SHOULD HAVE SUCH STATISTICS, OR LEARN THEM — 'THE PLURAL of "ANECDOTE" IS "DATA."'

IN P/C WE HAVE NO CHAPEL, SO EVEN NON-SECULAR, SPIRITUALLY-BASED WORK IS RELIANT ENTIRELY ON GOD AND EACH INMATE. WE HAVE NO PROGRAMS SAVE G.E.D.

FROM A TREATMENT PERSPECTIVE, WHERE WE HAVE TO SIGN DOCUMENTS SAYING WE BELIEVE WE ARE NOT IN DANGER LEAVING P/C, KNOWING FULL-WELL WE ARE, JUST TO GET TREATMENT... I WILL LEAVE CONCLUSIONS UP TO THE COMMITTEE AS MY PERSPECTIVE AND DATASET IS LIMITED.

LASTLY, THIS IS NOT A STAFF PROBLEM, BUT A RULES PROBLEM.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

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1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.

Comments: Once your in seg they like to forget about you & warehouse you

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)

_____

4) How many times have you been on segregation status? four

5) Overall, approximately how long have you been on segregation status? 14 months 174 days

6) During this stay, or your most recent stay in segregation status, how long were you held? 115 days

7) What **mental health treatments** are available to you when on segregation status? none

8) How often are you contacted by **a mental health** practitioner? Once
Typically, how much time do they spend with you? about 5 mins

9) What **programs** are available to you in segregation status? None

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? CVort

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison? One on one counseling, Anger managment

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Life skills, how to fill out apps, classes on how to deal with anger triggers

Please provide any additional comments below:

Additional Comments regarding segregation status: Mental health does not even try to help you. They come down to the gallery to try to talk with you in front of every inmate on that gallery it is embarrassing to talk in front of them all. Plus it's none of there business I am required to do VRP for C-Vort but I never have been convicted let alone charged for a violent crime. I have been in four altercations with other inmates I belive I should do an anger managment class to I have asked to be re-screened to to talk with mental health about this issue to so far I have been ignored. I just belive they want the federal founding for me doing something I really don't need.

Also we are at a maxium prison here at Tecumseh and they don't even have the Voilance Reduction Program here they just barely put in a anger mangement. They want to help people they need to implement more programs. Also they need to screen people better to understand what will help each individual needs instead of just putting us in programs we truely don't need.

I hope this helps and thank-you for asking my opion

When in Seg mental staff should take you somewhere private to talk with you one on one.
Also they should hire more mental health staff because the waiti list to be seen is something like four months or longer.

OPTIONAL: Name _____ INMATE NUMBER _____

[redacted]

I wanted to add this in. I think we should have some kind of Vocational training like welding, HVac, Electrical, carpentery some train in those fields would be helpful to us on re-enter into the job field and give us a better chance at finding a Job.
I have done time over in Iowa you should really look into how they are running there mental health programs, rehab programs and college course. They have tons to help an inmate rejoin society. Also look into how they do there good time and early release programs.

Thank you

[redacted]

9-2-14

[redacted]

P1-E-P

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: _____

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
INVOLUNTARY P.C. for 3 years

4) How many times have you been on segregation status? "AC 2 TIMES" "I.P.C. ONE"

5) Overall, approximately how long have you been on segregation status? April 3 2012 - NOW

6) During this stay, or your most recent stay in segregation status, how long were you held?
2 1/2 Years

7) What **mental health treatments** are available to you when on segregation status?
NONE. A man come around and ask if you need to talk once a month. OR SEE how your holding up.

8) How often are you contacted by **a mental health** practitioner? ONCE a month
Typically, how much time do they spend with you? 30 sec.

9) What **programs** are available to you in segregation status?
NONE. GED / NONE.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? N/A

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
I dont KNOW?

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Drug programs, Anger programs.

Please provide any additional comments below:

Additional Comments regarding segregation status: SEE letter:

OPTIONAL: Name [redacted]ATE NUMBER [redacted]

9-1-14

LR 424 committee.

I've been in involuntary p.c. for about 3 years now mainly because of a on going feud between native americans and suraños that has been going on in all of Nebraska prisons.

It's not only just native Americans. This security threat group has been targeting many individuals from their own race to their own kind and the administration is helpless to stop them.

In turn we are not being treated equally to the the trucble makes who are creating these problems, and discrimanating against us by not allowing us to program like your allowing them to we are not allowed to program in p.c. all the p.c unit has is a GED program. Many people cant be parole because they dont have any programing. This is unacceptable because the administration are not maken the necessary move's to fix this problem at a more humane level.

This is a equal protection violation because it establishes that the Nebrask state Dept of corrections is treating a group of none violate inmates differently than the other inmat that are causen problemes. They are getting the chance to program and we are being lock in our room basicly denied of our constitutional rights to rehabilitation.

The administration has repeatly tried to justify their rational basis of denying P.C. Inmates the opportunity to programing and rehabilitate ourselves when we are well with in our right under the 8th and 14th Amendment of the U.S. Constitution.

Over all we are not provided proper resources for treatment and opportunity for rehabilitation. although in the interest of the institution of safety and serinaty is warranted to separate those who are violent and not violent. It doesn't preclude the institution from affording a class of people the sc e rights to rehablitation and equal protection under the law that affords the suroro security threat group or any other group that are the reason for the violents. We are being segregated when we did Nothing wrong.

This type of punishment is equivalent to cruel and unsual punishment in many ways and it has to stop.

Sincerely

[redacted]

P.O. BOX [redacted]
Tecumseh, NE 68450

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, ✓ NO.
Comments: Staff are confrontational, impatient, and generally unpleasant. Some are passive aggressive while others are just aggressive. To get what you need is like pulling teeth.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.) Comments
administrative confinement, Im (but see add. ~~Comments~~)

4) How many times have you been on segregation status? 3

5) Overall, approximately how long have you been on segregation status? 11 1/2 months

6) During this stay, or your most recent stay in segregation status, how long were you held?
10 1/2 months

7) What **mental health treatments** are available to you when on segregation status?
A ~~Counselor~~ Counselor comes down at no specific time, and chats with you - in full hearing of the 20 some other inmates

8) How often are you contacted by **a mental health** practitioner? You have to do the contacting.
Typically, how much time do they spend with you? less than 30 minutes

9) What **programs** are available to you in segregation status?
GED self study packets, life skills if your eligible.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? GED, though I was never told if I could actually take the test or just study for it.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
More one-on-one therapy

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

fitness education so one doesn't deteriorate in SMU.

Please provide any additional comments below:

#3- I was based on IM gallery for 2 1/2 weeks not on the merits of my behavior but because they had no room to put me anywhere else. IM cells, along with the gallery, are structured drastically different than "normal" galleries.

Additional Comments regarding segregation status:

I was in seg. for 20 days after a 10-month stay. When I was released I was trying to get to a specific housing unit because they throw you in GP with whatever consequences be damned. I did 10 1/2 months because I threw at a toothbrush while cleaning the showers. I thought it was simply discarded and broken. But the end was sharpened. I was charged with a Class I possession/manufacture of dangerous contraband. I did not try and hide the toothbrush, I simply threw it away. I have no violent MRs in almost 3 yrs of lockup, no gang affiliation. Yet I did 10 1/2 months because of some dusty policy recommending anyone, regardless of circumstances, do that amount of time.

It is this unthinking, bureaucratic mind that must be obliterated. It reinforces the whole seg. system - from the idea that mentally ill inmates must be confined 23 hours a day to my predicament. This is all "policy" - and it needs changing.

Anytime you leave your cell, (except for showers, 3 days a week) your strip searched. Everytime. This is such a burdensome and demeaning process that avoiding any activities is often the wiser choice.

I can't think of any programs that would counteract the fundamental pollution that encompasses segregated housing. Until the state learns that keeping someone in a box for months and years, for little reason other than convenience, there will be more Nikko Jenkins on the streets every day.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

It should also be noted that, several months ago, Case Worker Barker was assaulted in Housing Unit Two. The inmate was detained and moved to a Intensive Management gallery ("C"). I was still in SMU when this happened, but I learned about it from other inmates and also recognized the inmates name on the board outside C gallerie's entrance.

Sometime later, no more than a month, Case Worker Barker walked down our gallery, C (over B) filling in for some one temporarily. I know this because another inmate shouted out to her asking if she was on this unit. She said, and I remember this very clearly, that she was on C gallery. The same gallery where the person that assaulted her was on. And she wasn't just temporarily filling in, she was <u>assigned</u> to it!!

Barker also has been assigned back to Unit Two, where the assault happened, and despite numerous complaints of harassment and ~~unpro fessionalism.~~ unprofessionalism.

Another thing that ties in with SMU: I was released on 7-18-14 and for 3 weeks (currently 9-4-14) I have been waiting on my normal State-issue clothing. I have only one outfit to change into. I had more clothes in SMU than I do now in GP.

And I was also recently denied a job outside the unit. So I ask anyone who's listening. Since I have no clothes, no productive job or programming - what benefit did leaving SMU get me?

And I am not the only one released from SMU with no clothing. I have talked to at least 2 others who have had the same problem. And they had to repeatedly complain about it and wait a unreasonable amount of time to get those clothes. As am I.

SMU is a failure - it neither protects nor deters. It does one thing and it does it well: Condition its inhabitants into dysfunction so they either cannot or do not want to, operate in any place not strictly controlled.

But SMU doesn't operate in a void. It is entrenched inside a system that has also failed on nearly every level imaginable.

One of such is the policy of enhancement known as

"Flagrant." A misconduct is flagrant if there are more than one a month, regardless of the seriousness. The sanctions got steeper per offense. I did 20-some days while trying to get to a comfortable unit. I kept "disobeying a direct order" when I told staff that I didn't want to go to the unit I was assigned. One refusal got me 2 days disciplinary seg, the 2nd 7, the 3rd 14.... all because they would not place me in a environment I felt I would excel in.

You can bring all the programs fundable here, you can bring all the counselors imaginable, but it will never change the killing stasis that is segregation. Only desegregation can do that.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: NO! There is alot of room for improvement. You have Case Managers and unit Managers Making Mental Health decisions.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
IS (Immediate Segregation), AC/DS (Administrative confinement & Disciplinary Segregation)

4) How many times have you been on segregation status? Atleast 10 times

5) Overall, approximately how long have you been on segregation status? 2 years

6) During this stay, or your most recent stay in segregation status, how long were you held?
30 days

7) What **mental health treatments** are available to you when on segregation status?
Basically, Somebody from Mental healt staff will come to cell about once every 1½ to 2 months, and ask on a scale from 1 to 10, how am I feeling? Really?

8) How often are you contacted by **a mental health** practitioner? 1½ to 2 months
Typically, how much time do they spend with you? About 3 minutes

9) What **programs** are available to you in segregation status?
The so-called "Transformation Project". This program consist of staff sending a packet of papers asking about my personal feelings. It's a joke. Waste of time and resources.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? NERTS and CVORT. Very important Vital programing im being denied because of me being assigned to SMU.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Back home in Illinois. I was confined to the Supermax prison (Tamms). The Mental health Department allowed us to have out T.V.'s for a couple of reasons. They would play mental health related videos on Institutional channel. They would send or give us packets related to video being shown. We would be asked to give out thoughts about we took away from particular video. Almost everybody on Dod would participate. This help alot. We were talking and engaging education in

1,001 Nikko Jenkins In The Making!

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

My mother always said an idle mind is the ~~devils~~ devils workshop. All inmates should be able to participate in going to school, Right now we're not. All Inmates should be allowed their Audio/visual property from the day they enter segregation, as long as having these items aren't a security issue wit staff. Inmates should be allowed to make atleast one phone call to family a day. . . . .

Please provide any additional comments below:

Additional Comments regarding segregation status: I wrote the above mentioned statement for a very important reason. I want my comments and concerns to be taken seriously by this Department of Correctional Services Special / Investigative Committee. I'm hoping all this attention from the Nebraska state Legislature, isn't just window dressing. The Nebraska Department of Correctional Services, wants you to believe that they have a "robust" Mental Health Program in place, but this couldn't be the furthest from the truth! I voiced my concerns about the poor conditions and mental health treatment in the Segregation unit 2 years ago! I had sent a letter to the Nebraska ~~Justice Coalition~~ Criminal Justice Review (Holy Family Church, 1715 12th St, Omaha, NE 68102), which they published in their paper. I'm not just a typical Inmate, with a gripe or axe to grid against the system. The conditions, and policies in place here at TSCI-SMU literally drives sane people crazy. I don't care how strong or mentally sound a person is. Being confined to a cell for months and in alot of cases, years, will have adverse effects on a persons mental faculties. I've seen situations with my own eyes. where mental health staff have made certain mental health recommendations concerning an Inmate, only to have unit staff (ex: case managers, unit managers, or other prison bureaucrats) overrule mental health / staff. I seen this happen with Nikko Jenkins, and countless other Inmates. I witness first hand, Nikko Jenkins practically beg TSCI Management/Mental Health for help prior to his release, and they blew him off. Most mental health contact is done at your cell door and last about 2-3 minutes. And this is whats-

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

NEXT Page

(continued)

usually stated by Mental health Staff. "How are you today? Are you sleeping well? Are you in contact with your family? Do you have any thoughts of harming yourself or other? On a scale from 1 To 10, 1 being the lowest, and 10 being the highest. If you were to judge your Mental State right now? What number would you pick?". These questions i've just described to you have becam a running joke amongst the Inmate population. Its as if they (Mental Health Staff) are just going through the motions. Now im Saying that all Staff on mental health are bad. Because I honestly believe Must of them care. Like Dr. Baker for instance. She genuinely cares about Inmates Mental health, but this is one Woman who by my understanding has to serve all prisons in Nebraska One Woman! That is crazy! You have guys around here who hav Serious mental illness and they are NOT getting the propel Menta health treatment they need. It's discouraging to the Inmates, because it's like no one cares. And I want to stress again about the policies that are in place, which discourage Inmates from participating. For instance. There are secure, two-way glass rooms where an Inmate can speak in privicy with Mental health Staff, but these rooms are hardly used. Unit staff would rather have Mental health Staff speak with Inmates on the gallery, where everybody can heat what you discuss with mental health. Imagin Members of the committee. You sitting in the middle of your favorite restaurant And you are having a conversation with your Doctor about your Medical issue/history, while everyone in the restaurant is listening and looking. Would you be comfortable with that? I should be able to speak with a doctor or Mental health Staff without everybody listening in. Ov

There is a phrase that my generation uses. You may have heard this phrase before. The phrase is called Keep it 100%. When you hear someone say "Man, keep it 100% with me", what they are asking, is for you to keep it real. Tell the truth, give it to me straight with no chaser. Well thats what im doing here. Im keeping it 100% with you. So now im going to talk about the elephant in the room, which is RACE!!! Im 43 years old, and im African/American. I grew up in a some-what diverse community in Chicago. I have white members in my family, who I love with all my heart. My ex-wife is of mixed origins, my kids the same. So I am not one who carries racist attitudes, or is quick to pull the race card and scream racism by any slight from a white person, real or imagined. But I can tell you this. Racism is alive and kicking here at TSCI within the core staff and Administration. Black and Latino Inmates are placed on AC (Administrative Confinement) more than whites. There are absolutely NO persons of color on any of the committees which decide who goes on AC and who doesnt. There are absolutely no persons of color in the Administration neither. The Warden, White! The Deputy Warden, White!, The Associate Warden, White!, The Unit Administrator, White!, every single unit Manager, White! Racist attitudes are really on display in SMU (Segregation unit). Most of these racist guards dont even try to hide that they are racist! One guard, who black Inmates have complained about for years for making racist comments, was recently fired for spitting in Inmates food! The guards even pledge their allegiance to a all white [illegible]

Senator Lathrop. I bear witness to Nikko Jenkins begging for help before he was released. About 1½ months before he (Jenkins) was released. I was assigned to SMU upper B gallery, cell #35. Across from my cell are what's called "observation" cells. These particular cells are equipted with CCTV cameras, and huge observation window which staff can access to watch a confined person(s) who are considered suicidal. I cant recall the exact day. But Nikko Jenkins was brought up to upper B gallery, to be placed in observation cell. The cell he (Jenkins) was being placed in was directly across from my cell. Jenkins was being placed in B-24. I immediately noticed Mr. Jenkins face was servately slashed and cut up. Once Mr. Jenkins was secured in cell. I asked Jenkins what had happen to his face? I knew Mr Jenkins from being confined with him on other galleries. Mr. Jenkins proceeded to explain to me. That he was told to make a blood sacrifice to some Egyptian God. Now keep in mind that this is about 1½ month before he was to be discharged. Due to Mr Jenkins being assigned to observation cell. The property he is allowed to have is a paper suit and a security blanket Mr. Jenkins asked me if I could do him a favor? I asked him what is it you want me to do for you? He (Jenkins) stated that he wanted me to write a letter on his behalf to the State Ombudsman office. I retrieved a pen and pad and then proceeded to write letter. Nikko explained to ombudsman that he was suffering from serious mental health illness and that he was being denied mental health treatment by TSCI-SMU staff. He asked for help! After writing this letter to ombudsman [illegible] explaining I

wrote letter on his behalf. The very next morning. I heard Mr. Jenkins raise these same issues to unit staff and mental health. I specificically heard the unit manager Jansen, tell Mr Jenkins in a mocking tone, "Who are you to determine what it is you alledge to suffer from?". This is what their attitude was towards Nikko Jenkins. Thats why I say there are 1,001 Nikko Jenkins in the making. Dont get me wrong. I am not trying to say the NDCS should do away with segregation. I understand there is a need for SMU (segregation) I understand that a prison must maintain order. I get all of that. But there has to be a better way. There are absolutely no Job Training going on in a meaningful manner. Individuals are leaving this prison, as messed up and lost as they were when they came in. I received my GED here at TSCI earlier this year. I felt good about accomplishing such a major goal I had set. And it feels as if I ran into a brick wall. There are no college classes, no trades, no computer classes, nothing to advance my education pass this GED, I received. There are a litany of issues I can raise, but I dont have enough paper to list them all. I hope I was able to give this committee some helpful insight on the issues effecting confined person(s) in NDCS. Thank you Senator Steve Lathrop for giving me this opportunity to have my issues/concerns heard. And let me say that I would be more than happy to come testify in person before this honorable committee. If I can be of any assistance to you, feel free to contact me.

Respectfully

[redacted]

[redacted]
P.O. Box [redacted]
Tecumseh, NE 68450-0000

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Eliminate all gang members from G.P. Put the gangs in separate, totally separate facilities with programs to change how they think with audio and video programs.

Please provide any additional comments below:

Additional Comments regarding segregation status: NDCS needs to be held accountable for the product it produces and puts back into society. To do this they need to separate inmates by their crime and associations aka gangs. Put sex offenders in a totally separate facility with staff and video and audio programming to try to change their thinking. Mixing inmates is not safe for inmates, staff or society as a whole. The goal of corrections should be to produce law abiding, taxpaying productive people who pay 1% of their gross income back to the state to pay for their rehabilitation. That way crime does not pay! By separating inmate and not giving the gangs 'new blood' the gangs would eventually die out. NDCS has got to take back control of General Population from the prison gangs. You are going to have to build and new facility, but don't use the same old plan. Warehousing does not work and produces more Nikko Jenkins. See attached.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? X YES, X NO.

Comments: Some are, some are not fair, professional or appropriate.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
protective custody

4) How many times have you been on segregation status? 4 I think

5) Overall, approximately how long have you been on segregation status? 30 days

6) During this stay, or your most recent stay in segregation status, how long were you held?
2 weeks

7) What **mental health treatments** are available to you when on segregation status?
None. Interviews but M.H. has no authority to make any ~~at~~ positive changes.

8) How often are you contacted by **a mental health** practitioner? When I send an IIR.
Typically, how much time do they spend with you? 30 minutes

9) What **programs** are available to you in segregation status?
None.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? All. No Programs for H.S. Grads in P.C.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Get the Gangs off the yard and out of GP. Take control of the General Pop.

Separate Facilities

Gang member only

Audio and Video and M.H. Programs to change Gang thinking to positive thinking

Non Gang Members

Audio + Video and M.H. Programs to address and change thinking

Education and Job ~~trcing~~ training

Sex offenders

Audio + Video + M.H. Programs to change thinking

society

Habitual Criminals	
Gangs	No Gang
Insane	S.O.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.

Comments: Staff favoritism, Never taken serious by mental Health, hard to be seen don't monitor meds, person does meds is APRN and only here once a week.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective custody.

4) How many times have you been on segregation status? 1

5) Overall, approximately how long have you been on segregation status? 7 months

6) During this stay, or your most recent stay in segregation status, how long were you held?
7 months

7) What **mental health treatments** are available to you when on segregation status?
None just medication review and I have to request it, and 1 counseling session once a month I have to request it. They never do anything unless you request it.

8) How often are you contacted by **a mental health** practitioner? Never only at my request.
Typically, how much time do they spend with you? 30 to 45 min.

9) What **programs** are available to you in segregation status?
None

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Never had one done here and I've been here 7 months long past the 60 days as the AR States.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Counseling more often, class on coping skills, med review more often, information on meds prescribed, like side effects.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Anger management, parenting class, Social reintegration, Job skills or VOC Rehab

Please provide any additional comments below:

Additional Comments regarding segregation status: First I would like to state that medical here has been giving my roommate bio bags to put his used catheters in and about a month and 1/2 ago they stopped and told him to just throw the used catheters away in the regular trash can in our room this is unhealthy and unsanitary why did they stop and Now I am forced to share the same trash can with dirty used catheters in it.

I've been complaining to mental Health repeatedly about my medications for Manic-bipolar, Anxity, and schizophrenice not helping much. to have them double the dose which made me very sick (vomiting) I wrote emergency Grievance since its so hard to be seen within a 90 day period and Mental Health just put me right back on the dose and meds I was on to begin with I am about to have an episode and have got an Misconduct Report for cussing out staff and I am close to having issues, I wrote kites and grievances even a Sensitive Nature one to the Director about this. I am still getting phyiscally sick, my med don't work well. and I've told them what meds worked in the past and they refuse to even listen to me about something I've dealt with my whole life and they just waive you off and are more concerned I feel about just getting you out of their office and not care about what really works. Sir I parole in two months and it (all the above) has made me ask to go to mental Health treatment ce[illegible] just so I can get help that I should have got here!

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

Cont.

More Additional Comments:

On 8-31-14 I submited a grievance of a Sensitive Nature to the Director and the next morning on 9-1-14 which is a Holiday and the Director is not working and it was at 10:00Am in the morning. My Caseworker gergen on A unit pulls me out of my room and talks to me about the issues that were in the Sensitive Nature grievance that was about my Unit staff, Mental Health, and the insitution not helping me and the lack of treatment.

CW gergen then threatens me about she may not support me for parole because I have been writing kites and grievances over my mental Health issues. Which first, I told her I was paroling to a mental health and substance Abuse treatment center so I could get the help I need because they have failed me here.

Sir this is the type of stuff that happens to us when we ask for help staff just threatens us, blackballs us or holds things against us for just asking to get help.

It's like my Unit Manager Greades told me just to quit taking my medications. Like

that's sound advise when they are anti-psychotic meds. It's like they want me to have an epoisde. Everytime you ask them to do their job and then when they dont which are our right to grievance and write kites for help we get threatened or ignored for weeks and weeks.

The reason I know that my staff CW Wilhelm who I submitted the grievance of a sensitive Nature read it or made copies of because I asked for it to be stapled in front of me which he denied me and went into the office with it out my sight for 3 to 4 mins, and didnot staple it in my sight and he and MS CW gergen Violated the grievane procedures that No one shall alter, interfere with, or delay the transmittal of an inmate grievance. And Sir it also states in Title 68 chapter 2.003.05 that "No inmate who uses the grievance procedure shall be subjected to any type of adverse action for filing grievances." By CW Gergen threats of Non support for parole because of me writing kites and GRIEVACES is adverse actions! And I am tired of Threats from staff becaus I just ask for help. Thank you.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.

Comments: Mental health is a joke, and well say well there isn't much I can do but report your comments, they allowed passive guards they can get away with so much because so many of them quit.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
D/R for now, but that seems to be OK, we are all judged by staff and others etc.

4) How many times have you been on segregation status? Now D/Row

5) Overall, approximately how long have you been on segregation status? almost 7 years.

6) During this stay, or your most recent stay in segregation status, how long were you held?
D/R but the you count or considered, even segerated.

7) What **mental health treatments** are available to you when on segregation status?
They are all available, but the point is just getting paper work in doesn't help you. Dr. Baber tries her best, I personally believe she cares but there is to many to handle alone.

8) How often are you contacted by **a mental health** practitioner? Good Question except when you call. Typically, how much time do they spend with you? I've been told I have other peoples to see.

9) What **programs** are available to you in segregation status?
for most, Medication, and pepper spray if they are not trained to know when one is

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? none that I know of. However don't get the wrong understanding death row inmates are people that needs assistance as well, but the Supreme Court even over looks death Row, even when the case is reversable. Why is that no one wants to step up?

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
if this system was fair I could answer that, but I'm optimistic about the system if I get that opportunity

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

if on death Row, you are not recorded because some think you'll never get off especially Mental Health, but Dr. Baker is a different person who tries to help.

Please provide any additional comments below:

Additional Comments regarding segregation status: being a inmate on D/R. I guess it doesn't matter much, and if you send a request form to Dr. Baker its usually intercepted by the medical dept. and answered for her, even if its addressed to Dr. Baker they morning Nurse Glanzer before it get there, the officers takes the mail from the mail box and read them, and most people know thats Confidential so most people wont say what really troubling them or what the real problem may be, Mental health in State. so there is no Confidentiality, where Dr. Baker is a ~~psychology~~ psychiatrist a most Confidential, but the medical dept want you to put on the request form what you want to talk to Dr. Bak about, and thats not their concern when you are a patient of Dr. Baker the request may not in most cases even get to Dr. Baker. most inmates dont want people to know they have mental issues especially Mental health who are a part of the State. Mental health tells death Row their isn't much they can do for them. In instant here is a request form that was intercepted this is just one, now what do you think general population go through when a person is having problems and have been told by Dr. Baker if you're having problems write me a kite, right away, well I don't want to address my problems on this kite for everybody else to read, like the same when Bob Houston was on T.V. I gave about every grievance write to a several, I have several, addressed to Houston that all was addressed by his assistant, all of them, Mental health for all is very poor and in great need of an over haul, I sent this request form to show how most if not all is treated address your specific concern on open paper for all to read, be real, this is a prison and a grievance means nothing, they officers, medical all will tell you then grieve it, and spell their name but for you, because its a joke.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

0930

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

938

INMATE INTERVIEW REQUEST

RECEIVED
AUG 07

TO: Per Dr. Baker

DATE: 8-3-14

FROM: [redacted] NAME / NUMB[redacted]

TSCI FACILITY

[redacted] LOCATION

WORK LOCATION: [redacted]

UNIT STAFF:

MESSAGE: Dr. Baker I would like to speak with you please. A.S.A.P.

Thank you

[redacted] Signature

ORIGINAL – DCS Employee
YELLOW – Inmate
Both copies need to be submitted for response.

REPLY: You were last seen by Dr. Baker on 6/19/14 at which time follow-up was scheduled for 3 months. If you are having specific concerns, please submit another IIRF or contact medical +/or mental health. You are scheduled to see Dr. Baker in future.

8/8/14 @ 0840
Date

CHLarry RN
Signature

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here Troy A.M. Hess Printed name: TROY A.M. HESS #37165

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: The use of Anonymous inmate request, to segregate me, was detrimental too my health.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Five months & Nine days due to anonymous kite.

4) How many times have you been on segregation status? Four "?"

5) Overall, approximately how long have you been on segregation status? 15 months & 11 days

6) During this stay, or your most recent stay in segregation status, how long were you held?
5 months & 9. days

7) What **mental health treatments** are available to you when on segregation status?
NONE — Every Thirty Days someone would ask me if I wanted to hurt myself, from mental health.

8) How often are you contacted by **a mental health** practitioner? See number #7.
Typically, how much time do they spend with you? Few minutes. #7.

9) What **programs** are available to you in segregation status?
Level Programs, which is a punitive program too earn Canteen incentives.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? NONE

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Actual counseling and activities.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Educational, locational, and vocational

Please provide any additional comments below:

Additional Comments regarding segregation status: Since childhood, I have dealt with claustrophobia. When this 1982 conviction took place, I had gotten shot and was dealing with after-effects of P.T.S.D. Over time, I have been able to somewhat deal with both issues, because I was given a single-man cell since 1985. I was transferred to TSCI in April of 2002 and after doing some time on A/C I was released into a single mancell. About two/three rooms remain single-man cells. Prior to forcing me to live with someone after 29-30 years, I had an annonymous Kite written on me, stating that I had made threats toward staff, which I had not done. I was placed in S.M.U. on 2/21/14 pending investigation. I was not written up. I was asked a month later if I was willing to return to GP. I said yes, but was required to fill out an interview request form stating okay and etc. I stated on the request that I needed a bottom bunk due to medical reasons, and that I wasn't going to live with just anyone. Their response was they didn't like my inappropriate manner. They then A/C'ed me for four months. There was no bad words written and just that I shouldn't be forced to have to live with someone due to the administration's attention and mental health personelle. They all refused to stand by their AR #112.01.05 or AR #115.01.05 referring to the (special needs) paragraph B & E, because I need the extra space because of my P.T.S.D., panic attacks, and claustrophobia. None of mental health, Dr Weinlige, Dr. Baker, and Dr. Murphy cared. They ignored my wishes and conditions. Warden Gage seems to feel the same way. Sending letter addressed to Director Kenney. I'm living with another inmate, but it's not hte same by needing to live by myself.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

STATE OF NEBRASKA

DEPARTMENT OF CORRECTIONAL SERVICES
Michael L. Kenney
Director

Dave Heineman
Governor

March 10, 2014

[redacted]
Tecumseh State Correctional Institution
PO Box 900
Tecumseh, NE 68450

Dear [redacted]

This correspondence is in reply to your recent letter to Director Kenney dated March 1, 2014. The Director has asked that I respond on his behalf. Please note he will receive a copy of this response.

Your letter concerns your current placement in restrictive housing and your request to remain in a single cell.

Per Warden Gage, you were placed in restrictive housing due to an investigation of an anonymous inmate request that threatened staff safety. After this review was completed, it was determined that you could return to general population at the Tecumseh State Correctional Institution. Staff is currently reviewing cell placement options for your return to general population.

Mental health staff met with you in regard to the issue of a single cell. During this mental health review, you were unwilling to participate in treatment for your reported symptoms/diagnosis which you state makes it difficult for you to live with another person. Mental health staff are willing to continue to work with you to address your issues/symptoms so that you are able to successfully live with a cellmate. You are encouraged to work with mental health staff in pursuing treatment options.

Sincerely,

Frank X. Hopkins
Deputy Director - Institutions

cc: Mike Kenney, Director, Nebraska Department of Correctional Services
Brian Gage, Warden, Tecumseh State Correctional Institution

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
SEGREGATION STATUS REVIEW SHEET

Inmate Name: [redacted] [redacted]
Case Manager: thoward

Location: **TSC**
SMU [redacted]

Segregation Type:
Administrative Confinement
Reason for Segregation:
Threatening statements

DATES OF:
Present Review: 07/02/2014
Last Review: 06/25/2014

Inst TRD: 4/16/2060

Authority for Segregation:
WARDEN-TSCI

Adm to Seg: 02/21/2014
DS TRD:
PC TRD:
CAS TRD: 08/03/2014
If None-Reason:

Was released on 07/30/1

Hearing Summary:
Inmate has access to yard, shower, and medical

Recommendations:
Remove from AC/Place in GP at TSCI

Inmate in Attendance:

If no, state reason:

SEGREGATION STATUS REVIEW COMMITTEE

CHAIR — Agree / Disagree
MEMBER — Agree / Disagree
MEMBER — Agree / Disagree
MEMBER — Agree / Disagree

INSTITUTION CLASSIFICATION COMMITTEE

WARDEN — Date: 07/03/2014 — Agree / Deny

Comments:

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: Sometimes the guards talk direspectfully to the inmates, as well as staff give us the run around on kites and greivances. etc.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective custody

4) How many times have you been on segregation status? Can't remember

5) Overall, approximately how long have you been on segregation status? this one 3 weeks / last one two years

6) During this stay, or your most recent stay in segregation status, how long were you held?
Just got down here (3 weeks)

7) What **mental health treatments** are available to you when on segregation status?
none. Just a mental health person that asks stupid questions once an And doesn't really Help you at all.

8) How often are you contacted by **a mental health** practitioner? once a month
Typically, how much time do they spend with you? 5 to 10 mins if that.

9) What **programs** are available to you in segregation status?
I think GED. but thats it.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? CVORT, SAU, Substance Abuse, and CVORT.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
I would like to see them get real therapists to help us deal with our issues from our past + present.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Programs Dealing with how to cope with the new things in society, How to ~~Budget~~ Budget, do taxes, everything we need to know so when we get out it won't be overwelming to where we want to co back to prison.

Please provide any additional comments below:

Additional Comments regarding segregation status: I am on Protective Custody Status. I am not on Disiplinary Seg. I'm just waitin to go back to the Protective custody Housing unit. But they treat me like a Disiplinary Segragation inmate. They don't allow me to get contact visits, get my Hygiene products and my property. P.C. inmates are so overcrowded that there are at least 82 inmates waiting in the Hole (Seg.) to go to (2C) P.C. Housing uni which Houses only 64 inmates already and most of those inmates are not Jamming, Paroling, or transfering any time soon. there are inmates that have been waiting a year or more to go to P.C. Housing unit. I know I will be down here for a year or more. And not being treated the same as the inmates in (2C) P.C. unit. I have seen People who were norma lose they're minds. especially when the staff enforces a punishment called limited property. where you don't get nothing not a pillow, a sheet, or toilet paper and you already in the cell. they only give you three sheets of toilet paper when you ask. which people end up literally losing there minds or they commit Suicide because of the way the staff Bullshit us and treat us. I Am a P.C. inmate and should have all my Property, Contact Visits, and everything else that the P.C. inmates get in Housing unit (2C). it's not right and not fair and I want to see my family, but they won't come just to see me on a television. So this is effecting my health, mentally, physically, and emotionally. So please Help us. there is alot more, but little space. thank you.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

K. **NOTARY PUBLIC SERVICE:** To obtain Notary Public services, write an Inmate Interview Request to the Unit Manager. Only those documents, which by law require notarization, will be notarized.

II. INMATE PROPERTY

A. Personal Hygiene Items

1. One hair grease
2. One shave cream
3. One hand/body lotion
4. One toothbrush
5. One toothpaste
6. One deodorant
7. One hair moisturizer
8. One hair activator
9. One bar soap
10. One shampoo
11. Two rolls toilet paper
12. One plastic comb or One plastic pick **(not both)**
13. All personal hygiene and canteen items must be ordered from the Canteen or issued by the State. Inmates will not be permitted to have any personal hygiene or canteen items that they had in their possession while in general population.
14. Inmates may not possess or be given any personal hygiene item if it is packaged in a metal, glass or pressurized container or in any other type of container that the Deputy Warden has specifically disapproved.
15. Inmates may only retain in their possession the amount of Canteen items, which corresponds to the amount that they may order at one time. This amount is listed on the order form.
16. Dental loops may be requested from the supply cart and must be traded one for one. Only three dental loops, total are allowed. Abuse of this item will result in it being confiscated and restrictions can be imposed.

B. Clothing

1. Three pair orange socks (State-issue)
2. Three white t-shirts (State-issue)
3. Three pair under shorts (State-issue)
4. Two jumpsuits (State-issue)
5. One sweatshirt (State-issue) (September 1 through April 1)
6. Three towels (State-issue)
7. Two washcloths (State-issue)
8. One pair shower shoes
9. One pair orange slip-on shoes (SMU-issue)
10. One pair 'Velcro bob' shoes

11. Two laundry bags (State-issue)
12. One coat (State-issue) (September 1 through April 30, only)
13. One pair prescription eye glasses with case if prescribed; one additional pair of tinted (brown or gray tint, only) eye glasses if approved by the eye clinic. No sunglasses unless prescribed.
14. Any TSCI Medical Department-approved prosthetic device for which the inmate has a valid, current medical pass in his possession.
15. One Doo-Rag (cannot be worn outside of cell)
16. One Wedding ring (with documentation)
17. One Religious Medallion (per AR 208.01)

C. Bedding

1. One mattress
2. Two sheets
3. Two blankets (September 1 through April 30) or One blanket (May 1 through August 31); Three blankets, **when requested on an Inmate Interview Request form to Unit staff** between September 1 through April 30 for Intensive Management cells and end cells (farthest from control center with two exterior walls).
4. One pillow
5. One pillow case

D. Limited-property Status

Not Good at all very damaging to mental Health

1. The following minimum items will be retained by an inmate on limited-property status:

   a. One mattress
   b. One blanket
   c. One T-shirt
   d. One pair under shorts
   e. One pair orange socks
   f. Bar of soap (state issued)

2. No exceptions will be made to these items without specific authorization from the Warden or Deputy Warden.

3. Hygiene items are allowed during showers.

4. Inmates on limited-property status will be allowed access to their paper materials (legal mail, personal mail, religious materials, i.e., Bible) from 0800 to 1000 hours daily.

5. Whenever any item has been removed from a cell, only the Deputy Warden or Major may authorize the return of it.

E. Reading and Correspondence Materials

1. Inmates will visit attorneys and other professional visitors an Attorney-Client room in the SMU.

2. Closed Circuit Television System (CCTV) Visiting only

   a. Generally visitors of SMU inmates visit via the CCTV system.

   b. VISITORS MUST CONTACT THE PASS CLERK 72 HOURS IN ADVANCE TO SCHEDULE A VISIT.

[illegible] per [illegible]k is allowed unless authorized additional visiting [illegible] the institution ge[illegible] [illegible]ate. Incoming mail is normally de[illegible] [illegible]s and Holidays or when the mail contains contraba[illegible] [illegible]ipt at the institution. All packages will be delivered usually within 48-hou[illegible]

C. SHOWERS: The opportunity to shower/shave is given three times per week, normally on Tuesdays, Thursdays and Saturdays. If, due to extenuating circumstances, showers cannot be run or completed on a scheduled day, they will be run or completed on the following day. Each inmate is allowed a maximum of 15 minutes to shower. Inmates' genitals and buttocks must be properly covered whenever walking to and from the shower area. Razors for shaving will be u[illegible] during the shower period. Razors will be exchanged once per week (they w[illegible] kept in the cell).

only three Showers a week! Very unhygenic

D. LAUNDRY: Laundry service is provided thr[illegible] and h[illegible]

[illegible]/CD will then be re[illegible] [illegible]mates will be given the [illegible] and tape in their cell. Any misuse or abuse of the tape player/CD or tape/CD may result in suspension of the use of these items for a period to be determined by the Deputy Warden or Major.

B. MENTAL HEALTH: Mental Health staff meets with each inmate in the SMU at least once per month during the inmate's physical Segregation Status Review Hearing. Inmates may also arrange a visit with Mental Health staff by submitting an Interview Request form directly to the Mental Health Department. Such visits will take place at the discretion of Mental Health staff. In the event of a crisis or mental health emergency, contact staff.

C. VISITS:

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
NONE Printed name: NONE

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, NO NO.

Comments: EVERY TIME I PUT REQUESTS GIVE ME RUN AROUND OR IGNORE

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
DISCIPLINARY SEGREGATION

4) How many times have you been on segregation status? 100 TIME

5) Overall, approximately how long have you been on segregation status? 15 YEAR'S

6) During this stay, or your most recent stay in segregation status, how long were you held?
9 MONTH'S

7) What **mental health treatments** are available to you when on segregation status?
NONE AT ALL

8) How often are you contacted by **a mental health** practitioner? NEVER
Typically, how much time do they spend with you? I DO 1 OR 2 MINUTE

9) What **programs** are available to you in segregation status?
NONE THAT I AM WARE

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? ANGER MANAGEMENT RTC SUBSTANCE

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
MENTAL HEALTH PROGRAM AT LINCOLN UPDATE AT NSP

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Any in every Thing

Please provide any additional comments below:

Additional Comments regarding segregation status:

On 5-22-14 I did in Attention Tell'land I was defending my self. Staff put me on I/m/ Quick. They just let me off 2 week ago. Staff lie on me giving me 111 Then write up to give me d/s/ Time I Been Showing Postive Behavior Trying To get out This Hole So mean my Head spin Since I Been Lock down I did most of my Time In So Staff Trying To get Tired I write Warden To get my d/s reduce stited 1 month every month when I get on That level That will Take To long These Warden Abusing They Another Man You Please Try To drop some of my d/s The food here is Bad

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
SEGREGATION STATUS REVIEW SHEET

Inmate Name: [redacted] [redacted]

Case Manager: jweiner001

Location: **TSC SMU**[redacted]

Segregation Type:
DS

Reason for Segregation:
Altercation with another inmate

DATES OF:

Present Review: 08/27/2014

Last Review: 08/13/2014

Inst TRD: 5/23/2039

Authority for Segregation:
IDC

Adm to Seg: 05/22/2014

DS TRD: 6/9/2016

PC TRD:

AS TRD:

If None-Reason:

Hearing Summary:
Inmate has access to yard, shower, and medical.

Recommendations:
None

Inmate in Attendance: N

If no, state reason: CASE FILE REVIEW

SEGREGATION STATUS REVIEW COMMITTEE

Agree / Disagree — CHAIR

Agree / Disagree — MEMBER

Agree / Disagree — MEMBER

Agree / Disagree — MEMBER

INSTITUTION CLASSIFICATION COMMITTEE

Date: 08/28/2014

Agree / Deny — WARDEN

Comments:

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please Complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here

_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, * NO.

Comments: Before warden Brian Gage, the treatment by staff, and prison administrators on all levels (Officers, Corporals, Sergeants, Lieutenants, etc., all the way to the Warden) was the biggest reason why those in any type of segregation were losing their mental health. Inmates retaliated by flooding their cells or smearing shit or throwing shit. There are still staff in TSCI from those days, and they are still getting away with their behavior, their unprofessional conduct.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)

I am on Death Row . I have been on Death Row for almost 19 years, but in those 19 years I have lived around those on segregation, or have been on a segregated status, what they call DS.

4) How many times have you been on segregation status? A few times in my 19 years on Death Row. I would say at least 10 times, if not more.

5) Overall, approximately how long have you been on segregation status? Overall, including Death Row, 19 years.

6) During this stay, or your most recent stay in segregation status, how long were you held? I was held for 30 days.

7) What **mental health treatments** are available to you when on segregation?

At the time when I was doing DS time, the **only** mental health treatments available that I knew of was a mental health person stopping at your door asking if you needed to talk with them. Even if you did talk with them, they had **no power to do anything to help.**

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

8) How often are you contacted by a **mental health** practitioner? I think it's about every two weeks or once every month.

9) What **programs** are available to you in segregation status? The last time I was doing DS there was nothing. I was never told about anything being available to me.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Almost everything is unavailable to a Death Row inmate. Our mental health, or phyiscal health has meant little to the Fred Britten run prison since we have been at TSCI.. It is getting better under the Brian Gage run prison, but it still needs improvement.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?

I think **anything** that allows an individual to socialize with others(even if it's in small groups), and the ability to do something physical outside of the small segregation cell your in. I think a outside yard that allows for sun/fresh air would be a starting point. The yards now are samll, like being in a tuna can. Any other types of Treatment I will leave in the hands of the Senators to decide.

12) When on segregation status what **programs** would be helpful for be helpful for you to return to general population or to society as a whole when you leave prison?

I will leave that decision to the Senators. I will reiterate, the best thing you can do to help those in segregation is to give them outside yard in the sun/fresh air, a place they can socialize with others, and stop the harassment of those staff who choose to be unprofessional. I can tell you the harassment by staff is the biggest reason those in segregation (some in general population as well) begin to lose their mental health. Please take inmates complaints against staff serious.

Please provide any additional comments below:

Additional Comments regarding segregation status :

I think there should be more **social workers** involved in the prisons every day **handling of inmates**.

I can give you names of those staff who have harassed inmates in segregation, and in general population over the 12 or 13 years I've been in TSCI prison, and segregation. These staff (I believe) caused many inmates to lose their mental health, and some to commit suicide just so they could get away from the constant harassment. I am will to testify to the Special Investigative Committee, and give the names of all staff past/present who harassed inmates on a daily basis. I wrote Senator Dwite A. Pedersen about this issue back in 2007 or 2008. Warden Brian Gage is doing a better job of trying to stop this behavior by staff. However, it will never stop unless those staff are fired.

Thank you for your time...

Sincerely,

[redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here Institution interpreter _____ Printed name: only for translation of the Form.

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X (NO)

Comments: Not at any moment, referring to the unit managers, case managers, and the supposed psychologist, who, don't have adequate behavior according to the job they carry out.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
actually it is A.C administrative confinement, but with misleading final dates.

4) How many times have you been on segregation status? On two ocassions, 2010 and 2014

5) Overall, approximately how long have you been on segregation status? Up until this moment it has been 48 days (09-03-14) but a few days before the final date, they will add four more months, without notice.

6) During this stay, or your most recent stay in segregation status, how long were you held? Response #6"
Up until this moment nine months, seven months in 2010 ~~and~~ and now two months. Response #5.

7) What **mental health treatments** are available to you when on segregation status?
For me they don't exist, because neither the previous nor current time did I recieve a visitor offer for any tipe of treatment, simply there arent any, and they know here that I don't require something of that nature.

8) How often are you contacted by a **mental health** practitioner? At no time and much less because there arent any that speak spanish.
Typically, how much time do they spend with you? Absolutely "NONE", there is never a visit of this type.

9) What **programs** are available to you in segregation status? None, they only have advancement levels with 30-60-90-120 days of doration in succesion to arrive at 7-4, the only right that is earned is to a more generous canteen purchase.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Individual and Personal programs, they are many which I do daily and which are not permitted due to my level, they are things that referes to property and actually are limited to be given to us.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison? What would be of great help would better trained staff, with whom one can "RATIONALIZE" and can use common sense, because the people we have now dont contribute anything to professional psychology

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison? I think, based on my point of view, staff behavior in which respect is shown to their fellow man in all aspects, this would be enough, I think – this shows to be the best and most authentic programming.

Please provide any additional comments below:

Additional Comments regarding segregation status: I appreciate this space: to mention staff attitude as pertaining tho those who have a job as a unit manager, case manager, or psychologist who belong to the S.M.U Team they are people who have no Type of education because whend they address an inmate their behavior is arrogant, haughty, tyrannical and indifferent, and even more so with people of hispanic descent demostrating the discrimination and racism that some of them have including those who use the power that has been given to them by means of a rank like captains, lieutenants, and Sargeants, because for whatever reason they often send inmates to S.M.U in which then you find your self with the person who functions as a court judge for I.D.C. who demostrates their indifference all the time ignoring any tipo of comment to be used as a defense and even when evidence is shown or supplemental comments are given which make sense, a veredict is given against the inmate, like you will see. All of these People are complicit because even if they notice one another's errors. they end up covering each other up and ignoring the inmate in question. Being guilty or not he is placed in S.M.U for a minimom Periodo of time of Seven to ten days and during which their property is collected, their food thrown, their things lost, or broken, they are only thrown without any care into plastic bags and there is no way of receiving a claim therefore being a total loss, and if you address any of the institucional directors they take close to thirty days to response, and end up giving no solution, and even more so the deputy warden who frequently denies everything to avoid following up with the issue in question. truthfully, and my point of view, the people who work for Tecumseh, dont have the necessary ability since they often lose their ground when they are placed in a position that carries with it a tie and shirts in garish colors, or in other terms, when they are awarded a position of Power, some lose all humility I as a an inmate have taken on the task of being in different parts of The institution collecting mentally and in written form the way in which we are treated and I have seen to much abuse physically as well as mentally, the latter point being the one they use the most to attack the inmates who are found in S.M.U. in such a way that instead of leaving a bit more rehabilitated to go back with population, it is the contrary, well because some people provoke the inmate continously. I would like to ~~the~~ let you 'all know I have a hingh level of under standing in the psychological field because I studied in Mexico and I can easily tell you that those who are so called psychologists here in the institution are not professional and are bought by the same salary to give reasons in favor of the prison making it known on reports if they are required and this without relying on everything that people on the exterior tend To look at but I carry with details as well as names in which those with high ranks stand out and in which I would

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

SEGREGATION STATUS REVIEW SHEET

Inmate Name: [redacted]

Location: **TSC**

Case Manager: joltrog

SMU[redacted]

Segregation Type:
AC

DATES OF:

Present Review: 09/03/2014 -13 days before

Reason for Segregation:
Unauthorized Area

Last Review: 08/27/2014 For last date

Inst TRD: 5/22/2038

Authority for Segregation:
WARDEN

Adm to Seg: 07/14/2014

DS TRD:

PC TRD: last date to go back To population.

AS TRD: 9/26/2014

If None-Reason:

MH: NO

Transformation - Interpretive P

6 about placement on AC

Hearing Summary:
Inmate has access to yard, shower, and medical. (Y)

Recommendations: NOW 09-03-14
Continue AC/Review in 4 Months

Response. To question #6

Inmate in Attendance: (N) "Second Sheet of proof."

If no, state reason:

SEGREGATION STATUS REVIEW COMMITTEE

[signature] CHAIR	(Agree) / Disagree	[signature] MEMBER	(Agree) / Disagree
[signature] MEMBER	(Agree) / Disagree	[signature] MHP MEMBER Mental health	(Agree) / Disagree

[signature] 1-3

INSTITUTION CLASSIFICATION COMMITTEE

check The Signature of the Warden "NO" is The Same → [signature] WARDEN

Date: 09/04/2014

(Agree) / ~~Deny~~

"?" Placed GP at TSCF

Comments:

[redacted]

[redacted]

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
SEGREGATION STATUS REVIEW SHEET

Inmate Name: [redacted]

Location: **TSC**

Case Manager: nneujah

SMU[redacted]

Segregation Type:
AC/DS

DATES OF:
Present Review: 08/13/2014
Last Review: 08/06/2014

Reason for Segregation:
Unauthorized Area

Inst TRD: 5/22/2038

Authority for Segregation:
IDC

Adm to Seg: 07/14/2014
PC TRD: Last dates { DS TRD: 8/13/2014 - First date
AS TRD: 9/26/2014 - Second-date
If None-Reason: Never go out to populatio

Hearing Summary:
Inmate has access to yard, shower, and medical.

Recommendations:
None

"First Sheet."

Inmate in Attendance: N

If no, state reason: CASE FILE REVIEW

SEGREGATION STATUS REVIEW COMMITTEE

CHAIR — Agree / Disagree

MEMBER — Agree / Disagree

MEMBER — Agree / Disagree

MEMBER (Mental health) — Agree / Disagree

INSTITUTION CLASSIFICATION COMMITTEE

check the Signature of The WARDEN →

Date: 08/14/2014 Agree / Deny

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Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: Most of my communication with staff is them telling me to "lock down" I'm forced to sit at dirty tables to eat, and given sarcastic remarks such as "Im not food staff" or "thats why you're in PC".

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective Custody and I dont want to be! It is a punishment!

4) How many times have you been on segregation status? I've been on segregation my whole time I've been in prison.

5) Overall, approximately how long have you been on segregation status? 2 1/2 going on 3 years

6) During this stay, or your most recent stay in segregation status, how long were you held?
2 1/2 going on 3 years

7) What **mental health treatments** are available to you when on segregation status?
If you write a request, you go talk to someone Once a month for 45 minutes - 1 hour. Other than that, nothing!

8) How often are you contacted by **a mental health** practitioner? I think every 90 days.
Typically, how much time do they spend with you? maybe 5 minutes, maybe

9) What **programs** are available to you in segregation status?
They offered 2 victim Impact Classes a few months ago for a limited number of inmates. Before then, nothing at all. Since then nothing at all.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? I've write several request asking about that, and they tell me "nothing is regarded at this time". Im in for sexual assult, and they don't offer sex offenders class to PC, and most inmates back here are in on sex crimes.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
I would like to beable to take any sex offender programing that I may or may not need to take to get parole, and to avoid a civial commitment. Or any treatment that is offered to general population.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

I would like to beable to take programs that would allow me to get parole, any and all programs that are offered to general population. Job skills.

Please provide any additional comments below:

Additional Comments regarding segregation status: I am locked in the smallest cells in the DOC with another inmate 22 hours a day. We even have to shower together. I get 1hour outside a day. I don't get to go to the gym, the weight pile, or even the library. Staff seem to talk down to PC inmates. PC inmates are the only inmates that have to sit in certin spots while we eat. I am targeted for Drug test although I've never fail or refused a UA. They would come during my 1hour of outside time and take me for a "random drug test". This went on every month for over a year. I made a request not to live with any homosexuals, the Unit Manager said he would "avoid doing so, unless in was absolutly nessessary". As soon as my cell was open he placed a very obvious and open homosexual into my cell. I spoke to his unit manager about this and he told me that he runs the unit and that he can put any two inmates together that he wants. The homosexual asked to be moved because I wouldn't talk to him. They moved him out and two weeks later they moved the same homosexual back into the cell with me. My current cellmate and I have requested to be taken out of PC and allowed to be cellmates in general population. We were denied. When they do allow inmates to leave PC they send them to a cell with a inmate from GP that they dont even know. This makes them a target, they are offten back in less than two weeks and their property has been stolen. TV, personal clothes, shoes, ect... When someone request PC they take them off in handcuffs, and staff allows their cellmate to pack up their property. Fomer Director Houston was less than truthful to you all about how PC is. We are locked in our rooms 22 hours a day! Thats a punishment, I would rather be in the hole, atleast then I wouldn't have to be locked down 22 hours a day with another inmate, I could atleast be alone. In the hole you can clean your room 3 days a week in PC only 2 times. They offer no sex-offender programing. I do nothing more than lay in a room and watch TV. I have done nothing wrong, I haven't broken any rules, yet I'm punished by being lock down 22 hours a day.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

Please see . . . .

Additional, additional Comments (please Reed)

Dear Mr. Lathrop,

Sir, My name is [redacted]. I an an inmate in protective Custody a LCC. I do not wish to be, but however due to my very high profile case I'm forced to be. Sir, Proctective Custody is a punishment, we are locked down in a cell so small that as I write this and respond to the form you sent us my cellmate must be in his bunk. We are in here 22 hours a day. They even make us shower together. We aren't even allow to leave the cell while the other takes a bowle movement. It's degrading, so much so that I have asked about requesting PC from PC. Because I would rather be in a cell alone, than locked down 22 hours a day with someone. I'm with the same person 22 hours a day. My cellmate and I get along great. I have had cellmates in the past that I wouldn't even speak to. I have broken no rules but yet I'm getting punished. 22 hour a day lock down is punishment. Please help us get out of our cells more ofton, help us get programing! This is not rehabilitation! Please come and see for yourself! LCC [redacted]. Thank you for your time!

[redacted]

[redacted]

[redacted]

[redacted]

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Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? X YES, _____ NO.

Comments: For the most part, I have no personal problems with staff yet, it seems that they can sometimes overreacting towards some inmates

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
I'm currently on Protective custody on this number but on my last number I spent nearly 3 years in seg. due to behavioral problems.

4) How many times have you been on segregation status? 1 this number 2 last number.

5) Overall, approximately how long have you been on segregation status? 2 months this number 3 years last number.

6) During this stay, or your most recent stay in segregation status, how long were you held?
this number I'll be here till my number is up in 11 years because it is unsafe for me on the in general population, 3 years my last number.

7) What **mental health treatments** are available to you when on segregation status?
There are no mental health treatments available to me in protective custody except to place an IRR form and be placed on a list to talk to them when they are available.

8) How often are you contacted by **a mental health** practitioner? Once
Typically, how much time do they spend with you? I've been on the list to see the doctor and have been for 2 months or more. As of last month there were 63 people on the list.

9) What **programs** are available to you in segregation status?
There are no programs available to me here. However, they do offer G.E.D scholarship for those who does not have one. I'm going to send with this questionnaire a form I had to sign when admitted to seg.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? There are no programs. I have yet to be assigned an plan. I do know that I will be required to do I-Help what because of my status I will not be able to attend

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Until sex offenders are offered a safe place from violent inmates in general population is not going to happen. As for society we need to be offered everything general population is offered.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

There needs to be increased programming to teach inmates how to job hand, housing, mental health availability and education/p training.

Please provide any additional comments below:

Additional Comments regarding segregation status: I'm sending this form DCS-A-adm-035 that was required of me to sign when admitted to Seg. Note that it specifies that programming may be limited. (If able please mail back.) There are no program available here.

I've been in Seg in Tecumseh, NSP, and here at L.C.C 5 years ago for 3 years on my last number. Something have changed since then but one of the constants is the lack of programming. Nebraska touts itself to be a state focused on rehabilitating the criminal element but doesn't offer programming to those who most needs it. Majority are sent out on the streets without any or inadequate programming. Former NDCS Director Houston even said only 11 inmates where committed under the new laws in two years. Most of those 11 were sex offenders. I venture to guess that those committed were either in Seg unable to get programming or were so late getting into a program based upon unavailable bed space and even committed to complete that program.

The issues go on and on in regards to programming and overcrowding. I will make myself available if you would like to ask me about my personal experience now and my last number. I'm not proud and will shoot you straight answers. I'll admitt to that which I'm ashamed of or don't know.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

TRD [redacted] 2025

Last [redacted] ADM: [redacted]

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INMATE REQUEST FOR VOLUNTARY CONFINEMENT ON PROTECTIVE CUSTODY

I, [redacted] hereby voluntarily request to be placed on Protective
INMATE NAME & NUMBER
Custody.

I have initiated this request for placement on protective custody status and have not been forced or coerced to do so by any employee of the State. I agree to abide by all rules governing inmates who are on Protective Custody and I understand that my freedom of movement, programming opportunities and property rights may be more limited than those afforded to inmates in general population.

INMATE SIGNATURE & NUMBER

STAFF SIGNATURE

6-26-14
DATE SIGNED

Distribution:
ORIGINAL: Institutional File
CANARY: Security Administrator
PINK: Unit Staff
GOLDENROD: Inmate

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Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
N/A Printed name: N/A

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, ✓ NO.

Comments: In the PC Segregation the officers, case workers and unit mangers Do not conduct them selves In a Professional manner nor approporiate (see Attached copy)

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective custody for giving Information about a murder. (See Attached copy)

4) How many times have you been on segregation status? Just this one time / PC

5) Overall, approximately how long have you been on segregation status? 5 to 6 years

6) During this stay, or your most recent stay in segregation status, how long were you held?
See Above

7) What **mental health treatments** are available to you when on segregation status?
Just Pills No real Treatment

8) How often are you contacted by **a mental health** practitioner? Every 3 or 4 months
Typically, how much time do they spend with you? 10 minutes

9) What **programs** are available to you in segregation status?
GED Nothing else. I want anger mangment, drug mangment maybe Some mental help

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Anger mangement, Drug mangment

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Parnenting Class, Anger mangment, Drug mangment, Sex offence classes more time out of my room, Get more Books or to the Library (See Attached Cop

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

_____

_____

Please provide any additional comments below:

Additional Comments regarding segregation status:

_____

OPTIONAL: Name _____ INMATE NUMBER _____

Question Number (2)↓

Just A few days ago the Case worker (mr. mcCord) who Is assigned to get us Laundry took all the request and put them In the trash. They where found but Nothing was said to Mr. mccord.

We Most of the time don't even get the 2 hours out that we suppossed to get because the officers or case workers take our time..

We ask for programs and mental health but Never can get any...

Question (3)

There was a murder, I was a wittness and because of that it have to be on Protective custudy because my Life Is In danger on the yard. But I feel Like I am being punished for doing the right thing..

Question (11)

We are not allowed to go to a Library to get Books, The programs that they have here we are not allowed,, The Legislature Is being told We are out of our rooms more, How ever that Is a Lie. We get maybe 1 to 2 hours out for Shower and yard. That alone will drive a man Crazy,, We are being punished for having to be protected from gangs, and other Inmates. It Is not fair at all.

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Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.

Comments: C Sort Wont Screen me and Im With in less than 5years of my PED 2018

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
protective Custody

4) How many times have you been on segregation status? twice

5) Overall, approximately how long have you been on segregation status? two years

6) During this stay, or your most recent stay in segregation status, how long were you held?
two years

7) What **mental health treatments** are available to you when on segregation status?
None

8) How often are you contacted by **a mental health** practitioner? once a month
Typically, how much time do they spend with you? 5 min

9) What **programs** are available to you in segregation status?
None only GED

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? C Sort, and GED

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
I need to be screend and take any treatment they need me to do at this time its been 3 years and I haunt been screend to do treatment to parole or enter Society.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

I need to do a C Sort treatment (I help)(B help)(O help) in side out side Dads programe

Please provide any additional comments below:

Additional Comments regarding segregation status:

I would also like add in segregation I've do not get any programing other than G.E.D. I've get 45 min day room time and 1 hour yard. Im up for parole in 3 years and I can't get parole unless my treatment is done. at this time I cant do any programing. the (I) help program for the sex offender program has a low success rate, and they wait until we are with in 2-3 years of our TRD I have 1½ years left and I cant see my house until I do O help B help or I help. on another note we as inmates are helpless in here against staff. I've been at NSP and now LCC staff do as they want and we need advocates in every institutions. here at LCC we have alot of problems with certain staff that need to be investegated over their work behavior. Case Worker McCord Case Worker Busy, unit Manager Gerdes, Case manager Betty Gergen in which she is 2½ to 3 years over her settlement these staff are vengful they've been investegated throw work at still Employed, there is lotof of corruption in all institution that the community is unaware of how we get treated other than were criminals. I would also like to add that me and my cell mate have problems with a couple of inmates and we ask our unit manager to move us to our wing side with an open cell and he refussed and denied us, I got into a phirical fight with one of the inmates and this is what we dead with I have 30 points minimum custody and I earn extra good time and they want move me to Omaha and away from a hostile situation

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

the fact we get M.R's for little
situation and it makes us look
bad, the inmates me and my cellmate
are having with came from another
side of the unit cause they were having
problems, cause one of them tryd to
get an actull police officer on his
visit list, the fact they are sex offenders
but to get the heat off them they steal
from inmates, and cause problems and
call other sex offenders (Chimo) they stoled
from a sex offender and twice and got
10 days extra daily and tryd to get me involved.
our unit manager did nothing of the situations
im trying to get out to my family, but if
staff dont do their job as inmates will take
matters in our own hands to be honest we
as inmates would like to talk to any one
in the legislator so you can see what goes
on in the institutions, thank you for taking
the time to read this I would like to hear
from any one in the future, and I can
deliver my M.R's so that you can judge
for yourself the way we as inmates get
treated and 95% of our M.R's get found
guilty is not fair upon us.

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Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? X YES, ____ NO.

Comments: Here at LCC, yes. At NSP and TSCI, NO.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Intensive Management, Administrative Confinement, Disciplinary Segregation.

4) How many times have you been on segregation status? 5

5) Overall, approximately how long have you been on segregation status? 55 months

6) During this stay, or your most recent stay in segregation status, how long were you held?
21 months

7) What **mental health treatments** are available to you when on segregation status?
It depends if you are a patient of the Mental Health Unit or not. If a patient of the MHU you recieve individual sessions and psychiatric appointments. If not a patient of the MHU, psychiatric appointments.

8) How often are you contacted by a **mental health** practitioner? For the first 12 months, monthly. In rest of months, daily. Typically, how much time do they spend with you? 20 to 30 minutes.

9) What **programs** are available to you in segregation status?
None.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Substance Abuse (Inpatient).

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Weekly individual sessions with a therapist, group therapy.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Educational Services, Religious Services, Substance Abuse, Anger Management, AA, and NA.

Please provide any additional comments below:

Additional Comments regarding segregation status: Out of my 6 years within the NDOC I have spent a total of 53 to 55 months in Segregation. The first long stay was from October 28th 2008 to May 26th 2011. During that stay I was bounced between NCYF, NSP and TSCI. My time at NCYF was pretty good. Staff respected me and treated me humanely and with real care and concern. But NSP and TSCI was different. 80% of the staff treated me with contempt, mocked me, abused me, tortured me, threw away or "lost" my property and mail, spit in my food and threatened me. I was contacted by Mental Health on several occasions as I self-mutilated on several occasions and attempted suicide. The treatment was horrible. There were, however, a few staff who genuinely cared and treated myself and others with respect and compassion. The treatment at TSCI and NSP was so bad, I attempted suicide twice. Now, on my second long stay in Segregation (Restrictive Housing) I was contacted by mental Health monthly while at TSCI and LCC from August 5th 2012 til September 2013. From then on I was in contact with Mental Health on a semi-weekly basis until my last 6 months which was weekly, then daily interactions. My stay in the LCC C-Unit Segregation was easy, peaceful, respectful and the staff know how to deal with inmates properly and go out of their way to help us. On another note, this change of terms from "Segregation" to "Restrictive Housing" is a farce. It is, and for now, will still be in my mind Segregation as that is what it is. This new term is just politically correct and is a smoke screen. The treatment of inmates in segregation at NSP and TSCI is inhumane, ridiculous and abhorrent. People with Mental illnesses or behavior disorders are mistreated to the 10th degree and the rest still disregarded and treated unfairly.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

SEE BACK →

The lack of allowed religious property in segregation is against our ~~[illegible]~~ rights and is a form of torture. As of now, throught NSP, LCI, TSCI and NCY. the only religious items allowed are 2oz of sea salt, a Tarot deck and one religious book. I had to fight the Department for months to get the first two items approved. I have asked several staff and inmates both at TSCI and LCI about whether or not religious property and visits and freedom are a big part of Rehabilitation and Transformation and a big tool to success and they all say yes. The various religious items that are approved for possession by the general population pose no security threat risk in segregation. It is vital that inmates be able to FULLY practice their religion both in Seg. and in the General Population. I think this committee should ~~investigate~~ this too investigate.

Signed,

[redacted]

[redacted]

8.28.14

[redacted] [redacted]

[redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: They do not come see you or talk to you about what going on with you

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Seg

4) How many times have you been on segregation status? 6 times

5) Overall, approximately how long have you been on segregation status? Not long

6) During this stay, or your most recent stay in segregation status, how long were you held?
1 day

7) What **mental health treatments** are available to you when on segregation status?
None They Just come ask you are you OK and then do not Come Back any more

8) How often are you contacted by **a mental health** practitioner? 1 time a month
Typically, how much time do they spend with you? 5 min

9) What **programs** are available to you in segregation status?
None at all They Just set you in seg no programs

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? I would like to do all the program I do not went to come Back to prison again

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Re-Entry in to society or G.P

[redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

any kind of programs

Please provide any additional comments below:

Additional Comments regarding segregation status:

I wrote you a letter to take a look at I would like you to write me and tell me what you think or Find out about OCC

OPTIONAL: Name _____ INMATE NUMBER _____

Legislative

I would like to say that I'm here at OCC and I'm not in seg as of right now But I would like you to know something that go on here at OCC They have all these inmates in here doing there sentences They have these program The Administration here has Empty classes room open that do not have any programs going on in here the have AVP going on about one time a month For 3 day on a weekend they do not have any Mental health programing here I've Been try to get in to the GED classe For 3 months now I would say they have 10 classes rooms with Computer in them But are not holding classes I've sent this grievance in 3 time and my unit Maneager Ericson Keep Bring it Back to me telling me do I really need to tell you what going on with this we do not have any Money to hold that Much classes But they have the time to do Misconduct Reports I ask how much Money does it Cost to do a Misconduct Report they told me 120 dallars The person who told me that was Kostszewa she does Discipinary Actions

What I'm trying to say is that I see that we need to get More programs in here So inmates can get rehabilitation and not go out and do the same thing that put them in prison in the Frist places

or do some other kind of crimes I see all the Department of Correctional Services is ware housing Inmate getting money I Just would this to Be look in to more I get out 12-18-14 But I Just would like things to change For the next Inmate Thank you For your time and looking in to this matter

Thank you

[redacted]

[redacted]

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

INFORMAL GRIEVANCE RESOLUTION FORM
UNIT STAFF

FROM: [redacted] [redacted] OCC/[redacted]

Last Name, First, Middle Initial | Number | Facility/Housing Unit

PART A: Inmate Request/Concern.

I would like to know why there is so much class rooms here at OCC open and not being used for programs and to rehabilitating Inmates I would like to know why they have so main program that they went Inmates to take so they can be rehabilitated but here at OCC you have class room open everyday you could put programs in the class so Inmates can get the programs they need There are Inmates in here trying to get rehabilitated OCC says they do not provide them programs here So why does OCC have all them class rooms not Being used they should put in programs So inmate can Batter them self The Department of Correction are getting suited for not gave Some one and help or try to Rehabilitat him Just let people out a warehouse them We as Inmates would like to get more programs in here to get rehabilitated Before getting out on parole or Just Free prison is for Corrections not warehouse

8-27-14 [redacted]

Date | Signature

PART B: Response and Reason(s) for Decision Reached.

Date | Signature

NOTE: A copy of this completed *Informal Grievance Resolution Form* must accompany any *Step 1 Institutional Grievance Form.*

PART C: Receipt.

RETURN TO: _____ _____ _____

Last Name, First, Middle Initial | Number | Facility/Housing Unit

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:

Date | Signature of Unit Staff Receiving Complaint

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: Staff in general often treat inmates unreasonably regarding certain personal property in SMU (hygiene, books, food, pens, art materials); requests are not answered/processed for several weeks; I have been placed in SMU after being assaulted; Only allowed law library 1-hour per week / Legal aide 15-min. per week.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective Custody / Administrative Confinement (PC/AC)

4) How many times have you been on segregation status? 4-times

5) Overall, approximately how long have you been on segregation status? 3 1/2 - 4 years

6) During this stay, or your most recent stay in segregation status, how long were you held?
1-3 months

7) What **mental health treatments** are available to you when on segregation status?
I don't really know, but Mental Health treatment is adequately provided when needed or requested. (I would recommend certain creative activities such as: Puzzles, Artistry, Music);

8) How often are you contacted by **a mental health** practitioner? rarely
Typically, how much time do they spend with you? very little

9) What **programs** are available to you in segregation status?
"Incentive" levels program, "Transformation" program packets.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? GED/Education, S.O. program for parole/early release.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Particularly, what works for me is art; being able to have and use all of my colored pens and artbooks, and to retain all of my patterns and sketches.... that's what keeps me calm. Better access to personal artbooks and magazines, colored pens, pencils etc., instead of unnecessary restriction from such items, would be quite helpful.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

None of the current programs are very effective, and additional "Transformation Project"-types of programs would be just as pointless and ineffective. The Levels Program is adequately effective; and the Incentive Program could be improved greatly with better and higher incentive rewards; also, a job program would be helpful. (I am on PC/AC and on the highest level, but I am not allowed to have a job/be employed in SMU, due to PC stat

Please provide any additional comments below:

Additional Comments regarding segregation status: Referring to Q.#1, 4, and 6 combined: Staff do not treat inmates or myself fairly or reasonably (namely: Administrative staff—Case Workers, Case Managers, Unit Managers) who/while in SMU. As stated in Q-1, I am currently in SMU for allegedly "fighting," though the Misconduct Report (M.R.) clearly indicates that I was assaulted, not attacking or retaliating in any way. The M.R was later dismissed. However, I have now been held in SMU for 50-days, (estimating a projection of 20-40 more days), which is clearly excessive and unfair; not only that, but it was also extremely unjust to be punished by being placed in restrictive segregation when I was clearly the victim of the assault. I was cooperative with staff, obeyed every directive; I did nothing wrong throughout the entire incident to deserve punishment or segregation, and I should never have been placed in SMU.

I have filed several various Inmate Request Forms (I.R.F.) to administrative staff, inquiring why and how long I will be forced to remain in SMU, and requests for my personal hygiene items to be sent from Property Control. So far, staff have not responded to any of my inquiries—essentially ignoring them— and repeatedly refuse to allow me to receive my hygiene items, claiming that I "have to purchase new hygiene while in SMU!" This is unreasonable because I have no funds to purchase new hygiene, and I won't be able to qualify for indigent status supplies for 45-days. Inmates in general are often targeted for being placed in SMU based on frivolous grounds, held in segregation for periods of time excessive to any alleged offense, and staff have a strong reputation of delaying inmates from receiving their legal case work, legal mail, and legal materials for several weeks. Staff are also aware that inmates who have a history of going back to SMU, and/or for extensive periods, have a high risk of losing Parole elligibility, and often employ certain methods that target certain inmates for frivol M.R.'s as an excuse to be sent to SMU, or to be held in SMU. (Cont'd—Please see attache

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

Attaché

LR 424, D.C.S. Special Investigative Committee of the Legislature

Additional Comments regarding segregation status, continued:

In summary: It is extremely unfair for staff to place inmates in SMU on frivolous grounds such as: being the victim of an assault, or causing a mild disruption by not verbally acknowledging prison staff when said staff shows rude and obnoxious behavior toward inmates in a manner that is intended to provoke an inmate to misbehavior; or to use such methods to keep inmates in SMU.

Granted, SMU is intended as a disciplinary punishment; however, staff take that punishment to the extreme by being unreasonable in denying inmates their personal hygiene from their property, as well as personal books and magazines, family photos, and personal artwork. The five above-named items are for sanitation, and physical and mental health purposes; they are not privelaged items.

Lastly, legal case work and other legal materials, (i.e. pens, pencils, typing/writing paper, file folders, and mailing envelopes) as well as personal hygiene and religious materials, should be sent with the inmate upon arrival to SMU-segregation due to being basic necessities.

Thank you for your time and this opportunity to voice these issues.

Sincerely,

[redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
NA Printed name: N/A

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: you cannot get help you need, if you ask you're told to scream into a pillow or count backwards how does that help someone who hears voices???

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective Custody / Immediate Segregation

4) How many times have you been on segregation status? three times

5) Overall, approximately how long have you been on segregation status? 1 1/2 yrs

6) During this stay, or your most recent stay in segregation status, how long were you held?
1 1/2 yrs

7) What **mental health treatments** are available to you when on segregation status?
once a month or so they walk by and ask you what day of the week it is or who the president is anything further you're told to "write a kite" or scream into a pillow

8) How often are you contacted by **a mental health** practitioner? During a review (every 6 months)
Typically, how much time do they spend with you? 5 min

9) What **programs** are available to you in segregation status?
NONE

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? SAU, RTC,

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
anything other than this, these people do not care.
you have to go to extremes to get help 2 people hung them selves
one died we get no help.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

SAU/RTC

Please provide any additional comments below:

Additional Comments regarding segregation status: these people Do NOT care About rehabilitating anyone, I've seen first hand that if you DONT Force them to Do their Jobs they Come PUT in their hours AND PASS you on To The NEXT shift AND they PASS That on to the NEXT ONE, ITS impossible to GET Any sort of ATTENTION/help UNTIL ITS to Late These People are OVERWhelmed AND UNDER Qualified For this Job EVERY ONE OF them From the COS to the warden have no idea what to Do under the Day to Day pressures of this Job. They ARE Breeding "NIKKO Jenkins" Every Day And they continue to IGnore Problems Due to overcrowding, AS long AS it Does NOT Effect Them personally they DONT care

OPTIONAL: Name _____ INMATE NUMBER _____

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: I Got Stuck on D Unit and This Place Won't let me Go to General Population

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
IS

4) How many times have you been on segregation status? 3 or 4

5) Overall, approximately how long have you been on segregation status? ~~[illegible]~~ 30 DAYS

6) During this stay, or your most recent stay in segregation status, how long were you held?
7 Days

7) What **mental health treatments** are available to you when on segregation status?
Mentalhealth unit mentalhealth Proloram Talk to mentalhealth Daily

8) How often are you contacted by a **mental health** practitioner? Everyday
Typically, how much time do they spend with you? 5 minutes

9) What **programs** are available to you in segregation status?
Yard Showers Book Cart

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Don't Want to be in unit or Segregation or PC I want to Go to General Population

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
None I want to Go to General Population now

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

None

Please provide any additional comments below:

Additional Comments regarding segregation status:

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, ✓ NO.

Comments: theyre Got attitudes

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Orientation LPS

4) How many times have you been on segregation status? 5

5) Overall, approximately how long have you been on segregation status? 6 yrs

6) During this stay, or your most recent stay in segregation status, how long were you held?
2 wks

7) What **mental health treatments** are available to you when on segregation status?
Hardly any

8) How often are you contacted by **a mental health** practitioner? 1X week
Typically, how much time do they spend with you? 20 min

9) What **programs** are available to you in segregation status?
none

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? School

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Someone to talk to

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what programs would be helpful for you to return to general population or to society as a whole when you leave prison?

Work Programs

Please provide any additional comments below:

Additional Comments regarding segregation status:

OPTIONAL: Name _____ INMATE NUMBER _____

12095 All Inmates should be allowed to obtain a job position, social interaction with other human being, either with other inmates or through visitation with Love ones for which is crucial and essential ~~for~~ to maintain ~~[illegible]~~ oneself with some kind of normalcy. Inmates should be allowed to attend GED classes at the TSCI SMU conference room.

pg 1 of 2

Additional comments regarding segregation status:

There are different kinds of prison segregation, ~~[illegible]~~ but they look a lot alike, with long lockrin times, severe restrictions on activities and on contact with other inmates, and extreme security measures such as frequent cell and body searches. Even though administrative and protective segregation are not supposed to punish, they are often operated in similar ways to punitive segregation. Long ago, courts recognized that prolonged isolation and sensory deprivation can be psychologically damaging. The supreme court said of Nineteenth century solitary confinement that "a considerable number of prisoners fell, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others still, committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community." In re Medley, 134 U.S. 160, 168, 10 S.Ct. 384 (1890). Modern courts have also acknowledged "what anyway seems pretty obvious, that isolating a human being from other human beings year after year or even month after month can cause substantial psychological damage, even if the isolation is not total." See Davenport v. DeRobertis, 844 F.2d 1310, 1313, 1316 (7th cir. 1988); accord, Madrid v. Gomez, 889 F. supp. 1146, 1235 (N.D. Cal. 1995) ("many, if not most, inmates in the SHU experience some degree of psychological trauma in reaction to their extreme social isolation and the severely restricted environmental stimulation in SHU"). Langley v. Coughlin

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

1004

INMATE INTERVIEW REQUEST

Pg. 2 of 2

TO: _____ DATE: _____

FROM: _____ _____ _____
NAME / NUMBER FACILITY LOCATION

WORK LOCATION: _____ UNIT STAFF: _____

MESSAGE: 715 F. Supp. 522, 540 (S.D.N.Y. 1989); Baraldini v. Meese, 691 F. Supp. 432, 446-47 (D.D.C. 1988) (citing testimony re sensory disturbance, perceptual distortions, and other psychological effects of segregation), rev'd on other grounds, 884 F.2d 615 (D.C. Cir. 1989); Bono v. Saxbe, 450 F. Supp. 934, 946-47 (E.D. Ill. 1978), aff'd in part and remanded in part on other grounds, 620 F.2d 609 (7th cir 1980). Several of the cited cases rely on the research and testimony of psychiatrist Stuart Grassian. See Stuart Grassian, M.D., Psychopathological Effects of solitary confinement, 140 A.m. J. psychiatry 11 (1983); Stuart Grassion and Nancy Friedman, Effects of sensory Deprivation in psychiatric Seclusion and solitary Confinement, 8 INT'L J. OF LAW AND PSYCHIATRY 49 (1986).
Despite this recognition, courts have not been willing to prohibit isolated confinement in conventional segregation units.

ORIGINAL – DCS Employee
YELLOW – Inmate
Both copies need to be submitted for response.

_____
Signature

REPLY: In addition, due to the overcrowding Inmates on PC status are being forced to stay longer period of time within the TSCI SMU and are being place on greater restrictio than those inmates on a PC unit. Inmates on PC Statu are no longer a safety and security threat to the institution but are still being deprive of all their property, contact visits, jobs, physical contact with other inmates and are being force to be place on restraints and freq cell and body searches. Please help us change these abuses and inhumane treatments.
The TSCI SMU has an alternative unit (upper E-Gallery) to house all Inmates on PC status when overcrowding occurs therefore such restrictions are unnecessary because those Inmates can

Date Signature

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? XXX YES, _____ NO.

Comments: Simply inadequate

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
PROTECTIVE CUSTODY

4) How many times have you been on segregation status? ONCE

5) Overall, approximately how long have you been on segregation status? 11 years

6) During this stay, or your most recent stay in segregation status, how long were you held?
11 plus years

7) What **mental health treatments** are available to you when on segregation status?
only on request or referral

8) How often are you contacted by **a mental health** practitioner? 1 time every 90 days
Typically, how much time do they spend with you? 1 or 2 minutes

9) What **programs** are available to you in segregation status?
High school equivalency is the only program available on PC

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? IHELP

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Any required personalized programs

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?
The same programs as offered to general population should be offered to PC

Please provide any additional comments below:

Additional Comments regarding segregation status:
PLEASE SEE THE ATTACHMENT TO THIS FORM

Thank you for your time and attention to this matter.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

FROM: [redacted]

TO: LR 424 Committee
Chairman Lathrop and respected committee members

Sept. 7th, 2014

From a long term segregation inmate I offer the following perspective. I've been a P.C. inmate since 2003. In that time I've only ever received 3 inmate misconduct reports, the most serious of which was the result of having an empty cardboard box. My institutional record is free of any acts of violence, assaults drug or alcohol abuse, escape attempts or possession of any weapons. For all practical purposes I believe I am a model inmate. I've hesitated in submitting this information as I've had concerns about retalitory actions for speaking out. I've witnessed this type of response of passive aggressive retaliation directed at inmates and staff alike who have spoken out in the past. I however believe that the purpose and intent of this committee is genuine and if I as an inmate want to see real and meaningful changes I must advocate for myself and others, regardless the risk. I submit the following.

Generally, P.C. (protective custody) is intended to be a place where inmates who were victimized (i.e. physically or sexually assaulted, extorted, pressured or otherwise harrassed) while in General Population, can be housed. P.C. is not suppose to be punitive or disciplinary segregation. There are two categories of P.C. inmates, voluntary and involuntary. For the purposes of this letter they are without distinction. Either category of inmate is on P.C. status to prevent additional issues, whether the inmate, NDCS or both feel it's necessary. While it may not be the intended practices or policies of NDCS to treat P.C. inmates in a punitive or disciplinary manner, it is the reality, the results of which is the slow systematic deterioration of the inmate, both physically and mentally. I'm sure that some staff at NDCS and possibly even members of this respected committee will rely on the old catch all phrase, "it's for the safety, security and good operation of the facility" when reviewing segregation policies and this letter. Iwould ask that when the OLD PHRASE is offered as reasoning for a policy or procedure that you consider what actual penological interest is truly being advanced, and what theraputic, rehabilitative or educational opportunity is being advanced, offered or denied as a result.

It is my interpretation that this committee's focus i[redacted]ntal health and programming. The issue of programming is simple for a P.C. inmate. The only thing available on P.C. is a G.E.D. course. Any other programs offered by NDCS are unavailable in segregation or PC. If a PC inmate has a specific or or required program on their personalized plan they will not be able to participate in the program, which places them in non-compliance, resulting in the PC inmate having points deducted from their factor rating score, which determines the custody status of the inmate. Therefore, by default the inmate is punished for not being in compliance with their personalized plan, even though it's not avaible on PC. The Parole Board then in turn will deny an otherwise parole eligible inmate parole. NDCS will argue that the PC inmate refused programming. A PC inmate can't refuse what's not available. The PC inmate must leave protective custody and return to general population to gain access to programming. This means an inmate who was vicitimized previously, resulting in being placed on PC status, must now be willing to again place themselves in harms way, potentially risking physical and sexual assault, extortion and harrassment in order to comply with their required personalized program. Depending on the individual offense of the PC inmate this also makes them susceptible to civil committment and being forced to remain at a higher risk custody status, preventing transfers to other lower custody institutions and other potential repurcussions.

According to NDCS A.R.'s and O.M's the purpose of custody levels and programs is, in part, to place the inmates "in the least restrictive environment, maintain control, facilitate attitudinal and behavioral change, and provide opportunities for productivity , growth and development of the individual inmate." The current policies, procedures and practices pertaining to PC and Segregation fail on most if not all levels as they apply to the purposes of programming as defined by NDCS. As to custody levels, they to have no valid application to a PC inmate. For example I have 37 out of 40 available points. I would have 39 points except that 2 points are deducted from me for not taking the program indicated on my personalized plan, even though that program is not available in PC. As per the NDCS custody level rating system;

COMMUNITY CUSOTDY IS	30 or more points
MINIMUM CUSTODY	24 to 29 points
MEDIUM CUSTODY	19 to 23 points
MAXIMUM CUSTODY	18 or fewer points

Accordingly, my 37 points would make me a community custody level inmate. But, because I'm a PC inmate I'm listed as a medium custody inmate, it's difficult when you're the inmate not to interprate that as a punishment for doing the right

things. (i.e. reporting assaults or abuse, not fighting and complying with rules) Again NDCS fails to meet the standards that they themselves have defined as the purpose of the Custody Levels, at least as it applies to segregated inmates.

SUGGESTED SOLUTIONS:

1)STOP treating PC inmates as though they are disciplinary segregation inmates who are being punished.

2)Do not force a PC inmate to choose between complying with his program requirements and his personal safety. Make the same programming available to GP inmates available to PC inmates on PC units. PC inmates are not segregated from each other, there is no safety or security risks for these inmates who eat together, shower together, go to dayroom together and live in 2 man cells together to attend classes, groups or programs together.

3)Reward those PC inmates who have followed the rules, done whats asked of and expected of them to earn the points for minimum and community custody. These are the inmates that NDCS should be wanting to assist and rehabilitate, not the inmates who have demonstrated no willingness to change. If an inmate has earned 30 or more points, they've been working hard at it, NDCS doesn't just give those points to the inmate, they were earned.

4)PC should be considered the GP of segregation, and as such offered the same privileges, access and movement as GP. With the modified operational schedule in place at NSP and the new fences dividing the yards into smaller yards it's completely feasible that PC inmates could easily move between their housing unit and church, library, school or programs, without ever having contact with or even crossing paths with a GP inmate, this would require no additional staffing than that already in place and poses no additional safety concerns than those already existing. It's simply PC inmates interacting with PC inmates.

Even implementing portions of these suggestions would go a long way to meeting the purposes and standards defined by NDCS relating to Custody and Programs as well as actually offering rehabilitative options to PC and segregation inmates. These PC inmates would then be able to set goals, make changes and assist in their own rehabilitation. This would also go a long way in addressing the very real concerns related to the mental health issues of segregated inmates.

MENTAL HEALTH ACCESS AND CONCERNS OF SEGREGATED INMATES

As a long term PC inmate I can't speak for the access to mental health on disciplinary segregation. I can offer my observances of those segregation inmates who are moved from single cell segregation status to protective custody. They generally fall into two categories when they first arrive. They are either very overwhelmed and frightened or very aggitated and aggressive as a result of the stimulus of being around other inmates. Some adjust and some never do. I know they are not offered any additional access to counseling or mental health when they transition. While there has been much information out there about the effects and

mental health issues related to individual segregation, I would like to offer input from the perspective of a long term PC inmate and I think you'll find by comparison that the problems are similar, some of the issues are not as bad and others are unique and much worse. To provide a fair overview I believe it would help if you were aware of the general day to day schedule . As a PC inmate you are allowed each day;

1) 1 hour of outside yard
2) 45 minutes of dayroom
3) 1 shower at staff discretion (15 min. --2 inmates at a time)
4) 1 15 minute phone call
5) 3 --- 20 minute meals in the PC dayroom

All PC cells are approx. 8ft x 11ft and designed to house 1 inmate, but currently house 2. Seven day's a week, 365 days a year, PC inmates;

WILL SLEEP 3ft from their cellmate
WILL urinate and deficate 4 ft from their cellmate
WILL perform all their bodily functions and personal grooming 3ft from their cellmate
WILL shower with their cellmate
WILL eat 3 meals a day with their cellmate and 18 others in the unit dayroom
WILL get a 45 minute dayroom with their cellmate and 18 others
Will get a 1 hour yard with the same 18 inmates and his cellmate

As such, approximately 22 hours a day, 7 days a week , 365 days a year you will be locked down in an 8 x 11 cell with your cellmate. In order for a PC inmate to even use the bathroom alone, decompress or simply take a time out from others the PC inmate must deny himself a shower, a meal, yard or dayroom. The result then is the same as if the inmate was being sanctioned or disciplined for a rule infraction. Ironically, if cellmates are having difficulties getting along staff does their best to diffuse the matter. The most common advice they will give is to step away catch your breath and calm down. This is of course in line with NDCS policy that an inmate should always walk away from possibly hostile or violent situations, in fact failing to do so could result in misconduct reports. Where and how is a PC inmate going to step away from the person they are locked down with 22 hours a day? As a result of these types of conflicts staff may submit a mental health referal to mental health, and typically mental health will make time to see the inmate on the unit, often times in their cell with their cellmate or in the unit dayroom. It typically takes 1 to 2 weeks to be seen by mental health. In the interim mental health may send you photocopies of breathing, self betterment excercises, relaxation techniques and similar exercises to help yourself until you can be seen by a therapist or psychologist.

There are only 2 ways a PC inmate will be seen by mental health. Either the

unit staff must submit a referral or the inmate must submit an Inmate Request to be seen. The staff referral is the faster of the methods, it takes typically 7 to 14 days. The inmate request will more typically take closer to 30 days or more, though there are exceptions in both cases.

I currently am housed with an inmate who is considered a special management inmate. When he is properly medicated and managed he is a nice guy, when he's not--he's not such a nice guy. With his permission I'm going to describe our situation as cellmates to illustrate how the current practices of mental health treatment or lack thereof effects both of us daily. Frankly, this isn't a rare case or an isolated incident it's sadly reflective of the everyday realities in PC. My cellmate is a 36 year old, 400 lb man with the cognitive and coping skills of a child. He reads and writes at a 1st to 3rd grade level and is prone to the temperment and tantrums of any adolescent. He's aware of his problems and at times tries very hard to control them, unfortunately he can't always and it results in episodes of paranoia, anxiety, anger and binge eating, which in turn often results in vomitting and diareha. None of which is a pleasant experience when locked in a 8 x 11 cell with him 22hours a day. He has a substantial institutional write up history ranging from violence and weapons to minor write ups,(prior to coming to NSP PC) Prior to being housed with me and prior to arriving at NSP he had not had a cellmate longer than 1 to 3 months. (beginning in 2008) The rest of the time he was housed in disciplinary segregation. He has been my cellmate for more than 18 months. He is on a regime of psych meds. If they are adjusted and managed on a regular basis, he has much more control over his actions and thoughts. These are not magic pills and they aren't going to cure him of his ills. He truly needs better access to mental health counselors or professionals. Once every week or two isn't enough and that's what he's getting, even with unit staff emailing mental health and submitting referrals, as well as submitting requests himself. The unit staff nor I are professionally trained to help him with his sometimes daily episodes, though to their credit they try very hard. They help him as part of their job, I do it because he's a friend.

When he arrived here he was not on nearly as much medication. He was difficult to be around. His episodes were escalating, he was becoming more aggressive, more angry and more paranoid. It literally took unit staff, myself and my cellmate weeks of writing requests and referrals for him to be seen by the psychologist who finally made major adjustment's to his med regime. In the interim they would send him those self betterment excercises and a counselor would stop by once or twice a month, which she continues to do. It's not enough. Rember he reads at a

low grade school level. He can't even read the words on most of the exercises they send let alone understand them or benefit from them, and 15 or 20 minutes of access to mental health counselor once every week or two is not much better than nothing. A PC or segregation inmate shouldn't have to beg to be seen and heard by a counselor and shouldn't have to be in the throws of a major episode, (i.e. anxiety attack, tantrum, violent act or suicide threats) to be seen on the PC unit, especially when the very causes of or contributing factors to the episode are a result of the operation of and restrictive environment of PC. Because we are locked down together 22 hours a day and he's unable to speak with a mental health counselor when he has these sometimes daily issues, that leaves only myself or when possible unit staff to help him sort it out. Fortuneately, he finds my voice to be calming and together we can sort it out, but at times I have to and need to walk away. The unit level custody staff are great, they are aware of his problems and issues . They do their best to help him or me in getting through these issues. That doesn't change the fact that it shouldn't be incumbent on me or the unit custody staff to be de facto counselors.

Some of the issues and factors unique to PC segregation which contribute to my cellmate's problems and those of any PC inmate, effecting their day to day mental health and their long term mental health are:

1) Lack of adequate access for personal hygene
2) Lack of adequate access for sanitation of 2 man cells
3) Lack of personal space or time
4) Lack of access to mental health counselors
5) Lack of access to programming
6) No physical access to church or the religious services
7) No Physical access to the institutional library
8) No physical access to institutional athletic and recreational services (i.e. gym, sporting courts)
9) Restricted access to law library computer (on unit) (currently limited to 1 hour every 7 days)
10) Lack of adequate yard access

Issues 1-3 are the result of putting two grown men in a cell, built for 1 man and locking them down for 22 hours a day. As showers are at staff discretion PC inmates are often times made to shower prior to their 1 hour of exercise or yard time. This means you can not shower following your yard and either must sit and sleep in your own sweat and filth or sponge bath with another man sitting 3ft from you. Regardless your cellmate gets to share in that experience. When 2 men are locked down 22 hours a day and asked to perform all bodily functions, personal grooming and simply living, being able to maintain the cleanliness and sanitation of the cell is necessary. Under current NSP PC procedures a PC inmate

is allowed to clean his cell and have access to cleaning supplies, once every 7 days for a duration of 10 minutes. It would be difficult to maintain good sanitation for 1 adult man with this current policy and not feasible for 2 men. The current policies utilized to address issues 1-3 advance no penological interest and serve no valid purpose. Policies or procedures which strip an inmate of basic human dignities are degrading and dehumanizing whether they are intentional or unintentional. Living in dirty environment and being prevented from adequately maintaining personal hygene definately impacts a persons self worth and mental health. Issues 4-10 are representative of the effects of the hyper-restrictive environment of current PC policies and procedures. Under current PC policies and procedures they are locking up 2 men in cells meant for 1 man, 22 hours a day, 7days a week, 365 days a year. They provide inadequate mental health assistance or even more inadequate access to mental health. The PC inmates world is limited to almost non-stop contact with his cellmate and limited contact with the other PC inmates. They provide little to no external stimulus for the PC inmates and offer no incentive or opportunities for self improvement. The effects of these policies and procedures are undeniable. It creates unrehabilitated inmates who are prevented from learning or maintaining the daily socialization skills necessary to become better citizens. What PC inmates learn is how to become institutionalized dehumanized and disregarded, subjecting them to possible long term psychological effects which will undoubtedly carry over into their life after release.

SUGGESTED SOLUTIONS

Refer back to my previous suggestions on Page 3

also:

1) Provide a mental health counselor who can be available daily if necessary for those inmates in need.
2) Utilize that same mental health counselor to adminster programming or therapy groups
3) Provide every PC inmate with access to their mental health and programming needs, prior to their first parole eligibilty date
4) Provide work opportunities for every PC inmate
5) Provide more than 1 hour per day of yard access, even death row inmates get 2 hours a day minimum.
6) Provide every inmate adequate access to maintain his personal hygene, free from the whims and discretion of staff
7) [illegible]de access to the necessary sanitation supplies to maintain [illegible]anitation daily.
8) Provide PC inamtes with access to any and all external services (i.e. church, library, gym, ect...)

TWO FINAL THOUGHTS

ONE
The Corrections department has indicated repeatedly that maintaining and housing PC inmates is some of the most expensive beds within the department. Why then do they continue to implement and utilize PC policies and procedures which deny the PC inmate any access to the rehabilitative programs and processes required under their own regulations. By their very actions they assure that PC inmates will be forced to jam their numbers and remain completely untreated and far from rehabilitated. They will also assure that these expensive PC beds will remain full and the PC population will continue to grow. Again, PC inmates are not disciplinary inmates, Why are they treated as such?

TWO
In the free world, when you commit an offense against a member of the community you are judged and punished, often times incarcerated. The victim is able to move forward in their life and is rightfully not subject to any form of punishment or restriction for being a victim. Why then in the NDCS system is it acceptible for a perpetrator to be subject to typically short term punishment for committing an offense against a member of the community, while the victim of the offense is segregated, deprived of almost all the institutional programs or services and locked down 22 hours a day, often for long periods of time? Does that seem like rehabilitation to punish the victim and reward the perpetrator?

You can't fix what you don't know, hence this long letter. I've done my best to give you the information. I hope it's helpful. I encourage you to offer unit level caseworkers and casemanagers within the segregation units a safe and confidential manner to offer you input. You'll find they know the system is shrouded in secrecy, ineffective and broken. These unit level staff try hard, but nobody asks their opinions and frankly nobody wants them to offer an opinion, idea or solution. It's time somebody heard not only our voices, but those of the men and women working with us everyday.

Respectfully Submitted,

[redacted]

CC:File

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.
Comments: Mental health staff Lacks the ability to provide effective mental health asistance. In addition, Staff treatment & prison administrators behavior towards me & Inmates has been awful, they tend to manipulate the system to enhance their inhumane treatment and abuses towards Inmates

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective custody

4) How many times have you been on segregation status? 3 times

5) Overall, approximately how long have you been on segregation status? 7-8 months

6) During this stay, or your most recent stay in segregation status, how long were you held?
7 1/2 months

7) What **mental health treatments** are available to you when on segregation status?
Therapist & Counselors, but not effective therefore there is none.

8) How often are you contacted by **a mental health** practitioner? 9 months ago
Typically, how much time do they spend with you? 5 min Asken questions off a sheet.

9) What **programs** are available to you in segregation status?
Study GED thats all

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? _____

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
A therapist who would Listen to my problems and be effective and other effective programming including the ability to have Physical contact with other human beings. mental health staff should also be Required to Perform more often Visits Instead of ones every 3 months

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

See attached pg.

Please provide any additional comments below:

Additional Comments regarding segregation status:

See att pg.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

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Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
N/A Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.

Comments: WHEN IT COMES TO INMATES, EVEN WHEN WE ARE TRUTHFUL, WE ARE LOOKED DOWN UPON. I WAS TOLD BY A CASE MANAGER THAT WHEN IT COMES DOWN TO A YOU SAID/THEY SAID (INMATE/STAFF) YOU KNOW HOW IT ENDS UP.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
LCC A-UNIT PROTECTIVE CUSTODY SINCE APRIL 18, 2002
THIS IS A MODIFIED TYPE OF SEGREGATION, SO THEY SAY.

4) How many times have you been on segregation status? A UNIT PC - OVER 12½ YEARS
C UNIT 3 TIMES

5) Overall, approximately how long have you been on segregation status? 12½ YEARS

6) During this stay, or your most recent stay in segregation status, how long were you held?
STILL HERE, I AM INVOLUNTARY PLACED IN PC FROM DAY ONE.

7) What **mental health treatments** are available to you when on segregation status?
ON A-UNIT PC AS OF TODAY NONE

8) How often are you contacted by a **mental health** practitioner? EVERY THREE MONTHS OR SO
Typically, how much time do they spend with you? ONLY 5 MIN TO FILL OUT A CONTACT SHEET

9) What **programs** are available to you in segregation status?
THE ONLY PROGRAM ON A-UNIT PC IS THE GED PROGRAM

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? FOR MY CONVICTED CRIME IS THE SEX OFFENDER PROGRAM.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
DEALING WITH DEPRESSION, I WOULD NOT RETURN TO GENERAL POPULATION DUE TO THE GANG ACTIVITY THAT IS GOING ON.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

I AM 100% MEDICAL DISABLED. JUST COPING IN TODAYS BUSY WORLD WILL BE HARD ENOUGH. SUPPORT GROUPS WILL BE A MAJOR HELP.

Please provide any additional comments below: JUST PUTTING AN INMATE FRESH OUT OF PRISON WITH NOTO LITTLE SUPPORT OUT THERE IS JUST SETTING THEM UP FOR FAILURE.

Additional Comments regarding segregation status: WHEN I GOT TO D&E IN 2002, THERE WAS NOTHING IN PLACE MENTAL HEALTH WISE TO ASSIST ME IN LEARNING TO COPE WITH PRISON LIFE. I WAS ON my OWN.

SUFFERING FROM DEPRESSION, I REQUESTED MENTAL HEALTH HELP AND ALSO REQUESTED TO BE HOUSED ON THE MENTAL HEALTH UNIT (d-UNIT) I WAS TOLD THAT SINCE I WAS STILL IN COURT FIGHTING my CONVICTION, I COULD NOT BE IN THE MENTAL HEALTH UNIT NOR ANY COUNSELING FOR my MENTAL HEALTH. I HAD TO DEAL WITH IT ON my OWN.

IN 2005, I HAD A DEATH IN THE FAMILY AND REQUESTED TO SPEAK TO SOMEONE FROM MENTAL HEALTH FOR GRIVE COUNSELING. THE PERSON WHO SHOWED UP WAS NOT INTRESTED IN HELPING ME AT ALL. THEY WERE MORE WORIED ABOUT GOING HOME BECAUSE IT WAS 10 MIN TILL 4PM AND HE KEPT LOOKING AT HIS WATCH, NOT CARING ABOUT WORKING/HELPING ME THROUGH THE HARD TIME OF A FAMILY DEATH.

BACK IN 2003/2004 WE DID HAVE A PROGRAM CALLED "GOLF" BUT I WOULD NOT ALLOW THEM TO VIDEO TAPE GROUP SESSIONS NOR DIG INTO my PAST. I WAS TERMINATED FROM THE PROGRAM. THAT PROGRAM WAS DISCONTINUED APX 2007/2008

I HAVE A COPY OF THE CONTRACT MENTAL HEALTH AT LCC TOLD ME (AND OTHERS) TO SIGN OR BE REMOVED FROM THE PROGRAM.

I HAVE HAD TO DEAL WITH my MENTAL HEALTH ISSUES ON my OWN. I HAVE HAD TO RELY ON my WIFE AND LOCAL CLERGY BECAUSE AS LONG AS I AM IN COURT FIGHTING my CASE, THE LCC MENTAL HEALTH DOORS ARE CLOSED!!

FOR LCC MENTAL HEALTH TO HELP ME, I WAS TOLD I HAD TO GIVE UP FIGHTING my CASE AND ADMIT TO my WRONG DOING BEFORE I WOULD RECEIVE ANY ASSISTANCE FROM LCC MENTAL HEALTH. I AM WRONGFULLY CONVICTED, SO HOW CAN I ADMIT TO A CRIME THAT I DID NOT DO AND DID NOT HAPPEN? IN THEIR MINDS, ONCE YOU ARE CONVICTED YOU COMMITTED THE CRIME AND THE INMATE IS CONSIDERED A LIER AND IN DENIAL.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

I AM 57 YEARS OLD, MARRIED FOR 37½ YEARS WITH 2 CHILDREN. I HAVE A DEGREE IN ELECTRONICS AND NOW MEDICALLY DISABLED FROM DIABETIS.

THE INMATE IS IN A SO CALLED MENTAL HEALTH PROGRAM. AS SOON AS THEY FILE A

9/4/2014

Dear Senator Lathrop, [redacted]

Please find enclosed the survey on the NDCS MENTAL HEALTH.

I hope it contains information that will help in understanding that there are problems with what NDCS considers as "MENTAL HEALTH".

Sincerely

[redacted]

LINCOLN CORRECTIONAL CENTER
PO BOX 22800
LINCOLN, NE 68542-2800

ENC: INFORMATION FORM
PERSONAL CLASSIFICATION ACTION FORM

Nebraska Department of Correctional Services

NOTIFICATION – DISPOSITION

OF CLASSIFICATION ACTION

4 6

To: [redacted] NAME/NUMBER Living Location: A2unit

From: Unit Administrator/Supervisor

Date: 8/7/14

Final Classification Action IX Remain on P.C. - Review 1 year

Items marked represent reason(s) for the above classification action:

(1) Based on your Factor Rating Score.
(2) Based on your Sentence Structure.
(3) Based on medical, security or assignment needs.
(4) Promotion in custody effective upon transfer.
(5) Next Review of Administrative Segregation status as noted above will be 8/7/15
(6) Other

Unit Administrator/Supervisor

Distribution:
Original - Inmate
Canary - Treatment File
Pink - Unit Administrator/Supervisor

DCS-A-adm-026 (r. 2-97)

Printed by [redacted] Print Shop

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Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
N/A Printed name: N/A

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ✓ YES, ____ NO.
(At TSCI - staff and administrators are really fair, etc.. I don't know anything about mental health here) ↳ For N.S.P.
Comments: At N.S.P., and TSCI Not At O.C.C. - horrible (please see other side of this and attachment for summary of all the seg., /populations, along with their treatment You can ask alot of different agencies Ombudsm ACLU, Neb Assc., even th courts about I relay to the about these pla

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
A7

4) How many times have you been on segregation status? At O.C.C., once for defending myself (against an inmate around 300 pounds 6'2") and then for nothing

5) Overall, approximately how long have you been on segregation status? I've been locked-up since I was a kid, so I don't remember - at a guess: say around (3 years for seg because of a.c. and about 5 for protective custody)

6) During this stay, or your most recent stay in segregation status, how long were you held?
1 month 3 days from 7-8 2014 up to now 9-3 2014

7) What **mental health treatments** are available to you when on segregation status? At N.S.P., there was none, but the last time I was really in seg., there was around 2006 or beginning of 2007 (mental health go to seg. all the time though) so they could have programs - I've heard they do; Here at TSCI they have a 'transformation project' program (after orientation, when I first got here I ha had a i-o treatment w mental healt

O.C.C., has absolutely no mental health treatment in seg., it's hard to see them..

8) How often are you contacted by **a mental health** practitioner? I haven't been
Typically, how much time do they spend with you? None

9) What **programs** are available to you in segregation status?
the 'transformation project' - transition level program

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? 'I help' and 'VRP (violent reduction program)' and 'drug treatment'

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
I got locked-up way before I was (25) twenty-five.; I'm mature and educated - I received all the skills at N.S.P.; I only need a chance now - I'm (50) fifty so I need a program on re-entry to society and since mental health was so unprofessional at ~~Dec~~ O.C.C., and degrading I need

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

'Re-entry' and 'Confident Skills (again because of the degradation by Tammy Jackson, Jennifer and Dr. Baker

Please provide any additional comments below:

I've been in all (4) four systems and I know which systems mental health administration and staff are; I also know which system(s) is working and which is not in seg., and from what I observe(d). At N.S.P., in seg., and in population: I believe not only has mental health and administration treatment of me (and what I observed of how they treated others) in the last decade has not only been fair, professional and appropriate, all N.S.P. administration all the way up to Lakeba-Rima, the Warden; each of them have called me to their office and talked to me when I really needed them to and showed me concern not only for myself but also over family situation - when they didn't have to. Also, I know (they staff) they talk - train their staff to be appropriate to us inmates, realizing we are not did crimes / some didn't but were already paying for it and don't need resentment building up but rather rehabilitation through 'VRP', 'Alternative Against Violence', 'Transformation Project' to name a few. They have a couple of great unit managers that I know of Mr. Brad Eastman and Randy Crosby who are really patient with us inmates and they talk to their staff, under them, to be respectful as well, also (U.M. Danner).

In seg., mental health is the best; I can't say enough good things about them, whenever I needed to talk to them they're there and give me the best insight they can; I processed with help from administration / mental health / the (two unit managers aforementioned) I can say this because I'm an inmate who came in under the age (25) twenty-five and had an rough time, now I don't

Here at Tecumseh (TSCI), I've only been here for a little over a month, only in seg; and were - believe me - what I witnessed here is simply unbelievable everything in the SMU - seg. unit is beneficial to us inmates; staff is tremendous - proffesional in all ways from unit staff - to - medical, who comes to everyone door - daily, making sure everyone is doing ok; unit staff always make rounds (walk around) on the gallery to see if anyone need anything (This is totally different than O.C.C.'s system which O.C.C., system is horrible and I'll discuss on attachment to this) plus TSCI staff are so really helpful. I went to talk to the unit manager along with a couple of other people and they

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

attachment to:
'LR 424 Dept of Corr Services Spacial Investigative Committee of the Legislature'

1

were extremely nice, patient and helpful, answering all my questions and even giving me advice and solutions. Everyone is really helpful here. I've been in the Restricted Housing Unit that's in pod #1 and it is man-operated with utmost professionalism, it is extremely nice/clean, but more importantly, inmates are treated very respectful. I haven't been in population here at TSCI; however, I can see population through the window of the room I'm in and I observe it to be an peaceful environment, staff and inmates converse - I noticed no hostility, this is productive for inmates rehabilitation - staff respecting inmates, letting them do their time; and, inmates respecting staff, knowing they are doing their job - mutual respect. This reminded me of when Mr. Frank Hopkins / Mr. Mike Kenney were at N.S.P., always respecting helping me.

At O.C.C., it is extremely horrible dignity is lost by inmates being belittled and mental health demeans individuals, really degrading, controlling and uncaring about an inmates feelings; they merely came to the restrictive housing unit and while I was in there, from the 8th (8th of July) ~~of last month~~ until I was transfered here at the end of July, I saw inmates after inmate have guards go in their rooms and unfairly take all the inmates property. I saw and heard guards instigate inmates in order to see what they would do (I thought this because some guards would smart off to them, others would scream at them) and if they flipped out and did something wrong, guards would tell

them they got what they deserved"; "if they don't like it don't come to prison", etc.... I sat there while inmate-after-inmate pop-ed broke the water sprinklers in the rooms, flood the gallery by having their toilets overflow, talk about being degraded and not caring anymore, refuse to eat their meals, get maced and jumped on and yelled at, beg to talk to their unit staff and get refused that, beg to talk to a sgt. or lt and get denied that, beg to see a doctor or nurse and get denied that by being told to write a request even though the inmate said it's an emergency, beg to ~~to~~ talk to someone - anyone from mental health and get denied that. When an inmate asked for a grievance sometimes they wasn't even responded to.

In population at O.C.C., inmates were made to stay in the rooms with inmates who were bullying them and pressuring them, yet when they told staff they was told they have to stay in that room with their abuser for (30) thirty days before they can be moved. I had to tell a couple inmates to write Ombudsman about this and to let their family know; Chad Swiggler roommate tried to choke him out, Cody Barthletts roommate kept pressuring him and stealing from him, also Bryce Adkins room mate was giving him an hard time -- You can verify this by talking to those inmates; they couldn't get no help and mental health would not help. O.C.C., say they have an anger management program but they →

don't. O.C.C., has only (2) two programs SAU (substance abuse) and Ohelp (outpatient healthy living sex program). They have volunteer programs for the rest AVP run by outside volunteers, all the other programs I really know of have no staff only inmates running them. Mental health program is uncaring and only concerned with being funded. Tammy Jackson, Doctor Baker and Jennifer, all of them work in mental health and they don't give inmates proper treatment. Alot of the inmates in their for child molestation say they don't care about the program because they didn't do anything wrong - even though they know a child can't consent. When I told this to mental health staff Jennifer and Dr. Baker, they said "all we can do is give them the tools, they do what they want when they're released". That is totally unethical, non-professional. They said in a presentation that "the majority of offenders won't change and can't change and they will be back". Also, that "the most you can hope for when you get out is to try to fit in and you won't be able to do that and you might not even get a job". All this is cruel to say and sad to make inmates endure; I tell these inmates that they can succeed if they really want to and learn to forgive them and everyone and try to make it even though they say that they have to go through the motions not caring about inmates feelings in group (a) or in seg., this O.C.C., mental health - staff process is the worse I've seen in all the almost (30) thirty years I've been locked-up. (Even having visitors wait for hours) They need to follow N.S.P. and TSCI process

Thank You [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) ~~If someone from the facility helped you fill out this form, please have them sign here~~ [redacted] ~~Printed name:~~ [redacted]

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, truthfully NO

Comments: I FEEL I'M AN VICTIM OF SOME PRISON POLITICAL AGENDA. I'M FALSE IMPRISONED NEEDLESSLY HELD IN SEGREGATION AND HAVE BEEN SUBJECTED TO NUMEROUS ACTS OF INHUMANE TREATMENT WITH OUT THE GUIDE FOR HUMAN LIFE NOR LAWS, AND POLICYS, RULES AND REGULATIONS ETC....

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
(IM) INTENSIVE MANAGEMENT SINCE APRIL 7, 2011 41 MONTHS AS OF THIS SEPTEMBER

4) How many times have you been on segregation status? TWICE (2)x

5) Overall, approximately how long have you been on segregation status? 50 MONTHS (Fifty)

6) During this stay, or your most recent stay in segregation status, how long were you held?
Forty-one months
(41) MONTHS

7) What **mental health treatments** are available to you when on segregation status?
TO THE BEST OF MY KNOWLEDGE. HERE RECENTLY MEMEOR / EXPLORE WHICH HAS THUS FAR BEEN CONDUCTED BY MENTAL HEALTH I'VE COMPLETED MEMEOR AND CURRENTLY TAKING EXPLORE EAD

8) How often are you contacted by **a mental health** practitioner? TYPICALLY MONTH TO MONTH BUT TIMES MONTHS HAVE ELAPSED
Typically, how much time do they spend with you? REFERRS, AFTER ISSUE(S) MOST TIMES MAYBE TWO OR THREE MINUTES

9) What **programs** are available to you in segregation status?
OH NOT MANY GIVEN MY CURRENT SETTING. MEMEOR / EXPLORE AND LEVEL PROGRAMS WITH THE TRANSFORMATION PROJECT WHICH CAN BE REQUESTED.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? ~~Thy~~ INDIVIDUALIZED NONE

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
THE GENERAL IDEAL THAT MENTAL HEALTH TREATMENT IS NEEDED BEFORE RELEASE IS HIGHLY UNFACTUAL, AND CREATES ENDLESS EFFECTS AND MIXED SIGNALS FROM FOR A[redacted] HOSE INMATES IN PRISON [redacted] SOCIETY OVERALL SOCIAL LEVEL(S) OF FUNCTIONING-

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

MY IMMEDIATE RELEASE FROM PRISON WITH LIVING AND REHABILITATION EXPENSES IN THE SUM OF 500,000.00 WITH THE ADDITIONAL SUBSTANTIAL OF THE 789 MILLION FILED IN SUIT/COMPLAINT.

Please provide any additional comments below:

Additional Comments regarding segregation status:* FOLLOW-UP TO QUESTION NUMBER FOUR. I'VE BEEN ON (IM)-CELL PLACEMENT THE SECOND LONGEST, AND ON (IM) STATUS THE LONGEST. PRISON STAFF ARE QUICK TO TALK OF BEST INMATES THAT WHERE AT SOME POINT IN HOUSED IN TECUMSEH (IM) SEGREGATIVE ENVIRONMENT. BUT THE FACT REMAINS THAT SINCE MY PLACEMENT HERE IN APRIL OF 2011. ONLY ONE OTHER INMATE REMAINS HOUSED. BY AND FOR WHEN SINE BY SIDE COMPARISON IS DONE FOR THE CRIMINAL CONVICTIONS THAT LED US TO PRISON. MY BEING CONTINUELY HOUSED AND HELD PAST MY ABSOLUTE RELEASE AS SET BY MY SENTENCING JEFFRE CHEUVRONT IS WORST THEN THE "100 VIOLENT OFFENDER'S RELEASED.- FACTS GIVEN I'M A NONE VIOLENT OFFENDER, FIRST TIME OFFENDER. SENTENCED TO 7 YEARS 9 MONTHS TO 8 YEARS UNDER 50% SENTENCING STATUE IN NEBRASKA WITH A RELEASE DATE OF 4 YEARS. I'LL RECEIVED NO ADDITIONAL SENTENCES. I HAVE NO OPEN DETAINERS OR RETAINERS. I'VE BEEN IN PRISON FOR 9 1/2 (PLUS) YEARS AND CLOSING IN ON TWO YEARS PAST RELEASE DATE. SINCE MY PLACEMENT HERE I'VE BEEN ONE OF THE ONLY AFRICAN AMERICANS FROM THE SOUTHERN REGION. WHICH I THINK IS PLAYING ADVERSE TO MY IMPRISONMENT TIME AND TIME AGAIN VIOLENT OFFENDERS, PEOPLE OF SECURITY THREATS GROUPS, GANGS, AND THOSE WHO HAVE BEEN INVOLVED IN RIOTS HAVE BEEN CONTINUEOUSLY RELEASED. PEOPLE WHO HAVE IN MULTIPLE FIGHTS/ASSULTS ARE BEING RELEASED BEFORE MY SELF. THERE'S NO METHOD TO REHABILITATION FOR RE-ENTRY NOR DOES AN SEGREGATIVE STATUS IN ITSELF MEAN OR SIGNIFY AND CORRECTIONS WEATHER PSYCHOLOGICAL, PHYSICAL, OR OTHERWISE. THE OVERALL SCOPE OF TREATMENT AS I'VE SEEN OR HEARD IS GENERALIZED AND APPLIED IN SELECTIVE PHASES FOR INDIVIDUALS WHO BEST FIT PRISON STAFF AGENDA(S) OF ADVANCEMENT. BUT MY SITUATION WAS NEVER ONE OF REHABILITATION. BUT AFTER SUCH EXCESSIVE CONFINEMENT PHYSICAL AND OTHER TYPES OF REHABILITATION IS DEFINITLY NEEDED. BUT WILL PROBABLY AN SIGNIFICANT AMOUNT OF MONEY AND IS ONE THING I DON'T HAVE. SEGREGATION STATUS IS HELL WITH AN ASIAN NUMBER

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

SINCERELY,

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

GRIEVANCE FORM
Step One
CHIEF EXECUTIVE OFFICER

INSTRUCTIONS: TYPE OR USE BALL POINT PEN. IF MORE SPACE IS NEEDED, USE ATTACHMENT SHEET IN TRIPLICATE.

From [redacted] [redacted] TSCI/SMU-IM [redacted]
LAST NAME, FIRST, MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

Part A – INMATE REQUEST/CONCERN: THIS EMERGENCY GRIEVANCE IS BEING MADE PURSUANT TO THE NDCS RULES AND REGULATIONS ADMINISTRATIVE CODE TITLE 68 HEADING - 005 - GRIEVANCE PRINCIPLES SECTION # 011 - OTHER REMEDIES PAGE TWO PAGE FIVE. 011.01. AN INMATE MAY COMMUNICATE A GRIEVANCE TO THE OFFICE OF PUBLIC COUNSEL/OMBUDSMAN, LEGISLATORS, ATTORNEYS, COURTS, OR OTHERS.

TO: SENATOR STEVE LATHROP - FROM: WARREN JAMES

I UNDERSTAND THAT MY AND ALL RESPONSES WILL POTENTIALLY IN RECORD OF POSSIBLE NEW LAWS / CHANGES IN THE OPERATION. BUT LOOK DUDE I'VE BEEN HERE FOR WHAT SEEMS AN EXTREMELY LONG TIME. AND I'M SUPPOSE TO BE. THE FACT THAT NO ONES HAS THUS FAR CORRECTED THE MISTAKE IN HOUSING ME. MOVES IT MORE INTO THE GROUNDS OF FALSE IMPRISONMENT. IT'S BEEN AN MULTITUDE OF THINGS HAPPEN SINCE MY INCARCERATION AN BEING REALISTIC WITH MYSELF I DON'T EXPECT THOSE STAND TO LOSE THEIR JOB OR FACE POSSIBLE IMPRISONMENT THEM SELFS TO HELP CORRECT MY PROBLEM OR ORDER MY RELEASE. BUT I DO EXPECT YOU AND THOSE INVOLVED IN THIS RECEPTION PROCESS TO HAVE MY RELEASE ORDERED. IT'S NO RECALCULATING OF AND SENTENCE JUST THE ORDER OF AN RELEASE - BECAUSE I'M HELD PASSED MY SENTENCING SCORE UNDER THE 50% STATUE IN NEBRASKA.

SEPTEMBER 1, 2014 *NOTE: YOU ARE CHAIRMAN OF THE DEPARTMENT SO THIS ISSUE CAN AND SHOULD BE HANDLE BY YOU.

DATE SIGNATURE OF REQUESTOR

**NOTE.. IF YOU DO NOT CHOOSE TO CORRECT THE PROBLEM AS IT PERTAIN TO MY RELEASE PLEASE DIRECT IT TO SOME ONE OF EQUAL OR HIGHER STANDING WHO CAN AND WILL.

SINCERELY,

Part B – RESPONSE AND REASONS FOR DECISION REACHED

DATE CHIEF EXECUTIVE OFFICER

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.

Part C – RECEIPT

Return to: _____ _____ _____
LAST NAME, FIRST, MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject: _____

DATE RECIPIENT'S SIGNATURE (STAFF MEMBER)

(SEE REVERSE SIDE FOR INSTRUCTIONS FOR APPEAL TO DIRECTOR OR DIRECT SUBMISSION TO DIRECTOR)

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: None of the staff treat P.C inmates like other inmates. We are put down and locked in our rooms 22 hrs a day. Case workers only talk to us on our reviewed day only to send us back to our r

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective custody for 9 yrs and can't get out

4) How many times have you been on segregation status? My whole stay

5) Overall, approximately how long have you been on segregation status? 9 yrs

6) During this stay, or your most recent stay in segregation status, how long were you held?
9 yrs

7) What **mental health treatments** are available to you when on segregation status?
We are allowed to talk to them when we write a kite.

8) How often are you contacted by **a mental health** practitioner? Once every other month
Typically, how much time do they spend with you? 5 min

9) What **programs** are available to you in segregation status?
G.E.D

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? I have no plan. Staff only speaks to me every 6 months about my P.C status and then tell me I'm not getting out of P.C.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Anger management.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Some kind of life skills, Job training or trade.

Please provide any additional comments below:

Additional Comments regarding segregation status:

My Name is Bobby Moss I have been in P.C for a maybe 10 years now. I have sent Senator Chamber kites and grievances about my stay here going back 10 yrs. I have asked to be let out of here do to the cruel treatment of p.c. inmates. Every week there's a new restriction on P.C inmates. I am locked in a room with another inmate 22 hours a day. The room is so small that if one of us wants to write a letter the other must get in bed. Staff has asked me to do things thats not ~~best~~ in my best interest. When you tell other staff about it nothing is done. Every complaint is answered "your allegation have been denied" or what your saying isn't true. I truely believe that P.C is a punnishment. I have never been disrespected or treated so bad in my life. While G.P inmates are allowed to use the gym, weight room and real lawlibrary. I am locked down. I have not broken any rules but I have been punnished for the last 9 plus years. I have stated to my staff and the warden that this is not rehabilitation. I have recently told ~~to~~ staff. I give up. I can nolonger fight with them to get me out of here or change how they treat us. No one here wants to work. It is easyer to lock us down and walk away. It should be criminal to pay staff for whats going on here.

Thank you.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
NA Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: I have not committed an act of violence or a security-related infracti during my 29 years in DCS; They have kept me in the hole for four calendar because I filed a civil lawsuit, because I have a mental illness (PTSD), and because I need a single cell.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Administrative Confinement.

4) How many times have you been on segregation status? 3 stints of Admin. Confinement; Maybe 10 times for DIS seg.

5) Overall, approximately how long have you been on segregation status? Between 6 and 7 years

6) During this stay, or your most recent stay in segregation status, how long were you held?
Four Calendar years, since 09/14/10

7) What **mental health treatments** are available to you when on segregation status?
Almost none; Segregation Mental Status Reviews once every few months; I'm supposed to be seen regularly by a psychiatrist but am not; I get Meds.

8) How often are you contacted by **a mental health** practitioner? Once every few months (Maybe every 2 or 3 mos.)
Typically, how much time do they spend with you? 1 to 3 minutes.

9) What **programs** are available to you in segregation status?
None

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Outpatient Substance abuse treatment

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Psychodynamic psychotherapy by a psychiatrist; Cognitive behavioral therapy; EMDR; Decent treatment by a psychiatrist.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Programs that provide skills to earn decent money honestly.

Please provide any additional comments below:

Additional Comments regarding segregation status:

Please see the eight page letter I sent Senator Lathrop under seperate cover via the U.S. Mail. The letter is dated September 6, 2014.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: They act like everyone's lying or trying to "pill shop". It takes months to get appointments

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Immediate / Disciplinary Segregation

4) How many times have you been on segregation status? 2

5) Overall, approximately how long have you been on segregation status? 4 months

6) During this stay, or your most recent stay in segregation status, how long were you held?
18 days

7) What **mental health treatments** are available to you when on segregation status?
None

8) How often are you contacted by **a mental health** practitioner? Maybe, every 4-5 months
Typically, how much time do they spend with you? 15 minutes

9) What **programs** are available to you in segregation status?
—None—

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? RTC, Anger Management

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Anger Management, Life Skills, RTC, proper medication

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

ANGER MANAGEMENT

Please provide any additional comments below:

Additional Comments regarding segregation status:

TRYING TO DO ANYTHING WITH MENTAL HEALTH IS DIFFICULT & TAKES MONTHS, IF NOT YEARS. THE LIST FOR RTC IS WAY TOO LONG & PROGRAMS TO HELP INMATES, IN & OUT OF SEGREGATION, ARE TOO FEW. THEY ONLY TRY TO HOLD & PUNISH INMATES, NOT HELP OR REHABILITATE US.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.

Comments: we rarely see anybody other than caseworkers + correctional officers, even if we write Interview request form over + over + ask case worker or correction office to call and tell them we need to speak to them, even on serious matters, + we

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
I am on P.C. Pending Bed space in AC/PC, a place i can not go but am being either made to go or receive a Misconduct Report for refusing to go to a place i have issue + was stab

4) How many times have you been on segregation status? Well over 25 times.

5) Overall, approximately how long have you been on segregation status? over 5 years / well over 5 years

6) During this stay, or your most recent stay in segregation status, how long were you held?
I've been in seg over a year now.

7) What **mental health treatments** are available to you when on segregation status?
there are (NONE) besides once in a great while a Mental health worker will come + ask you random questions about Nothing, i was taking Buspar for

8) How often are you contacted by **a mental health** practitioner? once every couple months if the
Typically, how much time do they spend with you? 2 or 3 minutes

9) What **programs** are available to you in segregation status?
you gave us a lot of space to write the answer to this question
NONE

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? All of THEM

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
It would be good for me in general to be able to be around a few people so i can get used to being around people + my paranoia + anxiety in check so i don't think every person is out to get me.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

It would be nice to have some sort of vocational programs or some school based programs or any mental Health programs that would Help me & other people get used to being around other people with out being paranoid or having high Anxiety.

Please provide any additional comments below:

Additional Comments regarding segregation status: We are told to go to our segregation reviews, but when its our turn to go to our segregation stat review nobody ever comes to ask us or some of us anyway. I know I have not been to our since i've been down here & its been over a year & the staff act as if they actually come ask me/us if we want to go but i/we've got asked.

There are so many things that go wrong here in Tecumseh compared to NSP & LCC that there is no way possible I could name them all, here at Tecumseh inc SMU is like a black hole we never get kites answers by the correct staff. We never see the correct staff & when we do its for a second & they say im in a hurry so please hurry & what ever you ask them they either act like they know & lie or say they will get back to you & neither ever happens.

So many things wrong its gonna take for ever to fix, if Possible.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

Pg. 1

question #2 comments:

Never see them but, if some body of importance comes they are quick to come around with them + stop at everybodys doors + answers questions, but once there gone, we are forgotten again + i have written numerous kites about my situation + can not go to any G.P or any PC but N.S.P. P.C. + its been months now + i still have received a response, i've even been asked to go back to ac/pc. where i have explained over + over about my issues + me being stabbed + they still asked me to go back to ac/pc + put my health in safty + life in safty + since i refused to put myself in harms way i received 11 Days Disciplinary segeragation.

question #7 comments:

[redacted] Depression + it was making me feel messed up so i stopped taking [redacted]

when you stop taking a medication your supposed to be seen by the Mental Heath Doctor Baker within a few days but its been over a month + all that happened is my ~~med~~ other medication has been raised grouded its helped a little but + even my kites are not answered by the mental Health people to whom + write them to so we never know what or who we are even getting the correct response from.

I wrote a kite to a Dr. Miller + asked about going to D-unit at LCC. because i have paranoia + Anxiety about being around alot of people + i felt this would be the best option for me to learn to cope with this + do my mental health programing, + said i would sign a

continued question #7 comments

removal from PC form so i could go + start to get the help i need, i know i need help + i have 6 years befor im eligable for parole but need to start to get my help now. I recieved my Inmate Interviewal Request form back & it said:

Thank you for telling me this.
+ Ms. Miller did not even sign or read it

The people you send kites to don't even get them or they get them off on other people.

[redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: They dont treat everyone equally. and they are never helping inmates out.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
A.C. Level 7A been in segregation since Oct. 10, 2013

4) How many times have you been on segregation status? 3 times since 2010

5) Overall, approximately how long have you been on segregation status? 2 ½ years

6) During this stay, or your most recent stay in segregation status, how long were you held?
Oct. 13 2013 till now 9/8/2014

7) What **mental health treatments** are available to you when on segregation status?
Ive tried to ask but I still dont know. I have asked and written kites but still no respond.

8) How often are you contacted by **a mental health** practitioner? 1 every 3 month if that.
Typically, how much time do they spend with you? 1-2 min

9) What **programs** are available to you in segregation status?
None. They expect us to fill out this "Transformation Projec Module".

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? GED, CVORT, Residential Substence Abuse Treatment.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Classes for anger, yeah they say they have an anger management group, but they dont have one here [illegible] TSCF. And then the program they do have here they say its full and one has to wait we need more staff that is willing to actully help us and not just look down on us

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Show us how to be presentable at a job interview help us on our social skills. More schooling.

Please provide any additional comments below:

Additional Comments regarding segregation status:

Quit holding us down here for little things that we could do on room restriction. And quit holding us down here for a long period of time then we have to. It's not good for our health.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: I believe that the administration has used A.C. as a punishm against me and others for things that are not done to most others

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Admin. Segregation (Admin. Confinement - A.C)

4) How many times have you been on segregation status? ≈13 or 14 times

5) Overall, approximately how long have you been on segregation status? in 76 months here at TSCI I have done ≈66 on Seg Status

6) During this stay, or your most recent stay in segregation status, how long were you held?
my last AC was ≈19 months (Sept 2012 - April 2014) This Stay is 2 months and counting.

7) What **mental health treatments** are available to you when on segregation status?
none that I'm aware of

8) How often are you contacted by **a mental health** practitioner? rarely
Typically, how much time do they spend with you? no time

9) What **programs** are available to you in segregation status?
None to my Knowledge

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Substance Abuse Program, I was participating in S.A. program um my placement in Seg. (I was put on Ad-Seg for a class 3 mr which was dismissed in part sina my cellmate took responsibility for the contraband taken, all for nothing I am on A.C.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
the programs for future life outside of this prison Setting

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

I don't believe there are any except maybe for transitioning purpose. Segregation stays should be based on Disciplinary issues except in rare cases of serious incidents otherwise you get what you have now A.C. as a longterm classification

Please provide any additional comments below:

Additional Comments regarding segregation status: As Someone that has done several stays classified on Administrative Segregation I have strong feelings about this system run by this Administration. I have not been in any fights or other situations that directly resulted in me being placed in Segregation. I believe that if you were to look into my file you will find exactly the way the administrators here in TSCI operate.

I was removed from a Parole Recommended Program because of a class 3 MR that amounted to nothing from the Disciplinary committee, however the Administration placed me on A.C. for "STG Activity" for a torn page of a magazine. Then I was continued on AC for 4 months further keeping me out of the program.

I do not see how this Administration justifies such classification when this population is so overcrowded. Administrative Confinement is constantly described as a "classification not a punishment" but regardless of a potential for a continuous security threat or not, this Administration picks and choses "individuals" not situations that they view as a security threat.

This situation for me prevents me from participating in my recommended programs for parole thus keeping me here in TSCI. My A.C. is a perfect example of so many wrongs, but my previous A.C stays will be similiar, outrageous accusations and justifications, and not once have I ever even had an MR to demonstrate any need for classifications on AC.

A.C. is constant and drug out, I'm tired of this. any weaker of a man would've crumbled under my circumstances.

OPTIONAL: Name _____ INMATE NUMBER _____

[redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
[redacted] Printed name: [redacted]

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.

Comments: Because at the present time I'm in general population; however I was on I/S status in June for 7days and then release back in general population

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
While I was in segregation for those 7days I was on level 1 of 10 levels.

4) How many times have you been on segregation status? "Many!!!"

5) Overall, approximately how long have you been on segregation status? I've been in prison 35 plus year since 1978, and I've done over 20 years in segregation off and on.

6) During this stay, or your most recent stay in segregation status, how long were you held?
7 days

7) What **mental health treatments** are available to you when on segregation status?
The Mental Health doctor's come and randomly visit some of the inmates locked in segregation

8) How often are you contacted by **a mental health** practitioner? Once a Month
Typically, how much time do they spend with you? A few minutes to ask everyone the same questions; Every Time.

9) What **programs** are available to you in segregation status?
When I was there absolutely none; outside, the incentive program but that program is only being used as a manipulation tool used by the SMU staff to control inmate behavior.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? I have no Personalize Plan because I'm doing a First Degree Life sentence; and when I spake with my Unit Case Manager regarding some type of programming which would help me make through the system He said there's nothing we can offer you.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
I think the Mental Health doctors should spend more one on one time with those inmates locked in segregation, and truly try to help them as a doctor would help their patient.

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

When I was locked in segregation there was absolutely no Mental Health programming taking place. Now since that ugly situation whereas inmate Jenkins was release from segregation to society the Institution has put in some new Mental Health programmin

Please provide any additional comments below:

Additional Comments regarding segregation status:

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

[redacted] TSCI P.C-[redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
NO Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: I CAN'T get moved to OCC, Because of Helping Police on my case I can't be Out P.C. Here, 3 yrs in a Cell is bad and there Judge Nelson in Lincoln gave me a Sentence and they Change it, it's wrong

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.) IV Hold Locks in P.C. because of meth praffing and can't be Here, I Had minimum custody when I got Here 7-26-12, Dr. Baker never can see us and needs Help Here

4) How many times have you been on segregation status? Just Now and in my other # in 2005 but I went to OCC, BAKER Has us on medication for 4 years take us off

5) Overall, approximately how long have you been on segregation status? _____ and sit in this room Constant I Don't Mingle Here because of my case

6) During this stay, or your most recent stay in segregation status, how long were you held? with jail 5 days in my room Oct 30, 11 T. 11 9-3-14 Non Stop IV Tried to make my Mental problems more better then Baker took me of alot of

7) What **mental health treatments** are available to you when on segregation status? Things that Helped me, why not take 3 kinds of meds instead of 7 Levels that Don't work. She sees me about every 4-6 months when my meds Helped me, she took me of put me on stuff that doesn't Help

8) How often are you contacted by **a mental health** practitioner? They can crush it all it Typically, how much time do they spend with you? She talks but Just takes up the Clock She says she sees to many people She doesn't want

9) What **programs** are available to you in segregation status? give me what Helped me 2½ years I was on these meds she cuts you off. DR. BAKER Needs to Treat people the way they

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? DO AT NSP, LCC She Doesn't She wants to bill you 200.000 dollars a year last 800.000 in meds So People Can get Medical Problems like, the said sent

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison? The are NO programs in P.C. To Be on Medication that they use out side Here Not to From when I was a kid at 18 at LCC Seeing Dr Osborne, DR EPP and they Treated so you Could Cope with ADHD - Depronovic

[redacted] [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

SAU, cog Thinking, parenting but SAU and Ad Seg for people who can't lie on certain yards - The Police want Help they don't care about us lates

Please provide any additional comments below:

Additional Comments regarding segregation status:

We need a bigger yard at TSCF P.C. We need more Time out of our rooms thats key when you locked in this cell for years and don't go to yard because of the Segregated if it's bigger like when we Had when we Had 2-D to go to that when I quit going out our Health and mental Dr. Bilek TV Made and was Supposed to see this been it's been years 2 in a room if you don't have a TV you fucked cuz stuck with on that nothing I say will change they adding on to my time letting me go to go nowhere I can lie on the yard it is just Day in Day out Stress!

OPTIONAL: Name _____ INMATE NUMBER [redacted]

Sincerely July 26, [illegible]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: STAFF is TRAINED/INSTRUCTED TO GIVE PRO. "LIP SERVICE" JUST TO GET YOU MOVING ON.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
AC

4) How many times have you been on segregation status? 4

5) Overall, approximately how long have you been on segregation status? 1 year

6) During this stay, or your most recent stay in segregation status, how long were you held?
45 DAYS, PLUS 3 WAITING FOR BED SPACE.

7) What **mental health treatments** are available to you when on segregation status?
EVERY "BLUE MOON" A STAFF WILL COME BY AND ASK IF YOU'RE OK.

8) How often are you contacted by **a mental health** practitioner? ONCE - BECAUSE DR. COPPS HAD REQUESTED IT.
Typically, how much time do they spend with you? APPROXIMATELY 30 SEC.

9) What **programs** are available to you in segregation status?
I'M NOT AWARE OF ANY.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? NONE

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
NOT EVERYBODY NEEDS MENTAL HEALTH. SOME INDIVIDUALS ARE THERE BECAUSE GANGS WANT ALLOW THEM TO WALK THE YARD AND THE DEPARTMENT HAS ABSOLUTELY NO IDEA HOW TO STOP THIS OTHER THAN KEEPING THE INDIVIDUALS IN SEG.

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Since you're locked in your cell it's very difficult to offer any programs that would "help" anybody.

Please provide any additional comments below:

Additional Comments regarding segregation status:

Let's be realistic, the programs in GP are really just a joke!!! Case workers are paid just to administer count, give out mail, and do shake downs. When you're in Seg. it's almost impossible to even talk w/ a case worker to even get your T.V. when you're placed on A/C status. My last stay in Seg. I never saw a case worker until my Seg. time was up. I have [NEVER] saw a case manager or unit manager in any of my trips to Seg.

If you really want to know what needs to be done it's really very simple. The department needs to remove all the inmate's from LCC — except sex offenders — and put the inmate's in Seg because of gangs at LCC. This way these guys will have some "limited" access to programs too help them return to society. Unless something along these lines are done there will continue to be issues w/ Seg. The adm. uses Seg. as a place to house inmates due to the lack of bed space in GP. Also, the adm. wants a certain amount of violence when they finally release certain inmate's to GP in order to justify keeping other inmate's in Seg. on A/C / P/C status.

Personally, I don't have a mental health issue. I don't take any medication and I don't need any treatment. I'm doing a life term. There are inmate's in Seg that do need treatment, however; unless the department can put them somewhere where they are safe from the gangs they "are not" going to receive any treatment.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, _____ NO

Comments: they do things because it's their job and cause they care.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Gp.

4) How many times have you been on segregation status? 2

5) Overall, approximately how long have you been on segregation status? 75 days

6) During this stay, or your most recent stay in segregation status, how long were you held?
50 days.

7) What **mental health treatments** are available to you when on segregation status? Idk
mental heath comes by every 30 days to talk about your mental state then agin next month.

8) How often are you contacted by **a mental health** practitioner? 30 days
Typically, how much time do they spend with you? conversational.

9) What **programs** are available to you in segregation status?
they say transitional but however they feel toward you.

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? They give you a transitional paper that they never pick up or go through with you.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Talk to with confidence given priviliges and not treated like nothing. [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Ways to communicate and different ways to go about situations.

Please provide any additional comments below:

Additional Comments regarding segregation status: Staff can be good or bad. Hateful or full of Joy. Some will let you take an appropriate lenght of time in the shower other will cute it of with no warning. Soap can be in your hair and they will laugh and not understant how upsetting that can be. They talk any way an say you should have been quicker. the food is smaller portions and quickly made All of the whole is teribble on a scale to ~~one~~ 1-10 10 being good I rate it a 3 because some case worker are ok.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
NONE Printed name: ——

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ____ YES, X NO.

Comments: NONE

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
Protective Custody ; segregation type PC

4) How many times have you been on segregation status? 1 time

5) Overall, approximately how long have you been on segregation status? 1/19/14 - 9/current

6) During this stay, or your most recent stay in segregation status, how long were you held?
See Status of Q #5

7) What **mental health treatments** are available to you when on segregation status?
Mental Health provider(s) to meet with Segregation inmates on PC Unit periodically and as PC inmate as inmate notify by Interview request as needed.

8) How often are you contacted by **a mental health** practitioner? 1-2 xs Month
Typically, how much time do they spend with you? 5-10 min and as needed.

9) What **programs** are available to you in segregation status?
I have no current programs accept my Mental Health plan dealing with Dr Balcer. ~~and~~ as

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Only listing : Residential Treatment Services.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
NONE —

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

S.A.U., O-HELP, I-HELP, Inmate Return Program, Parenting Classes, A.A., N.A.

Please provide any additional comments below:

Additional Comments regarding segregation status:

(Q 7 Cont'd) I currently meet with me once a month with Doctor of Psychology off-unit to discuss issues and needs that I need. Enter a ~~plan~~ plan of medication regiment.

(#3) My reason for PC/Segregation is VPC/Request for protection due to personal/lethal threat related to my crime and my formally being a CI for drug enforcement. Upon my stay here I have in the past had mental health counseling, but no longer receive that except a Mental Health Doctor (mostly for medication regiment) and a Mental Health Therapist who comes to PC but I'm not sure when he comes around. I do not receive nor is it available to me the programs listed in Q 12. I can not transition to General Population due to what/those who would want to cause me harm or take my life. So, there is a need for such programs as stated previously, cause those who have to be here like me have a future.

Thanks.

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

P.O. Box 900
Tecumseh, NE
68450

"ANSWERS TO QUESTIONS"

② NO
I feel the MH-admin staff an housing staff have never been fair it seems no staff wants anything to do with helping an inmate better himself

③ Im currently on involintary protective custody and have been for the past four and A half years with no programing

④ Ive been on are in seg. 4 times since Tecumseh prison has opened up ① twice for 60 days apiece and once for 3½ years with no misconduct report and now Im going on five years and none of the time above have I ever been asked are even A chance to have programing available to me no programing at all

⑤ up to date I have about 9 years in seg now with no programing

⑥ I got about 4½ years in seg right now

(7) there are absolutly NO mental health programs avliable and never have been ~~ab~~ avliable at no time all the years Ive been in seg

(8) Every once in awhile a grey while I get asked to see a mental health practioner and when I do it was never comforable because the MH practioner was always rushing me and once I spoke on my issues I was never given any advice what I said was wrote down and I was asked if there was anything else and that was it ???? I always thought if you talked to a mental ~~health~~ health practioner it was supposed to help you I always got up feeling worse

(9) the only program that is available in P.C is G.E.D althol we would like and have been asking for any and all mental health programing, substance abuse programing, alternitive to violence program, dads program, there are

no programs at all that any inmate can partake in because it is not available.

(10) As I stated there are no programs that are available in protective custody unit or my individual personalized plan I have to take substance abuse but its not available

(11) There are several mental health programs that I would be benifitial to me and others in protective custody such as

9-5-2014

Mr. Lathrop,

These are all my concerns in being in administrative seg. and curently on protective custody seg.

I have done about 9 years now on both seg. levels do to the fact that there are administration staff who reconize there are violent inmates on the general pop. yard who gang up to make A violent force to make "prey" out of the inmates who are trying to do the right thing by staying out of trouble and trying to do programing

now even thoe staff have reconized there are gang problems on the yard rather than find A solution to the situation the administration puts who ever was preyed upon on eather administration confinement or protective custody while the violent gang members get to go back to the general pop. yard to continue the violent behavior

So now in return thoes of us inmates who are trying to steer clear and out of trouble have to be hurt mentally by not being able to get the help we are seeking by doing our programing that is asked by the same staff that are not offering programing to us as I stated Im currently in involentary protective custody where there have not at any time in 4 1/2 years been programing avaliable for any inmate in protective custody there are currently 64 inmates in the protective custody unit and A very lengthy waiting list but I speak on this because we are being held accountable for the programing that we are asked to do by the administrative staff but can not get done because its not offered....

We are in our lock

down cell's for 22 ~~a~~ hours A day with no interaction "which the human brain and body needs" so therefor we as humans are being unjustly treated. We need more time to interact with other human contact between staff an inmates....

I would like to conclud this letter with ~~that~~ there are "no" mental health progra's at all avaliable to the protective custody unit and all 64 of us that are in this unit are asked by administerative staff or the parole board to do some type of programing but we are all unable to because programing is not offerd to protective custody inmates.... Thankyou your office is appreciated

[redacted]

[redacted] LCC [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, X NO.

Comments: You can't get treatment for your problems, and they don't help you in P.C. against other inmates. who harass you. unit managers are informed but take no action.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
protective custody

4) How many times have you been on segregation status? one time

5) Overall, approximately how long have you been on segregation status? 13 to 14 months

6) During this stay, or your most recent stay in segregation status, how long were you held?
13 to 14 months

7) What **mental health treatments** are available to you when on segregation status?
There are none. you get seen once in a while. But No treatments, even when requested to self commit at Regional Center. We get denied.

8) How often are you contacted by **a mental health** practitioner? 3 to 6 months
Typically, how much time do they spend with you? 3 to 5 minutes

9) What **programs** are available to you in segregation status?
GED program, and high school diploma also

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? Sexual programs like O help or I help.
I cant take any in General Pop due to safety issues. but would like to stay past my Release date to do the 2 yr treatment.

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
Job skills, and re entry into society programs would help alot.

[redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

re-entry to Society, Socializing skills how to fill out job applications, & how to speak to a possible employer

Please provide any additional comments below:

Additional Comments regarding segregation status: I believe that if given the oppurtunity, to program's and treatment, before releasing inmates would give the offender's a better success rate, once being released from custody. and therefore having a better impact on society.

As of to date segregation is not giving any programs or treatment with the exception of GED/diploma but even that is at a bare minimum with threats of being suspended if you do not show any immediate signs of improvement

We are given 1 hr yard and 45 min Dayroom with the exception of meals we are locked down for the remainder of the day, given a 15 min shower also.

I personally have requested treatment at the regional center, due to being unable to get it here or any other prison, because of safety issue's I am willing to stay volunteerly after my re Case date. to receive my treatment at the regional cen tr

OPTIONAL: Name [redacted] INMATE NUMBER [redacted]

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here _____ Printed name: Isaiah D. Bogart

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? ✓ YES, ____ NO.

Comments: _____

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
protective custody, IMS

4) How many times have you been on segregation status? 3

5) Overall, approximately how long have you been on segregation status? 7 to 30 days

6) During this stay, or your most recent stay in segregation status, how long were you held?
7 days

7) What **mental health treatments** are available to you when on segregation status?
not very many

8) How often are you contacted by **a mental health** practitioner? Once a week
Typically, how much time do they spend with you? a minute or two

9) What **programs** are available to you in segregation status?
none

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? art: done diploma: done

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
N/A

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

college classes

Please provide any additional comments below:

Additional Comments regarding segregation status:

OPTIONAL: Name _____ INMATE NUMBER _____

LR 424 Department of Correctional Services Special Investigative Committee of the Legislature

Please complete both sides of this form.

1) If someone from the facility helped you fill out this form, please have them sign here
_____ Printed name: _____

2) Do you believe the treatment by staff, mental health providers, and prison administrators toward you, and/or other inmates has been fair, professional, and appropriate? _____ YES, ✓ NO.

Comments: Dehumanizing cruel And unusual punishments oF mentally ill inmates.

3) What is your level of segregation status at this time, or during your most recent stay, list all applicable: (For example, protective custody, intensive management, etc.)
[redacted] Smu unit Controle u[redacted]

4) How many times have you been on segregation status? 2006 2007 2008 2009 2010 2011 2012 2013 2014

5) Overall, approximately how long have you been on segregation status? August 29th 2013 September 10th 20

6) During this stay, or your most recent stay in segregation status, how long were you held?
1 year + counting

7) What **mental health treatments** are available to you when on segregation status?
no mental Health programming is offered

8) How often are you contacted by **a mental health** practitioner? 1 every 30 days
Typically, how much time do they spend with you? 10 minutes

9) What **programs** are available to you in segregation status?
levels program (Smu)

10) What **programs** are part of your individualized plan, but are unavailable to you at your current housing level? none

11) When on segregation status **what mental health treatment** would be helpful for you to return to general population or to society as a whole when you leave prison?
I Am Currently mentally incompetent I need daily group Therapies intense psychoTherapies to Be Released From Restraints And Seclusions of 23 Hour A day Segregated Isolation

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12) When on segregation status what **programs** would be helpful for you to return to general population or to society as a whole when you leave prison?

Please provide any additional comments below:

Additional Comments regarding segregation status:

Im pursuant to Title 5 mental Health Systems Act 9501 U.S.C.A. 10841 (F) I have The Bill of Right As A Individual with mental illness To be Free From Restraint And Seclusions. I Am Being Subjected To cruel And unusual punishment by not being provided The Appropriate psychiatric Treatments of (LRC) Hospital I Am being denyed The privileges And Immunities of (NE) Statues (83-354) (NE) Statue (83-109) Im pursuant To The 10th Article of The United States Constitution Legislature judicial officers please Advocate The Rights of A mentally ill patient And Seek my Removal From A prison Facility As my Substantitive due process Has been violated And (LRC) Hospitals Director Bill Gibson is Acting under Colors of Law.

OPTIONAL: Name _____ INMATE NUMBER _____

[redacted]