



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE

Policy:	DOC 3.5.1 RESTRICTIVE HOUSING
Chapter 3:	FACILITY/PROGRAM OPERATIONS
Section 5:	Special Management
Effective Date:	May 1, 1997 Page 1 of 8
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Signature:	/s/ Brian Gootkin, Director

I. POLICY

The Department of Corrections maintains safe, secure housing for offenders who require separation from the general offender population for detention or for safety and security reasons.

II. APPLICABILITY

This policy is applicable to all Department secure care adult and youth facilities.

III. DEFINITIONS

Administrator – The official, regardless of local title (administrator, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Administrative Segregation – A non-punitive housing status for offenders whose continued presence in the general population may pose a serious threat to life, property, self, staff, other offenders, or to the facility’s security or orderly operation, e.g., an offender may be housed in administrative segregation during an investigation of alleged violations.

Disability – see *DOC 3.3.15 Americans With Disabilities Act (ADA) Offender Accommodations*, for the definition and explanation of disability.

Disciplinary Detention – A form of separation from the general population in which inmates committing serious violations of conduct regulations are confined by the disciplinary committee or other authorized group for short periods of time to individual cells separated from the general population. Placement in detention only may occur after a finding of a rule violation at an impartial hearing and when there is not an adequate alternative disposition to regulate the inmate’s behavior.

Mental Disorder - Means exhibiting impaired emotional, cognitive, or behavioral functioning that interferes seriously with an individual's ability to function adequately except with supportive treatment or services. The individual also must:

- (a) currently have or have had within the past year a diagnosed mental disorder; and
- (b) currently exhibit significant signs and symptoms of a mental disorder.

Post-Partum – The first six weeks following delivery.

Pre-hearing/Temporary Confinement – A short-term, non-punitive housing status that is used to safely and securely control high-risk or at-risk offenders.

Protective Custody – A form of separation from the general population for inmates requesting or requiring protection from other inmates for reasons of health or safety. The inmate’s status is reviewed periodically by the classification committee or other designated group.

Restrictive Housing – A placement that requires an inmate to be confined to a cell at least 22 hours per day for the safe and secure operation of the facility. The term includes administrative segregation, protective custody, and disciplinary detention. The term Restrictive Housing does not include Pre-hearing confinement as defined above.

Qualified Mental Health Professional – Includes psychiatrists, psychologists, psychiatric social workers, licensed professional counselors, psychiatric nurses, or others who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

Severe Mental Illness – a substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory that significantly impairs judgment, behavior or the ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disabilities, alcohol or substance abuse, or brief periods of intoxication or criminal behavior do not alone constitute severe mental illness.

Step-down Program – A program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community. Individualized programs involve a coordinated, multidisciplinary team approach that includes mental health, case management, and security practitioners. Medical personnel must be part of the multidisciplinary team when inmates who have chronic care or other significant medical accommodation needs participate in this program.

IV. DEPARTMENT DIRECTIVES

A. General Policy

1. Operational procedures that govern restrictive housing and protective custody will incorporate American Correctional Association (ACA) standards in accordance with the provisions of this policy.
2. An offender’s placement in restrictive housing may not exceed 22 hours in a 24-hour period and is limited to circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility. Placement may only be made after considering:
 - a. the relationship between the threat the offender poses, and behaviors articulated in the policy;
 - b. the impact that restrictive housing may have on medical and mental health conditions exhibited by the offender and possible alternatives that may be available to compensate for such conditions; and
 - c. a description of alternatives that may be available to safely address the threat posed by the inmate other than restrictive housing.
3. Youth will not be placed in restrictive housing, meaning they will not be kept in a room or cell for more than 22 hours per day. A youth may be placed in protective custody for temporary confinement when necessary to protect the youth or others, subject to the

- provisions in IV.F of this policy and applicable facility procedures.
4. Female inmates determined to be pregnant or Post-Partum, will not be housed in restrictive housing unless it is determined exigent circumstances exist. When exigent circumstances exist, females who are pregnant or Post-Partum may be placed in restrictive housing for up to 24 hours. Any extension for exigent circumstances beyond 24 hours must be approved by the facility administrator or designee.
 5. Written operational procedures will govern restrictive housing and protective custody units for the supervision of offenders under administrative segregation, disciplinary detention, pre-hearing status, and protective custody.
 6. For secure care adult facilities, the administrator or shift supervisor may order immediate segregation or placement in a restrictive housing unit when it is necessary to protect the offender or others. The action must be reviewed within 24 hours by the appropriate supervisor.
 7. Secure care adult facilities will maintain a sanctioning schedule for facility rule violations. The administrator, or designee, must review and approve adult offender confinement that continues beyond 30 days. Continuous confinement for more than 30 days requires the review and approval of the administrator or designee.

B. Admission and Review of Status

1. Adult facility operational procedures will include the following requirements:
 - a. there will be a documented process to admit an offender to a restrictive housing unit. Offenders may only be admitted for protective custody when there is documentation that this status is warranted, and no reasonable alternatives were available;
 - b. the classification committee or other authorized staff group will conduct a status review of offenders in administrative segregation and protective custody every seven (7) days for the first 60 days and at least every 30 days thereafter;
 - c. in non-emergent circumstances, no offender will be disciplined, placed on a behavior management plan, classified, or reclassified to a restrictive housing unit based upon his/her disability, or upon behavior that is a product of his/her disability unless the placement is after a prompt and appropriate evaluation by a qualified mental health professional;
 - d. there will be a documented review process to release an offender from administrative segregation or protective custody status;
 - e. no offender will be placed in pre-hearing confinement or placed in restrictive housing based solely upon his/her disability or upon behavior that is a product of his/her disability unless, after a prompt and appropriate evaluation by a qualified mental health professional, such staff determines that the offender presents such an immediate and serious danger that there is no reasonable alternative. In such a case, the offender will be promptly re-evaluated within 48 hours and regularly re-evaluated every 14 days, with the goal of securing appropriate treatment and reintegrating the offender into general population;
 - f. a hearing by the disciplinary committee or hearings officer must be completed before placing an offender in disciplinary detention for a rule violation; and
 - g. offenders held in disciplinary detention for periods exceeding 60 days will be

provided the same program services and privileges as offenders in administrative segregation or protective custody. The administrator, or designee will review and approve of the services and privileges to be allowed in such circumstances.

2. A new adult offender placed directly into restrictive housing will receive written orientation materials and/or translations in their own language. When a literacy problem exists, a staff member assists the offender in understanding the material. Completion of orientation is documented by a statement signed and dated by the offender.

C. Mental Health Status Reviews

1. When housing or management units exist for adult or youth offenders with mental disorders procedures provide for placements, assessments, specialized treatments, program services, and scheduled case reviews by qualified mental health professionals in accordance with *DOC 4.5.21, Restrictive Housing Offender Health Assessment and Services* and *DOC 4.5.27, Offender Mental Health Services*.
2. Upon notification that an inmate has been placed in restrictive housing, a qualified health care professional will review the offender's health record. If an existing medical, mental health or dental need(s) requires accommodation, custody staff will be notified. When reviewing health records of offenders with mental disorders who has been placed in restrictive housing, a qualified health care professional shall notify mental health staff. This review and notification must be documented in the health record.
3. Procedures will provide that offenders entering restrictive housing will be seen and assessed by a qualified mental health professional or health care professional, in accordance with the National Commission on Correctional Health Care (NCCHC) standard *P-G-02*. Each contact will be documented in the individual offender's record, and contain, at a minimum, a status report and the date and time of the contact. Individual documentation will be filed in the offender's medical and mental health records.
4. A qualified mental health professional will complete a mental health appraisal within the period set by American Correctional Association standards after an offender's placement in restrictive housing. This may include a mental health review that has been completed by health care personnel at the time the offender is placed in restrictive housing. If confinement continues beyond 30 days, a qualified mental health professional must complete an updated mental health appraisal with the frequency set by American Correctional Association standards for offenders with a diagnosed mental disorder and more frequently if clinically indicated. For offenders without a mental disorder, the appraisal is completed with the frequency set by American Correctional Association standards and more frequently if clinically indicated. The mental health appraisal will be conducted in a manner that ensures confidentiality. Dissemination of any information obtained in the mental health appraisal must be for the limited purpose of institutional safety and security.
5. An offender diagnosed with a severe mental illness will not be placed in restrictive housing for an extended period (more than 14 days), unless the multidisciplinary service team determines there is an immediate and present danger to others or the safety of the institution. There must be an active individualized treatment plan that includes weekly monitoring by mental health staff, treatment as necessary, and steps to facilitate the

transition of the offender back into general population.

D. Supervisory Oversight

1. Procedures will provide that adult offenders in restrictive housing or protective custody receive daily visits from the shift supervisor or supervisor in charge, daily visits from a qualified health care professional unless more frequent visits are indicated, and visits from members of the program staff upon request.
2. Procedures require that all restrictive housing adult offenders are personally observed by a correctional officer at least every 30 to 60 minutes on an irregular schedule. Adult offenders who are violent or mentally disordered or who demonstrate unusual or bizarre behavior will receive more frequent observation; suicidal offenders will be under continuing observation.
3. Procedures will govern the selection criteria, supervision, and rotation of staff who work directly with offenders in restrictive housing units on a regular and daily basis.

E. Logs and Record-Keeping

1. All restrictive housing units will comply with the general record-keeping requirements provided in *DOC Policy 3.1.3, Logs and Record-Keeping Systems*.
2. Facilities will adopt procedures providing that staff operating restricted housing units maintain permanent logs and records that adequately document the activities, programs, and visitation patterns of the unit and of individual offenders. Staff will maintain records that include the following:
 - a. all admissions and releases including date of action, time of action, reason for admission or release, and authorizing official or committee;
 - b. a record of visitors, including all official visits by staff members, e.g., medical staff visits, and the time, date, and signature of the visitor;
 - c. notations of unusual behavior by individual offenders or the unit as a whole; and
 - d. information from and observations by staff members, which are forwarded for staff action and observation to future shifts.

F. Conditions of Confinement

1. Offenders in restrictive housing units are provided:
 - a. prescribed medication and other medically necessary treatment as prescribed by a qualified health care professional;
 - b. clothing that is not degrading or specialized clothing when reasons for its use are documented;
 - c. access to basic personal items for use in their cells unless there is imminent danger that an offender or any other offender(s) will destroy an item or induce self-injury;
 - d. the opportunity to shower and shave at least three times per week;
 - e. laundry, barbering, and hair care services; and
 - f. the opportunity to exchange clothing, bedding, and linen on the same basis as offenders in the general population.

Exceptions may be permitted if found necessary by the supervisor, recorded in the offender's log and justified in writing.

2. The facility may provide alternative meal service to an offender who uses food or food service equipment in a manner that is hazardous to self, staff, or other offenders. Service will be provided on an individual basis, based only on health or safety considerations, meet basic nutritional requirements, and occur with the written approval of the administrator or chief health care authority. The food substitution period will not exceed seven (7) days.
3. Procedures provide that whenever an adult or youth offender is deprived of any usually authorized item or activity, a report of the action is filed in the offender's case record and forwarded to the facility's chief of security.

G. Programs, Services, and Access to Legal and Reading Materials

1. Offenders in restrictive housing units must be allowed:
 - a. to write and receive letters on the same basis as offenders in the general population;
 - b. have opportunities for visitation unless there are substantial reasons for withholding such privileges, as approved by the facility administrator;
 - c. have access to personal legal materials and available legal reference materials; and
 - d. have access to reading materials from the facility library.
2. Offenders in administrative segregation and protective custody have access to programs and services that include, but are not limited to, the following:
 - a. educational services;
 - b. commissary services;
 - c. library services;
 - d. social services;
 - e. counseling services;
 - f. religious guidance; and
 - g. recreational programs.
3. The programs and services described above may not be identical to those provided to the general population; however, there will be no major differences for reasons other than danger to life, health, or safety. This standard also applies to adult offenders held in disciplinary detention for more than 60 days.
4. No offender with a disability may be denied a reasonable accommodation simply because the offender is in restrictive housing, or similar condition, unless safety or security concerns render the accommodation unreasonable.
5. Offenders who use wheelchairs (who cannot stand independently) will not be housed in the isolation cells located in restrictive housing. Offenders who use wheelchairs who are not able to transfer into a shower stall will not be housed in restrictive housing.

H. Exercise Outside of Cell

1. Adult offenders in restrictive housing or protective custody will receive a minimum of one hour of exercise per day outside their cells, five days per week, unless security or safety considerations dictate otherwise.
2. Youth in protective custody will be allowed one hour of large muscle activity every 24

hours.

I. Telephone Privileges

1. Adult offenders in restrictive housing for administrative segregation and protective custody and youth in protective custody are allowed telephone privileges.
2. Offenders in restrictive housing are allowed at minimum telephone privileges to access the judicial process, to call an attorney of record and family emergencies as determined by the facility administrator or designee unless security or safety considerations dictate otherwise.
3. Unless phone restrictions have been invoked by the administrator or designee, an adult offender in disciplinary detention is allowed limited telephone privileges. Restrictions would not apply to calls related specifically to access to the attorney of record.

J. Additional Youth Facility Requirements

1. Youth facilities will not use restrictive housing as a sanction to manage youth behavior.
2. The administrator, shift supervisor, or designee may order a youth be placed in protective custody for temporary confinement, not to exceed 24 hours, when it is necessary to protect the youth or others. The action must be reviewed within four (4) hours regardless of weekends or holidays or the next morning if the youth is placed in protective custody after 2100 hours.
3. Procedures will provide special management for youth offenders with serious behavior problems and for youth requiring protective care.
 - a. Youth facilities will develop individual program plans and provide appropriate services that may require youth offenders to be separated from the general population.
 - b. Youth in protective custody will be allowed out of cell for more than two (2) hours per day.
4. Youth in protective custody will be observed by staff at least every 15 minutes.
5. Youth in protective custody will be visited at least once each day by staff from administrative, clinical, social work, religious, or medical units.

K. Stepdown Programs

1. Facilities will establish stepdown programs and offer them to offenders who have been in restrictive housing for longer than 30 days to facilitate reintegration of the offender into general populations or the community. Stepdown programs will include, at a minimum, the following:
 - a. a pre-screening evaluation;
 - b. monthly evaluations using a multidisciplinary approach to determine the offender's compliance with program requirements;
 - c. subject to monthly evaluations, gradually increasing out-of-cell time to gradually increasing group interaction to gradually increasing education and programming opportunities to gradually increasing privileges;
 - d. a stepdown transition compliance review; and

- e. post-screening evaluation.
2. Facilities will attempt to ensure that offenders are not released directly into the community from an extended period (more than 30 days) of restrictive housing.
 - a. In the event that the release of an offender directly from restrictive housing into the community is imminent, the facility will document the justification and, unless the justification is an immediate court-ordered release, will obtain approval from the Department Director or designee.
 - b. In addition to general release protocols, when an offender is released directly to the community from an extended period (more than 30 days) of restrictive housing, the following steps must be taken at a minimum:
 - 1) Development of a release plan tailored to specific needs of the offender (except in cases of immediate court-ordered release);
 - 2) Notification of the release to state and local law enforcement;
 - 3) Notification to the offender of applicable community resources; and
 - 4) Victim notification if applicable.

V. CLOSING

Questions concerning this policy should be directed to the facility administrator.

VI. REFERENCES

- A. *Mont. Code Ann. § 53-30-101; 53-30-701, et seq.*
- B. *4-4249 through 4-4273; ACA Standards for Adult Correctional Institutions, 4th Edition*
- C. *3-JTS-3E-01 through -3E-05; ACA Standards for Juvenile Correctional Facilities, 2003*
- D. *ACA Guidelines for Development of a Security Program, 3rd Edition, 2007*
- E. *National Commission on Correctional Health Care Standards, 2014*
- F. *DOC Policies 3.1.3, Logs and Record-keeping Systems; 3.5.5, Behavior Management Plans; 4.5.21, Restrictive Housing Offender Health Assessment and Services; 4.5.27, Offender Mental Health Services*

VII. ATTACHMENTS

None