



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No.: DOC 3.5.5	Subject: BEHAVIOR MANAGEMENT PLANS
Chapter 3: FACILITY/PROGRAM OPERATIONS	Page 1 of 5
Section 5: Special Management	Effective Date: 10/16/03
Signature: /s/ Mike Ferriter, Director	Revised: 06/15/09

I. POLICY

The Department of Corrections maintains a comprehensive strategy to manage and end an offender's repeated dangerous and/or assaultive conduct. Behavior management plans address chronic, serious behavior problems not associated with serious mental illness.

II. APPLICABILITY

Department and contracted secure care facilities that house and manage adult offenders.

III. DEFINITIONS

Activate the Plan – When there is an appropriately formulated behavior management plan in place, facility staff may activate step # 1 of the plan if an offender engages in the inappropriate conduct that is identified in the plan.

Assaultive Conduct – Conduct in which an offender attacks another person, e.g., throws offensive items such as bodily substances or fluids; constantly barrages another with threats or verbal assaults; and/or physically attacks another person with or without a weapon.

Behavior Management Plan (BMP) – A standardized plan on which facility staff place an offender to end the dangerous and/or assaultive conduct. The BMP will be in effect for six months, during which time the unit management team, in conjunction with a mental health professional, may activate the plan when the offender engages in the conduct the plan seeks to end.

Dangerous Conduct – Conduct that threatens the security and/or orderly operation of the facility, encourages or incites a disruptive atmosphere, or creates a serious health hazard; e.g., conduct that may include destruction of state property, sexual misconduct, and self-injurious conduct that is not the result of a serious mental illness.

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

Serious Mental Illness – A clinical disorder included under Axis 1 of the Diagnostic and Statistical Manual (DSM) that has substantial effects on an individual's cognitive or volitional function. This does not include substance-related disorders.

IV. DEPARTMENT DIRECTIVES

A. General Comments

1. Dangerous and/or assaultive offender behaviors may threaten the safe and orderly operation of the facility; the physical safety of staff, offenders, and facility visitors; and

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- impede efforts toward offender rehabilitation.
2. Behavior management plans are not punishment but are used as the last recourse for controlling an offender's dangerous and/or assaultive behaviors so that serious consequences to the offender and others may be averted.
 3. Behavior management strategies may include a period of time in which facility staff withhold an offender's personal items and/or privileges and return them when an offender demonstrates he/she meets the objectives of the plan and is free of dangerous and/or assaultive behaviors.

B. Behavior Management Plan (BMP) Elements

1. The standardized BMP includes the following essential elements:
 - a. documentation of the offender's specific dangerous and/or assaultive conduct that necessitated the plan;
 - b. examples of appropriate conduct that the plan is designed to achieve;
 - c. the actions the facility staff will take to attempt to modify the dangerous and/or assaultive conduct, e.g., turn off the cell water supply, initiate steps #1 through #3;
 - d. the date on which the plan will become effective;
 - e. the date on which the plan will end; and
 - f. the signatures of the unit management and mental health staff members who helped prepare the plan.
2. The unit manager, or designee, may provide the offender with a copy of the BMP and review the following with the offender:
 - a. the inappropriate conduct in which the offender has engaged;
 - b. the appropriate conduct the unit expects;
 - c. the steps of the plan and what he/she may expect in each step;
 - d. that if the offender engages in the specified inappropriate conduct, facility staff will place the offender on step #1 of the plan;
 - e. that if the offender begins step #1, he/she must successfully complete all steps of the plan before he/she is returned to pre-plan status; and
 - f. that the plan is not intended as punishment, but as a plan to gain his/her compliance with appropriate conduct.

C. BMP Initiation

1. Facility procedures will include the following requirements when an offender exhibits repeated dangerous and/or assaultive behavior:
 - a. facility staff must thoroughly document the dangerous and/or assaultive behavior;
 - b. based on the documentation, unit staff may place the offender on cell confinement for a period of 24 hours and immediately refer the case to mental health staff for an initial assessment to determine if the offender's behavior is the result of a serious mental illness;
 - c. if mental health staff determines the offender's behavior is unrelated to serious mental illness, the offender will remain on cell confinement and may be placed on Step #1 of

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the standardized BMP.

2. Before an offender may be formally reviewed for a BMP, a mental health professional must:
 - a. complete a thorough psychological assessment that concurs with each of the following:
 - 1) the dangerous and/or assaultive behavior is not the direct result of an Axis I serious mental illness;
 - 2) the offender is knowingly, willingly and purposely engaging in the dangerous and/or assaultive behaviors;
 - 3) a higher level of mental health care or observation is not indicated; and
 - 4) the offender's mental status is not presently deteriorated or deteriorating.
3. The mental health professional will ensure that the offender's name is added to the BMP clearance list so the offender's behavior may be monitored and managed by unit management staff in accordance with the BMP.

D. BMP Activation

1. The offender's name will be maintained on the BMP clearance list for six months.
2. Shift supervisors will ensure that housing unit officers provide the written incident reports of the offender's behavior necessary to activate the BMP, and promptly notify and consult with unit management staff.
3. With appropriate documentation, the unit manager, or designee, will:
 - a. activate the BMP any time during the six months if the offender violates its specific provisions;
 - b. notify mental health staff when and why a BMP is activated;
 - c. sign and date the plan and, if the offender's behavior is under control, ask the offender to sign the plan.
4. The plan will be placed in the offender's unit and mental health files; and if the offender refuses to sign the plan, the unit manager must document the refusal.

E. BMP Requirements

1. Facilities who manage an offender referred to the BMP clearance list will use the standardized BMP that includes the specific requirements of steps #1, #2, and #3.
2. When the offender is on any of the three steps of the BMP, housing unit security staff must complete written incident reports every 24 hours documenting the offender's compliance/noncompliance with the BMP and forward the documentation to the unit manager, mental health staff, and designated supervisory office.
3. An offender on an activated BMP:
 - a. will maintain basic hygiene and keep his/her cell clean. Showers will be offered every two days;

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- b. will not be offered out-of-cell recreation while on the plan; and
 - c. will be relegated to an earlier step in accordance with the plan and supporting documentation if and when he/she engages in prohibited conduct.
4. Housing unit staff may enact a new plan by requesting a six month extension of the BMP and referring the offender to mental health staff for a BMP clearance.

F. BMP Activation – Mental Health Issues

1. Unit staff must immediately notify the facility control center, a mental health clinician, and facility health care staff if an offender exhibits any of the following symptoms:
 - a. makes statements or exhibits conduct that indicates he/she is in imminent danger of self-harm or suicide;
 - b. exhibits ongoing signs of severe depression, such as lack of sleep, decreased energy or motivation, or hopelessness; or
 - c. exhibits signs of confusion that may include but are not limited to:
 - 1) seems unaware of where he/she is and what is occurring around him/her;
 - 2) seems to have severe memory impairment;
 - 3) seems unable to comprehend other people's speech and actions;
 - 4) appears to be responding to internal stimuli, such as auditory hallucinations;
 - 5) appears to be overly suspicious of others or their intent; or
 - 6) exhibits extremely bizarre beliefs or thoughts that other people cannot understand, e.g., "I have a radio transmitter attached to my brain."
 - d. the offender exhibits bizarre or ritualistic conduct.
2. The mental health staff will, as soon as possible, assess the offender's mental health condition if facility staff notify them of any symptoms listed under item #1 above.
3. The mental health staff will terminate the BMP if, in the opinion of mental health staff, the offender:
 - a. presents behavior that is the direct result of an Axis I serious mental illness; or
 - b. is not knowingly, willingly and purposely engaging in dangerous and/or assaultive behaviors; or
 - c. needs a higher level of mental health care or observation; or
 - d. exhibits a mental status that is presently deteriorated or deteriorating.
4. Mental health staff will determine an appropriate placement based on the results of an evaluation.

G. BMP Committee Reviews

1. The BMP Review Committee will review the plan and the offender's compliance or noncompliance with it:
 - a. if an offender is on step#1 of an active plan for seven consecutive days; or
 - b. review the plan weekly if the offender is on the activated plan longer than a week.
2. The facility BMP Review Committee will consist of:

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- a. the facility administrator, or designee;
 - b. a facility mental health professional;
 - c. the unit management team; and
 - d. an appropriately constituted facility committee.
3. When assessing active BMP reviews, the designated committee members may change plan details as appropriate, but must inform the offender in writing of plan changes.
 4. Applicable facilities will maintain data on the number of offenders referred to a BMP, including a brief narrative of outcomes, and submit the report to the facility administrator and Department director on an annual basis.

V. CLOSING

Questions concerning this policy should be directed to the facility administrator or facility mental health staff.

VI. REFERENCES

- A. 4-4249, 4-4262; *ACA Standards for Adult Correctional Institutions, 4th Edition*
- B. *MH-G-06, Behavioral Consultation; Mental Health NCCHC Standards (2008)*

VII. ATTACHMENTS

None.