



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

Policy No. DOC 4.5.21	Subject: <b>LOCKED HOUSING OFFENDER HEALTH ASSESSMENT AND SERVICES</b>	
Chapter 4: FACILITY/PROGRAM SERVICES		Page 1 of 3
Section 5: Clinical Services		Effective Date: Jan. 1, 1998
Department Director Signature: /s/ Mike Batista		Revised: 03/21/2016
Medical Director Signature: /s/ Tristan Kohut, M.D.		
Clinical Services Division Administrator Signature: /s/ Connie Winner		

**I. POLICY**

The Department of Corrections facility qualified health care professionals will manage offender physical and mental health conditions while the offender is in locked housing.

**II. APPLICABILITY**

All secure care facilities Department owned and contracted, as specified in contract.

**III. DEFINITIONS**

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, 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.

Disciplinary Detention – A punitive confinement determined by a due process impartial hearing that separates offenders from the general population for serious rule violations.

Qualified Health Care Professionals – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

Qualified Mental Health Professionals – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of offenders

Locked Housing – Cells designated for pre-hearing or temporary confinement, disciplinary detention, administrative segregation, special management, and/or maximum security offender housing.

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

Special Management – A non-punitive housing status for offenders who request removal from the

general population or require protection for their safety and well-being.

#### **IV. DEPARTMENT DIRECTIVES**

##### **A. Notification**

1. Facilities will develop procedures to ensure facility staff notify qualified health care professionals as soon as possible but within 24 hours of an offender admission to locked housing.

##### **B. Review and Referral**

1. Upon notification that an offender is placed in locked housing, a qualified health care professional will:
  - a. review the offender's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation, such review is documented in the health record; and
  - b. immediately refer an offender who is currently receiving mental health treatment to appropriate qualified mental health professionals for further evaluation; and document the referral in the offender's health record.
2. Qualified mental health professionals must evaluate the offender and review the offender mental health file and any other relevant documents within 24 hours of the initial referral. Qualified mental health professionals shall take appropriate measures to ensure confidentiality of all information communicated, including but not limited to out-of-cell interviews, and make appropriate housing recommendations.

##### **C. Housing Alternatives**

1. The qualified health care professional will notify and consult with the facility administrator on offender housing alternatives if there are medical, dental or mental health contraindications to placement in locked housing.

##### **D. Contraindicating Conditions**

1. Contraindicating conditions to placement in facility locked housing may include, but are not limited to:
  - a. diminished consciousness
  - b. disorientation
  - c. persistent vomiting
  - d. significant contusions
  - e. severe laceration or trauma
  - f. respiratory distress
  - g. current suicidal ideation or behavior
  - h. unstable psychiatric illness
  - i. inter-maxillary fixation
  - j. uncontrolled seizure disorder
  - k. acute alcohol and drug withdrawal

##### **E. Monitoring**

**Subject: LOCKED HOUSING OFFENDER HEALTH ASSESSMENT AND SERVICES**

1. Offenders in locked housing have frequent, routine contact with qualified health care professionals, qualified mental health professionals or correctional officers. Therefore, monitoring of a locked housing offender is based on the following degrees of isolation:
  - a. offenders in locked housing who have limited contact with staff or other offenders are monitored three days a week by medical or mental health staff; and
  - b. offenders who are allowed periods of recreation or other routine social contact among themselves while in locked housing are checked weekly by medical or mental health staff.
2. Health care staff will schedule the offender for an assessment when they identify medical needs or mental health concerns during monitoring rounds.
3. Qualified health care professionals will promptly identify and inform custody officials of offenders who are experiencing physical or mental health deterioration and those exhibiting other signs or symptoms of failing health.

**F. Sick Call**

1. Qualified health care professionals will meet with offenders who require assessment in an appropriate clinical setting.
2. Qualified health care professionals do not ordinarily provide offender health care in cells; however, in the event that cell-side triage is necessary, health care professionals will take extra precautions to promote private communication with the offender.

**G. Documentation**

1. Qualified health care professionals will document locked housing rounds either on logs or cell cards or in the offender's health record.
2. Any significant health findings are documented in the inmate's health record.
3. All documentation must include the date and time of contact and the signature or initials of the qualified health care professional.

**V. CLOSING**

Questions concerning this policy should be directed to the Clinical Services Division administrator or designee.

**VI. REFERENCES**

- A. *P-E-07; P-E-09, National Commission on Correctional Health Care Standards for Health Services in Prisons, 2014*
- B. *MH-E-07; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
- C. *DOC Policy 3.5.1 Locked Housing Unit Operations*

**VII. ATTACHMENTS**

None