



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

Policy No. DOC 4.5.21	Subject: <b>RESTRICTIVE HOUSING OFFENDER HEALTH ASSESSMENT AND SERVICES</b>
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 4
Section 5: Clinical Services	Effective Date: Jan. 1, 1998
Department Director Signature: /s/ Brian Gootkin	Revised: 4/19/2021
Medical Director Signature: /s/ Dr. Paul Rees	
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 restrictive 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.

**Health Checks** – Face-to-face encounters with the segregated offender to ascertain medical and mental health status and provide an opportunity for requests for health care.

**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

**Restrictive 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.

**Responsible Health Authority** – The Clinical Services Division administrator who oversees all levels of health care and assures quality, accessible and timely clinical services for offenders. The individual is appointed by the Department director and reports directly to the Director or designee on matters of health care

**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 restrictive housing.

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

1. Upon notification that an offender is placed in restrictive 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. contraindications or required accommodations identified for juveniles should be immediately communicated to the responsible health authority and custody leadership;
  - c. when health staff are not on-duty, the health staff member on-call is notified for juveniles placed in segregated housing; and
  - d. 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. Qualified mental health professionals provide mental health services according to established treatment plans.

##### **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 segregated housing.
2. Qualified mental health staff will notify the facility administrator of the latest scientific information concerning any health effects of segregated housing.

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

1. Contraindicating conditions to placement in facility restrictive 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**

1. Offenders in restrictive housing have frequent, routine contact with qualified health care professionals, qualified mental health professionals or correctional officers. Therefore, monitoring of a restrictive housing offender is based on the following degrees of isolation:
  - a. offenders in restrictive housing who have limited contact with staff or other offenders are monitored three days a week by medical or mental health staff;
  - b. offenders who are allowed periods of recreation or other routine social contact among themselves while in restrictive housing are checked weekly by medical or mental health staff; and
  - c. when qualified health care or qualified mental health professionals are on duty, juvenile offenders are monitored daily by performing health checks.
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.
4. Childcare workers or program staff will monitor juveniles in restrictive housing at least every 15 minutes
5. On Days when health staff are on-site, health-trained childcare workers or program staff alert health staff on call if a health problem is noted for juvenile offenders.
6. Prolonged use of restrictive housing for juveniles more than 2 to 5 hours is not used except under documented exceptional circumstances.
7. In the rare instance that a juvenile's out of control behavior lasts more than 24 hours in restrictive housing, qualified health care professionals will:
  - a. Evaluate for a medical or psychiatric condition or contraindication to continued isolation that warrants further evaluation and treatment;
  - b. Generate a written plan for urgent mental health assessment by a qualified mental health professional and/or the use of alternatives to segregation (e.g., return to

living units under supervision, use of medications, transfer to a mental health facility).

#### **F. Documentation**

1. Qualified health care professionals will document restrictive 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.
4. A note as to whether findings were documented in the health record for juvenile offenders.

#### **G. Reporting**

1. A monthly report on the use of restrictive housing is given to the responsible health authority and facility administrator. This report should include information about the number of juveniles in segregated housing during the month, the number of days spent in restrictive housing, and the health status of juveniles in restrictive housing.

### **V. CLOSING**

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

### **VI. REFERENCES**

- A. P-E-07; P-G-02, National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- 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*
- D. Y-E-09; National Commission on Correctional Health Care Standards for Juveniles in Detention and Confinement Facilities, 2015*

### **VII. ATTACHMENTS**

None