



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

Policy No. DOC 4.5.53	Subject: <b>MENTAL HEALTH PROGRAMS AND RESIDENTIAL UNITS</b>
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 2
Section 5: Clinical Services	Effective Date: 4/19/2021
Department Director Signature: /s/ Brian Gootkin	Revised:
Medical Director Signature: /s/ Dr. Paul Rees	
Clinical Services Division Administrator Signature: /s/ Connie Winner	

**I. POLICY**

The Department of Corrections will ensure that mental health programs meet the serious mental health needs of offenders.

**II. APPLICABILITY**

All Department of Corrections secure care facilities.

**III. DEFINITIONS**

**Mental Health Programs** – Organized outpatient interventions, time-limited or ongoing, that include individual or group interventions for offenders regardless of their housing assignment.

**Mental Health Residential Units** – Provide varying level of care to meet the needs of the seriously mentally ill. These units can be acute care residential units or nonacute care units.

**Mental Health Staff** – Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

**Responsible Mental Health Clinician** – The Clinical Services Division Mental Health Bureau Chief.

**IV. DEPARTMENT DIRECTIVES**

**A. General Requirements**

1. Mental health programs without a residential component, when provided on-site, are approved by the responsible mental health clinician and have, at a minimum:
  - a. defined goals;
  - b. mental health staff of sufficient numbers and kind in keeping with program purposes;
  - c. individual treatment plans; and
  - d. protocols for offender follow-up at least every sixty (60) days.

**B. Acute Mental Health Residential Units**

1. Acute mental health residential units, when provided on-site, are consistent with their defined scope of care to provide for offenders who are psychotic, clinically unstable, acutely suicidal, or at imminent risk of self-harm, and have, at a minimum:
  - a. continuous (24 hours per day, 7 days per week) coverage by mental health staff assigned to the unit;
  - b. orientation and training for correctional officers assigned to the unit;
  - c. daily (7 days per week) offender evaluation by mental health staff;
  - d. programming or appropriate therapies, as indicated;
  - e. individual treatment plans; and
  - f. housing in a safe and therapeutic environment conducive to symptom stabilization and maintenance of good personal hygiene.

### **C. Nonacute Mental Health Residential Units**

1. Nonacute mental health residential units, when provided on-site, have, at a minimum:
  - a. defined scope of care;
  - b. either programming or appropriate therapies (or both) to meet the mental health needs of the offenders in the unit;
  - c. mental health staff of sufficient numbers and kind in keeping with the purpose of the unit;
  - d. individual treatment plans;
  - e. orientation and training for correctional officers; and
  - f. a clean, safe, therapeutic environment and milieu, including facilities for maintaining good personal hygiene with guidance in the activities of daily living, if needed.

## **V. CLOSING**

Questions concerning this policy should be directed to the Clinical Services Division Administrator.

## **VI. REFERENCES**

*A. MH-G-02; National Commission on Mental Health Services in Correctional Facilities, 2015*

## **VII. ATTACHMENTS**

None