POLICY DIRECTIVE

Policy:	**DOC 4.5.21 RESTRICTIVE HOUSING OFFENDER HEALTH ASSESSMENT AND SERVICES**
Effective Date:	01/01/1998 Page 1 of 4
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I. POLICY

The Department of Corrections facility qualified health care professionals will manage each offender's 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.

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

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 the inmate to request health care.

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

Qualified Health Care Professional (QHCP) – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for patients, including Department staff and contracted or fee-for-service professionals.

Qualified Mental Health Professional (QHMP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurse practitioners, psychiatric nurses, licensed professional counselors, licensed clinical social workers, and others who by virtue of their education, credentials, training, and experience are permitted by law to evaluate and care for the mental health needs of patients, including Department staff and contracted or fee-for-service professionals. This definition excludes Mental Health Technicians.

Restrictive Housing – A placement that typically requires an inmate to be confined to a cell for up to 22 hours per day for the safe and secure operation of the facility. The term includes cells designated for pre-hearing or temporary confinement, disciplinary detention, administrative segregation, special management, and/or maximum-security offender housing.

Responsible Health Authority – The Health Services Bureau administrator who oversees all levels of health care and assures quality, accessible, and timely clinical services for offenders. The individual reports directly to the Rehabilitation and Programs division chief or designee on matters of health care.

Special Management – A non-punitive housing status for offenders who request removal from the general population or who require protection for their safety and well-being.

IV. DEPARTMENT DIRECTIVES

A. Notification

1. Facilities will develop procedures to ensure facility staff notify a QHCP as soon as possible but within 24 hours of an offender's admission to restrictive housing.

2. No inmate shall be placed in pre-hearing confinement or placed in restrictive housing based solely upon a disability or upon behavior that is a product of a disability unless, after a prompt and appropriate evaluation by a QMHP, such staff determines that the inmate presents such an immediate and serious danger that there is no reasonable alternative. In such case, the inmate will be promptly and regularly re-evaluated with the goal of securing appropriate treatment and reintegrating into general population.

B. Review and Referral

1. Upon notification that an offender is placed in restrictive housing, a QHCP will:
   a. review the offender's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation and will document such review in the offender's health record; and
   b. immediately communicate any contraindications or required accommodations identified for juveniles to the responsible health authority and custody leadership;
   c. when health staff are not on-duty, the on-call QHCP is notified for juveniles placed in segregated housing; and
   d. immediately refer an offender who is currently receiving mental health treatment to appropriate QMHPs for further evaluation; and document the referral in the offender's health record.

2. QMHPs must evaluate the offender and review the offender mental health file and any other relevant documents within 24 hours of the initial referral. QMHPs 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. QMHPs provide mental health services according to established treatment plans.

C. Housing Alternatives

1. The QHCP 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. The QMHP 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; and
   k. acute alcohol or drug withdrawal

E. Monitoring

1. Offenders in restrictive housing have frequent, routine contact with qualified health care professionals, qualified mental health professionals, and/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 a minimum of three days a week by mental health staff and daily by medical 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. Correctional officers will make an appropriate referral to health care staff anytime they believe an offender is experiencing medical or mental health problems.
4. 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.
5. Childcare workers or program staff will monitor juveniles in restrictive housing at least every 15 minutes.
6. 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.
7. Use of restrictive housing for juveniles more than 2 to 5 hours is not used except under documented exceptional circumstances, where there is no safe alternative.
8. 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; and
   b. generate a written plan for urgent mental health assessment by a qualified mental health professional and/or the use of alternatives to segregation (for example, 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 restrictive housing during the month, the number of days spent in restrictive housing, and the health status of juveniles in restrictive housing.

V. CLOSING

Questions about this policy should be directed to the Rehabilitation and Programs Division Chief 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 Restrictive Housing*
D. *Y-E-09; National Commission on Correctional Health Care Standards for Juveniles in Detention and Confinement Facilities, 2015*