



MONTANA STATE PRISON OPERATIONAL PROCEDURE

Procedure:	MSP 3.5.1 RESTRICTIVE HOUSING OPERATIONS AND STEP-DOWN PROGRAM
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I. PURPOSE

To outline the use of restrictive housing at Montana State Prison (MSP) and ensure that it is an alternative last resort and will be utilized in the least restrictive manner possible for the least amount of time, consistent with the safety and security of staff, inmates, and the facility.

II. DEFINITIONS

Administrator – The official, regardless of local title (division chief, executive officer, bureau chief, warden, superintendent), ultimately responsible for the operation and management of a division, facility, or program operation and management.

Administrative Segregation – A non-punitive housing status for inmates whose continued presence in the general population may pose a serious threat to life, property, self, staff, other inmates, or to the facility's security or orderly operation.

Admission/Discharge Report (ADR) – The mandatory reporting form completed by staff when offenders move from one program location to another.

Close Watch – This watch level is a step-down from Constant Watch and is designed for potentially or inactively suicidal inmates who express suicidal ideation without a specific threat or plan and/or have recently demonstrated self-injurious behaviors. Inmates who deny suicidal ideation or do not threaten suicide but demonstrate other concerning behavior indicating the potential for self-injury should be placed on this watch level. Inmates on this level are placed in a Watch Cell with appropriately safe belongings and are observed in-person by a staff person at irregular intervals no less frequent than 15 minutes apart.

Constant Watch – This watch level is designed for actively suicidal inmates who have engaged in self-injurious behavior or threaten suicide with a specific plan. Inmates under Constant Watch must be observed in-person by a staff member at all times. Constant Watch is the default suicide monitoring status until a QMHP is available to assess the inmate. Inmates on this level are placed in a Safety / Observation Cell, which may be in the Infirmary or RHU.

Disability – Under the Americans with Disabilities Act, the term “disability” means, with respect to an individual: (A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.

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

Emergency Care – Health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic. This includes acute mental illness that cannot be deferred until the next scheduled mental health clinic or routine appointment.

Exigent Circumstances – Any set of temporary and unforeseen circumstances that require immediate action in response to a security or safety threat to the facility.

Guard1 – Electronic Security Management System.

Health Care Staff – All full-time, part-time, and per diem qualified healthcare professionals as well as administrative support staff (for example, health records staff, lab technicians, and nursing and medical assistants).

Investigative Placement – a temporary Max Custody placement due to a pending or ongoing investigation. Must be reviewed every 30 days by the RHRC.

Max Custody - A non-punitive housing status for inmates who have successfully completed the Step-Down Program, those placed under investigation, and Death Row inmates.

Mental Disorder – Exhibiting impaired emotional, cognitive, or behavioral functioning that interferes seriously with an individual's ability to function adequately except with supportive treatment or services. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See MCA 53-21-102. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a Qualified Mental Health Professional (QMHP).

Mental Health Services – The sum of all actions taken for the mental well-being of the offender population, including a range of diagnostic, treatment, and follow-up services.

Multi-Disciplinary Team – A minimum of two staff members assigned by the Associate Warden of Custody, or designee, that must include a housing lieutenant or unit manager, case manager, Qualified Mental Health Professional (QMHP), unit sergeant and a Qualified Health Care Professional (QHCP)

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

Protective Custody – A form of separation from the general population for an inmate who requests or requires protection from other inmates for reasons of health or safety. Supportive evidence and documentation for such placement must be provided to the Classification Department prior to placement at this status, which will then be presented to the Restrictive Housing Review Committee. An inmate's status in protective custody must be reviewed periodically by a classification specialist or unit team.

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 (QMHP) – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, psychiatric nurse practitioners, 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.

Restrictive Close Custody- Restricted Close Custody is the custody status utilized for Serious Mentally Ill (SMI) inmates who require additional supervision based upon safety and security. These inmates are housed in the SAU, or in general population.

Restrictive Housing Unit (RHU) – A housing unit at Montana State Prison which houses inmates designated as administrative segregation, detention status, pre-hearing confinement and the conditions of confinement require inmates to be confined to a cell for up to 22 hours a day.

Restrictive Housing Program Compliance Manager – Is under the supervision of the Associate Warden of Custody; oversees the development and implementation of MSP restrictive housing policies and procedures. Serves as quality control inspector for all restrictive housing units, monitors daily activities, program delivery, data compilation, and compliance with policy and procedures. Responsible for developing and implementing initial and ongoing training for correctional staff to increase knowledge and understanding about the restrictive housing program and the expected practices associated with the program.

Restrictive Housing Review Committee (RHRC) – A committee consisting of the Restrictive Housing Program Compliance Manager or designee, Qualified Mental Health Professional (QMHP) and Qualified Health Care Professional (QHCP), Restrictive Housing Unit Lieutenant/Manager or designee, Secure Adjustment Unit Lieutenant/Manager or designee, High Side and Low Side Captains or designees.

Safety/Observation Cell – A temporary and non-punitive separation from regular housing to establish the safety of an inmate in collaboration with mental health services.

Safety Management Plan (SMP) – An immediate response to an inmate's conduct that indicates an imminent danger of harm toward self, others, or the institution.

Secure Adjustment Unit (SAU) – A transitional housing unit within Montana State Prison which houses inmates who are separated from general population during their continued progression through the step-down program which prepares them for integration back into general population. This unit includes step down levels 3, 4 and 5 where the conditions of confinement do not require inmates to be confined to a cell for up to 22 hours a day.

Severe Mental Illness (SMI) – A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, brief periods of intoxication, or criminal behavior do not, alone constitute severe mental illness. The individual must also have or have had within the past year exhibited signs and symptoms of a mental disorder. See *MCA 53-21-102*. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders and are to be designated by a QMHP.

Special Needs – Inmates who may require accommodations, arrangements, or programming different from the general population inmates. Special Needs inmates may include, but are not limited to, individuals with developmental disabilities, physical and mental disabilities, chronic illness or chemical dependency, that require development of an individualized treatment plan for optimal care.

Step-down Program – An individualized program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community and that involves a coordinated, multidisciplinary team approach that includes mental health, case management, and security practitioners. Medical personnel must be part of the multidisciplinary team when an inmate who has chronic care or other significant medical accommodation needs participates in a step-down program.

Substantial Security Risk Determination – A designation given to inmates who are deemed to pose a serious risk to safety and security due to one or more instances of violent, assaultive, or aggressive behavior towards staff or other inmates.

Suicide Watch – A status when a potentially suicidal inmate who has engaged in self-harm or is at risk of self-harm is placed in an appropriate secure cell, on Close or Constant Watch. This may include different, more secure housing, a removal of/or more secure property, as well as other

precautions to ensure safety of the inmate. Suicide Watch is overseen by a QMHP, and only a QMHP may remove an inmate from Suicide Watch.

Unit Management Team (UMT) – The housing unit staff consisting of the Housing Lieutenant or Unit Manager, Case Manager(s), Sergeants, and Correctional Officers.

Warden – The official ultimately responsible for the facility or program operation and management.

Watch Cell (Suicide Resistant Cell) – A safe and secure cell designated for suicide monitoring. This separation is temporary and non-punitive.

III. PROCEDURES

A. General Requirements

1. No inmate will be placed in restrictive housing based solely upon the inmate's disability or upon behavior that is a product of the inmate's disability unless, after a prompt and appropriate evaluation by a Qualified Mental Health Professional (QMHP), who determines that the inmate presents such an immediate and serious danger that there is no reasonable alternative. In such a case, the inmate will be promptly and regularly re-evaluated with the goal of securing appropriate treatment and reintegrating into general population. No inmate designated Severe Mental Illness (SMI) will be placed in restrictive housing unless no other reasonable alternative placement is available to ensure the inmate's safety, and then for the least amount of time necessary. If an SMI inmate remains in the RHU for more than 24 hours, those protections and requirements set out in III.G. 1-7 below, would apply.
2. An inmate with a disability shall receive the reasonable accommodations and auxiliary aids and services necessary for the inmate to understand and meaningfully participate in the disciplinary or classification processes described herein, including but not limited to communications during the process and ability to read and understand all documents relevant to the process. Before the disciplinary process described herein is initiated, staff shall consult the offender management system and the offender ADA coordinator to determine if the inmate has a disability. Staff shall also review the disciplinary report and the inmate's disciplinary history to determine if the inmate has a suspected disability. The ADA coordinator shall identify all accommodations that shall be provided to the inmate to ensure the inmate's understanding of and meaningful participation in all steps of the disciplinary process and ensure that these accommodations are provided. If the inmate cannot understand or meaningfully participate in a hearing due to a disability, even with reasonable accommodations, then the inmate shall not be sanctioned, and disciplinary charges shall be dismissed.
3. Inmates with disabilities who require accessible cells in restrictive housing or secure adjustment units will not be housed in inaccessible cells. Inmates who use wheelchairs (who cannot stand independently) will not be housed in the isolation cells located in restrictive housing units. Inmates who use wheelchairs who are not able to transfer into a shower stall will not be housed in the restrictive housing or secure adjustment units. Inmates will not be placed in a more restrictive setting based on the need to comply with the requirements of this paragraph.
4. Restrictive housing is the primary resource for housing inmates whose continued presence in general population may pose a serious threat to life, property, self, staff, other inmates, or the facility's security or orderly operations, for example, an inmate may be housed in administrative segregation during an investigation of alleged violations.
5. An inmate placed in restrictive housing may not be confined in cell for more than 22 hours in a 24-hour period. An inmate's placement in restrictive housing is limited to circumstances that pose a direct threat to the safety of persons or a clear threat to the safe and secure operations of the facility. Placement may only be made after considering:

- a. the relationship between the threat the inmate poses, and behaviors articulated in this procedure.
 - b. any impact that restrictive housing may have on medical and mental health conditions exhibited by the inmate and possible alternatives that may be available to compensate for such conditions; and
 - c. a description of alternatives that may be available to safely deal with the threat posed by the inmate other than restrictive housing.
6. SMI inmates will be required to have four hours out-of-cell time each day, unless it is determined by a QMHP that such activity will pose a safety risk to the inmate or other individuals, including other inmates and MSP staff.
 7. MSP will maintain a sanctioning schedule for facility rule violations. The Warden or designee must review and approve inmate confinement that continues beyond 30 days.
 8. All inmates confined in restrictive housing will be subject to the conditions of this procedure until they are moved to general population, which includes when they have been classified to general population custody and are awaiting an open bed.
 9. Special design features and procedures within designated restrictive housing units or cells will be used to ensure the security of that unit, the facility, and the staff and inmates. These may include additional barriers and other security features, enhanced movement control, searches, and other procedures necessary to the operation of the unit.
 10. Living conditions for restrictive housing will meet all basic needs. Observation of inmates must be maintained, and conversation between staff and inmates permitted within the parameters set forth in *MSP 3.1.100 Supervision of Inmates*, *MSP 3.3.5 Inmate/Staff Communication Methods*, *DOC 1.3.2 Performance and Conduct*, and *DOC 1.3.12 Staff Association and Conduct with Offenders*.
 11. Specific reporting, mental health intervention, and supervision requirements will be followed in accordance with *DOC 3.5.1 Restrictive Housing Unit Operations*.

B. Placement in Restrictive Housing

1. Inmates will only be placed in restrictive housing units through the implementation of the *MSP 3.4.1 Institutional Discipline*, *MSP 3.4.100 Pre-Hearing Confinement* or *3.5.1 Restrictive Housing* referral process. Inmates may only be admitted for protective custody when there is documentation that this status is warranted per *MSP 4.2.1 Inmate Classification System*.
2. In emergent circumstances, the Warden, a shift supervisor, or designee of either, may order immediate segregation or placement in a restrictive housing unit when it is necessary to protect the inmate or others. The action will be reviewed within 24 hours by the appropriate supervisor.
3. No inmate will be placed in pre-hearing confinement or placed in restrictive housing based solely upon their 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 a case, the inmate will be promptly re-evaluated within 48 hours, with the goal of securing appropriate treatment and reintegrating the inmate into general population.
4. In non-emergent circumstances, no inmate will be disciplined, placed on a safety management plan, referred to a restrictive housing unit based upon the inmate's disability, or upon behavior that is a product of the inmate's disability, except after a prompt and appropriate evaluation by a QMHP. The QMHP will determine if the behavior was a manifestation or product of the inmate's mental illness. The QMHP must assess the inmate and document their review in the medical record.

5. A hearing by the disciplinary hearings officer or designee must be completed before placing an inmate in disciplinary detention for a rule violation.
6. Inmates held in disciplinary detention for periods exceeding 30 days will be provided the same program services and privileges as inmates in administrative segregation and protective custody. The Warden, or designee, will review and approve the services and privileges to be allowed in such circumstances.
7. Continuous confinement in disciplinary detention for more than 30 days requires the review and approval of the Warden or designee.
 - a. If an inmate is held in continuous confinement in disciplinary detention for 30 consecutive days and still has additional detention time to be served, the inmate will be reviewed for custody change which may include a custody increase or returned to previous custody.
 - b. After being placed in the designated custody, the inmate will remain in that custody for a minimum of 10 days prior to being placed back into detention to resume the remaining detention time.
8. Health Service notification and review of an inmate's placement into restrictive housing will be as follows:
 - a. When an inmate is placed in pre-hearing confinement for disciplinary (PHC-DD) (*see MSP 3.4.100 Pre-Hearing Confinement*) or classification (PHC-CD), Central Control will notify a QHCP as soon as possible, but no later than 24 hours.
 - b. If the QHCP determines restrictive housing placement may jeopardize the physical or mental health of the inmate, they will provide recommendations for necessary accommodations to the Warden or designee, Central Control, and restrictive housing unit staff.
 - c. In the event the recommended necessary accommodations cannot be immediately afforded, the inmate may be placed in the infirmary until a discharge plan (which will include security requirements) can be developed. At no point will this review interfere with assuring the secure operations of this facility.
9. An inmate may only be placed in restrictive housing for special needs when there is documentation that a safeguard is warranted, and no reasonable alternatives are available. This type of placement is for the least amount of time possible.
10. An inmate will only be placed in a restrictive housing unit safety/observation cell for special circumstances or management purposes when there is documentation that such placement is warranted, and no other reasonable alternatives are available and/or appropriate under the current circumstances.
 - a. Any inmate identified as SMI should be given priority placement in an infirmary observation cell, unless the QMHP determines that alternative placement in the observation/safety cell in RHU or SAU is required. The reason will be documented by the QMHP, outlining the full reason why no alternative placement is requested. The placement should only be utilized if based upon dire, imminent safety and must be limited to the period during which the dire safety need or crisis is reviewed by a QMHP.
11. Prior to placing an inmate in restrictive housing, staff will check the offender management system for any ADA accommodations. All reasonable accommodations will be considered before deciding to place an inmate into restrictive housing.

C. Mental Health Status Reviews

1. Upon notification that an inmate has been placed in restrictive housing, a QHCP will review the inmate's health record and assess the inmate face to face for the following:
 - a. if existing medical, dental, or mental health needs would make placement inadvisable or would require an accommodation, the QHCP will notify mental health staff and custody staff and document the review in the health record.

2. Once an inmate has been placed in restrictive housing, a QMHP will complete a mental health appraisal within the period set by the American Correctional Association Standards after placement in restrictive housing.
3. If confinement continues beyond 30 days, a qualified QMHP will complete an updated mental health appraisal with the frequency set by the American Correctional Association Standards for an inmate with a diagnosed mental disorder, and more frequently, if clinically indicated. For an inmate without a mental disorder, the appraisal must be completed with the frequency set by American Correctional Association Standards and more frequently, if clinically indicated. The mental health appraisal must be conducted in a manner that ensures confidentiality. Dissemination of any information obtained in the mental health appraisal must be for the limited purpose of institutional safety and security.
4. If any inmate develops symptoms of acute anxiety or other mental problems, they will be seen and assessed by a QMHP 3 times a week or more frequently, if referred by a staff member.
5. Each contact will be documented in the individual inmate's record, and contain, at a minimum, a status report and the date and time of the contact. Individual documentation will be filed in the inmate's medical and mental health records.
6. An inmate diagnosed with a severe mental illness will not be placed in restrictive housing for an extended period (more than 14 days), unless the MDT determines there is an immediate and present danger to others that cannot otherwise be adequately addressed.
7. If an inmate with a severe mental illness is placed in restrictive housing, the inmate must be provided with an active individualized treatment plan that includes weekly monitoring by a QMHP, treatment as necessary, and steps to facilitate the transition of the inmate back into the general population.

D. Step-Down Program Criteria for Referral:

1. Inmates may be referred to the RHRC for Step-Down Program placement when their continued presence in the general population may pose a serious threat of life, property, self, staff, other inmates, or to the facility's security or orderly operation, and when they have been found guilty for any 4100 series infraction or any of the 4200 series infractions listed below (*see MSP 3.4.1 Institutional Discipline*)
 - a. 4200 Setting a fire.
 - b. 4201 Fighting with another person.
 - c. 4202 Threatening another **inmate** with bodily harm. Verbal or written statements or engaging in physical conduct causing fear in another inmate.
 - d. 4207 Participating in, or encouraging others to participate in an unauthorized meeting, gathering, or coordinated activity.
 - e. 4223 Smuggling/introduction or possession of unauthorized items into the institution.
 - f. 4225 Security Threat Group (STG) activity: Any behaviors uniquely or clearly associated with a security threat group including forming an STG, participating in STG activities, or possessing or displaying any materials, symbols, colors, or pictures of an identified STG.
 - g. 4235 Threatening **any other person** to include staff, volunteers, visitors, vendors, members of the public, etc. with bodily harm. Verbal or written statements or engaging in physical conduct causing fear in another person.

E. Restrictive Housing Review Committee – Step-Down Program Placement

1. The referring UMT is responsible for gathering, compiling, and documenting information, evidence, and facts supporting the referral.
2. A member of the referring UMT must complete the Restrictive Housing Review Committee Placement *Referral* explaining why the inmate meets the criteria to be placed in the Step-

Down Program. The UMT must also include information that documents the unit's attempt to continue placement in general population.

3. The referral and all supporting documentation, including any new information, will be forwarded to the Restrictive Housing Compliance Manager or designee within 72 hours of disciplinary disposition.
 - a. The referral does not guarantee placement in the program. The circumstances which led to the referral will be examined by the RHRC.
4. Once the referral has been forwarded to the Restrictive Housing Compliance Manager or designee, the referring UMT will serve Restrictive Housing Review Committee *Notification* at least 24 hours prior to the review.
5. RHRC cannot review a referral prior to the Restrictive Housing Review Committee Notification being served to an inmate. The Restrictive Housing Compliance Manager or designee will ensure the review is completed within 5 business days of receipt of Restrictive Housing Review Committee Placement Referral.
6. The inmate will be given an opportunity to present information during the RHRC review in person, virtually, or by written statement regarding placement into the Step-Down Program.
7. A member of the referring UMT is required to attend the RHRC review.
8. In deciding whether to approve an inmate for placement, the RHRC should also consider:
 - a. the safety and security of the inmate, and any known threat the inmate poses to the safety of staff, inmates, and others. Each inmate must be individually reviewed to evaluate the risk the inmate objectively poses to others;
 - b. the inmate's mental health status and needs, based on information and recommendations provided by a QMHP;
 - c. the inmate's medical needs, based on information and recommendations provided by QHCP; and
 - d. the inmate's programming needs.
9. After consideration of all the information, the RHRC will decide based on a majority decision. RHU or SAU UMT will notify the inmate of the decision.
10. If the inmate is 180 days or less from release to the community, the RHRC must consider a recommendation to modify or reduce the durations of program steps, with the goal of providing the inmate an opportunity to be released from the general population.
11. An inmate may appeal the RHRC placement review decision through an appeal using the Inmate Placement Appeal Form. The appeal will be considered and answered by the facility Associate Warden of Custody.

F. Mental Health Screening

1. Before an inmate is reviewed for placement in the step-down program, a mental health screening must be completed by a QMHP.
2. The screening must consider whether the inmate has a severe mental illness (SMI), exhibits, or has previously exhibited suicidal or self-injurious behaviors, and the potential risk of self-harm if the inmate continues to reside in restrictive housing while in the program.
3. If the QMHP believes the inmate's behavior may be more appropriately treated through alternative intervention or programming or determines that the inmate's actions were the result of mental illness, this information must be provided to the RHRC team for consideration and discussion.
4. Inmates with an SMI may not be placed in the program absent the approval of the QMHP, or the Warden or designee.

5. If, during the step-down program, the QMHP deems the step-down program is no longer appropriate for an inmate, the MDT must remove the inmate from the step-down program and provide alternative interventions or programming to the inmate. After an appropriate evaluation has been completed, the inmate may return to the step-down program.

G. Restrictive Housing Step-Down Program

1. The MDT must meet with inmates who have been approved for the step-down program within 14 days of approval.
 - a. Inmates will receive written orientation to the program.
 - 1) Completion of orientation must be documented by a statement signed and dated by the inmate.
 - b. MDT must establish an Offender Management Plan (OMP) with input from the inmate and at least 2 staff members from the MDT.
 - c. Case Management is responsible for providing the inmate with:
 - 1) a prescreening evaluation; and
 - 2) a post screening evaluation.
 - d. The OMP must document the inmate's goals in the following areas:
 - 1) compliance with the behavioral expectations
 - 2) cognitive skills programming progress
 - 3) demonstrating progress in skills building
 - 4) additional programming in mental health or academic education, as appropriate.
2. Inmates will be given information about the step-down programming levels in writing in their native language. Before meeting with the inmate, the MDT will consult the offender management system and confer with unit staff to determine if the inmate has a known or suspected disability. Inmates who have a disability will be given reasonable accommodations to allow them to understand and meaningfully participate in the process.
3. The step-down program consists of levels, which give the inmates an opportunity to enhance and demonstrate their readiness to return to general population or the community through successful participation in prescribed programming and by earning progressive privileges through advancement in the established program levels.
 - a. Levels 1-3 of the Step-Down program are considered Restrictive Housing inmates. Levels 1 and 2 are housed primarily in RHU and Level 3 is housed primarily in SAU. Inmates on Levels 1, 2, and 3 are provided a minimum of 2 hours of daily scheduled out-of-cell time.
 - b. Level 4 of the Step-Down Program is housed in SAU. Inmates on Level 4 will be provided a minimum of 2 hours of daily scheduled out-of-cell time and may receive more at the UMT's discretion. This may include dayroom with multiple partners.
 - c. Max Custody is not part of the Step-Down program and is housed in SAU. Inmates on Max Custody may be provided more than 2 hours of daily scheduled out-of-cell time, at the UMT's discretion. This may include dayroom with multiple partners.
4. The RHRC has full discretion when determining the entry level of the step-down program. The number of days for each level may consist of the following time frames but may be reduced or increased at the MDT's full discretion based on documented behavior, disciplinary infractions, or refusal to participate in the assigned programming while in the Step-Down Program.
 - a. Level 0 is the Level assigned to pre-hearing confinement and disciplinary detention. Level 0 is housed in RHU or SAU up to 30 days.
 - b. Level 1 is housed in RHU, typically 120 days.
 - c. Level 2 is housed in RHU, typically 105 days.
 - d. Level 3 is transitional, typically 105 days, and is housed in SAU.
 - e. Level 4 is transitional, typically 90 days, and is housed in SAU.
5. Substantial Security Risk Determination:
 - a. Inmates in the step-down program may be considered for a substantial security risk designation at any time. Inmates who have been designated substantial security risk are

- not eligible to progress to levels 3 and 4 in SAU until the designation is removed.
- b. For an inmate to be designated a substantial security risk, the UMT must complete the *Substantial Security Risk Designation* form and submit it to the RHRC for approval.
 - c. To be designated a substantial security risk, the RHRC must clearly articulate the reason for the designation. Substantial security risk will include staff assaults, inmate assaults that have substantial injuries, and any behaviors that create a substantial safety and security risk to the institution or that may be state or federally prosecuted.
 - d. Once the substantial security risk designation is approved, it will remain in place for 6 months due to the seriousness of risk to staff and other inmates.
 - e. A substantial security risk designation may be removed after the 6 months and with the approval of both the MDT and RHRC. The MDT must complete the removal section of the *Substantial Security Risk Designation* form and submit it to the RHRC for final approval. If RHRC members cannot agree on removal of the substantial risk designation, the decision will be forwarded to the Warden for final review.
 - f. Once a substantial security risk designation has been removed, an inmate may be eligible to move to Level 3 in SAU.
6. Level Movement – Regression, Retention and Progression:
- a. MDT reviews are conducted at least once every 30 days for inmates in the step-down program. The UMT will review their status every 7 days for the first 60 days to gather information for the MDT review. Inmates will have the opportunity to be present and make a statement at the review every 30 days.
 - b. The OMP must be updated in the offender management system by a case manager to document the progress of an inmate's established goals.
 - c. An MDT member will document an inmate's progress, regression, or retention in the restrictive housing module of the offender management system. Inmates may move up a level, down one or more levels, or be retained at the current level.
 - d. Inmates who are considered for progression to Levels 3 and 4 may receive more opportunities for out-of-cell time, including assignment to a dayroom partner. If an inmate is being considered for progression to Level 3 or 4 placement, a member of the SAU unit management team must be included in the 30-day review.
 - e. Step-down MDT decisions regarding program retention, progression, and regression are final with the exception of regression of more than two levels to Level 1.
 - 1) All inmates who are being regressed a level will be reviewed to ensure they meet the criteria.
 - 2) Those inmates regressing more than two levels to Level 1 will be reviewed by the RHRC.
7. An inmate who is sanctioned with disciplinary segregation while participating in the step-down program must complete the sanction before resuming the program. The MDT will determine what level the inmate will return to within the program after completing the disciplinary segregation. The OMP programming services may continue while the inmate is serving disciplinary segregation.
- a. For one rule infraction that is considered a category 3 or less in the classification manual, the MDT will have the option to either start the level over or discuss other interventions that could include additional programming.
 - b. Two rule infractions will either start the inmate over at the current level or drop one level, depending on the MDT review and status review with the inmate.
 - c. If an inmate is found guilty of three or more major infractions, they will automatically drop a level in the Step-Down Program.
 - d. If an inmate is found guilty of any rule infraction that is considered a category 1 or category 2 in the classification manual, it may constitute grounds to drop 2 levels and, depending on the incident, the inmate may be required to start over at level 1. If the inmate starts over at level 1, the RHRC must review and sign off on the placement.

H. Step-Down Program Completion/Removal

1. The UMT reviews an inmate's progress and makes recommendations to the MDT regarding completion of the step-down program and return to general population.
2. The MDT will document the decision in the offender management system restrictive housing module.
3. In the event an inmate is removed from the Step-Down Program prior to successful completion (for example, due to mental health concerns, release from the facility, etc.), the inmate's case manager will document the reason for the removal in the offender management system restrictive housing module.
4. Once the inmate has been determined to have completed the program, the unit will complete a re-classification, or the SAU UMT must submit a referral to the RHRC for review to Max Custody if deemed appropriate.

I. Documentation

1. The Restrictive Housing Program Compliance Manager must ensure appropriate documentation occurs for each inmate in the step-down program, including:
 - a) a member of the MDT is responsible for documenting all status reviews in the offender management system restrictive housing module;
 - b) the decision of the RHRC relating to placement and release from the program; and
 - c) the restrictive housing module in the offender management system is correct and updated.
2. The file is maintained in the inmate's electronic record, with the exception of the mental health screening for step-down placement, which is maintained in the inmate's health record.

J. Restricted Close Custody

1. Restricted Close Custody shall be separate and apart from the existing four-level program outlined above.
2. Restricted Close Custody is the custody status of inmates who are housed in the SAU, or in general population. These inmates require additional supervision based upon safety and security.
3. For inmates who have an SMI designation:
 - a. A QMHP will develop an individual treatment plan for each SMI inmate placed on restricted close custody. Any individualized treatment plan will include, but is not limited to, the following:
 - 1) a statement of the nature of the inmate's mental health condition;
 - 2) a statement of the specific treatment needs of the inmate;
 - 3) an objective description of treatment goals, with a projected timetable for their attainment;
 - 4) measurable outcomes that will indicate the attainment of treatment goals;
 - 5) a description and allocation of staff responsibility for attaining each treatment goal;
 - 6) all recommended unstructured and structured activities to be provided to the inmate while in the step-down program; and a suicide safety plan with the input of the inmate, in cases where the inmate has shown signs that the inmate will engage in severe self-harm or attempt suicide.
 - b. In developing the individual treatment plan (ITP), the QMHP must provide an assessment as to whether the inmate is capable of transitioning or returning to general population. The ITP will consist of a series of milestones tailored to the inmate's individual needs, which will allow the inmate to transition toward, and eventually allow a return to, general population housing.

- c. A QMHP will incorporate into the individualized plan privileges for achieving certain progress milestones and establish conditions under which the inmate would have those privileges rescinded.
 - d. Overall development, implementation, and supervision of the treatment plan must be assigned to a QMHP.
 - e. The SMI inmate has the right:
 - 1) to obtain a copy of their individual treatment plan;
 - 2) to ongoing participation, to the extent of the inmate's capabilities, in the planning and revision of those mental health services provided under the treatment plan;
 - 3) to a reasonable explanation by a QMHP, in terms and language appropriate to the inmate's condition and ability to comprehend:
 - a) the inmate's general mental and physical condition;
 - b) the objectives of treatment;
 - c) the nature and significant possible adverse effects of recommended treatments;
 - d) the reason why a particular treatment is considered appropriate;
 - e) the reasons why access to certain visitors may not be appropriate; and
 - f) not to receive treatment pursuant to the treatment plan, in the absence of the inmate's informed, voluntary, and written consent to the treatment, except treatment during an emergency situation if the treatment is pursuant to the written opinion of a QMHP and is permitted by law.
 - f. SMI inmates on Restricted Close Custody shall receive at least 4 hours per day out-of-cell time, and shall not be confined to a cell for more than 20 hours per day, unless a QMHP makes a written determination that:
 - 1) it is necessary to protect the inmate or other inmates from a dire and imminent risk of harm;
 - 2) confining the inmate to a cell more than 20 hours per day would not exacerbate or worsen the inmate's SMI; and
 - 3) if a Restricted Close Custody inmate does not receive at least 4 out-of-cell hours in a given calendar day, the reason(s) will be documented on the *Withholding Report* (for example, inmate refused, unscheduled absence by programming leader).
 - g. Except for an inmate on Constant Watch or Close Watch (as those terms are defined herein) and those for whom a QMHP has made written determination, during each 7-day week (Sunday at 12 a.m. to Saturday at 11:59 p.m.), shall receive:
 - 1) at least 10 hours of out-of-cell unstructured activity, such as outdoor recreation or time in an indoor day room;
 - 2) at least 3 hours of structured activity, such as individual or group counseling, at least 1 hour of which must be out-of-cell. Structured activities are those which are directed, organized, and regularly scheduled, which may include individual or group counseling, medication education class, or anger management class.
 - 3) not include time spent conducting daily prison routines, such as showering, haircuts, attending and being interviewed for administrative or disciplinary hearing or matters, or visits to a medical professional; and
 - 4) must be documented in an electronic format, to include:
 - a) identity of the inmate;
 - b) the activities engaged in;
 - c) the time out-of-cell; and
 - d) whether the inmate refused to engage in the activity.
4. Recreation and programming for Restricted Close Custody inmates with an SMI designation.
 - a. Inmates shall be offered daily outdoor recreation at specific times that are predictable and rotating, for example, occurring at different times of day, according to pre-set schedules made accessible to the inmate in advance.
 - b. Inmates shall be offered structured activities and programming at specific times that are predictable and rotating.
 - c. If an inmate must be held out of group recreation and activities, a written plan for eventual

return to group recreation and activities, including, without limitation, incentives for accomplishing certain milestones or refraining from specific behavior for a set period of time, must be included in the individual treatment plan.

K. Max Custody

1. All Max Custody inmates must be approved by the RHRC and will include inmates for the following reasons:
 - a. inmates who have completed the Step-Down Program and require additional security for safety and cannot be housed in general population.
 - b. inmates who have completed the Step-Down Program and are awaiting placement in general population.
 - c. inmates on death row (cannot be housed in general population).
 - d. inmates classified Max Custody due to a pending or ongoing investigation. Must be reviewed by RHRC every 30 days. Will be reclassified from Max Custody upon completion or closure of investigation.
 - e. if an inmate is subject to a criminal investigation due to the inmate's behavior or actions, the inmate may be placed in a lower level in the step-down program. A review is completed explaining the reasons for the regression in levels. The inmate will have the chance to appeal the inmate's placement to the Associate Warden of Custody.
2. An inmate may appeal the RHRC placement review decision through an appeal using the *Inmate Placement Appeal* form. The appeal will be considered an answer by the facility Associate Warden of Custody.
3. All inmates in Max Custody must be reviewed every 30 days for possible placement into general population, excluding death row inmates.
4. Inmates will receive a minimum of 2 hours of structured or unstructured out-of-cell time which may include recreational opportunities, education, work, and programming
5. *MSP 4.1.3a Inmate Personal Property Inventory* outlines the allowable state issued and personal property items for inmates housed in restrictive housing units.

L. Activation of a Safety Management Plan

1. The activation of a Safety Management Plan (SMP) will only be used in exigent circumstances. Staff may place an inmate in a safe cell in cases where an inmate is engaging in an episode of assaultive/self-harming and/or dangerous conduct that is a clear, immediate threat to the safe and secure operation of the facility.
2. When an inmate with an SMI designation is experiencing a mental health crisis:
 - a. the infirmary should be prioritized placement, or another placement other than a safe cell, until stabilized;
 - b. if no other placement is available, a safe cell may be utilized:
 - 1) with a QMHP-documented determination that, given the inmate's degree of crisis, placement in a safe cell is preferable to moving the inmate to the infirmary or another location; or
 - 2) if there are no available cells or insufficient staffing in the infirmary.
3. The Central Control shall notify the on-call QMHP after the incident is controlled. Notification shall consist of:
 - a. Safe Cell Notification form filled out and forwarded to all mental health staff, the Warden, Associate Warden, and the Restrictive Housing Program Manager.
4. Medical treatment will be provided as deemed necessary by a QHCP. Medication will be distributed as prescribed by appropriate personnel.
5. Placement may be overridden due to the safety and security of the institution by the Warden,

- or designee, for a 24-hour period, at which time the inmate will be released, or the RHRC will meet to review placement.
6. Inmates placed in a safe cell will be issued the following:
 - a. security mattress
 - b. security blanket
 - c. safety gown
 - d. meals delivered on a soft tray
 - e. access to soap, deodorant, toothbrush, and toothpaste for use in their cells absent some immediate, documented danger that such items will be destroyed and used for self-harm. In such cases, reasonable efforts will be made to use substitutes or facilitate supervised use of these items.
 - f. SMI inmates will be provided garments and footwear based on a QMHP's assessment of the inmate's degree of suicidality, with an article of clothing to be reintroduced to the inmate once the QMHP determines that the article no longer places the inmate at risk.
 7. Constant Watch: If an inmate placed in a Safe Cell is actively suicidal, they shall be on Constant Watch until assessed by a QMHP.
 - a. A staff member must observe the inmate on a continuous, uninterrupted basis.
 - b. Only a QMHP may downgrade from Constant Watch or discontinue after a face-to-face assessment.
 8. Any time staff are assigned to work in the control cages where cross-gender viewing/monitoring of an inmate is necessary, the Central Control must be notified and:
 - a. any cross-gender viewing/monitoring will be notated in the PREA cross-gender viewing logbook.
 - 1) notations will include name of staff member, inmate name, DOC#, reason for cross-gender viewing and start and end time of viewing/monitoring.
 - b. Central Control will attempt to reassign a same gender officer to the control cage, as outlined in *MSP 3.1.100 Supervision of Inmates*.
 9. If a staff member determines that water abuse by an SMI inmate has been demonstrated or is a reasonable and imminent concern, then access to running water in the SMI inmate's cell will be limited. A water-log will be initiated in accordance with the *Water Usage Log* if the inmate is placed in a safe cell or if a water restriction has been imposed. Staff will also complete *Withholding Report* and forward to the Restrictive Housing Program Manager.
 10. For those inmates imposed with a water restriction, access to running water will be for 5-10 minutes each hour for toileting and clean up between the hours of 6:00 a.m. and 10:00 p.m., and as needed during the nighttime hours. If an SMI inmate requests water for hygiene and drinking purposes, staff must ensure they are given water access for a limited amount of time as necessary. In such instances, MSP staff will provide a paper cup for drinking, toilet paper, and paper towels as reasonably requested by the inmate.
 11. A Suicide Watch log shall be maintained on all inmates placed on suicide watch by an assigned officer each shift and for any unusual occurrences.
 - a. The Suicide Watch log shall be maintained until the QMHP removes the Watch.
 - b. The Central Control will sign the Suicide Watch Log being utilized on their shift during their daily rounds.
 12. An inmate placed on an SMP will not be offered out-of-cell recreation unless approved by the QMHP, in collaboration with the Shift Commander.
 13. If it is determined the inmate is to remain on an SMP longer than 72 hours due to the continued threat to the safe and secure operations of the facility, out-of-cell recreation will not be offered unless approved by Shift Commander. A review will be completed after 7 days by the RHRC and reviewed every 7 days thereafter.
 14. If an inmate shows signs of self-harm, severe depression, anxiety, or similar symptoms, Central Control and QMHP will immediately be notified to conduct an evaluation. Based on

the results of the evaluation, placement will be determined through consultation between QMHP and Shift Commander.

M. Qualified Mental Health Professional (QMHP) – Safe Cell Responsibilities

1. An inmate placed in a Safe Cell shall be assessed by a QMHP as soon as possible, but no later than 24 hours after initiation.
 - a. Due to the possibility of injury and depression in safety management cells, the evaluation by a QMHP will include notation of bruises or other trauma markings, as well as comments regarding the inmate's attitude and outlook (particularly as they may result to suicidal ideation.)
2. If determined by a QMHP that the inmate's behavior is the direct result of a mental disorder, the inmate will be placed according to the degree of threat, for example, continued placement on an SMP or lesser restricted location. If continued placement on the SMP is determined to be the best action, the QMHP and UMT will develop an appropriate plan and monitor closely to return the inmate to the least restrictive environment.
3. If determined by the QMHP that the inmate's behavior is not the direct result of a mental disorder, the QMHP and UMT will determine the placement according to the degree of threat, for example, placed in a lesser restricted location or continued placement on an SMP.
4. The QMHP, with input from the UMT will document on the SMP the level of monitoring required, along with any other pertinent information necessary for the security staff to complete their watch duties. Copies will be distributed to the Warden, Associate Wardens, Mental Health, Central Control, affected UMT, and Program Manager, and a copy will be placed in the inmate's file.
5. Reassessments shall occur every 24 hours by the QMHP. Changes to the SMP must include input from the UMT. The QMHP will document the changes on the SMP.
6. If placement exceeds 72 hours, the RHRC will review and determine if the inmate will continue placement beyond the 72 hours.
 - a. The inmate will be placed on a plan in accordance with mental health and CSD procedures;
 - b. RHRC will review the plan every 7 days.
7. Release from SMP – once determined by a QMHP in collaboration with the UMT that the inmate no longer poses a risk to self or others, the inmate will be released from the SMP and will be:
 - a. placed on an Individualized Plan developed in collaboration with the UMT which may include a Close Watch status. Inmates will be introduced to personal property as determined by the QMHP and UMT when the property no longer places the inmate at risk; or
 - b. returned to the inmate's previous custody or another less restrictive location.
8. Release from the SMP may be overridden due to the safety and security of the institution by the Warden or designee for a 24-hour period, at which time the inmate will be released, or the RHRC will meet to review placement.

N. Operating Procedures

1. Staff observation rounds are as follows:
 - a. unit staff will personally observe inmates in restrictive housing twice per hour, but no more than 40 minutes apart, on an irregular schedule.
 - b. inmates who are violent or have a mental disorder or who demonstrate unusual or bizarre behavior will receive more frequent observation as determined by a QMHP. Suicidal inmates will be under continuous observation. This observation will continue until a QMHP

- determines otherwise.
- c. Staff will document all observations through the use of Guard1.
 - d. An emergent circumstance may prevent or delay the observations within the timeframes. Staff must document missed or delayed observations by completing an incident report and making a notation in the unit logbook. An emergent circumstance that would take precedence over these observations include but are not limited to:
 - 1) inmate flooding;
 - 2) cell extractions;
 - 3) medical emergencies; or
 - 4) any unit emergency activity that requires immediate staff action.
 - e. Staff will resume inmate observations as quickly as possible after the disrupting incident is resolved. A copy of the incident report will be forwarded to the Warden, Associate Wardens, and the UMT for review.
 - f. Guard1 will be utilized to track the following:
 - 1) unit staff will document each inmate's shower and participation in recreation, programming, and other unit activities, for example, meals, out-of-cell time, and inmate behavior.
 - 2) unit sergeants will ensure all visits are properly recorded using Guard1. This includes, but is not limited to, education, library, grievance, disciplinary, daily command staff visits, etc.
 - 3) unit sergeants will ensure the information recorded in Guard1 is downloaded at the end of every shift. The first shift sergeant is responsible for downloading third shift information.
 - 4) medical and mental health staff will utilize Guard1 to record the required visits and rounds. Medical and mental health staff will ensure the information recorded by Guard1 is downloaded at the end of every shift.
 - 5) in the event the Guard1 security system is inoperative, unit staff will log the above information on an approved door sheet.
2. Inmates in restrictive housing or protective custody will receive daily visits from the Shift Commander or supervisor in charge, daily visits from a QHCP unless more frequent visits are indicated, and visits from members of the program staff upon request. The requested visits by program staff will be subject to staff availability and will be scheduled in such a manner that the visit does not disrupt the unit operations or the safety and security of the facility.
 3. Inmates with medical and psychiatric conditions will be handled according to the medical orders for those cases as long as those orders do not conflict with the security needs of the facility. If there is a conflict, the Housing Lieutenant or Unit Manager and Shift Commander or designee, and, if necessary, the Associate Warden or designee, will resolve the issue with the health care professional in charge.
 4. Medical staff will document any significant medical findings in the inmate's health record.
 5. The QMHP will document any significant mental health findings in the inmate's health record.
 6. Unit staff will restrain every inmate who is moved out of a cell per procedures outlined in the post orders. Exceptions may be allowed when the inmate is in a secure enclosure (such as a recreation area, shower, cell, dayroom, etc.), when the inmate is performing a work detail, or when a physician, physician assistant, or nurse practitioner deems it medically necessary or as a reasonable accommodation for a disability. Cage officers will operate the sally port entrances in a manner that ensures only properly identified individuals are admitted.
 7. In cases of emergency treatment, escorting officers will only remove restraints when requested by the physician, psychiatrist, and/or clinical licensed health, mental health, or medical staff, and only to the degree necessary to accommodate treatment. In this event, escort officers will remain with the inmate at all times. Before restraints are removed, staff must obtain approval from the Shift Commander to verify the number of staff needed to

control the situation and to maintain the security of the facility.

8. Except for regular intakes and cleaning duties, unit staff will not allow general population custody inmates to enter a restrictive housing unit. Cleaning duties consist of at least 2 and no more than 4 inmates (in extreme cases, it may be suitable for up to 4 minimum custody inmates to be assigned cleaning duties for one incident). When 4 inmates are needed for a cleanup, the UMT will get approval from the Shift Commander. The Shift Commander will, prior to giving approval, review the situation for potential increase in staff supervision. Minimum custody inmates may enter a restrictive housing unit as follows:
 - a. unit staff will strip search the inmates upon entering and leaving the unit.
 - b. unit staff will directly supervise and maintain visual observation of the inmate workers when they are in the unit.
 - c. no contact is allowed between workers and restrictive housing inmates.
 - d. restrictive housing staff proceed as follows when supervising inmate workers:
 - 1) the floor officer will supervise the workers when they are in the unit; and
 - 2) the workers may perform cleaning tasks on the blocks if a floor officer is present on the block providing direct supervision.
9. One restrictive housing inmate from each Administrative Segregation custody block may be assigned to work tasks on their block, but only for specified time periods. A floor officer will be present to observe these work activities from the corridor. If a floor officer is not available, the control cage officer may be used to observe inmate work activities, but only when activities on the other blocks are limited.

O. Programs, Services, and Access to Legal and Reading Materials

1. Inmates in restrictive housing will be allowed the following services and programs:
 - a. health services
 - b. opportunity to shower at least 3 times a week
 - c. crisis counseling
 - d. religious counseling
 - e. religious reading material
 - f. general and legal mail
2. The following programs and activities will be available to all restrictive housing inmates. Unit staff will document any exception in the unit log and complete an incident report detailing the justification for the exception. The programs are:
 - a. each restrictive housing inmate will be offered a minimum of 1 hour of exercise per day outside their cells, 5 days per week, unless security or safety conditions dictate otherwise.
 - b. each restrictive housing inmate will have the opportunity for 2 hours out-of-cell time daily which may include dayroom, recreation, or programming.
 - 1) A restrictive housing inmate may be denied recreation or exercise based on a determination that the inmate is unmanageable or presents a serious danger to themselves, others, or the security of the facility.
 - 2) Whenever a restrictive housing inmate's recreation or exercise is restricted, the UMT must document it by filling out and processing the appropriate form, such as the *Withholding Report*. The restriction will take effect immediately but must be approved and signed by Shift Commander.
 - 3) Recreation or exercise restrictions will be evaluated within 5 days by the Warden or designee.
 - 4) The Warden or designee may extend the restriction if the inmate continues to pose too high of a risk after the initial restriction period. To extend a restriction, the UMT will prepare and process the appropriate form, for example, *Withholding Report*, and submit it to the Warden or designee for review as outlined above.
 - 5) A copy of the completed *Withholding Report(s)* will be placed in the inmate's main file.
 - c. disciplinary hearing officers or the UMT disciplinary team will not sanction restrictive housing inmates to the loss of recreation or cell restriction.

- d. staff will directly supervise (technology can be utilized) inmates involved in recreation activities at all times who are authorized for expanded recreation privileges, and inmates assigned to protective custody.
3. Crisis counseling and other social services may be provided on an in-cell basis. Inmates requiring private counseling may be moved in restraints to a separate room where they will remain in restraints and observed by staff.
4. In-cell education programs will be available. Inmates may possess approved educational materials, ordered through approved channels, provided such materials do not constitute a security risk.
5. Leisure reading materials will be available in each restrictive housing unit on a checkout basis.
6. Inmates will have access to personal legal materials and available legal reference materials on a checkout basis.
7. Religious services and programs must be provided as outlined in *MSP 5.6.1 Religious Programming*.
8. Mail will be provided as outlined in *DOC 3.3.6 Inmate Mail in Secure Facilities*.
9. Canteen will be in accordance with *MSP 1.2.10 Canteen*.
10. Visitation will be as outlined in *MSP 3.3.8 Inmate Visiting*.
11. Social and legal phone calls. Access may be limited to certain hours per the unit rules depending on staff availability.
12. Unit staff will ensure inmates who are out of their cells for program activities are kept in restraints at all times when they are in direct contact with staff.

P. Other Considerations

1. In the event an inmate has a documented history of threatening to or engaging in spitting or throwing bodily fluids (urine, feces, etc.) on staff or other inmates, the inmate will be reviewed for the following restrictions by the UMT:
 - a. A magnetic sign will be placed on the cell door alerting staff "Caution Liquids Threat."
 - b. A spit hood will be placed on the inmate's head prior to opening the cell door and will remain in place until the inmate is secured back in the cell.
 - c. The AW of Security and the Housing Lieutenant or Unit Manager will review the spit hood requirement every 30 days and decide if the requirement will stay in place for another 30 days or be discontinued. This will be documented on the 30-day review form.
 - d. Inmates who have a documented history of recent and repeated assaults or threats of assaults with bodily fluids may be placed in a spit hood restriction for up to 6 months.

Q. Food Service

1. Meals must be the same as those served to general population inmates, except as stated in 5 below. The exception is meat items with bones, for which a reasonable substitute will be served.
2. Inmates may not be used to serve food or control food portions.
3. Staff will ensure that food delivered to inmates is at the intended temperature and that the intended portions are served. Unit staff will take the temperature of all hot meals and record it on the retherm/hot tray log. Unit staff will review the menu for each meal and ensure that all items are served.
4. All serving equipment will be maintained in a sanitary condition.

5. The alternative meal service is as follows:
 - a. alternative meal service may be provided to restrictive housing inmates who use food or food service equipment in a manner that is hazardous to self, staff, or other inmates.
 - b. all alternative meals will be provided on an individual basis.
 - c. the alternative meal service is based only on health and safety considerations of the inmate and institution.
 - d. all alternative meals will meet the basic nutritional requirements.
 - e. inmates will only be placed on the alternative meal service with the written approval of the Warden or designee or the chief health care authority.
 - f. the substitution period will not exceed 7 days, and
 - g. a record of this action will be maintained for the affected inmate and placed in the main file and inmate's case record, and a copy will be forwarded to the Associate Warden upon the inmate's release from the alternative meal service.

R. Staff Training and Assignment

1. Staff assigned to restrictive housing will be selected based on their experience, judgment, and ability to manage inmates in a professional manner.
2. All staff who are assigned to restrictive housing units will receive training that includes:
 - a. information regarding the types of inmates housed in the unit, including suicidal individuals.
 - b. the rules that govern the operation of restrictive housing units.
 - c. safety and security precautions unique to restrictive housing units; and
 - d. department policies, MSP procedures and post orders.
 - e. mental health, including but not limited to:
 - 1) SMI definition, symptoms of SMI, determining symptomatic behaviors, decompensation, suicidal thoughts expression, and behaviors;
 - 2) responding to Mental Health risks, including suicide intervention and self-harm intervention and cell extractions;
 - 3) recognizing common side effects of psychotropic medication and professional and humane treatment of SMI inmates; and
 - 4) alternatives to discipline and de-escalation techniques.
3. The Shift Commander will not assign a Correctional Officer to a restrictive housing unit control cage post until the officer has a minimum of 6 months of experience. Officers with fewer than 6 months of experience may be assigned to the floor, but only when the officer is paired with an officer who is POST certified. The Warden or designee may authorize an exception to this provision due to exigent circumstances. Such exemptions will be documented in writing.
4. Correctional Officers and Sergeants assigned to restrictive housing units will be rotated in and out of the units at least every 2 years. Housing Lieutenant or Unit Managers and Case Managers in restrictive housing units will be rotated in and out of the units at least every 3 years. The rotation will be staggered so there is always experienced staff in the unit to train and work with newly assigned staff.
5. The Warden, the Associate Warden, or designee will review the staff assignments in restrictive housing units on a yearly basis with the Housing Lieutenant or Unit Managers and Shift Commanders to determine staff rotation.

S. Inmates with Disabilities

1. Inmates will not be punished by placement in restrictive housing as a result of their disability, for behavior that is a product of their disability, or if designated QMHPs determine that placement in restrictive housing might exacerbate the inmate's mental disability, as provided in *DOC 4.5.21 Restrictive Housing Offender Health Assessment and Services* and *MSP 3.4.100 Pre-Hearing Confinement*.

2. A designated QMHP will conduct an initial review (Mental Health Appraisal) of all inmates placed in restrictive housing to determine if they have a mental disorder that amounts to a severe mental illness as well as an assessment of the inmate's risk of suicide. If the QMHP determines the inmate has a severe mental illness, staff will ensure the inmate is placed in an area where necessary mental health services are available. This review will be documented in the inmate's mental health file.
3. In addition to the initial review, a QMHP will additionally provide regular meetings with the inmate in restrictive housing. These meetings will be documented in the inmate's mental health file.
4. Inmates with disabilities will be provided with reasonable accommodations to allow them to meaningfully participate in all programs and services while in restrictive housing.

T. Logs and Record Keeping

1. Restrictive housing units will comply with the general record keeping requirements as outlined in *DOC 3.1.3 Logs and Record Keeping* and *MSP 3.1.3 MSP Logs and Record Keeping Systems*.
2. All admissions, releases, including date of action, time of action, reason for admission or release, and authorizing official or committee.
3. A record of visitors, including all official visits by staff members, for example, medical, grievance, disciplinary, etc. The record will include time, date, and signature of the visiting staff.
4. Information from and observations by staff which will be forwarded for staff action and observation to the next shift.

IV. CLOSING

Questions about this procedure should be directed to the Public Safety Chief.

V. ATTACHMENTS

None.