



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure:	MSP HS G-02.0 MENTAL HEALTH EVALUATIONS OF INMATES IN RESTRICTIVE HOUSING
Reference:	NCCHC Standards P-G-02, 2018
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I. Purpose:

To establish and clarify the operational procedure for identifying medical and mental health contraindications and needs and continued monitoring of the medical and mental health status of all inmates who are placed in restrictive housing units for any reason at Montana State Prison.

II. Definitions:

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

Disciplinary Detention (DD) – See *MSP 3.5.1 Restrictive Housing Operations* for the definition of disciplinary detention.

Emergency – An unforeseen combination of circumstances or the resulting state that calls for immediate action.

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 QMHP.

Pre-Hearing/Temporary Confinement (PHC) – A short-term, non-punitive housing status that is used to safely and securely control high-risk or at-risk offenders (*see MSP 3.5.1 Restrictive Housing Operations*.)

Protective Custody – See *MSP 3.5.1 Restrictive Housing* for definition of Protective Custody.

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 – See *MSP 3.5.1* - A placement that requires an inmate to be confined to a cell up to 22 hours per day for the safe and secure operation of the facility that includes administrative segregation, prehearing confinement, protective custody and disciplinary detention.

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

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

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.

III. Procedures:

- A. A qualified health care professional will review the inmate’s health record upon notification, but no later than 24 hours of the inmate’s placement in restrictive housing and will determine if there are any medical or mental health contraindications or accommodations to be considered regarding the placement in accordance with *DOC 4.5.21*.
 - 1. The qualified health care professional will immediately refer inmates to mental health if it is determined that the inmate has mental health needs.
 - 2. Inmates identified as having a mental health need will be evaluated by a QMHP within 24 hours of the referral. A mental health appraisal form will be completed within 72 hours.
 - 3. Inmates identified as having a severe mental illness should be diverted from restrictive housing placement if/when placement is available in the least restrictive environment that would also maintain the safety of the inmate, staff, other inmates, and overall facility operations.
 - a. An inmate diagnosed with serious mental illness may not be placed in restrictive housing for more than 14 days unless a multidisciplinary service team determines there is an immediate and present danger to others or to the safety of the institution.
 - b. Inmates identified as having a severe mental illness (SMI) shall receive clinically appropriate mental health treatment as determined by the QMHP and within the parameters outlined in *MSP 3.5.1*.

- B. A QMHP will continually monitor the mental health status of all inmates in restrictive housing units.
 - 1. The Psychiatric RN or other QMHP will conduct, document and retain evidence of restrictive housing rounds for all inmates in restrictive housing units as indicated below:
 - a. Face-to-face interaction between the inmate and QMHP is required weekly during mental health rounds.
 - b. Administrative segregation and restrictive administrative segregated inmates are allowed periods of recreation and other routine social contact among themselves while being segregated from the general population. These inmates are checked weekly by the Psychiatric RN or other QMHP.
 - c. Inmates housed in PHC and disciplinary detention have routine contact with staff and are allowed limited time out of their cells. These inmates are checked weekly by the Psychiatric RN or other QMHP.
 - d. An inmate’s placement in restrictive housing may not exceed 22 hours in a 24-hour period and 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.

2. The Psychiatric RN or other QMHP will document and retain evidence of restrictive housing rounds in each inmate's mental health records.
 3. A QMHP will complete a mental health appraisal at least every 14 days for an inmate with a diagnosed behavioral or mental disorder, and more frequently if clinically indicated. The QMHP will document each appraisal in each inmate's mental health records.
 4. For an inmate without a behavioral disorder, the assessment must be completed every 30 days and more frequently if clinically indicated.
 5. Significant mental health findings during weekly rounds or face-to-face evaluations are noted in the inmate's health record and immediately communicated to custody officials and other health care staff who require the information to ensure the safety of the inmate, staff, and overall facility operations.
 6. Based on mental health evaluations and rounds in segregation, inmates may be temporarily released from segregation in order to receive appropriate and necessary mental health care.
- C. A QMHP will monitor all inmates placed on Safety Management Plans.
1. Inmates who are placed on Safety Management Plans are monitored 3 days per week by the Psychiatric RN or other mental health nurse for mental health or medical problems or complaints.
 2. Mental Health Services Staff will document restrictive housing rounds in each inmate's mental health record.
 3. Inmates who are placed on a Safety Management Plan will be assessed face-to-face daily by the QMHP. The assessment is documented in each inmate's mental health record, if significant changes occur, or when discharged from SMP status.
 4. Correctional staff will document routine interactions and security observations on the SMP Segregation Checks forms, located on the offender's door.
 5. Any significant physical problems will be referred to medical staff.
- D. A QMHP will participate in weekly Classification Review Committee meetings, as set out in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Programs* which includes:
1. weekly MSP Multi-Disciplinary Team meetings to review the appropriateness of an inmate's placement in administrative segregation based on their current mental status and history.
 2. restrictive housing status review planning meetings arranged by the unit management team for inmates who are placed in Administrative Segregation custody initiated within 30 days of the inmate's placement in Administrative Segregation custody and every 30 days thereafter.
- E. Qualified health care professionals conduct medical rounds daily to ensure the physical well-being of inmates in restrictive housing.
1. Significant medical findings during daily medical rounds are noted in the inmate's health record and communicated to custody officials and other health care staff to ensure the safety of the inmate, staff, and overall facility operations.
 2. Appropriate medical referrals are made as clinically indicated.
- F. All staff may initiate an emergency referral in the event of an urgent medical or mental health issue by contacting the on-call medical and/or on-call mental health providers.

IV. Closing

Questions about this operational procedure should be directed to the Mental Health Manager.