



**DEPARTMENT OF CORRECTIONS
MONTANA WOMEN'S PRISON
OPERATIONAL PROCEDURE**

Procedure No. MWP 3.5.5	Subject: BEHAVIOR MANAGEMENT PLAN
Reference: DOC Policy No.3.5.5, & 1.1.3	Page 1 of 6 & 3 Attachments
Effective Date: February 1, 2005	Revised: 9/9/2020
Signature: /s/ Jennie Hansen Warden	

I. PURPOSE

It is the purpose of the Montana Women's Prison (MWP) Restrictive Housing units to use a comprehensive strategy to deal with and end an inmate's repeated dangerous and/or assaultive conduct. The strategy addresses chronic, serious behavior problems not associated with severe mental illness. The strategy is not punishment but may include a period of time in which the prison takes the inmate's personal items and privileges and returns them in intervals when the inmate demonstrates she can control her actions and conform to behavior which is free of dangerous and assaultive conduct.

II. DEFINITIONS

Activate the Plan- When there is an appropriately formulated Behavior Management Plan (BMP) in place; the plan may be activated when an inmate engages in the inappropriate conduct that is identified in the plan. The prison staff puts the inmate on Step #1 of the plan when it is activated.

Administrative Review Committee (ARC) - A committee that meets weekly to discuss treatment issues of inmate. The team consists of personnel from Security, Mental Health, Medical, Education, Case Management, Classification, Wardens and Parenting.

Assaultive Conduct- Conduct in which an inmate attacks another inmate or staff member. Examples include, but are not limited to instances in which an inmate throws offensive items such as bodily substances or fluids; constantly barrages another with threatening or verbal assaults; and/or attacks another with or without a weapon.

Behavior Management Plan (BMP) - A standardized plan on which facility staff place an inmate to end the dangerous and/or assaultive conduct. The BMP will be in effect for six months, during which time the Administrative Review Committee, in conjunction with a Qualified Mental Health Professional, may activate the plan when the inmate engages in the conduct the plan seeks to end.

Dangerous Conduct- Conduct that threatens the security and/or orderly operation of/ the facility, encourages or incites a disruptive atmosphere, or creates a serious health hazard. Dangerous conduct may include destruction of state property, sexual misconduct, and self-injurious conduct in which an inmate engages if the self-injurious conduct is not the result of a serious mental disorder.

Facility Administrator – The official, regardless of local title, (administrator, warden, superintendent), ultimately responsible for the facility or program operation and management.

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Mental Disorder- Means 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 also must:

- (a) currently have or have had within the past year a diagnosed mental disorder; and
- (b) currently exhibit significant signs and symptoms of a mental disorder.

Qualified Mental Health Professional (QMHP)- includes psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, licensed professional counselors and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of Inmates.

Severe Mental Illness –is 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, or brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness. See MCA 53-21-102 (Mental disorder). See SMI Classification procedure for additional eligibility criteria.

III. PROCEDURES

A. General

1. Dangerous and/or assaultive inmate behaviors may threaten the safe and orderly operation of the facility; the physical safety of staff, inmates, and facility visitors; and impede efforts toward inmate rehabilitation.
2. Behavior Management Plans are not punishment but are used as the last recourse for controlling an inmate's dangerous and/or assaultive behaviors so that serious consequences to the inmate and others may be averted.
3. Behavior management strategies may include a period of time in which facility staff withhold an inmate's personal items and/or privileges and return them when an inmate demonstrates she meets the objectives of the plan and is free of dangerous and/or assaultive behaviors.

B. Behavior Management Plan (BMP) Elements

1. The standardized BMP includes the following essential elements (Attachment A):
 - a. documentation of the inmate's specific dangerous and/or assaultive conduct that necessitated the plan;
 - b. examples of appropriate conduct that the plan is designed to achieve;

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- c. the actions the facility staff will take to attempt to modify the dangerous and/or assaultive conduct, e.g., turn off the cell water supply, initiate steps #1 through #3;
 - d. the date on which the plan will become effective;
 - e. the date on which the plan will end; and
 - f. the signatures of the Administrative Review Committee and a Qualified Mental Health Professional who helped prepare the plan.
2. A Qualified Mental Health Professional, or designee, may provide the inmate with a copy of the BMP and review the following with the inmate:
- a. the inappropriate conduct in which the inmate has engaged;
 - b. the expectation of appropriate conduct;
 - c. the steps of the plan and what she may expect in each step;
 - d. that if the inmate engages in the specified inappropriate conduct, facility staff will place the inmate on step #1 of the plan;
 - e. that if the inmate begins step #1, she must successfully complete all steps of the plan before she is returned to pre-plan status; and
 - f. that the plan is not intended as punishment, but as a plan to gain her compliance with appropriate conduct.

C BMP Initiation

1. MWP will complete the following requirements when an inmate exhibits repeated dangerous and/or assaultive behavior:
 - a. MWP staff will thoroughly document the dangerous and/or assaultive behavior;
 - b. based on the documentation; staff may place the inmate in the observation cell and immediately refer the case to a Qualified Mental Health Professional for an initial assessment to determine if the inmate's behavior is the result of a severe mental illness;
 - c. if the Qualified Mental Health Professional determines the inmate's behavior is unrelated to severe mental illness, the inmate will remain on cell confinement and may be placed on Step #1 of the standardized BMP.

2. Before an inmate may be formally reviewed by the ARC, for a BMP, a QMHP must:
 - a. Complete a Mental Health Screening that concurs with each of the following:
 - 1) the dangerous and/or assaultive behavior is not the direct result of Severe Mental Illness
 - 2) the inmate is knowingly, willingly and purposely engaging in the dangerous and/or assaultive behaviors;
 - 3) a higher level of mental health care or observation is not indicated; and
 - 4) the inmate's mental status is not presently deteriorated or deteriorating.
3. If deemed appropriate, the Qualified Mental Health Professional will ensure that the inmate's name is added to the active BMP clearance list and entered into OMIS under Caution, so the inmate's behavior may be monitored and managed by staff in accordance with the BMP.

C. Activation of the Plan

1. The Behavior Management Plan will be in place for a period of six months. The ARC can activate the plan any time during the six-month period if the inmate violates the specific provisions of her plan.
 - a. Upon determination by a Qualified Mental Health Professional that this is not a symptom of a diagnosis, the Shift Supervisor must approve activation of a Plan.
 - b. The Shift Supervisor must notify the Warden and Duty Officer of the need to activate a plan and must notify and consult with a Qualified Mental Health Professional.
 - c. Staff must prepare an Incident Report and supply the necessary data on the form every 24 hours during activation.

D. The Plan:

1. Step #1:
 - a. MWP Behavior Management Plan Offenders will generally be housed in Intake.

- b. Post a copy of the Behavior Management Plan (Attachment A) in the Lieutenant's office and a copy of the Behavior Observation Form (Attachment B) on the cell door for completion by staff.
 - c. The Inmate will have all items removed from her cell according to BMP instructions.
 - d. Meals will consist of only Nutra Loaf in a Styrofoam, paper or other appropriate container.
 - e. Staff will turn off the Inmate's water in her cell if applicable to the BMP.
 - f. An Inmate must maintain 48 hours of appropriate conduct identified in the plan to progress to Step #2.
 - g. Staff shall observe an inmate on Step #1 on irregular 30 minute intervals during every shift and will document the appropriate information on the Step #1 Behavior Observation Form.
 2. Step #2:
 - a. The inmate will progress to Step #2 after 48 hours of appropriate conduct.
 - b. The inmate will receive property according Step #2 to the BMP.
 - c. Meals will be served consistent with Restrictive Housing.
 - d. An Inmate must maintain another 24 hours of appropriate conduct as identified in the plan to progress to Step #3.
 3. Step #3:
 - a. The Inmate will progress to Step #3 after 24 hours of appropriate conduct on Step #2.
 - b. An inmate will receive property according to Step #3 of the BMP.
 - c. Meals will be served consistent with Restrictive Housing.
 - d. After 24 hours of appropriate conduct on Step #3, the Shift Lieutenant, in coordination with a Qualified Mental Health Professional, will deactivate the BMP and return the inmate to her custody level.
 4. An Inmate will be offered a shower every three days. Basic hygiene will be addressed in the BMP.
 5. An inmate on an active BMP will not be offered out-of- cell recreation while on the Plan.

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6. Any time during activation of the Plan that the inmate engages in prohibited conduct described in her plan, she will be placed back on Day Number One of Step #1.

E. Mental Health Issues during Activation of a Plan

1. If mental health issues become evident during an active BMP, a Qualified Mental Health Professional will be notified and the inmate's mental health condition will be assessed.
2. The Qualified Mental Health Professional will terminate the Plan if;
 - a. The inmate's present behavior is the direct result of severe mental illness; or
 - b. The inmate is not knowingly, willingly and purposely engaging the present assaultive and/or dangerous behaviors; or,
 - c. The inmate needs a higher level of mental health care or observation; or,
 - d. The inmate's mental status is presently deteriorated or deteriorating.
3. Mental Health Staff will determine an appropriate placement based on the results of the evaluation.

F. Behavior Management Plan Reviews

1. The Inmate's compliance or noncompliance of the BMP will be reviewed weekly by the ARC . Upon expiration of the BMP, the inmate's compliance or noncompliance will be reviewed by the ARC.

IV. CLOSING

Questions concerning this procedure should be directed to the Warden, Associate Warden of Operations, Associate Warden of Security or a Qualified Mental Health Professionals.

V. REFERENCES

- A. 4-4249, 4-4262; *ACA Standards for Adult Correctional Institutions, 4th Edition*
- B. *MH-G-06, Behavioral Consultation; Mental Health NCCHC Standards (2008)*

VI. ATTACHMENTS:

Behavior Management Plan
Behavior Observation Form
Mental Health Referral Form

Attachment A
Attachment B
Attachment C

BEHAVIOR MANAGEMENT PLAN FORM

Offender _____ ID/AO # _____

Pod _____

Cell/Bed _____

Plan Initiated by _____
Shift Supervisor

Mental Health Services Staff

Offender placed on Behavior Management Plan

Effective Date _____

End Date _____ 7/7/2006

Offender's Signature or Initials

Inappropriate conduct that threatens security

Target conduct expected of the offender

Step # 1

Meals - Nutra Loaf

All items removed form offender's cell

Date _____ Time _____

Offender provided with:

- Security Mattress
- Security Blanket
- Safety Gown

Water shut off
(if previous problems with flooding cell)

Date _____ Time _____

Remains on Step #1 for 48 Hours (Minimum of hourly checks)

Step # 2

Meals - Nutra Loaf

Upgraded to Step #2

Date _____ Time _____

Offender provided with:

- Pillow
- Uniform Top, Uniform Bottom, and Panties

Remains on Step #2 for 24 Hours (Minimum of hourly checks)

Step # 3

Meals - Regular

Upgraded to Step #3

Date

Time

Offender provided with:

Regular Bedding (Mattress, 2 Sheets, and Pillow Case)

Water turned on

Date

Time

(if previously turned off in Steps #1 and #2)

Remains on Step #3 for 24 Hours (Minimum of hourly checks)

Behavior Management Plan Reviews:

Date

Time

Review Committee Members

Committee's recommendations:

Committee's Signatures:

Distribution: Original - Records

Copies - Warden, Control, Mental Health, Offender's Cell Door (posted)

DATE: _____
 (form will be changed daily)

BEHAVIOR OBSERVATION PLAN

Offender _____ ID/AO # _____

Pod _____ Cell _____

Observation Report: Check the items that apply to the offender's behavior on your shift.

Appearance

- Looks Tired
- Dressed Appropriately
- Poor Hygiene

DAYS	NIGHTS	OTHER STAFF

Speech

- Loud
- Over-talkative
- Not-talking
- Talks to self
- Makes little sense
- Screaming
- Talks about mutilating/killing self

DAYS	NIGHTS	OTHER STAFF

Behavior

- Refusing Recreation
- Little Activity
- Pacing
- Tense
- Rigid
- Non-responsive
- Not eating
- Not sleeping
- Making threats
- Not cooperative
- Crying
- Received Write-up
- Smearing feces, blood, or urinating on self, staff, or floor

DAYS	NIGHTS	OTHER STAFF

Inappropriate Sexual Behavior

- Exposing self
- Other sexual involvement

DAYS	NIGHTS	OTHER STAFF

Attitude

- Aggressive
- Assaultive
- Negative
- Belligerent
- Passive

DAYS	NIGHTS	OTHER STAFF

Comments: Please sign the form if you are the officer/staff making the observation for your shift.

Days: _____

Signature _____

Nights: _____

Signature _____

Management/Treatment Staff

Signature _____

Referral for Mental Health Services

TO: _____	DEPT: _____	DATE: _____																											
Ms. _____ A0#: _____ Housing Unit: _____ is being referred for the following:																													
A. Services/Treatment: (circle service or group) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Safety Monitoring Precaution (<i>notify LT on Duty</i>)</td> <td style="width: 33%;">15-minute watches</td> <td style="width: 33%;">Contracted for Safety</td> </tr> <tr> <td>Level 1 MH Screen</td> <td>Level 2 MH Evaluation</td> <td>Chemical Dependency Evaluation</td> </tr> <tr> <td>Individual Session</td> <td>Psychiatrist</td> <td>MH Case Management</td> </tr> <tr> <td>Picking Up the Pieces (grief group)</td> <td>Seeking Safety (trauma group)</td> <td>DBT Skills group</td> </tr> <tr> <td>Anger Management (CO)</td> <td>Thinking for a Change (CO)</td> <td>New Freedom (Phase 1, Phase 2, Phase 3)</td> </tr> <tr> <td>Comprehensive CD group</td> <td>Relapse Prevention</td> <td>Medicine Wheel</td> </tr> <tr> <td>Parenting</td> <td>Self-Help/Mentor</td> <td>Medical</td> </tr> <tr> <td>Hi-Set</td> <td>Adult Basic Education</td> <td>Computer Classes</td> </tr> <tr> <td colspan="3">Other: _____</td> </tr> </table>			Safety Monitoring Precaution (<i>notify LT on Duty</i>)	15-minute watches	Contracted for Safety	Level 1 MH Screen	Level 2 MH Evaluation	Chemical Dependency Evaluation	Individual Session	Psychiatrist	MH Case Management	Picking Up the Pieces (grief group)	Seeking Safety (trauma group)	DBT Skills group	Anger Management (CO)	Thinking for a Change (CO)	New Freedom (Phase 1, Phase 2, Phase 3)	Comprehensive CD group	Relapse Prevention	Medicine Wheel	Parenting	Self-Help/Mentor	Medical	Hi-Set	Adult Basic Education	Computer Classes	Other: _____		
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B. Reason for Referral: (specific complaints, concerns, symptoms, problems, etc.) _____ _____ _____ _____																													
C. Requested by: _____ (Print) _____ (Signature) _____ Date																													
BELOW THIS POINT FOR STAFF USE ONLY:		DATE RECEIVED:																											
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Other: _____																													
Start Date: _____		Location: _____																											
Counselor/Facilitator: _____																													
STAFF COMPLETE AND RETURN TO INTAKE COORDINATOR/COUNSELOR/FACILITATOR																													
E. End of Service: Completed: _____ No Show/Reschedule: _____ TxRef-Treatment Refused/signed Treatment Refusal: _____ Removed Due to: _____ <small>R=Removed from group (R1=duc to absences, R2=left facility, R3=MAJOR/CPOD R4=Fac. removed R5=Discussed w/Facilitator)</small>																													
F. Action Taken By: _____ (print name) _____ (signature) _____ Date																													