I. PURPOSE

Montana State Prison will ensure that an objective classification system is used on admission and upon status review to manage offenders at the appropriate custody, security, and supervision levels.

II. DEFINITIONS

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

Multi-Disciplinary Team (MDT) – The Warden or designee, A Mental Health Professional, The Unit Manager or designee, and the TCSB Bureau Chief

Atypical – Security Threat Groups (STG), predatory, special needs and vulnerable inmates designated by classification.

Classification – A tool for managing inmates based on identified and categorized inmate traits, characteristics, potential risks, behaviors and supervision needs in order to ensure public safety, secure facility/program operations, and determine inmate placements.

Criminally Convicted Youth – An inmate less than 18-years-old, who has been convicted/sentenced in district court as an adult.

Custody Level – A risk category of an inmate as determined by the classification process.

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

General Population – All inmates except Administrative Segregation, Pre-Hearing Confinement, Detention, Infirmary, Reception, or Special Management.

High Severity of Offense – Crimes that are so heinous in nature that good correctional practice requires a higher custody or level of supervision. Crimes must be identified on a case by case basis, but inmates convicted of crimes such as homicide/murder, torture, rape, second conviction for violent offense, and other situations involving extreme brutality or extreme violence are examples. Generally, inmates with a current conviction in the high to highest severity category that scores 5 or more points on the classification instrument in the Most Serious Current Conviction section will meet the requirement of high severity of offense.
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. This includes the use of a variety of psychosocial, psychoeducational, and pharmacological, either individual or group therapies, including biological, psychological, and social, to alleviate symptoms, attain appropriate functioning, prevent relapse, and help patients to develop and pursue their personal recovery plans.

Mental Health Staff - Qualified mental health professionals and mental health trained correctional staff who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

Montana Offender Reentry & Risk Assessment (MORRA) – The cornerstone of case management and serves as a foundation for effective reduction of an offender’s risks to recidivate. The risk levels identified through the MORRA assessments are intended to drive all ensuing assessments (CD, Mental Health, education, etc.), treatment choices, educational opportunities, skill development, and other interventions.

Override – A management decision to place an offender at a different custody level than what is indicated by the objective classification system.

Predatory Inmate – A designation of an inmate who has a notable history of preying on others as reflected through intimidating, assaultive, aggressive, or violent acts.

Qualified Mental Health Professionals – 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 patients.

Significant Institutional History – Inmates with a documented history of disciplinary infractions in Category I, II or III that results in a combined score of 5 or more on the classification instrument in Severity of Institutional Misconduct and/or Number of Category I or II Rule Violation sections.

Special Management – This term refers to inmates that are Atypical and Special Needs inmates. This is the outlining term under OMIS.

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, developmentally disabled, mentally ill, physically handicapped, chronically ill, or chemically dependent.

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

Vulnerable Inmates – A designation of an inmate who appears to be at risk to abuse, violence and/or threats from other in the inmate population due to criminal history, type of crime, profile of crime, prior occupation, informant or witness status, age, physical stature, other pertinent information.

III. PROCEDURES

A. General Requirements
1. Inmates will be objectively classified based on an assessment of risks and needs (see Objective Classification Manual). The system will provide an incentive to inmates to achieve personal, court-ordered, and recommended program goals and allow them to be classified at the lowest custody level consistent with those risks and needs.

2. Classification defines eligibility for assignment or reassignment to a particular housing unit, program/treatment, work assignments, and/or privilege levels.

3. Classification recommends or advocates a management scheme which considers safety and security interests, supervision needs, inmate-related risks, program considerations and other management factors.

4. Staff will solicit and review information from courts, social service agencies, pre-sentence investigation reports, and other resources, such as work supervisors, treatment staff (which includes medical and mental health professionals), the offender ADA Coordinator and OMIS disability screen(s), or other personnel, to make accurate, detailed assessments.

5. Inmates will not be classified by race, color, creed, or national origin, but may be separated by legal status, or for other correctional management reasons.

6. The Classification assessment will help classification staff identify and make appropriate custody decisions for the following inmate population:
   a. Special Management which includes Atypical, Special Needs, criminally convicted youth, or inmates under the age of 18;
   b. potential escape risks;
   c. treatment, education, work assignments, or other program needs; and
   d. the potential for other problems, including but not limited to, suicide risk, gang affiliation, or sexual identity.

7. Staff will never conduct classification meetings with other inmates present or nearby, but in a location where there is an expectation of privacy, preferably in a staff office. This includes the following:
   a. if the inmate is in restrictive housing staff will request the inmate’s presence in a staff office or designated private setting. If the inmate refuses, is on an active management plan, or is being disruptive, the UMT may present the inmate a written report without their participation and/or postpone the hearing until the inmate controls his behavior;
   b. if the inmate is under 18, UMT staff will personally present the tentative classification to the inmate for review and the inmate’s input and signature, as appropriate, within established time guidelines;
   c. if the inmate is being housed at the Infirmary, UMT staff will personally present the classification to the inmate for review and signature within established time guidelines; and
   d. Classification staff shall check OMIS for disabilities and accommodations in deciding housing for inmates with reasonable accommodations. Classification staff shall make a note in OMIS if there is a change in housing due to an inmate’s reasonable accommodation needs.

8. The UMT is responsible for assessing/recommending inmates for interstate transfer or placement at other department facilities/programs or contracted facilities/programs in accordance with Department policies.
9. UMT will update each inmate’s MORRA annually and review it with the inmate at every classification hearing. In the event that an offender is being considered for a community work program, the MORRA must be updated within the past six months.

10. In cases where there has been a problematic inmate who has been involved in any of the following types of activities:
   a. placed on a management plan multiple times;
   b. security staff members have had to be involved in security threat group matters;
   c. cell extractions; and
   d. other special management concerns.
   The Classification Bureau Chief or designee will meet with all team members prior to a classification decision.

11. The assessment process will involve the appropriate:
   a. unit management teams; and
   b. members of the multi-disciplinary team.
   c. when appropriate circumstances occur subject matter experts will be included into the assessment process
   d. mental health;
   e. appropriate medical treatment; and
   f. educational personnel
   The team will be responsible for establishing a plan which will place the inmate in the most appropriate custody/supervision level. The plan must cover the risk factors that are posed and how the needs of the inmate will be managed. Once a plan is developed, the unit management team will complete a classification report which will be present to the MDT.

12. The MDT provides a classification safety net and gives the UMT support on an administrative level. The MDT reviews any classification presented by UMTs including, but not limited to:
   a. classification into restrictive housing;
   b. protective custody inmates (PC) into the protective custody block;
   c. fire Crew and other community work assignments;
   d. Special Management Plans;
   e. Work and Reentry Center placements; and
   f. Management Plans that exceed seven days.
   A classification action that is referred to the MDT is subject to change and is not effective until approved by the MDT, which has final authority. If the MDT members are not in consensus, the classification action will be taken to the Warden for final decision.

13. The Classification Bureau Chief or designee will review and sign classification reports that comply with policy and procedures. This includes, but not limited to:
   a. custody increase and decrease. This excludes inmates moving within levels of max custody;
   b. Separation needs;
   c. special management designations;
   d. Work and Reentry Center placements for inmates with no greater than five years to discharge date.

14. The Classification Bureau Chief or designee will review all overrides to ensure continuity and consistency. The Classification Bureau Chief confer with the Associate Warden of Security or in
cases that need additional review and may refer cases on to the MDT, Deputy Warden or Warden that need further review by MSP Administration. The Classification Bureau Chief may also confer with Qualified Health Care Professionals and the offender ADA Coordinator in cases that require additional expertise as to disabilities or reasonable accommodation.

B. Custody Levels

1. UMT’s will assign a custody level using numeric scoring on the classification instrument except as adjusted by override (see section F).

2. Custody levels reflect varying security aspects such as movement, surveillance/observation, access to programs, work assignments, meals, and escape and harm risks.

3. Supervision as related to these custody levels is outlined in MSP Procedure 3.1.100, Supervision of Inmates. Lower custody levels will reflect a lesser risk to the public, safety and security of the facility, staff and inmates. Higher custody levels will reflect a greater risk. The following are the custody levels:
   a. Minimum Custody: the lowest custody level in general population as determined by the prison objective classification system. These inmates pose the least risk to the community because of such factors as offense convictions, compliance with programming recommendations, or time remaining to serve, and/or have demonstrated an ability to function independent of direct supervision without presenting any management problems. Inmates in minimum custody have more liberty, work assignment opportunities requiring a high level of responsibility, and more control over their personal time. They may be assigned to work assignments off prison property such as community work programs and projects and wildland fire crews with MDT approval;
   b. Minimum II/Unrestricted Custody: inmates classified to this custody level may be housed in the Low Security Compound, the Work and Reentry Center, and independent living location on prison property. Work assignments are within the double/single fence perimeters, and outside the secure perimeter with administrative approval only. If an inmate with this custody is approved as a Community Worker, and their work assignment requires an overnight stay away from the facility, their supervisor will arrange for them to be housed at a community corrections facility or county jail.
   c. Minimum I/Restricted Custody: inmates classified to this level may be housed in the Low Security Compound and the DOC Work and Reentry Center. Work assignments are within the double/single fence perimeters, and outside the secure perimeter with administrative approval only.
   d. Medium II/Unrestricted Custody: the third highest custody level in general population as determined by the objective classification system. Inmates classified to this level may be housed in the Low Security Compound. These inmates have demonstrated an ability to function without management problems, but must be housed in a secure facility as relates to offense conviction, length of time to release, etc. Work Assignments may be within the double/single fence perimeter only. This includes the following:
      1) inmates under the age of 18 shall be presumptively classified as medium unrestricted custody or less. Such presumptive classification shall not apply to any inmate under the age of 18 with a significant institutional history or high severity of offense as defined in the Classification Manual. Such inmates shall be objectively classified and housed in accordance with the MDOC Classification Instrument;
2) in all classification or re-classification actions, inmates under the age of 18 shall be considered for an override to a less restrictive classification; and
3) inmates under the age of 18 shall not be placed in Restrictive Housing, Secure Adjustment Units, Pre-Hearing Confinement, or Detention longer than 72 hours (including holidays and weekends) without approval of the Director of the Department of Corrections or his designee, which shall be the Warden of MSP or, in his absence, one of the Associate Wardens, and without certification from the mental health team, based upon the team’s evaluation of the inmate, that the extended isolation would not have an adverse effect upon the inmate’s mental health.

e. Medium I/Restricted Custody: the second highest custody level in general population as determined by the prison’s objective classification system. Inmates classified to this level may be housed in the High Security Compound. Inmates in this level are required to be under general supervision within the High Security Compound and may hold work assignments in this compound;

f. Close Custody: the highest custody level in general population as determined by the prison’s objective classification system. Inmates classified to this level pose a threat to the safety and security of the facility, staff, other inmates and the public. These inmates require additional supervision based upon criminal history, institutional adjustment, severity of offense, and sentence length. They may be housed in the High Security Compound and may hold work assignments in this compound;

g. Administrative Segregation: the highest custody level as determined by the prison’s objective classification system. This level places assaultive, rebellious, disruptive, or predatory inmates into Restrictive Housing, including inmates returning to the institution for an escape from a secure facility (MSP, Department Work and Reentry Center, Private and Regional Prisons, and County Jails). Inmates classified to this level require the highest supervision because of extreme misconduct or the nature of their sentence. Inmates classified to this level must be housed in the restrictive housing unit. Inmates who have a sentence that condemns them to death will be and remain in administrative segregation.

C. Housing

1. UMT classification staff will recommend an appropriate housing for the inmate as a component of initial classification or reclassification. The UMT classification staff shall check OMIS for provisions of accommodations and may call the Offender ADA Coordinator if they have any questions. A note will be made in OMIS if the UMT classification staff receives consultation from the Offender ADA Coordinator.

2. MSP will house inmates with similar classification together whenever possible. Inmates with dissimilar classification may be housed together if the needs of the institution so require and appropriate security and supervision can be maintained. This includes the following:
   a. the UMT will take special precautions regarding the placement and management of these inmates, closely monitoring their adjustment and interaction with others at gym, yard, mealtimes, day room, etc.; and
   b. if such placement extends beyond 30 days, the Classification Bureau Chief will notify the Associate Warden of Security and Deputy Warden or Warden weekly regarding the status of these inmates.
3. The UMT will screen for cell compatibility. Staff shall consider the compatibility of inmates prior to making cell assignments to protect vulnerable inmates and to control predatory inmates. The most important criteria for determining compatibility are those which affect staff and inmate safety. Criteria which must be considered includes, but is not limited to the following:
   a. history of predatory, intimidating, other dangerous behavior (i.e. disciplinary history, prior criminal history);
   b. vulnerable characteristics (age, size, medical, and mental health history);
   c. history of sexual conduct; and
   d. Other factors which would create a substantial risk of serious harm are language or communication barriers, programming, and PREA Risk Assessment (seen in Alerts section in OMIS).

4. Inmates within the following categories will be separated from the general population or housed in group settings, to the extent possible, unless it is determined that the inmate may be managed in general population. This will be determined on a case by case basis:
   a. special security designations this includes the following:
      1) administrative segregation;
      2) Protective Custody inmates (PC)
      3) Pre-Hearing Confinement; and
      4) Martz Diagnostic Intake Unit (MDIU).
   b. Medical care as follows:
      1) inmates requiring medical isolation due to communicable disease; and
      2) inmates who are temporarily confined separately for detoxification purposes.
   c. Mental health cases as follows;
      1) inmates identified by designated Qualified Mental Health professionals; and
      2) inmates claiming cases of suicidal ideation.
   d. Special treatment communities as follows:
      1) Sex Offender Program Intensive Treatment Unit (SOP ITU);
      2) Chemical Dependency Intensive Treatment Unit (CD ITU); and
      3) Mental Health Intensive Treatment Unit (MH ITU).
      A disability shall not prevent an inmate’s ability to participate in these programs. Reasonable accommodations are available to inmates with disabilities to allow their participation in these treatment communities.
   e. Special Management cases include the following:
      1) predatory;
      2) vulnerable;
      3) Special Needs;
      4) protective custody housing;
      5) security threat group (STG); and
      6) single cell designations.

D. Initial Classification Assessment

1. The MDIU UMT will complete a MORRA and classification risk assessment, which provides a basis upon which to make classification decisions, on each inmate within forty-five days of his admittance to MSP. This assessment will take into consideration the inmate’s security needs, criminal history, severity of offense, behavior patterns, age, and other relevant factors. The MDIU UMT will check OMIS for any accommodations and document any accommodations
provided during this process. The UMT shall contact the offender ADA Coordinator with any questions about reasonable accommodations.

2. Upon completion of the assessment, the MDIU UMT will:
   a. determine the inmate’s classification;
   b. screen him for public and institutional risk and recommend appropriate custody placement; and
   c. make assessment of his needs and recommend appropriate program/treatment placement.
   d. Make assessment of his needs for immediate placement into general population, by completing a temporary initial classification report.

3. If it is determined that there is a need for additional information, MDIU classification staff may extend the assessment period beyond 45 days with the approval of the Classification Bureau Chief.

E. Reclassification Assessments

1. The UMT will conduct a regular reclassification hearing for each close and medium restricted inmate, apart from those in restrictive housing, at least every six months and at least every twelve months for minimum, medium unrestricted custody inmates, and those housed at the Riverside Special Needs Unit. Inmates currently assigned to level 5 in restrictive housing will be classified every 6 months. Inmates under the age of 18 will be classified every 90 days.

2. The UMT will conduct a reclassification hearing upon notification from disciplinary staff that an inmate has been found guilty of any of the following rule infractions:
   a. homicide;
   b. assaulting any person;
   c. validated STG activity;
   d. escape;
   e. threats of bodily harm or death to any person;
   f. extortion, blackmail;
   g. taking a hostage(s);
   h. sexual assault;
   i. possession of a weapon;
   j. assault with intent, or likelihood, to transmit a communicable disease; and
   k. attempting to commit, being an accomplice, or a conspirator to, any of the above.

3. The UMT will review and conduct a special reclassification hearing, as appropriate, upon receipt of new information potentially affecting the inmate’s classification, within 72 hours from the time when the new information was received (e.g., escape, disciplinary infractions, detainer, conviction on new charge, behavior problems, separation needs, etc.).

4. The Custody Initial or Reclassification Instrument along with a restrictive housing referral form will be used to classify inmates in and out of restrictive housing.

5. The respective restrictive UMT must conduct restrictive housing status review plan of all inmates currently classified to administrative segregation and protective custody sat least every 7 days for the first 60 days and at least every 30 days thereafter; This includes the following:
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a. inmates currently classified to administrative segregation and protective custody status will be considered for general population placement or progression of the housing levels during their reviews if the UMT has determined the inmate has completed a level of his restrictive housing status plan the information will be submitted to the MDT to determine progression

b. The Unit Manager or designee must contact the appropriate work supervisor on or before the day of the hearing on a pending classification increase or job assignment removal of a working inmate.

7. The UMT will conduct special classification reviews requested by treatment personnel, Disciplinary Hearings Officers, another UMT (for inmates with separation needs), or job supervisors.

F. Overrides

1. UMT’s will use experience and professional judgment in recommending classification and may determine an override when appropriate.

2. Factors to be considered that may result in an override of objective classification scores include the following:
   a. special management case;
   b. psychiatric/suicide risk;
   c. medical/mental health issue(s);
   d. escape threats/risk;
   e. detainer(s);
   f. investigation pending;
   g. adjustment problem/violence threat;
   h. inmate needs;
   i. court ordered requirements/recommendation(s);
   j. institutional need;
   k. exemplary institutional adjustment; and
   l. inmates under the age of 18.

3. Override criteria are defined in the Classification Procedures Manual.

G. Notification of Classification Hearings

1. If an inmate’s present classification level is subject to increase, and he has not been found guilty of a major disciplinary infraction, UMT staff from the sending unit will provide a Notification of Classification Hearing to the inmate in advance of the classification hearing and attach a copy of it to the completed classification review form.

2. The responsible UMT will complete classification hearings as appropriate on all inmates whose classification is subject to review as outlined in MSP Procedure 3.4.100, Pre-Hearing Confinement.

3. Whenever UMT staff place an inmate in Pre-Hearing Confinement pending classification review, they will note the written justification for the PHC placement on an Admission/Discharge Report
(ADR) form and attach a copy of the Notification of Classification Hearing form when submitting it to the Classification Placement Unit (CPU).

4. Within 72 hours of the inmate’s placement in PHC, including weekends and holidays, the UMT staff of the sending unit will conduct the classification review for an inmate placed in PHC pending an investigation and classification decision.
   a. the staff member conducting the investigation may extend the placement in PHC for another 72 hours if further investigation is needed to determine what action is appropriate;
   b. if a second extension is necessary, UMT staff must get the Warden or designee’s approval. He/she must fill out a new ADR and notification form for each extension, and take it to the CPU; and
   c. it is the responsibility of sending unit staff to ensure that a second Notification of Classification Hearing form is given in person to the inmate informing him that his stay in PHC is being extended and that further investigation is needed to determine what action is appropriate. The inmate must be informed that the second extension is final, and a decision will be made before it ends.

5. If the classification review determines the inmate will be returned to his previous status, UMT staff will document of this on the Notification of Classification Hearing form or an Incident Report attached to the ADR.

6. If the inmate as the result of a disability would be unable to understand or participate in the classification hearing or any of the conversations relating to extensions for it, an accommodation shall be provided allowing him to understand and participate in the proceeding. Accommodations shall include, but not be limited to, a staff member assigned to assist the inmate in presenting his position. All information shared between the individual inmate and staff assigned to assist him shall be confidential from other inmates and unnecessary staff and shall not be disclosed or used other than to ensure that an appropriate accommodation is provided and that he is able to participate and present his position in the classification hearing. All accommodations provided shall be documented in OMIS.

H. Work Assignment/Removal

1. Classification decisions to assign or remove an inmate to or from a work assignment will be done on an Assignment/Removal form. When a classification action includes a work assignment change, a separate Assignment/Removal form will be attached to ensure proper documentation and action. UMT’s will approve or deny all requested work assignments and removals. The UMT’s decision is final; however, the Warden and MCE Administrator (or designees) have the authority to over-ride a placement on a case-by-case basis after further review.

2. Work supervisors will request that inmates be assigned to or removed from their work crews by submitting an Assignment/Removal form, with the top part completed, to the inmate’s UMT for review, completion, and processing. The UMT will evaluate the appropriateness of the request by conducting a case file review and all potential impact factors. This includes the following:
   a. Factors to consider when assigning to a work assignment include, but are not limited to, the following:
      1) comments/notations on prior classification paperwork;
      2) appropriate period of adjustment at his present custody level;
3) proper custody level (any exceptions must be recommended by the Unit Manager and approved by the MDT; 
4) separation needs; 
5) detainers / warrants; 
6) health restrictions / category; 
7) sentence length; 
8) escape history; 
9) institutional need; 
10) public safety; 
11) fence restrictions, which include the following: 
   a) Minimum I and II - inside or outside the secure perimeter. 
   b) Medium II - inside the single or double fenced perimeter. 
   c) Medium I and Close- within the high side compound only. 
   d) Administrative Segregation - in cell or in restrictive housing unit/section. 
12) reasonable accommodations that may be necessary to permit an inmate with a disability to participate in a work assignment.

b. Factors to consider when removing an inmate from a work assignment include but are not limited to the following: 
1) supervisor reasons; 
2) pending investigation; 
3) recent disciplinary infractions; 
4) work assignment evaluations; 
5) inmate behaviors; 
6) proper custody level; 
7) health category; 
8) institutional need; 
9) public safety; 
10) separation needs; and 
11) escape history.

3. An inmate may appeal their removal to the Classification Bureau Chief or designee within 10 working days of the receipt of the job removal decision.

4. An inmate shall not be removed from a work assignment as the result of disability if the inmate can be accommodated in the position without a fundamental alteration of the program. If the required accommodation would fundamentally alter the program, the inmate shall be offered work assignment in a similar reasonable position which does not require such an alteration if a similar position exists and is open, and the inmate is qualified, with or without a reasonable accommodation for the similar position. Factors to consider in finding suitable similar work assignment shall be the area of the facility in which the inmate was originally involved, and the level of responsibility originally assumed.

5. Supervisors must attach supporting documentation (incident reports, work evaluations, etc.) to an Assignment/Removal form requesting that an inmate be removed from his work assignment.

6. When removing an inmate from a work assignment, the UMT must hold a hearing and determine whether or not to uphold the removal request. The inmate will remain assigned to the assignment pending this hearing and the removal appears on the daily activity sheet. If an inmate, as the
result of a disability would be unable to understand or participate in the hearing, an appropriate accommodation shall be provided. Appropriate accommodations shall include, but not be limited to, staff assigned to assist the inmate with understanding and participating in the hearing. All information shared between the individual inmate and staff assigned to assist him shall be confidential from other inmates and unnecessary staff and shall not be disclosed or used other than to ensure that an appropriate accommodation is provided and that he is able to participate and present his position in the hearing. All accommodations provided shall be documented in OMIS.

7. The Unit Manager or designee must approve or disapprove all assignment and removal requests. The UMT must indicate why they approved or disapproved the request in the comments section on the assignment/removal form and distribute copies of the completed form to the main file, six-part file, and inmate. If the inmate, as the result of a disability, would be unable to understand the work/assignment removal form, staff shall meet with the inmate to explain the form’s contents. All information shared between the individual inmate and staff assisting him shall be confidential from other inmates and unnecessary staff and shall not be disclosed or used other than to ensure that an appropriate accommodation is provided, that the inmate is able to understand the form, and contest his removal or obtain employment.

8. When an inmate receives a work-related disciplinary violation, and the supervisor requests he be removed from the assignment, the inmate may be held in from the assignment pending the results of the disciplinary hearing. If the inmate is not sanctioned to removal from his assignment, and the supervisor still wishes to remove the inmate from the work assignment, the supervisor may request his removal by filling out and submitting an Assignment/Removal form (with documentation to justify removal) to the UMT for processing.

9. The UMT must turn in completed Assignment/Removal forms to the Classification Placement Office to be placed on the daily movement sheet.

10. The UMT must process the assignment and removal of an inmate to or from a Community Work Program assignment in accordance with MSP Procedure 5.1.3, Inmate Community Work Programs & Projects.

11. Inmates not assigned to a specific work assignment will be assigned to the Labor Pool and may be assigned to a temporary work assignment at any time. This includes the following:
   a. UMT staff does not need to fill out an Assignment/Removal form to assign an inmate to temporary work less than five days in duration. However, the supervisor or the UMT must provide written notice (memorandum) of the assignment to the Classification Placement Office, Command Post, and respective housing unit to clear the inmate for movement to and from the work site; and
   b. any time an inmate is utilized from the Labor Pool for a temporary work assignment for more than five days, the work supervisor must fill out and submit an Assignment/Removal form to the UMT for processing, noting that it is for a temporary work assignment. When the tasks are completed, the supervisor must submit an Assignment/Removal form to the UMT for processing the inmate’s removal from the temporary work assignment.

I. Decisions and Appeals
1. A member of the Unit Management Team will notify the inmate of the classification decision in writing at the time of the hearing or within 72 hours of a notification of a custody, housing, or assignment change. The inmate will receive a copy of the classification report and an appeal form from the UMT. If the inmate wishes to appeal the classification decision, the inmate will need to fill out the appeal form that is presented. The inmate will hand the appeal form to the UMT and the UMT will date and sign the form; and then present it to the Bureau Chief of Classification or designee for an appeal decision.

2. The appeal process is as follows:
   a. the inmate may file a written appeal within 10 business days to the Bureau Chief of Classification or designee.
   b. the Bureau Chief of Classification or designee may proceed in the following manner:
      1) affirm the decision made;
      2) reschedule a new classification hearing; or
      3) modify the decision made.
   c. If the inmate receives a decision from the Bureau Chief of Classification or designee with the finding of “affirming the decision made” the inmate may appeal the decision to the Deputy Warden for a scale override. This process is as follows:
      1) to apply for a scale override to the Warden, the inmate must notify the Bureau Chief of Classification within 10 business days. The Bureau Chief of Classification or designee present the case to the Deputy Warden. The Deputy Warden may:
         a) affirm the decision made by the Bureau Chief of Classification; or
         b) modify the decision made.
      2) The inmate may not appeal after the decision is made by the Deputy Warden.

3. The appeals process for regional prisons as follows:
   a. the inmate may file a written appeal within 10 business days to the Bureau Chief of Contract Placement;
   b. the Bureau Chief of Contract Placement may proceed in the following manner:
      1) affirm the decision made;
      2) reschedule a new classification hearing; or
      3) modify the decision made.
   c. If the inmate receives a decision from the Bureau Chief of Contract Placement with the finding of “affirming the decision made” the inmate may appeal the decision to the Deputy Warden for a scale override. This process is as follows:
      1) to appeal a scale override to the Deputy Warden, the inmate must complete the appeal form within 10 business days. The Bureau Chief of Contract Placement will present the case to the Deputy Warden. The Deputy Warden may:
         a) affirm the decision made by the Bureau Chief of Contract Placement; or
         b) reschedule a new classification hearing; or
         c) modify the decision made.
   d. After the scale override decision staff will forward the answered appeal forms to the Classification staff for tracking.

4. The appeals process for restrictive housing administrative segregation as follows:
   a. the inmate may file a written appeal within 10 business days to the Deputy Warden;
   b. the Deputy Warden may proceed in the following manner:
      1) affirm the decision made;
2) reschedule a new classification hearing; or
3) modify the decision made

5. If the inmate receives a decision from the Deputy Warden with the finding of “affirming the decision made” the inmate may appeal the decision to the Warden.
6. After the decision on the appeal is made, the Warden will forward the response to the classification staff for tracking.
7. The inmate may not appeal after the decision is made by the Warden.

8. In the action of work assignment removal appeals, the inmate may file a written appeal of the classification action to the Classification Bureau Chief within 10 days of receipt of the decision; however, the classification decision is imposed prior to the decision concerning the appeal. The Classification Specialist will have the following options:
a. affirm the decision made; or
b. modify the decision made.

9. In any of the above-described appeals processes, an accommodation shall be provided to any inmate who, as the result of a disability, would be unable to understand or participate in the appeals process in order to allow him to understand and participate in the process. Accommodations shall include, but not be limited to, a staff member assigned to assist the inmate in presenting his position. All information shared between the individual inmate and staff assigned to assist him shall be confidential from other inmates and unnecessary staff and shall not be disclosed or used other than to ensure that an appropriate accommodation is provided and that he is able to participate and present his appeal. All accommodations provided shall be documented in OMIS.

IV. CLOSING
Details concerning the classification process are outlined in the Classification Procedures Manual maintained by staff from the Technical Correctional Services Bureau. Please contact the Technical Correctional Services Bureau Chief with any questions concerning this operational procedure.

V. ATTACHMENTS
Classification / Contract Bureau Chief Appeal Form attachment A
Deputy Warden Appeal form attachment B
Classification Specialist Appeal form attachment C
Job Assignment Form attachment D
Restrictive Housing Referral Form attachment E
Send this appeal form to Classification Bureau Chief or Contact Placement Bureau Chief __________________________. This appeal must be filed within 10 days of receipt of the Classification decision.

FROM: ___________________________________________ Unit ______ Offender Number

Last Name First Name

PART A - INMATE REQUEST (Attach all pertinent information. If additional space is needed, continue on a separate sheet of paper.)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Inmate’s Signature ________________________________ Date __________________

PART B - RESPONSE

Date Rec’d __________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Appeal has been ☐ granted ☐ denied

_____________________________ ______________________________

Staff Signature Date

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White - Main File Canary - Mini File Pink - Inmate

Attachment A MSP 4.2.1, Inmate Classification Effective September 1, 1998
MONTANA STATE PRISON
Classification Appeal to the Deputy Warden /Warden
Restrictive Housing Placement

Top portion to be completed by Unit Staff

Inmate Name__________________________________ Offender Number___________________

Last Name    First Name

Classification Review Date _______ / _____ / _______

Current Housing Assignment:

Final Custody Level Decision:

Enrolled/Waiting for Programming   Yes □   No □

Objective custody level: ______________

Recommended custody level override: ______________

State the reason you are appealing:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Appeal has been □ granted   □ denied

Deputy Wardens Comments: _______________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Deputy Wardens Signature_________________________________________________________

White – Main File    Canary – Mini File    Pink - Inmate

Attachment B    MSP 4.2.1, Inmate Classification    Effective September 1, 1998
INMATE APPEAL OF CLASSIFICATION ACTION-Assignment/Removal

Send this appeal form to Classification Bureau Chief______________________. This appeal must be filed within 10 days of receipt of the Classification decision.

FROM: ____________________________________
             Last Name  First Name

Unit ________  Offender Number

PART A - INMATE REQUEST (Attach all pertinent information. If additional space is needed, continue on a separate sheet of paper.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Inmate’s Signature ___________________________ Date ______________

PART B - RESPONSE

Date Rec’d ______________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Appeal has been ☐ granted ☐ denied

_________________________________________ Date ______________

Staff Signature ___________________________ Date ______________

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White - Main File  Canary - Mini File  Pink - Inmate

Attachment C  MSP 4.2.1, Inmate Classification  Effective September 1, 1998
Name: ___________________________ MSP/DOC# ___________________________

I am requesting the above inmate to be **ASSIGNED** to
the
for the following reasons:

Title ____________________________ Code ____________________________

I am aware of the inmate’s health status and am willing to employ him within its restriction(s).

Supervisor Name (Print Name) ____________________________
Supervisor Signature ____________________________ Date: ____________

I am requesting the above inmate to be **REMOVED** from
the
for the following reasons:

(attach incident report(s), performance evaluation(s), disciplinary and/or incident reports for removal)

I am aware of the inmate’s health status and am willing to employ him within its restriction(s).

Supervisor Name (Print Name) ____________________________
Supervisor Signature ____________________________ Date: ____________

**If any of the above are marked yes, explain below in designated area**

**Outside fence clearance requires unit manager and TSCB Chief approval**

Present Status: ____________________________ Unit Management Decision: ____________________________

Unit Custody ____________________________ Custody ____________________________
Assignment ____________________________ Assignment ____________________________
Code ____________________________ Code ____________________________

If Direct Supervision is requested explain expectations and special instructions below:

UMT Reason for assignment or removal and any comments for items marked yes:

Signature: ____________________________ Date: ____________

**If Direct Supervision is requested explain expectations and special instructions below:**

Present Status: ____________________________ Unit Management Decision: ____________________________

Unit Custody ____________________________ Custody ____________________________
Assignment ____________________________ Assignment ____________________________
Code ____________________________ Code ____________________________

If Direct Supervision is requested explain expectations and special instructions below:

UMT Reason for assignment or removal and any comments for items marked yes:

Signature: ____________________________ Date: ____________

**Outside fence clearance requires unit manager and TSCB Chief approval**

White – Main File Canary – Six Part File Pink – Inmate Goldenrod – Supervisor
Restrictive Housing Criteria for Placement

Inmate Name: Click or tap here to enter text.

AO# Click or tap here to enter text.

MSP Staff member completing referral: Click or tap here to enter text.

Date of Referral Click or tap to enter a date.

Check the box for criteria which has been met (minimum of one is required for placement).

The above offender has demonstrated one or more of he below behaviors/criteria while incarcerated in MSP and is being referred for possible placement in Restrictive Housing.

☐ Assault and related acts:
   a. The inmate caused or attempted to cause, serous physical harm (requiring immediate medical attention, emergency treatment or hospitalization) to another person; or
   b. The inmate compelled or coerced another person, by force or threat of serious physical harm or death, to engage in any sexual act or sexual abuse; or
   c. The inmate compelled or coerced another person, by force or threat of serious physical harm or death, to provide anything of value, to perform any act in violation of any MSP rule; or

☐ The inmate lead, organized or incited a disturbance or not which resulted in the taking of a hostage, serious physical harm to others, loss of life, or significant property damage; or,

☐ The inmate possessed, conspired, or attempted to introduce dangerous contraband (Class A or B) into the institution, causing a serious, legitimate threat to the security of the institution and/or safety of others. Dangerous contraband included but is not limited to:
   a. Weapons, explosives or ammunition; or
   b. Escape paraphernalia; or
   c. Drugs or drug paraphernalia

☐ The inmate is an identified security threat group member who has committed a level (High) disciplinary infraction, or is believed to be in a leadership position of a security threat group and has coerced other inmate(s) to commit any acts or behaviors listed in #1- of this section; or

☐ The inmate escaped or attempted to escape from a secure correctional facility or is known to have helped others escape from a security facility, or has facilitated an escape or escape attempt from a secure facility; or,

☐ The inmate knowingly exposed others to the risk of contracting a blood borne pathogen including but not limited to, HIV or Hepatitis; or
☐ The inmate has threatened to inflict serious physical harm or injury upon a staff member, or threatened the life of a staff member in a deliberate or reckless manner which a reasonable person would conclude the intent as the threat was to cause the staff member fear or harm; or

☐ While detained or incarcerated, the inmate set a fire that resulted in serious physical harm or risk of serious physical harm to human life, or has caused extensive damage to state property; or

☐ The inmate, on more than one occasion, compelled or coerced a staff member to engage in behavior(s) or conduct that were in violation of MSP Code of Ethics Policy; or

☐ The inmate has committed a crime of exception violence and/or notoriety, proximate to incarcerated

A detailed explanation of support must be provided for each of the criteria checked above. Details should include references for any disciplinary reports and the results of any related disciplinary hearings. Any relevant documents should be forwarded with this referral:

Click or tap here to enter text.

__________________________________________  ____________
Referring Staff Signature  Date

A referral for a Restrictive Housing hearing must be reviewed and approved by Associate Warden or staff member of equal rank.

☐ Approved

☐ Denied

__________________________________________  ____________
Associate Warden / or designee Signature  Date