



POLICY DIRECTIVE

Policy:	DOC 3.5.5 BEHAVIOR MANAGEMENT PLANS
Effective Date:	10/16/2003 Page 1 of 4
Revision Date(s):	06/15/2009; 04/24/2026
Signature/Title:	/s/ Eric Strauss, Director

I. POLICY

The Department maintains a comprehensive strategy to manage and end an inmate's repeated dangerous and/or assaultive conduct. Behavior management plans address chronic, serious behavior problems not associated with serious mental illness.

II. APPLICABILITY

Department and contracted secure facilities that house and manage adult inmates.

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

A. General Comments

1. Dangerous and/or assaultive inmate behaviors may:
 - a. threaten the safe and orderly operation of the facility and the physical safety of staff, inmates, and facility visitors; and
 - b. 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 the inmate 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:
 - 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;
 - c. the actions facility staff will take to attempt to modify the dangerous and/or assaultive conduct (for example, 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 unit management and mental health staff members who helped prepare the plan.
2. The unit manager 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 appropriate conduct the unit expects;

- c. the steps of the plan and what the inmate 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, the inmate must successfully complete all steps of the plan before the inmate is returned to pre-plan status; and
- f. that the plan is not intended as punishment, but as a plan to gain the inmate's compliance with appropriate conduct.

C. BMP Initiation

1. When an inmate exhibits repeated dangerous and/or assaultive behavior, facility staff must thoroughly document the behavior:
 - a. based on the documentation, unit staff may place the inmate on cell confinement for a period of 24 hours and immediately refer the case to mental health staff for an initial assessment to determine if the inmate's behavior is the result of a serious mental illness.
 - 1) If mental health staff determine the inmate's behavior is unrelated to serious 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 for a BMP, a mental health professional must:
 - a. complete a thorough psychological assessment that concurs with each of the following:
 - 1) the dangerous and/or assaultive behavior is not the direct result of an Axis I serious 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. The mental health professional will ensure that the inmate's name is added to the BMP clearance list so the inmate's behavior may be monitored and managed by unit management staff in accordance with the BMP.

D. BMP Activation

1. The inmate's name will be maintained on the BMP clearance list for 6 months.
2. Shift supervisors will ensure that housing unit officers provide the written incident reports of the inmate's behavior necessary to activate the BMP and promptly notify and consult with unit management staff.
3. With appropriate documentation, the unit manager will:
 - a. activate the BMP any time during the 6 months if the inmate violates its specific provisions;
 - b. notify mental health staff when and why a BMP is activated;
 - c. sign and date the plan and, if the inmate's behavior is under control, ask the inmate to sign the plan.
4. The plan will be placed in the inmate's unit and mental health files.
 - a. If the inmate refuses to sign the plan, the unit manager must document the refusal.

E. BMP Requirements

1. Facilities that manage an inmate referred to the BMP clearance list will use the standardized BMP that includes the specific requirements of steps #1, #2, and #3.
2. When the inmate is on any of the 3 steps of the BMP, housing unit security staff must complete written incident reports every 24 hours documenting the inmate's compliance or

noncompliance with the BMP and forward the documentation to the unit manager, mental health staff, and designated supervisory office.

3. An inmate on an activated BMP:
 - a. will maintain basic hygiene and keep the inmate's cell clean; showers will be offered every two days;
 - b. will not be offered out-of-cell recreation while on the plan; and
 - c. will be relegated to an earlier step in accordance with the plan and supporting documentation if and when the inmate engages in prohibited conduct.
4. Housing unit staff may enact a new plan by requesting a 6-month extension of the BMP and referring the inmate to mental health staff for a BMP clearance.

F. BMP Activation – Mental Health Issues

1. Unit staff must immediately notify the facility control center, a mental health clinician, and facility health care staff if an inmate exhibits any of the following symptoms:
 - a. makes statements or exhibits conduct that indicates imminent danger of self-harm or suicide;
 - b. exhibits ongoing signs of severe depression, such as lack of sleep, decreased energy or motivation, or hopelessness; or
 - c. exhibits signs of confusion that may include, but are not limited to:
 - 1) seems unaware of where the inmate is and what is occurring around the inmate;
 - 2) seems to have severe memory impairment;
 - 3) seems unable to comprehend other people's speech and actions;
 - 4) appears to be responding to internal stimuli, such as auditory hallucinations;
 - 5) appears to be overly suspicious of others or their intent; or
 - 6) exhibits extremely bizarre beliefs or thoughts that other people cannot understand (for example, "I have a radio transmitter attached to my brain").
 - d. the inmate exhibits bizarre or ritualistic conduct.
2. The mental health staff will, as soon as possible, assess the inmate's mental health condition if facility staff notify them of any symptoms listed under 1 immediately above.
3. The mental health staff will terminate the BMP if, in the opinion of mental health staff, the inmate:
 - a. presents behavior that is the direct result of an Axis I serious mental illness; or
 - b. is not knowingly, willingly, and purposely engaging in dangerous and/or assaultive behaviors;
 - c. needs a higher level of mental health care or observation; or
 - d. exhibits a mental status that is presently deteriorated or deteriorating.
4. Mental health staff will determine an appropriate placement based on the results of an evaluation.

G. BMP Committee Reviews

1. The BMP Review Committee will review the plan and the inmate's compliance or noncompliance with it:
 - a. if an inmate is on step #1 of an active plan for 7 consecutive days; or
 - b. weekly if the inmate is on the activated plan longer than a week.
2. The facility BMP Review Committee will consist of:
 - a. the facility administrator;
 - b. a facility mental health professional;
 - c. the unit management team; and
 - d. an appropriately constituted facility committee.

3. When assessing active BMP reviews, the designated committee members may change plan details as appropriate but must inform the inmate in writing of plan changes.
4. Applicable facilities will maintain data on the number of inmates referred to a BMP, including a brief narrative of outcomes, and submit the report to the facility administrator and Department Director on an annual basis.

V. CLOSING

Questions about this policy should be directed to the facility administrator or facility mental health staff.

VI. 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)*