MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS G-02.0 MENTAL HEALTH EVALUATIONS OF INMATES IN RESTRICTIVE HOUSING**
Effective Date:	11/01/2010 Page 1 of 3
Revision Date(s):	10/01/2020; 06/30/2026
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I. PURPOSE

Establish and clarify the operational processes 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 (see Glossary)

III. GENERAL REQUIREMENTS

A. Requirements

1. A Qualified Mental Health Provider (QMHP) will:
   a. review the inmate's health record upon notification, but within no later than 24 hours of the inmate's placement in restrictive housing; and
   b. 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 Restrictive Housing Offender Health Assessment and Services.*
2. The QMHP will immediately refer an inmate to Mental Health Services staff if it is determined that the inmate has mental health needs.
3. Inmates identified as having a mental health need will be evaluated by a QMHP within 24 hours of the referral.
   a. A mental health appraisal form will be completed within 72 hours.
4. Inmates identified as having a severe mental illness (SMI) should be diverted from restrictive housing placement if and 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 an SMI 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 an SMI shall receive clinically appropriate mental health treatment as determined by the QMHP and within the parameters outlined in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program.*

B. Monitoring

1. A QMHP will continually monitor the mental health status of all inmates in restrictive housing units.

2. 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. Inmates in administrative segregation and restrictive administrative segregation are allowed periods of recreation and other routine social contact among themselves while being segregated from the general population.
      1) These inmates are checked weekly by the Psychiatric RN or other QMHP.
   c. Inmates housed in Pre-Hearing/Temporary Confinement (PHC) and disciplinary detention have routine contact with staff and are allowed limited time out of their cells.
      1) These inmates are checked weekly by the Psychiatric RN or other QMHP.
   d. An inmate's placement in restrictive housing:
      1) may not exceed 22 hours in a 24-hour period; and
      2) is limited to circumstances that:
         a) pose a direct threat to the safety of persons; or
         b) a clear threat to the safe and secure operations of the facility.

3. The Psychiatric RN or other QMHP will document and retain evidence of restrictive housing rounds in each inmate’s mental health records.

4. 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.
   a. The QMHP will document each appraisal in each inmate’s mental health records.

5. For an inmate without a behavioral disorder, the assessment must be completed every 30 days and more frequently if clinically indicated.

6. Significant mental health findings during weekly rounds or face-to-face evaluations are noted in the inmate’s health record and immediately communicated to:
   a. custody officials; and
   b. other health care staff who require the information to ensure the safety of the inmate, staff, and overall facility operations.

7. 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. Inmates on Safety Management Plans (SMPs)

1. A QMHP will monitor all inmates placed on SMPs.

2. Inmates who are placed on SMPs are monitored 3 days per week by the Psychiatric RN or other mental health nurse for mental health or medical problems or complaints.

3. Mental Health Services staff will document restrictive housing rounds in each inmate’s mental health record.

4. Inmates who are placed on SMPs will be assessed face-to-face daily by the QMHP.
   a. The assessment is documented in each inmate’s mental health record:
      1) if significant changes occur, or
      2) when discharged from SMP status.

5. Correctional staff will document routine interactions and security observations on the *SMP Segregation Checks* forms, located on the offender’s door.

6. Any significant physical problems will be referred to medical staff.

D. Classification Review Committee

1. A QMHP will participate in weekly Classification Review Committee meetings, as set out in *MSP 3.5.1 Restrictive Housing Operations and Step-Down Program,* which includes:
   a. 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; and
   b. restrictive housing status review planning meetings arranged by the unit management team for inmates who are placed in Administrative Segregation custody:
      1) initiated within 30 days of the inmate's placement in Administrative Segregation custody; and
      2) every 30 days thereafter.

E. Conducting Medical Rounds

1. A Qualified Health Care Professional (QHCP) conducts medical rounds daily to ensure the physical well-being of inmates in restrictive housing.
2. Significant medical findings during daily medical rounds are:
   a. noted in the inmate's health record; and
   b. communicated to custody officials and other health care staff to ensure the safety of the inmate, staff, and overall facility operations.
3. Appropriate medical referrals are made as clinically indicated.
4. 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 procedure should be directed to the Mental Health Services Manager.