

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 6	Number 2.21A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title HEALTH EVALUATION OF INCARCERATED INDIVIDUALS IN RESTRICTIVE STATUS HOUSING
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Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5 IC 34-4-12.6	01-02-101 02-01-111 02-04-102	National Correctional Healthcare Standards

I. **PURPOSE:**

The purpose of this Health Care Services Directive (HCSD) is to ensure incarcerated individuals housed in restrictive status have unimpeded access to comprehensive medical Services.

II. **DEFINITION:**

RESTRICTIVE STATUS HOUSING: A form of housing for incarcerated individuals whose continued presence in the general population would pose a serious threat to life, property, self, staff, or other incarcerated individuals, or to the security or orderly operation of a facility. Restrictive Status includes disciplinary restrictive status and administrative restrictive status including, for the purpose of this HCSD, protective custody. This term and this HCSD do not apply to incarcerated individuals who are classified to a facility program or specialized unit where the incarcerated individuals eat, recreate, and socialize together.

III. **GUIDELINES:**

- A. Incarcerated individuals in restrictive status housing are completely dependent upon facility staff for all services. Incarcerated individuals shall continue to receive comprehensive medical services including prescribed medication while in restrictive status housing.
- B. An incarcerated individual assigned to restrictive status settings may have health conditions for which restrictive status housing may be contraindicated. When an incarcerated individual is transferred to restrictive status housing, the Custody or Operations staff making the decision to transfer the incarcerated individual must immediately inform nursing of the transfer. The nurse shall review the incarcerated individual's

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health record immediately to determine whether restrictive status housing is contraindicated due to existing physical, dental, or behavioral health needs.

- C. If the health record suggests the presence of a health condition in which restrictive status housing placement is contraindicated, the nurse must contact the appropriate provider (e.g., physician, dentist, or psychologist) for direction and orders and alert the Warden or designee of the concern.
- D. If the provider agrees that restrictive status housing is contraindicated, the provider must make direct contact with the Warden or designee to inform him or her of the reason. If the Warden or designee is able to arrange accommodations for the incarcerated individual's unique health needs and the provider is satisfied that the special accommodations will meet the incarcerated individual's health needs, the incarcerated individual may remain in restrictive status housing. The provider's contact with the Warden or designee and any decisions resulting from that contact must be documented in the incarcerated individual's health record. The provider must also update the incarcerated individual's therapeutic regimen with new orders if necessary.
- E. If the health record review shows that the patient is a "D" Behavioral Health code or is within the thirty (30) day period of post-release follow up after having been removed from suicide watch precautions, the reviewer must immediately conduct the suicide risk and mental health screening and contact the facility's lead psychologist or designee. During business hours, the psychologist or designee must assess the patient to determine if any immediate action is necessary. If placement and review occur after normal business hours, the lead psychologist or designee must assess the patient on the next business day.
- F. All incarcerated individuals admitted to Restrictive Status Housing shall be screened for suicide risk and mental health problems within twenty-four (24) hours of admission. Mental health trained nursing staff shall inquire about:
 - Current suicidal ideation and history of suicidal ideation and behavior;
 - Current mental health complaints;
 - Current mental health treatment and history of mental health treatment including the use of psychotropic medications and inpatient and outpatient treatment;
 - Substance use history including history of substance use treatment; and
 - Drug intoxication or withdrawal symptoms.

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Mental health trained nursing staff shall document observation of:

- Appearance
- Behavior
- Affect and mood
- Speech
- State of consciousness
- Activity level
- Evidence of abuse or trauma
- Current symptoms suggestive of psychosis, depression, anxiety, or aggression.

Mental health trained nursing staff shall document disposition of patient:

- No Behavioral Health referral
- Referral to Behavioral Health services
- Referral to appropriate Behavioral/Mental Health care service for emergency treatment

When mental health needs are identified, the incarcerated individual shall be referred to an MHP for a mental health evaluation. An incarcerated individual who presents with serious suicidal intent, psychotic symptoms, or is a danger to self or others shall be seen immediately by the MHP. If the MHP is not on site, the nurse shall contact the MHP for consultation and direction.

Within seventy-two hours (72) hours of placement in a restrictive status housing unit, an MHP shall conduct an evaluation of the incarcerated individual to determine if the incarcerated individual meets criteria for classification as Seriously Mentally Ill or if there are other clinical reasons why extended restrictive status housing placement is contraindicated. This evaluation shall include a review of the incarcerated individual pertinent mental health history, a thorough review of all active and provisional diagnoses, a validation of current mental health needs, and a determination of the severity of both the clinical symptoms and any resulting functional impairment. If the MHP determines placement in a MHU may be more appropriate, they will begin the process by completing a Transfer Summary and submitting it to the contracted Regional Director of Mental Health for review on the weekly Mental Health Movement Call.

Incarcerated individuals may be identified as meeting Serious Mental Illness criteria as a part of either the initial restrictive status housing review

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process (as noted above) or as part of a subsequent identification during mental health monitoring at any time during Restrictive Status Housing placement. When an incarcerated individual is identified as meeting criteria for Serious Mental Illness, the MHP shall notify the contracted Director of Behavioral Health or designee, the Director of Mental Health, and the facility SMI point of contact by email within one (1) business day of the incarcerated individual's diagnosis. This shall be discussed with the facility Restrictive Status Housing Multidisciplinary Team and determination made by the Team as to the anticipated length of stay in the restrictive status housing unit.

If the offender is determined to be stable by the mental health professional and removing a Seriously Mentally Ill offender from restrictive status housing would pose a threat to the safety and security of offenders and/or staff, the Warden may request an exception to house the offender in restrictive housing longer than thirty (30) days from the Executive Director of Behavioral Health. The decision shall be recorded in the incarcerated individual's facility packet and shall be reviewed by Unit Team staff and documented in writing every fourteen (14) days. In the event that a Seriously Mentally Ill offender is required by exceptional circumstances to remain in restrictive status housing, a specific treatment plan shall be developed which will determine the frequency of contact at or above those required in the attached matrix to this HCSD "Restrictive Status Housing Mental Health Treatment Matrix/Continuum."

If a determination is made that the incarcerated individual is unlikely to return to general population in thirty (30) days, the incarcerated individual is not clinically appropriate to be permitted to consent to remain in restrictive status housing, and the incarcerated individual is not clinically appropriate to be considered for a safety and security exception then the MHP should complete and submit a Transfer Summary to the contracted Director of Behavioral Health to be presented on the Mental Health Movement Call for potential placement in a MHU.

- G. All incarcerated individuals in restrictive status housing areas shall be seen once per shift by nursing personnel and must be documented in the incarcerated individuals' health record or on State Form 46026, "Restrictive Status Housing Rounds Flow Sheet." Restrictive status housing rounds are required in addition to routine health services including nursing triage, although nursing triage may be conducted during rounds when an incarcerated individual raises a concern. The presence of a nurse or other health care provider on the restrictive status housing unit must be announced and the announcement must be recorded. If a serious health condition is

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present, Health Services personnel shall ensure that proper services and support continue to be provided during restrictive status housing placement. Clinical evaluations must be done in an appropriate clinical setting and not conducted at the incarcerated individual's cell. When it is essential that an incarcerated individual be escorted out of restrictive status housing in order to receive health services, this shall be accomplished by Operations staff. Additionally, the nurse shall refer any incarcerated individual who expresses suicidal intent, incarcerated individual with psychotic symptoms, severe or persistent self-neglect, or changes in mental status to an MHP. The MHP shall evaluate the incarcerated individual and revise the treatment plan if necessary. Any incarcerated individual at risk for suicide must be placed under direct visual observation until an evaluation by an MHP has been completed. For routine referrals, the incarcerated individual shall be evaluated by an MHP in accordance with the parameters of Health Care Services Directive 2.01, "Access to Care."

- H. All incarcerated individuals in restrictive status housing must be evaluated by a qualified MHP within thirty (30) days of placement and every thirty (30) days after even if no mental illness is present. Mental health evaluations of incarcerated individuals with an identified mental health need(s) must be conducted in a location which affords the incarcerated individual confidentiality; the evaluation may not be done at the incarcerated individual's cell front unless offender refuses an out of cell visit. Follow up evaluations shall be done in accordance with the time frames noted in the ITP which may not exceed thirty (30) days.

If not seriously mentally ill but other mental health needs are identified by MHP evaluation, the MHP must make a determination regarding the frequency of contacts necessary for maintenance during restrictive status housing placement and modify the treatment plan accordingly. Mental health services personnel must ensure that proper services and support continue to be provided during restrictive status housing placement by escorting the incarcerated individual to the appropriate location for services or by providing services in an appropriate setting on the restrictive status housing unit. If at any time the incarcerated individual treatment needs cannot be met in restrictive status housing and they are not appropriate to return to a general population setting, the MHP should complete and submit a Transfer Summary to the contracted Director of Mental Health to be presented on the Mental Health Movement Call for potential placement in an MHU.

In accordance with a Settlement Agreement between the Indiana Protection and Advocacy Services Commission (IPAS) and the Department, MHPs

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assigned to restrictive status housing areas within the Department are required to fulfill unique assessment responsibilities. The attachment to this HCSD, “Restrictive Status Housing Mental Health Treatment Matrix/Continuum” presents a matrix for the types of mental health contacts, frequency of contacts, location of contacts, and documentation required for patients in restrictive status housing.

- I. Unless mental health attention is needed more frequently, a mental health professional shall make weekly, documented rounds of the restrictive status housing units to ensure that incarcerated individuals have access to the behavioral health system.
- J. All incarcerated individuals in restrictive status housing with an identified mental health diagnosis must be seen by the mental health provider in a confidential out-of-cell location for mental health evaluations including the thirty (30) day restrictive status housing reviews. These evaluations may not be done at the cell-front unless the patient refuses to come out of cell. Each facility with a restrictive status housing unit shall ensure that there is adequate office space available in or near the unit that will allow mental health staff to meet with incarcerated individuals. The space must permit mental health evaluations to be conducted in a confidential manner. Unit and mental health staff must coordinate activities to ensure the room is available when mental health staff is scheduled on the restrictive status housing unit.
- K. If at any time while an incarcerated individual is in restrictive status housing a member of the Physical Health or Behavioral Health Services staff determine that restrictive status housing placement is causing deterioration in health or behavioral health status or the incarcerated individual’s health or behavioral health needs cannot be met in restrictive status housing, the Health Services staff member must notify the Warden or designee so special accommodations may be made or the incarcerated individual must be transferred to a more appropriate setting.

VI. APPLICABILITY:

This HCSD is applicable to all Department facilities housing incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date