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| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 9/8/2022 | NUMBER: E-39.1 Page 1 of 8 |
| | Replaces: 4/7/2017 | |
| | Formulated: 3/85 Reviewed: 07/2022 | |
| HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION / RESTRICTIVE HOUSING | | |

PURPOSE: To provide a mechanism that inmates placed in segregation/restrictive housing are assessed and all changes in medical condition and mental status for individuals in segregation/restrictive housing are promptly detected and treated.

POLICY: Inmates in segregation/restrictive housing status have direct access to medical, dental, and mental health services as do inmates in the general population.

DEFINITIONS: Definitions for the following terms regarding segregation/restrictive housing are available in the respectively identified sources provided below in parentheses:

Administrative segregation/restrictive housing includes the following: security detention, pre-hearing detention, temporary detention (e.g., transient status pending the outcome of an Offender Protection Investigation (OPI), and death row segregation. (Administrative Segregation/ Restrictive Housing Plan)

Cell Restriction (Administrative Directive AD-3.70, “Cell Restriction for General Population Inmates”) Note: *This is a disciplinary action for inmates convicted of a disciplinary violation and applied in accordance with TDCJ “Disciplinary Rules and Procedures for Inmates”.*

Death Row Segregation/restrictive housing (Administrative Segregation/ Plan)

Dry Cell Isolation (Security Memorandum SM-03.04, “Dry Cell Isolation Procedures”) Note: *This is a security measure authorized by the warden or designee.*

Extended Restrictive Housing - *Housing that separates the inmate from contact with general population while restricting an inmate/inmate to his/her cell for at least 22 hours per day and for more than 30 days for the safe and secure operation of the facility.*

Inmate Management Restrictions (Security Memorandum SM-01.29, “Inmate Management Restrictions”). Note: *These disciplinary actions should only be applied in accordance with TDCJ “Disciplinary Rules and Procedures for Inmates”.*

Inmate Management Status (Administrative Directive AD-03.80, “Implementation of Inmate Management Status”) Note: *Management status can only be implemented after an inmate is placed in prehearing detention or is already housed in solitary confinement.*

Pre-Hearing Detention (Administrative Segregation Plan)

| | | |
|---|---------------------------------------|-----------------------------------|
| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 9/8/2022 | NUMBER: E-39.1 Page 2 of 8 |
| | Replaces: 4/7/2017 | |
| | Formulated: 3/85 Reviewed: 07/2022 | |
| HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION / RESTRICTIVE HOUSING | | |

Protective Safekeeping P7 (Protective Safekeeping Plan)

Restrictive Housing *A placement that requires an inmate to be confined to a cell at least 22 hours per day for the safe and secure operation of the facility.*

Security Detention (Administrative Segregation Plan)

Solitary Confinement (Administrative Directive AD-03.53, “Solitary Confinement”) Note: *This is a disciplinary action for inmates convicted of a disciplinary violation and applied in accordance with TDCJ “Disciplinary Rules and Procedures for Inmates”.*

Temporary Detention (Administrative Segregation Plan)

PROCEDURES:

I. Segregation/restrictive housing

Segregation is defined as indicated above. In accordance with the TDCJ Restrictive Housing Plan, restrictive housing consists of the following categories:

Security Detention: used for an inmate who is a current escape risk; threat to the physical safety of other inmates or staff, including volunteers and contract staff; threat to the order and security of the prison as evidenced by repetitive serious disciplinary violations; or a confirmed member of a security threat group (STG). Security detention includes Levels I, II, and III based on the inmate’s behavior.

Pre-Hearing Detention (PHD): used when an inmate is charged with, or suspected of a disciplinary violation, when at least one of the following conditions exists: the inmate is a current escape risk, the inmate’s presence in general population would create a threat to the physical safety of other inmates or staff, to include volunteers and contract employees; or it is necessary to maintain the integrity of an investigation, such as to preserve information or evidence in either the inmate’s possession or another inmate’s possession.

Transient Status Pending Outcome of an Offender Protection Investigation (OPI): status reserved for inmates who are placed in restrictive housing on a temporary basis pending the outcome of a formal investigation related to allegations of sexual abuse, sexual harassment, extortion, violence, or threats of violence.

- A. Security staff must immediately notify the facility medical staff when an inmate is designated for placement into segregation.

| | | |
|---|---------------------------------------|-----------------------------------|
| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 9/8/2022 | NUMBER: E-39.1 Page 3 of 8 |
| | Replaces: 4/7/2017 | |
| | Formulated: 3/85 Reviewed: 07/2022 | |
| HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION / RESTRICTIVE HOUSING | | |

B. Health review prior to placement into segregation/restrictive housing includes:

1. An inmate who is determined by security staff to require placement into either pre-hearing detention, transient status pending the outcome of an OPI, or security detention, and who has no apparent medical or mental health problems (e.g., bleeding, contusion, vomiting, diminished consciousness, disorientation), may be placed in pre-hearing detention, transient status pending the outcome of an OPI or security detention without prior health evaluation. An inmate placed in segregation/restrictive housing in these situations must have a physical evaluation by a licensed health care provider (physician, mid-level provider, or nurse) completed as soon as possible and documented on the HSM-15 or the appropriate electronic counterpart no later than 12 hours for facilities with 24-hour onsite medical staff and 24 hours for all other facilities.
2. Inmates placed in a single cell who are receiving mental health treatment must have a physical evaluation by a licensed health care provider (physician, mid-level provider, or nurse) completed as soon as possible and documented on the HSM-15 or the appropriate electronic counterpart no later than 12 hours for facilities with 24-hour onsite medical staff and 24 hours for all other facilities. The inmate will also be assessed the next working day by a Qualified Mental Health Professional (QMHP), mental health staff, or appropriately trained nursing staff using the nursing protocol for psychiatric symptoms. If a nursing protocol is used, the facility QMHP or the On-Call QMHP will be notified by the next day following segregation/restrictive housing placement.
3. All inmates placed in segregation/restrictive housing will also be appraised by a Qualified Mental Health Professional (QMHP) within 7 days. The mental health appraisal should include the following:
 - a. Inquiry: present suicidal ideation, history of suicidal behavior, prescribed psychotropic medication, current mental health complaint, currently treated for mental health problem, history of inpatient or outpatient treatment, history of substance abuse.
 - b. Observation: general appearance, general behavior, evidence of abuse and/or trauma, current symptoms of psychosis, depression, anxiety, and/or aggression.
 - c. Disposition: no referral to mental health, routine referral to mental health, emergent referral to mental health.
4. Inmates who go directly from one category of segregation/restrictive housing to another or from pre-hearing detention to solitary confinement do not require a second physical examination except when inmates are reassigned from one

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|--|---------------------------------------|-----------------------------------|
| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 9/8/2022 | NUMBER: E-39.1 Page 4 of 8 |
| | Replaces: 4/7/2017 | |
| | Formulated: 3/85 Reviewed: 07/2022 | |
| HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION / RESTRICTIVE HOUSING | | |

facility to another. When a segregated inmate is transferred to another facility, the inmate is to have a physical evaluation by a licensed health care provider (physician, mid-level provider, or nurse) completed as soon as possible and documented on the HSM-15 or the appropriate electronic counterpart no later than 24 hours after arrival to the receiving facility.

C. No inmate may be placed in any category of segregation or maintained beyond 12 hours in pre-hearing detention if his/her placement or maintenance in segregation/restrictive housing is likely to aggravate an existing medical/mental health condition or cause further deterioration or debilitation. An inmate who requires nursing care in an infirmary may not be housed in segregation. Inmates requiring inpatient mental health services or qualifying for special mental health programs (e.g., CMI-SH, CMI-TP, MHTDP, and PAMIO) may not be housed in extended restrictive housing without treatment.

D. Authorization for placement into segregation/restrictive housing status:

If the licensed health care staff performing the segregation/restrictive housing medical evaluation determines that an inmate has not been diagnosed as having a serious mental illness, and further determines that the inmate does not have a health condition that, based upon the above-stated guidelines, contraindicates placement in segregation, then the inmate may be placed in the designated segregation. Generally, the decision that an inmate does have a health condition that contraindicates placement in segregation is made by a facility physician, facility dentist for dental conditions, or qualified mental health professional for mental health conditions.

If a physician/mid-level provider is not present on the facility and placement in segregation/restrictive housing is contraindicated, the evaluating nurse is to communicate by telephone with a provider to obtain the necessary medical order.

Physician/mid-level provider telephone orders in this regard must be honored by security personnel as though given in person.

E. If a physician/mid-level provider determines that placement in segregation/restrictive housing is contraindicated for health reasons, the inmate's placement in segregation/restrictive housing may be deferred pending improvement in the inmate's condition. In the event of pre-hearing detention/solitary confinement, the health services representative to the disciplinary committee may recommend alternative placement. If a physician/mid-level provider, psychiatrist, or qualified mental health provider determines that segregation/restrictive housing is contraindicated for mental health reasons, the inmate will be transferred to an inpatient psychiatric facility for stabilization and/or further treatment.

| | | |
|---|---------------------------------------|-----------------------------------|
| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 9/8/2022 | NUMBER: E-39.1 Page 5 of 8 |
| | Replaces: 4/7/2017 | |
| | Formulated: 3/85 Reviewed: 07/2022 | |
| HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION / RESTRICTIVE HOUSING | | |

II. Access to Health Services

- A. Inmates confined in segregation/restrictive housing have direct access to medical, mental health, and dental services.
- B. Inmates confined in segregation/restrictive housing will be given all prescribed medications and treatments as ordered and observed as frequently as ordered.
- C.
 1. Security Detention, Protective Safekeeping P7, and Death Row Segregation
Inmates confined in these forms of segregation/restrictive housing must be observed by licensed health care staff daily. All inmates in security detention, protective safekeeping P7, or death row segregation/restrictive housing shall receive a weekly visit from mental health staff to ensure access to care. Inmates receiving mental health treatment in segregation/restrictive housing will be assessed for mental status and appearance at least once weekly.
 2. Pre-Hearing Detention, Transient Status Pending Outcome of an OPI, Cell Restriction, Solitary Confinement, and Temporary Detention
Inmates confined in these forms of segregation/restrictive housing must be observed by a licensed health care staff daily. Evaluations must include an inquiry into the inmate's physical and mental health status. Particular note must be made of cuts, bruises, or other evidence of trauma and alterations of mental and physical status. Vital signs and weight are taken as often as medically indicated. All inmates in these forms of segregation/restrictive housing shall receive a weekly visit from mental health staff to ensure access to care. Inmates receiving mental health treatment will be assessed for mental status and appearance daily.
 3. Management Status, Management Restrictions, and Dry Cell Isolation
Inmates in these forms of segregation/restrictive housing must be observed by licensed health care staff daily. Evaluations must include an inquiry into the inmate's physical and mental health status. Particular note must be made of cuts, bruises, or other evidence of trauma and alterations of mental and physical status. Vital signs and weight are taken as often as medically indicated. Inmates receiving mental health treatment will be assessed for mental status and appearance daily.
 4. **Single-Cell Assignments for Medical or Mental Health Reasons**
Inmates housed in single cells for contagious conditions (medical isolation), potentially contagious conditions (medical restriction), or mental health reasons, including Constant and Direct Observation (CDO), must be observed by a licensed health care provider daily.

| | | |
|---|---------------------------------------|----------------|
| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 9/8/2022 | NUMBER: E-39.1 |
| | Replaces: 4/7/2017 | |
| | Formulated: 3/85 Reviewed: 07/2022 | Page 6 of 8 |
| HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION / RESTRICTIVE HOUSING | | |

- D. All inmate-initiated medical complaints are to be treated and documented as a Sick Call Request (SCR) in accordance with CMHC policies E-37.1. The complaint should be recorded on an SCR form, logged, or scanned into the EMR. The SCR should be screened by a licensed health care professional who then enters the appropriate ATC reminder in EMR. If indicated, the patient should be screened by a licensed healthcare professional and referred to the appropriate healthcare provider.
- E. An inmate confined in segregation/restrictive housing must be transported promptly to the facility medical department, segregation/restrictive housing examination room, or other health care facility whenever a qualified health care provider or qualified mental health care provider determines that such access is clinically indicated. Under no circumstances may an inmate confined in segregation/restrictive housing be denied transfer to appropriate medical facilities when such transfer is determined to be clinically necessary.
- F. All inmates on mental health caseload remaining in extended segregation/restrictive housing (i.e., more than 30 days) will receive a behavioral health assessment by a QMHP every 30 days for the duration of segregation/restrictive housing status. Inmates in segregation/restrictive housing with no behavioral health disorders will receive a mental health assessment by a QMHP at least every 90 days for the duration of segregation/restrictive housing status.

III. Documentation of Daily Rounds by Licensed Health Care Provider

- A. Security Detention, Protective Safekeeping P7, Death Row segregation/restrictive housing, and Single Cell Assignments for Medical or Mental Health Reasons including CDO
 - 1. The individual(s) assigned to make nursing/medical rounds in the above-listed forms of segregation/restrictive housing will acknowledge completion of assignment by dating and signing the Certification and Record of Segregation/restrictive housing Visits form. The Certification and Record of Segregation/restrictive housing Visits form and a current housing list will be stapled together and maintained in chronological order in the medical department by the facility health administrator (TTUHSC)/practice manager (UTMB) for a minimum of 180 days.
 - 2. Mental Health rounds will be documented in a Mental Health segregation/restrictive housing Rounds Log.
 - 3. Any complaint or request for a health-related service from a patient housed in a

| | | |
|---|---------------------------------------|-----------------------------------|
| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 9/8/2022 | NUMBER: E-39.1 Page 7 of 8 |
| | Replaces: 4/7/2017 | |
| | Formulated: 3/85 Reviewed: 07/2022 | |
| HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION / RESTRICTIVE HOUSING | | |

single-man cell will be recorded on an SCR.

B. Pre-Hearing Detention, Transient Status Pending Outcome of an OPI, Cell Restriction, Solitary Confinement, and Temporary Detention

1. Upon notification of the patient's placement in the above forms of segregation, the facility medical department will document the initiation of a Solitary/Pre-Hearing Flow Sheet (HSN-46) or the appropriate electronic counterpart. Daily cell side visits by licensed health care providers and any complaints received or requests for a health-related service will be noted on the patient's HSN-46.
2. Upon the patient's release from pre-hearing detention/solitary confinement, the HSN-46 will be filed or scanned into the patient's health record.
3. All health-related complaints will be handled on the day received as an SCR in accordance with CMHC policy E-37.1.

C. Management Status, Management Restrictions, and Dry Cell Isolation

Upon notification of the patient's placement in the above forms of segregation, the facility's medical department will

1. Document receipt of notification by security to a licensed health care staff by completing Section II of the "Implementation of Management Status" form (Attachment A of A.D.-03.80); and
2. Document the initiation of an HSN-46 or the appropriate electronic counterpart. Daily cell side visits by licensed health care providers and any complaints received or requests for a health-related service will be noted on the patient's HSN-46.
3. Upon the patient's release from pre-hearing detention/solitary confinement, the HSN-46 will be filed or scanned into the patient's health record. A log of pre-hearing detention/solitary confinement rounds will be maintained.
4. All health-related complaints will be handled on the day received as an SCR in accordance with CMHC policy E-37.1.

| | | |
|---|---------------------------------------|-----------------------------------|
| CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL | Effective Date: 9/8/2022 | NUMBER: E-39.1 Page 8 of 8 |
| | Replaces: 4/7/2017 | |
| | Formulated: 3/85 Reviewed: 07/2022 | |
| HEALTH EVALUATION AND DOCUMENTATION INMATES IN SEGREGATION / RESTRICTIVE HOUSING | | |

Reference: Administrative Segregation/ Plan (March 2012)

AD-03.53 Solitary Confinement
AD-03.70 Cell Restriction for General Population Inmates
AD-03.80 Implementation of Inmate Management Status
Administrative Segregation/restrictive housing Plan
Protective Safekeeping Plan
Security Memorandum SM-01.29, "Inmate Management Restrictions"
Security Memorandum SM-03.04 Dry Cell Isolation Procedures
ACA Standard 4-4256
ACA Standard 4-4260
ACA Standard 4-4346 (Ref. 3-4353) Clinical Services
ACA Standard 4-4399 (Ref. 3-4369) Special Needs
ACA Standard 4-4400 (Ref. 3-4246), Segregation/restrictive housing (Mandatory)
ACA 4-RH-0001
ACA 4-RH-0003
ACA 4-RH-0010
ACA 4-RH-0012
ACA 4-RH-0014
ACA 4-RH-0029
ACA 4-RH-0030
ACA 4-RH-0031
ACA 4-RH-0033
ACA 4-RH-0034