

# STATE OF MONTANA DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE

Policy No. DOC 4.5.27	Subject: OFFENDER MENTAL HEALTH SERVICES			
Chapter 4: FACILITY/PROGRAM SERVICES		Page 1 of 3 and Attachment		
Section 5: Clinical Services		Effective Date:		
Department Director Signature: /s/ Brian Gootkin		Revised: 4/19/2021		
Medical Director Signature: /s/ Dr. Paul Rees				
Clinical Services Division Administrator Signature: /s/ Connie Winner				

## I. POLICY

The Department of Corrections facilities will provide access to mental health services at intake and as clinically indicated for offenders who require them.

### II. APPLICABILITY

All secure care facilities Department-owned and contracted, as specified in contract.

#### III. DEFINITIONS:

**Mental Disorder** – Exhibiting impaired emotional, cognitive, or behavioral functioning that interferes seriously with an individual's ability to function adequately except with supportive treatment or services. The individual also must:

- currently have or have had within the past year a diagnosed DSM mental disorder; and
- currently exhibit significant signs and symptoms of a mental disorder.

**Mental Health Staff** – Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

**Mental Health Services** – The use of a variety of psychosocial and pharmacological individual or group therapies, including biological, psychological, and social, to alleviate symptoms, attain appropriate functioning, and prevent relapse.

**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 offenders

**Severe Mental Illness** – A substantial organic or psychiatric disorder of thought, mood, perception, orientation or memory which significantly impairs judgment, behavior or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, or brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness.

# IV. DEPARTMENT DIRECTIVES

# A. Requirements

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- 1. Patients' mental health needs are addressed on-site or by referral to appropriate alternative facilities or community services.
- 2. Outpatient services include, at a minimum:
  - a. identification and referral of inmates with mental health needs;
  - b. crisis intervention services;
  - c. psychotropic medication management, when indicated;
  - d. individual counseling;
  - e. group counseling and/or psychosocial/psychoeducational programs; and
  - f. treatment documentation and follow-up
- 3. When commitment or transfer to an inpatient psychiatric setting is clinically indicated:
  - a. required procedures are followed;
  - b. transfers occur in a timely manner; and
  - c. patient is safely housed and adequately monitored until the transfer occurs
- 4. Offenders receiving outpatient mental health services are seen as clinically indicated but no less than every 90 days, and as prescribed in their individual treatment plans.
- 5. Mental health, medical, and substance abuse services are sufficiently coordinated such that patient management is appropriately integrated, medical and mental health needs are met, and the impact of these conditions on each other is adequately addressed.

# B. Commitment or Transfer to Inpatient Psychiatric Setting

- 1. When commitment or transfer to an inpatient psychiatric setting is clinically indicated:
  - a. required procedures are followed;
  - b. transfer occurs in a timely manner;
  - c. until transfer occurs and patient is safely housed, adequately monitored and appropriately treated.

# C. Patient Management

1. Mental Health, medical, and substance use services are sufficiently coordinated such that patient management is appropriately integrated, medical and mental health needs are met, and the impact of these conditions on each other is adequately addressed.

#### V. CLOSING

Questions concerning this policy should be directed to the Clinical Services Division administrator.

### VI. REFERENCES

- A. 53-1-203, MCA; 53-21-102(9)(a), MCA
- B. P-f-0.3; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2014
- C. MH-G-01; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015
- D. Y-G-04; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015

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E. ACA Standards for Juvenile Correctional Facilities, 2003

# VII. ATTACHMENT

Request for Mental Health Services