



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICY DIRECTIVE**

Policy No. DOC 4.5.13	Subject: <b>INTAKE/RECEIVING HEALTH CARE SCREENING</b>
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 6 and Attachment
Section 5: Clinical Services	Effective Date: July 15, 1999
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 health care unit or designated staff will perform a receiving screen on all offenders upon arrival at the facility to immediately identify and address emergent and urgent health care needs.

**II. APPLICABILITY**

All secure facilities Department of Corrections owned and contracted, as specified in the contract.

**III. DEFINITIONS**

**Health Care** – The sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of a population. Health care includes medical, dental, mental health, nutrition, and other ancillary services, as well as maintaining clean and safe environment conditions.

**Health Care Staff** – Includes qualified health care professionals and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

**Managed Care RN** – Coordinates the health care delivery system by cost containment efforts and utilization review for all offenders residing in Department facilities.

**Medical Clearance** – Clinical assessment of physical and mental status before an individual is admitted into a facility. The clearance may come from an on-site qualified health care professional or through an off-site qualified health care professional and is documented in writing.

**Mental Health Clearance** – A clinical assessment of mental status before an individual is classified and assigned a housing unit that is documented in writing.

**Qualified Health Care Professionals** – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

**Qualified Mental Health Professionals** – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses 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

**Receiving Screening** – A process of structured inquiry and observation intended to identify potential emergency situations among new arrivals and to ensure that offenders with known illnesses and those on medications are identified for further assessment and continued treatment.

**Responsible Health Authority** – The individual that arranges for all levels of health care and assures quality, accessible and timely health services for offenders. The individual is appointed by the Department director.

#### **IV. DEPARTMENT DIRECTIVES**

##### **A. General Requirements**

1. Receiving screening must be conducted as soon as possible and without unnecessary delay.
2. Offenders should not be released from the intake/receiving screening area until the receiving screening is completed.
3. Receiving screening must be conducted using a form and language fully understood by the offender, who may not speak English or may have a physical (e.g. speech, hearing, sight) or mental disability.
4. Receiving screening personnel must closely monitor and annotate the potential for suicide.
5. Signs of trauma or a reported history of trauma will be closely monitored and evaluated.

##### **B. Receiving Screen**

1. Reception personnel ensures that offenders who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, suicidal, or otherwise urgently in need of medical attention are referred immediately for care and medical clearance into the facility, except for juvenile offenders, who should be immediately referred to an outside facility for medical clearance. The mental health portion of the receiving screening is conducted by mental health staff when available on-site.
2. All facilities will complete an receiving health care screen form and use the screen results to determine immediate placement needs and appropriate referrals.
3. The receiving health care screen form includes inquires as to the offender's:
  - a. current and past illnesses (medical and mental), health and mental health conditions, or special health or mental health requirements (e.g. hearing impairment, visual impairment, wheelchair, walker, sleep apnea machine);
  - b. past infectious disease;
  - c. recent communicable illness symptoms (e.g. chronic cough, coughing up blood, lethargy);
  - d. weakness, weight loss, loss of appetite, fever, night sweats;
  - e. past or current mental illness, including hospitalizations and outpatient treatment; history of or current suicidal ideation;
  - f. dental problems (decay, gum disease, abscess);
  - g. allergies;
  - h. dietary needs;
  - i. prescription medications (including type, amount, and time of last use);

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- j. current state or history of alcohol or legal and illegal drug use (including type, amount, and time of last use);
  - k. current or prior withdrawal symptoms;
  - l. possible, current, or recent pregnancy;
  - m. history of and current use of psychotropic medication(s), including the name of the prescriber and pharmacy;
  - n. history and details of any suicidal behavior, including history of suicide watch during incarceration during prior incarceration at the facility; and
  - o. other health/mental health problems as specified by the responsible physician or mental health clinician.
4. The receiving health care screen form records receiving personnel's observations of the offenders:
  - a. appearance (e.g., sweating, tremors, anxious, disheveled);
  - b. behavior (e.g., disorderly, appropriate, insensible, delusions, hallucinations, communication difficulties, speech, posture, disorganization, memory defects);
  - c. state of consciousness (e.g., alert, responsive, lethargic);
  - d. ease of movement (e.g., body deformities, gait);
  - e. breathing (e.g., persistent cough, hyperventilation);
  - f. skin (e.g., including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, needle marks or other indications of drug use, and evidence of self-mutilation); and
  - g. any known indicators for suicidal potential.
5. For female juvenile offenders, the receiving screening includes these additional inquiries:
  - a. if there are children under her care;
  - b. type and time of most recent sexual encounter and use of contraception in order to screen for emergency contraception eligibility; and
  - c. victimization by recent sexual assault in order to screen for emergency contraception eligibility.
6. The disposition of the offender (e.g., immediate referral to an appropriate health care service, placement in the general population) is appropriate to the findings of the receiving screening and is indicated on the receiving screening form.
7. The receiving screening form will include the disposition of the offender and the date and time completed.
8. Receiving screening forms must include the printed name, signature and title of the staff member completing the form.
9. Facility health care providers will draw an IGRA Blood Test ( QuantiFeron TBGold test) from all offenders as recommended by the Center for Disease Control and current national standards. If the IGRA Blood Testing is not available, the facility health care providers will administer a two-step Tuberculin skin test to all offenders.
10. Potentially infectious offenders are isolated from the general offender population.
11. Prescribed medications will be reviewed and appropriately maintained within the scope of the approved formulary according to the offender's medication schedule before admission or alternate treatment will be initiated and documented.

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12. If a female offender is pregnant, an opiate history is obtained.
13. If a female offender reports current opiate use, she is immediately offered a test for pregnancy to avoid opiate withdrawal risks to the fetus.
14. Emergency contraception is available to female offenders during intake.
15. A pregnancy test is offered to all juvenile offenders upon arrival and the juvenile offender is referred to health staff within 48 hours for testing.
16. Sexually transmitted diseases (chlamydia, gonorrhea, HIV, and syphilis where there is significant prevalence) testing is offered to all female juvenile offenders upon arrival or within 24 to 48 hours, consistent with national guidelines.
17. Health care staff with regularly monitor receiving screens to determine the safety and effectiveness of this process.
18. When mental health staff are not on-site, mental health trained custody staff perform the mental health portion of the receiving screening, which is then reviewed by a qualified mental health professional on the next shift they are present so that the timeliness of referrals mitigates negative mental health consequences.
19. When offenders indicate they are under treatment for a medical, dental, mental health, or substance use problem, staff will initiate a request for a health summary from the community prescriber(s) after receiving a signed release from the offender.

**C. Referrals**

1. The facility will initiate referrals to address immediate health and mental health concerns in the following circumstances:
  - a. if offenders are unconscious, semiconscious, bleeding, or in need of urgent medical or mental health attention beyond the scope of what the facility can provide, referrals will be made to a community hospital for immediate treatment. Admission or return to the facility is predicated upon written medical clearance from the hospital and approval from the Clinical Services Division managed care RN;
  - b. if offenders have a chronic disease, chronic mental illness, symptoms of communicable disease or illness, or are on chronic care medications (e.g., insulin); referrals will be made to a physician or mid-level practitioner;
  - c. when offenders arrive with medications, unless the offender has received a physical prior to admission, referrals will be made to a physician or mid-level practitioner for a medication review. Offenders taking psychiatric medications will be referred to a psychiatrist for a psychiatric medication review;
  - d. if an offender reports suicidal ideation during the health care screen, a referral will be made for an urgent mental health evaluation by a qualified mental health professional and suicide precautions should be considered; and
  - e. if the offender demonstrates difficulties on the mental status examination that are significant enough to cause immediate concern for the offender's well-being or ability to function, initiate an urgent referral to a qualified mental health professional.

**D. Intake/Receiving Screen Form**

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1. Facilities will use the standardized Intake/Receiving Screen Form approved by the responsible health authority and ensure that they are filed in the offender's health record. The mental health portion of the form will be approved by the responsible health authority.
2. All facilities will establish routing procedures for the Intake/Receiving Screen form.
3. The receiving screening form includes the following offender inquiries into:
  - a. current and past illnesses, health conditions, or special health requirements;
  - b. past infectious disease;
  - c. recent communicable illness symptoms;
  - d. past or current mental illness, including hospitalizations;
  - e. history of or current suicidal ideation;
  - f. dental problems;
  - g. allergies;
  - h. dietary needs;
  - i. prescription medications;
  - j. legal or illegal drug use;
  - k. current or prior withdrawal symptoms;
  - l. possible, current, or recent pregnancy;
  - m. history of outpatient treatment;
  - n. history and current use of psychotropic medication(s);
  - o. history and details of suicidal behavior; and
  - p. current state or history of alcohol abuse.
4. Forms are dated and timed immediately on completion and include the name, signature, and title of the staff completing the form.
5. Youth immunization status will be completed on a separate form.

**E. Training**

1. Correction staff members may be trained to conduct an abbreviated intake interview to alert health care professionals to any urgent health care needs.
2. When health and mental health-trained correctional staff perform the receiving screen, they be trained by the responsible physician or designee in early recognition of medical or mental health conditions requiring clinical attention.
3. Training will be based on curriculum approved by the responsible physician and contain instructions on completing the receiving screen form and when to contact qualified health care professionals to determine appropriate dispositions of offenders.
4. Receiving screening personnel will be trained to conduct an intake/receiving screening to identify potentially emergency situations and to ensure offenders with known illnesses and those on medications are identified for further assessment and treatment.
5. Screening personnel are trained in aspects of mental health and chemical dependency to enable staff to intervene early to treat withdrawal and to prevent suicides.

6. Mental health staff are involved in training receiving/screening staff as offenders with mental disorders are often unable to give complete or accurate information in response to the screening form inquiries.

## **V. CLOSING**

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

## **VI. REFERENCES**

- A. 53-21-102(9)(a), MCA
- B. *ACA Standards for Juvenile Correctional Facilities, 2003*
- C. *P-B-06, P-E-02; National Commission on Correctional Health Care Standards for Health Services in Prisons, 20148*
- D. *MH-E-02; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
- E. *Y-E-02, Y-G-08; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- F. *DOC Policy 4.5.14 Offender Health Assessments*

## **VII. ATTACHMENTS**

[Intake/Receiving Screen Form](#)