



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

Policy No. DOC 4.5.14	Subject: OFFENDER HEALTH CARE ASSESSMENTS (MEDICAL, BEHAVIORAL HEALTH AND DENTAL)	
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 5	
Section 5: Clinical Services	Effective Date: Jan. 1, 1998	
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 facility health care units or designated staff will ensure that offenders receive initial and periodic health assessments to provide for their ongoing health care needs.

II. APPLICABILITY

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

III. DEFINITIONS

Active Problems – Current and active diagnosis relevant to the current care of the patient.

Acutely Suicidal (active) – Offenders who engage in self-injurious behavior or threaten suicide with a specific plan and are placed on constant observation to ensure safety.

Adverse Child Experiences – One or more of the following traumatic experiences in a person's life occurring before the age of 18: physical abuse, sexual abuse, emotional abuse, mental illness of a household member, problematic drinking or alcoholism of a household member, illegal street or prescription drug use by a household member, divorce or separation of a parent, domestic violence towards a parent, incarceration of a household member.

Health Assessment – The process whereby an individual's health status is evaluated, including questioning the patient about symptoms. The extent of the health assessment is defined by the responsible physician but should include at least the steps noted in NCCHC Standard P-E-04.

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.

Level 1 Mental Health Assessment – A standardized mental health screening process utilizing evidence-based tools and an interview by mental health staff to promptly identify and refer offenders who have significant mental health needs.

Level 2 Mental Health Evaluation – An interview conducted by a qualified mental health professional to identify an individual's current mental health status and mental health treatment needs, as well as history of mental illness and psychosocial factors across multiple domains of life.

Subject: OFFENDER HEALTH CARE ASSESSMENTS

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.

Physical Examination – An objective, hands-on medical evaluation of an individual to determine the presence or absence of physical signs of disease.

Problem List – A list detailing the physical, emotional, and behavioral problems relevant to the offender’s care and treatment. Problems on the list can change during the course of incarceration depending on the offender’s completion of treatment requirements related to the problem or the development of new problems during incarceration.

Psychosis – A serious mental illness (such as schizophrenia) characterized by defective or lost contact with reality often with hallucinations or delusions.

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.

Responsible Physician – A designated person who holds a physician's license pursuant to 37-3-102 and 37-3-303, MCA who has the final authority at a given facility regarding clinical issues.

Treatment Plan – The offender’s individualized, specific written course of therapy based on an assessment of the offender’s needs and the roles of qualified mental health staff in carrying it out. The treatment plan includes short- and long-term goals, is sensitive to cultural and language differences, and includes the methods by which goals will be pursued.

Vital Signs – Signs of life, specifically, height, weight, pulse rate, blood pressure, and body temperature.

IV. DEPARTMENT DIRECTIVES

A. General Requirements

1. The Responsible Health Authority (RHA) approves the health assessment form.
2. The responsible physician determines the components of an initial health assessment.

Subject: OFFENDER HEALTH CARE ASSESSMENTS

3. Facilities that operate diagnostic and intake programs will complete an initial health assessment on each offender within seven (7) days of arrival.
4. All offenders receive an initial mental health assessment within 14 days after admission to the correctional facility conducted by mental health staff or mental health professionals.
5. Mental health screening may be conducted by Qualified Mental Health Professionals or Qualified Health Care Professionals who have received documented training.

B. Health Assessment

1. The initial health assessment will include, but is not limited to, the following:
 - a. a qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow up from positive findings obtained during the receiving screening and subsequent encounters;
 - b. a qualified health care professional recording of vital signs (i.e., height, weight, pulse, blood pressure, and temperature);
 - c. a physical examination (including breast, rectal, and genitourinary exams as indicated by the patient's gender, age and risk factors) performed by a physician, physician assistant, nurse practitioner, or RN in a private setting..
 - d. when clinically indicated, a pelvic exam, or referral for a pelvic exam, with or without pap smear;
 - e. laboratory and/or diagnostic tests as determined by the responsible physician in juvenile populations;
 - f. tuberculosis test unless there is documentation from the health department that the prevalence rate does not warrant it in juvenile populations;
 - g. review of immunization history and update of schedules as needed in juvenile populations;
 - h. initiation of therapy when appropriate in juvenile populations;
2. All abnormal findings (i.e., history and physical, screening, and laboratory) are reviewed by the provider..
3. Specific problems are integrated into an initial problem list..
4. Diagnostic and therapeutic plans for each problem are developed as clinically indicated. .
5. A health history is completed on juveniles, which includes information on their participation in risky behavior, including sexual activity, is collected by qualified health care professionals.
6. The hands on portion of the health assessment for the juvenile population is performed by a physician, physician's assistant, nurse practitioner, or RN (the health assessment may be performed by an RN only when the nurse completes appropriate training that is approved by or provided by the responsible physician).

C. Mental Health Screening and Evaluation

Subject: OFFENDER HEALTH CARE ASSESSMENTS

1. The initial mental health screening (Level 1) includes a structured interview with inquiries into:
 - a. a history of:
 - 1) psychiatric hospitalization, psychotropic medication, and outpatient treatment;
 - 2) substance use hospitalization;
 - 3) withdrawal seizures;
 - 4) detoxification and outpatient treatment;
 - 5) suicidal behavior;
 - 6) violent behavior;
 - 7) victimization;
 - 8) special education placement;
 - 9) cerebral trauma or seizures;
 - 10) physical trauma or abuse;
 - 11) sex offenses;
 - 12) exposure to traumatic life events and losses for juvenile offenders; and
 - 13) recent stressors (conflict with family and others, breakup, unstable living conditions, death of a friend or family) for juvenile offenders.
 - b. the current status of:
 - 1) mental health symptoms and psychotropic medications;
 - 2) suicidal ideation;
 - 3) drug or alcohol use;
 - 4) drug or alcohol withdrawal or intoxication;
 - 5) orientation to person, place, and time;
 - c. the emotional response or adjustment to incarceration.
 - d. screening for intellectual functioning (i.e., mental retardation, developmental disability, learning disability).
2. The offender's health record contains results of the initial (Level 1) screening and documentation of referral or initiation of treatment when indicated.
3. offenders with screen positive Level 1 mental health problems are referred to a qualified mental health professional for further evaluation.
4. Mental health evaluations (Level 2) of offenders with positive screens should be completed within 30 days or sooner if clinically indicated.
5. Offenders who require acute mental health services beyond those available on-site are transferred to an appropriate facility.
6. Juvenile offenders who present with psychological distress are referred to qualified mental health professionals for further evaluation in a timely manner.
7. Offenders who require acute mental health services beyond those available on-site are transferred to an appropriate facility.
8. All offenders who screen positive for mental health problems on the initial (Level 1) screen are referred to a qualified mental health professional for further (Level 2) mental health evaluation.

Subject: OFFENDER HEALTH CARE ASSESSMENTS

9. Mental health evaluations (Level 2s) are completed by a qualified mental health professional or referred offenders within 30 days of arrival or sooner if clinically indicated.

D. Periodic Health Assessments

1. The designated health authority, in collaboration with qualified health care professionals, will determine the frequency and content of periodic health assessments based on:
 - a. the offender's current age, gender, and overall health-specific clinical practice guidelines; and
 - b. protocols promulgated by nationally-recognized professional medical organizations.

E. Records

1. Qualified health care professionals will enter the collected and reviewed data from the health assessment in the offender health record at the time of the assessment in accordance with *DOC Policy 4.5.37 Offender Health Record Format and Content*.

F. Restrictions

1. Qualified health care professionals will document any health or mental health-related accommodations on an offender's housing, work, or other activities, and communicate these accommodations to the appropriate facility staff.

G. Informing Offenders

1. Qualified health care professionals will:
 - a. inform the offender of test results and any recommendations for further evaluation, referral, or treatment; and
 - b. provide mental health and health education and disease prevention information to offenders during initial and periodic assessments.

V. CLOSING

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

VI. REFERENCES

- A. *ACA Standards for Juvenile Correctional Facilities*
- B. *P-A-07, P-E-04, P-E-05; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- C. *Y-E-04; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- D. *MH-E-04; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*

VII. ATTACHMENTS

None