



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

Policy No. DOC 4.5.14	Subject: OFFENDER HEALTH CARE ASSESSMENTS
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 6
Section 5: Clinical Services	Effective Date: Jan. 1, 1998
Department Director Signature: /s/ Reginald D. Michael	Revised: 08/11/2017
Medical Director Signature: /s/ Paul Rees, M.D.	
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 care facilities Department 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.

Mental Health Staff - Qualified health care professionals who have received instruction and

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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 and reports directly to the director on matters of health care.

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. Health Assessment

1. Facilities that operate diagnostic and intake programs will complete an initial health assessment on each offender within seven days of arrival. The initial health assessment will include, but is not limited to:
 - a. a review of the intake/receiving screening results;

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- b. the collection of 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;
 - c. a recording of vital signs;
 - d. a physical examination (including breast, rectal, and testicular exams as indicated by the offender's gender, age, and risk factors);
 - e. pelvic and pap examinations for adult females;
 - f. pelvic and pap examinations when indicated for juvenile females;
 - g. laboratory and/or diagnostic tests in adult populations for communicable diseases including sexually transmitted diseases as determined by the responsible physician based on recommendations from the health department;
 - h. laboratory and/or diagnostic tests as determined by the responsible physician in juvenile populations;
 - i. immunizations as appropriate in adult populations;
 - j. review of immunization history and update of schedules as needed in juvenile populations;
 - k. tuberculosis test for juvenile and adult populations based on Center for Disease control recommendations; and
 - l. for juveniles, a health history that contains information on the juvenile's participation in risky behavior, including sexual activity.
2. A physical examination must be performed by either a physician, physician assistant, nurse practitioner or registered nurse.
 3. When the health assessment is performed by a registered nurse, the nurse must complete appropriate training approved or provided by the responsible physician.
 4. All positive findings are reviewed by the treating clinician. Active problems are integrated into an initial problem list and diagnostic and therapeutic plans for each problem are developed as clinically indicated.

B. Mental Health Assessment and Evaluation

1. Facilities that operate diagnostic and intake programs will complete a Level 1 mental health assessment on each adult offender within 14 days of arrival and on each juvenile offender within 7 days of arrival.
2. The Level 1 mental health assessment utilizes:
 - a. a structured interview with inquiries into:
 - i. a history of:
 - 1) psychiatric hospitalization, psychotropic medication, and outpatient treatment;
 - 2) substance use hospitalization;
 - 3) detoxification and outpatient treatment;
 - 4) suicidal behavior;
 - 5) violent behavior;
 - 6) victimization;
 - 7) special education placement;
 - 8) cerebral trauma or seizures;
 - 9) physical trauma or abuse; and

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- 10) sex offenses; and
 - ii. the current status of:
 - 1) mental health symptoms and psychotropic medications;
 - 2) suicidal ideation;
 - 3) drug or alcohol use;
 - 4) orientation to person, place, and time; and
 - 5) for juveniles, recent stressors (conflict with family or others, breakup, unstable living conditions, death of family or friend); and
 - iii. emotional response to incarceration; and
 - b. administration of evidenced based mental health screening tools including, but not limited to:
 - i. a screening for suicidal ideation;
 - ii. a screening for mental health needs;
 - iii. a screening for readiness change;
 - iv. a screening for adverse childhood experiences;
 - v. a screening for substance abuse; and
 - vi. a screening for intellectual functioning which includes inquiry into history of developmental and educational difficulties;
 - 1) juvenile offenders who are identified as possibly developmentally delayed on group tests of intelligence or brief intelligence screening instruments may be further evaluated by use of a comprehensive, individually administered instrument.
3. Initial Level 1 mental health assessments are completed by trained mental health staff.
 4. All offenders with a positive Level 1 mental health assessment are referred to a qualified mental health professional for further Level 2 mental health evaluation.
 5. The assigned treating clinician reviews all positive findings.
 6. Level 2 mental health evaluations are completed by a qualified mental health professional on referred offenders within 30 days of arrival.
 7. Active problems are integrated into the health assessment problem list and diagnostic and therapeutic plans for each problem are developed as clinically indicated.
 8. Initial Level 1 mental health assessment results and any follow up mental health evaluations are maintained in the offender health record.
 9. Documentation of mental health referrals and treatments are maintained in the offender's health record.
 10. Offenders who are acutely suicidal or psychotic and are a danger to self and/or others should be continuously monitored until an emergency evaluation is completed by a qualified mental health professional to determine appropriate level of care and possible referral to another facility to safely address mental health needs.

C. Modified Health Assessments

1. Health assessments are not required for readmitted offenders when:

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- a. in adults, the previous health assessment was performed within the past 12 months;
 - b. in juveniles, the previous health assessment was performed within the last 90 days; and
 - c. the offender's current initial health screening status shows no change.
2. Offenders re-entering a secure facility within 12 months of release for adults and within 90 days of release for juveniles, will receive a modified health assessment to include, but not limited to:
 - a. review of the health record;
 - b. review of the current intake/receiving health screening results;
 - c. collection and review of laboratory and diagnostic tests to detect communicable disease; and
 - d. recording and review of vital signs.
 3. Offenders re-entering a secure facility within 12 months of release for adults and within 90 days of release for juveniles, will receive a modified mental health assessment to include, but not limited to:
 - a. review of mental health record;
 - b. review of current intake/receiving health care screening results;
 - c. collection and review of diagnostic tests related to mental illness; and
 - d. interview with offender to review previous Level 1 and/or Level 2 mental health assessments to ensure the assessments contain the most recent and accurate information while noting any changes.

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 restrictions on an offender's housing, work, or other activities, and communicate these restrictions 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

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- 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-E-04, National Commission on Correctional Health Care Standards for Health Services in Prisons, 2014*
- 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*
- E. *DOC Policies 4.5.13 Intake/Receiving Health Screen; 4.5.37 Offender Health Record Format and Content*

VII. ATTACHMENTS

None