



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

Policy No. DOC 4.5.22	Subject: HEALTH CARE CONTINUITY, COORDINATION, AND QUALITY OF CARE DURING INCARCERATION
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 4
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: /s/ Connie Winner	

I. POLICY

The Department of Corrections facility health unit will facilitate offender health care continuity from admission to discharge, including referral to community practitioners when indicated.

II. APPLICABILITY

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

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, 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.

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.

IV. DEPARTMENT DIRECTIVES

A. Clinical Care

1. Offenders receive medical, dental, and mental health services from admission to discharge per prescribers' recommendations, orders, and evidence-based practices.
2. Prescriber orders are implemented in a timely manner.

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3. If deviations from evidence-based practices are indicated, clinical justification for the alternative treatment plan while in custody is documented in the offender's record.
4. Diagnostic tests must be reviewed by a provider in a timely manner.
5. Treatment plans are modified as clinically indicated based on diagnostic test and treatment results as appropriate.
6. Treatment plans and test results must be shared and discussed with the offender.
7. For hospitalization, urgent care, emergency department, or specialty visits:
 - a. offenders are seen by a qualified health care professional or health care liaison (if appropriate) upon return;
 - b. recommendations are reviewed for appropriateness of use in the correctional environment; and
 - c. a provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow up.
8. If a qualified mental health professional is not on-site upon an offender's return from a hospitalization, urgent care, or emergency department visit, mental health staff immediately review the discharge orders and contact a mental health professional for orders as needed.
9. Evaluations (e.g., neurological, neuropsychological) and other specialty consultations (e.g., laboratory work, imaging procedures) are completed in a timely manner, with evidence in the record of the ordering clinician's review results. The clinician reviews the findings with the offender in a timely manner.
10. The responsible physician determines the frequency and content of periodic health assessments based on protocols of nationally recognized professional organizations.
11. Chart reviews are done to ensure that appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.

B. Health Records

1. Health care staff will:
 - a. obtain offender health records from previous providers when the information is clinically relevant to the treatment of recurrent, chronic, or exacerbated health conditions in accordance with health care information release procedures pursuant to *DOC Policy 4.5.38, Offender Health Record Access, Release, and Retention*;
 - b. when possible, anticipate the need for prior health records and information so that delays or alterations in prescribed care and treatment are minimized;
 - c. consult previous providers by telephone with regard to an offender's condition when prior health care and treatment records have not been obtained; and
 - d. handle health records for offenders transferring to other correctional facilities or community corrections programs in accordance with *DOC Policy 4.5.36, Health Records Transfer*.

C. Release Plans

1. Health care staff will make follow-up arrangements or provide referrals to community providers for offenders who will be released from a Department facility with critical medical or mental health needs.
2. For planned releases to the community, arrangements are made to initiate contraception for female offenders, upon request.

D. Discharge Orders and Planning

1. Health care providers will write discharge orders when offenders are released and require prescription medication for the continuing treatment of chronic illness.
2. Offenders will receive a minimum 30-day supply of medication.
3. Offenders with serious medical, dental, or mental health needs, arrangement or referrals are made for follow-up services with community prescribers, including exchange of clinically relevant information.
4. The facility has a process to assist offenders with health insurance application prior to release from the facility.
5. All aspects of discharge planning are documented in the offender's health record in a timely manner.
6. For planned discharges, mental health staff will:
 - a. arrange for a reasonable supply of current medications;
 - b. provide the offender with a list of resources and support commensurate with the offender's level of functioning; and
 - c. for offenders with critical mental health needs, make appointments with community providers, including exchange of clinically relevant information and arranging for psychiatric hospitalization as needed.

E. Acute Illness Medications

1. When offenders are on acute illness medications at the time of release, health care providers will encourage them to take their medication cards to complete the course of therapy consistent with accepted medical practice.

F. Juvenile Offenders

1. Females who are on a method of contraception in the community, either for birth control or medical indications, are able to continue that method after receiving screening.
2. The facility offers methods for initiating contraception while in custody, including medical indications.
3. For planned discharges, health staff will:
 - a. coordinate and document plans with the juveniles' legal guardian as appropriate;
 - b. arrange for a reasonable supply of current medications; and

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- c. for juveniles with identified medical, dental, or mental health needs, make arrangement for referrals for follow-up services with community clinicians, including exchange of clinically relevant information, and document those arrangements.

G. Offender Transports

1. Health care staff will ensure written instructions accompany any offender needing medication or medical care during transport between Department facilities or programs.
2. When offenders are referred for outside care, written or verbal information about the offender and the specific problem to be addressed must accompany them.

V. CLOSING

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

VI. REFERENCES

- A. *P-B-06, P-E-0912, P-F-01; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- B. *MH-E-09, MH-E-10; National Commission on Correctional Mental Health Services in Correctional Facilities, 2015*
- C. *Y-E-12, Y-E-13, Y-G-08; National Commission on Correctional Health Services in Juvenile Detention and Confinement Facilities, 2015*
- D. *DOC Policies 4.5.36, Health Records Transfer; 4.5.38, Offender Health Record Access, Release, and Retention*

VII. ATTACHMENTS

None