



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

Policy No. DOC 4.5.24	Subject: <b>OFFENDER HEALTH EDUCATION, PROMOTION, AND SELF-CARE</b>	
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 unit will provide education and information to offenders to promote a healthy lifestyle, self-care, disease prevention, early detection, treatment, and recovery.

**II. APPLICABILITY**

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

**III. DEFINITIONS**

**Exercise** – Increased aerobic activity that stimulates and improves physical and mental health through the use of large-muscle activities such as walking, jogging in place, basketball, and isometrics.

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

**Health Education** – Information provided to promote a healthy lifestyle, self-care, disease prevention, early detection, treatment, and recovery.

**Healthy Lifestyle Choices** – Behavioral strategies and personal choices that encourage health and minimize development of chronic disease.

**Heart-healthy Diet** – A low-fat, low-sodium, high-fiber diet recommended by the American Heart Association.

**Medical Diets** – Special diets ordered for temporary or permanent health conditions that may restrict the type, preparation, and amount of food.

**Mental Health Education** – Includes instructions on reducing relapses, using medication effectively, medication side effects, coping with stress, coping with problems and symptoms, and other information to help offenders develop personalized strategies for managing mental illness and achieving goals.

**Registered Dietitian Nutritionist** – Adopted by the Commission on Dietetic Registration for optional use by registered dietitians and is equivalent to the ‘registered dietitian’ designation still

in use.

**Self-Care** – Accepting responsibility for one’s own care and treatment that may include over-the-counter medication use.

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

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

1. Facility health care staff will provide offender education and counseling throughout incarceration to promote a healthy lifestyle, prevention, and recovery. Health staff document that offenders receive individual health education and instruction in self-care for their health conditions.
2. Health care education may be provided by health care staff, program staff, custody staff, a registered dietician nutritionist, or volunteers.
3. At the completion of the initial health and mental health assessments, health care staff will inform offenders of the recommended schedule for preventative health care exams in accordance with *DOC Policy 4.5.14 Offender Health Assessments*.
4. Health care education must be age and gender appropriate for the facility population. Staff will be trained in the techniques and methods that are effective based on gender and age.
5. The offender's health record will contain verification that the offender has received health care education.
6. Health education may be delivered individually or in a group setting and may include the following methods:
  - a. a wellness program;
  - b. chronic care system;
  - c. educational program;
  - d. pamphlets; or
  - e. audio- and videotapes.
7. Health care information pamphlets on a variety of topics are made available in areas accessible to all offenders.
8. Facilities provide a nutritionally adequate diet to the general population.
9. A registered dietitian nutritionist (RDN), or other licensed qualified nutritional professional, as authorized by state scope of practice laws, documents a review of the regular diet for nutritional adequacy at least annually.
10. The facility has a procedure in place to notify the RDN whenever the regular diet menu is changed.
11. Juveniles are informed that they can contact their parole officer or their own physician for help in accessing care for any medical, mental health, or substance abuse needs.

12. Counseling and social services regarding all aspects of sexuality are available to the juvenile population within a facility or by referral to appropriate community agencies for both males and females.

### **B. Health Education**

1. Health education should be designed to increase the offender's ability to monitor and manage needs.
2. Health education topics should include but are not limited to:
  - a. alcohol and other drugs;
  - b. chronic disease and disability;
  - c. comprehensive family planning, including services, contraceptive methods, and referrals;
  - d. counseling in preparation for release;
  - e. effects of smoking, use of tobacco products, and smoking cessation;
  - f. Hepatitis A, B, and C;
  - g. HIV infection and AIDS;
  - h. immunizations;
  - i. "keep-on-person" medications;
  - j. nutrition;
  - k. parenting skills;
  - l. perinatal care;
  - m. personal hygiene;
  - n. physical fitness;
  - o. prevention of sexual and other physical violence;
  - p. preventative oral health care;
  - q. sexually transmitted diseases;
  - r. stress management;
  - s. tuberculosis;
  - t. education; and
  - u. physical activity.

### **C. Mental Health Education**

1. Mental health education should be designed to empower mentally ill offenders to manage their illness, gain better control over their lives, keep their symptoms under control, reduce stress, and increase self-esteem.
2. Offenders are encouraged to take an active partnership role in their treatment.
3. Mental health education topics should include but are not limited to:
  - a. reducing relapse;
  - b. using medications effectively;
  - c. medication side effects;
  - d. coping with stress;
  - e. coping with problems and symptoms;
  - f. building social support;
  - g. advocating for effective treatments;

- h. personalized strategies for managing mental illness and achieving goals;
- i. the process of mental illness;
- j. mental health treatment alternatives;
- k. crisis planning;
- l. anger management;
- m. conflict negotiation; and
- n. coping with mental illness.

**D. Juvenile Exercise**

1. Exercise is provided to all custody classes of juveniles except those in transient status. Juveniles who are provided with opportunities to exercise daily, at least 1 hour, 7 days a week within their unit.
2. Exercise takes place outside the juvenile's room in an area large enough to accommodate the activity.

**E. Juvenile Personal Hygiene**

1. Facilities will provide sufficient services and supplies so that juvenile personal hygiene needs are met.
2. All custody classes of juveniles have the opportunity to take showers daily.
3. In every area where juveniles are detained for at least 48 hours, there is a tub or a shower with hot and cold running water.
4. Juvenile personal items include, at a minimum, the following: a. soap; b. comb; c. soft round-bristle toothbrush; d. toothpaste; e. deodorant; f. toilet paper; and g. for female juveniles, sanitary napkins and tampons.
5. Haircuts and individual shaving instruments are available to the juvenile population.
6. Juveniles receive a change of outer clothing three times a week, a daily change of underwear, and a weekly bed linen and towel change.
7. Shower, bath, and laundry facilities are in good working order for the juvenile population.

**F. Tobacco Use**

1. Smoking is prohibited indoors for adult offenders and staff. If the facility allows smoking outside, specific areas are designated.
2. For the juvenile population, smoking is prohibited, and tobacco may not be used in any form.

**V. CLOSING**

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

**VI. REFERENCES**

- A. *P-BF-01, P-B-03, P-B-06, P-D-05, P-F-01; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2014*
- B. *MH-F-01, MH-F-02; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
- C. *Y-F-01, Y-F-02, Y-F-03, Y-F-04, Y-F-05, Y-G-05; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2015*
- D. *ACA Standards for Juvenile Correctional Facilities, 2003*
- E. *DOC Policy 4.5.14 Offender Health Assessments; DOC 4.3.2 Menu Planning; DOC 3.4.3 Tobacco Use Regulations*

**VII. ATTACHMENTS**

None