



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

Policy No. DOC 4.5.24	Subject: OFFENDER HEALTH EDUCATION AND PROMOTION
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3
Section 5: Clinical Services	Effective Date: Jan. 1, 1998
Department Director Signature: /s/ Reginald D. Michael	Revised: 08/25/2017
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 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

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.

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.

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.
2. Health care education may be provided by health care staff, program staff, custody staff, a registered dietician nutritionist, or volunteers.

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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 are encouraged to adopt a general healthy diet to reduce the need for individual medical diets.
9. 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.

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 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; and
- s. tuberculosis.

3. Health care staff will counsel offenders who refuse prescribed diets.

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.

V. CLOSING

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

VI. REFERENCES

- A. *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; 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*

VII. ATTACHMENTS

None