



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

Policy No. DOC 4.5.6	Subject: ADMINISTRATIVE MEETINGS AND REPORTS	
Chapter 4: FACILITY/PROGRAM SERVICES		Page 1 of 3
Section 5: Clinical Services		Effective Date: June 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 facilities will hold administrative meetings and generate reports to coordinate health care and mental health services delivery system through joint monitoring, planning, and problem resolution.

II. APPLICABILITY

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

III. DEFINITIONS

Clinical Policy Team – A team which may consist of the Department Clinical Services Division administrator, bureau chief, medical director, dental director, managed care RN, facility or program designated health authority, mental health or psychiatric representative, and facility or program administrator.

Designated Health Authority – Regardless of local title, the individual at the facility or program level who is responsible for health services, as designated by the Responsible Health Authority.

Facility Administrator – The official, regardless of local title (administrator, warden, superintendent), ultimately responsible for the facility or program operation and management.

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.

Medical Director – The physician(s) designated by the Clinical Services Division administrator to oversee clinical practice decisions requiring medical judgments for offenders under Department jurisdiction.

IV. DEPARTMENT DIRECTIVES

A. Reviews

1. The designated health authority will conduct annual health care program reviews at the request of the responsible health authority and/or medical director. Results will be forwarded to the facility administrator, responsible health authority, and the medical director.

2. The review will include, at a minimum, the following information:
 - a. the number of offenders receiving health services by category of care;
 - b. referrals to specialists;
 - c. deaths;
 - d. infectious disease monitoring (e.g., hepatitis, HIV, STDs, TB);
 - e. emergency services provided to patients;
 - f. dental procedures performed;
 - g. any staffing, space, or equipment issues or needs;
 - h. access, timeliness of health services, and follow-up; and
 - i. missed appointments.

B. Clinical Policy Team Meetings

1. The clinical policy team meetings will:
 - a. be chaired by a designated member of the clinical policy team;
 - b. be documented;
 - c. convene at least semiannually;
 - d. focus on monitoring, planning, and problem resolution within the adult and youth health care delivery systems;
 - e. provide agendas that include review of quarterly monitoring reports and sentinel events, discussion of interdepartmental problems and health care system effectiveness; and
 - f. include the following personnel:
 - 1) the health services manager;
 - 2) the designated health authority for each facility;
 - 3) facility administrators;
 - 4) the Department managed care nurses;
 - 5) physician(s);
 - 6) pharmacists/pharmacy consultants;
 - 7) psychiatrist(s);
 - 8) the Department dental director;
 - 9) mid-level practitioners; and
 - 10) Business Management Services Division and Contract Placement Bureau representatives.

C. Facility Health Care and Mental Health Services Staff Meetings

1. The designated health authority will meet at least quarterly with health care staff to review administrative and procedural issues.
2. The meetings will be documented and notes will include:
 - a. an account of health care system effectiveness;
 - b. a description of any environmental health factors that need improvement;
 - c. policy and procedure issues;
 - d. changes effected since the last report;
 - e. recommended corrective action, and

- f. will be retained for reference, and copies will be reviewed and made available to all health staff.

D. Reports

Statistical reports of all health and mental health services will be created and will be forwarded to the facility administrator, responsible health authority, and medical director to monitor trends in the delivery of services.

V. CLOSING

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

VI. REFERENCES

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

VII. ATTACHMENTS

None