



MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Table with 2 columns and 5 rows containing metadata: Procedure No., Subject, Reference, Effective Date, and Signatures.

I. Purpose:

To establish guidelines and procedures governing the mental health care of inmates who are identified as victims of sexual assault or sexual misconduct as outlined in the PREA (2003).

II. Definitions:

Mental Health Staff - includes qualified health care professionals and others who have received special instruction and supervision in identifying and interacting with individuals who need mental health services.

Mental Health Therapeutic Intervention - any intervention by a licensed or license-eligible clinical therapist or clinical psychologist.

PREA - Prison Rape Elimination Act of 2003.

Qualified Mental Health Professionals: includes psychiatrists, psychologists, psychiatric social workers, licensed professional counselors, psychiatric nurses, or others by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

III. Procedures:

A. Offender Reporting.

Mental health staff receiving initial reports of sexual misconduct / sexual assault from inmates will immediately write an incident report and notify the Command Post of the incident.

B. Access to Emergency Mental Health Services.

- 1. Immediately upon receiving information from custody staff and/or medical staff that an inmate has been a victim of sexual assault, the mental health staff member who received the information will complete an MSP Mental Health PREA Follow-Up Questionnaire (Attachment A) to ascertain suicide ideation. If mental health staff is not available, Command Post staff will complete the MSP Emergency Interview

*Questionnaire (Attachment B)* form and contact the on-call qualified mental health professional to confirm and coordinate the findings of the *MSP Emergency Interview Questionnaire (Attachment B)* form.

2. After interviewing the inmate, the mental health staff member will contact the on-call qualified mental health professional for further instructions.
  3. If the *MSP Emergency Interview Questionnaire (Attachment B)* indicated current suicide risk, the on-call qualified mental health professional will perform a suicide risk assessment utilizing the *MSP Mental Health PREA Follow-Up Questionnaire (Attachment A)* and *PREA Risk Assessments Questions # 1 & 2 Follow-Up forms (Attachment C & D)*
  4. If the on-call qualified mental health professional deems the inmate a suicide risk, the inmate will be placed in the infirmary, with the appropriate level of observation, and will be seen by the qualified mental health professional within 12 hours.
  5. The on-call qualified mental health professional will refer the victimized inmate to a clinical therapist for follow-up treatment interventions. Inmate victims of sexual abuse shall receive timely, unimpeded access to crisis intervention services, the nature and scope of which are determined by the clinical therapist according to their professional judgment.
  6. The on-call qualified mental health professional will refer the inmate perpetrator to a clinical therapist for follow-up treatment interventions. Clinical therapists will conduct a mental health evaluation of inmate perpetrators of sexual abuse within 60 days of learning of such abuse history and will offer treatment when deemed appropriate.
  7. Staff documentation and completed forms, including a treatment plan, will be placed in the inmate's mental health file.
- C. Ongoing Mental Health Care for Sexual Abuse Victims and Perpetrators of Inmate Abuse
1. Clinical therapists will offer mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
  2. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
  3. Follow-up meetings with a clinical therapist will occur within 14 days of an initial intake screening if the inmate indicates to a staff member that they experienced prior sexual victimization or was the perpetrator of sexual abuse and would like to meet with mental health.
    - a. Clinical therapists shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.
- D. Inmate Refusal of Care
1. If the inmate victim or inmate perpetrator refuses mental health therapeutic interventions following a sexual assault or misconduct, the clinical therapist will document the refusal utilizing a Montana State Prison Refusal of Treatment Form (see attachment C).

**IV. Closing:**

Questions concerning this operational procedure will be directed to the Health Services Manager.

**V. Attachments:**

Montana State Prison Refusal of Treatment

Attachment A

PREA Risk Assessment Question # 1 Follow-up

Attachment B

PREA Risk Assessment Question # 2 Follow-up

Attachment C

MSP Mental Health PREA Follow-up Questionnaire

Attachment D

# Montana State Prison

## Refusal of Treatment

Print:

\_\_\_\_\_  
Resident Name (last, First) \_\_\_\_\_  
Unit  
Inmate / Date

I, \_\_\_\_\_, DOC ID #: \_\_\_\_\_, an Inmate at \_\_\_\_\_

Montana State Prison **refuse** to have the following recommended treatment:

**MEDICAL**

**MENTAL HEALTH**

Description of treatment or therapy refused:

Purpose of treatment or therapy refused:

recommended by: \_\_\_\_\_

I acknowledge that I have been informed of the below risk and possible consequences that include, but are not limited to the following and which may result in serious adverse health effects including death.

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**To be completed by Inmate:**

Reason for Refusal:

Comments:

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I hereby release Montana State Prison and their employees, agents, contractors and Independent Providers from **all** responsibility for any and all affects that may result from the above refusal.

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Inmate's Signature

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DOC ID #:

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Date / Time:

Witness

Position

Date / Time:

Revised: 29 AUG, 2013

Yellow copy is given to the Inmate, the pink copy is the unsigned record, the signed white copy is placed in the Inmates Health Record

Montana State Prison  
PREA Risk Assessment  
Question #1 Follow-Up Form

Report Date: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ AO#: \_\_\_\_\_

Reporting Person Name: \_\_\_\_\_ Title: \_\_\_\_\_ Unit: \_\_\_\_\_

Ask following questions:

1. Name of facility where incident occurred?

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

2. When did the incident occur?

\_\_\_\_\_

3. Who was the abuser(s)?

\_\_\_\_\_

4. Was the incident reported to the facility?

\_\_\_\_\_

5. Was the incident investigated by the facility?

\_\_\_\_\_

6. Brief explanation of type of sexual abuse?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Additional comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If inmate refuses to sign, note on form and forward to PCM.)

Reporting Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Forward signed report to PCM.**

Montana DOC  
PREA Risk Assessment  
Question #2 Follow-Up Form

Report Date: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ AO/JO#: \_\_\_\_\_

Inmate Date of Birth: \_\_\_\_\_ Inmate Current Age: \_\_\_\_\_

Inmate Social Security Number: \_\_\_\_\_

Reporting Person Name: \_\_\_\_\_ Title: \_\_\_\_\_ Unit: \_\_\_\_\_

Ask following questions:

8. How old were you when this occurred? \_\_\_\_\_

9. Was the incident reported to law enforcement? \_\_\_\_\_

10. Was the incident investigated by law enforcement? \_\_\_\_\_

*(If answer to #2 and #3 is yes, stop here and send report to PCM and upload to OMIS/SharePoint.)*

*(If answer to #2 and #3 is no, continue report.)*

11. When did the incident occur? \_\_\_\_\_

12. Where did the incident occur? City: \_\_\_\_\_ State: \_\_\_\_\_

13. Who was the abuser? Name: \_\_\_\_\_ Relationship to victim: \_\_\_\_\_

14. Brief explanation of type of sexual abuse?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reporting Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by PCM: \_\_\_\_\_ Date: \_\_\_\_\_ Reported By PCM: YES / NO

**\*Forward signed report to PCM.**

**NOTE:** The PCM will report to CPS @ 866-820-5437 or APS @ 1-800-551-3191 if victim is under 18 or a vulnerable adult. For clarification see explanation from legal dated 08/14/19.

\*Vulnerable adult: older person (at least 65 years old) or person with a developmental disability (neurologically disabling condition, results in the person having a substantial disability); See 52-3-811, MCA and 53-20-102, MCA

## Montana State Prison Mental Health PREA Follow-Up Questionnaire

This form is to be used to screen for and offer mental health services to victims and alleged perpetrators of sexual assault in accordance with PREA Standards, sections 115.82 and 115.83. Copies of this assessment are to be kept strictly **confidential** unless release is required by law.

### A. General Information:

Inmate Name and AO# \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ hrs. Unit: \_\_\_\_\_

### B. Reason for Referral:

Describe what triggered this referral:

- Stated sexual assault victim
- Stated sexual assault perpetrator
- Physical evidence of possible sexual assault
- Other inmates' statements regarding sexual assault
- Increase or decrease in normal behaviors possibly indicating sexual assault
- Other: \_\_\_\_\_

### C. Statements from the Inmate:

What did the inmate say to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### D. Inmate appearance:

How does the inmate appear?

- Normal     Angry     Sad
- Tearful     Happy     Other \_\_\_\_\_

### E. Inmate behavior:

How did the inmate act during interview? \_\_\_\_\_  
\_\_\_\_\_

When you talked to him was he:

- Cooperative                       Uncooperative
- Hostile                               Suspicious

### F. Mental Health/Security issues:

What does the inmate want to happen now?

- Nothing further
- To receive additional medical follow-up
- To receive evaluation from mental health staff
- To speak to a clinician or mental health tech
- To speak to a religious activities staff member
- To speak to the PREA coordinator or investigator
- Other \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

MSP 4.5.100, Suicide Risk management

Attachment B

Effective July 13, 2009

*\*Please fill out Section G for suicide or self-harm after speaking to Command Post and Mental Health Staff:*

### G. \*Suicide or self-harm intent:

1. Does the inmate report any thoughts of suicide or self-harm?     Yes     No

If yes, what statements were made?: \_\_\_\_\_  
\_\_\_\_\_

2. Does the inmate report any intent to harm others?



Yes     No

If yes, what statements were made? \_\_\_\_\_

\_\_\_\_\_

3. What further action do you think is necessary?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Referral made to:

- Mental Health Clinician     Infirmary
- Case Manager     Classification/Placement
- PREA Coordinator/Investigator     Legal Department
- Other: \_\_\_\_\_

5. Is there anything that security or other staff can do to help this situation in the meantime?     Yes     No

If yes, what? \_\_\_\_\_

\_\_\_\_\_

## H. Outcome:

Mental Health person contacted: \_\_\_\_\_

Mental Health and / or Staff Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Position: \_\_\_\_\_