| STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS | Title: HEALTHCARE | HEALTHCARE SERVICES | | |
|---|-------------------|---|------------|--|
| Chapter: Programs – Healthcare Services | #351 | Supersedes: #351, dated 02/10/1986; #352, dated 10/20/1982; #361.01.07, dated 08/20/1997; #361.01.08, dated 08/20/1997; #363.01, dated 04/09/2004; #408.02, dated 01/05/2004; Interim Memo: Keep-On-Person Inmate Self-Medication Program, dated 07/27/2010 | | |
| Attachments, Forms & Companion Documents All attachments, forms, and companion | | e DOC website. | | |
| Local Procedure(s) Required: No Applicability: All staff (including contractors ar Security Level: "B" – Anyone may have access | • | | | |
| Approved: SIGNED | 11/14/2017 | 11/28/20 | 117 | |
| Lisa Menard, Commissioner | Date Signed | | | |

PURPOSE

The purpose of this administrative directive is to identify the Vermont Department of Corrections' (DOC) philosophy and policies regarding the provision of healthcare services to inmates.

PHILOSOPHY

It is the philosophy of the DOC to provide healthcare services in DOC facilities. These services shall be administered in a humane and professional manner, with respect to inmates' constitutional rights to healthcare and protection from cruel and unusual punishment. Health services staff shall ensure that the basic healthcare rights of inmates are protected, including the rights to:

- Access professional medical, mental health, and dental care in accordance with prevailing medical standards;
- Receive care, treatments, and tests which are ordered by a qualified healthcare professional (QHCP);
- Consent to and refuse treatment;
- Have advanced directives; and
- Preserve the confidentiality of their protected health information.

All healthcare services shall be predicated on sound scientific principles, evidence-based practices, and methods of care optimally tailored for a correctional environment. Services shall be provided by licensed, certified, professionally trained, and appropriately credentialed personnel.

AUTHORITY

28 V.S.A. § 102; 28 V.S.A. § 801; 28 V.S.A. § 808; 28 V.S.A. § 808a; 28 V.S.A. § 907

REFERENCE

National Commission on Correctional Healthcare, Standards for Health Services in Jails, 2014; National Commission on Correctional Healthcare, Standards for Health Services in Prisons, 2014;

POLICY

It is the policy of the DOC to provide healthcare services to meet the medical, mental health, and dental needs of all inmates in accordance with the prevailing medical standards. Unreasonable barriers to inmates' access to healthcare services shall be avoided. All clinical decisions and actions pertaining to an inmate's healthcare shall be made by a QHCP, in accordance with prevailing medical standards for correctional environments.

National Commission on Correctional Healthcare (NCCHC) accreditation for the provision of healthcare services in correctional facilities shall be maintained.

Upon admission, the healthcare services program shall identify inmates who require services. In addition, the health services program shall provide emergency and crisis intervention services consistent with the standards of care specified by NCCHC. All inmates requesting healthcare services shall receive medical services provided by a QHCP.

All inmates shall receive an Initial Healthcare Receiving Screening upon admission, including a mental health screening, to ensure that emergent and urgent mental health needs are identified. Inmates who screen positively on the initial screening shall receive an initial mental health assessment performed by a qualified mental health professional (QMHP) and possible further mental health evaluations.

Inmates may submit a healthcare request form to be seen by a member of the health services team. Upon intake, inmates will be provided with information on the process for requesting healthcare services.

Healthcare services provided in correctional facilities are designed to achieve high standards regarding the following factors:

- Continuity of care, with regard to providing ongoing treatment for individuals that are admitted to, and released from, DOC custody;
- Care planning, which aids the ability to coordinate and manage care for individuals as they transition between the community and correctional facilities;
- Data sharing, which facilitates the availability of individuals' health information within and between the community and DOC facilities;
- Standardization of procedures for prior authorization and utilization management;

- Data collection and metrics, which are collected and monitored to achieve transparency, establish accountability, and improve performance;
- Effective governance and oversight of the health services program staff;
- Sound financial management; and
- Continuous Quality Improvement, through regular auditing, reviews of sentinel events, and performance-based indicators.