MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS F-06.0 PREA MENTAL HEALTH ASSESSMENTS**
Effective Date:	11/01/2010 Page 1 of 2
Revision Date(s):	10/01/2020; 06/30/2026
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I. PURPOSE

Establish requirements for the mental health care of inmates who are identified as victims of sexual assault or sexual misconduct as outlined in the Prison Rape Elimination Act (PREA) of 2003.

II. DEFINITIONS (see Glossary)

III. GENERAL REQUIREMENTS

A. Offender Reporting

1. Mental health staff receiving initial reports of sexual misconduct or sexual assault from inmates will immediately write an incident report and notify the Prison Base of the incident.

B. Access to Emergency Mental Health Services

1. Immediately upon receiving the *PREA Risk Assessment* form 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 review the *PREA Risk Assessment* with the offender to ascertain suicide ideation.
   a. Note: If mental health staff are not available, Prison Base staff will document applicable information and contact the Qualified Mental Health Professional (QMHP) to confirm and coordinate the findings.
2. If the applicable form indicates current suicide risk, the QMHP will perform a suicide risk assessment and document it in the Electronic Health Record (EHR).
3. If the QMHP deems the inmate a suicide risk, the inmate will be placed in the safety management cell and seen by the QMHP within 24 hours.
4. The QMHP will refer the victimized inmate to a clinical therapist for follow-up treatment interventions.
   a. 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 professional judgment.
5. The QMHP will refer the inmate perpetrator to a clinical therapist for follow-up treatment interventions.
   a. 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.

6. Staff documentation and completed forms, including a treatment plan, will be added to the inmate's mental health record in the EHR.

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. If an inmate indicates to a staff member that the inmate experienced prior sexual victimization or was the perpetrator of sexual abuse and would like to meet with mental health staff, follow-up meetings with a clinical therapist will occur within 14 days of an initial intake screening.
   a. Unless the inmate is under the age of 18, clinical therapists will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

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 in the EHR.

IV. CLOSING

Questions about this procedure should be directed to the Mental Health Services Manager.