



VOLUME 4: MEDICAL SERVICES	Effective Date: 01/2006
CHAPTER 2	Revision Date: 01/2017
4.2.1 RECEPTION HEALTH CARE POLICY	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. POLICY

California Correctional Health Care Services staff shall evaluate each patient for health care needs upon arrival at a California Department of Corrections and Rehabilitation designated reception institution.

II. PURPOSE

To provide patients with continuity of health care and an introduction to the Complete Care Model; identify health care conditions needing treatment and monitoring; ensure emergent and urgent health needs are met; screen for communicable diseases and chronic conditions; and stratify risk within the received patient population.

III. DEFINITIONS

Care Management: A collaborative process of patient assessment, evaluation, advocacy, care planning, facilitation, and coordination. The extent of care management services varies according to the complexity of the patient.

Initial Health Assessment: A complete history and physical examination performed by a Primary Care Provider (PCP).

Initial Health Screening: An initial interview conducted by nursing staff with the arriving patient that identifies immediate needs and provides medication continuity.

IV. TIMEFRAMES

- A. Urgent and emergent needs shall immediately be referred to the Triage and Treatment Area or a higher level of care.
- B. All patients shall have an initial visit with the Nurse responsible for Care Management within 30 calendar days or within seven calendar days of arrival if the patient is known to be high risk or has one of the following criteria noted on the initial health screening:
 1. More than one current disease process noted.
 2. Systolic Blood Pressure greater than or equal to 160.
 3. Diastolic Blood Pressure greater than or equal to 99.
 4. Clinically relevant medication non-compliance.
- C. Within seven calendar days of arrival at the reception institution, each patient shall receive an Initial Health Assessment performed by a PCP.
- D. A routine consult to mental health shall be requested for patients exhibiting any of the characteristics of mental illness (e.g., abnormal behavior, evidence of hallucinations), or evidence of self-harm within the past 12 months.
- E. An emergent consult to mental health shall be requested for patients identified as having an emergent mental health condition such as suicidal ideations or current self harm.
- F. A patient shall be referred immediately to dental health services when identified as having an emergent dental condition.

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G. Patients shall be referred to Mental Health and Dental Services within the timeframes specified in the appropriate program guides.

V. RESPONSIBILITY

The Chief Executive Officer or designee of each institution is responsible for the implementation, monitoring, and evaluation of this policy.

VI. REFERENCES

- California Department of Corrections and Rehabilitation, Armstrong Remedial Plan, *Armstrong v. Brown*, U.S. District Court of Northern California, Amended January 3, 2001
- California Department of Corrections and Rehabilitation, Clark Remedial Plan, *Clark v. California*, U.S. District Court of Northern California, March 1, 2002
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System Program Guide, 2009, Chapter 2, Reception Center Mental Health Assessment
- California Department of Corrections and Rehabilitation, Inmate Dental Services Program Policies and Procedures, Chapter 2.1, Initial Health Screening - Receiving and Release
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1, Complete Care Model
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 3, Health Care Transfer
- California Correctional Health Care Services, Population Management/Care Coordination Nursing Care Management Service Operational Guide, December 2, 2014