



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 700-01	PAGE NUMBER Page 1 of 4
		DISTRIBUTION:	Public
		SUBJECT:	Responsibility and Organization of Clinical Services
RELATED STANDARDS:	ACA 5-ACI: 6B-01(M), 6B-02(M), 6B-03(M), 6B-07(M), 6B-08(M), 6D-01, 6D-04	EFFECTIVE DATE:	10/01/2023
		SUPERSESSION:	New Policy
DESCRIPTION: Clinical Services	REVIEW MONTH: September	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to ensure that offenders will be provided with healthcare services that maintain basic health and prevent other than normal physical and emotional deterioration. Clinical services include medical, nursing, dental, optometry, pharmacy, psychiatry, mental health, intellectual and developmental needs, drug and alcohol, and sex offender treatment services.

II. PURPOSE

The purpose of this policy is to provide an overview of the structure, authority, and general operating principles for the administration of clinical services within the DOC.

III. DEFINITIONS

Emergency Medical Care:

Emergency medical, mental health, and dental care is defined as a condition that without immediate attention could result in loss of life or permanent disability.

Health Care Professional:

Staff who perform clinical duties, such as healthcare practitioners, nurses, licensed professional counselors, social workers, and emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.

IV. PROCEDURES

1. General Overview:

- A. The director of Clinical and Correctional Services serves as the *health authority with responsibility for ongoing health care services pursuant to a written agreement, contract, or job description* [ACA 5-ACI-6B-01(M)] and will be designated, in writing, by the secretary of corrections (SOC). The designated health authority is responsible, in collaboration with the responsible chiefs of clinical services, for the provision of health care services to ensure system-wide medical, nursing, psychiatry, optometry, pharmacy, dental, mental health, and sex offender treatment, as well as drug and alcohol diagnostic and treatment services to offenders incarcerated in DOC operated facilities.

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1. The director of Clinical and Correctional Services designates local health authority to the health services administrators (HSA) at each facility.
 2. ***When the HSA is other than a physician, final clinical judgments rest with a single, designated, (the facility's) responsible physician.*** Final medical judgments will rest with the chief medical officer [ACA 5-ACI-6B-01(M)].
 - a. The chief medical officer will consult with the other chiefs of services when indicated.
- B. The chief medical officer (CMO) is responsible for ensuring that adequate and medically necessary care is provided regarding specialty referrals, diagnostic studies, and other external healthcare services in accordance with nationally recognized criteria and/or criteria defined by DOC. The CMO will perform a review to determine the medical appropriateness of hospital care according to nationally recognized standards, consult with specialists and specialty services, and assist in maintaining a comprehensive practitioner network.
- C. Chiefs of Clinical Services:
1. The chief of clinical operations (CCO) is responsible for administrative oversight of the legislatively appropriated line-item budget, clinical services employees and contract workers, and system-wide healthcare operations of the DOC. The CCO will:
 - a. ***Establish a mission statement, which defines the scope of health care services*** (see attachment #1, Clinical Services Mission and Vision Statement) [ACA 5-ACI-6B-01 (M)].
 - b. Conduct meetings at least monthly with the clinical services management team to monitor the business of clinical services and to establish systems for the coordination of care among multi-disciplinary healthcare providers.
 - c. Establish and maintain offender's health records and related system-wide electronic data systems, associated policies, and procedures that assure the privacy of medical, dental, and behavioral health records, transfer of health records with the offender, and compliance with state and federal laws.
 - d. Ensure the clinical compliance and education specialist ***develops a quality management program*** [ACA 5-ACI-6B-01 (M)].
 - e. Prior to completing performance plans and evaluations of facility HSAs, the chief of clinical operations will request input from the respective warden or designee to establish performance requirements and review ratings related to security operations and compatibility with correctional missions.
 2. The chief of behavioral health is the authority responsible for the oversight of behavioral health employees and operations, and will:
 - a. Meet with behavioral health management teams as requested by the HSA.
 - b. Identify the licensure and certification of behavioral health staff needed to provide the determined scope of services.
 - c. Develop operational behavioral health policies and procedures.
 - d. Provide input to HSAs for the completion of performance plans and evaluations of behavioral health staff.
 - e. Ensures the integrity of mental health care/delivery of services and compliance with ACA expected practices.
 3. The chief dentist is responsible for the administrative oversight of dental employees and dental services operations, and will:
 - a. Conduct routine meetings with dental staff to monitor the operations of dental services.
 - b. Ensure that emergent, urgent, and routine dental care is provided to each offender under the direct supervision of a licensed dentist.
 - c. Establish policies and procedures that are consistent with the American Dental Association.
 - d. Establish a defined dental charting and numbering system for assessment documentation.
 - e. Provide input to HSAs for the completion of performance plans and evaluations of dental staff.
 4. Each chief of clinical services will maintain a clearly defined relationship with each correctional facility. The following principles will be followed to ensure an effective relationship between clinical services and the facilities served:
 - a. Clinical services is responsible for providing healthcare to incarcerated offenders.

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- 1) The chiefs of clinical services are responsible for ensuring that treatment is provided within acceptable designated time frames according to priority.
- 2) The chiefs of clinical services are responsible for the delivery of care within their respective specialty including medical services, behavioral health services, and dental services.
- 3) The chiefs of clinical services are responsible for developing and maintaining clinical standards for their respective specialty. Procedures will be approved by the director of Clinical and Correctional Services and the chief medical officer or the respective chief.
- 4) The director of Clinical and Correctional Services or designee, in consultation with the chiefs of services, retains the sole authority to waive a requirement as set forth in the approved procedures.

D. Health Services Administrators (HSA)

1. The facility HSA will be responsible for managing the day-to-day operations of their assigned clinics.
2. *The facility health authority or HSA meets with the facility warden or designee at least quarterly and submits quarterly reports on the health services system, health-environment, and submits plans to address issues raised [ACA 5-ACI-6D-01].*
3. *The facility HSA will use a healthcare staffing analysis to determine the essential positions needed to perform the health services mission and provide the defined scope of services. A staffing plan will be developed and implemented from this analysis. There is an annual review of the staffing plan by the director of clinical and correctional services, the chief of clinical operations, and the facility HSA to determine if the number and type of staff are adequate [ACA 5-ACI-6D-04].*
4. The HSA will hire only qualified healthcare DOC employees and contract workers who comply with applicable state and federal licensure, certification, or registration requirements, and ensure that the licenses and certificates remain current.
 - a. The facility HSA will ensure that *clinical services are provided by qualified healthcare staff whose duties and responsibilities are governed by written job descriptions, contracts, or written agreements approved by the health authority. Verification of current credentials and job descriptions are on file in the facility [ACA 5-ACI-6B-03(M)].*
5. *All healthcare DOC employees and contract workers will be trained in the implementation of the facility emergency plans. Clinical services employees and contract workers will be included in facility emergency drills as applicable [ACA 5-ACI-6B-07(M)].*
6. All facility *DOC employees and contract workers are trained to respond to health-related situations within a four-minute response time. This training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following:*
 - a. *Recognition of signs and symptoms, and knowledge of action required in potential emergency situations.*
 - b. *Administration of basic first aid.*
 - c. *Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization.*
 - d. *Methods of obtaining assistance.*
 - e. *Signs and symptoms of mental illness, suicide, violent behavior, and acute chemical intoxication and withdrawal.*
 - f. *Procedures for patient transfers to appropriate medical facilities or healthcare professionals.*
 - g. *Suicide intervention [ACA 5-ACI-6B-08 (M)].*

E. Clinical services will ensure that offenders have access to medical, dental, and behavioral health treatment and services in accordance with DOC policies and clinical services standards. When necessary and approved by the CMO, specialty services are provided.

F. Areas of Responsibility

1. Medical Housing: An area intended for offenders to receive clinical services.

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2. Parole: Clinical services is not responsible for the health care of parolees, except in those instances where the legislature has funded special programs.
3. Interstate Offender Transfers: SD DOC will provide the same access to clinical services for offenders transferred to SD facilities from other states or jurisdictions that is available to all DOC offenders. Utilization management review and approval will be completed by the sending state's CMO.
4. Contracted Offender Housing: When the DOC contracts with other states or private correctional facilities for purposes of housing offenders, all arrangements for health care services must be specified by contract.
5. Out to Court: Clinical services will communicate continuity of health care information; however, the receiving jail is responsible for the offender's health care while in their custody.

G. Medical Orders and Mental Health Directives

1. Clinical services employees and contract workers will issue concise and specific orders and mental health directives relative to the health care needs of offenders under their care and ensure that orders are properly communicated to the appropriate facility DOC employees and contract workers when appropriate. ***Clinical decisions will remain the sole province of the responsible practitioner, dentist, or behavioral health DOC employee or contract worker and are not countermanded by non-clinicians [ACA 5-ACI-6B-02(M)].*** Treatment decisions are not subject to alteration or reversal by non-clinical DOC employees and contract workers.
2. Medical orders written by consulting specialists are considered recommendations and are reviewed by a DOC practitioner. Recommendations are considered and may be altered to comply with the safety and security of the offender or the institution.
 - a. Specialty appointments/referrals ordered by DOC practitioners will be reviewed by the CMO for final approval, according to our utilization management model.
3. Behavioral health clinicians provide mental health directives for clinical restraints.
4. Facility unit managers will ensure that medical orders are augmented by the necessary job, housing, meals/diets, and/or security arrangements.
5. When a conflict arises as a result of a medical order or mental health directive, no delay in implementation will occur. The unit manager, warden or designee, and the facility HSA will meet following any such conflict to resolve any issues. Medical orders and behavioral health directives will be limited to those actions, prescriptions, and therapeutic procedures that clearly deal with the defined health needs of the offender.

V. RESPONSIBILITY

It is the responsibility of the director of Clinical and Correctional Services, the chief of clinical operations, and the chief medical officer to review this policy annually and update it as necessary.

VI. AUTHORITY

None.

VII. HISTORY

September 2023 - New Policy

ATTACHMENTS *(*Indicates document opens externally)*

1. Clinical Services Mission Statement
2. DOC Policy Implementation / Adjustments

South Dakota Department of Corrections Clinical Services Mission and Vision Statement

Mission Statement

It is the mission of the South Dakota Department of Corrections Office of Clinical and Correctional Services to provide essential quality healthcare services and programs, in accordance with proven standards of care that promote effective offender management and successful re-entry into the community.

Vision Statement

It is the vision of the South Dakota Department of Corrections Office of Clinical and Correctional Services to be recognized nationally as a leader in the delivery of quality correctional health care.