
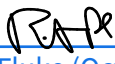


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| <p style="text-align: center;">SOUTH DAKOTA</p>  <p style="text-align: center;">DEPARTMENT OF CORRECTIONS<br/>POLICY AND PROCEDURE</p> |  | POLICY NUMBER   | PAGE NUMBER  |
|   |  | 700-01  | Page 1 of 4  |
|   |  | DISTRIBUTION:   | Public   |
|   |  | SUBJECT:  | Responsibility and Organization of Clinical Services |
| RELATED STANDARDS:  | ACA 5-ACI:<br>6B-01 (M), 6B-02 (M), 6B-03 (M),<br>6B-07 (M), 6B-08 (M), 6D-01, 6D-04 | EFFECTIVE DATE:   | November 01, 2025                                    |
|   |  | SUPERSESION:  | 11/15/2024   |
| DESCRIPTION:<br>Clinical Services   | REVIEW MONTH:<br>October   | <br><a href="#">Brent Fluke (Oct 31, 2025 09:58:35 CDT)</a><br><b>BRENT FLUKE</b><br><b>SECRETARY OF CORRECTIONS</b> |  |

## 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.
  1. The director of Clinical and Correctional Services designates local health authority to the health services administrators (HSA) at each facility.

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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 (CMO) will consult with the other chiefs of services when indicated.
  3. The director of Clinical and Correctional Services will ensure the ***development of a quality management program*** [ACA 5-ACI-6B-01 (M)].
- B. The 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*** (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 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. 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 administrative oversight of behavioral health employees and operations, and will:
    - a. Ensure the integrity of mental health care/delivery of services and compliance with ACA performance-based practices.
    - b. Develop operational behavioral health policies and procedures.
    - c. Meet with behavioral health management teams as requested by the HSA.
    - d. Provide input to HSAs for the completion of performance plans and evaluations of behavioral health staff.
    - e. Identify and introduce evidence-based practices to our Behavioral Health model as indicated.
  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 in that order of priority to each offender under the direct supervision of a licensed dentist.
    - c. Establish policies and procedures that are consistent with the American Dental Association and the South Dakota Board of Dentistry.
    - d. Establish a defined standard for assessment documentation that clearly denotes offender's chief concern, objective findings, diagnoses, and procedures conducted; 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 staff are 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 maintaining clinical standards for their respective specialty. Procedures will be approved by the director of Clinical and Correctional Services and the CMO, 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

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 reports on the health services system and 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 CCO, 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 are 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 providers.*
  - 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 are 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 are the sole province of the responsible healthcare 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 by a DOC practitioner.
  - 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 provider will provide mental health directives for clinical restraints.
4. Facility housing captains will ensure that medical orders are augmented by the necessary job, housing, meals/diets, and/or security arrangements.

## 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

November 2025

November 2024

September 2023 - New Policy

## ATTACHMENTS

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.