

Executive Directive



Title: Office of Clinical Services	Executive Directive Number: OPS.010.0014
Related MD Statute/Regulations: Correctional Services Article, §§2-103, 2-113 and 2-114; State Government Article, §8-205; State Personnel & Pensions Article, §1-101(b), Annotated Code of Maryland	Supersedes: Secretary's Department Directive DPSCS.010.0014 (formerly SDD 15-2004), dated 12/03/04
Related ACA Standards: 4-4380; 2-CO-4E-01; 4-ALDF-4D-01	Responsible Authority: <i>Pat Moira Johnson</i> Executive Director – Field Support Services
Related MCCS Standards: COMAR 12.14.03.03 N; 12.14.04.02 D; and 12.14.05.02 D	Effective Date: March 27, 2017 Number of Pages: 10

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.01 Purpose.

- A. This directive establishes the Office of Clinical Services (previously Office of Treatment Services) under the Department of Public Safety and Correctional Services (Department) Office of Operations, Field Support Services.
- B. This directive assigns administrative and management responsibilities for employees assigned to the Office of Clinical Services and treatment employees included in a budget program outside the Office of Clinical Services.

.02 Scope.

This directive applies to Department units providing treatment programs or services to individuals in the custody of the Department.

.03 Policy.

The Department shall provide a system of assessment and treatment services for individuals in the custody of the Department that satisfy Constitutional mandates and address criminogenic factors in the following areas:

- A. Medical health;
- B. Mental health;
- C. Substance abuse;
- D. Social work;
- E. Nursing;

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- F. Contract Administration and Internal Audit Unit;
- G. Dental health; and
- H. Pharmacy services.

.04 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

- (1) “Appointing authority” means the individual with the authority to make appointments to positions within the Department.
- (2) “Assessment” means a systematic determination of problems and needs utilizing a formalized reliable instrument.
- (3) “Clinical Services employee” means an individual employed by Department included in the Office of Clinical Services budget.
- (4) “Custody” means incarcerated in a Department facility.
- (5) Inmate.
 - (a) “Inmate” means an individual physically in the custody of the Department in a State correctional facility.
 - (b) “Inmate” includes an individual in the physical custody of the Department referred to as a detainee or resident.
- (6) “Managing official” has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland.
- (7) Medical Autonomy.
 - (a) “Medical autonomy” means clinical decisions are:
 - (i) The sole responsibility of responsible health care professionals as established under COMAR 12.14.03.03 N; 12.14.04.02 D; and 12.14.05.02 D and the Department’s Office of Clinical Services and Inmate Health Administrative Manual, Chapter 10; and
 - (ii) Not subject to interference by facility non-clinical staff unless necessary to maintain facility order and security.
 - (b) “Medical autonomy” requires the Office of Clinical Services to work with custody officials to assure compliance with security and safety of staff and inmates, but retain the sole right to the direction of patient health care.

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- (8) “Privatized health care” means contracted health care services such as medical, dental, mental health, and pharmacy services.
- (9) “Professional performance” means courteous, conscientious, and generally-accepted business-like behavior that conforms to the technical and ethical standards of the treatment discipline or licensure, or both, under which an employee performs in the workplace.
- (10) “Treatment employee” means an individual employed by the Department included in a budget program outside of the Office of Clinical Services who performs responsibilities and duties of, or that support, a treatment program.
- (11) “Treatment program” means a medical, mental health, substance abuse treatment, or social work service; or other service under the direction of the Office of Clinical Services.

.05 Responsibility/Procedure.

- A. The Director, Office of Clinical Services (Director) shall serve as the appointing authority for a Clinical Services employees working at a Department facility.
- B. The Director is responsible for discipline and sanctions related to a Clinical Services or a treatment employee’s professional performance while working at a Department facility.
- C. The Director and a managing official have concurrent authority for discipline and sanctions related to a treatment employee’s behavior that is not considered to be professional performance.
- D. The Director shall manage the Office of Clinical Services and is responsible for:
 - (1) Performing duties and responsibilities assigned by the Executive Director, Field Support Services (Executive Director);
 - (2) Reporting to the Executive Director the status of assigned duties and responsibilities;
 - (3) Overall administration and management of the Office of Clinical Services to ensure effective integration and coordination of treatment programs and services;
 - (4) Developing, for the Executive Director’s approval, an organizational structure and staffing plan for the Office of Clinical Services;
 - (5) Performing personnel-related duties that include, unless otherwise delegated, the authority to:
 - (a) Appoint an individual to a position as a Clinical Services employee or a treatment employee;
 - (b) Discipline a Clinical Services or treatment employee; and
 - (c) In cooperation with the Executive Director of the Human Resources Services Division and according to applicable provisions of the State Personnel and Pensions Article, conduct personnel transactions for a Clinical Services or treatment position and the employee in the position;
 - (6) Managing and maintaining a budget for the Office of Clinical Services;

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- (7) Unless otherwise delegated, managing contracts and contract services related to the responsibilities of the Office of Clinical Services;
- (8) In cooperation with the Commissioner of Correction, the Commissioner of Pretrial Detention and Services, or the Director of the Patuxent Institution, or designees:
 - (a) Developing and implementing treatment programs and services within the respective units; and
 - (b) Managing and assessing program performance;
- (9) Including affected Department leaders and managing officials, or designees, in activities conducted by the Office of Clinical Services, when appropriate in accordance with provisions established for medical autonomy; and
- (10) Authorizing and distributing manuals documenting technical operations or procedures that support the Office of Clinical Services programs and services.

E. The Office of Clinical Services consists of the following organizational units:

- (1) Inmate Health Services Unit.
 - (a) The Inmate Health Services Unit provides remediation treatment programs and services for individuals in the custody of the Department.
 - (b) The Inmate Health Services Unit is responsible for:
 - (i) Oversight of all health assessment and medical, mental health, dental, and pharmacy services provided to individuals in the custody of the Department through contractual arrangement with sources outside the Department; and
 - (ii) Activities under §.05E(7) of this directive.
- (2) Substance Abuse Unit.
 - (a) The Substance Abuse Unit ensures that assessment and appropriate substance abuse interdiction is available to individuals in the custody of the Department.
 - (b) The Substance Abuse Unit is responsible for:
 - (i) Oversight and monitoring of all substance abuse assessment and treatment programs and services provided to individuals in the custody of the Department by treatment employees and contractor providers;
 - (ii) Promoting the Department's substance abuse treatment programs available to an individual under the supervision of the Department and encouraging substance abuse treatment providers in the community to target the needs of the criminal justice population;
 - (iii) Facilitating Medicaid enrollment; and

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- (iv) Activities under §.05E(7) of this directive.
- (3) Social Work Unit.
 - (a) The Social Work Unit ensures that assistance in problem resolution and aftercare planning is available to special needs individuals in the custody of the Department.
 - (b) The Social Work Unit is responsible for:
 - (i) Oversight of provisions for counseling, cognitive behavioral and support groups, case planning, and aftercare coordination services by Social Work Services Unit staff provided for individuals placed in the custody of the Department; and
 - (ii) Facilitating Medicaid enrollment in conjunction with medical and mental health contractor discharge planners, as well as enrolling inmates with special needs or disabilities and inmates released in accordance with the Unger Decision (Unger v. State, 2012 Maryland Court of Appeals).
 - (iii) Activities under §.05E(7) of this directive.
- (4) Mental Health Unit.
 - (a) The Mental Health Unit ensures that assessment, treatment, and counseling services are available to individuals in the custody of the Department.
 - (b) The Mental Health Unit is responsible for:
 - (i) Oversight of provisions for contracted mental health services provided to individuals in the custody of the Department, in addition to the assessment, treatment, and counseling services by Department Mental Health Unit;
 - (ii) Developing protocols and procedures for referral and treatment of individuals in the custody of the Department who are in general population, an acute mental health unit, a step-down unit, or a transition unit;
 - (iii) Facilitating Medicaid enrollment in conjunction with contractor discharge planners for seriously mentally ill inmates; and
 - (iv) Activities under §.05E(7) of this directive.
- (5) Contract Administration and Internal Audit Unit.
 - (a) The Contract Administration and Internal Audit Unit monitors the activities of the Department's medical, mental health, dental and pharmacy contracts, provides technical guidance to the contractors and has the authority to order the contractors to take specific actions that the Department deems administratively appropriate consistent with the terms of the contracts.
 - (b) The Contract Administration and Internal Audit Unit is responsible for:

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- (i) Planning and directing administrative aspects of the inmate health multi-vendor contracts including, but not limited to, forming policies and procedures to meet objectives, managing personnel and financial resources, contractor staff facility access and security, minority business enterprise (MBE) compliance, approving contract revisions and new Request for Proposals (RFP) development;
 - (ii) Monitoring contract costs, including contract price adjustments, invoice payment approvals and invoking direct and liquidated damages for any occasion of contract non-performance;
 - (iii) Conducting contract oversight audits including, but not limited to, contractor staff time reporting, credentials, orientation and training, supplies, equipment, inventories, ambulance and transportation services, inpatient hospitalization, pharmaceutical deliveries, 7-day intake exams, annual medical exams and administrative remedy procedures (ARPs);
 - (iv) Developing reports on inmate health program performance for continuing progress and evaluation of medical, mental health, dental and pharmaceutical services delivery;
 - (v) Interacting with Finance, Procurement, Attorney General (AG), Inspector General (OIG) and the Office of Legislative Audits (OLA) concerning the inmate health contract; and
 - (vi) Activities under §.05E(7) of this directive.
- (6) Nursing Administration Unit.
- (a) The Director of Nursing is responsible for the development and monitoring of clinical processes provided by the contractors State-wide;
 - (b) The Director of Nursing supervises the registered nurse agency contract monitors who provide regional and site facility monitoring of the medical, mental health, dental, and pharmacy services that include:
 - (i) Death reviews;
 - (ii) Medical Administration Committee meetings;
 - (iii) Quality assurance audits;
 - (iv) Infection control; and
 - (v) ARP appeals; and
 - (c) Liaison with community services such as:
 - (i) Department of Health and Mental Hygiene (DHMH);
 - (ii) Baltimore City Health Department;
 - (iii) Community substance abuse; and
 - (iv) Re-entry.

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- (7) Each individual responsible for a unit identified under §§.05E(1) – (6) of this directive is responsible for:
 - (a) Implementing and maintaining the assigned unit;
 - (b) Providing the Director with unit progress reports on a schedule determined by the Director;
 - (c) Maintaining data on the effectiveness of unit programs and services;
 - (d) Managing Clinical Services and treatment employees to maintain professionalism and competency;
 - (e) Developing, reviewing, and recommending changes to written directives and protocols; and
 - (f) Performing other activities assigned by the Director.

- (8) The Director, Office of Clinical Services is the Department’s Chief Medical Director.
 - (a) The Chief Medical Director is the Department’s clinical medical authority for medical treatment matters.
 - (b) The Chief Medical Director shall:
 - (i) Provide medical expertise to Clinical Services employees in developing and maintaining medically related programs, services, policy, procedures, and protocols;
 - (ii) Serve as a medical consultant on case management Interstate Corrections Compact transfers; to the Office of the Attorney General, the Department Communications Office, Department Procurement Office, Department Medical Research Committee, Case Management, Re-entry Coordinators, and Information Technology and Communications Division Offender Case Management System;
 - (iii) Consult on inmate health issues related to infection control, environmental health; TB isolation;
 - (iv) Liaison with correctional managing officials related to complex medical issues; and
 - (v) Perform other duties assigned by the Executive Director.

- (9) The Director of Mental Health is the Department’s Chief Psychologist.
 - (a) The Chief Psychologist is the Department’s clinical authority for mental health matters.
 - (b) The Chief Psychologist shall:
 - (i) Provide psychological expertise to Clinical Services employees in developing and maintaining mental health programs, services, policy, procedures, and protocols;
 - (ii) Provide contractual oversight of vendor mental health services;

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- (iii) Provide oversight as the Director of Patuxent Institution Mental Health Program; and
- (iv) Perform other duties assigned by the Director, Office of Clinical Services.

(10) Staff Management — Clinical Services and Treatment Employees.

- (a) Clinical Services and treatment employees are:
 - (i) The supervisory responsibility of the Director, Office of Clinical Services, or a designee; and
 - (ii) Subject to assignment, re-assignment, and other Clinical Services or unit management decisions necessary to maintain the effectiveness and integrity of programs and services provided based on the scope the individual's professional certification or licensure.
- (b) A Clinical Services or treatment employee working at a facility outside the Office of Clinical Services shall comply with the managing official's policy and procedures related to security and general operation of the facility where the employee is working.
- (c) A treatment employee working at a facility outside the Office of Clinical Services shall submit leave requests to the treatment employee's immediate supervisor who is responsible for:
 - (i) Approving or disapproving the request; and
 - (ii) If the request is approved, notifying the facility's managing official.

F. Managing Official.

- (1) A managing official of a facility with a Clinical Services or a treatment employee shall:
 - (a) Provide adequate work space, equipment, and supplies for the Clinical Services or treatment employee performing Office of Clinical Services duties at the managing officer's facility;
 - (b) Maintain funding for the treatment employees performing Office of Clinical Services duties at the managing official's facility
 - (c) In cooperation with the Office of Clinical Services, ensure that personnel expenses for a treatment employee within the managing official's budget are maintained in the appropriate budget sub-program for treatment services to meet the requirements of §.05F(1)(a) of this directive;
 - (d) Ensure cooperation between Clinical Services employees, treatment employees, and other employees at the managing officer's facility, so that treatment services and facility goals are met;
 - (e) Under the authority of §.05C of this directive, take disciplinary action related to facility security and operations for a treatment employee, or employees, working at the managing official's facility; and

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(f) Notify the Director if an action authorized under §.05F(1)(e) of this directive is taken against an employee assigned to that unit.

(2) A managing official may not, without prior approval of the Director, or a designee:

(a) Assign duties to a Clinical Services or treatment employee that affect the employee's ability to perform duties and responsibilities or result in the individual working outside the scope of the individual's certification or licensure;

(b) Re-assign Office of Clinical Services duties and responsibilities that were discontinued by the Director; or

(c) Except as provided in §.05G(2)(b) of this directive, initiate a treatment program or service that would normally be the responsibility of the Director.

G. Office of Clinical Services Program Review with a Managing Official.

(1) At least annually on a schedule determined by the Director, each director of an Office of Clinical Services treatment unit shall:

(a) Meet with the managing official of a facility where the Office of Clinical Services treatment unit provides services to review the effectiveness of those services; and

(b) Report, in writing, the results of the meeting to the Director.

(2) A managing official may request:

(a) To meet with a director of an Office of Clinical Services treatment unit at any time to review performance or concerns; or

(b) If a need for a new program or service is identified, request consideration from the Director, through the established chain of command.

H. Clinical Services Steering Committee

(1) A Clinical Services Steering Committee shall represent the interests of all levels of Department management related to programs and services available through the Office of Clinical Services.

(2) The Director shall select, for the Executive Director, Clinical Services Steering Committee members.

(3) The Executive Director shall chair the committee.

(4) The Clinical Services Steering Committee shall meet on a schedule determined by the Executive Director, but not less than once each fiscal year to discuss issues related to Office of Clinical Services programs and treatment services.

.06 Attachment(s).

There are no attachments to this directive.

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.07 History.

- A. This directive supersedes DPSCS.010.0014 (Formerly SDD 15-2004) dated 12/03/04 by updating style and format and changes, as well as changes due to Department re-alignment.
- B. This directive supersedes provisions of any other prior existing Department communication with which it may be in conflict.

.08 Correctional Facility Distribution Code.

- A
- L
- S — Clinical Services and Treatment staff.