

Directive

#351, Healthcare Services

COMMENT SHEET

Comment #:	Page #	Line #	Comment	Response
David Jankowski				
1	General	General	<p>I read the material purposely to see if anything was to finally require healthcare to notify the DOC field site of pertinent health and mental health information. It is not specified that this required still. This IS an issue that we have been dealing with that needs to be addressed in 351. The assigned PO should be given the same envelope with the information that is to be provided to the receiving correctional facility. Too often the field does not know anything about the offender health and/or mental health diagnosis or prescription refill. It is best practice for the PO to be able to ensure the continued uninterrupted care of those we are responsible for.</p>	<p>Medical informatin is private, and shared on a need-to-know basis only. Under the Case Management Directive, the inmate's assigned Facility CSS is responsible for discussing the inmate's responses to the Developmental Services Questions with the Field CSS as part of transition planning. We will add a requirement to this directive that the Facility CSS coordinate with medical staff and provide the Field CSS with medical information necessary for supervision in the field.</p>
Annie Ramniceanu				
2	General	General	<p>We have been working on a draft Policy on Emergency Psychotropic Medication (non-court- ordered) and so don't know if that should be noted/referenced in this Directive, or...more appropriately in the directive that directly addresses that.</p>	<p>We plan to address psycotropic medications in the mental health directive review rather than in this document.</p>
3	General	General	<p>I am not sure if this is the correct place to note the Act 78 MOU btw DOC and DMH which outlines care coordination and placement procedures for inmates either under Title 13 or 18 and DPP's – voluntary, involuntary or court ordered inmates being transferred to inpatient Psychiatric hospitals... I have attached the MOU and associated processes above. Probably way too much information but wanted you to have the whole picture. I understand that including a high level summary of this information would be a new section...and it just seems like this is and has been such a critical issue ...that it may be of import to be noted here to underscore our commitment</p>	<p>We plan to address this topic in the mental health directive review rather than in this document.</p>

4	General	General	<p>HSD is reworking the RFP as we speak and most of this language/content is in the RFP and so may make sense to ensure that the most current/accurate language that matches the RFP is being mirrored in this directive. Mandi has the timeline but at my last viewing the final draft was to be completed by 9.11</p>	<p>Thank you for this comment. When drafting this document, we made an intentional effort to use the language the DOC Health Services Unit intends to use going forward.</p>
Bryan Mitofsky				
5	General	General	<p>I seem a little surprised that there is no mention of medical diets even in the guidance document. There is mention of non-formulary medication requiring RMD approval, medical diets which are non-formulary also require RMD approval. It seems a little counter intuitive since the Food Service Directive is under the category of Health Services.</p>	<p>Since the Food Services Operations directive thoroughly covers the approval process for special diets, we did not duplicate those guidelines here. We will add a reference to the Food Services Directive, which will remain effective as the controlling document on special diets.</p>