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ADMINISTRATIVE REGULATION  
NUMBER 621

OPR: TREATMENT

## ADMINISTRATIVE REVIEW FOR INVOLUNTARY PSYCHOTROPIC MEDICATION(S)

### I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies and procedures for administrative review for involuntary psychotropic medication.

### II. POLICY

The recommendation to involuntarily treat an inmate with psychotropic medication will be considered only after less restrictive/intrusive attempts have been exhausted and were unsuccessful. The Institutional Psychiatrist and other members of the inmate's treatment team will evaluate the inmate, and the Involuntary Medication Review Committee will review their recommendation.

### III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602 for definitions of the following terms used in this AR:

Seriously Mentally Ill (SMI)

Treatment Team

Involuntary Medication Review Committee

Intensive Psychiatric Stabilization Unit (SU)

Residential Treatment Unit (RTU)

### IV. RESPONSIBILITIES

- A. The Institutional Psychiatrist and other members of the inmate's treatment team are responsible for evaluation of the inmate, and submitting their recommendation to the Involuntary Medication Review Committee.
- B. The Involuntary Medication Review Committee is responsible for reviewing the treatment team's recommendation, notifying the inmate of a hearing date, evaluating evidence/testimony, and making/documenting their decision.

V. **PROCEDURES**

- A. Before involuntary psychotropic medication(s) is authorized for an inmate, he/she must:
  - 1. Demonstrate symptoms of serious mental illness.
  - 2. Have been transferred to an Intensive Psychiatric Stabilization Unit (SU) for less intrusive treatment.
  - 3. Have a high likelihood of serious harm to self, others or property.
  - 4. Be unable to perform basic life sustaining functions.
  - 5. Manifest severe deterioration in routine functioning, such as loss of cognitive or volitional control.
  - 6. Refuse voluntary treatment.
- B. Prior to consideration of involuntary medication, the inmate will be transferred to an Intensive Psychiatric Stabilization Unit for aggressive and intensive mental health treatment. The lack of effectiveness of treatment measures that are less intrusive than involuntary medication will be documented.
- C. After deciding to pursue the authorization for involuntary medication, the inmate's treatment team will complete an ADOC Form MH-029, Involuntary Medication Request form. The documentation will include:
  - 1. Psychiatric evaluation of inmate's mental condition.
  - 2. Diagnosis in accordance with DSM IV.
  - 3. Indication that the inmate presents a substantial likelihood of serious physical harm towards self or others, a substantial likelihood of significant property damage or who is incapacitated to the extent that he/she is unable to perform basic, life sustaining functions such as eating and drinking or manifests severe deterioration in routine functioning by repeated and escalating loss of cognitive or volitional control over personal actions as a result of the serious mental illness.

4. Description of the methods used to motivate the inmate to accept medication and the inmate's responses to these efforts.
  5. Consideration and rejection of less intrusive alternatives.
  6. Any recognized religious objection to the medication.
  7. Proposed type, dosage range, and route of administration of the psychotropic medication, including injectible and oral alternatives.
  8. Any history of side effects, including severity, from the proposed involuntary medication.
  9. Statement that the goals anticipated from the proposed medication outweighed potential side effects.
- D. If less intrusive measures are unsuccessful, the Institutional Psychiatrist and the inmate's treatment team will document recommendations on ADOC Form MH-028, Involuntary Medication Request. After completion, the form is submitted to the Involuntary Medication Review Committee Chair. The review process will be conducted in accordance with the Washington vs. Harper decision. The use of involuntary medication as a punitive measure is strictly prohibited.
- E. The Involuntary Medication Review Committee consists of one Psychiatrist (Chair), one licensed psychologist, and either a master's level in psychology, Social Worker, or Registered Nurse. This committee will:
1. Meet within one working day of receipt of the Involuntary Medication Request for a preliminary review.
  2. Provide the inmate with ADOC Form MH-029, Notice of Involuntary Medication Hearing, at least one working day prior to the hearing.
  3. Obtain the inmate's signature to acknowledge receipt, and maintain the signed notice with documentation of the hearing process.
  4. Provide a copy of the signed notice to the inmate and to the Warden of the institution.
  5. Assign a staff advisor not currently involved in the inmate's treatment to facilitate the inmate's understanding of the hearing process prior to and during the hearing.
- F. During the Involuntary Medication Hearing, the inmate:
1. Will be advised of his/her hearing process rights through review of ADOC Form MH-029.

2. May be permitted to be present, provide testimony, or have witnesses testify on their behalf, but the Chair may limit any or all of these rights for security, redundancy, or relevancy.
  3. May choose not to participate in the hearing, or may be limited/precluded from attending the hearing.
  4. Members of the treatment team and other relevant institutional staff will provide evidence supporting the request for involuntary medication.
  5. The inmate will be permitted to question witnesses supportive of involuntary medication.
  6. Minutes of the hearing will be documented.
- G. The Chair of the Involuntary Medication Review Committee may limit the inmate's right to be present at the hearing or limit the inmate's right to present testimony and question witnesses at the hearing based on relevancy, redundancy, possible reprisals or reasons related to institutional security and order.
1. If the inmate chooses not to participate in the hearing or is precluded from attendance by the Chair, the staff advisor will exercise the rights of the inmate on the inmate's behalf.
  2. If the inmate chooses not to be present at the hearing or is precluded from attending by the Chair, if testimony presented by the inmate or his/her witnesses is substantially limited or disallowed, the Chair will document reasons for the absence of the inmate or restrictions in testimony and questioning as part of the final decision.
- H. The decision to medicate the inmate requires a majority of the committee, with the Psychiatrist among the majority, and remains in effect for thirty days.
- I. Documentation of the decision made by the Involuntary Medication Review Committee will include:
1. Each member explaining his/her decision on ADOC Form MH-040, Progress Notes, and signing ADOC Form MH-030, the Record of Involuntary Medication Review in the inmate's medical file.
  2. The Chair explaining the rationale for the Committee's decision on ADOC Form MH-028, Involuntary Medication Request.
  3. Copies of ADOC Form MH-030 will be sent to the Warden and the inmate within one working day of the committee's decision.
  4. Notification to the inmate, concerning his/her option to appeal the decision within one working day after receipt.

5. Maintenance of the original documentation in the inmate's medical record, with copies forwarded to the Director of Treatment.
- J. The Staff Advisor will assist the inmate in submitting an appeal if the inmate desires to do so. An inmate's appeal will be reviewed and the decision rendered in writing by the institution's Medical Director or designee within one working day of its receipt.
- K. An inmate may voluntarily accept medication without invalidating an existing involuntary medication order.
- L. If the treating psychiatrist recommends continuation of the involuntary medication for longer than thirty days, he/she will complete a new ADOC Form MH-028 and submit it to the Chair of the Involuntary Medication Review Committee at least two working days before the previous authorization expires.
- M. The same Involuntary Medication Review Committee, which considered the initial involuntary medication request, will consider the treating Psychiatrist's recommendation on or before the day the prior authorization expires, utilizing the procedures outlined in V.E. through J.
- N. If the second Involuntary Medication Hearing decides that involuntary medication should be continued, the authorization will be in effect for 180 days.
- O. Continuation of the authorization for involuntary medication at 180-day intervals may be accomplished by submitting ADOC Form MH-028 two working days before the current authorization expires. This procedure may be repeated as long as clinically indicated and mental health staff are unable to secure the inmate's voluntary acceptance of medication.
- P. The psychiatrist's order for involuntary psychotropic medication will include a note of "Involuntary medication".
- Q. The nurse transcribing the Psychiatrist's involuntary medication order for an inmate will note "Involuntary medication" in red on the medication administration record (MAR).
- R. If an inmate refuses involuntary medication or does not appear for a psychotropic medication noted in red on the medication administration record as "involuntary medication", the nurse dispensing the medication will immediately notify a mental health nurse.
- S. The Supervising Psychologist of the Intensive Psychiatric Stabilization Units (SU) and Residential Treatment Units (RTU) will complete and submit ADOC Form MH-031, Mental Health Unit (RTU/SU): Inmates Receiving Involuntary Medication, with monthly Mental Health Services reports.

**VI. DISPOSITION**

See AR 601, Mental Health Forms and Disposition.

**VII. FORMS**

Refer to AR 601, Mental Health Forms and Disposition for:

- A. ADOC Form MH-028, Involuntary Medication Request
- B. ADOC Form MH-029, Notice of Involuntary Medication Hearing
- C. ADOC Form MH-030, Record of Involuntary Medication Review
- D. ADOC Form MH-031, Mental Health Unit (RTU/SU): Inmates Receiving Involuntary Medication
- E. ADOC Form MH-040, Progress Notes

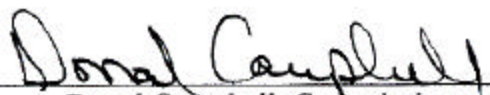
**VIII. SUPERCEDES**

This AR supercedes AR 461 dated January 3, 2002

**IX. PERFORMANCE**

This administrative regulation is published under the authority of:

- A. The Bradley Agreement of August 8, 2000
- B. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003
- C. The Code of Alabama 1975, Section 22-50-11

  
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Donal Campbell, Commissioner