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ADMINISTRATIVE REGULATION NUMBER 616

OPR: HEALTH SERVICES

PSYCHOTROPIC MEDICATION

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies and procedures for the prescription, dispensing and administration of psychotropic medication to inmates.

II. POLICY

Psychotropic medications are prescribed by a psychiatrist or mental health nurse practitioner as treatment for a diagnosed psychiatric disorder. (General medical physicians and nurse practitioners are also qualified to prescribe psychotropic medications and are expected to work collaboratively with mental health clinicians when clinically indicated.)

Psychotropic medications are not prescribed or administered for controlling behaviors unrelated to any diagnosed psychiatric disorder, nor are they ever administered as a form of punishment.

Every order for psychotropic medication must be accompanied by appropriate documentation.

III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602, Mental Health Definitions and Acronyms, for a complete glossary of terms. See below for specific terms used in this AR:

A. **Abnormal Involuntary Movement Scale (AIMS):** A widely used clinical scale for rating abnormal movements that may occur as a neurological side effect of certain medications.

B. **ADOC Director of Psychiatry:** A board-certified psychiatrist within the ADOC Office of Health Services, whose responsibilities include oversight of mental health treatment services provided to persons incarcerated within the ADOC system.

C. **Against Medical Advice ("AMA"):** This term indicates an inmate has refused to consent to a specific treatment, despite being informed that substantial evidence

indicates that not accepting the treatment may worsen symptoms or undermine the inmate's chances of improvement.

D. **Contract Psychiatric Director:** A board-certified psychiatrist employed by the contracted Vendor to oversee mental health services for the ADOC health contract.

E. **Medication Consent Form:** A form that documents in writing an inmate's informed decision to accept or decline a recommended medication. The signature verifies that the inmate understands the risks, benefits and alternatives, including the risk of not accepting the recommended treatment.

F. **Non-adherence (Non-compliance):** Terms that refer to an inmate avoiding taking medication at the scheduled time and place. This may occur passively by not showing up at pill call (also see "No-show"). It may occur actively, as when an inmate engages in deceptive techniques such as:

1. **Cheeking:** A behavior in which an inmate hides medication in his or her mouth with the intent to avoid ingesting the dose.

2. **Palming:** A behavior in which an inmate hides medication in his or her hand while giving the impression that he or she has taken the medication.

G. **Poly-pharmacy:** An informal term used to indicate the prescription of more medications than are necessary to treat a condition. This is identified through clinical judgment and does not correspond to any specific number or types of medication.

H. **Psychotropic Medication:** Medication prescribed for the treatment of a psychiatric disorder.

I. **Side-Effect Medication:** Any medication prescribed to reduce one or more side effects of another medication that is prescribed for treatment of a psychiatric disorder.

J. **SOAP Note:** A standard format for writing clinical progress notes that includes four sections: Subjective, Objective, Assessment and Plan.

K. **Treatment Plan:** A document that lists an inmate's mental health problems as assessed by the Treatment Team. The document also includes interventions aimed at addressing the problems, the frequency and time frame within which the interventions will be provided, and the anticipated goals to be achieved. (Also known as Multidisciplinary Treatment Plan, ADOC Form MH-032.)

IV. RESPONSIBILITIES

A. Contract psychiatrists or mental health nurse practitioners are responsible for all clinical decisions and documentation regarding the selection and ordering of psychotropic medication.

B. Designated nurses at each facility will be responsible for dispensing and administering psychotropic medication and completing all related documentation.

C. The contract Psychiatric Director, or designee is responsible for:

1. Monitoring and providing oversight, training and consultation to all prescribers to minimize the risk of poly-pharmacy.

2. Monitoring system-wide patterns of non-adherence (non-compliance), and for reviewing the relevant findings and corrective actions with the ADOC Director of Psychiatry on a quarterly basis.

3. Ensuring that psychotropic medication prescription practices by contract psychiatrists and nurse practitioners meet an acceptable standard of practice and addressing any deficiencies in a timely manner.

D. Contract psychiatrists and nurse practitioners are responsible for ordering any medically necessary dietary orders that must accompany certain medications.

E. ADOC food service and security staff are responsible for collaborating with clinical staff to ensure these dietary modifications are implemented.

V. PROCEDURES

A. **Who may prescribe psychotropic medication for the treatment of a mental disorder?**

1. A psychiatrist

2. A mental health nurse practitioner

3. NOTE: General medical physicians and nurse practitioners may prescribe a drug that has both psychotropic and other medical indications when treating the indicated medical condition (such as an antidepressant-class drug that is also indicated for chronic pain, or a mood stabilizer that is also indicated for epilepsy). They may also prescribe psychotropic medication when clinically indicated for a diagnosed psychiatric disorder in consultation with a psychiatrist or mental health nurse practitioner.

B. **Required Documentation:**

1. A psychiatric treatment plan documenting the rationale and details of the medication(s) ordered on at least one of the following two documents:

   a. A Psychiatric Evaluation (ADOC Form MH-018), if the medication is started on the same day this is completed.

   b. Or, a Psychiatric Progress note (ADOC Form MH-025) that provides an updated treatment plan on the day medication is ordered.

2. If the order is simply a refill of an existing order as a bridge to a scheduled follow-up medication-management visit, no additional documentation is required until that visit.

3. The relevant DSM-5 diagnosis recorded on the most recent Psychiatric Progress note or Psychiatric Evaluation.

4. The relevant DSM-5 diagnosis recorded on the Master Problem List.

5. One or more of the following forms (as clinically indicated):

   a. A signed medication consent form for each medication prescribed.

   b. Or, documentation of Involuntary Medication Status consistent with AR 621 (Administrative Review of Involuntary Psychotropic Medication).

   c. Or, documentation of the need for a one-time emergency dose of a medication consistent with AR 620 (Emergency Psychotropic Medication).

6. A baseline Abnormal Involuntary Movement Scale (AIMS) (ADOC Form MH-019) completed when prescribing an antipsychotic-class drug.

7. A follow-up AIMS evaluation must be completed at least every six (6) months as long as the inmate is prescribed antipsychotic medication.

8. If antipsychotic medication is discontinued, then at least one AIMS must be completed at an appropriate interval after the last dose to monitor for any post-treatment emergence of movement disorder.

C. **Informed Consent:**

1. The contract Vendor will maintain a set of pre-printed psychotropic medication consent forms that are specific for each class of psychotropic medication and may be specific for each medication within a class. The forms will include spaces to indicate the:

   a. Name of the medication (generic and brand if appropriate)

   b. Starting dose

   c. Anticipated dosing range within which the inmate consents to try the medication

   d. Purpose and expected benefits of the medication

   e. Risks of taking the medication (including common/mild and rare/serious)

   f. Risks of declining the recommended medication

   g. Clinically appropriate alternative pharmacological and non-pharmacological treatments

   h. The right of the inmate to decline or withdraw consent at any time without impacting other aspects of treatment

   i. Inmate name, AIS number, signature

j. Prescriber name, credentials, signature

k. Date and time signed

2. Every order to start a psychotropic medication must be accompanied by a consent form signed by the inmate and the prescribing psychiatrist or nurse practitioner.

Exceptions:

a. Emergency psychotropic medication (See AR-620)

b. Involuntary medication status (See AR-621)

3. The inmate may terminate or withdraw consent at any time without affecting other aspects of treatment by:

a. Advising the psychiatrist or nurse practitioner verbally or in writing of his or her decision to stop a medication.

b. Or, by signing the refusal section on the consent form *if the decision is against medical advice* ("AMA"), and not simply a choice to decline one treatment option in favor of an appropriate alternative.

4. The consent is voided if the psychiatrist or nurse practitioner discontinues the medication order, and a new consent form will be required if it is restarted.

5. A new and updated consent form is required if the dose is adjusted outside the range specified in a previously completed consent form.

6. A signed consent form is good for one year, and a new form must be signed and placed in the record annually for medication to be continued beyond that time.

7. The inmate must be given a copy of the consent form upon request.

D. **Timing and Duration of medication orders:**

1. Psychotropic medication orders may be written for a maximum of 90 days for inmates housed at a major facility.

2. The treatment team has the option, when clinically appropriate, of extending the interval up to a maximum of 120 days for inmates assigned to work-release once the inmate has been at work release for six (6) months during which time they have seen a psychiatrist or nurse practitioner 2 (two) times for medication management visits.

3. The duration of an order is based on clinical judgment within these maximum limits.

4. Medication will be ordered once or twice daily at standard pill-call times unless more frequent dosing is medically necessary per clinical judgment.

E. **Medically necessary dietary modifications:**

1. The psychiatrist or nurse practitioner will specify any medically necessary dietary modifications on an ADOC Dietary Order Form (ADOC Form FS-102)

   a. Orders should be specific, for example, if the medication must be given with food, specifying a half or whole sandwich as necessary, rather than "sack meal."

   b. Medically necessary dietary restrictions should be written out in detail.

2. The ADOC Director of Nutrition Services is available for consultation if needed.

F. **Follow-up and Monitoring:**

1. Follow-up intervals must always comply with the ADOC requirements for the inmate's mental health code and level of care.

2. Outpatients (MH-B and MH-C) must be seen for a medication management follow-up:

   a. Within 30 days after starting a new psychotropic medication, or sooner if clinically indicated.

   b. Subsequent follow-up visits are determined by clinical judgment but occur no less often than every 90 (ninety) days, or more often if clinically indicated.

3. For inmates prescribed antipsychotic medication, an AIMS score will be recorded at least every six (6) months.

4. The contract vendor will maintain a written up-to-date guideline consistent with current community practice standards that lists baseline and follow-up laboratory tests to be obtained for all psychotropic medications prescribed to inmate.

G. **Medication non-adherence (non-compliance):**

1. Medication adherence is crucial to achieving good outcomes for persons experiencing serious mental illnesses. Therefore, all clinical staff must be attentive to evidence of non-adherence and must work as a team with the inmate to achieve this goal. The requirements in this section should be understood as necessary but not always sufficient. For some inmates, even one missed dose is risky and should be addressed immediately.

2. Psychiatrists or nurse practitioners will assess and document adherence at every clinical visit.

3. A designated nurse will track instances of non-adherence and generate a weekly report.

   Any instance of three (3) missed doses within a one-week period will be reported to the prescribing psychiatrist or nurse practitioner via a Psychotropic Medication Report (ADOC Form MH-024), and the inmate will be counseled by a nurse.

4. Evidence-based methods, such as Motivational Interviewing, will be employed to address non-adherence.

H. **Psychotropic Medication and Treatment Planning:**

1. Psychotropic medication is a medically indicated component of a comprehensive treatment plan for many persons experiencing a mental disorder, particularly those classified as Serious Mental Illness. However, non-pharmacologic treatment alone may be clinically effective and sufficient for some individuals.

2. Unless an inmate meets criteria for Involuntary Medication Status per AR 621 (Administrative Review for Involuntary Medication), each inmate has the right to make an informed treatment choice between non-pharmacologic treatment or medication when both are clinically appropriate options.

3. The purpose and classes of medication ordered will be indicated on the Master Treatment Plan (ADOC form MH-032) and updated on the Treatment Plan Review (ADOC form MH-032a) at the next scheduled treatment team meeting when significant changes are made.

4. The treatment plan will specify the frequency of medication management visits with a psychiatrist or nurse practitioner.

5. Medication education will be a component of the treatment plan for all inmates who are prescribed psychotropic medication.

I. **Medication choices and dosing:**

1. Psychiatrists and nurse practitioners will select medications and doses consistent with community standards, utilizing the simplest regimen and lowest doses consistent with sound clinical judgment.

2. When adding a new psychotropic medication, the psychiatrist or nurse practitioner will document a review of all current medications and health conditions for possible interactions and contraindications.

3. The contract Psychiatric Director or designee will be available for consultation on medication strategies upon request by a prescribing psychiatrist or nurse practitioner, or when clinical judgment indicates possible "poly-pharmacy."

J. **Formulary and Non-Formulary Psychotropic Medications:**

1. The contract Vendor will maintain a formulary for psychotropic medications, along with a documented and transparent process for approving non-formulary medication requests by prescribing psychiatrists and nurse practitioners.

2. Psychiatrists and nurse practitioners will consider formulary options first but are not limited to these medications when clinical judgment determines that a superior outcome or better tolerance is likely with a non-formulary alternative.

K. **Nursing documentation**:

1. Nurses who administer medication will document the inmate's acceptance or refusal of medication in the electronic medication administration record (MAR) in accordance with AR 617, Psychotropic Medication Administration.

2. Psychotropic medication administered on an emergency basis will be documented in accordance with AR 620 (Emergency Psychotropic Medication).

3. A nurse will complete an ADOC Form MH-024, Psychotropic Medication Report when inmate reports medication-related problems or side effects at the time of medication administration, or when non-adherence is identified.

L. Custody and Clinical Staff Training:

Training topics will include (but are not limited to) the following:

1. Recognizing common side effects that may occur with psychotropic medications.

2. How to recognize signs of a possible medical emergency related to psychotropic medication, and how to respond and refer for urgent/emergency help (examples include mental confusion, nausea/vomiting and diarrhea, loss of coordination).

3. How to recognize signs that heat may adversely affect inmates who take psychotropic medications, especially during the warmer months, and how to respond and refer as a medical emergency. (See AR 619; Heat and Psychotropic Medication.)

4. How to refer an inmate when a non-urgent or emergent medication-related problem is suspected or reported.

M. Psychotropic Medication at Intake/Reception into ADOC:

1. Continuity of care must be assured, and every inmate entering ADOC will continue to receive clinically indicated psychotropic medications they were taking prior to intake.

2. When an inmate who enters ADOC reports to the intake nurse that he or she has been taking psychotropic medication, the nurse will attempt to verify the prescription with the prescriber, facility or pharmacy within twelve (12) hours.

3. If the prescription cannot be verified within 12 hours, the inmate will be seen by a psychiatrist or nurse practitioner within 24 hours to determine the appropriate medication plan.

4. The intake nurse will contact the on-site or on-call psychiatrist or nurse practitioner immediately if an issue related to psychotropic medication presents as a potential emergency. In addition, the nurse will follow the established process (per AR 610, Reception Mental Health Screening) for making an emergent referral, including placement on constant observation.

N. **Psychotropic Medication at Release from ADOC (See AR-628 Discharge Planning):**

1. Continuity of care following release is essential, and the inmate must have an adequate supply of medication upon leaving ADOC custody.

2. Contract mental health staff will arrange an appointment for mental health follow-up for every inmate who takes psychotropic medication, and the inmate must have a plan to be assured an adequate supply of medication.

3. Each inmate will receive at least a 30-day supply of all psychotropic medications on the day of release.

O. **Psychotropic Medication Training, Consultation, Peer Review and Quality Assurance:**

The contract Psychiatric Director or designee will ensure:

1. The provision of corrections-specific training for contract psychiatrists and nurse practitioners relevant to prescribing psychotropic medication.

2. The availability of case-specific peer consultation ("second opinion") upon request by a contract psychiatrist or nurse practitioner.

3. The Peer Review process provides accurate and timely feedback to psychiatrists and nurse practitioners regarding their management of psychotropic medications.

4. That a Quality Assurance process is in place for identifying and responding to systemic challenges such as "poly-pharmacy" and nonadherence (noncompliance).

VI. DISPOSITION

Refer to AR 601, Mental Health Forms and Disposition.

VII. FORMS

Refer to AR 601, Mental Health Forms and Disposition.

A. ADOC Form MH-001, Authorization for Release of Information

B. ADOC Form MH-018, Psychiatric Evaluation

C. ADOC Form MH-019, Abnormal Involuntary Movement Scale

D. ADOC Form MH-024, Psychotropic Medication Report

E. ADOC Form MH-032, Treatment Plan

F. ADOC Form MH-040, Progress Notes

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 616 , *Psychotropic Medication,* dated September 21, 2004 and any changes.

IX. PERFORMANCE

This Administrative Regulation is published under the authority of:

A. National Commission on Correctional Health Care: Standards for Mental Health Services in Correctional Facilities (2015)

B. The Code of Alabama 1975, Section 22-50-11

Jefferson Dunn,
Commissioner