I. AUTHORITY

Ohio Revised Code 5120.01 authorizes the Director of the Department of Rehabilitation and Correction, as the executive head of the department, to direct the total operations and management of the department by establishing procedures as set forth in this policy.

II. PURPOSE

The purpose of this policy is to establish procedures that govern the use of involuntary psychotropic medications to inmates with serious mental illness in emergency and non-emergency situations.

III. APPLICABILITY

This policy applies to all persons who provide health care or mental health services to inmates in the custody of the Ohio Department of Rehabilitation and Correction (ODRC) or agents thereof.

IV. DEFINITIONS

**Electronic Health Record (EHR)** - A digital version of what was traditionally a patient’s paper chart. EHRs contain information from all the clinicians involved in a patient’s care and are real-time, patient-centered records that make information available instantly and securely to authorized users. The ODRC EHR is utilized by staff working within the Office of Correctional Healthcare (OCHC).

**Emergency** - A situation in which an inmate who is known to be or reasonably believed to be mentally ill is engaged in destructive conduct and no less intrusive alternative other than medication appears to be feasible to a MHP in the given circumstances.

**Gravely Disabled** - A condition in which a person, as a result of serious mental illness: 1) Is in danger of serious physical harm resulting from a failure to provide for his/her essential physical needs of health or safety; or 2) Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his/her actions.
Inmate Advisor - A psychologist, psychology assistant, psychiatric nurse, social worker, advance practice nurse- mental health, activity therapist or other staff member who is appointed by the chair of the Mandated Medication Committee and who understands the inmate’s rights, the hearing proceedings, and has an understanding of the psychiatric diagnosis and clinical issues that the inmate’s situation may present. The inmate advisor shall assist the inmate in presenting his/her case. The inmate advisor may be a member of the inmate’s treatment team with the inmate’s consent, but shall not be involved with endorsing the Mandated Medication Request Form (DRC5234).

Involuntary Psychotropic Medication - There are two (2) types of involuntary medication: emergency and mandated (non-emergency). Involuntary medication is the intramuscular injection of psychotropic medication without the inmate’s approval in which staff may use reasonable and appropriate force to safely administer the medication if needed. This applies to both emergency situations of limited duration as well as during the period of time that an order for mandated psychotropic medication is in effect (e.g., 30 days or 180 days as authorized by the Mandated Medication Committee and approved by the managing officer). The inmate may choose to take involuntary oral medication as an alternative.

Likelihood of Imminent Serious Harm - 1) A substantial and imminent risk that serious physical harm will be inflicted by an individual upon his/her person as evidenced by threats or attempts to commit suicide or inflict physical harm to one’s self; 2) A substantial and imminent risk that serious physical harm will be inflicted by an individual upon another as evidenced by behavior which has caused such harm or which placed another person in reasonable fear of sustaining such harm; 3) A substantial and imminent risk that significant damage will be done by an individual to the property of others as evidenced by recent behavior which has caused loss of, or damage to, the property of others.

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Mental Health Administrator/Mental Health Manager (MHA/MHM) - Those who by position manage the Mental Health departments at each of the institutions.

Mandated Medication Committee - A panel of three (3) mental health professionals: a psychiatrist (who shall serve as chair), a psychologist or independently licensed Mental Health Professional and one other authorized Mental Health Professional convened by the managing officer or designee to determine whether or not medication may be administered involuntarily. None of the committee members shall be involved in the inmate’s current diagnosis or treatment plan and shall have had no past treatment relationship with the inmate for a minimum of six (6) months prior to being eligible to serve on the committee. To avoid any conflict of interest, a psychology supervisor and his/her supervisee or a psychiatrist and their collaborating advance practice nurse shall not be included in the same involuntary medication hearing committee; nor shall a psychiatrist serve on a committee if he/she is the collaborating physician of the advance practice nurse – mental health (APN-MH) seeking the mandated medication.
Mental Health Professionals (MHP) - Those persons who, by virtue of their training and experience, are qualified to provide mental health care within the provisions of the state’s licensure laws, policies, guidelines and position descriptions. This category includes Psychology Assistants, Licensed Professional Counselors (LPC), Licensed Social Workers (LSW), Registered Nurses (RN), Activity Therapists (AT), credentialed mental health professionals (CMHP), BOBHS social workers, RBHA, MHA 3, MHA 4 as well as the ILMHPs.

Psychotropic Medication - Medication that affects the central nervous system and which is employed to treat symptoms of mental illness. These medications may influence thinking, mood and behavior and include medications classified as antipsychotics, antidepressants, anti-anxiety agents, sedative hypnotics, psychomotor stimulants, lithium and anticonvulsants prescribed to control mood fluctuations. These medications include any medications approved by the FDA for the treatment of psychiatric illness as well as those medications commonly used in the private sector for treatment of psychiatric illness.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction (ODRC) to consider involuntary treatment of any inmate with a serious mental illness who refuses voluntary treatment and for whom there is a substantial likelihood of serious physical harm towards self or others, a substantial likelihood of significant property damage or who is gravely disabled as a result of diagnosed serious mental illness. The use of involuntary medication as a punitive measure or for the convenience of staff is strictly prohibited. In its application, a reasonable amount of force that is appropriate for the circumstances shall be used to accomplish the objective and the inmate shall have the opportunity to voluntarily accept the medication until the actual injection.

VI. PROCEDURES

A. Emergency Involuntary Psychotropic Medication

If an inmate is being considered for use of emergency psychotropic medication, such person shall be evaluated by a psychiatrist, APN-MH, a nurse or other appropriately trained mental health professional. If after consideration of less intrusive alternatives, involuntary treatment is found clinically appropriate, it may be provided in an emergency situation with appropriate clinical safeguards and monitoring. If an on-going need persists, a recommendation for on-going involuntary treatment shall be reviewed by the mental health treatment team of the inmate.

1. When an emergency exists, the person authorized to write an emergency involuntary psychotropic medication order may do so either after personal examination of the inmate or, if not possible, after a full description of the circumstances by a nurse who does such evaluation. The nurse administering the medication shall document medication was given, patient response, and any adverse effects in the Electronic Health Record (EHR). When an authorization is done by an off-site clinician, an on-site psychiatrist, APN-MH, or mental health nurse (if on-site psychiatry is not available), shall perform a personal examination within twenty-four (24) hours, excluding weekends and holidays. A progress note shall be documented in the EHR regarding the inmate’s response to the emergency medication, current mental status and behavior. A psychiatrist or APN-MH shall be consulted if the examination is performed by a mental health nurse to discuss whether further emergency medication is required or other treatment interventions are indicated.
2. Emergency administration of involuntary psychotropic medication may be ordered for a maximum of seventy-two (72) hours, excluding weekends and holidays. The nurse administering the emergency medication to the inmate shall notify the physician or the advance practice nurse prescriber ordering the emergency medication as well as any other prescribing authority assigned to the case, each time a dose of emergency medication is administered to the inmate. The prescribing authority assigned to the case may modify the planned treatment interventions in an effort to minimize the occurrence of emergency interventions. If the crisis/emergency episode persists longer than seventy-two (72) hours, additional doses of emergency medication may be administered while a request for mandated psychotropic medication is prepared and the Mandated Medication Committee convened pursuant to section VI.B of this policy.

3. Where force is required, only the amount of force reasonably necessary under the circumstances shall be used to accomplish the administration of the drug.

4. The emergency administration of the involuntary psychotropic medication may be considered a planned use of force and shall be administered in accordance with ODRC policy 63-UOF-01, Use of Force, and a video record shall be made. If force is used, Use of Force Incident Report(s) (DRC1000) shall be completed in accordance with ODRC policy 63-UOF-02, Use of Force Report. In the event that the administration of medication did not require the actual use of force, the videotape shall be reviewed administratively by mental health and security supervisors to confirm that it did not rise to the level of a “use of force.”

5. Emergency medication administration shall be performed in an area affording the most privacy and optimal safety. Each facility shall designate a specific area(s) for such a procedure within thirty (30) days after the effective date of this policy.

6. The ordering or reviewing physician or APN-MH and the nurse administering the emergency medication shall ensure that monitoring for adverse reactions and side effects occurs after each dose of emergency medication. He/she shall notify the health care administrator (HCA) of the initiation of emergency medication and document the justifications for when and how the medication is to be administered in the inmate’s EHR.

7. Initiating the Mandated Psychotropic Medication procedure (VI.B) should be considered whenever:

   a. The need for emergency involuntary medication persists longer than seventy-two (72) hours;

   b. Another crisis/emergency episode requiring emergency involuntary medications arises within thirty (30) days of the original episode;

   c. Any other time when the criteria outlined in section VI.B of this policy are met.
B. Mandated Psychotropic Medication

Due to the number of encounters required and participant signatures on various forms, the Mandated Psychotropic Medication process shall continue to occur on paper.

1. Initial thirty (30) day mandated psychotropic medication request:

   a. All mandated involuntary psychotropic medication(s) shall be initiated in the Residential Treatment Unit (RTU) or those intensive treatment programs that are linked to a supportive housing unit. If there is justification to initiate involuntary medications in any area outside of the RTU, a prior authorization to do so shall be obtained from the chief psychiatrist/designee prior to initiating the involuntary medication process.

   b. Prior to seeking an extended 180-day order for mandated involuntary psychotropic medication, an order to do so not to exceed thirty (30) days must first be sought. The managing officer/designee shall be immediately notified of a mandated involuntary psychotropic medication request by a designated member of the treatment team. Such request shall be documented in the inmate's EHR.

   c. For mandated psychotropic medication to be approved, it must be demonstrated by clear and convincing evidence that the inmate suffers from a serious mental illness and as a result of the illness there is a substantial likelihood of serious harm to self or others, significant property damage, or that the inmate is gravely disabled.

   d. Prior to convening a Mandated Medication Committee, a Mandated Medication Request form (DRC5234) must be completed and documented in the inmate’s mental health file by the inmate’s multidisciplinary treatment team. The documentation shall be reviewed by the MHA/designee for accuracy and fidelity to the policy and include:

      i. A psychiatric examination which documents the inmate’s mental condition, which shall be presented by the psychiatrist/APN-MH or designee at the actual mandated medication hearing;

      ii. The inmate’s diagnosis in accordance with the current edition of the Diagnostic and Statistical Manual of Mental Disorders;

      iii. Indications that the inmate presents a substantial likelihood of serious harm to himself or others, or significant property damage, or is gravely disabled;

      iv. A description of the methods used to motivate the inmate to voluntarily accept clinically appropriate medication voluntarily and the inmate’s responses to these efforts;

      v. Documentation that less restrictive interventions have been exercised without success as determined by the physician or the psychiatrist. These may include change in medication type, formulation or route of administration and/or
transfer into a higher level of mental health care in addition to counseling, medication education or other interventions;

vi. Any recognized religious objection to medication;

vii. The mandated involuntary psychotropic medication is authorized by a physician or APN-MH who specifies the duration of therapy and proposed type, dosage range and route of administration of the psychotropic medication, including injectable and oral alternatives;

viii. That the gains anticipated from the proposed medication outweigh potential side effects; and

ix. Any history of side effects, including the severity, from the proposed involuntary medication as well as from any emergency administration of involuntary psychotropic medication within the past twelve (12) months.

e. Upon receiving notification, the managing officer or designee shall promptly convene a Mandated Medication Committee.

f. After reviewing the case, the Mandated Medication Committee shall provide written notice of the hearing and give the inmate the Mandated Medication Notice of Hearing & Inmate Rights (DRC5237) at least twenty-four (24) hours prior to any Mandated Medication Hearing. This notice must include:

i. Date and time the Mandated Medication Hearing will be held;

ii. The mental health diagnosis;

iii. The factual basis for such a diagnosis;

iv. The basis on which it has been determined that there is a necessity for involuntary treatment;

v. The type, dosage range, and route of administration of the proposed involuntary psychotropic medication;

vi. Identification of the Inmate Advisor;

vii. The inmate shall have the right to refuse psychotropic medication the evening before and on the day of the Mandated Medication Hearing unless an emergency psychiatric situation is present. The inmate shall sign the Request to Suspend Medication (DRC5228).

g. Inmate’s Rights at the Mandated Medication Hearing:

i. The inmate has a right to be present and the hearing may not be heard if the inmate is not at the facility (e.g., out-to-court or hospital). The inmate has a right
to be heard in person at the hearing, present relevant evidence in his/her behalf (including evidence objecting to the basis on which it has been determined that there is a necessity for involuntary treatment), and the type, dosage range, route of administration and side effects of the proposed involuntary psychotropic medication. The inmate may present alternatives to the proposed involuntary medication.

ii. The inmate has a right to present testimony through his own witnesses within the department and to cross-examine witnesses that are called by the institution.

iii. When the institution staff members are to present evidence, this shall be in person (unless there is good cause for utilizing their written statements).

iv. The chair of the Mandated Medication Committee may limit the inmate’s right to be present at the hearing or limit the inmate’s right to present testimony and cross-examine witnesses at the hearing. Reasons for this include, but are not limited to, relevance, redundancy, possible reprisals or reasons related to institutional security and order.

v. If the inmate chooses to not be present at the hearing; is precluded from attending by the chair; if testimony presented by the inmate or his or her witnesses objecting to the proposed medication or cross examination of the institution’s witnesses is substantially limited or disallowed; the chair of the Mandated Medication Hearing Committee shall document reasons for the absence of the inmate or restrictions in testimony or cross examination in writing as part of the final decision.

vi. The inmate shall have an Inmate Advisor to assist the inmate during the process. If the inmate is absent from the hearing, the Inmate’s Advisor shall exercise the rights of the inmate on the inmate’s behalf.

h. At the conclusion of the hearing, the Mandated Medication Committee shall decide, based on the evidence presented, whether or not involuntary medication may be administered to the inmate. Each committee member is required to document his/her decision and sign the Mandated Medication Committee Decision form (DRC5241). Each committee member shall also document his/her rationale for the decision within the scope of his/her licensed professional practice in the progress note section of the inmate’s mental health file. If the committee decision is not unanimous, involuntary medication shall not be administered unless the psychiatrist is in the majority, authorizing medication use.

An initial finding by the committee to permit the involuntary administration of psychotropic medication shall be in effect for thirty (30) consecutive days, including holidays and weekends.
2. Mandated psychotropic medication extension request additional 180 days.

   a. If the treating psychiatrist elects to subsequently recommend that the initial involuntary psychotropic medication(s) continue longer than thirty (30) consecutive days, another Mandated Medication Request form (DRC5234) specifying the reasons for the extension must be completed by the inmate's treatment team.

   b. A Mandated Medication Committee shall conduct a second hearing on or before the 30th day following the initial hearing in accordance with the same procedures set forth above.

      i. At this second hearing, the Mandated Medication Committee shall make a decision as to approval or disapproval of continued medication for up to a maximum time period of 180 days. This process, following the procedures of this policy, may be repeated every 180 days or sooner as long as the medication is clinically indicated and the inmate meets the criteria for the administration of involuntary psychotropic medication and refuses voluntary psychotropic medication.

      ii. If the inmate is out of the institution for any reason (i.e., outside hospitalization or out-to-court) at the time of the next hearing, the mandate period shall expire. The hearing shall be postponed until the inmate returns and initiated as an initial thirty (30) day mandated medication request to ensure he/she receives timely notice and has the opportunity to be present at the hearing.

   c. If the treating psychiatrist or APN-MH seeks to add or change the specific medications authorized by the Mandated Medication Committee, the process must be re-started with an initial thirty (30) day mandated medication request and all of the steps outlined above in VI.B.1 must be followed. If the inmate is no longer housed in an RTU at the time of the proposed new initial request, consultation with and authorization by the chief psychiatrist/designee as stated in VI.B.1.a is required in order to proceed with initiating mandated medications in an outpatient setting.

3. Post-Authorization Procedure

   a. Documentation by the Mandated Medication Committee of all hearings shall include the evidence relied upon and the reasons for the final decision.

      i. Each committee member shall record his or her decision by indicating approval or disapproval and the rationale for their decision on the Mandated Medication Committee Decision (DRC5241) form and in the progress notes at the conclusion of the hearing.

      ii. The Mandated Medication Committee Decision (DRC5241) form shall be sent to the managing officer or administrative designee for review, and signed within eight (8) hours of the hearing. If approved, the inmate shall promptly receive a copy of the decision, and documentation shall be placed in the progress notes that the inmate was notified of decision.
iii. A copy of the entire packet of information pertaining to the Mandated Medication Hearing and decision signed by the Mandated Medication Committee members and managing officer or designee shall be scanned into .pdf format and scanned into the electronic health record (EHR) in the involuntary medications subfolder of the mental health documents folder in patient documents. The packet shall be labeled according to the naming convention (YYYY-MM-DD Inmate last name Inmate DRC number MMHconst 30D or YYYY-MM-DD Inmate last name Inmate DRC number MMHconst 180D).

iv. In all cases, the entire labeled hearing packet shall be emailed as an attachment to the chief psychiatrist/designee for review and tracking purposes. If the inmate has chosen to appeal the Committee’s decision, it must be indicated in the email to permit timely review and response.

b. When the Mandated Medication Committee has made the decision to authorize involuntary treatment with psychotropic medication, the treating psychiatrist/APN-MH shall have the responsibility to:

i. Order the approved/authorized medications according to the accepted medical standard of care for the duration authorized. Orders for authorized medications shall be written to coincide with the expiration of the mandation.

a) Mandated medication may be temporarily suspended as clinically indicated without affecting the validity of the existing order.

b) An inmate may remain on mandated medication status while given a temporary trial period of voluntary medications.

ii. Order appropriate laboratory tests which may be collected via venipuncture to monitor therapeutic medication levels and/or to detect adverse reactions of the medications. If the inmate refuses venipuncture, the psychiatrist or APN-MH shall be notified at the time of refusal. If the psychiatrist or APN-MH determines the laboratory test is medically necessary, attempts shall be made to encourage compliance by using interpersonal communication skills and documented in the EHR. If all attempts to encourage compliance have failed, the psychiatrist or APN-MH may authorize collection, involuntarily if necessary. The MHA or designee shall be notified and coordinate collection of specimen with the HCA and security. If the inmate continues to refuse laboratory tests, the psychiatrist or APN-MH shall consider an alternative medication regimen that does not require frequent monitoring.

c. An inmate shall be permitted to appeal, in writing, the decision of the Mandated Medication Committee within twenty-four (24) hours of receipt of the written committee decision, signed by the managing officer or administrative designee. Access to the inmate’s advisor shall be provided to assist the inmate in this process. Documentation shall be entered on the Interdisciplinary Progress Notes (DRC5287)
identifying that the inmate either appealed the decision (including date and time of appeal), or did not appeal.

d. The chief psychiatrist or designee shall review all appeals to Mandated Medication Committee decisions to determine if all procedures required by this policy were followed and if the decision is supported by substantial evidence. A decision on the appeal shall be rendered within twenty-four (24) hours upon the receipt of the appeal (exclusive of holidays and weekends). Documentation of appeal response and that the inmate was notified of that response is required in the progress notes at time of receiving appeal response.

e. Medication shall NOT be administered involuntarily until the appeal has been acted upon and the decision to medicate is affirmed. An emergency situation, as outlined in section VI.A of this policy, may override this subsection.

4. The managing officer, or designee, shall appoint a person who shall be designated as the Mandated Medication Coordinator whose responsibilities shall include the maintenance of a record of all involuntary psychotropic medications administered in accordance with this policy. The record shall reflect the type, frequency and observance of timelines as well as compliance with procedural requirements. This information shall be reviewed by the local CQI committee and forwarded on a monthly basis for review to the Operation Support Center CQI Committee. Corrective measures where required shall be recorded as ordered, recommended, and implemented by the Mandated Medication Coordinator and forwarded to the Operation Support Center CQI Committee.

C. Teleconferenced Hearings

If a Mandated Medication Committee hearing is conducted via teleconferencing, the following procedure regarding documents and filing shall be followed:

1. The original Mandated Medication Committee Decision form (DRC5241) onto which each committee member recorded his or her decision and rationale for approval or disapproval which bears their original signatures shall be scanned or faxed to the institution where the inmate resides within three (3) hours of the hearing.

2. The subject line should indicate **CONFIDENTIAL** when scanning patient information via e-mail.

3. The scanned Mandated Medication Committee Decision (DRC5241) shall be sent to the managing officer or administrative designee for review and signed within eight (8) hours of the time of hearing. If approved, the inmate shall promptly receive a copy of the decision and documentation shall be placed in the Interdisciplinary Progress Notes (DRC5287) that inmate was notified of decision.

4. The complete packet of information pertaining to the Mandated Medication Hearing shall be processed and filed in accordance with the provisions outlined above in sections VI.B.3.a.iii-iv of this policy.
Related Department Forms:

- Inmate Advisor Interview: DRC5182
- Request to Suspend Medication: DRC5228
- Mandated Medication Request: DRC5234
- Mandated Medication Notice of Hearing and Inmate Rights: DRC5237
- Inmate Advisor Checklist: DRC5239
- Mandated Medication Committee Decision: DRC5241
- Appeal Request: DRC5242
- Interdisciplinary Progress Notes: DRC5287
- Doctor’s Orders: DMH0020