



KAY IVEY
GOVERNOR

State of Alabama Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883



JOHN Q. HAMM
COMMISSIONER

March 8, 2024

ADMINISTRATIVE REGULATION
NUMBER

621

OPR: HEALTH SERVICES

INVOLUNTARY PSYCHOTROPIC MEDICATION

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for the requests for the authorization and administration of involuntary psychotropic medication to inmates within ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that the Involuntary Medication Review Committee reviews all requests for authorization of involuntary psychotropic medication and only approves such requests to treat a Serious Mental Illness of inmates within ADOC custody where that inmate both fails to respond to methods to motivate the voluntary administration of psychotropic medication and has either demonstrated an inability to function safely, to meet essential physical needs, or has consistently deteriorated without mental health services.

III. DEFINITIONS AND ACRONYMS

- A. **Diagnostic and Statistical Manual of Mental Health Disorders**: A manual published by the American Psychiatric Association (currently in its 5th edition—the DSM-5-TR) widely used by mental health professionals in the United States to define and to classify mental disorders.
- B. **Involuntary Medication (IVM)**: A special administrative status that authorizes the administration of psychotropic medication without an inmate's consent after an IVM hearing.

- C. **Involuntary Medication Review Committee**: A 3-person panel comprised of a psychiatrist (who serves as chair of the committee), a licensed psychologist, and a mental health nurse that conducts hearings to reach final decisions regarding an inmate's involuntary medication status.
- D. **Medication Administration Record (MAR)**: A system for recording the administration of medications to inmates. Electronic versions of this system may be referred to as E-MAR.
- E. **Residential Treatment Unit (RTU)**: A specialized housing placement for treating inmates with serious mental illness who are at risk for psychiatric deterioration in a less-restrictive setting. This may be either a short-term placement for inmates to resolve crises or a long-term placement for inmates who experience persistent difficulty functioning in an outpatient setting.
- F. **Serious Mental Illness (SMI)**: Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health professional(s).
- G. **Stabilization Unit (SU)**: A designated residential unit that provides the highest level of intensive mental health services within the ADOC for inmates who either are experiencing severe psychiatric symptoms or remain at acute risk of harming themselves or others after crisis intervention has been insufficient to address these problems.
- H. **Staff Advisor**: A vendor mental health staff member prepared to assist with all phases of the Involuntary Psychotropic Medication process including the appeals process if the inmate requests.
- I. **Treatment Team**: Qualified mental health staff responsible for creating, implementing, and updating an individualized Treatment Plan for each inmate who receives mental health services. The inmate is expected to actively participate in treatment planning when clinically appropriate. The Treatment Team will collaborate with security staff, as appropriate, to promote safety and to ensure the mental health services are provided as planned.

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring that this AR is consistent with relevant professional standards.

- C. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.
- D. The Warden (or designee) at each facility is responsible for ensuring that ADOC security staff at that facility receive training on the implementation of this AR.
- E. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receive training on the implementation of this AR.
- F. The Vendor Psychiatric Director is responsible for ensuring that all Vendor psychiatric providers receive training on the implementation of this AR.
- G. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that all Vendor staff at that facility receive training on the implementation of this AR.

V. **PROCEDURES**

- A. Initiating Requests for Authorization of Psychotropic IVM:
 - 1. The Vendor psychiatric provider, in collaboration with an inmate's Treatment Team, will use clinical judgment in determining whether to initiate a request for the authorization of psychotropic IVM for that inmate.
 - 2. The Vendor psychiatric provider may initiate the initial request for authorization of psychotropic IVM for an inmate only where that inmate both:
 - a. Has been transferred to the SU, in accordance with AR 632, *Stabilization Unit*, absent exceptional circumstances:
 - (1) Exceptional circumstances (e.g., classification status, health care needs, etc.) may require that SU-level interventions be accomplished in either an RTU or a special healthcare outpatient facility when necessary to provide for essential physical needs.
 - (2) The Vendor psychiatric provider must submit each instance of exceptional circumstances to the Vendor Psychiatric Director for review, who will then submit that instance to both the ADOC Director of Mental Health Services and the ADOC Director of Psychiatry for review and approval.
 - b. Fails to respond to the Vendor mental health staff's offers of less-restrictive alternative Crisis Interventions.

3. The Vendor psychiatric provider may initiate a continuation or re-authorization request for authorization of psychotropic IVM for an inmate who is not currently housed in the SU.

B. Requests for Authorization of Psychotropic IVM:

1. The Vendor psychiatric provider will initiate requests for authorization of psychotropic IVM for an inmate on ADOC Form MH-028, *Involuntary Medication Request*, and will document the following information:
 - a. That inmate's diagnosed SMI (using current DSM terminology).
 - b. Evidence that, as a result of this SMI, that inmate currently presents at least one of the following:
 - (1) A substantial likelihood of serious physical harm towards self or others.
 - (2) A substantial likelihood of significant property damage.
 - (3) Incapacitation to the extent that the inmate is unable to perform basic, life-sustaining functions (e.g., eating, drinking, maintaining minimal hygiene, etc.).
 - (4) Manifests severe or chronic deterioration in routine functioning by either repeated, persistent, or escalating loss of cognitive or volitional control over personal actions, or inability to perform the basic functions of daily life (e.g., hygiene, nutrition, following rules, avoiding conflict with peers, etc.).
 - c. The proposed psychotropic medications, dosage range, frequency, and route of administration of the psychotropic IVM, (including injectable and oral alternatives) for that inmate.
 - d. Methods previously used to motivate the inmate to accept medication and the inmate's responses to these efforts.
 - e. Consideration of less intrusive alternatives to psychotropic IVM and reason for rejection.
 - f. Any recognized religious objections of that inmate to the psychotropic IVM.
 - g. Gains anticipated from proposed IVMs.

- h. A signed statement that, in the Vendor ordering psychiatric provider's medical opinion, the gains anticipated from the proposed psychotropic IVM substantially outweigh the potential risks of side effects and that administration of the recommended psychotropic IVM is in the inmate's best medical interest.
 - i. In addition to the requirements outlined in Section V.B.3.a.–h. above, initial requests for authorization of psychotropic IVM for an inmate also require the following information:
 - (1) A list of all psychotropic medications administered to that inmate in the past.
 - (2) A list of all psychotropic medications administered to that inmate to which the inmate has been most responsive.
 - (3) A list of all side effects, including severity, from psychotropic medications administered to that inmate in the past.
 - (4) A list of all psychotropic IVM administered to that inmate in the past, including the name of the psychotropic medication (generic and brand, if appropriate), the dates the psychotropic IVM were administered, and that inmate's response to the psychotropic IVM.
 - j. In addition to the requirements outlined in Section V.B.3.a.–h. above, continuation and re-authorization requests for authorization of psychotropic IVM for an inmate also require that inmate's current response to the psychotropic IVM being administered.
2. The Vendor Mental Health Site Administrator will submit the completed ADOC Form MH-028, *Involuntary Medication Request*, to the Involuntary Medication Review Committee Chair for review.
 3. The Involuntary Medication Review Committee Chair will review the completed ADOC Form MH-028, *Involuntary Medication Request*, within two (2) working days from the date of receipt for review by the Involuntary Medication Review Committee. The Vendor treating provider will then provide the Involuntary Medication Review Committee Chair with additional information and clarification within one (1) working day from the date of receipt.
 4. The Involuntary Medication Review Committee Chair will set a fully completed ADOC Form MH-028, *Involuntary Medication Request*, for a psychotropic IVM hearing (either in-person or remotely via videoconference) as soon as possible after, and within ten (10) working days from the date of,

receipt of that fully completed ADOC Form MH-028, *Involuntary Medication Request*.

5. The Involuntary Medication Review Committee Chair will complete ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, on the same date it sets a fully completed ADOC Form MH-028, *Involuntary Medication Request*, for a hearing.

C. Notice of Psychotropic IVM Hearing to Inmate:

1. The Involuntary Medication Review Committee Chair will ensure that a completed ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, notifies an inmate of the following information:
 - a. The date and time that psychotropic IVM hearing is set.
 - b. The clinical evidence/criteria that supports the diagnosis.
 - c. The reasons why the medication is medically necessary.
 - d. That inmate's rights at that psychotropic IVM hearing, including:
 - (1) The right to be present at that psychotropic IVM hearing.
 - (2) The right to assistance from a Staff Advisor to explain the purpose of that hearing, to assist in presenting objections to psychotropic IVM at that hearing, and to assist in an appeal from the final decision of the Involuntary Medication Review Committee to approve the request for authorization of psychotropic IVM.
 - (3) The name of, and the means to contact, the Staff Advisor.
 - (4) The right to be un-medicated the day of that psychotropic IVM hearing.
 - (5) The right to present alternatives to psychotropic IVM.
 - (6) The right to present information and to call, examine, and cross-examine witnesses and Vendor staff who support, or oppose, psychotropic IVM at that psychotropic IVM hearing.
 - (7) The right to receive a copy of both the minutes of that psychotropic IVM hearing and the Involuntary Medication Review Committee's written final decision.

- (8) The right to appeal the final decision of the Involuntary Medication Review Committee to approve the request for authorization of psychotropic IVM.
2. The Involuntary Medication Review Committee Chair will provide a copy of the completed ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, to Vendor Mental Health Site Administrator.
3. An inmate's Staff Advisor will request an inmate to sign a copy of ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, to acknowledge that inmate's receipt and documentation of the hearing process.
4. If an inmate refuses to sign, or states an opinion but is unable to sign, then that inmate's Staff Advisor will not only sign ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, to witness that inmate's response but also document this interaction on ADOC Form MH-040, *Progress Notes*.
5. An inmate's Staff Advisor will provide a copy of the completed and signed ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, to an inmate as soon as practicable to afford that inmate adequate time to prepare for that psychotropic IVM hearing.
 - a. If the Involuntary Medication Review Committee Chair sets that psychotropic IVM hearing pursuant to an initial request for authorization of psychotropic IVM for an inmate, then the Vendor nursing staff may not administer the requested psychotropic IVM to that inmate unless either:
 - (1) The Involuntary Medication Review Committee holds that psychotropic IVM hearing and reaches a final decision authorizing the administration of the psychotropic IVM.
 - (2) That inmate provides informed consent in accordance with AR 616, *Psychotropic Medication*.
 - (3) There is documentation for the need of the emergency administration of psychotropic medication in accordance with AR 620, *Emergency Administration of Psychotropic Medication*.
 - b. If the Involuntary Medication Review Committee Chair sets that psychotropic IVM hearing pursuant to a continuation or re-authorization request for authorization of psychotropic IVM for an inmate, then the Vendor nursing staff may continue to administer the requested psychotropic IVM to that inmate in accordance with the current psychotropic IVM order until the Involuntary Medication Review

Committee holds that psychotropic IVM hearing and reaches a final decision authorizing the administration of the psychotropic IVM.

c. The Vendor nursing staff may not administer any additional dosages of that long-acting injectable psychotropic IVM to that inmate once that inmate's Staff Advisor provides the inmate a copy of the completed ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, the Involuntary Medication Review Committee holds that psychotropic IVM hearing and reaches a final decision authorizing the administration of that long-acting injectable psychotropic IVM.

6. The Vendor Mental Health Site Administrator will also provide a copy of the completed and signed ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, to the following individuals:

a. The Warden (or designee) at the facility where that inmate is currently housed.

b. The Vendor psychiatric provider who submitted the ADOC Form MH-028, *Involuntary Medication Request*.

c. The Staff Advisor who is assigned to assist that inmate.

D. Staff Advisor:

1. The Vendor Mental Health Site Administrator will assign Vendor mental health staff as a Staff Advisor to an inmate to explain the purpose of the psychotropic IVM hearing, to assist in presenting objections to psychotropic IVM at the psychotropic IVM hearing, and to assist in an appeal from the final decision of the Involuntary Medication Review Committee to approve the request for authorization of psychotropic IVM.

2. An inmate's Staff Advisor will act independently and will not have been involved in that inmate's case.

3. An inmate's Staff Advisor will have a sufficient understanding of both that inmate's mental health treatment issues and the administrative processes necessary to assist that inmate in all phases of the psychotropic IVM hearing.

E. Psychotropic IVM Hearing:

1. An inmate's *primary mental health provider* or primary psychiatric provider is prohibited from serving as a member of the Involuntary Medication Review Committee that hears and ultimately decides that same inmate's IVM status.

2. *Primary mental health or psychiatric provider* is defined as a professional who, in the last six (6) months has provided treatment, group or individual counseling, medication or medication management, or regularly scheduled care or follow up care. It does not include isolated instances of medication for emergency purposes or consultation for purpose of suicidality or mental health or suicide watch status.
3. The Involuntary Medication Review Committee will begin the psychotropic IVM hearing by reviewing ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, with the inmate for whom the Vendor treating provider submitted ADOC Form MH-028, *Involuntary Medication Request*, to advise that inmate of the opportunity to exercise the rights provided in Section V.C.1.d. above.
 - a. If that inmate chooses not to participate in, or if the Involuntary Medication Review Committee Chair limits that inmate's attendance to, the psychotropic IVM hearing, then the Involuntary Medication Review Committee Chair will permit that inmate's Staff Advisor to exercise the rights provided in Section V.C.1.d. above on that inmate's behalf.
 - b. The Involuntary Medication Review Committee Chair may limit an inmate's rights to be present at the psychotropic IVM hearing, to present testimony at the psychotropic IVM hearing, and to question witnesses at the psychotropic IVM hearing if either:
 - (1) After repeated warnings, that inmate continues to interrupt the psychotropic IVM hearing proceedings.
 - (2) There are documented concerns related to the facility's security and order.
 - c. The Involuntary Medication Review Committee Chair may limit testimony from witnesses that the Involuntary Medication Review Committee Chair determines is cumulative or redundant.
 - d. The Involuntary Medication Review Committee Chair will document any known information regarding an inmate's absence from the psychotropic IVM hearing, the reasons for limiting an inmate's rights at the psychotropic IVM hearing, and the reasons for limiting witness testimony at the psychotropic IVM hearing.
4. The Involuntary Medication Review Committee may request the presence of the Vendor psychiatric provider who submitted the ADOC Form MH-028, *Involuntary Medication Request*, at the psychotropic IVM hearing (either in-person or remotely via teleconference) for testimony and cross-examination.

5. An inmate's Treatment Team and other relevant facility staff will provide relevant evidence to support the information provided on ADOC Form MH-028, *Involuntary Medication Request*.
 6. The Vendor Mental Health Site Administrator (or designee) will keep and retain minutes of all psychotropic IVM hearings.
- F. The Final Decision of the Involuntary Medication Review Committee:
1. Each member of the Involuntary Medication Review Committee will base its final decision on whether to approve a request for authorization of psychotropic IVM on both the requisite evidence presented in ADOC Form MH-028, *Involuntary Medication Request*, and the testimony presented at the psychotropic IVM hearing.
 - a. The Involuntary Medication Review Committee may consider evidence of an inmate's past behaviors required under Section V.B.1.b. above in determining whether the Vendor treating provider presented the requisite evidence in ADOC Form MH-028, *Involuntary Medication Request*.
 - b. The Involuntary Medication Review Committee will document the relevance of, and its rationale for concluding that, such evidence supports a finding of a current risk.
 2. The final decision of the Involuntary Medication Review Committee to approve a request for authorization of psychotropic IVM requires a majority vote from the Committee, among which must be the Vendor psychiatrist who serves as Chair.
 3. The initial final decision of the Involuntary Medication Review Committee to approve a request for authorization of psychotropic IVM is effective for ninety (90) days from the date of that final decision.
 4. The final decision of the Involuntary Medication Review Committee to approve a request for authorization of psychotropic IVM will be documented by the following:
 - a. The Involuntary Medication Review Committee Chair will complete, and each Committee member will sign, ADOC Form MH-030, *Record of Involuntary Medication Review*, documenting the Committee's final decision.
 - b. Each member of the Involuntary Medication Review Committee will explain that member's own final decision on complete ADOC Form MH-040, *Progress Note*.

5. The Vendor Mental Health Site Administrator will provide a copy of the completed and signed ADOC Form MH-030, *Record of Involuntary Medication Review*, to the following individuals:
 - a. The Warden (or designee) at the facility where that inmate is currently housed.
 - b. The inmate:
 - (1) The Staff Advisor will request that inmate to sign ADOC Form MH-030, *Record of Involuntary Medication Review*, to both verify that inmate received a copy of ADOC Form MH-030, and notify that inmate of the right to appeal the final decision of the Involuntary Medication Review Committee to approve a request for authorization of psychotropic IVM within one (1) working day from the date that inmate received a copy of ADOC Form MH-030.
 - (2) The Staff Advisor who was assigned to assist that inmate at the psychotropic IVM hearing will assist with any appeals from that final decision.
 6. The Vendor Mental Health Site Administrator will:
 - a. File the original completed and signed ADOC Form MH-028, *Involuntary Medication Request*, ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, and ADOC Form MH-030, *Record of Involuntary Medication Review*, in the mental health section of that inmate's medical record.
 - b. Forward a copy of the completed and signed ADOC Form MH-028, *Involuntary Medication Request*, ADOC Form MH-029, *Notice of Involuntary Medication Hearing*, and ADOC Form MH-030, *Record of Involuntary Medication Review*, to the Vendor Mental Health Program Director (or designee).
- G. Appeals from the Final Decision of the Involuntary Medication Review Committee to Approve Requests for Authorization of Psychotropic IVM:
1. An inmate may file an appeal from the final decision of the Involuntary Medication Review Committee to approve a request for authorization of psychotropic IVM with the Vendor Mental Health Site Administrator.
 2. The Vendor Mental Health Site Administrator will forward that inmate's appeal from the final decision of the Involuntary Medication Review

Committee to approve a request for authorization of psychotropic IVM to a Vendor psychiatrist, who is not a member of either that inmate's Treatment Team or that inmate's Involuntary Medication Review Committee, for review and final decision.

3. The Vendor psychiatrist will document on ADOC Form MH-040, *Progress Notes*, the final decision on that inmate's appeal of the final decision of the Involuntary Medication Review Committee to approve a request for authorization of psychotropic IVM.
4. The Vendor psychiatrist will submit ADOC Form MH-040, *Progress Notes*, to the Involuntary Medication Review Committee Chair within one (1) working day from the date that Vendor psychiatrist receives the appeal.
5. An inmate's Staff Advisor will inform an inmate who disagrees with the Vendor psychiatrist's final decision on the initial appeal of that inmate's right to appeal that Vendor psychiatrist's final decision on the initial appeal to a court of appropriate jurisdiction.

H. Orders for Psychotropic IVM:

1. The Vendor psychiatric provider may initiate an order for psychotropic IVM upon receipt of the final decision to approve the requests for authorization of psychotropic IVM.
2. The Vendor ordering psychiatric provider will indicate the IVM status on the order for psychotropic IVM.
3. The Vendor ordering psychiatric provider will also indicate the IVM status on that inmate's MAR.
4. The Vendor nursing staff administering psychotropic IVM ordered to be administered in the injectable form will document the acceptance and administration of each psychotropic IVM and dose on ADOC Form MH-040N, *Nursing Progress Note*, and file the original in the mental health section of the inmate's medical record in accordance with AR 621, *Administrative Review of Involuntary Psychotropic Medication*.
5. The Vendor nursing staff administering psychotropic IVM will:
 - a. If the psychotropic IVM is ordered to be administered in injectable form, then administer the injectable psychotropic IVM in a physical location that provides the inmate visual privacy from other inmates while maintaining adequate ADOC security staff presence.

- b. Contact the appropriate Vendor psychiatric provider in accordance with AR 621, *Administrative Review for Involuntary Psychotropic Medication*, if an inmate refuses the psychiatric IVM administration.

I. Response to Inmate Refusal of Psychotropic IVM Administration:

1. An order for psychotropic IVM provides a legal and administrative foundation for ensuring that an inmate receives the psychotropic IVM in the appropriate form and dosage as ordered.
2. ADOC security staff and Vendor nursing staff will first motivate the cooperation of an inmate who refuses the psychotropic IVM administration.
3. The Vendor nursing staff will immediately notify the Vendor ordering psychiatric provider, the Vendor Mental Health Site Administrator at that facility, and the on-duty ADOC security staff supervisor.
4. ADOC security staff will provide the Vendor nursing staff with necessary assistance to ensure the psychotropic IVM administration to an inmate if efforts to motivate that inmate's cooperation are unsuccessful:
 - a. ADOC security staff will use the least-restrictive and least-intrusive means of restraint necessary to ensure the safe administration of the psychotropic IVM with the goal of minimizing the risk of both physical or emotional trauma to the inmate and injury to any staff.
 - b. The Vendor nursing staff will collaborate with ADOC security staff to ensure the safe administration of the psychotropic IVM ordered in injectable form.
5. The Vendor nursing staff will document the efforts to motivate the cooperation of an inmate who refuses the psychotropic IVM administration on.

J. Continuation or Re-Authorization Request for Authorization of Psychotropic IVM:

1. The Vendor treating psychiatrist may initiate continuation or re-authorization requests for authorization of psychotropic IVM for an inmate on a new ADOC Form MH-028, *Involuntary Medication Request*, in accordance with Section V.B.1. above.
2. The Vendor treating psychiatrist will submit a continuation request for authorization of IVM on a new ADOC Form MH-028, *Involuntary Medication Request*, to the Involuntary Medication Review Committee Chair

at least seven (7) working days before the date the current authorization of psychotropic IVM expires.

3. The Involuntary Medication Review Committee will review, set, and hear the continuation request for authorization of psychotropic IVM on the new ADOC Form MH-028, *Involuntary Medication Request*, in accordance with Sections V.B.–V.G. above.
4. The same Involuntary Medication Review Committee that reviewed, set, and heard the initial request for authorization of psychotropic IVM on an inmate will, when possible, also review, set, and hear the continuation request for authorization of psychotropic IVM on that inmate.
5. The continuation request for authorization of psychotropic IVM is effective for one-hundred and eighty (180) days from the date the current authorization of psychotropic IVM expires.

K. Right to Voluntarily Consent to Psychotropic IVM:

1. An inmate may voluntarily consent to psychotropic IVM administration without invalidating an existing order for psychotropic IVM.
2. The Vendor ordering psychiatric provider of an inmate who voluntarily consents to psychotropic IVM may maintain the order for psychotropic IVM for up to one-hundred and eighty (180) days to allow that Vendor ordering psychiatric provider sufficient time to determine whether voluntary treatment will be sufficient to address the concerns included on ADOC Form MH-028, *Involuntary Medication Request*.
3. Treating clinicians will document ongoing efforts to motivate the inmate to consent to voluntary treatment.
4. The Vendor psychiatric provider may, at any time, inform an inmate about the consequences for refusing to voluntarily consent to the administration of psychotropic medication, including the initiation of the psychotropic IVM.

L. Discontinuation Request for Authorization of Psychotropic IVM:

1. The Vendor ordering psychiatric provider may initiate a discontinuation request for authorization of psychotropic IVM by submitting a summary of that inmate's clinical status and the rationale for discontinuation on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, to the Vendor Psychiatric Director (or designee) and the Involuntary Medication Review Committee Chair.

2. The Vendor Psychiatric Director (or designee) will consult with the Involuntary Medication Review Committee Chair in reviewing the Vendor ordering psychiatric provider's summary and rationale in the discontinuation request for authorization of psychotropic IVM.
3. The Vendor Psychiatric Director (or designee), upon consultation and review, will either:
 - a. Approve the Vendor ordering psychiatric provider's discontinuation request for authorization of psychotropic IVM.
 - b. Further discuss the Vendor ordering psychiatric provider's discontinuation request for authorization of psychotropic IVM with that Vendor ordering psychiatric provider.
 - c. Request an additional opinion from a vendor psychiatrist not involved in that inmate's treatment.
4. The Vendor Psychiatric Director (or designee) will document the final decision to either approve or deny the discontinuation request for authorization of psychotropic IVM.
5. If the Vendor Psychiatric Director (or designee) approves the discontinuation request for authorization of psychotropic IVM, then the Vendor ordering psychiatric provider will both:
 - a. Initiate an order discontinuing the psychotropic IVM administration.
 - b. Document the discontinuation on that inmate's Master Problem List.
 - c. If the Vendor Psychiatric Director (or designee) denies the discontinuation request for authorization of psychotropic IVM, then both:
 - (1) The current authorization for psychotropic IVM will remain effective.
 - (2) The Involuntary Medication Review Committee will schedule a psychotropic IVM hearing on the continuation for authorization of psychotropic IVM within thirty (30) days from the date the Vendor Psychiatric Director denies the discontinuation request for authorization of psychotropic IVM.
6. The Vendor ordering psychiatric provider will:

- a. File the original discontinuation request for authorization of psychotropic IVM and all related documents in the mental health section of the inmate's medical record.
- b. Ensure a copy of the discontinuation request for authorization of psychotropic IVM and all related documents is retained by the vendor Psychiatric Director.

M. Reporting:

The Vendor Mental Health Site Administrator (or designee) at each facility will submit ADOC Form MH-031, *Mental Health: Inmates Receiving Involuntary Medication*, to the Vendor Mental Health Program Director (or designee) each month.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. FORMS

- A. ADOC Form MH-025, *Psychiatric/CRNP Progress Note*.
- B. ADOC Form MH-028, *Involuntary Medication Request*.
- C. ADOC Form MH-029, *Notice of Involuntary Medication Hearing*.
- D. ADOC Form MH-030, *Record of Involuntary Medication Review*.
- E. ADOC Form MH-031, *Mental Health: Inmates Receiving Involuntary Medication*.
- F. ADOC Form MH-040N, *Nursing Progress Notes*.


VIII. SUPERSEDES

This Administrative Regulation supersedes AR 621, *Administrative Review for Involuntary Psychotropic Medication(s)*, dated May 5, 2017, and any related changes.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. Braggs v. Hamm, No. 2:14-cv-00601-MHT-JTA (M.D. Ala. filed June 17, 2014).

- C. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).
- D. NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).



John Q. Hamm
Commissioner

**Alabama Department of Corrections
Psychiatric Provider Progress Note**



Last Name	First Name:	AIS:
DOB: / / Age:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent	<input type="checkbox"/> In-Person <input type="checkbox"/> Tele-Health
Facility:	Housing: <input type="checkbox"/> GP <input type="checkbox"/> Crisis <input type="checkbox"/> RTU <input type="checkbox"/> SU <input type="checkbox"/> SLU <input type="checkbox"/> RHU <input type="checkbox"/> PHRU <input type="checkbox"/> WR	
MH Code: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Last change: / /		SMI: <input type="checkbox"/> Y <input type="checkbox"/> N Last change: / /

Target Problems and Symptoms:			
Current Medications (MAR Reviewed <input type="checkbox"/> Y <input type="checkbox"/> N)			
Adherence:		Adverse Drug Reactions / Allergies:	
Weight / BMI:	Date: / /	Last AIMS: (Date)	Consents: (Date)

S/ (narrative)

O/ Mental Status Examination *(Describe pertinent details.)*

Consciousness / Cognition	<input type="checkbox"/> Alert <input type="checkbox"/> Ox3 <input type="checkbox"/> Attentive
Appearance	<input type="checkbox"/> Good hygiene
Behavior/ Attitude	<input type="checkbox"/> Cooperative <input type="checkbox"/> Calm <input type="checkbox"/> Agitated
Speech:	<input type="checkbox"/> Coherent <input type="checkbox"/> NI Rate <input type="checkbox"/> Pressured <input type="checkbox"/> Rapid <input type="checkbox"/> Slow
Mood/affect:	<input type="checkbox"/> Euthymic <input type="checkbox"/> Sad/down <input type="checkbox"/> Elevated <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Blunted/flat <input type="checkbox"/> Affect appropriate
Thought Content	<input type="checkbox"/> Appropriate <input type="checkbox"/> Over-valued ideas <input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Impoverished

Alabama Department of Corrections
Psychiatric Provider Progress Note



Harm	<input type="checkbox"/> None Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Tempting fate NSSI: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent Aggression: <input type="checkbox"/> Ideation <input type="checkbox"/> Intent
Thought Process	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
Perception:	<input type="checkbox"/> Normal <i>Hallucinations:</i> <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Somatic <input type="checkbox"/> Tactile If hallucinations, any command-type? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N/A
Insight & Judgment	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Y <input type="checkbox"/> N Judgment Intact
Neuro / EPS	<input type="checkbox"/> Y <input type="checkbox"/> N Current AIMS: / / Other/Details:

Lab Review:	New results: <input type="checkbox"/> Y <input type="checkbox"/> N
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A/ (Use DSM-5 Diagnosis; Include differential diagnosis)
Formulation/Summary (Include risk assessment)

P/ (Include Rx and lab orders)
Patient Education: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent Form <input type="checkbox"/> Patient. Info Fact sheet (PIF)
Referrals <input type="checkbox"/> NP <input type="checkbox"/> LBHP <input type="checkbox"/> BH Nurse <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> None
Reason for referral(s):
Return visit in:

Psychiatrist / NP: (Print)	Sign:
My signature verifies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any exceptions:	

Date: / /	Start time: :	AM PM	End Time: :	AM PM
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Alabama Department of Corrections
INVOLUNTARY MEDICATION REQUEST



Inmate's Name: _____ AIS#: _____ Location: _____

Brief Psychiatric History: _____

Current mental status: _____

Significant medical history: _____

Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

As a result of this serious mental illness, the inmate has been assessed as presenting a substantial likelihood of (*check all that apply*)

☐ Danger to self as evidenced by: _____

☐ Danger to others as evidenced by: _____

☐ Substantial risk of significant property damage as evidence by: _____

☐ Being unable to provide for essential physical needs as evidenced by: _____

☐ Experiencing severe repeated and escalating deterioration as evidenced by: _____

Inmate Name:	AIS #:
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Alabama Department of Corrections
INVOLUNTARY MEDICATION REQUEST (Continued)



Based on this psychiatric assessment, I have recommended to the inmate that the following medication(s) is (are) required for effective treatment:

Name of Medication (s)	Dose	Frequency	Route

The inmate has refused to take this medication or lacks capacity to give informed consent. Based on this situation, I am requesting that involuntary medication be administered to the inmate.

☐ Initial Request ☐ Continuation Request

I am requesting authorization for the administration of the following involuntary medications (including injectable and oral alternatives)

Name of Medication (s)	Dosage Range	Frequency

Medication History (to be completed for initial request only):

- List psychotropic medication (s) used in the past: _____

- List medication (s) to which the inmate has been most responsive: _____

- Medication side effect history (include severity): _____

- Past involuntary medication (type, date, response): _____

- Current response to involuntary medication (continuation request only): _____

Inmate Name:	AIS #:
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Alabama Department of Corrections
INVOLUNTARY MEDICATION REQUEST (Continued)



Methods used to motivate the inmate to accept voluntary medication and response to these efforts:

Less intrusive alternatives to involuntary medication considered and reason for rejection: _____

Religious objections to medication (describe): _____

Gains anticipated from proposed involuntary medication: _____

In conclusion, it is my medical opinion that the gains anticipated from the proposed involuntary medication substantially out-weigh the risks of potential side effects.

Psychiatrist Signature

Date

Treatment Team Signatures

Discipline

Date

Concur/Dissent

Inmate Name:

AIS #:

Alabama Department of Corrections
NOTICE OF INVOLUNTARY MEDICATION HEARING



To Inmate: _____ AIS#: _____

Date: _____ Institution: _____

From: _____
Involuntary Mediation Review Committee Chair

You are hereby notified that on _____ at _____
(Date) (Time)

an Involuntary Medication Hearing will be held to determine whether or not you may be administered psychotropic medication against your will. The hearing is being conducted because you have been diagnosed with a serious mental illness and you are considered to be at risk for:

- ☐ Serious harm to yourself
- ☐ Serious harm to others
- ☐ Serious property damage
- ☐ Being unable to perform such life-sustaining functions as eating and drinking
- ☐ Serious deterioration in functioning

Medication has been offered to you, but you have refused to accept it. The treatment team is recommending that the following medication(s) be involuntarily administered:

In this process you have the following rights:

- To be present at the hearing.
- To have assistance from a staff advisor to explain the purpose of the hearing and to assist you in presenting objections to involuntary medication. The staff advisor may not be someone involved in your current treatment.
- To be un-medicated the day of the hearing.
- To present alternatives to involuntary medication at the hearing.
- To present information and call witnesses to the hearing.
- To question staff who are supporting involuntary medication.
- To have a copy of the Involuntary Medication Review Committee's written decision.
- To appeal the Involuntary Medication Review Committee decision if the decision authorizes involuntary medication.
- To have a staff advisor assist in an appeal.

You may not have an attorney present at the hearing.

I have been given a copy of the Notice of Involuntary Medication Hearing.

Inmate Signature/Date

Witness Signature/Date

Inmate Name: _____	AIS #: _____
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ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES



RECORD OF INVOLUNTARY MEDICATION REVIEW

Inmate Name: _____ AIS #: _____ Facility: _____

On _____ a hearing was held at _____ regarding the
administration of Involuntary Medication to the above inmate.

The hearing was an: ☐ Initial Request ☐ 90-day Review ☐ 180-day Review

The Name of the Staff Advisor was: _____

The inmate was: ☐ Present ☐ Not Present

If the inmate was not present, the reason for the absence:

At the onset of the hearing the following rights were explained to the inmate:

- The nature and purpose of the hearing.
- The right to the assistance of an advisor.
- The right to review the psychiatric documentation supporting involuntary medication.
- The right to question witnesses supporting involuntary medication.
- The right to present information and witnesses objecting to involuntary medication.
- The right to present alternatives to involuntary medication.
- The right to appeal the decision, if averse, administratively with the assistance of an advisor.
- The right to seek judicial review in a court of appropriate jurisdiction if the administrative appeal is denied.

The following witnesses testified at the hearing:

Supporting involuntary medication

Objection to involuntary medication

If testimony presented by the inmate or his/her witnesses or questioning of witnesses supporting involuntary
medication was disallowed or limited, the reasons were:

Inmate Name:

AIS #:

ADOC Form MH-030
03-2024

Disposition: Inmate Health Record, Inmate, Warden, Vendor Mental Health Site Administrator

Page 1 of 2

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES



RECORD OF INVOLUNTARY MEDICATION REVIEW

Inmate Name: _____ AIS #: _____ Facility: _____

Based on the information presented or reviewed at the hearing, the following decisions were reached regarding authorization of involuntary medication:

Chair/Psychiatrist	<input type="checkbox"/> Authorize	<input type="checkbox"/> Do Not Authorize
Psychologist	<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree
Mental Health Professional	<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree

Based on the above decisions:

- ☐ Involuntary medication is not authorized.
☐ Involuntary medication(s) is (are) authorized as follows *(include injectable and oral alternatives)*

<u>Medication</u>	<u>Dosage Range</u>	<u>Route</u>
_____	_____	_____
_____	_____	_____

Committee Members:

Signature _____	Printed Name _____	Date _____
Signature _____	Printed Name _____	Date _____
Signature _____	Printed Name _____	Date _____

Warden Review:

Signature _____	Printed Name _____	Date _____
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An inmate has the right to appeal a decision to authorize involuntary medication within one working day of receiving the Record of Involuntary Medication Review. The staff advisor will assist the inmate with the appeal if requested.

I was provided a copy of the Record of Involuntary Medication Review.

Inmate Signature _____	AIS# _____	Date _____
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INMATE NAME:

AIS #:

Alabama Department of Corrections

MENTAL HEALTH:

INMATES RECEIVING INVOLUNTARY MEDICATION

Institution: _____ Month/Year: _____ Completed by: _____

Last Name	First Name	AIS#	Facility	DOB	Date Initiated	90-Day Review	6-Month Review	30-Day Respite	PO Medication	IM Medication	Dates When Force Required	Date order expires	D/C (if applicable)	Appeal Date by Inmate	Appeal Decision/ Date/ Provider

(One note per sheet)

[illegible]

INMATE NAME	AIS #	FACILITY