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May 5, 2017

ADMINISTRATIVE REGULATION
NUMBER 621

OPR: Office of Health Services

**ADMINISTRATIVE REVIEW FOR
INVOLUNTARY PSYCHOTROPIC MEDICATION(S)**

I. GENERAL

unsuccessful. The Institutional Psychiatrist and other members of the inmat team will evaluate the inmate, and the Involuntary Medication Review Committee will review their recommendation. In no instance shall an inmate be threatened by any individual associated with ADOC, including its employees and/or independent contractors, with the use of force or a threat of disciplinary actions such as segregation, loss of privileges, or loss of good time, as a means to coerce the inmate to accept psychotropic medications; however, nothing herein shall restrict the authority of a person providing current mental health care from notifying an inmate regarding the events which might transpire in the event that he or she refuses psychotropic medication, including initiation of the involuntary psychotropic medication process.

III. DEFINITION(S) AND ACRONYM(S)

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

Seriously Mentally Ill (SMI)

Treatment Team

Involuntary Medication Review Committee

C. After deciding to pursue the authorization for involuntary medication, the -029, Involuntary Medication Request form. The documentation will include:

1. Psychiatric evaluation of in
2. Diagnosis in accordance with DSM 5 or the latest subsequent version thereof.
3. Indication that the inmate presents a current substantial likelihood of serious physical harm towards self or others, a substantial likelihood of significant property damage or who is incapacitated to the extent that he/she is unable to perform basic, life sustaining functions such as eating and drinking or manifests severe deterioration in routine functioning by repeated and escalating loss of cognitive or volitional control over personal actions as a result of the serious mental illness. In assessing the current risk of harm, the Committee may consider evidence of past serious harm to self, others and property. If the Committee considers such evidence of past conduct in determining current likelihood of harm, it must document the evidence considered in ADOC Form MH-028, and must document the basis for the determination that these past events support a finding of an ongoing, current serious risk of harm that could present in the current environment.
4. Description of the methods used to motivate the inmate to accept
5. Consideration and rejection of less intrusive alternatives.
6. Any recognized religious objection to the medication.
7. Proposed type, dosage range, and route of administration of the psychotropic medication, including injectable and oral alternatives.
8. Any history of side effects, including severity, from the proposed involuntary medication.
9. Statement that the patient-specific goals anticipated from the proposed medication outweigh potential risks or side effects.
10. Statement that the administration of the contemplated psychotropic rest.

conducted in accordance with the Washington v. Harper decision. The use of involuntary medication as a punitive measure is strictly prohibited.

E. The Involuntary Medication Review Committee consists of one Psychiatrist

Social Worker, Nurse Practitioner or Registered Nurse. No member of the committee, no person assigned any appeal from the granting of an Involuntary Medication Order, can be currently assigned as the primary mental health 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. This committee will:

1. Meet within one working day of receipt of the Involuntary Medication Request for a preliminary review.
2. Provide the inmate with ADOC Form MH-029, Notice of Involuntary Medication Hearing, at least one working day prior to the hearing, during which time the inmate may not be medicated. Such Notice shall include:
 - a. The tentative diagnosis;
 - b.

independent and knowledgeable in the provision of mental health care based on education and/or training.

- F. During the Involuntary Medication Hearing, the inmate:
1. Will be advised of his/her hearing process rights through review of ADOC Form MH-029.
 2. May be permitted to be present, provide testimony, or have witnesses testify on their behalf, but the Chair may limit testimony from a witness or witnesses who are cumulative or redundant.
 3. May choose of their own free will not to participate in the hearing, or may be removed from the hearing if, after repeated warnings, the inmate continues to interrupt the proceedings inappropriately.
 4. Members of the treatment team and other relevant institutional staff will provide evidence relevant to the request for involuntary medication.
 - 5.

- H. The decision to medicate the inmate requires a majority of the committee, with the Psychiatrist among the majority, and remains in effect for ninety days.
- I. Documentation of the decision made by the Involuntary Medication Review Committee will include:
 - 1. Each member explaining his/her decision on ADOC Form MH-040, Progress Notes, and signing ADOC Form MH-030, the Record of
 - 2. Form MH-028, Involuntary Medication Request.
 - 3. Copies of ADOC Form MH-030 will be sent to the Warden and the inmate
 - 4. Notification to the inmate, concerning his/her option to appeal the decision within one working day after receipt.

with copies forwarded to the Office of Health Services.
- J. The advisor will assist the inmate in submitting an appeal if the inmate desires to by a designated psychiatrist within one working day of its receipt. The designated Committee. The inmate shall be informed of the right to appeal any decision to a court of appropriate jurisdiction.
- K. An inmate may voluntarily accept medication without invalidating an existing involuntary medication order.
- L. If the treating psychiatrist recommends continuation of the involuntary medication for longer than ninety days, he/she will complete a new ADOC Form MH-028 and submit it to the Chair of the Involuntary Medication Review Committee at least two working days before the previous authorization expires.
- M. The same Involuntary Medication Review Committee, which considered the initial recommendation on or before the day the prior authorization expires, utilizing the procedures outlined in V.E. through J.
- N. If the second Involuntary Medication Hearing decides that involuntary medication should be continued, the authorization will be in effect for 180 days.
- O. Continuation of the authorization for involuntary medication will be re-evaluated after the initial 180-day order to continue to involuntarily medicate the inmate expires. An inmate will be given a thirty (30) day respite at the completion of the

VIII. SUPERSEDES

This AR supersedes all prior versions of AR 621 and 621-1 dated September 20, 2004 and March 14, 2005, respectively.

IX. PERFORMANCE

This administrative regulation is published under the authority of:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2014
- B. The Code of Alabama 1975, Section 22-50-11.