	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: JUNE 07, 2011	POLICY NO.: COR.10.1G.17
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): 03/10/2010	
	SUBJECT: COURT AUTHORIZED INVOLUNTARY PSYCHIATRIC MEDICATIONS		Page 1 of 4

1.0 PURPOSE

The purpose of this policy is to provide guidelines for obtaining and administering court authorized involuntary psychiatric medications.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. Standards for Health Services in Prisons, National Commission on Correctional Health Care, (2008).
- c. Hawaii Revised Statutes, Section 334-123, Criteria for Involuntary Outpatient Treatment.
- d. USC 88-599 State of Washington v. Harper.

.2 Definition

- a. Involuntarily: Without consent.

3.0 POLICY

- .1 Inmates may refuse to participate in medical or mental health treatments unless their refusal represents a danger to themselves or others or the safe operations of the institution.
- .2 Medical and mental health staff that administers involuntary treatment or medications shall document the necessity for the treatment or medications. The following shall be documented in the patient's medical record as soon as possible.
 - a. The patient's stated reasons for refusing medication or other treatment.
 - b. The patient's condition.
 - c. The threat or danger posed.
 - d. The reason for the involuntary treatment or medication.
 - e. The voluntary methods attempted.

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- f. The goals for treatment alternatives.
- .3 To the extent possible in an emergency, the involuntary intervention chosen shall meet therapeutic objectives and have a reasonable expectation that the treatment or medications will be beneficial to the inmate.
- .4 Court authorized involuntary psychiatric medications will only be sought in circumstances where: (a) the inmate refuses medications and poses an ongoing risk to self or others by reason of mental illness; and (b) without medications, is expected to continue to pose an imminent threat or risk to self or others. Imminent threat is defined as an immediate threat or the reasonable expectation that such threat will continue to resurface, based on past cycles of behavior. And without the administration of medications, there is a strong likelihood of the pattern continuing or exacerbating in the future, there is an imminent threat, danger or likely threat/danger based on the patient's past mental health history, to the health or safety of the inmate or others. Criteria also include the inmate's inability to recognize the deleterious effects of untreated mental illness on his/her health and welfare.
- .5 Long-term administration of involuntary medications shall be continued as long as authorized by the court.
- .6 Involuntary treatment or medications shall be administered with the least amount of force. The inmate shall always be given the opportunity to accept the care voluntarily by the administering health care staff.

4.0 PROCEDURES

- .1 When the psychiatrist or other physician finds it necessary to renew court ordered involuntary treatment or medications, the physician must bring the patient's case before a panel consisting of, at a minimum, a physician who is not involved in the patient's care, the medical director, Mental Health Branch Administrator and the Warden. Review and concurrence of the panel to continue the involuntary treatment must be documented in the inmate's medical records prior to petitioning the court to resume the involuntary treatment. Concurrence of the panel may be entered in the record either personally by the reviewer or via telephone order.
- .2 A Treatment Plan Review must be convened within 72 hours if either two (2) STAT doses are administered in 24 hours or STAT doses are administered on 4 days out of 7, and the Treatment Team will consider other treatment

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options, including the efficacy of petitioning the court for an involuntary medication treatment order.

- .3 If an inmate misses either three (3) doses of medication in a row; or has not taken fifty percent (50%) of their prescribed medications within a one week period; or if there is indication that, without consistent medication administration, the patient will continue to cycle through emergency medication status; and that refusal to take medications poses a longer-term threat or danger of self-harm, then the treating psychiatrist must apply to the court, through the Office of the Attorney General, for an "Order to Treat" using DOC 0444: Request for Court Authorization of Involuntary Treatment (OTT) form. The following criteria shall be documented in the request to seek court approval of involuntary medications:
 - a. The patient has a documented history of a severe and persistent mental illness, and based on the inmate's treatment history and current behavior, is now in need of treatment in order to prevent a relapse or deterioration that would predictably result in the person becoming imminently threatening or dangerous to self or others.
 - b. The patient's current mental status or the nature of the patient's disorder limits or negates the patient's ability to make an informed decision to voluntarily seek or comply with recommended evaluation or treatment.
- .4 The request to the Department of the Attorney General for assistance in obtaining a court order for involuntary treatment or medications shall be initiated only by a psychiatrist.
- .5 Any court order obtained for the treatment of an inmate shall be entered into the Medical Record and each administration shall be documented by the physician or the nursing staff on DOC 0451: Mental Health Medication STAT Order Form – Emergency or Court Authorized.
- .6 The physician's orders for involuntary medications shall be either emergent or pursuant to a court order, whichever applies. Continued involuntary administration of psychiatric medications past the effective date of a court order can only be in emergent situations or by renewal of the court order.
- .7 Facilities unable to manage patients beyond initial stabilization and sedation will arrange the transfer of the patient to another correctional facility that is more capable of providing the necessary care. If necessary, the facility's

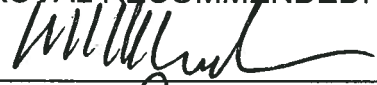
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physician may order involuntary medications for the safe transport of the patient.


5.0 SCOPE

This policy and procedures applies to all correctional facilities and their assigned personnel.

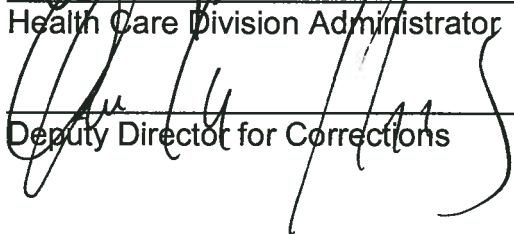
APPROVAL RECOMMENDED:

 5/11/11

 Medical Director Date


 5/12/11

 Health Care Division Administrator Date

 6/1/11

 Deputy Director for Corrections Date

APPROVED:



 Director

6/7/2011

 Date

REQUEST FOR COURT AUTHORIZATION OF INVOLUNTARY TREATMENT (OTT)

TO: AG PUBLIC SAFETY, HAWAIIAN HOME LANDS & HOUSING
Supervising Deputy Attorney General

DATE: _____

REVIEWED AND APPROVED BY:

Mental Health Section Administrator:

(Name) Initial Date

REVIEWED AND APPROVED BY: (CLINICAL APPROVAL)*

Medical Director:

(Name) Initial Date

FROM: _____
(Attending Psychiatrist)* Initial Module Date

*** Clinical approval means that the person has reviewed this form and attached: Proposed Treatment Plan** and agrees with the attending physician's recommendations for involuntary treatment of the inmate.**

I. TO BE COMPLETED BY SOCIAL WORKER:

Social Worker: _____
(Name)

INMATE/ DETAINEE: _____
Name Sex Age

LEGAL STATUS [including case number(s)]: _____

[] Court orders documenting legal status are as follows (please attach copies if available)

TITLE OF ORDER	DATE FILED IN COURT
_____	_____
_____	_____
_____	_____

**FOR PRETRIAL DETAINEES OR INMATES WITH PENDING CRIMINAL MATTERS:
Please provide the names for the following:**

Last Known Court Appointed Attorney: _____

Last Known Deputy Public Defender: _____

Last Known Deputy Prosecuting Attorney: _____

II. TO BE COMPLETED BY PHYSICIAN: _____

(Physician's name)

A. LEGAL ASSISTANCE NEEDED TO OBTAIN:

Involuntary Treatment Order

Psychiatric Condition

Diagnosis: Axis I _____
Axis II _____
Axis III _____

Signs and Symptoms: _____

Special Conditions: _____

Other factors affecting priority of application for treatment order: _____

Proposed Treatment Plan* attached
 Social Services Summary attached

B. DESCRIPTION OF PROPOSED MEDICATION REGIMEN(S):

Laboratory test required: _____

Medical Conditions: _____

Medications: _____

Allergies: _____

Treatment: _____

**** A Proposed Treatment Plan is necessary to initiate legal action concerning treatment. Please title the description of the plan as follows: "Proposed Treatment Plan for (Inmate/Detainee name)," sign and date the original and attach it to this memo. The Proposed Treatment Plan will be submitted to the Court as an exhibit, it must be typed, proofed, and complete as of the date it is signed. At the minimum, the plan must include a thorough narrative description of the following, numbered 1 through 7:**

- 1) authorization sought;
- 2) clinical status of the inmate/detainee, [including incidents indicating dangerousness to self and/or others, if any];
- 3) medication information [class or classes of drugs to be administered, possible side effects, risks, past medication history, proposed treatment for side effects, anticipated benefits];
- 4) medical appropriateness of the recommended medication(s);
- 5) less intrusive alternatives considered but deemed inappropriate, or attempted and found to be ineffective and why [please provide details];
- 6) (a) why the specific medication is essential for the inmate/detainee's safety or the safety of others; or
(b) why the inmate/detainee will remain unfit to proceed without the recommended involuntary medication(s); and
- 7) conclusion.

MENTAL HEALTH MEDICATION STAT ORDER FORM

EMERGENCY or COURT AUTHORIZED

Patient Name: _____ DOB: _____ SID#: _____

MEDICATION (Check STAT or Court Order as applicable):

- STAT** (Drug, Dose, Route):
- Court Ordered** (Drug, Dose, Route):

Rationale/Justification: _____

Indication/Behavior AND...

- Assaultive to Others
- Threatening to Others
- Assaultive to Self
- Threatening to Self
- Other

Lesser Restrictive Alternatives Attempted:

- Verbal Re-Assurance
- Quiet Time
- One to One Session
- Voluntary Medications
- Other Describe) _____

Physician's Signature

Date

Time

IF TELEPHONE ORDER, READ BACK:

Telephone Order M.D. / Receiving RN Signature

Date

Time

MD Order noted by RN:

RN Signature

Date

Time

EFFECT --- Physician / RN (Document STAT Medication Effect)

Signature / Title

Date

Time

Treatment Plan Review must be done within 72 hours if:

- 2 STAT doses given in 24 hours.
- STAT doses given on 4 days out of 7.