

CHAPTER: 1100

Inmate Health Services

DEPARTMENT ORDER:

**1103 – Inmate Mental Health Care,
Treatment and Programs**

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PURPOSE

This Department Order establishes standards and procedures for Mental Health Services designed to meet the treatment needs of inmates with mental illness/disorders, for voluntary or involuntary mental health treatment.

References to health care professionals (i.e., Health Services, Mental Health Services, and Dental Services) are referring to the Health Services Contractor or their sub-contractors unless otherwise stated.

APPLICABILITY

This Department Order applies to all Department and Contractor staff directly or indirectly involved in the supervision or treatment of inmates receiving Mental Health Services. Mental Health Watches shall be in accordance with Department Order #807, Inmate Suicide Prevention, Mental Health Watches, and Progressive Mental Health Restraints.

PROCEDURES

1.0 MEN'S TREATMENT UNIT/WOMEN'S TREATMENT UNIT – The Department operates a Men's Treatment Unit (MTU) to provide Mental Health services and housing to male inmates and a Women's Treatment Unit (WTU) to female inmates demonstrating mental disorders and meeting specific admission criteria. Mental Health programming at the facilities shall include, but not be limited to, individual counseling and group therapy.

1.1 Referrals

1.1.1 Each Contract Facility Health Administrator shall:

1.1.1.1 Ensure referrals to the MTU/WTU are limited to inmates who have demonstrated behavior associated with a mental disorder as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a syndrome associated with an organic brain dysfunction, or a developmental disability.

1.1.1.2 Ensure a qualified mental health professional (QMHP) conducts a mental health examination of each inmate prior to referral to the MTU/WTU.

1.1.1.3 Submit to the Men's Treatment Unit/Women's Treatment Unit Mental Health Program Coordinator a completed Men's Treatment Unit/Women's Treatment Unit – Referral for Evaluation, Form 1103-14.

1.1.2 The Men's Treatment Unit/Women's Treatment Unit Mental Health Program Coordinator shall:

1.1.2.1 Review all Men's Treatment Unit/Women's Treatment Unit – Referral for Evaluation forms.

1.1.2.2 Coordinate all activities related to scheduling evaluations at the MTU/WTU.

1.1.2.3 Arrange for inmates to be evaluated by the Men's Treatment Unit/Women's Treatment Unit Mental Health Admission/Discharge Board.

- 1.1.3 Each Contract Facility Health Administrator shall ensure the inmate's mental health examination results, Medical Record, and Institutional File are provided to the Men's Treatment Unit/Women's Treatment Unit Mental Health Admission/Discharge Board prior to their evaluation of the inmate.
- 1.2 Evaluation of Referred Inmates – The Men's Treatment Unit/Women's Treatment Unit Mental Health Admission/Discharge Board shall:
 - 1.2.1 Within 72 hours of an inmate's evaluation:
 - 1.2.1.1 Review all available information, including the inmate's Medical Record and Institutional File and determine if the inmate meets the admission criteria outlined in 1.3 through 1.3.2.4 of this section.
 - 1.2.1.2 Assess the factors outlined in this section, and determine if the inmate would compromise the safe and secure operation of the MTU/WTU.
 - 1.2.2 Interview the inmate and complete a Men's Treatment Unit – General Referral Data, Form 1103-9.
 - 1.2.3 Complete a Men's Treatment Unit/Women's Treatment Unit Evaluation and Admission Determination, Form 1103-10, which shall include their recommendation to approve or deny the inmate's admission to the MTU/WTU.
 - 1.2.4 Submit the completed Men's Treatment Unit/Women's Treatment Unit Evaluation and Admission Determination form to the Men's Treatment Unit/Women's Treatment Unit Mental Health Program Coordinator.
- 1.3 Admission Criteria
 - 1.3.1 Inmates may be admitted to the MTU/WTU if they:
 - 1.3.1.1 Have one of the following:
 - 1.3.1.1.1 A mental disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders and supported by medical/psychiatric history, family/social history and psychological testing.
 - 1.3.1.1.2 Limited functional ability as a result of a mental disorder, developmental disability, organic brain dysfunction or personality disorder.
 - 1.3.1.2 Accept placement and treatment voluntarily.
 - 1.3.1.3 Have a custody and internal risk level compatible with the security designation of the facility.
 - 1.3.2 The Men's Treatment Unit/Women's Treatment Unit Mental Health Admission/Discharge Board may deny inmates' admission to the MTU/WTU if they have a history of:
 - 1.3.2.1 Assaultive or violent behavior.

- 1.3.2.2 Escape/escape attempts.
- 1.3.2.3 Acute self-mutilation or suicidal behavior.
- 1.3.2.4 Security Threat Group (STG) affiliation.

1.4 Admission

- 1.4.1 Within five workdays of receipt of the Men's Treatment Unit/Women's Treatment Unit Evaluation and Admission Determination form, the Men's Treatment Unit/Women's Treatment Unit Mental Health Program Coordinator shall:
 - 1.4.1.1 Review the Men's Treatment Unit/Women's Treatment Unit Evaluation and Admission Determination form and either approve or disapprove the admission.
 - 1.4.1.2 Submit the Men's Treatment Unit/Women's Treatment Unit Evaluation and Admission Determination form to the Deputy Warden of the MTU/WTU.
 - 1.4.1.3 Provide the Offender Services Bureau Administrator or designee with a written list of inmates approved for admission.
- 1.4.2 The Deputy Warden may deny admission to the MTU/WTU if an inmate's admission would jeopardize the secure and orderly operation of the unit/area.
- 1.4.3 The Offender Services Bureau Administrator or designee shall ensure:
 - 1.4.3.1 A current list of inmates evaluated and approved for admission to the MTU/WTU is maintained.
 - 1.4.3.2 Inmates are transferred to the MTU/WTU on a first-come, first-served basis as bed space becomes available.

1.5 Discharge

- 1.5.1 The Men's Treatment Unit/Women's Treatment Unit Mental Health Admission/Discharge Board shall initiate the discharge process when an inmate has met one of the following discharge criteria:
 - 1.5.1.1 Inmate has a pending release date.
 - 1.5.1.2 Inmate has completed their Mental Health Treatment Plan established by the MTU/WTU using the Mental Health Treatment Plan, Form 1103-4, and is able to function in a general institutional environment.
 - 1.5.1.3 Inmate has exhibited behavior which threatens the safe and secure operation of the unit/area, their personal safety, or the safety of others.
 - 1.5.1.4 Inmate custody and/or internal risk level has changed and it has been determined the MTU/WTU is no longer an appropriate placement.
 - 1.5.1.5 Report reflecting the inmate's progress and further treatment needs.

- 1.5.2 When an inmate has the discharge criteria outlined in 1.5.1.2 through 1.5.1.4 of this section:
 - 1.5.2.1 The Men’s Treatment Unit/Women’s Treatment Unit Mental Health Admission/Discharge Board shall review the inmate's progress and present the appropriate discharge recommendations to the Offender Services Bureau Administrator or designee approximately 30 days prior to the inmate's expected transfer date.
 - 1.5.2.1.1 The Offender Services Bureau Administrator or designee shall review the Men’s Treatment Unit/Women’s Treatment Unit Mental Health Admission/Discharge Board's recommendations, and forward their recommendation to the Men’s Treatment Unit/Women’s Treatment Unit Mental Health Program Coordinator for review and approval/disapproval.
 - 1.5.2.2 The Men’s Treatment Unit/Women’s Treatment Unit Mental Health Program Coordinator shall submit the recommendations to the Deputy Warden for review and final approval/disapproval of the transfer.
 - 1.5.2.3 The Men’s Treatment Unit/Women’s Treatment Unit Mental Health Program Coordinator shall notify the Offender Services Bureau Administrator or designee of any inmates approved for discharge so they can be transferred to an appropriate institution.
- 1.5.3 When an inmate has met the discharge criteria for inmate release, the Men’s Treatment Unit/Women’s Treatment Unit Mental Health Admission/Discharge Board shall review the inmate's progress and make clinical and program recommendations to the Offender Services Bureau Administrator or designee 90 days prior to the inmate’s actual release date.
 - 1.5.3.1 Based on the Men’s Treatment Unit/Women’s Treatment Unit Mental Health Admission/Discharge Board's recommendations, the inmate's primary counselor shall complete a Program Summary Report reflecting the inmate's progress and further treatment needs.

2.0 CONTINUITY OF CARE FOR SERIOUSLY MENTALLY ILL OFFENDERS

2.1 Determining if an Inmate is Seriously Mentally Ill (SMI)

- 2.1.1 Inmates shall be evaluated by a Licensed QMHP within 90 days of admission and as determined appropriate thereafter to determine if they meet the SMI criteria, in accordance with Department Order #1101, Inmate Access to Health Care. This shall include:
 - 2.1.1.1 Examining the inmate and diagnosing or confirming any previous diagnosis.
 - 2.1.1.2 Reviewing the inmate’s Medical Record, and determining if the inmate's disorder and treatment history are consistent with the SMI criteria.

2.1.1.3 Completing and signing of the Mental Health Seriously Mentally Ill Determination, Form 1103-13, as published by the Arizona Department of Health Services, and filing it in the appropriate section of the inmate's Medical Record.

2.1.2 In the event there is a question about the SMI status of an inmate soon to be released, a QMHP shall:

2.1.2.1 Examine the inmate, and diagnose or confirm the previous diagnosis.

2.1.2.2 Review the inmate's Medical Record, and determine if the inmate's disorders and treatment history are consistent with the SMI criteria.

2.1.2.3 Complete and sign the Mental Health Seriously Mentally Ill Determination form, and assure its inclusion in the inmate's Medical Record.

2.2 Mental Health Release Programs

2.2.1 No less than 90 days prior to the inmate's release, QMHP shall initiate the coordination of all transition/release plans for any special release programs, to include Legislative release programs, Grants, or Department mandated programs, in accordance with the Mental Health Technical Manual.

2.2.2 QMHP shall:

2.2.2.1 Coordinate with the designated institution and Community Corrections staff as necessary for the respective release program.

2.2.2.2 Complete the designated documents as established in the Mental Health Technical Manual (i.e., program referral, screening form, checklists).

2.3 Referral of an Inmate to a Regional Behavioral Health Authority (RBHA)

2.3.1 When an inmate has been designated SMI and is scheduled to be released within 90 days, the Release Planner shall:

2.3.1.1 Review the Mental Health Seriously Mentally Ill Determination form and confirm the inmate is SMI.

2.3.1.2 Ensure the QMHP assigned to the case prepares a Release Referral packet, obtains the inmate's signature on the applicable forms, and returns the completed Release Referral packet to the Release Planner.

2.3.1.2.1 An inmate declining the services of a case manager and other specified services shall be asked to sign a Refusal To Submit To Treatment, Form 1101-4, be informed by the preparer of the Release Referral packet that they may apply for these services at any subsequent time and be provided with the information needed to reapply for the services.

2.3.1.3 Refer the inmate to the RBHA in the county where he or she will reside.

2.3.1.4 Forward the Release Referral packet to the RBHA.

- 2.3.1.5 Notify the Correctional Officer IV of the inmate's transition/release plan, to include the name and phone number of the RBHA to which the Release Referral packet has been sent.
 - 2.3.1.5.1 The Correctional Officer IV shall ensure this information is included in the inmate's Release Referral packet.
- 2.3.1.6 Notify the RBHA of the need to assign a case manager within three workdays after referral.
- 2.3.1.7 Coordinate a meeting or teleconference between the RBHA's assigned case manager, Healthcare staff, Community Corrections staff (if reasonably available to attend the meeting) and the inmate at the facility where the inmate is located.
- 2.3.1.8 Assist the assigned case manager to assess the inmate's needs and to develop a transition/discharge plan.
- 2.3.1.9 Coordinate with the mental health team to ensure they provide necessary linkage of services (i.e., linkage with the mental health provider so inmates have adequate medication during the transition and linkage with the primary counselor/mental health team so the transition/release plan is implemented).
- 2.3.2 The Regional Office Medical Records Clerk or designee shall, when requested and when provided a signed Waiver of Confidentiality – ABOEC Mental Health, Form 1103-55, for release of Medical Records to the RBHA for offender clients.
- 2.3.3 When contacted by Community Corrections staff, the Contract Facility Health Administrator shall ensure assigned QMHP:
 - 2.3.3.1 Conduct an initial mental status examination and determine if the offender meets the SMI criteria.
 - 2.3.3.2 Arrange for the RBHA's case management team to interview the offender if the offender appears to meet the SMI criteria.

3.0 STAFF REPRESENTATION – ARIZONA BOARD OF EXECUTIVE CLEMENCY HEARING

- 3.1 The appropriate Regional Mental Health Director or designee shall arrange for an interview of a SMI inmate by a QMHP upon notification by the Arizona Board of Executive Clemency (ABOEC) of a pending ABOEC Hearing and within ten workdays prior to the inmate's ABOEC Hearing date to:
 - 3.1.1 Advise the inmate of the date and time of the ABOEC Hearing.
 - 3.1.2 Explain the Department's requirement for continuity of care for SMI offenders who and how it may apply to the inmate.
 - 3.1.3 Ask the inmate whether they would like staff representation at the ABOEC Hearing to report on their progress or lack of progress in the Department's Mental Health Treatment Program.

- 3.1.4 Advise the inmate, agreeing to staff representation, to identify who they would like to be represented by.
- 3.1.5 If the inmate does not agree to accept staff representation at the ABOEC Hearing, determine if they misunderstood the question that was asked or if their mental health condition made it doubtful the inmate understood.
- 3.1.6 If the inmate misunderstood the question, clarify the Department's requirement for continuity of care for offenders who are SMI and how it may apply to them, and ask them again whether they would like staff representation at the ABOEC Hearing.
- 3.1.7 Advise the ABOEC, as authorized by the inmate, if the inmate knowingly refused the representation or was not able to make a viable decision due to a mental impairment.
- 3.1.8 Ask the inmate to sign the Waiver of Confidentiality – ABOEC Mental Health form if the inmate agrees to staff representation at the ABOEC Hearing, and forward the original page of the form for filing in the inmate's Medical Record.
- 3.1.9 Attend the ABOEC Hearing if the inmate agrees to staff representation and signs the Waiver of Confidentiality – ABOEC Mental Health form.

4.0 REFERRAL/HOSPITALIZATION OF MENTALLY DISTURBED INMATES PENDING RELEASE

- 4.1 Security and other staff, as appropriate, shall notify a QMHP when an inmate displays behavior or makes verbal statements suggesting the inmate might require or benefit from Mental Health Services.
- 4.2 Upon notification as outlined in 4.1 above, QMHP shall arrange for an evaluation of the inmate.
 - 4.2.1 If QMHP evaluating the inmate determines the inmate may be mentally disturbed and psychiatric hospitalization may be in order, they shall request a further evaluation by a mental health provider. If no mental health provider is available, the evaluation shall be by a medical provider in consultation with a QMHP.
- 4.3 Upon determining the need for psychiatric hospitalization of the inmate, the medical or mental health provider shall further determine if the inmate is willing to be hospitalized voluntarily.
 - 4.3.1 If the inmate is willing to be hospitalized voluntarily and indicates so by signing the Conditions to Admission, Form 1103-53, the medical or mental health provider shall proceed as outlined in 4.6 through 4.6.5 of this section.
 - 4.3.2 If the inmate is not willing to be hospitalized voluntarily, the medical or mental health provider shall proceed as outlined in 4.7 through 4.8.3.2 of this section.
- 4.4 Upon determining the need for a course of mental health treatment other than psychiatric hospitalization, the medical or mental health provider shall proceed accordingly in concert with other members of the mental health team and document the proposed course of action in the inmate's Medical Record.

4.5 Disturbed Community Supervision Offenders

- 4.5.1 Community Supervision offenders (offenders) who exhibit symptoms of a mental disorder shall be referred by their assigned Community Corrections Officer to a medical or mental health provider, hospital or mental health facility for psychiatric evaluation.
- 4.5.2 When an offender refuses the referral, the assigned Community Corrections Officer may request a warrant for the revocation of parole or Administrative Release be issued by the Community Corrections Bureau Operations Director. If the request is approved, the warrant shall be issued.
- 4.5.3 If the medical or mental health provider determines the offender needs inpatient psychiatric treatment, the offenders may be voluntarily admitted or involuntarily committed.
- 4.5.4 The assigned Community Corrections Officer shall notify the ABOEC of the action taken.

4.6 Voluntary Admissions – Any inmate committed to a Department prison or Community Corrections Center may be voluntarily admitted to the appropriate mental health facility, upon referral by a medical or mental health provider. The medical or mental health provider shall:

- 4.6.1 Determine the inmate's need for treatment and request the inmate sign a Conditions to Admission form.
- 4.6.2 Contact the appropriate mental health facility admitting mental health provider and provide a briefing of the case.
- 4.6.3 Contact the admissions officer of the appropriate mental health facility to arrange for the transfer/admission of the inmate/offender.
- 4.6.4 Forward, in the case of all male and female inmates being transferred to ASPC – Phoenix – Flamenco Unit, the inmate's Medical Record to the Treatment Unit Admitting Officer.
 - 4.6.4.1 The Medical Record shall include a written summary documenting the inmate's condition and behavior and a copy of the completed Conditions of Admission.
- 4.6.5 Forward, in the case of minor inmates being considered for transfer to the Arizona State Hospital, a written summary documenting the inmate's condition and behavior and a copy of the completed Conditions of Admission to the treatment unit's Admitting Officer, upon first securing authorization from the Chief Medical Officer of the Arizona State Hospital as a result of a committing court order.

4.7 Involuntary Hospitalization (Involuntary Non-Emergency Admissions)

- 4.7.1 When an inmate is found to have a mental disorder, but not a current danger to himself or others, by a medical or mental health provider, and is unwilling to commit himself voluntarily to a mental health facility, the following procedure shall be followed:

- 4.7.1.1 A medical or mental health provider shall examine the inmate/offender and submit an Application for Involuntary Treatment A.R.S. §31-226, Form 1103-20, to the Director, or designee, describing the inmate's condition, including a recommendation for the involuntary hospitalization of the inmate.
 - 4.7.1.2 Upon receipt of the Application for Involuntary Treatment A.R.S. §31-226 form, the Director, or designee, shall review the Application for Involuntary Treatment A.R.S. §31-226 form and, if approved, send a copy to the Department's Attorney General Liaison for filing with the appropriate court, and notify the petitioning mental health provider of the approval.
 - 4.7.2 At least ten days prior to the court Hearing on the Application for Involuntary Treatment, the Office of the Attorney General shall provide the inmate the following:
 - 4.7.2.1 A copy of the Application for Involuntary Treatment A.R.S. §31-226 form
 - 4.7.2.2 A written notice of the hearing
 - 4.7.2.3 A copy of the inmate's rights at the hearing
 - 4.7.3 When the court orders the inmate be committed involuntarily, security staff assigned to transport the inmate to court shall obtain a copy of the court order from the court and transport the inmate and a copy of the court order to the hospital or the mental health facility designated by the court.
 - 4.7.4 When the court does not order the inmate committed involuntarily, security staff assigned to transport the inmate shall return the inmate to the sending facility and notify the Contract Facility Health Administrator of the inmate's return, who shall notify the appropriate QMHP to assure continuity of care.
- 4.8 Involuntary Emergency Transfer to a Mental Health Facility
- 4.8.1 When an inmate is found by a medical or mental health provider to have a mental disorder, pose a current danger to them self or others, and is unwilling to commit him/herself voluntarily to a mental health facility, the medical or mental health provider shall:
 - 4.8.1.1 Contact the appropriate mental health facility admitting mental health provider and provide a briefing of the case.
 - 4.8.1.2 Contact the Admissions Officer of the appropriate mental health facility to arrange for the emergency transfer/admission of the inmate/offender.
 - 4.8.1.3 Ensure, when a male or female inmate is transferred to a mental health facility, the inmate's Medical Record and Institutional File, including all relevant documentation, is sent to the receiving facility with the inmate.

- 4.8.1.4 Forward, in the case of minor inmates, a written summary documenting the inmate's condition and behavior to the Arizona State Hospital's Treatment Unit Admitting Officer.
 - 4.8.1.4.1 The minor inmate's Medical Record shall be retained at the sending facility.
- 4.8.1.5 Notify the appropriate Regional Mental Health Director an emergency transfer has occurred.
- 4.8.1.6 Be available to the Department's Attorney General Liaison, as necessary, to testify in court as to his/her findings.
- 4.8.2 The receiving/admitting mental health provider shall:
 - 4.8.2.1 Examine and admit the inmate on an emergency or voluntary basis.
 - 4.8.2.2 Complete, if the inmate is not willing to be admitted on a voluntary basis and continues to appear mentally disordered and dangerous to self or others, an Application for Involuntary Treatment A.R.S. §31-226 form and provide it forthwith to the Department's Attorney General Liaison for filing with the appropriate court.
 - 4.8.2.2.1 The Application for Involuntary Treatment A.R.S. §31-226 form shall be completed within 48 hours of admission (excluding weekends and holidays).
 - 4.8.2.3 Notify the appropriate Regional Mental Health Director an emergency admission has occurred, and provide a copy of the Application for Involuntary Treatment A.R.S. §31-226 form.
- 4.8.3 The Clinical Director of the admitting facility shall:
 - 4.8.3.1 Provide the court and the appropriate Regional Mental Health Director or designee, as long as the court order for involuntary hospitalization is in effect, with quarterly reports detailing the inmate's mental health status and proposed plan of treatment for the next 90 days.
 - 4.8.3.2 Notify the State Attorney General and the appropriate Regional Mental Health Director when the inmate's involuntary hospitalization is terminated by discharge from the hospital.
- 4.9 Release or Commitment of SMI Inmates
 - 4.9.1 Inmates determined by a QMHP to be SMI shall not be released from the custody of the Department without every effort being made to assure continuity of care and a smooth transition to Mental Health Services in the community.
 - 4.9.2 Prior to the expiration of sentence, if the inmate is determined to pose a threat to his/her self or others by reason of a mental disorder, an involuntary commitment shall be sought in accordance with Civil Commitment Procedures.

5.0 MANAGEMENT OF LICENSED MENTAL HEALTH FACILITIES

- 5.1 The Contractor for Health Services, the ASPC-Phoenix Warden and the Alhambra/Flamenco Deputy Warden shall ensure the licensed mental health facilities are provided with security, Food Service, maintenance and all other systems and services needed for the operation of a prison.
- 5.2 The Statewide Chief Executive Officer and the ASPC-Phoenix Contract Facility Health Administrator shall ensure the licensed mental health facilities are provided with comprehensive treatment programs, clinical services and personnel and administrative support.
- 5.3 The Clinical Director for the licensed mental health facilities shall:
 - 5.3.1 Consider an inmate's custody and internal risk level and violence potential when developing the inmate's transition/release plan.
 - 5.3.2 Incorporate or recommend appropriate safeguards, including separation of inmates more potentially violent from those less potentially violent, consistent with institutional and public safety.
 - 5.3.3 Incorporate the Department's classification procedures, in accordance with Department Order #801, Inmate Classification, when planning for the discharge of individual inmate patients from the licensed mental health facility.
 - 5.3.4 Recommend the most appropriate placement, consistent with the inmate's classification, for each discharged inmate patient.

6.0 PRESCRIBING PSYCHOTROPIC MEDICATIONS

- 6.1 The mental health provider shall:
 - 6.1.1 Complete the Informed Consent for Psychotropic Medications, Form 1103-12, and allow the inmate to sign it.
 - 6.1.1.1 The Informed Consent for Psychotropic Medications form shall be used at any facility where psychotropic medication is administered for treatment of mental disorders.
 - 6.1.1.2 In the event the inmate refuses to sign the Informed Consent for Psychotropic Medication form, the attending staff shall write "refused to sign" on the inmate signature line.
 - 6.1.2 Document, on the Physician's Progress Notes in the inmate's Medical Record, the reason for prescribing psychotropic medication for an inmate with a mental disorder and whether or not the inmate consented to the treatment and signed the Informed Consent for Psychotropic Medication form.
 - 6.1.3 Prepare a prescription to dispense psychotropic medication.
 - 6.1.4 Ensure, in conjunction with Pharmacy and Nursing staff, the inmate receives the psychotropic medication within a medically appropriate time frame, as determined by the mental health provider.

- 6.2 When voluntarily administering psychotropic medication, health care professionals or pharmacy staff responsible for administering the psychotropic medication and documenting compliance with the mental health provider's prescription for psychotropic medication shall:
 - 6.2.1 Only dispense psychotropic medication that has been ordered in a current prescription by a mental health provider and are so labeled.
 - 6.2.2 Copy each medication order, exactly as written onto the Medication Administration Record, Form 1102-2.
 - 6.2.3 Complete a laboratory requisition form provided by the vendor, if indicated.
 - 6.2.4 Bracket, after transcribing the orders, all orders in RED and write "noted," followed by the date, time, the health care professional's legal name and professional title.
 - 6.2.5 Document on the Medication Administration Record form all psychotropic medication that is administered.
 - 6.2.6 Inform the mental health provider and the pharmacist of any adverse reactions to the psychotropic medication, and document the information on the Medication Administration Record form.
 - 6.2.7 Keep all psychotropic medication in containers bearing the pharmacist's original label and store it in a securely locked medicine cabinet where the institution's prescription medications are stored and dispensed, as prescribed, to inmates.
 - 6.2.8 Administer psychotropic medication to inmates as determined by reviewing the prescription, by one of the following methods:
 - 6.2.8.1 By unit dose
 - 6.2.8.2 By watch swallow
 - 6.2.8.2.1 Health care professionals may place an inmate on watch swallow if he or she suspects the inmate may abuse the medication, but may not take an inmate off swallow without written orders from the mental health provider.
- 6.3 A psychiatrist may order psychotropic medication for and administer it involuntarily to an inmate with a mental disorder if, after evaluating the severity of the inmate's symptoms and the likely effects of the particular drug to be used, the psychiatrist determines:
 - 6.3.1 An emergency exists.
 - 6.3.2 Alternative methods of restraint are inadequate.
 - 6.3.3 Forced medication is required, as a last resort, to address the emergency.
- 6.4 An inmate may be medicated involuntarily with psychotropic medication, for a maximum of six months, if the following conditions have been met:
 - 6.4.1 The inmate suffers from a diagnosed mental disorder.

- 6.4.2 The treating mental health provider has determined, due to a mental disorder, the inmate is either severely impaired or the inmate's conduct presents a likelihood of serious harm.
- 6.4.3 The mental health provider has concluded there is a substantial likelihood that psychotropic medication will ameliorate the inmate's condition and has prescribed them in the medical interest of the inmate as an integral part of the Mental Health Treatment Plan.
- 6.4.4 The inmate has been offered and has refused the opportunity to voluntarily participate in the Mental Health Treatment Plan, including the medication component.
- 6.4.5 The Psychotropic Medication Review Board (PMRB) has reviewed the matter and determined:
 - 6.4.5.1 The inmate suffers from a mental disorder.
 - 6.4.5.2 The inmate is severely impaired or his conduct presents a likelihood of serious harm.
 - 6.4.5.3 The proposed medication is in the inmate's medical interest.

6.5 Refusal of Treatment with Psychotropic Medication (Non-Emergency Situations)

- 6.5.1 The treating mental health provider shall give the inmate at least 24 hours, written notice of his/her intent to convene an Involuntary Medication Hearing (Notification of Intent to Request Approval to Involuntarily Administer Psychotropic Medication, Form 1103-15) before the PMRB, during which time the inmate may not be involuntarily medicated in the absence of an emergency situation as defined in the Glossary of Terms.
 - 6.5.1.1 The notification is to include the treating mental health provider's tentative diagnosis of the inmate, the factual basis for the diagnosis, and a statement as to why the mental health provider believes medication is necessary and in the inmate's medical interest.
- 6.5.2 Upon receipt of the copy of the mental health provider's notice to the inmate, the Contract Facility Health Administrator shall:
 - 6.5.2.1 Schedule a meeting of the PMRB to be held no earlier than 24 hours and no later than 72 hours after the Contract Facility Health Administrator receives the mental health provider's notification.
 - 6.5.2.2 Notify the inmate and the Correctional Officer III using Psychotropic Medication Review Board Notification of Hearing and Inmate's Rights, Form 1103-1.
 - 6.5.2.3 Notify the treating mental health provider of the Involuntary Medication Hearing date and time.

- 6.5.3 At the Involuntary Medication Hearing the inmate has the right:
 - 6.5.3.1 To attend or refuse to attend.
 - 6.5.3.2 At the discretion of the PMRB panel, to present evidence, and to cross-examine staff witnesses.
 - 6.5.3.3 To the assistance and presence of a lay advisor in the form of his/her Correctional Officer III or the unit Correctional Officer IV.
- 6.5.4 A summary of the PMRB findings and a list of the attendees shall be prepared by the PMRB Chair or designee, using the Findings of Psychotropic Medication Review Board (PMRB), Form 1103-2, at the conclusion of the hearing, and copies distributed to:
 - 6.5.4.1 The inmate and the inmate's Correctional Officer III, within eight hours of the conclusion of the Involuntary Medication Hearing.
 - 6.5.4.2 The Contract Facility Health Administrator, the treating mental health provider, the Warden, the Statewide Chief Executive Officer or designee, and the inmate's Medical Record (Section 4, behind the Legal/Administrative tab).
- 6.5.5 If the PMRB determines by a majority vote the inmate suffers from a mental disorder and is severely impaired or poses a likelihood of serious harm to self, others, or property, the inmate may be medicated against his/her will, provided the PMRB psychiatrist is in the majority.
 - 6.5.5.1 The order authorized by the PMRB to medicate an inmate against their will may include needed laboratory tests to ensure safe administration of the medication regiment.
 - 6.5.5.2 The laboratory tests shall be a component of the PMRB process and can be conducted against the inmate's will, if necessary.
- 6.5.6 The inmate has the right to appeal the PMRB's decision by notifying the Contract Facility Health Administrator, via an Inmate Letter, Form 916-1, within 24 hours of receipt of the PMRB's decision.
 - 6.5.6.1 The Contract Facility Health Administrator shall fax the Inmate Letter to the Statewide Chief Executive Officer along with copies of the mental health provider's Notification of Intent to Request Approval to Involuntarily Administer Psychotropic Medication form, and the Findings of Psychotropic Medication Review Board (PMRB) form.
 - 6.5.6.2 The Statewide Chief Executive Officer or designee shall decide the appeal and notify the inmate through the Contract Facility Health Administrator of the decision via fax within 24 hours of receipt (excluding weekends and holidays).

- 6.5.6.3 Within four hours of receipt of the Statewide Chief Executive Officer's decision (excluding weekends and holidays), the Contract Facility Health Administrator shall provide copies of the decision to the inmate, the inmate's Correctional Officer III, the treating mental health provider, and the PMRB Chair.
- 6.5.6.4 During the appeal period, in the absence of an emergency as defined in the Glossary of Terms, the inmate shall not be involuntarily medicated.
- 6.5.6.5 In the event the appeal is upheld, the inmate shall not be involuntarily medicated in the essence of an emergency as defined in the Glossary of Terms or in a court order.
- 6.5.7 The treating mental health provider may request a new Involuntary Medication Hearing no sooner than 14 workdays after the appeal is upheld.
- 6.5.8 If the PMRB approves the involuntary administration of psychotropic medication of an inmate and there is no upheld appeal, the PMRB shall review the inmate's case within three months and approve or disapprove the continuance of involuntary medication for an additional three months using the criteria as outlined in this Department Order.
 - 6.5.8.1 The PMRB's decision is final and shall not be subject to appeal.
- 6.5.9 If involuntary medication is re-approved, the PMRB shall again review and approve or disapprove the continuance of involuntary medication for an additional three months using the criteria as outlined in this Department Order.
- 6.5.10 At any time the inmate becomes compliant with his medication and agrees to voluntarily take them, the treating mental health provider shall so note in the inmate's Medical Record, though the PMRB's Involuntary Medication Order shall remain in effect unless rescinded by the PMRB or it expires.
- 6.5.11 Whenever the PMRB meets to review an inmate's case, the Contract Facility Health Administrator or designee shall provide the PMRB with a copy of all mental health records, laboratory results received, and any Health Need Requests (HNRs) received from the inmate, since the last PMRB hearing.
- 6.5.12 At the end of the six month involuntary medication period, the PMRB's Involuntary Medication Order shall expire.
- 6.5.13 The treating mental health provider may, in accordance with the criteria above, again seek authorization to involuntarily medicate the inmate with psychotropic medication.
- 6.6 Nothing in this Medication Order shall relieve the treating mental health provider from responsibility for adhering to Department written instructions.
- 6.7 Mental health provider may also prescribe psychotropic medication and administer it involuntarily to inmates who are involuntarily-committed patients at the Alhambra Reception and Treatment Center if one of the following apply:
 - 6.7.1 The conditions in 6.3 through 6.3.3 of this section exist.

- 6.7.2 In a non-emergency, a review and consent is obtained from a committee composed of medical and mental health providers/licensed psychologists.
- 6.8 Medication shall not be discontinued or allowed to expire without a face-to-face interview with the mental health provider or QMHP in consultation with the mental health provider.
 - 6.8.1 Discontinuation of medication at the inmate's request shall be done in a face-to-face interview with the mental health provider or QMHP in consultation with the mental health provider, and both the interview and the refusal shall be documented in the Mental Health section of the inmate's Medical Record.
 - 6.8.2 Non-compliance with medication regimen by an inmate shall be followed by a face-to-face interview with a QMHP, in consultation with the mental health provider, prior to the mental health provider authorizing discontinuation of the medication.
 - 6.8.2.1 Non-compliance shall be documented in the Mental Health section of the inmate's Medical Record.
- 6.9 Staff discovering any psychotropic medication in an inmate's possession shall consider the medication to be illegal contraband.
 - 6.9.1 An inmate who possesses such medication may be charged with drug abuse in accordance with Department Order #803, Inmate Disciplinary Procedure.
 - 6.9.2 A person who provides psychotropic medication to an inmate that was not ordered in a current prescription by a mental health provider may be charged with introduction of contraband.
 - 6.9.3 Staff discovering unauthorized medication in an inmate's possession shall seize the contraband and process the matter in accordance with Department Order #909, Inmate Property.
- 6.10 Each Contract Facility Health Administrator shall submit an Arizona Department of Corrections Mental Health Monthly Reporting, Form 1103-76, to the appropriate Regional Mental Health Director, with copies to their respective Warden and the Statewide Chief Executive Officer, by the 20th work day of each month. The report shall include:
 - 6.10.1 The number of inmates, and percentage of the inmate population, who voluntarily received psychotropic medication during the preceding month.
 - 6.10.2 The number of inmates, and percentage of the inmate population, who involuntarily received psychotropic medication during the preceding month.

7.0 SERVICES FOR DEVELOPMENTALLY DISABLED/RETARDED INMATES

- 7.1 Any inmate giving indications of being developmentally disabled/retarded shall be referred to the assigned QMHP for evaluation. Referrals may be made by any Department staff person.
- 7.2 Indicators may include but are not limited to the following:
 - 7.2.1 Inability to comprehend verbal instructions
 - 7.2.2 Inability to comprehend written instructions

- 7.2.3 Childlike behavior
- 7.2.4 Atypical physical characteristics
- 7.2.5 Inappropriate emotional responses
- 7.3 When indicated, a clinical psychologist or designee shall test and/or evaluate the inmate to determine the inmate's intellectual and adaptive function level.
- 7.4 If it is determined the inmate is developmentally disabled/retarded, the QMHP shall develop a Mental Health Treatment Plan and make recommendations to the Deputy Warden regarding the inmate's:
 - 7.4.1 Classification.
 - 7.4.2 Placement.
 - 7.4.3 Work assignments.
 - 7.4.4 Educational training.
 - 7.4.5 Vocational training.
 - 7.4.6 Other services or treatment that may be needed.
- 7.5 The Warden, Deputy Warden or Administrator shall ensure inmates who have been determined to be developmentally disabled/retarded receive the services and treatment the mental health team has recommended.
- 7.6 Developmentally disabled/retarded inmates shall be reevaluated annually by the mental health team to determine if a change of placement, assignment or treatment is necessary.
- 7.7 Psychological evaluations shall be retained in the inmate's Medical Record in accordance with the Medical Records Technical Manual.

8.0 SERIOUSLY MENTALLY ILL INMATES - INDIVIDUALIZED TREATMENT PLANS

- 8.1 The Regional Mental Health Director shall assign a QMHP as the primary counselor to a SMI inmate upon their arrival at a facility.
 - 8.1.1 The primary counselor shall develop a Mental Health Treatment Plan within 72 hours of the inmate's arrival.
 - 8.1.2 The Initial Treatment Plan shall be based on the initial assessment of the following:
 - 8.1.2.1 Presenting problem
 - 8.1.2.2 Physical health
 - 8.1.2.3 Mental/emotional status
 - 8.1.2.4 Behavioral status

- 8.2 The mental health team at the facility shall:
 - 8.2.1 Develop a Master Treatment Plan based on a comprehensive assessment of the inmate's needs within 30 days.
 - 8.2.2 Allow the inmate to participate in the development of their Master Treatment Plan when appropriate.
- 8.3 The Master Treatment Plan shall include, but is not limited to, the following:
 - 8.3.1 Diagnosis
 - 8.3.2 Specific goals and objectives
 - 8.3.3 Methods for achieving goals and objectives
 - 8.3.4 Target achievement dates
 - 8.3.5 Specific activities
 - 8.3.6 Specific staff members assigned to inmate
 - 8.3.7 Frequency of treatment procedures
- 8.4 The Mental Health Treatment Plan shall be documented and maintained in the Mental Health section of the inmate's Medical Record.
- 8.5 The mental health team shall review and update the Mental Health Treatment Plan every 90 days or more frequently if needed.

IMPLEMENTATION

The Assistant Director for Health Services Contract Monitoring Bureau shall update and maintain Technical Manuals, which address, at a minimum, continuity of care of SMI inmates, admission of inmates to treatment units and assessment.

DEFINITIONS/GLOSSARY

Refer to the Glossary of Terms

FORMS LIST

- 1103-1, Psychotropic Medication Review Board Notification of Hearing and Inmate's Rights
- 1103-2, Findings of Psychotropic Medication Review Board (PMRB)
- 1103-4, Mental Health Treatment Plan
- 1103-9, Men's Treatment Unit – General Referral Data
- 1103-10, Men's Treatment Unit/Women's Treatment Unit - Evaluation and Admission Determination
- 1103-12, Informed Consent for Psychotropic Medications
- 1103-13, Mental Health Seriously Mentally Ill Determination
- 1103-14, Men's Treatment Unit/Women's Treatment Unit – Referral for Evaluation
- 1103-15, Notification of Intent to Request Approval to Involuntarily Administer Psychotropic Medication

1103-20, Application for Involuntary Treatment A.R.S. §31-226
1103-53, Conditions to Admission
1103-55, Waiver of Confidentiality – ABOEC Mental Health
1103-76, Arizona Department of Corrections Mental Health Monthly Reporting Form

AUTHORITY

A.R.S. §31-226, Mental Disordered Prisoner; Procedure for Voluntary or Involuntary Hospitalization; Notice; Hearing; Transfer; Reports; Return to Incarceration or Release; Costs; Definition
A.R.S. §31-226.01, Emergency Transfer Procedures
A.R.S. §32-1401 et seq, Arizona Medical Board
A.R.S. §32-1602, Board of Nursing; Member Terms; Immunity
A.R.S. §32-1902 et seq, Board of Pharmacy
A.R.S. §32-2062 et seq, Board of Psychologist Examiners
A.R.S. §32-2501 et seq, Certification of Physician's Assistants
A.R.S. §32-3301 et seq, Professional Counselors; Certification; Requirements
A.R.S. §36-501, Definitions
A.A.C. R4-6-701 et seq, Certification of Substance Abuse Counselors
A.A.C. R4-16-101 et seq, Arizona Medical Board
A.A.C. R4-17-101 et seq, Joint Board on the Regulation of Physician Assistants
A.A.C. R4-19-101 et seq, Board of Nursing
A.A.C. R4-23-101 et seq, Board of Pharmacy
A.A.C. R4-26-101 et seq, Board of Psychologist Examiners
A.A.C. R5-1-1201 et seq, Involuntary Administration of Psychotropic Medication