	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.G.07
		SUPERSEDES (Policy No. & Date): COR.10.1G.07 of March 10, 2010	
	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 SCOPE

This policy and procedure shall apply to all correctional facilities and their assigned personnel.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Corrections and Rehabilitation; Section 353-A, Director of Corrections and Rehabilitation, Powers and Duties.
- b. Hawaii Revised Statutes, Section 334-123, Criteria for Involuntary Outpatient Treatment.
- c. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- d. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- e. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).
- f. USC 88-599 State of Washington v. Harper.

.2 Definitions

- a. Involuntarily: Without consent.

.3 Forms

- a. DCR 0444, Request for Court Authorization of Involuntary Treatment (OTT) form (attached)

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- b. DCR 0451, Mental Health Medication STAT Order Form – Emergency or Court Authorized (attached)

.4 POLICY

- .1 Incarcerated individuals 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.
 - 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 incarcerated individual.
- .4 Court authorized involuntary psychiatric medications will only be sought in circumstances where: (a) the incarcerated individual 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 incarcerated individual or others. Criteria also include the incarcerated individual'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.

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.6 Involuntary treatment or medications shall be administered with the least amount of force. The incarcerated individual shall always be given the opportunity to accept the care voluntarily by the administering health care staff.

5.0 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 incarcerated individual'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 options, including the efficacy of petitioning the court for an involuntary medication treatment order.
- .3 If an incarcerated individual 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 Request for Court Authorization of Involuntary Treatment (OTT) form [DOC 0444]. 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 incarcerated individual'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.

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- .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 incarcerated individual shall be entered into the Medical Record and each administration shall be documented by the physician or the nursing staff on the Mental Health Medication STAT Order Form – Emergency or Court Authorized [DCR 0451].
- .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 physician may order involuntary medications for the safe transport of the patient.

APPROVAL RECOMMENDED:




Deputy Director for Corrections

JAN 0 1 2024

Date

APPROVED:



DIRECTOR

JAN 0 1 2024

Date

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