



Virginia Department of Corrections

Health Services

Operating Procedure 720.10

Psychiatric Services

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Content Owner:	Meredith Cary Chief Psychiatrist	<i>Signature Copy on File</i>	7/15/20
		Signature	Date
Reviewer:	Steve Herrick Health Services Director	<i>Signature Copy on File</i>	8/6/20
		Signature	Date
Signatory:	Joseph W. Walters Deputy Director for Administration	<i>Signature Copy on File</i>	8/11/20
		Signature	Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

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DEFINITIONS

Licensed Independent Practitioners (LIP) - Persons who are licensed by the Virginia Board of Health Professions, who can be autonomous in their practice (not DOC employees), but are supervised by DOC staff. Duties are determined by each facility and written into contracts.

Psychiatric Provider – Psychiatrists or Advanced Practice Providers who are licensed by the Virginia Board of Health Professions, and who are authorized to make decisions regarding medication management for mental health issues.

Psychology Associate - An individual with at least a Master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders, which may include Psychiatric Provider, Social Worker or Registered Nurse.

PURPOSE

This operating procedure provides guidelines for the provision of psychiatric services to offenders housed in Department of Corrections (DOC) facilities.

PROCEDURE

I. Mental Health Services

- A. The Senior Psychology Associate, Chief of Mental Health Services, or Medical Director for Marion Correctional Treatment Center (MCTC), in consultation with the Mental Health Clinical Supervisor, is responsible for the development, implementation, and oversight of mental health services provided at a facility.
 1. At facilities with a full-time Psychology Associate, mental health services includes psychiatric services.
 2. If necessary, psychiatric services may be offered at facilities without a full-time Psychology Associate with the approval of the Chief Psychiatrist.
- B. Psychiatrists, whether DOC staff, licensed independent practitioners, or staff of contractual service providers, must possess the following minimum qualifications and credentials:
 1. Have a Doctor of Medicine or a Doctor of Osteopathy degree from an accredited medical or osteopathic school
 2. Have a current and valid license to practice medicine in the Commonwealth of Virginia
 3. Have a current and valid Drug Enforcement Administration (DEA) permit
 4. Have a current and valid National Provider Identifier (NPI)
 5. Be a graduate of a psychiatric residency with Virginia Board of Health Professions eligibility or certification, with post graduate and residency training in psychiatry from the Accreditation Council for Graduate Medical Education (ACGME) accredited or American Medical Association (AMA) approved program(s).
- C. Advanced practice providers, whether DOC staff, licensed independent practitioners, or staff of contractual service providers, must possess the following minimum qualifications and credentials:
 1. A Master's or Doctoral degree from an accredited Nurse Practitioner (NP) or Physician Assistant (PA) program
 2. A National Certification
 3. A current and valid license to practice nursing and medicine for NP or a license to practice medicine for PA in the Commonwealth of Virginia
 4. A current and valid DEA permit
 5. A current and valid NPI
 6. Clinical experience in a psychiatric setting
 7. A collaborative agreement with a Virginia Board of Health Professions eligible or certified psychiatric physician
- D. A *National Practitioner's Data Bank Query* will be completed for all final candidates for the position of psychiatric provider prior to hiring; see Operating Procedure 701.1, *Health Services Administration*.
- E. The Psychology Associate Senior, Chief of Mental Health Services, Health Authority, or MCTC Medical Director, is responsible for the orientation of the psychiatric provider to the facility, including providing a copy and reviewing Attachment 1, *Treatment Guidelines: Psychiatric Services*. This orientation will be documented on the [Psychiatric Provider Orientation Checklist](#) 720_F38.

- F. The Psychology Associate Senior, Chief of Mental Health Services, Health Authority or MCTC Medical Director, in consultation with the Mental Health Clinical Supervisor, will set up a means whereby psychiatric services, including the receipt and disposition of referrals, are regularly tracked and monitored.
- G. Psychiatric providers whether DOC staff, licensed independent practitioners, or staff of contractual service providers will provide diagnostic and other data relevant to their services.
 - 1. At a minimum, the Psychology Associate Senior or designee, Chief of Mental Health Services or designee, Health Authority or MCTC Medical Director or designee will provide the following data:
 - a. Name and DOC number of each offender seen
 - b. Date of visit
 - c. Reason for visit
 - d. Current significant diagnoses using name or numeric codes
 - e. Whether or not psychotropic medication is prescribed
 - 2. This data will be maintained electronically and updated at least quarterly.
- H. Offenders may be referred for psychiatric services by contacting the designated Psychology Associate at the facility, or the designated treatment staff at MCTC who will evaluate the need for psychiatric services and schedule psychiatric appointments as needed.

II. Duties

- A. This section provides a list of the general duties and expectations for psychiatric providers.
- B. The general duties of a psychiatric provider may be modified by written specific contract, agreement, or Employee Work Profile.
 - 1. Perform evaluations and provide follow-up recommendations and psychopharmacological treatment for offenders referred for symptoms, which indicate the presence of psychiatric, psychological, behavioral, emotional, cognitive, and/or neurological disorders. These services may be provided via telehealth.
 - 2. Adhere to the DOC formulary; see Operating Procedure 720.5, *Pharmacy Services*.
 - 3. Consult with the DOC Chief Psychiatrist or designee regarding care of offenders as required.
 - 4. Assess whether each offender referred for evaluation has a psychiatric disorder.
 - 5. Make specific recommendations for further evaluation, medication, mental health services, environmental change, and/or hospitalization.
 - 6. Make provisional recommendations for treatment, specifying conditions, and for medications, specifying type(s) of medication(s) and dosage(s).
 - 7. Refer offenders who require therapy or other mental health services to the Psychology Associate Senior, Chief of Mental Health Services, or MCTC Medical Director for disposition. The psychiatric provider will confer, consult, and coordinate with the Psychology Associate Senior, Chief of Mental Health Services, or MCTC Medical Director and other DOC staff in instances, which may affect facility operations.
 - 8. Be responsible for involuntary commitment hearings and court-related activities as necessary, in consultation with the Senior Psychology Associate, Chief of Mental Health Services, or MCTC Medical Director.
 - 9. Be available 24 hours per day for emergency consultations by phone.
 - 10. Confer with mental health, medical, counseling, and security staff during time not used in evaluation and treatment of offenders and in consultation with the Senior Psychology Associate, Chief of Mental Health Services, or MCTC Medical Director, in the treatment and management of specific offenders, and in the prevention, recognition, handling, and treatment of psychiatric disorders generally.

11. Confer on an on-going basis with the Psychology Associate Senior, Chief of Mental Health Services, Health Authority or MCTC Medical Director regarding the number of offenders and the means of interview and evaluation that will be used during each site visit.
 12. Record a summary of the problem and/or symptoms, the diagnosis, progress since last consultation, recommendations for further evaluation, medication, mental health services, environmental change and/or hospitalization, and other information the psychiatric provider deems appropriate in each offender's Health Record at the conclusion of every interview or consultation.
 - a. This information may be documented in the appropriate progress note format or on the [Psychiatry Progress Note](#) 720_F40.
 - b. An additional recording of information may also be required.
 13. Enter prescription orders using the current electronic medication prescribing system.
 14. Use on-site office space provided by the facility.
 15. Use the services and staff employed by and/or under contract with the DOC for providing any recommended treatment or further evaluation.
 16. Abide by Attachment 1, *Treatment Guidelines: Psychiatric Services*.
- C. Licensed independent practitioners or contractual service providers may be required to have coverage provided by another psychiatric provider during absences. This provider must be approved in advance by the DOC Chief Psychiatrist.
- D. A psychiatric provider must immediately notify the DOC staff if license or hospital privileges are denied, suspended, or revoked; if any malpractice claims are filed; if any professional disciplinary action is taken; or if they have any physical, mental, or emotional problems, which might impact performance or assigned duties.

III. Psychotropic Medications

- A. It is the responsibility of the psychiatric provider or designee to determine the clinical need for psychotropic medications. It is also the responsibility of the psychiatric provider or designee to prescribe, monitor, and document the use of psychotropic medications provided to offenders at the facility.
- B. Psychotropic medications are prescribed only by a psychiatric provider or designee and are administered by qualified health care provider under the direction of the designated health authority.
- C. Offenders who are prescribed psychotropic medications for mental disorders will be seen by the psychiatric provider:
1. At least every 60 days if assigned to a Mental Health Unit
 2. At least every 90 days if assigned to housing other than a Mental Health Unit.
- D. The administration of medication for the purpose of coercion, punishment, etc. is prohibited.
- E. Benzodiazepine Controlled Use
1. Tolerance and physiological and/or psychological dependence can occur with benzodiazepines. Given their highly addictive nature, it is imperative that their use be controlled and closely monitored.
 2. The following prescription practices will be adhered to by all psychiatric providers working within the DOC:
 - a. Prior to prescribing benzodiazepines, the psychiatric provider or designee will conduct a thorough evaluation of the offender and make a complete review of the offender's Health Record.
 - b. The use of benzodiazepines must be clearly justified and documented in the offender's Health Record.
 - c. Benzodiazepines should rarely be used as first line agents.
 - d. When an offender presents on a benzodiazepine, a thorough evaluation will be completed. If

justification for the benzodiazepine is not found, the benzodiazepine should be tapered and discontinued.

3. Upon request, the Chief Pharmacist or designee will provide the Chief Psychiatrist with a list of all offenders who are on benzodiazepines to be reviewed.
 - a. If there is a concern regarding a prescription, the Chief Psychiatrist will review the case.
 - b. If insufficient reasoning and/or documentation is found for prescribing the benzodiazepine, the drug will be tapered and discontinued.

IV. Informed Consent to Treatment with Medication (5-ACI-6C-04; 4-4397)

- A. Offenders are entitled to participate in the decision-making process regarding their mental health treatment.
 1. Psychology Associates should strive to enlist an offender's adherence with prescribed treatment regimens.
 2. Offenders who refuse to take their medication will be informed of their right to refuse such medication and the conditions under which medication may be administered involuntarily as specified in COV §53.1-40.1, *Medical and mental health treatment of prisoners incapable of giving consent*.
- B. The offender will be advised of probable medical consequences of refusal to accept prescribed medication.
 1. The psychiatric provider will also advise the offender of potential benefits and possible side effects or other risks of the proposed treatment.
 2. An offender's consent to psychotropic medications will be documented on the [Informed Consent to Treatment with Medications](#) 720_F39.
- C. When a change in medication, e.g., a change to a different medication and not just a change to the dose of the same medication is recommended for an offender, a new [Informed Consent to Treatment with Medications](#) 720_F39 will be completed and reviewed with the offender.
- D. The [Informed Consent to Treatment with Medications](#) 720_F39 should list all of the currently prescribed psychotropic medications and the *Consent* should be signed by the current prescriber.

V. Right to Refuse Treatment and Involuntary Treatment

- A. Offenders who are considered competent to refuse mental health treatment, as determined by a Psychology Associate, will not be forced to accept such treatment but will be monitored as considered appropriate by the Psychology Associate Senior, Chief of Mental Health Services, or MCTC Medical Director. (5-ACI-6C-04; 4-4397)
- B. Offenders who are considered incompetent and who refuse mental health treatment may be considered for treatment over their objection; however, such treatment will be rendered only upon the issuance of a court order as outlined in COV §53.1-40.1, *Medical and mental health treatment of prisoners incapable of giving consent*; see Operating Procedure 730.3, *Mental Health Services: Levels of Service*.
- C. When psychotropic medication(s) are involuntarily administered, the following conditions must be met: (5-ACI-6C-08; 4-4401)
 1. Authorization is by a psychiatric provider who specifies the duration of therapy
 2. Less restrictive intervention options have been exercised without success as determined by the psychiatric provider
 3. Details are specified about why, when, where, and how the medication is to be administered
 4. Monitoring occurs for adverse reactions and side effects
 5. Treatment plan goals are prepared for less restrictive treatment alternatives with return to voluntary treatment as soon as clinically feasible

- D. An offender will be offered the least intrusive care and treatment consistent with their diagnosed mental disorder(s).
1. Where possible, the offender's assistance and cooperation with necessary treatment will be solicited.
 2. If the offender's refusal to accept mental health services poses a danger to that offender or to others, or if the offender's competency to make such a decision is in question, staff will take appropriate steps to ensure the individual's safety and well-being; see Operating Procedure 730.3, *Mental Health Services: Levels of Service*, and Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
- E. Documentation of an offender's refusal of treatment will be made via a *Psychiatry Progress Note* in Section IV of the offender's Health Record and on an [Informed Consent to Treatment with Medications](#) 720_F39.

VI. Community Corrections Facility Mental Health Services

- A. Offenders in a Community Corrections Alternative Program (CCAP) who require psychiatric services will be referred for such services under the direction of the Chief Psychiatrist, Chief of Mental Health Services, Community Corrections Mental Health Clinical Supervisor (MHCS), or designated Psychology Associate.
- B. The *CCAP Limited Psychotropic Self-Medication Program* will be managed in accordance with the appropriate attachment to Operating Procedure 940.4, *Community Corrections Alternative Program*, and as authorized by the Chief Psychiatrist.

REFERENCES

[COV §53.1-40.1](#), *Medical and mental health treatment of prisoners incapable of giving consent*

Diagnostic and Statistical Manual of Mental Disorders, Current Edition

Operating Procedure 701.1, *Health Services Administration*

Operating Procedure 720.5, *Pharmacy Services*

Operating Procedure 730.3, *Mental Health Services: Levels of Service*

Operating Procedure 730.5, *Mental Health Services: Behavior Management*

Operating Procedure 940.4, *Community Corrections Alternative Program*

ATTACHMENTS

Attachment 1, *Treatment Guidelines: Psychiatric Services*

FORM CITATIONS

[Psychiatric Provider Orientation Checklist](#) 720_F38

[Informed Consent to Treatment with Medications](#) 720_F39

[Psychiatry Progress Note](#) 720_F40