



CCAP Limited Psychotropic Keep on Person Program

Eligibility Criteria:

An offender currently prescribed psychotropic medication by a medical provider may be considered for participation in the Community Corrections Alternative Program if the following criteria are met:

- The offender must have not had any incidents of self-injurious behavior or suicide attempts requiring outside medical intervention or homicidal ideation during the past 12 months.
- The offender has not had any medication changes for the previous 60 days (dosage change acceptable) that would negatively affect their suitability for CCAP.
- The offender cannot be on medication that requires routine evaluation of blood levels.
- If exclusionary mental health factors are discovered after an offender's arrival to the facility, a Community Mental Health Clinician will assess the offender's stability to determine suitability for the program, including consultation with interdisciplinary staff, e.g., psychiatry, general medical provider, nursing, and security staff, as needed.

Procedure:

- After completing the screening process and an offender has been accepted into the program, the offender will be prescribed psychotropic medications by the general medical provider at the CCAP.
- The CCAP facility Health Authority will coordinate scheduling of offenders to meet with the medical practitioner in order for psychotropic medication(s) to be continued.
- Offenders at CCAP facilities will be allowed to have a 30 day supply of psychotropic medication (as listed in this attachment) utilizing the *Keep on Person Program* in accordance with Operating Procedure 720.5, *Pharmacy Services*. The [Keep on Person Contract 720_F6](#) will be utilized.
- The Health Authority will perform a random monthly audit of the medication count. Non-adherence to the *Keep on Person* requirements may result in the removal from the *Keep on Person* program and the CCAP.
- If an offender misuses the psychotropic medication, psychotropic medication may be discontinued and the offender will be removed from the *Keep on Person* program. Ability to remain at the CCAP will be determined with input from interdisciplinary staff.
- If an offender threatens or engages in self-harm, appropriate treatment will be sought and the offender may be removed from the program.
- If facility staff or the offender report mental health concerns, the offender can be referred to Community Corrections Mental Health staff for screening and consultation. At the Chesterfield Women's CCAP, referrals should be made to the on-site Mental Health Clinician. At the men's facilities, referrals should be made to the appropriate District Mental Health Clinician (Norton P&P for Appalachian CCAP; Staunton P&P for Cold Springs CCAP; Harrisonburg P&P for Harrisonburg CCAP; Fredericksburg P&P for Stafford CCAP and Petersburg P&P for Brunswick CCAP).
- If warranted, the Mental Health Clinician will refer the offender for psychotropic medication evaluation. This referral should be to the general medical provider. If further evaluation is needed, the Mental Health Clinician may refer the offender to psychiatry.
- Psychiatry appointments will be via Polycom and should be coordinated through the Health Authority/Health Services Authority or directly with the Statewide CCAP Psychiatrist.
- Depending on the offender's treatment needs, the Mental Health Clinician will consult with interdisciplinary staff to determine if the offender can remain in the CCAP.





Additional Information:

- **This procedure is NOT to be used for crisis/emergency situations. In case of emergency, call 911.**
- This procedure is NOT for purposes of medical detoxification from any substance of abuse or medication assisted treatment for opioid addiction.
- No more than 20 offenders' on psychotropic medications will be housed at each male facility.
- No more than 50 offenders' on psychotropic medications will be housed at the female facility.
- No more than 15 offenders' on psychotropic medications will be transferred to one facility in a 30 day period.
- The Health Authority will keep an updated list of offenders' currently prescribed psychotropic medication.
- The list of offenders' currently prescribed psychotropic medication will be shared with the relevant Mental Health Clinicians on a monthly basis.

Approved Psychotropic Keep on Person Medications for CCAP facilities: These medications have been chosen in accordance with the DOC formulary for their safety regarding side effects, necessary monitoring, lethality in overdose, and lower potential for overdose.

Amantadine (Symmetrel)	Lamotrigine (Lamictal)
Aripiprazole (Abilify)	Mirtazapine (Remeron)
Atomoxetine (Strattera)	Naltrexone
Benztropine Mesylate (Cogentin)	Olanzapine (Zyprexa)
Buspirone (Buspar)	Oxcarbazepine (Trileptal)
Carbamazapine (Tegretol)	Paroxetine (Paxil) Not CR
Citalopram (Celexa)	Prazosin (Minipress)
Clonidine (Catapres)	Perphenazine (Trilafon)
Diphenhydramine (Benadryl)	Risperidone (Risperdal)
Divalproex Sodium EC (Depakote)	Sertraline (Zoloft)
Donepezil (Aricept)	Trazodone (Desyrel)
Duloxetine (Cymbalta)	Thiothixene (Navane)
Escitalopram (Lexapro)	Topiramate (Topomax)
Fluoxetine (Prozac) <i>Not Weekly</i>	Trihexyphenidyl (Artane)
Fluphenazine (Prolixin)	Venlafaxine (Effexor)
Guanfacine (Tenex)	Venlafaxine ER (Effexor XR)
Haloperidol (Haldol)	Ziprasidone (Geodon)
Hydroxyzine HCl (Atarax)	

If currently prescribed Vistaril, Vistaril will be converted to Atarax

If admitted to CCAP on a non-formulary preparation of a medication listed above, that preparation will be converted to the formulary preparation

Additional medications may be considered by the DOC for inclusion in this program as needed with the approval of the Chief Psychiatrist.

This list will be updated in order to reflect the most current DOC formulary.

