ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction	Index #: 113.89	Page 1 of 7
	Effective Date: March 20, 2023	
	Distribution: A	
	Supersedes: 113.89 (8/1/19)	
Approved by:		
Subject: PSYCHOTROPIC MEDICATION/INVOLUNTARY TREATMENT		

I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 29-26-118, TCA 33-3-405, TCA 33-6-1001 et seq., TCA 34-4-101 et seq., and TCA 34-6-201 et seq.

II. PURPOSE: To provide procedures for prescribing and administering psychotropic medications to treat mental illness.

III. APPLICATION: Wardens/Superintendents, Associate Wardens of Treatment/Deputy Superintendents, Director of Behavioral Health Services, Chief Medical Officer, Tennessee Department of Correction (TDOC) mental health and health care staff, TDOC institutional employees, contract employees, and privately managed institutions.

IV. DEFINITIONS:

A. Behavioral Health Services: The assessment and treatment of individuals at risk of, or suffering from, mental, behavioral, or substance-related disorders that significantly interfere with their ability to function in prison as defined by the most current DSM criteria.

B. Declaration for Mental Health Treatment: An advanced healthcare directive authorized under state law that permits an individual to specify the refusal or acceptance of specific mental health treatment interventions if the individual lacks the capacity to make a decision about a proposed mental health treatment intervention.

C. Fiduciary: A legal guardian or conservator, or an attorney-in-fact who has been granted a valid power of attorney for health care decisions pursuant to applicable law in the event the patient lacks capacity.

D. Informed Consent: The voluntary consent or agreement by an inmate who can make an informed decision; or by an inmate's fiduciary to a treatment, assessment, medication, or other mental health intervention, and for which consent is given after the disclosure of facts regarding the nature, consequences, risks, benefits, and alternatives concerning the proposed treatment, assessment, medication, or other mental health intervention.

E. Inmate Rights Advocate: For purposes of this policy, the Institutional Continuous Quality Improvement Coordinator (ICQIC) shall be designated as the Inmate Rights Advocate responsible for representing the inmate and ensuring the rights of the inmate are not violated.

F. Involuntary Treatment: Treatment rendered to the inmate (without regard to informed consent from the inmate) that is either ordered based on the physician's determination that the inmate presents a psychiatric emergency or ordered according to authorization by the Treatment Review Committee.

G. Lacks Capacity: A state in which an inmate lacks the present ability to make rational decisions or give informed consent due to organic or cognitive mental impairment.

H. Licensed Independent Mental Health Professional (LIMHP): A licensed psychiatrist, advanced practice nurse (APN), psychologist with health service provider designation, senior psychological examiner, licensed clinical social worker, or licensed professional counselor with mental health services provider designation. These individuals shall meet all educational competency and licensure/certification criteria mandated by their regulatory boards.

I. Mental Illness (Mental Disorder): A clinically significant behavioral or psychological syndrome or pattern typically associated with clearly diagnosable psychopathology as indicated by the most current DSM criteria.

J. Psychiatric Emergency: An acute disturbance of behavior, thought or mood related to a mental illness or altered mental status which, if untreated, may lead to harm to self or others.

K. Psychiatric Provider: An Advance Practice Nurse (APN) or a Board Certified/eligible psychiatrist. An APN must possess a certificate of fitness from the Tennessee Board of Nursing and a Notice and Formulary that stipulates the specific practice site.

L Psychotropic Medication: For the purposes of this policy, a drug that directly affects the brain and central nervous system capable of modifying behavior and mental status.

M. Treatment Review Committee (TRC): A group of licensed mental health professionals appointed by the Director of Behavioral Health Services to review the applications for involuntary treatment of an inmate in need of mental health services. This team consists of one psychiatrist and two doctoral-level psychologists with health services provider designation who are not directly involved in the treatment of the inmate in question. This team will typically operate at DeBerry Special Needs Facility (DSNF) and Debra K. Johnson Rehabilitation Center (DJRC)

V. POLICY: Informed consent by the inmate (or the inmate's fiduciary) shall be required before the prescription and administration of psychotropic medication for the treatment of non-emergency mental illness, except as permitted pursuant to a Declaration for Mental Health Treatment or in circumstances wherein the involuntary treatment is medically necessary and permitted by law. Psychotropic medication may be involuntarily administered under strict guidelines and procedures.

VI. PROCEDURES:

A. Psychotropic Medications

1. Psychotropic drugs shall be utilized for treating mental illness only as a component of a total therapeutic program, under close supervision, and with a written mental health treatment plan addressed to treat a diagnosed psychiatric condition. Under no circumstances shall psychotropic medication be prescribed and administered for program management and control, as a means of chemical restraint, or for purposes of experimentation and research.

2. The psychiatric provider will consider possible organic causes of symptoms of mental illness and either rule them out or assure that they are evaluated through appropriate testing or consultation with health services via Institutional Health Services Referral, CR-3431. The psychiatrist will document in Section 10 of the medical record that organic causes have been considered and ruled out or are in the evaluation process.

3. Before the initial prescription and administration of psychotropic medication, the inmate shall be personally examined by the psychiatric provider. For inmates arriving at an institution from a non-TDOC facility, who are receiving psychotropic medications, medical/nursing staff shall personally examine the inmate and contact the psychiatric provider for instructions. If the psychiatric provider determines the medication should be continued, it may be continued by telephone order until the psychiatric provider can personally evaluate the inmate. The nurse shall document the telephone order on the Physicians Order, CR-1892. The psychiatric provider shall evaluate the inmate within 14 calendar days.

4. For inmates arriving at an institution from another TDOC facility and receiving psychotropic medications, medical/nursing staff shall personally examine the inmate and contact the Behavioral Health Administrator by way of Institutional Health Service Referral, CR-3431, in accordance with Policy #113.82. The Behavioral Health Administrator shall review the inmate's health record and schedule an appointment with the psychiatric provider as indicated on the last psychiatric visit.

5. For inmates who have not previously received psychiatric medication and are requesting services, a psychological assessment will be conducted using a standardized, reliable, and valid testing protocol.

6. Inmates will be fully advised of alternatives to medication treatment, including individual and group counseling. Efforts will be made to direct inmates to the least intrusive appropriate option available.

7. The inmate or the inmate's fiduciary shall sign the Mental Health Services Informed Consent Assessment and Treatment, CR-3766, authorizing the examination, treatment, procedure, or psychotropic medications before receiving evaluations and assessments and mental health treatment services. The completed form shall be filed in the inmate's current health record in a protective sleeve. Informed consent shall remain effective for one year from the date of the inmate's signature, after which time a new consent form shall be signed.

8. The psychiatric provider shall explain to the inmate, or the inmate's fiduciary, the expected benefits, the possible side effects of the medication(s) being prescribed, the availability of alternative treatments, and the anticipated prognosis without the proposed intervention with psychotropic medication(s).

9. The management of psychotropic drugs and administration/distribution of medications shall follow the procedures outlined in Policies #113.70 and #113.71. Inmates prescribed psychotropic medications shall be personally examined by a psychiatrist or an advanced practice nurse (APN) every 90 days. In addition, the psychiatrist shall personally examine all inmates under the care of the mental health advanced practice nurse (APN) at least once every 12 months, even if the inmate's case was reviewed as part of the required 20% supervisory case review. See Policy #113.11.

10. If the inmate has the capacity to make an informed decision and chooses to refuse the proposed examination, treatment, procedure, or psychotropic medication, he/she shall be asked to sign a Refusal of Medical Services, CR-1984.

11. When a psychiatric provider discontinues an inmate's psychotropic medication, the inmate will be observed at his/her current level of care by Mental Health staff for at least 60 days before reducing his/her level of care.

12. When an inmate discontinues his/her psychotropic medication against medical advice, a psychiatric provider shall observe the inmate for at least three months.

13. Patients discontinued from all mental health services will have a written discharge summary documented on the Mental Health Discharge of Services Summary, CR-3765, within six months after services were discontinued.

B. Declaration for Mental Health Treatment

1. During any mental health evaluations or assessments, the LIMHP may inform the inmate of his/her option to write and file a Declaration for Mental Health Treatment and shall document that the Declaration for Mental Health Treatment was explained on a Problem Oriented Progress Record, CR-1884.

2. An inmate may execute a Declaration for Mental Health Treatment at any time. When information is received that an inmate has executed a declaration, the Behavioral Health Administrator/designee shall cause a copy of the declaration to be filed in section 10, the most current volume of the Health Record, and placed in a protective sleeve. In addition, the declaration shall be documented on the Major Problems List, CR-1894.

3. A declaration is effective upon execution and can express the individual's choices in all matters of mental health treatment. The declaration remains effective for two years from the date of execution. However, it may be given effect for thirty days beyond expiration if the declarant is incapacitated when the declaration expires.

4. A mental health service provider may decline to honor the individual's declaration, but if so, must seek to withdraw from the inmate's care and facilitate referral to another mental health service provider. A mental health service provider cannot render care contrary to the individual's declaration except in the event of involuntary treatment pursuant to the approval of the TRC or in the event of an emergency wherein the inmate's life is in danger.

5. An inmate's fiduciary has no legal authority to revoke or countermand the provisions of an inmate's valid declaration.

C. Evidence of Fiduciary Authority

1. Mental health service providers may rely upon documentation of a legal representative's authority when such documentation is furnished by or through TDOC legal counsel or has been otherwise verified by counsel. TDOC legal counsel must verify any document that purports to give an individual legal authority to make mental health care decisions for an inmate.

2. When information is received that a fiduciary has been named for an inmate, the behavioral health administrator/designee shall document that a fiduciary has been named. Such documentation shall include the name and telephone number of the fiduciary and a secondary contact number, if available, on the Major Problems List, CR-1894. Additionally, the name and telephone number of the fiduciary shall be documented in OMS conversation LCLA, Option 6 (Emergency Notification), and LHSM.

3. Except in emergency circumstances or where a valid declaration controls a treatment decision, an inmate's fiduciary shall be notified of the need for treatment intervention related to the inmate's mental health care. The mental health service provider must seek the fiduciary's approval before any therapeutic action occurs. In emergency situations, the fiduciary shall be notified in accordance with Section VI.(D)(1) of this policy.

4. The behavioral health administrator shall notify the inmate's fiduciary before any clinically invasive procedure occurs.

5. Staff may encounter circumstances wherein an inmate's fiduciary is deceased, incapacitated, unavailable, unresponsive, or (in the opinion of the provider) has wrongfully refused treatment. In these cases, the behavioral health services administrator/designee shall advise the Warden and request that TDOC Legal Counsel is consulted regarding making decisions for the inmate's treatment needs.

D. Emergency Psychotropic Medications:

1. If an inmate has a fiduciary, the fiduciary shall be notified within 24 hours following any invasive clinical care resulting from a psychiatric emergency, and this communication with the fiduciary shall be documented on the Problem Oriented Progress Record, CR-1884, and placed in section 10 (X) of the health record.

2. Psychotropic medication shall only be administered without the inmate/fiduciary's informed consent or the inmate/fiduciary's refusal under the following conditions:

   a. In the event of a psychiatric emergency, as ordered by the psychiatrist.

b. When other less restrictive measures have been demonstrated to be ineffective or unlikely to prevent the threatened harm. Involuntary medication shall be administered by injection only.

3. The Mental Health Emergency Medication Form, CR-3330, shall be utilized when psychiatric emergencies exist and shall be placed in Section 10 (X) of the health record.

4. The psychiatrist may order involuntary medication for 72 hours in psychiatric emergencies. Each administration of psychotropic medication shall require a separate order.

5. After administering involuntary medication to any inmate, a health assessment to monitor for adverse reactions and side effects shall be conducted.

6. The institutional Mental Health Treatment Team shall meet at the next available opportunity to discuss the inmate receiving involuntary medication, review the treatment plan and goals, and make plans for less restrictive treatment alternatives as soon as possible.

7. When an emergency involuntary medication situation arises, and the psychiatrist determines that it is in the inmate's best interest to remain at the facility where he or she is housed to receive treatment, a case review shall be conducted by the inmate right's advocate and the Mental Health Treatment Team for that facility. The review shall be done no later than 72 hours after the issue of the initial emergency involuntary medication order. The psychiatrist may extend the initial administration of involuntary medication to no more than 72 additional hours. Each administration of involuntary medication shall require a separate order.

8. The decision to renew emergency medication beyond the then-existing 72-hour involuntary emergency medication extension period shall be made only after review and authorization by the TRC.

E. Capacity Issues and Conservatorship:

1. For inmates who lack capacity, the decision to renew the medication beyond the initial involuntary emergency medication period shall be made by the TRC at the psychiatrist's request and shall not exceed 90 days. The request to renew the medication shall be based on the psychiatrist's clinical observation of the inmate. Recommendation of the need for a conservator shall be based on the clinical judgment of the treating psychiatrist regarding the inmate's response to treatment and the prognosis for recovery. While an action to appoint a conservator is pending, the psychiatrist may continue to order treatment on an involuntary basis, subject to periodic review and authorization of the TRC.

2. During the involuntary treatment that has been authorized based on the inmate's incapacity, the psychiatrist shall periodically document whether the inmate continues to lack capacity. If at any time, the psychiatrist determines that the inmate has regained capacity, the physician may rely on the inmate's informed consent for or

refusal of a treatment regimen that began involuntarily. If the inmate continues to lack capacity, the psychiatrist may seek TRC approval to extend involuntary treatment beyond 90 days. The psychiatrist shall document a rationale for continuing treatment on an involuntary basis instead of recommending a conservator's appointment.

3. The TRC will review cases at DSNF and DJRC or, when available and appropriate, at the inmate's home facility by telehealth. When a TRC case review is warranted, the behavioral health administrator/designee will contact the DSNF Behavioral Health Administrator/designee to schedule the TRC assessment for the same day if feasible.

4. TRC assessment using telehealth technology will be considered when moving the inmate to DSNF or DJRC is considered unnecessary or inappropriate based on the security, safety, and mental health status of the inmate. However, a transfer may be required if an inmate has decompensated significantly and treatment at a higher acuity level facility is deemed necessary. Therefore, the use of telehealth technology to facilitate the TRC process should be appropriate in many instances. The decision to use telehealth for the TRC must be approved by the Director of Behavioral Health Services in consultation with DSNF clinical staff and the TRC.

5. The TRC's clinical findings and treatment recommendations shall be documented on Mental Health Treatment Review Committee, CR-3329.

F. Non-Emergency Involuntary Treatment Procedures:

1. Inmates who need non-emergency intervention may be treated on an involuntary basis pursuant to a determination by a TRC that involuntary treatment is indicated for the inmate.

2. Upon referral of the psychiatrist, the TRC shall decide, based on the application of contemporary standards of practice, whether involuntary treatment is indicated for the inmate. Based upon its determination, the TRC may authorize the involuntary treatment of an inmate for up to 90 days. Continuation of involuntary treatment beyond such term shall require further review and authorization of the TRC.

3. Referral to a TRC is generally the last resort for the authority to provide treatment. It is appropriate only in the absence of other appropriate authority and only in urgent or emergent circumstances where the risk of harm is immediate or substantial.

4. The TRC is not a source of long-term authority to provide recommended treatment, nor is the TRC process a substitute for informed consent. The inmate's continued need for involuntary treatment may indicate a need to seek the appointment of a fiduciary who is empowered to make an informed decision for the inmate.

VII. APPLICABLE FORMS: CR-1884 (Rev. 8/19), CR-1892 (Rev. 10/21), CR-1894 (Rev. 11/19), CR-1984 (Rev. 8/19), CR-3329 (Rev. 2/20), CR-3330 (Rev. 7/21), CR-3431 (Rev. 9/19), CR-3765 (Rev. 7/21), and CR-3766 (Rev. 1/23).

VIII. ACA STANDARDS: 5-ACI-6A-43, 5-ACI-6C-04, and 5-ACI-6C-08.

IX. EXPIRATION DATE: March 20, 2026

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

INSTITUTION

INMATE NAME: _____ TDOC ID: _____

DATE	TIME	

Do Not Write on Back

PHYSICAN'S ORDERS

NAME

TDOC ID

FACILITY

PHYSICIAN

DOB

DRUG ALLERGIES

Date & Time		UNLESS A RED NUMBER SHOWS DO NOT USE THIS SHEET	Nurse's Initials

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES

MAJOR PROBLEM LIST

I

_____
INSTITUTION

Name: _____ TDOC ID: _____
Last First Middle

Date of Birth: _____ Gender: ☐ M ☐ F Race: _____

Allergies: _____

PROBLEM NUMBER*	DATE IDENTIFIED/ RECORDED	MAJOR CLINICAL CONDITIONS/PROBLEMS	RESOLVED *(Please check "√ if resolved)*	RESOLVE DATE

Conservator Name: _____

Primary Phone: _____ Secondary Phone: _____

* Major medical problems considered medical or surgical in nature are identified by Roman numerals, i.e., I – Diabetes, II – Laminectomy.

* Psychiatric, or serious psychological problems, are identified by capital letters, i.e., **A** – Schizophrenia, **B** – Self-Mutilative Behavior.

TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES

INSTITUTION: _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____ (Inmate's Name), _____ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

_____

_____

_____

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____ (Inmate) _____ (TDOC ID) _____ (Date)

Witness: _____ (Signature) _____ (Title) _____ (Date)

The above information has been read and explained to,

_____ (Inmate's Name) _____ (TDOC ID) but has refused to sign the form.

Witness: _____ (Signature) _____ (Title) _____ (Date)

Witness: _____ (Signature) _____ (Title) _____ (Date)

TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH TREATMENT REVIEW COMMITTEE
DEBERRY SPECIAL NEEDS FACILITY

INMATE NAME: _____ TDOC ID: _____ DATE OF BIRTH: _____ GENDER: _____

I. REPORT OF INITIAL PSYCHIATRIST'S MEETING WITH INMATE'S:

Initial Psychiatrist's Recommendation(s):

_____ _____
Psychiatrist Signature Date

II. REPORT OF SECOND PSYCHIATRIST'S MEETING WITH INMATE:

Second Psychiatrist's Recommendation(s):

_____ _____
Psychiatrist Signature Date

III. REPORT OF TREATMENT TEAM MEETING:

Treatment Team Recommendations(s):

TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH EMERGENCY MEDICATION

_____
INSTITUTION

INMATE NAME: _____ TDOC ID: _____ D.O.B _____ GENDER: _____

I, the undersigned physician, prescribe and authorize the administration of the following psychotropic medication to the above named inmate: _____
(Medication)

I conclude that an emergency exists because of the following circumstances:

_____ an immediate threat of serious physical harm to the inmate or to others as a result of the violent behavior of the inmate: Specific Behaviors:

_____

_____

_____ an immediate threat to the inmate of deteriorating physical well-being with risk to life or long-term health caused by the effects of mental illness: Specific Behaviors:

_____

_____

I have personally observed these behaviors with a persistence of immediate threats.

The following less restrictive measures were considered/attempted but rejected as ineffective:

_____

_____

The certification of emergency and prescription and authorization for administration of psychotropic medication based on emergency shall be effective only for (72) seventy-two hours beginning at the time and date indicated below:

_____ a.m. p.m. _____ _____
Time of First Administration Date Signature of Physician Certifying Emergency

NOTE: By the end of the next regular working day, the physician shall make sure that a copy of this form has reached the: (a) inmate's health record; (b) treatment team coordinator; (c) Inmate Rights Advisor, and; (d) the warden.

EMERGENCY RENEWAL

I, the undersigned physician, have determined that the above-certified emergency continues to exist beyond the original (72) seventy-two hour period indicated above, and I extend the prescription and authorization noted for an additional (72) seventy-two hours, creating an emergency medication period totaling one-hundred forty-four (144) hours.

As a result of my personal evaluation of the inmate, within (6) six hours of renewal, I have concluded that an emergency situation continues to exist because:

_____

_____

_____

_____ a.m. p.m. _____ _____ _____
Time Date Facility Signature of Physician

TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL HEALTH SERVICES REFERRAL

_____
INSTITUTION

☐ MEDICAL ☐ DENTAL
☐ BEHAVIORAL HEALTH

INMATE: _____ TDOC ID: _____
Last First Middle

PRESENTING PROBLEMS: _____

_____

_____

_____

_____

_____

_____

REFERRED BY: _____ _____ _____
Signature/Title Date Time

SEND REFERRAL FORM TO INSTITUTIONAL HEALTH COORDINATOR

☐ Behavioral Health
☐ Medical ☐ Dental

RECEIVED BY: _____ _____ _____
Signature/Professional Title Date Time

REFERRAL DISPOSITION (Course of Action): _____

_____

_____

_____

_____

_____

_____

_____ DATE: _____ TIME: _____

_____
Signature/Professional Title

TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH DISCHARGE OF SERVICES SUMMARY

INSTITUTION

INMATE NAME: _____ **TDOC ID:** _____

S = SUBJECTIVE **O** = OBJECTIVE **A** = ASSESSMENT **P** = PLAN

DISCHARGE SUMMARY (FOR PSYCHIATRY AND PSYCHOLOGY SERVICES)

Date	Time	
		DOB: __/__/____ AGE: __ DATE SERVICES BEGAN: __/__/____ DISCHARGE DATE: __/__/____
		HISTORY OF CURRENT EPISODE:
		EVALUATIONS PERFORMED:
		CLINICAL COURSE:
		CONDITION UPON DISCHARGE:
		DISCHARGE DIAGNOSIS: DSM-V
		DISCHARGE AND AFTERCARE PLAN:

PRINT NAME

PROVIDER SIGNATURE

TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH SERVICES
INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

INSTITUTION

INMATE NAME | TDOC ID | DATE OF BIRTH

I hereby authorize _____ to perform the following assessment or treatment:

_____

_____

Use Layman's Terms

The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that a range of mental health professionals, some of whom are in training, provides mental health services. All professionals-in-training are supervised by licensed staff.

I understand that while psychotherapy and/or medication, may provide significant benefits, it may also pose risks. If medications are prescribed, the psychiatric provider and I have discussed:

- My Mental Health Condition
- The reasons for prescribing the medication, including the likelihood of my condition
- Improving or not improving without the medicine.
- Reasonable alternative treatments available for my condition.
- The type of medication that I will be receiving, the frequency and range of dosages, the method by which I will take the medication (shots or mouth), and duration of such treatment.
- The side effects of these drugs known to commonly occur and any particular side effects likely to occur in my particular case.

Psychological Services can have benefits and risks. Since therapy often involves discussing unpleasant aspects of my life, I may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits such as significant reductions in feelings of distress.

I acknowledge that no guarantee or assurance has been made as to the result that may be obtained.

If any unforeseen condition arises in the course of the intervention for the judgment of the practitioner for procedures in addition to or different from those now contemplated a new informed consent assessment and treatment will be obtained.

I have read and fully understand the terms of this consent.

Date: _____ Time: _____ _____
Signature of the inmate or person authorized to consent for inmate

_____ _____
Signature of Practitioner and Professional Title | Signature of Practitioner and Professional Title

Witness: _____