

POLICY G-03.1 NON-EMERGENCY INVOLUNTARY MEDICATION ADMINISTRATION

<p align="center">POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</p>	<p align="center">POLICY NUMBER G-03.1</p>	<p align="center">TOTAL PAGES 7</p>
	<p>RELATED NCCHC / ACA STANDARDS: NCCHC: P-G-03 (essential), J-G-03 (essential), MH-I-02 (essential) ACA: 5-ACI-6C-08 (mandatory), 4-ALDF-4D-17 (mandatory)</p>	
<p>CHAPTER: 11 BUREAU HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES</p>	<p>SUBJECT: Non-Emergency Involuntary Medication Administration</p>	
<p>APPROVED BY THE BUREAU CHIEF: Deputy Chief, Michael Records (signature on file with BHSAMH)</p>		
<p>APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE: Commissioner Monroe B Hudson Jr. January 5, 2022 (signature on file with BHSAMH)</p>		
<p>APPROVED FOR PUBLIC RELEASE</p>		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To establish procedures that govern involuntary medication administration and/or referral to the Jane E. Mitchell Building at the Delaware Psychiatric Center (DPC) for all incarcerated individuals who fall under the care and custody of the Delaware Department of Correction (DDOC).
- III. **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. **DEFINITIONS:** See Glossary
- V. **SUMMARY OF CHANGES:** This policy was changed to include language in regard to a TRC being used for recommending placement at DPC. Language was also added to allow the clinical team to appeal a denial of a TRC to the Bureau Chief of BHSAMH.
- VI. **POLICY:**
 - A. Psychotropic medication is administered in accordance with generally accepted medical standards, including appropriateness to the offender’s diagnosis, and with consideration given to any known comorbid health conditions.
 - B. Prescribers and other clinical staff work to engage individuals to take recommended psychotropic medication on a voluntary basis whenever possible.
 - C. Psychotropic medication shall not be used as punishment, for the convenience of staff, as a substitute for a treatment program, or, if possible, in quantities that interfere with the offender’s treatment program.
 - D. When an offender requires treatment beyond that available within the DDOC, the Treatment Review Committee (TRC) may review and recommend placement of the offender at the Jane E. Mitchell (JEM) Building at the Delaware Psychiatric Center (DPC).

E. If an offender is recommended for a review by the TRC, the offender shall be afforded the opportunity to participate in the proceedings in-person unless they are deemed to be a significant security risk.

1.If an offender is deemed to be a significant security risk, there must be documentation as to what the specific security risk entails. This must be documented and included in the TRC process.

VII. Criteria of Involuntary Psychotropic Medication

A. Non-emergency involuntary medication shall only be considered in cases with diagnosed Serious Mental Illness (SMI), and when without psychotropic medication the individual:

1.is likely to harm self, others or cause substantial property damage.

2.is unable to care for themselves so that their health and/or safety are endangered; and/or

3.will not be able to participate in development of a treatment plan and engage in recommended behavioral health treatment.

B. Prescription of non-emergency involuntary psychotropic medication must be in the best medical interest of the patient.

VIII. Criteria for recommendations for placement at DPC

A. Must meet the criteria for BH5 level of care as outlined DDOC policy F-03 Mental Health Services, and require treatment beyond that which is available within the DOC. If the offender were residing in the community, they would likely meet the criteria for a civil commitment, as defined by the Delaware Code.

IX. Procedures for an initial TRC for involuntary medication

A. The treating prescriber must document the individualized efforts at psychoeducation regarding the offender's illness/symptoms and the reason(s) medication is being recommended. Furthermore, a discussion with the offender of the risks of not implementing medication intervention is to be documented.

B. The prescriber and other members of the treatment team will document in the offender's health record any less restrictive alternative interventions attempted and the offender's response to them, as well as the offender's problematic statements and/or behaviors. If clinically appropriate, other less restrictive interventions might include improvements in the offender's living environment, transfer to specialized housing, involvement in structured group activities, and individual counseling.

C. Once the conditions outlined above have been met to engage the individual in voluntary participation in use of psychotropic medication, the prescriber may refer the case to the Treatment Review Committee (TRC) for consideration of removal of the individual's right to refuse medication. Procedures for TRC are outlined in Appendix A.

D. The TRC's responsibility is to consider the treating prescriber's recommendation for involuntary non-emergency medication and to determine whether the recommendation meets the criteria to be in the offender's medical interest.

E. The TRC voting members will consist of a psychiatrist, a psychologist, and the institutional administrator or designee who will serve as the committee's chair. Voting members may not be currently involved in the offender's treatment or diagnosis. A mental health professional shall not be barred from serving on a TRC by having diagnosed or treated the offender in the past.

1.The TRC's non-treating psychiatrist may not be the individual who has signed or co-signed the Involuntary Medication Report (IMR) as the collaborating psychiatrist or statewide director of psychiatry

- F. The offender may refuse non-emergency medication until the TRC reaches a decision. However, nothing in this policy prevents mental health staff from taking appropriate action if an offender requires mental health care on an emergency basis before the TRC reaches a decision. Under such circumstances, mental health care providers should proceed according to DDOC Policy G-03 Emergency Psychotropic Medication.
- G. A TRC finding permitting involuntary medication is in effect for 180 calendar days.
- H. The TRC's authorization of involuntary medication applies to all procedures, examinations and/or tests (including blood samples) which are clinically indicated for the safe and effective administration of the medication.

X. Procedures for a renewal TRC for involuntary medication

- A. If the prescriber believes that the use of involuntary psychotropic medication is required past the initial 180 days, they must complete the Renewal for Involuntary Medication Report (IMR), and the TRC must convene to consider the recommendation. This should be accomplished no less than 48 hours before the authorization expires to prevent any lapse in medication. The TRC must meet on or before the day the authorization expires to consider the treating prescriber's request that involuntary medication be continued.
 - 1.If the 180-day authorization expires on a weekend or holiday, the committee may meet the first business day following the weekend or holiday on which the authorization expires.
- B. At the required hearing, the TRC will decide whether or not to authorize continued involuntary medication for an additional period of 180 days. A clinical member of the TRC must document the TRC decision in the medical record.
- C. This procedure may continue in accordance with DDOC policy at 180-day intervals as long as the medication is clinically indicated and the mental health staff is unable, despite reasonable efforts, to obtain the offender's voluntary adherence with the medication (all such efforts must be documented in the medical record).
- D. If the TRC does not authorize the treating prescriber's recommendation that involuntary medication be continued, the treating prescriber may, if he/she believes resumption of involuntary medication to be in the offender's best medical interests, submit an IMR at a future date.
- E. The offender may voluntarily accept medication without invalidating the existing involuntary medication order. Therefore, when appropriate, the physician will order an injectable form of psychotropic medication as well as an appropriate alternative oral dose (liquid/concentrate form may be beneficial), to be offered to the offender before the offender is involuntarily administered the intramuscular form.
 - 1.Voluntary and involuntary medications and doses should be stated explicitly on the physician's order in the medical record (e.g., "Give per TRC authorization Haldol HCL 5mg IM for each refusal of Haldol 5 mg po conc. Q Day x 90 days").
 - 2.Nursing staff (and, if possible, correctional staff) will observe the offender taking oral medication to ensure compliance. If a single dose is refused, the dose is immediately administered involuntarily.
- F. The treating prescriber may change the dose, frequency of administration, and medication ordered, according to the judgment of the treating prescriber and the evolving individualized clinical needs of the offender. Such changes may be administered involuntarily to the offender, and do not require the completion of a new

IMR and reconvening of the TRC, as the authorization by the TRC is to remove the right to refuse medications, not for administration of a specific medication.

1. The treating prescriber must document his/her clinical rationale for any changes, as above, in the offender's medical record.
- G. The treating prescriber may order the involuntary administration of any medication discontinued, where clinically indicated, without invalidating the existing authorization for the involuntary administration of the medication.
- H. A nurse will thoroughly document any involuntary administration of psychotropic medication in the offender's medical record and list any problems encountered.
- I. The Mental Health Provider shall report all cases, including the use of involuntary medication administration (emergent and non-emergent), at the Facility Continuous Quality Improvement Meeting for review. This review shall ensure proper procedures were followed.

XI. Appealing a TRC for involuntary medication

- A. An offender may appeal a TRC's authorization of medication administration decision based solely upon the allegation that the authorization policy was not followed. Appeals must be filed within 24 hours of receipt of written notice of the TRC decision.
 1. The offender will be notified in writing of the right to appeal when notified of the decision of the TRC hearing as per the Treatment Review Committee Report. The Staff Advisor is to provide assistance to the offender who requests assistance in writing the appeal.
 2. The appeal may be made verbally to any staff person, who may then convey it in writing to the Staff Advisor and Facility Director of Mental Health
 3. The appeal is to be sent through the Staff Advisor to the medical provider's Director of Psychiatry or designee.
 4. The Director of Psychiatry or designee will review all appeals within 2 business days and alert the Staff Advisor. The TRC's approval will be stayed until the Director of Psychiatry or designee renders a decision. If the Director of Psychiatry agrees that the procedures were followed appropriately, the beginning date of the 180-day period of involuntary medication will be the date of the Director of Psychiatry or designee's decision. If the Director of Psychiatry or designee decides that policy was not adhered to procedurally, the TRC's decision will be vacated. However, the treating prescriber may immediately reapply (or resubmit the IMR if the initial IMR was not the source of the policy violation). Likewise, the TRC may immediately reconvene and rehear the case.

XII. Procedures for a TRC regarding placement at DPC

- A. The treating prescriber must document the individualized efforts at psychoeducation regarding the offender's illness/symptoms and the reason(s) placement at DPC is being recommended. Furthermore, a discussion with the offender of the risks of not following the recommended treatment plan is to be documented.
- B. The prescriber and other members of the treatment team will document in the offender's health record any less restrictive alternative interventions attempted and the offender's response to them, as well as the offender's problematic statements and/or behaviors. If clinically appropriate, other less restrictive interventions might include improvements in the offender's living environment, transfer to specialized housing, involvement in structured group activities, and individual counseling.
- C. Once the conditions outlined above have been met to engage the individual in voluntary

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- participation in mental health treatment, the prescriber may refer the case to the Treatment Review Committee (TRC) for consideration of placement at DPC. Procedures for TRC are outlined in Appendix A.
- D. The TRC's responsibility is to consider the treating prescriber's recommendation for placement at DPC and to determine whether the recommendation meets the criteria to be in the offender's medical interest.
 - E. The TRC voting members will consist of a psychiatrist, a psychologist, and the institutional administrator or designee who will serve as the committee's chair. Voting members may not be currently involved in the offender's treatment or diagnosis. A mental health professional shall not be barred from serving on a TRC by having diagnosed or treated the offender in the past.
 - 1. The TRC's non-treating psychiatrist may not be the individual who has signed or co-signed the Involuntary Medication Report (IMR) as the collaborating psychiatrist or statewide director of psychiatry
 - F. The offender may refuse non-emergency medication until the TRC reaches a decision. However, nothing in this policy prevents mental health staff from taking appropriate action if an offender requires mental health care on an emergency basis before the TRC reaches a decision. Under such circumstances, mental health care providers should proceed according to DDOC Policy G-03 Emergency Psychotropic Medication.
 - G. A TRC finding permitting placement at DPC is in effect for 180 calendar days.
 - H. If the facility warden, or designee, disagrees with the TRC's finding, the TRC clinical staff may appeal the decision to the BHSAMH bureau chief.
 - 1. The BHSAMH bureau chief, bureau of prisons bureau chief, and the BHSAMH behavioral health treatment service director shall be notified as soon as possible. This team will then conduct a review of the recommendation and advise the warden, or designee, accordingly.

Appendix A – Procedures

- A. The treating prescriber will complete the Involuntary Medication Report (IMR) (Attachment 1) and submit to the Facility Mental Health Director and the Statewide Director of Psychiatry or designee, for review and approval.
1. The IMR must be signed or co-signed (in the case of an Advanced Practice Nurse or Physician’s Assistant) by a psychiatrist who has reviewed the case
 2. The prescriber is encouraged to include any and all medications related to the mental health condition that he/she may wish to prescribe involuntarily (ex., Cogentin for extrapyramidal symptoms, lorazepam for agitation, the decanoate form of antipsychotic medication for long term stabilization/compliance).
 3. The prescriber will list the anticipated dose and frequency of the involuntary medication(s) requested (ex., Haldol 5 mg IM BID) on the Involuntary Medication Report, with the understanding that a different dose, frequency of administration, and even medication may be ordered, according to the clinical judgment of the treating prescriber, in meeting the evolving individualized clinical needs of the offender. Such changes may be ordered by the treating prescriber.
 - a. The TRC is not authorized to alter, modify, add, change, or delete any medical (non-psychiatric) treatment to the offender’s medical record or IMR. The TRC is solely charged with considering removing the right to refuse psychotropic treatment.
- B. The Facility Mental Health Director or designee will present the IMR to the medical provider’s Facility Medical Director or designee for signature indicating the offender has no medical contraindications to implementing involuntary medications.
- C. The Facility Mental Health Director or designee will identify and appoint a non-treating psychiatrist and non-treating psychologist who might serve on the Treatment Review Committee, listing their names and contact information on the Appointment of Treatment Review Committee form (attachment 2).
- D. Initial TRC Review: Upon appointment of clinical staff to the TRC to consider the recommendation for use of involuntary medication or placement at DPC, the Facility Mental Health Director or Statewide Director of Psychiatry will send both forms (the IMR and the Appointment of Treatment Review Committee form) to the members of the TRC (the Chair and both non-treating clinicians). The TRC now has 24 hours from the time of receipt of the IMR to review the documentation for appropriateness. When the 24-hour period expires on a weekend or holiday, The TRC may complete this initial review on the next business day following the weekend or holiday.
- E. The TRC shall have no authority to consider the treating prescriber’s recommendation until the prescriber documents the following information in the offender’s Involuntary Medication Report. The Initial TRC Review ensures the following have been completed:
1. The results of a psychiatric examination reflecting the offender’s mental status.
 2. The offender’s diagnosis in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5),
 3. The signs, symptoms and behaviors, observed by behavioral health staff which indicate that the offender falls within one or more of the conditions set forth in this policy.
 4. The offender’s individualized treatment plan which is to include the type(s) of medication; dosage range(s); route to be used involuntarily (typically intramuscular); the clinical goal(s) (typically to diminish psychosis and dangerousness to self); and duration of involuntary medication administration (180 days).

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5. The efforts undertaken to encourage the offender to voluntarily accept medication prescribed or participate in the prescribed treatment plan and the reasons given for recommending that involuntary medication or placement at DPC be instituted.
 6. Typical and severe possible adverse effects of the medication(s) requested, including any known history of adverse effects in the offender, noting their severity, or potential negative consequences related to a transfer to DPC.
 7. The gains expected as a result of involuntary medication or placement at DPC and the stated belief that the possible gains for the offender outweigh the risks of the medication and its administration involuntarily. This is the determining factor for meeting the criteria that involuntary medication administration or placement at DPC is in the best medical interest of the offender.
- F. The members of the TRC will immediately and independently review the treating prescriber's Involuntary Medication Report (IMR), the health records of the offender, and any reports submitted as documents to meet criteria listed in this procedure.
- G. Within five days (but preferably sooner) of the initial review of the IMR and documents by the TRC, the TRC will convene a hearing at which time the treating prescriber's recommendation will be considered. The committee is to provide the offender with written notice of the hearing at least 24 hours before the hearing is to take place. This written notice is to be made via the DDOC form Notice of Hearing to Consider Recommendation of Involuntary Administration of Psychotropic Medication (attachment 3), which also outlines the offender's rights during the hearing. A copy is given to the offender. The TRC renders its decision using the DDOC form Treatment Review Committee Report (attachment 4), a completed copy of which will be provided to the offender.
1. The Chair of the Treatment Review Committee (TRC) will appoint a Staff Advisor to assist the offender at the hearing. The Staff Advisor is typically a member of the DDOC counseling staff. The role of the Staff Advisor is to ensure that the policy is followed, that the offender's rights are protected, and to advocate for the offender's position.
 2. Although informed consent is not required, the offender should, if clinically feasible, be offered an opportunity to be clinically informed, to ask questions, and to state any cogent reasons for objecting.
 3. The offender should be informed that he/she will have an opportunity to voice any objections during the interview with the TRC's non-treating Psychiatrist.
 4. The TRC is chaired by the facility warden or designee, non-treating psychologist, and non-treating psychiatrist. However, the Staff Advisor, Facility Mental Health Director or designee, treating prescriber or designee, and a representative from the Bureau of Correctional Healthcare Services must also be in attendance. Additional members of the treatment team, including medical staff, custody personnel, pharmacy providers, or other personnel may attend the hearing.
 5. The offender has a right to be present for the TRC hearing, but attendance is voluntary and at the discretion of custody personnel. If the offender is unable to attend due to security risks, the TRC will attempt to conduct the interview cell-side.
 6. The TRC hearing will include presentation of the case by a member or members of the treatment team, review of legal status, followed by a detailed examination of the offender by the Non-Treating Psychologist and Non-Treating Psychiatrist.
 7. The offender is informed as to the purpose of the hearing, potential outcomes, and his right to ask questions, cross-examine his treating provider or other team members, and to express a position as to involuntary medications.
 8. Following the interview by the TRC and answering any questions, the offender is excused from the hearing and the TRC leads a discussion of the case.

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9. The Non-Treating Psychiatrist and Non-Treating Psychologist each provide a recommendation to the Chair, who issues the decision regarding removal of the right to refuse psychotropic medications.
- H. Documentation of the TRC hearing and decision giving approval for non-emergency involuntary medication administration or placement at DPC, along with the beginning and expiration dates of approval will be placed in the offender's medical record, authored by one of the non-treating clinicians.

Delaware Department of Correction

Request for Involuntary Medication

(To be completed by treating psychiatrist)

Offender Information:

Offender name:		SBI#:	
Facility:		Housing location:	
Mental Health History:			
Current Mental Status:			
Current Diagnoses:			
Prior Diagnoses:			
Current medications prescribed:			

Current Treatment Plan: Detail the offenders mental health individualized treatment plan, including medication prescribed, dosage of medication, route medication is to be delivered, clinical goals, and duration of involuntary medication administration: _____

Treatment Efforts: The offender has refused to accept the prescribed medication and/or treatment plan. The following psycho-educational efforts regarding the offenders' illness/symptoms and the reasons the medication, or placement at DPC is being recommended have been made in an effort to convince the offender to voluntarily accept the medication: _____

Observations: Describe the signs, symptoms, and behaviors observed by mental health staff, which support that the offender meets the criteria for involuntary medication or placement at DPC: _____

Expected Gains: The gains expected from administering the medication involuntarily or placing the offender at DPC are as follows: _____

Adverse Effects: Typical and severe adverse effects of the requested medication(s) or placement at DPC, including and known history of adverse effects, on the part of this particular offender, are as follows: _____

Consequences of Non-Compliance: I believe that of the offender continues to be non-compliant with medication and or treatment, the following may occur: _____

Gains versus Risk: I believe that the possible gains from administering involuntary medication or placement at DPC outweigh the possible risk of involuntary administration of medication because: _____

Medication(s) recommendation: I therefore recommend to the Treatment Review Committee that the above referenced offender be administered the following medication involuntarily and or the offender be placed at DPC: _____

Signature of treating psychiatric provider

Date

Date and time report received by Medical Director or designee

Delaware Department of Correction

Notice of Hearing to Consider Recommendation of Involuntary

Administration of Psychotropic Medication or placement at DPC

Date: _____

Offender name:		SBI#:	
Facility:		Housing location:	

You have been diagnosed as suffering from: _____

The following psychotropic medication(s) have been prescribed to treat your illness: _____

You have refused to accept the prescribed medication or treatment plan.

A recommendation has been made by _____ to

- administer psychotropic medication involuntarily, or
- place you at the Delaware Psychiatric Center (DPC).

The reason(s) for the recommendation is/are as follows: _____

The Treatment Review Committee of this institution will conduct a hearing in accordance with the Department of Correction Policy on Non-Emergency Psychotropic Medication to consider the recommendation. This hearing will occur on (date) _____ at (time) _____.

_____ has been assigned as a Staff Advisor to assist you at the hearing and will contact your shortly to discuss this matter.

You have the right to refuse the prescribed medication and/or treatment plan until the Treatment Review Committee reaches a decision. However, healthcare providers are not prevented from taking appropriate actions if you require mental health care on an emergency basis before the Treatment Review Committee reaches a decision. Under such circumstances, healthcare providers may provide emergency mental health care, including but not limited to commitment to a hospital for inpatient mental health treatment.

Delaware Department of Correction

Notice of Hearing to Consider Recommendation of Involuntary

Administration of Psychotropic Medication or placement at DPC

At the hearing, you will have the following rights:

1. To be present at the hearing and to make a statement to the Treatment Review Committee, unless the committee determines that it is likely that your attendance would subject you to substantial risk of serious physical or emotional harm, or pose a threat to the safety of others;
2. To have the aid of a Staff Advisor to assist in presenting evidence and questioning witnesses. The Staff Advisor will be present at the hearing whether you are in attendance or not;
3. To have disclosed to you the evidence which supports involuntary medication or placement at DPC where and to the extent such disclosure is consistent with your best medical interests and with institutional security;
4. To receive a written report signed by the Chairperson of the Treatment Review Committee reflecting the committee’s findings and conclusions where and to the extent that such a report is consistent with your best medical interests and with institution security;
5. To present documentary evidence and to call witnesses to testify on your behalf;
6. To cross-examine witnesses called by the Treatment Review Committee;

The committee has the discretion to limit your right to present documentary evidence and testimony to cross-examine witnesses.

The treatment Review Committee will within 24 hours of the rendering of a decision, provide you with written notice of its decision and reasons supporting the decision.

Chairperson, Treatment Review Committee

A copy of this report was delivered to the above offender by:

_____	_____	_____
Printed Name	Signature	Position

Date: _____ Time: _____

Delaware Department of Correction

(Name of Correctional Facility)

TREATMENT REVIEW COMMITTEE REPORT

Offenders name

SBI#

In accordance with DDOC Policy G-03.1 Non-Emergency Involuntary Medication, the Treatment Review Committee has reviewed the information presented at the administrative hearing regarding the above referenced offender.

Notice of the Treatment Review Committee hearing was given to the offender on (attach copy):	
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Section 1 - Investigation: The Treatment Review Committee has considered the following information as documented in the offender's health record.		
The results of a psychiatric examination reflecting the offender's mental status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The offender's current diagnoses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The offender prior diagnoses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The offenders Individualized Treatment Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The medication and dosage prescribed for the offender by the treating psychiatrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observation: Signs, symptoms and behaviors observed by mental health staff indicating that one or more of the following apply (check each that apply)		
<input type="checkbox"/>	There is a substantial likelihood of serious physical harm to the offender or others	
<input type="checkbox"/>	There is a substantial likelihood of significant property damage	
<input type="checkbox"/>	The offender is unable to care for himself/herself so that his/her health and/or safety is endangered	
<input type="checkbox"/>	The offender is incapable of participating in any treatment plan which would offer the offender a realistic opportunity to improve his/her condition	

TREATMENT REVIEW COMMITTEE REPORT

Offenders name _____

SBI# _____

<p>Interventions attempted: The following efforts were taken to encourage the offender to accept the prescribed medication(s):</p>
<p>Expected Outcomes: Medication or placement at DPC is recommended because the following gains from the medication(s) or placement are expected:</p>
<p>Potential Side Effects: Potential side effects that may occur from the recommended medication(s) or placement are as follows:</p>

Section II – Record of the Hearing				
Date Hearing conducted:				
Name and credentials of hearing attendees		Role at the hearing		
		Chairperson (warden or designee)		
		Psychiatrist		
		Psychologist		
		Staff Advisor		
Was offender in attendance at hearing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, state reasons offender was not in attendance:	

<p>Evidence presented by mental health staff: The following evidence in support of the recommendation for involuntary medication or placement at DPC was presented at the hearing:</p>	
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TREATMENT REVIEW COMMITTEE REPORT

 Offenders name

 SBI#

<p>Evidence not disclosed: The following evidence was not disclosed to the offender or Staff Advisor (list evidence withheld and reasons the evidence was not disclosed):</p>	
<p>Cross-Examination: Cross-examination conducted by or on behalf of the offender (if cross-examination was not permitted or was limited, state reasons:</p>	
<p>Offender statement: Statement by the offender and/or staff advisor (can use additional paper, or attached if needed):</p>	

<p>Evidence presented by offender: Evidence presented by offender or staff advisor (can use additional paper, or attached if needed). If offender not permitted to present evidence or the committee limited the evidence presented, state reasons:</p>		
<p>The Staff Advisor acknowledges that the record of the hearing, as recorded above, accurately reflects what took place during the hearing:</p>	<p>Signature of Staff Advisor</p>	
	<p>Printed Name of Staff Advisor</p>	

TREATMENT REVIEW COMMITTEE REPORT

 Offenders name

 SBI#

<p>Section III – Treatment Review Committee Decision</p>	
<p>The Treatment Review Committee finds that (check all the apply):</p>	
<p><input type="checkbox"/></p>	<p>Without medication(s) or placement at DPC, continued decompensation of the offender’s mental health is likely, thus presenting a substantial likelihood of serious physical harm to the offender or others</p>
<p><input type="checkbox"/></p>	<p>Without medication(s) or placement at DPC, continued decompensation of the offender’s mental health is likely, thus presenting a substantial likelihood the offender will cause significant property damage.</p>
<p><input type="checkbox"/></p>	<p>Without medication(s) or placement at DPC, continued decompensation of the offender’s mental health is likely, thus presenting a substantial likelihood that the offender will be unable to care for him/herself so that his/her health and/or safety is endangered.</p>
<p><input type="checkbox"/></p>	<p>Without medication(s) or placement at DPC, continued decompensation of the offender’s mental health is likely, thus presenting a substantial likelihood that the offender would be incapable of participating in any treatment plan which would offer the offender a realistic opportunity to improve his/her condition.</p>
<p>List the evidence relied upon in support of the above finding(s):</p>	

TREATMENT REVIEW COMMITTEE REPORT

Offenders name _____ SBI# _____

Therefore, pursuant to and in accordance with DDOC Policy G-03.1 Non-Emergency Involuntary Medication,

- A. The Treatment Review Committee adopts the recommendation that _____, SBI# _____, is to be:
[] involuntarily medicated or
[] placed at DPC,
and that _____, is to comply with this committee's decision. Or,

_____ Treatment Review Committee Chairperson _____ Date

- B. The Treatment Review Committee does not adopt the recommendation that _____, SBI# _____, receive
[] involuntarily administered medication or
[] placement at DPC.

_____ Treatment Review Committee Chairperson _____ Date

Any appeal of this decision must be made in writing to the Statewide Director of Psychiatry or designee within 24 hours of the offender's notification of the decision. The Staff Advisor that assisted the offender at the hearing shall be available to assist in an appeal to the Statewide Director of Psychiatry or designee.

A copy of this report was delivered to the offender by:

Printed Name _____ Signature _____ Position _____

Date: _____ Time: _____

cc: Offender
Classification File

File in Offenders Medical Record