



Operating Procedure

Effective Date July 1, 2017	Number 730.7
Amended	Operating Level Department
Supersedes Operating Procedure 730.7 (7/1/14)	
Authority COV §53.1-32, §53.1-40.1	
ACA/PREA Standards 4-4397, 4-4401	
Office of Primary Responsibility Chief Psychiatrist	

Subject

PSYCHIATRIC SERVICES

Incarcerated Offender Access
Yes No

Public Access Yes No
Attachments Yes #1 No

I. PURPOSE

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

II. COMPLIANCE

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

III. DEFINITIONS

Licensed Independent Practitioners - 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.

Qualified Mental Health Professional (QMHP) - An individual employed in a designated mental health services position as a Psychologist or Psychology Associate, Psychiatric Provider, Social Worker (Masters level) or Registered Nurse, or 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.

IV. PROCEDURE

A. Mental Health Services

1. The Senior Qualified Mental Health Professional (QMHP), Chief of Mental Health Services, or Medical Director (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 the institution. At institutions with a full-time QMHP, mental health services will include psychiatric services. If necessary, psychiatric services may be offered at institutions without a full-time QMHP with the approval of the Chief Psychiatrist.
2. Psychiatrists, whether employees of the DOC, licensed independent practitioners, or employees of contractual service providers, shall possess the following minimum qualifications and credentials:
 - a. A Doctor of Medicine or a Doctor of Osteopathy degree from an accredited medical or osteopathic school
 - b. A current and valid license to practice medicine in the Commonwealth of Virginia
 - c. A current and valid DEA permit
 - d. A current and valid National Provider Identifier (NPI)
 - e. Be a graduate of a psychiatric residency with Board 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 programs.

3. Advanced Practice Providers, whether employees of the DOC, licensed independent practitioners, or employees of contractual service providers, shall possess the following minimum qualifications and credentials:
 - a. A Master's or Doctoral degree from an accredited Nurse Practitioner or Physician Assistant program
 - b. National Certification
 - c. A current and valid license to practice nursing and medicine for Nurse Practitioner or a license to practice medicine for Physician Assistant in the Commonwealth of Virginia
 - d. A current and valid DEA permit
 - e. A current and valid National Provider Identifier (NPI)
 - f. Clinical experience in a psychiatric setting
 - g. A collaborative agreement with a Board eligible or certified psychiatric physician
 4. The *National Practitioner's Data Bank Query* (see Operating Procedure 701.1, *Health Services Administration*) shall be completed for all final candidates for the position of psychiatric provider prior to hiring.
 5. The Senior QMHP, Chief of Mental Health Services, Health Authority, or Medical Director (MCTC), is responsible for the orientation of the psychiatric provider to the institution, including providing a copy and reviewing the *Treatment Guidelines: Psychiatric Services* (see Attachment 1). This orientation shall be documented on the [Psychiatric Provider Orientation Checklist 730_F1](#).
 6. The Senior QMHP, Chief of Mental Health Services, Health Authority or Medical Director at MCTC, in consultation with the Mental Health Clinical Supervisor, shall set up a means whereby psychiatric services, including the receipt and disposition of referrals, are regularly tracked and monitored.
 7. Psychiatric providers, whether employees of the DOC, licensed independent practitioners, or employees of contractual service providers, will provide diagnostic and other data relevant to their services. The data will be maintained electronically and updated at least quarterly by the Senior QMHP/designee, Chief of Mental Health Services/designee, Health Authority or Medical Director/designee (MCTC). At a minimum, the following data will be provided:
 - 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
 8. Offenders may be referred for psychiatric services by contacting the designated QMHP at the institution, or the designated treatment staff at MCTC who will evaluate the need for psychiatric services and schedule psychiatric appointments as needed.
- B. Duties** - The following is a general list of the duties and expectations for the psychiatric provider. These duties may be modified by a 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 telemedicine.
 2. Adhere to the Formulary established by the DOC.
 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 Senior QMHP, Chief of Mental Health Services, or Medical Director at MCTC for disposition. The psychiatric provider will confer, consult, and coordinate with the Senior QMHP, Chief of Mental Health Services, or Medical Director at MCTC and other treatment staff in instances which may impact institutional operations.
 8. Be responsible for involuntary commitment hearings and court-related activities as necessary, in consultation with the Senior QMHP, Chief of Mental Health Services, or Medical Director at MCTC.
 9. Be available twenty-four 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 QMHP, Chief of Mental Health Services, or Medical Director at MCTC, 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 Senior QMHP, Chief of Mental Health Services, Health Authority or Medical Director at MCTC re 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. This information may be documented in the appropriate progress note format or on the [Psychiatry Progress Note](#) 730_F29. The DOC may also require additional recording of information.
 13. Enter prescription orders using the current electronic medication prescribing system.
 14. Use on-site office space provided by the institution.
 15. Use the services and personnel employed by and/or under contract to the Department of Corrections for providing any recommended treatment or further evaluation.
 16. Abide by the Department of Corrections *Treatment Guidelines: Psychiatric Services* (see Attachment 1).
 17. 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.
 18. The psychiatric provider shall immediately notify the Department of Corrections 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.
- C. Psychotropic Medications
1. 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 institution.
 2. Psychotropic medications are prescribed only by a psychiatric provider or designee and are administered by qualified health personnel under the direction of the designated health authority.
 3. Offenders who are prescribed psychotropic medications for mental disorders will be seen by the

psychiatric provider:

- a. At least every 60 days if assigned to a Mental Health Unit;
 - b. At least every 90 days if assigned to other than a Mental Health Unit.
4. The administration of medication for the purpose of coercion, punishment, etc. is prohibited.

5. Benzodiazepine Use

- a. 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. Therefore, the following prescription practices will be adhered to by all psychiatric providers working within the Department of Corrections.
- b. Prior to prescribing benzodiazepines, the psychiatric provider (or designee) shall conduct a thorough evaluation of the offender and make a complete review of the Health Record. The use of benzodiazepines must be clearly justified and documented in the Health Record. Benzodiazepines should rarely be used as first line agents. 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.
- c. Upon request, the Chief Pharmacist (or designee) will provide to the Chief Psychiatrist a list of all offenders who are on benzodiazepines. The Chief Pharmacist will review the list. If there is a concern regarding a prescription, the Chief Psychiatrist will review the case. If insufficient reasoning and/or documentation is found for prescribing the benzodiazepine, the drug will be tapered and discontinued.

D. Informed Consent to Treatment with Medication (4-4397)

1. Offenders are entitled to participate in the decision-making process regarding their mental health treatment. QMHPs should strive to enlist an offender's adherence with prescribed treatment regimens. 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.
2. The offender will be advised of probable medical consequences of refusal to accept prescribed medication. The psychiatric provider will also advise the offender of potential benefits and possible side effects or other risks of the proposed treatment. An offender's consent to psychotropic medications will be documented on the [*Informed Consent to Treatment with Medications* 730_F2](#).
3. When a change in medication (i.e. a change to a different medication and not just a change to the dose of the same medication) is recommended to an offender, a new *Informed Consent to Treatment with Medications* will be completed and reviewed with the offender.
4. The [*Informed Consent to Treatment with Medications* 730_F2](#) should list all of the currently prescribed psychotropic medications and should be signed by the current prescriber.

E. Right to Refuse Treatment and Involuntary Treatment

1. Offenders who are considered competent to refuse mental health treatment, as determined by a QMHP, will not be forced to accept such treatment but will be monitored as considered appropriate by the Senior QMHP, Chief of Mental Health Services, or Medical Director (MCTC).
2. Offenders who are considered incompetent and who refuse mental health treatment may be considered for treatment over their objection; however, such treatment shall be rendered only upon the issuance of a court order as outlined in COV §53.1-40.1 (see Operating Procedure 730.3, *Mental Health Services: Levels of Service*). When psychotropic medication(s) are involuntarily administered, the following conditions must be met: (4-4401)
 - a. Authorization is by a psychiatric provider who specifies the duration of therapy
 - b. Less restrictive intervention options have been exercised without success as determined by the psychiatric provider

- c. Details are specified about why, when, where, and how the medication is to be administered
 - d. Monitoring occurs for adverse reactions and side effects
 - e. Treatment plan goals are prepared for less restrictive treatment alternatives as soon as possible
3. An offender will be offered the least intrusive care and treatment consistent with their diagnosed mental disorder(s). Where possible, the offender's assistance and cooperation with necessary treatment will be solicited. 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 in accordance with Operating Procedure 730.3, *Mental Health Services: Levels of Service*, and Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
 4. Documentation of an offender's refusal of treatment will be made via a Progress Note in Section IV of the Health Record and on an [Informed Consent to Treatment with Medications](#) 730_F2.

F. Community Corrections Facility Mental Health Services

1. Offenders in a Community Corrections Alternative Program who require psychiatric services will be referred for services under the direction of the Chief Psychiatrist, Chief of Mental Health Services, Community Corrections Mental Health Clinical Supervisor (MHCS), or designated QMHP.
2. The *CCAP Limited Psychotropic Self-Medication Program* shall be managed in accordance with Attachment 3 to Operating Procedure 940.4, *Community Corrections Alternative Program*, as authorized by the Chief Psychiatrist.

V. REFERENCES

Diagnostic and Statistical Manual of Mental Disorders, Current Edition
Operating Procedure 701.1, *Health Services Administration*
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*

VI. FORM CITATIONS

[Psychiatric Provider Orientation Checklist](#) 730_F1
[Informed Consent to Treatment with Medications](#) 730_F2
[Psychiatry Progress Note](#) 730_F29

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

Signature Copy on File

N. H. Scott, Deputy Director for Administration

6/1/17

Date