



CCAP Limited Psychotropic Self-Medication 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, suicidal ideation or behavior, or acting out behavior during the past 12 months
- The offender has not had any medication changes for the previous 60 days (dosage change acceptable).
- The offender cannot require any additional Mental Health services outside of medication management by the facility medical practitioner
- Cannot be on medication that requires routine evaluation of blood levels
- If an offender threatens or engages in self-harm, appropriate treatment will be sought and the offender may be removed from the program.
- If an offender misuses the psychotropic medication, **or there is reasonable suspicion of misuse**, psychotropic medication may be discontinued and the offender will be removed from the self-medication program. Ability to remain at the CCAP will be determined with input from all pertinent disciplines.

Procedure:

- After completing the screening process and an offender has been accepted to the program, the offender will be prescribed psychotropic medication 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 *Self-Medication Program* in accordance with Operating Procedure 720.5, *Pharmacy Services*. The [Self-Medication Contract 720_F6](#) will be utilized.
- The Health Authority shall perform a random monthly audit of the medication count. Non-adherence to the Self-Medication requirements may result in the removal from the Self-Medication program and the Community Corrections Alternative Program.
- If an offender misuses the psychotropic medication, psychotropic medication may be discontinued and the offender will be removed from the Self-Medication program. Ability to remain at the CCAP will be determined with input from all pertinent disciplines.
- If an offender threatens or engages in self-harm, appropriate treatment will be sought and the offender may be removed from the program.
- If staff or participant report mental health concerns, the participant can be referred to Community Corrections Mental Health staff for screening and consultation. At the Chesterfield Women's Detention and Diversion Center, 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 MDDC; Staunton P&P for Cold Springs MDDC; Harrisonburg P&P for Harrisonburg MDDC; Fredericksburg P&P for Stafford MDDC).
- If warranted, the Mental Health Clinician may refer the participant to psychiatry. Depending on the offender's treatment needs, the Mental Health Clinician will consult with psychiatry, nursing, and security staff to determine if the offender can remain in the CCAP. In the case of a mental health emergency (i.e., imminent danger to self or others, or serious inability to care for self), community-based emergency services will be contacted (e.g., CSB hotline, police).



- Psychiatry appointments will be via Polycom and should be coordinated through the Chief Psychiatrist.

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

If currently prescribed Vistaril, Vistaril will be converted to Atarax

If admitted to CCAP on a nonformulary 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.