




Involuntary Medication Orders (IMOs) in Correctional Settings

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Disclosure and Disclaimer

NO PERTINENT FINANCIAL DISCLOSURES

The Use of Jail-based Competency Programs (JBCT) and Involuntary Medication Orders (IMOs)

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Goals and Objectives

1. Discuss benefits and concerns of Involuntary Medication Orders
2. Provide a guide on overcoming challenges towards IMO implementation
3. Discuss the current laws governing involuntary medications in California

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Involuntary Medications

- Why use them
- Concerns and Hurdles
- Emergent vs Nonemergent
- ALJ (Administrative Law Judge) vs County Process
- Safety and evidence
- 2602 vs 2603 vs 5332+5334

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Involuntary Medications

- Why do we care?

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Involuntary Medications

Evidence of Benefit

- Lifetime prevalence of violence among persons with serious mental illness, such as schizophrenia and bipolar disorder, was 16 percent compared with 7 percent among persons without psychiatric illness
- nonadherence to antipsychotic medication is common and is the norm rather than the exception (**CATIE**) → **ANOSOGNOSIA**
- Nonadherence with treatment is a significant contributor to incarceration and rehospitalization among the severely mentally ill
- Conversely, routine outpatient treatment, including medication, reduces the likelihood of arrest among persons with severe mental illness.

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 **Involuntary Medications**

Concerns and Hurdles

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 **Involuntary Medications**


Concerns and Hurdles

- “Involuntary medication, whether in prison or elsewhere, is controversial because of its potentially coercive nature, the curtailment of civil rights, and the risk that patients will have side effects from the medications”
- IMO could hinder their ability to participate in legal proceedings or their care.
- **Stigma**
- Financially burdensome to implement
- Staff shortages and fear of bodily injury
- Fear of legal implications

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 **Involuntary Medications**

Concerns and Hurdles

- Inconsistent Guidance (Joanna et al 2023):
 - Only 35 states plus the Federal BOP made policies publicly available
 - 35 out of 36 allowed the involuntary use of psychotropic medications in emergency situations.
 - The extent of detail contained in these policies varied
 - 11 states providing minimal information to guide use.
 - One state (3%) did not allow public review of “use of restraint” policies
 - 7 states (19%) did not allow public review of “use of force” policies.

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Discussion Points.

- Due to the lack of guidance and concerns, individual facilities are forced to bear the burden of policy development or need to outsource
- California Department of State Hospitals has recently provided some guidance on the successful implementation of an IMO process
 - Falls short of direct recommendations and a unified policy
 - focused only on IST population, little guidance on non-IST population provided

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Why bother?

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- Antipsychotic medications have been shown overwhelmingly and for decades to provide rapid reduction in psychotic symptoms
- Newer medications and safer dosing strategies help eliminate or reduce risk for serious side effects
- Rapid and early treatment has been shown to improve prognosis and reduce brain matter loss caused by untreated psychosis in schizophrenia
- Involuntary medication processes are the norm in all mental health hospitals nationally and globally and are not considered "experimental".
- Most patients become adherent when educated about the IMO process
- Patients with IMO orders typically only need forced medications for the first administration

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Nonemergency Involuntary Antipsychotic Medication in Prison: Effects on Prison Inpatient Days and Disciplinary Charges

Amayya Saleem, MD, MPH, Alexander Kushner, MD, Nicole Dorris, MD, and Ratty Reeves, MD
 J Am Acad Psychiatry Law 43:159–64, 2015

133 mentally ill inmates who were placed on the New Jersey Department of Corrections (NJ DOC) nonemergency involuntary medication protocol and received antipsychotic medication for at least one year.

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Fewer inmates received serious disciplinary charges during the year of involuntary medication

Decreases in mean instances and mean total number of charges

Neither an increased number of inpatient days nor depot medication accounted for the inmates who incurred no charges while receiving involuntary medication

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Involuntary Medications

- Safety and evidence

Table 1 Inpatient Days and Disciplinary Charges Before and During Involuntary Medication

	Before Involuntary Medication Protocol	During Involuntary Medication Protocol	<i>p</i>
Weighted average annual prison inpatient days	137	149	NS
Weighted mean number of inmates with charges	79	61	<.05
Weighted mean instances of charges per inmate	2.1	0.82	<.05
Weighted average number of charges per inmate	3.0	1.1	<.05

NS, nonsignificant.

Significantly reduced Number of inmates with charges

Significantly reduced instances of charges

Significantly reduced average number of charges per inmate

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Involuntary Medications

- Safety and evidence

Table 2 Inpatient Days and Depot Medication Among Patients With and Without Disciplinary Charges

	Patients With Any Charge (n = 61)	Patients With No Charge (n = 72)	p
Average annual prison inpatient days during involuntary medication	147	152	NS
Percentage of patients on depot involuntary medication	54	36	NS

Improvements were not attributable to LAIs or time spent in inpatient treatment.

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- Safety and evidence

Other studies have shown similarly that involuntary medication orders have been linked to a reduction in aggression and self-harm

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THE LAWS

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EX PARTE:

"used for one party to ask the Court for an order without providing the other party(ies) the usual amount of notice or opportunity to write an opposition. The Ex Parte Application must show there is an emergency such that there will be irreparable harm or immediate danger if the order is not granted."

(i) There is a sudden and marked change in an inmate's mental condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others.

(ii) It is impractical, due to the seriousness of the emergency, to first obtain informed consent.

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EX PARTE timeline:

Treatment can begin immediately and can proceed for 72 hours. After this 72 hour period, an ex parte request must be submitted to continue beyond this point.

Court has 72 hours upon receipt of this ex parte request to make a determination and allow for continuation of involuntary medications

Regular process must still continue simultaneously.

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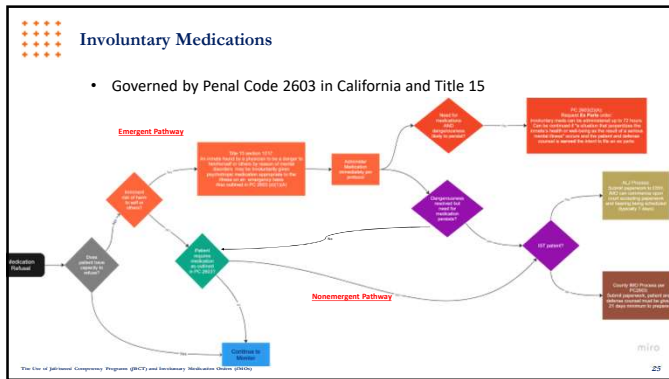
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TCJ Process

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Involuntary Medications

Administrative Law Judge Process	County IMO Process
Governed by DSH	Overseen by local county courts
Only IST patients	IST or non-IST inmates
Only for non-emergent IMO requests	Emergent or Nonemergent IMO requests
Relatively longer and more detailed paperwork	Paperwork customized with court input (likely less arduous)
Relatively fast for nonemergent cases (IMOs can be given within 7 days of submission)	FAST if ex parte justified (IMO can begin immediately) SLOW for nonemergent, non ex parte, 21 days minimum

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- ### Involuntary Medications
- #### our Process
- All electronic process to reduce staff and Psychiatrist workload
 - <https://form.jotform.com/222350918247052>
 - Form created jointly with county council, TC judges and Public defenders office.
 - 2 Psychiatrist evaluation and declaration
 - Reduces psychiatrist risk, thereby increasing comfort and likelihood to submit request
 - Provides 2 expert opinion for court process
 - Allows for backups for court appearance if necessary
 - Courts have approved remote (tele) testimony from Psychiatrists
 - Helps ease availability constraints and reduces inefficiencies
 - Frees up Psychiatrists for direct patient care
 - Reduces costs
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Involuntary Medications

our Data

- 348 Involuntary Medication injections administered since 8/2022
 - Includes IST, nonIST, Precision initiated and those that already came with IMO orders from court
- 39 IMO applications submitted to our County by Psychiatrists
- 0 applications through the ALJ process
 - incentive process, staff rapport, use of county ex parte process for IST inmates, peer encouragement

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our Results


- Drastic reduction in custody staff assaults
- Significant reduction in safety cell placements
- Near elimination of patients needing to be sent and hospitalized at inpatient mental health facilities
- Emergency Department visits for mental health emergencies rarely needed
- Reduction in "gassings", cell floodings, property damage, etc
- No adverse outcomes noted thus far from any IMO administration

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Thank You

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