



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-172700 Psychiatry Chronic Care Clinic Scheduling and Follow-Up Guidelines	Issued: 8/22/07 Effective: 8/22/07	Reviewed: 7/31/20 Revised: 8/22/18
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy CD-010100

PURPOSE:

To establish the Standard of Care for the scheduling and follow-up for Inmates who have been prescribed psychotropic medications.

APPLICABILITY:

All NMCD facilities and units, LCCF, GCCF, NENMDF, NWNMCF, WNMCF, SCC OCPF, RCC, CNMCF, SNMCF, and PNM, and where psychiatry services are available.

FORMS:

None

ATTACHMENTS:

None

DEFINITIONS:

- A. *Psychotropic Medications*: Medications prescribed to treat various types of mental illnesses. Common types of psychotropic medications are antidepressants, antianxiety agents, antipsychotics and mood stabilizers. For purposes of this policy, psychotropic medications do not include medications typically available without prescription, such as melatonin and diphenhydramine; psychotropic medications used for non-psychotropic purposes, such as antidepressants for neuropathic pain; vitamins and minerals; food supplements such as fish oil; or medications prescribed by a psychiatric provider primarily for the purpose of mitigating side-effects of psychotropic drugs, such as propranolol for tremor, docusate for constipation, or benztropine for parkinsonism.

POLICY:

- A. NMCD guidelines require regular follow-up of inmates prescribed psychotropic medications in a psychiatry chronic care clinic.

- B. To maintain proper follow-up of these inmates, it is expected that inmates on psychotropic medications receive proper follow-up instructions by psychiatry staff and follow-up instructions are clearly documented in the medical record.
- C. Administrative contract medical staff is required to adhere to NMCD guidelines when scheduling follow-up for inmates for whom psychotropic medications have been prescribed. Additionally, contract medical staff is required to conduct monitoring to ensure that these inmates are scheduled according to said guidelines.



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PROCEDURES:

- A. Scheduling and follow-up of Inmates on psychotropic medications in a psychiatry chronic care clinic (CCC).
1. Inmates are to be scheduled for psychiatry CCC appointments every three months while clinically stable on a regimen of psychotropic medications. Inmates may need to be seen more often than every three months depending on the clinical situation.
 2. All Chronic Care Unit inmates are to be scheduled for psychiatry CCC re-visits at least every sixty days.
 3. Inmates are to be scheduled for re-visits with psychiatry within a month if there has been a substantial change in psychotropic medication regimen. A change in psychotropic medication means any of the following: starting a new psychotropic medication, changing the dose of a current medication, or discontinuing a psychotropic medication. It does not include discontinuation of a drug that has not been used regularly at therapeutic doses sufficient to have its intended effect, or to a medication used only on a prn basis. Inmates may need to be seen sooner than one month depending on the clinical situation
 4. Inmates followed by psychiatry services are to be seen by psychiatry within 30 days of arrival when transferred to a different correctional facility.
 5. The facility Health Service Administrator and Clinic Coordinator are required to monitor the scheduling process of inmates on psychotropic medications and make sure inmates are scheduled appropriately. This is especially important for inmates just entering a facility, inmates affected by a lock-down or inmates being moved within the corrections system. If an inmate on psychotropic medications misses an appointment with psychiatry, it is a requirement for medical staff to investigate and document in the medical record why the patient missed the appointment and reschedule the patient for another psychiatry appointment.
 6. Inmates who miss an appointment with psychiatry, for whatever reason, are to be offered another appointment and rescheduled for the next available appointment with psychiatry.. Psychiatric medications may be continued or renewed until the next appointment notwithstanding the preferred practice that renewals be preceded by a face-

to-face appointment. Psychotropic medications need not be continued if the inmate has effectively discontinued them already.

7. If the inmate misses an appointment with psychiatry, through no fault of his or her own, the medical record shall be noted indicating the exact reason for the missed psychiatry appointment.
8. If the inmate refuses to go to an appointment with psychiatry he or she will be asked to sign the refusal form which will be placed in the medical record.
9. If the inmate refuses scheduled appointments with psychiatry two times in a row, psychotropic medications will be discontinued only with an order from the facility psychiatrist who will evaluate the reason for non-compliance with treatment. Medical staff will inquire why the inmate no longer wants an appointment with psychiatry. A well-being check will be done at that time by medical staff to evaluate the inmate's mental status and exact reason for non-compliance with follow-up psychiatry appointments.
10. Inmates who have the capacity to give informed consent to psychiatric treatment have the right to refuse to participate in the psychiatry CCC. Inmates with mental health treatment guardians are required to adhere to the treatment plan endorsed by the mental health treatment guardian. If the competent inmate refuses psychiatric treatment in general (as distinct from a particular appointment or recommendation), the inmate should be offered a follow-up appointment within thirty days. If the inmate refuses to participate in the follow-up appointment the inmate should be asked to sign a refusal form. Behavioral health and primary care should be notified of the patient's refusal to participate in the CCC. If the psychiatric provider concludes that psychiatric care is discretionary—that is, inessential to the preservation of life and health-- the provider may discharge the patient from clinic without additional follow-up. If the psychiatric provider concludes that the patient presents a substantial risk of psychotic decompensation, suicide, self-injury, or violence related to mental illness, the provider may request the assistance of Behavioral Health to engage in psychosocial treatment or to monitor welfare. For inmates needing treatment who appear to lack the capacity to give informed consent and who do not have a mental health treatment guardian, the provider should follow the procedures described in the mental health treatment guardian policy.