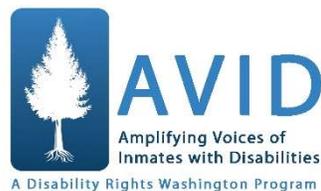


A Guide to Accessing Psychiatric Medications

For People at King County Correctional Facility
and Regional Justice Center

This guide provides information about people's rights to access or refuse psychiatric medication while in King County Correctional Facility (KCCF) and the Regional Justice Center Detention Facility (RJC). The AVID Program of Disability Rights Washington provides information and assistance to people incarcerated at these jails. The AVID Program hopes this guide will help people and their advocates better understand and exercise their rights.

This guide does not endorse medication as the best or only form of treatment for mental health issues. Instead, the AVID Program intends this guide to provide people with information to assist in making decisions about their own treatment and promote their ability to advocate for themselves.



AVID is a program of Disability Rights Washington, an independent, private, non-profit organization designated as Washington's protection and advocacy agency, and mandated to protect the rights of people with disabilities statewide. DRW's mission is to advance the dignity, equality, and self-determination of people with disabilities.

www.disabilityrightswa.org

This guide is based on the policies and guidelines of the King County Department of Adult and Juvenile Detention and the Jail Health Services division of the Seattle-King County Public Health Department.

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Who is this guide for?

- People incarcerated at the King County Correctional Facility (KCCF) in downtown Seattle and the Regional Justice Center (RJC) in Kent;
- Family, friends, and advocates of people incarcerated at KCCF and RJC; and
- Community service providers with clients held at KCCF and RJC.

Terms

KCCF serves King County and is located in downtown Seattle. **RJC** generally serves south King County and is located in Kent. Both facilities house people detained pre-trial and people serving sentences of up to one year. When the jail determines that an individual needs more serious mental health treatment, the jail will usually house that person at KCCF. KCCF provides “psychiatric housing” specifically for people requiring more serious mental health treatment. People at both jails have the right to access mental health care. In this guide, KCCF and RJC are referred to jointly as “**King County Jail.**” The policies described in this guide apply to both KCCF and RJC.

Jail Health Services (JHS) provides health care services at both jails. JHS is a division of the Seattle-King County Public Health Department. This guide refers to “**JHS**” and a “**JHS provider**” to mean someone who works for JHS and is responsible for healthcare at King County Jail.

Finally, this guide refers to the use of “**kites**” to communicate with JHS. A kite is a written form provided by the jail for use in submitting questions or sharing information with the jail. JHS provides specific medical kites for people to submit questions or concerns about health related issues. JHS will then sometimes respond to a kite in writing through a “**reverse kite.**”

Issues Addressed

This guide addresses the rights of people with mental health issues to access psychiatric medication at King County Jail.

This guide addresses jail access to psychiatric medication at three different stages:

1. At Booking
2. While Incarcerated
3. Upon Release

Part One:

Access to psychiatric medication at booking

At booking (also referred to as the “Intake, Transfer, and Release (ITR) unit”), a JHS nurse will meet with a recently arrived individual and fill out a screening form. This form asks for a lot of information, including the individual’s mental health history, any mental health concerns, and whether the individual is currently taking medication. The individual should identify all of their medications, including over-the-counter medication, prescription medication, psychiatric medication, and medications for substance use disorder such as methadone or suboxone.

Identifying current medication

The booking nurse will create a list of current medications that have been prescribed and/or taken within the past 45 days. This list can be based on:

- What the individual tells the nurse;
- Prescription bottles that are with the individual at the time of arrest;
- Information given to the jail by the arresting officer or by a hospital or other jail that is transferring the individual to King County Jail;
- Health records from previous times the individual was at King County Jail; and
- Telephone calls with the individual’s doctor, pharmacy, family, or significant others.

“Verifying” the medication

If an individual is taking medication that was prescribed by someone other than JHS, JHS must “verify” the medication before giving it out. This generally means that JHS must make sure that the prescription is real and is not too old.

If an individual wants to keep taking their prescribed medication in jail, it is helpful to give as much information as possible about the prescription to JHS during the booking screening, including:

- The name of the medication;
- The reason it was prescribed;
- Who last prescribed or gave the medication;
- The contact information for the prescribing doctor or pharmacy;
- The regular dose of the medication;
- The day and time the person last took the medication;
- Any times in the past that the person has gotten the medication from JHS; and
- The name of any family or other person who may be able to provide more specific information to JHS.

The nurse can then verify this information in different ways, including:

- Contacting the pharmacy;
- Calling the individual’s doctor or case manager;
- Reaching out to other jails, prisons or hospitals where the individual has stayed; and
- Checking the individual’s old JHS health records.

If a person is taking any medication that was prescribed by JHS in the past 45 days, JHS will generally consider this medication verified and will give it within 24 hours.

Psychiatric medication that cannot be verified right away

If the nurse cannot immediately verify the medication during booking, the nurse should notify a JHS provider for follow up. JHS organizes medications into different categories. **“Category One”** medications are a very small number of medications that are used for potential life-threatening conditions and should usually be given immediately. They include Insulin or an Albuterol Inhaler.

“Category Two” medications are those that should usually be given “as soon as possible” and can include nitrates, antibiotics, or anticonvulsants. Some psychiatric medications fall into “Category Two.” If an individual reports taking a psychiatric medication that falls into “Category Two,” a JHS provider should consider giving the medication to the person as soon as possible even without verification. How quickly JHS will evaluate the person and/or give the unverified psychiatric medication can depend on:

- The type of mental illness;
- The current harm the person is experiencing due to the mental illness;
- The risk of serious health problems if the medication is stopped; and
- The dosage of the medication.

If a prescription is older than 45 days, JHS generally does not consider it “current” and will not verify the medication or give it out without a new prescription. JHS may then place the individual on a waitlist to have an appointment with a JHS psychiatric provider. This provider can evaluate the individual for a new prescription or other treatment options. For more information turn to page 8 in this guide for the section “Getting new medication.”

“Category Two” Psychiatric Medications

Common psychiatric medications that JHS might give out as soon as possible, even without immediately verifying the medication include:

- Paxil
- Effexor
- Lithium
- Depakote
- Zyprexa
- Haldol
- Risperdal
- Lamictal

Medication brought into jail by an arrestee

If a person brings their own prescription medication into the jail at booking, that medication will remain with the person's property unless there is an order to use the person's own medication. The prescription bottle can be very helpful because it has information about the pharmacy and person who prescribed the medication. Once JHS verifies the medication, JHS will usually create a new prescription from its own pharmacy. JHS will put the on-person medication into the individual's property bag. The prescription bottle and medication will then be returned to the person upon release. A person can only continue taking the same on-person medication brought into the jail if JHS makes a specific order to allow this.

Issues with certain psychiatric medications

Anti-anxiety medications (benzodiazepines)

These medications include Xanax, Klonopin, and Ativan, among others. As a general rule, JHS will not continue valid prescriptions for benzodiazepines, even if those medications were prescribed outside of jail and have been

verified. JHS policy states that these drugs carry "high risk of diversion, dependence, and ... seizures if stopped abruptly."

In deciding whether to give out benzodiazepines, JHS will consider:

- Who prescribed the benzodiazepine originally;
- Whether the prescription is recent;
- Whether the individual has been taking the correct dosage; and
- Whether the individual has a history of alcohol or substance abuse.

If JHS decides not to continue benzodiazepines, the individual may be "tapered" off if the prior dosage was high or if the person is elderly.

If JHS decides to continue giving the benzodiazepine it will generally prescribe Ativan. These will always be given as a "single dose" medication. For more information about single dose medication, turn to page 10 in this guide for the section "Ways an individual is given medication in jail: Single Dosage."

Examples of an individual's own medications that the individual might bring into the jail and take during incarceration include:

- Inhalers;
- Oral contraceptives;
- Experimental drugs used in research projects; and
- Unusually expensive drugs that are somehow unique.

Stimulant medications

These medications include Adderall and Ritalin, among others. As a general rule, JHS will not continue prescriptions for stimulants, even if those medications have been verified. JHS policy states that “the risks of misuse outweigh the marginal benefit that might be gained from starting and/or continuing ADHD medications.”

In deciding whether to continue these medications, JHS will consider:

- Symptoms JHS observes (not just what the person reports)
- Confirmed childhood diagnosis of ADHD;
- Evidence of successful treatment with the medication;
- Verification that the person is doing an activity that requires concentration (for example, GED classes or representing oneself in a criminal case);
- Whether the person has a history of alcohol or substance abuse.

Medication not on the JHS formulary

A formulary is the jail’s official list of medicines that JHS usually prescribes. If a person wants to take a medication that is not on the formulary list, the person should explain to the JHS provider why they want this medication instead of a substitute medication from the formulary. The person might want to include information about prior experience with the formulary vs. non-formulary medication.

If the person has a doctor outside of jail who understands why certain non-formulary medications work better, then the person should ask JHS to speak to this doctor. The person may also ask request that the doctor contact JHS directly.

JHS providers can submit a request for a non-formulary medication to a JHS pharmacist for approval. If the pharmacist denies the request, an individual can file a medical grievance. The JHS Medical Director makes the final decision about whether to approve non-formulary drugs.

Medication dosage

JHS has a list of medication dosages it considers to be within a normal range. If JHS has verified a person’s medication, but the prescribed dose is outside of JHS’s normal range, JHS might:

- Lower or increase the dosage;
- Stop the medication immediately;
- Restart medications selectively.

JHS will not necessarily discuss dosage issues with a person before making changes or stopping the medication. JHS will instead tell the person about its dosage decision and provide a reason for it through a “reverse kite.” The individual has the right to discuss this decision with JHS and to file a medical grievance about it if the individual does not agree with the decision.

Detoxification and psychiatric medication

Sometimes JHS believes that a person has been actively using alcohol or illegal drugs before coming to jail. JHS might expect that the person will experience withdrawal from the alcohol or illegal drugs, and so JHS will treat the person through a process called detoxification or “detox.”

JHS might not give people all of their medications during detox even if those medications were verified. This may be due to health risks associated with detox. JHS should tell the individual when medication is stopped due to concerns with alcohol or illegal drug use. An individual may ask JHS why a specific medication is stopped during detox and may file a medical grievance if the person does not agree with JHS’s decision.

People taking certain psychiatric medications that JHS has verified should continue to get those medications during detox. For a list of common psychiatric medications that JHS provides during detox, please see the box entitled “Category Two” psychiatric medication on pg. 5. JHS continues to provide these psychiatric medications during detox to avoid worsening of a major mental illness or withdrawal from certain psychiatric medication.

For people not taking verifiable “Category Two” psychiatric medications, JHS will not generally provide any psychiatric medication during at least the first month of detox. For people living in psychiatric housing at the jail, JHS will evaluate the person for psychiatric medication after one to two weeks. For all other people, it can be a significantly longer wait to be evaluated for psychiatric medication after detox.

Part Two: Access to psychiatric medication while incarcerated

Getting new medication

As covered in “Part One: Access to psychiatric medication at booking,” there are several common reasons that JHS might not give psychiatric medication right away. An individual always has the right to discuss these decisions with JHS. The individual can also file a medical grievance if there is disagreement with JHS’s decisions.

People may ask for psychiatric medication at any point during incarceration. If JHS did not give the medication right after booking as part of the verification process, JHS will treat this as a request for new medication.

People placed into psychiatric housing at KCCF will be seen by a psychiatric provider or licensed mental health professional for screening. This screening should include a conversation about the individual’s mental health symptoms and history. During this screening, people may request or discuss therapeutic programming and any specific medication they want to take.

If the individual is not in psychiatric housing (usually this means general population or administrative segregation), JHS will not usually start the individual on new psychiatric medication unless the person has active symptoms related to mental health. If the individual is experiencing active symptoms and would like to begin psychiatric medication, the individual should be sure to submit a kite describing the symptoms and requesting to speak with a mental health provider.

If a person in general population or administrative segregation asks for mental health treatment or psychiatric medication, JHS might put that individual on a waitlist to see a psychiatric staff member for evaluation. This waitlist can be up to 12 weeks. An individual on this waitlist might be seen sooner depending on the nature of the mental health symptoms. An individual who seeks mental health care should request services in a kite and describe their symptoms in detail.

Telling Jail Health Services (JHS) what you need

If an individual has any questions about psychiatric medication or treatment, the individual does not need to wait for a scheduled appointment with a psychiatric staff member. The person can always submit a medical kite (also called a “health care request”) with a question or report to the daily “sick call” in their unit to speak to a JHS provider. Those requests should describe any symptoms in detail. JHS must evaluate and respond to requests.

Some pointers on communicating with JHS are:

1. When an individual is asking for psychiatric medication, the individual should include as much detail as possible, such as:

- Current mental health symptoms such as suicidal thoughts, hallucinations, paranoia, difficulty eating or sleeping, and severe depression and anxiety;
- Any previous mental health diagnosis and information about who made the diagnosis;
- Details about when the individual previously got psychiatric medication;
- What happens without psychiatric medication;
- Any psychiatric medications taken in the past that have caused bad side effects or have not worked well.

2. If an individual was getting mental health care before coming to jail, the individual can ask JHS to call the outpatient provider to talk about their treatment history and needs. It might be helpful for the individual to sign a release form allowing JHS to discuss their health care with the outpatient provider. The individual can request this release form from JHS. The individual can also contact the outpatient provider in the community, and request that they contact JHS to discuss their treatment.

3. JHS will only give psychiatric medication after deciding that the medication is “medically necessary.” JHS will usually tell the individual about its treatment decision to not issue or continue medication by sending a reverse kite (a written note sent to the person) or by speaking in person.

4. An individual may wish to follow up with JHS about questions or decisions by sending in a medical kite or having a conversation with JHS during “sick call” about JHS’ decision. An individual is entitled to raise any questions or concerns about JHS’ treatment decisions with JHS.

5. If the JHS provider does not give a clear reason in the reverse-kite or in later conversations for its treatment decisions, the individual can ask to see their health record. Generally, the reason for giving or denying mental health treatment should have been documented by the provider in the individual’s health record.

NOTE:

“Medically necessary” is a clinical determination made by health providers. Whether or not the jail’s medical or mental health care falls below legally recognized health care standards is a complicated question that is not addressed fully in this guide.

6. If the individual does not ultimately agree with JHS’ decisions, the individual may always file a medical grievance.

Fees for medication

Although Medicaid and private insurance will not generally pay for an individual's medical or mental health care while the person is in jail, the King County Jail typically does not charge for health care services at the jail. JHS does not charge a fee for mental health treatment or for any psychiatric medication. If an individual is charged for health care services provided at the jail, the individual may submit a medical kite to JHS with any specific questions about health fees.

Ways medication is given out in jail

Prescribed medications can either be given in a quantity to "Keep On Person" (KOP) or can be handed out by JHS in Single Dosages (SD).

Keep on Person (KOP)

JHS gives these medications to the individual to keep with them and take as prescribed without help from JHS. They are managed by the individual. KOP medications can be transferred with an individual between jails in King County and may be kept at release. People held in General Population often get medication as KOP. Some non-prescription medications are available for purchase from the commissary and are also KOP.

Single Dosage (SD)

Single Dosage medications are those that are given by JHS one dose at a time. Unlike KOP, these medications are kept with JHS and not the individual. Usually, SD medications are medications that have a high possibility for misuse. Many psychiatric medications are given as SD. In psychiatric housing, all medication are given as SD.

Right to information about psychiatric medication

Any time JHS wishes to give out psychiatric medication or treatment, a JHS provider must talk about the risks and benefits of this treatment with the individual. The JHS provider should also answer questions about the treatment.

Right to refuse psychiatric medication

Generally, an individual has the right to refuse to take psychiatric medication that is prescribed by JHS. JHS may still offer the medication even if the individual initially refuses. If an individual refuses medication ordered by JHS, a JHS staff member should do three things:

- Explain the reason for the medication and dosage;
- Explain the possible harms of refusing the medication;
- Request that the individual sign a refusal form that should be witnessed by someone else.

JHS will continue to offer the medication until a different treatment decision is made by the JHS provider. This different treatment decision might be to stop the medication or change the dose.

An individual does not have the right to take a smaller or larger dose of the medication unless that has been formally approved by JHS. The prescribed dose must be given or no dose at all will be given. If an individual does not want to take the dose that JHS is trying to give, JHS will consider this to be a refusal of the medication. If an individual wishes to change the dose of medication, the individual may want to submit a medical kite or talk to the nurse at “sick call.” Otherwise, if JHS believes a person is refusing medication, JHS might stop the medication even though the person just wants a different dose.

Limits on the right to refuse psychiatric medication

An individual has the right to refuse psychiatric medication, unless:

- The medication is given as a single dose under emergency circumstances when JHS believes the individual is a danger to self and/or others due to medical or mental illness;
- There is a court order for forced psychiatric medication;
- There is a JHS order for ongoing forced psychiatric medication. This can only happen after JHS holds an administrative hearing at the jail. This administrative hearing is different from a “competency” hearing that the criminal court may hold to decide if a person is competent to stand trial.

Forced psychiatric medication hearings held by JHS

The question at a JHS administrative hearing about whether to force psychiatric medication is:

- Whether the person has a serious mental illness, and
- As a result of the mental illness, is gravely disabled, or
- As a result of the mental illness, is likely to be a serious harm to self, and/or others, and/or property.

JHS will provide 24-hour notice of the administrative hearing. The individual has the right to notify their criminal defense attorney, to call witnesses, to present evidence, and have help from a “lay advocate” who works for JHS. The individual does not have the right to have a lawyer in this JHS administrative hearing, but does have the right to appeal the hearing decision.

JHS cannot use psychiatric medication to control a person’s behavior

Under no circumstances should JHS use medication to control a person’s behavior or as punishment. The exception to this rule is the emergency or forced medication procedure described above.

If a person believes JHS is using medication to control their behavior or for punishment, the person may submit a kite to the JHS provider to discuss the issue and/or file a medical grievance. The person may also refuse medication. For more information, see the sections above, “Right to information about psychiatric medication” at pg. 10 and “Right to refuse medication” at pg.11.

Following up with JHS about psychiatric medication

If an individual is housed in psychiatric housing at King County Jail and is taking psychiatric medication, a JHS provider will regularly follow up about the medication. The frequency of this follow up depends on the individual’s symptoms and the medication, but should be at least once per month.

If a person is housed in general population or in administrative segregation and is taking psychiatric medication, a JHS provider should follow up with the person about the medication at least once every 12 weeks.

An individual does not have to wait for JHS to follow up with them. People who have questions about the medication or treatment may always answer “sick call” or submit a medical kite to share their questions and concerns with a JHS provider.

Part Three: Access to psychiatric medication for release from jail

Leaving jail with medication

Prescriptions from JHS

When a person is permanently released from jail, JHS will stop all prescriptions. JHS should provide a 7-day supply of most psychiatric medications that were prescribed to the person by JHS.

JHS does not automatically provide medications to a person leaving jail. Do not assume that JHS is aware of a person's release date. There are several ways to get psychiatric medication at release from jail:

- As soon as a person knows their release date, they can make a request via medical kite or have a conversation with JHS or a release planner and ask for medication at release;
- JHS staff or release planners can arrange to give the medication to the person without being specifically asked to do so when they know the person is being released;
- Family members or advocates can contact JHS on a person's behalf to request that psychiatric medication be provided upon release.

A person can take "Keep on Person" medication prescribed in jail with them when released from jail.

If a person has any questions about how psychiatric medications will be handled upon release, the person may want to submit a medical kite to JHS or speak to health staff.

NOTE:

The medications provided at release will usually be placed in the person's property bag.

Prescriptions through outpatient providers

If a person has arranged to work with an outpatient mental health care provider after release from jail, the person may also be able to leave jail with a one-month written prescription for their current psychiatric medication. JHS will give this written prescription directly to the outpatient provider.

Exceptions to medications at release

Benzodiazepines and stimulants are not given out at release. If a person is already working with an outpatient provider to help with release planning, JHS may provide the written prescriptions for these medications to that agency.

Contact the AVID Program

The AVID Program provides information and assistance to incarcerated people and their families to help incarcerated people advocate for themselves on disability-related issues, including mental health-related issues, at jails and prisons across Washington. Visit www.disabilityrightswa.org for more information.

Contact the AVID Program confidentially to request assistance or to make a report:



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Disability Rights Washington is an independent, private, non-profit organization designated as Washington's protection and advocacy agency, and mandated to protect the rights of people with disabilities statewide. DRW's mission is to advance the dignity, equality, and self-determination of people with disabilities. DRW was formerly known as Washington Protection and Advocacy System. DRW is a member of the National Disability Rights Network. A significant portion of the DRW budget is federally funded.

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