
PURPOSE

The use of psychotropic medication as part of a youth's comprehensive mental health treatment plan may be beneficial. The administration of psychotropic medication to any youth is not an arbitrary decision and documented oversight must occur to protect the youth's health and well-being. The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment. Informed consent must be obtained for any new psychotropic medication, a change in dosage that exceeds that previously agreed to, annually, and for a discontinuation of the psychotropic medication.

DEFINITIONS

See JRG, JJ Residential Glossary.

Consent

MCL 330.1100a(17) defines consent as "a written agreement executed by a recipient, a minor recipient's parent, or a recipient's legal representative with authority to execute a consent, or a verbal agreement of a recipient that is witnessed and documented by an individual other than the individual providing treatment."

Psychotropic Medication

Psychotropic medication affects or alters thought processes, mood, sleep or behavior. A medication's classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anticonvulsant medications for treatment of bipolar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and

severe mood swings in schizoaffective disorders and schizophrenia.

- Stimulants and non-stimulants for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).
- Alpha agonists for treatment of attention deficit hyperactivity disorder (ADHD), insomnia and sleep problems relating to post traumatic stress disorder (PTSD).

Medications that are available over the counter are **exempt** from documented informed consent.

Follow the link below for an alphabetical listing of psychotropic medications by trade, generic name, and drug classification:

[National Institute of Mental Health/Health & Education/Mental Health Information/Mental Health Medications](#)

SCOPE

Responsible staff include the state-run or private, contracted juvenile justice residential treatment facility director, managers, direct care staff, and contract medical staff. State-run facility staff designated to store, dispense and dispose of medications must be one of the following:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

Each facility must develop and implement standard operating procedures (SOPs) relative to obtaining informed consent, prescription and dispensing medication; see requirements in JR3 380-382 for prescription, dispensing, storage and disposal of medications.

PROHIBITED USE

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly prohibited. Psychotropic medication may never be used as a method of discipline or punishment for any youth. Psychotropic medications may not be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a youth's mental health needs.

**PRESCRIBING
CLINICIAN**

If the prescribing clinician is not an adolescent psychiatrist, referral to or consultation with an adolescent psychiatrist or general psychiatrist with significant experience in treating adolescents must occur if the youth's clinical status has not improved after 6 months of medication use.

**PRIOR TO
PRESCRIBING**

Prior to initiating a new prescription for psychotropic medication, the following must occur:

- The youth must have a current physical examination on record, including baseline laboratory work (if indicated).
- The youth must have a mental health assessment with a current psychiatric diagnosis of the mental health disorder from the latest version of the Diagnostic and Statistical Manual of Mental Disorders.

Pursuant to MCL 330.1719, the prescribing clinician must explain the purpose, risks and most common adverse effects of the medication in a manner consistent with the individual's ability to understand (the youth and parent/legal guardian, as applicable) and provide a written summary of the most common adverse effects associated with the drug(s).

**Urgent Medical
Need**

The role of non-pharmacological interventions should be considered before beginning a psychotropic medication except in urgent situations such as:

- Suicidal ideation.
- Psychosis.
- Self-injurious behavior.
- Physical aggression that is acutely dangerous to others.
- Severe impulsivity endangering the youth or others.
- Marked anxiety, isolation or withdrawal.
- Marked disturbance of psychophysiological functioning (such as profound sleep disturbance).

INFORMED CONSENT

The facility staff must obtain informed consent for each psychotropic medication prescribed to a youth. An informed consent is consent for treatment provided after an explanation from the prescribing clinician to the consenting party of the proposed treatment, expected outcomes, side effects, and risks. The DHS-1643, Psychotropic Medication Informed Consent, must be used to document the discussion between the prescribing clinician and the consenting party.

Verbal Consent

Verbal consent is acceptable when an in-person discussion between the prescribing clinician and the consenting party is not possible. Verbal consent between the prescribing clinician and consenting party must be witnessed and documented on the DHS-1643 by an individual who is **not** the individual providing treatment. If in-person and verbal consent cannot be achieved, the facility must ensure that informed consent is obtained and documented; see Consenting Party is Unavailable or Unwilling to Provide Consent, in this item.

When to Complete

Informed consent must be obtained and documented in each of the following circumstances:

- When a youth is placed in a facility and is already taking psychotropic medication. Documentation of informed consent can be accomplished either by uploading an existing DHS-1643 into MiSACWIS from the youth's prescribing clinician or assigned caseworker or by completing a new DHS-1643. Documentation must be complete and uploaded into MiSACWIS within 45 days of admission.

Note: Psychotropic medications must not be discontinued abruptly while awaiting this consent unless it has been determined and documented as safe to do so by a prescribing clinician.

- Prescribing new psychotropic medications.
- Increasing dosage beyond the approved maximum dosage on the most recent valid informed consent.
- Annually, to renew consents for ongoing psychotropic medications.
- At the next regularly scheduled appointment following a legal status change (such as termination of parental rights) or when a youth turns 18.

Authority to Consent

A youth who is 18 years of age or older may provide informed consent for prescribed psychotropic medication.

For delinquent wards referred to MDHHS under MCL 400.55(h) or committed to MDHHS under 1974 PA 150 who are under 18 years of age, a parent/legal guardian must consent.

For abuse/neglect wards and dual wards who are Michigan Children's Institute wards or permanent court wards under 18 years of age; see FOM 802-1, Psychotropic Medication in Foster Care.

The DHS-1643 must be used to authorize consent for all psychotropic medications. The triggering points for review on the DHS-1643 apply only to abuse/neglect and dual wards; see FOM 802-1.

Consenting Party is Unavailable or Unwilling to Consent

Diligent efforts must be made to obtain consent from an adult youth or parent/legal guardian. Pursuant to MCL 712A.12, 712A13a(8)(c) and 712A.18(1)(f), when an adult youth or parent/ legal guardian is unavailable or unwilling to provide consent within 7 business days and a youth's prescribing clinician has determined there is a

medical necessity for the medication, the facility must provide medical necessity documentation to the assigned caseworker. The assigned caseworker must file a motion with the court on the eighth business day requesting an order for the prescription and use of psychotropic medication(s).

Note: When the youth is placed in a state-run facility directly by a court, the state-run facility staff must work with the assigned court probation officer to file the motion with the court.

Residential facility staff must continue to facilitate communication between the adult youth or the youth's parent/legal guardian and the prescribing clinician regarding treatment options when medication is not deemed a medical necessity but the prescribing clinician indicates that medication would improve a youth's well-being or ability to function.

Informed Consent Exception

Circumstances that permit an exception to the psychotropic medication informed consent include the prescribing clinician making a determination that an emergency exists requiring immediate administration of psychotropic medication. Documentation of emergency medication administration must be completed in the youth's MiSACWIS health profile with the report or other documentation of the emergency uploaded in the informed consent document section.

Note: Emergency use is considered a single event.

MONITORING

The facility and the youth's assigned caseworker must regularly review medication compliance and the medication's effect on the youth during monthly facility visits. At each facility visit with a youth prescribed psychotropic medication, the following items must be discussed by the facility staff with the assigned caseworker and the youth:

- Facility staff must discuss:
 - Information about the intended effects and any side effects of the medication.

- Compliance with all medical appointments, including dates of last and upcoming appointments with prescribing clinician.
- Medication availability, administration and refill process.
- Youth discussion from the youth's point of view must include:
 - Noted side effects and benefits of the medication.
 - Administration of medication; time frame, and regularity.

It is important for the facility staff and assigned caseworker to review with the youth the following points:

- Medication cannot be discontinued unless recommended by the prescribing clinician or informed consent is withdrawn in writing by the consenting party in writing.
- Medical appointments, including any applicable lab work, must occur on a routine basis.
- Any adverse effects must be reported to the prescribing clinician and staff supervising the youth.

The facility must contact the prescribing clinician with information regarding the youth's condition if it is not improving, is deteriorating, or if adverse effects are observed or reported; see Prescribing Clinician in this item.

DOCUMENTATION

The following required documentation must be completed and recorded by the facility staff:

- In the youth's MiSACWIS health profile:
 - Health Needs and Diagnosis, specifically the mental health diagnosis or diagnoses.
 - Appointments, including mental health, medication review and medication lab work.
 - Psychotropic medications that will be administered to the youth.
 - Informed Consent, including the DHS-1643, Psychotropic Medication Informed Consent, signed and uploaded to

MiSACWIS and filed in the medical section of the youth's case record within five business days of receiving a completed informed consent.

- In the JJ Strengths and Needs Assessment item D2 Emotional Stability: a brief summary of any changes listed above that were recorded in the health profile during the reporting period.
- In the Strengths and Needs section of the treatment plan, the Need Domain of Emotional Stability must document the use of psychotropic medication(s) and how the use relates to the goal addressing Emotional Stability.
- In Social Work Contacts, the efforts taken to obtain informed consent.
- In Medication Log, psychotropic medications administered to the youth.

LEGAL BASE

State

Social Welfare Act, 1939 PA 280, as amended, MCL 400.115a(1)(l)

Probate Code, 1939 PA 288, MCL 712A.1 et seq.

Probate Code, 1939 PA 288, MCL 712A.12

Authority for the court to order an examination of a child by a physician, dentist, psychologist or psychiatrist.

Probate Code, 1939 PA 288, MCL 712A.18(1)(f)

Provide the juvenile with medical, dental, surgical, or other health care, in a local hospital if available, or elsewhere, maintaining as much as possible a local physician-patient relationship, and with clothing and other incidental items the court determines are necessary.

Probate Code, 1939 PA 288, MCL 712A.13a(8)(c)

The court may include any reasonable term or condition necessary for the juvenile's physical or mental well-being or necessary to protect the juvenile.

Probate Code, 1939 PA 288, MCL 712A.19(1)

Subject to section 20 of this chapter, if a child remains under the court's jurisdiction, a cause may be terminated or an order may be amended or supplemented, within the authority granted to the court in section 18 of this chapter, at any time as the court considers necessary and proper.

Youth Rehabilitation Services Act, 1974 PA 150, as amended, MCL 803.303(3)

Mental Health Code, 1974 PA 258, as amended, MCL 330.1100 et seq.

Licensing Rule

R 400.4142 Health services; policies and procedures.
R 400.4143 Medical treatment; supervision.
R 400.4159 Resident restraint.

POLICY CONTACT

Policy clarification questions may be submitted by facility supervisors or managers to: Juvenile-Justice-Policy@michigan.gov.