

PURPOSE

Youth that have been referred to the Michigan Department of Health and Human Services (MDHHS) under MCL 400.55(h) or committed to MDHHS under 1974 PA 150 for delinquency that are placed in out-of-home care are subject to the same policy requirements as abuse/neglect foster care youth outlined in FOM 802-1, Psychotropic Medication in Foster Care with the exceptions and additions in this policy item.

Exception: Informed consent does not have to be sent to the foster care psychotropic medication oversight unit (FC-PMOU) that reviews informed consent and is not subject to the criteria triggering further review identified in Psychotropic Medication Oversight in FOM 802-1, Psychotropic Medication. The FC-PMOU serves abuse/neglect and dual wards, which includes witnessing verbal consent.

When a youth is placed in a state-run or private, contracted residential treatment facility; see JR3 340, Psychotropic Medications for facility responsibilities.

SCOPE

This policy applies to juvenile justice specialists (JJS), supervisors and managers of the juvenile justice program. For juvenile justice residential policy, see JR3 340, Psychotropic Medication.

DEFINITIONS

See FOM 802-1, Psychotropic Medication in Foster Care.

PROHIBITED USE

See FOM 802-1, Psychotropic Medication in Foster Care.

**PRESCRIBING
CLINICIAN**

See FOM 802-1, Psychotropic Medication in Foster Care.

**PRIOR TO
PRESCRIBING**

See FOM 802-1, Psychotropic Medication in Foster Care.

Exception: See Documentation section in this policy item.

**Urgent Medical
Need**

See FOM 802-1, Psychotropic Medication in Foster Care.

**INFORMED
CONSENT**

See FOM 802-1, Psychotropic Medication in Foster Care.

Exception: 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.

Do not send the informed consent to the psychotropic medication oversight unit (PMOU). The PMOU serves abuse/neglect and dual wards only and does not provide witness to verbal consent or review a prescribing clinician's alternative consent form for straight juvenile justice program youth.

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. The juvenile justice specialist may witness and document verbal consent on the DHS-1643. If in-person and verbal consent cannot be achieved, the juvenile justice specialist 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

See FOM 802-1, Psychotropic Medication in Foster Care.

Exception: See Documentation section in this policy item.

**Authority to
Consent**

A foster parent or relative caregiver may **not** provide informed 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 under 18 years of age, a parent/legal guardian must consent.

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

**Consenting Party
is Unavailable or
Unwilling to
Provide Consent**

Diligent efforts must be made to obtain adult youth or parent/legal guardian consent. 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 juvenile justice specialist must file a motion with the court on the eighth business day requesting consent for the use of necessary psychotropic medication.

The juvenile justice specialist must continue to facilitate communication between the adult youth or 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 child's well-being or ability to function.

Note: When a youth is placed in a state-run or private, contracted residential treatment facility; see JR3 340, Psychotropic Medications for facility responsibilities.

**Informed Consent
Exception**

See FOM 802-1, Psychotropic Medication in Foster Care.

**PSYCHOTROPIC
PRESCRIBING IN A
HOSPITAL SETTING**

See FOM 802-1, Psychotropic Medication in Foster Care.

Exception: The juvenile justice specialist is not required to contact the FC-PMOU. FC-PMOU will witness verbal informed consent for dual wards.

PSYCHOTROPIC MEDICATION OVERSIGHT

Juvenile justice youth are not subject to the criteria triggering further review identified in FOM 802-1, Psychotropic Medication Oversight.

MONITORING

See FOM 802-1, Psychotropic Medication in Foster Care for juvenile justice specialist responsibilities during visits when a youth is in a community-based placement, residential shelter home, county detention or court/county-operated treatment facility.

See JR3 340, Psychotropic Medication for juvenile justice specialist responsibilities during visits when a youth is in a state-run detention or training school or private, contracted juvenile justice residential treatment facility.

Reentry

When a youth is placed in a state run or private, contracted juvenile justice residential treatment facility, at least 30 days of medication must be provided by the facility to the responsible party to whom the youth is released, including the most current informed consent documentation and written information from the prescribing clinician explaining each medication and the reason the youth is prescribed each medication. When a youth in a detention or residential treatment facility is prescribed psychotropic medication, the JJS must ensure that the youth has a follow-up appointment scheduled with a community provider within 30 days of release to ensure ongoing medication needs are met. See JJ4 430, Community Placement & Reentry, Psychotropic Medication.

DOCUMENTATION

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

- 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 are 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.

Note: In the case of a dual ward youth, the JJS may use the prescribing clinician's alternative consent form that contains all of the required elements of the DHS-1643 as determined by the Foster Care Psychotropic Medication Oversight Unit (FC-PMOU).

- The DHS-221, Medical Passport. The DHS-221, Medical Passport, must include the following information:
 - Diagnosis.
 - Name of prescribed psychotropic medication, dosage, and prescribing clinician's name and medical specialty.
 - Routine medication monitoring appointments with the prescribing clinician.
 - Ongoing testing/lab work specific for the prescribed medication (if applicable).
 - Any noted side effects.
- 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 initial/updated service 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, all contacts necessary to comply with this policy item.
- In Court, all motions/petitions filed to comply with this policy item.

LEGAL BASE

See FOM 802-1, Psychotropic Medication in Foster Care.

POLICY CONTACT

Policy clarification questions may be submitted by juvenile justice supervisors and management to Juvenile-Justice-Policy@michigan.gov.