

# JJ8 802-1 & JR3 340 PSYCHOTROPIC MEDICATION

Effective Date September 1, 2016

# Psychotropic Medication Definition

Includes, but is 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.

## Psychotropic Medication Definition, cont.

- 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).

# Consent Definition

MCL 330.1100a(17): 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.

# Prohibited Use of Psychotropic Medication

Psychotropic medication must never be used:

- ❑ As a behavior management tool without regard to any therapeutic goal.
- ❑ As a method of discipline or punishment.
- ❑ In lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a child's mental health needs.

## JJS Roles & Responsibilities (JJ8 802-1)

- Youth referred to MDHHS under MCL 400.55(h) or committed under 1974 PA 150 placed out-of-home are subject to the requirements in FOM 802-1, Psychotropic Medication in Foster Care with the exceptions noted in JJ8 802-1, Psychotropic Medication.
- 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.

## JJS Roles & Responsibilities (JJ8 802-1), cont.

- When a youth is placed in a state-run or private, contracted residential treatment facility, see JR3 340, Psychotropic Medications for facility responsibilities. Ensure that when a youth is released from facility back to community, the youth has a scheduled follow up appointment within 30 days.
- Provide primary oversight of psychotropic medication and informed consent processes for all other out-of-home placements. During monthly visits with youth and caregiver, discuss compliance with medical appointments, dates of last and upcoming appointments, medication availability, administration, refills and side effects.

## JJS Roles & Responsibilities (JJ8 802-1), cont.

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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.

# Facility Staff Roles & Responsibilities (JR3 340)

State-run or private, contracted residential facilities:

- Provide primary oversight of psychotropic medication and informed consent processes. During monthly visits with youth and JJS, discuss compliance with medical appointments, dates of last and upcoming appointments, medication availability, administration, refills and side effects. Review any lab work with youth, that medication cannot be discontinued unless recommended by prescribing clinician or consent is withdrawn in writing by consenting party and report any side effects to prescribing clinician and facility staff.
- Provide 30 days of medication upon release, current informed consent documentation and written information from the prescribing clinician explaining each medication and why youth was placed on medication.

## Facility Staff Roles & Responsibilities (JR3 340), cont.

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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.

# Prescribing Clinician

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The prescribing clinician must be:

- An adolescent psychiatrist or
- A referral to or consultation with an adolescent psychiatrist or general psychiatrist with experience treating adolescents must occur if clinical status not improved after 6 months of medication.

# Prior to Prescribing



## Youth must have:

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

# Prior to Prescribing

Pursuant to MCL 330.1719, the prescribing clinician must:

- Explain purpose, risks and most common adverse effects of medication consistent with the individual's ability to understand (child and parent/legal guardian, if applicable).
- Provide written summary of most common adverse effects of drug(s).

# Urgent Medical Need

Non-pharmacological interventions should be considered before 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 – When Required

- Within 45 days when a youth enters foster care and is already taking psychotropic medication or facility staff (JJS).
- Within 45 days of admission when a youth placed in facility and is already taking psychotropic medication (facility staff).
- Prescribing new psychotropic medication.
- Increase in dosage that exceeds approved dose range on most recent valid consent.

## Informed Consent – When Required, cont.

- Annually, to renew consent for ongoing medication.
- At the next regularly scheduled appointment following a legal status change or when a youth turns 18.
- Medications that are available over the counter are EXEMPTED from documented consent.

# Informed Consent Exceptions

- Prescribing clinician makes determination that emergency exists requiring immediate administration of psychotropic medication.
- Emergency use is considered a single event.
- 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.

# Authority to Consent

- A youth who is 18 years of age or older.
- A parent/legal guardian for delinquent wards referred to MDHHS under MCL 400.55(h) or committed to MDHHS under 1974 PA 150 under 18 years of age.
- 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.

# Verbal Consent

- Acceptable when an in-person discussion between the prescribing clinician and the consenting party is not possible. This must be witnessed and documented on the DHS-1643 by someone who is not providing treatment.
- Verbal consent **may** be witnessed by the JJS or for dual wards, the Foster Care-Psychotropic Medication Oversight Unit may witness it.

# Consenting Party Unavailable or Unwilling

- Diligent efforts must be made to obtain adult youth or parent/legal guardian consent.
- If consenting party is unavailable or unwilling to provide informed consent and prescribing clinician determines medical necessity, facility must provide medical necessity documentation to the assigned caseworker.

## Consenting Party Unavailable or Unwilling, cont.

- JJS must file motion with court on the eighth business day requesting an order for prescription and use of necessary psychotropic medication. (State-run facility staff must work with court probation officer when youth is placed directly by the court.)
- Continue to facilitate communication between adult youth or parent/legal guardian and prescribing clinician regarding treatment options when medication not deemed a medical necessity but prescribing clinician indicates medication would improve well-being or ability to function.

# Documentation

Complete and record in 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 5 business days of receiving a completed informed consent.

Note: For dual wards, 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) may be used.

## Documentation, cont.

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- JJ Strengths and Needs Assessment item D2 Emotional Stability: a brief summary of changes that were recorded in the health profile during the reporting period.
- Strengths and Needs section: Need Domain of Emotional Stability must document the use of psychotropic medication(s) and how use relates to goal addressing Emotional Stability.

## Documentation, cont.

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- Social Work Contacts: all contacts to comply with policy.
- Court: all motions/petitions filed to comply with policy (JJS only).
- Medication Log: psychotropic medications administered (facility only).

## Hospital Setting (JJS only)

- Change Living Arrangement in MiSACWIS to “hospital” and the Service Type” to “psychiatric” no later than next business day. JJS is not required to contact the FC-PMOU.
- Maintain a minimum of daily contact with hospital personnel regarding the status of the child and document contact in MiSACWIS.
- Ensure youth has prescriptions for medications ongoing after discharge, or has a supply from hospital at discharge.
- FC-PMOU or a hospital designee approved by FC-PMOU may witness verbal informed consent for dual wards.

# Policy Contact

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Policy clarification questions may be submitted by juvenile justice supervisors and management to:

[Juvenile-Justice-Policy@Michigan.gov](mailto:Juvenile-Justice-Policy@Michigan.gov)