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| SPECIAL PROGRAMS FOR YOUTH | Policy Number: 1.1439 |
| Policy Title: Psychotropic Medications Corresponds to: Title 15, Article 8, Section 1439 | Written: 3/7/2013 Revised: 11/21/2019 |

I. POLICY

The health administrator/responsible physician, in cooperation with the mental health director and the facility administrator, shall develop written policies and procedures governing the use of voluntary and involuntary psychotropic medications.

- (a) These policies and procedures shall include, but not be limited to:
 - (1) protocols for health care providers written and verbal orders for psychotropic medications in dosages appropriate to the minor's need;
 - (2) the length of time medications may be ordered and administered before re-evaluation by a health care provider;
 - (3) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications when clinically indicated pending verification in a timely manner by a health care provider
 - (4) re-evaluation and further determination of continuing psychotropic medication, if needed, shall be made by a health care provider;;
 - (5) provision that the necessity for uninterrupted continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program including authorization for transfer of prescriptions and,
 - (6) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.
- (b) Psychotropic medications shall not be administered to a minor absent an emergency unless informed consent has been given by the legally authorized person or entity.
 - (1) Youth shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.
 - (2) Absent an emergency, minors may refuse psychotropic medication without disciplinary action.
- (c) Youth found by a health care provider to be an imminent danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment. All involuntary administrations of psychotropic medications shall be documented and reviewed by the facility administrator or designee and health administrator.
- (d) Assessment and diagnosis must support the administration of psychotropic medications. Administration of psychotropic medication is not allowed for coercion, discipline, convenience or retaliation.

II. DEFINITIONS:

- A. Psychotropic medications: Drugs that are prescribed by a physician that affect the central nervous system and are used to treat psychiatric conditions. The types of psychotropic medications include medications used to treat depression, medications used to treat psychotic disorders such as schizophrenia, medications used to treat anxiety disorders such as post-traumatic stress disorder, medications used to treat mood disorders other than

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depression, stimulant and non-stimulant medications used to treat attention-deficit hyperactivity disorder, and medications used to treat impulse control problems.

- B. Informed consent: Voluntary agreement by minor and minor's parent/legal guardian to psychotropic medication treatment of minor. Informed consent is a process of communication between the prescribing physician and the minor and minor's parent / legal guardian and shall include discussion and education about the diagnosis, the goals of proposed treatment, the nature and purpose of proposed treatment, the risks and benefits of proposed treatment, the alternatives to treatment, and risks of no treatment.

III. PROCEDURES:

- A. Psychiatric medication evaluation and treatment of youth who are not on psychiatric medications in community:
- a. Behavioral health clinician or medical clinician at Special Programs for Youth may refer youth to SPY psychiatrist for diagnostic evaluation and medication treatment recommendations. The referral is done by completing a Special Programs for Youth Behavioral Health Referral Form. This referral shall include name of youth, and observations and concerns that the referring clinician has about youth, including other relevant information. Any urgent concerns shall also be communicated to psychiatrist during the referral process.
 - b. SPY psychiatrist shall conduct psychiatric evaluation of youth in a timely fashion, depending on the urgency of youth's concerns. The psychiatric evaluation of youth shall include a face-to-face meeting with youth, and the psychiatrist shall also consider available collateral sources including information from parent / guardian, available psychological testing data, probation officer, and other sources.
 - c. If the psychiatric medication evaluation indicates that the youth has a psychiatric condition and medication treatment is likely going to help in treating this condition, then the psychiatrist shall recommend appropriate medication treatment for this youth to be part of multidisciplinary treatment plan.
 - d. Prior to starting medication treatment for youth, informed consent shall be obtained from youth and youth's parent / legal guardian. The informed consent from youth shall be documented in clinical progress note, and informed consent from parent / legal guardian shall be witnessed by third-party and documented in chart. If parent / legal guardian is not available to participate in informed consent process and the psychiatrist believes the medication is medically necessary, then the psychiatrist shall seek for authorization to administer psychotropic medication from San Francisco Unified Family Court through the JV-220 process.
 - e. Psychiatric medication shall not be allowed for coercion, discipline, convenience or retaliation. Psychiatric medication shall be prescribed to youth only when clinically indicated and necessary for treatment of youth's psychiatric condition.

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Youth have a right to refuse psychiatric medication treatments.

- B. Continuation of psychiatric medications of youth who are on psychiatric medications in community:
- a. Youth who are prescribed and taking psychiatric medication in community shall be continued on their medication, as clinically indicated. The medication shall be continued pending further re-evaluation by psychiatrist.
 - b. Medical clinician or behavioral health clinician shall notify psychiatrist by completing SPY behavioral health referral form of youth's psychiatric medication treatment in community. If youth is admitted to juvenile hall during a weekend or a holiday, the medical clinician shall contact on-call psychiatrist to notify that youth takes psychiatric medications in community.
- C. Medication monitoring:
- a. All psychotropic medications shall be prescribed in accordance with the designated drug formulary which governs approved prescription.
 - b. Laboratory tests, and health measures shall be utilized as clinically indicated and per formulary guidelines.
 - c. Medication orders shall be entered by physician in youth's medical chart, and the length of time for medication prescription shall be specified as part of medication order. If verbal orders are utilized, this order shall reflect the name of the physician and shall be signed by physician within 72 hours of order.
 - d. For youth who are on psychiatric medication treatment, there shall be ongoing medication support / follow-up with psychiatrist and behavioral health clinician at regular intervals as clinically indicated, and not to exceed 30 (thirty) days.
 - e. Pre-release planning of youth who is on psychotropic medication shall address whether the psychiatric medication needs to continue, and this shall be communicated to parent / legal guardian. In addition, release medication supply is ordered for youth.
 - f. If youth is being transferred to another facility, it shall be communicated to receiving facility that youth is on psychotropic medication and whether this medication should be continued. In addition, release medication supply is ordered for youth.
- D. Involuntary medication treatment: It is not the practice of Special Programs for Youth to provide involuntary psychiatric medication treatment to youth. If a youth is displaying significant mental health symptoms and these symptoms place the youth at risk for danger to self or others, this youth shall be referred to a psychiatric hospital for emergency psychiatric treatment which may be involuntary. Please refer to Suicide Prevention Program Policy 1437.D.4.
- E. Administrative review: Special Program for Youth behavioral health administrator shall perform quarterly reviews of medication utilization patterns for all psychotropic

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medications. Incident reports of unusual occurrences / medication errors shall be reviewed.

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