

Chapter: Mental Health	Effective Date: 11/15/14
Title: Prescribing of Psychotropic Medication	Page: 1 of 4
ACA: 4-JCF-4C-30	Replaces: HSP.06.09, 7/15/14
Implements: GAP.380.9191	

(a) **Standard.**

Psychotropic medications are prescribed only by licensed providers for youth exhibiting symptoms of mental illness, mental disorder, or emotional distress in accordance with an established treatment plan. Pursuant to [GAP.380.9191](#), under no circumstances are tranquilizers, psychostimulants, or other psychotropic medications prescribed by the Texas Juvenile Justice Department (TJJD) / University of Texas Medical Branch – Correctional Managed Care (UTMB) psychiatric providers for purposes of discipline, security, control, or sleep aid (unless sleep disturbance is related to a primary mental health diagnosis) or for purposes of experimental research.

(b) **Procedures.**

(1) **Prescribing Psychotropic Medication.**

- (A) Any youth admitted to TJJD (whether through intake or intra-system transfer) with a current psychotropic medication prescription is continued on the medication until he/she is assessed by a psychiatric provider. The psychiatric provider may change or modify medications prior to face-to-face contact, if clinically necessary and appropriately documented. The psychiatric provider documents the indications for psychotropic medication in the electronic medical record (EMR).
- (B) The treatment of major mental disorders is guided by agency-approved, evidence-based Disease Management Guidelines (DMGs) located in the TJJD/UTMB Formulary. Non-formulary medications may be requested by completing a UTMB Non-Formulary Request form. Non-formulary requests that are deferred may be appealed to the UTMB psychiatric director or his/her designee for review and disposition. The TJJD/UTMB Pharmacy and Therapeutics Committee, which includes the TJJD and UTMB medical and psychiatric directors, pharmacists, nurses, and TJJD-contracted child psychiatric consultants, makes medication formulary determinations. The TJJD medical director has the final authority, however, for all medication formulary decisions.
- (C) The dosages of prescribed medications are consistent with the established community standard of care and national guidelines. If there is a departure from the standard of care, the provider must clearly document the rationale in the EMR.
- (D) Providers order laboratory tests in accordance with agency-approved laboratory monitoring guidelines that are based upon community standards of care. When medication reaction problems or potentially complicating conditions are known, other indicated tests are performed. Providers order blood levels of psychotropic medications as necessary and specifically when prescribing anticonvulsants or mood stabilizers.

(2) **Initial Review and Ongoing Assessment.**

- (A) The psychiatric provider reviews the initial psychiatric treatment plan in accordance with timeframes established in [HSP.06.05](#).
- (B) All youth who are prescribed antipsychotic medications are assessed for the presence of abnormal involuntary movements at the initiation of treatment and at least every six months thereafter. The **psychiatric provider:**

- (i) administers the Abnormal Involuntary Movement Scale (AIMS) at baseline and follow-up appointments;
- (ii) fully informs youth who are prescribed antipsychotic medication about the risk for developing abnormal involuntary movements and Tardive Dyskinesia;
- (iii) discusses with the youth who develop abnormal movements indicative of Tardive Dyskinesia the risks and benefits of discontinuing or changing the medication; and
- (iv) documents the discussion(s) and treatment plan in the EMR.

(3) **Notification.**

- (A) Each youth who is prescribed psychotropic medication is verbally informed about the medication, and if the youth is under 18 years of age, the youth's parent/guardian is notified via a Parent Notification Letter, [HLS-190a-g](#).
- (B) The **psychiatric provider** completes the letter, a **nurse** forwards the letter to a TJJD staff designated by the superintendent, and the **designated staff** mails the letter to the parent/guardian and provides a copy to the TJJD case manager. The letters include the following information:
 - (i) psychiatric diagnosis;
 - (ii) name of the medication;
 - (iii) purpose of the medication;
 - (iv) potential side effects or complications of the medication;
 - (v) safety precautions (if applicable); and
 - (vi) potential consequences of not following the recommended treatment plan.
- (C) If a prescribed psychotropic medication is discontinued, the youth is verbally informed, and if the youth is under 18 years of age, the youth's parent/guardian is notified in writing via the Discontinuation of Medication Letter, [HLS-190h](#).

(4) **Psychotropic Medication Non-Compliance.**

- (A) If a youth is found to be hoarding, cheeking, trading, trafficking, collecting, or refusing prescribed psychotropic medication, nursing staff must be notified and the youth's non-compliance documented in the EMR. After the third consecutive refusal of the same prescribed psychotropic medication and/or after any incident of diverting psychotropic medication, the **nursing staff**:
 - (i) communicates the behavior to the youth's TJJD case manager and the manager of institutional clinical services to obtain feedback regarding the youth's reason(s) for non-compliance; and
 - (ii) notifies the psychiatric provider as soon as feasible and implements preliminary orders, pending review of the case manager's written feedback.
- (B) Within five business days after notification of the youth's medication non-compliance, the youth's TJJD **case manager**, in consultation with the **manager of institutional clinical services or designee**, provides written documentation of the youth's reported reason(s) for the medication non-compliance by completing an automated Chronological Record, CCF-520.
 - (i) Potential reasons for medication non-compliance include, but are not limited to:
 - presence of side effects or the youth has a concern about future side effects;
 - the youth feels the medication is not effective;

- the youth's psychiatric disorder (paranoia, mania, delusions) has limited the youth's ability to understand that the medication is needed;
 - the youth's family has indicated to the youth that they do not wish for the youth to take the medication;
 - the youth is acting out; and/or
 - the youth is intentionally diverting medication for abuse by self or others.
- (ii) The **TJJD case manager**:
- (I) forwards a copy of the completed CCF-520 form to the health services administrator and the manager of institutional clinical services for review; and
 - (II) ensures a copy of the completed CCF-520 form is placed in the youth's casework subfile.
- (C) The **health services administrator or his/her designee**:
- (i) reviews the reported incident and/or CCF-520 form to determine if there is an immediate need for the psychiatric provider to evaluate the youth (via chart review or face-to-face); and
 - (ii) scans the CCF-520 form into the EMR and notifies the psychiatric provider of the youth's reason(s) for medication non-compliance.
- (D) As soon as possible after receiving information as provided in [\(4\)\(B\)](#) and (C) above and reviewing all related issues, the facility **psychiatric provider** determines if:
- (i) a change in medication is indicated due to side effects;
 - (ii) a change in medication is indicated because intermittent refusal and restarting of medication represents a medical risk (such as with anticonvulsants);
 - (iii) a change is indicated to a form or type of medication which is indicated for the condition and is not easily abused (e.g., liquid, crushed, disc-melt, etc.); or
 - (iv) the behavior indicates that a change in diagnosis is necessary and the indication for the medication is no longer present. The reasons for such a change in diagnosis are documented in the EMR.
- (E) If the diagnosis of the youth and the indication for the medication are confirmed, after receiving input/report from TJJD clinical/dorm staff, the **facility psychiatric provider** determines the appropriate course of action on a case-by-case basis and documents in the EMR the rationale for any of the following interventions:
- (i) discuss with the parent/guardian (with the help of the treatment team) the seriousness of medication non-compliance;
 - (ii) continue prescribing the medication in pill form with a warning to the youth and a request for increased monitoring of the youth's medication compliance by nursing and juvenile correctional staff. See [INS.45.11](#) for pill line monitoring procedures;
 - (iii) use an alternate delivery method on a short-term basis (i.e., crushing, disc-melt, or liquid form, if available) consistent with the DMGs and evaluate the youth periodically to determine readiness to take prescribed medication in pill form (the determination occurs before halfway house transfer or release from TJJD); and

- (iv) discontinue and/or taper off the medication, as medically appropriate, after a review of all other appropriate and applicable therapeutic options. If medication is discontinued, the psychiatric provider reevaluates the youth within 30 calendar days (or earlier if necessary) to assess the need for psychotropic medication.

(5) **Monitoring and Reporting.**

- (A) At the psychiatric provider's request, the **TJJD case manager** completes the Psychiatric Symptom Checklist form, [CCF-515](#), with input from dormitory staff, *before* the youth's psychiatric follow-up appointment.
 - (B) The **TJJD case manager** forwards the completed CCF-515 to the infirmary staff.
 - (C) The **infirmary staff** scans the CCF-515 into the EMR, ensuring that the psychiatric provider receives a copy.
 - (D) The **TJJD Education Department and/or Psychology Department staff** complete the ADHD Rating Scale form, [CCF-514](#), before the youth's psychiatric appointment. The **nursing staff** provides designated education staff with a copy of the CCF-514.
 - (E) UTMB electronically reports psychotropic medication utilization information, by facility, on a monthly basis. The information is reviewed by the TJJD medical and nursing directors and discussed in TJJD/UTMB Continuous Quality Improvement Committee meetings.
 - (F) Medication prescribing practices are monitored by the TJJD medical director or his/her designee. Concerns and trends are addressed with the UTMB mental health leadership and facility psychiatric providers.
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