

Chapter: Mental Health	Effective Date: 8/15/18
Title: Prescribing of Psychotropic Medication	Page: 1 of 4
Implements: GAP.380.9191	Replaces: HSP.06.09, 11/15/14

(a) **Standard.**

- (1) Psychotropic medications are prescribed only by licensed providers in accordance with an established treatment plan for youth exhibiting symptoms of mental illness, a mental disorder, or emotional distress.
- (2) Pursuant to [GAP.380.9191](#), under no circumstances are tranquilizers, psychostimulants, or other psychotropic medications administered for purposes of discipline, security, control, or experimental research or as a sleep aid (unless sleep disturbance is related to a primary mental health diagnosis).

(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 with the youth only if clinically necessary and appropriately documented. The psychiatric provider documents the indications for psychotropic medication in the electronic health record (EHR).
- (B) The treatment of major mental disorders is guided by approved, evidence-based Disease Management Guidelines (DMGs) located in the TJJD/UTMB Formulary.
 - (i) Non-formulary medications may be requested by completing a UTMB Non-Formulary Request form.
 - (ii) Non-formulary requests that are deferred may be appealed to the UTMB psychiatric director or designee.
 - (iii) The TJJD/UTMB Pharmacy and Therapeutics Committee, which includes the TJJD and UTMB medical directors, UTMB psychiatric director, pharmacists, nurses, and TJJD-contracted child psychiatric consultants, makes medication formulary recommendations. However, the TJJD medical director has the final authority 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 EHR.
- (D) Providers order laboratory tests in accordance with 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 develops a psychiatric treatment plan and, in accordance with timeframes in [HSP.06.05](#), reviews and updates the plan.

- (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 EHR.
- (3) **Notification.**
- (A) Each youth who is prescribed psychotropic medication is verbally informed about the medication. If the youth is under 18 years of age, the youth's parent/guardian is notified via a [medication letter in the HLS-190 series](#). If a youth is 18 years of age and requests that a medication letter be sent to the parent/guardian, a letter will be sent with the youth's written consent. The letter includes 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.
- (B) If a medication letter is required:
- (i) the **psychiatric provider** completes the letter;
 - (ii) a **nurse** forwards the letter to a TJJD staff member designated by the superintendent; and
 - (iii) the **designated staff member** mails the letter to the parent/guardian and provides a copy to the TJJD case manager.
- (C) If a prescribed psychotropic medication is discontinued, the youth is verbally informed. 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](#). If a youth is 18 years of age and requests that a discontinuation of medication letter be sent to the parent/guardian, a letter will be sent with the youth's written consent.
- (4) **Psychotropic Medication Non-Compliance.**
- (A) If a youth is found to be hoarding, cheeking, trading, trafficking, collecting, or refusing prescribed psychotropic medication, staff must notify the infirmary and the nursing staff must document the youth's non-compliance in the EHR. If the youth refuses medication because of a possible side effect or adverse reaction (even one time), the nursing staff notifies the provider of the youth's refusal and follows any provider orders.
- (B) Except for a refusal because of a possible side effect or adverse reaction, as addressed in subparagraph (A) above, after the third consecutive refusal of the same prescribed psychotropic medication or after any incident of diverting psychotropic medication, the **nursing staff**:

- (i) communicates the behavior to the youth's TJJJ case manager and the director of 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 by the nurse and/or provider of the case manager's written feedback.
- (C) Within five business days after being notified of the youth's medication non-compliance, the youth's **TJJJ case manager**, in consultation with the **director of clinical services** or designee, documents on a chronological record the youth's reported reason(s) for the medication non-compliance.
 - (i) Potential reasons for medication non-compliance include, but are not limited to:
 - side effects are present 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 does 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 **TJJJ case manager** forwards a copy of the completed chronological record to the health services administrator and the director of clinical services for review.
- (D) The **health services administrator** or designee:
 - (i) reviews the reported incident and/or chronological record 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 chronological record into the EHR and notifies the psychiatric provider of the youth's reason(s) for medication non-compliance.
- (E) As soon as possible after receiving information as provided in (4)(C) and (D) above and reviewing all related issues, the **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 to a form or type of medication that is not easily abused (e.g., liquid, crushed, disc-melt) is indicated; 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 EHR.
- (F) If the diagnosis of the youth and the indication for the medication are confirmed, the **facility psychiatric provider**, after receiving input or a report from TJJJ staff, determines the appropriate course of action on a case-by-case basis and documents in the EHR the rationale for any of the following interventions:

- (i) discussion with the parent/guardian (with the help of the treatment team) regarding the seriousness of medication non-compliance;
 - (ii) continued prescription of 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 of an alternate delivery method on a short-term basis (e.g., liquid, crushed, or disc-melt, if available) consistent with the DMGs and evaluation of the youth periodically to determine readiness to take prescribed medication in pill form (the determination occurs before transition or release from high restriction); and/or
 - (iv) discontinuation of and/or tapering off of the medication, as medically appropriate, after a review of all other appropriate 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, CCF-515](#), with input from dorm 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 EHR, 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 information about use of psychotropic medication, 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 designee. Concerns and trends are addressed with the UTMB mental health leadership and facility psychiatric providers.
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