



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Youth Services

Official Policy

Policy Name: Use of Psychotropic Medication

Policy #: 02.05.16(c) **Effective:** 2/1/21

Repeals: 02.05.16(b)

Forms: DYS Referral Form
DYS Psychotropic Medication Consent Form

References: DYS Advisory on Medication for Overnight Arrest Youth
DYS Youth Sleep Committee Final Recommendations
On Promoting Healthy Sleep Practices and Developing
Strategies for Lifelong Health and Wellness Among Youth in
DYS Residential Facilities
Suicide Prevention Policy
Client Centered Medication Administration Policy
Authorization for Medical Care Policy

Signature:  1/27/2021
Peter J. Forbes, Commissioner

Applicability: This policy shall apply to DYS state and contracted provider employees. Providers are expected to follow or have their own policy covering this topic area according to contract requirements.

Policy

It is the policy of the Department of Youth Services (DYS) that a youth's treatment with psychotropic medication be consistent with accepted standard medical practice, the youth's legal rights and in accordance with standardized procedures for evaluation, treatment, and monitoring of such treatment.

DYS shall continue to provide psychotropic medication to any youth who has an existing psychotropic medication regimen upon intake to DYS care and custody including detention and overnight arrest (ONA). DYS will utilize a prescription issued by the youth's community provider if the parent(s)/guardian(s) and the youth confirm information about the existing psychotropic medication regimen. DYS will also continue treatment if a bridge prescription is issued by a DYS contracted health services provider

and in accordance with these procedures. If the youth's parent/guardian cannot be reached and abrupt withdrawal from the medication may pose a risk to the youth, DYS shall continue treatment until parent/guardian is contacted.

In most cases, DYS will not initiate psychotropic medication regimens for detained youth except where a youth is anticipated to remain in DYS setting for over fifty days and a DYS contracted psychiatric care provider evaluates the youth, determines that the need for psychotropic treatment is urgent, and behavioral approaches to care have proven not sufficient to fully address the needs of the youth. DYS may make an individual determination to begin a psychotropic medication regimen for any detained youth in accordance with these procedures.

Prior to initiating psychotropic medication with a DYS youth, a DYS contracted psychiatric provider shall complete a psychiatric evaluation and overall treatment plan.

DYS is not required to obtain informed consent to **continue** treatment for a youth who enters DYS with existing psychotropic regimen with a community provider. DYS is, however, required to obtain written informed consent from the youth, and the parent(s)/guardian(s) if the youth is younger than 18 years of age, before **initiating** treatment.

The youth and parent(s)/guardian(s) of a youth under 18 years of age retain the right to refuse or discontinue treatment with psychotropic medication at any time.

DYS shall not administer psychotropic medication for the purposes of administrative convenience, disciplinary reasons, or experimentation and research.

All medication shall be obtained, stored, administered, inventoried, and disposed of according to the DYS Policy on Client-Centered Medication Administration.

Procedures

A. Definitions

1. The following definitions shall have the meanings assigned to them in this policy for purposes of interpreting this policy.

Clinical Nurse Specialist (CNS): A nurse with current registration in Massachusetts and a master's degree in Psychiatric and Mental Health Nursing with Prescriptive Authority.

Emergent Care: the type of care required when a youth presents as a danger to self and others requiring contact with an Emergency Screening Team.

Health Services Staff: A Physician, Physician Assistant, Nurse Practitioner, Licensed Practical Nurse, Registered Nurse, Psychiatric Providers, and any medical specialist employed by or contracting with DYS who is involved in the youth's health care.

Informed consent: Agreement by the youth and/or parent or guardian to proceed with a specific course of nonroutine treatment after receiving information from the person who will perform or oversee the treatment. Such information shall include the reason(s) for the treatment, potential benefits of the treatment and risks associated with and without the treatment and review of alternatives. Requires treatment provider to find some indicia of comprehension by the youth and/or parent or guardian if the youth is younger than 18 years old of the information provided, including understanding the ability to ask questions and to decline or discontinue the treatment at a later date.

Psychotropic Medication: Any medication used to treat any mental illness, and/or behavioral health conditions including, but not limited to depression, agitation, aggression, anger, attention deficits, behavioral disorders, compulsions, feelings, hyperactivity, hallucinations, phobia, thought disorder or other emotional or psychological disorder or symptom.

Psychiatric Mental Health Nurse Practitioner (PMHNP): A nurse practitioner who, by advanced study and clinical practice, such as in a master's program in psychiatric nursing, has gained expert knowledge in the care and prevention of mental disorders. PMHNPs diagnose, conduct therapy, and prescribe medications for patients who have psychiatric disorders, medical organic brain disorders or substance abuse problems. They are licensed to provide emergency psychiatric services, psychosocial and physical assessment of their patients, treatment plans, and manage patient care.

Target Symptoms: Actions, moods, perceptions, thoughts, or behaviors intended to be controlled, altered, diminished, or eliminated with medication(s).

Urgent Need: refers to a youth who is distressed, but not in immediate danger to self or others, and not able to fully benefit from programming as determined by clinical staff.

2. Terms that are defined Policy #01.01.04, "Policy Definitions" shall have the meanings assigned to them in that policy, unless a contrary meaning is intended.
3. Terms not defined in Policy #01.01.04 or in this policy shall have the meanings assigned to them by reasonably accepted standard dictionary definitions of American English.

B. Treatment of Overnight Arrest (ONA) or Detained Youth with an Existing Psychotropic Medication Prescription

1. Upon intake of a youth at a DYS Overnight Arrest location, staff shall contact the parent/guardian upon admission to confirm whether a youth is prescribed psychotropic medication. Such contact shall be noted in the location's log.
2. A youth entering ONA may self-administer medication received by DYS from the arresting police department or dropped off at the ONA location by the youth's

parent or guardian upon confirmation by DYS staff of the youth's prescription with the parent or guardian

3. Upon intake of a detained youth, the DYS clinician shall call the parent(s)/guardian(s) to confirm whether the youth is prescribed psychotropic medication. Such call may also be made by health services. Such contact shall be noted in the location's log and youth's medical record file. The clinician should also note the call in the Clinical Progress notes.
4. If the parent/guardian confirms the youth is taking psychotropic medications, they shall be informed that the youth's prescribing psychiatrist may order the same medication from a pharmacy affiliated with DYS for it to be filled and administered according to Client-Centered Medication Administration Policy.
5. The Clinician may also call the current prescriber for name and prescription details to confirm information from the pharmacy.
6. The Clinician shall contact health services under the following circumstances:
 - a. If the parent/guardian confirms youth is taking psychotropic medications, and youth's prescribing psychiatrist was reached and refused to order the medication(s) or cannot be reached;
 - b. If the parent(s)/guardian(s) refuse to give consent and the youth states they have been taking a psychotropic medication; or
 - c. If the youth's parent(s)/guardian(s) cannot be reached.
7. Where parent cannot be reached or refuses to give consent, or the prescribing psychiatrist refuses to order medication, DYS contracted healthcare providers may initiate bridge prescriptions for youth to allow the youth to continue the medication prescribed by a community-based provider. Medication will only be continued via bridge prescription where the youth reports a history of medication compliance that is sufficient in the opinion of the healthcare provider to warrant continuation of the medication prescribed.
 - a. PMHNP, PA's or Primary Care Nurse Practitioners may initiate bridge prescriptions where a youth may experience adverse health effects and/or behavior effects with abrupt cessation of medication. Per MA Board of Registration of Nursing, the Primary Care Nurse Practitioner may prescribe psychotropic medication if the Nurse Practitioner can provide proof of competency to prescribe psychotropic medication.
 - b. DYS health services providers, may conduct any laboratory or health evaluations normally associated with the management of existing psychotropic medication regimens and adjust dosages based on these findings for any youth with a bridge prescription. Laboratory testing constitutes routine care as defined in Authorization for Medical Care Policy.

8. A bridge prescription may be utilized for a youth's entire detention stay when it is anticipated that the youth will be detained for 50 or fewer days. The bridge prescription will expire upon the youth's release or commitment to DYS' custody.
9. A bridge prescription may not be used for youth with anticipated detention stays of over 50 days. For youth likely to be detained for more than 50 days, C.2 below applies.

C. Treatment of Detained Youth with NO Existing Psychotropic Medication Prescription

1. Short Term Detention Cases with no Existing Prescription

- a. As a general rule, DYS contracted health services providers will not institute a prescription for psychotropic medication to any youth without an active prescription who is not anticipated to remain in a detention setting for more than 50 days because there is insufficient time for the healthcare provider to maintain the clinical oversight sufficient to evaluate the clinical impact of the medication.
- b. As an exception, a youth in short term detention may be referred for a psychotropic medication evaluation if a referral form is completed by the health care provider and/or clinicians and reviewed and approved by Regional Clinical Coordinator.

2. Long Term Detention Placement with no Existing Prescription

- a. When a youth presents with a significant mental health need which is viewed by clinical services and health services teams as clinically urgent, initiation of psychotropic medication may be considered by DYS contracted healthcare providers under all the following circumstances:
 - 1) The youth's estimated length of stay in the detention setting is likely to exceed fifty (50) days (exceptions can be made on an individualized basis).
 - 2) The Regional Clinical Coordinator has evaluated the request, concurs with the clinical services and/or health care provider's assessment of the urgency of need for medication and approves of the request for DYS onsite healthcare providers to evaluate the youth.
 - 3) The parent/guardian or the youth if over the age of 18 completes written informed consent.
 - 4) The youth's remaining length of residential stay is anticipated to exceed the period of time required to assess the clinical impact of the medication considered.
- b. All youths must receive a diagnostic assessment by DYS contracted psychiatric (MD-Psychiatrist, CNS, PMHNP) care provider prior to starting a psychotropic medication that includes at minimum:
 - a. History of present illness

- b. Past psychiatric history including medication history
 - c. Medical and surgical history
 - d. Allergies
 - e. Current medications
 - f. Family history (where available and relevant)
 - g. Mental status examination
 - h. Medical treatment plan
3. In all cases where psychotropic medication is initiated in a detention placement, DYS clinical and health services must identify community-based resources that will assist the parent/guardian in maintaining continuity of care for the youth upon release from placement.

D. Psychotropic Medication Treatment Initiated by DYS for Committed Youth

1. A youth's clinician may request that psychotropic medication treatment be considered for a particular youth at a youth's treatment meeting.
2. If the youth's clinical and/or health care team determined that a youth may need treatment with psychiatric medication, a psychiatrist or CNS/PHMNP shall complete an evaluation of the youth.
3. If the psychiatrist or CNS/PHMNP recommends psychotropic medication, the psychiatrist or CNS/PHMNP shall explain the treatment to the youth and parent(s)/guardian(s) and provide information required for informed consent in plain language over phone or in person about the following:
 - The purpose of the treatment;
 - The targeted behavior, thoughts, or symptoms;
 - The potential benefits or expected outcomes;
 - All common and all potentially serious side-effects, including an estimate of the probability that they might occur;
 - Alternative treatments, if any;
 - The youth's right to change his/her mind at a later date;
 - All tests needed to monitor for side effects and/or therapeutic efficacy;
 - The likely duration of treatment, if known and;
 - The approximate time until the next evaluation.
4. After providing the above information, the Psychiatrist or CNS/PHMNP shall obtain signatures on the written informed consent. DYS health services may assist in obtaining signatures on the informed consent after consult with the psychiatrist or CNS/PHMNP. The youth and parent(s)/guardian(s), if the youth is younger than 18 years of age, shall confirm that they understand and provide written informed consent to the treatment, before treatment can be initiated. An emancipated or mature minor can consent to medical treatment, if the psychiatrist or CNS believes the minor can give informed consent to treatment and it is in the minor's best interest not to notify his or her parents. Caseworker shall get

signatures on the informed consent after consult if not already obtained by health services or provider.

5. If consult is by phone, the consent form, with all relevant information filled out, shall be mailed to the parent(s)/guardian(s) with a request that they review, sign, and return the form to the prescribing psychiatrist, PMHNP or CNS. Parent/guardian may also consent via electronic signature using a platform approved by DYS.
6. A copy of the signed consent form must be forwarded to the youth's current location for inclusion in the medical record.

E. Monitoring Treatment

1. DYS contracted Health Services providers shall monitor the youth in consultation with Program staff and carry out appropriate medical tests to monitor for medication-related side effects and determine therapeutic levels. The Health Services staff will monitor the physical/health response to the medication. The Clinical Services staff and psychiatric medication provider will monitor the behavioral response to the medication.
2. Health Services staff shall report these results to the community prescriber when there is one or the on-site psychiatric prescriber.
3. Health care and clinical staff shall work with the case work team to ensure continuation of treatment and related services in the community.

F. Withdrawal of Consent

1. All youth and parent(s)/guardian(s) shall have the right to refuse or withdraw consent for treatment with psychotropic medication.
2. Informed consent may be withdrawn, either verbally or in writing, at any time.
3. The parent/legal guardian of any youth younger than 18-year-old must be notified when the youth withdraws his/her consent.
4. When consent is withdrawn, the Clinical or Health Staff shall notify the prescribing psychiatrists, PMHNP or CNS's as soon as possible.

G. Medication Refusal

1. When a youth refuses to take prescribed medication, the shift administrator or shift supervisor shall ask the youth the reason, document it on the Medication Administration Record, and notify the Health Services staff or medication prescriber using a Medication Occurrence Report. Where the shift administrator or shift supervisor is absent, the Program Director shall designate an appropriate CCMS staff for this duty.

2. Under no circumstances may any staff alter the medication or medication order to achieve compliance without an order from a member of the health services staff.
3. If the youth still refuses, the shift supervisor, shift administrator or designated CCMS staff should notify the On-Call Health Services staff or the medication prescriber to determine whether the youth needs to be evaluated, in a time frame appropriate to the youth's condition.
4. Health Services staff shall notify the psychiatric prescriber and the parent(s)/guardian(s) of any youth less than 18 years of age when a youth refuses to take his/her/their prescribed medication.

H. Discontinuation of Medication by a Community Prescriber

When a Community Prescriber discontinues treatment with a medication for any reason while the youth is under DYS' care or care, if necessary, clinical or health services shall notify the prescriber that they shall first notify the youth and the parent(s)/guardian(s) for a youth younger than 18 years of age.

I. Documentation and Reporting Requirements

1. The psychiatrist, PMHNP or CNS shall record all orders for laboratory or other diagnostic tests needed to monitor possible side effects and/or therapeutic efficacy on the informed consent form.
2. Prescriptions shall not be administered if the prescriber does not indicate on the informed consent form the following:
 - a. The orders needed to monitor for side effects and/or;
 - b. The orders needed to monitor for therapeutic levels or;
 - c. The prescriber indicates, by checking the box, that he/she has determined that no tests are required to monitor patient safety.

J. Medication Storage and Administration

All medication shall be obtained, stored, administered, inventoried, and disposed of according to DYS Client -Centered Medication Administration Policy.