


<b>Policy and Procedure Manual</b> <b>Saginaw County Community Mental Health Authority</b>		
<b>Subject:</b> Recipient Rights – Medication and the use of Psychotropic Drugs	<b>Chapter:</b> 02 - Customer Services and Recipient Rights	<b>Subject No:</b> 02.02.16
<b>Effective Date:</b> September 16, 1998	<b>Date of Review/Revision:</b> 2/19/03, 1/25/08, 7/13/09, 6/22/12, 1/28/13, 6/4/13, 6/14/14, 11/27/16, 6/1/18, 1/22/19, 2/11/20, 2/9/21, 5/10/22	<b>Approved By:</b> Sandra M. Lindsey, CEO  <b>Responsible Director:</b> Tim Ninemire, Director of Customer Services & Recipient Rights
	<b>Supersedes:</b> 06.02.18.00, 06.02.18.01, and 06.02.19.00	
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**Purpose:**

The purpose of this policy is to establish standards and practices for the use of medications, including psychotropic medications for the purpose of treatment of mental health related issues.

**Policy:**

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to follow strict guidelines, which will be established by this policy, when administering medication to consumers of mental health services from SCCMHA or any of its Service Provider Network.

**Application:**

This policy applies to all SCCMHA direct operated programs as well as all Provider Network programs.

**Standards:**

**Medication Procedures from Policy Review Standards Section I**

- I1) Medications shall only be ordered by a doctor. The doctor's order for medication may come from or through a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner.
- I2) Medication shall not be used as punishment, for the convenience of staff or as a substitute for other appropriate treatment.

- I3) Medications shall be reviewed as specified in the plan of service and based on consumer's clinical status, to determine the appropriateness of continued use.
- I4) Medication shall be prepared and administered by qualified and trained staff.
- I5) At the time the Doctor/Psychiatrist/nurse practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication. Informed Consent from the consumer, their guardian, parent of a minor or loco parentis prior to the administration of the medication is required.
- I6) Medication errors and adverse drug reactions are immediately reported to the RN or physician, and documented in the clinical record.
- I7) Only medications authorized by a physician are to be given at discharge or leave and enough medication will be made available to ensure the consumer has an adequate supply until he or she can become established with another provider.
- I8) Medication use shall conform to standards of the medical community.
- I9) When a medication is used for behavioral reasons and not to treat a psychiatric condition, this is considered an intrusive technique and needs to be reviewed and approved by the Behavior Treatment Committee (BTC).
- I10) Agency personnel shall comply with the orders of a physician in administering and/or stopping medications, and shall comply with other relevant regulations, such as Licensing Regulations regarding storing/securing resident medication within the facility. Medication shall be kept in a locked cabinet.
- I11) Telephone orders for medication shall be accepted only in specific situations set forth by this policy. These orders may be accepted by a nurse. The orders must be signed by the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner within 24 hours. Orders may be faxed to a residential setting if the order has been signed by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner.
- I12) Orders for medication shall be effective only for the specific number of days indicated by the prescribing Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner. Orders for Schedule 2 controlled substances shall expire after 60 days.
- I13) Medication that is given to recipients shall be in compliance with state rules and federal regulations pertaining to labeling and packaging.

**Use of Psychotropic Drugs from Policy Review Standards Section J**

- J1) Psychotropic Drugs are defined in the Definition Section of this policy.

- J2) Before initiating a course of psychotropic drug treatment for a consumer, the prescriber or a licensed health professional acting under the delegated authority of the prescriber shall do both of the following:
- a) Explain the specific risks and most common adverse side effects associated with that drug, and
  - b) Provide the individual with a written summary of those common adverse side effects.
- J3) Psychotropic medication shall not be administered unless the individual gives informed consent, or the administration is necessary to prevent physical injury to the person or another, or with a court order.
- J4) The administration of psychotropic medication to prevent physical harm or injury occurs:
- 1) ONLY when the actions of a recipient, or other objective criteria, clearly demonstrate to a physician that the recipient poses a risk of harm to himself, herself or others, and
  - 2) ONLY after signed documentation of the physician is placed in the recipient's clinical record
- J5) The initial administration of psychotropic medication under 7158(8)(b) is limited to a maximum of 48 hours unless there is consent.
- J6) The initial administration of psychotropic medication under 7158((8)(b) is as short as possible, at the lowest therapeutic dosage possible and terminated as soon as there is no longer a risk of harm.
- J7) At the time the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication.
- J8) Medication errors and adverse drug reactions are immediately and properly reported to a physician or RN and recorded in the recipient's record.
- J9) Psychotropic medications will not be given without a signed Informed Consent form.
- J10) A consumer, their guardian, parent of a minor, or loco parentis shall have the right to accept or refuse psychotropic medications treatment, except when a court order is in place.

**Definitions:**

**Assigned Support Staff:** Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

**Informed Consent:** is defined by the Administrative Rules 330.7003

(1) All of the following are elements of informed consent:

- (a) Legal competency. An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.
- (b) Knowledge. To consent, a consumer or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:
  - (i) The purpose of the procedures.
  - (ii) A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
  - (iii) A disclosure of appropriate alternatives advantageous to the consumer.
  - (iv) An offer to answer further inquiries.
- (c) Comprehension. An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under subdivision (b) of this subrule.
- (d) Voluntariness. There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the consumer.

**Loco Parentis:** A person or institution that assumes parental rights and duties for a minor.

**Psychotropic drug:** Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior. In this policy, Psychotropic drug or medication is used interchangeably with Psychotropic Chemotherapy.

**References:**

Michigan Mental Health Code 330.1719;

Michigan Mental Health Code 330.1752;

Administrative rules 330.7158;

Administrative rules 330.7001

Michigan Department of Health and Human Services (MDHHS) Behavioral Health & Developmental Disabilities Administration Standards for Behavior Treatment Plan Review Committees Revision FY17

**Exhibits:**

None

**Procedure:**

ACTION	RESPONSIBILITY
1) When a consumer of mental health treatment is seen by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner, an evaluation will be completed to determine whether or not that consumer would benefit from the use of prescription psychotropic medication.	1) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner evaluating the consumer
2) If the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner determines the consumer would benefit from the use of psychotropic medication, a prescription will be written and given to the consumer, their guardian, or licensed Foster Care Provider.	2) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription
3) At the time the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication.	3) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription
4) If the psychotropic medication is being used for the purpose of behavior management, the use of the medication will be reviewed by the Behavior Treatment Committee.	4) Behavior Treatment Committee
5) The Behavior Treatment Committee will review, on a quarterly basis, those records of consumers who receive psychotropic medication for behavior treatment purposes.	5) Behavior Treatment Committee
6) Use of medication in conjunction with a behavioral modification plan must be reviewed monthly by qualified staff (R.N., psychologist or QMRP/QMHP, as defined in the individual program plan, and quarterly by the recipient's physician).	6) Assigned Support Staff
7) When it is not possible to receive an order written by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner, a phone order may be taken by a Nurse. This may only be done in situations where the consumer or others are put in danger by a consumer not receiving the medications or that the Service Plan agreed on by the	7) Assigned Support Staff or the Licensed Foster Care Provider responsible for the care of the consumer

<p>treatment team and the consumer or their guardian cannot be followed if the consumer does not receive the medication. The phone order must be signed within 24 hours.</p> <p>8) Administration of medications shall be recorded in the consumer's clinical record.</p> <p>9) The use of psychotropic medications must be a part of the individual's program service plan and must be a recommendation of the Treatment Planning Team or the psychiatrist/nurse practitioner.</p> <p>10) On a quarterly basis, AIMS testing will be conducted for those consumers that are receiving psychotropic medications, unless specified otherwise in the Individual Plan of Service.</p>	<p>8) The trained staff administering the medication</p> <p>9) Assigned Support Staff</p> <p>10) The Nurse working with the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription for psychotropic medications</p>
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