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<tr><th colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Medication and the use of Psychotropic Drugs</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.02.16</td></tr>
<tr><td rowspan="2">Effective Date:
September 16, 1998</td><td>Date of Review/Revision:
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, 3/14/23, 3/12/24, 4/8/25, 3/10/26</td><td rowspan="3">Approved By:
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<tr><td>Supersedes:
06.02.18.00, 06.02.18.01, and 06.02.19.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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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 to follow strict guidelines, which will be established by this policy, when administering medication to people served 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:
1) Medications shall only be ordered by a physician. The physician's order for medication may come from or through a Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner. A provider will only administer medication at the order of a physician.

2) Medication should not be used as punishment, for the convenience of staff or as a substitute for other appropriate treatment.

3) Medications shall be reviewed as specified in the plan of service and based on the person served clinical status, to determine the appropriateness of continued use.

4) Medication shall be prepared and administered by qualified and trained staff.

5) At the time the Physician/Psychiatrist/Nurse Practitioner writes the prescription, the documentation will go into the person served record and specify the purpose of the medication. Informed Consent from the person served, their guardian, parent of a minor or loco parentis prior to the administration of the medication is required.

6) Medication errors and adverse drug reactions are immediately reported to the RN or physician and documented in the clinical record.

7) A provider will record the administration of all medication in the recipient's clinical record.

8) Only medications authorized by a physician are to be given at discharge or leave and enough medication will be made available to ensure the person served has an adequate supply until he or she can become established with another provider.

9) Medication use shall conform to standards of the medical community.

10) 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).

11) 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.

12) Telephone orders for medication shall be accepted only in specific situations set forth by this policy. A nurse may accept these orders. The orders must be signed by the Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner within 24 hours. Orders may be faxed to a residential setting if a Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner have signed the order.

13) Orders for medication shall be effective only for the specific number of days indicated by the prescribing Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner. Orders for Schedule 2 controlled substances shall expire after 60 days.

14) Medication that is given to recipients shall follow state rules and federal regulations pertaining to labeling and packaging.

15) Before initiating a course of psychotropic drug treatment for a recipient, 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.

16) 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.

17) The administration of psychotropic medication to prevent physical harm or injury occurs:
   a) 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
   b) ONLY after signed documentation of the physician is placed in the recipient's clinical record

18) The initial administration of psychotropic medication under 7158(8)(b) is limited to a maximum of 48 hours unless there is consent.

19) The initial administration of psychotropic medication will be as short as possible and at the lowest possible dosage that is therapeutically effective. The medication will be terminated as soon as there is little likelihood that the recipient will pose a risk of harm to himself, herself, or others.

20) At the time the Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the person served record and specify the purpose of the medication.

21) Psychotropic medications will not be given without a signed Informed Consent Form.

22) A person served, 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 recipient. The Case Manager, Support Coordinator, or Therapist

may be a SCCMHA staff member 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 person served, 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 Physician is what a reasonable patient needs to know 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 be expected.
(iii) A disclosure of appropriate alternatives advantageous to the recipient.
(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 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 recipient.

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 FY24

Exhibits:
None

Procedure:

ACTION	RESPONSIBILITY
1) When a person served by mental health treatment is seen by a Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner, an evaluation will be completed to determine whether or not that person served would benefit from the use of prescription psychotropic medication.	1) Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner evaluating the person served
2) If the Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner determines the person served would benefit from the use of psychotropic medication, a prescription will be written and given to the person served, their guardian, or licensed Foster Care Provider.	2) Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription
3) At the time the Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the person served record and specify the purpose of the medication.	3) Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription
4) If psychotropic medication is being used for the purpose of behavior management, the Behavior Treatment Committee will review the use of the medication.	4) Behavior Treatment Committee
5) The Behavior Treatment Committee will review, on a quarterly basis, those records of recipients 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 Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner, a Nurse may take a phone order. This may only be done in situations where the person served, or others are put in danger by a person served 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 person served

treatment team and the person served or their guardian cannot be followed if the person served does not receive the medication. The phone order must be signed within 24 hours.	
8) Administration of medications shall be recorded in the person served clinical record.	8) The trained staff administering the medication
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.	9) Assigned Support Staff
10) On a quarterly basis, AIMS testing will be conducted for those people served that are receiving psychotropic medications, unless specified otherwise in the Individual Plan of Service.	10) The Nurse working with the Medical or Osteopathic Physician/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription for psychotropic medications