

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Section: Recipient Rights
Policy Number: 17
Subject: **Conditions Governing the Decision to
Institute and Continue Treatment by
the
Use of Psychotropic Medication**

Effective Date: 10/24/95
Last Revision Date: 5/10/16
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Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) to establish conditions for the use of psychotropic medication and to ensure compliance with these conditions.

Purpose

To ensure the protection of rights of recipients receiving services from the SCCMHA

To ensure compliance with the Michigan Mental Health Code, the Michigan Department of Health and Human Services Administration Rules and standards of accrediting bodies.

Application

This policy applies to all programs of SCCMHA and programs provided by contract agencies.

Definitions

Medication: Any substance, other than food or devices, intended for use in diagnosing, curing, mitigating, treating or preventing disease.

Psychotropic Medication: Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.

Standards

1. Psychotropic medication will not be administered to a Board-sponsored recipient without informed consent being obtained from the recipient unless administration of psychotropic medication is necessary to prevent physical injury to the individual or others, as defined by the following:

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- a. A recipient who has been admitted to an inpatient facility by medical certification or by petition until after a final adjudication.
 - b. A defendant undergoing examination at the Center for Forensic Psychiatry or another certified facility to determine competency to stand trial.
 - c. A person acquitted of a criminal charge by reason of insanity while undergoing examination and evaluation at the Center for Forensic Psychiatry.
 - d. A court order permits the treatment involving the administration of psychotropic medication.
2. A consent, as required under this policy, will be obtained and will meet the requirements for informed consent, explain specific risks and most common adverse side effects associated with each medication and provide the recipient with a written summary of those common adverse side effects.
 3. Psychotropic medication may be administered to prevent physical harm or injury after signed documentation by the physician is placed in the recipient's record and when acts of a recipient or other objective criteria, such as the exhibiting of substantial property damage, clearly demonstrate to a physician that a recipient receiving services in an inpatient facility or residential program under contract with the Board or in a residential program directly operated by the Board poses a risk of harm to himself, herself, or others.
 4. Initial administration of psychotropic medication may not be extended beyond forty-eight (48) hours unless there is consent. The duration of psychotropic chemotherapy will be as short as possible and at the lowest possible dose that is therapeutically effective. The chemotherapy shall be terminated as soon as there is little likelihood that the recipient will pose a risk of harm to himself, herself or others.
 5. Additional psychotropic medication may be administered if a recipient receiving services in an inpatient facility or residential program under contract with the Board or in a residential program directly operated by the Board, decompensates and is again presently dangerous to self or others following termination of a period of medication prior to final adjudication or during a period of examination or evaluation ordered by a criminal court.
 6. Administration of psychotropic medication will not be used in quantities which interfere with a recipient's habilitation program. In instances in which such medication is used as a behavioral control technique, it must be accompanied by a behavioral plan. This program must be reviewed and approved by the Behavior Review Committee and the Committee must review the justification for the continued

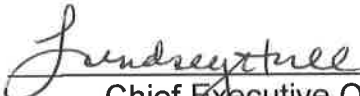
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- use of medication at intervals less than or equal to one year, as established during the Committee meeting.
7. Medication will not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.
 8. Any use of psychotropic medication must be a part of recipient's written Plan of Service. Documentation of the use of psychotropic medication will be recorded in the physician's notes and included in the recipient's record according to agency protocol governing documentation.
 9. A governing body of an inpatient facility or residential program where a Board-sponsored recipient is receiving services will adopt policies and procedures regarding psychotropic medication which include the following:
 - a. Defines psychotropic medication in a manner consistent with this policy.
 - b. Establishes objective criteria in a manner consistent with this policy for determining present dangerousness.
 - c. Provides for medical staff to develop agreement on the minimal duration commencing treatment and safe termination for differential disorders with such determinations consistent with recommendations established in the Physician's Desk Reference (PDR).
 - d. Establishes in a manner consistent with this policy when and how documentation is placed in a recipient's record.
 - e. Establishes protocols ensuring that medication use conforms to federal standards and the standards of the medical community.
 10. A review of administration of a psychotropic medication shall be done periodically as set forth in the recipient's individual plan of service and based upon the recipient's clinical status.
 11. The administration of all medication shall be recorded in the recipient's clinical record. All medication errors and adverse drug reactions will be immediately recorded and reported to a physician and recorded in the recipient's clinical record.
 12. If an individual cannot administer his or her own medication, administration of medication shall be done under the supervision of personnel who are qualified and trained pursuant to ACT No. 368 of the Public Acts of 1978, as amended, being 333.1101 et seq. of the Michigan Compiled Laws.

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13. Upon a recipient's discharge, only medication that is authorized in writing by a physician is given to recipients upon his or her leave or discharge from the providers program and that enough medication is made available to ensure the recipient has an adequate supply until he or she can become established with another provider.

Approved by:  9-26-2016
Board Chairperson Date

 9/28/16
Chief Executive Officer Date

