HIAWATHA BEHAVIORAL HEALTH
Administrative Policy

CHAPTER: Recipient Rights	SECTION: Psychotropic Medication – 6.7
EFFECTIVE DATE: 5/26/09	APPROVAL /REVISED DATE: 11/27/17
REVIEW DATE: 11/24/2025	REVIEW COMMITTEE: Recipient Rights CHANGES: Yes _____ No __X____

I. Purpose

To establish procedure regarding Hiawatha Behavioral Health prescribing practices including education regarding health and medication to the person served.

II. Policy

It is the policy of Hiawatha Behavioral Health that all psychotropic medication shall be prescribed and administered in a safe and appropriate manner according to State and Federal Standards, Hiawatha Behavioral Health approved Guidelines and standards of the Medical Community.

III. Definitions

A. Psychotropic Medication: Any medication prescribed and administered for the treatment or amelioration of disorders of thought, mood, or behavior.
B. Medication Error: Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer. Such events may be related to professional practice, health care products, procedures and systems including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.
C. Informed Consent: A written agreement executed by a recipient, a minor recipient's parent, or a recipient's legal representative with authority to execute consent. In an emergency, a verbal agreement of a recipient or guardian, with the verbal agreement added into the record, followed up with a written consent as soon as possible.

IV. Procedure

A. Prescribing Practices:
   1. Psychotropic medication shall be prescribed only by a person licensed to do so and in accordance with the Michigan Department of Health and Human Services Administrative Rules R330.7158. Only Physicians appropriately licensed in the State of Michigan, having prescriptive authority granted from the Michigan Department of Commerce, Licensing and Regulation, and possessing a Controlled Substance Registration Drug Enforcement Administration (DEA) number, may prescribe and monitor medications.

2. The prescribing, ordering, storage, handling and administration of medications shall be done in compliance with State and Federal Laws and Regulations and Hiawatha Behavioral Health approved guidelines and standards.
3. Psychotropic medications shall be used in accordance with American Psychiatric Association Treatment Recommendations. Minimum duration and safe termination will be determined in accordance with references such as the Physician's Desk Reference, American Medical Association Drug Evaluations, and American Hospital Formulary Service-Drug Information.
4. Medication orders (written or verbal) are received only by authorized licensed nursing providers from authorized prescribers. Medication orders as well as administration of medication shall be recorded in the recipient's electronic medical record.
5. When authorized, services to include the prescribing of psychotropic medication shall be coordinated with the recipient's Primary Care Physician and / or other prescribing sources.
6. Psychotropic medication ordered for the behavioral control not due to a mental illness or other organic use shall be administered in accordance with the Medical Services Administration and Hiawatha Behavioral Health Behavior Treatment Committee guidelines.
7. Evaluation of drug utilization shall occur within the context of a Quality Improvement Peer Review Process. The Peer Review Process consists of qualified professionals one of which is a physician not responsible for the prescribing of the cases reviewed. Peer Review periodically assesses the prescribing practices and documentation thereof to assure recipient safety and state of the art pharmacotherapy. This includes but is not limited to adherence to guidelines, documentation of appropriate clinical exceptions, off formulary prescribing, polypharmacy, monitoring for side effects, cost effectiveness, therapeutic benefit, and practitioner trends.
8. Prior to initiating psychotropic medication, the prescriber or licensed health care professional acting under the delegated authority of the prescriber shall obtain medication specific informed consent.
9. Prescribing Physicians shall use care when prescribing medications for recipients with substance abuse disorders to ensure that medications with addictive properties are not misused.

B. Informed Consent
1. Medication specific informed consent shall be obtained by a Hiawatha Behavioral Health Medical Professional prior to the prescribing of any psychotropic medication in compliance with the following provisions:
   a. Psychotropic medication shall not be administered unless the individual gives informed consent or a Court orders it.
   b. Receipt of informed consent, shall be in a language that the recipient and/or their legal representative can understand. The person giving consent shall be provided with time to read the document or have the document read to them if they are unable to do so. Ample opportunity shall be provided to ask questions and to have questions answered.

c. Informed consent shall include the provision of educational information and shall be done prior to initiating medication.
d. A copy of the medication consent form addressing side effects and stating the acceptable dosage range shall be given to the recipient and/or the recipient's legal representative. A copy shall be immediately placed into the recipient's electronic medical record held by Hiawatha Behavioral Health.
e. Explanation that consent can be withdrawn at any time.

2. No element of force, coercion, fraud, deceit, or duress shall be used in obtaining consent.
3. Medications shall never be used as punishment or for the convenience of staff, or as a substitute for other appropriate treatment.

C. Individual Plan of Service (IPOS)

1. The recipient's IPOS shall have goals and outcomes desired by the person served, which guide the use of psychotropic medications. The Person Centered Plan IPOS shall be signed by the recipient, and those person(s) involved in the development and implementation of the plan, including the guardian.
2. Medication training and education shall be provided to the recipient, their family member and/or his/her legal representative as frequently as needed and on an ongoing basis and includes:
   a. Name, dosage and rationale for each medication including an explanation of the biological principles, intended benefits, expected results of the medication and potential duration of medication use.
   b. An explanation of the specific risks and the most common adverse effects that have been associated with that drug. The recipient and / or their legal representative will be provided a written summary of this information as well.
   c. The need and frequency of any laboratory studies, tests or other procedures that may be required.
   d. Information regarding the acceptable dosage range for administering the medication.
   e. Any adverse interactions between multiple medications.
   f. Any adverse interactions between medications and food or known health status i.e.: allergies and any special dietary needs or any dietary restrictions associated with specific medications to be ordered.
   g. Potential drug reactions when combining prescription and nonprescription medications alcohol or drug use; herbal, homeopathic, over-the-counter, or alternative medications; or tobacco; or caffeine use.
   h. Contraindications which may include food, substance use, or behavior.
   i. Information regarding alternative medications and interventions which may include treatment by spiritual means, to the use of psychotropic medications, if any exist, for the specific disorder.
   j. The signs associated with the non-adherence of medication and early signs/symptoms of relapse.
   k. Instructions regarding self-administration, when applicable, including an explanation of the importance of taking medication as prescribed, safe handling, storage, continuing with prescribed medications when generics are

not available, the management of biohazards associated with the use of medications, and proper disposal of medications when finished with use.

l. Use of medication by women of child bearing age and risks associated with pregnancy when applicable.
m. Availability of financial supports and resources to assist with handling the costs associated with medications.
n. Suggested action to take in case of an emergency related to the use of medications, including keeping telephone number for Emergency Room and Poison Control readily available.
o. Identify persons served at risk for co-morbid factors/risks and through monitoring, coordination of care, and integrated health education, guide management and recovery as part of IPOS.

3. The recipient's Psychiatric Assessment shall include at least and not limited to the following:
   a. Psychiatric history;
   b. Medical history including alcohol and other drug use;
   c. Mental status exam;
   d. Diagnosis;
   e. Review of past medication use including effectiveness, side effects, and adverse reactions;
   f. A thorough report of all medications prescribed for and used by the recipient including over-the-counter and herbal products.
   g. The list of medications shall include the name of the medication, dosage, frequency, instructions for use, and name of prescribing physician. This list shall be continually used and updated.

D. Medication Administration
   1. Medication shall be administered at the order of a Physician and in compliance with PA 258 of 1974, as Amended, Sections 330.1718 and 330.1719 and associated Administrative Rules sections 330.7001 and 330.1758.
   2. If an individual cannot administer his/her own medications, medications shall be administered only by medically licensed personnel or personnel who are trained and qualified by HBH approved curriculum. Those personnel shall be fully trained in the individual plan of care regarding medication administration, in the specific instructions for consumption of each medication, secure transportation, safe handling, and necessary observation methods.
   3. The administration of psychotropic medication shall be reviewed periodically, as set forth in the recipients person centered plan and based upon the recipient's clinical status, needs, and desires. Recipients shall be seen by the physician at intervals that best suit the needs and condition of the individual.
   4. The medication review shall evaluate the need for continuing or changing the medication regime and includes but is not limited to a review of the following:
      a. The appropriateness of each medication as determined by the needs and preferences of the recipient and the efficacy of the medication;

b. Monitoring the simultaneous use of multiple medications and as well as the assessment for the presence of side effects, unusual effects, and contraindications;
c. Drug interactions;
d. As applicable order / monitor lab tests results; and
e. When applicable, document assessment of abnormal involuntary movements (Tardive Dyskinesia Screening) at the initiation of treatment and every three months thereafter for recipients receiving anti-psychotic medication.
h. If quarterly Tardive Dyskinesia screenings are performed by a Hiawatha Behavioral Health medical professional and there is evidence of Tardive Dyskinesia, the specific symptoms and degree, as well as options, shall be discussed between the recipient and/or there legal representative and Physician and documented in the Physician's Progress Note(s) which is maintained in the recipient's electronic medical record.

5. Psychotropic medications shall not be administered to any recipient under the following circumstances:
   a. An individual who has been hospitalized by medical certification or by petition under Chapter 4 or 5 of the Michigan Mental Health Code on the day preceding and on the day of his or her court hearing unless the individual consents or unless the administration of psychotropic medication is necessary to prevent physical injury to the individual or others
   b. A defendant undergoing examination at the center for forensic psychiatry or other 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.
6. Psychotropic medication may be administered without the informed consent of the recipient when necessary to prevent physical injury after signed documentation by a Physician is placed in the record of the recipient and when the acts of a recipient or other objective criteria clearly demonstrate to a Physician that a recipient is presently dangerous to self or others;
   a. Initial administration of a psychotropic medication will not be extended beyond 48 hours, unless there is informed consent. The initial period of treatment shall be as short as possible, shall be terminated as soon as there is little likelihood that the recipient will quickly return to an actively dangerous state, and shall be the smallest dosage needed.
   b. Additional psychotropic medication may be administered if a recipient again is 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.
7. Residential or Direct Care staff shall have easy access to emergency contact(s) which includes a Poison Control Center.
8. Residential or other Direct Care staff can not receive orders for medication from health care professionals over the phone.

9. Whenever possible, the recipient will be seen by his/her health care provider so that when a medication order is needed, it can be promptly written and signed by the health care provider.
10. The administration of medication shall be recorded in the recipient's medical record at the time that the medication is administered.
11. Medication shall be kept in a locked storage compartment.
12. Medication errors and adverse drug reactions shall be reported to the Physician or designated medical professional as soon as possible and shall be noted in the recipient's electronic medical record. The event shall be recorded on an Incident Report and routed to the appropriate personnel within 24 hours of occurrence.
13. Only medication that is authorized in writing by the Physician shall be given to recipients upon leave or discharge from Hiawatha Behavioral Health. Continuity of pharmacotherapy is maintained by ensuring:
    a. That ongoing psychiatric follow-up appointments are offered and;
    b. That enough medication is made available to ensure that the recipient has an adequate supply until he or she can transition and become established with another provider.

V. Cross References And Legal Authority

A. Act 258 of the Public Acts of 1974 as amended, - Mental Health Code Sections 330.1100a, 330. 1718 , 330.1719
B. MDHHS Administrative Rules - R - 330.7003, 330.7158