

<p style="text-align: center;"><b>GEORGIA DEPARTMENT OF JUVENILE JUSTICE</b></p>	<p style="text-align: center;">Transmittal # 17-16</p>	<p style="text-align: center;">Policy # 12.24</p>
<p>Applicability:  { } All DJJ Staff  {x} Administration  { } Community Services  {x} Secure Facilities (RYDCs and YDCs)</p>	<p>Related Standards &amp; References:  ACA Standards: 4-JCF-4C-28, 29, 30, 4-JCF-4C-44, 45, 4-JCF-4D-01, 3-JDF-4C-18, 191, 3-JDF-4C-41  NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities, 2011: Y-D-04, 05, Y-I-02  DJJ 11.9, 11.13, 11.28, 12.4, 12.12</p>	
<p>Chapter 12: BEHAVIORAL HEALTH SERVICES</p>	<p>Effective Date: 12/22/17  Scheduled Review Date: 12/22/18</p>	
<p>Subject: PSYCHOTROPIC MEDICATIONS</p>	<p>Replaces: 9/20/16  Division of Support Services</p>	
<p>Attachments:   A – Medication Monitoring Protocols  B – Psychotropic IM Medication Information Sheet  C – Vanderbilt Assessment Scale</p>	<p>APPROVED:      <hr style="width: 100%; border: 0.5px solid black;"/></p>	
<p style="text-align: center;">Avery D. Niles, Commissioner</p>		

**I. POLICY:**

Medications used for psychiatric symptoms shall be prescribed on the basis of a psychiatric evaluation for the appropriate treatment of disturbances of mood, thinking and behavior in a manner consistent with current pharmacological knowledge. Under no circumstances will, stimulants, tranquilizers, or psychotropic medications be administered for purposes of discipline, security, control, or for purposes of experimental research.

**II. DEFINITIONS:**

**Abnormal Involuntary Movement Scale (A.I.M.S.):** An assessment procedure used to monitor individuals on antipsychotic medications for the development of abnormal involuntary movements.

**Behavioral Health Staff:** At a minimum, Social Service Provider, Juvenile Detention Counselors, Sex Offender Treatment Specialist, Sex Offender Treatment Supervisor, Institutional Program Directors, Social Services Coordinator, Psychologist, Psychiatrist, a Nurse trained in mental health duties, Professional Social Service Worker, Social Service Worker, substance use treatment staff, and masters and doctoral level mental health students, and other staff with the education, training, and experience adequate to perform the duties required in accordance with professional standards, as authorized by the Designated Mental Health Authority.

**Chief of Psychiatric Services:** The licensed psychiatrist within the Office of Behavioral Health Services who oversees the delivery of psychiatric services statewide.

**Emancipated Minor:** A youth whose parents' rights to the custody, control, services and earnings of the youth have been terminated. Emancipation may occur by operation of law when

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the youth is validly married, reaches the age of 18, or is on active duty status with the armed forces of the United States. Emancipation may also occur by court order pursuant to a petition filed by the minor with the juvenile court.

**Health Care Staff:** Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Dentist, Dental Assistant, Dental Hygienist, Health Services Office Assistant, Pharmacist, Physician’s Assistant, or Physician.

**Advanced Practice Provider:** Nurse Practitioner (NP) or Physician’s Assistant (PA).

**Primary Clinician:** The qualified mental health professional responsible for documenting all treatment planning activities.

**Psychodiagnostic Evaluation (PDE):** An assessment completed by a Psychiatrist or Psychologist that includes a review of identifying data, chief complaint, medical, mental health, social history, and mental status exam. Findings from the evaluation will generate DSM-5 diagnoses as appropriate and recommendations for treatment and follow-up services. If psychotropic medications are prescribed, the Psychiatrist must be the evaluating clinician.

**Psychotropic Medications:** Medications having a direct effect on the central nervous system and used in the treatment of psychiatric illness. These drugs usually affect thinking, mood and/or behavior. They include any antipsychotic, antidepressant, antianxiety agent, sedative, hypnotic, psychomotor stimulant, and lithium. Medications used for psychiatric symptoms may also be used for non-psychiatric problems (e.g., Elavil for migraine headaches). In instances where the medicine is not used for psychiatric symptoms, it will not be considered a psychotropic medication. There are also instances where non-psychiatric medications are used to treat psychiatric symptoms (e.g., anticonvulsants for the management of impulse control problems). In those cases the medication will be considered a psychotropic medication. Vitamins and nutritional supplements are not considered to be psychotropic medication.

### III. PROCEDURES:

- A. A Psychiatrist will be the primary provider of all psychiatric services. Board Certified Child and Adolescent Psychiatrists will be the preferred providers.
  - 1. Consultations with a Board Certified Child and Adolescent Psychiatrist will be available upon request through the Office of Behavioral Health Services (OBHS).
  - 2. Board Certified Child and Adolescent Psychiatrists may serve as consultants and supervise other physicians. Board Certified Child and Adolescent Psychiatrists will not be required to consult with the DJJ Chief of Psychiatric Services unless:
    - a) Emergency involuntary medication is being considered; or

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- b) In the clinician’s judgment, a second opinion is needed or desired.
  
- 3. Psychiatrists who are Board Certified in Psychiatry, Board Certified in Psychiatry and presently a child psychiatry fellow, or Board Eligible in Child and Adolescent Psychiatry will request consultation with the DJJ Chief of Psychiatric Services or designee, when:
  - a) Any youth is prescribed more than 3 psychotropic medications. Use of a psychotropic medication for sleep or side effects (e.g., Benadryl) will not be counted as a prescribed medication. Referral to the Behavioral Health Review Panel may serve as the required consultation;
  - b) Emergency involuntary medication is being considered;
  - c) In the clinician’s judgment, a second opinion is needed or desired; or
  - d) A non-formulary medication is being ordered.
  
- 4. Psychiatrists who are Board Eligible in Psychiatry will request consultation with the DJJ Chief of Psychiatric Services or designee when:
  - a) Any youth is prescribed more than 3 psychotropic medications. Use of a medication for sleep or use of a psychotropic medication for sleep or side effects (e.g., Cogentin) will not be counted as a prescribed medication;
  - b) Emergency involuntary medication is being considered;
  - c) Unusual side effects are noted;
  - d) In the clinician’s judgment, a second opinion is needed or desired; or
  - e) A non-formulary medication is being ordered.
  
- 5. Non-psychiatric physicians will request consultation with the DJJ Chief of Psychiatric Services or designee when:
  - a) Any youth is prescribed more than 3 psychotropic medications. Use of a medication for sleep or use of a psychotropic medication for sleep or side effects (e.g., Cogentin) will not be counted as a prescribed medication;
  - b) Psychotropic medications are ordered at initiation, continuation, or renewal;
  - c) Emergency involuntary medication is being considered;

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- d) Unusual side effects are noted;
- e) In the clinician's judgment, a second opinion is needed or desired; or
- f) A non-formulary medication is being ordered.

6. A consultation may be done by telephone contact with the DJJ Chief of Psychiatric Services or designee or by a referral to the Behavioral Health Panel. The prescribing physician will document a telephone consult in a Juvenile Tracking System (JTS) OBHS communication progress note. Submitting a JTS Formulary Exception Request (see DJJ 11.9, Pharmaceutical Services) satisfies the consultation requirement for the use of a non-formulary medication.

**B. Initiation of Psychotropic Medications**

1. Prior to initiating medications, the Psychiatrist will conduct and document a psychiatric evaluation in accordance with DJJ 12.12, Psychodiagnostic Evaluation.
2. Prior to initiating psychotropic medication, there should be documentation that the prescribing psychiatrist has reviewed the physical exam completed within the last year. If a psychotropic medication is initiated prior to a physical examination being completed, the Psychiatrist must see the youth weekly until a review of a current physical examination has been documented. The psychiatrist will provide documentation of the review of the physical exam in the Psychodiagnostic Evaluation module.
3. Medical testing will be performed, as indicated, prior to the initiation of psychotropic medications (see Attachment A, Medication Monitoring Protocols). Studies needed to rule out a psychiatric condition due to a general medical condition, as well as those needed for the use of medications, will be addressed in the initial psychiatric treatment plan, if indicated.
4. Youth will be assessed as soon as possible, but always within 72 hours of the initiation of a psychotropic medication, to evaluate response and potential side effects. This assessment must be conducted by nursing staff and documented in a JTS progress note. This note must be saved to both the Medical and Mental Health modules of the youth's JTS records. After the assessment, the prescribing physician will be notified of the results if there are problems or concerns with documentation of this notification being made in the JTS progress notes.
5. When a new psychotropic medication is ordered, the health care staff will ensure that the youth is scheduled for the mental health chronic care clinic and will be followed at least monthly by a nurse trained in mental health duties.

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6. Nursing staff will inform the prescribing Psychiatrist when a psychotropic medication has not begun within 72 hours unless the order specifies the medication may begin more than 72 hours later. In the case of Schedule II drugs, if the medications are not received within 5 days of the order being written, the nursing staff will inform the prescribing psychiatrist. The Psychiatrist will instruct nursing staff if the psychotropic medication that has not been started needs to be obtained for the youth immediately so that alternative options can be pursued in obtaining the medication if necessary. Documentation of the notification to the Psychiatrist and the plan for initiation of the psychotropic medication will be made in the JTS communication notes.
  7. The Psychiatrist will review and document the youth's progress within 17 calendar days of initiation of a new psychotropic medication, and then, at least every 31 days (some situations, such as when initiating antidepressants, may require more frequent follow-up. See Attachment A, Medication Monitoring Protocols).
  8. The following information will be recorded in the youth's JTS Psychodiagnostic Module:
    - a) Lack or presence of significant side effects;
    - b) Effects of prescribed medication(s) on targeted symptoms and behavior; and
    - c) Reason(s) for changing medication dosages.
  9. When a youth refuses follow-up or is unavailable, a JTS Psychodiagnostic Evaluation (PDE) note will be entered documenting the clinical reasoning for continuing, holding, or discontinuing psychotropic medications based on a review of the youth's pertinent JTS information. The youth should be scheduled for follow-up within 10 days.
  10. If an order to initiate a psychotropic medication is made prior to obtaining consent, the medication order will indicate that the medication should be given or withheld pending consent. Psychotropic medication may be dispensed without consent in accordance with policy (see DJJ 11.28, Emergency and Urgent Medication Administration, and DJJ 11.13, Consent Process).
- C. Within 24 hours of a youth's admission to a secure facility, a healthcare staff will review and document any current medications, including psychotropic medications, as part of the Health Appraisal. The nursing staff will contact the facility Psychiatrist on whether or not to continue any psychotropic medication prescribed prior to the youth's admission. (The

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youth will be considered to be currently on psychotropic medications if the youth has taken a prescribed psychotropic medication within 30 days of admission to a facility.)

1. Youth transferred from one DJJ facility to another who have been receiving psychotropic medications should generally have the medications continued. With the approval of the facility Psychiatrist, notification that psychotropic medications are being continued when a youth is transferred from one DJJ facility to another can be made by email or voicemail. When medications are not continued, verbal contact by nursing staff with the Psychiatrist is required. Clinical reasoning for not continuing medications will be documented in the Psychiatrist's PDE note.
2. If a youth is currently prescribed a psychotropic medication by a community provider and laboratory studies and examinations are unavailable at the time of admission, the Psychiatrist will be contacted for verbal orders for the appropriate required labs when the order to continue the medication is obtained. (See Attachment A, Medication Monitoring Protocols). (These routine lab tests and examinations will not require pre-certification for non-committed youth.) Medications may be continued in this situation for up to 10 days.
3. The youth will be referred to the facility's Psychiatrist after assessment by behavioral health staff. The Psychodiagnostic Evaluation will occur within 10 days of the referral to the psychiatrist to determine the need for continuation of psychotropic medications and will be documented using the JTS Psychodiagnostic Module.
4. The receiving facility Psychiatrist will review all appropriate available information from the community and youth's health record which includes mental health assessments.
5. The Psychiatrist may decide to discontinue a psychotropic medication that was prescribed prior to the youth's admission. The reason for discontinuing a medication will be clearly documented in the JTS Psychodiagnostic Module or in a JTS communication note when a repeated evaluation is not required. An order to discontinue the medication will not be required.
6. The parents/guardians and community case manager/court services worker will be notified when a psychotropic medication is discontinued. This notification may occur by phone, email, or letter. Documentation of the contact will be made in a JTS Psychodiagnostic or communication note.
7. In cases where there is a serious medical risk associated with sudden discontinuation of a medication (e.g., Xanax, Clonidine, etc.), the medication will be tapered and discontinued over as rapid a time as is medically safe.

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8. The Psychiatrist will review and document the youth’s progress within 31 days of the continuation of a psychotropic medication, and then, at least every 31 days. (Some situations such as when initiating antidepressants, may require more frequent follow-up (see Attachment A, Medication Monitoring Protocols). The following information will be recorded in the youth’s JTS Psychodiagnostic Module:
    - a) Lack or presence of significant side effects;
    - b) Effects of prescribed medication(s) on targeted symptoms and behavior; and
    - c) Reason(s) for continuing medication and/or changing medication dosages.
  9. When a youth refuses follow-up or is unavailable, a JTS PDE note will be entered documenting the clinical reasoning for continuing, withholding, or discontinuing psychotropic medications based on a review of the youth’s pertinent JTS information. The youth will be scheduled for follow-up within 10 days unless a follow-up past 10 days would still be within the time frames noted in Section III.C.8.
  10. If an order to continue a medication is made prior to consent being obtained (see DJJ 11.13, Consent Process), the order will indicate that the medication should be either given or held pending consent.
- D. All medications initially ordered to aid a youth in establishing regular sleep patterns, including Benadryl, will be ordered by the facility Psychiatrist.
1. When a sleep aid is the only medication prescribed by the Psychiatrist, all psychotropic medication procedures outlined in this policy will be followed.
  2. Facility mental health staff will maintain youth whose only prescribed psychotropic medication is a sleep aid on the mental health caseload.
- E. Ordering of medications will be done by electronic prescribing. Verbal orders will be documented by nursing staff using the Physician’s Order Form.
1. The prescribing physician will sign and date verbal orders at the next site visit.
  2. The Psychiatrist will not order medication(s) to be administered as needed, also known as “standing orders.”
  3. When prescribing medications, the Psychiatrist will make every effort to adhere to the DJJ formulary. When a non-formulary medication is ordered, the provider

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must submit a JTS Formulary Exception Request to the Department's Chief of Psychiatric Services (see DJJ 11.9, Pharmaceutical Services).

4. The Psychiatrist may provide a written prescription, call in a prescription, or authorize a nurse to call in a prescription, for medications for up to 30 days from the time of discharge. This will be documented in a JTS communication note or Psychodiagnostic Evaluation note.
- F. The Psychiatrist will ensure that all appropriate laboratory tests are ordered, when clinically indicated, to reduce the risk of harmful side effects and to assist in achieving therapeutic levels (see Attachment A, Medication Monitoring Protocols).
1. Laboratory results will be available for the physician's review within 7 days of the date the labs are ordered.
  2. The physician will review all laboratory results within 10 days of receipt. The review of laboratory results will be clearly documented by the physician's dated initials on the laboratory report.
  3. The health care staff will review all routine laboratory results upon receipt. If any values are significantly outside the normal range, the nurse will immediately contact a physician to discuss the abnormal results. The review of laboratory results will be clearly documented by the nurse's dated initials on the laboratory report. Documentation of any contact with a physician to discuss the abnormal lab values will be clearly documented in the JTS progress notes.
- G. The Psychiatrist will seek the informed consent of the youth and parent/guardian for the administration of psychotropic medications (see DJJ 11.13, Consent Process). Medications prescribed in the community will not be discontinued for lack of consent without the approval of the facility Psychiatrist.
- H. Facility healthcare and behavioral health staff will utilize all available techniques to ensure that a youth remains compliant with prescribed medications.
1. Nursing staff will advise the Psychiatrist and the youth's behavioral health primary clinician whenever a youth receiving mental health services has been non-compliant with ordered medications three times in a row or on three consecutive days. In cases where the youth's non-compliance stems from side effects or administration issues, the nurse will consult with the Psychiatrist and administrative staff about ways to mitigate these issues.
  2. The youth's behavioral health primary clinician or the mental health nurse will meet face-to-face with the youth to discuss the reason(s) for non-compliance and the importance of adhering to the medication regimen. In cases where the youth's

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non-compliance stems from side effects or administration issues, the behavioral health primary clinician will consult with the Psychiatrist and nursing staff about ways to mitigate these issues.

3. All efforts to ensure medication compliance and its results will be documented in a JTS progress note.

I. Discontinuation of Medications

1. When medications prescribed in a DJJ facility are discontinued, the clinical reason(s) for discontinuing the medication will be documented in the youth's JTS Psychodiagnostic Module.
2. The parent/guardian and Community Case Manager will be notified when a psychotropic medication is discontinued. This notification may occur by phone, email, or letter. Documentation of the contact will be made in a JTS Psychodiagnostic or communication note.
3. The psychiatrist will schedule at least one follow-up session within 31 days of a youth's psychotropic medications being discontinued.
4. If the youth's psychotropic medication is discontinued, the youth will remain on the mental health caseload for at least 31 days. The treatment team will evaluate the need for increasing the intensity of services or the addition of other interventions.

J. Youth receiving psychotropic medications may have an increased sensitivity to sunlight and may be at a higher risk of heat-induced symptoms such as heatstroke, hyperthermia, and heat prostration.

1. Youth receiving psychotropic medications will be informed of the potential heat-related risks. Protective clothing and sunscreen will be available for youth when in direct sunlight for extended periods.
2. Youth will be counseled regarding the need for adequate intake of fluids (8 to 12 cups of water per day) to avoid dehydration.
3. If the interior temperature exceeds 90°F, the facility Director may temporarily transfer youth to another area of the facility. The following measures must be instituted when the interior temperature exceeds 90°F:
  - a) Ventilation must be increased to the area through the use of fans to improve air flow and reduce room temperature to less than 90°F;

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- b) Youth must be provided increased fluids and ice; and
  - c) Youth must be provided additional showers to provide cooling.
- K. Female youth will be advised of the potential risks of birth defects with any medications used. The Psychiatrist will review documentation of the results of a recent pregnancy test prior to the initiation of psychotropic medications, except in emergency situations. If the youth was receiving medications prior to her transfer to a DJJ facility, continuation of the medication will be done only after considering the specific youth's situation and her recent psychiatric and medical (including recent sexual and menstrual) history. If a pregnant youth needs psychotropic medications, an obstetrician will be consulted. The risks and benefits of continued treatment will be discussed with the youth and parent/guardian, if the youth agrees with contacting the guardian.
- L. Intramuscular (IM) Medications:
1. IM psychotropic medications may be used in the following situations:
    - a) When the youth's behavior poses an acute serious threat to him/herself or others;
    - b) For the treatment of urgent medical conditions; and
    - c) Scheduled use of extended release antipsychotic medication.
  2. When at all possible, the Psychiatrist should consider the use of an oral medication, prior to ordering an IM medication. If the youth refuses the oral medication and will not voluntarily accept the IM medication, the medication may be administered involuntarily (see DJJ 11.28, Involuntary Medication Administration).
  3. If use of an IM medication for an acute serious threat to self or others is indicated, transfer of the youth to a psychiatric hospital or one of DJJ's mental health units should be considered.
  4. It is expected that the need for the use of IM medications will be infrequent and will generally be done in one of DJJ's mental health units.
  5. Attempts should be made to contact the youth's parent/guardian prior to the use of a short-acting IM medication in a non-emergency situation. For the use of a long-acting antipsychotic medication (decanoates), consent may include approval for continued use of an IM medication without the need for repeated contact for each use (see DJJ 11.13, Consent Process, and 11.28, Involuntary Medication Administration).

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6. The use of an IM medication will be noted in a treatment team progress note. Repeated use of IM medications will be reflected in the youth's treatment plan.
  7. Nursing staff will check the youth after the use of any IM medications, including checking the youth's vital signs every 15 minutes for the first hour after the use of IM medications. The nurse will notify the youth's parents/guardians and community case manager. The vital signs may be documented in JTS progress notes or in a restraint flow sheet (when the youth is mechanically restrained).
  8. When IM medications are used outside of a DJJ mental health unit, documentation of contact with the DJJ Chief of Psychiatric Services or designee will be included in the youth's Psychodiagnostic Module or progress notes. When clinically appropriate the DJJ Chief of Psychiatric Services or designee should be consulted prior to a youth receiving an IM medication.
  9. The nurse will complete the Psychotropic IM Medication Information Sheet (Attachment B), which will be emailed to the DJJ Chief of Psychiatric Services or designee within the same shift as the medication administration. A copy of the Information Sheet will be placed in a central location (electronic or paper) to provide for easy access to a list of all IM medication episodes.
- M. Youth on an antipsychotic medication will be formally evaluated at least once every 3 months by a trained nurse or the prescribing Psychiatrist using the Abnormal Involuntary Movement Scale (AIMS) to detect tardive dyskinesia or other involuntary movements.
1. Youth admitted to a secure facility from the community will be formally evaluated using the JTS AIMS module no later than the first psychiatric follow up, and then, at least every 3 months.
  2. When antipsychotic medications are initiated at a DJJ facility, the AIMS will be completed when the decision is made to prescribe the antipsychotic medication. The AIMS will be repeated every 3 months.
  3. An AIMS will also be done at the first indication of any abnormal movements.
  4. All AIMS results will be documented in the health record.
- N. The use of certain medications should be severely restricted.
1. The use of benzodiazepine agents in emergency situations will not exceed a 24-hour period without review and documentation of reason(s) for continuation of the medication.

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- a) The use of benzodiazepine agents in non-emergency situations should not exceed a 3-week period, including taper and discontinuation. For a benzodiazepine agent to be used in a non-emergency situation for longer than 3 weeks, the Psychiatrist must consult with the DJJ Chief of Psychiatric Services or designee with documentation in the Psychodiagnostic Module or a progress note.
  - b) If a youth is considered appropriate for re-prescription of benzodiazepines within any 3-month period, consultation with the DJJ Chief of Psychiatric Services or designee will be obtained and documented.
  - c) When benzodiazepines are prescribed, documentation of any history of drug or alcohol dependence, and the potential for cross-tolerance, must be included in the health record. Benzodiazepines will not be used to treat insomnia.
2. Antipsychotics will not be used for insomnia alone. Decanoate neuroleptics may be initiated only by Psychiatrists and only after a trial of the oral form of the medication for 5 days. Decanoate neuroleptics will never be used in emergency situations. If a decanoate neuroleptic is clinically indicated the facility Psychiatrist must document consultation with the DJJ Chief of Psychiatric Services or designee in the Psychodiagnostic Module or JTS progress note.
  3. When Clozaril is ordered, the prescribing physician must document consultation with the DJJ Chief of Psychiatric Services or designee prior to initiation. If a youth is prescribed Clozaril prior to admission to a DJJ facility the facility Psychiatrist must document consultation with the DJJ Chief of Psychiatric Services or designee within 5 days.
- O. Youth who are 18 years of age or legally emancipated minors will be required to consent for themselves for every type of consent required by this policy. The parent/guardian will not be contacted for notification requirements identified in this policy, consent or otherwise except as authorized by the youth's signature on an Authorization for the Release of Health Information.
- P. The Office of Behavioral Health Services will provide an evaluation toolkit (e.g., depression, anxiety, PTSD scales, etc.) at each facility. The Psychiatrist in collaboration with behavioral health, healthcare, and education, shall use the Vanderbilt Assessment Scale (Attachment C) to assess for the presence of symptoms of ADHD prior to medication initiation and/or to monitor the effectiveness of medication on ADHD symptoms. Youth who are continuing medications for ADHD and are clinically stable will not require ADHD checklists but will require documentation in JTS to support this clinical decision.

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**IV. LOCAL OPERATING PROCEDURES REQUIRED: NO**