



**STATE OF WASHINGTON
JUVENILE REHABILITATION**

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December 19, 2016

TO: JR Policy Holders

FROM:

A handwritten signature in blue ink that reads "John Clayton".

John Clayton, Assistant Secretary
Juvenile Rehabilitation

SUBJECT For Distribution: JR Policy 4.31, *Administering Involuntary
Antipsychotic Medication to Youth*

The JR Policy Committee has completed the scheduled sunset review of Policy 4.31, *Administering Involuntary Antipsychotic Medication to Youth*. No changes in the law have occurred since 2011, and therefore Policy 4.31 did not have any updates from the existing version (released in 2014).

The attached policy summary provides an overview of the policy.

This policy has a scheduled effective date of January 1, 2017. If you have questions regarding the policy, please contact JR's policy staff at jrapolicy@dshs.wa.gov.

Attachment: Policy 4.31, Procedures 4.31.1 - 4.31.2

Policy 4.31– Administering Involuntary Antipsychotic Medication to Youth *Summary*

- Establishes policy expectations for the involuntary administration of psychotropic medication to Juvenile Rehabilitation youth

Background:

The existing policy was reviewed for the two-year sunset review. No changes to the laws have occurred in the last two years.

Policy Summary

The policy addresses JR’s authority to administer involuntary psychotropic medication in identified circumstances and for how long, addresses required notifications and timelines as well as documentation requirements. The policy also addresses requirements for the Involuntary Psychotropic Medication Hearing (IPMH) process, provides procedures to support the hearing process, and provides requirements for extension of time allowed and appeals, as well as provisions for external judicial review.

Changes from Current Practice

- No changes were made to the existing policy, procedures or attachment.

Training Required: No

Policy Effective Date: January 1, 2017

**POLICY 4.31 – ADMINISTERING INVOLUNTARY ANTIPSYCHOTIC
MEDICATION TO YOUTH**

Policy Committee Chair

Lori Kesi
Regional Administrator, Regions 1 & 2
Juvenile Rehabilitation

Approved



John Clayton, Assistant Secretary
Juvenile Rehabilitation
12/19/2016

Authorizing Sources

RCW 13.40.460
RCW 72.01.050(1)
RCW 72.01.090
RCW 72.05.130
Washington v. Harper, 494 U.S. 210 (1990)

Information Contact

Andrea Ruiz
Policy, Planning & Lean Administrator
Juvenile Rehabilitation

Effective Date (*Technical Edit 12/12/19*)¹
1/1/2017

Sunset Review Date
1/1/2021

I. PURPOSE AND SCOPE

The policy establishes expectations for the involuntary administration of psychotropic medication to Juvenile Rehabilitation youth.

All staff, contractors, volunteers, and interns working in or for Juvenile Rehabilitation (JR) are responsible for reviewing and complying with JR policies.

II. POLICY

1. Psychotropic medication may be involuntarily administered for up to 72 hours without an Involuntary Psychotropic Medication Hearing (IPMH) if there is an emergent need.

- 1.1. An emergent need for the involuntary administration of psychotropic medication is indicated if the youth:
- 1.1.1. Suffers from a mental disorder;
 - 1.1.2. As a result of that disorder, presents an imminent likelihood of serious harm to self, others, or is gravely disabled; and
 - 1.1.3. Treatment is in the youth's medical or mental health interest.
- 1.2. Staff will follow Procedure 4.31.1, *Responding to an Emergent Need for Antipsychotic Medication*.

¹ 12/12/19 Technical Edit: Updated DSHS references and forms to DCYF.

Policy **4.31 Administering Involuntary Antipsychotic Medication to Youth**, 1/1/2017

- 2. An IPMH must be conducted to continue the involuntary administration of psychotropic medication beyond 72 hours.**
- 3. The involuntary administration of psychotropic medication must be ordered by a licensed physician or psychiatrist for a specified amount of time (ACA 4-JCF-4C-45).**
 - 3.1. If the emergent need for involuntary administration arises when there is no licensed physician or psychiatrist in the facility, the ARNP or physician's assistant must consult with a physician or psychiatrist prior to administering the psychotropic medication.
 - 3.1.1. If the physician or psychiatrist cannot be reached, the youth should be transported immediately to the nearest hospital or emergency facility.
 - 3.1.2. With a written order from a licensed psychiatrist, physician or the Medical Director or designee, the administration of involuntary psychotropic medication may continue up to 72 hours without holding an IPMH.

NOTIFICATIONS

- 4. Administration must be notified of situations where youth are considered for involuntary psychotropic medication.**
 - 4.1. The Superintendent, Regional Administrator or designee must be notified directly within 2 hours of any youth being considered for involuntary psychotropic medication.
 - 4.2. The Medical Director or designee must be notified directly within 2 hours of any youth being considered for involuntary psychotropic medication.
 - 4.3. The Assistant Secretary will be notified directly within 2 hours of the decision to involuntarily administer psychotropic medication.
- 5. Notification of custodial parents or legal guardians is required for IPMH in compliance with Policy 1.40, *Managing JR Juvenile and Operations Records*.**
 - 5.1. When there is emergency administration of involuntary psychotropic medication, reasonable efforts to notify the custodial parents or legal guardians must be made by telephone.
 - 5.2. If telephone contact cannot be made, a letter notifying the custodial parents or legal guardians must be sent consistent with Policy 4.30, *Providing Health Care for JR Youth*.
 - 5.3. ~~Efforts to inform the custodial parents or legal guardians by telephone must be made within 4 hours after a hearing is scheduled. Written notification must be sent via overnight mail informing the custodial parents or legal guardians of the hearing using the Scheduled Psychotropic Medication Hearing form (DCYF Form 20-278)~~
 - 5.4. A copy of the hearing notice given to the youth, in accordance with subsection 3.11, must be enclosed with the written notification to the custodial parents or legal guardians; and
 - 5.5. Written hearing results must be mailed to the custodial parent or legal guardians within seven working days.

Policy **4.31 Administering Involuntary Antipsychotic Medication to Youth**, 1/1/2017**ADMINISTERING MEDICATION**

- 6. Involuntary psychotropic medication must be administered by a JR Health Care Practitioner under the direction of the JR Medical Director.**
- 7. A treating or consulting psychiatrist must provide oversight of the involuntary administration of psychotropic medication once the Medication Hearing Committee (MHC) authorizes its use.**
 - 7.1. If the youth temporarily agrees to take the psychotropic medication and then refuses, the involuntary administration of psychotropic medication may resume within the time limit authorized by the MHC, if necessary, at the discretion of a treating or consulting psychiatrist.
- 8. A treating or consulting psychiatrist may discontinue the medication, if appropriate.**
 - 8.1. If authorization for the involuntary administration of psychotropic medication is discontinued, the process will begin again to gain reauthorization for the involuntary administration of psychotropic medication, if needed.

DOCUMENTATION

- 9. Involuntary administration of psychotropic medication must be documented in the Automated Client Tracking (ACT) system.**
- 10. The IPMH will be documented in the medical file in the Automated Client Tracking (ACT) system in Psychiatric Notes.**
- 11. The MHC's decision will be documented in Progress Notes in ACT. The written decision of the committee will be placed in the youth's medical file.**
- 12. The Review IPMH must be documented in Psychiatric Notes in ACT**
- 13. A copy of each decision must be provided to the youth.**

INITIAL IPMH

- 14. An Initial Evidentiary IPMH must be held to involuntarily administer psychotropic medication that does not qualify as an emergency in accordance with Procedure 4.31.2, *Holding an IPMH*.**
 - 14.1. An IPMH may be scheduled at any time and need not be preceded by involuntary administration of psychotropic medication due to an emergency.
 - 14.2. The IPMH must be initiated by the treating or consulting health care practitioner through a request to the Superintendent or Regional Administrator, or designee.
- 15. The Superintendent, Regional Administrator or designee, must contact the appropriate Director to assemble a Medication Hearing Committee (MHC).**
 - 15.1. The psychiatrist of the MHC will act as Chairperson.
 - 15.2. The Superintendent or Regional Administrator may be represented at each IPMH by an Assistant Attorney General.

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- 15.3. The treating or consulting Health Care Practitioner recommending the involuntary administration of psychotropic medication must present a formal report at the IPMH. The report must include the following information:
 - 15.3.1. The youth's historic and current DSM-IV-TR diagnosis, if there is one;
 - 15.3.2. A criteria or basis for the conclusion that the youth is a risk to self or others, or is gravely disabled;
 - 15.3.3. The youth's history of psychotropic medication use;
 - 15.3.4. Documentation that less-restrictive intervention options have been exercised without success, as determined by the primary care physician or psychiatrist (ACA 4-JCF-4C-45)
 - 15.3.5. The youth's expected prognosis and behavior, both with and without involuntary psychotropic medication; and
 - 15.3.6. The criteria or basis on which it is determined medication is necessary.
- 16. The youth must be provided with written and verbal notice of the hearing and their relevant rights at least 24 hours prior to the hearing using the Notification of Involuntary Psychotropic Medication Hearing form (DCYF Form 20-279).**
- 17. Youth have specific rights during the IMPH process. The rights are detailed on the Notification of Involuntary Psychotropic Medication Hearing form (DCYF Form 20-279) and must be verbally reviewed with the youth at time of notification.**
 - 17.1. The youth's right to participate at the hearing may be limited if the MHC determines that their actions are unduly burdensome, cumulative, disruptive, cause unnecessary delay, are a danger to themselves or others, or jeopardize facility safety and security.
- 18. All youth being reviewed for involuntary administration of psychotropic medication must have access to the JR Youth Legal Representative.**
 - 18.1. The youth's request for representation or denial of such will be documented on the Notification of Involuntary Psychotropic Medication Hearing form (DCYF Form 20-279).
 - 18.2. If legal representation by the Youth Legal Representative is requested, the Superintendent, Regional Administrator or designee will notify the Representative within 2 hours.
 - 18.3. If a youth or their family wishes to seek private legal representation for the IPMH rather than utilize the services of the JR Youth Legal Representative, they may do so at their cost.
- 19. The JR Youth Legal Representative should explain the requirements of this policy to the youth and ensure reasonable efforts are made to help the youth understand the process and their rights.**
- 20. A Consent for Release to Parent/Guardian/Involved Individual form (DCYF Form 20-250) must be signed by the youth in accordance with Policy 1.40, *Managing JR Juvenile and Operations Records*, in order to have parents or guardians present at the IPMH.**
- 21. Witnesses called by the facility may testify in person, unless the MHC determines there is good cause for their absence, in which case their written statements can be considered**

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- 22. The MHC may authorize the involuntary administration of psychotropic medication for up to 30 days if the psychiatrist on the MHC and at least one other committee member find that the youth meets eligibility for involuntary psychotropic medication.**
- 23. After deliberation, and within 24 hours following the hearing, the MHC must issue a written decision based on the evidence presented.**
- 23.1. The decision must be written and signed by the Chair.
- 23.2. The decision must include (ACA 4-JCF-4C-45):
- 23.2.1. Reasons for the finding
- 23.2.2. Period of time for which the involuntary administration of psychotropic medication is authorized without an additional hearing
- 23.2.3. Specific details about why, when, where and how the medication is to be administered
- 23.2.4. Plan for monitoring the youth for adverse reactions and side effects
- 23.2.5. Recommendations for less restrictive treatment plans.
- 23.3. The Chair of the MHC must send copies of the decision to the Superintendent or Regional Administrator, Division Director, Medical Director, Health Care Practitioner, Assistant Attorney General, the youth, youth's legal representative and the youth's parents or legal guardians in accordance with Policy 1.40, *Managing JR Juvenile and Operations*

Records
EXTENSION TO TIME ALLOWED

- 24. If the treating or consulting psychiatrist recommends that involuntary administration of psychotropic medication continue beyond the time limit set at the initial IPMH, a Review IPMH must be held to determine whether psychotropic medication may continue to be administered involuntarily beyond the date established at the initial IPMH.**
- 24.1. The review IPMH should be composed of the same persons who served on the initial MHC.
- 24.2. The MHC must:
- 24.2.1. Review an updated psychiatric report, as prescribed under subsection 3.12;
- 24.2.2. Review the youth's health record;
- 24.2.3. Review the youth's behavior record; and
- 24.2.4. Conduct a face-to-face interview with the youth.
- 24.3. The MHC may authorize continued administration of psychotropic medication involuntarily for up to 180 additional days if the psychiatrist and one other committee member find the criteria for the involuntary administration of psychotropic medication in subsection 3.13 are met.
- 25. Subsequent Evidentiary IPMH's, in accordance with subsection 8.2, must be held if the treating or consulting psychiatrist recommends that involuntary administration of psychotropic medication continue beyond 180 additional days as authorized at the review IPMH and for subsequent periods of 180 days.**

Policy **4.31 Administering Involuntary Antipsychotic Medication to Youth**, 1/1/2017**APPEALS**

26. Within 24 hours of receiving a copy of the written decision of the Initial IPMH, the youth, with the assistance of a private attorney or the Youth Legal Representative, may file a written appeal to the appropriate Division Director, alleging that his due process rights were violated or that he does not require administration of psychotropic medications.

- 26.1. Copies of the appeal will be forwarded to the Superintendent or Regional Administrator, Assistant Attorney General and Medical Director.
- 26.2. The Division Director or designee must provide the youth a written decision within 24 hours of receiving the appeal. The 24 hour time period must be inclusive of weekends and legal holidays.
- 26.3. If the Division Director or designee finds the requirements of this policy were not followed, and such failure infringed upon the rights of the youth, the Division Director or designee must return the matter to the MHC for a new hearing to be conducted in accordance with the procedures of this policy.
- 26.4. If an appeal is filed, no psychotropic medication will be involuntarily administered until the Division Director's or designee's decision is provided, unless the youth requires emergency psychotropic medication based on the criteria in section 1.1.

EXTERNAL JUDICIAL REVIEW

27. Youth have the right to seek judicial review of decisions authorizing involuntary administration of psychotropic medications in both emergency and non-emergency situations and the Division Director or designee's final decision regarding a youth's appeal.

- 27.1. During a judicial review, the involuntary administration of psychotropic medications may be continued unless prohibited by a court order.
- 27.2. The JR Youth Legal Representative may not represent a youth in legal proceedings external to the agency.
- 27.3. Youth are responsible for any fees by a private legal representative. The Youth Legal Representative may recommend a public interest attorney to represent the youth at no cost.

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III. DEFINITIONS

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR): The most current edition of the book, issued by the American Psychiatric Association, which lists criteria for psychiatric medical diagnoses or diseases.

Gravely Disabled: A condition in which a youth, as a result of a mental disorder, is:

1. In danger of serious harm resulting from a failure to provide for their essential human needs of health or safety; or
2. Manifesting severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over their actions and/or demonstrating inability to accept care essential for their health or safety.

Health Care Practitioners: Designated Physicians, Dentists, Advanced Registered Nurse Practitioners or Physician Assistants contracted or employed by a JR facility to provide consultation or health care.

Involuntary Psychotropic Medication Hearing (IPMH): The formal non-emergency process which decides whether involuntary administration of psychotropic medication is approved; includes an Initial Evidentiary Review and Subsequent Evidentiary Hearings.

Mental Disorder: An organic, mental, or emotional impairment, which has a substantial adverse effect on the youth's cognitive or volitional function.

Mental Health Professional (MHP): A person qualifying as one of the following:

1. A licensed psychiatrist, psychologist, psychiatric physician assistant, psychiatric nurse practitioner,
2. A person with a master's degree or further advanced degree in counseling, social work, or one of the other social sciences from an accredited college or university. Such person must have, in addition, at least two years of experience in direct treatment of mentally ill or emotionally disturbed persons with such experience gained under the supervision of a mental health professional.
3. A licensed physician permitted to practice medicine or osteopathy in the state of Washington.
4. A designated mental health professional (DMHP) as defined in WAC 388-865-0150. An Institution identified DMHP may not be used unless they meet the definition in WAC 388-865-0150.

Medication Hearing Committee (MHC): A panel of three appointed by the appropriate Division Director to conduct the IPMH. The panel is composed of a neutral psychiatrist, Mental Health Professional, and either a Superintendent, Regional Administrator, or Associate Superintendent/Deputy Regional Administrator. One member of the panel must be external to JR.

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Psychotropic Medication: A class of medication, defined by the U.S. Pharmacopoeia, whose primary use is in the treatment of schizophrenia or other psychoses. For the purpose of this policy, psychotropic medication also includes neuroleptics, antidepressants, mood stabilizers, and anti-convulsants.

Youth Legal Representative: The contracted legal services attorney for Juvenile Rehabilitation.

IV. REFERENCES

RCW 71.05.020	RCW 72.05.010 NCHC
WAC 388-865-0150	Standard Y-I-02

V. RELATED JR POLICIES

Policy 1.40 – Managing JR Juvenile and Operations Records	Policy 4.30 – Providing Health Care for JR Youth
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I. PROCEDURES

PRO 4.31.1 - Responding to an Emergent Need for Antipsychotic Medication	PRO 4.31.2 - Holding an Involuntary Psychotropic Medication Hearing
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VI. FORMS AND DOCUMENTS

Document Title	Available In ACT	Link to Paper form
Consent for Release to Parent/Guardian/Involved Individual		DCYF Form 20-250
Scheduled Psychotropic Medication Hearing		DCYF Form 20-278
Notification of Involuntary Psychotropic Medication Hearing		DCYF Form 20-279

JUVENILE REHABILITATION – PROGRAM POLICY

Procedure 1 – Policy 4.31– Administering Involuntary Antipsychotic Medication to Youth

Responding to an Emergent Need for Antipsychotic Medication

Authorizing Sources	Information Contact
Policy 4.31	Andrea Ruiz Policy, Planning & Lean Administrator Juvenile Rehabilitation
Effective Date <i>(Technical Edit 12/12/19)</i> ¹ 1/1/2017	Sunset Review Date 1/1/2021

<i>Action by:</i>	<i>Action</i>
Line Staff	1. Call health center to consult the physician or psychiatrist if in the facility
Licensed Physician or Psychiatrist	2. Order involuntary administration of antipsychotic medication
Health Center Staff	3. If unavailable, call psychiatrist or physician,
	4. If unable to reach psychiatrist or physician, arrange emergency transport to hospital
	5. Notify the superintendent or designee
	6. Document contacts
Superintendent or designee	7. Notify the Medical Director
	8. Notify Assistant Secretary
	9. Notify Director
	10. Notify parent or legal guardian (by phone or letter using Scheduled Psychotropic Medication Hearing, DCYF Form 20-278, if no phone)
	11. Document contacts
Health Care Practitioner	12. Administer medication for up to 72 hours, upon order of the physician or psychiatrist

¹ 12/12/19 Technical Edit: Updated DSHS forms to DCYF forms.

JUVENILE REHABILITATION – PROGRAM POLICY

Procedure 2 – Policy 4.31– Administering Involuntary Antipsychotic Medication to Youth

Holding an Involuntary Psychotropic Medication Hearing

Authorizing Sources	Information Contact
Policy 4.31	Andrea Ruiz Policy, Planning & Lean Administrator Juvenile Rehabilitation
Effective Date <i>(Technical Edit 12/12/19)¹</i> 1/1/2017	Sunset Review Date 1/1/2021

<i>Action by:</i>	<i>Action</i>
Superintendent or designee	1. Initiate IPMH within 24 hours by calling Director
	2. Call the JR Youth Legal Representative
Director	3. Assemble Medication Hearing Committee to hold IPMH
JR Youth Legal Representative	4. Review and complete the Notification of Involuntary Psychotropic Medication Hearing form (DCYF Form 20-279) with the youth
Designated staff	5. Review and verify that a Consent for Release to Parent/Guardian/Involved Individual form (DCYF Form 20-250) has been signed by the youth
Medication Hearing Committee	6. Coordinate with parents or legal guardian. Use Scheduled Psychotropic Medication Hearing, DCYF Form 20-278
	7. Hear evidence
Medication Hearing Committee Chair	8. Issue decision within 24 hours about continuation of medication
	9. Complete documentation and requirements for reporting

¹ 12/12/19 Technical Edit: Updated DSHS forms to DCYF forms.