

**SAN BERNARDINO COUNTY
PROBATION DEPARTMENT PROCEDURE**

PSYCHIATRIC SERVICES AND PSYCHOTROPIC MEDICATIONS

Title 15, Section 1437 and 1439

Authority:

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Purpose:

To provide Mental Health Delivery of Services standards in the Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs) to sufficiently coordinate services.

Definitions:

Mental Health Emergency: A youth who, as a result of a mental disorder, is a danger to self, a danger to others, or is unable to perform the elements of life which are essential to health, safety, and development, including food, clothing, and shelter, even though provided to youth by others.

Medication Diversion: Concealing medication for secondary gain.

Responsibilities:

I. Probation Corrections Officer (PCO):

- A. Notify the Forensic Adolescent Services Team (FAST), Probation Corrections Supervisor I (PCSI), and Watch Commander (WC) immediately of all identified potential mental health emergencies.
- B. Ensure FAST is able to communicate with the youth confidentially while maintaining safety.

II. Intake Release Officer (IRO):

- A. Check the Alert Screen to ensure youth are released or transferred with all medications.
- B. Ensure all court orders are reviewed; if they require mental health services, and/or medical services, give a copy to FAST/Medical Services.

III. PCO Court Liaison:

- A. Review all court action slips for information related to mental health services, and/or medical services.
- B. Notify Medical Services via email for medical related services.
- C. Notify FAST utilizing the scheduling method in Caseload Explorer (CE) for mental health services.
- D. Notify the Supervisor and/or Watch Commander via phone of any court action slip information when necessary.
- E. Document all court action slip information notifications (related to mental health services, and/or medical services) in CE–Events–Create New Event–select the category Supervision–select the type Court Contact–add Comments.

IV. Probation Corrections Supervisor I/II (PCSI/II):

- A. Notify FAST immediately of all identified potential mental health emergencies.
- B. Notify FAST and Medical Services four (4) days in advance of a youth (taking psychotropic medication) going on furlough.

V. Watch Commander (WC):

- A. Notify FAST immediately of all identified potential mental health emergencies.

VI. Health Service Manager/Designee:

- A. Work collaboratively with the Department of Behavioral Health on policy development.

VII. Supervising Nurse I/II:

- A. Collaborate with FAST and WC to review complicated mental health cases.

VIII. Correctional Nurse I/II (RN) and Licensed Vocational Nurse (LVN):

- A. Notify FAST, PCSI, and WC immediately of all identified potential mental health emergencies.
- B. Screen for behavioral/mental health issues during the nurse intake assessment.
 - 1. Refer youth currently taking psychotropic medications and/or reported psychiatric history to FAST to evaluate the need for the following, but not limited to EKG, medications, etc.
- C. Refer to the Pharmaceutical Responsibility for Medical Services procedure for guidelines on medication management.
- D. Serve as a witness and co-sign phone consents upon request of the psychiatrist, when available.

IX. Forensic Adolescent Services Team (FAST):

- A. Upon notification from Medical Services, schedule youth appointments with the psychiatrist for the following:
 - 1. Electrocardiogram (ECG or EKG)
 - 2. Continuation of home psychotropic medications
 - 3. Three (3) consecutive medication refusals
- B. For informed phone consents that are not witnessed, continue attempts to obtain a witnessed informed phone consent or a written consent during the 20 day period.
- C. When a JV220 court order request is completed by the Child and Adolescent Psychiatrist it will be sent to Court for approval.
 - 1. If a consent is mailed, import a copy of the consent with the destination mailing address in the health record.
 - 2. Upon receiving an approved JV220, import a copy to the health record.
- D. Work collaboratively with Medical Services for youth released without psychotropic medications when indicated.
- E. Utilize the "Upcoming Releases on Psychotropic Meds" Report in CE, to determine youth to be released with prescribed psychotropic medication.
- F. Document in the electronic health record.

X. Child and Adolescent Psychiatrist:

- A. Coordinate care with the treating community psychiatrist regarding any youth admitted or released from an inpatient psychiatric hospital and document in the health record.
- B. Prescribe psychotropic medications via electronic health record.
- C. Discontinue current medication order in the event a new medication or a change in dosage is ordered.
- D. Contact the youth's parent/legal guardian if the youth's psychotropic medications are not to be continued upon intake when determined the youth has been non-compliant or when discontinuing their psychotropic medication.
- E. Place orders for medication in the health record.
- F. Order medication dosages that are appropriate for age and weight.

- G. May fax/e-mail orders to licensed nursing personnel.
- H. May provide verbal/phone orders to licensed nursing personnel for the following:
 - 1. Psychiatric Medical Doctor Consent.
 - 2. Electrocardiogram (ECG or EKG)
 - 3. Laboratory testing
 - 4. Continuation of home medications
 - 5. Refill a prescription
 - 6. To provide clarification of an order
- I. Countersign all verbal/phone/e-mail orders and faxes within seven (7) days of the order.
- J. Obtain Informed Consent from the youth and parent/legal guardian and document the following:
 - 1. Informed consent is given.
 - 2. Name of person giving consent, relationship to youth.
 - 3. Name of medication.
 - 4. Expected benefits.
 - 5. Potential side effects.
 - 6. Alternative treatments to psychotropic medications.
 - 7. Nature of conditions for which prescribed.
 - 8. Prognosis with or without treatment in the health record.
- K. Complete a court order (JV220) when applicable, with all critical areas completed, and clearly document the reason for the emergency consent and attempts to contact the parent/legal guardian or the courts.
- L. Evaluate youth that have refused psychotropic medications for (3) three consecutive days.
- M. Re-evaluate youth on medications every two (2) to four (4) weeks or as clinically indicated.
- N. Follow all clinical protocols.
- O. Write a prescription for youth being released on a secure prescription form.
- P. Order medication (that is safe to crush) crushed for youth that have been identified as confirmed to have participated in medication diversion.

Consent and Release of Psychotropic Medications:

I. Consent for Psychotropic Medications:

- A. The following are approved consents for psychiatric medication:
 - 1. Court Order (JV220): A court order obtained by the psychiatrist if the youth is ordered into out-of-home placement or in the event a parent/legal guardian is not available or refuses to authorize medication that is determined necessary for the safety and well-being of the youth. A court approved seal and judge's signature are required. If the box is marked "Meds started emergently," then the medications on the order may be administered until the final judge's signature and court seal are obtained. Court Ordered consents are valid for six (6) months unless specified otherwise. Code: CTCE (Court Consent), CCEE (Court Consent Emergency).
 - 2. Informed Written Consent: The medication consent form is a signed approval from the parent/legal guardian and the psychiatrist. Code: PGCE.
 - 3. Psychiatric Medical Doctor Consent: A ten (10) calendar day standing order provided by the on-site psychiatrist. Code: MDCE.
 - 4. Informed Phone Consent: An approval from the parent/legal guardian, which is obtained via the telephone and requires a psychiatrist's signature including the date and time received on the Verbal/Telephone Consent for Administration of Psychotropic Medication form. It is valid for one (1) year when witnessed by a licensed healthcare professional. If

- not witnessed, the consent is valid for twenty (20) calendar days. Code: PCUE (Phone Consent Unwitnessed), PCWE (Phone Consent Witnessed).
5. Emergency Consents: An order written by the psychiatrist, which enables a youth to continue medication(s) to prevent decompensation of mental health status. Emergency consents are limited to two (2) occurrences; valid for ten (10) calendar days. Code: DCEE (Doctors Consent Emergency).
 - B. An Informed consent may not be altered or changed once approved by parent/legal guardian without a new consent from the parent/legal guardian.
 - C. When an informed consent has been signed by parent/legal guardian for a youth ordered into out-of-home placement, the consent may be included with the JV220 form submitted for Court approval.
 - D. Detainees, 18 years or older, may sign their own consent unless deemed incompetent to do so.
 - E. No psychiatric order is needed for youth determined to be non-compliant with the medication regimen upon intake unless there is a discrepancy with compliance per parent/guardian.
 - F. Current court orders from other counties in California shall be accepted to continue the youth's medication(s) for the same psychotropic medication(s) and dosage(s); however, a San Bernardino County court order must be obtained.
 - G. Only medication prescribed within the United States can be continued in a JDAC or TF.
 - H. Medications used in conjunction with treatment medications or as an emergency treatment of adverse side effects shall not require parental consent (e.g. Cogentin, Benadryl).
- II. Release of Medications:
- A. When possible, a 2-4 week supply of psychotropic medications shall be available for release to placement. For youth being released home, a prescription for 30 days of medications should be provided.
 - B. If a prescription is not available at release, Juvenile Justice Community Reintegration (JJCR) can assist with coordinating delivery of the prescription to the youth.
 - C. Include a copy of the current consent for psychotropic medication when the youth does not have a JV-220 when the youth is being released to placement.

Guidelines:

- A. It is the responsibility of every staff member responsible for the health, welfare, and safety of the youth to evaluate, report, and refer their observations and concerns about a youth's emotional state immediately to FAST.
- B. Psychotropic medication shall only be prescribed when clinically indicated and as one facet of a therapy program.
- C. Involuntary and intravenous psychotropic medications are not permitted in the JDACs or TFs.
- D. Psychotropic medications shall not be ordered as needed (PRN). The prescription and administration of psychotropic medication is not allowed for chemical restraint, disciplinary reasons, coercion, convenience, or retaliation.

Inspections:

Refer to Policy and Procedure Inspection Matrix.

Foundation:

Minimum Standards for Juvenile Facilities, Title 15, Section 1437; 1439
Standards for Health Services in Juvenile Detention and Confinement Facilities
National Commission on Correctional Health Care (NCCHC)
WIC 369.5(d) and 739.5(d)

References:

Procedures:

5585 Evaluation

Consent, Informing Obligation and Refusal of Health Care Treatment

Health Assessments

Intake/MAYSI Screening, Assessment, and Admittance

Pharmaceutical Responsibility for Medical Services

Release of Youth

Treatment and Request for Health Care Services

Issued by:



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