

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	BHS-CMH-YDF
	Policy Number	02-02
	Effective Date	10/2009
	Revision Date	08/2019
Title: Informed Consent		Functional Area: Youths' Rights
Approved By:		
Matthew Quinley, LCSW Health Program Manager		Christopher Eldridge, LMFT Mental Health Program Coordinator

Background/Context:

Title 15, Section 1439 requires the Youth Detention Facility (YDF) health administrator/responsible physician, in cooperation with the behavioral/mental health director and the facility administrator, to develop and implement written policies and procedures governing the use of voluntary and involuntary psychotropic medications. The policies and procedures shall include provision that psychotropic medications shall not be administered to a youth absent an emergency unless informed consent has been given by the legally authorized person or entity. The policies and procedures shall include provision that youth shall be informed of the expected benefits, potential side-effects and alternative to psychotropic medications. In accordance with Juvenile Justice Institutions Mental Health Team (JJIMHT) values, a youth's rights shall be protected and the youth should be actively involved with the planning and implementation of his/her treatment plan, including the prescribing of medications.

Definitions:

Psychotropic medication: means those drugs that are used to treat psychiatric symptoms. Drugs used to reduce the toxic side-effects of psychotropic medications are not included.

JV-220: When a youth who is a W&I 300 dependent is prescribed psychotropic medication, it must be approved by The Court. In California, a form called a JV-220 must be filed with The Court and approved by a judge.

Pro re nata (PRN): describes any medication given when necessary and may be in addition to medication taken in a recurring medication regimen.

Purpose:

The objective of this policy and procedure is to specify the protocol and guidelines JJIMHT physicians shall follow when prescribing psychotropic medication.

Details:

1. General

- A. No youth may be administered psychotropic medication, absent an emergency, unless he/she agrees and informed consent has been provided by the legally authorized person or entity.
- B. Consent will be obtained from the legally authorized person or from The Court when the youth is a dependent or when the legally authorized person is unavailable or when attempts to contact that person have been unsuccessful.
- C. In the event that a youth agrees to take psychotropic medication and the legally authorized person refuses to provide informed consent and that decision to withhold consent compromises necessary treatment of a serious life compromising psychiatric illness, a request for an emergency consent will be made of The Court.
- D. Youth residing in the facility that are 18 years of age or older must give consent for themselves.
- E. In order for the youth to continue receiving a prescription from a community-based provider, even in cases where the youth is actively under treatment from a community-based provider, informed consent will be obtained by the JJIMHT psychiatrist once the youth has been re-evaluated.
 - i. Exception: Exception to the informed consent shall apply in emergencies, it is clinically indicated or when youth are taking medication at the time of intake and have not yet been seen by the JJIMHT psychiatrist.
- F. Consent shall be good for a period of one year unless otherwise specified. JV-220s are good for a period of 90 days.
- G. Any refusal to provide informed consent shall be documented in the youth's electronic medical record and in the youth's electronic mental health record (EHR) under the Medication Progress Notes section.

2. In order to inform the youth and their legally authorized person, the prescribing physician shall orally present the information with at least the following information, in the youth's own language if possible:
- A. The nature of the youth's mental condition.
 - B. The reasons for taking the medication, including the likelihood of improving or not improving without it, and that consent, once given, may be withdrawn at any time.
 - C. The reasonable alternative treatments available, if any.
 - D. The name, type, range of frequency and amount (including use of PRN orders), method (oral or injection), and duration of taking the medication.
 - E. The benefits of the medication and the probable side-effects of the medications that are known to commonly occur and any particular side-effects likely to occur with the particular youth.
 - F. The possible additional side-effects which may occur to youth taking such medication beyond three months. If applicable, the youth and guardian shall be advised that such side-effects may include persistent involuntary movements and

that these symptoms of Tardive Dyskinesia are potentially irreversible and may appear after medications have been discontinued.

3. Documentation of Informed Consent
 - A. The “Informed Consent for Treatment with Psychotropic Medications” form shall be signed and dated by the youth’s legal guardian or individuals over the age of 18 years and the prescribing physician.
 - B. Telephone consent is permissible; however, the legal guardian will be directed to sign the consent form upon their next visit to the YDF. Verbal consents given by the legal guardian will be witnessed by medical staff, documented on the consent form and scanned into the youth’s electronic medical record and the youth’s electronic mental health record.
 - C. Once signed, the Informed Consent form will be scanned into the youth’s medical EHR and into the youth’s mental health EHR under the Medication Consent section.
 - D. For youth who are dependents of the Juvenile Dependency Court, the JJIMHT Program Coordinator or his/her designee will attempt to obtain a copy of the current JV-220 from the CPS Medication Coordinator or the physician treating the youth in the community.
 - E. The JV-220 and/or JV-220 Physician’s Declaration will be scanned into the youth’s medical EHR and into the youth’s mental health EHR under the Medication Consent section.
 - F. The JJIMHT Program Coordinator or his/her designee will monitor those youth for whom JV-220s are required and will notify the psychiatrist of JV-220s that will expire within 30 days and request a new JV-220 be completed to ensure treatment is not interrupted.

Reference(s)/Attachments:

Informed Consent for Treatment with Psychotropic Medications form.

Related Policies:

BHS-CMH-YDF-07-01-Psychotropic Medication Guidelines

BHS-CMH-YDF-07-02-Psychiatric Documentation Guidelines

BHS-CMH-YDF-07-03-Emergency Administration of Psychotropic Medication

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