



# OREGON YOUTH AUTHORITY

## Policy Statement

### Part III – Youth Services (Community)



Subject:

#### Medication Management in Substitute Care

Section – Policy Number:

**D: Case Management – 3.0**

Supersedes:

**III-D-1.4 (7/11)  
III-D-1.4 (6/05)  
III-D-3.0 (6/05)**

Effective Date:

**12/22/2017**

Date of Last Revision/Review:

**None**

#### Related Standards and References:

- [ORS 109.675](#) (Right to diagnosis or treatment for mental or emotional disorder or chemical dependency without parental consent)
- [ORS 418.517](#) (Procedures for use of psychotropic medications for children in foster care; rules; hearing)
- [OAR 416-340-0070](#) (Medication Management in Substitute Care)
- [OAR 416-530-0060](#) (Foster Parent Duties and Responsibilities)
- [OYA forms](#): YA 3101 (Consent for Disclosure of Confidential Behavioral Health Information)  
YA 3104 (Psychotropic Medication Information)  
YA 3105 (Foster Home Individual Youth Medication Log)  
YA 3106 (Parent/Guardian Notification of New Changed Medication)  
YA 3107 (Field Medication Storage and Disposal Log)

#### Related Procedures:

- [Community Services general procedure](#): Medication Management

#### Policy Owner:

Community Services Assistant Director

#### Approved:

Joseph O'Leary, Acting Director

#### I. PURPOSE:

This policy provides standards for OYA field staff regarding administration, control, and storage of youth medications while in substitute care.

#### II. POLICY DEFINITIONS:

**Psychotropic medication:** Medication prescribed to alter brain function for purposes of treating problems with thought processes, mood, or behavior. Psychotropic medications include stimulants, antipsychotics, mood stabilizers, anxiolytics, and sedatives.

**Substitute care providers:** Persons authorized by the OYA through contract or other written agreement to provide supervision and care for youth on parole or probation status in the community. Such persons include, but are not limited to,

contracted residential treatment providers and certified foster parents (including respite providers).

### **III. POLICY:**

OYA strives to address all youth healthcare needs in a safe manner. OYA consistently administers, controls, and stores youth medication. Field staff support OYA policy by facilitating proper and consistent youth medication management.

### **IV. GENERAL STANDARDS:**

- A. A youth's JPPO must ensure a smooth transition when the youth moves from one placement to another. The JPPO will provide oversight to ensure necessary medical and mental health services are available for the youth.

Appointments to ensure continuity of care and uninterrupted prescription of medications will be scheduled prior to placement transition. The availability of medical and mental health providers must be considered when ensuring continuity of care.

- B. OYA must ensure OYA substitute care providers consistently administer, control, and store youth medication. OYA contract language and related rules in OAR 416-340 and OAR 416-530 specify how substitute care providers must meet these responsibilities.

C. Disclosure Requirements

1. JPPOs must be notified within one working day by substitute care providers of a youth's new prescription for psychotropic medication (OAR 416-340-0070).
2. JPPOs must explain the release of medication information (OYA form YA 3101 Consent for Disclosure of Confidential Behavioral Health Information) with each of their assigned youth who are placed in substitute care.
3. JPPOs must document all requests, consents, and disclosures regarding youth medication in JJIS by completing OYA form YA 3101.
4. Before disclosing a youth's medication information to the youth's parent/guardian, staff must verify the youth has consented to the disclosure in these cases:
  - a) The youth is 14 years of age or older and the medication is prescribed for treatment of a mental or emotional disorder or a chemical dependency; or
  - b) The youth is 15 years of age or older and the medication is prescribed for medical treatment.

## D. Parent/Guardian Notification

Parents/guardians must be notified of prescribed psychotropic medication activity listed below if a youth has consented to the release of information, or the youth is younger than required consent age (see section C.4. above).

1. The first time a youth is prescribed a psychotropic medication
  - a) The field supervisor or designee must ensure the parent or guardian is provided written notification within seven working days of the field supervisor or designee's knowledge of a youth's initial psychotropic medication prescription.
  - b) Written notification must include:
    - (1) The name of the prescribed psychotropic medication;
    - (2) The prescribed dosage;
    - (3) The reason the medication was prescribed (target symptoms); and
    - (4) The youth's JPPO's contact information.
  - c) Staff must document the notification on OYA form YA 3106 (Parent/Guardian Notification of New or Changed Medication).
2. Changes or substitutions to existing psychotropic medication prescriptions
  - a) The youth's JPPO must ensure that information about any changes or substitutions to existing psychotropic medication prescriptions is provided to the parent/guardian during the youth's multidisciplinary team (MDT) case review every 90 days.
  - b) The information provided must include:
    - (1) The name of the prescribed psychotropic medication being changed or substituted;
    - (2) The change in dosage or name of the substitute medication; and
    - (3) The reason for the change in dosage or type of psychotropic medication.
  - c) The JPPO must verify the information is documented in the MDT case review and that the parent/guardian is provided a

copy of the MDT case review documentation, regardless of the parent/guardian's MDT attendance or absence.

E. Medication Stored in Field Offices

Medication stored in field offices must be stored as prescribed and be in a locked container to prevent unauthorized access. A detailed accounting of medications is critical as medications may be controlled substances.

Two staff must sign an OYA form YA 3107 (Field Medication Storage and Disposal Log) to document removal or placement of medications in the locked container.

See OYA Community Services procedure [Medication Management](#) for detailed storage and handling requirements.

F. Medication Transfer/Disposal

1. Staff must dispose of medications that are outdated, damaged, deteriorated, discontinued, not in the original pharmacy container, or refused by a youth.
  - a) Staff must follow OYA Community Services procedure Medication Management when disposing of medications. Two OYA staff must be present during the process. One of the staff must be a field supervisor or designee.
  - b) Staff must document medication disposal on a YA 3107 form.
2. Staff must ensure current medications are transferred with a youth when the youth leaves a placement (temporarily or permanently).
  - a) Medications must be transported in their original labeled containers.
  - b) Staff must communicate with the person responsible for receiving the youth (e.g., foster/respice care provider, youth's family member, residential program staff) regarding the type and quantity of medication transported with the youth.
  - c) Staff must follow up with the receiving person after the youth's arrival to ensure the medication arrived with the youth.

G. Policy Compliance

1. Field supervisors must ensure their staff are familiar with this policy and OYA Community Services procedure Medication Management.
2. Community Resources Unit staff will review contracted service providers' procedures and implementation to ensure compliance

with related OYA contracts, DHS licensing rules, and OAR 416-340.

**V. GENERAL COMMUNITY SERVICES PROCEDURE REQUIRED: YES.**

The general procedure addresses the following topics:

- A. Medication disclosure requirements;
- B. Medication storage/handling;
- C. Administration of medication;
- D. Medication transfers; and
- E. Disposal of medication.

**VI. LOCAL OPERATING PROTOCOL REQUIRED: YES.**

Local field office operating protocols must address the following topics:

- A. A secure, locked area for medication storage;
- B. Medication inventory system;
- C. Destruction of medication process; and
- D. Staff training regarding medication management.