

MEDICATION MANAGEMENT FOR COMMITTED YOUTH AT DIVISION OF YOUTH CORRECTION FACILITIES

Performance Evaluation, August 2014 Report Highlights

Division of Youth Corrections
Department of Human Services

PURPOSE

Evaluate the Division of Youth Correction's (Division) medication management practices for committed youth.

BACKGROUND

- The Division's mission is to protect, restore, and improve public safety through services and programs for youth offenders, ages 10 through 21.
- Under statute once a youth's legal custody transfers to the Division, the Division assumes duties that include providing the youth with ordinary medical care.
- The Division oversees 10 state-operated secure facilities and 38 contractor-operated facilities that provide secure, staff-secure, and community-based settings.
- The average daily population of committed youth for Fiscal Year 2013 was approximately 851, of which 86 percent are in facilities (state or contracted facilities) that provide on-site medical care.

OUR RECOMMENDATIONS

The Department should:

- Ensure that committed youth receive appropriate treatment and medication by implementing a system of robust clinical oversight of medication prescribing practices at all facilities.
- Strengthen informed consent policies covering psychotropic medications.
- Reduce the risk of medication errors by requiring uniform practices across state and contractor facilities to improve medication administration practices.
- Require that facilities monitor the effects and outcomes of treatments for youth with high-risk conditions and medications.
- Ensure that state-operated facilities comply with all applicable federal and state laws regarding the handling and disposal of controlled substances.

The agency agreed or partially agreed with these recommendations.

EVALUATION CONCERN

The Division does not ensure that facilities that provide on-site medical care for committed youth adopt and follow industry standards and best practices in prescribing, administering, and monitoring prescription medications.

KEY FACTS AND FINDINGS

- In 24 of the 60 cases in our judgmental sample of youth medical records, facilities did not adhere to Division policies and/or national standards, meaning either that the Division lacks controls to ensure that prescribers follow accepted practices or the controls are not working. For example, in 22 cases the record did not indicate what diagnosis or symptoms prescribed medications were intended to treat.
- In 11 cases we reviewed the youth had asthma but for 8 of these cases, rather than conducting diagnostic work, the facility provided treatment based solely on the youth reporting that he or she had asthma, which is inconsistent with the National Heart, Lung, and Blood Institute Asthma Guidelines.
- In 13 cases we found no evidence that medical staff obtained consent for treatment with psychotropic medications and in another 6 cases no evidence that the facility had discussed the benefits and risks of all medications being given a youth.
- For 57 cases in our sample youth were prescribed psychotropic medications. We found almost no evidence that vital signs such as blood pressure, weight, and heart rate were taken when youth entered the facility or when medications were changed, in accordance with national standards.
- In three of five facilities we reviewed, nurses prepared medications for youth at discharge, violating state pharmacy regulations that define the practice of pharmacy and generally only allow pharmacists to dispense medications.
- Some facilities do not comply with state rules for disposal of prescription drugs classified as hazardous waste and federal rules for disposal of controlled substances. For example, two facilities had no procedures to render medications classified as hazardous waste unusable before disposal and only one facility uses a process fully compliant with federal rules to dispose of controlled substances.

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