

<p>SUBJECT:</p> <p>Medication Storage and Self-Administration</p>	<p>APPLICABLE TO:</p> <p>All Mental Health and Substance Use Shelters, Safe Havens, and Drop-ins Centers (mandatory)</p> <p>All other DHS Facilities (optional)</p>	<p>ISSUED:</p> <p>November 25, 2020</p>
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<p>ADMINISTERED BY:</p> <p>Office of the Medical Director</p>	<p>APPROVED BY:</p> <p>Joslyn Carter, Administrator</p> <p>Department of Social Services/ Department of Homeless Services</p>
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■ PURPOSE

This procedure establishes a uniform practice for offering optional medication storage and monitoring to clients as they self-administer their medication. This procedure does not apply to medical clinics that may operate within a DHS facility.

Many DHS clients must manage one or more medications, and difficulty with medication adherence is common. In fact, “Fifty percent of Americans do not adhere to their prescribed medication regimens (Sabate 2003), causing adverse health outcomes, emergency care utilization, high cost of care and reduced workforce productivity.”¹ This policy relies on client choice and facility support to help clients make the best decision for their own health.

¹ Abbass, I., et al. (2017). Medication nonadherence: The role of cost, community, and individual factors. *Health Services Research*, 52(4): 1511-1533. <https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.12547>

■ POLICY

This policy is mandatory for all Mental Health and Substance Use Shelters, Safe Havens, and Drop-ins Centers, and optional for all other DHS facilities if they have the space and staffing to do so. DHS facilities that provide this service must make clients aware of these services and encourage clients to voluntarily store their prescription medication in a locked and secured central medication storage location. DHS facilities should discuss the benefits of the service, the importance of medication adherence to promote/maintain good health, and the support provided when using the site's medication storage system.

DHS facilities may store all medication, including controlled substances, and must always provide clients access to their medication. This procedure does not allow medication to be dispensed or administered (see definitions) but provides optional storage for medication and facilitation of medication self-administration.

■ TERMS

Client: a person seeking or receiving services at DHS.

Controlled Substances: a government regulated drug or chemical substance.

DHS Facility: a DHS directly operated or contracted site or program that provides services to clients.

Medical Staff: physicians, nurse practitioners, physician assistants, and nurses licensed in New York State.

Medication Adherence: the extent to which patients take their medication as prescribed by their medical provider.

Medication Adherence Support: processes and methods to help patients improve medication adherence.

Medication Administration: the act of providing the patient with a substance prescribed and intended for the diagnosis, treatment, or prevention of a medical illness or condition.

Medication Dispensing: the act of preparing and packaging a prescription drug or device in a container.

Medication Monitoring: for DHS, the optional process of storing and logging client medication and supporting clients as they take their medication.

Narcotics: a subcategory of controlled substances that has the potential to become addictive, also known as opiates and opioids.

Self-Administration: the process of a client taking their own medication.

Supervised Medication Adherence: the process of observing a client take their medication and recording this information.

■ PROCEDURE

I. Prohibited Actions

DHS facilities and their staff must **not**:

- Allow non-medical staff to dispense or administer medication, including controlled substances, as “dispensing” and “administration” are tasks specific to medical staff.
- Force clients to participate in medication program.
- Restrict access to client medication.
- Allow non-medical staff to directly touch the medication or open the bottles.

II. Medication Assessment and Record Keeping

A. Intake/Assessment

During intake/assessment, social services staff should inform clients of the medication storage program and encourage them to participate in this voluntary program. Clients must review the **Medication Storage and Self Administration Frequently Asked Questions** (DHS-73) and sign the **Medication Storage and Self Administration Consent Form** (DHS-73a), if interested.

When a client enters the facility, if the peace officer/security notices that a client has labelled or unlabeled medication, they must refer the client to social services.

If a client comes to the facility with unlabeled medication, social services staff must ask the client if they have their original pill bottles, pill boxes, or blister packs. If the client does not have their original pill bottles, pill boxes, or blister packs, social services staff must ask the client for their pharmacy’s or health provider’s contact information to determine the dosage and type of medication.

After social services staff verifies the medication with the pharmacy, they must label the medication with the information below and store in a container or resealable plastic bag:

- Client's preferred and legal name
- Date of Birth
- Prescribed medication
 - Generic name of medication
 - Number of pills, route of administration (e.g., oral, topical, inhalable, etc.), and frequency
 - Brand name of medication

B. After Hours

If the client arrives after social services closes, staff must provide clients with 24 hours of medication or until an on-site medical professional/clinical staff can confirm the contents and label them.

Unlabeled medication must be held at the Operations/Clinical office until the client can provide documentation (labelled bottle, pharmacy receipt, doctor's note) establishing medication contents.

C. Record Keeping

Staff must offer clients the opportunity to have their medication records maintained by the facility if clients allow the facility to store their medication.

Medication record keeping can help a clinician, case worker, or physician to better assess the client's level of medication adherence.

If a client chooses to participate, staff must enter medication information in the **Medication Self-Administration Record** (DHS-74) or similar method of record keeping that includes, at minimum, the following information:

- Client's preferred and legal name
- Date of Birth
- Current month and year
- Medication allergies
- Prescribed medication
 - Generic name of medication
 - Brand name of medication

For participating clients, staff must update client medication storage records monthly, at minimum, and include information about new or discontinued medication. Records must be consistently reviewed for accuracy. Any discrepancies must be reported, and all information about client medication must be kept confidential.

D. Discussing Medications

DHS facilities without clinics are not bound by the Health Insurance Portability and Accountability Act (HIPAA). Only medical staff can handle, review, and/or discuss medication with the client or other medical provider. Discussions about medication need, dosage, documentation, reconciliation, etc. must be limited to nurses, social workers, or medical providers. If DHS facility staff has concerns about a client's medication, they must refer the client to an on-site social worker or clinician.

III. Labelling and Storage

A. Labelling Medication

All medication must include the label of the dispensing pharmacy and the client's legal name as it is recorded in CARES and/or StreetSmart. Clients have the right to add their preferred names to the label but cannot cover their legal name. Clients have the right to use their preferred name when requesting access to their medication.

B. Injectable Medication Storage

Clients who are prescribed self-injected medications must:

- Store all needles (excluding lancets) in social services or administrative office.
- Be provided access to a private and clean space to self-administer their medication;
- Be provided a safe needle disposal box (see Section VIII); and
- Have access to appropriate storage, including refrigeration for injectable medications that require such storage conditions.

C. All Other Medication Storage

Medication for clients who are participating in this optional program must be stored in a secure location. The storage room must always be locked and have, at minimum, the following types of storage:

- A lockable storage cabinet/cart
- A medical grade refrigerator with temperature control and lock

D. Client Choice

If a client chooses to store their medication or some of their medication, place medication in the locked medication cabinet or refrigerator.

All clients, including those who require frequent and as needed medication (for example, asthma inhalers) or access to their medication in an emergency (nitroglycerin for chest pain), must be allowed to keep their medication with them. If a client chooses to not store all or some of their medication, they must:

- Keep their medication on their person; or
- Store their medication in a secure personal locker.

IV. Ordering Prescriptions

Only authorized medical staff can order prescriptions for a client. Facility staff, however, can assist clients by finding the location and contact information of their local pharmacy and/or medical provider.

Most pharmacies fill prescriptions using blister packs, but many still use pill bottles. One way to encourage client medication adherence and support client independence is to provide weekly medication pillboxes for clients who have multiple pill bottles and need assistance with their medication regimen. Only medical or social services staff are authorized to assist clients in filling their weekly pill boxes.

V. Medication Accessibility

All client medication must be available for clients at all times.

If the facility does not have the staff and/or capability to access the medication room between meals and after hours, alternatives should be planned with the client based on their need and the availability of staff. If the DHS facility cannot grant clients access to their medication at all times, the medication should not be stored by the facility.

If a client has medication that requires refrigeration, the DHS facility must provide access to a refrigerator. If a client resides in a Family Services or Adult Families unit that does not have a refrigerator, the client can make a Reasonable Accommodation request.

VI. **Medication Monitoring of Self-Administration**

Staff designated as responsible for medication monitoring of self-administration must do the following when monitoring client medication:

- Discreetly provide client access to medication in a private space out of the view of others. If appropriate, offer the client their medication in a concealed bag.
- Confirm that the name on the medication bottle or blister pack is the client's name.
- Ask the client if they are taking the correct prescribed medication and check that the label on the blister pack, vial, or container matches the information reported by the patient and on the *Medication Storage Log* or the facility's preferred client medication record system.
- Provide access to stored medications and offer a small cup to place medications in until client self-administers.
- Provide client with a beverage to assist with ingesting medication.
- When possible, monitor clients who take medication to ensure that they do not miss a dose. Encourage clients to take their medication in front of staff but note that clients may still refuse supervised medication adherence.
- If a client does not want to take their medication, remind them privately about the benefits of taking their medication as prescribed. Refer clients who refuse to take their medication to one of the following medical personnel:
 - Mental health clinician (for mental health facility)
 - On-site clinic (where applicable)
 - Their own medical provider
- Note any missed medication times and check medication logs daily. If a client misses a medication time, privately remind them of the benefits of taking their prescribed medication as directed.
- Once all medication has been taken, secure the medication in the locked cabinet/cart or refrigerator.

VII. **Medication Adherence Support**

DHS facility staff can help clients remember to take their medication and improve medication adherence with these simple suggestions:

- Help clients set up reminders to take their medication as prescribed, e.g., setting up a phone alert and establishing a medication routine.
- Inquire about side effects and refer to a clinician if a client thinks they have side effects

See the ***Medication Adherence Education and Support*** section of the Care Coordination Job Aids (**Attachment B**) for more information about helping clients adhere to their medication regimen.

VIII. Exiting Facility

Return all medication to clients when they exit or move to another facility. If a client requests to end their participation in the medication storage program, staff must return all medication to the client; however, if:

- The client has a mental health condition or diagnosis;
- There is reason to believe the client is a risk to themselves or others; or
- The medication is a psychotropic or narcotic

Staff must provide medication for a few days and schedule a meeting with the facility director, director of social services, or clinician for the next business day. If a client resides at a mental health shelter, the client should be seen by the mental health provider.

IX. Medication Disposal

A. Client Absence

- If a client unexpectedly leaves the facility, staff must check CARES to see if the client is at a DHS facility.
 - If a client is at another DHS facility, clients must pick up their medication. The original DHS facility will communicate with the client's new facility to determine what the client wants.
 - If a client's whereabouts are unknown, staff must wait **30 days** before disposing of their medication.
- If a client leaves the facility for any approved reason (i.e., hospitalization, rehab, detox, etc.), staff must keep medication until either the client returns to facility or **30 days** have passed.

B. Medication Disposal Form

Before disposing medication, staff must complete the ***Medication Disposal Form*** (DHS-74a) or similar method of record keeping. Include the following information on the form:

- Client's preferred and legal name
- Name of medication
- Amount discarded
- Reason for discard
- Staff initials

Before disposing of any unused medication, all labels must be removed. Sites must coordinate with a medication collection business or the closest drug disposal location near the facility. Go to **National Association of Boards of Pharmacy (NABP)**'s **online Drug Disposal Locator**.

<https://nabp.pharmacy/initiatives/awarxe/%20drug-disposal-locator/>

Do not ever flush medication down the toilet.

C. Sharps Disposal

All DHS facilities must have an easily accessible and safe disposal box for used needles. See the ***Bloodborne Pathogens Exposure Control Plan*** (DHS 08-211) for more information about handling and disposing of sharps.

X. Privacy

Client privacy must be respected. Staff must collect, discuss, and hand client medication away from others. As medication information must remain confidential, all discussions about medication type, dosage, etc., must be held quietly and privately. Staff must provide clients who self-administer with a private space to take their medication.

XI. Special Cases

A. Intoxication

Combining certain medication with alcohol or Central Nervous System (CNS) depressants can result in respiratory and cardiac depression or death. If a client is extremely intoxicated suggest that the client wait before taking their medication. Provide client with medication if they insist on taking their medication.

B. Clients at Risk of Suicide of Self-Harm

Clients who are at risk of self-harm and on medication with a potential for lethal overdose must see a mental health facility clinician or site medical provider for counselling. They will strongly encourage clients to store their medication or only carry one week at a time.

See Quick Reference to Psychiatric Medications for a list of psychotropic medications that pose a risk for overdose:

<http://psyd-fx.com/wp-content/uploads/2017/12/Quick-Reference-guide-Dec-2017.pdf>

The client and facility medical provider, mental health provider and/or other provider caring for the client, such as their Assertive Community Treatment (ACT) team medical director, must discuss and jointly decide how to handle medication safety. This decision must be communicated to the facility director.

C. Medication loss

Social services must work with the client and medical provider to obtain another prescription but inquire about the circumstances of the loss to avoid repeated instances of medication loss. In the event of a DHS facility losing client medication, the DHS facility must work with the client to replace the medication for its own negligence.

D. Apparent side effects

If a client has any apparent side effects, a social worker (or other social services employee) must refer the client to the facility, nurse, medical provider (MD, NP, PA) or the client's medical provider. DHS facility staff must call Emergency Services if client has an emergency.

XII. Reasonable Accommodations

If a client appears to need an accommodation for a disability or asks for help because of a disability, shelter staff must offer to help them. The client does not need to use any particular word in the request. Depending on the need, shelter staff can help the client immediately to the best of their ability or let them know that they can ask for a reasonable accommodation (RA) (see DHS RA Procedure, **DHS-PB-2020-012**, for more detailed information). If the client requests a reasonable accommodation, shelter staff must offer to help them complete the DHS RA Request Form (**DHS-13**) and submit it.

■ **RELATED ITEMS**

DHS-PB-2020-12 Interim Reasonable Accommodation Request Process
DHS-08-211 Bloodborne Pathogens Exposure Control Plan

■ **ATTACHMENTS**

Attachment A Prescription Medication Self-Administration Memo
Attachment B Medication Adherence Education and Support Care
 (Extracted from Care Coordination Job Aids)
DHS-13 Reasonable Accommodation Request Form
DHS-73 Medication Storage and Self Administration Consent
 Form
DHS-73a Medication Storage and Self Administration Frequently
 Asked Questions
DHS-74 Medication Self-Administration Record
DHS-74a Medication Disposal Form



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To: Shelter Directors

From: Lawanna Kimbro, Chief Program Delivery Officer

Date: September 19, 2018

RE: Prescription Medication Self Administration

We've recently discovered variability in how shelters hold clients' prescription medication for self-administration. To establish uniformity of practice, the Department of Homeless Services (DHS) will be developing a specific medication self-administration procedure. In the meantime, to clarify agency policy, please note the following requirements:

1. Only medical staff may administer medication to clients. Non-medical staff may only supervise the self-administration of medication by clients.
2. Clients' privacy must be respected. Wherever possible, medication must be administered out of view of others, and clients who self-administer medication must be provided a private space to do so.
3. Medication information must remain confidential. Any discussions around medication type, dosage, etc., should be held quietly and away from others, wherever possible.
4. Clients are not required to turn in prescription medication to staff and must be allowed to keep their medication with them if they so choose.
5. Clients may choose to have their prescription medications stored at the shelter if they can be stored in a safe location accessible at all times.
 - a. Shelters must provide scheduled access to medication at meal and bed times. These times must be posted in a location easily visible to clients.
 - b. Shelters must also provide access, as required, for clients who take medication more frequently.
 - c. Shelter must designate staff to provide medication requested by clients during off hours, or, due to a medical crisis at all times.
6. Shelter staff must maintain a log of medication. This log must account for all medication received from a client, as well as medication reported, but held on to, by a client. Clients must be provided a receipt reflecting any medication received by the shelter.

7. Discussions about medication need, dosage, documentation, etc. must be limited to clinical staff. If shelter staff has concerns about a client's medication, they must refer the client to an on-site social worker or clinician.
8. Mental health shelter staff may encourage clients to voluntarily turn in their prescription medication. If they choose not to, clients may be asked to submit a letter from their treating physician indicating their ability to self-administer. However, clients will be accepted into shelter without penalty if they are unable or unwilling to provide such a letter.

Please share this information with all relevant staff, and reach out with any questions or concerns.

Thank you for your ongoing commitment to the people we serve.

Medication Adherence Education and Support

What is Medication Adherence?

- Medication adherence is the process by which clients take their medications as prescribed by their provider.
- There are many possible ways, or reasons why a client may not be adherent to their medications.
- These include issues the client may experience such as:
 - never starts the medication that they are prescribed.
 - does not take medication properly (delays, does not take, or takes extra doses).
 - stops treatment without consulting their provider.
 - does not understand why they need to take the medications.
 - experience side effects.
 - Or, any combination of the above!

Why Do We Care About Medication Adherence?

- Approximately 33-69% of hospital admissions are due to medication non-adherence.
- Good medication adherence reduces side effects.
- Medication adherence improves health outcomes and reduces chances of getting sick or dying.



What Can You Do To Promote Medication Adherence?

- Check in with your client on their medication adherence once your client's medical or behavioral health provider has determined the client is on medication(s) for their medical and/or behavioral conditions.
- Medication adherence discussions (in-person or phone) should occur at their ILP meetings.
- Clients with known interruptions in their medication regimen (i.e., brief incarceration, rehabilitation, hospitalization, etc.), should have a check in once they return.
- Make sure they have access to their medications; facilitate access to the pharmacy.
- If their shelter offers medication storage and self-administration assistance, encourage participation.

What Should I Do To Support My Non-Adherent Client?

- Review your clients' current medications and dosages with them.
- Make sure the medication is current by looking at the label on the bottle for key information (your client's name, prescription filled date is less than 90 days, etc.).
- Provide education on the importance of medication adherence to achieve positive health outcomes.
- Describe why it is important for the client to take medication as prescribed and to ask their provider and/or pharmacist about side effects.
- Coach the client on medication adherence tips and tools
 - Ask the client what their strategy is to improve medication adherence (with a strong focus on the client's strengths).
 - Clients should be encouraged to take their concerns to their medical or behavioral health provider.
 - Shared decision-making between the client and provider should focus on addressing the client's concerns.
 - Role play questions the client can ask their pharmacists when they fill their prescriptions.
 - Pharmacist may be able to reach out to the medical provider to find a more appropriate and easier method or drug for their condition.

Sample Medication Adherence Questions for Your Clients

- Are you taking any medication(s)?
- What kind of medication and what it is for?
- Did you miss any medication and when (within past week? month?)
- Why did you miss taking your medications?
 - Suggest probes: Did you forget? Busy with other things? Change in daily routine? Get sick/hospitalized? Too many side effects? Depressed? Too many pills?
- How could you improve adherence?

What Are Some Tools and Tips I Can Use to Promote Medication Adherence to My Client?

- The first step is to learn how to read a prescription label (see Figure 1).
- Take medication at the same time every day.
- Try taking your medications with a daily routine like brushing teeth or getting ready for bed. Before choosing mealtime for your routine, check if medication should be taken on a full or empty stomach.
- Keep a “medicine calendar” with your pill bottles and note each time a dose is taken.
- Use a pill box. Some types have sections for multiple doses at different times, such as morning, lunch, evening, and night. When using a pill box, refill it at the same time each week. For example, every Sunday morning after breakfast.
 - Pill boxes can be bought for very cheap, often at a dollar store!
- Remind clients if they are moving around during the day to take their pills with them and be sure to bring enough medication, plus a few days extra, in case their return is delayed
- A combination pill blister-pack is possible through some pharmacies. Call your client's pharmacy to inquire.
- Encourage your client to report side effects to their provider or pharmacist. People often stop taking medications because they believe the medications may cause more harm than good.



Figure 2: Key Sections of a Medications Label

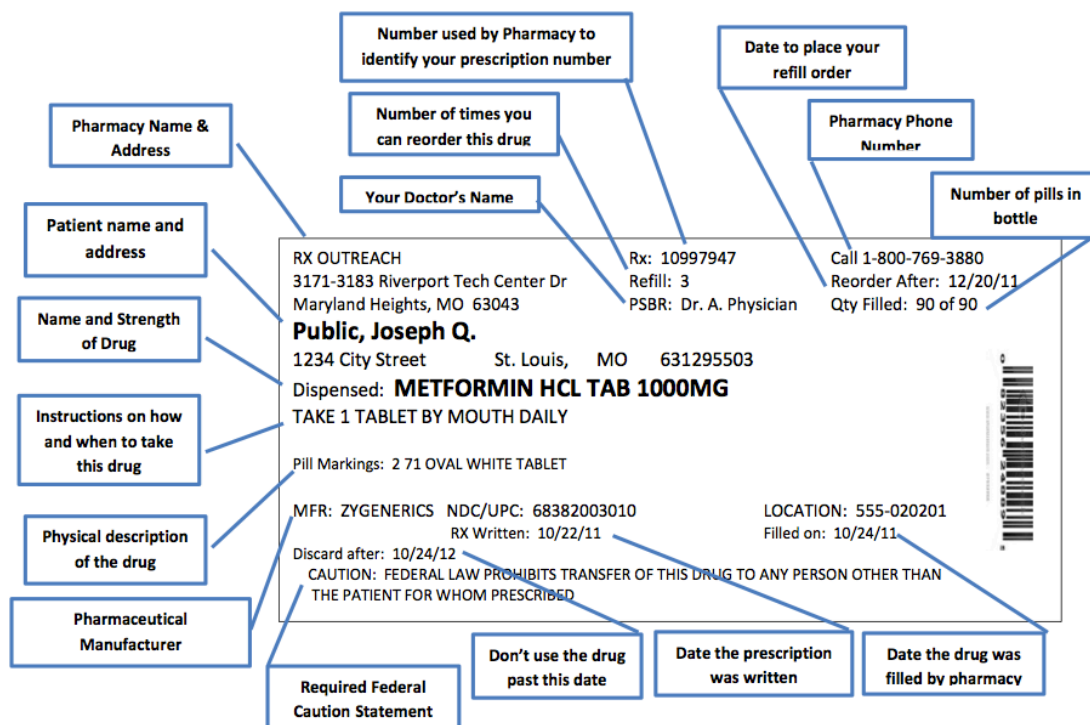


Figure 2: The above diagram outlines the key sections of a medication's label. Please note medication labels sometimes vary and do not always look the same. If you have any questions regarding the reading of a medication label and/or medication specific questions, contact your client's pharmacist and/or provider.

Source: Rx Outreach, Understanding Prescription Medication Labels. Available at <https://rxoutreach.org/education-understanding-prescription-medication-labels/>

How Do I Help My Client Avoid Health Emergencies?

- For specific guidelines regarding clinical consultations with the DHS Office of the Medical Director, referral of DHS clients to the ED, and prevention protocols for infectious diseases, refer to the provider portal for medical procedures.
- Remind client that the best way to avoid health emergencies is to stay engaged in primary care and reach out to their doctor or pharmacist if they need help. (24/hr. pharmacies and how to access your doctor's on call service during off-hours).
- Make sure client has the phone number and address of their primary care doctor, pharmacist, and the nearest public hospital or federally qualified health center (FQHC).
 - If a client needs assistance finding a provider, visit the DHS [Homeless Healthcare Resource Map](#). Additionally, see the appendix for a list of providers for the homeless.
- If the client is experiencing a medical crisis/emergency, they should call 911.

Federally Qualified Health Center Resources

Started in 1996, The New York City Providers of Health Care for the Homeless (PHCH) is a coalition of homeless-serving Federally Qualified Health Centers (FQHC) in New York City. Each member receives grant funds from the federal Health Resources & Services Administration (HRSA) to provide healthcare services to homeless individuals and/or families. PHCH works in close partnership with the Community Health Care Association of New York State (CHCANYS) around advocacy, policy and common challenges in the rapidly changing healthcare environment.

PHCH members have increasingly become the trusted provider of choice, delivering **high-quality medical, mental health and support services** in places where homeless people live or congregate. Through this specialized, population-focused mode of service delivery, providers are able to effectively address many of the health disparities that homeless patients face.

As one of the original pilot programs for the national Health Care for the Homeless program, New York was instrumental in establishing the foundational principles of innovative, integrated care, with an **ongoing emphasis on extensive outreach and prevention, and a unique understanding of the social determinants of health for homeless people.**



The members of PHCH operate **various healthcare sites**, many of which are co-located with homeless shelters, allowing facilitated access to comprehensive healthcare for homeless patients. Some of the services provided by PHCH members include:

- Primary care
- Psychiatry
- Comprehensive behavioral health services
- Addiction treatment services
- HIV specialty care
- Women's health services
- Oral health services
- Podiatry
- Mobile healthcare
- Health education and counseling
- Pharmacy services
- Facilitated insurance enrollment
- Care management
- Benefits and entitlements assistance
- Full spectrum of prevention programs

By providing integrated, whole-person care to patients who are among the sickest, most underserved people in New York, PHCH is an essential part of the healthcare safety-net, and a leader in creating value in an extraordinarily complex and dynamic healthcare environment.

REASONABLE ACCOMMODATION REQUEST FORM

INSTRUCTIONS: Clients must complete Section I and submit this form along with any supporting documentation to the Program/Facility Director, or functional equivalent (“Director”). DHS and provider staff must offer to help the client with completing this form upon request.

Section I: (This section must be completed by or with the client.)

Name: _____

Facility/Program: _____

Client ID/SSN: _____ Phone: _____

Describe the Accommodation Requested (attach any supporting documentation).

SAMPLE

Section II Instructions: Any Director receiving a completed form with disability-related documentation must complete Section II, return a copy to the client, and immediately transmit by email or fax the request and supporting documents to the appropriate Program Administrator.

Section II: (To be completed by the Facility Director or designee.)

Name/Title: _____

Facility/Program: _____

Address: _____

Phone: _____ Date Received: _____

Signature: _____

After completing, provide a copy of this form to the client.

MEDICATION STORAGE AND SELF-ADMINISTRATION PROGRAM CONSENT FORM

■ What is the Medication Storage and Self-Administration Program?

The Medication Storage and Self-Administration program is available to help you store your medication in a locked and secure location until you are ready to self-administer. The goals of this program are to offer you support with medication adherence and help you keep your medications safe. This program supports client choice and independence for you to make the best decision for your own health.

■ How will your personal information be shared?

Your information will only be shared with staff, who will maintain a record of all stored medication. Only medical staff will handle, review, and/or discuss your medication or health. All information about stored medication will be kept confidential.

■ Before signing, you should know:

- You do not have to sign this form. This is an optional program to help you manage one or more medication.
- You can end your participation in this program at any time.
- Signing this form indicates that you acknowledge staff will hand you your medication bottle when necessary.

SAMPLE

■ Signature

By signing below, you agree to allow your DHS facility to store your medication.

Print Name

Signature

Date

MEDICATION STORAGE AND SELF-ADMINISTRATION PROGRAM FREQUENTLY ASKED QUESTIONS

Q. What is the Medication Storage and Self-Administration Program?

A. The Medication Storage and Self-Administration program is available to help you store your medication in a locked and secure location until you are ready to self-administer. The goals of this program are to offer you support with medication adherence and help you keep your medications safe. This program supports client choice and independence for you to make the best decision for your own health.

Q. Is this program optional?

A. While we believe this program is beneficial, it is also completely optional. You can stop at any time.

Q. Can I bring in unlabeled medication to the DHS facility?

A. All medication must have their original labels. If you don't have a label, social services staff will help you contact your pharmacy or health provider to determine dosage and type of medication.

Q. How do I know my medication is safe and secure?

A. All medication is stored in a locked storage cabinet/cart. For clients who require refrigeration, medication will be stored in a medical grade refrigerator with temperature control and lock.

Q. How will you keep track of my medication?

A. All DHS facilities will maintain a record of all stored medication, which includes:

- Your legal and preferred name;
- Date of birth;
- Current month and year;
- Medication allergies; and
- Medication name

Q. Can I store my injectable medication?

A. If you have prescribed self-injected medications, you will store your needles in the social services or administrative office. You will also be provided with a private and clean space to self-administer and a safe needle disposal box.

Q. Will I be watched while I take my medication?

A. This program focuses on client choice and facility support to help you make the best decision for your own health. Taking your medication in front of staff is optional. We will always respect your need for privacy; however, we recommend taking your medication in front of staff to help maintain a record of your medication adherence.

Q. What if I need to refrigerate my medication?

A. If you have medication that needs refrigeration, you will be provided access to a refrigerator. If you're residing in a Family Services or Adult Families unit that does not have a refrigerator, you can make a Reasonable Accommodation request.

Q. What if I leave the facility unexpectedly?

A. You must pick your medication up within 30 days of leaving the facility. If you have moved to a new facility, the old facility will reach out to the new facility to find out your preference.

Q. What if I leave the facility for an approved reason?

A. We will hold your medication either until you return to the facility or 30 days have passed.

SAMPLE

