EFFECTIVE

Immediately.

SUBJECT

Psychotropic Medication in Foster Care.

The interim policy bulletin establishes policy for the use of psychotropic medication for children in foster care, including:

- Revised psychotropic medication definition and link to the National Institute of Mental Health for a listing of psychotropic medications by trade, generic name and drug classification.
- Prohibited use of psychotropic medication.
- Process required prior to prescribing psychotropic medications.
- Prescribing clinician.
- Psychotropic medication informed consent, authority to consent, exceptions and urgent medical need.
- DHS-1643, Psychotropic Medication Informed Consent form.
- Worker's role in monitoring and documenting psychotropic medications.

FOM 802-1

PSYCHOTROPIC MEDICATION OVERVIEW

The use of psychotropic medication as part of a foster child's comprehensive mental health treatment plan may be beneficial. The administration of psychotropic medication to children is not an arbitrary decision and documented oversight is required to protect children's health and well-being.

Psychotropic Medication Definition

Psychotropic medication affects or alters thought processes, mood, sleep or behavior. A medication classification depends upon its

stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anticonvulsant medications for treatment of bi-polar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and severe mood symptoms in schizoaffective disorders and schizophrenia.
- Stimulants and non-stimulants for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

See the National Institute of Mental Health, Alphabetical List of Medications, http://www.nimh.nih.gov/health/publications/mental-health-medications/nimh-mental-health-medications.pdf for a listing of psychotropic medications by trade, generic name and drug classification.

Prohibited Use of Psychotropic Medication

Psychotropic medication **must not** be used as a method of discipline or control for any child. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a child's mental health needs.

Prior to Prescribing Psychotropic Medication

Counseling or psychotherapy will in most cases begin before and continue concurrently with prescription of a psychotropic medication; see Urgent Medical Need in this policy for exception.

Prior to initiating each prescription for psychotropic medication the following must occur:

- The child will have had:
  - A current physical and baseline laboratory work.
  - A mental health assessment with a DSM-IV TR psychiatric diagnosis of the mental health disorder.
- The prescribing clinician explains the purpose for and effects of the medication in a manner consistent with the individual's ability to understand (child, caregiver(s), and birth parent/legal guardian, if applicable). The explanation must be documented in the case file and include the following:
- Child/youth's mental health diagnosis.
- Treatment options (non-pharmacological and pharmacological).
- Treatment expectations.
- Potential side effects of the medication.
- Risks and benefits of taking the medication versus not taking the medication.

Prescribing Clinician

Only a certified and licensed physician can prescribe psychotropic medications to foster children. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or general psychiatrist with significant experience in treating children, must occur if the child's clinical status has not experienced meaningful improvement within a time-frame that is appropriate for the child's clinical response and the medication regimen used.

PSYCHOTROPIC OVERSIGHT

For each foster child prescribed psychotropic medications, medication compliance and treatment effect must be addressed by the foster care worker during the worker's monthly visit with the child and caregiver(s). Specifics on each process are outlined in the following pages.

DHS-1643 Psychotropic Medication Informed Consent

The supervising agency must obtain informed consent for each psychotropic medication prescribed to a foster child. An informed consent is a consent for treatment provided after an explanation from the prescribing clinician of the proposed treatment, expected outcomes, side effects and risks. The DHS-1643, Psychotropic Medication Informed Consent form, **must** be used to document the requirements.

The DHS-1643 consists of three sections:

- Section A, Psychotropic Medication Recommendation, is completed by the licensed medical professional. Section A contains:
  - Child's identifying and clinical information.
  - All current psychotropic medications.
  - New medications and recommendations including potential side effects, alternative treatments, documentation of medication benefits/side effects and rationale if medication falls within the criteria triggering further review defined by the DHS Health, Education and Youth Unit.
- Section B, Notification, is completed by the foster care worker.
- Section C, Consent for Administration of Psychotropic Medications, is completed to allow or deny consent by the parent of temporary court wards, by the supervising agency for MCI state wards or by the court for permanent court wards.

Refer to DHS-1643, Psychotropic Medication Consent Job Aid, for process.

Psychotropic Medication Authority to Consent

For temporary court wards, a parent must consent to the prescription and use of all psychotropic medications, including those prescribed for continued use upon discharge from a hospital or as a

result of outpatient treatment. The supervising agency has the authority to consent to an MCI ward's psychotropic medications and the court must provide written consent for a permanent court ward's psychotropic medications. The DHS-1643 must be used to authorize consent for all psychotropic medications. Foster parents and all other caregivers may not sign consent for psychotropic medications.

When a parent is unavailable or unwilling to provide consent and a child's physician or psychiatrist have determined there is a medical necessity for the medication, the supervising agency must file a motion with the court requesting consent for the prescription and use of necessary psychotropic medication. Courts are provided authority for this action pursuant to MCL 712.A12 and MCL 712.A13a(7)(c) prior to adjudication and MCL 712A.18(1)(f) and MCL712A.19(1) at initial or supplemental disposition.

The worker must continue to communicate with the child's parent regarding treatment options when medication is not deemed a medical necessity but there is a DSM-IV TR psychiatric diagnosis supported by documented evidence/observations that medication would improve a child's well-being or ability to function.

Informed Consent Exceptions

Circumstances that may permit an exception to the psychotropic medication informed consent would include:

- A child entering foster care is currently taking psychotropic medication without a signed informed consent; every effort must be made to obtain the DHS-1643 within 45 days of entry into foster care. Psychotropic medication must not be discontinued abruptly unless it has been determined and documented as safe to do so by a physician.

- A physician determines that an emergency exists requiring immediate administration of psychotropic medication prior to obtaining consent. The foster care worker must obtain a copy of the report or other such documentation regarding the administration of emergency psychotropic medication within 7 calendar days. The report must be filed in the medical section of the child’s case record. If the medication will continue after the emergency, the DHS-1643 must be completed.

Urgent Medical Need

The role of non-pharmacological interventions should be considered before beginning a psychotropic medication, except in urgent situations such as suicidal ideation, psychosis, self injurious behavior, physical aggression that is acutely dangerous to others, severe impulsivity endangering the child or others, marked disturbance of psychophysiological functioning (such as profound sleep disturbance), or marked anxiety, isolation, or withdrawal.

Worker's Role in Monitoring Psychotropic Medications

It is the role of the foster care worker to regularly review medication compliance and the medication's effect on the child during monthly home visits. At each home visit with a child prescribed psychotropic medications, the following items must be discussed with both the caregiver and the child:

- Caregiver discussion must include:
    - Information about the intended effects and any side effects of the medication.
    - Compliance with all medical appointments, including dates of last and upcoming appointments with prescribing clinician.
    - Medication availability, administration and refill process.
- Child discussion must include from the child's point of view:
    - Noted side effects and benefits of the medication.
    - Administration of medication; time frame and regularity.

It is important for the worker to review with the child and caregiver the following points:

- Medication cannot be discontinued unless ordered by the practitioner.
- Medical appointments including any laboratory work (if applicable) must occur on a routine basis.

- Any adverse side effects, must be reported to both the prescribing clinician and foster care worker.

The worker must contact the prescribing clinician with information regarding the child/youth's condition if it is not improving, is deteriorating or if side effects are observed or reported (refer to Prescribing Clinician in this section).

Documentation

The following documentation is required for children prescribed psychotropic medications:

- The DHS-221, Medical Passport with:
  - Diagnosis.
  - Name of prescribed psychotropic medication, dosage, and prescribing clinician's name and medical speciality.
  - Routine medication monitoring appointments with the prescribing physician.
  - Ongoing testing/lab work specific for the prescribed medication (if applicable).
  - Any noted side effects.
  - All nonpharmacological treatment services (therapy, behavioral supports/monitoring, other interventions, etc.).
- All items above must be incorporated into the medical section of the case service plan (see FOM 722-8, 722-9, and 722-9D) along with the following:
  - The child's reaction to the medication.
  - Child's comments and/or concerns regarding the medication.
  - Caregiver's observations and comments regarding the effect of the medication.
  - Feedback regarding the medication's effect on the child from birth parent(s), therapist, daycare providers, teachers and/or persons as applicable.
  - All feedback (oral and written) from the prescribing clinician.
- Signed DHS-1643, Psychotropic Medication Informed Consent filed within the medical section of the child's case file.

For technical assistance regarding the foster care worker's role in monitoring psychotropic medications or with the psychotropic medication informed consent, contact the DHS Health, Education and Youth Unit at 517-373-2591.

MANUAL MAINTENANCE INSTRUCTIONS