OVERVIEW

The use of psychotropic medications as part of a child's comprehensive mental health treatment plan may be beneficial and should include consideration of all alternative interventions.

DEFINITION

Psychotropic Medication

A 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 hyperactivity disorder (ADHD).
- Alpha agonists for treatment of attention deficit hyperactivity disorder (ADHD), insomnia and sleep problems relating to post traumatic stress disorder (PTSD).

Medications that are available over the counter do not require documented consent.

Note: Opioid medications are not considered psychotropic.

Follow the link below for an alphabetical listing of psychotropic medications by trade, generic name, and drug classification:

The National Institute of Mental Health - Mental Health Medications

PSYCHOTROPIC MEDICATION OVERSIGHT UNIT

The Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) tracks and provides technical assistance to foster care and adoption staff to ensure compliance with obtaining and documenting informed consent.

The FC-PMOU enters new claim information for psychotropic medications, updates psychotropic medications when notified by the caseworker and uploads accurately completed consent documents in MISACWIS. The FC-PMOU also tracks, monitors, and uploads documentation related to secondary physician reviews. The FC-PMOU monitors prescription claim trends and prescription quality indicators.

PROHIBITED USE

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is prohibited. Psychotropic medication may never be used as a method of discipline or punishment. 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.

PRESCRIBING CLINICIAN

Only a certified and licensed physician can prescribe psychotropic medications to children in foster care or in an adoptive home where the adoption is not finalized. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or a general psychiatrist if a child psychiatrist is not available, should occur if the child's clinical status has not improved after 6 months of medication use.

PRIMARY INSURANCE OTHER THAN MEDICAID

Caseworkers must notify the FC-PMOU if a child on psychotropic medication has primary insurance other than Medicaid by calling 1-844-764-PMOU (7668).

CLINICAL GUIDELINES

Prior to recommending medications, the prescribing physician must review the child's current health status including:

- Current physical examination, including baseline laboratory work (if indicated).
- Current mental health assessment with DSM-based psychiatric diagnosis of the mental health disorder.

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 anxiety, isolation, or withdrawal.
- Marked disturbance of psychophysiological function (such as profound sleep disturbance).

INFORMED CONSENT

Definition

An informed consent is permission for treatment, provided after an explanation from the prescribing clinician to the consenting party of the proposed treatment, expected outcomes, side effects, and risks.

Consent is required for the prescription and use of all psychotropic medications for all children in foster care and for children placed for adoption where the court has not issued an order finalizing the adoption.

The supervising agency must obtain informed consent for each psychotropic medication prescribed to a child under the supervision of foster care or in an adoptive home where the adoption is not finalized.

Documentation

The DHS-1643, Psychotropic Medication Informed Consent, **or** the prescribing clinician's alternative consent form that contains all the required elements of the DHS-1643 as determined by the FC-PMOU, must be used to document this discussion between the prescribing clinician and the consenting party.

Either form must be completed in entirety, sent via email (encrypted for non-state employees) to the FC-PMOU mailbox or faxed to 517-763-0143 within five days of receipt of the form.

The FC-PMOU reviews all forms for accuracy and completion. Accurate and completed forms are uploaded by the FC-PMOU into MISACWIS. The FC-PMOU will contact the field staff to facilitate accurate completion of informed consents **that are incomplete or inaccurate**.

WHEN TO COMPLETE INFORMED CONSENT

The following chart outlines timeframes for informed consent discussion and documentation.

Circumstance	Consent Needed Before Child Starts or Changes Medication(s)	Consent Needed When Child is Already Taking Medication(s)	Time Frame to Complete Consent
Prescribing new psychotropic medication(s)	X		7 business days from recommendation
Increasing dosing beyond the approved dosing range of the most recent valid consent	X		7 business days from recommendation
Continuing medication(s) started before child entered foster care		X	45 business days from foster care entry
Completing annual renewal of medication(s)		X	1 year from prior consent(s)
Continuing medication(s) after a youth in foster care reaches 18		X	At next appointment after youth's birthday

Circumstance	Consent Needed Before Child Starts or Changes Medication(s)	Consent Needed When Child is Already Taking Medication(s)	Time Frame to Complete Consent
Continuing medication(s) after legal status change (TCW to permanent court ward or MCI ward) or child placed for adoption, but adoption not yet finalized		X	At next appointment after court ordered legal status change or after order placing child for adoption

AUTHORITY TO CONSENT

The following table outlines the authority to consent by legal status.

Legal Status	Authority to Consent
Temporary Court Wards	A parent or legal guardian.
MCI/State Wards	The supervising agency. *
Permanent Court Wards (regardless of placement setting)	The court must provide a written order.
Temporary Court Wards in a Hospital Setting	Parent or legal guardian.
MCI/State Wards in a Hospital Setting	The supervising agency. *
Youth 18 Years and Older	Youth. ^
Child Placed for Adoption but the Adoption is not Finalized	Adoptive parent.

* Foster care or adoption caseworker, as designated by the MCI superintendent.

^ Unless a court determines they are not competent. In this instance, the appointed guardian provides consent.

Note: Foster parents and relative caregivers may not sign consent for psychotropic medications.

WITNESSED VERBAL CONSENT

Verbal consent is acceptable when an in-person discussion between the prescribing clinician and the consenting party is not possible. Verbal consent must be witnessed by a member of the FC-PMOU. The FC-PMOU dedicated phone line 1-844-764-PMOU (7668) must be used for the conference call with the following participants:

- Prescribing clinician.
- Consenting party.
- FC-PMOU staff.

The FC-PMOU staff is responsible for documenting the verbal consent and uploading the completed DHS-1643, in the *Upload Informed Consent Document* hyperlink in MISACWIS.

If the witnessed verbal consent process cannot be completed, the PMOU will contact the caseworker by email. The caseworker must ensure that consent and documentation is obtained and sent to the FC-PMOU mailbox within seven business days of the treatment recommendation.

When a Parent is Unavailable or Unwilling to Provide Consent

Pursuant to MCL 712A.12,712A.18(1)(f), and 712A.13a(8)(c), when a parent is unavailable or unwilling to provide consent and the child's prescribing clinician has determined there is a medical necessity for the medication, the supervising agency must file a motion with the court requesting an order for the prescription and use of psychotropic medication(s).

The caseworker must continue to facilitate communication between the child's parent and the prescribing clinician regarding treatment options when medication is not deemed a medical necessity, but the prescribing clinician indicates that medication may improve a child's well-being or ability to function.

All efforts made to obtain parental consent must be documented in the social work contact section of MISACWIS.

Informed Consent Exception

Informed consent is not required in an emergency when a prescribing clinician determines that a child is at acute risk of harming self or others and that medication may reduce/eliminate the acute risk. The caseworker must obtain a copy of the report or other documentation regarding the administration of emergency psychotropic medication. The report must be uploaded in the appointment tab of the Health Screen in MISACWIS.

Note: Emergency use is considered a one-time administration of a medication as opposed to medications prescribed with an ongoing basis.

CHILDREN IN PSYCHIATRIC HOSPITAL SETTINGS

When children are admitted to a psychiatric inpatient setting, the caseworker must:

- Document the hospital admission in MISACWIS by changing the living arrangement to *hospital* and the service type to *psychiatric* no later than the following business day. MISACWIS will prompt the caseworker to call to the FC-PMOU 1-844-764-PMOU (7668). The caseworker should leave a message with the child's name, MISACWIS ID, and the hospital where the child was admitted. This call must also be made no later than one business day after admission.

- During the first month of any psychiatric hospital admission, maintain a minimum of daily contact on business days with hospital personnel regarding the status of the child and document contact in MISACWIS under social work contacts during the first month of any psychiatric hospital admission. If a hospital stay extends beyond one month, the caseworker will maintain weekly contact with hospital personnel.

- Ensure that the child has either prescriptions for the medications that will be ongoing after discharge or has a medication supply directly from the hospital at discharge.

If a child is in a psychiatric hospital setting, a hospital designee may witness a verbal consent if the consenting party is unable to provide consent in person.

SECONDARY PHYSICIAN REVIEW

Certain medication regimens require secondary physician review. The review does not denote that the treatment is inappropriate, only that further review is warranted. MDHHS established prescribing guidelines, known as criteria triggering further review, that direct when psychotropic medications are reviewed by a FC-PMOU contracted physician.

Criteria Triggering Secondary Physician Review

The FC-PMOU is responsible for reviewing criteria and triggering the secondary physician review when one of the following criteria is met:

- Prescribed four or more concomitant psychotropic medications.
- Prescribed two or more concomitant anti-psychotic medications.
- Prescribed two or more concomitant mood stabilizer medications.
- Prescribed two or more concomitant anti-depressant medications.
- Prescribed two or more concomitant stimulant medications.
- Prescribed two or more concomitant alpha agonist medications.
- Prescribed psychotropic medications in doses above recommended doses (per FDA recommendations or per prevailing standard of care when there are no FDA recommendations).
- Prescribed psychotropic medication and child is five years or younger.

The FC-PMOU uploads the completed MDHHS physician secondary review documents into MISACWIS in the same location

as informed consents. These are in the Health profile section of MISACWIS in the Medication tab, under Upload Informed Consent.

CASEWORKER ACTIVITIES

For each child prescribed psychotropic medications under the supervision of foster care, or placed for adoption but the adoption is not finalized, medication compliance and treatment effect must be addressed by the assigned caseworker during the monthly home visit with the child and caregiver(s).

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.

The caseworker must review with the child and caregiver the following points:

- Medication should not be discontinued or changed without consultation with the prescribing clinician.
- Medical appointments including any laboratory work (if applicable) must occur as recommended by the prescribing clinician.
- Any adverse effects must be reported to both the prescribing clinician and caseworker.

The caseworker must contact the prescribing clinician with information regarding the child's condition if it is not improving, is deteriorating, or if adverse effects are observed or reported.

When medication is discontinued, stopped, restarted, or if there is a change in medication dosage, the caseworker must send an email to the FC-PMOU mailbox with current information.

DOCUMENTATION IN MISACWIS

The following documentation is required for all children prescribed psychotropic medication:

- Medical information must be entered in the appropriate health screens in MISACWIS, which will then populate case service plans and the medical passport. Information entered must include:
  - Medication reviews (appointment screen).
  - Psychological evaluations (appointment screen).
  - All non-pharmacological treatment services (therapy, behavioral supports/monitoring, other interventions, etc.) (appointment screen).
  - Lab work (appointment screen).
  - Diagnosis (health needs and diagnosis screen).

Note: Psychotropic medications are entered by FC-PMOU in the medication screen.

- Signed documentation supporting psychotropic medication use including the DHS-1643, Informed Consent, or approved alternative consent form must be sent via email (encrypted for non-state employees) to the FC-PMOU mailbox or faxed to 517-763-0143. The FC-PMOU will upload within the health screen tabs in MISACWIS.
- Court orders and supporting documentation are required to be uploaded in MISACWIS under the case overview.

Monthly home visits must be documented in social work contacts.

TECHNICAL ASSISTANCE

For technical assistance regarding the caseworker's role in monitoring psychotropic medications or psychotropic medication informed consent, contact the Child Welfare policy inbox.

LEGAL BASE

MCL 712A.12

Authority for the court to order an examination of a child by a physician, dentist, psychologist, or psychiatrist.

MCL 712A.18(1)(f)

Provide the juvenile with medical, dental, surgical, or other health care, in a local hospital if available, or elsewhere, maintaining as much as possible a local physician-patient relationship, and with clothing and other incidental items the court determines are necessary.

MCL 712A.13a(8)(c)

The court may include any reasonable term or condition necessary for the juvenile's physical or mental well-being or necessary to protect the juvenile.