

OVERVIEW

The use of psychotropic medication as part of a child's comprehensive mental health treatment plan may be beneficial and should include consideration of all alternative interventions. Documented oversight is required to protect children's health and well-being.

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).
- 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.

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](#)

PROHIBITED USE

The use of psychotropic medications as a behavior management tool without regard to any therapeutic goal is strictly 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. 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.

**PRIOR TO
PRESCRIBING**

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

- The child must have a current physical examination on record, including baseline laboratory work (if indicated).
- The child must have a mental health assessment with a current DSM-based psychiatric diagnosis of the mental health disorder.
- The prescribing clinician must explain the purpose and effects of the medication in a manner consistent with the individual's ability to understand (child, and/or parent/legal guardian, if applicable).

The 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 [Foster Care Psychotropic Medication Oversight Unit \(FC-PMOU\) mailbox](#) or faxed to 517-763-0143 and referenced in all case service plans and child assessment of needs and strengths.

**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**

Consent is required for the prescription and use of all psychotropic medications for all children in foster care. The supervising agency must obtain informed consent for each psychotropic medication prescribed to a child in foster care. An informed consent is consent for treatment, provided after an explanation from the prescribing clinician to the consenting party of the proposed treatment, expected outcomes, side effects, and risks. The DHS-1643, Psychotropic Medication Informed Consent, **or** the prescribing clinician's alternative consent form that contains all of 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 and documented in the case file within five business days of receiving a completed informed 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) will be used for the conference call that includes the prescribing clinician, consenting party, and FC-PMOU staff. The FC-PMOU staff will document the verbal consent and upload the supporting documentation in MiSACWIS. If the verbal consent process is unable to be completed, the PMOU will contact the caseworker. The caseworker must ensure that consent is obtained

and documented within seven business days of the treatment recommendation.

When to Complete

An informed consent must be documented in each of the following circumstances:

- When a child enters foster care and is already taking psychotropic medication. Documentation of informed consent can be accomplished either by sending an existing informed consent document from the child's prescribing clinician (if the consent document is approved by the MDHHS FC-PMOU) to the FC-PMOU, or by completing a new informed consent document. Documentation must be completed within 45 days of entry into foster care and sent to the FC-PMOU.

Note: Psychotropic medications must not be discontinued abruptly while awaiting this consent, unless it has been determined and documented as safe by a prescribing clinician.

- Prescribing new psychotropic medications.
- Increasing dosing beyond the approved dosing range on the most recent valid consent.
- Annually, to renew consents for ongoing psychotropic medications.
- At the next regularly scheduled appointment following a legal status change or when a youth turns 18.

Authority to Consent

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

Legal Status	Authority to Consent	Time Frame
Temporary Court Wards	A parent or legal guardian.	Within seven business days of treatment recommendation. After a diligent effort has been made for parental signature with no response, the caseworker must seek an order for treatment by petitioning the court on the eighth business day.
MCI/State Wards	The supervising agency.*	Within seven business days of treatment recommendation.
Permanent Court Wards (regardless of placement setting)	The court must provide a written order.	Seek an order by petitioning the court within three business days of treatment recommendation.
Temporary Court Wards in a Hospital Setting	Parent or legal guardian.	Within three business days. After a diligent effort has been made for parental signature with no response, the worker must seek an order for treatment by petitioning the court on the fourth business day.
MCI/State Wards in a Hospital Setting	The supervising agency.*	Within three business days.

* Foster care caseworker

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 would 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

Circumstances that permit an exception to the psychotropic medication informed consent include the prescribing clinician making a determination that an emergency exists, which requires immediate administration of psychotropic medication. 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 MiSACWIS.

Note: Emergency use is considered a one-time administration of a medication.

PSYCHOTROPIC PRESCRIBING IN A HOSPITAL SETTING

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

- 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.
- The caseworker will maintain a minimum of daily contact with hospital personnel regarding the status of the child and document contact in MISACWIS.
- The caseworker must 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.
- Verbal consent for children in foster care must be witnessed by a member of the FC-PMOU. If a child is in a psychiatric hospital setting, a hospital designee approved by the FC-PMOU may witness the verbal consent.

**PSYCHOTROPIC
MEDICATION
OVERSIGHT**

Certain medication regimens require secondary 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, which direct when psychotropic medications are reviewed by a FC-PMOU contracted physician.

Criteria Triggering Further Review

- 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.

MONITORING

For each foster child prescribed psychotropic medications, 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 cannot be discontinued unless recommended by the prescribing clinician.
- Medical appointments including any laboratory work (if applicable) must occur on a routine basis.
- 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.

DOCUMENTATION

The following documentation is required, and the information contained within each document must be incorporated into the medical section of the case service plan, for all children prescribed psychotropic medications:

- Signed informed consent document, which must be sent to the [FC-PMOU](#) and filed within the medical section of the child's case record.
- Documentation supporting psychotropic medication use (evaluations and notes from medication review appointments) must be documented and referenced in the initial and updated service plans and child assessment of needs and strengths.

- The DHS-221, Medical Passport. The DHS-221, Medical Passport, must include the following information:
 - Diagnosis.
 - Name of prescribed psychotropic medication, dosage, and prescribing clinician's name and medical specialty.
 - Routine medication monitoring appointments with the prescribing physician.
 - Ongoing testing/lab work specific for the prescribed medication (if applicable).
 - Any noted side effects.

Note: Monthly contacts and medical appointments must be documented in MISACWIS. 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).

TECHNICAL ASSISTANCE

For technical assistance regarding the caseworker's role in monitoring psychotropic medications or psychotropic medication informed consent, contact the behavioral health analyst at the following:

Behavioral Health Analyst
Protect MiFamily & Child Welfare Medical Unit
235 S. Grand Ave., Suite 514
Lansing, MI 48909
Telephone: 517-230-4490

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.

MCL 712A.19(1)

Subject to section 20 of this chapter, if a child remains under the court's jurisdiction, a cause may be terminated or an order may be amended or supplemented, within the authority granted to the court in section 18 of this chapter, at any time as the court considers necessary and proper. If the agency becomes aware of additional abuse or neglect of a child who is under the court's jurisdiction and if that abuse or neglect is substantiated as provided in the child protection law, the agency shall file a supplemental petition with the court.