**Department of Human Resources**
**Social Services Administration**
**311 West Saratoga Street**
**Baltimore, Maryland 21201**

| | |
|---|---|
| **DATE:** | October 15, 2014 |
| **POLICY #:** | SSA - CW# 15-8 |
| **TO:** | Local Departments of Social Services' Directors, Assistant Directors, Out of Home Placement Supervisors |
| **FROM:** | Deborah Ramelmeier, Acting Executive Director<br>Social Services Administration |
| **RE:** | Oversight and Monitoring of Psychotropic Medications |
| **PROGRAM AFFECTED:** | Out-of-Home Placement |
| **ORIGNATION OFFICE:** | Placement Services and Interagency Initiatives |
| **ACTION REQUIRED OF:** | All Child Welfare Service Staff |
| **REQUIRED ACTION:** | Compliance with the Policy Directive |
| **ACTION DUE DATE:** | October 30, 2014 |
| **CONTACT PERSON:** | Anita T. Wilkins, Manager<br>Placement Services and Interagency Initiatives<br>Social Services Administration<br>(410) 767-7119<br><br>Jacqueline C. Powell, Education/Health Policy Analyst<br>Placement Services and Interagency Initiatives<br>Social Services Administration<br>(410) 767-6948 |

**PURPOSE:**

This Policy Directive establishes guidelines to ensure proper oversight and monitoring of psychotropic medication that is prescribed to children and youth in out-of-home care.

**BACKGROUND**

**FEDERAL LAW IN REFERENCE TO OVERSIGHT AND MONITORING OF PSYCHOTROPIC MEDICATIONS FOR CHILDREN IN FOSTER CARE**

As part of the Child and Family Services Improvement and Innovations Act of 2011, states are required to amend their Title IV-B state plan to identify appropriate use and monitoring of psychotropic medications, as part of the state's current oversight of prescription medications. Section 422 (b)(15)(A)(ii)and (v) of the Social Security Act.

**AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY (AACAP) POSITION STATEMENT ON OVERSIGHT OF PSYCHOTROPIC MEDICATION USE FOR CHILDREN IN STATE CUSTODY: A BEST PRINCIPLES GUIDELINE**

The American Academy of Child & Adolescent Psychiatry (AACAP) is an organization consisting of professionals most skilled in the art and science of child psychopharmacology. Accordingly, the AACAP developed the following basic principles regarding the psychiatric and pharmacologic treatment of children in state custody:

1. Every youth in state custody should be screened and monitored for emotional and/or behavioral disorders. Youth with apparent emotional disturbances should have a comprehensive psychiatric evaluation. If indicated, a bio-psychosocial treatment plan should be developed.
2. Youth in state custody who require mental health services are entitled to continuity of care, effective case management, and longitudinal treatment planning.
3. Youth in state custody should have access to effective psychosocial, psychotherapeutic, and behavioral treatments, and, when indicated, pharmacotherapy.
4. Psychiatric treatment of children and adolescents requires a rational consent procedure. This is a two-staged process involving informed consent provided by a person or agency authorized by the state to act in *loco parentis* and assent from the youth.
5. Effective medication management requires careful identification of target symptoms at baseline, monitoring response to treatment, and screening for adverse effects.

**ACTION:**

- To establish guidelines for ongoing oversight and monitoring of prescribed psychotropic medications.

**DEFINITIONS:**

**DSM-5** means The Diagnostic and Statistical Manual of Mental Disorders, (5th Edition) that is used by clinicians and psychiatrists to diagnose psychiatric illnesses. The DSM-5 is published by the American Psychiatric Association and covers all categories of mental health disorders for both adults and children

**Psychotropic Medication-** means medication that 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:

- Antipsychotics- for treatment of psychosis and other mental and emotional conditions.
- Antidepressants- for treatment of depression.
- Anxiolytics - for treatment of anxiety.
- Mood stabilizing, anticonvulsants and lithium - for treatment of bipolar disorder (manic-depressive), aggressive behavior, impulse control disorders, and severe symptoms associated with mood disorders and schizoaffective disorders and schizophrenia.
- Stimulants and non-stimulants for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

**Prescriber-** means any clinician who is authorized to prescribe psychotropic medications, i.e. child and adolescent psychiatrists, general psychiatrists, pediatricians, primary care physicians (PCP) or psychiatric nurse practitioners.

**See the National Institute of Mental Health, Alphabetical List of Medications at 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.**

**PSYCHOTROPIC MEDICATION OVERVIEW**

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

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

## WHO CAN PRESCRIBE PSYCHOTROPIC MEDICATION

A certified and licensed clinician is able to prescribe psychotropic medications to children and youth in foster care. If the prescribing clinician is not a child psychiatrist, a referral to or consultation with a child psychiatrist, or general psychiatrist with significant experience in treating children, must occur prior to prescribing the psychotropic medication. If the prescribing clinician is not a child psychiatrist, consultation is required 60-90 days after initial prescription of the psychotropic medication to review the youth's clinical status to see if meaningful improvement is made within a time-frame that is appropriate for the youth's clinical response and the medication regimen used.

## WHAT SHOULD HAPPEN PRIOR TO PRESCRIBING PSYCHOTROPIC MEDICATION

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

- The youth will have had:
    - A current physical and baseline laboratory workup.
    - A mental health assessment with a DSM-5 psychiatric diagnosis of the mental health disorder.
- The prescribing clinician shall explain 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 (s), if applicable). The explanation shall be documented in the case file and include the following:
    - The child/youth's mental health diagnosis.
    - All of the treatment options, which includes non-pharmacological and pharmacological.
    - The treatment expectations.
    - The potential side effects of the medication.
    - The risks and benefits of taking the medications versus not taking the medications.

## GUIDELINES FOR ONGOING OVERSIGHT AND MONITORING OF PRESCRIBED PSYCHOTROPIC MEDICATIONS

### Informed Consent

The Local Department of Social Services (LDSS) must have an informed consent for each psychotropic medication prescribed to a foster child. An informed consent is consent for treatment provided after an explanation the proposed treatment, expected outcomes, side effects and risk is provided by the prescribing clinician. The DHR 631-IC, Psychotropic Medication Informed Consent form (See Appendix I), must be used to document the requirements. In efforts to assist with getting the prescribing clinician to complete the informed consent, a sample letter explaining to the prescriber the need for an informed consent can be found in Appendix II of this policy. The letter can be presented to the prescriber prior to the appointment or at the time of the appointment.

The DHR 631-IC Psychotropic Medication Informed Consent form, consist of four sections:

- Section A: Psychotropic Medication Recommendation- is completed by the prescriber. Section A contains:
    - Youth's identifying and clinical information.
    - All current psychotropic medications, if applicable.
    - Other medications (prescriptions and over the counter).
    - New medications and recommendations including potential side effects, alternative treatments, and documentation of medication benefits/sides effects.
- Section B, Notification, is completed by the foster care worker prior to the doctor's visit.
- Section C, Consent for Administration of Psychotropic Medication, is completed by the parent, legal guardian or LDSS Directors and Assistant Directors who will either consent or deny consent. LDSS Directors and Assistant Directors may consent only pursuant to a court order as described below.
- Section D, Assent- youth age 16 and older who are able to consent for their medication complete this section.

When a parent or guardian is unavailable or unwilling to provide consent and a child's prescribing professional has determined there is a medical necessity for the psychotropic medication, the LDSS 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 Maryland Courts and Judicial Proceedings Section 3-824 (a). **Foster parents and all other caregivers *may not* sign consent for psychotropic medications.**

The case worker must continue to communicate with the youth's parent or legal guardian regarding treatment when medication is not deemed a medical necessity, but there is a DSM-5 psychiatric diagnosis supported by documented evidence/observations that medication would improve a child's well-being or ability to function.

Circumstances that may permit an exception for an informed consent for the prescribing of psychotropic medication include:

- A child/youth entering foster care is currently taking psychotropic medication without a signed informed consent; every effort must be made to obtain the DHR-631-IC within 30 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 prescribing clinician.

**Case Worker's Role in Monitoring Psychotropic Medications**

During the monthly home visit, the foster care case worker must review medication adherence and the medication's effect on the youth. At each home visit with a youth prescribed psychotropic medications, the following items must be discussed with both the caregiver and the youth:

- Caregiver discussion must include:
    - A review of information that is provided by the prescribing clinician, about the intended effects and any side effects of the medication.
    - Compliance with all medical appointments, including dates of last and upcoming appointments with the prescribing clinician.
    - Medication availability, administration (i.e. is the youth compliant with medication schedule, is medication log being completed, and etc) and refill process.

      **NOTE: PSYCHOTROPIC MEDICATION PRESCRIPTION(S) SHOULD ALWAYS BE FILLED AND RE-FILLED AT THE SAME PHARMACY THAT OTHER NON-PSYCHOTROPIC MEDICATIONS ARE BEING FILLED**

- Youth discussion must include (Discussion should be developmentally appropriate and from a youth point of view):
    - The noted benefits and side effects of the medication.
    - The administration of medication; time frame and regularity.

**It is also important for the worker to review with the youth and caregiver the following points:**

- **Medication cannot be discontinued unless ordered by the practitioner.**
- **All medical appointments including any laboratory work (if applicable) must occur on a routine basis.**
- **Any and all adverse side-effects must be reported to both the prescribing clinician and foster care case worker.**

**Documentation**

The following documentation is required for youth prescribed psychotropic medications:

- The DHR/SSA 631 Health Passport with:
    - Mental Health Diagnosis,
    - Name of prescribed psychotropic medications, dosage, and prescribing clinician's name and medical specialty,
    - Routine medication monitoring appointments with prescribing physician,
    - If applicable, ongoing testing/lab work specific for the prescribed medication,
    - Any potential side-effects, and
    - All non-pharmacological treatment services ( i.e. therapy, behavioral supports/monitoring, and other interventions)
- All items above must be incorporated into the medical section of the case service plan along with the following:
    - The youth's physical reaction to the medication,
    - Youth's comments and/or concerns regarding the medication,
    - Caregiver's observations and comments regarding the effects of the medication,

  - Feedback regarding the medication's effect on the child from birth parent (s), therapist, daycare providers, teachers and/or other persons as applicable, and
  - All feedback (oral and written) from the prescribing clinician.
- Signed DHR-631-IC, Psychotropic Medication Informed Consent shall be filed within the medical section of the youth's case file.
- Case workers shall document prescribed psychotropic medication on monthly contact notes.

**Appendix I**

# PSYCHOTROPIC MEDICATION INFORMED CONSENT

MARYLAND DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION

| **SECTION A** | **PSYCHOTROPIC MEDICATION RECOMMENDATION: (to be completed by licensed medical professional)** | | | | | | |
|---|---|---|---|---|---|---|---|
| Name: | | | | Date of Visit: | | | |
| Gender: | Female: | | Male: | | DOB: | Age: | |
| Height: | | Weight: | | Blood Pressure: | | Pulse: | |
| Prescribing Provider's Name: | | | | | | Telephone Number: | |
| Facility/Office Name: | | | | Facility/Office Address: | | | |

**Diagnosis (Current DSM Diagnoses)** ***Please Check All That Apply***

| | | |
|---|---|---|
| ☐ Autism<br>☐ MR/DD/PDD<br>☐ Traumatic Brain Injury<br>☐ Terminal Illness *(please specify)*_____<br>_____<br>_____<br>☐ Tourettes Syndrome<br>☐ ADHD<br>☐ Conduct Disorder | ☐ Oppositional Defiant Disorder<br>☐ Bipolar Disorder<br>☐ Major Depressive Disorder<br>☐ Mood Disorder (NOS)<br>☐ Post Traumatic Stress Disorder<br>☐ Schizophrenia<br>☐ Psychotic Disorder NOS | ☐ Generalized Anxiety Disorder<br>☐ Social Anxiety Disorder<br>☐ Other Anxiety Disorder<br>☐ Obsessive Compulsive Disorder<br>☐ Panic Disorder<br>☐ Other ***(please specify):*** |

**Concurrent Medical Diagnosis** ***(check all that apply)***

| | | | |
|---|---|---|---|
| ☐ Anemia<br>☐ Arthritis<br>☐ Asthma/Wheezing<br>☐ Bedwetting<br>☐ Chronic Fatigue<br>☐ Chronic Pain | ☐ Constipation<br>☐ Cystic Fibrosis<br>☐ Diabetes (Type I)<br>☐ Diabetes (Type II)<br>☐ Eczema<br>☐ Epilepsy/Seizures | ☐ Headaches/Migraines<br>☐ Hearing Problems<br>☐ Heart Problems<br>☐ High Blood Pressure<br>☐ Kidney Disease<br>☐ Lead Poisoning | ☐ Sickle Cell<br>☐ Skin Disorder<br>☐ Thyroid Disorder<br>☐ HIV (AIDS)<br>☐ Other***(please specify):*** |

**Current Psychotropic Medications**

**Target Symptoms** ***(Check all target symptoms for which current medications are being prescribed)***

| Current Medication/Dosage Administration Schedule | Current Medication/Dosage Administration Schedule | Current Medication/Dosage Administration Schedule |
|---|---|---|
| | | |

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**New Psychotropic Medications and Recommendations (not necessary for dosage changes within current prescribed medications)**

**Target Symptoms** ***(Check all target symptoms for which new medications are being prescribed)***

| | | |
|---|---|---|
| ☐ Irritability<br>☐ Aggression<br>☐ Impulsivity<br>☐ Sleep Disturbance | ☐ Hallucinations<br>☐ Delusion<br>☐ Depression<br>☐ Hyperactivity | ☐ Anxiety<br>☐ Manic Episode<br>☐ Self-Injurious Behavior<br>☐ Mood Instability<br>☐ Other ***(please specify):*** |

| | | |
|---|---|---|
| Name of Medication #1: | Dosage Range: | Frequency: |
| Potential Side Effects: | | |
| Tests/Procedures required before, during & after medication regimen: | Alternative Treatments: | |
| Name of Medication #2: | Dosage Range: | Frequency: |
| Potential Side Effects: | | |
| Tests/Procedures required before, during & after medication regimen: | Alternative Treatments: | |
| Name of Medication #3: **(use another DHR/SSA-631-G form for 3 or more medications)** | Dosage Range: | Frequency: |
| Potential Side Effects: | | |

**Reviewed All Above Information**

| | | | | | | |
|---|---|---|---|---|---|---|
| With Youth | Yes: | No: | With parent , foster parent or current foster placement | Yes: | No: | Parent's, Foster Parent's or Placement Name: |
| Foster Care Case Worker | Yes: | No: | Foster Care Case Worker's Name: | | | Foster Care Case Worker's Phone Number: |

| | | | | |
|---|---|---|---|---|
| Child Psychiatrist (**Complete if prescribing clinician is not a child psychiatrist)** | Yes: | No: | Child Psychiatrist's Name: | Child Psychiatrist's Phone Number |

| **SECTION B** | **NOTIFICATION (to be completed by youth's foster care case worker before youth sees doctor or licensed professional)** | | |
|---|---|---|---|
| Child Name: | DOB: | Legal Status: | MDCHESSIE #:: |

Legal parent (s) were notified of psychotropic medications ☐ Yes ☐ No

Child is in state custody ☐ Yes ☐ No

**For children that are in temporary custody, medications cannot be administered until signed consent is received from parent/legal guardian or the court.**

**Comments:**

| | |
|---|---|
| Foster Care Case Worker's Name: | Jurisdiction: |
| LDSS Address: | Phone Number: |

| **SECTION C** | **CONSENT FOR ADMINISTRATION OF PSYCHOTROPIC MEDICATION (S) (signed by legal parent ,legal guardian, or LDSS Director or Assistant Director)** |
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I HAVE BEEN INFORMED OF THE RECOMMENDATION TO PRESCRIBED MEDICATION AS A PART OF YOUTH'S TREATMENT. I HAVE BEEN INFORMED OF THE NATURE OF THE YOUTH CONDITION, THE RISK AND BENEFIT OF TREATMENT WITH MEDICATION, OF OTHER FORMS OF TREATMENT, AS WELL AS THE RISK OF NO TREATMENT. A NEW CONSENT IS REQUIRED ONCE A YEAR, WHEN A NEW MEDICATION IS STARTED AND/OR WHEN DOSAGE EXCEEDS THE MAXIMUM INDICATED IN THE DOSAGE RANGE. **FOSTER PARENTS <u>CANNOT</u> CONSENT TO ADMINISTRATION OF PSYCHOTROPIC MEDICATIONS**

☐ By signing below, I give consent for _____ to receive the medications listed in section A, as recommended by his/her licensed health care provider/child psychiatrist. I understand that I can withdraw this consent to receive medications at any time during his/her treatment.

☐ By signing below, I **do not** give consent for _____ to receive the medications listed in section A, as recommended by his/her licensed health care provider/child psychiatrist. The reason consent is denied:

_____ _____
Authorized Signature Date

_____
Print Name

Relationship to Youth:_____

| SECTION D | ASSENT FOR ASMINISTRATION OF PSYCHOTROPIC MEDICATION( to be completed by youth ages 16 and older) |
|---|---|

I HAVE BEEN INFORMED OF THE RECOMMENDATION TO PRECRIBED MEDICATIONS AS PART OF MY TREATMENT. I HAVE BEEN INFORMED OF THE NATURE OF MY CONDITION, THE RISK AND BENEFITS OR TREATMENT WITH THE MEDICATIONS, OF OTHER FORMS OF TREATMENT, AS WELL AS THE RISKS OF NO TREATMENT. BY SIGNING BELOW I GIVE MY CONSENT TO RECEIVE THE MEDICATIONS LISTED IN SECTION A OF THIS DOCUMENT.

_____ _____

Signature Date

_____

Print Name

☐ I do not consent to receive the medications listed in section A of this document

Reason for youth not consenting to receive medications recommended in section A :

**Appendix II**

## SAMPLE
## EXPLANATION LETTER FOR THE NEED FOR THE INFORMED CONSENT ON LDSS AGENCY LETTEHEAD

Date:

Prescriber's Name
Address

**Re: Informed Consent**

Dear Prescriber's Name:

Thank you for your commitment and dedication in caring for children and youth under the care and custody of the local Department of Social Services (LDSS) in Maryland.

The Child and Family Services Improvement and Innovations Act of 2011, requires child welfare agencies to develop protocols and procedures for the oversight and monitoring of psychotropic medication usage among youth in foster care. As a part of our procedures for oversight and monitoring of psychotropic medication, an informed consent and assent must be completed for youth being prescribed psychotropic medications.

An informed consent is consent for treatment provided after an explanation from the prescribing clinician of the proposed treatment, expected outcomes, side effects and risk. A parent, legal guardian or LDSS Director or Assistant Director will sign the consent for youth age 15 and younger. The informed assent is consent for treatment provided after an explanation from the prescribing clinician of the proposed treatment, expected outcomes, side effects and risk for youth in foster care age 16 and older.

I would greatly appreciate it if you would complete Section A-Psychotropic Medication Recommendation, of the Informed Consent for [youth's name and DOB]. Once the informed consent is reviewed and sign-off on by my agency Director or Assistant Director, I will forward a copy to you for your records.

If you have any questions, please feel free to contact me at [case worker's phone number]

Sincerely,
Case Worker's Name, Phone# & Email Address