

	<b>INDIANA DEPARTMENT OF CHILD SERVICES</b> <b>CHILD WELFARE POLICY</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> November 1, 2021
	<b>Section 30:</b> Psychotropic Medication	<b>Version:</b> 4

**POLICY OVERVIEW**

Psychotropic medication may be prescribed for a child to treat emotional and/or behavioral symptoms associated with mental health diagnoses and/or trauma. Careful consideration must be given to ensure prescribed medications are appropriate for the child. Exploring alternative treatment and seeking informed consent assists the Child and Family Team (CFT) in planning to best meet the needs of the child.

**PROCEDURE**

The Indiana Department of Child Services (DCS) will obtain, when possible, consent of the child’s parent, guardian, or custodian prior to authorizing the use of psychotropic medication for a child under DCS care and supervision.

**Note:** If a child is on a psychotropic medication at the time of removal, the medication, potential side effects and any concerns should be addressed with the child’s parent, guardian or custodian; primary care physician; and resource parent or residential treatment provider.

DCS will require consent from the appropriate DCS Local Office Director (LOD) or designee prior to a child in out-of-home care being placed on a psychotropic medication. DCS will provide consent for the use of psychotropic medication for a child under DCS care and supervision if:

1. A delay in order to obtain parental consent may compromise the well-being of the child;

**Note:** Diligent efforts must be made to locate the parent, guardian, or custodian to participate in the decision-making process regarding the use of psychotropic medications. However, obtaining the parent, guardian, or custodian’s consent must not delay or impede required treatment for the child. For example, if the parent, guardian, or custodian could not be located within 24 hours and delay would compromise the best interest of the child, DCS will authorize the use of the psychotropic medication. See policy 5.06 Locating Absent Parents for additional information.

2. Parental rights have been terminated;
3. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment;
4. The child is admitted for acute psychiatric treatment; or
5. Prior court authorization has been obtained.

During an acute psychiatric stay, only DCS consent is necessary for prescribing a

psychotropic medication. Psychotropic medication may be administered without prior consent if it is needed to address an emergency condition in which the child is a danger to themselves or others and no other form of intervention will mitigate the danger. Consent must be obtained within 24 hours of administering the initial dose of medication.

If the parent, guardian, or custodian denies consent, a Child and Family Team (CFT) Meeting must be convened immediately to determine if DCS will seek a court order for authorization of the recommended psychotropic medication. See policy 5.07 Child and Family Team Meetings for additional information.

DCS has the right to request a second opinion if there are questions surrounding the need for use of psychotropic medication.

#### **For Authorization for Psychotropic Medication - During Acute Psychiatric Stays ONLY**

The Family Case Manager (FCM) will:

1. Obtain consent for the psychotropic medication from the DCS LOD or designee; and
2. Document the consent in the case management system.

#### **For Authorization for Psychotropic Medication**

The FCM will:

1. Encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the use of psychotropic medications.

**Note:** The FCM should engage the family to participate in the development of the Case Plan/Prevention Plan and discuss alternative recommendations, questions, and/or concerns regarding medications. See policy 5.03 Engaging the Family for additional guidance.

2. Engage the CFT regarding the prescribing provider's recommendation for psychotropic medication and develop a plan for meeting the child's mental health needs. See policy 5.07 Child and Family Team Meetings for additional guidance;

**Note:** The option of alternative therapies and behavioral approaches should be explored before psychotropic medication is considered. Additionally, the family may wish to invite the child's physician and/or psychiatrist to attend the meeting. The FCM may contact the DCS Clinical Consultant to discuss any specific questions and/or concerns about a child's psychotropic medication

3. Review the Authorization for Psychotropic Medication form with the parent, guardian, or custodian and the CFT.

**Note:** Dosage changes do not require authorization. The Authorization for Psychotropic Medication form may be used when a judge authorizes the administering of the medication and requires follow-up notification or authorization of any dosage change.

4. Obtain consent for use of psychotropic medication in one (1) of the following ways:
  - a. The parent, guardian, or custodian's signature on Section B of the Authorization for Psychotropic Medication form;
  - b. The consent of the youth age 18 years or older; or

**Note:** Youth 18 years of age or older may consent to their own psychotropic medication. Therefore, parental consent is not required. For youth age 18 years or older deemed incompetent or unable to consent, DCS will obtain a court order prior to placing a youth on a psychotropic medication if it is the opinion of a health care professional that the youth needs a psychotropic medication.

- c. Consent from the DCS LOD or designee in Section C of the Authorization for Psychotropic Medication form when,
  - i. A delay to allow parental consent to be obtained may compromise the well-being of the child;
  - ii. Parental rights have been terminated;
  - iii. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; and/or
  - iv. Prior court authorization has been obtained.
5. Submit the Authorization for Psychotropic Medication form to the DCS LOD or designee;
6. Request that the DCS Staff Attorney request a court order for the medication, if appropriate;
7. Notify the requesting prescribing provider of whether the authorization has been granted and if any further action will be needed;
8. Provide the requesting prescribing provider and the parent, guardian, or custodian with copies of the Authorization for Psychotropic Medication form once it has been completed (scan and email is acceptable);
9. Ensure the resource parent is aware of the purpose of the medication and the expected responses to the medication, including any possible side effects;
10. Ensure the prescription is filled; and
11. Place the original signed Authorization for Psychotropic Medication form in the child's case file and document all steps in the case management system.

The FCM will direct the prescribing provider to:

1. Complete Section A of the Authorization for Psychotropic Medication form;
2. Return the Authorization for Psychotropic Medication form to the assigned FCM for the child; and
3. Contact DCS within 24 hours of administering the initial dose of medication if a child is placed on psychotropic medication due to an emergency condition.

DCS Clinical Consultant may:

1. Discuss identified questions and/or concerns directly with the assigned FCM;
2. Discuss identified questions and/or concerns directly with the prescribing provider;
3. Seek a second opinion from another physician/child psychiatrist; and/or
4. Generate a referral to the Indiana University (IU) Psychotropic Medication Consultation Program.

**Note:** Whenever possible, conversations with the prescribing provider should include the FCM and/or FCM Supervisor.

The DCS LOD or designee will:

1. Review all requests and complete Section C of the Authorization for Psychotropic

- Medication form within one (1) business day of receiving the form from the FCM; and
2. Return the signed Authorization for Psychotropic Medication form to the FCM.

The DCS Staff attorney will:

1. Request a court order if the parent, guardian, or custodian refuses consent and the CFT has recommended a court order be obtained to place the child on a psychotropic medication; or
2. Request a court order if a youth (18 years of age or older) is deemed incompetent or unable to consent and the health care professional has recommended the use of a psychotropic medication.

## LEGAL REFERENCES

- [IC 16-36-1: Health Care Consent](#)

## RELEVANT INFORMATION

### Definitions

#### Psychotropic Medication

Psychotropic medications are those prescription drugs used to control and/or stabilize mood, mental status, behavior, and/or mental health. Psychotropic medication generally fall into one (1) of the following categories:

1. Antidepressant/Antianxiety (e.g., Prozac, Zoloft, or Paxil);
2. Antipsychotic (e.g., Haldol, Risperdal, or Zyprexa);
3. Psychostimulants (e.g., Ritalin or Adderall); and
4. Mood Stabilizers (e.g., Lithium).

### Forms and Tools

- [Authorization for Psychotropic Medication \(SF 53545\)](#)
- Case Plan/Prevention Plan (SF 2956) – Available in the case management system

### Related Policies

- [5.03 Engaging the Family](#)
- [5.06 Locating Absent Parents](#)
- [5.07 Child and Family Team Meetings](#)