	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services Section 30: Psychotropic Medication	
	Effective Date: July 1, 2023	Version: 6

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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.

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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 and will seek a court order for continued administration of psychotropic medication 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.

If DCS has consented to the use of psychotropic medication for a child under DCS care and supervision, DCS will promptly seek a court order for continued administration of the same.

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 by completing a contact or uploading written documentation noting the "Subject Matter" as "Health Info" and the "Content Type" as "Authorization for Psychotropic Medication".

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 Services Specialist (CSS) 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 18 years of age 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 18 years of age 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. If consent of the parent, guardian, custodian is not obtained (for a child under the age of 18), or if consent is not obtained from the youth (for a youth 18 years of age or older), request that the DCS Staff Attorney seek a court order for the medication;
7. Notify the requesting prescribing provider of whether the authorization has been granted and if any further action will be needed;

Note: If a child is admitted to a residential treatment facility (this does not include shelter care) and the child is prescribed psychotropic medication, the provider will upload a report in KidTraks every 30 days that contains health care information (e.g., medical treatment and psychotropic medication) and include the physician actually observe the child at least every ninety (90) days). The residential treatment facility shall obtain this report from the prescribing licensed physician at least every thirty (30) days for each child receiving psychotropic medication. The written report shall state the reasons medication is being continued, discontinued, or changed, as well as any recommended changes in the treatment goals and planning. The 30-day report shall be based on the licensed physician's paper review of reports by staff. The 90-day report must include the physician's in-person observation of the child.

The FCM will:

- a. Verify the 30-day and 90-day reports are present in the case management system. See practice guidance for instructions on how to locate transmitted reports in the case management system; and
 - b. Review the 30-day report and 90-day report and ensure the reports contain a physician report/update stating the reasons medication is being continued, discontinued, or changed, as well as, any recommended changes in the treatment goals and planning.
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 by completing contacts, updating the "health information" card and uploading all documents noting the "Subject Matter" noted as "Health Info" and the "Content Type" specific to the type of document such as "Authorization for Psychotropic Medication, Health record, Immunization record, Medication, etc." and add descriptive information about the document in the description box.

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 CSS 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. Provide the FCM with consent for the psychotropic medication administered during acute psychiatric stays;
2. Review all Authorization for Psychotropic Medication forms within one (1) business day of receiving the form from the FCM and complete Section C; and
3. Return the signed Authorization for Psychotropic Medication form to the FCM.

The DCS Staff Attorney will:

1. Request a court order for administration of psychotropic medication if the medication has been recommended and appropriate parental consent and/or the child's (age 18 and older) consent has not been obtained; and
2. Request a court order for continued administration of psychotropic medication anytime DCS has authorized the initial use of psychotropic medication and continued use is recommended.

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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](#)

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LEGAL REFERENCES

- [465 IAC 2-11-73: Psychotropic medication](#)
- [IC 16-36-1: Health Care Consent](#)

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ARCHIVED- 6/30/24- Legislative Changes and Services Revision Request

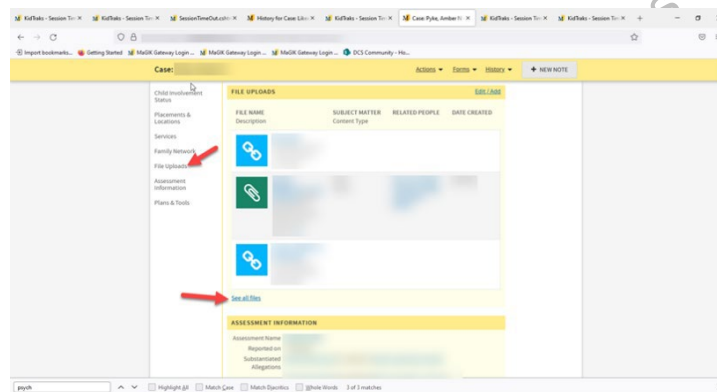
PRACTICE GUIDANCE – DCS POLICY 8.30

Practice Guidance is designed to assist DCS staff with thoughtful and practical direction on how to effectively integrate tools and social work practice into daily case management in an effort to achieve positive family and child outcomes. Practice Guidance is separate from Policy.

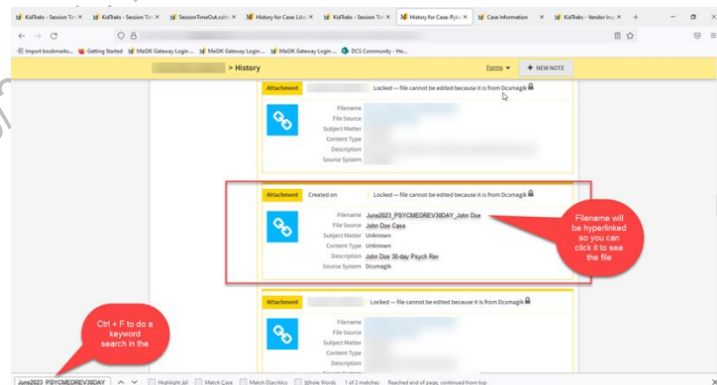
Locating Reports Automatically Transmitted into Casebook

The 30-day and 90-day Psychotropic Medication Reports will be automatically transmitted into casebook after being uploaded into KidTraks monthly by the residential provider (this does not include shelter care). The 30-day report will be named **PSYCMEDREV30DAY** and is a paper review. The 90-day report will be named **PSYCMEDREV90DAY** and is an in-person review.

To locate the 30-day and 90-day Psychotropic Medication Reports in Casebook go to the case. If the file you are looking for is not in the File Uploads section (only a few recent files show on the main page), then click “File Uploads”, then click “See all files”.



The browser search feature may be used by typing in part of the filename to find the file (shown at the bottom of the screenshot below). The file being searched for is shown in the red box. Because the file has been automatically transmitted, it will have a blue link icon instead of a green paperclip. The filename will be hyperlinked. You will need to click it to open the file.



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