



INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
Chapter 8: Out-of-Home Services Section 30: Psychotropic Medication	
Effective Date: July 1, 2024	Version: 7

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POLICY OVERVIEW

Psychotropic medication (see Definitions) may be prescribed to treat a child’s emotional and behavioral health symptoms and diagnoses. Careful consideration must be given to ensure prescribed medications are appropriate for the child. Exploring alternative treatment and seeking consent assists the Child and Family Team (CFT) in planning to best meet the needs of the child. Providing thorough information regarding recommended psychotropic medication is essential to informed decision making.

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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. If a parent, guardian, or custodian cannot be located within 24 hours and delay would compromise the best interest of the child, DCS will authorize the use of the psychotropic medication.

DCS will require consent from the appropriate DCS Local Office Director (LOD) or designee prior to a child in out-of-home care receiving psychotropic medication. DCS will seek a court order for the **continued** administration of psychotropic medication if:

1. A delay 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 (see policy 5.06 Locating Absent Parents).
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 for the requested medication.

Authorization for Psychotropic Medication During Acute Psychiatric Stays ONLY
 During an acute psychiatric stay, **only** DCS consent is necessary for prescribing a psychotropic medication to a child under DCS care and supervision.

Note: Psychotropic medication may be administered to a child admitted for acute psychiatric treatment without prior DCS consent when:

1. It is needed to address an emergency condition in which the child is a danger to oneself or others; and
2. No other form of intervention will mitigate the danger.

Upon receipt of the Authorization for Psychotropic Medication form from the licensing professional during a child's acute psychiatric stay, the Family Case Manager (FCM) will:

1. Obtain consent for the psychotropic medication from the DCS LOD or designee in Section C of the Authorization for Psychotropic Medication form within 24 hours of administration of the initial dose of psychotropic medication;
2. Promptly seek a court order for **continued** administration of psychotropic medication; and
3. Document the consent in the case management system.

The DCS LOD or designee will complete Section C of the Authorization for Psychotropic Medication form within 24 hours of administration of the initial dose of psychotropic medication during an acute psychiatric stay.

If there are questions regarding the appropriateness of a medication, the Family Case Manager (FCM) will submit a Psychotropic Medication Advisory Committee (PMAC) Quick Review referral by:

1. Requesting that the licensed professional (see Definitions) completes the "Clinical Information" section of the PMAC Quick Review form (available on the Medical Guidance SharePoint webpage), and
2. Submitting the completed form to the PMAC Contractor at Claire.Holloway@dcs.in.gov.

Note: Upon receipt of the form, the PMAC team has 24 hours to provide input on whether the medication prescribed is appropriate. For additional information regarding PMAC, see the DCS Psychotropic Medication Initiative.

Seeking Authorization for Psychotropic Medication

When a child is exhibiting emotional or behavioral health symptoms, the FCM will:

1. Engage the Child and Family Team (CFT) or hold a case plan conference to develop a Case Plan/Prevention Plan to meet the child's mental health need (see policies 5.03 Engaging the Family and 5.07 Child and Family Team Meetings) with consideration of the following:
 - a. Concerns or questions regarding medications,
 - b. Alternative therapies and behavioral approaches, and
 - c. The comprehensive evaluation by a licensed professional.

Note: Alternative therapies and behavioral approaches should be explored before psychotropic medication is considered. The child's licensed professional and/or psychiatrist may be invited to attend the meeting. The FCM may also contact the DCS Clinical Services Specialist (CSS) for consultation.

2. Ensure the licensed professional or psychiatrist:
 - a. Completes Section A of the Authorization for Psychotropic Medication form,
 - b. Returns the signed Authorization for Psychotropic Medication form to the assigned FCM, and
 - c. Contacts DCS within 24 hours of administering the initial dose of medication if a child is placed on psychotropic medication due to an emergency condition.

3. Submit a PMAC Quick Review referral, if there are questions regarding the appropriateness of a psychiatric medication, by completing the following:
 - a. Requesting that the licensed professional completes the “Clinical Information” section of the PMAC Quick Review form (available on the Medical Guidance SharePoint webpage), and
 - b. Submitting the completed form to the PMAC Contractor at Claire.Holloway@dcs.in.gov.

Note: Upon receipt of the form, the PMAC team has 24 hours to provide input on whether the medication prescribed is appropriate. For additional information regarding PMAC, see the DCS Psychotropic Medication Initiative.

4. Review the Authorization for Psychotropic Medication form with the parent, guardian, or custodian or child (if 18 years of age or older), and encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the use of psychotropic medications for the child;

Note: If the parent, guardian, or custodian denies consent, a 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).

5. Obtain consent to authorize the use of psychotropic medication for the child through one (1) of the following methods:
 - 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, unless deemed incompetent or unable to consent, or

Note: Youth 18 years of age or older may consent to their own psychotropic medication; therefore, parental consent is not required. If a youth 18 years of age or older is deemed incompetent or unable to consent, DCS will obtain a court order authorizing the use of a psychotropic medication when it is recommended by a licensed professional.

- c. The consent of the DCS LOD or designee on Section C of the Authorization for Psychotropic Medication form when:
 - i. A delay to obtain parental consent 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; or
 - iv. Prior court authorization has been obtained.
6. Request that the DCS Staff Attorney seek a court order for psychotropic medication in the following circumstances:
 - a. The consent of the child’s parent, guardian, custodian is not obtained (for a child under the age of 18), or
 - b. The consent of the youth is not obtained (for a youth 18 years of age or older).
7. Notify the prescribing provider of whether the Authorization for Psychotropic Medication form has been approved and if any further action will be needed;
8. Provide copies of the completed Authorization for Psychotropic Medication form (scan

and email is acceptable) to:

- a. The requesting prescribing provider,
 - b. The parent, guardian, or custodian, and
 - c. The resource parent.
9. Place the original signed Authorization for Psychotropic Medication form in the child's case file and document all steps in the case management system.

DCS CSS may:

1. Discuss questions and/or concerns directly with the assigned FCM or the prescribing provider; and
2. Seek a second opinion from another licensed professional/child psychiatrist when there are questions surrounding the need for the psychotropic medication.

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.

Monitoring Psychotropic Medication

If the Authorization for Psychotropic Medication form is approved, the FCM will:

1. Ensure the child; parent, guardian, or custodian; and resource parent are aware of:
 - a. The purpose of the medication,
 - b. The dosage,
 - c. The expected benefits of the medication, and
 - d. Any potential side effects.
2. Ensure the prescription medication is filled and refilled as long as the medication is prescribed;
3. Ensure the child's prescribed medications is monitored by the prescribing provider;

Note: If the psychotropic medication was prescribed for the child during an acute psychiatric stay, ensure a licensed professional or psychiatrist continues to monitor the prescribed medications after the child's acute psychiatric stay.

4. Engage in meaningful discussions with the child and family regarding the initiation, change, or discontinuation of medication to ensure informed decision making; and

Note: Medication 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.

5. Address any medication concerns with the CFT; child's parent, guardian, or custodian; licensed professional; and resource parent or residential treatment provider. This may include, but is not limited to:
 - a. Effectiveness of medication,
 - b. Potential side effects, and
 - c. Refill issues.

Note: The DCS CSS may be consulted regarding medication concerns.

Psychotropic Medications During Residential Treatment

If a child is prescribed psychotropic medication and admitted to a residential treatment facility (excluding emergency shelter care [ESC]), the provider must upload a report from the licensed professional to KidTraks every 30 calendar days with the child's health care information (e.g., medical treatment and psychotropic medication) and include the licensed professional's in-person observation of the child, at least every 90 calendar days. See policy 8.27 Maintaining Health Records- Medical Passport for additional information.

When a child is prescribed psychotropic medication while receiving residential treatment, the FCM will:

1. Verify the 30-day and 90-day reports are in the case management system (see Practice Guidance); and
2. Review the 30-day report and 90-day report to ensure the reports contain medication information, including the licensed professional's report on medication that is being continued, discontinued, or changed, and/or any recommended changes in the treatment plan goals.

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RELEVANT INFORMATION

Definitions

Licensed Professional

As defined in Indiana Code (IC) 31-27-9, a licensed professional is any of the following:

1. A physician licensed under IC 25-22.5;
2. An advanced practice registered nurse licensed under IC 25-23; or
3. A physician assistant licensed under IC 25-27.5.

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

- [DCS Clinical Services Specialists Contact Map](#) - available on the DCS SharePoint
- [DCS Psychotropic Medication Initiative](#)
- Psychotropic Medication Advisory Committee (PMAC) Contractor's e-mail address- Claire.Holloway@dcs.in.gov
- [Psychotropic Medication Advisory Committee \(PMAC\) Quick Review](#) form - available on the Medical Guidance SharePoint webpage

Related Policies

- [5.03 Engaging the Family](#)
- [5.06 Locating Absent Parents](#)
- [5.07 Child and Family Team Meetings](#)
- [8.27 Maintaining Health Records- Medical Passport](#)

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LEGAL REFERENCES

- [IC 16-36-1: Health Care Consent](#)
- [IC 25-22.5: Physicians](#)
- [IC 25-23: Nurses](#)
- [IC 25-27.5: Physician Assistants](#)
- [IC 31-27-9: Health Records and Medications](#)

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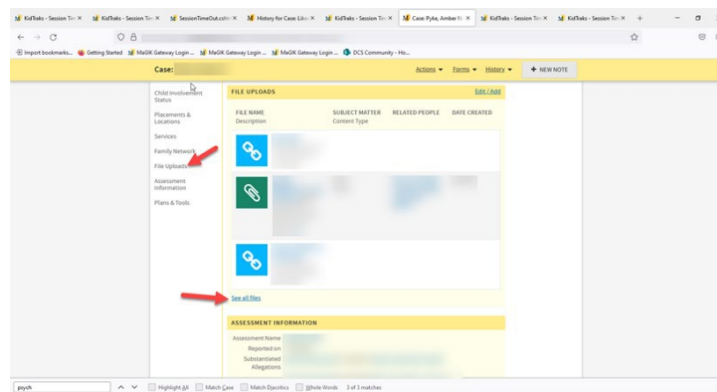
PRACTICE GUIDANCE – DCS POLICY 8.30

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.

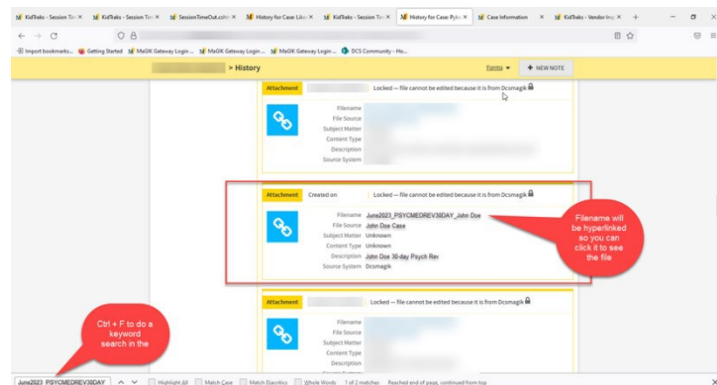
Locating Transmitted Reports in the Case Management System

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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