

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> January 1, 2014
	<b>Section 30:</b> Psychotropic Medication	<b>Version:</b> 2

**POLICY**

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 medications for a child under DCS care and supervision. See Practice Guidance.

DCS will provide consent for the use of psychotropic medications 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;
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. Child is admitted for acute psychiatric treatment; or
5. Prior court authorization has been obtained.

DCS will require the consent from the appropriate DCS Local Office Director (LOD) or designee prior to a child in out-of-home care being placed on psychotropic medication.

Medication can be administered without prior consent if it is needed to address an emergency condition in which the child is a danger to himself 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. DCS consent is all that is needed for prescribing psychotropic medication during an acute psychiatric stay.

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 medication. See separate policy, [5.7 Child and Family Team Meetings](#).

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

Code References

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

**PROCEDURE**

**For Acute Psychiatric Stays ONLY**

The Family Case Manager (FCM) will:

1. Obtain consent from the DCS LOD or designee; and
2. Document oral consent in MaGIK.

## **For Authorization for Psychotropic Medication**

The FCM will:

1. Engage the CFT regarding the physician's recommendation for psychotropic medication and develop a plan for ensuring the child's mental health needs are met. See separate policy, [5.7 Child and Family Team Meetings](#);
2. Review the [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form with the parent, guardian, or custodian and the CFT. See separate policy, [5.7 Child and Family Team Meetings](#);
3. Obtain consent for use of psychotropic medication by one (1) of the following ways:
  - a. The parent, guardian, or custodian's signature on Section B of the [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form; OR
  - b. Consent from the DCS LOD or designee in Section C of the [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form when:
    - 1) A delay in order to obtain parental consent may compromise the well-being of the child;
    - 2) Parental rights have been terminated; and/or
    - 3) The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment.
4. Submit the [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form to the DCS LOD or designee;
5. Seek a second opinion from another physician or child psychiatrist for any recommendations that involve:
  - a. Prescriptions for five (5) or more psychotropic medications,
  - b. Prescription of an antidepressant to a child less than four (4) years of age,
  - c. Prescription of an antipsychotic medication to a child less than four (4) years of age, or
  - d. Prescription of a psycho stimulant to a child less than three (3) years of age.
6. Notify the requesting physician of whether the authorization has been granted and if any further action will be needed;
7. Provide the requesting physician and the parent, guardian, or custodian with copies of the [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form once it has been completed (fax is acceptable);
8. Ensure that the resource family is aware of the purpose of the medication and the expected responses to the medication, including any possible side effects;
9. Ensure that the prescription is filled; and
10. Place the original signed [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form in the child's case file.

The FCM will direct the prescribing physician to:

1. Complete Section A of the [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form;
2. Submit the [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) 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.

The DCS LOD or designee will:

1. Review all requests and complete Section C of the [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form within one (1) business day of receiving the form from the FCM; and

2. Return the signed [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form to the FCM.

## **PRACTICE GUIDANCE**

### **Parental Participation in Decision-Making**

Encourage the parent, guardian, or custodian to be involved in the decision-making process regarding the use of psychotropic medications. The FCM should engage the family to actively discuss the [Case Plan \(SF45093\)](#), alternative recommendations, questions, and/or concerns regarding the medication. See separate policy [5.3 Engaging the Family](#).

Diligent efforts must be made to locate the parent, guardian, or custodian to participate in the decision-making process regarding the use of psychotropic medication. See separate policy, [5.6 Locating Absent Parents](#).

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 interests of the child, then DCS will authorize the use of the psychotropic medication.

### **Youth Age 18 Year or Older on Psychotropic Medication**

Youth age 18 years 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 psychotropic medication, if it is in the opinion of a health care professional that the youth needs the use of the psychotropic medication.

## **FORMS AND TOOLS**

1. [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#)

## **RELATED INFORMATION**

### **Psychotropic Medications**

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

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

### **Discussing Psychotropic Meds at Family Team Meeting**

The FCM should use the completed [Authorization for Psychotropic Medication \(SF53545/CW3231\)](#) form to focus the discussion at the meeting. In particular, 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.

### **Requests that Require Increased Review**

There are certain circumstances that require additional consideration and review, including, but

not limited to:

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1. Prescription of five (5) or more different psychotropic medications;
2. Prescription of an antidepressant to a child less than four (4) years of age;
3. Prescription of an antipsychotic to a child less than four (4) years of age; and
4. Prescription of a psychostimulant to a child less than three (3) years of age.

**Note:** DCS Clinical Specialists or DCS Nurses are available to case management staff for consultation regarding relevant questions, concerns, and/or circumstances regarding prescriptions.

**Medications at the Time of Removal**

If a child is on psychotropic medication at the time of removal, the medication, potential side effects, and any concerns should be addressed with the child's parents, primary care physician, resource parents, and residential care provider.

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