

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 8: Out-of-Home Services	Effective Date: June 1, 2016
	Section 30: Psychotropic Medication	Version: 3

STATEMENTS OF PURPOSE

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. See [Practice Guidance](#) for additional information.

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;
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.

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 [psychotropic medication](#).

During an acute psychiatric stay only DCS consent is necessary for prescribing [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 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.

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 [5.7 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 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. 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 [5.7 Child and Family Team Meetings](#);
2. Review the [Authorization for Psychotropic Medication \(SF53545\)](#) with the parent, guardian, or custodian and the CFT. See policy [5.7 Child and Family Team Meetings](#);

Note: The FCM may generate a Permanency and Practice Support (PPS) Referral to the DCS Clinical Consultant to discuss any specific questions and/or concerns about a child's [psychotropic medication](#).

3. 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 \(SF53545\)](#); or
 - b. Consent from the DCS LOD or designee in Section C of the [Authorization for Psychotropic Medication \(SF53545\)](#) 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.
4. Submit the [Authorization for Psychotropic Medication \(SF53545\)](#) to the DCS LOD or designee;
5. Notify the requesting prescribing provider of whether the authorization has been granted and if any further action will be needed;
6. Provide the requesting prescribing provider and the parent, guardian, or custodian with copies of the [Authorization for Psychotropic Medication \(SF53545\)](#) once it has been completed (fax is acceptable);
7. Ensure the resource parent is aware of the purpose of the medication and the expected responses to the medication, including any possible side effects;
8. Ensure the prescription is filled; and
9. Place the original signed [Authorization for Psychotropic Medication \(SF53545\)](#) 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 \(SF53545\)](#);
2. Return the [Authorization for Psychotropic Medication \(SF53545\)](#) 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.

Upon receiving a PPS referral, the 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 \(SF53545\)](#) within one (1) business day of receiving the form from the FCM; and
2. Return the signed [Authorization for Psychotropic Medication \(SF53545\)](#) 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 participate in the development of the [Case Plan \(SF2956\)](#) and discuss alternative recommendations, questions, and/or concerns regarding the medication. See policy [5.3 Engaging the Family](#) for additional guidance.

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 policy [5.6 Locating Absent Parents](#) for additional information. 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 Years 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 \(SF53545\)](#)
2. [Case Plan \(SF2956\)](#) – Available in the case management system

RELATED INFORMATION

Psychotropic Medications

Psychotropic medications are those prescription drugs used to control and/or stabilize mood, mental status, behavior, and/or mental health. Psychotropic medicines 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).

Discussing Psychotropic Medication at the CFT Meeting and/or Case Conference

The FCM should use the completed [Authorization for Psychotropic Medication \(SF53545\)](#) to focus the discussion at the CFT meeting and/or Case Plan Conference. 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.

Psychotropic 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 parent, guardian, or custodian; primary care physician; resource parent; and residential care provider.

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