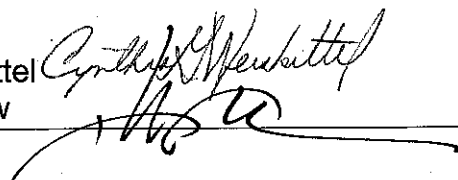


**Cuyahoga County**  
**Department of Health and Human Services**  
**Division of Children and Family Services**  
**Policy Statement**

**Policy Chapter:** Child Health Care  
**Policy Number:** 9.04.03  
**Policy Name:** Psychotropic Medication

**Original Effective Date:** 01/01/2014  
**Revision Date(s):** 02/01/2017  
**Current Revision Date:** 02/01/2017  
**Approved By:** Cynthia G. Weiskittel  
**Approved By:** Thomas D. Pristow



**PURPOSE:** The purpose of this policy is to ensure that youth in care receive the appropriate medication based on their diagnosis and behavioral health needs and to evaluate and monitor the benefits and effects of the psychotropic medications.

**GOAL:** The goal of this policy is to ensure that youth in care who are prescribed psychotropic medications achieve the most positive outcomes while they transition through care to permanency and to increase the oversight of administration and justification of these medications.

**SCOPE:** This policy applies to all staff of the Cuyahoga County Division of Children and Family Services (CCDCFS).

**POLICY**

Medical professionals prescribe psychotropic medication for children in CCDCFS custody only when it is deemed necessary as the outcome of a diagnostic assessment and/or psychological/psychiatric evaluation. They will document in the assessment/evaluation a diagnosis and need for medication or a psychiatric emergency in which the child is in need of medication to manage elevated symptoms. CCDCFS will follow standard procedures in obtaining informed consent to administer medication; completing documentation; tracking and monitoring rates of psychotropic medication usage.

All children who are administered psychotropic medication are required to concurrently receive behavioral therapy or be referred to a mental health or specialized therapy as appropriate on the basis of their need. Psychiatric medication will not be used solely as a means to punish or control behavior without first utilizing behavior management techniques.

## Definitions:

**Psychotropic Medication:** Any chemical agent used for the effect that it has upon an individual, in that it alters that person's thoughts, feelings, mental/physical activity, mood or behavior. Medications, which are not usually described as psychotropic, are covered by this policy when they are prescribed for any psychotropic effects.

**Concomitant Medication or Polypharmacy:** Concurrent use of more than one medication.

## **PROCEDURES**

### **I. When a child is in the custody and placement of CCDCFS and it is determined there is a need to consider psychotropic medication:**

A. The Worker of Record (WOR), in consultation with his or her Supervisor and other members of the child's team as appropriate, shall be responsible for the decision to refer a child for any diagnostic, psychological, and/or psychiatric assessment.

#### **B. Worker of Record Responsibilities:**

- Attend the initial diagnostic/psychiatric assessment with the youth in care and provide all known physical/behavioral health history; (WOR will schedule the assessment for youth placed in an agency foster home; Network foster homes will be responsible for scheduling this appointment.
- Attend at least one psychiatry appointment per calendar year in addition to the assessment and maintain ongoing contact with the psychiatrist and/or staff regarding the status of the youth in care;
- Maintain ongoing contact with the substitute caregiver concerning the child's reaction to the medication(s) and/or behavior issues;
- Ensure that substitute caregivers and providers are aware of and have sufficient copies of the forms required to administer psychotropic medication and the psychotropic medication policy;
- Ensure that substitute caregivers and providers do not administer psychotropic medication without senior management approval unless on an emergency basis in which approval cannot be sought.
- Ensure that documentation for all new psychiatric diagnoses, new medication prescribed or changes to medications is submitted to the Health Care Unit within 24 hours of requested change. The HCU will enter the medication information into SACWIS; seek approval from Senior Supervisor and communicate with substitute caregiver upon approval or decline in change of medication.
- Notify the parents or former legal custodian that the child has been assessed and is in need of medication;
- WOR will monitor the medication at a minimum of every Semi-Annual reviews. The medications and diagnosis will be reviewed and any

changes or inaccuracies will be documented and submitted to the HCU within 24 hours of the SAR. The HCU staff will then enter the updated information, if any, into SACWIS.

- Update the Med/Ed form and share with the family and current caregiver;
- Request a 2<sup>nd</sup> opinion for all youth aged 6 and under on psychotropic medication and on youth over the age of 6 on three (3) or more psychotropic medications in collaboration with the Health Care Unit or when there are questions/concerns related to psychotropic medication administration.

C. Substitute Caregiver Responsibilities:

- Observe and document behaviors of concern in the youth and consult with the WOR as soon as possible regarding these behaviors/ symptoms.
- Upon reaching a decision with the WOR of the need for a diagnostic, psychological, and/or psychiatric assessment, network foster families will schedule the assessment and inform the child's WOR of date, time and place of appointment. WOR will schedule the assessment for youth placed in agency foster homes.
- Take the prescription to the pharmacy after receiving notification of the Agency's informed consent to administer the medication;
- Obtain and administer the psychotropic medication in accordance with the doctor's orders for the prescription;
- Inform the WOR if a child refuses to take psychotropic medication(s). Notification should occur as soon as possible but no later than 24 hours after initial refusal;
- Inform the prescribing physician and follow his/her instructions if a child refuses to take prescribed psychotropic medication(s). Notification should occur as soon as possible but no later than 24 hours after initial refusal;
- If the Agency does not provide informed consent to administer the medication, shred or otherwise dispose of the written prescription in a manner that it cannot be utilized in the future;
- Ensure all medications are provided to WOR, respite caregivers or family members during visitation or reunification, and ensure the person receiving the medication is an adult and is provided the necessary information such as name/type of medication, purpose of medication, dosage instructions, side effects and the number for the prescribing physician should concerns arise.

**D. Residential Placement Responsibilities:**

- Complete the Request to Administer Psychotropic Medication with every initiation/increase/decrease or discontinuation of a medication and submit this form to the Health Care Unit;
- Implement medication changes upon receipt of signed approval;
- Coordinate with entities providing supportive services.

**E. Health Care Unit Responsibilities:**

- Process the Request to Administer Psychotropic Medication forms for all youth in agency custody between 8:30 – 4:30;
- Obtain informed consent for medication initiation/increase/decrease or discontinuation from the Senior Supervisor or designated back-up between 8:30-4:30. After hours informed consent will be obtained by the hotline supervisor from a Deputy Director or designee;
- Informed consent is to be obtained within 24 hours of receipt of request form, unless a second opinion has been requested and/or youth's Senior Supervisor; Supervisor; WOR and/or designee are completing additional follow up with the prescribing physician;
- Informed consent is faxed to the provider and confirmation of receipt is ensured;
- Enter all information related to medication change into SACWIS under the medication tab;
- Consents received after hours are to be placed in the HCU mailbox and all data is to be entered into SACWIS by the HCU;
- Assist in obtaining 2<sup>nd</sup> opinions when the Senior Supervisor; Supervisor; WOR; alternate caregiver and/or applicable members of the youth's team express questions or concerns related to the youth's psychotropic medication regimen.

**F. Prescriber Responsibilities: (A prescriber is defined as any clinician licensed to prescribe medications that would be recommended to improve the functioning of a youth):**

- Complete the Request to Administer Psychotropic Medication with every initiation/increase/decrease or discontinuation of a medication and submit this form to the Health Care Unit during the hours of 8:30-4:30;
- In after hour emergencies, prescribers will contact 216-696-KIDS and submit the form to the identified supervisor who will obtain informed consent from a Deputy Director or designee;
- Implement medication changes upon receipt of signed approval;
- All children who are administered psychotropic medication are required to concurrently receive behavioral therapy or be referred to a mental health or specialized therapy as appropriate on the basis of their need.
- Coordinate with entities providing supportive services.

**II. When a child enters the custody and placement of CCDCFS and is currently prescribed psychotropic medication:**

**A. Worker of Record Responsibilities:**

- Obtain information regarding the physician's name and address, including any information regarding the medication(s), if child is taking the medication, and length of time on medication;
- Provide the substitute caregiver with bottles of medication at the time of placement and ensure understanding of prescription administration and provide physician's contact information for any potential questions and/or medication administration issues,
- Submit list of psychotropic medications along with prescriber information to the Health Care Unit for entry into SACWIS.
- Schedule and attend a diagnostic, psychological or psychiatric assessment if a recent assessment and report was not completed or not available within the last six months.
- WOR will monitor the medication at a minimum of every Semi-Annual reviews. The medications and diagnosis will be reviewed and any changes or inaccuracies will be documented and submitted to the HCU within 24 hours of the SAR. The HCU staff will then enter the updated information if any into SACWIS.
- Request a 2<sup>nd</sup> opinion for all youth aged 6 and under on psychotropic medication and on youth over age 6 on three (3) or more psychotropic medications in collaboration with the Health Care Unit or when there are questions/concerns related to psychotropic medication administration.

**B. All others responsibilities remain as outlined in section I (C-F).**

**III. Youth Assent:** Risks and benefits of a prescription of psychotropic medication are explained. No assent is requested or required.

**IV. Parental Notification:** At any point that a psychotropic medication is being considered for prescription, changed or discontinued, WOR of record will notify the parents and/or former legal custodian within 48 hours and document these attempts in SACWIS, unless the youth is in permanent custody of DCFS.

**V. Informed Consent:**

- A. Standard -** Prescribers must complete the request to administer psychotropic medication form for all youth in agency custody and submit to the Health Care Unit; the Senior Supervisor or designee will review and sign off on all medication initiations/increases/decreases or discontinuations. Informed consent to the provider will be provided within one business day. Providers will be notified of any delay in approval and may be asked to submit additional information as to the reason for the medication change.

- B. Emergency - Providers must complete the request to administer psychotropic medication form and submit to the Health Care Unit between the hours of 8:30-4:30. The Senior Supervisor or designee will review all emergency medication initiations/increases/decreases or discontinuations and provide informed consent to the provider the same business day. When after hour emergencies occur, prescribers must submit the form to the Hotline Supervisor who obtain approval from the on-call Deputy Director or designee and return to the provider. Informed consent to the provider will be provided. The WOR follows up with the provider and substitute caregiver on the next business day and follows the procedures outlined in section II (A).

**VI. Medical Consultation:** The WOR, alternate caregiver and other applicable members of the youth's team are expected to continually observe the youth and the impact of the psychotropic medications they are prescribed. When they have questions or concerns related to the youth's behavior; the administration/prescribing regimen of psychotropic medications or the psychotropic medications do not fall within the prescribing guidelines, the WOR is to request a second opinion through the Health Care Unit Administrator and/or Senior Supervisor.

**VII. Documentation and Tracking:**

- In addition to the Request to Administer Psychotropic Medication Forms for all youth in custody and documentation of medication changes in SACWIS, the Health Care Unit will maintain a log that documents all submitted medication requests and all submitted second opinions.
- The Health Care Unit will collect and analyze data on youth in care and rates of use of psychotropic medication on a quarterly basis. Information collected will include, but is not limited to: rates of use by Departments/Senior Supervisors; number of psychotropic medication youth are on, (1, 2, 3, 4, 5 or more) by age range; percentage of youth on psychotropic medication; race, gender of youth on psychotropic medication; placement of youth and level of care.
- The Health Care Unit will track and review the data and report out to Senior Administration at a minimum of semi-annually. Youth aged 6 and below on psychotropic medications and youth aged 6 and above on three (3) or more medications will be flagged for a 2<sup>nd</sup> opinion referral. The WOR will review the file and submit paperwork to the Health Care Unit should there be any questions/concerns regarding the youth's medication and/or behaviors.

**VIII. Orientation and Training:**

- A. Training on the guidelines and protocol for the administration of psychotropic medication occurs at all Child Protection Orientation and Trainings.