RICHLAND COUNTY CHILDREN SERVICES

PROGRAM POLICY

16.20 (1) **PSYCHOTROPIC MEDICATION**	**EFFECTIVE DATE:** **01/07/2015**	**REVISION DATE:**	**REVIEW DATE:**
PREPARED BY: **Placement & Kinship Program Manager**	**APPROVED BY:** **RCCS Board**		
ORC: **5153.16**	**OAC:** **5101:2-5-13**	**COA:** **PA-FKC 10**	

I. PURPOSE:

Pursuant to 5101:2-5-13, RCCS ensures that psychotropic medication provided to children in agency custody are authorized by the Executive Director and guarantees that children receiving psychotropic medications are routinely monitored by the prescribing physician. RCCS only approves psychotropic medication for a child in agency custody when medically indicated and will not approve its use as a means of punishment or control.

II. POLICY STATEMENT:

RCCS only approves a child in agency custody to be placed on psychotropic medication when there is a psychological/psychiatric evaluation or a diagnostic assessment performed by an appropriate, credentialed professional indicating the diagnosis and a specific need for the medication clearly stated. This evaluation must be completed prior to administration or initiation of the medication.
Any child who enters agency custody and is currently prescribed a psychotropic medication will continue on the medication without interruption while arrangements are made to obtain documentation from the prescribing physician and obtain approval from Executive Director.

No child in the custody of Richland County Children Services shall be prescribed or given psychotropic medication for the sole purpose of behavioral control.

III. PROCEDURES:

Substitute Caregiver will:

- Inform the Agency Nurse of date, time and place of appointment, if known prior to the child's appointment that psychotropic medication(s) may be prescribed.
- Notify the child's case worker and Agency Nurse as soon as possible when the child's physician prescribes any medication intended to control the child's behavior.
- Obtain and administer psychotropic medication in accordance with the prescription after authorization by the Executive Director.
- Inform the prescribing physician and follow their instructions if a child refuses to take their prescribed psychotropic medication. Notification should occur as soon as possible but no later than within twenty-four (24) hours.
- Inform the case worker and Agency Nurse if a child refuses to take a psychotropic medication**.** Notification should occur within 24 hours.
- Accompany child to all follow-up appointments.
- Notify case worker and Agency Nurse of any medication or physician changes.

Assigned Case Worker will:

- Inform parents of child of the recommendation for their child to be placed on psychotropic medications and attempt to obtain their agreement.
- Contact Agency Nurse when a child enters RCCS custody and is taking a psychotropic medication or a physician is considering placing a child already in RCCS custody on psychotropic medication.
- Provide the Agency Nurse with the physician's name and address.
- Schedule a diagnostic assessment, psychological, or psychiatric assessment if a recent assessment and report was not completed or not available.
- Accompany child if possible to the initial appointment and follow up appointments when indicated.
- Notify substitute caregiver when the Executive Director has approved administration of medication.
- Maintain ongoing contact with substitute caregiver and Agency Nurse to ensure that information the caregiver and Agency Nurse have concerning the child's medication and reactions is current and accurate, that appropriate authorizations have been obtained and child is receiving medication as prescribed.
- Notify Agency Nurse of medication or physician changes. Change notices will be initialed by assigned caseworker, supervisor and agency nurse prior to being submitted to executive director for approval and implementation.
- Notify Agency Nurse if a child refuses to take his prescribed psychotropic medication.
- Inform and remind the caregiver that they must contact the prescribing physician immediately or take the child to their doctor, when a child is refusing to take their medication.

Agency Nurse will:

- Obtain diagnostic assessment, psychological/ psychiatric report and the Psychotropic Medication Authorization, completed by the physician.
- Consult with physician's staff if there are questions or concerns about the psychotropic medication prescription.
- Obtain the Executive Director's authorization on medication authorization form sent by provider after all information is obtained and reviewed.
- Notify the case worker and/or the substitute caregiver of approval to start medication administration.
- Create and maintain a psychotropic medication file for all children for whom psychotropic medication has been prescribed and approved.
- Obtain written progress reports from the prescribing physician.
- Attend Family Team Meetings or Team Decision-Making Meetings for children currently prescribed psychotropic medication when requested.
- Document in the psychotropic medication file when a child refuses medication.

Note: RCCS Executive Director will review requests for psychotropic medications submitted by Agency Nurse; and, if determined that medication is appropriate, return all information to Agency Nurse with a signed Psychotropic Medication Authorization form.

Key Program Staff will:

Key program staff will meet on a quarterly basis to review the utilization of psychotropic medications for those children in care and provide the Executive Director with a summary of each meeting, which includes conclusions or recommendations.

These reviews will address, but not be limited to:

- Children's need for psychotropic medication
- Children's response to psychotropic medication
- Change in children's behavior

IV. PRACTICE GUIDANCE:

RCCS only approves psychotropic medication for a child in agency custody when medically indicated and will not approve its use as a means of punishment or behavior control.

No psychotropic medication shall be administered to a child who is considered capable of consenting but refuses, unless administration is specifically authorized by the Executive Director. Authorization may be ongoing if, for example, the child objects each time they are to receive a dosage.

General principles regarding the use of psychotropic medications in children include:

1. A DSM-5 psychiatric diagnosis should be made before the prescribing of psychotropic medications.
2. Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medical record at the time of or before beginning treatment with a psychotropic medication. These target symptoms and treatment goals should be assessed at each clinic visit with the child and caregiver. Whenever possible, recognized clinical rating scales (clinician, patient, or caregiver assessed, as appropriate) or other measures should be used to quantify the response of the child's target symptoms to treatment and the progress made toward treatment goals.
3. In making a decision regarding whether to prescribe a psychotropic medication in a specific child, the clinician should carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluate the overall benefit to risk ratio of pharmacotherapy.
4. Except in the case of emergency, informed consent should be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent to treatment with psychotropic medication entails diagnosis, expected benefits and risks of treatment, including common side effects, discussion of laboratory findings, and uncommon but potentially severe adverse events. Alternative treatments, the risks associated with no treatment, and the overall potential benefit to risk ratio of treatment should be discussed.
5. During the prescription of psychotropic medication, the presence or absence of medication side effects should be documented in the child's medical record at each visit.
6. Appropriate monitoring of indices such as height, weight, blood pressure, or other laboratory findings should be documented.
7. Monotherapy regimens for a given disorder or specific target symptoms should usually be tried before poly-pharmacy regimens.
8. Doses should usually be started low and titrated carefully as needed.
9. Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record. (Note: starting a new medication and beginning the dose taper of a current medication is considered one medication change).
10. The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including: symptoms, behavior, function, and potential medication side effects.
11. In depressed children and adolescents, the potential for emergent suicidality should be carefully evaluated and monitored.
12. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or a general psychiatrist with significant experience in treating children, should occur if the child's clinical status has not experienced meaningful improvement within a timeframe that is appropriate for the child's clinical response and the medication regimen being used.
13. Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders), and the influence of psychosocial stressors.

14. If a medication is being used in a child for a primary target symptom of aggression associated with a DSM-5 nonpsychotic diagnosis (e.g., conduct disorder, oppositional defiant disorder, intermittent explosive disorder), and the behavior disturbance has been in remission for six months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued in this situation, the necessity for continued treatment should be evaluated at a minimum of every six months.
15. The clinician should clearly document care provided in the child's medical record, including history, mental status assessment, physical findings (when relevant), impressions, adequate laboratory monitoring specific to the drug(s) prescribed at intervals required specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan, and intended use of prescribed medications.

V. DEFINITIONS:

Psychotropic Medication: Those medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. Any drug capable of modifying mental/physical activity and prescribed for that purpose.

VI. RELATED POLICIES OR PROCEDURES:

RCCS Procedure 3.13 Medical/Dental Care for Children in Agency Custody
RCCS Policy 16.4 Child's Rights