

Psychotropic Medication for Children in Custody

SUMMIT COUNTY CHILDREN SERVICES

<p>ORC: 3313.713</p> <p>OAC: N/A</p> <p>USC: N/A</p> <p>CFR: N/A</p>	<p>ORIGINAL: 04/03/2014</p> <p>REVISIONS: 3/26/2018</p> <p>RELATED FORM(S): Psychotropic Medication Administration Request; Medical and Dental Care for Children in SCCS Custody</p> <p>RELATED PROCEDURE/POLICY(IES): N/A</p>
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|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Fiscal | <input type="checkbox"/> Safety & Security |
| <input type="checkbox"/> Human Resources | <input checked="" type="checkbox"/> Social Services - All Departments |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Social Services - Foster & Adoption |

All Staff Bargaining Unit Non-Bargaining Management

POLICY:

Summit County Children Services (SCCS) reviews and authorizes the use of psychotropic medication for children in agency custody. Psychotropic medications are defined as medications used to treat mental health conditions and affect the mind, emotions, and behaviors. Psychotropic medications require a written prescription from a medical professional licensed to prescribe medication.

PROCEDURE:

A. Routine psychotropic medication screening

Psychotropic medication should be prescribed only when absolutely necessary and must be part of a treatment plan that includes both psychopharmacological and psychosocial interventions. All children must receive a diagnostic assessment or psychological / psychiatric evaluation inclusive of a trauma screening and a diagnosis indicating the need for medication prior to medication being started. The assigned caseworker will ensure that any child who is administered psychotropic medication concurrently receives behavior therapy or other mental health therapies on the basis of his/her needs.

B. Informed Consent and Authorization

Decisions regarding psychotropic medication for children in custody are made in partnership with the parent / legal guardian whenever possible.

The Medical and Dental Care for Children in SCCS Custody form includes psychotropic medication for children age six and over. When psychotropic medication for children under age six has been recommended, the parents / legal guardians are consulted and given the opportunity to discuss any concerns with the prescribing psychiatrist / medical professional. Unless safety threats exist, caseworkers will invite parents to be present at the child's medical appointments to share information, discuss concerns and ask questions related to the recommended medication.

The assigned caseworker will gather information regarding any family history of heart disease and will share such information with the Department Director, Social Service Programs before Attention Deficit Hyperactivity Disorder (ADHD) medication is authorized.

The assigned caseworker is expected to accompany the child for the initial psychiatric appointment whenever possible and should ensure that the risks and benefits of psychotropic medication are explained to age appropriate children (twelve and over). Children are encouraged to ask questions and discuss any concerns that they may have regarding medication use.

When the need for psychotropic medication is identified, medical professionals should complete the SCCS Psychotropic Medication Administration Request form and submit to the Department Director, Social Services Programs or designee for review and authorization prior to the child being administered medication. All requests are reviewed by the Department Director, Social Service Programs or designee within the same business day. Prescribing guidelines established by Minds Matter- The Ohio Psychotropic Medication Quality Improvement Collaborative, are followed. Consultation with the prescribing medical professional and / or an agency contracted child and adolescent psychiatrist will occur when a request for medication is outside of the established guidelines.

The child is referred to a second medical professional for a medication review and recommendation any time the Department Director, Social Service Programs or designee disagrees with the recommendation of the prescribing medical professional and the concern has not been resolved through consultation.

C. Psychotropic Medication Prescribed During a Psychiatric Emergency or Inpatient Psychiatric Care

A psychiatric emergency exists when a child needs to be treated by emergency health care providers for symptoms or behaviors that are causing or might cause a danger to self or others.

Requests to administer medications during a psychiatric emergency or an inpatient admission during regular work hours require authorization by the Department Director, Social Service Programs or designee. Requests received after hours are handled by the on call designee. In both situations, it is imperative that the treating provider be made aware of all medications the child is currently receiving. Any changes or new medications will be entered into SACWIS by the designee approving the change.

D. Children Admitted to Custody Already Receiving Psychotropic Medications

When a child in custody is already receiving psychotropic medications, the assigned caseworker will provide a memo to the Department Director, Social Service Programs listing each medication the child is receiving, the current dosage, prescriber and reason for the medication. A copy of the memo shall be placed in the child's file. Preliminary approval to continue medication without interruption is granted if the medications are within the prescribing guidelines.

The Department Director, Social Service Programs or designee will contact the prescriber with any questions or concerns.

The assigned caseworker will strive to maintain continuity of care for the child by scheduling ongoing treatment with the prescriber unless there are geographic constraints or the child is placed in residential treatment. In such cases the caseworker ensures that information is shared regarding past treatment.

E. Medication Monitoring

Although the assigned caseworker and supervisor are responsible for ensuring continued monitoring of psychotropic medication, such monitoring must be approached from a team perspective which includes communication with the prescribing medical professional, caregiver, parent / guardian and other involved professionals.

Monthly contacts with child and caregiver must include discussion of the effects of the medication, reduction in target behaviors, possible side effects, etc. The caregiver and caseworker contacts the prescriber with any immediate concerns. Parents are kept informed by the assigned caseworker of any medication changes and its effect on the child.

The assigned caseworker will contact the prescriber prior to quarterly reviews to request a current medication list including dosages and the child's diagnosis and will contact the Department Director, Social Service Programs if the medication list does not match medications documented in SACWIS. The caseworker reviews the child's treatment, progress and any side effects including any changes in weight, behavior and cognitive functioning. Medication monitoring is discussed during Semiannual reviews, any scheduled staffing's and/or Team Decision Making (TDM) Meetings.

The Department Director, Social Service Programs or designee reviews all psychotropic medications prescribed to children in agency custody on an annual basis and seeks clarification / consultation as need.