

Psychotropic and Opioid Medication for Children in Substitute Care

SUMMIT COUNTY CHILDREN SERVICES

<p>ORC: 3313.713</p> <p>OAC: 5101:2-5-13(A)(29); 5101:2-38-08; 5101:2-42</p> <p>USC: N/A</p> <p>CFR: N/A</p>	<p>ORIGINAL: 4/3/2014</p> <p>REVISION/REVIEW: 3/26/2018; 8/24/2020; 12/29/2020; 2/2/2024</p> <p>NEXT REVIEW: 2/2/2029</p> <p>RELATED FORM(S): Psychotropic Medication Administration Request; Medical and Dental Care for Children in SCCS Custody; JFS 01443</p> <p>RELATED PROCEDURE/POLICY(IES): Health Care for Children in Substitute Care; Medical Care: Consent</p>
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| <input type="checkbox"/> Administrative
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<input type="checkbox"/> Safety & Security
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All Staff
 Bargaining Unit
 Non-Bargaining
 Management

POLICY:

Summit County Children Services (SCCS) reviews, authorizes, documents, and monitors the appropriate use of psychotropic and opioid medication for children in substitute care. Psychotropic and opioid medications require a written prescription from a medical professional licensed to prescribe medication. SCCS consents to medical treatment for children in agency custody.

PROCEDURE:

A. Psychotropic Medications

Psychotropic medications are defined as medications used to treat mental health conditions and affect the mind, emotions, and behaviors. 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 ensures that

any child who is administered psychotropic medication concurrently receives behavior therapy or other mental health therapies on the basis of their needs.

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 they may have regarding medication use. Unless safety threats exist, caseworkers invite parents to be present at the child's medical appointments to share information, discuss concerns, and ask questions related to the recommended medication. Should parents not attend appointments and/or disagree with prescribed medication, the caseworker encourages a consultation for the parent and medical provider. The assigned caseworker gathers information regarding any family history of heart disease, and will share such information with the Deputy Director, Social Services Resources before Attention Deficit Hyperactivity Disorder (ADHD) stimulant medication is authorized.

When the need for psychotropic medication is identified, medical professionals complete the SCCS Psychotropic Medication Administration Request form and submit it to the Deputy Director, Social Services Resources for review and authorization prior to the child being administered medication. All requests are reviewed 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 occurs 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 Deputy Director, Social Services Resources disagrees with the recommendation of the prescribing medical professional and the concern has not been resolved through consultation.

Any changes or new prescriptions for psychotropic medication are entered into SACWIS.

B. Psychotropic Medication Prescribed During a Psychiatric Emergency of 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 Deputy Director, Social Services Resources. 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 are entered into SACWIS by the designee granting approval.

C. Opioid Medications

Prescription opioids are powerful pain-reducing medications. Opioids should be prescribed only when deemed necessary to treat a health condition and require notification to the Deputy Director, Social Services Resources or designee Deputy Director, Social Services* when used to treat a chronic or non-emergent condition. Any changes or new prescriptions for opioid medication are entered into SACWIS.

Opioids utilized for emergency medical care are reviewed and approved at the time medical consent is provided and are entered into SACWIS by the designee approving the medical treatment.

D. Children Admitted to Substitute Care Already Receiving Psychotropic or Opioid Medications

When a child enters SCCS custody and is already receiving psychotropic or opioid medications, the assigned caseworker provides a memo to the Deputy Director, Social Services Resources listing each medication the child is receiving, the current dosage, prescriber and reason for the medication. A copy of the memo is placed in the child's file. Preliminary approval to continue medication without interruption is granted if the medications are within prescribing guidelines.

The Deputy Director, Social Services Resources contacts the prescriber with any questions or concerns. Upon approval, the medications are entered into SACWIS.

The assigned caseworker strives 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 and opioid 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 include discussion of the effects of the medication, reduction in target behaviors, possible side effects, etc. The caregiver and caseworker contact 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 contacts the prescriber prior to completion of the JFS 01443, "Child's Health and Education Information" to request a current medication list including dosages and the child's diagnosis. The caseworker contacts the Deputy Director, Social Services Resources 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 ongoing in accordance with the child's treatment needs.

Minimally, the Deputy Director, Social Services Resources reviews all psychotropic and opioid medications prescribed to children in agency custody on an annual basis and seeks clarification/consultation as needed.