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Subject:	Anti-Psychotic Medications for Children in the Care of DCF	Page 1 of 8
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## Purpose

To establish a process to ensure that, except in emergency circumstances, any consent given by the Family Service Division for use of anti-psychotic medications for a child or youth in DCF care is an informed consent.


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## Introduction

Both in Vermont and the U. S., children in foster care receive a higher rate of psychotropic medications than other children in the Medicaid population. While psychotropic medications can be beneficial for a child struggling with significant behavioral/emotional problems, these medications can have serious side effects. Therefore, it is important there is oversight of psychotropic medication use in children in this vulnerable population.

One of the cornerstones of assuring a child is receiving the correct medication and/or alternative treatment is a well-developed informed consent process. This policy promotes informed consent before the start of an anti-psychotic

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medication and the periodic review of the risks and benefits of remaining on such medication.

## Definitions

**Psychotropic medications:** Medications used for an emotional or behavioral condition including:

- Stimulants
- Antidepressants
- Benzodiazepines
- Anti-anxiety medications (including Buspar)
- Mood stabilizers (Lithium)

The following are not typically classified as psychotropic medications but are sometimes used for emotional or behavioral conditions:


- Alpha-agonists (Clonidine and Guanfacine and their long-term analogs).
- Anti-convulsants

**Anti-psychotic medication:** A class of medication that can assist in controlling psychotic symptoms (delusions, hallucinations) or disorganized thinking. These medications may also help muscle twitches or verbal outbursts as seen in Tourette’s Syndrome. They are occasionally used to treat severe anxiety and may help in reducing very aggressive behavior (American Academy of Child and Adolescent Psychiatry [AACAP], 2012).

**First generation anti-psychotic medication:** The first medications developed to treat psychotic symptoms. All first generation medications have similar effectiveness and similar side effects.

**Second generation anti-psychotic medication:** More newly developed medications to treat psychotic symptoms. Each second generation medication has unique effectiveness for different target symptoms and unique side effect profiles.

**Informed consent:** A formal consent for treatment given by the patient (or person who has the legal authority to provide consent, if that is not the patient) after the person is fully informed about the about the nature and character of proposed treatment, the benefits and risks of treatment, alternative forms of treatment or no treatment.

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**Assent:** This is the same as informed consent, only the agreement is by key individuals who don't have the legal authority to consent.

**Co-pharmacy:** Patient is taking two medications from the same class to manage emotional or behavioral conditions.

**Poly-pharmacy:** The simultaneous use of two or more medications to manage emotional or behavioral conditions.

**Dosage guidelines:** Guidelines adopted by New York's Medicaid program, called PSYCKES. The PSYCKES dose indicators are based on the Federal Drug Administration (FDA)'s maximum dose for adults, as indicated by the Physician's Desk Reference (PDR) at the start of 2010 and adapted for use with children and youth.

**Metabolic side effect:** A potential side effect from taking certain psychotropic medications, most commonly associated with anti-psychotics, which could result in the youth developing metabolic syndrome.

**Metabolic syndrome:** a cluster of conditions- increased blood pressure, a high blood sugar level, excess body fat around the waist and abnormal cholesterol levels- that occur together, increased risk of heart disease, stroke and diabetes (Mayo Clinic)


**Metabolic monitoring:** Monitoring for metabolic side effects, typically including baseline and ongoing measures. The recommended monitoring protocol includes:

- Personal and family history at baseline and annually
- Waist circumference at baseline and annually
- Weight and BMI at baseline, every four weeks up to twelve weeks and then quarterly
- Blood pressure at baseline, twelve weeks and annually
- Fasting plasma glucose at baseline, twelve weeks and annually
- Fasting lipid profile at baseline, twelve weeks and annually

## Policy

### General Responsibility for Consenting to Medical Treatment

When children/youth are in the care and custody of the commissioner, the commissioner's designees are responsible to consent to medical procedures,

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including the administration of medication. Per 33 VSA § 5102 (16)(A), legal custody confers the following rights and responsibilities on the custodian:

- 1) the right to routine daily care and control of the child/youth and to determine where and with whom the child/youth shall live;
- 2) The authority to consent to major medical, psychiatric, and surgical treatment for a child/youth;
- 3) The responsibility to protect and supervise a child/youth and to provide the child/youth with food, shelter, education, and ordinary medical care; and
- 4) The authority to make decisions which concern the child/youth and are of substantial legal significance, including the authority to consent to marriage and enlistment in the armed forces of the United States, and the authority to represent the child/youth in legal actions.


By regulation, the commissioner has delegated responsibility for consenting to treatment, as follows:

Type of treatment	Consenting person
Permission for anesthesia and minor surgery	Assigned social worker
Major surgery and psychiatric services	Supervisor
Emergency medical care	Available social worker or supervisor or, when designated, substitute care provider
Routine medical care	Substitute care providers

However, others are directly impacted by the decisions we make. First and foremost, the youth, but also the child/youth’s parents (whenever reunification is the case plan goal) and the child/youth’s caretakers have a right to understand the considerations, and in some cases, participate in the decision-making.

**Consenting to Anti-Psychotic Medications**

Consent for administration of anti-psychotic medications is the responsibility of the Family Services Division and may not be delegated. Except in an emergency, any consent given for administration of anti-psychotic medications should be an informed consent. That is, the consent should be based on accurate and complete information about the medication, its purposes, side effects, expected duration, and concurrent therapies which will be given.

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FS- 300 is used to document information about and informed consent for use of anti-psychotic medications for children in DCF care. There are three versions that are specific to the three most commonly used anti-psychotic medications and a general consent form to cover any other anti-psychotic medications:

- FS-300A for Abilify (generic name Aripiprazole)
- FS-300R for Risperdal (generic name Risperidone)
- FS-300S for Seroquel (generic name Quetiapine)
- FS-300G for other anti-psychotic medications

FSD staff will make every effort to ensure that youth, their parents and caregivers have full information about these issues, and their views are taken into consideration.

The consultation form and the informed consent form should be sent to: [Maya.Strange@uvmhealth.org](mailto:Maya.Strange@uvmhealth.org).

**Children and Youth in Voluntary Care**


For children whose parents have placed their child in voluntary care, the child’s parents are responsible for consenting to the administration or discontinuation of anti-psychotic medications.

**Children and Youth in DCF Care and Custody by Order of the Court**

The responsibility to provide informed consent for major medical treatment, including the administration of anti-psychotic medications, lies with the commissioner’s designee, typically the child/youth’s social worker. However, the worker is still responsible to engage the child/youth, the parents and the caregivers in order to share information and seek input. The social worker will give the parents’ wishes due deference, but may consent to the medication against a parent’s wishes. The remedy for the parent in these circumstances is to file a motion for a protective order as part of the juvenile court proceeding.

**Consultation with Child and Adolescent Psychiatric Fellow Before Deciding About Consent**

The final decision about consent rests with the child’s social worker, in consultation with his or her supervisor. However, consultation is available – and in some cases required – to inform the decision-making process.

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### Optional Consultation

Consultation with a fellow in child and adolescent psychiatry is available for any social worker who needs additional information or clarification after speaking to the child’s prescribing health care professional.

### Required Consultation

Consultation with a fellow in child and adolescent psychiatry is required before consent is given when a prescriber recommends anti-psychotic medication under any of the following circumstances:

1. Child is under the age of six;
2. Two or more anti-psychotic medications are recommended concurrently, except during a phase-in or phase-out period;
3. Dosage exceeds maximum recommended (see guidelines embedded in consent forms);
4. The child’s parent objects to the administration of anti-psychotic medication;

When possible and appropriate, the social worker will engage the youth, if age-appropriate, the youth’s parents and caregivers in the consultation process.

If, after consultation, the social worker has questions about the advisability of consenting, the social worker should bring those questions back to the prescriber. The social worker will consult with his or her supervisor before consenting to the use of anti-psychotic medications.


### Duration of Consent

No consent granted will be for longer than 180 days. Every 180 days, a new consent must be signed.

### Emergency Administration of Anti-psychotic Medications in Hospital Settings

In an emergency situation, it is permissible for health care professionals to administer anti-psychotic medications to control behavior dangerous to the individual and others. All hospitals have protocols in place that govern medical practice in this area.

Once the danger subsides, the health care professional must obtain informed consent from the appropriate person in order to continue the administration of anti-psychotic medications.

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After hours, hospitals contact the Emergency Services Program (ESP) to obtain consent. ESP will inform the district office on the next working day of any consent or non-consent given, so that the child’s social worker can pursue the informed consent process.

**Obtaining Informed Consent for Children and Youth in Care Already on Anti-Psychotic Medications**


When a child or youth taking anti-psychotic medication is due for a case plan review, the following must be done:

1. Consultation, followed by informed consent is required within 30 days, if:
  - a. the child is under the age of six;
  - b. the child/youth is on two or more anti-psychotic medications are recommended concurrently, except during a phase-in or phase-out period;
  - c. dosage exceeds maximum recommended.
  
2. In all other cases in which the child/youth has been on anti-psychotic medication for six or more months, informed consent should be addressed within 30 days.

**Social Worker Tasks:**

- Work with prescriber to fully understand the rationale for new or continued use of the medication, using Form 300 to document conversation.
- If consultation is required, or the social worker has decided to seek optional consultation, scans and securely e-mails the partially completed Form 300 and Form 299 to Maya.Strange@uvmhealth.org at the Vermont Center for Children, Youth, and Families, with the subject line “DCF Consultation”. In your email, include your name, telephone number and times you can be reached during the following 2 business days.
- If age-appropriate, and in all cases if the youth is age 14 or older, discuss the recommendation with the youth. Unless contra-indicated, discuss the recommendation with the youth’s parent(s).
- Discuss all information gathered with your supervisor before making a final decision about whether to consent to the use of the anti-psychotic medication for the next 180 days.



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- Within 4 working days, send the executed consent (or non-consent) to the prescriber and retain a copy for the child/youth's case record

### Supervisor Tasks:

- Ensure timely supervisory input into the issue of informed consent, so that social worker can meet required timelines.
- Ensure that systems are set up so that children and youth already on anti-psychotic medications are transitioned to the informed consent requirement, as required by policy.

Important note: Each office has a copy of Mina Dulcan's book entitled ***Helping Parents, Youth, and Teachers Understand Medications for Behavioral and Emotional Problems: A Resource Book of Medication Information Handouts***. This book is an excellent resource and should be used liberally with parent, foster parents and youth.