STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

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Dear Doctor

You may be aware that the Michigan Department of Human Services (MDHS), Health Unit has been revising the psychotropic informed consent (DHS-1643) form. The revised form was placed on the MDHS website recently. It can be found at www.michigan.gov/dhs and search for dhs-1643. This letter is intended to outline the rationale for the updated form, to clarify some issues related to its use, and to provide specific information documenting psychotropic medication informed consent and treatment rationale.

DHS remains committed to ensuring that the children and families we serve are provided the highest quality health and mental health care and are afforded the opportunity to engage fully in health care decisions in spite of all the challenges related to foster care placement. The updates to this document are intended to serve those goals. In reviewing these completed documents over the past two years, there appear to be some difficulties with its implementation; including

- space allotted for documentation
- separation between medication information and triggering criteria notation
- lack of clarity about need for full documentation when multiple medications are listed
- the capacity for the foster care worker to carefully track informed consent

The changes in the formatting of the informed consent form were intended to address these difficulties.

Three principles underlie the MDHS psychotropic medication policy. These principles are embodied in the revised informed consent form: 1) Engaging parents or the alternative legal guardians in informed consent and youth in informed assent is critical to quality care; 2) Documenting the informed consent discussion and obtaining the consenter's signature is required before a significant change is enacted. A significant change is defined as starting a new medication, raising a dose beyond that for which there is an existing consent, discontinuing a medication and completing an annual review of psychotropic medications; 3) Documenting the clinical rationale for medication recommendations meeting triggering criteria is critical given the relative limitations in understanding of the impact of complicated medication regimens in children and youth.

There has been some confusion about how to transition to this revised DHS-1643. If the informed consent process has been completed and documented on the former version of the DHS-1643, a new one does not need to be completed <u>until</u> there is a need for re-engaging in the informed consent process; i.e. a new medication is recommended, a dosing recommendation is made that exceeds the range that the consenter previously agreed to, or at the time of the next scheduled annual review. When a new consent process is needed, the new form should be used.

The updated form is laid out as follows:
Section A: Youth Identifying/Demographic Information – this can be completed by the foster care worker and sent electronically for completion of the other sections, provided to the medical team via phone contact with the foster care worker, or completed by anyone with this information. Contact information for parents and the child's legal status are included to assist the medical team with contacting the legal consenter. This section also includes a reminder about when a consent form is needed
Section B: Health Information – this information should be completed by the health care team at the time of a mental health appointment
Section C: Consent section – All psychotropic medications are listed on the left, and the status of each at that appointment is checked in the appropriate box to the right. The two conditions for which no additional medication documentation is needed are on the center of the page, the remaining conditions on the right of the page require

documentation on page two. The consenting authority should **sign and date** just below the medication list, indicating review of the information in this section and section E.
Section D: Prescribing Physician Information – the physician name and practice information can be completed by physician, medical team or foster care worker.
Section E: Psychotropic Medication Information – this section should be completed by the physician for each medication for which a new or renewing consent is sought, when the **physician** is recommending discontinuing a medication (as opposed to the patient/family discontinuing a medication on their own). Once a youth reaches 18, they should be engaged in the consent process at their next scheduled medical/psychiatric appointment, and sign a completed form. Those conditions are listed at the top of the section. This section also contains a listing of the triggering criteria, and should be checked for each medication for which it is applicable. Whenever one/more triggering criteria are present, a brief rationale for that recommendation must be documented. Each section is formatted for wraparound typing, so abbreviations are not necessary. Depending on the documentation the pagination might be affected. If more than two medications require complete documentation, please add additional sheets. In this section, the communication with the key parties (youth, birth parent for temporary court ward, assigned foster care worker when these have the designated authority to consent and foster parents) should be checked, and method of communication noted. Note that if in the physician's estimation an assent discussion with a youth is not appropriate (for example if the child is too young for assent), this section should be noted as Not Applicable (NA). The physician's signature is at the bottom of this section.
Section F: Caseworker record – this section is entirely for the use of the foster care workers. It allows them to track the consent process and the transfer of informed consent records during transitions of care.

Depending on the circumstances in which a medical/mental health appointment occurs, the efforts needed to complete and document the informed consent process will vary. When a child is seen in an office setting and the consenter is able to be present, sections A-E might be completed in that setting and then copies distributed to the child's medical file and the foster care file. When a child is seen in a residential setting and the consenter is not able to be present at the appointment time, the form might be initiated by the foster care worker or the medical team, the consent discussion might occur by phone and then residential and foster care staff will need to collaborate to obtain the consenter's signature. Regardless of the process, when a new consent is required, the signature must be obtained before the recommended change can take place. Verbal consent is not sufficient. Also, though it is often critical to engage foster parents in discussion about medications and other treatment, foster parents are never legally empowered to engage in and sign the informed consent.

MDHS recognizes that completing this form constitutes an additional effort, and sometimes, if your organization also requires documentation of informed consent, duplicate effort. MDHS is required by regulation, by court-related agreements, and most importantly by our recognition that this vulnerable population requires careful attention, to ensure that there is clear evidence that the appropriate parties have been engaged in the consent process.

The MDHS Medical Consultant and the Health Unit staff are more than happy to answer questions and provide technical support. If questions arise about whether to complete this document, with whom to engage in the consent discussion or barriers interfering with treating a child, please contact the Behavioral Health Analyst, Ashley Wills at 517 241-2239 or WillsA@michigan.gov, or the Medical Consultant, Jeanette M Scheid MD, PhD 517 241-3358 or ScheidJ2@michigan.gov. We will assist you in any way we can.

As always, MDHS appreciates your commitment to serving foster children and their families.

Sincerely

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Enc. DHS-1643

OVERVIEW

The use of psychotropic medication as part of a foster child's comprehensive mental health treatment plan may be beneficial. The administration of psychotropic medication to children is not an arbitrary decision and documented oversight is required to protect children's health and well-being.

Definition

Psychotropic medication affects or alters thought processes, mood, sleep or behavior. A medication classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anticonvulsant medications for treatment of bi-polar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and severe mood symptoms in schizoaffective disorders and schizophrenia.
- Stimulants and non-stimulants for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

See the National Institute of Mental Health, Alphabetical List of Medications, http://www.nimh.nih.gov/health/publications/mental-health-medications/nimh-mental-health-medications.pdf for a listing of psychotropic medications by trade, generic name and drug classification.

PROHIBITED USE

Psychotropic medication must not be used as a method of discipline or control for any child. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a child's mental health needs.

PRIOR TO PRESCRIBING

Counseling or psychotherapy will in most cases begin before and continue concurrently with prescription of a psychotropic medication; see Urgent Medical Need in this policy for exception.

Prior to initiating each prescription for psychotropic medication the following must occur:

- The child will have had a current physical and baseline laboratory work and a mental health assessment with a DSM-IV TR psychiatric diagnosis of the mental health disorder.
- The prescribing clinician explains the purpose for and effects of the medication in a manner consistent with the individual's ability to understand (child, caregiver(s), and birth parent/legal guardian, if applicable). The explanation must be documented in the case file and include the following:
  - Child/youth's mental health diagnosis.
  - Treatment options (non-pharmacological and pharmacological).
  - Treatment expectations.
  - Potential side effects of the medication.
  - Risks and benefits of taking the medication versus not taking the medication.

PRESCRIBING CLINICIAN

Only a certified and licensed physician can prescribe psychotropic medications to foster children. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or general psychiatrist with significant experience in treating children, must occur if the child's clinical status has not experienced meaningful improvement within a time-frame that is appropriate for the child's clinical response and the medication regimen used.

OVERSIGHT

For each foster child prescribed psychotropic medications, medication compliance and treatment effect must be addressed by the foster care worker during the worker's monthly visit with the child and caregiver(s).

DHS-1643 Psychotropic Medication Informed Consent

The supervising agency must obtain informed consent for each psychotropic medication prescribed to a foster child. An informed consent is a consent for treatment provided after an explanation from the prescribing clinician of the proposed treatment, expected outcomes, side effects and risks. The DHS-1643, Psychotropic Medication Informed Consent form, must be used to document the requirements.

The DHS-1643 consists of three sections:

1. Section A, Psychotropic Medication Recommendation, is completed by the licensed medical professional. Section A contains:

    - Child's identifying and clinical information.
    - All current psychotropic medications.
    - New medications and recommendations including potential side effects, alternative treatments, documentation of medication benefits/side effects and rationale if medication falls within the criteria triggering further review defined by the DHS Health, Education and Youth Unit.

2. Section B, Notification, is completed by the foster care worker.

3. Section C, Consent for Administration of Psychotropic Medications, is completed to allow or deny consent by the parent of temporary court wards, by the supervising agency for MCI state wards or by the court for permanent court wards.

Note: Refer to DHS-1643, Psychotropic Medication Consent Job Aid, for process.

AUTHORITY TO CONSENT

For temporary court wards, a parent must consent to the prescription and use of all psychotropic medications, including those prescribed for continued use upon discharge from a hospital or as a result of outpatient treatment. The supervising agency has the authority to consent to an MCI ward's psychotropic medications and the court must provide written consent for a permanent court ward's psychotropic medications. The DHS-1643 must be used to authorize consent for all psychotropic medications. Foster parents

and all other caregivers may not sign consent for psychotropic medications.

When a parent is unavailable or unwilling to provide consent and a child's physician or psychiatrist have determined there is a medical necessity for the medication, the supervising agency must file a motion with the court requesting consent for the prescription and use of necessary psychotropic medication. Courts are provided authority for this action pursuant to MCL 712.A12 and MCL 712.A13a(7)(c) prior to adjudication and MCL 712A.18(1)(f) and MCL712A.19(1) at initial or supplemental disposition.

The worker must continue to communicate with the child's parent regarding treatment options when medication is not deemed a medical necessity but there is a DSM-IV TR psychiatric diagnosis supported by documented evidence/observations that medication would improve a child's well-being or ability to function.

INFORMED CONSENT EXCEPTIONS

Circumstances that may permit an exception to the psychotropic medication informed consent would include:

- A child entering foster care is currently taking psychotropic medication without a signed informed consent; every effort must be made to obtain the DHS-1643 within 45 days of entry into foster care. Psychotropic medication must not be discontinued abruptly unless it has been determined and documented as safe to do so by a physician.

- A physician determines that an emergency exists requiring immediate administration of psychotropic medication prior to obtaining consent. The foster care worker must obtain a copy of the report or other such documentation regarding the administration of emergency psychotropic medication within 7 calendar days. The report must be filed in the medical section of the child's case record. If the medication will continue after the emergency, the DHS-1643 must be completed.

URGENT MEDICAL NEED

The role of non-pharmacological interventions should be considered before beginning a psychotropic medication, except in urgent situations such as suicidal ideation, psychosis, self injurious

behavior, physical aggression that is acutely dangerous to others, severe impulsivity endangering the child or others, marked disturbance of psychophysiological functioning (such as profound sleep disturbance), or marked anxiety, isolation, or withdrawal.

MONITORING

It is the role of the foster care worker to regularly review medication compliance and the medication's effect on the child during monthly home visits. At each home visit with a child prescribed psychotropic medications, the following items must be discussed with both the caregiver and the child:

- Caregiver discussion must include:
  - Information about the intended effects and any side effects of the medication.
  - Compliance with all medical appointments, including dates of last and upcoming appointments with prescribing clinician.
  - Medication availability, administration and refill process.
- Child discussion must include from the child's point of view:
  - Noted side effects and benefits of the medication.
  - Administration of medication; time frame and regularity.

It is important for the worker to review with the child and caregiver the following points:

- Medication cannot be discontinued unless ordered by the practitioner.
- Medical appointments including any laboratory work (if applicable) must occur on a routine basis.
- Any adverse side effects, must be reported to both the prescribing clinician and foster care worker.

The worker must contact the prescribing clinician with information regarding the child/youth's condition if it is not improving, is deteriorating or if side effects are observed or reported (refer to Prescribing Clinician in this section).

DOCUMENTATION

The following documentation is required for children prescribed psychotropic medications:

- The DHS-221, Medical Passport with:
  - Diagnosis.
  - Name of prescribed psychotropic medication, dosage, and prescribing clinician's name and medical speciality.
  - Routine medication monitoring appointments with the prescribing physician.
  - Ongoing testing/lab work specific for the prescribed medication (if applicable).
  - Any noted side effects.
  - All nonpharmacological treatment services (therapy, behavioral supports/monitoring, other interventions, etc.).
- All items above must be incorporated into the medical section of the case service plan (see FOM 722-08, 722-09, and 722-09D) along with the following:

The child's reaction to the medication.

- Child's comments and/or concerns regarding the medication.
- Caregiver's observations and comments regarding the effect of the medication.
- Feedback regarding the medication's effect on the child from birth parent(s), therapist, daycare providers, teachers and/or persons as applicable.
- All feedback (oral and written) from the prescribing clinician.
- Signed DHS-1643, Psychotropic Medication Informed Consent filed within the medical section of the child's case file.

For technical assistance regarding the foster care worker's role in monitoring psychotropic medications or with the psychotropic medi-

cation informed consent, contact the DHS Health, Education and Youth Unit at 517-373-2591.