1653 USE OF PSYCHOTROPIC MEDICINES FOR CHILDREN AND YOUTH IN OUT-OF-HOME PLACEMENTS	
Chapter: **Out-of-Home Placements**	Section: **Well-Being**
New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: **15-27** Effective Date: **July 2015** Scheduled Review Date:	Approved: Lorraine Bartlett, DCYF Director
Related Statute(s): **RSA 126-U, RSA 169-B, RSA 169-C, and RSA 169-D** Related Admin Rule(s): Related Federal Regulation(s):	Related Form(s): **FORM 1653, and FORM 2266** Bridges' Screen(s) and Attachment(s):

All children, youth, and families deserve a life of well-being. In partnership with community providers and natural supports, DCYF works to identify and provide services for the specific needs of children, youth, and families to attain and maintain their highest level of functioning and well-being. Staff and providers work through collaboration and consistent communication, to eliminate fragmented psychiatric care in providing outcomes that are more successful for children and youth.

Purpose

This policy defines the practice for authorizing and monitoring the use of psychotropic medicines for children and youth who are in a court-ordered DCYF out-of-home placement.

Definitions

"Caregiver" means a person responsible for a child's welfare, including the child's parent, guardian, or custodian, as well as the person providing out-of-home care of the child, if that person is not the parent, guardian, or custodian. For this definition, "out-of-home care" includes child care, relative care, a foster parent, an employee of a public or private residential home or facility, or other person or staff legally responsible for providing care to the child in an out-of-home residential setting.

"Chemical Restraint" means any use of a psychoactive medication involuntarily or in an emergency for the purpose of immediate control of the child's behavior and limiting freedom of movement, as defined as restraint (medication restraint) in RSA 126-U:1, IV.

"Co-Pharmacy" means the use of more than one (1) psychotropic medication in the same medication class.

"CPSW" means a Children Protective Services Worker employed by DCYF.

"DCYF" or the **"Division"** means the DHHS Division for Children, Youth and Families.

"Informed Consent" means that an individual has been provided with sufficient information to make a decision, and that the individual understands all repercussions and effects of the decision being made. Information should at least include:

A. The diagnosis,

B. The expected benefits and risks of treatment, including common side effects, uncommon but potentially severe adverse effects, and potential for drug interactions,

C. Accepted laboratory findings,

D. Alternative treatments,

E. The risks associated with no treatment, and

F. The overall potential for benefit versus risk.

"JPPO" means a Juvenile Probation and Parole Officer employed by DCYF.

"Monotherapy" means the use of one (1) psychotropic medication.

"Non-Pharmacological Interventions" means a plan for treatment of mental or behavioral health symptoms through therapy or other actions that do not involve the use of a medication.

"Off Labeling" means the prescribing of a psychotropic medication for a purpose for which it has not been specifically approved by the FDA (Food and Drug Administration).

"Polypharmacy" means the co-administration of two (2) or more psychotropic medications for the same indication/diagnosis. This does not include two (2) doses of the same psychotropic medication to achieve a level not available otherwise (ie a dosage of 15mg is physician ordered and the med is only available in 5mg, 10mg, and 20mg, the use of a 5mg and a 10mg is not polypharmacy).

"PRN" means a prescribed medication that is given at the discretion of the patient or caregiver rather than on a scheduled basis.

"Psychotropic Medicine" means a drug prescribed by a licensed medical practitioner, to treat illnesses that affect psychological functioning, perception, behavior, or mood.

"Urgent Need" or "Urgent Situation" means a prescribing practitioner has evaluated a child/youth and found a need for immediate action to prescribe psychotropic medication for the child/youth based on one of the following criteria:

A. Suicidal ideation or suicidal threats,

B. Psychosis,

C. Self-injurious behavior or threats of self-injurious behavior,

D. Physical aggression that is acutely dangerous to others or threats of physical aggression,

E. Severe impulsivity endangering the child/youth or others,

F. Marked disturbance of psycho-physiological functioning (such as profound sleep disturbance),

G. Marked anxiety, isolation, or withdrawal, or

H. There is evidence of significant impairment in developmentally expected daily functioning.

Policy

I. DCYF will collaborate with providers, caregivers, and parents, to ensure adherence to the following practice protocols for all children and youth in out-of-home placements:

A. DCYF will provide support and education regarding the use of psychotropic medicines, such that:

1. A DSM-V (or current edition) psychiatric diagnosis must be made, that identifies a mental or behavioral health disorder before establishing a treatment plan with a psychotropic medication regimen.

2. Providers should work with parents and youth to educate them around psychotropic medications and support them in making an informed decision.

(a) When considering prescribing a medication for a child/youth in out-of-home placement the prescribing practitioner will have an age-appropriate honest discussion with the child/youth regarding the medication.

(b) Youth age 14 and older, if developmentally able, should assent to the prescribed medication based on informed consent.

3. Providers must clearly define target symptoms and treatment goals for the use of psychotropic medications in the medical record before, or at the time of, beginning treatment with a psychotropic medication.

4. Monotherapy regimens for specific target symptoms should have adequate trials before polypharmacy regimens will be authorized.

(a) A justification should be a part of the medication plan and informed consent should be obtained prior to using a polypharmacy regimen.

5. The use of an as needed or "PRN" medication is strongly discouraged.

(a) If a PRN is ordered, the criteria for meeting the need to administer a PRN medication should be clearly indicated, as well as the maximum number of PRN doses in a day and a week.

(b) The caregiver should monitor the use of PRN medications and track the use between visits to the prescribing practitioner.

(c) The prescribing practitioner should monitor the frequency of PRN administration to assure that these do not become regularly scheduled medications and identify any patterns that may be better addressed through a change in the medication regimen.

B. Non-pharmacological interventions should be considered before beginning a psychotropic medication except in urgent situations.

1. Psychotropic medications must not be used as the only plan for mental or behavioral health interventions.

2. Prescribing practitioners who recommend that psychotropic medications be used without any further interventions should provide a detailed reason as to why it is in the best interest of the child/youth to only receive the psychotropic medication absent of any other therapies to address the target symptom(s) and build adaptive skills.

3. Psychotropic medications are prohibited for:

   (a) Chemical restraint,

   (b) Experimentation,

   (c) Research,

   (d) Discipline,

   (e) Coercion,

   (f) Retaliation,

   (g) Convenience of caregivers or community staff, or

   (h) As a substitute for appropriate programming or behavioral interventions in an out-of-home placement and in a school setting.

C. In making a decision regarding whether to prescribe a psychotropic medication for a specific child, the prescribing practitioner must carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluate the overall benefit to risk.

1. Prescribing practitioners must utilize the available evidence, expert opinion, their own clinical experience, and exercise clinical judgment in prescribing what they believe to be the most effective medication for the child/youth's target symptoms.

2. Consideration must be made of the child/youth's medication history, as available.

3. Medications approved by the FDA for the treatment of a specific disorder in children/youth shall be prescribed, except when:

   (a) A child/youth has a history of successful trials with a non-FDA approved medication that is recommended,

   (b) A child/youth's first degree relative has responded positively to the non-FDA approved medication that is recommended,

   (c) If the child/youth or a close relative is known to be allergic to the FDA approved medication that is recommended, or

   (d) If the child/youth is on another medication that will react unfavorably with the FDA approved medication.

D. Parents/guardians and DCYF reserve the right to request a consultation in any case where a child/youth is prescribed psychotropic medication(s).

E. Except in an urgent situation, a child/youth should receive a physical exam, mental status exam, psychosocial assessment, and have a thorough health history review (medical, surgical, medication, psychiatric, and allergies), before the prescribing of psychotropic medication.

1. A physical exam must be performed by a physician or another qualified healthcare personnel.

2. A report shall be obtained when available and maintained in the case file.

3. If an urgent situation indicates it is in the best interest of the child/youth to start a psychotropic medication before a physical exam can be completed, a thorough health history must be completed to identify and assess any significant medical disorders or history of responses to medications.

4. Any psychotropic medications prescribed prior to out-of-home placement must be continued as prescribed until re-assessment.

F. When considering prescribing a psychotropic medication for a preschool-aged child an assessment of the following factors should be completed:

1. Developmental assessment;

2. Diagnostic methods utilized in evaluating the child for psychiatric symptoms/illness;

3. The current knowledge regarding the impact of the psychotropic medication use on childhood neuro-developmental processes;

4. The regulatory and ethical context for use of the psychotropic medication in preschool-aged children, including the FDA status and available safety information for the medication; and

5. The existing evidence base for use of the psychotropic medication in pre-school aged children.

II. DCYF does not authorize the use of psychotropic medications for a child/youth in DCYF custody or supervision.

A. If it is determined at an initial assessment, or upon additional assessments during an out-of-home placement, that psychotropic medications are indicated:

1. It is the parent(s) and child/youth's responsibility (as age appropriate) to make a decision on the use psychotropic medications.

(a) CPSW/JPPOs should provide educational materials to the parent and youth.

(1) DCYF supports the use of the Guide on Psychotropic Medications for Youth in Foster Care, published by the National Resource Center on Youth Development.

(2) DCYF maintains educational materials published by stakeholders for provision to families to assist in understanding the use of medications.

(b) CPSW/JPPOs will refer families to speak with a professional to understand medication and alternative information in support of their ability to provide informed consent.

(1) Families may contact the local Foster Care Health Program Nurse.

(2) Children enrolled with Well Sense for Medicaid may use the 24/7 Nurse Advice Line.

(3) Children enrolled with New Hampshire Healthy Families may use the 24/7 NurseWise system (866-769-3085) to obtain information and advice from a registered nurse.

2. Parents shall provide their decision regarding the use of the psychotropic medication to the prescribing practitioner.

B. If a parent and/or guardian chooses not to provide informed consent for psychotropic medications and it is determined to place a child/youth at risk for endangering themselves or others, then the Division shall seek appropriate relief from the court.

C. Children entering DCYF out-of-home placement, who are already taking psychotropic/behavioral health medication will remain on those medications until the need is re-assessed.

1. Medication(s) must be given to the caregivers in the original pharmacy container(s).

2. Medications will be given according to prescription instructions.

3. Referral for initial mental health assessment must include a referral for a concurrent psychiatric assessment.

III. DCYF may only authorize the use of psychotropic medications for children and youth in DCYF guardianship.

A. A comprehensive evaluation must be completed by the prescribing practitioner, or a licensed mental health provider with prescribing rights, prior to requesting consent to prescribe psychotropic medications for children/youth in DCYF guardianship.

B. The CPSW will assist the Foster Care Health Program Nurse and the prescribing practitioner to complete Form 1653 Psychotropic Medication Consent Request when:

1. It is determined at the initial assessment during an out-of-home placement, that psychotropic medications are indicated (or have previously been prescribed);

2. It is determined upon additional assessments during an out-of-home placement, that psychotropic medications are indicated (or have previously been prescribed); or

3. There are any changes to the psychotropic medications prescribed and originally consented to (even a change in dosage) unless a titration plan was part of the original consent.

C. Except in the case of an urgent situation, the prescribing practitioner must be in receipt of informed consent from DCYF, via Form 1653 **before** beginning, changing, or discontinuing any psychotropic medication.

D. The use of psychotropic medications through an approved Form 1653 must align with the practices outlined in section IV and not meet the medication review criteria in section VI-E of this policy.

IV. DCYF will monitor the use of psychotropic medications for all children/youth who are in an out-of-home placement.

A. The prescribing practitioner must notify the CPSW/JPPO or Foster Care Health Program Nurse of any medication errors or significant adverse drug reactions within 24-hours of the incident.

B. Psychotropic medication doses should be started low and carefully/gradually adjusted by the prescribing practitioner, as needed.

C. Prescribing practitioners should monitor the use of psychotropic medications.

1. The child/youth's treatment goals, presence or absence of medication side effects, and progress or lack thereof for meeting the target symptoms, must be assessed during each appointment the prescribing practitioner has with the child/youth.

(a) The assessment may be based on information from the practitioner, in collaboration with:

(1) The child/youth;

(2) The caregiver;

(3) DCYF staff;

(4) The agency case manager(s); and

(5) The school.

(b) Establish a baseline for vitals and monitoring and document the child/youth's indexes such as height, weight, blood pressure or other laboratory findings in comparison to FDA references for medications.

(c) A measurement should be made to quantify the response of the child/youth's target symptoms to the treatment, and progress made on the treatment goals. This measurement may be a clinical rating scale.

2. The frequency of follow-up with the prescribing practitioner and child/youth should be appropriate for the severity of the child/youth's target symptoms, type of medication(s) prescribed, and adequate to monitor response to treatment, including: symptoms, behavior, function, and potential medication side effects. The process of

initiating and using psychotropic medication can be characterized into general phases.

(a) The initiation phase has frequent visits to monitor early side effects and effectiveness.

(b) The acute treatment phase is the transition from initiation of the psychotropic medication to the remission of target symptoms monitored through continued frequent visits.

(c) The continuation phase is a 4-6 month stretch of regular visits while the target symptoms are in remission and treatment moves to prevent relapse.

(d) The maintenance phase becomes less frequent visits (3-4 times a year).

(e) The discontinuation phase has increased frequency in visits to monitor for signs of relapse and slowly taper the psychotropic medication to prevent withdrawal effects.

D. Any adjustments to a child/youths psychotropic treatment plan should follow certain steps:

1. Before adding/changing psychotropic medications the child/youth should be assessed for:

(a) Medication compliance;

(b) Accuracy of the diagnosis including differential diagnosis;

(c) Co-occurring disorders (including substance abuse and general medical disorders);

(d) The influence of psychosocial or other stressors; and

(e) Non-medication alternatives (including behavioral plans and therapies).

2. When a medication regimen is changed, 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)

E. Children/youth diagnosed with depression should be carefully evaluated and monitored for emergent suicidality following the initiation or change in any medication.

1. The prescribing practitioner shall inform the child/youth's treatment team of steps to mitigate and supervise suicidality.

F. If the prescribing clinician is not a child psychiatrist and the child/youth's target symptoms have shown no notable improvement within an appropriate timeframe (based on published expected patient drug response times), the prescribing practitioner should consult with, or make a referral to, a child psychiatrist or a general psychiatrist with significant experience in treating children/youth.

G. If a medication is being used in a child/youth for a primary target symptom of aggression associated with a DSM-V non-psychotic 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.

1. If the medication is continued in this situation, the necessity for continued treatment should be evaluated at a minimum of every six months.

V. DCYF staff may request copies of the youth's treatment notes from the child/youth's medical record including documentation of the child/youth's mental status assessment, physical findings (when relevant), impressions, laboratory monitoring results specific to the drug(s) prescribed at intervals, medication response(s), presence or absence of side effects, treatment plan, and intended use of prescribed medications.

VI. As a safeguard for the well-being of children/youth in out-of-home placement, the Foster Care Health Program Nurse will review the monitoring report and identify when a child/youth's medications shall be reviewed. Medication reviews may also be requested by the CPSW/JPPO, supervisor, and administration.

A. A review does not mean that a medication is inappropriate.

B. A medication review will begin by the Foster Care Health Nurse reviewing the current medications for accuracy, either from the Medicaid billing system or in conversation with the prescribing practitioner.

C. If warranted, the child/youth's medication regime will be further reviewed by a consulting child psychiatrist designated by the Division.

D. Circumstances where medications overlap during a transition to change medications will be appropriately noted.

E. The following are indicators that will prompt a medication review for a child:

1. A thorough assessment or a DSM-V diagnosis is absent from a child/youth's medical record;

2. Four (4) or more psychotropic medications are concurrently prescribed;

3. The child/youth is prescribed:

(a) Two (2) or more concurrent antidepressants;

(b) Two (2) or more concurrent antipsychotic medications;

(c) Two (2) or more concurrent stimulant medications unless one medication is an immediate release and the other medication is a long-acting stimulant of the same chemical entity; or

(d) Three (3) or more concurrent mood stabilizer medications.

4. The prescribed psychotropic medication is determined to be inconsistent with appropriate care for the child/youth's diagnosed mental disorder, or documented

target symptoms associated with the therapeutic response to the medication prescribed;

5. Psychotropic polypharmacy is prescribed before utilizing a monotherapy medication plan and a proper justification was not provided by the prescribing practitioner;

6. The psychotropic medication dose exceeds usual recommended doses and a proper justification was not provided by the prescribing practitioner;

7. Frequent changes in psychotropic medications without clear rationale provided by the prescribing practitioner;

8. Psychotropic medications are prescribed for children of a young age including but not limited to:

   (a) Antidepressants prescribed for a child less than Six (6) years of age;

   (b) Antipsychotics prescribed for a child less than Six (6) years of age; and

   (c) Psychostimulants prescribed for a child less than Five (5) years of age.

F. A reviewer will note if a concern is identified that a prescribing practitioner is a primary care provider who has no previous specialty training specific to the diagnosed mental/behavioral health diagnosis, unless:

1. The child/youth is diagnosed with uncomplicated ADHD or uncomplicated depression, or

2. The primary care provider has documented working in consultation with a licensed psychiatrist.

Procedures for Children/Youth in Out-of-Home Placement

I. The CPSW/JPPO must:

A. Provide educational materials made available by the Division, to parents, caregivers and youth (when applicable).

B. Review the child/youth's psychotropic medication(s) with the caregiver and youth (when applicable) during monthly face-to-face visits, including:

1. Is the child/youth taking any medications that the worker is not aware of?

2. Is the caregiver administering it according to the directions given? Or is the youth taking the medication according to the directions given?

3. Are there any problems (side effects, errors, etc) that have occurred since the last visit, related to the child/youth taking this medicine?

C. Document any regular appointments the child/youth attends for monitoring the use of psychotropic medications in the appropriate case plan - youth action plan.

D. Be familiar with the red flag practice standards as outlined in section VI-E above and alert the Foster Care Health Program Nurses if there is a concern. Concerns can include:

1. The child/youth is on a medication or series of medications that do not seem to follow practice parameters;

2. The caregiver is reporting a problem; or

3. The worker is unsure of the information they received from the caregiver.

II. The Foster Care Health Nurse will:

A. Send Form 1653 Psychotropic Medication Consent Request to the prescribing practitioner as appropriate.

B. Review psychotropic medication/drug utilization reports on a quarterly basis.

C. Identify from the quarterly reports, any children/youth who require a medication review.

D. Provide the completed Form 1653 Psychotropic Medication Consent Request to the consulting psychiatrist to perform the medication review(s) when necessary, as identified in policy section VI-C above.

1. If the consulting psychiatrist needs any further information, the Foster Care Health Nurse will provide any information necessary.

2. Medication reviews will be documented on Form 1653 Psychotropic Medication Consent Request.

E. Review any medication reviews and data conducted or collected by a Managed Care Organization (MCO).

III. For children and youth in DCYF guardianship, or care, custody, and control, the Foster Care Health Nurse must request the prescribing practitioner to:

A. Complete the top of Form 1653 Psychotropic Medication Consent Request and the appropriate sections.

1. Indicate if the psychotropic medication identified is current, new, a change in dose, or a discontinuation.

(a) If the psychotropic medication is identified as current then the information contained will be used for review with other identified medications.

(b) If the psychotropic medication is identified as new, there must be information provided regarding the purpose (ie to target a particular symptom, replace a medication that is not effective, or replace a medication that is having side effects).

B. Define the monitoring plan, to include:

1. Height and weight monitoring,

2. Blood pressure monitoring, and

3. Laboratory testing as indicated on the medication matrix.

C. Indicate whether the youth (age 14 or older) prescribed psychotropic medication assents to the medication plan. The prescribing practitioner shall request the youth to sign Form 1653 Psychotropic Medication Consent Request (electronic signatures are accepted).

D. Signs Form 1653 Psychotropic Medication Consent Request to indicate that the medication plan is appropriate and necessary to treat the target symptoms that are identified, and that the medication plan is the least restrictive plan.

IV. The Foster Care Health Nurse provides information to the DCYF Administrator who will approve or deny the request.

A. Return form with approval or denial to provider and CPSW/JPPO.

B. Any denial of Form 1653 will include a reason for denial and any identify information that was not received and may be submitted to request a second review of Form 1653.

V. The out-of-home placement provider will be responsible for administering any psychotropic medications as ordered for a child or youth in their care.

A. The placement provider must not change the medication regimen without an order from the prescribing practitioner and consent from the child/youth's parent, or DCYF as appropriate.

B. The placement provider may not give informed consent for any psychotropic medications.

C. The placement provider must document any missed or refused doses, changes in target symptoms, and developing side effects to be discussed with the prescribing practitioner.

Practice Guidance

Who can I contact if I am not sure how to respond to a provider or parent seeking guidance?

- Any staff, provider, or family can reach out to the Foster Care Health Nurses for guidance around the use of psychotropic medications.

Where can I find more information about the use of psychotropic medications?

- The Bureau of Well-Being has printed materials for staff to review and for staff to share with families around the use of psychotropic medications. In addition the Bureau of Well-Being has a copy of the publication "Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care" that is available for staff to read.

Where should a CPSW/JPPO bring concerns related to a child/youth's medication when they are in foster care? Further where should concerns be brought for a child/youth's medications if the child/youth is not in foster care?

- CPSW/JPPOs are encouraged to bring concerns related to medications for youth in foster care to the Foster Care Health Program Nurse and to inform their supervisor. For concerns for youth who are not in foster care, CPSW/JPPOs are encouraged to discuss their concerns with the youth's parent/guardian(s) and inform their supervisor. If the situation remains unchanged, further discussion with the parent/guardian(s) should happen and direction by the supervisor should be sought.