Statement of Consideration (SOC)

PPTL 21-16 SOP 4.26.2 Authorization for Medical Services, Deprescibing Psychotropic Medications Info for DCBS WKRS, Deprescribing Psychotropic Medications Info for FP, and DPP 106A. The following comments were received in response to SOP drafts sent for field review. Thanks to those who reviewed and commented. Comments about typographical and grammatical errors are excluded; these errors have been corrected as appropriate

**SOP 4.26.2**

1. **Comment:** I would be concerned with the Cabinet not having the ability to authorize use of psychotropic medications for children who the doctor believes needs them when we 1) cannot reach the parent in a situation where the immediate need for authorization exists and 2) the parent is absent and unable to be located.  If we have to seek court authorization in these instances, this may pose a risk to the children who we serve.

**Response:**

This is the same as other non-routine medical care. The worker should contact regional management for discussion of the specific need for consent.

Immediate need for psychotropic medication is rare and limited to inpatient facilities with a short length of stay. The indications would likely be aggression or psychosis. Inpatient facilities can keep the patient safe and secure for a certain amount of time without the use of medication. Medications may provide some short-term sedation, but it generally takes days and weeks for medications to reduce psychosis and aggression. Data on the effect of PRN (as needed) medications fails to show much of an effect.

Parents should be contacted for consent depending on the child’s custodial status, in addition, parents should be involved in discussions regarding a child’s mental health and physical health care and they should also be notified of consents granted by DCBS.

1. **Comment:** Will this slow the process down for children in OOHC getting the medications that have been deemed appropriate for them by a therapist/psychiatrist/psychiatric ARNP?

**Response:**

This will require additional communication, but once the links and practices are developed it should only require a phone call to the worker. The supervisor SRCA, and regional RN can help provide quick medical support as can the medical director.

Informed consent is an essential step in determining the appropriateness of a medication. It reviews the indications, benefits, risks, and patient/family considerations. It is a federal requirement to take place prior to administration of medications.

1. **Comment:** Will the parent ultimately have to consent for the children to be prescribed these medications? Parents, who are sometimes responsible for the mental health issues that these children face (at least in part), will be able to stonewall the process for these children getting the medication that they need in a timely manner. Of course, they should still be included in decision making regarding their child/children, and I am not arguing for them or their opinions to be disregarded. However, if a provider is determining that a child needs medication, they should be able to give it to them without delay. We, as an Agency, take great care to ensure that the behavioral and mental health needs of the children in OOHC are met within days of their entry into OOHC. They can receive therapeutic services, so why not medication?

**Response:**

A parent should provide informed consent unless termination of parental rights (TPR) or a judicial order is in place. Informed consent is necessary to determine that a child needs medication. Therapeutic services are considered first line and, in almost all cases, should be used first prior to the use of medications. The risks and possible side effects associated with the use of psychotropic medications is a concern.

1. **Comment:** Why, in 2021, are we not defining mental health treatment as routine? Mental health treatment does sometimes, and often times, include the use of these medications. It should be as normal as taking ibuprofen when you have a headache. These children already face enough stigma by being in care. I feel like the only way that we will ever change the stigma regarding mental health is to not treat it as some extra, over-the-top, type of illness and raise awareness to the fact that it is normal to experience these things, especially as a victim of trauma. This draft SOP seems counterproductive to that.

**Response:**

Access to mental health treatment should be freely encouraged and free from stigma, however, the use of psychotropic medications requires an informed consent discussion to understand the diagnoses, indications, benefits, risks, and side effects to be judicious and ethical to children in foster care. Making psychotropic medication use non-routine forces the DCBS guardian to have the informed consent discussion to protect the child’s health.

FDA indications and the evidence supporting the use of medications in children needs to be considered. For some conditions, like ADHD, there is a lot of evidence to support the use of medications. However, there are no medications that have been shown to be effective in treating trauma in children. Treating symptoms without having an informed consent discussion is not in the child’s best interest.

1. **Comment:** I met with a local Judge and County Attorney last month and part of the discussion was the 106A in which there is no longer a line for the Judge to sign. She creates her own and still signs it. Is this okay or is there a form to use? I scanned this and didn’t see that it was clear on what court signs**.**

**Response:** Central office staff have consulted with the Office of Legal Services (OLS) and were advised that the judge’s signature is not required, however, if the judge wants to continue, they can.

1. **Comment:** This could be an issue with treatment of most of the children we have in PCCs, hospitals, and facilities.  Most parents do not want their children on these medications and will not consent resulting in having to have court intervention.  Staff feel that most Judges don’t have knowledge to make this decision or will require more information on the medication, need & side effects.  This may result in more medical staff having to testify or social workers being placed in a role they are not qualified to be in to explain this to the court.

**Response:** DCBS is not aware of any position statement, advocacy group, or other movement which would indicate that biological parents would not consent to treatment or use of psychotropic medications for their children while in the custody of DCBS.

One of the primary goals of making the use of psychotropic medications “non routine” is to engage workers, parents, previous custodians, and providers in a discussion of the potential need for psychotropic medications, the benefits of their use, the possible side effects or drawbacks to their use, and to alternative and/or supplementary treatments or therapeutic interventions that might be available.

1. **Comment:** FSOS’s indicate they receive calls on a regular basis for consent for medication changes on kids in facilities.  This requires staff trying to locate the parent, etc in some cases and in others having to make that call and take on that liability.

**Response:**

This is the same as any other non-routine medical care. The worker should contact regional management for discussion of the specific need for consent.

Parents should be contacted for consent depending on the child’s custodial status, in addition, parents should be involved in discussions regarding a child’s mental health and physical health care and they should also be notified of consents granted by DCBS.

1. **Comment:** It is good in that it forces us to make parents be more involved in their children’s treatment, however, the problem is some parents choose not to be or have a lack of understanding. It also places a lot of liability on DCBS staff that consent to the treatment if something happens to a child (side effects, self harm, etc..) if they have not fully informed the parents and got these forms signed.

**Response:**

This is the same as any other non-routine medical care. The SSW should contact regional management for discussion of the specific need for consent.

Parents should be contacted for consent depending on the child’s custodial status, in addition, parents should be involved in discussions regarding a child’s mental health and physical health care and they should also be notified of consents granted by DCBS.

The liability for DCBS workers is greater if an informed consent discussion does not take place. Liability is placed on the guardian in either case.