# NWF Health Network
# Policy & Procedure

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| **Series:** | 300: Medical and Behavioral Health Care | |
| **Policy Name:** | Psychotropic Medication Management | |
| **Policy Number:** | 301 | |
| **Origination Date**: | 3/9/2009 | **Revised:** Board Meeting of 12/13/2018<br>**Reviewed:** 4/17/23 |
| **Regulation:** | 39.407, F.S.<br>394.459(3)(a), F.S.<br>394.455(9), F.S.<br>65C-35.001—65C-35.013, F.A.C.<br>DCF General Counsel's Legal Opinion 09-01<br>CFOP 155-10<br>CFOP 175-40<br>CFOP 175-98 | |

**Referenced Documents:**

300-301 x 1, Emergency Intake (CF-FSP 5314)
300-301 x 2, Psychiatric Evaluation Referral (CF-FSP 5341)
300-301 x 3, Psychiatric Medication Informed Consent Facilitation, (CF-FSP 5228)
300-301 x 4, Prescribing Psychotropic Medication Children in Out-of-Home Care Medical Report (CF-FSP 5339)
300-301 x 5, Psychotropic Medication Treatment Plan Review (CF-FSP 5279)
300-301 x 6, Monthly Medication Log

**Policy**

It is the policy of NWF Health Network (NWFHN), to mandate contracted CMOs ensure the proper administration of psychotropic medications to children in out-of-home care. Administration will be completed only with the appropriate authorization, according to clearly defined procedures. Behavioral health services shall be provided to children in out-of-home care without delay once the need for such services is identified. Prior to prescribing a psychotropic medication, the physician must consider other treatment interventions that may include, but are not limited to, medical, mental health, behavioral, counseling, or other services. All decision making should be guided by the principle that it is important to comprehensively address all the concerns in a child's life – family, legal, health, education, and social/emotional issues – as well as to provide behavioral supports and parent training, so that a child's behavioral and mental health issues can be addressed in the least restrictive setting and in a comprehensive treatment plan.

**Procedure**

The administration of psychotropic medication to a child in out-of-home care must have documented parental approval or Court ordered approval prior to administrating the medication, unless the attending physician considers the situation an emergency and documents the Certification of Significant Harm on the Medical Report for Children on Psychotropic Medication. A mandatory pre-consent review by a child psychiatrist, contracted by the department, will be obtained prior to prescription of two (2) or more psychotropic medications for any child under the age of 11 who is in the custody of the Department in out-of-home care. The final recommendation of the consultant child psychiatrist is intended to be used by the

person who has legal authority to consent for extraordinary medical treatment or the judge who is providing the court order for treatment with a psychotropic medication.

All details about prescribed psychotropic medications, updates (including changes in dosage or physician prescribed cessation of the medication), and all actions taken by the dependency case manager (DCM) or child protective investigator (CPI), will be entered into FSFN by the DCM or CPI within three (3) business days of the action.

**A. Taking a Child into Custody Who is Taking Psychotropic Medication (65C-35.006, F.A.C.).**

**1.** Children who are brought into custody may already be taking prescription medication. The child's medical well-being may depend on continuing to take such medication properly, particularly when the medication is psychotropic.

**a.** When a CPI takes a child into custody he or she must determine whether the child is taking psychotropic medications. If so, the CPI must ascertain the purpose of the medication, the name and phone number of the prescribing physician, the dosage, instructions regarding administration (e.g., timing, whether to administer with food), and any other information.

**b.** The medication must be removed with the child.

**c.** The CPI must seek written authorization from the parent or legal guardian to continue administration of currently prescribed psychotropic medications. This authorization is good for the first twenty-eight (28) calendar days the child is in shelter. The Emergency Intake form (CF-FSP 5314) may be used to document this authorization.

**d.** If the medication is in its original container, and clearly marked as a current prescription for the child, the medication must continue to be provided to the child. The CPI must notify or cause to be notified the parent or legal guardian that the medication is being provided to the child. If there is a pre-existing prescription and the other conditions regarding the medication's container, labeling, and current date above are met, the psychotropic medication must be provided to the child as prescribed, but only until the emergency shelter hearing is held as required by subsection 39.407(3)(b)1., F.S.

**e.** If the medication is not in the original container, clearly marked and current, a physician or pharmacist must confirm, by examining the pills, that the medication is the child's prescription and that the prescription is current. "Current" means the child is or should be taking the medication at the time the child is taken into custody, according to the prescription information. The CPI may determine that the medication does not meet the conditions of being "in the original container, clearly marked, and current." In this case, the medication provided by the parent or legal guardian will not be administered to the child until the identity of the medication is confirmed by a physician or pharmacist.

**f.** If a physician or pharmacist is unable to confirm the identity of any provided medications, the child will be evaluated by a physician at the child health check-up (within three (3) business days). The physician will determine the on-going need for a currently prescribed psychotropic medication.

**g.** To continue administering the medication beyond the date of the shelter hearing, the CPI must have a determination from a physician licensed under Chapters 458 or 459, F.S., that the child should continue the psychotropic medication. This determination must be transmitted in writing to Children's Legal Services.

**h.** If the DCM or the CPI is unable to contact the prescribing physician prior to the shelter hearing, the information on the medication bottle may be used by the court as evidence of the intent of the prescribing physician to continue the medication until medical advice can be obtained by the dependency case manager or child protective investigator.

**i.** In the absence of parent or legal guardian authorization, when a physician determines the child should continue psychotropic medication, Children's Legal Services must file a motion requesting that continuation of the medication be determined at the shelter hearing. The motion must indicate the prescribing physician's reasons for wanting to continue the medication and provide the court with any other available information relevant to the request.

**j.** Authorization in a shelter order to continue the medication shall be valid only until the arraignment hearing on the petition for dependency, or for twenty-eight (28) calendar days following the date of removal, whichever occurs first, during which time the child must be evaluated by a physician to determine whether it is appropriate to continue the medication.

**2.** All actions taken by the CPI will be entered into FSFN within three (3) business days of receipt of the parent or legal guardian authorization or court order approving the medication. The information on the container or as verified by the physician or pharmacist will be documented in FSFN.

**B. Psychotropic Medication Documentation.**

**1. Medical Report.** A prescribing physician's signed Medical Report is required to be provided for all children in out-of-home care who are prescribed a psychotropic medication for any medical reason. The Medical Report, when properly completed and signed by the prescribing physician, shall serve as the signed Medical Report as required by statute; and when signed by the parent or legal guardian, shall serve as documentation of express and informed consent.

**a.** If a court order is required to obtain authorization to administer psychotropic medication the prescribing physician must complete and sign the Medical Report form (CF-FSP 5339, attached) which includes all requirements set forth in Florida Statute and Florida Administrative Code.

**b.** When a child changes prescribing physicians for any reason, the receiving physician must provide an updated Medical Report to the child's DCM within three (3) business days of taking over the child's treatment. If the receiving physician has been provided express and informed consent by the child's parent or legal guardian, the Medical Report will be filed with the court at the next judicial review. If parental/legal guardian express and informed consent has not been obtained by the receiving physician, the DCM will provide the new Medical Report to CLS, which must be filed to obtain a new court order.

**c.** A new Medical Report will be provided by the prescribing physician when there is any change to the information in the original Medical Report concerning the medication prescribed. This includes the actual medication, dosage, the prescribing physician and administration instructions. This does not include when a brand named medication is replaced by a generic.

**d.** The DCM shall ensure the documentation of the parental express and informed consent in section 8 (Informed Consent by Parent or Guardian) of the Medical Report and shall make the appropriate documentation in Florida Safe Families Network (FSFN).

**e.** The DCM will document actions to assist in ensuring the parent or legal guardian participation in the express and informed consent process by completing the Psychotropic Medication Informed Consent Facilitation (CF-FSP 5228, attached).

**f.** The DCM must submit the Medical Report to CLS within two (2) business days of receiving the Medical Report from the prescribing practitioner.

**g.** The Medical Report will be provided to the child's caregiver to provide guidance for the medication plan for the child and will be maintained in the Child Resource Record.

**h.** In the event an issue regarding compliance or the failure to understand the need for medication is noted on the report findings, the Community Based Care Integrated Health Medical Health (CBCIH) Specialist shall work with the Nurse Care Coordinator to address these issues with the DCM and caregiver. If necessary, the Nurse Care Coordinator and/or the Community Based Care Integrated Health Medical Health Specialist shall ask for assistance from Sunshine Health.

**i.** The Behavioral Health Coordinator shall submit a monthly report of Medication activities to CBCIH.

**2. Psychiatric Evaluation Referral.**

**a.** The Psychiatric Evaluation Referral (CF-FSP 5341, attached) should be completed by the DCM or CPI, for all referrals for psychiatric evaluation.

**b.** The Psychiatric Evaluation Referral should be provided to the physician prior to the child's evaluation unless the child is in a crisis stabilization unit, residential treatment facility, or hospital, in which case the referral may be filled out after the child receives medication based on information received from the hospital/statewide inpatient psychiatric program (SIPP).

**c.** The Psychiatric Evaluation Referral must also be provided to the CLS attorney and parents and Guardian or Attorney ad Litem, if appointed.

**d.** If medications are prescribed, the referral form must be attached to the Medical Report and both provided to CLS. If CLS identifies any legal issues with the Medical Report, CLS will notify the DCM in order to quickly remedy the problem. CLS may also attempt to contact the physician directly.

**C. Pre-Consent Review Procedure (CFOP 175-98).**

**1.** Completion of the pre-consent review process for children under 11 years of age who are in the custody of the department in out-of-home care and prescribed two (2) or more psychotropic medications is the responsibility of the child's DCM.

**2.** The DCM will complete the demographic section of the Psychotropic Medication Treatment Plan Review (CF-FSP 5279, attached) if the child is under 11 years of age, in the custody of the department in out-of-home care and prescribed two (2) or more psychotropic medications.

**3.** The DCM will coordinate a psychiatric evaluation for the child, will take the child to the prescribing practitioner's office for the evaluation, and if two (2) or more psychotropic medications have been prescribed will request the prescribing practitioner to complete the psychotropic medication treatment plan on the Psychotropic Medication Treatment Plan Review form (CF-FSP 5279) during the time the child is there.

**4.** The DCM will fax the completed Psychotropic Medication Treatment Plan Review form (CF-FSP 5279) to the contracted consultant child psychiatrist within one (1) business day of the child's office visit.

5. The Department's contracted consultant child psychiatrist will review the Psychotropic Medication Treatment Plan Review and document the consultant psychiatrist's review and recommendations on page 2 of the form within one (1) business day of receipt of the plan and fax the completed page 2 to the DCM that day. If further information is needed or the consultant does not concur with the prescribing practitioner's treatment plan, the consultant will contact the prescribing practitioner by telephone to discuss the treatment plan. If the consultant is unable to obtain the information needed to provide a completed review, the consultant will note that inability on the form.
6. The DCM will fax the completed Psychotropic Medication Treatment Plan Review to the prescribing practitioner the day it is received.
7. The DCM will deliver the Psychotropic Medication Treatment Plan Review to the individual with legal authority for providing informed consent or to the child welfare legal attorney who shall file the motion for court authorization for psychotropic medication treatment within one (1) business day.
8. If the individual responsible for providing consent or the judge responsible for providing the court order for treatment have questions regarding the psychotropic medication treatment plan review or the consultant child psychiatrist's recommendations, the DCM will assist with obtaining the information.
9. The DCM will file a copy of the Psychotropic Medication Treatment Plan Review in the child's department record.
10. If the psychotropic medication treatment identified in the plan does not yield expected results, the pre-consent review process identifying a new medication treatment plan will begin again as described above.

**D. Authority to Provide Psychotropic Medications to Children in Out-of-Home Care Placements (65C-35.007, F.A.C.).**

1. Parents or legal guardians retain the right to consent to or decline the administration of psychotropic medications for children taken into state care until such time as their parental rights, or court ordered guardianship or custodial rights, have been terminated.
2. If the parents' or guardians' legal rights have been terminated (or once an order for termination of parental rights is obtained); their identity or location is unknown; or they decline to approve administration of psychotropic medication, or withdraw consent, and any party to the case believes that administration of the medication is in the best interest of the child, then authorization to treat with psychotropic medication must be pursued through a court order prior to administering the medication (except in the circumstances described in 65C-35.010, F.A.C., and identified in the Emergency Administration of Psychotropic Medications sections of this policy).
3. In no case may the DCM, CPI, the child's caregiver, representatives from DJJ, or staff from residential treatment centers provide express and informed consent for a child in out-of-home care to be prescribed a psychotropic medication.
    a. **Placement Change.** If a child on psychotropic medication is removed from an out-of-home care placement and placed in another out-of-home placement, the DCM must obtain the Child Resource Record and any prescription medication currently taken by the child. The child's treatment must not be disrupted by change of placement. To the extent possible, the DCM shall arrange for transportation in order to continue the child with his or her existing treating physician for any ongoing medical care. If this is not possible, then the DCM shall secure a copy of the

child's medical records from the treating physician within three (3) business days of the change to a new provider.

**b. Changes in Physician.** The DCM will be responsible for ensuring a new Medical Report form is obtained, which will include securing a new parental express and informed consent, if there is a change in prescribing physician. If the new physician makes changes to medication beyond existing authorization, this may also mean seeking a new court order. The DCM shall inform CLS of any changes in physician, and shall provide CLS a copy of the amended the Medical Report.

**4. Medication Reviews.** The DCM or other designee will attend medication reviews as requested by the prescribing physician and/or agency. Whenever feasible, the child's caregiver and parent will also attend.

**5. Request to Discontinue Medication.** Whenever the child, the child's parent (if parental rights have not been terminated) or the legal guardian requests the discontinuation of the psychotropic medication, and the prescribing physician refuses to order the discontinuation, the DCM should advise CLS of this request. CLS must file a motion with the court presenting the parent's, child's or legal guardian's concerns, the physician's recommendation, and any other relevant information.

**6.** Whenever a child in out-of-home care is receiving psychotropic medications, whether pursuant to express and informed consent by the parent or legal guardian, or as authorized by an order of the court, the DCM shall fully inform the court of the child's medical and behavioral status at each subsequent judicial review hearing, and shall furnish copies of all pertinent medical records concerning the child which have been generated since the previous court hearing, including the Medical Report.

**7.** When court authorization is needed to provide psychotropic medication, the DCM shall provide CLS a written report that documents efforts made to enable the prescribing physician to obtain express and informed consent from the child's parent or legal guardian. The Psychotropic Medication Informed Consent Facilitation Form (CF-FSP 5228, attached) must be used.

**E. Parental or Legal Guardian Involvement (65C-35.003, F.A.C.).**

**1.** The DCM or CPI shall facilitate the child's parent (where parental rights are intact) or legal guardian attending of medical appointments, obtaining of information about medications including possible side effects, and other details about treatment listed in *subsection 2 of this Section*. The Case Management Organization (CMO) is required to assist the prescribing physician in obtaining express and informed consent from the child's parent or legal guardian unless parental rights have been terminated, and must take steps to include the parent in the child's consultation with the physician who prescribes the child psychotropic medication.

**a.** The DCM shall ensure that the following efforts are made to obtain express and informed consent from the child's parent or legal guardian and shall document such efforts in FSFN.

**b.** Invite the parent or legal guardian to the doctor's appointment, if not prohibited by a court order, and offer the parent transportation to the appointment, if necessary.

**c.** Attempt to contact the parent or legal guardian as soon as possible upon learning of the recommendation for psychotropic medication by the prescribing physician and provide specific information for how and when to contact the physician.

**d.** Facilitate transportation arrangements to the appointment and/or telephone calls between the parent or legal guardian and the prescribing physician.

**2.** If there are any changes in medication, including dosage or dosage range, that go beyond the existing authorization, the DCM will be responsible for facilitating discussions between the prescribing physician and the parent or legal guardian in order to obtain a new express and informed consent or pursuing a new court authorization. The dependency case manager or child protective investigator shall inform Children's Legal Services and all parties of any changes in medication and shall provide Children's Legal Services with a copy of the amended Medical Report.

**a.** If the parent or legal guardian attends the appointment, and/or speaks with the physician who prescribes the psychotropic medication, and the parent or legal guardian declines or refuses to give consent to provision of the medication, the parent's decision must be recorded in section 8 of the Medical Report.

**b.** If the child's parent or legal guardian has an opportunity to speak with the physician and have reasonable questions addressed, or if the parent or legal guardian has such opportunity by telephone, and if the conversation is reasonably documented by the DCM in FSFN, the subsequent express consent of that parent shall be deemed "informed." No motion for authorization of psychotropic medication will be necessary when the parent has provided express and informed consent.

**c.** If the parent or legal guardian is unable to attend the medical appointment, the DCM shall attend and provide information to the parent. The information provided during the appointment and provided the child's parent shall be summarized in FSFN. This information to be provided and understood shall include:

**i.** A copy of the Medical Report;

**ii.** The method of administrating the medication;

**iii.** An explanation of the nature and purpose of the treatment;

**iv.** The recognized side effects, risks and contraindications of the medication;

**v.** Drug-interaction precautions;

**vi.** Possible side effects of stopping the medication;

**vii.** Alternative treatment options;

**viii.** How the treatment will be monitored; and

**ix.** The physician's plan to reduce and/or eliminate ongoing administration of the medication.

**F. Caregiver Involvement (65C-35.004, F.A.C.).**

**1.** The child's caregiver must make every effort to attend medical appointments and obtain the information about medications, possible side effects. Caregivers do not have the authority to provide express and informed consent for psychotropic medications. However, their knowledge of the child and monitoring of the medications prescribed for the child is critical to support child safety and well-being, and to their ability to provide important information during the decision making process.

**a.** If the caregiver is unable to attend, the child's appointment should be rescheduled to allow attendance. If the appointment cannot be rescheduled, the DCM shall attend the appointment and convey the information to the caregiver. The information provided during the appointment and provided to the child's caregiver shall be summarized in FSFN. This information to be conveyed shall include:

i. A copy of the Medical Report;

ii. The method of administrating the medication;

iii. An explanation of the nature and purpose of the treatment;

iv. The recognized side effects, risks and contraindications of the medication;

v. Drug-interaction precautions;

vi. Possible side effects of stopping the medication;

vii. Alternative treatment options;

viii. How the treatment will be monitored; and

ix. The physician's plan to reduce and/or eliminate ongoing administration of the medication.

**b.** If the caregiver has questions concerning the medication, the DCM must encourage the caregiver to contact the prescribing physician for guidance.

**c.** If the caregiver comes across any barriers, the caregiver is responsible to inform the DCM. If the DCM cannot resolve the issue, he/she will contact the Behavioral Health Coordinator for assistance. The Behavioral Health Coordinator shall contact his/her Sunshine Care Manager as needed to resolve any and all barriers.

**d.** The caregiver shall conduct a daily pill count and compare it against the Monthly Medication Log and document findings. Any discrepancies not accounted for shall be reported immediately to the DCM who shall notify the Behavioral Health Coordinator for follow up.

**e.** The caregiver shall monitor the child and report to the prescribing physician and the DCM any behavior or other incident that could indicate an adverse side effect.

**f.** If a child on psychotropic medication is moved from an out-of-home placement and placed into another out-of-home placement, the DCM or CPI must obtain the child's Resource Record and any psychotropic prescription medication currently taken by the child. The DCM or CPI must provide the caregiver receiving the child sufficient information about the medication, as provided below, to ensure that the medication is continued as directed by the prescribing physician. The DCM or CPI shall obtain the medication in labeled medication bottles, inventory the medications provided, and transport the medications to the child's new caregiver. At no time shall the medication be handed to the child. The information provided to the caregiver shall include, at a minimum:

i. The full name of the child for whom the medication is prescribed;

ii. The condition and purpose for which the medication is prescribed for this child;

iii. The prescribing physician's name and contact information;

iv. The pharmacy from which the prescription was obtained and the contact information;

v. The prescription number;

vi. The drug name and dosage;

vii. The times and frequency of administration, and if the dosages vary at different times;

viii. Any identified side effects;

**ix.** The physician's plan to reduce and/or eliminate ongoing administration of the medication; and

**x.** A space for the caregiver to sign and date the medication inventory to indicate receipt of the child's medication.

**g.** If the child is taking unlabeled medications or prescription information is insufficient, the DCM or CPI shall contact the prescribing physician, if available, and dispensing pharmacist to ensure the proper identification and labeling of the medication by examining the pills (if unlabeled) or to arrange for a medical evaluation in order that treatment not be interrupted.

**h.** The DCM shall notify the Behavioral Health Coordinator in the event there are any issues with the medication or its arrival to the new placement. The Behavioral Health Coordinator shall notify the staff of the Sunshine Health utilization management staff within one business day of any issues.

**G. Child Involvement in Treatment Planning (65C-35.005, F.A.C.).**

**1.** The prescribing physician must discuss the proposed course of treatment with the child in developmentally appropriate language the child can understand. The physician must explain the risks and benefits of the prescribed medication to the child.

**a.** The physician will discuss the medication proposed, the reason for the medication, and the signs or symptoms to report to caregivers. Information discussed with the child shall include:

**i.** Alternative treatment options;

**ii.** The method of administrating the medication;

**iii.** An explanation of the nature and purpose of the treatment;

**iv.** The recognized side effects, risks and contraindications of the medication;

**v.** Drug-interaction precautions;

**vi.** Possible side effects of stopping the medication;

**vii.** How the treatment will be monitored; and

**viii.** The physician's plan to reduce and/or eliminate ongoing administration of the medication.

**b.** The prescribing physician must ascertain the child's position with regard to the medication and consider whether to revise the recommendation based on the child's input. The child's position must be noted in the Medical Report.

**i.** It is the physician's responsibility to inform the child as clearly as possible and as fully as is appropriate considering the child's developmental level and ability to understand. However, the child's failure to understand or assent is not, by itself, sufficient to prevent the administration of a prescribed medication. Likewise, the child's assent to the treatment is not a substitute for express and informed consent by a parent or legal guardian or a court order. Children are more likely to be successful in treatment if they fully understand and participate in treatment decisions.

**ii.** If a child of sufficient age, understanding, and maturity declines to assent to the psychotropic medication, the dependency case manager or child protective investigator will request that Children's Legal Services request an attorney be appointed for the child.

**c.** Whenever the child requests the discontinuation of the psychotropic medication, and the prescribing physician refuses to order the discontinuation, the DCM will request that CLS request an attorney be appointed for the child. CLS will notice all parties and file a motion with the court presenting the child's concerns, the physician's recommendation, and any other relevant information, pursuant to subsection 39.407(3)(d)1., F.S.

**d.** In a situation in which there have been repeated medication side effect complaints from the child and these complaints are not being addressed by the prescribing physician after the DCM has confirmed that the prescribing physician has been notified of the complaints, the DCM shall notify CLS regardless. This notification will be made whether the child has assented to the medication or not. CLS will notice all parties and file a motion with the court presenting the child's concerns, the physician's recommendation, and any other relevant information.

**H. Parent or Legal Guardian Declines to Consent to or Withdraws Consent for the Provision of Psychotropic Medication (65C-35.008, F.A.C.).**

**1.** If the parent or legal guardian declines to authorize the provision of psychotropic medication, or withdraws consent that was previously provided, the parent or legal guardian's decision, and any reason provided therefore, must be recorded in the Medical Report. If the prescribing physician determines that the parent or legal guardian cannot provide express and informed consent, the basis for that determination must be recorded in the Medical Report. In any case the following steps must be taken:

**a.** The DCM shall consult with the prescribing physician within one (1) business day of being notified that the parent or legal guardian will not provide express and informed consent or is found by the prescribing physician to lack the ability to provide express and informed consent.

**b.** If the prescribing physician determines that the medication is medically necessary for the child despite the lack of authorization, the prescribing physician must include the reasons for recommending the administration of the medication in the Medical Report.

**c.** The DCM must obtain a completed Medical Report from the prescribing physician.

**d.** Within three (3) business days of receiving the Medical Report from the prescribing physician, the DCM must submit the Medical Report and any supporting documentation to Children's Legal Services, with a request for legal action to obtain a court order authorizing the administration of the prescribed medication.

**e.** Children's Legal Services must file a motion in court that will allow the court to "hear" the request and upon consideration of the facts, circumstances, and law, determine whether to authorize the provision of the medication. Children's Legal Services shall notify all parties. Court authorization must occur before the psychotropic medication is administered to the child.

**I. Emergency Administration of Psychotropic Medication (65C-35.010, F.A.C.).**

**1.** Psychotropic medications may be administered in advance of a court order or parental authorization under two (2) circumstances, as described in Section 39.407(3)(e), F.S.

**a.** If the prescribing physician certifies that delay in providing the prescribed psychotropic medication would more likely than not cause significant harm to the child. This certification shall be in writing on the Medical Report form.

**b.** If the child is in a hospital, Crisis Stabilization Unit (CSU) or Psychiatric Residential Treatment Center.

**2.** The DCM or CPI must assist the prescribing physician in obtaining express and informed consent and must take steps as required in 65C-35.003(4), F.A.C., to include the parent or legal guardian in the child's consultation with the prescribing physician.

**3.** If express and informed consent has not been obtained, the DCM or CPI must obtain a completed copy of the Medical Report that is signed by a treating physician and provide it to Children's Legal Services in time for a motion to be filed by Children's Legal Services within three (3) business days of beginning the medication, as required in subsection 39.407(3)(e)1., F.S. This report shall also be provided to the child's Guardian Ad Litem, the child's lawyer and all other parties.

**a.** Children's Legal Services shall submit a motion to the court within three (3) business days of the initiation of the medication, and shall schedule the motion to be heard at the next regularly scheduled court hearing, or within thirty (30) calendar days after the date of the prescription, whichever occurs sooner. All parties shall be notified within three (3) business days.

**b.** If any party objects to the motion the court shall hold a hearing within seven (7) calendar days.

**c.** Medication information will be entered into FSFN within three (3) business days of beginning the medication.

**J. Medication Administration and Monitoring (65C-35.011, F.A.C.).**

**1.** Psychotropic medications will be administered by the child's caregivers or other appropriate persons as directed (e.g., school official) and allowed under normalcy provisions. Children who are age and developmentally appropriate must be given the choice to self-administer medication under the supervision of the caregiver or school personnel. Children assessed as appropriate to self-administer medication must be educated on the following:

**a.** The method of administering the medication;

**b.** The recognized side effects, risks and contraindications of the medication;

**c.** Drug-interaction precautions;

**d.** Possible side effects of stopping the medication; and

**e.** How medication administration will be supervised by the caregiver.

**2.** The child's caregiver must keep current medical records of a child in out-of-home care. The records must include:

**a.** Medical appointments for the child in out-of-home care;

**b.** Medical appointment follow-up reports provided to the child's caregiver;

**c.** A record of all prescribed medications administered to the child in out-of-home care; and

**d.** Caregivers must keep a current medication log and provide the completed log to the DCM each month (MFC parents shall maintain the MFC Medication Logs as required by the MFC program instead.) The medication log record must include all medications administered, either at home or in the school setting, to the child in out-of-home care and must include:

**i.** The name of the child in out-of-home care;

**ii.** The prescribing physician's order for the administration of the medication; the brand or generic name of the medication, including the prescribed dosage and prescribed dosage administration schedule;

**iii.** Times and dates of administration or monitored self-administration of the medication; and

**iv.** The name or initials of the caregiver administering the medication or monitoring the self-administration.

**3.** The caregiver must keep all psychotropic medications properly stored and must ensure the psychotropic medication is stored as prescribed in locked storage. Psychotropic medication requiring refrigeration must be kept under refrigeration in a locked box.

**4.** The child's caregiver may not discontinue, change, or otherwise alter the prescribed administration of a psychotropic medication for a child in out-of-home care without direction from the prescribing physician.

**5.** The caregiver may not use alternative medications intended to alter or affect mood or behavior, such as herbals or homeopathic remedies, without direction and supervision of the prescribing physician of the child in out-of-home care.

**6.** The DCM or other designee will attend medication reviews as requested by the prescribing physician and/or agency. The child and their caregiver should also attend all medication reviews. If the child's caregiver cannot attend the DCM will ensure the child's attendance.

**7.** The DCM or CPI is responsible for implementing the medication plan developed by the prescribing physician. The dependency case manager or child protective investigator will arrange for any additional medical evaluations and laboratory tests required. All information will be added to the child's Resource Record. Results of evaluations and tests will be reported to Children's Legal Services, all parties, and the prescribing physician.

**8.** The caregiver administering the psychotropic medication must have received training on medication management, to include the reporting of serious adverse reactions. In unusual situations, the DCM who has received psychotropic medication training may also administer these medications and will be responsible for documenting the administration of the medication and the circumstances that resulted in them administrating the medication.

**9.** The monitoring of the use of psychotropic medication by children should be a joint responsibility among the physician, caregiver, and DCM or CPI, and the DCM or CPI supervisor. Any person with information that calls into question the child's health and safety shall immediately bring that information to the attention of the prescribing physician and CPI's or DCM's immediate supervisor, and emergency services arranged as appropriate to protect the child's safety and well-being. This information shall be provided to CLS, the court, reported through the incident reporting system, and provided to all parties within three (3) business days of the reported concerns.

**10.** The DCM or CPI, the supervisor, and the caregiver have joint responsibility to assure the physician's directions and intent as documented in the completed Medical Report and Medication Treatment Plan are implemented.

**11.** The DCM must review the child's psychotropic medication plan with the supervisor, or other agency designee, when any of the following circumstances become known:

**a.** A child under six (6) years of age has been prescribed a psychotropic medication;

**b.** More than three (3) psychotropic medications are administered to a child in out-of-home care; or

**c.** More than one (1) psychotropic medication is being administered from one (1) of the following classifications of psychotropic medication:

**i.** Stimulants;

**ii.** Mood stabilizers;

**iii.** Anti-depressants;

**iv.** Anti-anxiety; or

**v.** Anti-psychotics.

**12.** After the review required above, the DCM, with guidance from the supervisor, will:

**a.** Consult with the prescribing physician to obtain additional information; and

**b.** Consult with the MedConsult Line following guidelines identified in this policy and referenced regulation.

**c.** The DCM may also request a second opinion regarding a child on psychotropic medication.

**13.** The DCM will assure that the diagnosed condition of the child in out-of-home care and the effects of the administration of psychotropic medication are routinely reviewed and monitored by the prescribing physician.

**14.** The DCM will report to the prescribing physician when the condition of the child in out-of-home care is not improving or is deteriorating.

**15.** The DCM will request and receive updated health information on the child in out-of-home care and effects of the prescribed psychotropic medication therapy from the caregiver during the required 30-day contact with the substitute caregiver.

**16.** The DCM will receive and review each month the medication log of the child in out-of-home care and file a copy in the medical section of the CRR.

**17.** The DCM will document the review and monitoring actions in FSFN case notes.

**18.** Dependency case manager supervisors and child protective investigator supervisors shall provide on-going review and oversight of children prescribed psychotropic medications.

**19.** During monthly reviews, supervisor must discuss the following questions with the DCM: Is the child on psychotropic medications, and if so, are they appropriately documented in FSFN? Is the Informed Consent current and/or is the court order authorizing treatments maintained in the record?

**K. Request for Second Opinion (65C-35.012, F.A.C.).**

**1.** A second opinion by another physician may be sought under certain circumstances, or may be ordered by the court.

**a.** The DCM may seek a second medical opinion at any time after consultation with a supervisor as to the need for a second opinion.

**b.** When any party files a motion requesting that the court order a second medical opinion, the court may require the Department or its contracted service provider to obtain a second opinion within a reasonable timeframe as established by the court. Within one (1) business day of the court's order, the DCM will make an appointment for the second opinion.

**c.** The DCM must obtain the second opinion within twenty-one (21) calendar days of receipt of the court order. If the second opinion is not obtained within the required timeframes, the reasons for the delay must be reported to the court and all parties.

**L. Training.**

**1.** The caregiver administering the psychotropic medication as well as the DCM must receive standardized training sponsored by the Lead Agency on medication management and administration.

**M. Florida Safe Families Network (FSFN) Documentation.**

**1.** There are four tabs in FSFN that must be used by DCMs to enter all behavioral and physical health information in FSFN.

**a. FSFN Medical Profile.** The first tab is the Medical Profile which requires details about the child's Primary Health Care Provider(s) such as name, address, phone number, etc. Note that other health care status information is also entered here, including any known health problems, allergies, immunization status, the child's Medicaid number, etc.

**b. FSFN Medications.** On the Medications tab, all prescribed medications must be entered into the system and are summarized here, even if they have since been discontinued. Information to be entered includes name of medication, whether it is prescribed for psychotropic purposes, quantities and dosages, precautions, warnings, and additional instructions. For each psychotropic medication the date that express and informed parental consent or a court order was obtained must also be entered. Note that all medications that are defined as a psychotropic medication, regardless of the medical use, will be considered a psychotropic medication for documentation purposes in FSFN.

**c. FSFN Mental Health Profile.** The Mental Health Profile tab is used to record the date of the most recent CBHA evaluation and details about the referral; information about any Axis I or Axis II diagnoses that have been made must also be entered. Document one (1) or more diagnoses made by a health care provider that describes the child's mental/behavioral health condition, as well as caregiver information provided at time of intake (i.e., Emotionally Disturbed, Learning Disability, Physically Disabled, Drug or Alcohol Abuse, etc.).

**d. FSFN Medical History.** The Medical History tab is used to document all health related services provided to the child, particularly initial Child Health Checkup and all subsequent visits with health care providers, including dates, provider information, procedures, diagnoses, and treatment information. Descriptions of treatments should be provided (physical treatment or other types such as counseling or other mental health therapies) as well as other information such as whether or not the visit was for monitoring of medication effect, symptom relief progress, if X-rays were taken, etc.

**2.** All details about prescribed psychotropic medications, and other updates, including all actions taken by the purposes, will be entered in FSFN by the purposes in a timely, accurate manner to ensure complete documentation of a child's health history and current status.

**a.** All behavioral health actions taken by the DCM will be entered in FSFN within three (3) business days of the action. This includes the information contained in the Medical Report (CF-FSP 5339), as well as receipt of the parental authorization or court order approving the medication.

**b.** The Axis I and II drop down boxes on the Mental Health Profile tab must be utilized for all diagnoses for prescribed psychotropic medications. Axis I defines which mental health diagnosis the prescribing physician is treating. The drop down box will allow identification of all diagnoses given. Axis II defines which personality or developmental disability diagnosis the prescribing physician is treating.

**c.** All other diagnoses provided should be placed in the text box provided on the Medical History tab. These diagnoses include Axis III General Medical Conditions; Axis IV Psychosocial and Environmental Problems; and Axis V Global Assessment of Functioning.

**3. No Empty Fields in FSFN.** While the FSFN system does not force users to complete every data field, every field pertaining to psychotropic medications must be completed. No field pertaining to psychotropic medication should ever be left empty, even if the system does not force the user to complete it. Therefore, if the child welfare professional entering the data in FSFN does not have the information needed to complete a field, then s/he must get the information.

**4.** Each time a child receives a new paper prescription that has to be physically delivered to a pharmacy, that prescription must be entered into FSFN with a new prescription begin date. This is required even if the new prescription is to continue a current medication without any changes (called a re-authorization).

**5.** For prescriptions that authorize several refills, it is not necessary to enter into FSFN each refill date. When the prescription runs out of refills, any new prescription obtained should be documented in FSFN as described in *subsection L.4., above*.

**6.** The prescription end date must be entered into FSFN when either the child stops taking the medication or the prescription expires (including refills), whichever comes first.

**N. Use of the MedConsult Line Program.**

**1.** The MedConsult Line is a statewide contract to provide medical consultation by a board certified child and adolescent psychiatrist on psychotropic medication treatment decisions for children in out-of-home care or enrolled in the Behavioral Health Network (BNET). Use of this service is voluntary for all requesting parties.

**2.** The MedConsult Line service is available to any prescribing physician, CPI, DCM, parent (unless parental rights have been terminated), foster parent, youth, relative/non-relative caregiver, GAL, judge, parent of a child enrolled in the BNET or the BNET Liaison who is working with a child in out-of-home care or enrolled in BNET. The MedConsult line is not a second medical opinion.

**O. Prohibition on Participating in Clinical Trials.**

**1.** At no time shall a child in the custody of the Department be allowed to participate in a clinical trial that is designed to develop new psychotropic medications or evaluate the suitability of providing medications previously approved for adults to children. This paragraph does not preclude research that evaluates the consequences of administration of psychotropic medications to children in state care.