

	DIVISION OF CHILD AND FAMILY SERVICES Children's Mental Health
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SUPERSEDES:	SNCAS Policy 7.10, NNCAS Policy 7.10
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DATE:	
REFERENCES:	NRS 433B.130.1.b; 432B.197; DCFS Children's Mental Health Policy 2.01 Client's Rights and Consent to Treatment; DCFS Children's Mental Health Policy 7.20 Monitoring of Clients on Psychotropic Medications; DCFS Children's Mental Health Policy 8.01 Seclusion/Restraint of Clients; New Jersey Department of Children and Families Office of Child Health Services Psychotropic Medication Policy (1/14/10); Connecticut Department of Children and Families Guidelines for Psychotropic Medication Use in Children and Adolescents (1/10); Texas Department of State Health Services Psychotropic Medication Utilization Parameters for Foster Children (12/10); American Academy of Child and Adolescent Psychiatry Policy Statement on Pharmaceutical Benefit Management and the Use of Psychotropic Medication for Children and Adolescents; "Psychotropic Medication Management for Youth in State Care; Consent, Oversight and Policy Considerations," Child Welfare vol. 86, #5; Nevada Children's Behavioral Health Consortium Nevada System of Care Attributes
ATTACHMENTS:	Attachment A: DCFS Family Programs Office Policy 0209.0 Use of Psychotropic Medication in Child Welfare Custody Children; Attachment B: Clark County Department of Family Services Policy 21100, Utilization Management: Psychotropic Medication; Attachment C: Washoe County Department of Social Services Policy 33, Psychotropic Medication; Attachment D: Referral to DCFS Services Form Attachment E: DCFS Initial Children's Mental Health Psychotropic Medication Informed Consent Attachment F: DCFS Children's Mental Health Psychotropic Medication Change Informed Consent

I. POLICY

Children served in DCFS Children's Mental Health Programs will have timely access to clinically appropriate psychotropic medications.

II. PURPOSE

- A. This policy ensures that children served by DCFS Children's Mental Health programs have timely access to psychiatric services when a need for those services has been identified.
- B. This policy sets forth procedures for accessing psychiatric services both in the community and in DCFS.
- C. This policy ensures that psychiatric services are provided and psychotropic medications are administered only with the informed consent of the child's parents, legal guardian or a court.
- D. This policy ensures that psychotropic medications prescribed by DCFS psychiatrists follow practice guidelines of the American Academy of Child and Adolescent Psychiatry and current professionally recognized best practices and research.

III. DEFINITIONS

- A. Avatar: The medical record and Health Insurance Accountability Act (HIPPA) electronic billing software to support mental health services delivered to children through DCFS
- B. Client: Pursuant to NRS 433B.050 client means a child who seeks, on his own or another's initiative, and can benefit from care and treatment by DCFS.
- C. Clinical Record: a collection of interdisciplinary clinical data documenting a client's treatment
- D. Controlled Medication: Medications with varying potential for abuse and psychological or physical dependence ranging from Schedule II medications with high abuse potential to Schedule V medications with low abuse potential.
- E. Emergency: A situation where the behavior or condition of the child requires immediate intervention to prevent harm to self or others
- F. Incident/Accident Report: A report form to be completed by DCFS Children's Mental Health staff whenever an incident or accident occurs involving a client or a staff visitor in a DCFS facility
- G. Informed Consent: The right to consent or to refuse assessment, testing or treatment or administer medication. Informed consent is obtained through a communication process where the treatment provider informs the client or client's guardian of the client's diagnosis, the nature and purpose of a proposed treatment or procedure, the risks and benefits of a proposed treatment or procedure, alternatives, the risks and benefits of alternative treatment or procedure, and the risk and benefits of not receiving or undergoing a treatment or procedure. The client (as developmentally appropriate) and his/her guardian should have the opportunity to ask questions before giving written informed consent. DCFS Children's Mental Health Policy 2.01 Client's Rights and Consent to Treatment details rights and consent in DCFS.
- H. Medication Administration Record: A form for documenting a client's medications, dosages, date ordered, date and time administered and initial of person dispensing. Each residential program has its own specific Medication Administration Record that must be used.
- I. Mental Status Examination: An important part of the clinical assessment process; It is a structured way of observing and describing a patient's current state of mind, under the domains of appearance, attitude, behavior, mood and affect, speech, thought process, thought content, perception, cognition, insight and judgment. (Trzepacz, PT; Baker RW (1993). *The Psychiatric Mental Status Examination*. Oxford, U.K.: Oxford University Press. p. 202. ISBN 0195062515)
- J. Off Label: A medication prescribed by a physician for conditions other than those indicated and approved by the United States Food and Drug Administration (FDA)
- K. P.R.N (Latin for pro re nata): A medication administered on an as-needed basis. The physician gives a standing order that allows caregivers to administer a psychotropic medication for emergency management of aggression, psychotic agitation, insomnia, and other specified symptoms.
- L. Psychosocial Therapy: Non-medication therapies such as cognitive, behavioral and family system therapies; These therapies may be used with or without psychotropic medication.
- M. Psychotropic Medications: Medication used for treating behavioral and mental health problems; the prescribed intent of which is to affect or alter thought processes, mood or behavior including,

but not limited to, antipsychotic, antidepressant and anxiolytic medication and behavior medications. The classification of a medication depends on its stated intended effect when prescribed because it may have many different effects.

IV. Basic Principles

This policy is based on the Division's mission and overarching service principles.

Mission: DCFS, together in genuine partnership with families, communities and county governmental agencies, provides support and services to assist Nevada's children and families in reaching their full human potential. We recognize that Nevada's families are our future and families thrive when they:

- Live in safe, permanent settings;
- Experience a sense of sustainable emotional and physical well-being; and
- Receive support to consistently make positive choices for family and common good.

DCFS Overarching Service Principles:

- Protection: Children's safety is paramount.
- Development: Children, youth and families need consistent nurturing in a healthy environment to achieve their full human potential.
- Permanency: All children need and are entitled to enduring relationships that provide a family stability and belonging, a sense of self that connect children to their past, present and future.
- Cultural Responsiveness: Children and families have the right to be understood within the context of their own family, traditions, history, culture and community.
- Partnership: The entire community shares accountability for the creation of an environment that helps families raise children to reach their full potential.
- Organizational Competence: Effectively structured and managed organizations with committed, trained, skilled staff are necessary to achieve positive outcomes for children and families. Strategic sequencing of continuous quality improvement must occur to reach Nevada's child and family services vision.
- Professional Competence: Children and families need a relationship with skilled and empathetic case managers/clinicians who can provide ethical support, confront difficult issues, and effectively assist them towards positive change that reinforces safety, permanency, well-being and community safety.

In addition, DCFS Children's Mental Health policies are grounded on Nevada's System of Care Attributes including:

- Family Driven: Families have a key decision-making role in the care of their own children.
- Youth Guided/Youth Directed/Youth Driven: Recognizes that youth must be heard and listened to.
- Strength-Based: Recognizes and builds upon each family's unique strengths which are the cornerstone for immediate and future success.
- Community-Based Services and Supports: Afford families early intervention and services in the communities where families live to allow families to remain intact recognizing that children and families thrive in the context of their homes, communities and schools.

V. Procedures

A. Eligibility

1. Only children who are clients of a DCFS Children's Mental Health program may access psychiatric and medication services from DCFS.
2. All clients of Desert Willow Treatment Center receive medication services from DCFS psychiatrists.

3. Client of a DCFS treatment home and outpatient program may access DCFS psychiatric and medication services according to the following priorities (in priority order):
 - a. Clients who do not have any insurance, to include Medicaid, coverage
 - b. Medicaid eligible clients of Early Childhood Mental Health Services who cannot find/access community-based psychiatrists with an expertise serving children under 7 years of age
 - c. Medicaid eligible clients of DCFS treatment home programs; Adolescent Treatment Center, Family Learning Homes and Oasis On Campus Treatment Homes who do not have a current community-based psychiatrist treating them or whose parent/guardian or legal custodian decides that it is in the best interest of their child to transfer to the DCFS psychiatrist.
 - d. Medicaid eligible clients of DCFS Children's Clinical Services or Outpatient Services who do not have a current community-based psychiatrist or whose parent, guardian or legal custodian decides it is in the best interest of their child to transfer to the DCFS psychiatrist.
 - e. Medicaid eligible clients of DCFS Wraparound in Nevada who do not have a current community-based psychiatrist or whose parent, guardian or legal custodian decides it is in the best interest of their child to transfer to the DCFS psychiatrist.
- B. Referral
1. All clients admitted to Desert Willow Treatment Center (DWTC) are admitted by an order by a DWTC psychiatrist and a psychiatric evaluation is completed within 24 hours of admission.
 2. The role and purpose of psychotropic medication should be very closely considered before initiating a psychotropic medication.
 - a. Except in emergency situations as defined above, psychosocial therapies will be implemented prior to referral for medication services. Children who have been placed in foster care and children who have experienced other unusual stresses and change in environment should generally begin therapy first.
 - b. Psychotherapies and case management need to include interventions and services to address stress and to increase stability in the child's environment. For example, as disrupted sleep can result in emotional dysregulation, the use of sleep logs and interventions based on the findings should be considered by clinicians.
 - c. If the treating clinician would find a psychiatric evaluation helpful for diagnosis and/or treatment intervention recommendations, referral for a psychiatric evaluation may be made. The referral should clearly note that it is for a psychiatric evaluation and the clinician's questions should be outlined.
 3. All clients of Early Childhood Mental Health Services, Children's Clinical Services, Outpatient Services, Wraparound in Nevada, Adolescent Treatment Center, Family Learning Homes and Oasis On Campus Treatment Homes are referred to the SNCAS Outpatient Psychiatrist or to the NNCAS Outpatient Psychiatrist by their DCFS clinician, their treatment home manager or their psychiatric case worker.
 - a. All referrals are made using the Referral to DCFS Services form noting that the following documentation is current and entered into Avatar:
 - i. Children's Uniform Mental Health Assessment with five axis DC: 0-3 diagnosis or five axis DSM diagnosis (as age appropriate).
 - ii. Current treatment plan, care coordination plan (if receiving case management services), and rehabilitation plan (if receiving day treatment or treatment home services from DCFS) which includes medication management as one intervention
 - iii. Most recent 90 Day Review
 - b. All referrals must have a copy of the current signed Client Rights and Consent to Treatment form.

- c. Other documentation strongly recommended to accompany referral or be sent prior to psychiatric appointment if complete:
 - i. Rehabilitative Plan from non-DCFS provider if receiving any mental health rehabilitative services
 - ii. Psychological evaluation
 - iii. School assessments and Individualized Education Plan (IEP) or 504 Plan
 - iv. Sleep logs
 - v. Behavioral tracking logs
 - d. The Referral to DCFS Services form (Attachment D) is sent to the designated staff who receive these.
 - i. Referrals in SNCAS are sent to designated Administrative Assistant at the center where the appointment is being requested
 - ii. Referrals in NNCAS are sent to the Medical Director.
- C. Scheduling
1. Scheduling of an appointment is made within five working days of receipt of the referral for a psychiatric evaluation.
 - a. In SNCAS, the psychiatric appointment is scheduled by the designated Administrative Assistant.
 - b. In NNCAS, the psychiatric appointment is scheduled by the designated Administrative Assistant
 2. If the referral is an emergency, a staffing occurs with a Clinical Program Manager who ensures scheduling occurs immediately for the first time the psychiatrist can be available.
 3. The DCFS staff responsible for scheduling psychiatric appointments will notify the DCFS staff who made the referral and the parent, legal guardian or custodian of the date and time scheduled.
- D. Initial Psychiatric Appointment
1. The following individuals must attend the initial psychiatric appointment:
 - a. Parent or Guardian; exceptions include
 - i. Client is a new admission to Desert Willow Treatment Center, Oasis On Campus Treatment Homes, Adolescent Treatment Center or Family Learning Homes and the parent is not available to participate in the intake psychiatric appointment. Follow up information is given to the parent and informed consent obtained prior to the administration of any medication.
 - ii. Client is in the custody of a child welfare agency and the parent is not involved in treatment.
 - iii. Client is in the custody of a child welfare agency and the rights of the parents have been terminated.
 - b. If in child welfare custody, the individual who per the child welfare's policy may sign consent for psychotropic medication (see attached policies for DCFS Child Welfare, Clark County Department of Family Services and Washoe County Department of Social Services); In all jurisdictions the parent of a child in the custody of a child welfare agency retains the right to consent to medical treatment for their child, to include administration of psychotropic medication. If the parent is not available the policy of each jurisdiction specifies who may consent and how consent is given. The child's child welfare case manager will be consulted as to who has the authority to sign for psychotropic medication and their direction will be followed by DCFS. This contact and the individual(s) identified will be documented in an Avatar progress note.
 - c. Child welfare case manager or his/her representative
 - d. DCFS referring clinician/case manager
 - e. Child/youth

- f. Treatment Home Supervisor or Treatment Home Provider if a client of Family Learning Homes or Oasis On Campus Treatment Homes
 - g. Psychiatric nurse or Treatment Home Supervisor if a client of Adolescent Treatment Center
2. The following individuals (if involved) will be asked to attend by the referring DCFS staff:
 - a. Foster parent
 - b. Treatment home parent/staff
 3. The Probation or parole officer may be asked to attend by the referring DCFS staff
 4. Nevada PEP Family Specialist, if the parent so chooses, will be asked to attend by the parent or DCFS referring staff. This will be determined by the parent.
 5. Psychiatric Evaluation
 - a. A psychiatric evaluation provides the basis for all psychiatric treatment and must be completed prior to prescribing any psychotropic medications.
 - b. A psychiatric evaluation includes:
 - i. History including development, psychiatric/mental health, medical, psychosocial to include trauma and family histories; past medications; allergies; drug reactions; complete current medications - psychotropic and non-psychotropic. Psychiatric symptoms need to be evaluated in the context of developmental and medical status and medications.
 - ii. As medically indicated by history or psychiatric symptoms, the psychiatrist may request a special medical evaluation, consultation and/or testing such as cardiac, endocrinological or neurological.
 - iii. Baseline laboratory testing may be indicated for specific psychotropic medications. Guidelines for laboratory testing are specified in DCFS Children's Mental Health Policy #7.20, Monitoring of Clients on Psychotropic Medications.
 - iv. Mental status examination that is appropriate to the child's developmental level
 - v. Diagnosis is developed based on history, current symptoms and functioning and mental status.
 - vi. The psychiatric evaluation is documented in Avatar or the DWTC medical record within five work days.
 - vii. The psychiatric evaluation identifies target symptoms. The psychiatrist formulates treatment goals in consultation with the child's parent/guardian or child welfare case manager and current caregiver. Psychotropic medications should be an intervention as part of one or more treatment goals on the child's treatment and/or care coordination plans. The psychiatrist will identify rationale for the use of psychotropic medication when prescribed and document in the Avatar progress note or DWTC medical record. The rationale for the use of the psychotropic medication should be assessed at each follow up psychiatric visit to track effects on target symptoms.
 6. Prescribing psychotropic medications
 - a. Medication prescribing will be consistent with best medical practice guided by research and guidelines of the American Academy of Child and Adolescent Psychiatry.
 - b. Psychotropic medication use for discipline, coercion, retaliation, convenience of staff or caregivers or as a substitute for appropriate clinical or therapeutic treatment services is prohibited.
 - c. Prior to prescribing any psychotropic medication, vital signs, height and weight will be measured and documented in the client's medical records.
 - d. Prescribing psychotropic medication to a client under the age of six years should be done with extra caution.

- e. First consideration will be to begin with medications FDA approved for use with the client's age group.
- f. Off label use of medications will be used if an FDA approved medication will not meet the client's individual needs and will be used in consideration of available evidence, expert opinion and the psychiatrist's clinical experience using clinical judgment prescribing what is best for the client. Many psychotropic medications are not FDA approved for use with children.
- g. Dosages should be with FDA guidelines (when available). Any variance will be noted in the medical record with medical rationale.
- h. Dosages should usually be initiated at a low dosage and carefully titrated up as needed.
- i. Psychotropic medications should be adjusted over time to the lowest effective dosage.
- j. Treatment should usually begin with a single medication for a single diagnosis or symptom before treatment with multiple medications is considered. Any variance will be noted in the medical record with medical rationale.
- k. The prescribing of more than one antipsychotic medication is allowed only in special circumstances and in consultation with another DCFS or DCFS contract psychiatrist. The consultation may be via telephone, e-mail, fax, text or in person. This consultation will be documented in the medical record. The exception to this is when a client is being tapered off one medication and onto another.
- l. Only one medication should be changed at a time allowing the psychiatrist to assess the effects of individual medications. The exception to this is when a client is being tapered off one medication and onto another. Any variance will be noted in the medical record with medical rationale.
- m. Continuity of care is best practice. When a client is transferred from one DCFS psychiatrist to another, the DCFS psychiatrist will fully evaluate the client per this policy and will change only one medication at a time per i. above. When a client is transferred from one DCFS psychiatrist to another DCFS psychiatrist; both within a Desert Willow Treatment Center and between outpatient medical services and Desert Willow Treatment Center, the receiving psychiatrist will consult with the former psychiatrist before changing any medication within 90 days of transfer to ensure a full understanding of the target goals and rationale for the current psychotropic medication regimen. This consultation will be documented in the medical record.
- n. Clients taking psychotropic medications will be followed up with the DCFS psychiatrist at a frequency appropriate for the client's diagnosis, psychotropic medication and symptoms and adequate to monitor response to treatment, symptoms, behaviors, functioning and potential medication side effects.
 - i. When a medication is initiated, the client will be seen by the DCFS psychiatrist at least once a month until a stable dose and effect is achieved. Prescriptions during this time will be for one month.
 - ii. When a client has stabilized on a medication, the client will be seen by the DCFS psychiatrist at least every three months. Prescription will be for no more than three months.
 - iii. All clients in Desert Willow Treatment Center acute care will be seen by a DCFS psychiatrist daily.
 - iv. All clients in Desert Willow Treatment Center residential treatment care will be seen by a DCFS psychiatrist at least weekly.
 - v. Follow-up will include monitoring and testing appropriate to the prescribed medication. Please refer to DCFS Children's Mental Health Policy 7.20, Monitoring of Client on Psychotropic Medications.

1. In accordance with NRS 432.B.197, the Division of Child and Family Services Family Programs Office Statewide Policy 0209.0 Use of Psychotropic Medication in Child Welfare Custody Children requires that each child welfare agency establish a process for review for all children in the custody of a child welfare agency whenever the following conditions apply:
 - “A. The use of psychotropic medication in a manner that has not been tested or approved by the United States Food and Drug Administration, including, without limitation, the use of such medication for a child who is of an age that has not been tested or approved or who has a condition for which the use of the medication has not been tested or approved (“off label” use);
 - B. Prescribing any psychotropic medication for use by a child who is less than 4 years of age;
 - C. The concurrent use by a child of three or more classes of psychotropic medication; and
 - D. The concurrent use of psychotropic medication of the same class.”

This policy has a psychotropic medication consent form that must be completed by the prescribing psychiatrist for all non-emergencies. The DCFS Children’s Mental Health form contains the same information so the informed consent for all clients, regardless of custody status is consistent. Both the policy and form are attachments to this policy. If a child welfare agency develops its own form for that purpose, that form will be used. A copy of the completed form will be kept in the client’s medical record. The original will be given to the client’s child welfare case manager.
 - m. The discontinuation of psychotropic medications should be gradual to allow the client to adjust to physiological change. The exception to this is when a child’s health or safety are at risk.
- E. Informed Consent
1. Informed consent is a right of all parents, guardians and legal custodians of clients receiving treatment services, to include psychiatric services, in DCFS Children’s Mental Health programs.
 2. Informed consent for DCFS psychiatric services requires that the psychiatrist inform and discuss with the parent, guardian and/or legal custodial the following in terms and language that are understandable to parents, guardians and legal custodians:
 - i. Diagnosis;
 - ii. Treatment options appropriate for the diagnosis and the client’s individual needs;
 - iii. Risks and benefits of proposed treatment;
 - iv. Risks and benefits of alternative treatments to include no treatment; and
 - v. Benefits of recommended psychotropic medications, range of doses, potential risks, initial effects and period of time to anticipate effects, possible side effects, serious adverse effects and when and how to contact the psychiatrist

The parent, guardian and/or legal custodian will be provided ample time to ask questions and discuss this information with the DCFS psychiatrist.
 3. Before any psychotropic medications are administered by DCFS facilities to include Desert Willow Treatment Center, Adolescent Treatment Center, Family Learning Homes and Oasis On Campus Treatment Homes, the parent, guardian or person authorized by the child welfare agency will give written informed consent on the DCFS Initial Children’s Mental Health Psychotropic Medication Consent form or the DCFS Children’s Mental Health Psychotropic Medication Change form. If the parent or guardian is not immediately available and it is in the client’s medical best interests to begin/change psychotropic medications, the DCFS psychiatrist or nurse will obtain a verbal informed consent from the parent, guardian or the person designated by the child welfare case manager as having authority to signed informed consent completing the DCFS Initial Children’s Mental Health Psychotropic Medication

Consent form or DCFS Children's Mental Health Psychotropic Medication Change form arrangements for consent within two weeks will be made at the time of verbal consent. Verbal consent by a child welfare agency should be rare, if ever, as fax and email communications are readily available. Any changes in psychotropic medications, additions and discontinuations, are consented to using the DCFS Children's Mental Health Psychotropic Medication Change Form. Written consent must be obtained from the parent/guardian child welfare authorized person within two weeks. Written consent may be obtained via a scan of the signed document e-mailed, faxed to or hard copy mailed to the DCFS facility if the parent, guardian or person authorized by the child welfare agency cannot come to the facility to sign informed consent in person. See Attachment D, DCFS Initial Children's Mental Health Psychotropic Medication Consent form and Attachment F DCFS Children's Mental Health Psychotropic Medication Change Consent form.

- i. For clients in the custody of a parent or legal guardian, informed consent must be signed by the parent/legal guardian.
 - ii. For clients in the custody of a child welfare agency, the informed consent must be signed by the person with the right and responsibility to do so under the policy of the child welfare agency. The client's child welfare case manager will be consulted as to who has the authority to sign for psychotropic medication and their direction will be followed by DCFS. (See IV.D.1.b. above) For clients whose prescription requires a review by the child welfare agency, approval by the child welfare agency must be received prior to filling and administering a prescription. (See IV.D.4.1 above)
4. The DCFS Children's Mental Health Psychotropic Medication Consent form will be reviewed at least annually and at any time requested by a DCFS psychiatrist to ensure that the information regarding psychotropic medications is current.
- F. Assent of the client, as developmentally appropriate, should be sought. The client needs to understand the rationale for the psychotropic medication, how s/he may expect the medication to impact the way s/he thinks, feels and acts. The client also needs to understand the benefits and risks of taking the medication as well as possible side effects.
1. The DCFS treatment home programs: Adolescent Treatment Center, Family Learning Homes and Oasis On Campus Treatment Homes do not force clients to take prescribed medications. They provide consistent support and information to address the clients' concerns and questions regarding their psychotropic medications.
 2. Desert Willow Treatment Center involuntarily administers medications ONLY when the client's condition or actions present an immediate threat of harm to the safety of self or others. Involuntary administration is considered a chemical restraint. DCFS Children's Mental Health Policy 8.01 Seclusion/Restraint of Clients details the requirements for chemical restraints. Desert Willow Treatment Center staff provide consistent support and information to address clients' concerns and questions regarding their psychotropic medications.