 Department of Children & Family Services <i>Building a Stronger Louisiana</i>	Division/Section	Child Welfare
	Chapter No./Name	6 – Foster Care (FC)
	Part No./Name	11 – Medical Services to Foster Children
	Section No./Name	11-Medical Services to Foster Children
	Document No./Name	6-1127 Psychotropic Medication Use With Children in DCFS Custody
	Effective Date	July 17, 2023

I. STATEMENT OF POLICY

In accordance with 42 U.S.C. 622 (b)(15), DCFS, in collaboration with the Louisiana Department of Health (* LDH **) *** ensures oversight and safe, effective use of psychotropic medications by children in foster care. Psychotropic Medication is any medication capable of affecting the mind, emotions, and behaviors of the child.

The * Louisiana ** Department of Health (* LDH **), Office of Juvenile Justice (OJJ) and DCFS have established a Health Care Oversight and Coordination Plan (Refer to Chapter 6, Appendix G) for children in state’s custody. This plan contains the terms of the collaborative efforts of these departments to partner in providing for the health and well-being of children in foster care.

II. PROCEDURES

A. THERAPEUTIC USE OF PSYCHOTROPIC MEDICATIONS

Psychotropic medications will be used only for the purpose of treating a foster child’s psychiatric condition. Psychotropic medication may only be considered after less intrusive options for treatment and behavior management have been exhausted without successful change in the child’s psychiatric condition. *** Use of psychotropic medication with a child in foster care for experimentation, research, discipline, coercion, retaliation, or as a convenience of staff, educators, caregivers or anyone else is prohibited.


The case worker or parents of a child may request a second opinion if there is reason to question the prescription of psychotropic medication to treat a child’s condition.

B. SUMMARY OF REQUIREMENTS

1. CONSENT TO ADMINISTRATION OF PSYCHOTROPIC MEDICATIONS

a. Parental Consent

- The case worker shall ensure appropriate consent is provided by a parent or legal guardian for the administration of any prescribed psychotropic medication to the child. Consent is obtained by the parent or guardian’s signature on the CW [Form 98-K](#), Recommendation and Authorization for Psychotropic Medication for Children in Foster Care.
- Parents may refuse consent for psychotropic medication. Parental refusal is not overridden unless the child will be harmed by NOT taking the

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psychotropic medication. This decision is made in conjunction with the prescribing provider, case worker, and child’s caregiver. If the decision is made that treatment through the use of psychotropic medication is in the best interest of the child despite the parent’s refusal, the supporting documentation must be provided to the court for authorization to proceed with the treatment.


- If parental consent cannot be obtained due to unknown whereabouts or identity, then authorization may be provided by DCFS as the legal custodian of the child without seeking court authorization.

b. Emergency use of psychotropic medication

A hospital or licensed medical practitioner may administer psychotropic medication without prior consent of the parent or guardian to a child in an emergency situation when deemed necessary as the only option to stabilize the child’s condition. It is the responsibility of the case worker to request documentation from the medical practitioner regarding the need for the emergency medication administration. The case worker shall notify the parent or guardian and provide a copy of the documentation. All efforts to inform the parent or guardian shall also be documented in the case notes in the child’s record.

- The emergency use of psychotropic medication is allowed only in facilities authorized to provide emergency treatment which includes: hospital facilities, Therapeutic Group Homes (TGH), or facilities designated as Psychiatric Residential Treatment Facilities (PRTFs).
- Emergency use of psychotropic medication should involve efforts to reach the child’s parent or guardian for permission prior to treatment, but based on the risk of harm by the child to self or others, the use of the medication does not require informed consent.

Standing medication *** pro re nata **** (PRN) orders for administration of psychotropic medication to children in state’s custody is prohibited and the case worker is responsible for communicating this requirement to all *** of the child’s **** caregivers at the point of placement.

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2. MONITORING


a. * Responsibilities of DCFS case worker **

When a child enters foster care, the case worker shall ask parents, relatives and/or caregivers as part of completing the Trauma and Behavioral Health Assessment (TBH) and the Assessment of Family Functioning (AFF) if the child is on any medications, the purpose of any medication, the prescriber for any medication and whether the child has any known or suspected mental health condition. In addition, the case worker shall obtain mental health treatment records from previous treatment providers and ensure all medications prescribed to the child have been obtained. If the child is on psychotropic medication, the case worker shall ensure the CW [Form 98-K](#), Recommendation and Authorization for Psychotropic Medication for Children in Foster Care, is signed by the parent or legal guardian to continue administration of the medication.

The case worker will obtain as much information from the child’s treatment providers as well as the child’s family regarding the child’s mental health condition. The case worker provides this information to the child’s foster caregiver at placement through a copy of each signed CW [Form 98-K](#), Recommendation and Authorization for Psychotropic Medication for Children in Foster Care and documentation on the CW [Form 98-A](#), Child in Foster Care Setting Agreement Refer to [6-400](#), Placement of the Child.

The case worker will monitor utilization of prescription medications to treat the child and the child’s progress with this treatment through at least monthly visits with the child and child’s caregivers, reviewing and updating documentation of all prescribed medications during each visit. Refer to Visitation Guide Sheet for additional guidance. The case worker shall consult with the prescribing psychiatrist as needed, but at least quarterly to determine the success of the psychotropic medication in treating the child’s mental health condition, to identify any adverse reactions the child may be having to the medication, to review any potential less intrusive options for treatment and to determine the need for ongoing use of psychotropic medication for the child’s condition. The child’s parents should be included in these discussions between the case worker and psychiatrist.

At least annually, the case worker must obtain written assessments documenting the continued need for the psychotropic medication. The case worker shall provide this documentation to the parents and file the documentation into the child’s case record. The case worker should report to the court at least every six (6) months or prior to each review hearing all psychotropic medications being used by the child, the purpose of the medications, and the success of alternative techniques utilized in lieu of medication.

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The DCFS case worker shall:

1. *** Ensure **** a signed Authorization for Psychotropic Medication for Children in Foster Care ([98-K](#)) has been obtained from the parent or legal guardian.;
2. *** Ensure **** a signed Authorization for Psychotropic Medication for Children in Foster Care ([98-K](#)) is filed into the child’s record for each psychotropic medication being administered to the child.;
3. *** List **** the medication(s) in the child’s cumulative medical record ([98 B](#)) in FATS.

4. *** Ensure **** the child is advised of the purposes and intended effects of the medication and of the potential side effects (as age and/or developmentally appropriate).

b. * Responsibilities of DCFS Supervisor **


At *** the **** quarterly case staffings the Supervisor shall review each case for:

- *** Whether **** the child has any mental health conditions and, if so, whether those conditions are being addressed.
- *** Whether **** a referral has been or should be made to LBHP.
- *** Whether **** a child is taking one or more psychotropic medications.
- *** Whether **** consent for each psychotropic medication was obtained.
- *** Whether **** the medication consents and other supporting documentation are present in the child’s case record.
- *** If **** non-medication behavioral techniques were utilized to address mental health conditions *******.
- *** Whether **** the prescriber for any medications is a psychiatrist, psychiatric nurse practitioner or medical psychologist.

Refer to Psychotropic Medication Information Sheet ([CW Form 98 M](#)) for a list of terms related to the use of psychotropic medications for treatment of children in foster care.

C. * PSYCHOTROPIC MEDICATION CONSULTATION

The purpose of psychotropic medication consultations are to obtain appropriate assessments of children in foster care that are currently on psychotropic medications. The consultations educate staff and caregivers to provide them with a better understanding of the child/youth’s diagnoses, the need for multiple medications, and the purpose of the medications as it relates to the behavioral health needs of the child. During the consultations, staff are provided with guidance regarding behavioral health and the overall well-being of children in foster care. ******

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*The consultations also provide staff with information for next steps and how to address children with inconsistent diagnoses or medications.

Psychotropic Medication Consultation is available for children prescribed and taking multiple psychotropic medications and at the request of the case worker or supervisor. The consultations are informative, educational, and help staff understand the behavioral health needs of a child. Foster parents, caregiver and significant adults to the child are asked to join as well.

When a child has been identified or a specific request for a consultation is needed, the case worker shall complete the following:

- a) Complete the Child and Youth Psychotropic Medication Consultation Form (Form 500) in its entirety providing detailed information about the child or youth for whom the consult is requested.
- b) Provide mental and behavioral health evaluations, behavioral progress notes from service providers for any service being provided, if applicable.
- c) Email the completed form, supporting documentation and available days and time to the State Office Foster Care Unit at DCFS.Fostercare@LA.GOV.

Upon receipt of the completed Child and Youth Psychotropic Medication Consultation Form (Form 500), a FC Consultant will reach out to you to schedule the initial consultation. All consultations are virtual and invites can be sent to caregivers and relatives involved in the child or youths plan and treatment. **

III. FORMS AND INSTRUCTIONS

Assessment of Family Functioning, online in (FATS)
 CW [Trauma and Behavioral Health Assessment \(TBH\) Child and Adolescent Version](#)
 CW [Form 98 A / Instructions](#) Child * Placement ** Agreement
 CW [Visitation Guide Sheet](#)
 CW Chapter 6, [Appendix G](#), Health Care Oversight and Coordination Plan
 * [CW Form 500](#), Child and Youth Psychotropic Medication Consultation Form **

IV. REFERENCES

[Child and Family Services Innovation and Improvement Act](#)
[Fostering Connections to Success and Increasing Adoptions Act](#)