



*Review of Policies on Accessing Medical and  
Mental Health Services*



# Preparing System

- Training and consultation on the impact of trauma
  - Trauma Specialists
- Training and consultation on use of psychotropic medications
  - Webex series on psychotropic medications
  - Developing webpage on behavioral health issues
- Creation of Center for Excellence on Child Health Integration with Learning and Development
- Developing EHR capacities and healthcare passports

# Medical Information to be Obtained when Child Enters Care

- Specifying history to be obtained and documentation requirements
- Supporting biological parents' continued involvement
- Defining routine and non-routine healthcare and response for each
  - Non-routine medical treatment falls outside the standard or routine care...include[s] surgery, inpatient hospitalization, extraordinary dental treatment, medical testing, behavioral therapy or mental health services and psychiatric treatment. **(24.2.2 Ongoing Case Management)**
- Engagement and documentation requirements based on role



# Informed Consent



- Informed Consent is the agreement to any medical or mental health treatment given after the child, parent, and/or legal custodian has had the opportunity to receive sufficient information about its risks and benefits...and based upon what is in the best interests of the child.
- Documentation of the informed consent decision is always required
- Resource providers may only consent to routine treatments/services
  - Behavioral healthcare is non-routine and requires consent of CD staff

# Components of Informed Consent

- Nature and purpose of the recommended treatment; Diagnosis; what is the specific condition to be treated?
- Dosages of any medications and the beneficial effects on the condition expected from the medications
- Whether recommendation is for “off-label” use. “
- Possible side-effects
- Required follow-up or monitoring
- Availability of alternatives, including alternative medications and/or non-pharmacological interventions, if any
- Prognosis without an intervention, including the probable physical and/or mental health consequences of not consenting to the recommended treatment, including medication





# Behavioral Health/Non-routine

- Case manager is required to make two attempts on different days to obtain information from the biological parent as well as their perspective on the recommended treatment
- Psychotropic medications are not allowed as the first response. Must first try alternative interventions to aid the child, resource provider or parents, such as mental health assessment, therapy, skills building, parenting assistance or family therapy.
- A mental health professional must make a recommendation for a child to be assessed by a qualified prescriber to determine if psychotropic medications would be of benefit for the child prior to pursuing

# Psychotropic Medications



- CD staff must provide consent,
  - Once a youth has reached 18 years of age, shall transfer to the youth unless incapacitated.
- Informed consent for a specific psychotropic medication **may not** be used to imply informed consent for another medication.
  - This includes consents for all treatment settings
  - For a dose increase or decrease for a medication that has already been approved by the case manager, no additional consent is needed
- Areas of concern, general off-label prescribing, use of anti-psychotic medications, use of polypharmacy

# Psychotropic Medications



- The case manager, in consultation with their supervisor, should revisit the decision at least once every three months to determine whether continuation of the treatment or medication is in the youth's best interest.
- The case manager may withdraw consent to treatment with a psychotropic medication at any time after consulting with the supervisor, the prescribing provider and the statewide clinical consultant.
- Children are to routinely be involved in the process of making routine and non-routine treatment decisions, to the extent appropriate.
  - Developmentally appropriate, judgment-free and in a physical space offering confidentiality
  - Children may need multiple opportunities to ask questions and receive information in order to build skills to become capable and confident healthcare consumers.

# Inpatient and Residential



- Consent for admission is not consent for medication, separate consent for SPECIFIC medication only
- Consent is not needed prior to the emergency administration, but the assigned case manager shall notify the parent within 24 hours of learning of the event.
- Use of emergency psychotropic medication (also called *pro re nata* (PRN)) should occur only in rare and exceptional circumstances.

# Questions and Discussion

