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Psychopharmacology in Children and Adolescents

POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) to ensure that children and adolescents receive psychotropic medication, when medically indicated, that is prescribed in a clinically appropriate manner; and monitored to assure safety, efficacy, and tolerability.

PURPOSE

The purpose of this policy is to set forth guidelines for the prescription and monitoring of psychotropic medications to children and adolescents served by the DWIHN provider network.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor
2. This policy serves the following populations: Children, I/DD, SED, SUD, Autism
3. This policy impacts the following **contracts/service lines**: Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

1. Antidepressants
2. Attention Deficit Hyperactivity Disorder (ADHD)
3. Autism
4. Bipolar Disorder
5. Foster Care
6. Mood Disorders
7. Pharmacotherapy
8. Stimulants

STANDARDS

1. The use of medications for the treatment of behavioral health disorders, or psychopharmacology, can be a valuable component in the treatment plan for children and adolescents. However, the vast majority of medications have not been approved by the Food and Drug Administration (FDA) for use in children; there are far fewer evidence-based studies on their use in children compared to adults; and the pharmacokinetics in children and adolescents is different from adults, and often changes with a child's development. Therefore, prescribers must take care when choosing medication treatments, must educate the family/caregivers and consumer well, and must closely monitor for efficacy and tolerability.
2. Consumers with medical necessity for psychopharmacology who consent to the treatment will have appropriate medication, as per current MDHHS and Medicaid guidelines, accessible regardless of ability to pay.
3. Most medication-responsive conditions typically respond better to a combination of pharmacotherapy plus other supports such as supports coordination, psychotherapy, and wrap-around services.
4. Pharmacotherapy should only be initiated after an adequate clinical assessment, which includes: current presentation and past history, including treatment response; comorbid conditions including chronic health conditions and substance use; current medications/treatments including over the counter medications and supplements; allergies and adverse responses to medications and supplements; relevant psychosocial history and stressors; strengths and supports; diagnostic formulation and problem list.
5. Pharmacotherapy must be delivered following full informed consent, except in some cases of an acute health crisis, e.g. anaphylaxis.
 - a. The informed consent must be in line with DWIHN, the Michigan Department of Health and Human Services (MDHHS), Centers for Medicare and Medicaid Services (CMS) and any other relevant guidelines and requirements.
 1. This includes a documented discussion with the consumer/family/guardian about the targeted symptoms/conditions; benefits; risks; the right to refuse/rescind consent at any time; the right to a copy of the consent; and costs.
 - b. The consents must be in DWIHN-approved forms/formats, with signatures from the prescriber, consumer/parent/guardian, and a copy must be offered to the consumer/parent/guardian.
 - c. The consents must be renewed on an annual basis.
6. The response to the medications, including beneficial effects as well as side effects, along with symptoms, and updated medical/medication/allergy history must be documented each visit with a medical professional. Also, continued prescribing of the pharmacotherapy must be justified in the documentation, along with the consumer/parent/guardian continued agreement to take the medication.
7. When using stimulants for ADHD, the clinician should monitor for the appearance of motor tics, irritability, psychosis, weight loss, blood pressure and heart rate, growth delays, and be aware of cardiac conditions which could increase the risk of sudden death.
 - a. The use of alpha-adrenergic agents such as clonidine or guanfacine should be accompanied by monitoring for hypotension, bradycardia, heart block and dizziness/fainting.
 - b. Avoid their use in persons with congenital or other cardiac abnormalities. Monitor blood pressure when initiating, increasing, and titrating off these agents.
8. When using antidepressants for major depression, clinicians must monitor closely for suicidality. For

Selective Serotonin Re-uptake Inhibitors (SSRIs), there is a specific FDA Black Box warning regarding suicidality. The appropriate use of antidepressants should not be avoided as trials have demonstrated an increase in the suicide rates in children and adolescents following a decrease in the rate of antidepressant utilization. Adjunctive pharmacotherapy is recommended.

- a. Recommended monitoring after starting antidepressants:
 1. Weeks 1-4: Weekly
 2. Weeks 5-12: Every other week
 3. After Week 12: as clinically indicated, probably monthly.
 - b. Weight should be routinely monitored.
 - c. Thyroid function testing should be considered in cases of treatment failure.
 - d. Further laboratory testing, such as liver enzymes and CBC are considered based on the clinical presentation.
 - e. The utilization of tricyclic antidepressants should be accompanied by an EKG, and blood levels for relevant medications.
9. Anxiety disorders are common in children and adolescents, yet there are few FDA-approved medications for this population, though several have demonstrated evidence for efficacy. The combination of cognitive behavior or other psychotherapies in addition to medications is strongly recommended for best outcomes.
10. Bipolar disorder in children and adolescents, as with adults, required psychosocial interventions in addition to medications for optimal outcomes. Appropriate routine laboratory monitoring, along with vital signs, is indicated when using second-generation antipsychotics, lithium, divalproex and carbamazepine. For example, thyroid functions, and lithium level monitoring when using lithium, and renal monitoring when appropriate. Persons on lithium should also be warned of the risks associated with dehydration.
11. Because of polycystic ovarian syndrome divalproex use in females should be avoided if possible.
- a. Children and adolescents are particularly sensitive to hepatotoxicity so care should be taken with agents which rely on liver metabolism.
 1. This population is at increased risk for severe, life-threatening rashes from lamotrigine and carbamazepine so should be appropriately cautioned when initiating treatment or increasing dosages.
12. The use of antipsychotics, especially second generation agents, causes relatively greater weight gain for children and adolescents than adults so weight should be taken at baseline and each physician visit, along with height for BMI.
- a. Monitoring for motor side effects should be conducted at least quarterly.
 - b. Fasting glucose and glucose monitoring, lipid monitoring is recommended when utilizing second generation antipsychotics, but is required for those at risk for diabetes, lipid disorders or metabolic syndrome.
 - c. Prolactin blood levels are indicated when symptoms and signs of hyperprolactinemia are present.
13. Autism spectrum disorders (ASD), have no specific medications approved for core symptoms, but pharmacotherapy is often prescribed for related symptoms.
- a. In addition to the above considerations, care should be taken as persons with ASD are often quite sensitive to adverse effects, and may do better with lower doses and slower titrations.

14. The use of polypharmacy, meaning, more than one medication concurrently, should always be carried out with caution and education to the consumer/parent/guardian.
 - a. Special attention to drug-drug interactions; drug-food and drug-condition interactions; adherence and side effects.
 - b. The rationale for the polypharmacy, the risks/benefits of the combination, and the consumer/parent/guardian consent must all be fully documented in the record.
15. Clinicians should be alert for, and document suspected or known misuse, abuse and diversion of prescribed medications, as well as any concomitant substance use.
16. Efforts should be made to coordinate care and exchange information with any treating clinicians for the health and safety of the consumer.
17. Youth who are served by the MDHHS Foster Care system shall additionally have the provision and oversight of psychotropic medication guided by the policies and procedures set forth by MDHHS in the Children's Foster Care guidelines and manual FOM 802. Informed consent must be secured according to applicable DHS forms.
18. Each provider organization should have policies and procedures in place to manage medication errors; safe handling and medication control; and credentialing and monitoring/supervision of medical staff to ensure pharmacotherapy-related practices are up to date, safe, and effective.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. MDHHS-DWIHN PIHP and CMHSP Contracts
2. Michigan Medicaid Manual and administrative rules, current version.
3. MDHHS Children's Foster Care Manual

RELATED POLICIES

1. Medication Control
2. Psychiatric Practice Standards

RELATED DEPARTMENTS

- 1. Administration
- 2. Clinical Practice Improvement
- 3. Compliance
- 4. Customer Service
- 5. Integrated Health Care
- 6. Quality Improvement
- 7. Recipient Rights
- 8. Substance Use Disorders

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

DHS PSYCHOTROPIC MEDICATION
INFORMED CONSENT.docx
Psych Med Informed Consent Job Aid_FOM
802-1.pdf

Approval Signatures

Approver	Date
Dana Lasenby: Chief Clinical Officer	01/2019

PSYCHOTROPIC MEDICATION INFORMED CONSENT

Michigan Department of Health and Human Services
For Children in Foster Care and/or Juvenile Justice

Section A Identifying Information completed by Child Welfare staff

Child/Youth Name	Date of Birth	Medicaid ID <input type="checkbox"/>	MiSACWIS Person ID <input type="checkbox"/>
Legal Status	Current Placement Date	Placement Type	
Authorized Consenter(s)	Relationship to Child/Youth	Contact Phone	
Caseworker	Caseworker Phone	Agency	

Consents on file

Medication	Maximum Dose	Annual Review Due	Discontinued

Section B Health Information completed by medical provider or medical staff

Physician Name	Phone	Appointment Date
Location of Appointment		
Mental Health Diagnoses		

Section C Medication Recommendations completed by physician or medical staff

Medication Name	Recommended Dosage Range (maximum)	Check applicable box:			
		New	Dose exceeds prior consent	Annual Review	No change
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend the above listed medications for the treatment of this patient's symptoms. I have discussed the clinical diagnosis, reason for the medications, alternative treatments, possible side effects, and baseline/ongoing testing recommended with the party indicated as the authorized consenter for this patient.

Physician Signature	Date
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Section D Youth Attestation

Physician: If youth unable to attest check here **and initial:**

The physician talked with me about the above medications, and I have had the chance to ask questions.

Youth Signature

Date

Section E Consent completed by consenting party listed in Section A

My signature indicates I give consent for the use of medications listed in Section C identified as **NEW DOSE EXCEEDS PRIOR CONSENT AND/OR ANNUAL REVIEW** and that the doctor discussed the:

- **DIAGNOSIS TARGET SYMPTOMS REASON OR MEDICATIONS**
- **OTHER ALTERNATIVE TREATMENTS**
- **POSSIBLE SIDE EFFECTS**
- **ANY TESTING NEEDED BEFORE OR WHILE ON THE MEDICATIONS**

I hereby agree to the doctor's recommendations. This consent is voluntary, and I am aware that I can withdraw consent at any time, with written notification, during treatment. This consent expires after 1 year and a new consent is required if the treatment plan is continued.

Signature

Print Name

Date

Discussed with physician in person

Discussed with physician via telephone

Physician provided written documentation

For Foster Care Only:

Questions: Call 844-764-PMOU (7668)

Caseworkers: upload in MiSACWIS attached to the Health-Medication-Informed Consent screen.

Clinical personnel: email (encrypted) to psychotropicmedicationinformedconsent@michigan.gov or fax to: 517-763-0143.

For PMOU Office Use

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

MANUAL: FOM 802-1, Psychotropic Medication	JOB AID Children's Foster Care
SUBJECT: Informed Consent-Caseworker Role in Engaging Parents Job Aid	New Issue
Contact Office: DHHS Child Welfare Medical Unit Ashley Wills (517) 230-4490 WillsA@michigan.gov	Partial Revision 11/30/16 Complete Revision

Overview

The supervising agency must obtain informed consent for each psychotropic medication prescribed to a foster child. An informed consent is permission granted by the person legally authorized to provide consent for administration of psychotropic medication to a foster child after receiving an explanation from the prescribing physician of the proposed treatment, expected outcomes, side effects, treatment alternatives and risks.

Informed consent is more than obtaining an authorizing signature on the consent form. It is a communication process between the prescribing physician and the person legally authorized to provide consent regarding specific medication intervention/treatment for the foster child. This communication should result in the consenter making an informed decision regarding the foster child's medication as part of an overall plan of care.

Informed Consent Signature

Each DHS-1643, Psychotropic Medication Informed Consent or allowed alternative consent document (see FOM 802-1, Informed Consent) must contain the signature of the legal consenting party, OR documentation of witnessed verbal consent. At no time should any consenter be presented the DHS-1643 or any alternative consent to sign without first participating in the informed consent process with the prescribing physician.

- For temporary court wards, only a foster child's legal parent or legal guardian may consent to psychotropic medications. If the legal parent's whereabouts are unknown, a court order must be obtained to order treatment or temporarily authorize a different person to consent.
- If the child is a state/MCI ward, the foster care worker is authorized to provide consent.
- The court must provide consent for permanent court wards.

NOTE: The administration of psychotropic medications cannot occur until the appropriate consent (signature or witnessed verbal consent) is obtained.

The practice of a consent for a medication that *may be used* in the future, but not prescribed at the time of the consent discussion, should not be used. This request is sometimes made because the prescribing clinician is concerned that the consenting party will not be available to engage in future discussions when new recommendations are made. Instead, the caseworker should use MiTEAM practice model skills/competencies to ensure ongoing engagement of the consenting party throughout the child's/youth's time in care, and the caseworker should communicate the efforts regarding the consenting party's involvement to the prescribing clinician.

Caseworker Role

Foster care caseworkers are expected to know about all medical appointments (primary care and mental health/psychiatric) for children on their caseload both for case planning and to facilitate engaging parents in the process of medical decision-making. There are a number of best practices and caseworker actions that will enhance parental engagement and assist in the completion of psychotropic informed consents that will lead to better mental health outcomes for the foster child.

- Support the Legal Parent or Legal Guardian through Engagement
Parents may be reluctant to provide information about their child's mental health history, possibly because of the worry that they or their parenting will be judged, or because of the general stigma that is still attached to mental health disorders. Additionally, parents may find it challenging to juggle all that is expected in the Parent Agency Treatment Plan (PATP), including attendance at their child's appointments, and may be concerned that if they are unsuccessful it may be interpreted as a lack of willingness/commitment.

MiTEAM skills/competencies are used to increase the likelihood of parents maintaining active involvement in their child's care. Caseworkers should:

- Encourage parents to identify and discuss his/her concerns.
- Convey the important role that parents play in his/her child's well-being especially during the time that their child is not in their care.
- Address any barriers to parents' active involvement. The barriers to this aspect of case planning should be discussed and assistance provided to support the parents in building problem solving skills.
- Obtain Medical Appointment Information
 - Family Team Meeting
Engage parents during the Family Team Meeting related to court intervention in a discussion of the child's ongoing mental health needs and obtain information about the mental health team (therapists, primary care physicians/psychiatrists providing medications), including office names, addresses and phone numbers. Asking parents to sign a consent for release of information including verbal exchange of information, assessments and medication review notes for each medical/mental health provider will assist the caseworker and the Foster Care Psychotropic Medication Oversight Unit (FC-PMOU) staff in facilitating mental health treatment, including the use of psychotropic medication.
 - Contact the Mental Health Provider/Physician Office
Track ongoing appointments by calling the office where the child/youth has been receiving mental health care and asking about the next scheduled appointment. The office may be reluctant to provide this information because of privacy/confidentiality rules. Faxing the consent for release of information signed by the parent will increase the caseworker's success in obtaining information from a medical/mental health provider. Those contacts also provide an opportunity to ask the medical/mental health provider to consider schedules of the parents, as well as the schedules of the foster parents and caseworker, when scheduling appointments.
 - Identify Appointment Frequency
Once the child/youth has had his/her first appointment after coming into foster care, ask about the usual frequency between appointments. When children/youth are established in

care and appear stable from a mental health standpoint, physician appointments are typically scheduled once every two to three months.

○ Provide Contact Information to Physician

Caseworkers are to provide their contact information to doctor offices for the times that an appointment is changed in order to engage the legal parent in planning for the changed appointment. The caseworker is to provide (and update when needed) contact information for legal parent(s) of temporary court wards so that the office can reschedule appointments with the parents' availability in mind. Caseworkers are to attend the appointments for state/MCI wards as the person authorized to consent and participate in the informed consent process with the doctor.

NOTE: Foster parents, relative/unrelated caregivers cannot consent to the administration of psychotropic medications.

Informed Consent Process

1. Prior to prescribing psychotropic medications the following must occur:

- A mental health assessment resulting in the diagnosis of the mental health disorder. The highest quality mental health assessment includes historical information about the child, including medical, mental health and developmental history predating entry into foster care. Engagement of legal parents is key to obtaining this information. Under most circumstances parents should be expected to attend appointments. If there is a specific barrier to attendance (e.g. court order banning parent-child contact), alternative means (e.g. asking the parent to attend part of the appointment time and having the child and foster caregiver come separately) should be found. Caseworkers should also attend assessments when possible because their perspective is important to the assessment process.
- Explanation by the prescriber of the purpose and effects of the medication in a manner consistent with the party's ability to understand must be given to the:
 - Child (age-appropriate).
 - Foster parent/caregiver.
 - Birth parent/legal guardian (temporary court wards).
 - Assigned caseworker.
- The explanation for the need for the prescribed psychotropic medication must include the following:
 - Child/youth's mental health diagnosis.
 - Treatment options (nonpharmacological and pharmacological).
 - Treatment expectations or benefits to the target symptoms.
 - Potential side effects.
 - Baseline and ongoing monitoring needs for the medication (as applicable).
 - Risks and benefits of taking the medication versus not taking the medication.



2. Informed consent documentation (DHS1643 or an organization's own form if approved by the FC-PMOU) is completed for each of the following circumstances:
- Prescribing new psychotropic medications for a child in foster care.
 - At the time of entry into care for any psychotropic medication that the child is currently prescribed. Note that the expected time frame to complete informed consent documentation is 45 days after entry into foster care.
 - The existing consent is expired. Consent must be renewed yearly.
 - Increasing dosing beyond the range that was documented in the most recent valid consent documentation.
 - At the next appointment with the physician following the youth's 18th birthday, or after a change in the legal status of the child/youth.

Reminder: Foster parents, relative/unrelated caregivers **cannot** consent to the administration of psychotropic medications.