City of New York
Administration for Children's Services

Policy and Procedure
#2018/xx

Informed Consent for Psychiatric Medication for Children in Foster Care

Approved By: David Hansell, Esq. Commissioner	**Date Issued:** 4/30/18	**Number of Pages:**	**Number of Attachments:**
Related Laws: Social Services Law § 383-b; Domestic Relations Law § 111(1); Mental Hygiene Law Article 80; Mental Hygiene Law § 33.21; Education Law § 6902(3) Public Health Law Article 28; Public Health Law §§ 2305(2), 2504(1)(3)(4), 4210, 4301; General Obligations Law § 5-1551; Family Court Act § 355.4(2)	**ACS Divisions/Provider Agencies:** Office of the Commissioner; Office of the General Counsel; Child Protection; Preventive Services; Family Permanency Services; Youth and Family Justice; Family Court Legal Services; Policy, Planning and Measurement; and foster care and juvenile justice placement provider agencies	**Contact Office /Unit:** Martin Irwin, MD Medical Director of Psychiatry and Behavioral Health Martin.Irwin@acs.nyc.gov (212)341-8957	
Supporting Regulations: 18 NYCRR § 441.22(d); 428.3(b)(2)(ii); 14 NYCRR § 633.11; NYCRR § 587.7(a)(3)(iii)	**Related Policies:** • Procedure 1[illegible]2A, Medical Consents and Medical Referrals in Suspected Child Sexual Physical Abuse Cases • #2009/03, Guidelines for the Provision of Emergency and Inpatient Mental Health Services for Children in the Foster Care and Child Protective System • #2014/08, Medical Consents for Children in Foster Care	**Bulletins & Directives:** • 08-OCFS-INF-02 The Use of Psychiatric Medications for Children and Youth in Placement; Authority to Consent to Medical Care • 08-OCFS ADM-01 Changes Associated with CONNECTIONS Build 18.9: Health, Education and Permanency Hearing Report Modules.	
Supporting Case Law:	**Supporting Standards:** ACS Foster Care Quality Assurance Standards, 2011	**Key Words:** consent, foster care, foster, care, authorization, capacity, affirmative objection, informed consent, psychiatric medication	
Related Forms: FSS 001 – Psychiatric and Behavioral Health Unit Authorization/Override request (Attachment A) [Form Number TBD] Concurrent Review Request (Attachment B) [Form Numbers pending] ACS Medication Consent Form (Attachment C)			

Summary: This policy effects changes to ACS expectations regarding obtaining and documenting informed consent from parent(s)/guardian(s) when psychiatric medications have been prescribed. The policy outlines the process by which ACS and agencies must make reasonable efforts to obtain informed consent, how such efforts must be documented, and how authorization from ACS' Psychiatry and Behavioral Health Unit (PBHU) may be requested when parental consent cannot be obtained and for requesting an override of a parent's affirmative objection. In addition, PBHU will concurrently review prescriptions for certain medications for clinical appropriateness.

Scope: This policy applies to ACS and ACS-contracted staff at foster care agencies working with children and youth placed with ACS.

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I. INTRODUCTION

A. ACS is revising its policy for obtaining informed consent to administer psychiatric medication to children in foster care, in support of efforts to appropriately prescribe psychiatric medications to children in the care and custody or custody and guardianship of the Commissioner of the Administration for Children's Services (ACS). All medications for psychiatric conditions generally are considered non-routine; this policy outlines the stricter standards and different consent procedures for psychiatric medication than non-psychiatric medication.[1]

B. It is ACS policy that, except in certain circumstances described in subsequent sections in this document, informed consent for psychiatric medication must always be sought first from a child's parent(s)/legal guardian(s), unless parental rights have been terminated or surrendered (See Section IV of this document for more information).
   1. The child's parent(s)/legal guardian(s) must provide informed consent for each specific medication prescribed. See Sections II and V for more information.
   2. If informed parental consent has not been obtained for psychiatric medication(s) and ACS or the agency, and prescribing clinician believes that the medication is in the child's best interest, a legal consult must be sought for foster children in the following types of placement:
      a. Any foster child whose parent objects due to religious beliefs;
      b. Children placed through voluntary placement agreements;
      c. Children placed into foster care after a dispositional hearing pursuant to Article 3 of the Family Court Act, (i.e., children in a Close to Home placement); and
      d. Children placed with a Person in Need of Supervision (PINS) Article 7 petition.
   3. If the foster child is in one of the following types of placement, and if informed parental consent has not been obtained for psychiatric medication and ACS or the agency, and prescribing clinician believes that the medication is in the child's best interest, the agency must submit an override or authorization request to the ACS office of Psychiatry and Behavioral Health (PBHU): [2]
      a. Children remanded or placed into foster care pursuant to an Article 10 petition; and
      b. Children placed into foster care as a destitute child.
   4. Agencies have consent authority for children in their custody for whom parental rights have been terminated or surrendered (also known as "freed children") and when guardianship of the child has been conferred to the agency.[3]
   5. Psychiatric medications must not be administered to youth until the appropriate consent has been obtained, depending on the youth's status.

[1] See ACS Policy 2014/08, *Medical Consents for Children in Foster Care*, issued 9/16/2014, available via this link.
[2] Agencies shall first request that PBHU consult ACS Office of General Council or Family Court Legal Services for children placed into foster care pursuant to an Article 10 petition for whom a parent raised a religious objection to medication.
[3] Please see Section VII (B)for additional information regarding freed children and concurrent review.

C. Under no circumstances may psychiatric medications be prescribed or used solely to control a child's behavior or as a form of restraint, except as permitted by 18 NYCRR § 441.17 (see "pharmacological restraint" in the Regulation and in Section II below).

D. Youth 18 years of age or older can consent to their own psychiatric medication, regardless of the type of entry into foster care. Youth who are married and/or parenting regardless of age may self-consent for medication.
   1. Youth who are hospitalized for psychiatric treatment and are aged 16 or older may consent to their own psychiatric medication at the prescribing clinician's discretion if they fulfill one of the following requirements:[4]
      a. A parent/guardian is not reasonably available, and the treating physician determines that the youth has both the capacity to consent for him/herself and the medication is in the youth's best interest;
      b. Requiring the consent of a parent/guardian would have a detrimental effect on the youth, and the treating physician AND a psychiatrist who is not an employee of the hospital agree that parent/guardian consent would have detrimental effect, that the youth has capacity to consent and the medication is in his/her best interest, or;
      c. The youth's parent/guardian refuses to consent, and the treating physician AND a psychiatrist who is not an employee of the hospital agree that the youth has both the capacity to consent and the medication is in his/her best interest.

E. Case planners and other agency staff must comply with the confidentiality protections outlines in ACS Policy and Procedure #2010/07, *Security of Confidential, Case Specific and/or Personally Identifiable Information* in correspondence related to obtaining informed consent, requesting authorization, override or review of psychiatric medications.[5]

F. Throughout this policy, case planners are directed to facilitate or otherwise conduct efforts to obtain and document consent, authorization, review or an override. In some cases, case planning responsibilities will remain with ACS. Some agencies may prefer that their clinical staff undertake the required actions. Ultimately, as with all medical requirements, each agency's medical leadership is responsible for overall compliance. Throughout this policy, the term *case planner* shall be read as referring to the assigned case planner or person with case planning responsibilities, or an appropriate agency designee, such as an agency nurse or supervisor. When case planning responsibility is shared between multiple agencies, the *child planner* is responsible for complying with this policy.

G. <u>ACS' Standard for Culturally Respectful Practice</u>
   ACS is committed to working with children, youth, and families in a manner that is respectful of all cultural backgrounds. Accordingly, ACS and provider agency staff must be sensitive to the beliefs and values of clients when discussing or providing information

[4] NY CLS Mental Hygiene § 33.21.
[5] See the above-referenced policy, available via this link.

about consent for psychiatric medication. Staff should never allow their own cultural values to interfere with their responsibility to provide unbiased information and quality services.

II. DEFINITIONS

A. Informed consent: "Informed consent" means that the person(s) authorized to sign such consents has had the opportunity to discuss any questions or concerns with the prescribing clinician, and conveys an understanding of the purpose of the medication, the benefits it should provide, its unwanted effects or dangers, the treatment alternatives, and the:
   1. Nature of the medication(s);[6]
   2. Diagnoses and symptoms being treated;
   3. How the medication(s) fits within the treatment plan;
   4. Expected benefits;
   5. Common and possible side effects;
   6. Recommended dosage or dosage range and duration of prescription;[7]
   7. Alternative treatment choices, along with their risks and benefits, including the choice of no treatment;
   8. Monitoring plan for complications and side effects, including lab monitoring schedule;
   9. Whether or not a medication is approved by the U.S. Food and Drug Administration (FDA) for the patient's condition, age, and major risks, including any FDA Black Box warnings; and
   10. How to contact the prescribing clinical provider.

B. Request for Authorization to Consent: A request for authorization to consent is a letter sent by a child's agency requesting authority to consent for a child placed into foster care pursuant to Article 10 and is prescribed psychiatric medication, but his or her parent(s)/guardian(s) cannot be located or has not responded to the case planner's reasonable efforts to request consent for the medication. This request must be submitted to PBHU. Once authorization to consent is granted by PBHU, the agency's Executive Director or designee may consent to the prescribed medication.

C. Override request: A request for an override is submitted via form FSS-001 (Attachment A), which is sent by a child's agency to request authorization to consent for a child placed into foster care pursuant to Article 10 who has been prescribed psychiatric medication when his or her parent(s)/guardian(s) affirmatively objects or refuses to consent to the medication. This request must be submitted to PBHU. This request should NOT be submitted if the parent(s)/guardian(s) object to consent on religious grounds. Once authorization to consent is granted by PBHU, the agency's Executive Director or designee may consent to the prescribed medication.

[6] Note that informed consent must be sought and received separately for each medication prescribed.
[7] New medications will be considered to have a "trial" of six months, after which informed consent shall be re-obtained. See Section II (I).

D. Affirmative objection: Any verbal or written statement indicating that the parent/legal guardian is opposed to the psychiatric medication(s) proposed for their child.
   1. This does not include objection on religious grounds, for which the case planner shall request a legal consultation with the FCLS attorney assigned to the child's case (see Section VI for additional information).

E. Off-label use: "Off-label" refers to the use of medications for the treatment of patient populations, including age groups, or conditions or diagnoses other than those for which the FDA has approved the medication as "safe and effective."[8]

F. Pharmacological restraint: The use of a chemical agent to contain acute physical behavior by causing an immediate radical suppression of such behavior.[9] Per New York State regulations, such restraint may only be permitted on an order from a treating physician, only after other forms of intervention have been tried and proved unsuccessful and only for as long as necessary to contain acute physical behavior and prevent physical injury to the child or other children.[10]

G. Psychiatric medication: "Psychiatric medication," also commonly referred to as psychotropic, psychoactive or behavioral medication refers to chemical substances that act primarily upon the central nervous system, where they alter brain function, resulting in temporary changes in perception, mood, consciousness and/or behavior,[11] which may be prescribed by a psychiatrist or a pediatrician. For the purposes of this policy, informed consent or alternative authorization or override must be obtained for all psychiatric medication, regardless of the prescriber (i.e., whether prescribed by a pediatrician or psychiatrist) and for any medication prescribed by a psychiatrist, including medications prescribed to address side effects of psychiatric medications.

H. Routine treatment: Any treatment that includes medical, dental, mental health and hospital services customarily given as part of preventative health care and/or for ordinary childhood diseases or illnesses.[12]
   1. Prescribing and administering psychiatric medications is considered "non-routine" treatment, for which informed consent, rather than routine medical consent, must be obtained, unless the child is placed in a Close to Home setting pursuant to Article 3 and the child's medications are part of the written mental health plan.[13]

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[8] See OCFS-INF-02, cited above.
[9] See 18 NYCRR § 441.14(a)(5).
[10] See 18 NYCRR § 441.17(g).
[11] See OCFS-INF-02, *The Use of Psychiatric Medications for Children and Youth in Placement; Authority to Consent to Medical Care*, 2/13/08.
[12] See 18 NYCRR § 441.22 and Chapter 2, *Preventive and Ongoing Health Care* of the OCFS *Working Together* manual.
[13] 08-OCFS-INF-02: The Use of Psychiatric Medications for Children and Youth in Placement; Authority to Consent to Medical Care. Please note that, for children in an Article 3 (Close to Home) placement, routine mental health treatment does not include psychiatric administration of medication unless the medication is specified as part of an ongoing mental health plan or otherwise authorized by law, per FCA § 355.4.

I. Trial or initial consent/authorization: The initial consent or authorization shall expire **six (6) months** after the date indicated on the FSS-010 Consent for Psychiatric Medication form or FSS-001 Psychiatric and Behavioral Health Unit Authorization/Override request, depending on the request required. This initial authorization is considered a "trial" authorization, and must be renewed for the medication to be continued thereafter. At the time of expiration of the trial consent, the case planner must make reasonable efforts to connect the parent(s)/guardian(s) (or the consenting agency, in the case of authorization) to the prescribing psychiatrist for a meeting or phone call to discuss the following:
   1. Effectiveness of the medication;
   2. Presenting side effects of the medication;
   3. Treatment alternatives to the medication;
   4. The prescribing clinician's assessment of the benefits of continuing or discontinuing the medication; and
   5. The parents' right to withdraw consent at any time, in the case of informed parental consent.

   After the initial consent expires, informed consent must be renewed and documented every **12 months** as long as the youth remains in care and psychiatric medications continue to be prescribed.

III. CONTINUITY OF PRESCRIBED PSYCHIATRIC MEDICATION DURING TRANSITIONS

A. When a youth who is being treated with psychiatric medication is transitioned into a new placement setting (including when the child first enters foster care), the youth must be able to continue the medication regimen prescribed by his or her previous treating clinician until the medication plan is reviewed by a licensed clinician, if the youth is unable to continue seeing his or her previous clinician. All medications prescribed by the former clinician, for which informed consent had previously been obtained, must be reviewed by the new clinician and renewed consent must be obtained within one (1) month of the entry into the new setting.
   1. Transitions into a new placement setting include discharge from a hospital to any foster care placement or from one type of foster care placement to another.

B. If informed consent has not been obtained for a child from their parent or legal guardian within one (1) month of the new placement, the agency must follow the steps in Section VI to initiate a request for authorization of medication from the Director of Psychiatry and Behavioral Health or designee to continue the previously prescriptions no later than one month from the youth's entry into the new setting. The medication may continue to be administered as prescribed while the request for authorization is reviewed.

IV. AUTHORITY TO CONSENT FOR A CHILD IN ACS CUSTODY

A. Youth Who Can Provide Consent for Their Psychiatric Medication

1. The following youth can provide consent for their own psychiatric medication; parental consent is not needed:
   a. Youth 18 years of age or older;
   b. Youth who are parents, regardless of their age;
   c. Youth who are married; and
   d. Certain youth 16 years of age or older currently hospitalized and undergoing inpatient treatment.[14]

B. Youth for Whom the Case Planning Agency has Consent Authority
If a child has been freed for adoption by Family Court and guardianship of the child has been committed to the agency, the case planning agency may provide informed consent for psychiatric medications, provided that Sections II and IX are followed.

C. Youth Placed with ACS as a Destitute Child
Case planners must request authorization from PBHU when a child is placed with ACS as a destitute child and has been prescribed psychiatric medication (see Section VII, below). If the parent(s) or guardian of a child placed into foster care as a destitute child is known, the case planner must make reasonable efforts to obtain informed consent from the parent or guardian prior to requesting authorization from PBHU.

D. Youth For Whom Informed Parental Consent for Psychiatric Medication is Required
Case planners must make reasonable efforts (see Section V (E) for additional information) to obtain informed parental consent for the following youth, unless they meet the criteria in V[A], above, prior to the youth receiving his/her psychiatric medication:
1. Youth remanded or placed in foster care pursuant to Article 10
   a. Agencies must facilitate and seek informed consent from the parent(s)/guardian(s) of children who have been taken into protective custody and/or have been removed from the place where they had been residing for child protective reasons, or who have been remanded or placed into foster care pursuant to Family Court Act Article 10 and are not legally freed. See Section V (C) below for more information;

2. Youth placed with ACS in Juvenile Justice placements pursuant to Article 3
   a. Parental/guardian informed consent must be obtained before dispensing any prescriptions for psychiatric medication for youth remanded in detention centers pursuant to Family Court Act Article 3 on juvenile delinquency cases prior to disposition;
      i. If the parent/guardian provides informed consent for psychiatric medication, the medication may become part of the youth's ongoing mental health treatment plan, and is subsequently considered to be "routine."
   b. For youth who are placed in foster care after a dispositional hearing pursuant to FCA Article 3 (Close to Home placements) whose parent(s)/guardian(s) does not

[14] See Section I (D) for specific requirements regarding youth aged 16 and over.

provide informed consent, the agency must request a legal consult with the FCLS attorney assigned to the child's Family Court case;

c. Parental/guardian consent for "crossover youth" who originally entered foster care pursuant to an Article 10 petition but are currently in a Close to Home placement shall be obtained according to the guidance for Article 10 placements (above), if the Article 10 case is still active.

3. Youth Placed through Voluntary Placement Agreements (VPA)
Informed consent from parent(s)/guardian(s) must be sought if psychiatric medication has been prescribed for children placed pursuant to a VPA, including children placed into care voluntarily by a person(s) entrusted with care.

4. Youth Placed with Person in Need of Supervision (PINS) petition pursuant to Article 7
Informed consent from the parent(s)/guardian(s) must be sought if psychiatric medication has been prescribed for children placed into ACS custody pursuant to a PINS Article 7 petition.

5. See Sections V-VII below for additional information on how to obtain and document informed consent from the parent(s)/guardian(s) (or authorization for an agency designee to consent for youth whose parent/guardian has surrendered or terminated rights), when it is appropriate to request an override or authorization from ACS for foster children (depending on the status of the youth) if informed consent has not been obtained, and when to request a concurrent review after obtaining informed consent.

V. OBTAINING AND DOCUMENTING INFORMED PARENTAL CONSENT FOR PSYCHIATRIC MEDICATION

A. Prior to seeking consent for psychiatric medications, the agency must document that the child has received an initial physical examination from a pediatrician and that appropriate laboratory tests have been conducted within 12 weeks prior to the administration of medications.[15] The physical exam must, at a minimum, focus on the organ system(s) that may be affected by the medication or be a complete physical exam.

1. Thereafter, children taking psychiatric medications must have a documented physical examination and appropriate laboratory tests every six (6) months. A pediatrician, psychiatrist, and/or certified family, pediatric or psychiatric nurse practitioner may perform the follow-up examination and laboratory tests.

B. The case planner must seek informed consent for psychiatric medication from parent(s)/guardian(s) whose rights have not been terminated or surrendered when psychiatric medications have been prescribed to a foster child. Parents must indicate their

[15] Refer to the Psychiatric Medication Monitoring Guidelines for additional information about the appropriate laboratory tests required to monitor psychiatric medications.

provision of informed consent by signing the ACS consent form(s) specific to the medication and dose prescribed (Attachment C).

C. The person(s) authorized to sign treatment consents have the right to have any questions or concerns addressed by the prescribing clinician before giving consent. The case planner must inform the parent(s)/guardian(s) of their right to withdraw consent at any time. If a parent(s)/guardian(s) withdraws his or her consent, and the prescribing clinician continues to recommend the prescribed medications, the case planner must contact PBHU immediately to discuss next steps. Parents must also be informed of their right to request a concurrent review from PBHU to discuss any questions or concerns.

D. If the youth's parent(s)/guardian(s) have any questions about the medication prior to or following signing the informed consent form, the case planner must make reasonable efforts to facilitate a conversation, either in person or by telephone, between the prescribing clinician and the parent(s)/guardian(s) to discuss all details of the recommended medication, as outlined in Section II (A) above, and answer any of the parent/guardian's questions. The case planner must follow up with the parent to determine if such a conversation takes place, and must document if this discussion has occurred in CNNX. The case planner must complete the form Consent for Psychiatric Medication form (Attachment C), which includes obtaining the parent/guardian's signature following a review of the recommended treatment with the parent(s)/guardian(s) to confirm that informed consent was obtained.
   1. Case planners must document all attempts made to connect the clinician and parent/guardian in CNNX, regardless of the parent's ultimate choice to consent or not. If the parent(s)/guardian(s) confirm their informed consent, the form must be kept in the medical section of the youth's foster care record.
   2. If the prescribing clinician is unable to be reached in a timely manner by the case planner or parent/guardian, the case planner shall first seek support from their agency's Medical, Clinical or Mental Health Director, or person of an equivalent title. If additional efforts to contact the clinician have been unsuccessful, contact PBHU for guidance.

E. In addition to the information given by the prescribing clinician, ACS has created medication-specific consent forms that must be given to the consenting person(s) (see Attachment C). The form includes information about the medication, what symptoms and diagnoses the medication is designed and approved to treat, and common side effects. A signed form for each prescribed medication shall be retained in the child's case record. The receipt of a signed form, which shall be used to document the parent/guardian's provision of informed consent for the prescribed medication, must also be documented in CNNX progress notes. In addition to providing the form, case planners must make reasonable efforts to verbally review the information with the parent/guardian. The prescribed medication shall not be administered to the child until the parent has signed the ACS form specific to the prescribed medication.

F. Reasonable efforts must be properly documented in a timely manner in the child's progress notes. Reasonable efforts must include the following actions at a minimum:
   1. One (1) telephone call if a phone number is known;
   2. One (1) personal visit to the parents'/guardians' current or last known address; and
   3. One (1) letter to the parents'/guardians' current or last known address, which includes contact information for the case planner or other appropriate agency staff, such as the Medical Director, and the prescribing clinician. If reasonable efforts have not been successful, refer to guidance below regarding next steps if parent cannot be located.

G. Informed consent received from either parent/guardian whose rights have not been terminated or surrendered is valid, regardless of whether the parent(s)/guardian(s) live together or separately from one another.
   1. Documented informed consent from either parent/guardian is sufficient. If the first parent/guardian contacted objects but the second parent/guardian contacted consents, the consent of the second parent/guardian stands.

      The initial informed consent from a youth's parent(s)/guardian(s) for psychiatric medications must be documented with the parent/guardian's signature on form FSS-010. See section II(I) for additional details on the initial consent.

H. If a parent(s)/guardian(s) refuses to renew their consent after providing initial consent, or the parent/guardian cannot be located, the case planner must follow the appropriate section above (Sections VI and VII) depending on the status of the youth in order to determine next steps. .

VI. NEXT STEPS WHEN INFORMED PARENTAL CONSENT HAS NOT BEEN OBTAINED

C. The agency shall document its reasonable efforts to secure parental consent, including all dates and methods used to secure the consent, in CNNX progress notes. If a parent(s)/guardian(s) affirmatively objects to a recommended psychiatric medication, the case planner must inquire about their concerns and reasons for opposing the psychiatric medication and document the conversation in CNNX. The agency is obligated to first discuss the parent's concerns and attempt to facilitate a conversation with the prescribing clinician to address the parent's questions prior to initiating any of the next steps described below.

D. If, following discussion with the prescribing clinician and case planner or agency clinical staff, a parent/guardian has outstanding concerns or questions about the proposed medication, the provider agency must request a review from PBHU.

E. For children placed into foster care pursuant to the following, if informed parental consent for a specified psychiatric medication cannot be obtained, either because the parent affirmatively objects to the proposed medication, refuses to provide written consent for the proposed medication, or cannot be located to provide informed consent, the case planner must request PBHU consult with FCLS by contacting the FCLS attorney assigned to

the child's Family Court case, or the FCLS borough office, if no attorney is assigned to the child's case:[16]

1. Article 3 (juvenile justice placements);
2. Article 7 (PINS placements); and
3. Voluntary Placement Agreements (by parent/guardian or person entrusted with care);
4. Any foster child for whom a parent/guardian expresses a religious objection to the prescribed medication.

After discussing the case with the case planner, FCLS attorneys shall consult with PBHU regarding the anticipated impact of the medications on the child's safety and well-being and the clinical appropriateness of the proposed medications. The FCLS attorney must contact the case planner to inform them of the outcome of their discussion with PBHU. If appropriate, FCLS will seek a court order for the proposed medication.

E. Children placed into foster care pursuant to Article 10

1. Parent Affirmatively Objects or Refuses to Consent

   If a parent(s)/guardian(s) affirmatively objects to the administration of the prescribed medication, or refuses to provide informed, written consent for the psychiatric medication, the case planner or case planning team must request an override request by submitting Form FSS-001, psychiatric medication override form (Attachment x), to PBHU.[17] The provider agency or relevant DCP, FPS, or DYFJ unit is responsible for promptly submitting the legal and clinical information necessary for review of the medication authorization/override request (see Section VII, below, for details).

   a. Parental consent is valid and no authorization or override is needed if one parent affirmatively objects to the treatment but the other parent, whose rights have not been terminated or surrendered, provides informed consent.

2. Parent Cannot be Located or Has Not Responded to Reasonable Efforts to Request Consent

   If, following reasonable efforts (as described in Section V (E) above) to contact the parent(s)/guardian(s), the parent(s)/guardian(s) cannot be located, the case planner must request ACS authorization prior to administering any prescribed psychiatric medications. See section VII, below.

[16] If the case planner does not know the name of the assigned FCLS attorney, the case planner can email [FCLS mailbox] for contact information.

[17] Override requests shall not be submitted when a parent of a child placed pursuant to an Article 10 petition objects on religious grounds. In such cases, the case planner shall request a consultation with the assigned FCLS attorney (see part D of this section).

VII. AUTHORIZATION AND OVERRIDE REQUESTS FOR CHILDREN IN PROTECTIVE PLACEMENTS AND CHILDREN PLACED AS DESTITUTE CHILDREN

A. ACS has the legal authority to provide consent for psychiatric medication for children placed into foster care pursuant to an Article 10 petition ("protective placement") or a destitute child petition.

B. As stated above, if a child is in foster care pursuant to a protective placement and has been freed for adoption, the agency may provide consent for the proposed psychiatric medication. In such cases, agencies shall still request concurrent review of medications if the medication falls into the prescribed categories outlined in Section IX below.

C. For all other children in protective placements whose parent/guardian's rights have not been terminated or surrendered and children placed as destitute children, if informed consent has not been obtained due to the affirmative objection or refusal of a parent/guardian or because a parent/guardian cannot be located or has not responded to reasonable efforts to contact, Form FSS-001 shall be used to submit an authorization or override request for PMU and/or Medical Director of Psychiatry and Behavioral Health review. Requests shall be submitted via email to the Psychiatric and Behavioral Health Unit at PsychMeds@acs.nyc.gov. Case planners shall indicate whether an authorization or override is requested where indicated on the form.

D. In addition to completing the form, clinical information necessary for review of the medication authorization/override request must also be submitted. This must include:

1. A copy of the prescription;
2. A clinical note from the prescribing psychiatrist that has been written within the last 60 days that includes:
   a. A DSM-V diagnosis;
   b. Current clinical history;
   c. The target symptoms for each prescribed/recommended medication;
   d. Observation of responses previous medication trials, and to any current medications; and
   e. A justification for the recommended dose or medication combination, if it does not comply with the principles outlined below, or the ACS *Psychiatric Medication Prescribing and Monitoring Guidelines*, issued in December 2017.

E. PBHU Review, Authorization/Override of Psychiatric Medication Prescriptions
When reviewing authorization/override requests and concurrent review submissions (see section IX below), ACS PBHU staff will review submitted documents to see that the following precautions were taken by the prescribing clinician:

1. Medications with less risk were considered first, especially when used off-label to target mood dysregulation and/or behavior. Anti-psychotic medication should rarely be

the medication of first choice when used off-label. Refer to ACS' *Psychiatric Medication Prescribing and Monitoring Guidelines* for medication-specific information;

2. The prescribed medication is FDA-approved for the indicated use in the child's age group;[18]

3. Except in circumstances determined and documented by the prescribing clinician, no more than one medication should be started at any one time;

4. A plan is in place to monitor for symptoms and impairment on a regular basis, and medication is adjusted accordingly, such that the minimum effective dose of medication is used at all times;

5. Whenever symptoms persist, despite the use of medication, the prescribing clinician has verified that the dosage of the current medication has been optimized, within the limits of tolerability, before an additional medication is started;

6. When significant weight gain secondary to medication is present, the prescribing clinician has considered switching to a weight-neutral alternative;

7. A second medication should not be added when the original medication is only partially effective, especially if there is another medication that, if used alone, might be sufficient. The same principle applies to any additional medication, including non-psychiatric medications, prescribed solely to address side effects;

8. For any child prescribed multiple psychiatric medications, reevaluation must occur regularly to ensure that there is diagnostic clarity and that target symptoms are being appropriately addressed (see Section IX for additional information on prescriptions for multiple psychiatric medications); and

9. That the prescribing clinician has given consideration to the context in which the medication is being prescribed, and has exercised caution, particularly with medication that requires extensive monitoring or which could be harmful if not taken consistently, and has a plan for ongoing monitoring of the child's condition.

10. If informed parental consent has not been obtained for medications, a psychiatric medication authorization/override request must be submitted] if a child is prescribed non-psychiatric medications by a psychiatrist, including medications prescribed to address side effects of a psychiatric medication.

F. The FCLS Legal Compliance Unit attorney or OGC Legal Counsel Unit attorney will review the case for legal authority and compliance with ACS procedures to advise the Director of

[18] Such prescriptions are highly preferred to the prescription of off-label alternatives.

Psychiatry and Behavioral Health or Psychiatric and Behavioral Unit staff.[19] PBHU must forward request forms and any other required documents to the reviewing attorney.

G. If, following ACS review, the proposed medication plan appears to be clinically appropriate and the Director of Psychiatry and Behavioral Health or the Psychiatric and Behavioral Health Unit staff provides authorization or an override, the case planning agency or ACS division will be notified of the decision with a dated, emailed letter that authorizes the appropriate agency designee[20] to provide consent for the medication as prescribed. A copy of the letter must be retained in the child's case record; PMU will retain a copy of the letter of authorization. The initial override, like the initial consent when obtained from a parent, must be renewed after six (6) months (see section II(I) for additional information).

VIII. EXCEPTIONS TO ACS CONSENT

A. Subject Children in Protective Placements Who are Not Physically in the Custody of ACS

1. ACS declines to exercise its authority to consent for medication for children who are on trial discharge status while still in foster care.
2. Upon request and/or upon being informed that the child has been prescribed psychiatric medications, case planners shall make reasonable efforts to provide the parent(s) with information about the prescribed medication (Attachment C) to facilitate the parent's informed consent prior to the administration of psychiatric medication for children on trial discharge, and arranging for a conversation with the prescribing clinician upon request. If foster care agency staff or appropriate ACS staff are concerned about the parent's/guardian's refusal or inability to provide consent to the administration of psychiatric medication to children who are not physically in the custody of ACS, the staff must immediately consult with the assigned FCLS attorney.

B. Children Temporarily Placed With or in the Custody of a Parent, Relative or Other Suitable Person

1. ACS does not have the legal authority to consent for medication for children who are temporarily released or released to a parent.

C. Children Who are Placed with an Agency Under the Auspices of a Governmental Agency Other Than ACS

Authority to consent to the administration of psychiatric medication to children in the custody of and placed in a facility operated by the New York State Office of Children and Families Services (OCFS), New York State Office of Mental Health (OMH), New York State Office for People with Developmental Disabilities (OPWDD), or with their contractors rests with the appropriate oversight agency and not with ACS. Children who are legally

[19] OGC and FCLS do not need to review submissions concerning foster children who have been freed for adoption, as outlined in Section IV(B)] above.

[20] The agency's Executive Director or designee must provide documented consent for the treatment as prescribed. See Medical Consent policy.

placed with ACS but are physically placed in an OCFS, OMH, or OPWDD facility, however, remain subject to the policies herein.[21]

IX. ACS CONCURRENT REVIEW

A. Concurrent review is the process by which PBHU staff will assess the clinical appropriateness of certain prescribed psychiatric medications, as outlined below. The Clinical Director, or appropriate equivalent in the agency's clinical leadership structure, is responsible for the identification of cases that require a concurrent review based on the guidance provided in this section. Additional details have been provided in the ACS *Psychiatric Medication Prescribing and Monitoring Guidelines*, issued in December 2017.[22] Case planning staff shall consult with his/her agency's clinical leadership or the PBHU for additional guidance or clarification. The outcome of this review will be a written recommendation sent via email to the clinical director of the youth's agency, the youth's case planner and, when possible, to the prescribing psychiatrist. The case planner or clinical director will then relay this information to the person/agency responsible for consenting. This review is similar to a second opinion.
   1. Note that ultimate decision regarding the consent for psychiatric medication after a concurrent review lies with the person/agency that has provided consent.

B. All override/authorization requests will undergo a concurrent review.

C. In addition, for those cases in which the agency has obtained informed consent from one of the parents/guardians whose parental rights have not been terminated or surrendered (or in the case of freed children, when the agency has provided consent), the following circumstances require notification to PBHU using form [xxxx – TBD], who will conduct a concurrent review:
   1. Before a child aged six or under is prescribed a second psychiatric medication;
   2. Before a child between the ages of seven and 12 is prescribed a third psychiatric medication;
   3. Before a youth between the ages of 13 and 17 is prescribed a fourth psychiatric medication;
   4. When a youth taking psychiatric medication has gained significant weight or has a body mass index (BMI) of thirty (30) or higher
   5. When a child of any age is prescribed a second medication in the same class as a medication the child is currently taking (for example, a second antidepressant);

[21] See Mental Hygiene Law Article 80 and 14 NYCRR § 633.11 for information concerning medical consent for individuals who are residents of facilities operated or certified by OPWDD or OMH.
[22] Available on DocuShare via this link.

6. When a child is prescribed an antipsychotic medication off-label as a first-line treatment (before being prescribed any other psychiatric medications);[23]

7. Before a child of any age is prescribed Clozapine (brand name Clozaril);

8. Upon request from parent/guardian because of outstanding concerns or questions about the proposed medication; and

9. When the youth taking psychiatric medication has new significant lab abnormalities.[24]

    a. It is the responsibility of the agency to keep in contact with the youth's pediatrician in order to monitor any changes in bloodwork or other labs.

D. After obtaining informed consent from the parent/guardian for any of the circumstances or medications listed above, the case planner shall inform the parent/guardian that the proposed medication requires review by ACS.

E. The agency shall complete and submit the ACS concurrent review request form to ACS PBHU for concurrent review. The following documentation shall be submitted along with the form:
    1. Recent psychiatric evaluation by prescribing clinician and/or recent clinical note, which must provide clinical justification for proposed medication plan;
    2. Recent pediatric (physical) exam;
    3. Recent lab (blood) work results.

F. If the parent(s)/guardian(s) consents to the proposed psychiatric medication but the Director of Psychiatry and Behavioral Health or Psychiatric and Behavioral Health Unit staff have clinical concerns, PBHU will inform the case planner with a letter of recommendation, which the case planner must share with the parent(s)/guardian(s). The letter of recommendation shall also be shared with the prescribing clinician.

G. If, following a discussion with the case planner and/or agency clinical staff, the parent still has questions, the agency shall contact PBHU to schedule a call to discuss ACS' recommendation concerning the prescribed medication, and relay the conversation to the parent(s)/guardian(s). If the parent(s)/guardian(s) prefers the proposed psychiatric medication, he or she can consent over ACS' recommendation.

[23] Refer to the Psychiatric Medication Monitoring Guidelines for additional information about off-label medications, which refers to medications prescribed for ages or uses other than those included in the medication's FDA approval.
[24] Ibid.

H. PBHU must document the discussions with the prescribing clinician regarding the concurrent review and/or letter of recommendation with the agency's Medical Director or the youth's case planner along with the prescribing clinician according to PBHU's review tracking protocol.

X. AGENCY AND ACS QUALITY ASSURANCE REQUIREMENTS

A. Provider agencies must establish internal policies and procedures to guide their medical consent process. Procedures shall describe the level/title of staff eligible to provide medical consents ; the availability of medical and mental health staff to provide consultation 24 hours a day, seven days a week; and internal prospective and retrospective review of medical consents.

B. Every two (2) years, provider agencies must submit their internal psychiatric and mental health consent policies via email to the Psychiatric and Behavioral Health Unit at PsychMeds@acs.nyc.gov.

C. When submitting requests to authorize consent or override parental objections, provider agencies must submit the child's diagnosis and medical recommendation for the prescribed psychiatric medications, along with the child's medical records, which must contain documentation of appropriate ongoing monitoring of the child's behavioral/physiological reaction, laboratory results and side effect(s) to the prescribed medications.

D. PBHU will track psychiatric prescription override and authorization requests, including requests received, the PBHU decision following legal and clinical review, the date authorization or override was granted or denied, and the date when efforts to obtain informed consent must be renewed. All necessary documentation required for review will be stored in a secure ACS electronic health record. The following will be included in PBHU documentation:
   1. Key decision points, including the outcome of any PBHU review, and whether the request was approved or denied;
   2. Clinical justification for decision, including information on considerations that informed PBHU's recommendation or decision;
   3. All parties involved, including the name of the agency that submitted a request and who performed the PBHU review;
   4. Communication dates, including the date the request was initially made, the date a completed request packet, including supporting documentation, was received, and the date the final decision was communicated back to the agency.
   5. Communication with clinicians, FCLS attorneys, agency Medical Directors, and others, including dates of communication and description of the nature of the communication.

E. The Medical Audit Unit will be monitoring provider agencies' compliance with this policy through the existing medical audit process.

XI. SHARING MEDICATION INFORMATION WITH FOSTER PARENTS

1. In addition to sharing medication information to parent(s)/guardians, case planners and/or agency clinical staff must share and review medication information including the name, dosage, indication, and potential side effects with the foster parent so that the foster parent can provide information to the prescribing physician or case planner regarding changes in the child's condition and response to the medication, in person and in writing (by providing medication-specific forms in Attachment C). The information shared must also include contact information for the prescribing clinician and the date of the next follow-up appointment.

2. While foster parents do not have the authority to consent for psychiatric medication, a copy of the medication-specific form (Attachment C) may be given to the foster parent for informational purposes. The case planner must discuss each medication in person with the foster parent, along with instructions on how the foster parent(s) must report any concerns about the medications, what to do if the child demonstrates symptoms or side effects after starting the medication, a schedule for medication administration, and any additional questions raised by the foster parent(s).

3. Case planners must inform foster parents that they are not to administer any medications prescribed by a youth's psychiatrist until agency case planner verifies that the prescription has been authorized by someone with legal consent authority.

4. Case planners shall discuss the child's response to medications and ask about any presenting side effects or changes during each casework contact with the foster parent and parent/guardian.

PSYCHOTROPIC MEDICATIONS UNIT (PMU)
OVERRIDE CONSENT REQUEST

FSS 001
REV 12/11

Administration for Children's Services

This form is used to request override for Psychotropic Medications and Other Mental Health Services for a child in foster care when a parent or legal guardian has refused to provide consent.

Please complete Sections A, B & C for ALL requests; Sections D, E & F should only be completed as applicable.
This form must be submitted by email to Glenda.Carroll@dfa.state.ny.us. Additional information must be submitted by fax (send to 212-227-4010). For questions please call 212-341-3966.

Section A: Child's Information (for all requests)

Name: _____ DOB: _____ Date of Request: _____

Case Name: _____ Case #: _____ CIN: _____

Foster Care Agency: _____ Case Planner: _____

Case Planner Email: _____ Case Planner Phone #: _____

Supervisor Email: _____ Supervisor Phone #: _____

Child's Legal Status: ☐ Article 10 ☐ Article 3 ☐ Article 7 ☐ Voluntary Placement ☐ Freed for Adoption

Current Foster Care Placement: ☐ Foster Home ☐ TFBH ☐ Group Home ☐ RTC ☐ Other: _____

Current Location: ☐ Foster Care Placement ☐ Emergency Room ☐ Psychiatric Hospital
☐ Mental Health Treatment Setting: _____
☐ Other: _____

Person Completing Form (Name & Title): _____

Commissioner's Designee authorized to sign treatment consent for child: _____

Section B: Current Mental Health Treatment (for all requests)

Is this child currently hospitalized? ☐ yes ☐ no

Current Diagnoses:
Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

Current mental health provider: _____ Phone #: _____

Treating psychiatrist: _____ Phone #: _____

Other mental health services: _____

Pediatrician: _____ Phone #: _____

Current Medication: (attach additional pages if necessary)
Name: _____ Dosage/Sched: _____
Name: _____ Dosage/Sched: _____
Name: _____ Dosage/Sched: _____
Name: _____ Dosage/Sched: _____

Section C: Informed Consent (for all requests)

What are the anticipated benefits of pursuing the proposed treatment? _____

What are the anticipated risks of pursuing the proposed treatment, if any? _____

What are the anticipated risks of <u>not</u> pursuing the proposed treatment? _____

Has all of the above been discussed with the parent? ☐ yes ☐ no By whom? _____

Please describe the parent's concerns about the proposed treatment approach:
_____

PSYCHOTROPIC MEDICATIONS UNIT (PMU)
OVERRIDE CONSENT REQUEST

FSS 001
REV 12/11

Section D: Consent Requests for Psychotropic Medication

Type of consent request: ☐ renewal of existing medication ☐ new medication type and/or dosage

Name/dosage/schedule of medication: _____

What is the indication for the new medication (if applicable)? _____

What are the alternatives to the proposed treatment? _____

Has this child had a physical within the past 6 months? ☐ yes (attached) ☐ no

Have appropriate lab tests been done for the requested medication(s)? ☐ yes (attached) ☐ no

Please attach a clinical note from the prescribing psychiatrist that has been written within the last 60 days and includes 1) a 5-Axis diagnosis, 2) the target symptoms for each medication, 3) responses to current medication and 4) justification for any doses or combinations that exceed common recommendations. Please also attach a copy of the (unsigned) consent form, with the prescriber's signature/initials, listing the medication(s) being prescribed.

Section E: Consent Requests for Acute Psychiatric Hospitalization[1]

Was the child already admitted to the hospital on an emergency basis? ☐ yes (date: _____) ☐ no

If yes, did the foster care agency give consent for the emergency admission? ☐ yes ☐ no

Has the evaluating psychiatrist given clinical justification for this hospitalization? ☐ yes (clinical note attached) ☐ no

Please specify the alternatives to hospitalization that have been attempted:

_____

Has the child's current outpatient mental health provider been consulted about this Hospitalization? ☐ yes – recommendation: _____ ☐ no

☐ **I am aware that the Mental Health Coordination Unit must be notified @ acs.sm.mentalhealth@dfa.state.ny.us within 24 hours of this child's admission to the Hospital.**

Section F: Consent Requests for Other Mental Health Treatment (including transfer to an Intermediate-Level Psychiatric Hospital, i.e., "State" hospital)

Proposed mental health treatment: ☐ Outpatient Psychotherapy ☐ Case Management ☐ HCBI ☐ Family-Based Treatment ☐ Community Residence ☐ RTF ☐ Intermediate-level psychiatric hospital (i.e., "State" hospital) ☐ Other: _____

What problems will this treatment address? _____

What lower-level treatment(s) have been tried and what was the outcome? _____

What alternate treatment(s) have been considered and why were they not pursued? _____

Has the outpatient treatment provider been consulted about this proposed treatment? ☐ yes ☐ no
If yes, what was his/her recommendation? _____

Please attach/fax any additional and/or relevant documentation or information you have about this child.

[1] Please note that foster care agencies are authorized to give consent to urgent psychiatric hospitalizations if an evaluating psychiatrist has determined that a delay in admission would pose a risk to the life, health, or safety of the child or others. Any such emergency psychiatric hospitalizations must be submitted for override review within 48 hours of the admission.

PSYCHIATRIC MEDICATION CONCURRENT REVIEW NOTIFICATION

This form must be submitted to notify ACS of medication plans that fit one or more of the categories listed below. The ACS Psychiatry and Behavioral Health Unit will conduct a concurrent review of the medication plan, and may contact the child's parent(s)/guardian(s) as part of its review.

Child's Information (complete all sections):

Name:	DOB (Age): / / (_____ years)
Case Name:	Case #: CIN:
Foster Care Agency:	Case Planner:
Case planner email:	case planner phone #: ( ) -
Supervisor email:	Supervisor phone #: ( ) -
Clinical director email:	Clinical director phone #: ( ) -

Child's Legal Status: □ Article 10 □ Article 3 □ Article 7
□ Voluntary Placement Agreement □ Freed for adoption
Current Foster Care Placement: □ Foster Home □TFBH □Group Home □ RTC □Other: _____
Person completing form (name and title): _____

Notification of Proposed Medication

Please indicate which of the following is the focus of this review (check all that apply):
□ Child aged six or under has been prescribed a second psychiatric medication
□ Child between ages of seven- 12 has been prescribed a third psychiatric medication
□ Child between ages of 13-17 has been prescribed a fourth psychiatric medication
□ Child has gained significant weight or has a Body Mass Index of 30 or higher
□ Child prescribed antipsychotic medication off-label as first-line treatment
□ Child prescribed a second medication in the same class, excluding ADHD medications
□ Child taking an antipsychotic medication has elevated prolactin levels or a low absolute neutrophil count (ANC)
□ Child has been prescribed Clozapine (brand name Clozaril)
□ Recent lab work has new or significant abnormalities
□ Other (including parent's request for additional information or review)

Current Mental Health Treatment

Is this child currently hospitalized? □ yes □ no
Current diagnosis: _____
Prescribing clinician: phone #: ( ) -
Email:
Other mental health provider(s) (including therapist): phone #: ( ) -
Pediatrician/primary care provider: phone #: ( ) -
Current medication:
name: _____ dosage/schedule: _____
name: _____ dosage/schedule: _____

name: _____	dosage/schedule: _____

(continued on reverse side)

Has parent/guardian provided informed consent? □ yes, parent name: phone #: ( ) -
□ no, provide additional details: _____

Attach the following supporting documentation:
□ Recent psychiatric evaluation and/or clinical note from prescribing clinician which includes justification for proposed medication plan
□ Recent pediatric exam
□ Recent lab (blood) work results

ACS Medication Consent

Prozac (fluoxetine)

Dr _____ is requesting your permission to treat your child, _____, (date of birth: _____) with the above medication at the following dose range, _____. A thorough evaluation has revealed that your child is suffering from _____. We will know if the medication is working if hopefully there is improvement in the following target symptoms: _____.
In addition your child is currently on the following medications: _____.
The plan for these medications is as follows: _____.

Possible benefit

Prozac is an anti-depressant FDA approved for depression in children and adolescents 8 or older and . It helps about 1/3 of kids who try it. The medication works best for moderate to severe depression that seems to come from within. The medication works less well in mild to moderate depression that seems to be a reaction to real life events in your child's life. In many cases this kind of depression can be treated with therapy and counseling and does not require a medication.

Do you think that your child's depression comes from within? ____(Check if yes.)
Do you think that it is a reaction to life events? _____(Check if yes.)

Prozac is also FDA approved for obssesive compulsive disoder in children and adolescents 7 and older and used as a first line treatment to target other anxiety disorders including post traumatic stress disorder in children but it is not FDA approved for anxiety in this age group. Mild anxiety can respond to psychotherapy and may not require medication.

Prozac may be slightly more effective and pose slightly less risk than other anti-depressants.

Since Prozac lasts longer than any other anti-depressant, it may have an advantage if you believe that your child may be miss doses of medication.

Possible risks

Prozac like all anti-depressants can activate your child. Your child may suddenly become agitated, speeded up, irritable, aggressive, suicidal or manic or have a sudden personality change, and is different from what your child was experiencing before starting the medication. These symptoms occur in about 1 out of 20 kids on this medication usually soon after starting the medication or soon after a dose change. The risk can be minimized if your doctor sees your child frequently usually within 1-2 weeks after starting the medication or changing the dose. The risk can also be minimized if the provider has educated the adults

taking care of your child to monitor the above symptoms and if there is a concern to temporarily stop the medication and immediately notify the psychiatrist. If these side effects are picked up early and medication is stopped, these behavioral and emotional side effects usually disappear within a few days and before they cause your child any harm. Appropriate monitoring by the physician and caretakers is key to safety.

Are these safety measures in place? ____(Yes.) _____(No.)

Alternatives

It may be reasonable to first try therapy or counseling for a few months before trying medication especially for depression / anxiety that seems to be a reaction to real life events. Would you prefer it? ____(Yes.) _____(No.)

If Prozac is being added to other psychiatric medications, it is possible that the original medications may be contributing to the depression or anxiety or that the original medications were not all that effective. It may be reasonable to first try to lower or stop the original medication and if symptoms still persist to substitute one medication such as a different anti-depressant that might be good enough used alone. Would you prefer it? ____(Yes.) _____(No.)

Risk / benefit ratio

Based on your discussion with your psychiatric provider or caseworker, are you convinced that the benefits of medication outweigh the risks? ____(Yes.) _____(No.)

Consent

Do you want to consent to medication? ____(Yes.) _____(No.) If no please explain why?

Do you inderstand that you have a right to withdraw your consent at any time? ____(Yes.) _____(No.)

If you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor.

Parents as partners in helping to monitor the medication

We welcome your participation in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, we need your input. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider or your caseworker.

Consent

I agree to the use of the above medication at the above dose range. I understand that I may withdraw this consent at any time.

Signature:
Date:
Relationship to the child:

Signature and title of person going over form with parent:

ACS Medication Consent

Zoloft (sertraline)

Dr _____, is requesting your permission to treat your child, _____, (date of birth: _____) with the above medication at the following dose range, _____. A thorough evaluation has revealed that your child is suffering from _____. We will know if the medication is working if hopefully there is improvement in the following target symptoms: _____. In addition your child is currently on the following medications: _____.
The plan for these medications is as follows: _____.

Possible benefit

Zoloft does help depression in adults and is commonly used as a first line treatment for depression in children and adolescents. However, it is not approved by the Food and Drug Administration (FDA) as a treatment for depression in children and adolescents. It is still possible that it may work in your child. Trying Zoloft may also be reasonable if your child has already been tried on a different anti-depreaant and did not respond.

Zoloft is FDA approved as a treatment of obsessive-compulsive disorder, an anxiety disorder, in children 6 and olser and therefore may also have some effectiveness in other forms of anxiety. But studies show that certain targeted cognitive behavioral psychotherapies may be as effective or possibly more effective than medication long term.

Possible risks

Any anti-depressants can activate your child. Your child may suddenly become agitated, speeded up, irritable, aggressive, suicidal or manic or have a sudden personality change, and is different from what your child was experiencing before starting the medication. These symptoms occur in about 1 out of 20 kids on this medication usually soon after starting the medication or soon after a dose change. The risk can be minimized if your doctor sees your child frequently usually within 1-2 weeks after starting the medication or changing the dose. The risk can also be minimized if the provider has educated the adults taking care of your child to monitor the above symptoms and if there is a concern to temporarily stop the medication and immediately notify the psychiatrist. If these side effects are picked up early and medication is stopped, these behavioral and emotional side effects usually disappear within a few days and before they cause your child any harm. Appropriate monitoring by the physician and caretakers is key to safety.

Are these safety measures in place? ____(Yes.) _____(No.)

Alternatives

It may be reasonable to first try therapy or counseling for a few months before trying medication especially for depression / anxiety that seems to be a reaction to real life events. Would you prefer it? ____(Yes.) _____(No.)

If your child needs medication for depression, Prozac or Lexapro are alternatives that are approved by the FDA as a treatment for depression in children and adolescents. Would you prefer it? ____(Yes.) _____(No.)

If Zoloft is being added to other psychiatric medications, it is possible that the original medications may be contributing to the depression or anxiety or that the original medications were not all that effective. It may be reasonable to first try to lower or stop the original medication and if symptoms still persist to substitute one medication such as a different anti-depressant that might be good enough used alone. Would you prefer it? ____(Yes.) _____(No.)

Risk / benefit ratio

Based on your discussion with your psychiatric provider or caseworker, are you convinced that the benefits of medication outweigh the risks? ____(Yes.) _____(No.)

Consent

Do you want to consent to medication? ____(Yes.) _____(No.) If no please explain why?

Do you inderstand that you have a right to withdraw your consent at any time? ____(Yes.) _____(No.)

If you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor.

Parents as partners in helping to monitor the medication

We welcome your participation in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, we need your input. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact your child's provider or your caseworker.

Consent

I agree to the use of the above medication at the above dose range. I understand that I may withdraw this consent at any time.

Signature:
Date:
Relationship to the child:

Signature and title of person going over form with parent:

Medication Consent

Paxil (paroxetine)

Dr _____, is requesting your permission to treat your child, _____, (date of birth: _____) with the above medication at the following dose range, _____. A thorough evaluation has revealed that your child is suffering from _____. We will know if the medication is working if hopefully there is improvement in the following target symptoms: _____. In addition your child is currently on the following medications: _____.
The plan for these medications is as follows: _____.

Possible benefit

Paxil does help depression and anxiety in adults. However, it is not approved by the Food and Drug Administration (FDA) as a treatment for depression or anxiety in children and adolescents and has no proven effectiveness as a treatment for depression or anxiety in this age group. The scientific studies have either not been done or if done do not show that Paxil works in children and adolescents.

Possible risks

Any anti-depressants can activate your child. Your child may suddenly become agitated, speeded up, irritable, aggressive, suicidal or manic or have a sudden personality change, and is different from what your child was experiencing before starting the medication. These symptoms occur in about 1 out of 20 kids on this medication usually soon after starting the medication or soon after a dose change. The risk can be minimized if your doctor sees your child frequently usually within 1-2 weeks after starting the medication or changing the dose. The risk can also be minimized if the provider has educated the adults taking care of your child to monitor the above symptoms and if there is a concern to temporarily stop the medication and immediately notify the psychiatrist. If these side effects are picked up early and medication is stopped, these behavioral and emotional side effects usually disappear within a few days and before they cause your child any harm. Appropriate monitoring by the physician and caretakers is key to safety.

Are these safety measures in place? ____(Yes.) _____(No.)

Paxil more than the other anti-depressants may dangerous during pregnancy and therefore should probably not be used if there is a risk that your child might become pregnant.

Paxil may be more difficult to come off of compared to other anti-depressants.

Alternatives
It may be reasonable to first try therapy or counseling for a few months before trying medication especially for depression / anxiety that seems to be a reaction to real life events.

If your child needs medication for depression, Prozac or Lexapro are alternatives that are approved by the FDA as a treatment for depression in children and adolescents and Zoloft, Luvox or Anafranil are alternatives that are approved by the FDA as a treatment for OCD, an anxiety disorder, in children and adolescents and may be a safer and more effective alternative than Paxil.

Risk / benefit ratio
In general, the risks of Paxil may outweigh the benefits when given to children. However if you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below. On the other hand, if you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor.

Based on your discussion with your psychiatric provider or caseworker, are you convinced that the benefits of medication outweigh the risks? ____(Yes.) _____(No.) or would you prefer to explore other alternatives? ____(Yes.) _____(No.) If you will be providing consent, do you understand that you mmay withdraw consent at any time? ____(Yes.) _____(No.)

Parents as partners in helping to monitor the medication
We welcome your participation in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, we need your input. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact us.

Consent
I agree to the use of the above medication at the above dose range. I understand that I may withdraw this consent at any time.

Signature:
Date:
Relationship to the child:

Signature and title of person going over form with parent:

ACS Medication Consent

Wellbutrin (bupropion)

Dr _____ is requesting your permission to treat your child, _____, (date of birth: _____) with the above medication at the following dose range, _____. A thorough evaluation has revealed that your child is suffering from _____. We will know if the medication is working if hopefully there is improvement in the following target symptoms: _____. In addition your child is currently on the following medications: _____.
The plan for these medications is as follows: _____.

Possible benefit

Wellbutrin does help depression in adults. It is also used off label, without FDA approval, to target ADHD. However, it is not approved by the Food and Drug Administration (FDA) as a treatment for depression or for ADHD in children and adolescents and has no proven effectiveness in this age group. The scientific studies have either not been done of if done do not show that it works in children and adolescents. It is still possible that it may work in your child.

Possible risks

Any anti-depressants can activate your child. Your child may suddenly become agitated, speeded up, irritable, aggressive, suicidal or manic or have a sudden personality change, and is different from what your child was experiencing before starting the medication. These symptoms occur in about 1 out of 20 kids on this medication usually soon after starting the medication or soon after a dose change. The risk can be minimized if your doctor sees your child frequently usually within 1-2 weeks after starting the medication or changing the dose.

Are these safety measures in place? ____(Yes.) _____(No.)

Wellbutrin is especially dangerous and may cause seizures in adolescents who have suffered head trauma, binge drink or have eating disorders. These are common in this age group and adults may not know that there children have these problems.

Do you have reason to believe that your child has a history of head trauma, binge drinking or eating disorder? ____(Yes.) _____(No.)

Alternatives

It may be reasonable to first try therapy or counseling for a few months before trying medication especially for depression that seems to be a reaction to real life events

If your child needs medication for depression, Prozac or Lexapro are alternatives that are approved by the FDA as a treatment for depression in children and adolescents and may be safer and more effective alternatives.

If your child needs medication for ADHD, Ritalin, Concerta, Adderall and other stimulants or clonidine, Tenex, Intuniv and Stratera are alternatives that are approved by the FDA as a treatment for ADHD in children and adolescents and may be safer and more effective alternatives.

Risk / benefit ratio

In general the risks of the use of Wellbutrin in children may outweigh the benefits. However if you are convinced that the benefits of medication outweigh the risks and that the medication is the best alternative for your child at this point in time, you should go ahead and sign the consent below. On the other hand, if you have reservations about the medication or prefer to explore one of the above alternatives before trying this medication, please contact your caseworker who will put you in touch with the doctor.

Based on your discussion with your psychiatric provider or caseworker, are you convinced that the benefits of medication outweigh the risks? ____(Yes.) _____(No.) or would you prefer to explore other alternatives? ____(Yes.) _____(No.) If you will be providing consent, do you understand that you mmay withdraw consent at any time? ____(Yes.) _____(No.)

Parents as partners in helping to monitor the medication

We welcome your participation in your child's treatment with medication. In order to make the best decisions about continuing or stopping the medication or changing the dose, we need your input. If you see that the medication is helping your child, improving the target symptoms listed at the top of the form, or if you do not see the medication as effective since the target symptoms have not changed, please let us know. Also if you think that your child is having side effects to the medication (see paragraph on risks) or have any other concerns about the medication, please contact us.

Consent

I agree to the use of the above medication at the above dose range. I understand that I may withdraw this consent at any time.

Signature:
Date:
Relationship to the child:

Signature and title of person going over form with parent: