



South Carolina Department of Social Services

Child Welfare Services Manual

Subject:	510.7.200 Psychotropic Medication Informed Consent
Authority:	S.C. Code § 63-5-340, § 63-5-350, § 63-7-2310, § 63-7-20(15). 42 USC § 622(b)(15), § 671(a)(22).
Standards:	• Improving outcomes for children in foster care • Health care oversight and coordination plan • Fostering Connections to Success and Increasing Adoptions Act of 2008 for oversight of prescribed medications and Child and Family Services Improvement and Innovations Act of 2011 requiring States to have protocol for monitoring of psychotropic medications
Application:	Foster Care/Intensive Foster Care and Clinical Services (IFCCS)/Adoptions Case Managers, Foster Family and Licensing Support (FFLS) Coordinators, Foster Parents, Supervisors, Program Directors, County Directors, Regional Clinical Specialists, Regional Directors, and any provider who is designated as a secondary medical consentor
Policy Statement:	
In accordance with DSS Policy 510.7.100, Medical Consent for Children in Foster Care: Routine Medical Care, if the agency has the authority to provide medical consent, any medical consentor for a child in care must complete the Health Care Oversight and Psychotropic Medications training to be trained in the basics of understanding the use, expectations, and problems posed by different choices in psychotropic medications and other psychosocial interventions prior to providing consent. Administration of psychotropic medications to a child in care requires DSS Form 2056: Psychotropic Medication Informed Consent to be signed by the medical consentor. The agency must involve birth parents, other kin, caregivers, and the child in routine medical care, unless doing so is not in the best interests of the child.	
Purpose:	
Informed consent promotes safe, appropriate, and effective use of psychotropic medication for children in foster care through shared medical decision making which has better outcomes for child well-being. A medical consentor is the initial contact with the prescribing physician whenever a medication is prescribed. Therefore, a system of "informed consent" is critical for the oversight of psychotropic medication.	
Definitions:	
Psychotropic medication - a medication that is prescribed for the treatment of mental, emotional, or behavioral health problems and is aimed at changing mood, behavior, and cognition by working on neurotransmitters in the brain. This may include antidepressants, antianxiety medications, antipsychotics or neuroleptics, sedatives, hypnotics, or other sleep promoting medications, agents for treatment of mania or mood disorders and psychomotor stimulants	

Informed consent - a process by which a patient (or that patient's representative) authorizes a health care professional to provide treatment only after the healthcare professional gives information about proposed medical care, including medications and alternative treatment options with their risks / benefits, as well as what happens without treatment. Informed consent is based on the moral and legal premise of patient autonomy where the patient or their guardian has the right to make decisions about their health and medical conditions

Medical consenter - a person authorized to consent to medical care of the child

Procedures:

1. Training Requirement	1. Training a. The primary and secondary medical consenters must complete the required Health Care Oversight and Psychotropic Medications training prepared by South Carolina Department of Social Services. b. For primary medical consenters who are CWS case managers and/or supervisors, these trainings are required initially within 90 days of hire, and then annually thereafter. c. For secondary medical consenters who are designated consenters by CWS case managers and or supervisors, these trainings are required initially before being issued the right to consent and annually thereafter. d. Training completion must be documented as outlined in the DSS Policy 510.7.100, Medical Consent for Children in Foster Care: Routine Medical Care. e. The medical consenter should understand the CWS policy around consent and principles of the informed consent for the administration of psychotropic medication as reviewed in the training. f. The training further reviews appropriate use of psychosocial interventions such as different therapies, behavior strategies and other non-pharmacological interventions that should be considered before or concurrently with the administration of psychotropic medications.
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2. Psychotropic Medication Informed Consent Form	1. Administration of psychotropic medications to a child in care requires the DSS Form 2056: Psychotropic Medication Informed Consent to be signed by the primary or secondary medical consenter. Before signing the consent form, the medical consenter must receive, review, and understand the following information provided by the medical provider as to prescribed medication; 2. The specific condition, symptoms, or diagnosis being treated with the medication; 3. The benefits of medication, including the symptoms treated by the medication and the likely effectiveness of the medication; 4. Any alternate medication or non-medication options available to treat the condition, their likelihood of benefit, and the reason for selecting the treatment; 5. The risks of taking the medication and probable clinically significant side effects; 6. The risks of not taking the medication; 7. The name, dosage, frequency, route of administration, and duration of the prescribed medication; and 8. Any special instructions about taking the medication and any monitoring such as bloodwork required while the child is taking the medication. 9. The medical consenter should provide consent voluntarily and without undue influence.
3. Designated Secondary Medical Consenter	1. When consent is given by designated secondary medical consenter the consenter must: a. Provide written notification to CWS case manager and/or supervisor by the next business day after consenting to psychotropic medications. Retain a signed DSS Form 2056: Psychotropic Medication Informed Consent and provide it to the child's case manager. The case manager is to sign and file this form in the child's case record and upload it to the Person screen in CAPSS within 5 business days. b. Inform CWS case manager and/or supervisor within 24 hours if the consenter elects not to consent to the recommended treatment. 2. If the case manager has any concerns over prescribed psychotropic medications, the case manager is to contact Regional Clinical Specialist for further review to monitor safe and appropriate use of these medications.

4. Regional Clinical Specialist	1. The designated secondary medical consentor is to immediately notify the case manager and the case manager is required to consult the Regional Clinical Specialist before administration of medications when: a. Child is age 6 or under; b. Child is prescribed 4 or more psychotropic medications; and/or the c. Child is being prescribed an antipsychotic medication. 2. If, after consultation, there are continued concerns, the Regional Clinical Specialist must consult with the agency Child Psychiatrist.
Forms:	DSS Form 2055: Designation of Medical Consenter DSS Form 2056: Psychotropic Medication Informed Consent
Resources:	Health Care Oversight for Children in Care and Psychotropic Medications training and webinar DSS Policy 510.7.100, Medical Consent for Children in Foster Care: Routine Medical Care
Related Management Reports:	