State of South Carolina
Department of Social Services

Policies and Guidelines: Child Welfare Services

Title	Psychotropic Medication Informed Consent
Document No.	510.7.200
Amendment No.	510.7.200-26.1
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	Guiding Principles and Standards (GPS) Practice Model
Application	All Child Welfare Services Staff, Foster Family and Licensing Support Coordinators, Foster Parents, and any provider designated as a Secondary Medical Consenter

Purpose

To promote the safe, appropriate, and effective use of psychotropic medication for children in foster care through informed consent.

Policy Statement

The administration of psychotropic medications to children under the care of the South Carolina Department of Social Services (DSS) requires consent by DSS authorized persons, including Primary Medical Consenters, Secondary Medical Consenters, and (where Red Flag exceptions exist) the DSS Clinical Nurse Coordinator. DSS requires Primary and Secondary Medical Consenters to complete the Health Care Oversight and Psychotropic Medication Training prior to receiving authorization to sign applicable in-formed consent forms.

Policy Administration

The Division of Child Welfare Services' Office of Child Health and Well-Being is the owner of this policy. The Child Health and Well-Being Director, or their designee, shall re-view this policy annually from the date published in the Child Welfare Services Policy Manual, or as needed due to changes in law or practice.

Policy Guidelines

A. Prerequisites	1. The administration of new psychotropic medications to children in DSS custody requires that consent be obtained and documented via the DSS Form 2056: Psychotropic Medication Informed Consent. 2. Primary Medical Consenters are required to complete the Health Care Oversight and Psychotropic Medication Training within 90 days of hire and annually thereafter. 3. Secondary Medical Consenters are required to complete the Health Care Oversight and Psychotropic Medication Training prior to receiving authority to provide consent, and annually thereafter. 4. The Health Care Oversight and Psychotropic Medication Training can be accessed via the South Carolina Enterprise Information (SCEIS) Learning Management System (LMS).

	Completion must be documented as outlined in Policy 510.7.100: Medical Consent for Children in Foster Care – Routine Medical Care.
B. Red Flag Exceptions	1. DSS Form 2056: Psychotropic Medication Informed Consent can be signed by a Primary or Secondary Medical Consenter prior to the administration of psychotropic medications to a child, unless any of the following exceptions apply: a. Child is age six (6) or under; b. Child is prescribed four (4) or more psychotropic medications; or c. Child is being prescribed an antipsychotic medication. 2. If Red Flag exceptions apply, Primary Medical Consenters (Case Managers and/or Team Leaders) **must** immediately notify the DSS Clinical Nurse Coordinator and request their signature of consent on DSS Form 2056, via email to Form2056consent@dss.sc.gov. 3. The DSS Clinical Nurse Coordinator is the **only** personnel authorized to provide consent for children with Red Flag exceptions. 4. The DSS Clinical Nurse Coordinator shall consult with the agency's supervising healthcare official regarding any concerns, prior to providing consent on DSS Form 2056.
C. Psychotropic Medication Informed Consent Form	1. Before signing DSS Form 2056, the Primary and/or designated Secondary Medical Consenter must receive, review, and understand the information provided by a medical provider as to prescribed medications, to include: a. The name, dosage, frequency, route of administration, and duration of the prescribed medication; b. The specific condition, symptoms, or diagnosis being treated with the medication; c. The benefits of the medication, including the symptoms treated by the medication and the likely effectiveness; d. The risks of taking the medication and potential clinically significant side effects; e. The risks of not taking the medication; f. Any monitoring such as bloodwork required while the child is taking the medication; g. Any alternative medication or non-medication options available to treat the condition, their likelihood of benefit, and the reason for selecting the treatment; and h. Any special instructions for taking the medication. 2. The Medical Consenter who completes the form shall provide consent voluntarily without undue influence, and: a. File the form in the child's case record; and b. Upload it to the CAPSS Person Screen within five (5) business days.

	3. If the Primary Medical Consenter elects not to consent to the recommended treatment, the consenter must inform the DSS Clinical Nurse Coordinator within 24 hours. 4. If Primary Medical Consenters have any concerns regarding prescribed psychotropic medication, they shall contact the DSS Clinical Nurse Coordinator for further review, so they may monitor a child's safe and appropriate use of the medication. 5. If a designated Secondary Medical Consenter provides informed consent via DSS Form 2056, Case Managers shall: a. Sign and file the form in the child's case record; and b. Upload it to the CAPSS person screen within five (5) business days. 6. If the designated Secondary Medical Consenter elects not to consent to the recommended treatment, the consenter must inform the case manager and/or team leader within 24 hours.

Forms and Related Documents	DSS Form 2055: Designation of Medical Consenter DSS Form 2056: Psychotropic Medication Informed Consent
Related Management Reports	N/A

Glossary
Informed Consent: a process by which a parent, guardian, or legal custodian is provided information on proposed medical treatment by a medical professional prior to authorizing the treatment to include relevant facts, risks, available alternatives, and what could happen without authorizing the treatment **Primary Medical Consenter**: the first authority to consent to routine medical care and treatment (e.g., a CWS case manager, team leader, or DSS Clinical Nurse Coordinator) **Psychotropic Medication**: medication prescribed for the treatment of mental, emotional, or behavioral health problems that alter neurotransmitters in the brain (e.g., antidepressants, anti-anxiety, antipsychotics or neuroleptics, sedatives, hypnotics, sleep promoting medication, agents for treatment of mania or mood disorders and psychomotor stimulants) **(Designated) Secondary Medical Consenter**: designated via the DSS Form 2055: Designation of Medical Consenter and are usually a foster parent or foster care provider to whom CWS has delegated authority to consent to routine medical care and treatment in the absence of the CWS case manager, team leader, or DSS Clinical Nurse Coordinator