

**Cuyahoga County Division of Children and Family Services  
(CCDCFS)  
Policy Statement**

**Policy Chapter:** Child Health Care  
**Policy Number:** 9.04.03  
**Policy Name:** Psychotropic and Opiate Medication

**Original Effective Date:** 01/01/2014  
**Revision Date(s):** 02/01/2017  
**Current Revision Date:** 05/01/2021  
**Approved By:** Cynthia G. Weiskittel

**PURPOSE:** The purpose of this policy is to ensure that youth in care receive the appropriate medication based on their diagnosis and behavioral health needs, as well as to treat conditions for pain associated with surgical procedures and to evaluate and monitor the benefits and effects of these psychotropic and/or opiate medications.

**GOAL:** The goal of this policy is to ensure that youth in care who are prescribed psychotropic and/or opiate medications achieve the most positive outcomes while they transition through care to permanency and to increase the oversight of administration and justification of these medications.

**SCOPE:** This policy applies to all staff of the Cuyahoga County Division of Children and Family Services (CCDCFS).

**POLICY**

Medical professionals prescribe psychotropic medication for children in CCDCFS custody only when deemed necessary as determined by the outcome of a diagnostic assessment and/or psychological/psychiatric evaluation. They document in the assessment/evaluation a diagnosis and need for medication or a psychiatric emergency in which the child needs medication to manage elevated symptoms. CCDCFS follows standard procedures in obtaining informed consent to administer medication; completing documentation; tracking and monitoring rates of psychotropic medication usage.

All children who are administered psychotropic medication are required to concurrently receive behavioral therapy or be referred to a mental health or specialized therapy as appropriate on the basis of their need.

Medical professionals prescribe opiate medication for children in CCDCFS custody only when deemed necessary based on surgical procedures and/or appropriate diagnosis in order to treat pain related to these conditions or procedures. These

medications are prescribed at the lowest dose and least amount of time necessary to manage pain according to State of Ohio Guidelines.

### Definitions:

Psychotropic Medication: Any chemical agent used for the effect that it has upon an individual, in that it alters that person's thoughts, feelings, mental/physical activity, mood or behavior. Medications, which are not usually described as psychotropic, are covered by this policy when they are prescribed for any psychotropic effects.

Concomitant Medication or Polypharmacy: Concurrent use of more than one medication.

Opiate Medication: Opioids are a class of drugs that include synthetic opioids such as Fentanyl, and pain relievers available legally by prescription, such as Oxycodone (OxyContin), Hydrocodone (Vicodin), Codeine, Morphine and others.

## **PROCEDURES**

### **I. When a child is in the custody and placement of CCDCFS and it is determined there is a need to consider psychotropic or opiate medication:**

- A. The Worker of Record (WOR), in consultation with his or her Supervisor and other members of the child's team as appropriate, is responsible for the decision to refer a child for any diagnostic, psychological, and/or psychiatric assessment.
- B. At any point a psychotropic or opiate medication is being considered for prescription, changed or discontinued, the WOR notifies the parents and/or former legal custodian within 24 hours and documents these attempts in SACWIS, unless the youth is in permanent custody of CCDCFS.
- C. Worker of Record Responsibilities:
  - 1. Attend the initial diagnostic/psychiatric assessment with the youth in care and provide all known physical/behavioral health history; (WOR will schedule the assessment for youth placed in an agency foster home; Network foster homes will be responsible for scheduling this appointment).
  - 2. Contact the behavioral health/psychiatry treatment team at least twice per year for updates regarding the medication and treatment status of the youth in care;
  - 3. Maintain, at minimum, monthly contact with the substitute caregiver concerning the child's reaction to the medication(s) and/or behavior issues;
  - 4. Ensure substitute caregivers and providers are aware of and have sufficient copies of the form "Request to Administer/Modify Psychotropic and Opiate Medication" and "Request for Surgical, Invasive, Non-Routine Procedures and Opiate Prescription" (located on the intranet under the "Forms" section) that is completed by the provider prescribing the

- medication and aligns with the psychotropic/opiate medication policy;
5. Ensure substitute caregivers and providers do not administer psychotropic/opiate medication without senior management approval unless on an emergency basis in which approval cannot be sought.
  6. Ensure documentation for all new psychiatric diagnoses, new psychotropic or opiate medication prescriptions or changes to medications are submitted to the Health Care Unit (HCU) within 24 hours of requested change. The HCU enters the medication information into SACWIS; seeks approval from Senior Supervisor and communicates with substitute caregiver if request to change medication is declined.
  7. Notify the parents or former legal custodian, the child has been assessed and is prescribed medication;
  8. WOR monitors the medication at a minimum of every Semi-Annual Reviews (SAR). The medications and diagnosis are reviewed, and any changes or inaccuracies are documented and submitted to the HCU within 24 hours of the SAR. The HCU staff enters the updated information, if any, into SACWIS. WOR does not enter nor modify psychotropic and/or opiate medication in SACWIS.
  9. Update the JFS 01443 Child Health Information Form and share with the family and current caregiver;
  10. All children who are administered psychotropic medication are required to concurrently receive behavioral therapy or be referred to the mental health or specialized therapy as appropriate on the basis of their need.
  11. Request a 2<sup>nd</sup> opinion when there are questions/concerns related to psychotropic medication administration.

D. Substitute Caregiver Responsibilities:

1. Please refer to placement contract responsibilities

E. Residential Placement Responsibilities:

1. Please refer to placement contract responsibilities

F. Health Care Unit Responsibilities:

1. Process the "Request to Administer Psychotropic and Opiate Medication" and/or "Request for Surgical, Invasive, Non-Routine Procedures and Opiate Prescriptions" forms for all youth in agency custody between 8:30 – 4:30;
2. Obtain informed consent for medication initiation/increase/decrease or discontinuation and surgeries from the Senior Supervisor or designated back-up between 8:30-4:30. After hours informed consent is obtained by the hotline supervisor from a Deputy Director or designee;
3. Informed consent is obtained within 24 hours of receipt of request form, unless a second opinion has been requested and/or youth's Senior Supervisor; Supervisor; WOR and/or designee are completing additional follow up with the prescribing physician;
4. Informed consent is faxed to the provider and confirmation of receipt is ensured;
5. Contact the current caregiver if a medication is declined or being reviewed for additional information;
6. Enter all information related to medication change into SACWIS under the medication tab;

7. Consents received after hours are to be placed in the HCU mailbox and all data is to be entered into SACWIS by the HCU;
  8. Assist in obtaining 2<sup>nd</sup> opinions when the Senior Supervisor; Supervisor; WOR; alternate caregiver and/or applicable members of the youth's team express questions or concerns related to the youth's psychotropic medication regimen.
- G. Prescriber Responsibilities: (A prescriber is defined as any clinician licensed to prescribe medications that would be recommended to improve the functioning of a youth or manage pain associated with surgeries or other health conditions):
1. Complete the "Request to Administer/Modify Psychotropic and Opiate Medication" or "Request for Surgical, Invasive, Non-Routine Procedures and Opiate Prescriptions" form with every initiation/increase/decrease or discontinuation of a medication and submit this form to the Health Care Unit during the hours of 8:30-4:30. Forms may be submitted via email to [DCFS\\_Health\\_Care\\_Unit@jfs.ohio.gov](mailto:DCFS_Health_Care_Unit@jfs.ohio.gov) or by fax at 216-431-4109.
  2. In after hour emergencies, prescribers must contact 216-696-KIDS and submit the form to the identified supervisor who obtains informed consent from a Deputy Director or designee;
  3. Implement medication changes upon receipt of signed approval;
  4. All children who are administered psychotropic medication are required to concurrently receive behavioral therapy or be referred to a mental health or specialized therapy as appropriate on the basis of their need.
  5. All children who are administered opiate medication are prescribed the lowest dosage necessary for the shortest time necessary as outlined by State of Ohio guidelines.
  6. Coordinate with entities providing supportive services.
  7. Ensure alternate caregivers are notified that a medication has been declined or delayed.

## **II. When a child enters the custody and placement of CCDCFS and is currently prescribed psychotropic or opiate medication:**

- A. Worker of Record Responsibilities:
1. Obtain information regarding the physician's name and address, including any information regarding the medication(s), if child is taking the medication, and length of time on medication;
  2. Provide the substitute caregiver with bottles of medication at the time of placement and ensure understanding of prescription administration and provide physician's contact information for any potential questions and/or medication administration issues;
  3. Submit list of psychotropic/opiate medications along with prescriber information to the Health Care Unit for entry into SACWIS.
  4. Schedule and attend a diagnostic, psychological or psychiatric assessment if a recent assessment and report was not completed or not available within the last six months.
  5. WOR monitors the medication at a minimum of every SAR. The medications and diagnosis are reviewed, and any changes or inaccuracies are documented and submitted to the HCU within 24 hours

of the SAR. The HCU staff enters the updated information, if any, into SACWIS.

6. Request a 2<sup>nd</sup> opinion when there are questions/concerns related to psychotropic medication administration.

B. All others' responsibilities remain as outlined in section I (C-F).

**III. Youth Assent:** Risks and benefits of a prescription of psychotropic or opiate medication are explained. No assent is requested or required.

**IV. Informed Consent:**

A. Standard - Prescribers must complete the "Request to Administer/Modify Psychotropic and Opiate Medication" or "Request for Surgical, Invasive, Non-Routine Procedures and Opiate Prescriptions" form for all youth in agency custody and submit to the Health Care Unit; the Senior Supervisor or designee reviews and signs off on all medication initiations/increases/decreases or discontinuations. Informed consent to the provider is provided within one business day. Providers are notified of any delay in approval and may be asked to submit additional information as to the reason for the medication change.

B. Emergency - Providers must complete the "Request to Administer/Modify Psychotropic and Opiate Medication" or "Request for Surgical, Invasive, Non-Routine Procedures and Opiate Prescriptions" form and submit to the Health Care Unit between the hours of 8:30-4:30. The Senior Supervisor or designee reviews all emergency medication initiations/increases/decreases or discontinuations and provides informed consent to the provider the same business day. When after hour emergencies occur, prescribers must submit the form to the Hotline Supervisor who obtains approval from the on-call Deputy Director or designee and return to the provider. Informed consent to the provider is provided. The WOR follows up with the provider and substitute caregiver on the next business day and follows the procedures outlined in section II (A).

**V. Medical Consultation:** The WOR, alternate caregiver and other applicable members of the youth's team are expected to continually observe the youth and the impact of the psychotropic and/or opiate medications they are prescribed. When they have questions or concerns related to the youth's behavior, the administration/prescribing regimen of psychotropic or opiate medications or the psychotropic/opiate medications do not fall within the prescribing guidelines, the WOR requests a second opinion through the Health Care Unit Administrator and/or Senior Supervisor.

**VI. Documentation and Tracking:**

A. In addition to the "Request to Administer/Modify Psychotropic and Opiate Medication" or "Request for Surgical, Invasive, Non-Routine Procedures and Opiate Prescriptions" form for all youth in custody and documentation of medication changes in SACWIS, the Health Care Unit maintains a log that

documents all submitted medication requests and all submitted second opinions.

- B. The Health Care Unit collects and analyzes data on youth in care and rates of use of psychotropic and opiate medication on a quarterly basis. Information collected includes, but is not limited to: rates of use by Departments/Senior Supervisors; number of psychotropic medication youth are on, (1, 2, 3, 4, 5 or more) by age range; percentage of youth on psychotropic medication; race, gender of youth on psychotropic medication; placement of youth and level of care.
- C. The Health Care Unit tracks and reviews the data and report out to Senior Administration at a minimum of semi-annually. Patterns in medication use are further assessed, and possible utilization of a second opinion in these cases will occur.

## **VII. Orientation and Training:**

- A. Training on the guidelines and protocol for the administration of psychotropic/opiate medication occurs at all Child Protection Orientation and Trainings.