



Hillsborough Kids, Inc. Policy & Procedure

Series: 300: Medical and Behavioral Health Care
Policy Name: Psychotherapeutic Medication Management
Policy Number: 303
Origination Date: 06/09/09 **Revision Date**
Regulation: 39.407 F.S.
65C-13 F.A.C.

Related Documents: CFOP 175-98
Definitions
Foster Parent Medication Log

Policy

It is the policy of the Hillsborough Kids to ensure that children entering into and residing in traditional licensed foster family homes are receiving proper oversight and care in full compliance with regulatory requirements related to the administration of psychotherapeutic medication.

Procedure

1. Each foster parent must participate in training that provides a general overview of the most frequently prescribed psychotherapeutic medications, their indications and side effects.
2. The foster parent should be advised at the time of the initial placement of a child whether a child has been taking psychotherapeutic medication prior to his or her removal/shelter. Should this information not be provided, the foster parent must make inquiry of the individual transporting the child.
3. The foster parent may continue to provide the medication to the child under the following conditions per Florida Statutes, 39.407 (3)(b)1

If a child who is removed from the home under s. 39.401 is receiving prescribed psychotherapeutic medication at the time of removal and parental authorization to continue providing the medication cannot be obtained, the department may



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take possession of the remaining medication and may continue to provide the medication as prescribed until the shelter hearing, if it is determined that the medication is a current prescription for that child and the medication is in its original container. If medication is prescribed for the child after placement and while residing in the home, there must be an informed consent from the parent or legal guardian or a written court order authorizing the medication, including the name of each medication and dosage. The foster parent will begin providing the medication to the child according to the prescribed dosages and frequency.

4. The foster parent should document each administration of the medication on the medication log, which should be kept in each Child Resource Record. Each entry should be entered separately and include:
 - a. name of the medication;
 - b. date and time the medication was given;
 - c. dosage given; and
 - d. notes regarding how the child tolerated the medication (Please note, this is especially important when new medications have been prescribed and administered.).
5. The foster parent should obtain the initials/signature of the case manager on the medication log at a minimum of once monthly, during each monthly visit, and submit a copy of the log to their assigned Family Development Specialist (FDS) on a monthly basis.
6. The foster parent should inform the case manager and relevant others in the system of care of the medical and behavioral status of the child who is receiving psychotherapeutic medications.
7. The foster parent should inform the case manager and relevant others (eg. Guardian Ad Litem, treatment providers, etc.) in the system of care of any changes observed in the medical and behavioral status of the child who is receiving psychotherapeutic medications as soon as these changes become apparent/are noticed.
8. The Licensing Agency will submit a copy of the medication log, along with monthly reports and invoice to Hillsborough Kids no later than the 5th business day of the month.



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Approved By:

Jeff Rainey, Chief Executive Officer

Date



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DEFINITIONS:

Psychotherapeutic Medication is any drug prescribed with the primary intent to stabilize or improve mood, mental status, behavioral symptomology, or mental illness. The medications include, but are not limited to, the following major categories:

1. Antipsychotics;
2. Antidepressants;
3. Anxiolytics;
4. Mood stabilizers;
5. Psychomotor stimulants or atomoxetine; and,
6. Other medications commonly used that may include, but are not limited to: alpha 2 blockers, beta blockers, anticonvulsants, cognition enhancers, and opiate blockers. These other medications shall be considered a psychotherapeutic medication only when used to stabilize or improve mood, mental status, behavior, or mental illness. When a physician has clearly documented that psychotherapeutic medications are being prescribed for purposes other than to improve mood, mental status, or mental illness, a pre-consent review is not required.

Authorization for Psychotherapeutic Medication Treatment:

1. A person, who has the power to provide consent for a child to receive psychotherapeutic medication, as provided by law, includes a birth or adoptive parent or a legal guardian. Informed consent must be obtained from the parent or legal guardian. (Note: While the Department of Children and Families (“DCF”) and/or its community based care (“CBC”) provider may serve as the legal guardian for a child in foster care under certain circumstances, e.g., enrolling a child in school, neither DCF nor its CBC may provide informed consent for the purpose of providing psychotherapeutic medication.)
2. The child’s care manager or member of the care management team must initiate pre-consent review procedures for the purpose of having psychotherapeutic medications prescribed or changed for children 0 to 5 years of age.
3. If a child does not have a birth or adoptive parent or legal guardian willing or able to provide the required authorization to treat the child with psychotherapeutic medication(s), authorization to treat the child with psychotherapeutic medication must be pursued through a court order.
4. Foster parents do not have the authority to provide consent for a child to receive psychotherapeutic medication. Foster parents must request a copy of the court order authorizing the administration of the psychotherapeutic medication or



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evidence of informed consent for the administration by the parent or legal guardian, and must maintain this documentation in the Child Resource Record.