

CF OPERATING PROCEDURE  
NO. 175-98

STATE OF FLORIDA  
DEPARTMENT OF  
CHILDREN AND FAMILIES  
TALLAHASSEE, April 5, 2005

### Family Safety

#### PRE-CONSENT REVIEW FOR PSYCHOTROPIC MEDICATION TREATMENT PLANS FOR CHILDREN FROM BIRTH THROUGH AGE 5 IN OUT OF HOME PLACEMENT

1. Purpose. This operating procedure describes the process for obtaining a pre-consent review of psychotropic medication treatment plans for children from birth through age 5 who are in out-of-home placement.
2. Scope. This operating procedure is applicable for all children from birth through age five (5) who are in the custody of the department in out-of-home care and who, following medical evaluation, are found to be in need of psychotropic medication therapy.
3. References. Relevant provisions relating to use of psychotropic medication for children are as follows:
  - a. Section 39.407, Florida Statutes, Medical, psychiatric, and psychological examination and treatment of child; physical or mental examination of parent or person requesting custody of child.
  - b. Department of Children and Families General Counsel Opinion No. 2001-04 and 2001-04(a).
4. Definitions. For purposes of this operating procedure, the following definitions apply:
  - a. Authorization for Psychotropic Medication Treatment.
    - (1) A person who has the power to provide consent for a child to receive psychotropic medication, as provided by law includes a birth or adoptive parent or a legal guardian.
    - (2) If a child does not have a birth or adoptive parent or a legal guardian, authorization to treat with psychotropic medication must be pursued through a court order.
  - b. Child Case Manager/Child Welfare Worker (hereafter called case manager). A person who is responsible for participating in the development and implementation of a case plan, linking the service providers to a child and his or her family, monitoring the delivery of services, providing advocacy services, and collecting information to determine the effect of the services and treatment on child safety, well-being and permanency.
  - c. Department. The Department of Children and Families.
  - d. Prescribing Practitioner. A physician licensed under Chapter 458 or 459, Florida Statutes, or an advanced registered nurse practitioner licensed under Chapter 464, Florida Statutes.
  - e. Psychotropic Medication. Any drug prescribed with the primary intent to stabilize or improve mood, mental status, behavioral symptomatology, or mental illness. The medications include, but are not limited to, the following major categories:
    - (1) Antipsychotics;

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OPR: PDFS

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- (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 psychotropic medication only when used to stabilize or improve mood, mental status, behavior, or mental illness. When a physician has clearly documented that psychotropic medications are being prescribed for purposes other than to improve mood, mental status, behavior, or mental illness, a pre-consent review is not required.

5. General Statement. A mandatory pre-consent review by a child psychiatrist, contracted by the department, will be obtained prior to prescription of a psychotropic medication for any child between the ages of birth through five (5) years who is in the custody of the department in out-of-home care. The final recommendation of the consultant child psychiatrist is intended to be used by the person who has legal authority to consent for extraordinary medical treatment or the judge who is providing the court order for treatment with a psychotropic medication.

6. Pre-Consent Review Procedure.

a. Completion of the pre-consent review process for psychotropic medication to be prescribed for a child in out-of-home care is the responsibility of the child's case manager.

b. The case manager will complete the demographic section of the Psychotropic Medication Treatment Plan Review (form CF-FSP 5279, appendix A to this operating procedure; this form can also be found on the Internet at <http://www.dcf.state.fl.us/publications/>, and in the DCF eForms application on the Intranet).

c. The case manager will coordinate a psychiatric evaluation for the child, will take the child to the prescribing practitioner's office for the evaluation, and will request the prescribing practitioner to complete the psychotropic medication treatment plan on the Psychotropic Medication Treatment Plan Review form (CF-FSP 5279) during the time the child is there.

d. The case manager will fax the completed Psychotropic Medication Treatment Plan Review form (CF-FSP 5279) to the contracted consultant child psychiatrist within one (1) business day of the child's office visit.

e. The department's contracted consultant child psychiatrist will review the psychotropic medication treatment plan and document the consultant psychiatrist's review and recommendations on page 2 of the form within one (1) business day of receipt of the plan and fax the completed page 2 to the case manager that day. If further information is needed or the consultant does not concur with the prescribing practitioner's treatment plan, the consultant will contact the prescribing practitioner by telephone to discuss the treatment plan. If the consultant is unable to obtain the information needed to provide a completed review, the consultant will note that inability on the form.

f. The case manager will fax the completed Psychotropic Medication Treatment Plan Review to the prescribing practitioner the day it is received.

g. The case manager will deliver the Psychotropic Medication Treatment Plan Review to the individual with legal authority for providing informed consent or to the child welfare legal attorney who shall file the motion for court authorization for psychotropic medication treatment within one business day.

h. If the individual responsible for providing consent or the judge responsible for providing the court order for treatment have questions regarding the psychotropic medication treatment plan or the consultant child psychiatrist's recommendations, the case manager will assist with obtaining the information.

i. The case manager will file a copy of the Psychotropic Medication Treatment Plan Review in the child's department record.

j. If the psychotropic medication treatment identified in the plan does not yield expected results, the pre-consent review process identifying a new medication treatment plan will begin again as described in paragraphs 6a through i above.

*(Signed original copy on file)*

LUCY D. HADI  
Secretary



**PSYCHOTROPIC MEDICATION TREATMENT PLAN REVIEW**

Pre-Psychotropic Medication Consent  
Review for Children Birth through 5 Years Old

Prescribing Practitioner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Section 1 is to be completed by the Child Case Manager / Child Welfare Worker**

**Section 1: Demographic Information**

Child's Name: \_\_\_\_\_ Date of Office Visit: \_\_\_\_\_

Address: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ DCF District/Region: \_\_\_\_\_

Case Manager/Child Welfare Staff: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Case Manager Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DCF Contracted Agency: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Obtaining Informed Consent was attempted from the parent/guardian:  YES  NO Date: \_\_\_\_\_

Person Consulted: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please explain: \_\_\_\_\_

**Sections 2 through 5 are to be completed by the Prescribing Practitioner**

**Section 2: Diagnosis / Disorder / Behavioral Hypothesis**

- Depression       Oppositional Defiant Disorder       ADHD       Anxiety Disorder
- Conduct Disorder       Post Traumatic Stress Disorder       Substance Abuse       Mental Retardation
- Substance Abuse       Reactive Attachment Disorder       Bipolar Disorder       Autism/Asperger's
- Psychosis       Learning Communication/Speech       Other (specify: \_\_\_\_\_)
- Rule Out: \_\_\_\_\_

**Section 3: Psychotropic Medication Planned**

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Dosage Range: \_\_\_\_\_

Titration Plan: \_\_\_\_\_

Start Date: \_\_\_\_\_ to address the following target symptoms: \_\_\_\_\_

Define treatment success/failure: \_\_\_\_\_

Define monitoring plan (include frequency of planned monitoring: \_\_\_\_\_)

If the above medication fails to meet the identified goal, the following medication in the same drug class will be tried:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Dosage Range: \_\_\_\_\_

Titration Plan: \_\_\_\_\_



PSYCHOTROPIC MEDICATION TREATMENT PLAN REVIEW  
Pre Psychotropic Medication Consent  
for Children Birth through 5 Years Old

Prescribing Practitioner's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date/time of Office Visit: \_\_\_\_\_

Date/time faxed to UF: \_\_\_\_\_

Additional Supporting Information: \_\_\_\_\_

**Section 4: Other Planned Treatments / Therapies / Evaluations / Tests: (Please list provider(s))**

\_\_\_\_\_  
\_\_\_\_\_

**Section 5: Medical Problems and Other Medications (including over the counter medications)**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Prescribing Practitioner / Date

**Section 6 is to be completed by the UF Consultant Child Psychiatrist**

**Section 6: Psychotropic Medication Treatment Plan Review**

Phone consultation between: \_\_\_\_\_ and \_\_\_\_\_  
Prescribing Practitioner/Title UF Child Psychiatrist

Date/Time: \_\_\_\_\_

UF Child Psychiatrist Review (check one)

- I concur with the treatment plan listed by the attending prescribing practitioner on page 1.
- I concur with the treatment plan on page 1 with the following modifications that I have discussed with the

prescribing practitioner: \_\_\_\_\_

- I need the following information to provide an opinion regarding this child's psychotropic medication treatment plan:

\_\_\_\_\_

- I do not concur with the identified treatment plan and recommend an alternative plan:

\_\_\_\_\_

University of Florida, School of Medicine, Department of Psychiatry

MedConsult: Phone number: 866-453-2266

MediConsult: Fax number: 352-392-9887

\_\_\_\_\_  
UF Child Psychiatrist Signature / Date

Date and time faxed to the child's case manager: \_\_\_\_\_