

Psychotropic Medication Review Plan

Rhode Island Department of Children, Youth and Families

Staff Protocol: 1300.0052

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Version: 1

A child in the care of the Department of Children, Youth and Families (hereinafter, the Department) may benefit from psychotropic medication as one component of a comprehensive treatment plan. In certain circumstances, a Department Administrator is asked to review and authorize the use of such medications through the DCYF Form 210. This protocol guides the Department Administrator in completing the DCYF Form 210 by implementing an informed consent process that utilizes medical expertise. The Department now has a consulting Child and Adolescent Psychiatrist (hereinafter, CAP) on-site for up to four hours per week to offer support and consultation.

- A. When a Department Administrator is asked to review and authorize the use of such medications, the Department's Primary Worker ensures that the Provider seeking to prescribe a psychotropic medication for a child in the care of the Department completes DCYF Form #210, Request for Administrator Authorization. The completed Form 210 is forwarded to the Regional Director, Administrator of Juvenile Probation, or Superintendent of the Training School (hereinafter, the Administrator) for approval.

- B. The Administrator reviews the Request for Administrator Authorization:
 1. If a new medication is prescribed and if any of the following "red flags" are present, the Administrator forwards the Form 210 by Email or fax for the review by the CAP:
 - a. The child is six years of age or younger.
 - b. The child is already on two or more psychotropic medications.
 - c. The child is already on one medication in the atypical or 2nd generation, anti-psychotic category and the request is for a second atypical or 2nd generation anti-psychotic; such medications include:
 - i. Aripiprazole - generic (also marketed as Abilify)
 - ii. Asenapine Maleate - generic (also marketed as Saphris)
 - iii. Clozapine - generic (also marketed as Clozaril)
 - iv. Iloperidone - generic (also marketed as Fanapt)
 - v. Lurasidone - generic (also marketed as Latuda)
 - vi. Olanzapine - generic (also marketed as Zyprexa)
 - vii. Olanzapine/Fluoxetine - generic (also marketed as Symbyax)
 - viii. Paliperidone - generic (also marketed as Invega)
 - ix. Quetiapine - generic (also marketed as Seroquel)
 - x. Risperidone - generic (also marketed as Risperdal)
 - xi. Ziprasidone - generic (also marketed as Geodon)
 - d. The Administrator has any concerns about the request based on age, diagnosis or any other factors within the comprehensive treatment plan.
 - e. The following information is forwarded to the CAP with the DCYF 210:
 - i. Name and phone number of Primary Worker and/or Supervisor
 - ii. Name and phone number of current placement
 - iii. Name and phone number of Primary Care Provider/Pediatrician (if different than Provider requesting psychotropic medication authorization)
 - iv. Any available past psychiatric records (including hospital or residential discharge summaries)
 - v. List of current treatment providers, contact information, and treatment modalities, including school; examples include
 - ✓ Weekly individual therapy (trauma-focused cognitive-behavioral therapy) with John Smith, LICSW

- ✓ Group therapy (sexual offender treatment) at Agency X
- ✓ Multi-systemic therapy through Agency Q
- ✓ Therapeutic school placement at School for Children (9th grade with IEP)
- ✓ Any other information relevant to why new medication being recommended and/or concerns by Primary Worker, Supervisor, or Administrator

2. The CAP consultation may include review of the:
 - a. RICHIST and/or paper file; or
 - b. Paper file and discussion with the primary worker/supervisor; or
 - c. Paper file, discussion with the primary worker/supervisor and discussion with the identified provider.
3. On the basis of this review, the CAP will make a recommendation to the Administrator, who either approves or declines to provide consent for the psychotropic medication.
4. If none of the circumstances identified in B 1 a-c is present:
 - a. The Administrator may provide consent for the request by signing approval.
 - b. The primary worker notifies the provider.
 - c. The primary worker forwards a copy of the completed Request for Administrator Authorization via email or fax to the Medical-Psychiatric Unit for tracking.

- C. If the consulting CAP does not respond to the request for consultation within one business day and the request requires urgent response, the Administrator or the Associate Director for Child Welfare Services may contact the consulting CAP by cell phone.