



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
DETENTION SERVICES
FACILITY MEDICAL POLICIES**

Superintendent _____ Signature Designated Health Authority _____ Signature	Effective Date: November 1, 2016	Revised Date: July 5, 2018	Procedure Number: 8007 Medical Services
Subject: CONSENT AND NOTIFICATION REQUIREMENTS OF YOUTH RECEIVING PSYCHOTROPIC MEDICATION		Reference: 63N-1.008 F.A.C. & 63M-2.0052 F.A.C. Quality Improvement Standard 4.06	
Purpose:	The purpose of this policy is to outline the procedures regarding parental consent and notification for the prescription of youth receiving new psychotropic medication, discontinuances or psychotropic medication adjustments.		

PROCEDURE:

A. Clinical Psychotropic Progress Note (CPPN)

- a. In all cases, parent or guardian consent will be obtained prior to the initiation of new psychotropic medications and/or changes in a psychotropic medication regimen.
- b. For the prescriber of any psychotropic medication(s) (which the youth was not currently prescribed at the time of entry into the physical custody of the Department), a copy of the 3rd page of the CPPN shall be sent via certified mail to the parent/guardian at the address on record, after completion by the prescriber.
- c. The CPPN shall be accompanied by a cover letter to the parent/guardian.
- d. Telephone consent (preferably but not mandatorily, by the Psychiatrist or Psychiatric ARNP) must be attempted, witnessed, and must include a discussion of the information contained on page 3 of the CPPN (Contents of pages 1&2 of the CPPN are not to be disclosed to the parent/guardian for purposes of notification/consent for psychotropic medications).
 - i. Informed consent requires the Psychiatrist provide the following information to the youth and parent/guardian
 1. The nature of the mental disorder (symptoms/behavior) that is the reason the medication is being given or recommended.
 2. The likelihood of improving or not improving without medications
 3. Reasonable alternative treatments available
 4. The name, type, frequency, amount and method of administering the medications, and the probable length of time that the medication will be taken;
 5. Anticipated or possible side effects associated with the medication.
- e. If a youth has remained continuously in the physical custody of a residential commitment program and is transferred directly to a detention center or the medications are received from home the detention center is not required to send CPPNs for medications that the youth is currently prescribed at the time of entering its physical custody.

- f. Whenever a new medication is prescribed, a medication is discontinued, or the drug dosage is significantly changed, a copy of the third page only of the completed CPPN will be sent to the parent/guardian to provide consistent, updated information concerning the youth's progress and/or recommendations for changes in medications. (A significant change in dosage of a medication is any increase or decrease in dosage beyond a small increment of beyond the normal dosage for youth of similar age.)
- g. For psychotropic medication purposes only, a copy of the third page of the CPPN replaces the standardized DJJ Parental Notification form. A cover letter will accompany the copy of the third page of CPPN mailed to the parent ("Acknowledgment of Receipt of CPPN Form or Practitioner Form [AOR]"). A copy of the third page will be filed in the section of the IHCR, in the section reserved for physician orders, in reverse chronological order (most recent document on top in that section). The third page of the CPPN may serve as the prescribing practitioner's medication orders.
- h. A copy of the third page of the CPPN may be attached to the youth's individual mental health treatment plan, and will be considered a part of the treatment plan for psychopharmacological interventions.
- i. With regard to dosage adjustments, parental notification and consent must always be obtained in the following instances:
 - i. The parent/guardian has informed the Department that he/she desires notification of any change;
 - ii. A youth has been receiving the same total daily dosage of a medication for 90 days or more and the prescriber feels that a change in the total daily dosage is warranted; and
 - iii. The dosage change, results in a total daily dosage, which exceeds the normal range. If any of these situations exists, the parental Notification/CPPN/AOR process shall be followed, regardless of the degree of change in the dosage.
- j. If the parents' or guardians' legal rights have been terminated; their identity or location is unknown; or they decline to approve administration of psychotropic medication, and any party believes that administration of the medication is in the best interest of the child and medically necessary, then authorization to treat with psychotropic medication must be pursued through a court order. Children's Legal Services must file a motion in court that will allow the court to "hear" the request and upon consideration of the facts, circumstances, and law, authorize the provision of the medication. Court authorization must occur before the psychotropic medication is administered to the child. The department contracted psychiatrist will assist with the completion of the DCF form 5339 or similar form to present to the Judge for consideration. Under DCF rule 65C-35 if the psychiatrist deems (as documented on 5339 page 5) the delay in medication could cause significant harm and documents the potential harm, upon notice to the DCF case worker the medications shall be initiated and the DCF representatives has 72 hours to obtain the court order.
- k. In no case may the dependency case manager, child protective investigator, the child's caregiver, representatives from the Department of Juvenile Justice, or staff from Residential Treatment Centers provide express and informed consent for a child in out-of-home care to be prescribed a psychotropic medication.