Foster Care Youth are prescribed psychotropic medications at rates significantly higher than their same-aged peers. This training will provide staff and volunteers with an understanding and workable knowledge of the laws and policies that exist to protect and monitor the youth who are taking these powerful medications.
Course Development

*Sincere appreciation to the efforts of the following for their work on developing this course and its statewide implementation:*  
- authenticWEB (Video Recording/Editing)  
- Guardian ad Litem Program Office  
- Mary Kay McAnally, GAL Organizational Training and Development Specialist  
- Christine Meyer, GAL Supervising Program Attorney, 4th Judicial Circuit *(Video Presenter)*  
- Thomasina Moore, GAL Director-Attorney Professional Development  
- Kristen Solomon, GAL South Regional Director
Psychotropic Medication and Our Foster Youth

TRAINER GUIDE

In-Service Course Description: Foster Care Youth are prescribed psychotropic medications at rates significantly higher than their same-aged peers.

The goal of this training is to present staff and volunteers with an understanding and workable knowledge of the laws and policies that exist to protect and monitor the youth who are taking psychotropic medications. This course also provides information on how more informed decision making can take place with regard to the use of these medications as the manner in which to address the mental health issues of our foster youth.

COURSE EXPECTATIONS

The training is intended to be presented to staff and volunteers on an ongoing basis through local 2 person teams (an attorney and CAM) or a 3 person team if you want to add a volunteer to the group. The group will facilitate the training by using the video, PowerPoint and training guide. We want our volunteers to hear from both the legal and operational side of the Program as to their role in a case where a child is either on or being considered for psychotropic medication.

COURSE TIME

This course is designed to be taught in 2.5 hours.

COURSE OBJECTIVES

At the completion of this course, staff/volunteers should be able to:

- Identify advocacy strategies by demonstrating an understanding of the effects, both positively and negatively, that psychotropic medications can have on our foster youth
- Share an example of how the protective laws, rule and regulations in place will assist with making recommendations to the court with regard to any medication issues
- Discuss how our older youth have an important role in their medication protocol and should be included in reaching the best options for them
- Explain the options for older youth as they age out of foster care for their continued medication needs
Prior to the Beginning of this Lesson:

- Cue up the presentation and check the projection system
- Prepare the flip chart with markers (if needed)
- Make sure you have enough Handouts for each participant
- Have a copy of the Sign In sheet and Surveys available

Symbols used throughout the trainer guide:

- = Flipchart
- = Handouts
- = Activity
- = Class Discussion / Questions
- = Presentation Slide #
- = Pause
- = Video

Resources to explore for additional information regarding psychotropic medication:

- https://www.childwelfare.gov/topics/systemwide/mentalhealth/effectiveness/psychotropic/?hasBeenRedirected=1
- https://www.youtube.com/watch?v=1NnqvlVnZGk&feature=youtu.be
- https://www.youtube.com/watch?v=pZQv6UEHaT4
“Psychotropic Medication and Our Foster Youth”

At the Beginning of this Lesson:

✔ Welcome students to the class
✔ Introduce yourself and explain who you are if anyone in the audience doesn’t know.
✔ Tell class the title of the training and about how long it will last.
✔ Give bathroom info, if anyone is not familiar with the building and ask participants to turn off their phones
✔ Encourage participants to sign in
✔ Share that a video is going to be shown that will be paused at various times to further explore the content being shared as well as to answer questions they may have about the information.

If you have the accompanying video, begin playing it. The slides are incorporated into the video.
If you are not using the video, disregard all instructions associated with it and use the course powerpoint and Trainer’s Guide to present the material.

Slide #1 Welcome! Thank you for signing up to participate in this class. Today, we are going to talk about the law specific to dependent children prescribed or recommended to take psychotropic medications. Knowledge is power and it is good to know what we can do within parameters of that law. We will talk about your advocacy and how you can use that law to advocate for the children you are representing. We will give you strategies and materials you can use to put in your tool box as a resource once you leave this training today.

As we are not a psychiatrist, medical doctor, or pharmacist we are not going to talk about are specific medications or specific drugs but you will receive materials for guidance. We will tell you where to look and get educated. Likewise, due to the limited time we have together, we will not be able to discuss specific
cases. For questions on your cases we want you to utilize your advocacy team of yourself, the Child Advocate Manager and the CBI attorney.

We will not bash doctors, DCF or the case managers but rather discuss how to utilize the law to best advocate for children. Lastly, we do not want to give the impression that the GAL program is anti-psychotropic medication. There are some children that absolutely need it and without it would be in a very difficult part of their life and in their behaviors. What we do want to make sure is when it is prescribed that it is appropriate and needed.

/Slide #2: What ARE psychotropic medications? (Get responses from the audience.)

Psychotropic medication is a technical term for psychiatric medicines that alter chemical levels in the brain which impact mood and behavior. They affect a person’s mental state (mood or disorder) as well as how a person processes information and perceives his or her surroundings.

In your materials you will see a breakdown of some of the most common psychotropic medications that are prescribed but you have to look to the purpose of the medication. They can be used for diagnosis such as ADHD or Schizophrenia, post-traumatic stress disorder, depression, anxiety. When you try to answer what is a psychotropic medication you look at what is it doing -- is it doing something to alter a child’s mood, the child’s behavior.

There are some medical conditions where psychotropic medications are prescribed in instances such as Epilepsy. If a child has Epilepsy or seizure disorder there are some psychotropic medications that can be given to control. In this instance it is not considered psychotropic medication for purpose of this definition as the medication is given to control the seizures and is not meant to control the child’s behavior or improve their mood.

Making the decision for any child to take a psychotropic medication should occur after a comprehensive assessment and mental health evaluation has occurred which considers a plan for treatment of the child’s needs by both medical and non-medical means. It is important that a child/youth have a voice in this process. Perhaps something else could help, such as therapy or activity, rather than taking a prescribed medication. The child, parent, caregiver, case manager, and you, the Guardian ad Litem can help in the decision-making process with the medical professional.

Slide #3 According to the United States Government Accountability Office, it is estimated that 20-39% of children in foster care in the United States are receiving psychotropic medications. They are between 4 to 8 times more likely than their non-foster care peers to be prescribed these medications.

These numbers are staggering and it is important to keep this in mind when being the voice for these children. It is why your advocacy is so important and why we are happy you are here to learn what we can do to protect these children.
**Slide #4:** (Review Objectives)
Both here on the slide and in your participant guide on page 2, you will see that upon completion of this training, participants should be able to:

- Identify advocacy strategies by demonstrating an understanding of both the positive and negative effects that psychotropic medications can have on our foster youth
- Share an example of how the protective laws in place will assist with making recommendations to the court with regard to any medication issues
  - We will have a quick refresher on the law and discuss litigation strategies and arguments
- Discuss how our older youth have an important role in their medication protocol and should be included in reaching the best options for them
- Explain the options for older youth as they age out of foster care for their continued medication needs

**TRAINER NOTE:** Please make sure you review Appendix A, the Information Sheet for Psychotropic Medications to get familiar with it prior to training. Stress the importance to participants that it is for informational purposes only and not intended to be a comprehensive list. The information sheet is something the volunteers and/or staff can refer to in the future as part of their tool kit.

**Slide #5:** With any medication there are positives and negatives. Who here hasn’t been to a doctor for themselves or hasn’t been to a doctor for a loved one or child and had a doctor prescribe medication? There are things you want to know as either the patient or caregiver prior to taking the medication – what is it used to treat, what are some of the benefits, what are some of the side effects. The same concept applies to psychotropic medication. Making the decision to take the medication requires knowledge of both the likelihood of benefits as well as risks of harm from taking the medicine as there are both positive and negative effects that could occur.

We know that psychotropic medication can be very effective in the treatment of depression and anxiety and the symptoms of post-traumatic stress disorder and ADHD. We know this to be true. On the other hand, we also know and where our advocacy comes in play, is there can be some really dangerous side effects. Some volunteer observations have included when visiting a child the child was unable to keep their eyes open because they were so lethargic and tired from the medication; or a child simply had a blank stare and was unable to be engaged in conversation, or experienced a loss of appetite or had behavioral issues.

Some of the psychotropic medication prescribed may come with “FDA Black Box Warning Label”. This warning is reserved for prescription drugs that pose significant risk of serious or life threatening adverse effects based on medical studies. For example, some children may be prescribed certain psychotropic medication for depression or anxiety but the Black Box warning could indicate a side effect of suicidal ideation, the very thing we are hoping to prevent and treat. This reinforces our advocacy need to raise our awareness and knowledge on medications the children are taking, especially if they come with a Black Box warning label.
Some of the positive effects for a child taking psychotropic medication could include:

- A child diagnosed with Schizophrenia and taking medication may be able to think more clearly and function at a higher level.
- Depression or other mood disorders can be helped to regulate emotions and address issues like sleep and concentration.
- Behavior/Conduct disorders can be helped with anti-anxiety medications to help manage aggressive outbursts.
- Children with ADD/ADHD can be helped to improve focus, increase ability to concentrate, and decrease vulnerability to distraction.

Potential negative effects from taking psychotropic medication may be:

- Some antidepressants can reduce the ability to experience emotions, even pleasurable ones.
- Behavior management medications often cause drowsiness and withdrawn behavior.
- ADD/ADHD medications can interfere with appetite or sleep and create additional problems for the child.
- Some psychotropic medications cause tics or nightmares.
- Antipsychotic medications and/or mood stabilizing medications can cause weight gain which could impact a child’s self-esteem, performance, and relationships.
- May cause lifelong side effects that do not go away even when the medication is stopped.

While we have only discussed a few examples, for more detailed information please refer to the Information Sheet for Psychotropic Medications in Appendix A of your participant guide. It provides the different classes of psychotropic medications and what they are commonly used to treat; describes some of both the positive and negative effects the medication can have on children; and lists commonly prescribed medications along with their generic names. It is a resource you can use for children you are assigned who may be prescribed or recommended to take psychotropic medication.

Slide #6: Did you know that as recently as June 4, 2015, there were 2,506 children in out of home care HERE in Florida taking psychotropic medications? It is highly likely that if you have not had a child you advocate for prescribed psychotropic medication that you will at some point.
Specifically, the breakdown by ages of children taking psychotropic medication on June 4, 2015 were:

- 146 ages zero to five
- 1,206 ages six to twelve
- 1,154 ages thirteen to seventeen

These 2,506 children NEED advocates like you who will ask questions and follow-up when concerns are identified. While the numbers may fluctuate from month to month what stays consistent is that advocacy is crucial for these children.

**TRAINER NOTE:** When presenting this course, you can find and compare current information specifically for your circuit on the Center for Child Welfare site by typing in the search field “Psychotropic Medications”. Select the tab for Reports/Publications. It is a weekly report coming from the Office of Child Welfare Data Reporting Unit and goes back to 2009.

**Slide #7:** We are asking you to consider what would happen if you did not take the time to question, challenge, or investigate?

Based on the numbers we just talked about (which has increased by 145 children since June 2014) your primary roles when it comes to psychotropic medications are to Question, Challenge, and Investigate. Check the facts.

Some of you may recall in 2009 the case with the little seven year old boy, Gabriel Myers. That is the case that truly sparked the department and the state to take a closer look at psychotropic medication. Gabriel was sheltered in June, 2008. During the following 10 months, he experienced four different placements, received numerous mental health and behavioral assessments and received regular treatment from a psychiatrist and two therapists. One of the findings from the Gabriel Myers work group was that he was, in essence, no one’s child. There was no one individual or agency that became his champion to ensure his needs were both identified and met in a timely manner. He was prescribed a cocktail of psychotropic medications but no one questioned, challenged or investigated and at the age of seven on April 16, 2009 Gabriel Myers hung himself in the home of his foster parents. Seven years old. The psychotropic medication he was taking came with a Black Box warning label but it wasn’t challenged or questioned. His death is what should propel us to ensure children today who are taking psychotropic medications are taking them because they are medically necessary and that subsequent behavior are observed and adequately and timely addressed.

What is it you can do as the volunteer? Educate yourself on the medication. Talk with the teacher...talk with the therapist, caregiver, case manager and the child. Who is around the child the most that can answer questions regarding their behavior? Take notes and take action. We are not saying be adversarial and judging but rather advocate for the child in a manner that is productive and ensures their needs are being met. What you can do is make sure the lessons we learned from Gabriel were not in vain.
**Slide #8:** Let’s take a few moments to discuss what we are asking you to do and how you can have a positive impact in a child’s life using the following real-life scenario:

A volunteer was told a 13 year old child (let’s call him Bobby) they had recently been assigned to advocate for was diagnosed with paranoia and was being recommended for psychotropic medications to manage his behavior. Bobby is a bit small for his age. Within the last two months he was placed in a group home. The volunteer talked to the teacher and found out he’s fine at school -- there are no behavior issues and he is transitioning well to the new classroom. The volunteer looked at Bobby’s medical history. The child had never been on psychotropic medications before coming into out of home care and was only going to the doctor for routine check-ups or when sick. The volunteer talked with the house parents and find out Bobby stays close by them during outings and doesn’t really like to be around the other kids. He cries easily, is sometimes happy, constantly jumping around, fidgets, has bags under his eyes because he says he can’t sleep, etc. The volunteer spoke to Bobby, who by the way, was the youngest in the group home, who shared when the staff isn’t looking the older kids are picking on him and threatening him. They come into his room in the middle of the night and scare him.

Because this volunteer took the time to dig... and took the time to ask questions... they realized in reality, the child is not paranoid. He is legitimately scared. He is scared the older kids are going to make good on their threats of hurting him. The volunteer immediately took this information to the CAM and CBI to figure out next steps to take. The therapist was notified who was then able to provide Bobby coping skills. The case manager was able to work with the group home to make them aware of the situation and to help the child not be bullied. The end result? What Bobby needed was to be protected. Once the group home was made aware of what was happening they were able to work with both the child being bullied as well as those bullying. Psychotropic medication was not required.

Because the volunteer took the time to question, to challenge and to investigate they were able to help this child in the best possible way. THIS is how we can be for the child – by listening, asking questions and following up with concerns when they identified. In situations like this, you cannot wait until the next time there is a meeting. Bobby (and all the other 2,506 children) is depending on you to take action.

Fortunately, we have a legal framework to reference when children are prescribed psychotropic medication. There is also Florida Administrative Code, DCF Operating Procedure as well GAL Standards that can be used as a guide in ensuring medications are provided appropriately and ONLY when a need exists.

The next part of this training focuses on the legal framework that guides volunteers, GAL Staff and Child Best Interest Attorney’s.

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**TRAINER NOTE:** Please make sure you review Appendix B, the Information Sheet for Laws and Procedures in Florida for Psychotropic Medications prior to training. Stress the importance to participants that it is for informational purposes only. They should go to the website for each listed reference to ensure no changes have occurred as laws/procedures may be revised. The information sheet is something the volunteers and/or staff can refer to in the future as part of their tool kit.
Slide #9: There are laws and procedures currently in place here in Florida that can help you when making recommendations to the court with regard to any medication issue for a child.

F.S. 39.01305(3)(b) refers to the appointment of an attorney for a dependent child with certain special needs while F.S. 49.307(3)(a-g) addresses the medical, psychiatric, and psychological examination and treatment of a child in state custody. Rules of Juvenile Procedures 8.355 is specific to administration of psychotropic medication to a child in shelter care or foster care when parental consent has not been obtained.

In your participant guide, you may refer to Appendix B to find a detailed listing of laws and procedures regarding psychotropic medications. Again, we hope you put this in your toolkit to use for future reference.

Slide #10: If a parent’s rights are intact and they have provided express and informed consent for the particular, specific psychotropic medication as well as the dosage to be provided then court authorization is not required. Express and informed consent has to be obtained from both the mom and the dad. This consent means it is voluntarily given in writing by a competent person after sufficient explanation and disclosure of information. The parent needs to be given the reason the medication is being prescribed, what is the purpose, the benefits, what are the risks, side effects, the dosage range, other alternatives to the medication and the approximate length of time the child will be on the medication and what type of monitoring is needed.

If we have a parent that has simply signed the paperwork but is not really aware of what is going on, has not spoken with the doctor then a challenge can be taken before the court. Additionally, a parent has the right to withdraw express and informed consent at any time.

If we do not have express and informed consent then we refer to F.S. 49.307(a-g) for guidance.

Highlights of this statute include the following:

- Before the Department (DCF or their contracted community based care agency) can provide psychotropic medication to a child, the prescribing physician must attempt to obtain express and informed consent from the child’s parent or guardian prior to seeking court authorization to provide the psychotropic medications to the child.
- If a child is already receiving prescribed psychotropic medications at the time of removal and parental authorization cannot be obtained, the medication can be continued to be provided until the shelter hearing.
- Before filing the Dependency Petition, the child shall be evaluated by a Physician to determine whether it is appropriate to continue taking the psychotropic medication. If the department seeks court authorization to continue, a motion is to be filed at the same time as the dependency petition, within 21 days of the shelter hearing.
- The burden of proof for the child being ordered to take psychotropic medications is by a preponderance of the evidence. The Medical Report completed by the physician as well as medical consultations help to support this requirement.
Slide #11: F.S. 39.01305(3)(b) and Guardian ad Litem Standard #7 provides guidance on: Attorney Appointment for Children with Certain Special Needs.

As we know, a Guardian ad Litem represents a child’s best interests. However, an attorney ad litem represents the child’s express wishes.

The CBI Attorney shall request the appointment of an Attorney in any case in which it would further the child’s best interests. Additionally, an Attorney ad Litem must always be appointed for children with certain special needs. **One of those reasons includes children who are prescribed a psychotropic medication and decline to assent to it.** For instance, if you have a teenager who states they do not want to take the medication then an Attorney ad Litem will be appointed to represent the child’s express wishes.

The other 4 reasons for appointment include those children who are:

- **Placed in a residential mental health treatment facility**, resides in, or are being considered for, placement in a skilled nursing facility;
- **Have been diagnosed with a developmental disability;**
- **Are being placed in, or are considered for placement in a residential treatment center;** or
- **Is a victim of human trafficking.**

After DCF identifies a child that qualifies for appointment, the court will request a recommendation from the GAL Program of an attorney that will take the appointment without additional compensation. If the GAL Program does not have a recommendation within 15 days or the GAL Program informs the court it does not have a recommendation, the court will appoint an attorney from the registry.

Slide #12: There are only two circumstances which are considered emergency situations in which psychotropic medications may be administered in advance of a court order or parental authorization: (1) If the prescribing physician certifies and puts it in writing in the Medical Report form that delay in providing the prescribed psychotropic medication would more likely than not cause significant harm to the child; and (2) If the child is in a hospital, Crisis Stabilization Unit, or Psychiatric Residential Treatment Center.

Within 3 working days after the medication is begun, the department must seek court authorization. (F.S. 39.407(3)(e)2 and F.A.C. 65C-35.010)

Slide #13: Unless the family is already receiving services or have in the past, a Volunteer may not be on the case when a child is first removed. However, this is a prime opportunity for the CAM to get information to then share once a volunteer is assigned to the case. The CAM can speak with the CPI to get historical information about the child, make sure the prescription was in its original container and is current.

During the Shelter Hearing, the CBI Attorney is to ensure the medication is authorized for the next 28 days and ordered by the court. If the medication is authorized, the GAL role is to then follow-up on outcomes of the medical screenings.
Slide #14: Ever feel like this picture? Buried under paperwork and “to do” lists? Absolutely. But...this picture is here for a reason. We all feel buried sometimes, with lots to do but when one of these motions come through for a child to be administered psychotropic medication it needs to get bumped to the top of the list.

When a Motion is filed time is of the essence! Under the statute, we only have two working days to file an objection. For attorneys, they will look at whether the motion legally sufficient to ensure it meets and that the doctor’s medical report is attached.

As a volunteer, when the CAM calls you and shares that a motion has been filed you will need to state your position regarding the child to be authorized to take psychotropic medication. This type of motion always needs to be bumped up on your radar and priority list. If you have questions, refer to your circuit protocol regarding psychotropic medication for further guidance.

Slide #15: As the GAL Program represents the best interest of the child, the Volunteer attends this hearing. You will share your position with the Judge if you are agreeing or objecting to the Motion and the reasons why you feel the child should or should not be prescribed psychotropic medications. If the GAL Program is objecting to the psychotropic medication, the hearing will be a contested evidentiary hearing where the Judge will take testimony and consider GAL recommendations. In this circumstance the CBI attorney will prepare the volunteer for that testimony prior to the hearing.

At this hearing the doctor is not required to attend as statute allows for the medical report to be submitted.

The burden of proof at this hearing is a preponderance of evidence which means the greater weight of the evidence required for the judge to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence.

Slide #16: Preparing our advocacy strategies is where we have an opportunity to dig deep. Your input is invaluable to the CAM and CBI should a challenge need to be prepared. As a team, you are determining if the motion is legally sufficient and whether the medical report is adequate and legible.

We looked at a broad overlook of the law and as we have said, the first step is the CBI attorney will check the motion to make sure it is legally sufficient. Next, we check the facts of the case. Thinking about our example of Bobby from earlier....question, challenge, and investigate. Talk to the teacher. Talk to the therapist. Talk to the caregiver and most importantly, talk to the child. Consider going to their school and see how the child is interacting. Is the behavior the same or similar to what is reported going on in the home?

Determine what information was or was not provided to the doctor. The doctor needs to know everything possible about the child to make an accurate diagnosis and recommendation.
The information you can provide regarding specifics of the child are critical – for example, the age of a child, their height, and weight are important when dosages are being considered. While we may not be doctors or therapists, we do have the ability to get on the internet to research and learn more about the medication being recommended to be administered to a child. A resource you can refer to is www.drugs.com. You can type in the name of the medication you want to learn about it and it will provide an overview, side effects, as well as drug interaction for the medications. As part of your advocacy you can determine whether the diagnosis matches the facts.

Is this a child that has a pattern of running away or uses drugs or alcohol or not taking medication consistently? If so, this is a huge red flag. This is important to know as psychotropic medication is not something that can be stopped and started. It is very dangerous. Also, psychotropic medication is not going to mix very well with other substances or alcohol – especially if one of the side effects is extreme drowsiness. If mixed with alcohol it could be life threatening. You have to know the child you are representing. If you have a child that was on psychotropic medication and ran away, when they return you want to have them immediately checked out by the doctor. If they are a chronic runner, the type of psychotropic medication being recommended may not be the type they need.

Slide #17 / TRAINER NOTE: Pause the video and have a 10-15 minute discussion on your local circuit protocols regarding psychotropic medications as well as ask for and respond to questions Volunteers may have regarding the legal process.

Slide #18: While we have been talking about statutes and how the system is designed, you have other resources that can provide assistance.

Florida Administrative Code 65C-35 focuses solely on psychotropic medication and how and when it is to be provided to children in out of home care. Guidance is provided regarding:

- **Involvement** of the child, parent/legal guardian and caregiver;
- **Steps** to take when a child is taken into custody and is prescribed psychotropic medication;
- **When** authority exists to provide psychotropic medications to children in out of home care;
- **Obtaining** consent and what to do when parent/legal guardian declines to consent or withdraws consent or when they refuse to participate or location/identify is unknown;
- **Steps** to take when emergencies exist requiring psychotropic medication;
- **How** to administer and monitor the medication;
- **Obtaining** requests for second opinions; and
- **Completing** the Medical Report
Please become familiar with the administrative code. One of the directives from F.A.C. 65C-35 is that the administration of medication for the sole purpose of chemical restraint is strictly prohibited. However, there are children prescribed medication for chemical restraint. One example was a 5-year old child that was removed from mom and dad which we all know is traumatic. The child was in a foster home placement and “tantruming”. The foster parent stated they could not take his behavior and the behavior needed to be controlled or they were submitting their 30-day notice for the child to be removed. We know foster home placements are a valuable resource and the last thing we want is to have a placement disrupted. In this case the caregiver was adamant to control this child or the child needs to leave. The child was taken to the doctor and the doctor was going to prescribe medication but the GAL program vehemently opposed. A five year old child had been abused, removed from his parents now living in a stranger’s house, going to a new school, they don’t see their old friends – is it really that surprising that a 5-year old is tantruming? Look at the facts and make sure we are not just trying to keep the child quiet to save the placement. It is not fair for a child to have to be put on medication because of a normal childhood behavior on top of having to be removed from their parents and the only placement they had known. The fact that the administrative code specifically points out not to have children prescribed for chemical restraint is telling.

**Slide #19:** The Department and CBC’s are also guided by Florida Operating Procedure 175-40, Chapter 3 which further clarifies steps to take for a child in out of home care being prescribed psychotropic medications.

This information is relevant to you because as the volunteer you should be seeing this procedure in action whenever a child is prescribed psychotropic medications. Required forms are specified to use, which include:

- **Medical Report (DCF Form 5339).** This form serves two purposes:
  - When properly completed and signed by the prescribing physician it meets required statutory requirement; and
  - When signed by the parent/legal guardian it serves as documentation of express and informed consent. There is also designated space for the child’s signature on this form.

- **Psychotropic Medication Informed Consent Facilitation (DCF Form 5228) which assists in ensuring the participation of the parent/legal guardian in the process.**

- **Psychiatric Evaluation Referral (DCF Form 5341) completed by the CPI or Case Manager for all referrals for medical evaluation.**

- **Steps we previously discussed per Statute or Administrative Code are addressed.**

- **The procedure also provides instruction on how:**
  - A child, if age and developmentally appropriate, must be given the choice to self-administer under the supervision of the caregiver or school personnel and the education they must be provided.
  - Current medication logs are to be maintained by the caregiver.
Guidance is also provided regarding information to be maintained in Child Resource Record - CRR. (In your area, you may know of it as “The Red Folder” or “The Blue Folder”.) The CRR contains copies of the basic legal, demographic, as well as available and accessible educational, medical and psychological information pertaining to a specific child. It also has any documents necessary for a child to receive medical treatment and educational services. The CRR should be kept up to date and remains in the home where the child is placed and goes with the child if there is a change in placement.

Advocate during your monthly visits that you ask to look at the medication logs and the Child Resource Record and that it is updated. If you observe this is not being kept with the caregiver or current discuss this concern with your CAM and CBI attorney. The operating procedure is lengthy -- twenty pages as compared to the statutes three pages. However, as we have encouraged, this would a another resource to utilize to ensure as an advocate the operating procedures are being followed for the children you are assigned.

**Slide #20:** Use of the University of Florida MedConsult Line Program is also addressed in CFOP 174-40, Chapter 3. This resource is available to any prescribing physician, CPI, Case Manager, youth, parent, caregiver, Guardian ad Litem, and judge as well as required for Pre-Consent Reviews.

- The MedConsult line provides free medical consultation by a board-certified child and adolescent psychiatrist on psychotropic medication treatment decisions for children in out of home care.
  - The MedConsult website is: https://psychiatry.ufl.edu/dcf/.
  - The website provides excellent guidance and information you can use whenever you are unsure about a medication or the process to utilize.
- Pre-consent reviews must be utilized for any child under the age of 11 and receiving two or more psychotropic medications. Medications prescribed for a neurological disorder (like seizure disorder) do not require a pre-consent review.
  - Complete the online preconsent review form in its entirety through the MedConsult web page. The form allows for review of up to four different medications.
  - Once completed, print or save a copy of the form for your records then submit the online preconsent review form.
  - You will receive a completed review via fax and email notification.
- For children 11 or older or on only one psychotropic medication call the Med Consult line at 1-866-453-2266 to schedule an appointment.

Typically, the call to the MedConsult Line is completed as a team between the volunteer, the CAM and the CBI Attorney. Together you obtain information needed through this consultation process which helps to provide relief and guidance for decisions being made for and with the child. Be sure to speak with your CAM about your local circuit process.

Please note that if a 2nd Opinion is requested, the timeframe is not to exceed 21 days for this to occur.
A few notes regarding guidance on questions you may have as a volunteer.

- A decision to stop taking the medication should only occur after a doctor’s recommendation.
- The Medical Report reflects the dosage range for the prescribed medication and should be in an acceptable range otherwise it may be necessary to challenge.
- Likewise, also on the medical report is a section reflecting how long the child is expected to be on the medication. You should not see a statement indicating “forever”.
- Finally, a psychotropic medication order should only be good for one year then a new medical report completed for court authorization.

**Slide #21 / TRAINER NOTE:** *Pause the video.* As a large group or at their individual tables, ask the participants to consider the following questions regarding advocacy strategies. Record responses on flipchart and encourage them to write the suggestions in their participant guides. Take time to help them develop strategies they can use when advocating for a child in the field as well as provide local circuit resources they may access.

What are some specific advocacy strategies we have talked about that you can use as the Volunteer before the hearing occurs? *(Suggested responses)*

- Speak with the Doctor, DCF, Therapist, Caretaker, CHILD, Case Manager, Parent
- Learn more about the medications being considered so you have an idea of any side effects and how it is meant to assist the child
- Write up your notes so you have them to refer to as needed
- Attend meetings
- Make sure to collaborate with your team. Together you can achieve so much more than trying to figure it out all by yourself. The CAM and CBI are there to help you offer the best support possible to the child.

What are some specific advocacy strategies we have talked about that you can refer to during the actual hearing? *(Suggested responses)*

- Know the facts
- Be aware of the medical decision and why it is being made for the child – what is expected to happen and how is this the best decision for the child
- Be prepared to recommend the GAL program object to the motion if it is not in the best interest of the child and support your recommendations
What are some specific advocacy strategies you can do after the child is authorized to take psychotropic medications? *(Suggested responses)*

- Monitor the effects by doing what you did in the beginning – talking with those involved with the child
- When you make your visit (30 day visit cycle), please be sure to check the medication bottle if your child is taking any psychotropic medications. Check the name of the prescribing physician, the name of the medication and the dosage, and the date this medication was prescribed. Include this information when you submit your visitation notes so that your CAM is aware of the medical status of your child/children. This information should match what has been authorized by the court.

These are all strategies you can use....and remember, if you find yourself unsure of what should be done call your CAM or Mentor.

**Slide #22:** We have discussed the legislative and procedural requirements when psychotropic medications are to be provided to children in out of home care as well as identified strategies to utilize. Let’s now take some time to discuss how our older youth have an important role in their medication protocol and should be included in this decision-making process.

First, let me ask you this: *What are some reasons we use band aids for ourselves or for children?* *(Skin a knee, cut finger prepping for dinner, paper cut, torn cuticle, etc.)*

*Imagine you walked in today and saw my finger was bleeding pretty badly. Would you have ignored it? Would you suggest we talk about how it feels with getting cut? What about...maybe suggest I just pay no attention to it and the pain and blood will stop?*

Hopefully, none of you would have ignored me in my time of need. As we all know, when we are hurt, there are several things we can do to feel better....like putting a Band-Aid on a cut that is bleeding. But if we just talk about the cut or simply ignore what is happening it may make the situation worse.

In the same way, when a child is hurting “inside” or emotionally, they could do activities that make the condition worse instead of being helped to find positive activities that help balance out their feelings like talking to someone they trust, explore counseling, exercising, or playing sports. There may be a prescribed medication they can take which will help them to balance their moods or behaviors. The thing to remember is that taking psychotropic medication is not the first thing to consider or the only choice...but one of several possibilities to explore. Just ignoring the behavior or putting on a temporary Band-Aid expecting it to fix the problem will not help the child.
**Slide #23:** We have talked about various resources you can use when advocating for children prescribed psychotropic medications but should you represent a teenager in foster care, another excellent resource is called “**Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care**” and is in your packet. It is specifically targeted for teenagers in foster care who are either being recommended for or are currently taking psychotropic medications. As the youth’s Volunteer, this guide can be shared with them in this important decision. In no way is it meant to substitute for professional medical advice but it can be another tool you can put in your tool kit when working with an older youth.

The Guide is broken into 5 key steps aimed directly at the teenager:

**#1 – Recognizing they need help.** Older children in foster care can often struggle with past trauma and loss, changes caused by the removal or separation from parents and/or siblings, leaving their friends, and getting used to a new placement. Because of this, sometimes their feelings can become overwhelming causing depression, anxiety or symptoms related to stress that need to be treated with medication.

**#2 – Knowing their rights and who can help.** Youth in care have legal rights related to health care and medication. As their advocate, you can help them identify what these rights are here in Florida.

**#3 – Consider available options.** The medical professional can discuss options with them that include approaches they can consider besides medication such as counseling/therapy, meditation, exercise, diet, journaling, etc.; taking psychotropic medication either on a short-term or long-term basis, or a combination of either of these options.

**#4 – Making the decision.** Identifies a series of questions the youth can ask themselves, you (their advocate) about their rights, and questions to ask their doctor.

**#5 – Maintaining treatment.** Becoming an active member of the health-care team by learning about how to make sure they are taking the medication safely.

**Slide #24:** As a youth gets older, particularly as their 18th birthday is looming, it is important to talk with them about their options with psychotropic medication whether they choose to participate in either Extended Foster Care (EFC) or Post Education Secondary Services (PESS) or if they choose to completely exit the foster care system after turning eighteen. It can be a scary, vulnerable time for them and they are making decisions that will impact their future.

At least 90 days before they turn 18, a staffing should occur with the youth, their case manager, you, and other important people in their life. At this staffing, a transition plan will be developed which will reflect lifelong connections to caring and supportive adults, mental health and medical services, insurance coverage, housing, education, and employment.
Some key things to consider in helping youth take advantage of being part of the process is to be there with them in talking about their concerns. Help them think about whether they plan to continue their medication or stop taking it. If they continue, this staffing can help them answer who they can see for it to continue being prescribed as well as whom (i.e., Medicaid) will pay for it. If they want to stop, you can suggest talking with their doctor about gradually decreasing the dosage.

Regardless of their decision on remaining in or exiting foster care, prior to upon turning 18, the youth should have:

- A current Medicaid card and information on applying for coverage after 18
- Certified copy of their birth certificate
- Florida identification card (if they do not have a valid Florida driver license)
- Social Security card
- Entire health and mental health records which should reflect:
  - Names of their doctor and other health-care providers
  - Major illnesses, medical conditions, and injuries they have sustained and services that had been provided
  - Medications (including psychotropic) they had been taking, when they were stopped and why it was discontinued
  - Undesirable reactions to medications
  - Allergies
  - Immunizations
  - Growth records; and
  - Biological family history of major medical conditions (if known)

Being an advocate for the youth in ensuring they have access to their medical records is important as they transition to adulthood. Whether they choose to stay in foster care or exit the system completely after their 18th birthday does not preclude the necessity of having their medical records so that they can make informed decisions.

**TRAINER NOTE:** As a final activity pass out a Band-Aid to each participant. They can be colorful or plain.... OR, make a postcard decorating it similar to what is posted below and passing it out to each participant.

“You can’t patch a wounded soul with a Band-Aid.”

*(Michael Connelly)*
**Slide #25:** As a volunteer, make sure to consult with your team (Mentor, CAM, and CBI Attorney) to discuss questions when a child is being recommended to take psychotropic medications. They can offer ideas on how to help ensure a child’s best interest in being addressed – by talking with the physician, calling the MedConsult line, talking about the options with the child, or what to do if you agree (or disagree) with the recommendation during a court hearing, etc.

Our advocacy doesn’t stop once a court authorizes the medication. If anything, our advocacy should be heightened. Our awareness should continue and we continue to dig, question, investigate and make sure the child is safe and healthy.

As we have discussed, we are not looking for a temporary “Band-Aid fix” for a child’s emotional need. If you currently have or will be assigned a case where a child has recently come into out of home care and they are being recommended for psychotropic medication, be an active part in this decision making process. You can be a voice for the child during court hearings and when talking to other professionals. And, most importantly, you can be someone the child/youth to talk with about what they are experiencing.

**TRAINER NOTE:** Pass out the (Tips to Grow) to each participant. This sheet is intended to summarize the highlights of this training as well as be a resource used when a child is taking or recommended to be prescribed psychotropic medication.

**Slide #26:** On behalf of the children you serve, THANK YOU for your service and for being a powerful voice for Florida’s children. For children on psychotropic medication, you literally could make the difference in a child’s life. Thank you for your advocacy and for being a champion on behalf of our children.

**TRAINER NOTE:** Request the participants to complete a training survey prior to leaving. Designate a place where they can leave them to be picked up.