

RIGHTS AND RESPONSIBILITIES

Children under the age of 18 have the right to:

- Be heard about any concerns they have with their health treatment, including psychotropic medication.
- Understand why the psychotropic medication has been prescribed.
- Ask any questions.
- Consult with their team if they disagree with the psychotropic medication choice.
- Share any concerns or side effects from the psychotropic medication with anyone on their team.
- Tell their team if they change their mind about any psychotropic medications or treatment plan.
- Request an attorney at any time.

Youth 18 years old and older have all the rights children under 18 have as well as the right to:

- Consent to psychotropic medication.

Parents have the right to:

- Be involved in decisions about the child's psychotropic medication.
- Provide consent for the medication.
- Receive informed consent information from the prescribing provider.
- Have all questions answered about any suggested psychotropic medication.

Resource Families have the responsibility to:

- Ask questions.
- Provide the health care provider with contact information of the child's PSS.
- Inform the PSS of recommendations for psychotropic medications.
- Speak up to the PSS or health provider if they have any concerns.
- Ensure the psychotropic medication is stored properly.
- Notify the PSS of any health appointments.

PSS has the responsibility to:

- Ensure the health care provider has given informed consent to the parent or legal guardian.
- Ensure the child (if age appropriate) knows the reasons for and risks of the medication.
- Ensure the child's health needs are met.
- Consult with the OCS nurse consultants before giving consent.
- Exercise the right to consent to the psychotropic medication when the parent's rights have been terminated.



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GUIDELINES FOR Psychotropic Medications

FOR CHILDREN
AND YOUTH IN
STATE CUSTODY

PURPOSE

To inform the resource family, child, youth, and parents on the use of psychotropic medication for a child in state custody.

WHAT IS PSYCHOTROPIC MEDICATION?

Psychotropic medication is any medication that is capable of affecting your mind, emotions, and behavior. Examples of psychotropic medication include antipsychotics (typical and atypical), antidepressants, central nervous system (CNS) stimulants, and non-stimulant therapies for hyperactivity disorders or sleep disorders, mood stabilizers (including lithium and anticonvulsants), barbiturates, benzodiazepines, other miscellaneous CNS depressants, and any off-label medication used to treat a mental health diagnosis.

CONSENT AND INFORMED CONSENT

Parents have the right to consent to psychotropic medications while their children are in OCS custody. If a parent refuses, the court may override this only with clear and convincing evidence that the medication is in the child's best interest, and no less intrusive options are available. The court must review the effectiveness of the medication every 90 days. Once parental rights are terminated, OCS assumes the authority to consent. Youth 18 and older may consent for themselves. In emergencies (e.g., in a hospital or residential facility), medications may be administered without parental consent to stabilize the child or youth.

Informed Consent Requirements:

Medical and mental health providers must give informed consent to the legal guardian (or youth 18+).

Informed consent includes:

- What the medication is prescribed for
- Expected benefits and potential risks or side effects
- Consequences if not taken
- Other available treatment options

It is OCS policy (Child Protection Services Manual Section 6.3.2) that psychotropic medications are given to children and youth in state custody only when medically necessary. OCS will ensure any risks of side effects are limited. OCS Nurse Consultants regularly review health records and information about children and youth in custody.

FOR RESOURCE FAMILIES

(Foster Parents or Unlicensed Relative Providers)

When a child or youth is placed in a resource family home, the child must receive the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening. During the EPSDT, it is important the resource family ask the medical provider to identify any mental health services the child or youth may need.

Resource families are required to let the child or youth's primary OCS worker (PSS), supervisor, or nurse consultant know when a psychotropic medication is recommended. OCS values the resource families input regarding the medical and mental health needs of the children placed in their home. However, resource families cannot consent.

Pro re nata (PRN) are medications prescribed on an as-needed basis. To help prevent overuse for children in custody, OCS does not allow resource families to use PRN's for psychotropic medications used to treat mental health needs.

Prior approval is required for any changes to psychotropic medication, including dosage adjustments. Resource families must not fill a prescription until approval has been given.

Herbal supplements or over-the-counter medications (such as antihistamines or melatonin) may impact how a child or youth metabolizes psychotropic medications. The resource family must notify OCS and the health provider if a child is taking any herbal supplements or over-the-counter medications.

Psychotropic medication may affect a child's behavior. Consult with the health provider about potential side effects. If you don't receive details, visit www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health or scan the QR code.



Contact a pharmacy to inquire about locations in your area where you can drop off medications that are no longer prescribed. If none, you should:

- Mix the medication with something people would not want to eat, like used coffee grounds or kitty litter, etc.
- Place in a sealed plastic bag and throw it in the trash, or
- Turn in any unused controlled medications to OCS when no longer prescribed

FOR CHILDREN AND YOUTH

A medical or mental health provider prescribing psychotropic medication must obtain informed consent from the parent or legal guardian. Resource families' foster children and youth have the right to know why a psychotropic medication is being recommended, any potential side effects, and any mental health services that may be required. If a child has concerns or disagrees with their parent or legal guardian's decision regarding medications, they can let anyone on their team know, such as the PSS, Guardian ad Litem (GAL), attorney, doctor, or Tribe. The PSS, OCS nurse consultant, foster parent, or medical/mental health providers should work together, as needed, to inform the child or youth—based on their age and understanding—about the purpose and necessity of the psychotropic medication.