

MEDICAL CONSENT TRAINING FOR CAREGIVERS

Welcome to Medical Consent Training

This training is for anyone who makes medical decisions for children in the legal custody of the Texas Department of Family and Protective Services (DFPS). This includes:

- Foster parents.
- Case managers for child-placing agencies.
- Professional staff of emergency shelters.
- Cottage parents (live-in caregivers) of General Residential Operations providing child care services only.
- Relatives and kinship caregivers.
- Youth who make their own medical decisions.

All medical consenters must complete medical consent training. All information and requirements apply to both primary and backup medical consenters.

Topics Covered

- Legal requirements
- Responsibilities of medical consenters
- Medical care including preventive care
- Behavioral health
- Psychotropic medications
- Trauma-Informed Care
- Special situations
- Youth as medical consenters
- Supplemental Training and Help
- References and resources

Definitions of Terms Used in This Training

- **Medical consentor** is a person who a court or DFPS names to make medical decisions for a child in DFPS conservatorship.
- **Youth medical consentor** is a youth (age 16 or 17) who the court allows to make his or her own medical decisions.
- **DFPS conservatorship** means DFPS has legal custody of a child or youth.
- **STAR Health** is the health plan for most children and youth in DFPS conservatorship. Medical consenters must use STAR Health medical providers to get care for children in DFPS custody.

Definitions of Terms Used in This Training (Cont'd)

- **Informed consent** means that you received complete information about the proposed medical care (including risks of the treatment or side effects) before you make a decision.
- **Psychotropic medications** are prescribed to treat psychiatric disorders. In other words, they are medicines used to treat mental or serious behavior disorders. They are also referred to as psychoactive, psychotherapeutic, or psychiatric medications.
- **Non-Pharmacological Interventions** are options that don't include medicines. They include any psychological and social therapies and behavior strategies offered to the child or youth. Non-medication interventions are specific methods a caregiver can use to help a child or youth manage behavior. In other words, non-pharmacological interventions are methods to manage behavior without the use of medicines. This may include therapy and counseling.

You, the Medical Consenter, Will Learn

- How to be an effective medical consenter.
- How to help children and youth be appropriately involved in their own health care.
- The benefits of choosing alternative options such as therapy, etc. that don't involve psychotropic medication.
- About the risks and benefits of psychotropic medications.
- How to decide whether to allow (consent) a child or youth to take psychotropic medications.

You Will Also Learn

- How to support youth who have court approval to make their own medical decisions.
- What you must do (requirements) to make an informed decision about medical and behavioral healthcare and psychotropic medications.
- About Texas Health Steps and the medical and dental checkups children need.
- The different types of behavioral healthcare available and ways to get those services.
- How trauma affects children and youth and how you can help.

Section 1

LEGAL REQUIREMENTS

Why Do I Need Training?

- Texas law requires that every child in DFPS custody has a trained medical consentor. DFPS requires this medical consent training initially as a pre-service requirement and annually thereafter. This training will help you:
 - Make informed decisions about health care in the best interest of children.
 - Make sure children and youth get proper and timely health care.
- This training will explain the responsibilities of a medical consentor.

Legal Requirements for Medical Consentors

Texas law requires the medical consentor be trained on:

- Informed consent and getting all types of health care for children. The medical consentor must also be trained specifically to:
 - Make informed decisions regarding consenting to psychotropic medication.
 - Consider interventions (options) that don't involve medicines before or along with psychotropic medications. (More about interventions that don't involve medication is covered later in this training)

Who is a Medical Consentor?

- A medical consentor is the person that DFPS or the court appoints to make health care decisions for a child in the custody of DFPS.
- A medical consentor is the person who decides whether or not to approve medical, dental, eye care and behavioral health (mental health) care for children in DFPS custody.

What is Medical Consent?

- **Medical Consent** means making a decision about whether to agree or not agree to a medical test, treatment, procedure, or a prescription medication.

What is Informed Consent?

- **Informed consent** means having complete information (risks, side effects, etc.) on proposed medical care before you make a decision.

How to Make an Informed Decision

Before you (the medical consentor) give permission to the health care provider for treatment or services, you must understand:

- The child's symptoms and medical diagnosis
- How the treatment will help
- What would happen without the treatment
- Any side effects or risks as a result of the treatment

Informed Decision on Psychotropic Medications

Before making a decision on psychotropic medications, you should also understand:

- Other options that don't involve psychotropic medications.
- Why the doctor recommends the treatment or medication.
- The risks and benefits of the medication.
- Any side effects as a result of the treatment.

How is a Medical Consenter Chosen?

Court Authorizes a Medical Consenter

1. DFPS is authorized by court
 - a. DFPS designates a medical consentor
 - 1) DFPS employee
 - 2) Live in caregiver or emergency shelter professional employee
 - 3) Relative, other close friend, (kinship caregiver)
 - 4) Case manager at a Child Placing Agency (CPA) can be named
2. An Individual is named in the court order
3. Youth 16+ is given some or all medical consent by court

How Do You Become a Medical Consenter ?

- When DFPS has the authority to consent to medical care for a child, a CPS caseworker chooses a medical consenter. This is usually the child's live-in caregiver.
- The caseworker gives each medical consenter Form 2085-B (Designation of Medical Consenter) *Word Document* along with other paperwork when the child is placed.
- DFPS picks both a primary and a backup medical consenter.

Who Is a Backup Medical Consenter?

- A backup medical consenter makes medical decisions for a child when the primary medical consenter can't. This may be a child's relative, CPS caseworker, child-placing agency case manager, or someone else.
- Shift staff at a general residential operation (other than emergency shelters) and employees of residential treatment centers cannot be backup medical consenters.
- A backup medical consenter must know the child well enough to make medical decisions, such as knowing the child's medical and case history, current medical condition, allergies, and medications.

Section 2

RESPONSIBILITIES of a MEDICAL CONSENTER

Responsibilities of a Medical Consenter

Know the Child or Youth's Health Care Needs

- This includes:
 - Current health conditions and needs
 - Health care history (if known)
 - New appointments
 - Any changes in health conditions or treatment
- You can get this information from the:
 - CPS caseworker
 - Previous caregiver or healthcare provider
 - *Health Passport*
 - Child, youth or birth family

Understand and Access Health Passport

- The *Health Passport* is a great tool to help you learn about the child's health conditions and health care.
- The Health Passport is a secure website. It keeps track of medical information for all children and youth in DFPS custody who are in the STAR Health plan. It is not a complete medical record.
- You will find information on prescriptions, diagnoses, medical and dental visits, immunizations and allergy information.
- See *Form 2085-B Word Document* for registration instructions and information on medical consenters' use of the Health Passport.

Use and Provide Form 2085-B as Required

- *Form 2085-B (Designation of Medical Consenter) Word Document* explains your responsibilities as a medical consenter.
- Always **read**, **sign**, and **follow** the requirements of *Form 2085-B*.
- Give a copy of the *2085-B* to each healthcare provider in order to let them know you are the medical consenter.
- *Form 2085-B* tells the healthcare provider how to contact the court or CPS caseworker if needed

Help Your Child Understand the Medical Treatment

- Before medical appointments, you need to explain to the child or youth the medical procedures, treatments or medicines he or she may receive.
- Explain at the child's level and give the child a chance to ask questions about the proposed treatment and talk about any concerns.
- Encourage the child or youth to share his or her view about any treatment, tests, assessments or medicine being considered.

- You should give the child the opportunity to participate in his or her medical care and medical decisions.
- Your goal should be to help prepare the child to ultimately make their own decisions when they are an adult.
- As medical consenters, you are still responsible for making medical decisions for the child, but you must give the child the opportunity to participate in and understand the decisions made on his or her behalf.

Take Part in the Child's Medical Appointments

- Texas law requires that you take part in all of the child's health care appointments.
- You take part in these appointments in different ways:
 - Preventive Care
 - Ongoing Behavioral Health
 - Medication Management including any psychotropic medication

Provide Your Emergency Contact Details

You must give your phone number to schools and other care takers of the child or youth, so you can be reached in an emergency.

Complete the Medical Consent Training

- You must complete a DFPS approved Medical Consent Training.
- Understand the principles of informed consent for all types of health care.
- Texas law requires you to also sign an acknowledgment that you completed the training and received information about psychotropic medications.
- See Form 2759 (Acknowledgement and Certificate of Completion of Medical Consent Training) in References.
- This training requirement does not apply to birth parents

Complete and Acknowledge Medical Consent Training Specific to Psychotropic Medications

You must additionally acknowledge in writing (by signing Form 2759) that you:

- Understand the principles of informed consent for psychotropic medication.
- Understand that other methods that don't involve psychotropic medications are considered and discussed with the prescribing doctor before or along with psychotropic medications.

Provide the Caseworker a Summary of the Child's Medical Care

- You must give regular updates on the child's medical and behavioral health to the CPS caseworker.
- You must give this information in writing, at the caseworker's request.

Inform the Caseworker Promptly About Any Serious Medical Condition

- You must tell the CPS caseworker about any serious medical condition as soon as possible, but no later than 24 hours.
- If you are licensed foster parents and the child's medical consentor, then you must follow Minimum Standards (see §749.503 below) for reporting.
- §749.503. When must I report and document a serious incident?
- Subchapter D, Reports and Record Keeping - Division 1, Reporting Serious Incidents and Other Occurrences - September 2010
- Examples of medical conditions that need to be reported promptly are:
 - Injuries or illnesses that are life threatening or could have long term health consequences including hospitalization for surgery.
 - Anything other than minor emergency care

Promptly Communicate About Changes in the Psychotropic Medication or Dosage

- As the child's medical consentor, you must give information in writing to the CPS caseworker about the new prescriptions and dosage changes of psychotropic medications prescribed to the child.
- This must be given to the caseworker in writing no later than the next business day, either by e-mail or fax.

Make Sure Regular Office Visits Are Maintained By the Child with the Doctor Prescribing the Psychotropic Medication

You must make sure that the child prescribed the psychotropic medication has an office visit with the prescribing physician, physician assistant, or advanced practice nurse at least once every 90 days to allow the healthcare provider to:

- Properly monitor for side effects of the medication
- Figure out whether the medicine is helping
- Decide whether continued use of the medicine is recommended

Summary of Responsibilities of a Medical Consentor

- Know the child or youth's healthcare needs, conditions and history.
- Help the child or youth understand the need for the treatment, services, tests, or medication. Your goal must be to prepare them to be able to make this decision on their own, when they are adults.
- Take part in medical and other health appointments with the child or youth.
- Give a summary of child or youth's medical care to CPS regularly and upon request.
- Promptly share information about significant medical conditions with CPS.
- Consider options for the child or youth that don't involve medication before or at the same time as using psychotropic medication.
- Give information about new psychotropic medication prescriptions and dose changes in writing to CPS by the next business day.
- Read, sign and abide by *Form 2085-B (Designation of Medical Consentor)* *Word Document*
- Present *Form 2085-B* at all health care visits.

- Present emergency contact information for medical consenters to DFPS and others.
- Complete the DFPS Medical Consent Training and acknowledge in writing that you understand informed consent and the importance of considering options that don't involve medication for a child or youth before or along with psychotropic medications

Section 3

MEDICAL CARE INCLUDING PREVENTIVE CARE

The medical conserter provides consent to the following medical care visits:

- medical appointments
- sick visits
- specialist visits
- eye exams
- dentist visits
- preventive care
- follow-up visits

Most children in DFPS custody are eligible for STAR Health. The medical conserter must use STAR Health network providers for all healthcare services if the child is enrolled in STAR Health.

Medical care for children in DFPS conservatorship is generally covered by Medicaid/STAR Health.

Sometimes healthcare can include services that are not covered by Medicaid/STAR Health. If a court or practitioner orders a service that the medical consentor is not sure is covered or appropriate, the medical consentor should consult with the caseworker prior to consenting.

Health Checkups Included Under Preventive Care Appointments Are:

- *Texas Health Steps* medical check-ups including vision and hearing
- Developmental or mental health screenings
- Immunizations
- Laboratory testing for screening purposes
- Anticipatory guidance (Safety and wellness counseling)
- Dental checkups

What is Texas Health Steps?

- *Texas Health Steps* is Medicaid's medical and dental preventive child health service for individuals younger than 21 years old in Texas.
- All children in DFPS conservatorship (care) are eligible for this service including medical and dental care.
- During doctor or dentist visits, the medical consentor should ask whether there is any other medical or dental care the child may need. Make sure the child receives the checkups and any follow-up recommendations in a timely manner.

What Happens at a Texas Health Steps Medical Checkup?

The following tests and evaluations are conducted at a *Texas Health Steps* medical checkup:

- A complete physical examination is conducted.
- The doctor goes over the child or youth's medical history.
- A screening of nutritional, developmental, and mental health status is done.
- Age appropriate laboratory tests are conducted (e.g., blood work, TB screening, STD screening, pelvic exam, lead toxicity, HIV testing.)

What Happens at a Texas Health Steps Medical Checkup (Cont'd)?

- Routine immunizations are taken care of.
- Health education which includes safety and wellness counseling is provided.
- Vision screening is done.
- Oral health screening and referral to a dental home is done, if needed.
- Hearing screening is done.
- Referrals to other health-care providers as needed.

When Should Texas Health Steps Medical Checkups be Done?

- *Initial Texas Health Steps Medical Checkups* are due within 30 days after a child enters DFPS custody and *annually* around the child's birthday.
- Checkups are required more often for children under age three:
 - Newborn, 3-5 days, 2 weeks
 - 2, 4, 6, 9, 12, 15, and 18 months
 - 2 and 2 ½ years
- **Reminder:** The child must receive a timely *Texas Health Steps* checkup by a *Texas Health Steps* provider. Sick visits and follow-ups do not count.

When Should Texas Health Steps Dental Checkups be Done?

- *Initial Texas Health Steps Dental Checkups* are due within 60 days after the child enters DFPS custody (when the child is six months of age or older).
- *Ongoing Texas Health Steps Dental Checkups* are due every six months.

Participating in Preventive Care Appointments

- As a medical consentor, you can allow the caregiver or the residential operation to take the child for his or her medical appointment. You can give a written consent for the same, unless the health care provider requires you to call in or be there in person.
- You can give this consent by filling out the *Form 2085-B*, Section 6 and giving it to the person taking the child to the appointment.

Section 4

BEHAVIORAL HEALTH

What is Behavioral Health?

Behavioral health is a term which includes the following:

- improving emotional health
- preventing mental illnesses and substance use disorders
- treatments and services for substance abuse, addiction, substance use disorders, mental illness, and/or mental disorders (SAMHSA)

What Decisions Regarding Behavioral Health Will I be Involved in?

- Just as with medical care, you will be involved in decisions about the child or youth's behavioral health such as therapy, evaluations, assessments and psychotropic medications.
- You should also offer the child or youth opportunities to learn about their personal care in a way the child can understand.
- You should talk with the therapist and other behavioral health providers about the use of methods that don't involve medication for the child.
- You must go over and decide whether to approve the behavioral health care plan.
- You will also watch and report about the child's progress.

Behavioral Health Care

- It is important for you to discuss **all** known options for the child or youth with the health care provider.
- You should consider therapy or counseling, and other non-pharmacological (non-medication) methods to manage and control behavior before trying or along with psychotropic medications.
- You should have an understanding of Trauma-Informed Care and discuss treatment options with the provider that are in the best interest of the child.

Section 5

TRAUMA INFORMED CARE

What is Trauma-Informed Care?

- Trauma-informed care refers to how you think about and respond to those who have experienced or may be at risk for experiencing trauma.
- "Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma...that emphasizes physical, psychological, and emotional safety for both providers and survivors...and, that creates opportunities for survivors to rebuild a sense of control and empowerment."

~(Hopper, Bassuk, & Olivet, 2010, pg. 82)

Why is it Important to Understand the Impact of Trauma?

- Medical Consenter Caregivers care for these children 24 hours a day, 7 days a week!
- You, as the medical consenter, have the most impact on how the child or youth recovers from the trauma they have been through.

Why do the Medical Consenter Caregivers Need to Know About Trauma?

- We now know, support from a caregiver can help a child or youth heal from his or her traumatic experiences.
- Medical Consenter Caregivers need to know about trauma for the following reasons:
- For a child or youth, being apart from their own family or in a new placement is stressful and confusing.
- Stress and confusion can add to a child or youth's trauma.
- Being unaware of the effects of trauma can keep a placement from working well.

Effect of Trauma in Early Childhood

- In early childhood, trauma can change the way a child develops. This includes:
 - memory
 - attention
 - thinking and language
 - behavior
- For example, the child may be behind other children in consistently learning to talk, following directions, paying attention, adjusting to new situations, calming themselves, crawling or walking.
- The child may be afraid and feel the world is not safe. The child may not know how to get what they need in an appropriate way. They may throw a tantrum, hit, bite or cry.

Effect of Trauma in School-age Children

- In school-age children, trauma can affect how children:
 - control fears, anxieties, and aggression
 - hold attention for learning and solving problems
 - control impulses
 - deal with stress
- As a result, children may have:
 - sleep issues
 - new problems with learning
 - a hard time controlling startle reactions
 - behavior that changes between very fearful and very aggressive

Effect of Trauma in Teens

- In teenagers, trauma can affect their:
 - ability to make sound decisions (knowing when they are in danger and when they are safe)
 - ability to control their behavior
 - thinking about the result of their behavior
 - deal with stress
- As a result, they are at increased risk for:
 - behavior that puts themselves or someone else at risk
 - school problems
 - decreased academic achievement
 - poor choices
 - aggressive or criminal behaviors

Understanding Trauma

- Children bring their experiences with them into the new caregiver's home.
- A caregiver may see the effects of trauma on the child.
- The child may be reminded of their past trauma.
- The effect may be greater when stress and confusion is heaped on past trauma.

Effects of trauma

- Trauma can make it hard for the child to feel safe, even when they are.
- Trauma can lower a child or youth's self-confidence and self-esteem.
- It may be difficult to make friends or talk with others.
- It may not be possible to control behavior and emotions.

Understand Trauma and Emotions are Connected

- Trauma can bring out overwhelming feelings of fear, anger and helplessness.
- Emotions experienced by young children can be very real for the child but hard to say with words.
- It may be difficult to make friends or talk with others.
- Trauma may be "stored" in the body as physical stress or health issues.

How can I (caregiver) help?

- Talk with the child or youth about his or her feelings and try to understand what's bothering the child and causing the problem behavior. This sounds simple, but will help lessen their stress.
- Be aware of patterns and recognize and accept the child's feelings.
- Give the child choices. Traumatic events can make a child or youth feel they do not have control over anything. Help them feel safe by giving some choices or control. A simple choice like control over what to wear helps!
- Give the child or youth lots of support and encouragement. Find things to praise them for. Catch them doing things well and notice small steps!

How can I (caregiver) help?

- Be sensitive to the signs that may cause a reaction in the child or youth. For example, they may have more problem behaviors near an anniversary of a traumatic event, or after visits with family.
- If you know, a particular time of the year or day is stressful for the child, plan accordingly and give the child or youth extra support during those times. Spend more time with them or plan something that makes them feel loved and cared for.
- Let them know if something will be done differently, such as turning off lights or making a sudden loud noise. This is important when they first come to live in a new home.
- Listen and be careful not to say negative things or judge the child or youth's experience or birth family.

How can I (caregiver) help?

- When a child is angry or out of control, help them calm down. Try to listen and support their emotions, take a walk or do a quiet activity together.
- Adult closeness may help the child to calm down. If they are upset and not thinking clearly, then nothing will change until they are calm again.
- The best way to change behavior is by staying calm and:
 - making strong relationships
 - talking and listening with each other
 - helping the child or youth to feel better about themselves
 - modeling and teaching ways to work with their emotions

After Learning about Trauma...

- Stay calm and reassure the child as much as possible!
- When possible, help the child lessen their stress. This will help them behave better.
- Find out what reminds the child about his or her trauma and help the child find better ways to work through these feelings and behaviors.

Section 6

PSYCHOTROPIC MEDICATIONS

What is psychotropic medication?

Psychotropic Medication

- Psychotropic medicines are prescribed for the treatment of symptoms of psychosis or another mental, emotional, or behavioral disorder and are used to exercise an effect on the central nervous system to influence and modify behavior, cognition, or affective state.
- In other words, they are medicines used to treat mental or serious behavior disorders.
- The term includes the following categories:
 - Psychomotor stimulants;
 - Antidepressants;
 - Antipsychotics or neuroleptics
 - Agents for control of mania or depression
 - Antianxiety agents; and
 - Sedatives, hypnotics, or other sleep promoting medications

Deciding about Consenting to Psychotropic Medications

- The psychiatrist (doctor who treats people with mental disorders) or other medical provider must get informed consent from you, before prescribing a psychotropic medication.
- This means the doctor must give you all the information to decide whether or not to consent to psychotropic medication.
- Informed consent is the process of understanding the risks and benefits of giving the medication to the child and making a decision about whether or not to agree to the medication.

Deciding about Consenting to psychotropic medications

- The doctor must allow you to ask questions.
- You should share any current health concerns or information.
- You should ask the doctor about any concerns or questions the child has shared.
- Give the child or youth an opportunity to ask questions.
- You should take the brochure *Making Decisions about Psychotropic Medications* to appointments where these medicines will be discussed.

Informed Consent Before Prescribing Psychotropic Medications

According to Texas law, consent to giving psychotropic medication is valid only if:

- The consent is given voluntarily and without undue influence **AND**
- The consenter receives information (given verbally or in writing) describing:
 - the specific condition to be treated
 - the benefits of the taking the medicine
 - the most likely physical and mental health outcome of not consenting to the medicines
 - the most likely (clinically significant) side effects and risks associated with the medicines
 - the generally accepted alternative medication and all other interventions that don't involve medicines, if any, and the reason for the proposed course of treatment.

Definition of Non-Pharmacological Interventions (options that don't involve medicines)

- Any psychological and social therapies, and behavior strategies provided to the child or youth, are considered non-pharmacological (non-medication) interventions.
- In other words, non-pharmacological interventions are methods to manage behavior without the use of medicines. This may include therapy and counseling.
- These interventions must be considered by you, the medical consentor, before or along with psychotropic medications. Non-medication options are specific methods a caregiver can use to help a child or youth manage behavior.
 - This may include therapy and specific behavior modification strategies.
 - Each child is different, so the strategies should be specific to the child's needs and discussed with the child's therapist or healthcare provider.

Deciding about Psychotropic Medications

- Most children and youth in DFPS custody never need psychotropic medications. Other options should be considered before or along with medication.
- Children who are traumatized by abuse, neglect or separation may show negative behaviors or signs of emotional stress that are normal reactions for what they have been through.
- All children act out at different stages of their lives. For example, two year olds commonly have temper tantrums and teenagers often rebel.

Considering Non-Pharmacological (non-medication) Options

- Most children and youth heal with praise, consistency and support and a safe and nurturing relationship from a caregiver who has knowledge of trauma-informed care.
- You should seek assistance from the child placing agency, CPS caseworker and therapist to help the child manage behaviors.
- The child or youth may receive professional counseling with a focus on trauma-informed care.

Considering Non-Medication Options (Cont'd)

- Non-pharmacological (non-medication) interventions are specific methods available to caregivers, children and youth to help a child manage behavior.
- This may include therapy and specific behavior modification strategies.

Non-Pharmacological Interventions

- Psychosocial therapies, behavior strategies, and other non-pharmacological interventions are to be considered by the Medical Consenter before or along with psychotropic medications.
- Each child is different, so the strategies should be specific to the child's needs and discussed with the child's therapist or healthcare provider.

Decisions Regarding Psychotropic Medications

- If psychotropic medications are recommended for the child, then you should ask questions and discuss the risks and benefits with the prescribing provider.
- You (medical consenter) should also include the child in the discussions about the medications.
- Notify the CPS caseworker in writing or via email about decisions to consent or not consent to new psychotropic medications or changes in the dosage.

Consenting to Psychotropic Medications

- You (medical consenter) must give Informed Consent for each new medication and for changes in the dose. A signed Psychotropic Medication Treatment Consent form ([*DFPS Form 4526Word Document*](#)) is required for each new psychotropic medication.
 - You must give to the CPS caseworker for each new medication, a completed Form 4526 *Psychotropic Medication Treatment Consent*, as soon as possible or within 5 business days.
- If you are not a CPS employee, you must also let the CPS caseworker or supervisor know about the decision to consent to the medication or dose changes, or the decision not to consent, by the next business day by e-mail or other written communication.
- If you are not sure whether to consent to the medication, you should discuss your concerns first with the prescribing medical provider and also with others involved in the case, such as the CPS caseworker, child placing agency staff, or residential operation treatment team.

How do I Communicate my Decision Regarding Psychotropic Medications?

- Once you decide (either to agree to the psychotropic medication or changes in the dose, or not to consent to the medication) you must notify the DFPS caseworker or supervisor, either by e-mail or other written communication by the next business day.
- Include in the e-mail any questions or concerns you may have about the medications after discussing the questions or concerns with the prescribing doctor, as well as the opinion of the youth about the medications.

Questions to ask the doctor

- What is the name of the medication? Is it known by other names?
- How effective has it been for other children who have a similar condition to the child?
- How will the medication help the child? How long before I see improvement?
- Is this medication approved by the Food and Drug Administration (FDA) for the child's condition? If not, (i.e., it is being prescribed "off-label"), why is this medicine being recommended?
- What are the side effects that occur with this medication and how will I know if the child is experiencing any of these effects?
- Is this medication addictive? Can it be abused?

Questions to ask the doctor (Cont'd)

- What is the recommended dosage? How often will the medication be taken?
- Does the child need laboratory tests (e.g. heart tests, blood tests, etc.) before taking the medication? Does the child need any tests while taking the medication?
- Will a child and adolescent psychiatrist monitor the child's response to the medication and change the dose if necessary? Who will check the child's progress and how often?
- Does the child need to avoid other medications or foods while taking this medication?
- Does this medication interact with other medications (prescription and/or over-the-counter) the child is taking?

Discuss Psychotropic Medications with the Child or Youth

It is important to talk with the child or youth about taking psychotropic medications. You should:

- Talk to the child in a way that the child can understand.
- Make sure the child understands why he or she is taking these medications.
- Tell the child what he or she can expect from any tests or treatment.

Why talk with a child about psychotropic medications?

- The child should have a say in the decision about taking psychotropic medications as he or she gets older and involving them in these talks from early on is helpful. However, you should always make the final decision based on what is best for the child.
- Here are some more reasons to involve the child in all discussions:
 - It helps the child feel more in control and builds trust in the relationship.
 - It may help make the treatment more successful.
 - It helps the child learn to make medical decisions as an adult.
- Remember: The court may allow 16 or 17 year old youth to consent to some or all of his or her own medical care.

Monitoring Use of Psychotropic Medications Every 90 Days

Texas law requires that you make sure, that the child prescribed a psychotropic drug has an office visit with the prescribing physician, physician assistant, or advanced practice nurse at least once every 90 days to allow the practitioner to:

- Appropriately monitor for side effects of the medicine.
- Decide whether the medicine is helping the child.
- Decide whether continuing the medicine is recommended for the child.

Court Review – Medical Care

At placement review and permanency hearings, the court reviews the child's healthcare including:

- medical condition and any diagnostic tests
- medical treatment and child's progress
- emergency medical care, injury or acute illness
- whether the child is receiving appropriate medical care
- activities the child should avoid (for his or her safety) or activities the child should adopt (like a healthy lifestyle for example, which may include 30 minutes of outdoor activity.)

Court Review – Medical Care (Cont'd)

At placement review and permanency hearings, the court reviews (Cont'd):

- medications, dosage, adverse reactions and or side effects, and the child or youth's cooperation with taking medications
- psychosocial therapies, behavior strategies and other non-pharmacological interventions (other options that don't involve medicines)
- whether the child has been given the opportunity to express his or her opinion on the medical care provided

Court Review – Medical Care (Cont'd)

Guardians Ad Litem and Attorneys Ad Litem (these are people appointed by the court to represent the child), must review the medical care given to the child and explain the benefits and risks to the child in a manner that he or she can understand. They must also get the child's opinion about the medical care.

Court Review – Summary of Care

For a child receiving psychotropic medication, at every court hearing where medical care is reviewed, the law requires the following to also be included:

- A description of the psychosocial therapies, behavior strategies, or other non-pharmacological interventions (options that don't involve medicines) that have been offered to the child; and
- The dates, since the previous hearing, of any office visits the child had with the prescribing physician, physician assistant, or advanced practice nurse.

Section 7

SPECIAL SITUATIONS

Inpatient Mental Health Treatment and Substance Abuse

- If a child wants to voluntarily check him or herself into an inpatient mental health facility or substance abuse treatment program, you (medical consentor) do not have the right to consent in this matter.
- The child may be admitted on a voluntary basis with his or her consent (regardless of age) and the DFPS representative's consent.
- A child who is at least 16 years old may seek voluntary admission in an inpatient mental health facility and be admitted without DFPS consent.

What is My Role if a Child is in an Inpatient Mental Health Treatment Facility?

Once the youth is admitted to a mental health treatment facility (psychiatric hospital) as an inpatient, your role is as follows:

Unless the youth has been authorized to consent to his or her own medical care, you must decide whether or not to consent to providing any health care or giving psychotropic medicines.

Emergency Situations

- Emergencies happen, and consent by you is not always fast enough.
- An example of such an emergency could be the child being a danger to him or herself or others and in need of urgent medical care.
- Texas law allows a healthcare provider to treat a child in DFPS conservatorship (care) in an emergency without consent by DFPS or the authorized medical consentor. This law applies to a youth also.
- The healthcare provider makes the decision about whether they can treat without consent.
- In an emergency situation, the child's caregiver or DFPS caseworker should immediately take the child to an emergency room or healthcare provider.

Section 8

YOUTH AND MEDICAL CONSENT

Youth as their own medical consenters

- Youth who are 16 or 17 have a right to request to be their own medical consenters.
- If the youth wants to have full control to make decisions regarding his or her own medical care, the caregiver or you should talk to the CPS caseworker for the next steps.

Attorney Ad Litem Duties

- Attorneys Ad Litem are required under Texas law to advise youth (16 years and older) of their right to ask the court to authorize the youth to be his or her own medical consenters under Section 266.010 of the Family Code.

When Should a Youth Complete Medical Consent Training?

- If a youth (16 or 17 year old) in CPS conservatorship (care) has court approval to make decisions about all or part of his or her own medical care, then he or she must also complete Medical Consent Training.
- The youth must still give medical information to the CPS caseworker, and is expected to make medical decisions in his or her best interest.
- The Medical Consent Training for a youth is also referenced within the PAL curriculum.

Youth and Medical Consent

- A youth who is his or her own medical consenters should talk with the caregiver or caseworker before agreeing to medical care to make sure the services will be paid for by Medicaid or other insurance coverage.
- If the youth refuses medical care that the caregiver thinks is necessary, the caregiver should talk to the youth and CPS caseworker.
- Only a judge can make a change to the youth's authority to be his/her own Medical Consenters.

Responsibilities of the Caregiver of a Youth Medical Consenter

- Even when a youth has court approval to make decisions about all or part of his or her own medical care, it should not be expected that the youth will be doing this completely on his or her own.
- The caregiver and the CPS caseworker should still be involved and guide the youth in his or her medical care decisions.
- Residential childcare providers and caregivers should help the youth access information about his or her medical conditions, tests, treatment, medications and support the youth in making informed decisions.

Transitional Living Services Program

- When the youth is getting ready to exit the foster care system, DFPS must make sure the youth's transition plan includes:
- Educating the youth about the use of medication.
- Providing the youth with resources to help him or her safely manage the medication.
- Educating the youth about Informed Consent and the provision of medical care under Texas Family Code 266.010(I) (right of youth to be his or her own medical consenter.)

Section 9

SUPPLEMENTAL TRAINING and HELP

Psychotropic Medication Training

- It is best if the Medical Consenter takes **Psychotropic Medication Training** before **Medical Consent Training**.
- **Psychotropic Medication Training** gives information about the different medications, side effects, the risks and benefits of the medication and how to monitor children on these medications.
- **Psychotropic Medication Training** is located on the DFPS Public website:

- Link to DFPS **Psychotropic Medication Training**
http://www.dfps.state.tx.us/Training/Psychotropic_Medication/default.asp

Trauma-Informed Care Training

- Medical Consenters are also encouraged to take the **Trauma-Informed Care Training** before **Medical Consent Training**.
- **Trauma-Informed Care Training** gives information on child traumatic stress, how trauma effects children, and how to help.
- **Trauma-Informed Care Training** is located on the DFPS Public website:
- Link to DFPS **Trauma-Informed Care Training**
http://www.dfps.state.tx.us/Training/Trauma_Informed_Care/default.asp

Medical Consenter Questions

- The Medical Consent Training and other specific trainings for Psychotropic Medication and Trauma-Informed Care should provide a great deal of information to the medical consenter.
- Medical Consenters can also talk with the child's CPS caseworker, Kinship specialist or child placing agency for help.
- For additional questions about medical consent, DFPS has established a **Medical Consenter Question mailbox**:
medical.consenter@dfps.state.tx.us
- CPS Medical Services staff will answer questions sent to the Medical Consenter Question mailbox.

Section 10

REFERENCES

List of Handouts

- Handout: How is a Medical Consenter Chosen? and Summary of Medical Consenter Responsibilities
- Handout: Texas Health Steps
- Handout: Informed Consent and Questions to ask the Doctor
- Form 2759 *Acknowledgement and Certificate of Completion of Medical Consent Training*
- *Making Decisions about Psychotropic Medications* Brochure
- Form 2085-B *Designation of Medical Consenter*
- Form 4526 *Psychotropic Medication Treatment Consent*

References

- Medical Consent Training for Caregivers
http://www.dfps.state.tx.us/child_protection/medical_services/medical-consent-training.asp
- Link to DFPS Trauma Informed Care Training
http://www.dfps.state.tx.us/Training/Trauma_Informed_Care/default.asp
- Link to DFPS Psychotropic Medication Training
http://www.dfps.state.tx.us/Training/Psychotropic_Medication/default.asp
- Psychotropic Medication Utilization Parameters for Texas Foster Children found on DFPS Medical Services website
http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-psychotropic.asp
- Medical Consenter question mailbox
medical.consenter@dfps.state.tx.us

References

- Link to Texas Health Steps Periodicity Schedule
<http://www.dshs.state.tx.us/thsteps/providers.shtm>

- Information found on Superior STAR Health website
<http://www.fostercaretx.com/Superior>
 - Psychotropic Medication Utilization Review (PMUR) FAQ and Stakeholder Manual
 - Health Passport access
 - Caregiver Training
 - Trauma Training for Caregivers/Foster Families
 - Training material from Superior Health Plan Network utilized in this training as well is based on the “Child Welfare Trauma Training Toolkit” and other web based documents written by the National Child Traumatic Stress Network at <http://www.nctsn.org>.

References

- Link to information on usage of a medication, side effects, and other helpful information in lay language
 - National Institute of Mental Health
<http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml>
 - WebMD
<http://www.webmd.com/>
- Texas Youth Connection website
<http://www.dfps.state.tx.us/txyouth/>
- Link to *Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care*
<http://www.ncryd.ou.edu/psych-med-youth-guide>
- DFPS Medical Services website – Medical Assistance and Resources
http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-resources.asp#youth
 - Also includes information for Youth including Transitional Living Services
 - Caregiver Quick Guide to STAR Health – English/Spanish
http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-star.asp
- *Health Passport Registration Instructions found in Caregiver Quick Guide
- Link to SAMHSA Definition of Behavioral Health
http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf