**Section 325.30 General Provisions**

a) The administration of psychotropic medication is prohibited to children for whom the Department is legally responsible as punishment for disruptive or inappropriate behavior, for the convenience of staff members or caregivers or as a substitute for adequate ongoing programming for the children's needs.

b) Except in an emergency, and subject to subsections (a), (c), (d) and (g) , psychotropic medication shall never be administered to children for whom the Department is legally responsible without the prior approval of an authorized agent as set forth in this Part.

c) PRN medications for the purpose of behavioral management, inducing sleep, or treating other emotional, behavioral or psychiatric illnesses are prohibited.

d) One-time, non-emergency medications may be used for the acute management of sleep disturbances or to treat other non-emergent emotional, behavioral or psychiatric symptoms that adversely affect a patient's well being. Licensed prescribers are required to notify the Department's Division of Guardian and Advocacy, in writing, of the administration of an emergency psychotropic medication or a one-time, non-emergency medication.

e) Upon taking protective custody, the Department's investigation specialists shall identify potential medical and mental health issues through contact with the child's parents, relatives, schools or current and/or previous physicians and observation of the child's behaviors. The investigation specialist shall attempt to obtain information on all medications and/or medical equipment needed by the child. If the child is on psychotropic medication, when possible, the investigation specialist shall ensure appropriate consent is provided from the parent or legal guardian.

f) The child's caseworker shall ask parents, relatives and foster parents if the child is on any medications and whether the child has any known or suspected medical or mental health issues. The caseworker shall obtain identified mental health documents and all medications and/or medical equipment needed by the child. If the child is on psychotropic medication, the caseworker shall ensure appropriate consent is provided from the parent or legal guardian to continue administration of that medication.

g) Children for whom the Department is legally responsible who have been committed to facilities operated by the Illinois Department of Corrections or the Illinois Department of Juvenile Justice are governed solely by the rules of the Illinois Department of Corrections (20 Ill. Adm. Code 415, Health Care) which also pertains to committed adults and emancipated minors, the Unified Code of Corrections [730 ILCS 5], and corrections case law for purposes of the administration of psychotropic medications. In its role as guardian, the Department of Children and Family Services may contest decisions made by the Illinois Department of Corrections or Department of Juvenile Justice in accordance with 20 Ill. Adm. Code 415 regarding the involuntary administration of psychotropic medications to Department wards placed in those facilities.

h) A Psychotropic Medication Consent Form shall be attached as an exhibit to each child's Client Service Plan for each psychotropic medication being administered to the child. The caseworker shall ask each youth age 18 or older to sign a consent for release of information for this purpose.

i) The Department shall provide a Psychotropic Medication Request Form. Copies of the Request Form shall be completed by licensed prescribers prescribing psychotropic medications for wards of the Department. Additionally, the Department shall distribute the Request Form to all substitute care agencies and hospitals in which wards of the Department reside and to all authorized agents. At a minimum, the Request Form shall request the following information:

1) The child's name, date of birth and weight;

2) The medication to be administered;

3) The dosage and frequency of administration;

4) The duration, which in no event shall exceed 180 days;

5) Diagnosis, target symptoms and behavior;

6) Other medications the child is taking;

7) The name and specialty of the licensed prescriber;

8) Whether the child objects to the administration of the medication and the reason for the child's objection;

9) Cultural/ethnic information about the child;

10) Tests/procedures that monitor potential side effects that are of greatest concern;

11) Over the counter or herbal supplements the child is taking;

12) Medications that were discontinued and the reason for the discontinuation; and

13) Whether completion of the form is notification of emergency administration of a psychotropic medication and, if so, a brief explanation of the nature and circumstances for administering that medication.

j) The Department shall employ or contract with one or more psychiatric consultants. The psychiatric consultants shall provide clinical consultation for all requests to administer psychotropic medication to a Department ward as provided in Section 325.40 (Medication Approval Standards).

k) The Guidelines for the Utilization of Psychotropic Medications for Children in Foster Care are listed in Appendix A. The Department will also publish these Guidelines on its website and the websites of the Department's psychiatric consultants. The Guidelines shall include basic information for licensed prescribers regarding the administration of psychotropic medications to foster children. In addition, the Department shall publish the DCFS Psychotropic Medications List on its website and the website of the Department's psychiatric consultants. The Medications List shall include all psychotropic medications, including medications used to treat sleep problems, bedwetting and medication-induced adverse effects, that may be prescribed for children in the custody or guardianship of the Department; their FDA indications; contraindications; the acceptable range of dosages; and monitoring requirements, if any. (See Appendix B of this Part.) The Guidelines for the Utilization of Psychotropic Medications for Children in Foster Care and the DCFS Psychotropic Medications List shall be approved, reviewed at least annually, and updated as necessary by the Oversight Treatment Team. The names, qualifications and professional positions of the members of the Oversight Treatment Team shall be listed in the Guidelines and the DCFS Psychotropic Medications List.

l) The Guidelines and the DCFS Psychotropic Medications List (and any revisions) shall be provided to all authorized agents and to substitute care agencies and hospitals that accept children in the custody or guardianship of the Department for placement or treatment.

m) The Centralized Consent Unit and Emergency Reception Center (ERC) staff shall be provided with regular periodic training in the use and contents of the Guidelines and the DCFS Psychotropic Medications List. The Guardianship Administrator shall appoint, subject to the review of the Oversight Treatment Team, an individual to provide training to the Centralized Consent Unit and ERC Staff on the use of the Guidelines and the DCFS Psychotropic Medications List. The training shall include:

1) initial training before the authorized agent assumes the responsibilities of the Centralized Consent Unit or ERC position. This training shall include an explanation of the purpose of the Guidelines, the contents of the Guidelines, including an explanation of commonly prescribed psychotropic medications, the appropriate dosages for children and adolescents, side effects, conditions for which medications are commonly prescribed, , and the procedure for approval or denial of the psychotropic medications;

2) annual training; and

3) training before any revisions to the Guidelines take effect.

n) Administrative Case Reviews

1) During the Administrative Case Review process, the reviewer shall inquire into the following:

A) Whether the child has any mental health issues and, if so, whether those issues are being addressed;

B) Whether the child is on psychotropic medications;

C) Verification that appropriate consents and other documentation are present in the child's case record;

D) Verification that psychotropic medications are being monitored according to accepted standards of care;

E) Identification of the licensed prescriber; and

F) Whether a referral has been or should be made to a DCFS Regional Nurse.

2) If the reviewer finds any deviation from the requirements of the six areas listed in subsection (n)(1), the reviewer shall issue an ACR Critical or Chronic Alert Report to the Guardianship Administrator and other appropriate Department management staff.

o) Oversight Treatment Reviews

1) The Oversight Treatment Team shall conduct reviews of a child's psychotropic medications when:

A) A child or youth has been prescribed more than four psychotropic medications at one time;

B) Psychotropic medications are prescribed for a child under four years of age (excluding stimulants);

C) A child has been taking the same psychotropic medication for more than two years with no changes in dosage;

D) A child has been prescribed more that one psychotropic medication from the same class;

E) A child is prescribed frequent changes of psychotropic medications for the same condition or illness (occurring more frequently than every four weeks) without a clear rationale (e.g., side effects);

F) Dosages prescribed for a child exceed standard weight and age protocols;

G) Notices for emergency medications administered to a child exceed more than two a day for three consecutive days;

H) A worker's observations of the child or youth or the child's behavior raise concerns that have been referred to the DCFS Regional Nurse; and

 I) When requested by the DCFS Guardian.

2) The Oversight Treatment Team may contact the licensed prescriber to discuss the rationale for the prescribed medications and will make decisions and give approval for actions needed regarding service delivery based on the outcome of the treatment team's review.

(Source: Amended at 36 Ill. Reg. 3846, effective February 24, 2012)