DEPARTMENT OF SOCIAL SERVICES CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

July 3, 2018

MEMORANDUM

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF

FROM: TIM DECKER, DIRECTOR

SUBJECT: INFORMED CONSENT POLICY REVISIONS

DISCUSSION:

The purpose of this memorandum is to advise staff that revisions have been made to the informed consent policy for children and youth in Children's Division custody found in Section 4 Chapter 24 Subsection 3, of the Child Welfare Manual.

Informed consent is the agreement to any medical or mental health treatment (e.g., medication, procedure, or service) given after the medical consenter has had the opportunity to receive sufficient information about its risks and benefits. Making the best decisions about a youth's health care means individuals providing that consent understand the role and responsibilities of a medical consenter.

To ensure those authorized to give informed consent fully understand their role/responsibilities, Children's Division is developing a self-instructional training to assist consenters. The training will be posted on the Employee Learning Center (ELC) My Training Plan, and on the CD Intranet and internet website for contracted staff and resource parents. Staff will be notified immediately once this required training is made available.

NOTE: This revised policy will go into effect September 1, 2018. Frontline practitioners, supervisors, and resource parents must successfully complete this training before providing consent. Any other staff who anticipate being called upon to provide informed consent for a child/youth in CD custody must complete this training before doing so.

Key revisions to policy include:

- Delineation of responsibilities and consenting authority between Children's Division/contracted case management staff and resource parents.
 - Routine vs. Non-Routine Treatment
 - Only Children's Division/contracted case management staff are authorized to consent to non-routine treatment
 - Mental health services (behavioral therapy, psychiatric treatment, the initiation of psychotropic medications) are considered nonroutine treatment
- Staff shall not consent to the initiation of psychotropic medications without first having sought alternative non-pharmacological interventions for the child/youth.
 - A mental health professional treating the child must make a recommendation for the child to be assessed by a qualified prescriber to determine the appropriateness of psychotropic medications.
- Training requirement for frontline practitioners, supervisors, and resource parents to serve as medical consenters.
- Expanded guidance on:
 - Factors to consider, questions to ask, information to gather when providing informed consent.
 - Parent engagement/role in medical/mental health treatment decisions.
 - Children's rights to be involved in the process of making routine and non-routine treatment decisions.
- Requirement for separate and specific informed consent vs. broad consent for children/youth during inpatient psychiatric or residential treatment.
- Guidelines regarding consent/refusal for youth 18 years of age or older.
- Introduction of statewide clinical consultation and support through The Missouri Center of Excellence in Children's Health Integration, Learning, and Development (The Center of Excellence).

The Missouri Center for Excellence in Children's Health Integration, Learning, and Development (The Center for Excellence)

The Department of Social Services has entered into a contract with the University of Missouri-Columbia, Missouri Psychiatric Center for The Missouri Center for Excellence in Children's Health Integration, Learning, and Development (The Center for Excellence). Expected to be established and ready to begin consultation with staff on September 1, 2018, The Center for Excellence will serve in an oversight capacity and will allow for ongoing monitoring and consultation, including telehealth, to case managers and supervisors regarding behavioral health and medical needs and issues of children. These goals will be achieved through the collaboration of multiple academic departments within MU Health Care's School of Medicine.

The Center for Excellence will provide clinical and support staff including a child/adolescent psychiatrist, licensed psychologist, pediatrician, pediatric nurse, and nurse case managers to perform the following, highlighting just a few:

- Consultation to case managers and supervisors regarding medical or behavioral health needs and concerns, including psychotropic medications and alternatives;
- Peer-to-peer consultations regarding treatment plans;
- Telehealth psychiatric services, as needed, in identified areas of the state based on quality and capacity issues;
- Consultation to professionals involved with supporting children in care, in person or via telehealth:
- Facilitate coordination of care with local physicians or providers, including specialists, for children in CD custody; and
- An array of services involving oversight, monitoring, consultations, development
 of strategic/action plans, and analytic reporting products for the foster child
 population.

More information about The Center for Excellence, the services covered by the contract, and protocol for its use will be released in a future memo once an implementation date is finalized.

NECESSARY ACTION

- 1. Review this memorandum with all Children's Division staff.
- 2. Review revised Child Welfare Manual chapters as indicated below.
- 3. All questions should be cleared through normal supervisory channels and directed to:

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CHILD WELFARE MANUAL REVISIONS

Section 4 Chapter 24 Subsection 2 Medical and Mental Health Case Management

Section 4 Chapter 24 Subsection 3 Informed Consent
FORMS AND INSTRUCTIONS
N/A
REFERENCE DOCUMENTS AND RESOURCES N/A
RELATED STATUTE N/A