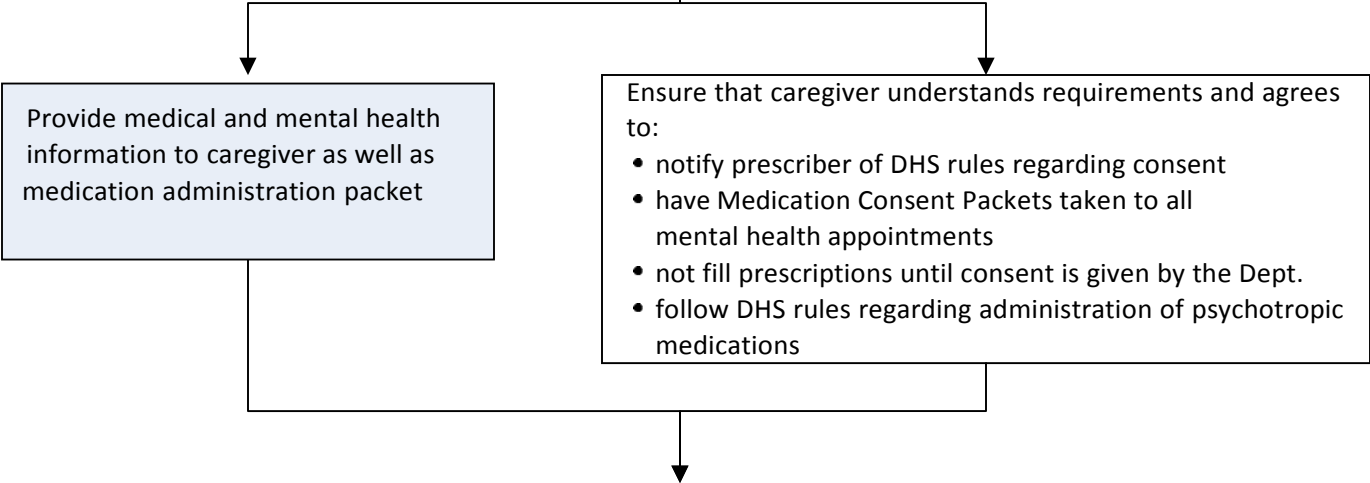
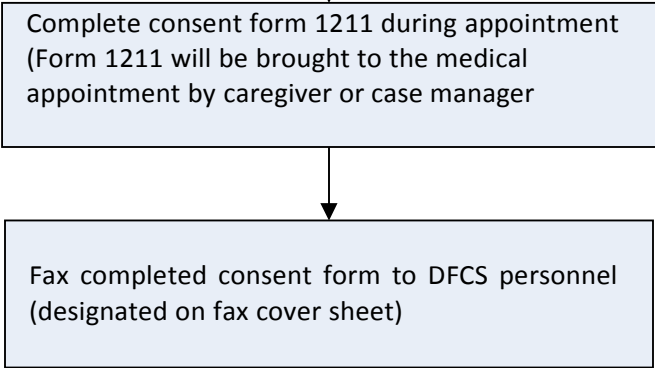


# Psychotropic Medication Management -- Consent Process Flow

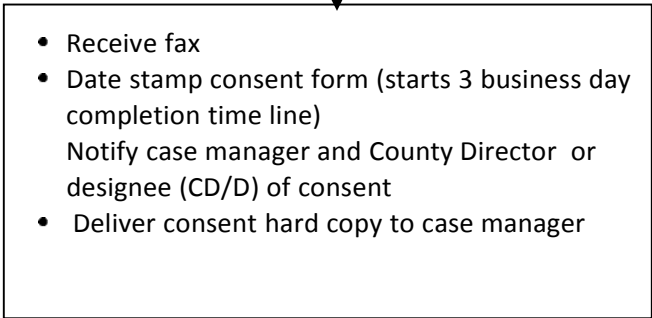
1. When child is initially placed in care, the **case manager** will:



2. When child presents with mental health issue requiring psychotropic medication, the **prescriber** will:



When consent form is received, **DFCS office** will:



3. Upon receipt of consent, **case manager** will:

- Review request/obtain any additional information
- Deliver consent form to County Director or Designee

4. **Child welfare County Director or designee** will:

Review consent form/obtain additional information

Is consent form complete?

YES

NO

Consent granted.	Consent not granted
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If more information is needed: **case manager or designee** will:

- Contact prescriber

If questions/concerns not resolved, contact Clinical Program Specialist

5. **Case manager or designee** will:

Fax completed/signed consent to prescriber

Contact caregiver to inform them of consent

Upload consent and document in SHINES

Inform parent/guardian of child of medication within 72 hours of consent given

Inform prescriber of decision by faxing consent form with explanation

Inform caregivers of decision/reason and direct them to destroy prescription slip

Work with prescriber, and caregiver to establish alternative treatment plan to address need of child

Upload form showing consent was not given and document in SHINES

Caregiver/Case Manager fills prescription