

Psychotropic Medication Discussion Guide

for
Local Children's Roundtables





The purpose of this guide is to generate discussion and develop a shared understanding on the issues pertaining to the prescribing practices, oversight and monitoring of psychotropic medication for Pennsylvania's dependent children and youth in out of home placement. It is the hope of the State Roundtable's Workgroup on Psychotropic Medication that this guide will be useful as your Local Children's Roundtable or a subcommittee of the Roundtable begins the conversation about creating a shared value system regarding the physical and emotional well-being of its children and the needs, opportunities and available services that currently exist to support children in health and wellness.

As you begin these discussions, if not already in place, it might be helpful to develop a multi-disciplinary team including (but certainly not limited to) representation from the following:

- Judiciary & Legal Systems
- Children and Youth Services
- Mental Health
- Physical Health Managed Care Organization
- Behavioral Health Managed Care Organization
- Service Providers in the Community
- Youth
- Parents
- Foster Parents
- Education
- Juvenile Probation
- Pediatrician
- Data Analyst or Statistician

Your efforts on behalf of the children and youth in your communities will have a lasting impact, not just on this generation but on the generations to come as together, we make their needs an important priority in the work that we all do.

Honorable Kathryn Hens-Greco
Court of Common Pleas of Allegheny County

David Schwiller, Clinical Director
Venango County Department of Human Services

PSYCHOTROPIC MEDICATION DISCUSSION GUIDE for Local Children’s Roundtables

Appropriate Role of Psychotropic Medication for Youth in Child Welfare

Psychotropic medication involves medications used to treat specific psychiatric disorders and mental health-related symptoms and behaviors that interfere with effective functioning for individuals.

- For children in foster care, such disorders and behaviors may compromise their permanency, as well as cause distress and interfere with normal development.
- Children in foster care are more likely to be prescribed psychotropic medications as they grow older, with 3.6 percent of two to five year-olds taking psychotropic medications at any given time. This increases to 16.4 percent of six to eleven year-olds and 21.6 percent of twelve to sixteen year-olds. The likelihood that a child will be prescribed multiple psychotropic medications also increases with age. ¹ Males in foster care are more likely to be receiving psychotropic medications (19.6%) than their female counterparts (7.7 %). ²
- There is rising concern about the appropriate use (both over- and under-use) of psychotropic medications for youth in foster care. ³

“If we are focused on behavioral manifestation that leads us to make behavioral diagnoses and the result of that is a treatment meant to treat behavior, using a medication for its side effects. The purpose of side effects is to squash behavior. The result of that is we miss the real reason for the behavior and because of the medication the kids don’t learn or change.”

*Ginny Focht-New,
PhD, Assistant Clinical Professor,
Psychiatric Clinical Nurse Specialist,
Widener University Social Work Program*



“After being on medication for about 4 years, I went cold turkey off of the medication, and I haven’t gone crazy yet, so maybe I didn’t need them after all.”

Former Foster Youth

What is your view of how the use of psychotropic medications impacts dependent children and youth that you come in contact with in your county, across all systems, medically, behaviorally, and educationally?

Identification/Screening

The effective use of psychotropic medication requires that all involved professionals be *strengths-based* with youth and family; and *trauma-informed* ⁴ (e.g., prioritizing safety, trustworthiness, choice, collaboration, and empowerment).

- ✓ An effective screening tool that can be used by child welfare workers is the *Child Welfare Trauma Referral Tool*.⁵ This tool helps the worker determine which youth need to see a psychiatrist on an emergency basis, those who may need medication for a mental health disorder, and those who need trauma-specific treatment and possible medication use.

“Given that many children in the child welfare system have trauma-related challenges, it is important that there is a way to identify the trauma-related needs of children through a screening process, and use this information to direct case planning efforts.”

*National Child Traumatic Stress Network,
Chadwick Center for Children & Families, Desk Guide*

What screening tool(s) does your county utilize to ensure that dependent youth are being fully assessed to determine if psychotropic medications are necessary?

Who is responsible for ensuring the outcomes of the screening is utilized?

Assessment for Psychotropic Medications

It is best practice to use psychotropic medication as part of a comprehensive treatment plan that addresses the bio-psycho-social-cultural needs of the youth.

- ✓ Current protocols for the use and monitoring of psychotropic medication for dependent children include a full psychiatric evaluation, done in the Life Domain Format ⁶, which includes relevant information regarding the child’s strengths, functioning in the home, school, and community environment; relationships with peers; drug and alcohol involvement; medical/developmental history, prior mental health treatment history, medication history and trauma history; and the identification of the presenting concerns, specifically the nature, frequency, severity, and history of the behaviors and symptoms.

Not all counties in the Commonwealth have treating psychiatrists. Many children/adolescents are prescribed psychotropic medications by their primary care physician.

Given that psychotropic medication use in a pediatric population is typically a complex process, youth and family education, informed decision making, and open communication among all parties are especially important. Partnerships involving the use of psychotropic medication are at least as important as other aspects of treatment and care.

- ✓ Current prescribing doctors should have a discussion concerning their reasons for specific psychotropic medications that are being recommended along with side effects/risks with all members of the child’s team, including the child (as age appropriate), parents or other caregivers, resource family/placement provider, CYS staff, GAL/legal representative, school, and the current treatment provider.

“The best outcomes are achieved through the blending of professional expertise and the lived experience and priorities of youth and families.”

American Academy of Child and Adolescent Psychiatry, Policy Statement on Family and Youth Participation in Clinical Decision-Making



“I was on various medications while in placements, but as soon as I returned home, I would automatically stop taking the medications, with no side effects, sleeping problems, or other issues. So I never understood why I needed to be on them, because when I went home I never had any issues with sleeping or my moods. I figured out at a young age that I was emotional when placed, because of all of the changes, confusion, and disconnect from my family and the good parts of the home life that I was used to.”

Former Foster Youth

What are the resources available in your county related to the assessment and prescribing of psychotropic medications?

What protocols are in place in your county to ensure the prescriber's information is current and relevant to the child's situation?

How does your county collaborate with the prescriber and promote enhanced communication among all stakeholders so that pertinent information is being shared to ensure a comprehensive bio-psycho-social-cultural evaluation is completed?

Who is responsible in your county to ensure collaboration includes all members of the child's team, including family and/or natural supports?

Does the child receive a thorough health evaluation to identify any acute medical problems prior to the administration of psychotropic medications?

What do you see as your county's strengths and assets in providing a comprehensive treatment plan?

What could be put in place to improve collaboration and assessments in your county?

Medication Practices

“All prescribers of psychotropic medication are encouraged to talk with youth and families in an open, respectful manner that engages them as full partners in the psychotropic medication prescribing and monitoring process.”

*PA Department of Public Welfare Child and Adolescent Medication Workgroup Report,
January 2012*



“All they read is your ‘papers’ and they don’t know you—they make decisions by your ‘papers’.”

Former foster youth

*Informed consent*⁷ means that the consenting party has been educated as to the potential benefits and possible side effects of the proposed medication, and willingly decides that the potential benefits of the medication outweigh the possible side effects.

What specialized staff positions do you have within your county that might provide expertise in psychotropic medication use?

What trainings are available to staff to support best practice in medication practices?

Who is providing consent for pharmacotherapy services? Are they informed?

How are children and family/natural supports involved in service delivery?

How is it assured that youth are empowered to have a voice and be a part of the treatment/medication process?

What coordination of service is available?

What expectations and practices exist to ensure coordination is occurring among the principal parties (child/adolescent’s team)?

Referrals/Psychosocial Interventions

The goal of treatment involves the promotion of youth adaptation and resilience and not just symptom reduction. Psychotropic medication should be part of an integrated treatment process and only rarely used alone. When indicated, psychotropic medication is best given in association with effective psychosocial interventions and use of natural supports.⁸

What services are available in your county to replace or complement the use of psychotropic medication? Are the youth who are prescribed medications receiving other interventions?

What evidence-based treatment models are in practice in your county?

What trauma-specific services are available in your county? What would it take to create a trauma informed system?

What are the access or quality issues with providers/ programs?

How are services accessed and coordinated when children are placed outside the county or state?

How are youth and family involved in the process of decision making regarding psychosocial interventions?

“Medication treatment, or psychopharmacology, can alleviate or lessen the symptoms that accompany many mental health disorders. Proper medication support can provide behavioral stability and support with emotional regulation that a child or teen may need to readily engage in other forms of therapy.”

Psychotropic Medication and Children in Foster Care: Tips for advocates & judges; ABA Center on Children & the Law, October, 2011

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“Concerta: seems to keep me on point, seemed to work to [help me] focus; Lamictal: has helped my moods and [I] can focus better”

Former Foster Youth

Oversight and Monitoring

“The effective use of psychotropic medication requires that all involved professionals be strengths-based with youth and family and also trauma-informed (e.g. prioritizing safety, trustworthiness, choice, collaboration, and empowerment).”

*Testimony of Bryan Samuels,
former Commissioner,
Administration for Children and Families*



“If they were putting me on meds, it should have been one or two, not three to five at a time that made me tired. I chose to go off [of them] because I didn’t think I needed them to control me. It’s been 2 years and no setbacks.”

Former Foster Youth

In October 2008, President Bush signed into law the Fostering Connections to Success and Increasing Adoptions Act.⁹ This law requires state child welfare agencies and Medicaid to provide ongoing oversight and coordination of medical and mental health services, including psychotropic medications, for youth in foster care. Plans for oversight and coordination should:

- ✓ Promote collaborative efforts between child welfare agencies, Medicaid, pediatricians, and other experts to monitor and track medical and mental health; and
- ✓ Include medical and mental health evaluations, both on entry into foster care and periodically while in foster care; and
- ✓ Provide continuity of care and oversight of medication use. In Pennsylvania, the Behavioral Health Managed Care Company (BH MCO) covers assessment, prescription, and therapeutic services, but medications are funded through the Physical Health Managed Care Company (PH MCO).
- ✓ Each PH MCO has an established formulary of psychotropic medications they will cover. This can complicate children/adolescents receiving the appropriate psychotropic medication prescribed.

Who is the behavioral health and physical health managed care organization in your county? Who is your point of contact in those organizations?

What services are available in the county through Health Choices and the child welfare system?

What is the role of managed care organizations for children in substitute care outside of the county?

Has your county worked on the creation of guidelines and/or a policy regarding oversight and monitoring of psychotropic medication prescribed to youth?

What standards and protocols are in place in your county for monitoring and overseeing the prescribing practices and use of psychotropic medications for dependent children?

Who checks/confirms administration/monitors medication?

How do you screen for potential red flags? What is your plan of response?

Is there collaboration between the court and child welfare agency to provide oversight of psychotropic medication for dependent children?

What would it take to have a responsible, acceptable plan for quality screening, assessing, prescribing and monitoring the use of psychotropic medication for children placed in foster care in your county, both individually and systematically?

Data

PA should lead the nation in providing the most protection and best practice around the use of psychotropic medications for youth in out of home placements. How many youth in your county are dependent? How many are in foster care? Group homes? Residential placements? What is the medication trend in each of these placement categories?

Who is tracking the data in your county? What data systems are in place to provide information on monitoring the trends of psychotropic medication prescribing?

What are your county's fiscal, human, and technological resources?

Can you identify connections to certain practices or agencies for patterns of prescribing?

“At this time, there is no comprehensive source of data regarding psychotropic medication usage rates for children and adolescents in child welfare, including data on those in foster care. Despite these deficiencies, published studies consistently reveal even higher rates of use for children involved in child welfare than in the general population, with usage rates between 13 and 52 percent.”

Information Memorandum, Administration for Children and Families, Log No: ACYF-CB-IM-12-03, April 2012

How can you create a better database for children who enter care, move location, or change MCO that would provide for continuity of care policies?

In which ways can data be shared to promote better collaboration between physical and behavioral health providers?

Which Universities in your area could assist your county in the creation of a database or other data collection methods?

FUTURE PLANNING

Congratulations on reaching the end of what has hopefully been a rich and meaning discussion in your county! Think about all that you have learned in the process to answer the next set of questions.

Which areas do we need to address to ensure that our dependent children are getting all the support they need to address their mental health issues and nothing that is not helpful, ineffective or unnecessary?

What is our priority task?

Who else needs to be at the table to move forward with the discussion and plans for system change?

Footnote citations

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www.samhsa.gov/nctic/trauma.asp Cached - Similar : Treatment & Trauma-Informed Care You +1'd this publicly. [Undo](#)
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7. Hodas, Gordon R, MD. PA/Policy/Meds and Foster Care/Steering Committee/Informed Consent-Draft-0213
8. Guidelines for Best Practice in Child and Adolescent Mental Health Services. www.dpw.state.pa.us/ucmprd/groups/public/.../s_001583.pdf
9. Fostering Connections to Success and Increasing Adoptions Act. Public Law 110-351.

Discussion Guide

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