

2014 State Roundtable Report

Psychotropic Medication Discussion Guide

for
Local Children's Roundtables



**To Each What They Need:
Monitoring and Oversight of Psychotropic
Medication for Dependent Children**

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To Each What They Need: Monitoring and Oversight of Psychotropic Medication for Dependent Children

A Report to the State Roundtable of Pennsylvania

"The mission of the Psychotropic Medication Workgroup is to recommend a system of collaborative oversight focusing on children and youth involved in the dependency system to ensure that those with mental and behavioral health needs have a plan for appropriate and effective intervention to achieve healthy development."

Background:

In 2011, through the roundtable system utilized by the Commonwealth of Pennsylvania, leaders in the child welfare system began to talk about their concerns with the usage of psychotropic medication for children in the dependency system. Along with a national focus on the disturbing trend of increased medication for children in the child welfare system, Pennsylvania leaders felt it was time to explore the usage of psychotropic medication with its dependent children and its impact on their health and well-being. As such, the Pennsylvania State Roundtable commissioned a workgroup with the goal of surveying both national and state concerns and identifying measures that are underway to ensure the appropriate monitoring and oversight of psychotropic medication.

The Psychotropic Medication Workgroup, a multi-disciplinary committee under the leadership of the Honorable Kathryn Hens Greco, Court of Common Pleas of Allegheny County and David Schuille, Administrator, Department of Human Services of Luzerne County, convened in August 2011. Meeting seven times prior to the 2012 State Roundtable, the group was able to study several national reports and Pennsylvania reports on the subject of psychotropic medication. They explored protocols from a number of states that have addressed this issue, consulted with medical experts from various systems within Pennsylvania, held focus groups to get input from the parents and youth in Pennsylvania, and researched best practice recommendations from the American Academy of Child and Adolescent Psychiatry and the American Academy of Pediatrics as well as the American Bar Association's Center on Children and the Law.

Following the State Roundtable in 2012, the Workgroup developed several subcommittees that met independently to accomplish the tasks recommended to the State Roundtable. These subcommittees included those working on the local children's roundtable discussion guide, the psychotropic medication information card, the website resources, and policy. These groups met at various times throughout the year. Additionally, the full Psychotropic Medication Workgroup met on several occasions to provide feedback on the work of the subcommittees, to explore issues

related to data and national trends and to develop a set of well-informed recommendations for the 2013 State Roundtable.

Update on work of the Psychotropic Medication Workgroup

Following the 2013 State Roundtable, the focus of the Psychotropic Medication Workgroup was on fine-tuning and then finalizing the work products of the group, culminating in the development of the Discussion Guide Toolkit. This kit contains all the information necessary for a county to begin the process of evaluating their readiness to implement closer monitoring and oversight of psychotropic medication for children in foster care. Included in the kit are copies of the Discussion Guide created by the Workgroup, resources supporting the topic areas (including those recommended by the Workgroup for distribution last year), articles that support a more in-depth analysis of the issue, copies of the Key Questions document and a template for the Blue Box Questions. The kit will be posted on the Office of Children and Families in the Courts website and hard copies will be distributed to each county in the coming months. A webinar on asking the blue box questions will be forthcoming by the year's end.

In an example of how to take the work of the Psychotropic Medication Workgroup to the local level, Allegheny County held a Psychotropic Medication Summit. Three psychiatrists providing treatment, evaluation and care of youth in crisis and in placement explained the role of psychotropic medication, when to be concerned and how child care professionals can better intersect with the medical professionals. The Allegheny Department of Human Services (DHS) reviewed the results of their study on Medicaid receiving dependent children placed in out of home care, *Psychotropic Medication Use by Allegheny County Youth in Out-of-Home Placement*. DHS has now developed monitoring for all Children, Youth and Family Services (CYF) children on psychotropic medication, with caseworker access to bi-weekly data in development. Exception reporting (a red flag system developed by the Psychotropic Medication Workgroup) identifies any children whose case needs closer review. To aid the CYF caseworkers in navigating the complexities of mental health information, the county has instituted an "Ask the Psychiatrist" program that has a contract psychiatrist visiting each of the five regional offices on a regular basis.

While the tool kit provides a framework for local jurisdictions wishing to address this issue, focus on statewide system and policy issues was needed. As such, members of Psychotropic Medication Workgroup's policy subcommittee joined the Department of Public Welfare's Healthcare Workgroup to address issues at the systems level. This DPW workgroup, co-chaired by Dr. Cindy Christian from the Children's Hospital of Philadelphia and Dr. David Kelly, Chief Medical Officer, Office of Medical Assistance Programs, was designed to pull together a broad spectrum of disciplines to make recommendations to the Department of Public Welfare's Secretary, Beverly

Mackereth. One subcommittee of this DPW systems workgroup is focusing on the use of psychotropic medication. They continue to work on goals that will address the systemic issues of monitoring and oversight of psychotropic medication including a prior authorization protocol, red flag system that triggers second level review and the creation of a second opinion program. Several individuals are also looking at developing training around this subject area for caseworkers, foster parents and mental health professionals.

Finally, the Workgroup met with several foster parents from a private foster care agency contracting with many counties, who spoke on behalf of their fellow foster parents. Meeting with foster parents enabled the workgroup to develop an understanding of the needs of foster parents related to their administration of psychotropic medications and their ability to monitor the intended and unintended effects of psychotropic medications on their foster children. Foster parents from this agency felt that they have little voice in the process of medication management. Few speak directly to the prescribing professionals either to report on the medication effects or to understand the intended purpose of the medication. They have concerns about the amount of medication taken by foster children and the effects that medication may be having on them. Some report that medication is necessary in order to stabilize a child in their home, especially if the child is very depressed or very impulsive.

Foster parents would like to have more information about medications and side effects to be concerned about if they appear. There seemed to be little information provided to them about trauma or the effects of trauma. They could not point to any specific strategies in their training that addressed the issue of trauma. While they were aware of the issues of separation and loss, they did not understand the interplay between those issues and previously experienced trauma. The collective opinion of the foster parents present was that they have the potential to be great sources of information. They would welcome the opportunity to be a part of the process of diagnosis and treatment for the foster children placed in their homes. Additionally, they expressed a desire for training on issues of trauma and its effect on the behavior.

During the exploration of psychotropic medication oversight and monitoring and the development of tools to increase the quality of that oversight, the Workgroup has time and again run into the issue of trauma; it seems one cannot be discussed without the other. Whether it is the question of complete and thorough assessment and diagnosis, the effectiveness of various methods of treatment or the stability of foster children's placements, the thread intertwining them all is that of trauma.

It is with this recognition that the Psychotropic Medication Workgroup recommends the creation of a workgroup to specifically examine the issue of trauma and identify

strategies for becoming a trauma-informed and trauma-responsive dependency court system, for both children and their parents. In so doing, Workgroup members believe the unintended trauma of intervening can be minimized and even that wounds could be healed. The Workgroup would strongly encourage the newly formed group to draw upon the best thinking of national experts, work occurring in other states and the work currently being done in Pennsylvania through the DPW Healthcare Workgroup and others. Workgroup members believe this will inform the process, bringing the very best trauma practice into the courthouse, specifically, and the dependency system overall.

Conclusion

What appeared on its surface to be a straight forward task of developing recommendations around the oversight and monitoring of psychotropic medication for children in foster care was, in reality, a winding road through many related issues and a few surprises. The Workgroup, after careful analysis and thoughtful discussion, has concluded that a significant and powerful underlying cause for high psychotropic medication usage amongst foster youth may be directly correlated to the issue of trauma. The Workgroup further believes a closer examination of trauma may yield valuable information and possible strategies to address medication usage and other issues. Finally, at its most basic level, the Workgroup believes addressing the issue of psychotropic medication and its usage distills down to this: Ask the questions, and then, ask the follow up questions. Only then can informed decisions be made.

The Questions to Ask When a Child is on Psychotropic Medications

- What is the child's diagnosis? Is it the correct diagnosis?
- What is the medication's intended effect? Is it effective?
- Are we monitoring for adverse effects?
- If the child is doing well, have we thought about tapering the medication?
- What is the opinion of the treating physician?
- What other treatment interventions are happening with medication?

Recommendations:

The Psychotropic Medication Workgroup respectfully submits to the Pennsylvania State Roundtable the following recommendations:

1. End the ongoing work of the Psychotropic Medication Workgroup with the option to convene on an ad hoc basis as needed.
2. Commission a workgroup with the specific purpose of exploring trauma and trauma-responsiveness within the dependency court system.