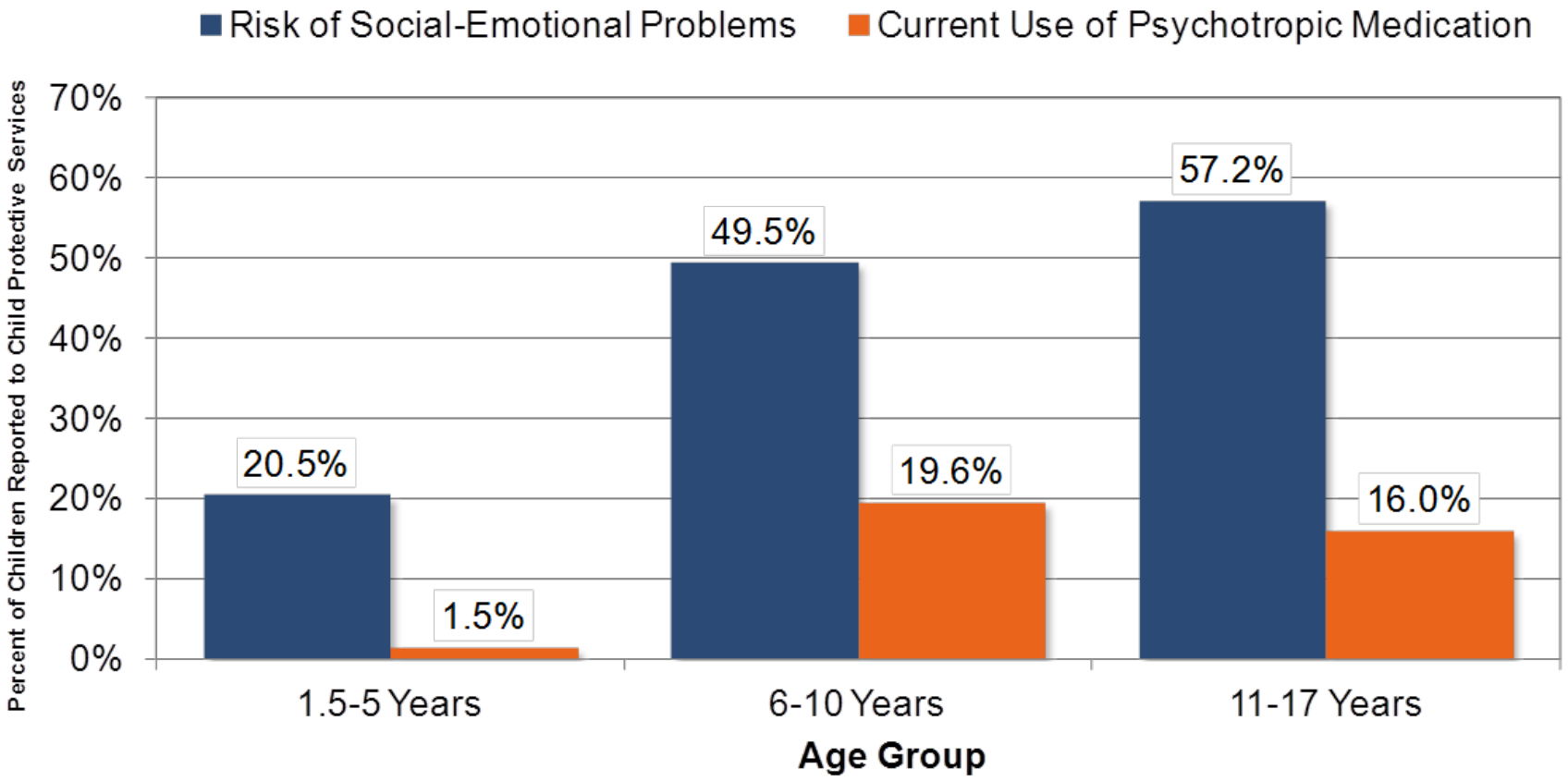
ADMINISTRATION FOR CHILDREN & FAMILIES

Promoting Well-Being through Better Management of Psychotropic Medication with Children and Youth in Foster Care

Bryan Samuels, Commissioner
Administration on Children, Youth and Families

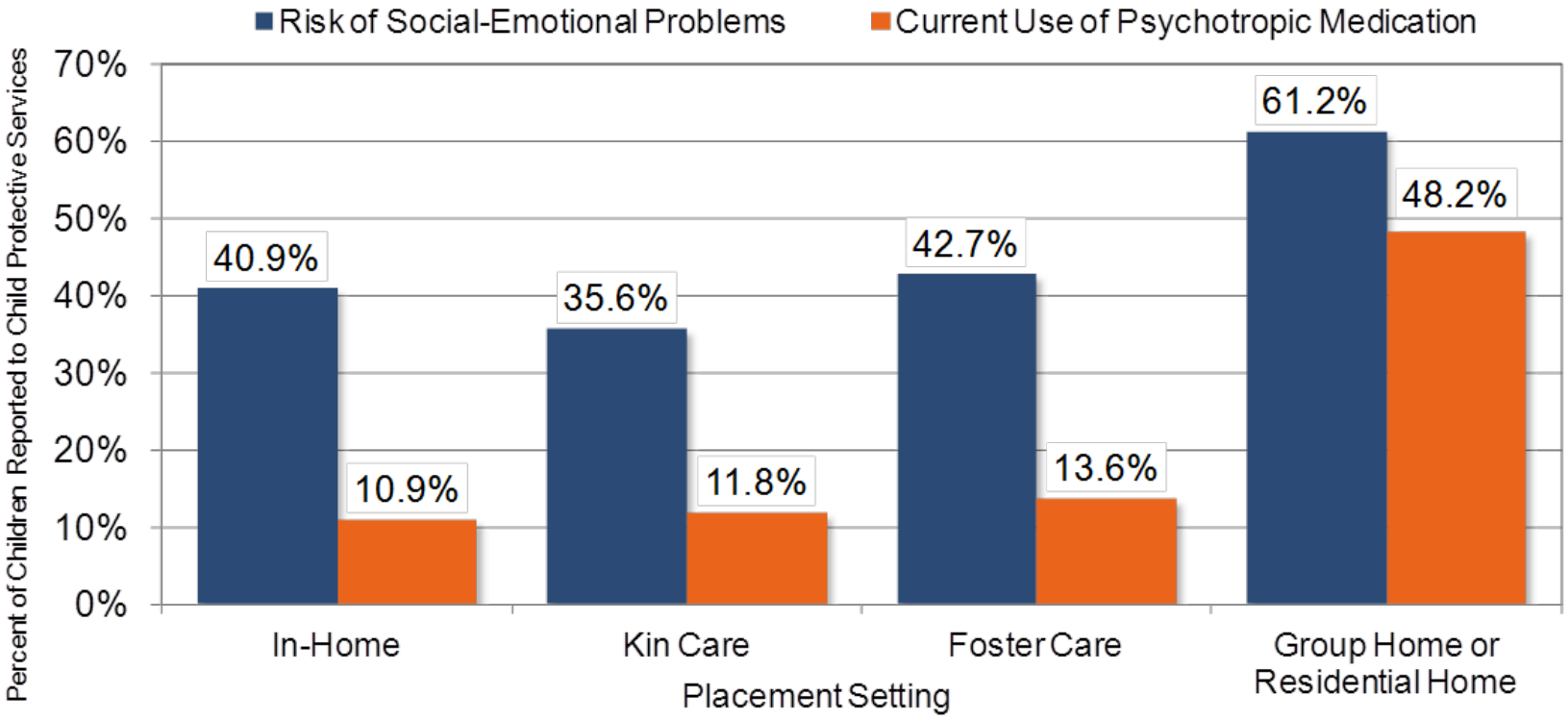
Risk of Social-Emotional Problems and Use of Psychotropic Medications among Children Known to Child Protective Services, by Age Group



Data Source: National Survey of Child and Adolescent Well-Being II (NSCAW II). NSCAW II is a Congressionally required study sponsored by the Office of Planning, Research and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS).

Risk of social-emotional problems was defined as scores in the clinical range on any of the following standardized measures: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL: administered for children 1.5 to 18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report From (TRF; administered for children 6 to 18 years old); the Child Depression Inventory (CDI; administered to children 7 years old and older); or the PTSD section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older).

Risk of Social-Emotional Problems and Use of Psychotropic Medications among Children Known to Child Protective Services, by Placement Type



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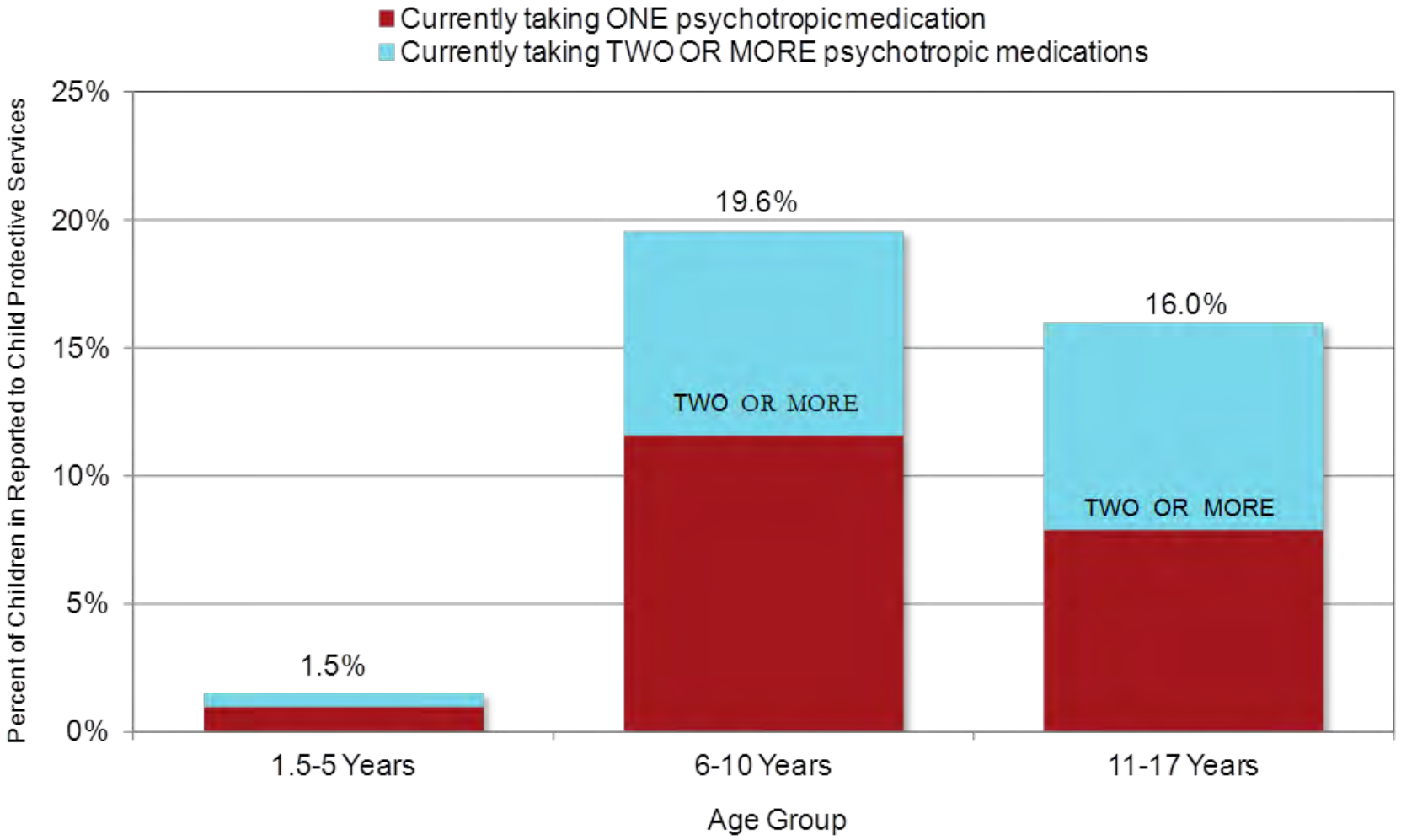
Psychotropic Medication Use and Polypharmacy among Children Known to Child Protective Services, by Age Group



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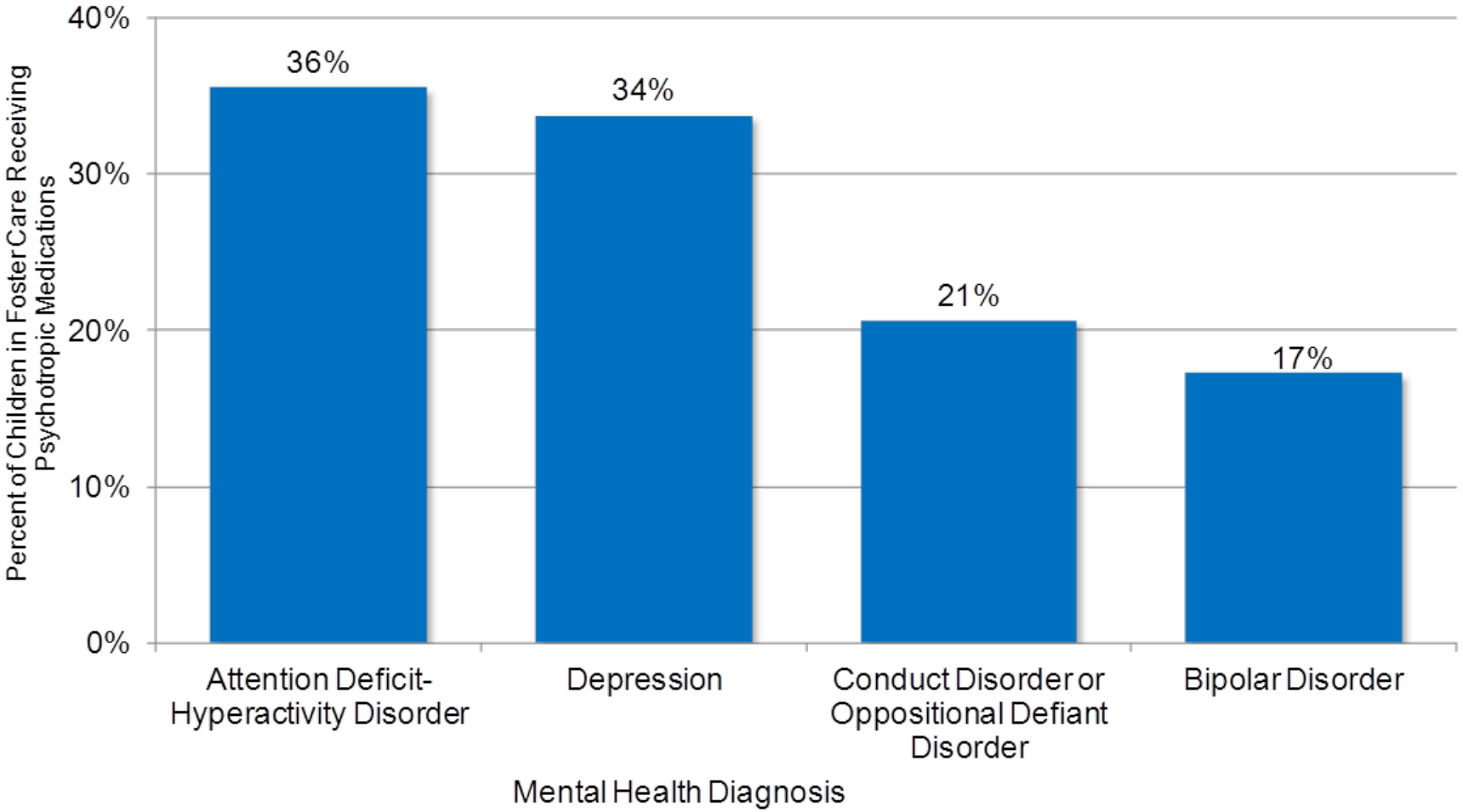
Most Common Mental Health Diagnoses among Children in Foster Care Receiving Psychotropic Medications



Zito, JM; et al. (2008). Psychotropic medication patterns among youth in foster care. *Pediatrics*. 121(1): e157.

HHS Interagency Workgroup

The Administration for Children and Families convened an interagency workgroup in August, 2011 to explore the use of psychotropic medication among children in foster care and to develop a commensurate response.

Workgroup members represented 6 agencies:

- Agency for Healthcare Research and Quality (AHRQ)
- Administration for Children and Families (ACF)
- Center for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- National Institute of Mental Health (NIMH)
- Substance Abuse and Mental Health Administration (SAMHSA

Activities included reviewing published articles and reports, convening a meeting of experts, gathering existing guidelines and best practices and developing a plan for future activities

The Workgroup continues to meet regularly.

New Psychotropic Medication Management Requirements

According to the *Child and Family Services Improvement and Innovation Act* of 2011, States are required to submit descriptions of protocols planned or in place to oversee and monitor psychotropic medication use among children and youth in foster care. The Children's Bureau has instructed States to address the following areas:

- Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children's mental health and trauma-treatment needs (including a psychiatric evaluation, as necessary, to identify needs for psychotropic medication);
- Informed and shared decision-making (consent and assent) and methods for on-going communication between the prescriber, the child, his/her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders;
- Effective medication monitoring at both the client and agency level;
- Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist (at both the agency and individual case level); and
- Mechanisms for accessing and sharing accurate and up-to-date information and educational materials related to mental health and trauma-related interventions (including information about psychotropics) to clinicians, child welfare staff, and consumers.

Information Memorandum and Program Instruction:

ACYF-CB-IM-12-03: http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1203.pdf
ACYF-CB-PI-12-05: http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2012/pi1205.pdf
ACYF-CB-PI-12-06 (Tribal): http://www.acf.hhs.gov/programs/cb/laws_policies/policy/pi/2012/pi1206.pdf

Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medication for Children and Youth in Foster Care August 27-28, 2012; Washington, D.C.

Six-person teams from all 50 States, the District of Columbia, and Puerto Rico comprised of two representatives each from child welfare, mental health, and Medicaid are invited to participate in this working meeting. The purpose of the meeting is to:

- Provide an opportunity for State leaders to enhance existing cross-system efforts to ensure appropriate use of psychotropic medications;
- Showcase collaborative projects and initiatives at State- and local-levels;
- Offer state-of-the art information on cross-system approaches to improving mental health and well-being for children and their families;
- Encourage participants to think in a deep and nuanced way about strategies for addressing the mental health and trauma-related needs of children in foster care with evidence-based and evidence-informed interventions; and
- Facilitate each State's development of action steps to improve upon and implement their existing oversight plans.

For more information, contact Kate Stepleton at kate.stepleton@acf.hhs.gov or your Regional Office.

What Can Medicaid/CHIP Agencies Do To Drive Quality Improvements?

- Be the health care experts in the development of your State's Health Care Services Plan: we need your help
- Lead State partnership in consideration of the CHIPRA Quality Measures: child welfare planners can help
- Explore State data findings with your child welfare planners: Who are the children on 5 or more psychotropics in your State? What's happening with children under age 5? Are there shared areas for improvement?
- Evaluate the availability of effective psychotherapeutic practices in your State: Are their areas of saturation or desert? What practices are demonstrating positive outcomes of health and well-being? Are there shared resources which may help replicate those practices?