Federal Legislation Regarding Health Care and Psychotropic Medications for Youth in Foster Care

Section 422(b)(15) of the *Social Security Act 42* U.S.C. 622(b) **require state child welfare agencies, in collaboration with others, to develop a "plan for ongoing *oversight* and *coordination* of health care services," including psychotropic medications**, for any child in a foster care placement. The legislation includes six parts to be included in every state's plan: (i) a schedule of **health screenings**, (ii) **how health needs will be monitored and treated**, (iii) **how medical information will be updated and shared**, (iv) steps to **ensure continuity** of health care services, (v) the **oversight of prescription medicines**, and (vi) **how the State will actively consult with and involve physicians or other professionals**.

The NH Division of Children Youth and Families has created a policy to meet these federal legislation requirements and improve the safe and effective use of psychotropic medications with youth in foster care. See other handout.

The *Child and Family Services Improvement and Innovation Act* (P.L. 112-34) requires that state child welfare agencies create 5-year strategic plans that include details about **how the agency will monitor and treat emotional trauma associated with a child's maltreatment and removal, as well as a description of how the use of psychotropic medications will be monitored**.

American Academy of Child and Adolescent Psychiatry (AACAP) Guideline Summaries

Youth Voice Tip Sheet – 10 tips to Improve the Conversation –2012

1. Learn how to talk to us and get to know us.
2. Learn about youth culture.
3. Listen to us – we don't feel like we are heard.
4. Give us Information.
5. We may be afraid; we may be frightened and get angry.
6. Understand our concerns about medication.
7. Give us choices, and offer alternatives.
8. Offer us hope.
9. Learn to work well with our parents/caregivers, and with us.
10. Treat us as you would want your own child to be treated.

Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody – 2005

- Every youth in state custody should be **screened and monitored for emotional/behavioral disorders**. Youth screened positively should have a comprehensive mental health evaluation.
- Youth in state custody who require mental health services are entitled **to continuity of care, effective case management, and longitudinal treatment planning**.
- Youth in state custody should have **access to effective psychosocial, psychotherapeutic, and behavioral treatments, and, when indicated, pharmacotherapy**.
- Consent is a two-staged process involving informed **consent provided by an authorized person/agency and assent from the youth.**
- Effective medication management requires **careful identification of target symptoms at baseline, monitoring response to treatment, and screening for adverse effects**.

A Guide for Community Child Serving Agencies on Psychotropic Medications –2012

- Many youth benefit from **psychotropic medications used as part of a comprehensive treatment plan**.
- Medication may be **over-prescribed** when attention is not given to supports and services that may benefit the youth or when youth has very challenging behaviors with no alternative services. Medications may be **over- or under-prescribed** if youth has no access to well-trained clinical prescribers.
- **Active pursuit of alternatives to medication is needed**, especially when youth are on medicines for a long time or when serious side effects occur.

- When youth are on psychotropic medications for a long time or when they have stabilized, **it is important to cautiously decrease the dose or come off the medication(s).**
- **If a youth has extreme challenges (needing hospitalization or residential treatment), providers should consider carefully taking youth off all medications** to confirm what symptoms remain and make sure medications were not causing the symptoms.
- Providers should tell youth and parents about whether the recommended medication and dosing is **approved by the FDA (many are not) for the child's condition and age and about FDA black box warnings.**
- Prescribers should consider **risks for the youth or parent's misuse of medications.**
- **If parents and providers disagree, the provider should help parents find second opinions.**
- **Before prescribing, information should be gathered** including the history of current symptoms and concerns; developmental, medical and mental health history, strengths and interests, the family's situation regarding supports and stressors, the youth's education status, other community and environmental factors, records of previous medication and non-medication treatment and family history, and family conditions such as obesity or diabetes that could affect medication use.
- **Parents and youth need full understanding of risks and benefits to medications as well as options for alternative interventions before consenting/assenting.**
- A common side effect of some psychotropic medications is a change in appetite and weight (e.g. stimulants, antipsychotics, and mood stabilizers). It is important for the prescriber to **monitor height/weight and monitor blood tests.** Prescribers should discuss how to reduce the risk of weight gain.
- If emotions or behavior in the youth change when taking medicine(s), one should not assume the change for better or worse is always due to medicine or medicine alone. Symptom rating scales are recommended.
- Any psychotropic medication **consideration in a child below the age of 5 should be very carefully evaluated** by a clinician with special training and experience with this very young age group.
- **Concerns regarding polypharmacy**: New providers may be uncomfortable discontinuing medications. It is not recommended for prescribers to start 2+ medications at once.

<u>Assessment and Management of Youth Involved With the Child Welfare System –2015</u>

- Clinicians should **understand the child welfare process**, core values, and principles
- Clinicians should be **aware of a referred child's current legal status, including consenting authority**.
- Before accepting a referral, the **clinician should clarify the circumstances and goals of the referral and the limits** of which services can and cannot be provided.
- Clinicians should **communicate with the referral source and the child welfare worker** to obtain the information needed to proceed with the evaluation.
- Clinicians **should involve biological and foster family members** in assessment and/or treatment.
- Clinicians should **maintain high standards of record keeping** attending to outcomes and confidentiality.
- Clinicians should be familiar with **special considerations** in the evaluation and treatment of youth in child welfare, including common problems such as maltreatment, traumatic stress, and disrupted attachments.
- Clinicians should be **knowledgeable about evidence-based psychosocial interventions**.
- Clinicians should be **familiar with regulations and procedures** for prescribing psychiatric medications to youth involved with the child welfare system and should follow best prescribing practices.

<u>Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems – 2015</u>

- Psychotropic medication should be guided by the following three perspectives:
  - B**iopsychosocial assessment and treatment:**
    - biological factors (genetic "load", exposure to drugs in utero, nutrition, physical health)
    - psychological factors (emotional/behavioral functioning, strengths, interests, values, skills)
    - social factors (family, neighborhood, supports, poverty, adversities)
  - **Trauma-informed care** principles: safety, trustworthiness, collaboration, patient choice & empowerment
  - **System of Care** principles: family driven, youth guided, home and community-based, strengths-based, individualized, culturally competent, integrated across systems, use of natural networks, outcomes-oriented, public health-oriented, trauma-informed
- In the vast majority of cases, **psychotropic medication should not be used without effective psychosocial interventions.** It is the responsibility of all to advocate for increased access and training of therapists.