
Ensuring Appropriate Psychotropic Medication Usage for Children in Foster Care

Giving children and youth in foster care appropriate care that meets their needs helps them grow up healthy and better equipped for success. Unfortunately, a recent report by the United States Government Accountability Office (GAO) found that children in foster care in Texas are more likely than foster children in other states to be prescribed psychotropic medications. Texas can build on its earlier efforts and put in place safe, appropriate practices to limit foster children's unnecessary exposure to drugs.

Often, children coming into the foster care system have been exposed to poverty, substance abuse, inadequate healthcare, family violence, and other factors that impact their social and emotional development. Such exposure and maltreatment can have a direct impact on the brain development of the children entering foster care.ⁱ Placement in foster care itself is associated with increased stress levels in children, many of whom struggle to manage their emotions and social behavior. Many times, those working with foster children interpret such behavior as a sign of severe mental health disorders. This leads to the prescription and administration of psychotropic medications,ⁱⁱ which are drugs that affect mood, behavior, or mental functioning. The United States Government Accountability Office (GAO) reported in late 2011 that children in foster care in Florida, Massachusetts, Michigan, Oregon, and Texas were prescribed psychotropic medications 2.7 to 4.5 times more often than children who were not in foster care, with children in the Texas foster care system being the most likely to receive these medications.ⁱⁱⁱ Similarly, a recent lawsuit, brought by the New York-based organization Children's Rights, alleges that Texas Child Protective Services (CPS) inappropriately places children in its permanent managing conservatorship on psychotropic medications that further damage their odds of and put them at risk of never finding a permanent home.^{iv} Texas can do a better job of ensuring children and youth in foster care receive the care they need to improve their overall well-being and recover from the experiences that led them into foster care in the first place.

Efforts to address psychotropic medication usage in Texas

Over the past six years, the Texas Department of Family and Protective Services (DFPS) and the Texas Health and Human Services Commission (HHSC) have worked to address concerns about the use of psychotropic medications on children placed in foster care. In 2004, almost 30 percent of children in foster care were on at least one or more psychotropic medication for 60 days or longer.^v In response to legislative reforms in 2005, DFPS implemented the STAR Health Medicaid managed care program that aims to provide children in foster care better access to appropriate medical care. STAR Health providers are required to comply with the *Psychotropic Medication Utilization Parameters for Foster Children*, a guideline developed by HHSC in February 2005.^{vi} These parameters were intended to promote the appropriate use of psychotropic medications by healthcare providers. In addition, STAR Health provides

psychotropic medication utilization reviews (PMURs) and tracks trends related to psychotropic drug use by children in foster care.

Additionally, DFPS has promoted and integrated trauma-informed care within their agency practice. Trauma-informed care is treatment or care provided by individuals who understand the impact of trauma on the child's physical, mental, and emotional health and behaviors.^{vii} STAR Health has provided all DFPS caseworkers and supervisors trauma-informed training. This training is intended to provide direct service delivery staff a better understanding of the impact of trauma on the behavioral health of children in foster care and promote more effective ways of supporting their social and emotional needs. Further expansion of trauma-informed training was secured with the passage of SB 219 in the 82nd legislative session. The bill requires CPS caseworkers and supervisors to take a refresher course on trauma-informed service provision and expands trauma-informed training to additional providers working with children in foster care. Unfortunately, the Legislature failed to provide funding to support these expanded training efforts, thereby limiting its impact.

Since measures were instituted in 2005, the rate of psychotropic medication use by children in foster care has declined.^{viii} Further analysis is needed to determine to what extent the decrease merely follows national trends (Prescription rates for these medications are dropping across the country.) versus came as a result of Texas's accountability measures. Regardless, the GAO report suggests accountability measures have not yet brought prescription rates in Texas into alignment with clinical best practices—or the rest of the country.

Ensuring oversight for use of psychotropic medications and access to alternative treatments

Although Texas has made positive efforts to address the overutilization of psychotropic medications in foster care, recent findings make clear the need for additional accountability measures. In addition to improving oversight efforts, Texas should ensure children in foster care receive comprehensive assessments that identify their strengths and needs. Further, foster children need effective interventions that are safe and enhance overall well-being.

Recommendations for Texas

Expand and fund trauma-informed training for all STAR Health providers.

Trauma-informed care has been recognized as a best practice. Currently, mental health providers are not required to have this training. Expansion of this training to STAR Health providers will support the proper assessment of and effective interventions for children in foster care.

Ensure the record of diagnoses, height and weight, allergies, medical history, ongoing medical problem list, psychotropic medications, and adverse medication reactions of a child in foster care is entered correctly, maintained and updated frequently within the STAR Health Medical Passport program.^{ix}

Given the possible adverse side effects posed by psychotropic medications, it is important that a child's bio-psycho-social history is known by healthcare providers to ensure the safe utilizations of psychotropic

medications if warranted. The STAR Health Medical Passport is a web-based, electronic healthcare record that allows providers who opt in to the database to update medical information for children receiving STAR Health Medicaid. This electronic health record system does not always capture the information needed to ensure proper dosage and medication prescriptions. All providers should be using this database and updating the medical information frequently to ensure a strong continuity of care and the appropriate provision of psychotropic medications.

Promote efforts to actively engage youth in the decision-making process related to their behavioral health needs and therapeutic service planning.

DFPS is required to inform youth 16 and older of their right to request a hearing to consent to their own medical care.^x This statutory guideline acknowledges the importance of a youth's perspective and role within their medical decision-making and provides opportunities for enhanced oversight of those providing behavioral health services to youth in care. However, more practical and robust solutions could include a more active and meaningful clinical encounter between the healthcare provider and youth. Those providing behavioral health services to children in foster care should be open and receptive to the observations and opinions by youth and those working with the children directly on a daily basis. Documentation on the youth's perspective should be included in the notes provided to STAR Health and in the Health Passport.

Additional parameters/modifications made to the *Psychotropic Medication Utilization Parameters for Foster Children* should be undertaken by clinicians without conflicts of interest.

DFPS and the University of Texas at Austin College of Pharmacy formed an advisory committee that included psychiatrists, psychologists, pediatricians, and other mental health professionals serving children and youth to develop the *Psychotropic Medication Utilization Parameters for Foster Children*, which was last updated in 2010.^{xi} To ensure these parameters retain integrity, those providing input to any future modifications to the parameters should provide full disclosure regarding potential conflicts of interests. Any identified conflicts should be reviewed by an outside party for possible exclusion of participants.

Ensure foster parents and other legal parties understand their right to request a psychotropic medication utilization review by STAR Health/IMHS service coordinators.

Information on how to request a PMUR should be posted and clearly outlined for those approved to request them. Currently, PMURs are only conducted when specific criteria exists for a child receiving at least one psychotropic medication and can be requested by certain individuals, legal parties, and providers working with a child. The passage of HB 2488 in 2011 further strengthened oversight efforts by allowing foster parents and other legal parties to access medical information without further orders.

Given the serious risks posed by psychotropic medications, PMUR review should be available as requested by a caregiver or other legal party for all children within the state's care who receive psychotropic medications.^{xii}

Currently, a PMUR review is only conducted when the prescription regimen appears to fall outside of the established parameters. In 2009, less than .2% of children in foster care received a PMUR.^{xiii} Given the

concerns with the overutilization of psychotropic medications of children and youth in care, PMURs should be completed when requested by a caregiver or other legal party.

HHSC should collect data on psychotropic medication usage for all youth in foster care rather than a sample.

HHSC collects and analyzes psychotropic medications usage for youth in foster care who are prescribed a medication for 60 or more consecutive days, are prescribed two or more psychotropic medications in the same therapeutic class, and/or are on five or more psychotropic medications.^{xiv} Inappropriate prescriptions or the prescriptions of multiple psychotropic medications could be occurring under the 60-day period. Collecting data for all youth in foster care would further strengthen oversight.^{xv}

ⁱ National Scientific Council on the Developing Child (2010). *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*. Retrieved from www.developingchild.harvard.edu.

ⁱⁱ Milan, SE & Pinderhuges, EE. (2000). Factors influencing maltreated children's early adjustment in foster care. *Development and Psychopathology*. 12(1):63.

ⁱⁱⁱ United States Government Accountability Office. Testimony before the Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security, Committee on Homeland Security and Governmental Affairs, U.S. Senate. December 1, 2011. <http://gao.gov/products/GAO-12-270T>

^{iv} M.D. v. Perry, Suehs and Heiligenstein, (United States District Court for the Southern District of Texas, Corpus Christi Division).

^v HHSC, Update on the Use of Psychotropic Medications in Texas Foster Children Fiscal Years 2005-2007, www.hhsc.state.tx.us/medicaid/OCC/Psychoactive_Medications.html.

^{vi} HHSC Report on the Use of Psychotropic Medication in Texas Foster Children State Fiscal Year 2005, June 2006.

^{vii} <http://www.samhsa.gov/nctic/trauma.asp>

^{viii} Update on the Use of Psychotropic Medications in Texas Foster Children: Fiscal Years 2002-2011. http://www.hhsc.state.tx.us/medicaid/OCC/Psychoactive_Medications.html

^{ix} GAO, *Foster Care: State Practices for Assessing Health Needs, Facilitating Service Delivery, and Monitoring Children's Care*, GAO-09-26 (Washington, D.C.: Feb 6, 2009).

^x http://www.dfps.state.tx.us/Child_Protection/Medical_Services/medical-consent.asp#consent

^{xi} DFPS and HHSC Psychotropic Medication Utilization Parameters for Foster Children. December 2010.

^{xii} United States Government Accountability Office. Testimony before the Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security, Committee on Homeland Security and Governmental Affairs, U.S. Senate. December 1, 2011. <http://gao.gov/products/GAO-12-270T>

^{xiii} Hon. John Specia (ret.), Jurist in Residence Office of Court Administration. November 2011.

^{xiv} DFPS Presentation on Senate Charge 13 relating to mental health services available to abused and neglected children given to the Senate Health and Human Services Committee. March 11, 2010.

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