Tufts CTSI
Tufts Clinical and Translational Science Institute

Multi-State Study on Psychotropic Medication Oversight in Foster Care

September 2010

EXECUTIVE SUMMARY

What is this study about?

This study examined *state policies and practices regarding oversight of psychotropic medication use* (i.e., use of medication for treating behavioral and mental health problems) for children and adolescents ages 2 to 21 years in foster care.

Over the past decade, psychotropic medication use in the general youth population has increased 2-3 fold and polypharmacy (i.e., the use of more than one psychotropic medication at the same time) has increased 2.5-8 fold.

Estimated rates of psychotropic medication use for youth in foster care, however, are much higher (ranging from 13-52%) than those for the general youth population (4%).

This multi-state study aimed to:

- Identify which states had policies or written guidelines regarding psychotropic medication oversight for youth in foster care;
- Better understand the challenges states had encountered; and
- Determine what types of solutions states had implemented or were planning to implement.

This information may be of help as states determine how to respond to the mental health components of Public Law (P.L.) 110-351, the "Fostering Connections to Success and Increasing Adoptions Act."

How was this study conducted?

Interviews were conducted with key informants from state child welfare agencies in 47 states and the District of Columbia between March 2009 and January 2010. In addition, existing state policies and guidelines, either available on public websites or provided by key informants, were reviewed.

What does the Study Report include?

The Study Report includes:

- An overview of the *status of policies and guidelines for psychotropic medication oversight* across 47 U.S. states and the District of Columbia in 2009-2010; and
- Descriptions of *challenges* and innovative *solutions implemented by states.*

The Study Appendix includes:

- Links to *specific tools* developed by states and available online; and
- *Websites, articles, professional organizations' policy/position statements,* and *guidelines* that may be helpful as states seek to implement P.L. 110-351.

Who might find the Study Report and Study Appendix helpful?

Child welfare agency administrators and staff, including commissioners, quality assurance staff, foster care program directors, medical directors, mental health directors, and program staff.

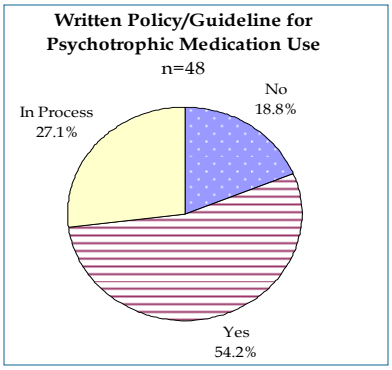
State Medicaid and public mental health staff, including directors, administrators, and others interested in medication oversight.

State leaders, such as governors, legislators, child advocacy directors, and their staff.

Pediatricians, family physicians, child and adolescent psychiatrists, mental health providers, and professional organization members and staff who care for youth in foster care or who develop practice guidelines for youth in foster care.

Youth in foster care and foster care organization members, including foster parent associations, foster youth advisory groups and membership organizations, and foster alumni organizations that advocate for improved outcomes for youth.

What are selected findings from this study?



Existing policies or written guidelines:

- 26 states (~ 54%) had a policy/guideline regarding psychotropic medication use;
- 13 states (~ 27%) were currently developing a policy/guideline; and
- 9 states (~ 19%) had no policy/guideline regarding psychotropic medication use.

States identified 10 main components essential to developing a psychotropic medication oversight system for youth in foster care:

1	Recognition in child welfare agencies that psychotropic medication use is a systems problem that needs to be addressed	6	Involvement of biological parents and youth in ongoing clinical decision-making
2	Collaboration among youth-serving organizations and stakeholders	7	Oversight program for monitoring population trends
3	Access to up-to-date guidelines on clinical practices	8	Presence of a feasible, employable policy/guideline
4	Mechanisms for identifying who needs psychotropic medication	9	Fiscal, human, and technological resources
5	Informed decision-making/consent and appropriate medication monitoring for individual youth in foster care	10	National approach and resources for psychotropic medication oversight

For a complete description of each component, please see the full Study Report. For information on specific solutions that states have implemented, or for additional tools and resources, please see the Study Appendix.

States reported using the following "red flags" to track quality and safety issues related to psychotropic medication use:

- Use of psychotropic medications in young children (states varied in cutoff from 3-6 years of age)
- Polypharmacy before monopharmacy (i.e., using multiple medications before using a single medication)
- Use of multiple psychotropic medications simultaneously (states varied in cutoff from 3-5 medications)
- Use of multiple medications within the same class for longer than 30 days, including: 2-3+ antidepressants; 2+ antipsychotics; 2+ stimulants (not including long-acting and short-acting stimulants); or 3+ mood stabilizers
- Dosage exceeds current maximum recommendations (e.g., guidelines from manufacturers, etc.)
- Medications not consistent with current recommendations (e.g., professional or state guidelines)
- Use of newer, non-approved medications over FDA approved medications
- Primary care doctor prescribing for a disorder other than Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Adjustment Reaction, or Depression
- Antipsychotic medication use for longer than 2 years (if not diagnosed with Bipolar Disorder, Psychosis, or Schizophrenia)
- No documentation of discussion of risks and benefits of medication
- Use of PRN (i.e., "as needed") medications 2+ times within a 7-day period

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