

STUDY APPENDIX: STATE TOOLS & RESOURCES

Overview

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

This multi-state study aimed to:

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

The [Study Report](#) discusses findings from interviews with key informants from 47 U.S. states and the District of Columbia.

This appendix includes:

- ◆ Descriptions of and links to *specific tools* developed by states and available online;
- ◆ Descriptions of and links to *websites* of interest;
- ◆ *Articles* on topics such as:
 - Rates of psychotropic medication use in the general youth population and among youth covered by Medicaid
 - Rates of psychotropic medication use among youth in foster care
 - Policy/position statements, practice parameters, and expert guidelines on mental health evaluations, mental health care, and psychotropic medication use among youth in foster care;
- ◆ Link to the *U.S. Legislature text on Public Law (P.L.) 110-351*; and
- ◆ Information about *consulting services* on the use of psychotropic medication among youth in foster care.

We hope states, federal agencies, and advocacy groups find these tools and resources helpful as we collaborate to address components of P.L. 110-351, the “Fostering Connections to Success and Increasing Adoptions Act,” related to the quality and safety of mental health care for youth in the U.S. foster care system.

State Tools (listed by category, then alphabetically by state abbreviation; links and URLs provided)

Many states have developed innovative and useful tools. The following tools are available on publicly accessible websites, have a general applicability, and contain few state-specific acronyms.

Table 1. Policies/Procedures for Psychotropic Medication Oversight

STATE	TITLE OF TOOL	DESCRIPTION OF TOOL
AZ	Practice Protocol: Informed Consent for Psychotropic Medication Treatment	This practice protocol outlines the specific practice for obtaining and documenting informed consent from persons/parents/legal guardians for all prescribed psychotropic medications for people using public mental health services. (http://www.azdhs.gov/bhs/guidance/psyc.pdf)
AZ	Provider Manual Section 3.15: Psychotropic Medication: Prescribing and Monitoring	The Arizona Department of Health Services, Division of Behavioral Health Services developed this provider manual to help: ensure that persons are treated safely and effectively with psychotropic medications; reduce or prevent the occurrence of adverse side effects; and restore and maintain optimal levels of functioning to achieve positive clinical outcomes. (http://www.azdhs.gov/bhs/provider/sec3_15.pdf)
AZ	Psychiatric Monitoring Tool	This checklist is designed to help keep track of events relating to psychiatric evaluation, psychiatric treatment, and informed consent for youth. (http://www.azdhs.gov/bhs/guidance/pmtools/birthtofive_tool.pdf)
CT	Guidelines for Psychotropic Medication Use in Children and Adolescents	These guidelines were developed by the Department of Children and Families' Psychotropic Medication Advisory Committee (PMAC), a group of child psychiatrists, pediatricians, pharmacists, advanced practice registered nurses, and family advocates. Using multiple resources, the PMAC formulated these guidelines to improve and systematize psychotropic medication treatment. These guidelines are meant to provide a consistent consent process for the use of psychotropic medications and to improve the overall level of care for children in state custody. (http://www.ct.gov/dcf/lib/dcf/behavioral_health_medicine/pdf/guidelines_psychotropic_medication.pdf)
CT	Psychotropic Medication Consent Process	This website provides links to newsletters, educational materials, provider prescribing guidelines, forms, laboratory monitoring protocols, medication lists, Psychotropic Medication Advisory Committee minutes, and contact information. (http://www.ct.gov/dcf/cwp/view.asp?a=2558&q=386456)
FL	Florida Best Practices Medication Guidelines for the Use of Psychotropic Medications in Children and Adolescents	These guidelines reflect the state of knowledge, current at the time of publication, on effective and appropriate care, as well as on clinical consensus judgments when research is lacking. Options are categorized in different levels based upon strength of science and expert consensus regarding a particular agent or treatment option. Both safety and efficacy issues were weighed when assigning particular treatment options to a Level. Level 1 options were considered to have stronger evidence and consensus than level 2 and below. (http://flmedicaidbh.fmhi.usf.edu/recommended_guidelines.htm)
MA	Department of Mental Health Policy # 83-50: Antipsychotic Medications (Rogers Decision)	This memorandum outlines the major implications of the "Rogers Decision" which requires court approval for the use of antipsychotic medication in facilities and programs within the Department of Mental Health, which includes programs serving youth in foster care. (http://www.mass.gov/Eeohhs2/docs/dmh/policy/policy_83_50.pdf)

Table 1. Policies/Procedures for Psychotropic Medication Oversight, *continued*

STATE	TITLE OF TOOL	DESCRIPTION OF TOOL
MD	Independent Living Program	Maryland's Independent Living Program (ILP) provides independent living preparation services to older youth in foster care (14–21 years of age) in preparation for adulthood. Youth ages 14-16 are provided basic living skills in partnership with the kinship-caregiver, foster parent, or pre-adoptive parent and case manager. Together, the youth, caregiver, and case manager assess the youth's proficiency in life skills. Based on the outcome of the assessment, services are arranged and offered according to the needs of the youth. The ILP encourages youth to take an active role in planning the activities and services that they need. (http://www.dhr.maryland.gov/ssa/living/)
ME	Children's Services Evidence-Based Practice Advisory Committee	This committee reviews and advises the Office of Child and Family Services and other key stakeholders on proven treatment practices used in addressing the behavioral health disorders of childhood. The committee website provides a list of publications, descriptions of current projects, and resources on evidence-based practice. (http://www.maine.gov/dhhs/ocfs/cbhs/ebpac/index.shtml)
NY	Informational Letter	The purpose of this Informational Letter is to provide guidance on the safe and appropriate use of psychiatric medications for children and youth in state custody. The guidance presented is consistent with current research and professional publications that address psychiatric medication and children. For further information, a list of references is included in this document. This letter also provides information on the authority to provide routine and informed consent for medical care of children in placement. (http://www.ocfs.state.ny.us/main/policies/external/OCFS_2008/INFs/08-OCFS-INF-02%20The%20Use%20of%20Psychiatric%20Medications%20for%20Children%20and%20Youth%20in%20Placement%20-%20Authority%20to%20Consent%20to%20Medical%20Care.pdf)
NY	Working Together: Health Services for Children in Foster Care Manual	This manual was developed with the assistance and advice of voluntary agencies and county departments of social services, and is based on research into laws, regulations and best practices. It is designed to support foster care and health services staff in focusing on the critical issue of adequate, timely health services for children in foster care. The primary audiences for this manual are foster care caseworkers, foster care supervisors, and persons responsible for the coordination of health services. (http://www.ocfs.state.ny.us/main/sppd/health_services/manual.asp)
OR	Psychotropic Medication Management: Consent Process Flowchart	This flowchart visually describes the consent process for psychotropic medication management of youth in state custody. (http://www.oregon.gov/DHS/children/docs/consent-process-flow.pdf)
OR	House Bill 3114	This legislation, effective July 1, 2010, requires mental health assessments be done prior to issuance of a second psychotropic medication to a youth in foster care. This legislation also requires an annual review of medications for all children in foster care younger than 6 years of age who are taking one psychotropic medication, as well as for all children in foster care who are taking more than two psychotropic medications. (http://www.leg.state.or.us/09reg/measpdf/hb3100.dir/hb3114.en.pdf)
TN	Psychotropic Medication Utilization Parameters for Children in State Custody	Developed by the Texas Department of State Health Services and adapted by the Tennessee Department of Children's Services and by the Pharmacy and Therapeutics Committee (http://www.tennessee.gov/youth/dcsguide/policies/chap20/PsychoMedUtilGuide.pdf)

Table 1. Policies/Procedures for Psychotropic Medication Oversight, *continued*

STATE	TITLE OF TOOL	DESCRIPTION OF TOOL
TX	Psychotropic Medication Utilization Parameters for Foster Children	These parameters were developed by a panel of child and adolescent psychiatrists, psychologists, guideline development specialists, and other mental health experts. They are based on the most current, evidence-based medical literature and are reviewed at least annually and updated as needed. These guidelines are intended as a resource for physicians and other clinicians. (http://www.dshs.state.tx.us/mhprograms/pdf/PsychotropicMedicationUtilizationParametersFosterChildren.pdf)
TX	Cover Letter to healthcare providers	This cover letter accompanies the Psychotropic Medication Utilization Parameters for Foster Children, listed above. This letter provides information about who these parameters are intended to be used by, and in what contexts they may be useful. (http://www.dshs.state.tx.us/mhprograms/pdf/PsychotropicMedicationLetter_020107.pdf)
WI	Resident Record Checklist	This checklist, designed for use in residential care centers for children and youth, provides a means of documenting information pertaining to psychotropic medication, including: prescribing physician's report, prescribing physician's reasons for prescription, informed consent, and refusal to take prescribed medications. (http://dcf.wisconsin.gov/forms/pdf/dcf_f_cfs2139_e.pdf)

Table 2. Resources for or about Youth in Foster Care

STATE	TITLE OF TOOL	DESCRIPTION OF TOOL
CA	Foster Youth Help	This website, developed and run by the California Ombudsmen for Foster Care, is designed specifically as a resource for foster youth. This website provides: contact information; a description of foster youth's rights; a place for foster youth to file complaints regarding their placement, care, and services without fear of retribution from those who provide care and services; and an independent forum for the investigation and resolution of complaints made by or on behalf of youth placed in foster care. (http://www.fosteryouthhelp.ca.gov/)
FL	Rights of Youth in Shelter or Foster Care	This informational brochure outlines the rights of all children in foster care to apprise them of their rights, expectations, benefits, and resources for further assistance. (http://www.dcf.state.fl.us/programs/fostercare/docs/fsp5320.pdf)
ID	My Roadmap to Life in Foster Care	This booklet, designed for youth in foster care, provides important contact information, relevant vocabulary details on how the foster care and court systems work, information about Guardians <i>ad litem</i> and Court-Appointed Special Advocates, a section on resources, and a guide to Independent Living Services. (http://www.healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=u9Oua9V4cg8%3d&tabid=75&mid=2404)
ME	Youth in Care Bill of Rights	This Bill of Rights provides youth in foster care with a resource they can use to advocate for themselves and to make sure that their rights are being honored and upheld. This Bill illustrates what caseworkers and others can do to uphold the rights of youth and provides a guide that all can use to improve the foster care system for current and future youth in care. (http://www.maine.gov/dhhs/ocfs/cw/youth_bill_rights.pdf)

Table 2. Resources for or about Youth in Foster Care, *continued*

STATE	TITLE OF TOOL	DESCRIPTION OF TOOL
NY	Handbook for Youth in Foster Care	This handbook is designed both for youth entering foster care and for youth already placed in foster care. This handbook provides information on the foster care system, legal issues surrounding foster care, everyday life for youth in foster care (including youth rights and responsibilities), big questions that youth may have, and aging out of the system. This includes a brief description of a youth's right to know why he/she is taking a medication. (http://www.ocfs.state.ny.us/main/publications/Pub5028.pdf)
OH	Overcoming Hurdles in Ohio (OHIO) Youth Advisory Board	This Advisory Board is comprised of former and current foster youth that have an interest in sharing their voices about the foster care system and child welfare. OHIO's mission is to: be a knowledgeable statewide voice that influences policies and practices that affect all youth who have or will have experienced out-of-home care; bring youth together; assist youth in establishing and achieving realistic goals for their future; and provide exemplary leadership and empowerment opportunities for youth who have or will have experienced out-of-home care. (http://jfs.ohio.gov/ocf/olderyouthinitiatives.stm)
OR	A Guide to Transition Planning for Caseworkers, Judges and Advocates	This document is meant to provide caseworkers, judges and advocates with a guide that will: (1) increase awareness of the challenges faced by foster youth transitioning out of care; (2) increase awareness of the federal and state law pertaining to transition planning; and (3) provide the tools necessary to make a youth's transition out of care more successful. (http://www.jrplaw.org/Documents/Teens%20Aging%20Out%20of%20Foster%20Care%20in%20Oregon.pdf)
OR	Foster Care Questions	This booklet addresses various questions that youth may have about foster care. This booklet covers topics related to entering care, daily life in foster care, exiting the system, and rules of the child welfare system. In addition, the booklet contains a section in which the youth and his/her caseworker fill-in the following information: caseworker contact information, after-hours phone number for emergencies, and signature that they have reviewed this booklet together. (http://www.oregon.gov/DHS/children/publications/fc/fcquestions_9033.pdf)
UT	Fostering Healthy Children Program	The Fostering Healthy Children Program (FHCP) is meant to assist in meeting the health care needs of Utah's children that are placed in foster care. Nurses and staff from the Utah Department of Health are co-located in offices with caseworkers from DCFS. They work in partnership to coordinate the foster child's health care while in custody. (http://health.utah.gov/cshcn/FHCP/)
VA	VA Youth Advisory Council Newsletter	This newsletter, put together by the Virginia Youth Advisory Council (VA-YAC), is a creative vehicle through which foster youth may develop their writing skills while expressing life experiences, concerns, and goals. The goals of the newsletter are to educate foster youth, foster parents, independent living coordinators, local agencies and staff, and Virginia citizens. (http://www.dss.virginia.gov/files/division/dfs/fc/independant_living/vyac/newsletters/2005_summer_fall.pdf)

Websites (listed by category, then alphabetically; links provided)

Websites of Interest Regarding the Care of Youth in Child Welfare

[Administration for Children and Families \(ACF\)](#): This federal agency funds state, territory, local, and tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare, and other programs relating to children and families. Actual services are provided by state, county, city, and tribal governments, and public and private local agencies. ACF assists these organizations through funding, policy direction, and information services.

[American Public Human Services Association \(APHSA\)](#): This association, founded in 1930, is a nonprofit, bipartisan organization of state and local human service agencies and individuals who work in or are interested in public human service programs. The mission of APHSA is to develop and promote policies and practices that improve the health and well-being of families, children, and adults. APHSA educates Congress, the media, and the general public on social policies and practices and helps state and local public human service agencies achieve their desired outcomes in Temporary Assistance for Needy Families, child care, child support, Medicaid, Supplemental Nutrition Assistance Program, child welfare, and other program areas and issues that affect families, the elderly, and people who are economically disadvantaged.

[Annie E. Casey Foundation](#): The Annie E. Casey Foundation is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. Established in 1948, the primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities and neighborhoods fashion more innovative, cost-effective responses to these needs.

[California Evidence-Based Clearinghouse \(CEBC\) for Child Welfare](#): The CEBC provides child welfare professionals with easy access to vital information about selected child welfare related programs. The primary task of the CEBC is to inform the child welfare community about the research evidence for programs being used or marketed in California. The CEBC website provides an easy way to conduct literature searches, review extensive literature, and understand research methodology. On the website you will also find:

- [CEBC Ratings of Evidence-Based Practices for Child Welfare](#): The CEBC uses two different rating scales: the Scientific Rating Scale, which is based on the strength of research evidence supporting the practice; and the Child Welfare Relevance Rating Scale, which is based on the degree to which the program or model is designed for families served within the child welfare system.
- [CEBC Screening and Assessment Tools for Child Welfare](#): This list of screening and assessment tools provides the following information about each tool: assessment rating, brief description, purpose, target population, intended users, length of time required to administer, completed by, modalities available, scoring, languages available, training requirements for intended users, availability (pricing info), development group, and contact information for the development group.

[Center for Health Care Strategies \(CHCS\)](#): CHCS is a nonprofit health policy resource center dedicated to improving health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs.

[Chapin Hall at the University of Chicago](#): Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities. Their work is guided by the following principles: sound policy is based on continuous knowledge building; better policy emerges when researchers engage with policymakers and practitioners in long-term collaborations; a commitment to rigor, independence, and innovation is essential. Chapin Hall offers a broad range of communication and dissemination strategies suitable for diverse audiences that play particular roles in improving the lives of children.

[Child Welfare League of America \(CWLA\)](#): This coalition of hundreds of private and public agencies has been serving vulnerable children and families since 1920. CWLA's expertise, leadership, and innovation on policies, programs, and practices help improve the lives of millions of children in all 50 U.S. states.

Websites of Interest Regarding the Care of Youth in Child Welfare, *continued*

[Foster Care Alumni Association \(FCAA\)](#): The FCAA's goal is to connect the alumni community and to transform policy and practice, ensuring opportunity for people in and from foster care. The vision of FCAA is to ensure a high quality of life for those in and from foster care through the collective voice of alumni. FCAA intends to erase the differences in opportunities and outcomes that exist for people in and from foster care compared to those who have not experienced foster care.

[Fostering Connections Resource Center](#): This website, supported by [Child Trends](#), provides a wealth of child welfare information including state policies, CFSR data, PIP plans, and IV-E amounts. This is a gathering place of information, training, and tools related to furthering the implementation of the Fostering Connections law. Specifically, the Resource Center aims to connect implementers with the latest information and the best experts and advocates working on these issues. The Resource Center provides the following: nonpartisan data sources, individualized technical assistance, tracking of implementation activity, opportunities to communicate with experts and peers, and stakeholder networks.

[Georgetown University's Center for Child and Human Development \(GUCCHD\)](#): This website was established to improve the quality of life for all children and youth, especially those with, or at risk for, special needs. GUCCHD both directly serves vulnerable children and their families, and influences local state, national, and international programs and policy. This website provides links to an extensive number of technical reports, including a report on financing strategies for behavioral health care in child welfare.

[Healthy Foster Care America](#): This website, developed and managed by the American Academy of Pediatrics (AAP), is a place where professionals and partner organizations can find the latest information, facts, and figures on the health care of children and teens in foster care, including *ready-to-use* tools and resources. Foster parents of kin may also find these materials helpful in caring for the health needs of children and teens in their care.

[How Kids Develop](#): This website provides general information on child development for children ages 0-5, helpful tips for enhancing your child's development, information on how to support the development of children involved with the foster care system, and resources for child development. While developed specifically for families in San Diego County, much of the information is generic to young children. There is a specific section on children in foster care.

[Mental Health Practices in Child Welfare Guidelines Toolkit](#): This toolkit, which corresponds with the Jensen et al. paper listed in the [Articles](#) section, is a product of a collaborative effort by Casey Family Programs, the Annie E. Casey Foundation, and the Resource for Advancing Children's Health (REACH) Institute. This toolkit is designed to help administrators, supervisors, and case workers put into action the recently published consensus guidelines for mental health in child welfare (*Child Welfare* Vol. 88, No. 1, 2009). The toolkit offers valuable tips and resources for mental health screening and assessment, psychotherapy, psychopharmacology, parent support, and youth empowerment.

[National Association of Public Child Welfare Administrators \(NAPCWA\)](#): This national organization represents public child welfare agencies. Founded in 1983, it is an affiliate housed within the American Public Human Services Association. It is a membership association that is open to anyone through agency and individual memberships. It is governed by a 25-member Executive Committee whose members are elected annually by the state and local public agency membership. They provide input to APHSA on child welfare policy and oversee several working committees, chartered workgroups, grant projects, and biannual national meetings.

[National Association of State Medicaid Directors \(NASMD\)](#): This organization is a bipartisan, professional, nonprofit group of representatives of state Medicaid agencies (including D.C. and the territories). Since 1979, NASMD has been affiliated with the American Public Human Services Association (APHSA). The primary purposes of NASMD are to serve as a focal point of communication between the states and the federal government, and to provide an information network among the states on issues pertinent to the Medicaid program. NASMD is comprised of the officials who administer the Medicaid program in the states, D.C., and the territories.

Websites of Interest Regarding the Care of Youth in Child Welfare, *continued*

[National Association of State Mental Health Program Directors \(NASMHPD\)](#): Founded in 1959, this member organization operates under a cooperative agreement with the National Governors Association and is the only national association to represent state mental health commissioners/directors and their agencies. NASMHPD represents state executives responsible for the \$34 billion public mental health service delivery system serving 6.3 million people annually in all 50 states, 4 territories, and D.C.. NASMHPD's primary members are the commissioners/directors of the 55 state and territorial mental health departments, but the NASMHPD structure also includes 5 divisions comprised of directors of special populations/services (Children, Youth, & Families; Financing and Medicaid; Forensic; Legal; and Older Persons) as well as a Medical Directors Council. These entities provide technical assistance and expert consultation to the Commissioners/Directors on issues specific to those populations.

[National Foster Parent Association \(NFPA\)](#): The NFPA is a non-profit, volunteer organization established in 1972 as a result of the concerns of several independent groups that felt the country needed a national organization to meet the needs of foster families in the United States. NFPA has grown from an original group of 926 foster parents, 210 social workers and 59 other professionals to an organization that represents thousands of foster families nationwide through foster parent affiliates.

[National League of Cities' Municipal Action Guide: Supporting Foster Youth Transitions to Adulthood](#): This Municipal Action Guide provides useful information about the challenges of foster youth transitioning to adulthood, strategies and "action steps" for supporting successful transitions, and examples of implemented programs. A list of resources is also available at the back of this guide.

[National Resource Center for Permanency and Family Connections \(NRCPCF\)](#): The NRCPCF at the Hunter College School of Social Work is a training, technical assistance, and information services organization dedicated to help strengthen the capacity of State, local, Tribal and other publicly administered or supported child welfare agencies to: institutionalize a safety-focused, family-centered, and community-based approach to meet the needs of children, youth and families.

[PolicyLab at the Children's Hospital of Philadelphia](#): The mission of PolicyLab is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab develops evidence-based solutions for the most challenging health-related issues affecting children. As part of their commitment to transform "evidence to action," PolicyLab bridges the gap between academic communities and the real world by engaging in research that is both responsive to community needs and relevant to policy priorities. PolicyLab projects involve investigators, practitioners, policymakers, and families throughout the research process, from design to dissemination. By partnering with numerous stakeholders in traditional healthcare and other community locations, PolicyLab identifies the programs, practices, and policies that support the best outcomes for children and their families.

[Research and Training Center for Pathways to Positive Futures](#): This group works to improve the lives of youth and young adults with serious mental health conditions through rigorous research and effective training and dissemination. This group's work is guided by the perspectives of young people and their families.

[University of Illinois at Chicago College of Medicine: Clinical Services in Psychopharmacology](#): This program strives to improve the safety and effectiveness of psychopharmacotherapy for the treatment of emotional and behavioral disturbances in minors who are in the custody/care of the state of Illinois. This objective is achieved through independent medication review of all psychotropic medication consent requests submitted by care providers for children in state custody, expert consultation, education, policy development, and effective oversight of the use of psychotropic medications for the Division of Guardian and Advocacy for the state of Illinois. This program was established in 1992 by contract between the Illinois DCFS and the University of Illinois at Chicago Department of Psychiatry.

Websites about the Management of Mental Health Problems in the General Youth Population

[Guidelines for Adolescent Depression in Primary Care \(GLAD-PC\) Toolkit](#): This toolkit is designed for primary care providers to develop clinical guidelines for the management of adolescent depression in primary care. The guidelines address issues regarding the screening, diagnosis, and treatment of depression in adolescents aged 10-21. The target population for these guidelines is children and youth with Major Depressive Disorder and/or Dysthymia.

[National Alliance on Mental Illness \(NAMI\)](#): This grassroots mental health advocacy organization is dedicated to producing profound changes to strengthen communities across the country. The NAMI website provides information about mental illness, medications, support and programs, and many other valuable topics.

[National Institute of Mental Health \(NIMH\)](#): This institute's mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. The NIMH fosters innovative thinking and ensures that a full array of novel scientific perspectives are being used to further discovery in the evolving science of brain, behavior, and experience. NIMH divisions and programs are designed to emphasize translational research spanning from bench to bedside to practice. This website offers an array of information about health topics, outreach, research and funding, and science news.

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#): The mission of SAMHSA is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA's mission is to target substance abuse and mental health services for the people most in need, and to effectively and rapidly translate research in these areas into the health care system. SAMHSA demonstrates that: prevention works, treatment is effective, and people recover from mental and substance use disorders. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health.

[Texas Children's Medication Algorithm Project \(CMAP\)](#): CMAP is a collaborative venture involving the Texas Department of State Health Services, academic medical centers and universities, parent and family representatives, and representatives from various mental health advocacy groups. The project involves developing and testing specific medication treatment guidelines, or "algorithms," for attention deficit/hyperactivity disorder (ADHD) and major depressive disorder (MDD) in children and adolescents.

[Treatment of Maladaptive Aggression in Youth \(T-MAY\) Clinicians' Toolkit](#): This toolkit was created through a collaboration amongst Rutgers' Centers for Education and Research on Therapeutics (CERT), the REACH Institute, the New York State Office of Mental Health, the University of Texas at Austin College of Pharmacy, the California Department of Health Care Services, and participating national experts in the fields of policy, research, advocacy, and child and adolescent psychiatry. This toolkit presents a systematic, evidence-based treatment approach that incorporates treatment recommendations and other resource materials. States, health plans, clinicians, and other stakeholders for children's mental health are encouraged to adopt and utilize this toolkit.

Articles (listed by category, then alphabetically; link and URL provided where publicly available)

Rates of Psychotropic Medication Use in the General Youth Population and among Youth Covered by Medicaid

Crystal S, Olfson M, Huang C, Pincus H, Gerhard T. [Increasing use of atypical antipsychotic drugs: Challenges for policymakers, clinicians and patients](#). *Health Affairs* 2009;28(5):w770-781.

(<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2896705/pdf/nihms-210748.pdf>)

Front-page coverage in: Wilson D. "[Poor Children Likelier to Get Antipsychotics](#)," page A1, *The New York Times*, December 12, 2009.

(http://www.nytimes.com/2009/12/12/health/12medicaid.html?_r=4)

Farina KL, The Agency for Healthcare Research and Quality's (AHRQ) Centers for Education and Research on Therapeutics (CERT). [Investigators Report: Troublesome Trends in Pediatric Antipsychotic Prescribing Practices](#). AHRQ's CERTS Clinician-Consumer Health Advisory Information Network (CHAIN) online.

(http://www.chainonline.org/content.cfm?content_id=1390)

Medicaid Medical Directors Learning Network and Rutgers Center for Education and Research on Mental Health Therapeutics. [Antipsychotic Medication Use in Medicaid Children and Adolescents: Report and Resource Guide from a 16-State Study](#). MMDLN/Rutgers CERTs Publication #1. July 2010.

(<http://rci.rutgers.edu/~cseap/MMDLNAPKIDS.html>)

Olfson M, Crystal S, Huang C, Gerhard T. Trends in antipsychotic drug use by very young, privately insured children. *Journal of the American Academy of Child and Adolescent Psychiatry* 2010;49(1):13-23.

Olfson M, Marcus SC, Weissman MM, Jensen PS. National trends in the use of psychotropic medications by children. *Journal of the American Academy of Child and Adolescent Psychiatry* 2002;41:514-21.

Rates of Psychotropic Medication Use among Youth in Foster Care

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Leslie LK, Raghavan R, Zhang J, Aarons G. Rates of psychotropic medication use over time among youth in child welfare/child protective services. *Journal of Child and Adolescent Psychopharmacology* 2010;20(2):135-143.

Leslie LK, Raghavan R, Hurley M, Zhang J, Landsverk J, Aarons G. Investigating geographic variation in use of psychotropic medications among youth in child welfare. *Child Abuse & Neglect*. In Press.

Raghavan R, Zima BT, Andersen RM, Leibowitz AA, Schuster MA, Landsverk J. Psychotropic medication use in a national probability sample of children in the child welfare system. *Journal of Child and Adolescent Psychopharmacology* 2005;15(1):97-106.

Raghavan R, Lama G, Kohl P, Hamilton B. Interstate variations in psychotropic medication use among a national sample of children in the child welfare system. *Child Maltreatment* 2010;15(2):121-131.

Rubin DM, Feudtner C, Localio R, Mandell DS. [State variation in psychotropic medication use by foster care children with Autism Spectrum Disorder](#). *Pediatrics* 2009;124(2):e305-e312.

(<http://pediatrics.aappublications.org/cgi/reprint/124/2/e305>)

Rates of Psychotropic Medication Use among Youth in Foster Care, *continued*

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Consulting Services

Tufts Medical Center consulting services on psychotropic medication use among youth in foster care are available through a member of our research team. Please contact Christopher Bellonci, M.D. at (617) 636-5770 or cbellonci@tuftsmedicalcenter.org for more information.

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Funding for this study was provided by the Charles H. Hood Foundation and by the Child and Adolescent Services Research Center. The production of this report was funded by the William T. Grant Foundation and by the Tufts Clinical and Translational Science Institute (supported by grant number UL1RR025752 from the National Center for Research Resources). The content of this report is solely the responsibility of the authors and does not necessarily represent the official views of the National Center for Research Resources, the National Institutes of Health, or other funding agencies.

A collaboration of organizations, founded by Tufts Medical Center & Tufts University.

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