

# MRS!

INFORMATION IN SUPPORT OF NORTH CAROLINA'S MULTIPLE RESPONSE SYSTEM

November 2012

## There Is a Need to Focus on Management and Oversight of Psychotropic Medications for Children in DSS Custody

*This article is adapted from the Administration for Children and Families' Information Memorandum "Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care" (ACYF-CB-IM-12-03)*

The US Department of Health and Human Services has sounded an alarm, urging States and all child welfare agencies to assess and improve their management and oversight of psychotropic medications for children in DSS custody. In response, the NC Division of Social Services is working closely with state-level partners, including the Division of MH/DD/SAS and the Division of Medical Assistance, to develop a plan for our state to guide county DSS agencies around this issue. Until that plan is ready, here is some basic background on this topic and suggestions for steps you and your agency can take.

**Monitoring the use of psychotropic medications is complex and requires a nuanced, collaborative approach from child welfare agencies.**

## Why Child Welfare Agencies Should Be Concerned

Sometimes the use of psychotropic medications by children in foster care is entirely appropriate and helpful. After all, studies have shown these children are more likely than others to have social, behavioral, emotional, and mental health problems.

However, use of psychotropic medications to treat children in foster care may not always be clinically justified. Although the general characteristics of children in foster care are the same within and across states, prescription patterns for psychotropics are not. This would seem to indicate that something other than clinical need may be influencing the use of these drugs. Some research even suggests psychotropic drugs are being overused to manage emotional problems and disruptive behavior that might better be addressed by non-pharmacological treatments.

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### Psychotropic Medications and Children in Child Welfare

- Between 13% and 52% of children involved with child welfare use psychotropic meds—rates of use notably higher than children in the general population.
- As they age, children in foster care are more likely to be prescribed psychotropics. The rate is 3.6% among 2-5 year-olds, 16.4% among 6-11 year olds, and 21.6% among 12-16 year olds. As they age, children are more likely to be prescribed multiple psychotropics.
- In foster care, males are more likely to receive psychotropics (19.6%) than females (7.7%).
- Kids in the most restrictive placement settings are most likely to receive psychotropics. Nearly half of young people in group or residential homes take at least one psychotropic.

## MRS Meetings

MRS and System of Care meetings take place three times monthly via conference call.

Dates and call-in and login information for November's MRS meetings will be sent out through the MRS listserv. Please send requests to join the list to Holly McNeill [holly.mcneill@dhhs.nc.gov](mailto:holly.mcneill@dhhs.nc.gov)

## MRS Questions?

If you have questions regarding the implementation of any aspect of MRS, please contact Holly McNeill at 828/757-5672 or [holly.mcneill@dhhs.nc.gov](mailto:holly.mcneill@dhhs.nc.gov)

## Training Dates

### Adult Mental Health Issues Which Impact Families Served by Child Welfare

Oct. 8–24

Nov. 19–Dec. 5

All online

### Child Development in Families at Risk

Sept. 11–Oct. 9

Oct. 10–Nov. 7

All online

To learn about these courses or to register, go to <http://www.ncswLearn.org>

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### Comments?

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### Online

[www.ncdhhs.gov/dss/mrs](http://www.ncdhhs.gov/dss/mrs)

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At the same time, there is data to suggest that some foster children—especially those in rural areas—may actually be prescribed needed psychotropic medications at lower than normal rates. This may indicate that these children lack adequate access to psychiatric care.

The following practices for prescribing psychotropic medication for children in foster care also raise some concerns:

- Polypharmacy.** Most children in foster care receiving psychotropic medications have multiple prescriptions. Though children often have complex symptoms and multiple (i.e., co-morbid) conditions, there is little evidence of the effectiveness of treatment with multiple medications. What's more, taking multiple meds increases the likelihood of drug interactions and other adverse effects. We should be concerned because despite all this, polypharmacy is on the rise.
- Limited Study in Children.** The majority of pediatric psychotropic prescriptions are “off-label,” meaning that the drugs have been tested and approved for use in adults, not children. Although such prescriptions are legal and sometimes effective, off-label use should be closely monitored because we do not know all of the short- and long-term effects these drugs may have—positive and negative—on young minds and bodies.
- Prescribing to the Very Young.** A 2011 GAO study found that children in foster care who were less than a year old were much more likely than same-age children in the general population to be prescribed potentially psychoactive medications (most commonly antihistamines and benzodiazepines). This is a concern because children this young may be especially vulnerable to adverse drug effects.
- Antipsychotics.** Antipsychotic medications may provide a legitimate treatment option for some children in foster care. However, it is generally recommended that use of antipsychotic medications be closely monitored, especially when prescribed for more than two years and when they are used without a diagnosis of schizophrenia, bipolar disorder, or psychosis.

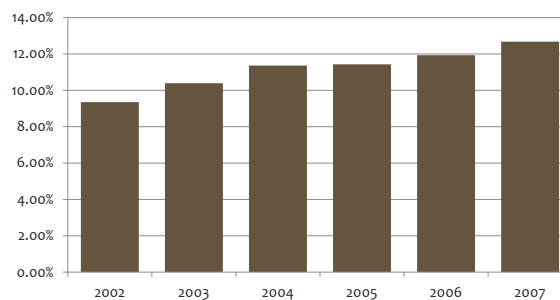
*Although there is scant evidence that taking multiple psychotropic medications at once is effective, polypharmacy is on the rise.*

### The Bottom Line

Child welfare agencies can maximize the benefits and minimize the risks to children by improving their management and oversight of psychotropic medication.

The question is, what is the best way to do this?

### Prevalence of Antipsychotic Use Among Children in Foster Care in North Carolina, 2002-2007



Source: Children's Hospital of Philadelphia, 2012

## Tips for Enhancing Management and Oversight of Psychotropic Medication for Children in Foster Care

### 1. See this as a Cross-System Issue

Effective management and oversight of psychotropic medication can be achieved only through communication and collaboration with partners. Good communication allows important questions to be asked, problems to be uncovered, alternatives explored, and timely adjustments made so we can increase child well-being.

### 2. Facilitate Information Sharing

Ask questions and teach others to do the same. Families who observe workers asking questions and thinking through what is said may gain greater confidence in using these same skills for decision making. Encourage parents or youth before an appointment to write a list of their own questions, concerns, or observations to discuss with the provider.

Child welfare professionals and families may find it helpful to ask the following questions (from NAMI, 2007) when talking with providers:

- Why are you recommending this treatment and what are the alternatives?
- What is the goal of the treatment being recommended?
- How will we know if we're reaching our treatment goals?
- What are the risks and benefits associated with this treatment?
- Is there research or evidence to support use of this treatment?
- Is there research showing that this treatment works for families like ours?
- What training or expertise do you have with the recommended treatment?

Asking for a second opinion is another skill to introduce when there are concerns or red flags, such as a large number of prescriptions or no evidence of progress toward an intended goal within an expected time frame.

Develop a process for sharing and documenting information. Child welfare professionals must ensure that they and the foster parents have a current written list of all prescriptions and dosages from the medical provider. Social workers should document any changes in medications in the child's case record, with written information about why the change was made. Foster parents should track and log any changes they see in a foster child's behavior, wellness, or functioning when a medication has been introduced or an adjustment has been made. Older youth can also use a journal to note any changes in their experiences with

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### What Does Effective Management Look Like?

If a child is prescribed psychotropic medications, as the medical consentor, DSS should:

- Ensure the child sees the doctor who prescribed the medication frequently to evaluate how the child is doing
- Participate with the child in the medical appointment
- Report side effects, adverse reactions, and how the child is doing on the medication to the child's doctor

Even if the child is placed in a residential setting and has frequent and regular access to clinical staff, this in-house monitoring does not take the place of a DSS agency's role and responsibility as medical decision maker.

### Training Dates

#### Child Welfare Practices for Cases Involving Domestic Violence

Sept. 20–21  
Winston-Salem

Oct. 10–11  
Raleigh

Oct. 22–23  
Candler

#### CPS Assessments

Sept. 11–14  
Greensboro

Oct. 30–Nov. 2  
Fayetteville

Nov. 27–30  
Candler

Dec. 4–7  
Charlotte

#### CPS In-Home Services

Sept. 18–21  
Charlotte

Oct. 2–5  
Greensboro

Oct. 16–19  
Candler

#### Effects of Separation and Loss on Attachment

Oct. 4–5  
Oxford

Nov. 15–16  
Greensboro

#### Fostering and Adopting the Child Who Has Been Sexually Abused

Oct. 2–5  
Greensboro

Nov. 13–16  
Beaufort

To learn about these courses or to register, go to <http://www.ncswLearn.org>

## Training Dates

### Intake

Nov. 7-9  
Greensboro

### Legal Aspects

Oct. 11-12  
Sylva

Nov. 8-9  
Wilmington

Dec. 6-7  
Gastonia

### Medical Aspects

Oct. 17-18  
Charlotte

Oct. 24-25  
Greenville

Oct. 29-30  
Candler

### MAPP-GPS

Sept. 25-Oct. 12  
Candler

Oct. 23-Nov. 9  
Fayetteville

Nov. 27-Dec. 7  
Greensboro

### Staying Power! A Supervisor's Guide to Coaching and Developing Child Welfare Staff

Nov. 5-7  
Fayetteville

To learn about these courses or to register, go to <http://www.ncswLearn.org>

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a medication, concerns they have, or responses or thoughts they have about the treatment. Sharing these written notes with physicians and DSS staff during or between appointments can help providers gauge the effectiveness of a treatment and alerts them to unintended effects of the medication.

### 3. Work Closely with Medical Homes

Working with foster parents and Medicaid staff to enroll the child in a medical home is another step in the partnership process. A medical home provides a single point of entry to a system of care that facilitates access to medical and nonmedical services. Having a medical home makes it easier for a physician to see all information about a child's prescriptions and any documentation families, social workers, and youth have shared, so that a thorough review is possible.

### 4. Support Foster Parents

North Carolina administrative rules (10A NCAC 70E .1102) state that foster parents have the following responsibilities around psychotropic medications:

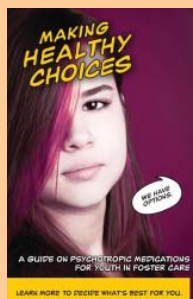
- Arrange for any child receiving psychotropic medications to have his/her drug regimen reviewed by the child's licensed medical provider at least every six months;
- Report the findings of the drug regimen review to the supervising agency;
- Document the drug review in the MAR along with any prescribed changes.

Because they are around the child and know the child as well or better than other members of the team, it is appropriate for foster parents to hold these responsibilities. However, child-placing agencies must take extra care to ensure that foster parents receive the training and support they need to be comfortable and competent in carrying out these responsibilities.

### Stand by for Guidance from the State of North Carolina

Federal law (PL 110-351, PL 112-34) requires states to have plans for ongoing oversight and coordination of health care services for children in foster care. The plan must include an outline of "protocols for the appropriate use and monitoring of psychotropic medications" and outline "how health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home."

North Carolina and most other states are in the process of developing plans to meet this requirement and will communicate with our state's child-placing agencies as soon as it is available.



### Youth Guide on Psychotropic Medications

The Administration for Children and Families (ACF) has released *Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care*. Written for youth in care, this new guide looks at how psychotropic medication can help and what other options are available. Available online at <http://www.ncycd.ou.edu/psych-med-youth-guide>

## Project Broadcast

*Disseminating Trauma-Informed Practices to Children in the NC Child Welfare System*

The NC Division of Social Services has been awarded grant funding for Project Broadcast. This project provides NC \$640,000 each year for five years (through September 2016). Its aim is to help provide children with services and practices to address the trauma caused by past abuse or neglect before that mistreatment leads to mental health problems or chronic disorders later in life. This project focuses on three broad areas:

1. Providing evidence-based training and professional development for foster and adoptive parents and child welfare professionals using toolkits from the National Child Traumatic Stress Network;
2. Providing the following trauma-informed, evidence-based treatment interventions for children and youth and increasing the number of clinicians trained in these interventions:
  - Adolescents Responding to Chronic Stress (SPARCS)
  - Attachment and Biobehavioral Catch-up (ABC)
  - Trauma-Focused Cognitive Behavioral Therapy
  - Parent-Child Interaction Therapy (PCIT)\*
3. Creating systemic changes so the training and interventions offered to nine demonstration counties (Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson) can eventually be expanded to all 100 counties.

In adopting trauma-informed, evidence-based practices, the child welfare system will take steps to adapt its service delivery system to include a better understanding of how trauma affects the lives of the children being served. Trauma-informed programs and services are based on an understanding of the vulnerabilities or triggers of trauma survivors so that these services and programs can be more supportive and meet the needs of the individual child. Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing.

This grant is funded through the U.S. Dept. of Health & Human Services, Administration for Children & Families (ACF). NCDSS is partnering on this project with the Center for Child and Family Health and UNC-Chapel Hill. For more information, contact Jeanne Preisler (336/209-5844; [Jeanne.Preisler@dhhs.nc.gov](mailto:Jeanne.Preisler@dhhs.nc.gov)).

\* Learn more about these evidence-based interventions on the California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/>).

## Sources Cited in this Issue

- Children's Hospital of Philadelphia. (2012). *Psychotropic medication use among children in foster care in the United States*. Philadelphia, PA: PolicyLab. Retrieved September 30, 2012 from <http://policylab.us/index.php/resources/data-visualizations/277-antipsychotic-use-among-u-s-children-in-foster-care-2002-2007.html>
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## Training Dates

### Building Awareness and Cultural Competency

Oct. 31-Nov. 2

Kinston

Nov. 7-9

Candler

Dec. 12-14

Charlotte

Dec. 18-20

Wilson

### Coaching in the Kitchen: Guiding Parents through Teachable Moments

Nov. 5-7

Charlotte

### Step by Step: An Introduction to Child and Family Teams

Oct. 25-26

Fayetteville

Oct. 30-31

Goldsboro

Nov. 6-7

Washington

Nov. 27-28

Elizabethtown

Dec. 12-13

Raleigh

Dec. 19-20

Asheville

### Introduction to Substance Abuse for Child Welfare Services

Nov. 27-28

Greensboro

To learn about these courses or to register, go to <http://www.ncswLearn.org>