

Standard for Use and Monitoring of Psychotropic Medications for Children and Youth in Foster Care

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding the use and monitoring of psychotropic medications for foster youth. This standard is intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all applicable laws, rules and policies. The standard will also provide a measurement for program accountability.

INTRODUCTION

Children who enter the foster care system often exhibit emotional and behavioral issues which may result in placement instability. All children who enter foster care have a history of trauma and the impact of previous trauma differs for each child and youth. Some of the children who enter care will require complex interventions including psychotropic medication(s), counseling and resource parent support. It is the responsibility of the CFS social worker to monitor the assessment and treatment of emotional and behavioral needs of children in care. Worker involvement will help to ensure that the prescription of any psychotropic medication is carefully considered, benefits and side-effects are discussed, there is parent and youth involvement in decision making and symptoms are monitored throughout the life of a case.

CFS will be working closely with the Division of Medicaid's Pharmacy Program and Drug Utilization Review Board and Behavioral Health's, Children's Mental Health Program, in an effort to assure appropriate use of psychotropic medications with children and youth in foster care.

TERMS

Informed Consent to a Specific Psychotropic Medication. Information given to the patient and to the individual authorized to give consent. Information includes the reason the medication is being prescribed, what dosage is being prescribed and any associated side effects. A written consent form is preferred and the patient and consenter should receive a copy of the consent with pertinent information included.

Polypharmacy. A term which refers to the use of two or more psychotropic medications for the same individual.

Psychotropic Medication. Drugs prescribed to affect psychological functioning, perception, behavior or mood.

“Red Flag” Monitoring. Series of “red flags” which indicate prescribing practices which may fall outside of the generally accepted parameters. The presence of any “red flags” should prompt a prior authorization completed by the physician or nurse and in some cases a case review. Medicaid’s Drug Utilization Review Board will be instrumental in determining what the “red flags” will be for Idaho. Examples can include:

- Concurrent prescription of 5 or more psychotropic medications for the same child;
- No DSM-IV diagnosis and/or treatment plan;
- Prescribing higher than recommended doses;
- Prescribing more than 2 medications in the same class; and
- Presence of medication side effects which are impairing child or youth’s ability to do activities of daily living and/or benefit from education

Side Effects. Physical or emotional symptoms which occur as a result of taking a medication. The side effects of psychotropic medications may be upsetting and uncomfortable for an individual and may lead to non-compliance with taking the prescribed medication. Alerting the individual to possible side effects is an important element of informed consent to take a specific drug. Monitoring of side effects is best accomplished by the resource family and the social worker.

Trauma-Related Behavioral Health Issues. Exposure to traumatic events such as parental abuse/neglect, witnessing domestic violence, and exposure to destructive substance abuse are most often what bring children and youth into foster care. Many of these same children have experienced other traumas such as car accidents, falls, dog bites, and house fires. Being removed from home is also a traumatic event for most children as is separation from siblings. Many of the disruptive behaviors and emotional difficulties experienced by children in foster care are, in part, the result of exposure to trauma not the result of diagnosable mental illness. Trauma focused treatment skills are needed by community providers, social workers and resource parents. Effective trauma-informed treatments may well lessen the need for use of psychotropic medication.

IMPLEMENTING THE STANDARD

Principles

- It is not the intent of this policy to “second guess” health care professionals, but rather to help assure that the prescriber has the necessary child-specific information needed to make a recommendation for the use of a specific psychotropic medication.
- Getting a second opinion or helping the current prescriber access consultation with another prescriber is recommended when ongoing concerns cannot be resolved with the current prescriber.

- Any prescription for a psychotropic medication must be based on a DSM-5 diagnosis and a specific treatment plan.
- Psychotropic medications for children and adolescents have not been sufficiently studied to know the short and long term effects of these substances on young developing brains. This does not mean that medications are not helpful in certain situations, but the risks and benefits need to be carefully considered and evaluated by the parent and social worker.
- Psychotropic medication should never be the first or the only line of defense in the treatment of emotional and behavioral issues for children and youth in foster care. Any child who is prescribed a psychotropic medication must be receiving active concurrent counseling, psychosocial treatment or specific treatment for trauma.
- Psychotropic medications are not appropriate solely for the chemical restraint of child or youth in foster care.
- The child and parent should be given full disclosure and give informed consent* for each and every psychotropic medication prescribed for a child or youth in foster care. If the parent is not available at the appointment to give their consent, the social worker and/or prescriber should communicate with the parent by phone, letter, email or in-person regarding the child's need for the medication prior to administering any psychotropic medication.

*a written consent is ideal, though not currently required by the majority of prescribers. Steps for providing written consent to providers and obtaining signed consent forms is part of ongoing planning efforts.

Certain limitations on psychotropic medications for children in state custody

- Prescription of atypical antipsychotic medications for children under the age of 6 is very controversial. The effect on very young children is unknown and the side effects, once in evidence, can have long term consequences and this practice is discouraged.
- The prescription of any psychotropic medication for a child between 1 and 4 years old is highly discouraged. Consultation with a Child and Adolescent Psychiatrist or being a Child and Adolescent Psychiatrist is required before this can be considered.
- Prescribing any psychotropic medication to an infant under the age of one and who is in state custody will not be permitted, except in very rare situations where recommended by two Child and Adolescent Psychiatrists and approved by the family.

Social Worker's Case Management Responsibilities

Providing history and current information for initial provider appointments.

At or before the first appointment, the social worker must make sure that the prescriber has a copy of the child's Child and Family Social and Medical Information form (CFSMI) or, at least, pertinent information related to the child's birth, developmental, medical history, trauma history, and treatment history including any medications, etc. A resource parent who has little or no knowledge of this child's trauma history, medical history, or current behaviors is not an appropriate informant for initial provider visits. This is the responsibility of the social worker. The social worker will also need to include other(s) who know the child well such as the child's parent or relative.

Additional issues of interest for which the worker should be prepared are how the child is doing in school, in the resource family home, coping with parental visits and how has the child benefited or not from other emotional and behavioral treatments.

Facilitating Informed Consent. It is the prescriber's responsibility to inform the child and the child's parent of the child's diagnosis, the name of the medication that is being recommended, the dosage and the possible side effects. The child/youth and parent must receive adequate information that they can provide consent based on their knowledge of the benefits and drawbacks of the medication as well as any alternatives. Until uniform informed consent forms are available statewide, social workers will attend visits, witness the discussion between the provider and the child/youth and parent, prompt the provider to provide information on side effects if those are not addressed and document that informed consent was given by the consenting party. The provider will be encouraged to provide written information about the medication when available.

Documenting child's medications. The provider's name, name of medication and dosage will be entered into iCARE. Medicaid reports may be available to confirm the provider, medication and diagnosis. Be sure to include the behaviors and emotions which the medicines are targeting as well as the child's DSM-IV 5 axis diagnosis.

iCARE requirements. Both medical and psychiatric information regarding the child of concern must be entered into iCARE. iCARE screen enhancements will be requested to assure that users are able to enter medical information to populate uniform court report and alternate care plans. Both of these documents need to include information about the child's medical conditions and what treatment is being provided.

Gaining knowledge regarding psychotropic medications is the worker's responsibility. The social worker should be familiar with the medications

themselves, the indications, contraindications, black box warnings, off-label prescribing, need for tapering and common side effects. There is currently a primer on psychotropic medications available on the Department's KLC.

Participation in ongoing case staffings and supervision. Discussion of a child's needs, including medication and other treatments, must occur regularly between the social worker and the supervisor. Any report of "red flags" or other concerns related to the child's treatment should prompt a more inclusive case review such as one described below.

Participation in case reviews. At the request of caseworker or another member of the child's treatment team, the team will assemble to discuss the status of any case that receives a "red flag" or other treatment concerns indicating that there are things happening around the prescription of psychotropic medication that is not within the prevailing standard of practice.

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.