

# One Voice Texas

## A Collaborative for Health & Human Services



### Children & Youth Services: Psychotropic Medications in Foster Care

Position Statement Approved by One Voice Texas: August 10, 2012

#### Issue/Concern:

Texas has made great strides in building a better system for youth in foster care who are on psychotropic medications; however, gaps in accountability still exist. Of primary concern is the fact that two populations of children for whom the Texas Department of Family and Protective Services (DFPS) is responsible (children dual eligible for Medicare/Medicaid and those in Texas through an Interstate Compact Placement Commission), are not afforded the same protections as other children in foster care. Second, children in foster care do not have to regularly see a physician who has prescribed them medication. Instead, information on the outcomes and effects of medication can be communicated by phone which is problematic when many foster parents do not have the necessary information to appropriately communicate about a child's condition. Although many children in foster care need to be on medication, one answer to addressing over-medication is ensuring that children are placed on psychotropic medications only in emergencies and when other therapeutic methods have failed. This is a principle of the Psychotropic Medication Utilization Parameters for Foster Children but is not policy. To ensure accountability, this requirement should be added to the screening criteria for a case review conducted by STAR Health (PMUR). Finally, to ensure consistent accountability and awareness of all parties, all of the policies and procedures required of DFPS and its partners must be outlined in the CPS Handbook.

#### Specific Policy Recommendation(s):

- Require that DFPS and the Health and Human Services Commission appropriately monitor the psychotropic medication use of children who are dual eligible for Medicare/Medicaid and those who are under the supervision of DFPS through an Interstate Compact Placement Commission (ICPC). Monitoring activities shall include, but not be limited to, inclusion in automated pharmacy claims screenings and eligibility for the Psychotropic Medication Utilization Review process.
- Require that youth in the custody and supervision of DFPS and on psychotropic medications be seen by their prescribing physician a minimum of once every 90 days to ensure appropriate monitoring of medication and treatment goals.
- Require that non-pharmacological interventions be utilized before beginning a psychotropic medication except in urgent situations where the child is an immediate danger to themselves or others.
- Amend the current Psychotropic Medication Utilization Parameters for Foster Children to include criteria related to non-pharmacological interventions such as counseling or psychotherapy.
- Include all protocols, including the PMUR process, in the DFPS/CPS handbooks to ensure that all procedures regarding psychotropic meds are clearly outlined.

#### How Will This Impact State Funding? What Can Be Accomplished?

The state of Texas pays for Medicaid for those children in the custody of DFPS as well as those under DFPS' supervision through an ICPC. Therefore, appropriate accountability will reduce waste of state or federal dollars allocated for the health care of children and youth in foster care.

#### Others That Support These Recommendations:

Texas Network of Youth Services (TNOYS); Texas CASA; Texans Care for Children

#### Supporting Facts/Research Resources:

1. Walkup, J. MD. September 2009. *Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents*. Journal of the American Academy of Child and Adolescent Psychiatry. 48(9): 961-973.
2. American Academy of Child and Adolescent Psychiatry. February, 2012. *A Guide for Community Child Serving Agencies on Psychotropic Medication for Children and Adolescents*. Available at: <http://www.marfy.org/sites/default/files/AACAP%20Psychopharm%20Guide%20March%202012.pdf>.

3. Government Accountability Office. 2011. *Foster Children: HHS Guidance Could Help States Improve Oversight of Psychotropic Prescriptions*. Available at: <http://www.gao.gov/products/GAO-12-201>
4. Barillas, Katherine. 2012. *Strengthening Psychotropic Medication Accountability for Children in Foster Care*.

**Contact:**

Katherine Barillas, Ph.D.  
Director of Child Welfare Policy  
One Voice Texas  
(713) 480-3937  
[kbarillas@onevoicetexas.org](mailto:kbarillas@onevoicetexas.org)