

*AACAP Position Statement on Oversight of Psychotropic Medication Use
for Children in State Custody: A Best Principles Guideline*

Background

Children in state custody (definition of state custody: the state has assumed all parental responsibilities and decision-making for the child) often have biological, psychological, and social risk factors that predispose them to emotional and behavioral disturbances. These risk factors can include genetic predisposition, *in utero* exposure to substances of abuse, medical illnesses, cognitive deficits, a history of abuse and neglect, disrupted attachments, and multiple placements. Resources for assessing and treating these children are often lacking. Due to multiple placements, medical and psychiatric care is frequently fragmented. These factors present profound challenges to providing high quality mental health care to this unique population. Unlike mentally ill children from intact families, these children often have no consistent interested party to provide informed consent for their treatment, to coordinate treatment planning and clinical care, or to provide longitudinal oversight of their treatment. The state has a duty to perform this protective role for children in state custody. However, the state must also take care not to reduce access to needed and appropriate services.

Many children in state custody benefit from psychotropic medications as part of a comprehensive mental health treatment plan. However, as a result of several highly publicized cases of questionable inappropriate prescribing, treating youth in state custody with psychopharmacological agents has come under increasingly intense scrutiny. Consequently, many states have implemented consent, authorization, and monitoring procedures for the use of psychotropic medications for children in state custody. These policies often have unintended consequences such as delaying provision of or reducing access to necessary medical care.

Basic Principles

The AACAP is the organization representing professionals most skilled in the art and science of child psychopharmacology. Accordingly, the AACAP has developed the following basic principles regarding the psychiatric and pharmacologic treatment of children in state custody:

1. Every youth in state custody should be screened and monitored for emotional and/or behavioral disorders. Youth with apparent emotional disturbances should have a comprehensive psychiatric evaluation. If indicated, a biopsychosocial treatment plan should be developed.
2. Youth in state custody who require mental health services are entitled to continuity of care, effective case management, and longitudinal treatment planning.
3. Youth in state custody should have access to effective psychosocial, psychotherapeutic, and behavioral treatments, and, when indicated, pharmacotherapy.

4. Psychiatric treatment of children and adolescents requires a rational consent procedure. This is a two-staged process involving informed consent provided by a person or agency authorized by the state to act *in loco parentis* and assent from the youth.
5. Effective medication management requires careful identification of target symptoms at baseline, monitoring response to treatment, and screening for adverse effects.
6. States developing authorization and monitoring procedures for the use of psychotropic medications for youth in state custody should use the principles in this document as a guide and should assure that children and adolescents in state custody get the pharmacological treatment they need in a timely manner.

Best Principles Guideline

For states planning to develop programs for monitoring pharmacotherapy for youth in state custody with severe emotional disturbances, the AACAP proposes the following guidelines. Guidelines are categorized into minimal, recommended, and ideal standards.

1. State child welfare agencies, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody. States should:
 - a) Identify the parties empowered to consent for treatment for youth in state custody in a timely fashion [**minimal**].
 - b) Establish a mechanism to obtain assent for psychotropic medication management from minors when possible [**minimal**].
 - c) Obtain simply written psychoeducational materials and medication information sheets to facilitate the consent process [**recommended**].
 - d) Establish training requirements for child welfare, court personnel and/or foster parents to help them become more effective advocates for children and adolescents in their custody [**ideal**]. This training should include the names and indications for use of commonly prescribed psychotropic medications, monitoring for medication effectiveness and side effects, and maintaining medication logs. Materials for this training should include a written “Guide to Psychotropic Medications” that includes many of the basic guidelines reviewed in the psychotropic medication training curriculum.
2. State child welfare agencies, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications, in consultation with child and adolescent psychiatrist, should design and implement effective oversight procedures that:
 - a) Establish guidelines for the use of psychotropic medications for youth in state custody [**minimal**].
 - b) Establish a program, administered by child and adolescent psychiatrists, to oversee the utilization of medications for youth in state custody [**ideal**]. This program would:

- i. Establish an advisory committee (composed of agency and community child and adolescent psychiatrists, pediatricians, other mental health providers, consulting clinical pharmacists, family advocates or parents, and state child advocates) to oversee a medication formulary and provide medication monitoring guidelines to practitioners who treat children in the child welfare system.
 - ii. Monitor the rate and types of psychotropic medication usage and the rate of adverse reactions among youth in state custody.
 - iii. Establish a process to review non-standard, unusual, and/or experimental psychiatric interventions with children who are in state custody.
 - iv. Collect and analyze data and make quarterly reports to the state or county child welfare agency regarding the rates and types of psychotropic medication use. Make this data available to clinicians in the state to improve the quality of care provided.
 - c) Maintain an ongoing record of diagnoses, height and weight, allergies, medical history, ongoing medical problem list, psychotropic medications, and adverse medication reactions that are easily available to treating clinicians 24 hours a day **[recommended]**.
3. State child welfare agencies, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications, should design a consultation program administered by child and adolescent psychiatrists **[recommended]**. The consultation program:
 - a) Provides consultation by child and adolescent psychiatrists to the persons or agency that is responsible for consenting for treatment with psychotropic medications.
 - b) Provides consultations by child and adolescent psychiatrists to, and at the request of, physicians treating this difficult patient population.
 - c) Conducts face-to-face evaluations of youth by child and adolescent psychiatrists at the request of the child welfare agency, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications when concerns have been raised about the pharmacological regimen.
4. State child welfare agencies, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications, should create a website to provide ready access for clinicians, foster parents, and other caregivers to pertinent policies and procedures governing psychotropic medication management, psychoeducational materials about psychotropic medications, consent forms, adverse effect rating forms, reports on prescription patterns for psychotropic medications, and links to helpful, accurate, and ethical websites about child and adolescent psychiatric diagnoses and psychotropic medications **[ideal]**.