

Did You Know?

Psychotropic medication consults are provided when there are questions about medications used to treat children in foster care. The purpose of these consults is to discuss case history, past and present treatment needs, use of psychotropic medication, informed consent, and identify recommendations for further service provision.

How is a child selected for the potential consult?

The DCBS Medical Director will review a list of foster children prescribed psychotropic medication each month for potentially problematic combinations or dosages. The region may request a specific review if there are concerns regarding the medications a child is prescribed.

What happens when a child is identified for the consult?

A psychotropic medication evaluation form is sent to the region's SRCA, as the point of contact for the SSW to complete. **The SRCA will submit the completed evaluation to central office for the Medical Director to review and evaluate if a consult is warranted.**

What to expect during the consult?

The DCBS Medical Director will lead the consult with the SRCA, SSW, FSOS, therapist, prescriber, MCO representative, and Clinical Services Branch. The SSW will provide an overview of the child to the team during the consult. Participants will actively participate in the discussion. **The DCBS Medical Director will make recommendations and share findings to all participants.**

Psychotropic Medication Consult Goals:

- To determine the most accurate diagnoses and initiatives to reduce psychotropic medication use.
- Written ideas and suggestions to improve health care for the youth.
- Central office support after the consult at 90 and 180 days to see how things are going.

According to National CASA Association in 2019, a range of factors have been found to influence the likelihood of psychotropic drug use among children in foster care:

- **Age** – Children in foster care are more likely to be prescribed psychotropic medications as they grow older: 3.6 percent of two- to five-year-olds take psychotropic medication, which increases to 16.4 % of 6–11-year-olds and 21.6 % of 12–16-year-olds.
- **Gender** – Males in foster care are more likely to receive psychotropic medications (19.6 %) than their female counterparts (7.7 %).
- **Placement Type** – Children in the most restrictive placement setting are most likely to receive psychotropic medications and multiple medications at that. In group or residential homes, nearly half are prescribed at least one psychotropic drug.

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