

Audio Report Transcript

State Takes Steps To Curb Overmedication of Foster Children -- But Is It Enough?

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Erika Kelly
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Powerful antipsychotics and other psychotropic drugs are prescribed to foster children at much higher rates than other children in California. For 10 years, advocates and stakeholders have been fighting to change that, without seeing big results. In the last year, that has begun to shift a little. But what does it take to create real change in a complex system that cares for thousands of vulnerable children each year?

This is a report for *California Healthline*, a daily news service of the California HealthCare Foundation. I'm Erika Kelly.

Shanequa Arrington is 23 years old and just two years removed from her life as a foster kid. She entered the system when she was four. And she experienced a lot of trauma, including seeing her sister being sexually abused.

(Arrington): "I watched a whole bunch of stuff, different kind of abuse happened to my sister. I only had physical abuse, but sexual abuse happened to my sister. And we had to watch stuff like that."

She started acting out and was eventually shuttled between treatment centers, where she received a long list of diagnoses.

(Arrington): "ADHD, PTSD, bipolar, somebody told me I was schizophrenic and then another one told me I wasn't schizophrenic. And the list went on and on and on."

With the many diagnoses came multiple psychotropic medications. And a truckload of side effects.

(Arrington): "I became obese. My asthma got worse. My heart got worse. I wasn't fully aware of what was around me. I was like a little zombie. I had no control over my body."

(Grimm): "The data over and over again, confirms that it's really too easy for a child in foster care to be administered psychotropic medications."

That's Bill Grimm, senior attorney at the National Center For Youth Law in Oakland.

(Grimm): "That those medications are routinely not monitored, that their side effects are not monitored and that children suffer because of those deficiencies in the system."

That system will see some changes as a result of three bills recently signed by the governor. They mandate increased training for caregivers and additional data collection on prescribing patterns. One bill steps up scrutiny of group homes that tend to rely more heavily on psychotropic medications.

That's a big step, advocates say, because depending on instituting voluntary changes or creating agency studies just doesn't make the kind of sweeping changes needed to reform a system. You need new laws, says Anna Johnson, policy advocate at the National Center For Youth Law.

(Johnson): "For us as an agency that works with young people that have suffered the consequences, we know it has to be a mandate in order to shift the practice."

One of the bills allows public health nurses to play a bigger part in overseeing the medical care of foster youth. But since not every county has enough nurses, they will probably focus first on the most urgent cases. Kathy Senderling-McDonald is deputy executive director of the California Welfare Directors Association.

(Senderling-McDonald): "We'll likely in most counties, we expect, utilize that assistance in higher-need cases. Maybe in a case where a child has multiple medications administered or recommended."

Those multiple medications as well as other prescribing details raised a big red flag to one public health nurse in Madera County. Susan Bullard says when she first started her job eight years ago, she had a raft of problems with the medication requests that came across her desk.

(Bullard): "They're ordering medications they're allergic to, a lot of medications, high doses, all kinds of problems I was seeing."

Her answer to fixing all of that? Ask questions. For instance, she asked, has there been a psychological evaluation? Have you created a care plan? Those questions, it turns out, had an impact. Now only 4% of Madera County's foster kids were authorized to take a psychotropic medication in the first quarter of this year. That's compared to 13% back in the first quarter of 2009. To get those results, Bullard says, it just takes persistence -- until providers themselves are asking those questions.

(Bullard): "They now know I'm going to ask. How come you didn't weigh 'em? I'm going to ask that labs be done. And I'm going to ask that a sexually active teenager that we would please consider a pregnancy test."

The state is taking another tack to make sure kids only receive necessary medications. Since last fall, doctors have had to submit a Treatment Authorization Request, or TAR, when prescribing an antipsychotic for any child on Medi-Cal up to age 18. Antipsychotics are meant to treat severe mental health problems like schizophrenia and bipolar disorder. But they've also been used to control behavior in foster kids, especially in group homes, and can cause severe side effects. Mike Wofford is chief of pharmacy policy in the Pharmacy Benefits Division of the state Department of Health Care Services. He says the number of requests for antipsychotics have dropped by about half.

(Wofford): "The TAR requirement, along with the release of guidelines and meetings with stakeholders, a lot of outreach to child psychiatrists, has resulted in a change in prescribing patterns that has been seen in the last six months."

Senator Jim Beall has been on the forefront on this issue in the Legislature, and is heartened by some of the progress -- but skeptical of whether there really will be substantive changes.

He says foster children are literally California's children. And the state has to start acting like a better parent.

(Beall): "They're in the public domain. They're supposed to be society's children, so we have to try to take care of them in a proper manner."

This has been a special report for *California Healthline*, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Erika Kelly, thanks for listening.