



PSYCHOTROPIC MEDICATIONS AND TRIBAL ADVOCACY

Significant legislative efforts in California over the past decade have curtailed use of psychotropic medications in foster care, resulting in meaningful declines in prescriptions and promising quality improvement practices. Yet disparities remain, particularly for older foster youth in congregate care.

**CALIFORNIA
FOSTER
YOUTH
IN
CONGREGATE
CARE ON
PSYCHOTROPIC
MEDICATION**

66%

CCWIP, 2022

**DECLINES IN
ANTIPSYCHOTIC
PRESCRIPTIONS
OVER THE PAST
DECADE**

**AGES 16-17 ON
PSYCHOTROPIC
MEDICATION**

30%

CCWIP, 2022



58%

NUNES, 2023

Older foster youth who have been in foster care for **24 months or longer**, as well as youth placed in **congregate care**, are among the youth most likely to be prescribed psychotropic medications, particularly antipsychotics, the most potent psychotropic. Youth in these demographics have similarly experienced the least amount of decline in prescribing. While there is much work to champion, youth in long-term foster care remain most vulnerable to over prescribing trends.

WHY IT MATTERS FOR TRIBES

With California Native children being more than four times as likely to be placed in foster care than white children, issues related to foster care and complex care are of priority concern to tribal providers. Advocacy in the area of psychotropic medication is a critical exercise of ICWA and tribal oversight.

4.12 **RACIAL
DISPARITY**
CCWIP 2023

COMPLEX TRAUMA AND MISDIAGNOSIS

Symptoms of complex and intergenerational trauma are many, and may present in children as difficulties with:

- Forming relationships
- Testing boundaries
- Controlling behavior
- Expressing emotions
- Nightmares and flashbacks
- Self medicating and substance abuse
- Sleep and toileting issues

All of these symptoms may resemble diagnostic criteria for mental illness. In addition there is concern that treatment of perceived mental illness with psychotropic medications may not address underlying trauma and attachment issues at the root of the behaviors and symptoms. ([Szilagyi et al, 2015](#)) The American Academy of Pediatrics recommends a trauma-informed approach, taking into consideration the life experiences of the child and family, and assessment by a mental health professional with training in trauma-informed care. ([AAP, 2016](#))



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WHAT YOU NEED TO KNOW

While not prescribers, ICWA advocates can take several marked steps to ensure the medication plans for their tribal children are appropriate and have considered the holistic context of the Indian child, as well as the risks and benefits of medication. Prior to prescribing, a Benefits and Risks Analysis compares the benefits and risks of a treatment plan that does not include medication with one that does. (CDSS, 2018) It is important to look for this analysis when reviewing medication evaluations.

POTENTIAL BENEFITS

Both short and long term improvements in:

- Stabilizing mood
- Reducing symptoms
- Overall improved quality of life

The potential benefits of medication are many, and many children in foster care both benefit and are in clinical need of such medicinal interventions to manage otherwise debilitating symptoms. Where indicated, medication can be an essential component of a comprehensive treatment plan.

POTENTIAL RISKS

- Suicidal ideation
- Sleep disturbance
- Sleepiness and lethargy
- Rapid weight gain and obesity
- Blood sugar and metabolism issues
- Nervousness and irritability
- Headaches and upset stomach
- Long-term complications such as serious illness, body and facial ticks
- Risks increase with off-label prescribing

Many potential risks are unknown, however early research indicates long-term use of psychotropic medications, particularly in childhood, could have lasting effects on children's health and wellbeing.

MYTH

"Changes to the child's medication plan could risk their placement."

FACT

Psychotropic medications are *not* indicated for placement stabilization.

JV 220

The JV 220 Form Package includes a series of court forms related to Psychotropic Medications. The JV 220 initiates the request to the court to give the psychotropic medication to the child. Judicial approval is mandated prior to administration of psychotropic medications except under the following circumstances:

1. The child is in out-of-home care that is not foster care,
2. Indicated otherwise by a previous court order,
3. In cases of emergency.

In cases of emergency, a JV 220 must be filed within two days of administration.

JV 220 A & B

The JV 220 must be accompanied by a physician's statement attachment, included in JV 220 A (or JV 220 B if a request to continue an existing court ordered regimen.) The physician's statement should include essential information to include the physician's risk benefit analysis and reasons for recommending the psychotropic medication.

ICWA ADVOCACY TIP

If the tribe hasn't received all of these forms, request them in court. They contain essential information to help you determine whether appropriate steps have been taken prior to recommending psychotropic medication.

JV 223

The JV 223 will contain the court's order whether to approve the medication plan or not.



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THE TRIBE DISAGREES WITH THE MEDICATION PLAN. NOW WHAT?

Once the tribe has reviewed case information and determined a position, Tribal Social Workers have several avenues from which to choose in advocating for further medication review.

BRING IT TO THE CHILD AND FAMILY TEAM

Child and Family Teaming provides an excellent opportunity to explore concerns related to new or existing psychotropic medications prescribed to the child, as well as opportunity for the child and family to engage in meaningful conversation about past or current experiences with side effects, effectiveness, and any reservations the team may have.

CONSULT WITH THE PRESCRIBING PHYSICIAN

Case consultation with the prescribing physician offers the TSW an opportunity to provide essential context regarding the child and family's history from a tribal perspective that the physician may not have been aware of or otherwise considered. This is also an opportunity for the TSW to address any identified limitations or omissions in the JV 220 Physician's Statement, and ask questions about whether the physician: considered alternatives, reviewed the child's medical, behavioral, and child welfare records, prior to prescribing.

FILE A JV 222

The JV 222 allows you to address the court with your concerns and/or opposition related to the proposed medication plan. This must be filed within four court days of receiving notice of the pending application for medication.

HOW TO MAKE YOUR CASE

DID THE TRIBE RECEIVE NOTICE?

Without notice of the proposed medication in the form of the JV 220 and JV 220 A or JV 220B, the tribe can request additional time to review the application.

DID THE PHYSICIAN STATEMENT INCLUDE SUFFICIENT INFO?

Without thorough review of the child's medical, behavioral, and child welfare history, as well as a thorough Benefit and Risk Analysis and proposed treatment plan, the tribe can request the physician provide additional information.

IS THE PLAN PROPOSING 2 OR MORE PSYCHOTROPICS?

If this is the first time the child is being prescribed medication and the application calls for more than one psychotropic, or if there is a contraindication for prescribing the medications together, it is reasonable to request additional court review.

IS THE PLAN PROPOSING 3 OR MORE PSYCHOTROPICS?

Children prescribed three or more psychotropics for longer than 90 days triggers an audit review by the Medical Board of California. The JV 228 and JV 229 will allow release of the child's information to the medical board for additional review.

RESOURCES

1. [CalSWEC Psychotropic Medications in Foster Care Online Course for Community Partners](#)
2. [Foster Care Quality Improvement Project JV 220 Form Package on Google Drive](#)
3. [Drugging Our Kids, Bay Area News Group 2014 Investigative Report](#)
4. [Helping Foster and Adoptive Families Cope with Trauma, American Academy of Pediatrics 2016](#)
5. [California Guidelines for Use of Psychotropic Medications with Youth in Foster Care, CDSS 2018](#)
6. Foster Youth Ombudsperson
fosteryouthhelpedss.ca.gov or 877-846-1602