

Expert Panel Discussion and Recommendations

Additional services

The scope of services offered by the DCFS Psychopharmacology Consultation Program is fairly broad. The unit was initially established to provide an independent review of all medication consent requests with regards to their safety and appropriateness. Other services provided include offering educational programs to foster parents and residential treatment providers, reviewing specific wards' pharmacotherapy regimens at DCFS' request; reviewing prescribing patterns by clinician, placement, region of the state, and treatment setting should disturbing trends arise; providing data at DCFS' request to various governmental agencies re: the use of psychotropic medications for youth in state care, including the Cook County Office of the Public Guardian, and the Office of the Inspector General; providing input into the development of policies and procedures regulating the prescription of medications to state wards; providing in-depth assessments of specific wards at the request of DCFS; and providing clinicians with phone consultations on particularly problematic cases. This break-out group will address the following issues:

- 1) What other services would be useful to various stakeholders (i.e., foster parents, care providers, and clinicians)? Educational opportunities? CME activities? Conferences? Limited clinical consultations? Literature searches?
- 2) Would you be willing to pay for such services?

Panel Report

The panel discussed in great detail services that could be useful to the various stakeholders. They did not address the issue of whether the stakeholders would or should pay for any of these services. Discussion was broken down by stakeholder. The report was broken down by services needed for the various stakeholders rather than according to question asked of the panel.

- 1) Foster parents.
 - a) Training on psychiatric diagnoses and the use of medications in foster children was listed as a big need. There is an annual conference for foster parents and the DCFS Psychotropic Medication Consultation Program could be a valuable resource. Various members of the Program have spoken at the conference in the past.
 - b) Web-based resources for foster parents, including links to educational materials and links to resources. One barrier hindering internet-based educational opportunities for foster parents is that not all have computers or internet access.
 - c) Materials need to be tailored to level of sophistication of foster parents.
- 2) Care providers
 - a) Training was raised as an additional service for care providers, such as case workers, Authorizing Agents, staff at residential treatment facilities, foster care agencies, and point of service workers.
 - b) Providing links to web-based resources for care givers would also be valuable.
- 3) Clinicians. Several suggestions were made for services for prescribers, including:
 - a) Conducting evaluations and assessments of difficult cases.

- b) Providing clinical resources for clinicians, including symptom severity scales, treatment emergent side effect scales, links to resources on the internet.
 - c) Providing educational resources to pediatricians, including materials on diagnostic issues and medications.
 - d) Implementing a LISTSERV for clinicians to discuss clinical issues.
 - e) Providing a child's medication history to clinicians.
 - f) Distribute important research and news articles.
 - g) Distribute FDA warnings.
 - h) Information on new psychotropic medications.
 - i) Compose and distribute electronic newsletter.
 - j) Announcements to let physicians know about the consent unit schedule and to inform stakeholders of training opportunities.
- 4) DCFS
- a) Provide data to the Residential Provider Monitoring Unit.
 - b) Compile provider list for DCFS, for example, child psychiatrists and therapists.