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Examination of the *Rogers* Process for Youth in the Custody of the Massachusetts Department of Children and Families

August 2011

EXECUTIVE SUMMARY

What is this study about?

This study examined the current process of obtaining informed consent for antipsychotic medications (i.e., a specific class of medications for the treatment of certain behavioral and mental health conditions) for children and adolescents in the custody of the Department of Children and Families (DCF) in the Commonwealth of Massachusetts.

Over the past decade, psychotropic medication use in the general youth population has increased 2-3 fold and polypharmacy (i.e., the use of more than one psychotropic medication at the same time) has increased 2.5-8 fold.

Estimated rates of psychotropic medication use for youth in child welfare custody, however, are much higher (ranging from 13-52%) than those for the general youth population (4%).

This multi-stakeholder study on the *Rogers* process aimed to:

- Better understand the challenges and strengths of the *Rogers* process for youth in DCF custody;
- Identify recommendations by those involved in the current *Rogers* process; and
- Determine what types of solutions other states and child serving systems have implemented.

This information may help Massachusetts and other states determine how to respond to the mental health components of *Fostering Connections to Success and Increasing Adoptions Act*, Public Law 110-351.

How was this study conducted?

In this two-phase study, interviews were conducted with respondents from five stakeholder groups, including: child welfare staff and administrators, consumers, legal professionals, representatives from other state agencies, and health care providers. Data from 109 of these interviews were analyzed for this study. Six focus groups (23 participants) were also conducted and analyzed. In addition, interviews occurred with key informants from four other states, including CA, CT, IL, and TX. State policies and guidelines from these four other states were also reviewed.

What does the Study Report include?

The Study Report includes:

- An overview of the strengths and challenges identified across stakeholder groups; and
- Descriptions of recommendations for the *Rogers* process and potential solutions.

The Study Appendix includes:

- Summary of findings by stakeholder groups;
- Summary of recommendations across stakeholder groups;
- Summary of informed consent systems in four states;
- Interview guide;
- DCF regulations; and
- Additional resources.

Who might find the Study Report and Study Appendix helpful?

Child welfare administrators and staff, including commissioners, quality assurance staff, foster care program directors, medical directors, mental health directors, and program staff.

State Medicaid and mental health staff, including directors, administrators, and others interested in medication oversight.

Legal professionals, including attorneys, Guardians *ad litem*, judges, and court clerks.

State leaders, such as governors, legislators, child advocacy directors, and their staff.

Pediatricians, family physicians, child and adolescent psychiatrists, mental health providers, and professional organization members and staff who care for youth in foster care or who develop practice guidelines for youth in foster care.

Youth in child welfare custody, their caregivers, and foster care organizations, including foster youth advisory groups and membership organizations, foster alumni organizations, and foster parent associations that advocate for improved outcomes for youth.

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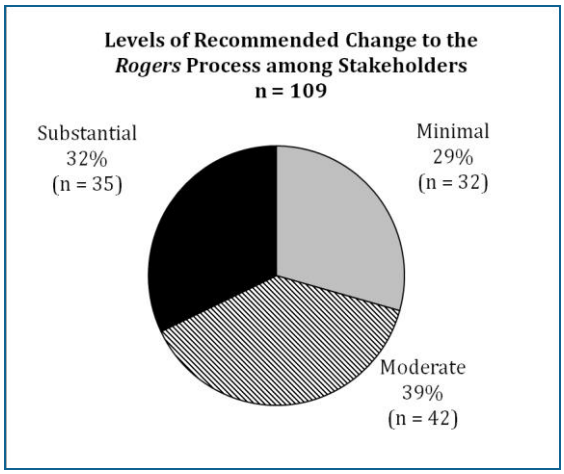
What are selected findings from this study?

Respondents held varying perspectives on the level of recommended change to improve the *Rogers* process. These perspectives were categorized into the following three levels:

- *Minimal*. The *Rogers* process would be strengthened by dedicating additional resources.
- *Moderate*. The *Rogers* process would require moderate alterations with ultimate decision-making authority continuing to reside in the Courts.
- *Substantial*. The *Rogers* process would require substantial changes to ensure it meets the best interests of the child.

"To the extent that we align everyone's responsibilities to the patient based on the strengths of their training and discipline, and collaborate as opposed to overlap, we will be creating a process that is probably more effective and hopefully more efficient."

-Health Care Provider



* Note: One respondent did not make a recommendation.

Respondents identified five main recommendations to improve the *Rogers* process:

1	**Increase consumer engagement.** (Include youth in foster care, caregivers, and biological parents whenever appropriate.)
2	**Improve the process.** (Standardize, coordinate, expedite, and make accessible.)
3	**Maintain an oversight system, of some kind, as this is in the best interest of the child.**
4	**Enhance knowledge of stakeholders.** (Enhance knowledge about mental health diagnoses, medications, treatment alternatives, and the *Rogers* process.)
5	**Increase medical expertise available in the *Rogers* process.**

The research team suggests the following next steps:

1	**Elicit a shared set of goals across stakeholders.**
2	**Prioritize stakeholder identified recommendations based on political expediency, feasibility, and minimal additional resource requirement.**
3	**Estimate the resources expended and costs of both the current process and any alternatives considered.**
4	**Pilot any proposed innovations.**
5	**Promote examination of outcomes for youth involved in the current *Rogers* process and any future informed consent processes.**

For a complete description of study findings, please see the full Study Report and Study Appendix.

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