

**Update on the Use of
Psychotropic Medications
for Children in Texas
Foster Care: State Fiscal
Years 2002-2021 Data
Report**

**Texas Health and Human Services
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TEXAS
Health and Human
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Introduction

The Health and Human Services Commission (HHSC) and the Department of Family and Protective Services (DFPS) have coordinated since state fiscal year (SFY) 2004 to assess and monitor prescribing of psychotropic medications to children and youth in foster careⁱ and to implement strategies to assist healthcare providers in prescribing psychotropic medications appropriately.

This update on the use of psychotropic medications in children in Texas foster care is based on those efforts and focuses on the following five measures:

1. Prescription of any psychotropic medication.
2. Prescription of a psychotropic medication for 60 days or more (since most prescriptions are for 30 days, a second refill is an indicator that a medication is being used as an ongoing therapy).

These three polypharmacy measures are all based on overlapping prescriptions for 60 days or more:

3. Prescribing two or more medications from the same drug class concurrently.
4. Four or more psychotropic medications prescribed concurrently (added in SFY 2014).
5. Five or more psychotropic medications prescribed concurrently (the initial measure).

ⁱ For the purpose of this analysis, foster care children and youth include mostly clients who were in foster care for at least one month out of the year. In SFY 2021, pursuant to House Bill 72, Eighty-sixth Legislature, Regular Session, 2019, certain children formerly in foster care could continue to receive Medicaid benefits through STAR Health instead of transitioning to a different Medicaid program. Therefore, a small percentage of children being served by STAR Health were not in foster care for at least one month of the year.

Background

In March of 2004, HHSC and DFPS convened the DFPS Advisory Committee on Psychotropic Medications, which issued a report and [recommendations](#). These recommendations included the establishment of a statewide clinical consultation and monitoring system.

Subsequently, an interagency group, consisting of HHSC and DFPS staff members, university and medical school faculty, community psychiatrists and others, developed and released best practices as the Psychotropic Medication Utilization Parameters for Foster Children (published February 2005 and updated in 2007, 2010, 2013 and 2016). [The most recent update](#) was published in June 2019. The workgroup has reconvened to perform the SFY 2022-2023 update.

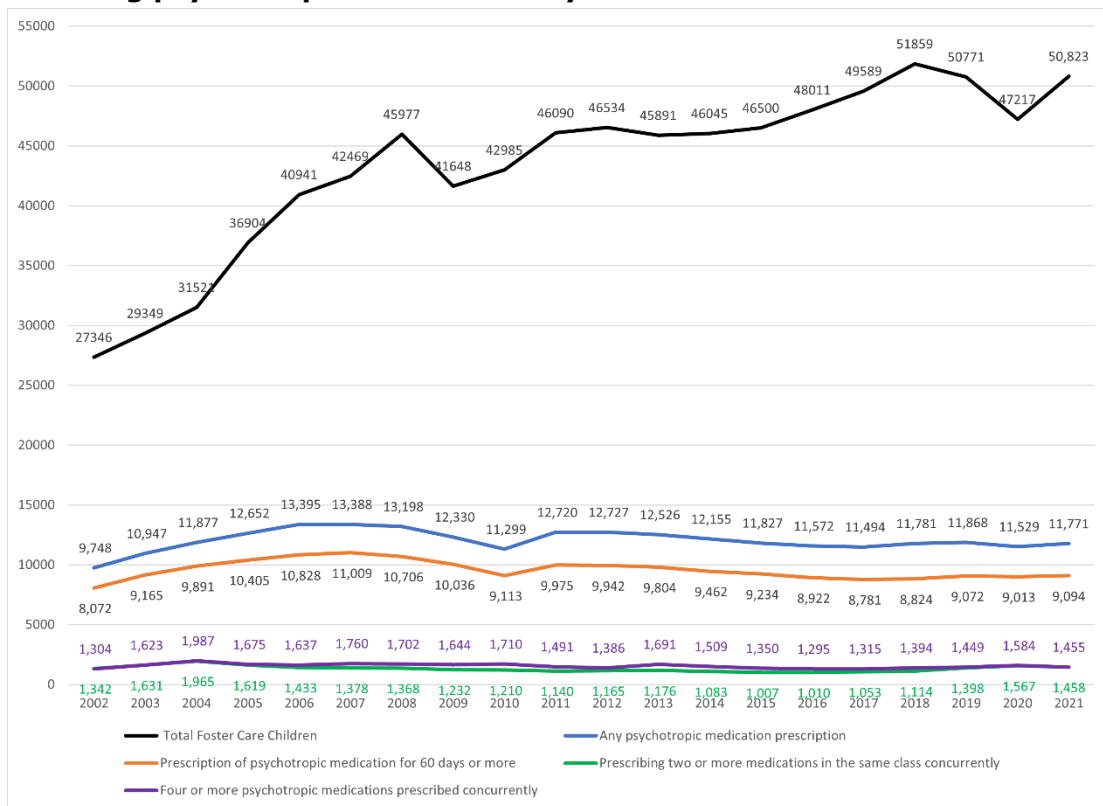
These parameters were first distributed statewide for implementation in February 2005. In June 2006, DFPS and HHSC released [Use of Psychoactive Medication in Texas Foster Children in FY 2005](#). This report concluded that the overall use of psychotropic medications and polypharmacy in children and youth in foster care declined after releasing the parameters.

Summary of Results

Psychotropic prescribing of all types has substantially decreased since the release of the parameters in February 2005 both in terms of the percentage of foster care children and youth receiving them and in the overall percentage of children and youth receiving medication regimens outside of the recommended criteria of the best practice parameters. The SFY 2021 results show a small decrease in the percent of clients prescribed psychotropic medications compared to SFY 2020 (around 1 percentage point or less for all parameters) and the current rates are generally still below the rates of 5, 10 or 15 years ago, indicating sustained long-term decreases in psychotropic prescriptions for children and youth in foster care.

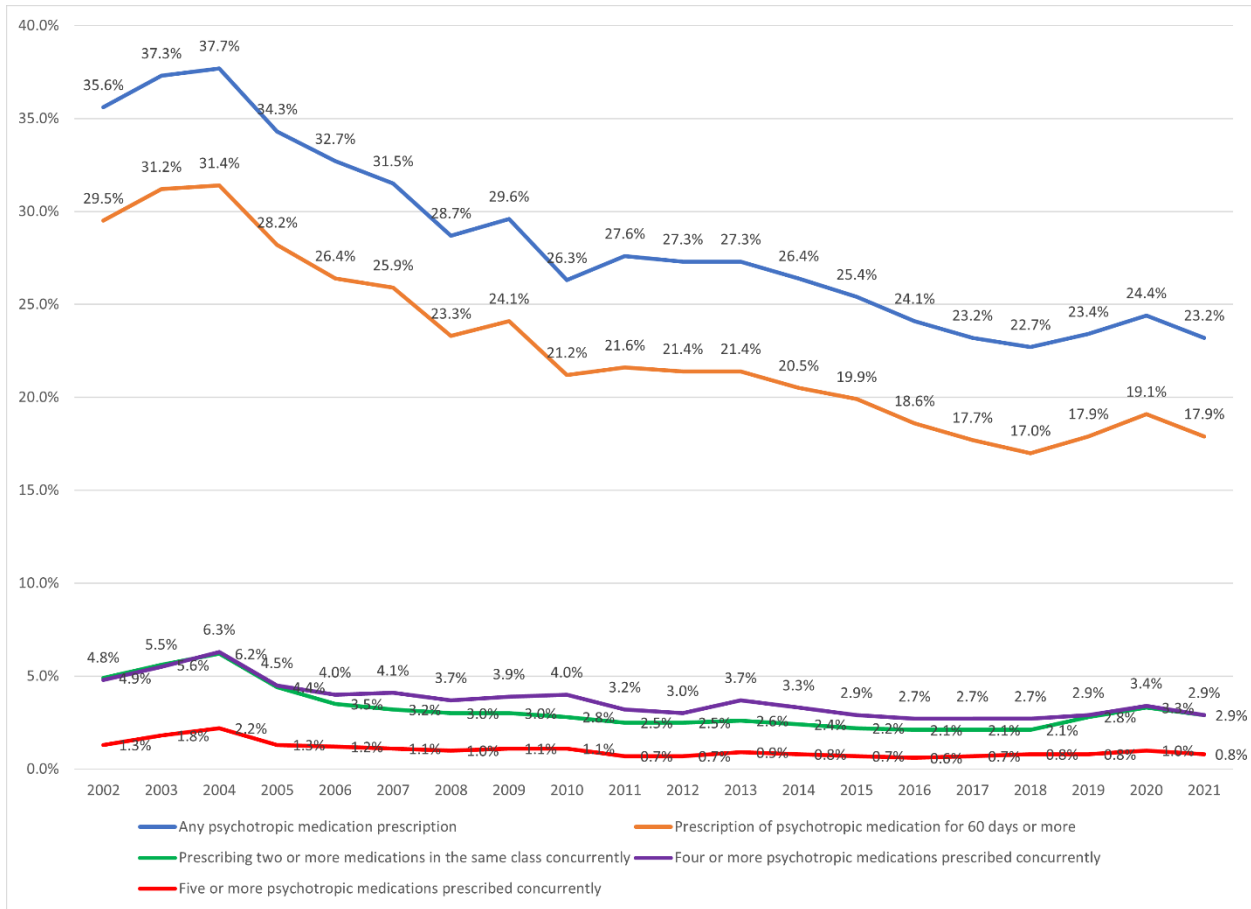
The following two graphs provide an overview of the SFY 2002-2021 trends that are detailed in the tables provided in Section 4. The data tables are arranged by SFY.

Figure 1: Number of Children and Youth in Texas Foster Care enrolled and receiving psychotropic medications by measureⁱⁱ



ⁱⁱ The raw numbers for the measure of five or more psychotropic medications prescribed concurrently are not displayed in Figure 1 because the numbers are too small to be visible. See tables in Section 4 for these data.

Figure 2: Percentage of Children and Youth in Texas Foster Care receiving psychotropic medications by measure



Data Tables by State Fiscal Year (oldest to newest)

The first row displays the total number of foster care children and youth in each age group. All percentages are the percent of children within a specific age group (calculated down the age group columns based on the number in that age group).

SFY 2002

Age group	0-2	0-2 %	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	7,083		1,556		2,678		8,652		7,377		27,346	
Got psych meds²	211	3.0%	189	12.1%	725	27.1%	4,486	51.8%	4,137	56.1%	9,748	35.6%
Got meds ≥ 60 days³	127	1.8%	120	7.7%	527	19.7%	3,795	43.9%	3,503	47.5%	8,072	29.5%
Class polypharmacy⁴	5	0.1%	4	0.3%	28	1.0%	548	6.3%	757	10.3%	1,342	4.9%
≥4 psych meds⁵	-	0.0%	5	0.3%	43	1.6%	717	8.3%	539	7.3%	1,304	4.8%
≥5 psych meds⁶	-	0.0%	1	0.1%	8	0.3%	189	2.2%	159	2.2%	357	1.3%

SFY 2003

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	7,850		1,715		2,929		9,028		7,827		29,349	
Got psych meds²	350	4.5%	246	14.3%	838	28.6%	4,853	53.8%	4,660	59.5%	10,947	37.3%
Got meds ≥ 60 days³	200	2.5%	174	10.1%	643	22.0%	4,167	46.2%	3,981	50.9%	9,165	31.2%
Class polypharmacy⁴	19	0.2%	10	0.6%	44	1.5%	640	7.1%	918	11.7%	1,631	5.6%
≥4 psych meds⁵	5	0.1%	7	0.4%	57	1.9%	854	9.5%	700	8.9%	1,623	5.5%
≥5 psych meds⁶	3	0.0%	3	0.2%	19	0.6%	277	3.1%	226	2.9%	528	1.8%

SFY 2004

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	8,560		1,892		3,225		9,361		8,483		31,521	
Got psych meds²	361	4.2%	300	15.9%	1,020	31.6%	5,079	54.3%	5,117	60.3%	11,877	37.7%
Got meds ≥ 60 days³	222	2.6%	222	11.7%	766	23.8%	4,321	46.2%	4,360	51.4%	9,891	31.4%
Class polypharmacy⁴	15	0.2%	20	1.1%	54	1.7%	803	8.6%	1,073	12.6%	1,965	6.2%
≥4 psych meds⁵	4	0.0%	11	0.6%	64	2.0%	986	10.5%	922	10.9%	1,987	6.3%
≥5 psych meds⁶	-	0.0%	3	0.2%	13	0.4%	357	3.8%	308	3.6%	681	2.2%

SFY 2005

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	10,525		2,351		3,962		10,830		9,236		36,904	
Got psych meds²	382	3.6%	323	13.7%	1,095	27.6%	5,503	50.8%	5,349	57.9%	12,652	34.3%
Got meds ≥ 60 days³	227	2.2%	234	10.0%	816	20.6%	4,613	42.6%	4,515	48.9%	10,405	28.2%
Class polypharmacy⁴	12	0.1%	10	0.4%	61	1.5%	594	5.5%	942	10.2%	1,619	4.4%
≥4 psych meds⁵	3	0.0%	6	0.3%	58	1.5%	794	7.3%	814	8.8%	1,675	4.5%
≥5 psych meds⁶	1	0.0%	1	0.0%	16	0.4%	225	2.1%	248	2.7%	491	1.3%

SFY 2006

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	11,730		2,740		4,559		12,205		9,707		40,941	
Got psych meds²	356	3.0%	383	14.0%	1,205	26.4%	5,927	48.6%	5,524	56.9%	13,395	32.7%
Got meds ≥ 60 days³	205	1.7%	251	9.2%	906	19.9%	4,890	40.1%	4,576	47.1%	10,828	26.4%
Class polypharmacy⁴	10	0.1%	11	0.4%	47	1.0%	547	4.5%	818	8.4%	1,433	3.5%
≥4 psych meds⁵	1	0.0%	7	0.3%	53	1.2%	766	6.3%	810	8.3%	1,637	4.0%
≥5 psych meds⁶	1	0.0%	1	0.0%	11	0.2%	225	1.8%	248	2.6%	486	1.2%

SFY 2007

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	12,270		2,735		4,941		12,884		9,639		42,469	
Got psych meds²	347	2.8%	335	12.2%	1,275	25.8%	6,013	46.7%	5,418	56.2%	13,388	31.5%
Got meds ≥ 60 days³	219	1.8%	233	8.5%	975	19.7%	5,007	38.9%	4,575	47.5%	11,009	25.9%
Class polypharmacy⁴	5	0.0%	9	0.3%	64	1.3%	525	4.1%	775	8.0%	1,378	3.2%
≥4 psych meds⁵	1	0.0%	8	0.3%	66	1.3%	845	6.6%	840	8.7%	1,760	4.1%
≥5 psych meds⁶	1	0.0%	1	0.0%	20	0.4%	218	1.7%	238	2.5%	478	1.1%

SFY 2008

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	13,323		3,271		5,458		13,871		10,054		45,977	
Got psych meds²	325	2.4%	321	9.8%	1,240	22.7%	6,021	43.4%	5,291	52.6%	13,198	28.7%
Got meds ≥ 60 days³	176	1.3%	203	6.2%	933	17.1%	5,004	36.1%	4,390	43.7%	10,706	23.3%
Class polypharmacy⁴	9	0.1%	9	0.3%	55	1.0%	562	4.1%	733	7.3%	1,368	3.0%
≥4 psych meds⁵	4	0.0%	9	0.3%	63	1.2%	820	5.9%	806	8.0%	1,702	3.7%
≥5 psych meds⁶	-	0.0%	1	0.0%	9	0.2%	233	1.7%	228	2.3%	471	1.0%

SFY 2009

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	12,593		2,874		4,928		12,627		8,626		41,648	
Got psych meds²	348	2.8%	276	9.6%	1,129	22.9%	5,688	45.0%	4,889	56.7%	12,330	29.6%
Got meds ≥ 60 days³	204	1.6%	172	6.0%	839	17.0%	4,741	37.5%	4,080	47.3%	10,036	24.1%
Class polypharmacy⁴	13	0.1%	4	0.1%	42	0.9%	484	3.8%	689	8.0%	1,232	3.0%
≥4 psych meds⁵	5	0.0%	2	0.1%	48	1.0%	823	6.5%	766	8.9%	1,644	3.9%
≥5 psych meds⁶	2	0.0%	-	0.0%	7	0.1%	203	1.6%	236	2.7%	448	1.1%

SFY 2010

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	13,428		3,139		5,104		12,766		8,548		42,985	
Got psych meds²	310	2.3%	269	8.6%	1,067	20.9%	5,052	39.6%	4,601	53.8%	11,299	26.3%
Got meds ≥ 60 days³	174	1.3%	165	5.3%	795	15.6%	4,151	32.5%	3,828	44.8%	9,113	21.2%
Class polypharmacy⁴	7	0.1%	7	0.2%	40	0.8%	477	3.7%	679	7.9%	1,210	2.8%
≥4 psych meds⁵	1	0.0%	9	0.3%	61	1.2%	813	6.4%	826	9.7%	1,710	4.0%
≥5 psych meds⁶	-	0.0%	-	0.0%	12	0.2%	230	1.8%	221	2.6%	463	1.1%

SFY 2011

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	14,372		3,575		5,811		13,759		8,573		46,090	
Got psych meds²	353	2.5%	310	8.7%	1,264	21.8%	5,837	42.4%	4,956	57.8%	12,720	27.6%
Got meds ≥ 60 days³	195	1.4%	205	5.7%	899	15.5%	4,617	33.6%	4,059	47.3%	9,975	21.6%
Class polypharmacy⁴	6	0.0%	6	0.2%	37	0.6%	452	3.3%	639	7.5%	1,140	2.5%
≥4 psych meds⁵	1	0.0%	5	0.1%	45	0.8%	721	5.2%	719	8.4%	1,491	3.2%
≥5 psych meds⁶	-	0.0%	1	0.0%	7	0.1%	159	1.2%	159	1.9%	326	0.7%

SFY 2012

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	14,177		3,602		6,127		14,102		8,526		46,534	
Got psych meds²	359	2.5%	299	8.3%	1,322	21.6%	5,812	41.2%	4,935	57.9%	12,727	27.3%
Got meds ≥ 60 days³	210	1.5%	173	4.8%	915	14.9%	4,529	32.1%	4,115	48.3%	9,942	21.4%
Class polypharmacy⁴	9	0.1%	2	0.1%	28	0.5%	405	2.9%	721	8.5%	1,165	2.5%
≥4 psych meds⁵	1	0.0%	1	0.0%	42	0.7%	618	4.4%	724	8.5%	1,386	3.0%
≥5 psych meds⁶	-	0.0%	-	0.0%	2	0.0%	152	1.1%	186	2.2%	340	0.7%

SFY 2013

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	13,703		3,420		6,070		14,260		8,438		45,891	
Got psych meds²	355	2.6%	284	8.3%	1,269	20.9%	5,773	40.5%	4,845	57.4%	12,526	27.3%
Got meds ≥ 60 days³	192	1.4%	184	5.4%	898	14.8%	4,526	31.7%	4,004	47.5%	9,804	21.4%
Class polypharmacy⁴	7	0.1%	7	0.2%	32	0.5%	405	2.8%	725	8.6%	1,176	2.6%
≥4 psych meds⁵	4	0.0%	4	0.1%	52	0.9%	748	5.2%	883	10.5%	1,691	3.7%
≥5 psych meds⁶	2	0.0%	1	0.0%	10	0.2%	181	1.3%	236	2.8%	430	0.9%

SFY 2014

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	13,838		3,329		6,038		14,455		8,385		46,045	
Got psych meds²	319	2.3%	211	6.3%	1,147	19.0%	5,772	39.9%	4,706	56.1%	12,155	26.4%
Got meds ≥ 60 days³	178	1.3%	134	4.0%	834	13.8%	4,463	30.9%	3,853	46.0%	9,462	20.5%
Class polypharmacy⁴	9	0.1%	10	0.3%	33	0.5%	350	2.4%	681	8.1%	1,083	2.4%
≥4 psych meds⁵	2	0.0%	2	0.1%	44	0.7%	665	4.6%	796	9.5%	1,509	3.3%
≥5 psych meds⁶	-	0.0%	1	0.0%	8	0.1%	151	1.0%	230	2.7%	390	0.8%

SFY 2015

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	14,179		3,256		5,815		14,902		8,348		46,500	
Got psych meds²	308	2.2%	163	5.0%	1,051	18.1%	5,655	37.9%	4,650	55.7%	11,827	25.4%
Got meds ≥ 60 days³	199	1.4%	105	3.2%	733	12.6%	4,423	29.7%	3,774	45.2%	9,234	19.9%
Class polypharmacy⁴	5	0.0%	4	0.1%	32	0.6%	316	2.1%	650	7.8%	1,007	2.2%
≥4 psych meds⁵	2	0.0%	2	0.1%	25	0.4%	585	3.9%	736	8.8%	1,350	2.9%
≥5 psych meds⁶	-	0.0%	1	0.0%	5	0.1%	125	0.8%	173	2.1%	304	0.7%

SFY 2016

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	15,131		3,407		5,829		15,198		8,446		48,011	
Got psych meds²	303	2.0%	186	5.5%	935	16.0%	5,536	36.4%	4,612	54.6%	11,572	24.1%
Got meds ≥ 60 days³	178	1.2%	111	3.3%	642	11.0%	4,269	28.1%	3,722	44.1%	8,922	18.6%
Class polypharmacy⁴	9	0.1%	6	0.2%	33	0.6%	324	2.1%	638	7.6%	1,010	2.1%
≥4 psych meds⁵	2	0.0%	1	0.0%	28	0.5%	599	3.9%	665	7.9%	1,295	2.7%
≥5 psych meds⁶	-	0.0%	-	0.0%	1	0.0%	123	0.8%	173	2.0%	297	0.6%

SFY 2017

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	16,139		3,510		5,957		15,465		8,518		49,589	
Got psych meds²	316	2.0%	164	4.7%	895	15.0%	5,542	35.8%	4,577	53.7%	11,494	23.2%
Got meds ≥ 60 days³	182	1.1%	99	2.8%	618	10.4%	4,225	27.3%	3,657	42.9%	8,781	17.7%
Class polypharmacy⁴	11	0.1%	8	0.2%	23	0.4%	332	2.1%	679	8.0%	1,053	2.1%
≥4 psych meds⁵	6	0.0%	2	0.1%	13	0.2%	618	4.0%	676	7.9%	1,315	2.7%
≥5 psych meds⁶	1	0.0%	-	0.0%	-	0.0%	143	0.9%	192	2.3%	336	0.7%

SFY 2018

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	17,017		3,724		6,305		16,102		8,711		51,859	
Got psych meds²	295	1.7%	194	5.2%	945	15.0%	5,695	35.4%	4,652	53.4%	11,781	22.7%
Got meds ≥ 60 days³	161	0.9%	121	3.2%	602	9.5%	4,287	26.6%	3,653	41.9%	8,824	17.0%
Class polypharmacy⁴	11	0.1%	10	0.3%	22	0.3%	359	2.2%	712	8.2%	1,114	2.1%
≥4 psych meds⁵	5	0.0%	5	0.1%	14	0.2%	630	3.9%	740	8.5%	1,394	2.7%
≥5 psych meds⁶	3	0.0%	1	0.0%	1	0.0%	179	1.1%	213	2.4%	397	0.8%

SFY 2019

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	16,440		3,710		6,262		15,544		8,815		50,771	
Got psych meds²	312	1.9%	189	5.1%	983	15.7%	5,609	36.1%	4,775	54.2%	11,868	23.4%
Got meds ≥ 60 days³	189	1.1%	97	2.6%	663	10.6%	4,289	27.6%	3,834	43.5%	9,072	17.9%
Class polypharmacy⁴	18	0.1%	8	0.2%	38	0.6%	534	3.4%	800	9.1%	1,398	2.8%
≥4 psych meds⁵	6	0.0%	7	0.2%	20	0.3%	665	4.3%	751	8.5%	1,449	2.9%
≥5 psych meds⁶	1	0.0%	1	0.0%	4	0.1%	168	1.1%	239	2.7%	413	0.8%

SFY 2020

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	15,099		3,395		5,688		14,317		8,718		47,217	
Got psych meds²	306	2.0%	183	5.4%	949	16.7%	5,326	37.2%	4,765	54.7%	11,529	24.4%
Got meds ≥ 60 days³	195	1.3%	110	3.2%	642	11.3%	4,195	29.3%	3,871	44.4%	9,013	19.1%
Class polypharmacy⁴	26	0.2%	9	0.3%	53	0.9%	570	4.0%	909	10.4%	1,567	3.3%
≥4 psych meds⁵	12	0.1%	2	0.1%	23	0.4%	676	4.7%	871	10.0%	1,584	3.4%
≥5 psych meds⁶	2	0.0%	0	0.0%	8	0.1%	207	1.4%	273	3.1%	490	1.0%

SFY 2021

Age group	0-2	0-2 %*	3	3 %	4-5	4-5 %	6-12	6-12 %	13-17	13-17 %	0-17	0-17 %
Total Children in Foster Care¹	16,193		3,668		6,299		15,341		9,322		50,823	
Got psych meds²	305	1.9%	163	4.4%	961	15.3%	5,411	35.3%	4,931	52.9%	11,771	23.2%
Got meds ≥ 60 days³	189	1.2%	105	2.9%	640	10.2%	4,219	27.5%	3,941	42.3%	9,094	17.9%
Class polypharmacy⁴	19	0.1%	9	0.2%	29	0.5%	562	3.7%	839	9.0%	1,458	2.9%
≥4 psych meds⁵	7	0.0%	4	0.1%	21	0.3%	642	4.2%	781	8.4%	1,455	2.9%
≥5 psych meds⁶	0	0.0%	3	0.1%	1	0.0%	180	1.2%	214	2.3%	398	0.8%

Data Table Notes

Table Notes. Due to programming code changes, additional data becoming available, and additional drugs being added to the list of psychotropic medications as described under #2 below, the data has changed from previous versions of the report. The data from SFY 2002 and forward were reanalyzed to capture these changes and to provide a single, consistent, historical timeline.

The COVID-19 pandemic, which was declared a national emergency in March 2020, occurred during the second 6 months of SFY 2020 and therefore may have impacted the results for this reporting cycle. It is well-documented that this singular event created barriers to service utilization, not just limited to children and youth in foster care. However, barriers to receiving outpatient behavioral health services may have been mitigated by Texas Medicaid's expanded emphasis on teleservices during the pandemic. Additionally, per federal program regulations, HHSC did not disenroll individuals from Medicaid during the public health emergency (PHE), resulting in enrollment increases. Therefore, the changes in utilization rates may not only be explained by a change in the number of clients utilizing the services but also by the relative increase in enrolled clients. While it is reasonable to consider the possibility that COVID-19 had a negative impact on mental health, which could have increased the demand for services and medications, an analysis of that complexity is outside the scope of this report.

¹ Total children for each state fiscal year is taken from the finalized eight-month eligibility file(s). For SFY 2002 to April 1, 2008, children in foster care were defined as Medicaid type programs 8, 9 and 10. After April 1, 2008, children in foster care were defined as children enrolled in STAR Health. For the purpose of this analysis, foster care children and youth include mostly clients who were in foster care for at least one month out of the year. In SFY 2021, pursuant to House Bill 72, Eighty-sixth Legislature, Regular Session, 2019, certain children formerly in foster care could continue to receive Medicaid benefits through STAR Health instead of transitioning to a different Medicaid program. Therefore, a small percentage of children being served by STAR Health were not in foster care for at least one month of the year. This report includes children under the age of 18. The age of the child is determined by their age during their first month in foster care during a fiscal year. Age 0-2 includes up through the end of the 35th month after birth.

² A child was considered to have received a psychotropic medication if any medication on the psychotropic drug list was prescribed (filled and paid) at any

time during the year in question. The methodology section of the [June 2006 report](#) provides details of the method. In 2020, the list of psychotropic drugs was revised to include only drugs that were categorized as psychotropic by two independent drug classification systems, the American Hospital Formulary System (AHFS) and First Data Bank (FDB); the specific categories were selected by Medicaid.

The 2020 psychotropic drug list includes more drugs than the legacy Department of State Health Services Mental Health Formulary which was used from SFY 2002 to 2015. But the revised 2020 list contains fewer drugs than using the AHFS categories alone (SFY 2015 to 2017) because analgesics, treatments for Alzheimer's Disease and Parkinson's Disease, anti-vertigo, and other medications that are indirectly related to mental health are excluded by requiring drugs to also be listed in the FDB categories as well. The major categories that account for about 90% of psychotropic medications are antipsychotics, antidepressants, anticonvulsants, anxiolytics, and stimulant type drugs. Some drugs included in the psychotropic drug list are dual use drugs, such as anticonvulsants which are also used for seizures. Therefore, some prescriptions for psychotropic drugs, particularly among very young children, may not be prescribed for mental health purposes.

³ Because psychotropic medications are often prescribed very short term, data for children who received prescriptions for a psychotropic medication that lasted at least 60 days is examined separately. While this may seem long, it is important to remember that prescribers tend to write 30 day or longer prescriptions even at first diagnosis. Analysis of prescription data comes with no guarantee that individuals are taking the drugs they were prescribed. Many times, these medications are not taken past a few days due to ineffectiveness, side effects, or failure to adhere to the prescribed regimen. Therefore, it makes sense to concentrate monitoring efforts on those children who most likely were actually taking medications past an initial 30 day prescription for at least 60 days.

⁴ Polypharmacy is defined as sustained simultaneous metabolic availability of two or more drugs. Class polypharmacy is operationally defined as the concurrent prescription for 60 days or longer of two unique medications from the same class. In the case of the class of mood stabilizers, where the evidence base supports the use of two medications concurrently, class polypharmacy is defined as the concurrent prescription of three or more drugs for 60 days or longer. See note #3 for an explanation of the 60-day qualifier.

⁵The prescription of four or more medications concurrently is defined as any four psychotropic medications prescribed at the same time for 60 days or longer. This is a different type of polypharmacy from class polypharmacy in #4 above and was implemented in the parameters during SFY 2014.

⁶The prescription of five or more medications concurrently is defined as any five psychotropic medications prescribed at the same time for 60 days or longer. This is a different type of polypharmacy from class polypharmacy in #4 above and was one of the original criteria from the parameters that were initially implemented in March 2005.

List of Acronyms

Acronym	Full Name
AHFS	American Hospital Formulary System
DFPS	Department of Family and Protective Services
FDB	First Data Bank
HHSC	Health and Human Services Commission
SFY	State Fiscal Year