

Psychotropic Medications and Delaware Youth

Delaware Children's Department Mental Health Oversight Project



Psychotropic Medications

- Also called psychiatric medications, they are defined by their function, helping to alleviate emotional or behavioral symptoms or conditions.
- Classes of psychotropic medications are also defined by their target symptoms:
 - Antipsychotic medications address psychotic symptoms but are also increasingly being used “off label” to treat aggression.
 - Mood stabilizers (ex. Lithium) are used to help stabilize mood swings typically associated with Bipolar disorder.
 - Stimulants are a class of medications used to treat ADHD
 - Antidepressants and anti-anxiety medications

Psychotropic Medications for Youth

Over the last two decades there has been an exponential increase in the use of psychotropic medications prescribed for emotional and behavioral disorders in children particularly preschoolers.



Safety and Efficacy

Research into the effects of these medications lags behind prescribing trends.

These trends and the lack of research to support current practice have important implications for our work with traumatized children.

Lack of Safety and Efficacy Studies of Psychotropic medications for children

Brain continues to develop through adolescence

Impact of adding psychoactive medications to a developing brain is unknown



Mental Health Needs of Youth in Foster Care

- Rates of emotional or behavioral disorders range from 50-80% of children in foster care vs. 11-25% community-based rate.
- Rates of emotional or behavioral disorders correlate with histories of adverse childhood experiences including:
 - Abuse
 - Neglect
 - Domestic violence
 - Poverty
 - *In-utero* and environmental drug exposure
 - Genetic loading

Alumni of Child Welfare Outcomes

Lifetime prevalence of mental health disorders among adults who experienced stays in foster care exceeds the incidence rate of the general population

- PTSD 30% Alumni vs. 7.6% Gen Pop
- Major Depression 41.1% vs. 21% Gen Pop
- Panic disorder 21.1% vs. 4.8% Gen Pop
- GAD 19.1% vs. 7% Gen Pop
- Drug dependence 21% vs. 4.5% Gen Pop

(Northwest Alumni Study, Pecora et.al. 2005)

Antipsychotic prescribing rates in Child Welfare:

- Rates of antipsychotic use increased from 8.9% in 2002 to 11.8% in 2007 (**range from 2.8% in HI to 21.7% in TX**). (Rubin, et. al. *Children and Youth Services Review*, 34(6), 2012)
- Use of antipsychotic medications is amongst the **fastest growing class of psychiatric medications**.
- Use in Medicaid-enrolled Children age 3-18 **grew 62% between 2002 and 2007**;
- ADHD is the most common diagnosis (39%, Bipolar 11%, ADHD and Bipolar 12%).

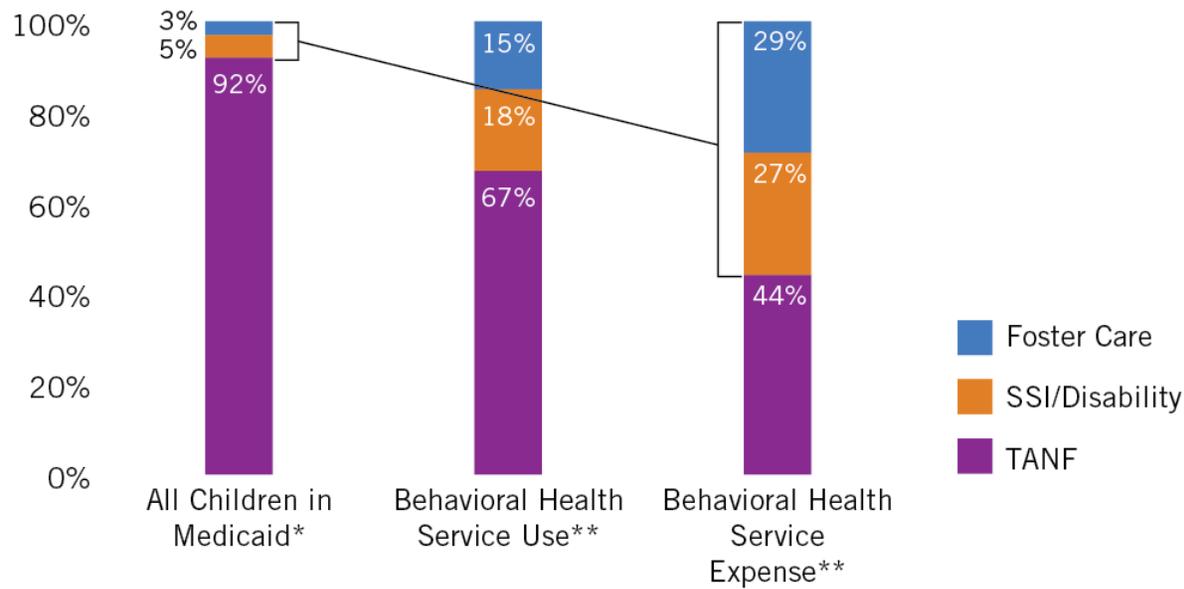
(Meredith Matone, David Rubin, Policy Lab at CHOP, 2012)

Use of Antipsychotic Medications in Delaware

- Prescribing of antipsychotic medication for Delaware children in foster care increased to 12.2% in 2007 reflecting a **45.9%** increase from 2002.
- Ranking of states based on change in prescribing over time placed Delaware as 13th in the country for highest increase in prescribing of antipsychotic medications.
- Delaware also had a higher rate of children on antipsychotic medications than the national average (11.8% of children in foster care).

Children in foster care and those with SSI/disability eligibility together represent only 8% of the Medicaid child population, but their care accounts for 56% of total behavioral health spending.

MEDICAID ENROLLMENT, BEHAVIORAL HEALTH SERVICE USE, AND EXPENSE BY AID CATEGORY



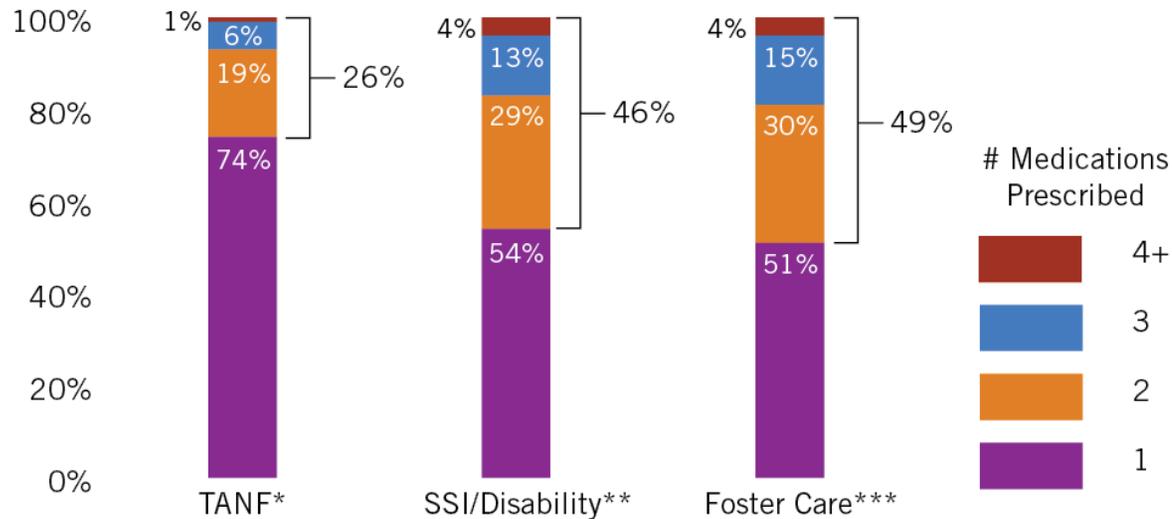
* All children in Medicaid in 2005, N=29,050,305.

** Behavioral Health service use and expense in 2005, N=1,958,908.

Source: S. Pires, K. Grimes, T. Gilmer, K. Allen, & R. Mahadevan. "Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures." Center for Health Care Strategies, December 2013.

Children in foster care who are prescribed psychotropic medications are more likely than children in other aid categories to receive multiple medications, with 49% prescribed 2 or more, and close to 20% prescribed 3 or more.

CONCURRENT PSYCHOTROPIC MEDICATION USE AMONG CHILDREN IN MEDICAID

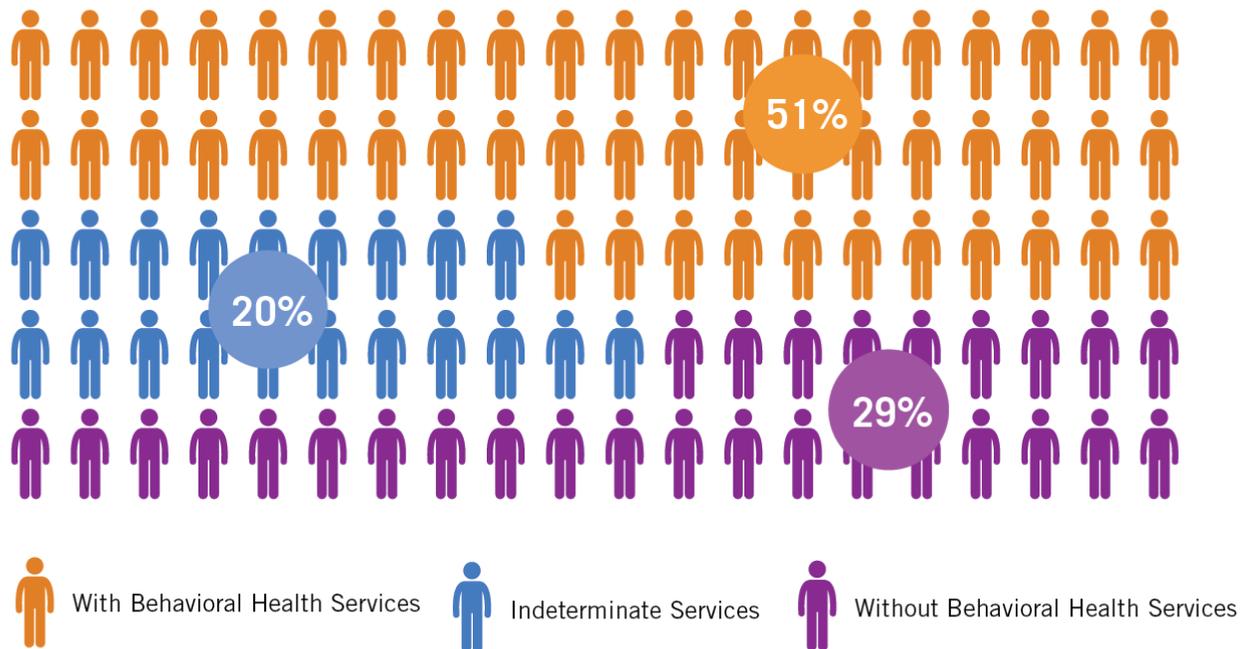


*N=1,119,266 **N= 354,945 ***N= 212,176

Source: S. Pires, K. Grimes, T. Gilmer, K. Allen, & R. Mahadevan. "Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures." Center for Health Care Strategies, 2013.

Children in Medicaid are frequently prescribed psychotropic medications, but only half of those getting medications receive accompanying behavioral health services.

CHILDREN IN MEDICAID PRESCRIBED PSYCHOTROPIC MEDICATIONS WITH AND WITHOUT ACCOMPANYING BEHAVIORAL HEALTH SERVICES*



* Based on all children in Medicaid receiving psychotropic medications in 2005, N = 1,686,387.

Source: S. Pires, K. Grimes, T. Gilmer, K. Allen, & R. Mahadevan. "Faces of Medicaid: Examining Children's Behavioral Health Service Utilization and Expenditures." Center for Health Care Strategies, December 2013.

Trends In Use of Psychotropic Medications

- Consistent increase in use of psychotropic medications for children since early 1980's
 - Between 1994 and 2001, psychotropic prescriptions for adolescents rose more than sixty percent (Morris and Stone, 2011)
- Increase across all age groups including young children
 - Between 1991-95 prescription rates for Medicaid-enrolled preschoolers **doubled**, primary due to increase in atypical antipsychotics and antidepressants (Zito et al, 2007; Zuvekas et al, 2006)
- Higher prescribing rates for Medicaid youth
 - 2007-09 prescription data showed that Medicaid youth were twice as likely to receive antipsychotic prescription than privately insured youth (GAO 2012)

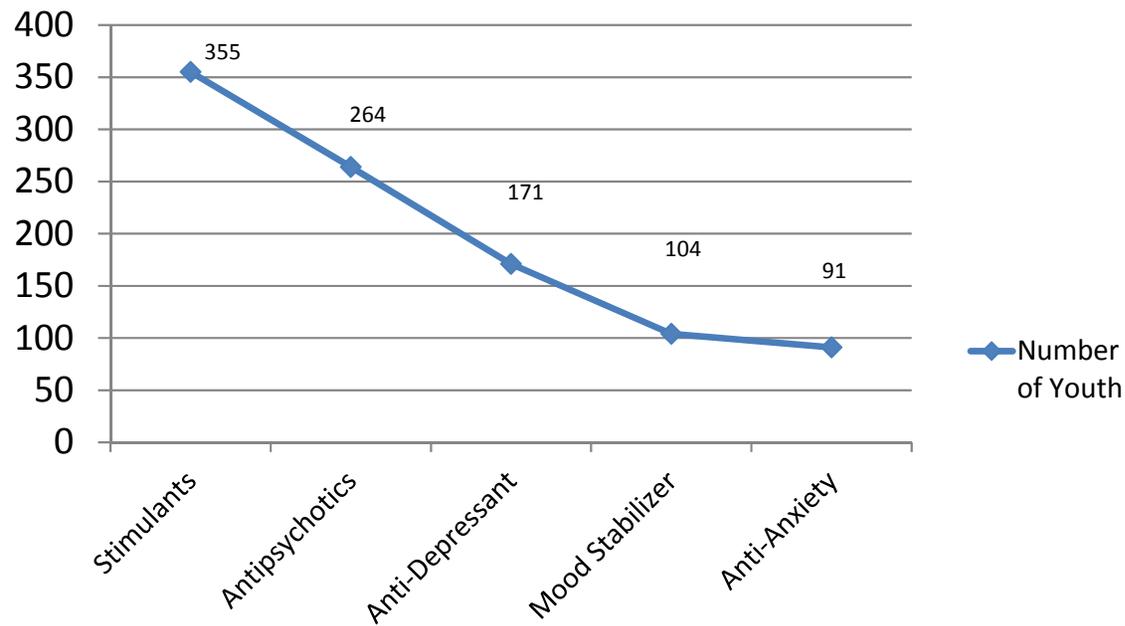
Concern Regarding Foster Care Children and Psychotropic Medications

- 2011 Government Accountability Office (GAO) analyzed Medicaid medication billing data for about 100,000 foster children in 5 states. Foster care youth:
 - were prescribed psychotropic drugs at rates up to nearly 5 times higher than non-foster children
 - were prescribed antipsychotics at a rate 9 times higher than non-foster children
 - were 9 times more likely than non-foster children to be prescribed drugs for which there was no FDA-recommended dose for their age.
 - under 1 year old were prescribed psychotropic drugs despite there being no established use for mental health conditions in infants and the potential for serious adverse effects.

What's Happening in Delaware: DFS Medication Data

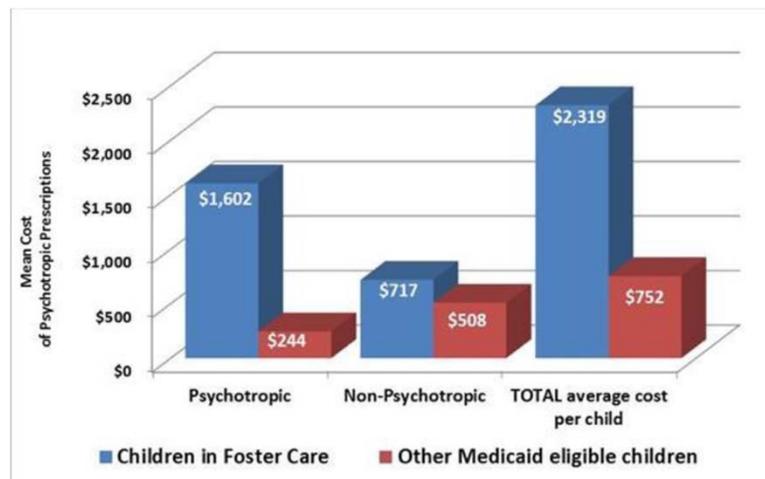
Working with Delaware Medicaid and Medical Assistance to access prescription information for youth in foster care

DFS Foster Youth 7/1/13-11/20/13



DELAWARE TASK FORCE ON THE HEALTH OF CHILDREN IN FOSTER CARE

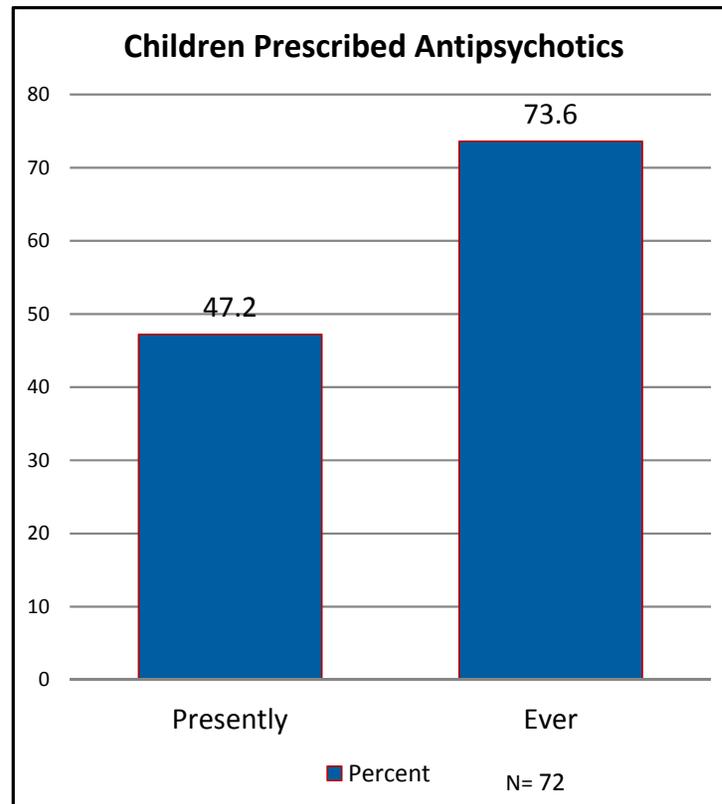
- 2015 Report key findings:
 - 40% prescribed at least one psychotropic medication; almost 25% of those receiving 3 or more
 - Cost of prescriptions approximately three times higher; **majority of the difference accounted for by the costs of psychotropic medications**



SQ: Have children or youth in foster care with whom you've been involved been prescribed antipsychotic medications to manage mental or behavioral health?

➤ *What percent of foster parents indicated that they “ever had a youth in their home prescribed antipsychotic medications”?*

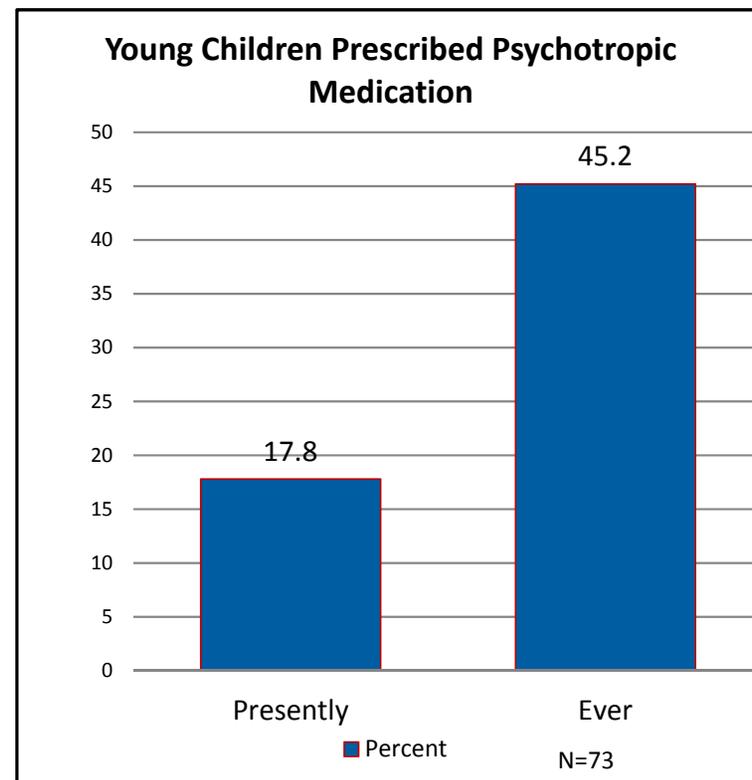
- Less than 30%
- Between 30 and 60%
- More than 60%
- ✓ ***More than 60%***



SQ: Have children or youth under age 6 in foster care with whom you've been involved been prescribed psychotropic medications to manage mental or behavioral health?

➤ *What percent of foster parents indicated that they "ever had a child under age 6 prescribed psychotropic medication"?*

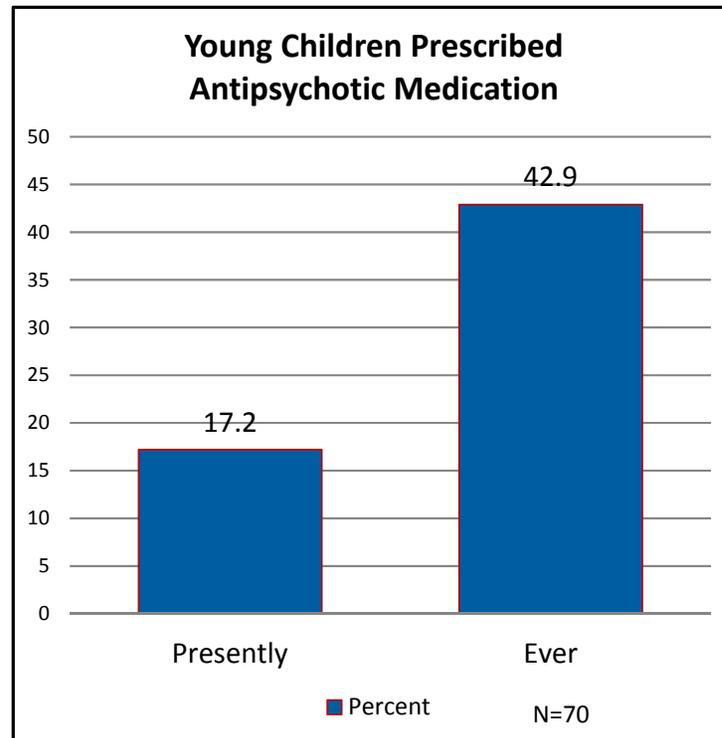
- Less than 30%
- Between 30 and 45%
- More than 45%
- More than 45%**



SQ: Have children or youth under age 6 in foster care with whom you've been involved been prescribed antipsychotic medications to manage mental or behavioral health?

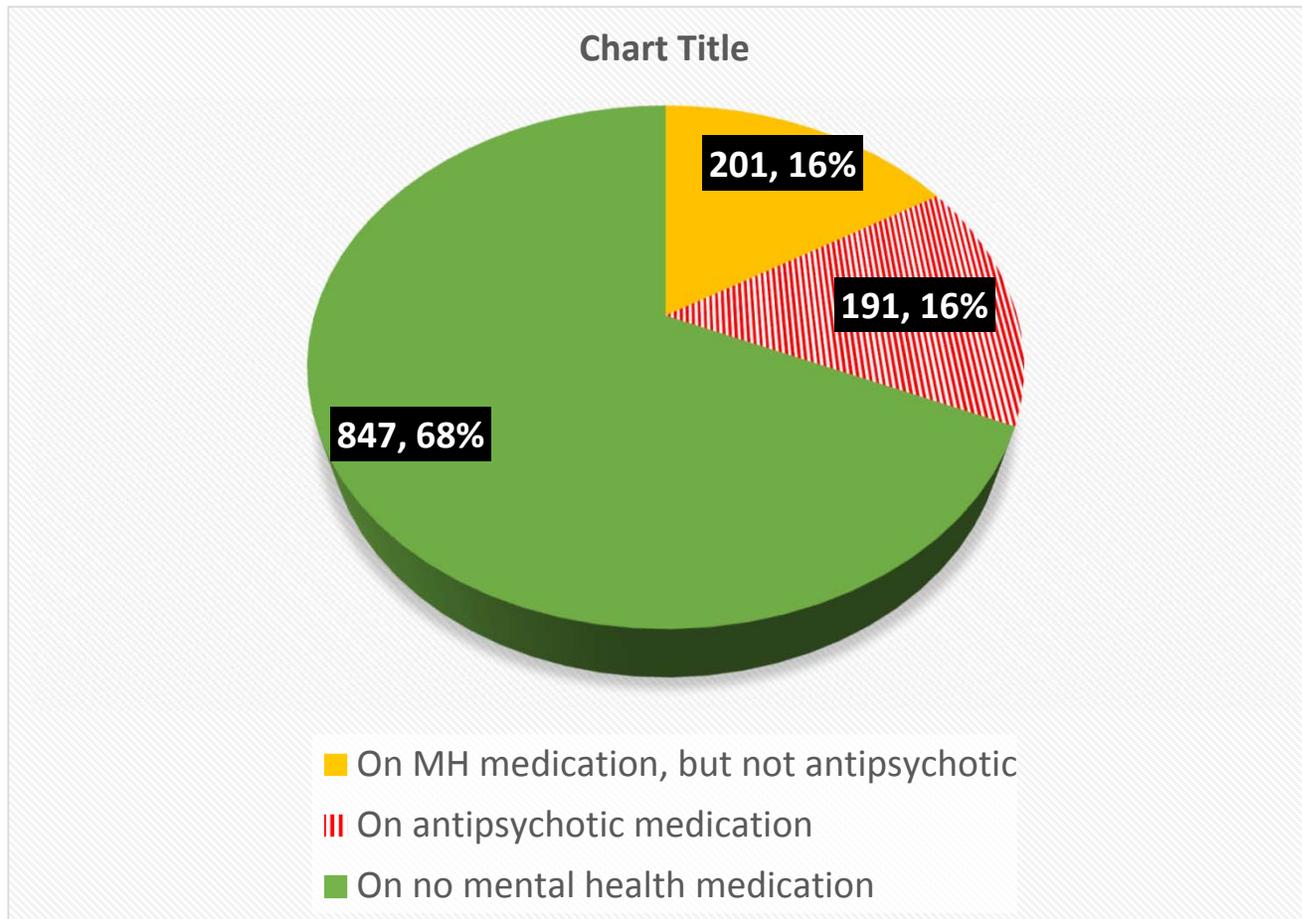
➤ *What percent of foster parents indicated that they “ever had a youth under the age of 6 in their home prescribed antipsychotic medications”?*

- Less than 15%**
- Between 15-40%**
- More than 40%**
- ✓ ***More than 40%***



Psychotropic Medication

N = 1,239 (CY2016)



Implications for Practice

Medication should be integrated as part of a comprehensive treatment plan that includes:

- Appropriate behavior planning.
- Symptom and behavior monitoring.
- Communication between the prescribing clinician and the youth, parents, guardian, foster parents, therapist(s), pediatrician, school and any other relevant members of the child or youth's treatment team.

Implications for Practice

Medication decisions should be:

- appropriate to the diagnosis of record,
- based on specific indications (i.e., target symptoms), and
- not made in lieu of other treatments or supports that the individual needs.

Implications for Practice

There should be an effort, over time, to adjust medications doses to the minimum dose at which a medication remains effective and side-effects are minimized.

Periodic attempts at taking the child off medication should also be tried and if not, the rationale for continuing the medication should be documented.

Strategies for ensuring appropriate treatment

- Involvement of biological parents and youth in decision-making
- Feasible and employable state policy/guidelines
- Oversight program for monitoring population trends
- Fiscal, human, and technological resources
- Availability of Evidence based and trauma informed Psychosocial treatment services

Strategies for ensuring appropriate treatment

- Parents and guardians should be provided with complete information when psychiatric medication is recommended as part of their child's treatment plan.
- Children and adolescents should be included in the discussion about medications, using words they understand.
- By asking the following questions, children, adolescents, and their parents will gain a better understanding of psychiatric medications

INITIAL DEPARTMENT ACTION

- 2013 DFS responds to federal mandate
 - Establishes the Office of Evidence-Based Practice
 - Implemented behavioral health screening and consultation
 - Psychotropic medication oversight, monitoring and consultation
 - Information sharing and Memorandum of Understanding
 - Develops internal MIS tracking system

INITIAL DEPARTMENT ACTION

- Department workgroup forms
 - Reviews available data
 - High percentage of DSCYF youth prescribed psychotropic medication
 - Frequent use of antipsychotics
 - Children often enter care on psychotropic medication
 - A percent of children are receiving multiple medications concurrently

MENTAL HEALTH OVERSIGHT PROJECT

- Casey provides technical assistance for consultation with national experts (Rutgers & Tufts)
 - *DSCYF engages key stakeholders*
 - State Medicaid Office
 - Local Managed Care Organizations
 - Nemours Children's Health System
 - *Established three core goals*
 - 1) Institutionalizing data collection, analysis and dissemination
 - 2) Informed consent process
 - 3) Communications with Stakeholders

PROJECT ACCOMPLISHMENTS

- Institutionalize data collection, analysis and dissemination
 - Adoption of HEDIS Measures for FOCUS
 - Drafted Department psychotropic medication policy
- Informed consent
 - Developed informed consent form
 - Pilot in Nemours foster care clinic
- Communication with stakeholders
 - Enhance care coordination through development of child health information sheet
 - Delaware Journal of Public Health article
 - Developed resources for families
 - Training

DEPARTMENT NEXT STEPS

- Fully implement Department medication policy
- Launch medication training for staff
- Expand Department medication consultant and data capacity
- Add contract language to promote medication best practice
- Enhance Department website with resources for families
- Continue to build trauma-focused psychosocial treatment array

Questions?



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