

Curbing the High Rates of Psychotropic Medication Prescriptions Among Children and Youth in Foster Care



Children in the foster care system are being prescribed too many psychotropic medications, for too long, and at doses often exceeding Food and Drug Administration (FDA) recommendations. These medications, many of which carry significant health risks, are frequently administered in lieu of other equally effective, but less harmful, first-line interventions.

The disproportionate rates of psychotropic medication administration among youth in foster care may be partially explained by foster children's greater mental health needs, lack of coordinated medical and mental health care, and limited oversight of prescribing practices. However, these systemic flaws and social disparities in health do not justify the maintenance of a status quo that subjects some of our most vulnerable children and youth to undue harm via psychotropic administration.

This brief will analyze conditions contributing to the over-prescription of psychotropics in foster care systems, identify promising interventions, present case studies of state interventions, and offer policy strategies ranked by potential impact and ease of implementation.

The information and evidence assembled in this report was informed by a review of the academic and medical literature on the use of psychotropics among foster youth, analysis of state-level policies relevant to the issue, and interviews

with key stakeholders across the country in states that have taken unique approaches to psychotropic oversight.

Background

According to a Government Accountability Office report released in December 2011, foster children are being prescribed psychotropics at rates 2.7 to 4.5 times higher than their non-foster counterparts,¹ while other studies have found the use of psychotropics to be 3.5 to 11 times greater among the foster care population.²

Research indicates that polypharmacy (the administration of multiple psychotropics simultaneously) is also highly prevalent among youth in foster care, in spite of the limited evidence base demonstrating its efficacy. Among foster youth prescribed psychotropics, up to 41.3% are receiving drugs from three or more different classes, and as many as 72% are receiving drugs from two or more classes.³

The frequency of antipsychotic administration, the drugs with the most dangerous side effect profiles, is also a serious concern. Not only are antipsychotics disproportionately prescribed to

New York has experienced a 25% reduction in antipsychotic polypharmacy, which they attribute to their data sharing processes.



youth in foster care, but they increase the risk of irreversible movement disorders, seizures, diabetes, high cholesterol, kidney and liver damage, and metabolic disruption resulting in rapid weight gain. Furthermore, foster children are frequently prescribed doses higher than the maximum levels recommended in the medical literature and by the FDA, which may compound the risk of harmful side effects.

In September of 2011, Congress passed the Child and Family Improvement and Innovation Act, requiring states that apply for certain federal

child welfare grants to establish protocols for the appropriate use and monitoring of psychotropics prescribed to foster children. There are multiple policy considerations for states that seek to address this federal mandate. To date, the National Center for Youth Law (NCYL) has conducted in-depth interviews with child welfare administrators, medical directors, and other advocates for improved oversight of psychotropics among youth in foster care from Vermont, Ohio, New York, Florida, Illinois, Indiana, Maryland, Michigan, Pennsylvania, Virginia, and Wash-

ington state, as well as the Center for Health Care Strategies. While state-level considerations have led to varied approaches in addressing the over-medication of youth in the foster care system, several core themes have emerged over the course of our research. These overlapping approaches to the oversight of psychotropics in foster care settings reflect the Best Principle Guidelines published by the American Academy of Child and Adolescent Psychiatry (AACAP),⁴ and offer a roadmap for states to follow as they work to improve the oversight of psychotropics among the foster youth population.

The state of Washington has taken a comprehensive approach, providing both a telephone consultation line for pediatric prescribers as well as a partnership between state Medicaid and medical centers to conduct second opinions via record reviews, leading to a 53% reduction in high-dose prescriptions, a 23% reduction in psychotropic prescriptions among children under 5, and an annual savings of \$1.2 million.

State-Level Approaches to Addressing the Over-Medication Problem

We have identified the following broad categories adopted by states in their efforts to reduce the psychotropic over-medication of foster youth:

1. *Utilization of Medicare claims data, pharmacy claims data, and/or electronic medical record systems to identify providers who prescribe above established thresholds and to flag children who receive potentially dangerous drug combinations and/or dosages.*
2. *Prior authorization/hard edit processes requiring review of certain prescriptions and/or drug combinations.*
3. *Second opinions/specialist consultation.*
4. *Provider feedback, training & corrective action.*
5. *Enhancement of auxiliary psychosocial services.*

These strategies have helped to reduce potentially dangerous psychotropic prescriptions, contributed to better psychiatric services for youth in foster care, and demonstrated effectiveness in county-based mental health systems. Taken together, they represent options that states should consider when developing policies to address this problem.

Data Collection

Collecting data is central to ensuring that our most vulnerable children are receiving appropriate behavioral health care. In the absence of reliable and consistent information on psychotropic prescription trends and the extent to which foster children are receiving other first-line psychosocial interventions, our ability to quantify the misuse of medication, or measure the effects of policies, is significantly limited.

There is some variation across states in regards to what data is being collected, by whom, and with what frequency. There are also differences in how the data is subsequently used to address potentially dangerous prescription patterns and inform the provision of other potential first-line interventions. Nonetheless, data collection and sharing mechanisms have led to reductions in psychotropic medication prescriptions among children across various states, with New York

and Ohio reporting 25% reductions in several categories.

Appendices A-D provide a more detailed overview of data collection measures by state. Appendix E presents a snapshot of state-level reductions in psychotropic prescriptions attributable to enhanced data collection processes.

Prior Authorization Processes

Prior authorization policies, though primarily used by insurers as a cost-saving strategy, have added additional protection against children's receipt of potentially dangerous prescriptions. Such policies can prevent the filling of prescriptions at the pharmacy level for certain medications, dosages, medication combinations, or age ranges. As such, they can provide an extra layer of protection for children to help ensure that the prescriptions they receive are appropriate for their mental health diagnosis, age, and weight.

Most states have focused their prior authorization protections on the prescription of antipsychotic medications among children under six years old, given the high risk of side effects and questionable therapeutic value of this drug class for this age group. One state implemented restrictions on certain prescriptions at the pharmacy point of sale, while others require a second opinion prior to the administration of psychotropics based on drug dosage, child's age, and drug-diagnosis correspondence. California has noted a decrease in the number of pharmacy claims for antipsychotic medications, which they attribute to their Treatment Authorization Request (TAR) process, implemented in 2014. See Appendix F for more information on how states have used prior authorization processes to prevent the misuse of psychotropics among children.



Second Opinion/Specialist Consultation

AACAP Best Principles Guidelines recommend that all state and county child welfare agencies empowered by law to consent on behalf of children for treatment with psychotropics should design a consultation program administered by child and adolescent psychiatrists. Such systems have been implemented across various states, allowing for prescribers and consent providers to query expert opinion prior to making treatment decisions that may be potentially harmful to children. For a more in-depth look at state-level approaches to the provision of second opinions/specialist consultation, see Appendix G.

Provider Outreach, Feedback & Education

Most states have opted for an education-based strategy, focusing their outreach on those providers whose prescribing patterns fall outside established guidelines. States have used focused mailings detailing information about patient psychiatric medication utilization, educational alerts, telephone outreach, and in-person consultations with providers prescribing outside established thresholds. See Appendix H for a more in-depth look at state-by-state approaches to provider outreach.

1 Kutz, G. D. (2011). Foster children: HHS guidance could help states improve oversight of psychotropic prescriptions. United States Government Accountability Office.

2 DosReis S., Zito J.M., Safer D.J., & Soeken K. (2001). Mental health services for youths in foster care and disabled youths. *American Journal of Public Health*, 91:1094-1099.

3 Zito, J.M., Safer, D.J., Sai, D., Gardner, J.F., Thomas, D., Coombes, P., Dubowski, M., Mendez-Lewis, M. (2008). Psychotropic Medication Patterns Among Youth in Foster Care. *Pediatrics*. Vol 121 (1): 157-163.

4 AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline. Retrieved from: http://www.aacap.org/galleries/PracticeInformation/FosterCare_BestPrinciples_FINAL.pdf.

Enhancement of Auxiliary Psychosocial Services

The inaccessibility of evidence-based psychosocial interventions is frequently offered as an explanatory factor for the increasing reliance on pharmacological therapies for children with behavioral health concerns. Many of the key stakeholders interviewed for this report lamented the limited availability of psychosocial services in their respective states, suggesting that providers in their regions would prefer to initiate such services prior to the administration of psychotropics. While it is beyond the scope of this report to suggest specific treatment modalities, we recommend that states ensure service consistency across counties. Please see Appendices I-J for our recommendations for how states might measure the quality of behavioral health services across counties.

Recommendations and Conclusion

It is beyond the scope of this brief to offer detailed guidance to individual states, however, we recommend that all states adhere to the following general guidelines in their ongoing efforts to address this problem.

- Develop thorough data collection, analysis, and dissemination processes. It is our recommendation that state child welfare agencies create a minimum standard of review based on the unique needs of their respective foster care populations.
- Use this data to inform provider education processes and specialist consultation triggers. When developing interventions of this nature, states should consider the following questions:
 1. *Who are the prescribers?*
 2. *What resources do they need to prescribe appropriately?*
 3. *How will these resources be provided and who will provide them?*
- Develop prior authorization, second opinion, and provider outreach processes independent of data collection mechanisms. By making these services available to all practitioners who prescribe to foster youth, states will ensure that provider support mechanisms are not restricted to those who may be prescribing inappropriately.
- Identify creative and cost-effective means to expand access to and utility of psychosocial interventions among foster youth.

With these general recommendations as a guide, we suggest that states review the resources currently allotted to foster youth, identify champions motivated to address the overmedication problem, and implement steps to oversee the care provided to their most vulnerable children and youth.

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Appendices for this document are available at:

<http://youthlaw.org/publication/reducing-overmedication-appendices/>

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