A Congressional Briefing:
Reducing Overreliance on Psychotropics and Increasing Use of
Psychosocial Treatments for Children and Youth in Foster Care

Kathleen Noonan and Meredith Matone

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Today’s Agenda

Overview: Meredith Matone and Kathleen Noonan

• Overall problem (use data/policy barriers)

• Possible Solutions

• Models

Commentary from Experts

• Kathleen Noonan, Founding Co-Director, PolicyLab at The Children’s Hospital of Philadelphia

• Meredith Matone, Research Scientist, PolicyLab at The Children’s Hospital of Philadelphia

• JooYeun Chang, Associate Commissioner, Children’s Bureau

• Kevin George, State Foster Care Manager at the Oregon Department of Human Services

• Mike Naylor, Director, Clinical Services in Psychopharmacology at University of Illinois at Chicago

• Sarah Pauter, Executive Youth Partner of the Family & Youth Roundtable (FYRT) & California-FosterClub Youth Ambassador
Our mission is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research.
Children served by Title IV-E are a mandatory Medicaid coverage group

Children in foster care have 8-11 times the service use of other Medicaid-enrolled children

In 2001, per capita expenditures for children in foster care were more than triple that of non-disabled children covered by Medicaid

Although children in foster care represent 3% of all enrollees, they account for 25-41% of mental health expenditures

Geen et al. Medicaid Spending on Foster Children. Urban Institute, 2005
Prevalence of Mental Health Diagnoses among Children In Foster Care, 2007

Stakes are high for children in foster care

Probability of Behavior Problems at 36 Months

National Survey of Child and Adolescent Well-Being (NSCAW)
There are evidence-based/informed interventions that help
Evidence-Based Practice Being Implemented Across the Country

States that have funded EBP Programs with Title IV-E Waivers

Source: Casey Family Programs: Levels of Research Evidence and Benefit-Cost Data for the Title IV-E Waiver Interventions, May 2014
### Percent of Medicaid-Enrolled Youth Using Psychotropics by Eligibility Group, 2008

<table>
<thead>
<tr>
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<th>All Medicaid-Enrolled</th>
<th>Foster Care</th>
<th>SSI Disability</th>
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</thead>
<tbody>
<tr>
<td><strong>Stimulant</strong></td>
<td>8.3</td>
<td>22.8</td>
<td>24.2</td>
</tr>
<tr>
<td><strong>Antipsychotic</strong></td>
<td>3.3</td>
<td>14.5</td>
<td>15.5</td>
</tr>
<tr>
<td><strong>Antidepressant</strong></td>
<td>3.7</td>
<td>12.7</td>
<td>10.9</td>
</tr>
<tr>
<td><strong>Mood stabilizer</strong></td>
<td>1.6</td>
<td>6.2</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Alpha agonist</strong></td>
<td>1.8</td>
<td>6.1</td>
<td>7.6</td>
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Antipsychotic use among all Medicaid-enrolled children increased by 62% in the past decade

- 85% of youth on antipsychotics are concurrently receiving another psychotropic medication
- Potential shift toward more complex medication regimens
Findings suggest unique risks for youth in foster care

- In 2008, for youth in foster care and disabled youth, antipsychotic medications surpassed antidepressants as the second most commonly prescribed class of psychotropics.

- Rates of psychotropic prescribing across all classes are 2-4 times increased among youth in foster care and disabled youth as compared to the full youth Medicaid population.

- There is large interstate variation in both rates of psychotropic prescribing and trends over time in the use of these medications among a child welfare population.
1. Expand the availability of non-pharmacological evidence-based or evidence-informed behavioral therapy through collaborations and smart use of Medicaid dollars

1. Improve performance management through the use of data to identify at-risk populations and target quality improvement efforts to youth most in need

1. Develop and continue to strengthen state-level prescribing and monitoring guidelines
   - Requiring pre-authorization for the use of certain psychotropic medications
   - Identifying red flags that can trigger a second review of treatment plan
   - Disclosing the psychotropic drug’s potential side effects
   - Requiring frequent check-ups with a caseworker or health care provider
   - Monitoring overall prescribing patterns