Caring for Our Kids: Are We Overmedicating Children in Foster Care?

Written Testimony for the Subcommittee on Human Resources

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Chairman Reichert, Ranking Member Doggett, and members of the Subcommittee, thank you for this opportunity to submit a statement for the record regarding the May 29 hearing on "*Caring for Our Kids: Are We Overmedicating Children in Foster Care*?" We appreciate the attention that your Subcommittee is bringing to growing concerns around psychotropic medication prescription practices for children in the foster care system.

As you know, this hearing follows a number of recent media stories about an all too disturbing trend in the overutilization of psychotropics for children and youth in foster care. Such stories are backed by a growing body of research citing questionable prescribing practices including polypharmacy, alarming dosages, use of psychotropics in treating infants, lack of adequate monitoring or appropriate therapeutic interventions and "off-label" use of antipsychotics for children and youth in foster care. These concerns are further supported by Government Accountability Office (GAO) reports issued in 2011 and 2014 on state practices around psychotropic medications for foster children.

The First Focus Campaign for Children is a bipartisan organization advocating for legislative change in Congress to ensure children and families are a priority in federal policy and budget decisions. Our organization is dedicated to the long-term goal of substantially reducing the number of children entering foster care, and working to ensure that our existing system of care protects children and adequately meets the needs of families in the child welfare system. We are especially concerned with raising attention to the health and behavioral health needs of children in the foster care system, and identifying policies and practices to effectively address the challenges faced by this vulnerable population.

Psychotropic Medication Use: A Disturbing Trend

Today, one in every five children and adolescents in the U.S. is diagnosed with a mental health disorder;[1] yet, as a 2001 Report of the Surgeon General on Children's Mental Health highlighted, a significant number of these kids do not receive the treatment and care they desperately need.[2] In fact, fewer than 1 in 5 children actually receive treatment, and nearly 80 percent fail to receive specialty services.[3] If left untreated, a mental health problem often has devastating long-term consequences, including contact with the juvenile justice system, job loss, homelessness, and even suicide.

At the same time, prescriptions for psychotropic medications have increased dramatically for children with behavioral and emotional problems over the last 20 years, a trend evident for younger age groups -

even preschoolers. [4] [5] [6] Another alarming trend - prescription rates for atypical antipsychotics[1] for children have increased more than fivefold over the past decade and a half. Today, these drugs are being prescribed at a much higher rate than ever, even though they have limited Food and Drug Administration (FDA) approval in older children and little is known of their impact on younger children.

A Closer Look: Disproportionate Use of Psychotropic Medications for Children in Medicaid

For many children, Medicaid is a critical source of health and related support services, including both outpatient and inpatient mental health services. Medicaid supports the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program and also funds long-term mental health care for children who need more intensive or restrictive services, including hospitalizations and residential treatments. In recent years, federal spending on prescription medications has consumed a greater portion of Medicaid budgets. This can be partly attributed to growing Medicaid expenditures on new and more costly psychotropic medications for children – many of which have not been tested for use in this population.

Research has shown that children enrolled in Medicaid generally experience greater chronic health conditions and impairment, [7] and a higher prevalence of psychotropic medication use than those who are privately insured.[8] [9] [10]Research also indicates that a greater proportion of Medicaid enrolled children are given prescriptions for multiple psychotropic medications, even though fewer receive outpatient mental health services. [11] In fact, in one study, the rate of psychotropic drug use was nearly double among Medicaid-insured children as compared to privately insured children; and, a greater proportion of Medicaid enrolled children were given prescriptions for multiple psychotropic medications, even though fewer received outpatient mental health services.[12] Just last month, data presented by officials at the Centers for Disease Control and Prevention (CDC) found that toddlers ages 2 and 3 are being medicated for Attention Deficit Hyperactivity Disorder (ADHD) at an alarming rate and outside established pediatric guidelines. The report also found that toddlers enrolled in Medicaid are especially prone to be on medication for ADHD.

Especially Vulnerable: Psychotropic Medication Use for Children in Foster Care

In the Medicaid program, children in foster care are much more likely to use psychotropic medications than children who qualify for Medicaid through other aid categories. [13] [14]Admittedly, children who have been abused or neglected often have a range of unique physical and mental health needs, physical

[1] Antipsychotics refer to a class of psychiatric medication primarily used to manage psychosis, in particular in schizophrenia and bipolar disorder, and are increasingly being used in the management of non-psychotic disorders.

disabilities and developmental delays, far greater than other high-risk populations. For instance, foster children are more likely than other children who receive their health care coverage through Medicaid to experience emotional and psychological disorders and have more chronic medical problems. In fact, studies suggest that nearly 60 percent of children in foster care experience a chronic medical condition, and one-quarter suffer from three or more chronic health conditions. [15] [16] Roughly 35 percent have significant oral health problems. [17] In addition, nearly 70 percent of children in foster care exhibit moderate to severe mental health problems, [18] and 40 percent to 60 percent are diagnosed with at least one psychiatric disorder. [19]

While children in foster care are more likely to experience behavioral difficulties, this alone cannot explain the range of poor prescribing practices documented for this population. Studies have shown that kids in foster care are prescribed psychotropic medications at rates 2 to 3 times higher than other children. [20] For instance, a 2003 study found that in Connecticut, while children in state custody represented only 4.8 percent of the Medicaid population, they accounted for 17.8 percent of the psychotropic prescriptions filled–a 4.5 fold higher usage rate. [21] In addition, youth in foster care are often prescribed two or three medications, the combined effects of which are not well understood. [22]

In a 2008 study of Texas children with Medicaid coverage, Zito and colleagues found that youth in foster care received at least three times more psychotropic drugs than other children in poor families. The researchers found that between September 2003 to August 2004, of 32,135 Texas foster care children enrolled in Medicaid, 12,189 (38 percent) were prescribed one or more psychotropic medications. In addition, 41.3 percent of a random subgroup of 472 youths received three or more psychotropic drugs daily. Although the practice of prescribing psychotropic medications for children continues to grow, serious concerns about the safety, efficacy and long-term consequences of use in children, especially younger age groups have been raised. [23] [24] [25]Specifically, researchers have expressed concern about the effects of these medications on the developing brain, and the safety and effectiveness of medications tested in adults for alleviating behavioral and emotional symptoms in children.

Another growing concern is the utilization of atypical antipsychotics in children in foster care. In 2007, State Medicaid Medical Directors and investigators from the Rutgers Center for Education and Research on Mental Health Therapeutics (CERTs) produced a report on antipsychotic medication usage in Medicaid in 16 states. Among the report's findings, children in foster care (12.4 percent) were prescribed antipsychotic medications at much higher rates than other children (1.4 percent). In addition, from 2004

to 2007, the pooled antipsychotic medication use rate for children and adolescents in the 16 participating Medicaid programs increased from 1.45 percent to 1.60 percent in 2007, about a 10 percent relative increase. For foster care children and adolescents, the antipsychotic medication use rate increased (on a relative basis) by 5.6 percent between 2004 and 2007 (from 11.7 percent to 12.4 percent). [26] In another study, the number of Medicaid-enrolled children ages 3-18 using Second Generation Antipsychotics (SGAs) increased 62% between 2002 and 2007, and by 2007, reached 354,000 children.[27] During this time, children were seen and diagnosed more with mental health issues, and growth in antipsychotic use was evident across nearly every diagnosis category. Sixty-five percent of children taking antipsychotics were receiving them for "off label" use (e.g., ADHD and conduct disorder). In fact, 50% of all children taking antipsychotics in 2007 had a diagnosis of ADHD. A more recent study found that Medicaid-insured youth, in particular for children in foster care had those diagnosed with ADHD had "significant" exposure to atypical antipsychotics, warranting further efforts to study the long-term effectiveness and safety of antipsychotics.[28]

Importantly, antipsychotics have limited FDA approval for use in older children and little is known of their impact on younger children. In fact, 50% to 75% of these drugs are not approved for use in children or adolescents. [29] As a result, providers are often prescribing drugs "off-label" or for use other than the intended. To date, we have no safety data and little understanding of the long-term effects of the use of atypical antipsychotics in younger children. Available research suggests that use in younger children may contribute to weight gain and diabetes, can yield extrapyramidal side effects, and contribute to aggressive behaviors. [30]

Recent Federal Efforts and State Practices

In recent years, Congress has made efforts to encourage states to institute and implement consent, authorization and monitoring procedures in response to a call for measures to curb inappropriate prescribing and oversight of prescription practices. Specifically, the Fostering Connections to Success and Increasing Adoptions Act (PL 110-351) includes a requirement for developing health care oversight and coordination plans, and as part of these, states are required to report on what will be done to ensure the oversight of prescription medications, including psychotropic drugs. More recently, the Child and Family Services Improvement and Innovation Act (PL 112-34) requires states to establish protocols for the appropriate use and monitoring of psychotropic medications prescribed to children in foster care.

At the same time, states have recognized the need to improve oversight and monitoring of psychotropic

medication use for this population. A September 2010 Multi-State Study on Psychotropic Medication Oversight in Foster Care conducted by the Tufts Clinical and Translational Science Institute found that the oversight of psychotropic medication use was a high concern for state child welfare agencies. Respondents reported an increase in the use of psychotropics for youth in foster care, including: antipsychotics, antidepressants and ADHD medications, increased medication use among young children, an increased reliance on PRN medications (medications administered as needed), and "blanket authorizations" in residential facilities. [31] In terms of state practices and policies, the report found that 26 states had a written policy/guideline on psychotropic medication use; 13 states were in the process of developing a policy/guideline; and 9 states had no policy/guideline on psychotropic medication use. States are moving in the direction of developing practices and policies to monitor and curb the overuse of psychotropic medications for children in foster care but clearly more work remains to be done.

Despite challenges, states are implementing strategies to reduce the number of children in care receiving psychotropic medications. Texas is regularly cited as an example of a successful state effort to overhaul the health care system for children in foster care and address the overmedication of youth in care. Texas has for some time, been one of the states with the highest rate of children on psychotropic medication in foster care. Since instituting the STAR Health Program and placing all children in foster care in a single managed care organization, Superior Health Plan, outcomes for children in foster care have improved considerably. The program serves about 30,000 children and youth in foster care and administers the electronic Health Passport, which is largely populated by Medicaid claims and pharmacy data, with more limited input by providers. The effort was launched in 2008 and since that time, the portion of well-child visits completed within 90 days has risen from 42 percent to 75 percent; the number of psychiatric admissions has decreased 79 percent and the length of psychiatric inpatient stays has decreased 40 percent; and the use of psychotropic medication has decreased by 20 percent overall, class polypharmacy has dropped by 30 percent, and children taking five or more medications concurrently has been reduced by 43 percent.

In another example, in 2011, North Carolina introduced a program called A+KIDS (Antipsychotics + Keeping It Documented for Safety). This program is targeted at all Medicaid recipients under the age of 18 (including children in the state's foster care system). A North Carolina Department of Health and Human Services press release notes that North Carolina physicians prescribing psychotropic medication to children in Medicaid must now use a web-based tool that "ensures physicians have information on antipsychotic medications, side effects and possible alternatives before writing the prescription. The

online registry makes that information available while the physician enters diagnoses and other health factors relating to the young Medicaid patient." The effort is expected to shave "an estimated $30 million from the state's Medicaid budgets over the next five years."

In a more recent example, Rhode Island's child welfare agency has recruited a psychiatrist to oversee the prescribing of psychotropic medications for youths in the foster care system. Until this year, the state's DCYF had allowed regional administrators who lack medical expertise to sign medication consent forms authorizing requests for new prescriptions for children and adolescents who have no parent or other legal guardian to oversee their medical care. Now, regulations enacted by the DCYF require these administrators to obtain approval from he department's consulting psychiatrist for any new prescriptions for psychotropic medications for youth in care. Additionally, administrators must flag any new medication requests (including those for children under the age of 6 or for those taking three of more such medications) and seek the consulting psychiatrist's permission before approving them.

While a number of states have made considerable strides in addressing troubling prescribing practices for children in foster care, practice concerns still exist. A GAO report just released in May, "*Foster Children: Additional Federal Guidance Could Help States Better Plan for Oversight of Psychotropic Medications Administered by Managed-Care Organizations*," examines the extent to which psychotropic medication use was supported by foster and medical records for children in foster care, highlights state policies with regards to oversight of psychotropic medications and notes recent efforts undertaken by the Department of Health and Human Services (HHS) in informing the field and offering guidance to states on effective practice, oversight and monitoring. In reviewing foster and medical records of 24 foster youth in Florida, Massachusetts, Michigan, Oregon, and Texas, the report also highlighted other key findings, including:

- The use of evidence-based therapies remains limited;
- Appropriateness of medication dosage is often not fully supported by documentation;
- Concurrent use of medications continues to be a concern;
- The use of psychotropics in infants is troubling.

These findings highlight some of the practice and oversight challenges that states continue to face and suggest that more work remains to be done to significantly decrease the over-prescription of psychotropic medication to foster youth.

What We Need: More Effective Therapeutic Interventions

While the pharmaceutical industry has skillfully marketed prescription medications to the Medicaid program, therapeutic alternatives are limited in scale and lack the marketing campaign behind pharmaceuticals. The therapeutic interventions that we know work for children exposed to trauma, including, Multidimensional Treatment Foster Care (MTFC), Parent-Child Interaction Therapy (PCIT), Multi-systemic Therapy (MST), Functional Family Therapy (FFT), and Trauma-Focused Cognitive Behavioral Therapy (CBT) are not often scaled for broader replication, often because of cost-constraints.

One promising opportunity is a new five-year collaborative demonstration proposal in the President's FY 2015 budget aimed at reducing inappropriate prescribing practices and the over-utilization of psychotropic medications. The proposal specifically requests a five-year joint project through ACF and CMS to promote more effective evidence-based interventions targeting children in foster care beginning in 2015. The proposal will help coordinate efforts to build state and tribal capacity within child welfare and health care systems to more appropriately address the high rates of children who may be unnecessarily receiving psychotropic medications, often several at one time, even as few receive appropriate outpatient mental health services. The project will also encourage the utilization of effective evidence-based therapeutic interventions, including therapeutic foster care, intensive in-home and community-based approaches, Multisystemic Therapy, and mobile response and stabilization services.

The proposal would invest $50 million a year, through ACF to build state infrastructure and capacity to ensure improved coordination between state Medicaid programs and child welfare agencies. In conjunction with the ACF investment, CMS funding is proposed at $100 million a year to provide incentives to states that demonstrate improvements in these areas. The overall goals of this important and timely initiative are to reduce inappropriate prescribing practices and overutilization of psychotropic medications, increase access to evidence-based and trauma-informed therapeutic interventions, promote child and adolescent wellbeing, and improve child welfare outcomes (as related to safety, increased permanency, fewer disrupted adoptions and reduced entries and re-entries into foster care).

Funding for the President's proposal, along with additional guidance to states on the monitoring and oversight of psychotropics for children in foster care and a continued commitment from states to

address this issue are all critical to success as we work to reduce the overutilization of psychotropic medications in foster youth and ensure greater access to evidence-based therapeutic interventions.

Looking Ahead: An Opportunity

In closing, Mr. Chairman and members of the Subcommittee, the First Focus Campaign for Children stands prepared to work with you to ensure that the health care needs of foster children are adequately met. There is a significant role for the federal government to play in delivering the results children need and it begins by ensuring that the Administration's demonstration to reduce inappropriate prescribing practices and over-utilization of psychotropic medications and to ensure greater access to evidence-based therapeutic interventions is fully funded. We urge you to take action to ensure this initiative is funded so that better policies, improved transparency, and improved health outcomes are achieved for our nation's children and families.

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