



**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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## Overview: Meredith Matone and Kathleen Noonan

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- Overall problem (use data/policy barriers)
- Possible Solutions
- Models

## Commentary from Experts

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- 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

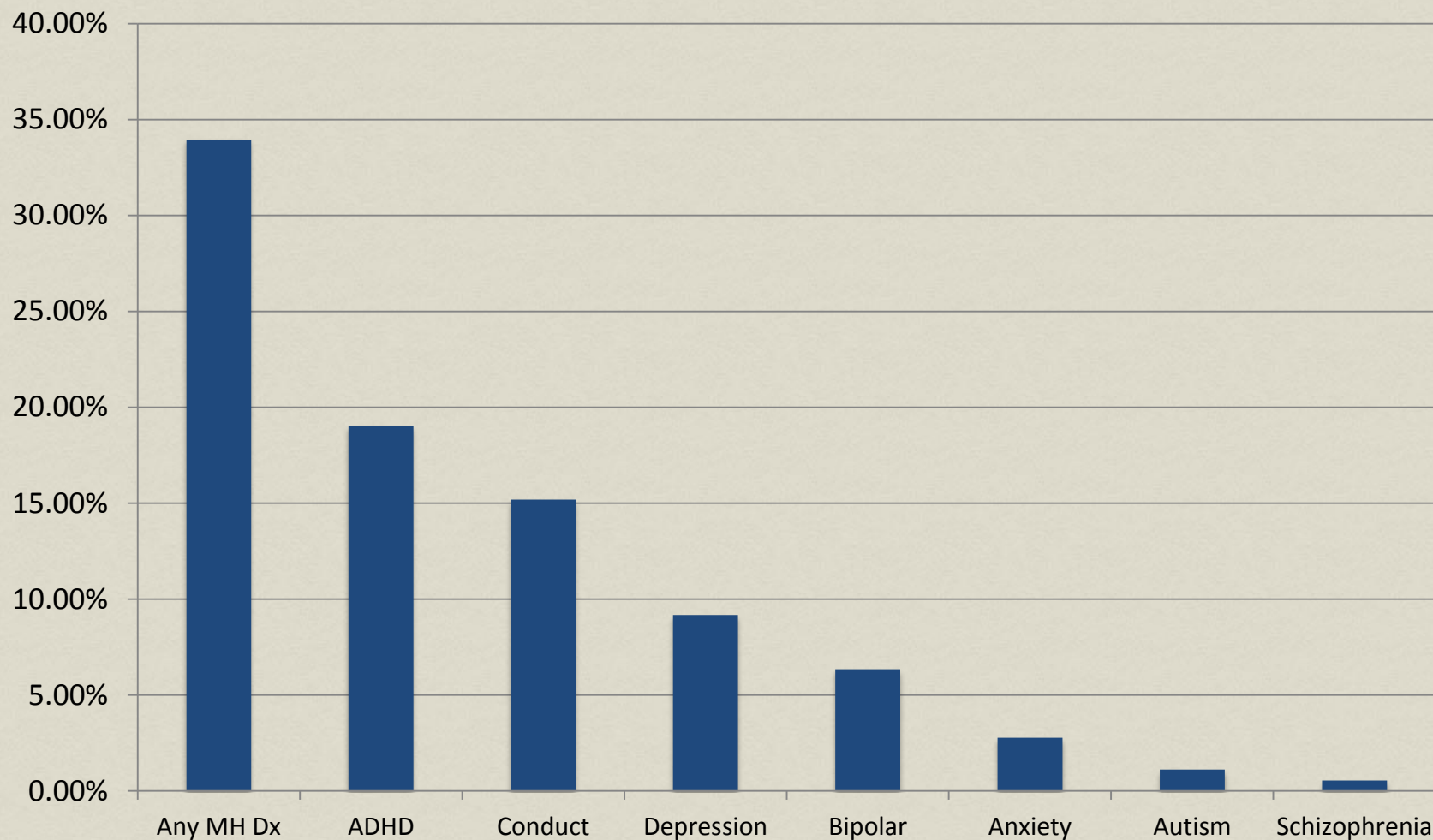
Harman et al. Mental health care utilization and expenditures by children in foster care. Arch Pediatr Adolesc Med. 2000 Nov;154(11):1114-7;

Halfon et al. Mental health service utilization by children in foster care in California. Pediatrics. 1992 Jun;89(6 Pt 2):1238-44.

Geen et al. Medicaid Spending on Foster Children. Urban Institute, 2005

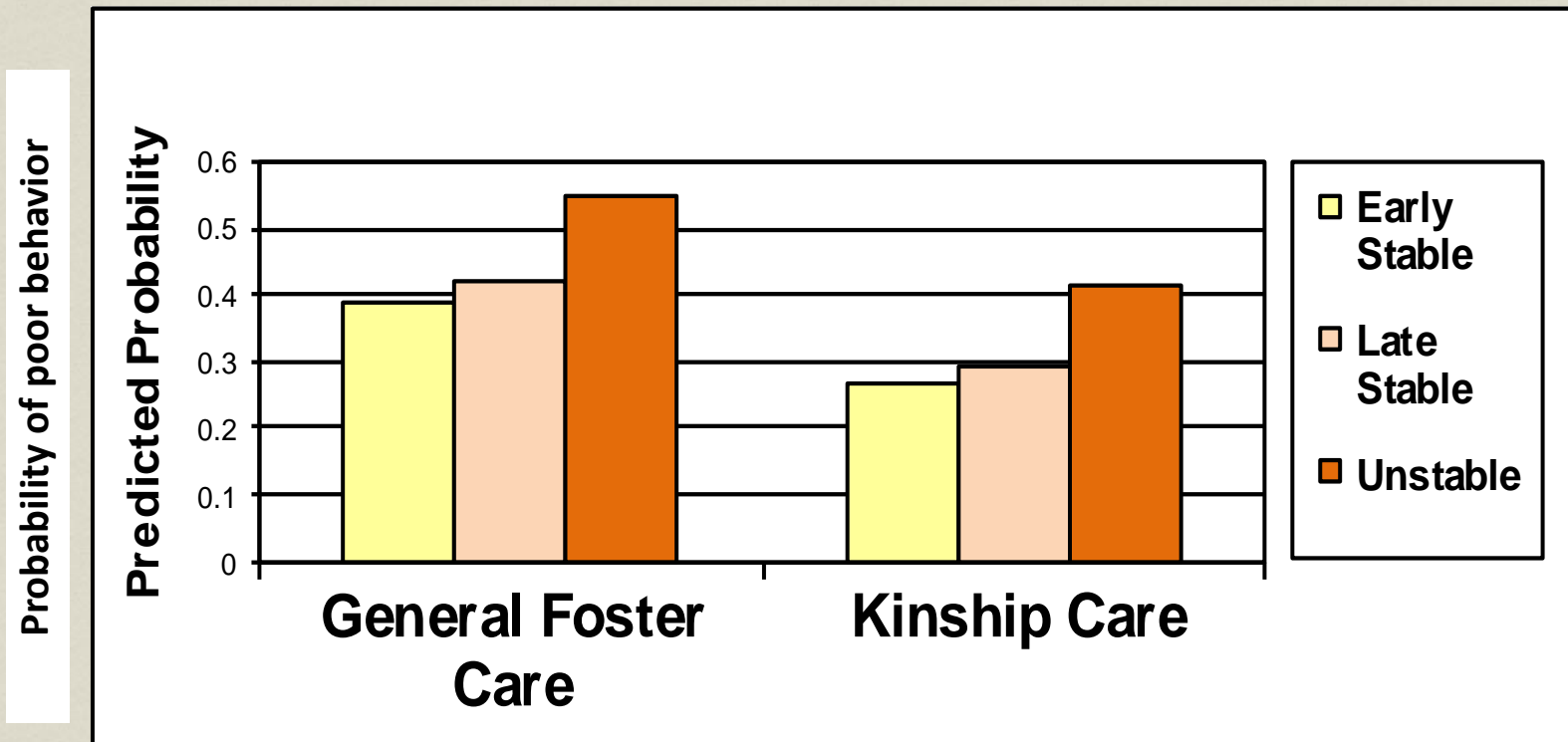
Takayama et al. Children in foster care in the state of Washington. Health care utilization and expenditures. JAMA, 271(23): 1994

# Prevalence of Mental Health Diagnoses among Children In Foster Care, 2007



Rubin, et al. Unpublished data from AHRQRO1 Comparative Safety of Atypical Antipsychotics in High-Risk US Children with ADHD.

## Probability of Behavior Problems at 36 Months



National Survey of Child and Adolescent Well-Being (NSCAW)

There are evidence-based/informed interventions that help



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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

	All Medicaid-Enrolled	Foster Care	SSI Disability
Stimulant	8.3	22.8	24.2
Antipsychotic	3.3	14.5	15.5
Antidepressant	3.7	12.7	10.9
Mood stabilizer	1.6	6.2	8.2
Alpha agonist	1.8	6.1	7.6

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



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**QUESTIONS  
AND  
COMMENTS?**

**POLICYLAB**

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