

Psychotropic Medication Monitoring of Youth in Maryland Foster Care

Background

The use of psychotropic medication among youth in foster care has been a topic of national concern given inadequate oversight for safety or effectiveness. Several studies have shown that use is much higher, singly and concomitantly (with one or more other class), among youth in foster care relative to other Medicaid-insured or privately insured youth. Recent federal reports bring the urgency of inter-agency collaboration (i.e., child welfare, mental health, Medicaid) to the top of the national child health agenda and have generated federal mandates to that end.

Initiation of Antipsychotic Monitoring and Oversight in Maryland

The antipsychotic class of psychotropic medications has had the largest increase in use, singly or concomitantly, in the past decade. These agents are associated with serious cardiovascular, neurologic, and metabolic side effects that can impact current and possibly future health risks. From 2011 through 2014, Maryland rolled out an antipsychotic pre-authorization program that affected all youth insured through the state Medical Assistance program. This program required that all youth who were prescribed an antipsychotic medication must undergo a clinical review and approval as part of the oversight and monitoring of this class of medications. Youth in foster care are one specific sub-group that was affected by this statewide policy.

Psychotropic Monitoring Activities for Youth in Foster Care

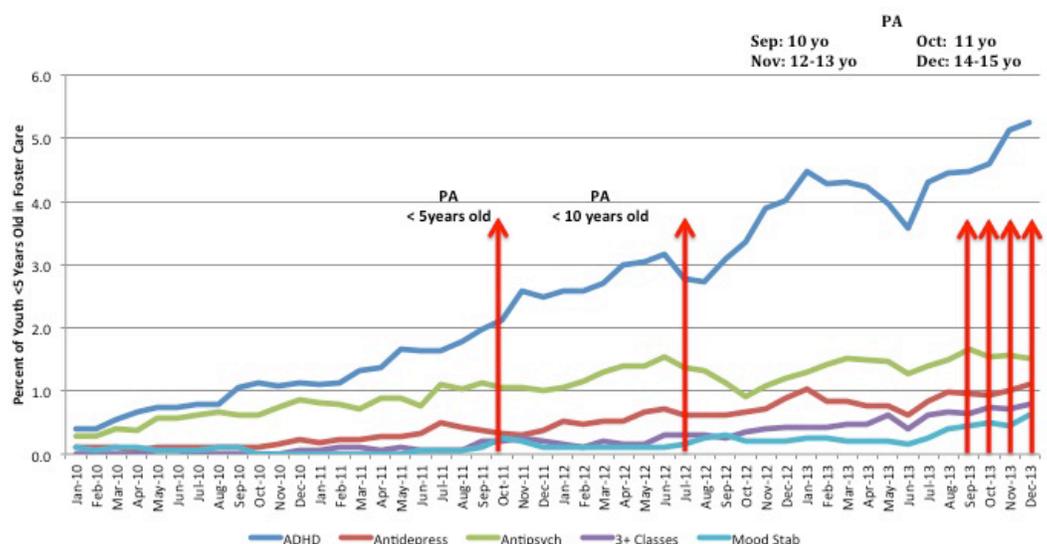
In the state of Maryland, two child serving agencies have partnered with the University of Maryland to support an effort to merge administrative records from the Child Welfare Agency with the mental health service encounter and pharmacy claims from the Behavioral Health Administration. Data linkage has been conducted in a de-identified manner to protect the anonymity and confidentiality of the children and adolescents. The data have been collected over a four-year period (2010-2013) to enable a time trend analysis of the rates of use by psychotropic class. This summary describes the trends in use both before and after the implementation of the pre-authorization program. Data were collected as part of the overarching psychotropic monitoring activities for youth in foster care. The information presented here is intended to provide the state agencies with data that can be used for future program planning and policy initiatives.

Psychotropic Prescribing Trends for Youth in Foster Care

The series of graphs reflect utilization across three age strata. The arrow bars illustrate when the antipsychotic pre-authorization program was implemented and the age group targeted with each roll out. The data show the gradual impact that the pre-authorization had on stabilizing and reducing utilization.

Figure 1 shows that not until youth aged into the <10 years old pre-

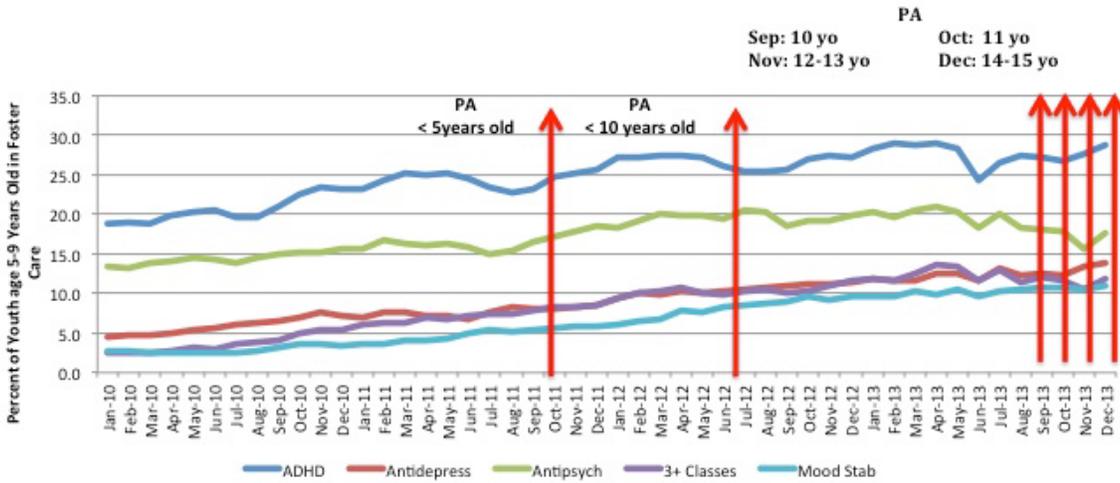
Figure 1. Psychotropic Trends for Youth <5 Years Old in January 2010 and Followed Through December 2013



authorization roll out was there an observable decrease in antipsychotic use. Prior to that the youth who were <5 years old as of January 2010 were too old to meet the criteria when the program was initiated in October 2011.

Figure 2. Psychotropic Trends for Youth Aged 5-9 Years Old in January 2010 and Followed Through December 2013

In Figure 2, psychotropic prescribing trends for youth who were aged 5-9 years old at the beginning of the observation period decreased slightly after the July 2012 roll out. An additional drop was seen as these youth aged into the

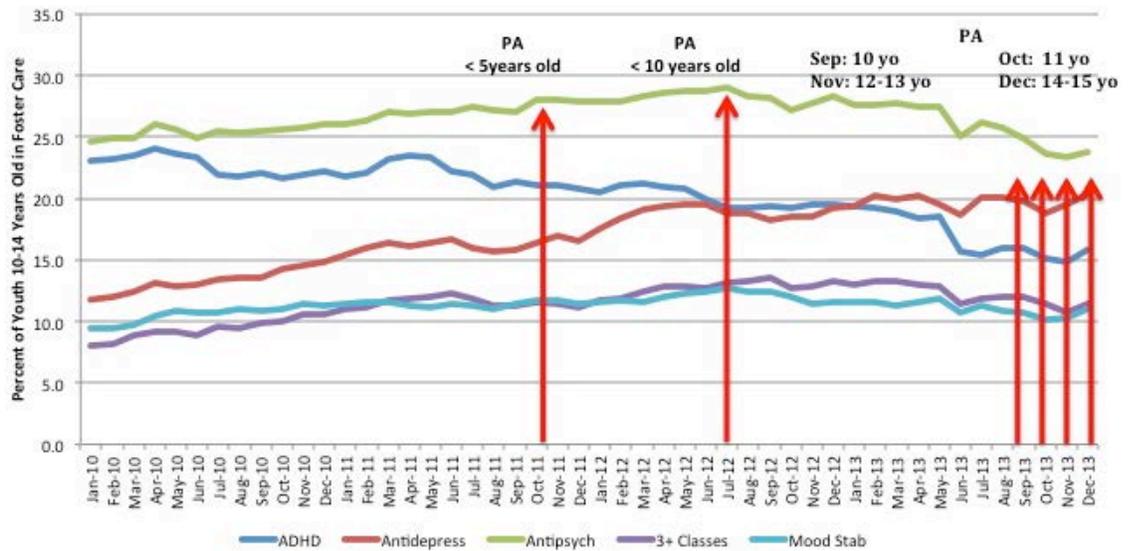


older age groups that were targeted in 2013.

Figure 3. Psychotropic Trends for Youth Aged 10-14 Years Old in January 2010 and Followed Through December 2013

In Figure 3, the older youth, aged 10-14 at the beginning of the observation period in January 2010 were too old to meet the review criteria for the initial roll out of the antipsychotic pre-authorization program. However, by 2013 there is a clear drop in use.

Figure 3. Psychotropic Trends for Youth Aged 10-14 Years Old in January 2010 and Followed Through December 2013



Next Steps

The notable changes have been a stabilization and slight decrease in antipsychotic prescribing. Continued monitoring is needed to assess whether this pattern is sustained

over time. The gradual increase in antidepressant use is a pattern worthy of further scrutiny to assess whether such use is associated with changes in antipsychotic prescribing.

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