

Psychotherapeutic Medication Report on Utah's Foster Care Clients
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Executive Summary

In this report, data on Utah's foster children's use of psychotropic medication was reviewed. Children in foster care are prescribed psychotropic medication at a higher rate than children in the general Medicaid population. However, prior research has demonstrated that children in foster care also have a higher rate of psychological disorders resulting from the conditions necessitating their placement in foster care. Utah's foster children's rate of psychotropic medication use is consistent with research done in other areas of the nation. Additionally, Utah has a contract with the Department of Health to provide R.N. oversight for this population to make sure all health needs are met and that the medical care by different professionals is coordinated.

Introduction

The purpose of this report is to provide information on the number of children currently in Utah's foster care system that are receiving psychotropic medications. An overview of the Division of Child and Family Services' (DCFS) coordination with the Department of Health's Fostering Healthy Children (FHC) Program is provided below, along with national and other state comparative data on use of psychotropic medication by foster children. Data regarding DCFS foster children's prescriptions of psychotropic medication is reviewed along with comparable data on children receiving Medicaid services. A discussion of the results and limitations of the data follows.

The FHC Program is contracted by DCFS to provide medical care coordination for all clients that enter foster care. Nurses are co-located with DCFS caseworkers in the local offices and oversee the health, dental and mental health/developmental needs of these children. The nurses work in collaboration with the caseworkers to provide medical information in understandable terms and coordinate the care of multiple providers. This coordination may include staffing difficult medical cases with the Medical Director of the CSHCN Bureau or other medical experts in their field of expertise. In addition, the R.N. participates in child and family team meetings and works with both the biological parents and foster parents to address health care concerns.

According to the American Academy of Child and Adolescent Psychiatry, "being removed from their home and placed in foster care is a difficult and stressful experience for any child. Many of these children have suffered some form of serious abuse or neglect. About 30% of children in foster care have severe emotional, behavioral or developmental problems. Physical health problems are also common."¹ Other studies have indicated that psychological disorders, such as conduct, attention, mood, anxiety disorders, and posttraumatic stress disorder, occur in 50% to 96% of children in custody, with 35% in the severe range.²³⁴ The few research studies available show rates of

psychotropic medication use ranging from 13-50% among children in foster care⁵⁶⁷⁸⁹¹⁰¹¹ compared with approximately 4% in youth in the general population.¹²

It is important to note that studies may have varied in methodology and definitions of terms, which may account for variations in reported rates of psychological disorders and use of psychotropic medication. Additionally, as discussed below, there are many things to consider when evaluating this data.

Methodology

Initially a current list of psychotropic medications listed in the 2008 Physician's Desk Reference (PDR) was compiled and is provided below.

For information on children in DCFS foster care, data from the DCFS management system, SAFE, was utilized. The SAFE database is utilized to track the medical history, conditions, medications, allergies, family history and immunizations for all children in foster care. Data is entered into the SAFE system by the FHC nurses as they receive records from the medical providers. Data on open foster care cases, as of July 9, 2008, and the psychotropic medications foster children are currently prescribed, was extracted.

In addition to reviewing the data from the SAFE database, information was requested from Utah Medicaid. A list of the same medications listed in the 2008 PDR was provided and the agency was asked to pull the data for the Medicaid population within the state of Utah and separate it out for foster care Medicaid and the general Medicaid population.

2008 PDR Psychotherapeutic Agents

Anti-Anxiety Agents

Librium	Effexor*	Niravam	Paxil*
Valium	Zoloft*	Cymbalta*	Limbitrol*
Tranxene			

Anti-Depressants

Cymbalta*	Effexor*	Welbutrin	Emam
Marplan	Parnate	Celexa	Lexapro
Paxil*	Prozac*	Symbyax	Zoloft*
Limbitrol*			

Anti-panic Agents

Klonopin	Niravam	Paxil*	Prozac*
Zoloft*			

Anti-Psychotic Agents

Abilify	Clozaril	Geodon	Invega
Moban	Risperdal	Seroquel	Thiothixene
Zyprexa	Thioridazine		

Bipolar Agents

Abilify	Depakote	Geodon	Lamictal
Symbyax	Zyprexa		

Obsessive Compulsive Agents

Paxil* Prozac* Zoloft*

Central Nervous System Stimulants

Adderall Desoxyn Dexedrine Vyvanse
Concerta Daytrana Focalin Metadate
Provigil Strattera Ritalin¹³

* appears in more than one category; however were only counted once

Results

DCFS Foster Care Information

There were 2,651 children in custody on July 9, 2008. The total unduplicated number of children prescribed one or more medications was 833 out of 2,651 or 31%. Of the 46 psychotropic medications listed, only 30 of them are currently being prescribed for children in foster care. The data shows that there are over 140 licensed medical providers that are prescribing these medications. The provider may have different reasons for treating a patient with these particular medications or a combination of these medications. Examples of medical conditions that may result in use of these medications include: narcolepsy, sleep apnea, smoking cessation, seizures and/or weight control. The specifics of the medication conditions resulting in use of these medications are beyond the scope of this study.

The age breakdown for children being prescribed psychotropic medications or central nervous system stimulants is below.

Age Grouping	Number Receiving Psychotropic Meds
0 – 2 years	0
3 – 5 years	14
6 – 12 years	195
13 – 15 years	274
16 + years	350

Sixty-nine percent of children in foster care are not prescribed psychotropic medications. Of those being prescribed psychotropic medications, 46% are taking one medication, 33% are taking two medications, 16% are taking three medications; 4% are taking four medications, 1% is taking five medications or more.

Medicaid Information

For fiscal year 2008, 166,750 recipients received Utah Medicaid that were less than or equal to 19 years of age. Of these, 3% (5,543) had been in foster care at some point during the fiscal year with the remaining 97% (161,207) not having been in foster care. Of the 166,750 recipients, 10,958 (7%) have had a psychotropic prescription filled for one or more of the psychotropic medications listed. There were 1,695 children (31%) in foster care that had a psychotropic

medication prescription filled and 9,263 (6%) of children that were not in foster care that had a psychotropic medication prescription filled.

Of those on Medicaid receiving multiple medications, the breakdown is as follows:

Number of Meds	Foster Medicaid	Other Medicaid	Foster Medicaid	Other Medicaid	Foster Medicaid	Other Medicaid	Foster Medicaid	Other Medicaid	Foster Medicaid	Other Medicaid
	Age 0-2	Age 0-2	Age 3-5	Age 3-5	Age 6-12	Age 6-12	Age 13-15	Age 13-15	Age 16-19	Age 16-19
1	1	56	20	344	100	2453	163	1054	374	1517
2	0	4	5	66	71	962	131	450	292	666
3	0	0	1	11	56	383	87	249	173	347
4	0	0	0	4	19	166	35	108	82	154
5	0	0	1	6	8	60	20	51	29	53
6	0	0	0	0	5	28	4	14	14	28
7	0	0	0	0	0	10	2	9	1	4
8	0	0	0	0	1	2	0	0	0	3
9	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	1	0	0	0	0

The chart below is the same data above calculated by percentages. These percentages are based on 1,695 foster care Medicaid clients on psychotropic medications and 9,263 other Medicaid clients on psychotropic medications.

Number of Meds	Foster Medicaid	Other Medicaid	Foster Medicaid	Other Medicaid	Foster Medicaid	Other Medicaid	Foster Medicaid	Other Medicaid	Foster Medicaid	Other Medicaid
	Age 0-2	Age 0-2	Age 3-5	Age 3-5	Age 6-12	Age 6-12	Age 13-15	Age 13-15	Age 16-19	Age 16-19
1	0.06%	0.6%	1%	4%	6%	26%	10%	11%	22%	16%
2	0%	0.04%	0.3%	0.06%	4%	10%	8%	5%	17%	7%
3	0%	0%	0.06%	0.1%	3%	4%	5%	3%	10%	4%
4	0%	0%	0%	0.04%	1%	2%	2%	1%	5%	2%
5	0%	0%	0.06%	0.06%	0.5%	0.6%	1%	0.5%	2%	0.6%
6	0%	0%	0%	0%	0.3%	0.3%	0.2%	0.1%	0.8%	0.3%
7	0%	0%	0%	0%	0%	0.1%	0.1%	0.1%	0.06%	0.04%
8	0%	0%	0%	0%	0.06%	0.02%	0%	0%	0%	0.03%
9	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
10	0%	0%	0%	0%	0%	0.01%	0%	0%	0%	0%

Discussion

The above data is undoubtedly useful in raising questions for consideration, and a helpful tool in monitoring the status of children in custody. Due to the number of variables that may impact medication decisions in these cases, great caution should be used when drawing conclusions. This information is therefore provided to inform and to raise issues for discussion.

Psychotropic medications are prescribed by licensed medical providers for specific reasons to treat disorders that children have been diagnosed with and where symptoms have raised concerns. Although the rate of children in foster care prescribed psychotropic medication is higher than that of children in the general Medicaid population, as research has shown, foster children have a high rate of psychological concerns that result from trauma or neglect they may have experienced. Because their rate of psychological disorders is more prevalent, their use of medications to treat these disorders will be higher as well.

Additionally, children in foster care are required to have mental health assessments that the general Medicaid population are not. It is possible that mental health conditions are identified due to these exams that would otherwise go undiagnosed and untreated in the general Medicaid population.

A psychotropic/CNS stimulant medication may be used for a reason other than a psychiatric condition. Additionally, different medications may be used to treat similar conditions due to physician preference or due to client's reactions to different medications. The appropriateness of a particular prescription therefore can be determined only after considering all the facts relevant to the treatment decision. Without reviewing the child's medical conditions, there is no way to correlate the purpose for the medication prescribed. Physicians who prescribe these medications may try a combination of medications to address a patient's needs. This study did not do a complete review of patient history and therefore cannot determine why a particular medication was prescribed. Consequently, no evaluation of the appropriateness of the prescription can be reached from this data. FHC does know which medical and mental health diagnoses were listed for children in care on the date the list was pulled.

This research does not identify the number of children who came into custody or who were receiving Medicaid coverage that were already on psychotropic medications. There is no way to easily gather that information, consequently, it cannot be concluded that all these children were given these medications only after they entered custody.

There are children who are receiving more than one psychotropic medication. Studies are being conducted regarding the use of psychotropic medications and the mixing of multiple medications. Data from two national surveys representing civilian populations 18 years or younger showed co-prescriptions of psychotropic medications (i.e., prescribing more than one psychotropic medication at once to treat an ailment) increased from 3% in 1987 to 23% in 1996 representing an eight fold increase. The increase from one medication to two medications increased 25 times in the 10 year interval.¹⁴ For the past two years, the numbers of children on multiple medications in Utah's foster care system has remained constant.

Utah is in the forefront of providing medical oversight for children in foster care. FHC and DCFS have the capabilities to provide updated information to the medical home or primary care provider whenever changes are made. In addition, when the Federal Drug Administration issues a caution for any medication whether psychotropic or not, FHC notifies the prescribing physician if a child is on the medication and they are asked to review the case. An example

of this occurred when concerns were raised about the use of Paxil and Effexor with children and adolescents under the age of 18. A list of all children in care receiving the medication was extracted and the provider was sent a letter requesting a response back that they reviewed the case. In most cases, the child had already been placed on a new medication. Most states would be unable to do this for children in their foster care system.

Utah's child welfare system's partnership with the Department of Health and the FHC program are considered progressive in ensuring foster children's health care needs are met and that coordination between different medical providers occurs. Several other states have reviewed Utah's system with plans to duplicate it. Most recently, the GAO did a site visit to evaluate Utah's program. The information is scheduled to be released in October. DCFS will continue to coordinate with FHC so that this system of oversight and coordination remains in place. Additionally regular review of use of psychotropic medication will continue so that if the trend changes or the rates become inconsistent with rates found in the literature further analysis can occur.

¹ American Academy of Child & Adolescent Psychiatry. "AACAP Quick Links: Facts for Families, Foster Care" No. 64, Updated May 2005.

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³ Leslie, L. K., Hurlburt, M. S., Landsverk, J., Rolls, J. A., Wood, P. A., & Kelleher, K. J. (2003). Comprehensive assessments for children entering foster care: A national perspective. *Pediatrics*, 112(1), 134-142

⁴ Schor, E.L. (1982). The foster care system and health status of foster children. *Pediatrics*, 69(5), 521-528.

⁵ Ferguson DG, Glesener DC, Raschick M. Psychotropic drug use with European American and American Indian Children in foster care. *J Child Adolesc Psychopharmacol*. 2006;16(4):474-481.

⁶ Zima BT, Bussing R, Crecelius GM, Kaufman A, Belin TR. Psychotropic medication treatment patterns among school aged children in foster care. *J Child Adolesc Psychopharmacol*. 1999;9(3):135-147.

⁷ McMillen JC, Scott LD, Zima BT, Ollie MT, Munson MR, Spitznagel E. Use of mental health services among older youths in foster care. *Psychiatr Ser*. 2004;55(7):811-817.

⁸ Breland-Noble AM, Elbogen EB, Farmer EM, Dubs MS, Wagner HR, Burns BJ. Use of psychotropic medications by youths in therapeutic foster care and group homes. *Psychiatr Serv*. 2004;55(6):706-708.

⁹ Zito JM, Safer DJ, Sai D et al. Psychotropic medication patterns among youth in foster care. *Pediatrics* 2008;121(1):e157-e163.

¹⁰ Raghavan R, Zima BT, Andersen RM, Leibowitz AA, Schuster MA, Landsverk J. Psychotropic medication use in a national probability sample of children in the child welfare system. *J Child Adolesc Psychopharmacol*. 2005;15(1):97-106.

¹¹ Zima BT, Bussing R, Crecelius GM, Kaufman A, Belin TR, Psychotropic medication use among children in foster care: relationship to severe psychiatric disorders. *Am J Public Health*. 1999;89(11):1732-5.

¹² Olfson M, Marcus SC, Weissman MM, Jensen PS. National trends in the use of Psychotropic Medications by Children. *J Am Academy Child Adolescent Psychiatry*. 2002;41(5):514-21.

¹³ Once the PDR list of medications was obtained, the list was reviewed. It was noted that the PDR did not list Ritalin any longer under Central Nervous System Stimulants or Psychotherapeutic agents. This medication was added to the list.

¹⁴ Psychiatry. "Pediatric Psychotropic Polypharmacy," Mark R. Zonfrillo, M.D.; Joseph V. Penn, M.D. and Henrietta L. Leonard M.D.