



Psychotropic Medications and their use in Foster Children

WI CAN Webinar
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I have no financial relationships to disclose.

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Objectives

- To review national and local data on psychotropic medication use for children in out of home care
- To understand psychotropic medications commonly prescribed to foster children, and important medication side effects
- To learn about a strategy for psychotropic medication oversight being used in WI

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FIRST SOME DATA...

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Mental Health Concerns

60-70% of youth in foster care have a moderate-severe MH problem

- History of Trauma:**
 - abuse & neglect
 - DV exposure
 - abandonment
 - death of parent
- Transitions:**
 - placement
 - school
 - doctor
 - friends
- Family Relationship Issues:**
 - visitation
 - sibling separation
 - love of parent

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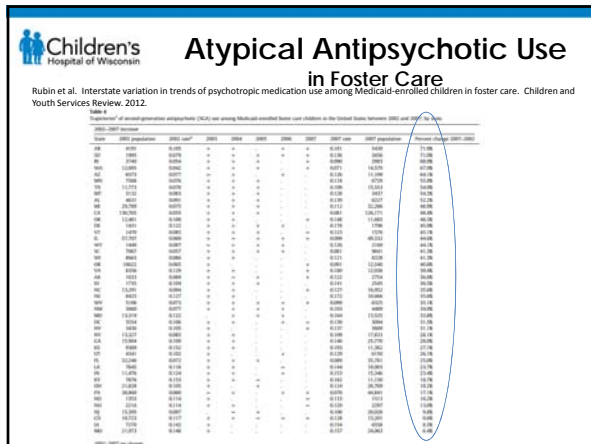
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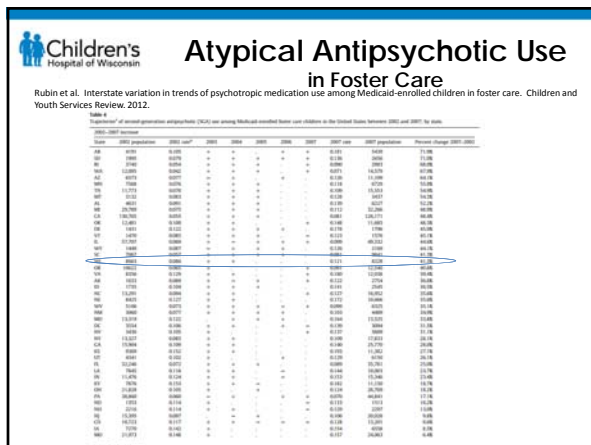
Wisconsin Data

Condition	OHC (%)	Medicaid (%)
Autism	~2	~1
Developmental Delays	~14	~4
Neurotic Disorders	~15	~5
Behavioral Problems	~17	~3
Emotional Disturbance	~18	~4
Conduct Disorder	~19	~4
Hyperactivity (ADHD)	~26	~10
Adjustment Reaction	~29	~5

Source: Strengthening Health Outcomes for Foster Care, May 2013 Report Prepared for Wisconsin Department of Children and Families and Wisconsin Department of Health Services


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PSYCHOTROPIC MEDICATIONS COMMONLY USED IN FOSTER

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 **Categories of Common Psychotropic Medications**


- Stimulants
- Alpha Agonists
- Selective Serotonin Reuptake Inhibitors (SSRI)
- Anti-psychotic Medications
- Mood Stabilizers

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 **Stimulants**


- Indications:
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Attention Deficit Disorder (ADD)
- 2 types:
 - Methylphenidate
 - Amphetamine
- Short acting and long acting formulations
 - Short acting 3-5 hours
 - Long acting up to 12 hours
- Mechanism of action:
 - Stimulates brain signaling chemicals to help increase focus and decrease distractions

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 **Stimulants**


- Dosing:
 - Patients metabolize these meds at variable rates so dosing can be quite variable
 - Often combine short and long-acting versions to maximize benefits
 - Can be used on school days ONLY, or at times when medication management of ADHD is important

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 **Stimulant Examples**


- **Methylphenidate**
 - Short-Acting: Focalin, Methylin, Ritalin
 - Long Acting: Concerta, Focalin XR, Metadate CD, Methylin ER, Ritalin LA, Ritalin SR, Daytrana (Patch), Quillivant (Liquid)
- **Amphetamine**
 - Short Acting: Adderall, Dextroamphetamine
 - Long Acting: Adderall XR, Dexedrine, Vyvanse

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 **Stimulant Side Effects**


- Abdominal Symptoms
- Headache
- Appetite Suppression
- Slowed growth: due to decrease in caloric intake
- Insomnia: trouble falling asleep
- Dull or Flat Affect
- Elevated Blood Pressure or Heart Rate
- Agitation or Moodiness (either when medication is acting, or when it is wearing off)
- Tics

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 **Alpha Agonists**


- Indications:
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Attention Deficit Disorder (ADD)
- 2 types
 - Clonidine
 - Guanfacine
- Short acting and long acting formulations
- Mechanism of Action:
 - Increase brain signaling chemicals to help increase focus and concentration
- Dosing
 - Must be given **daily**
 - Can take 1-3 weeks to see full effect

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 **Alpha Agonist Examples**


- **Clonidine**
 - Short Acting: Catapres
 - Long Acting: Kapvay, Catapres Patch
- **Guanfacine**
 - Short Acting: Tenex
 - Long Acting: Intuniv

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 **Alpha Agonist Side Effects**


- Abdominal Symptoms
- Headache
- Dizziness or Light-headedness
- Low blood pressure or slow heart rate
- Sedation

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 **Selective Serotonin Reuptake Inhibitor (SSRI)**


- **Indications:**
 - Moderate to Severe Depression
 - Anxiety Disorder
- **Mechanism of Action:**
 - Blocks the reuptake of serotonin in the synaptic cleft thereby increasing levels
- **Dosing:**
 - May take 4-8 weeks to see full effect
 - Must be used **daily**
 - Most effective when combined with psychotherapy

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 **SSRI Examples**


- Celexa (Citalopram)
- Lexapro(Escitalopram)
- Prozac (Fluoxetine)
- Luvox (Fluvoxamine)
- Zoloft (Sertraline)

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 **SSRI Side Effects**


- Abdominal Pain and Stomach Upset
- Headache
- Appetite Change
- Sedation
- Sleep disturbances
- Sweating
- Activation (agitation, irritability, silliness)

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 **Anti-Psychotics**


- Indication:
 - Each medication has unique FDA-approved indications
 - Bipolar, severe depression, mania, psychosis, schizophrenia, severe anxiety, autism associated irritability
- First and Second Generation
 - First Generation- More side effects and lower effectiveness
 - Second Generation = Atypical Antipsychotic
- Mechanism of Action:
 - Blocks dopamine receptors in the brain

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 **First Generation
Anti-Psychotic Examples**


- Haldol
- Thorazine

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 **Atypical Anti-Psychotic
(2nd Generation) Examples**

- Abilify (Aripiprazole)
- Clozaril (Clozapine)
- Latuda (Lurasidone)
- Zyprexa (Olanzapine)
- Invega (Paliperidone)
- Seroquel (Quetiapine)
- Risperdal (Risperidone)
- Geodon (Ziprasidone)


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 **Atypical Antipsychotic
Side Effects**

Medications vary in the relative risk of each side effect

- Sedation
- Weight Gain
- Raises blood level of lipids, especially triglyceride level
- Risk of developing diabetes or destabilizing a diabetic patient
- Abnormal breast development or milk production
- Dizziness
- Sexual Dysfunction
- Dry Mouth, Constipation, Urinary retention


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 **Atypical Antipsychotic Side Effects**

Medications vary in the relative risk of each side effect


- Abnormalities of White Blood Cell Production
- Seizures, if predisposed
- Heart rhythm irregularities, if predisposed
- Abnormal Muscle Movements
 - Spastic contractions of muscles of head and neck
 - Tremors
 - Inner Restlessness and inability to sit still
 - Involuntary Muscle Movements, especially of head and neck

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 **Metabolic Monitoring**

- Weight gain, and levels of lipids and sugars must be monitored closely for children taking atypical antipsychotics
 - BMI monitoring
 - Blood glucose/HgB A1C, lipid panel
- Risks and benefits of mental health stability vs side effect profile must be weighed by a medical professional

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 **Other Psychoactive Medications**

Mood Stabilizers


- Depakote or Depakene (Valproic Acid)
- Tegretol (Carbamazepine)
- Lamictil (Lamotrigine)
- Trileptal (Oxcarbazepine)
- Eskalith (Lithium)

Other medications

- Trazodone (Desyrel)
- Benztropine (Cogentin)

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FEDERAL AND STATE STRATEGIES FOR PSYCHOTROPIC MEDICATION OVERSIGHT FOR CHILDREN IN FOSTER CARE


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Federal Legislation Impacting Youth in Foster Care

- Fostering Connections to Success and Increasing Adoptions Act of 2008
 - States to develop a plan for ongoing oversight and coordination of healthcare services for children in foster care
 - States must ensure that children in foster care receive high-quality, coordinated health care services, including appropriate oversight of any needed prescription medicines


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Federal Legislation Impacting Youth in Foster Care

- Child and Family Services Improvement and Innovations Act of 2011
 - States must include an outline of protocols for the appropriate use and monitoring of psychotropic medications.
 - Must address how emotional trauma associated with a child's maltreatment and removal from home will be monitored and treated

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State Strategies

Table 1 Definitions for psychotropic monitoring mechanisms

Psychotropic monitoring mechanism	Definition
Collegial secondary review	Review of psychotropic medications prescribed to children in foster care by a second mental health provider, prior to consenting to the medication.(Thompson et al. 2009)
Judicial review	Judge authorizes the use of all or specific class of psychotropic medications for all or a sub-population of children in foster care, prior to consenting to the medication.(Naylor et al. 2007)
Prior authorization	The use of an administrative tool by a health plan or prescription benefits management company that requires the prescriber to receive approval prior to qualifying for coverage under the terms of the pharmacy benefits plan.(Law et al. 2008)
Database review	The use of a database audit followed by feedback to the prescribing clinician; the review may lead to withdrawing consent or continuing to prescribe the medication.(Esposito and Verdler 2009)
Discretionary caseworker review	Concurrent review of psychotropic medication use reliant on determination of concern at the discretion of the caseworker
Team meeting	Concurrent review of psychotropic medication use, specifically, by a team of stakeholders involved in the care of the child.(Naylor et al. 2007)
Administrative case review	Concurrent review of psychotropic medication use by a judge; this occurs as part of the judicial case review, mandated by the federal government of title IV-B agencies, to occur at minimum once every 6 months

Fostering Psychotropic Medication Oversight for Children in Foster Care: A National Examination of States' Monitoring Mechanisms, Administration and Policy in Mental Health and Mental Health Services Research, Feb. 2016.

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Wisconsin's Strategy for Psychotropic Medication Monitoring

THE POLYPHARMACY INTERDISCIPLINARY CASE REVIEW

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What is the PICR?

- Multi-tiered approach to evaluate kids in foster care prescribed
 - **≥4 psychotropic medications**
 - **≥3 consecutive months.**
- Healthcare coordination teams lead the multi-layered review process

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PICR Tiered Review Process


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Tier 4 PICR Process


- Case summary is created
 - facilitate discussion
 - inform all participants of relevant history & current situation
- Stakeholders invited to participate in person or via phone
- **45 minute stakeholder discussion**
 - 6-7 Health Care Coordination representatives
 - 2-3 Child Welfare Stakeholders
 - 1-2 Health Care Stakeholders

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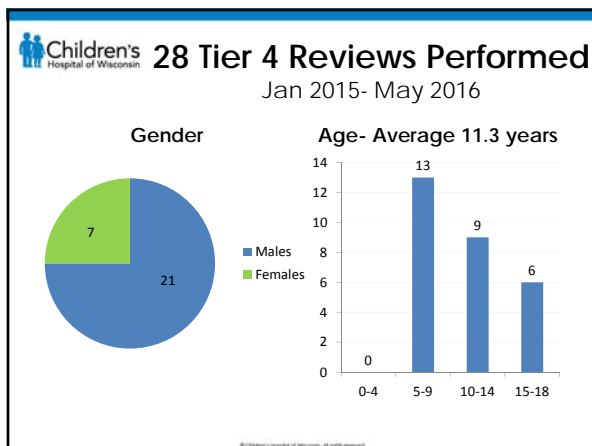
 **Tier 4 PICR Process**

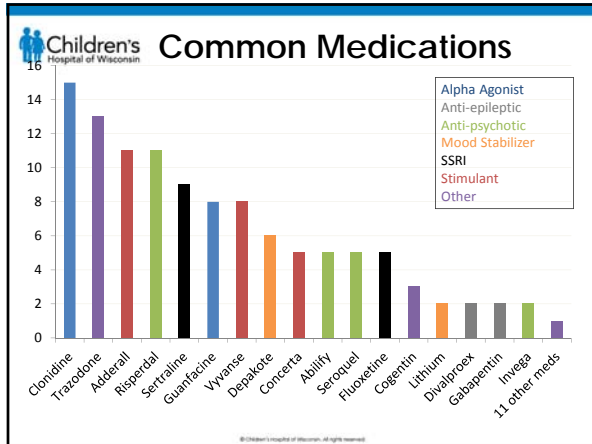
- **Action items** are identified
- Summary sent out to stakeholders
- Follow up discussion occurs 3 months later
 - Update on child's placement, mental health and functioning
 - Determine whether action items completed
 - Identify remaining unmet needs and opportunities for health care coordination team to help

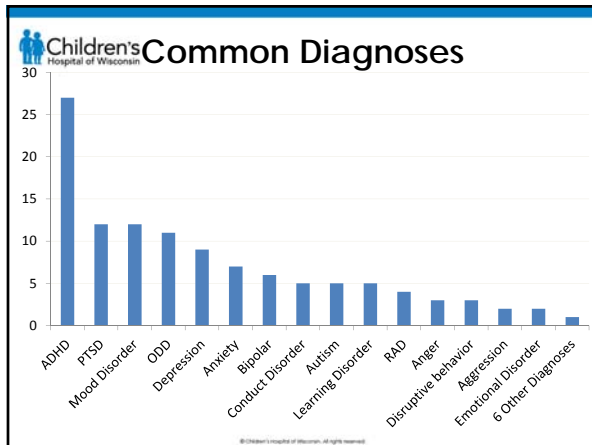
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 **EARLY PICR DATA**

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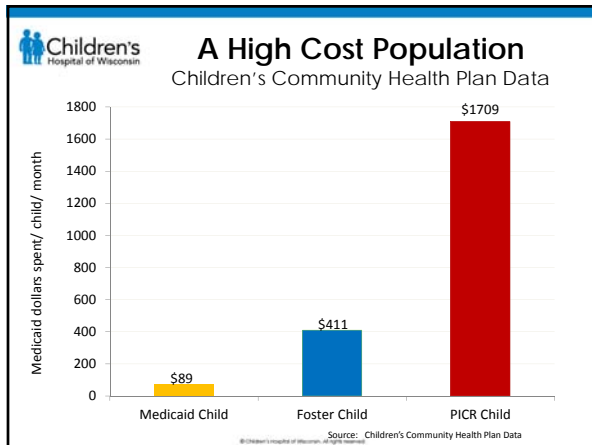
- 176 Action Items
- Average of 7.7 action items/child
- At 3 month follow-up
 - 70.4% of Action Items completed (total)
 - 79.4% of Action Items completed (Care4Kids responsible)

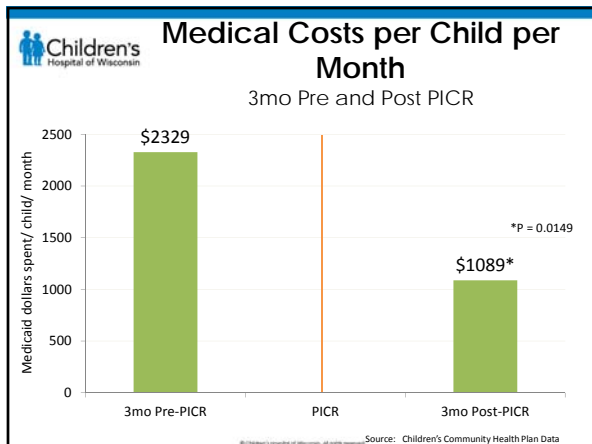
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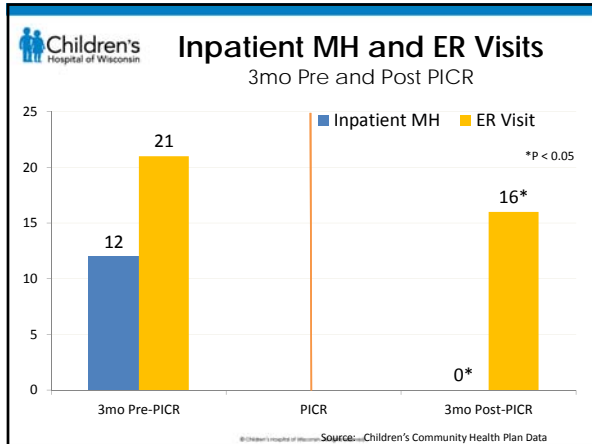
Action Items- Barriers

- Communication Challenges with:
 - Caseworkers
 - Foster Parents
 - Medical Providers
 - Biological Parents
- Lack of Engagement from partners
- Lack of Consent

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Participant Feedback

"I have made him a priority on my case load."

"It was helpful to hear other's perspective on the client's symptoms. I think that the availability to collaborate and have help thinking outside of the box is always helpful."

"It has provided additional information regarding multiple perspectives, supported my concerns, clarifies goals and responsibilities, and encourages further coordination of services."

"Great collaboration and team building."

"Gave a clearer picture of the needs of my patient and how I can properly advocate to get him the services needed that aren't already in place."

"It gave me a better understanding of the child's needs and the kind of services I need to put in place for the child."

"Follow up action items will change our next steps. I was nice to collaborate as a team."

"I thought it was a remarkable experience to see so many people at the table to help one child. It's expensive, but the goal is very clear that there is commitment...to provide him with any services that may be able to help him and his guardians."

"Suggestions from the team were helpful and well aligned with the direction we were heading."

CHILD PSYCHIATRY CONSULTATION PROGRAM

Helping physicians provide better, faster care to children and adolescents

CPCP COMPONENTS


- Mental health education for primary care providers
- Pharmacy series: ADHD, Depression and Anxiety, Atypical Antipsychotics
- Truism Informed Care
- Use of General and Specific Rating Scales (Behavior)
- Availability of daily case consultation via email and phone calls with a child psychiatrist or psychologist, Monday-Friday 8 a.m.-5 p.m., including holidays
- Organizing and disseminating information about regional mental health resources with existing knowledge of children and their families to these resources

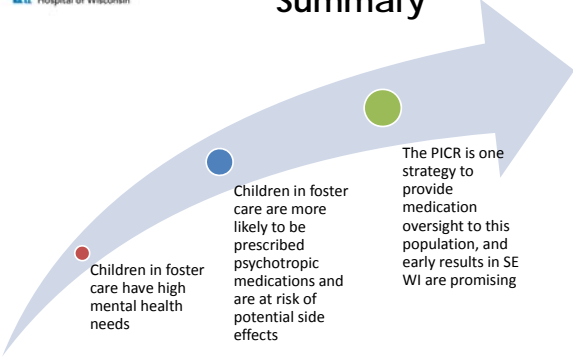
The CPCP PILOT PROJECT IS CURRENTLY BEING IMPLEMENTED IN 18 WISCONSIN COUNTIES:

Adams, Ashland, Barron, Beaver Dam, Brown, Buffalo, Calumet, Dodge, Fond du Lac, Grant, Green, Jefferson, Lincoln, Manitowish, Marquette, Menomonie, Pierce, Racine, Shawano, Trempealeau, Waubesa, Waushara, Winnebago, Wood

The Primary Care Residents in these counties are actively involved in CPCP OR have the opportunity to enroll in the future.


The CPCP PILOT PROJECT was created by psychiatrist Dr. Jeffrey M. Miller, PhD, Psychiatry, UW-Madison, WI; Pediatric Psychologist, MD, Scott R. Miller, MD, and Scott L. Smith, MD, Psychiatry, UW-Madison, WI; program director Michelle Bravakis, PhD, director of Child Mental Health Services Tracy Dierker, clinical coordinator Jonathan Bahr, and Scott R. Miller, and other collaborative health professionals.

 **Summary**



- Children in foster care have high mental health needs
- Children in foster care are more likely to be prescribed psychotropic medications and are at risk of potential side effects
- The PICR is one strategy to provide medication oversight to this population, and early results in SE WI are promising

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 **Contact Info**

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