Second Opinion Program

A Review of Psychotropic Utilization in Foster Care Children

A Collaborative Team Approach By the Department of Mental Health and the Department of Social Services Children's and MO HealthNet Divisions

Demographic of Children in Foster Care

- As of February 28, 2013, there were 11,311 children in care ranging from under the age of 1 to the age of 20.
- The average length of stay for a child in care in FY12 was 22.4 months. The average length of stay continues to reduce.
- In FY12, 33.37% of the children in care were placed with a relative and 7.16% were placed with kin.

Challenges Faced by Children in Foster Care

- Chaotic lifestyles which may result in:
 - Numerous changes in home, school and community placements
 - Involvement with various treatment professionals
- Significant emotional and behavioral difficulties as a result of maltreatment and trauma.
- An overall concern for continuity of care for this population due to many of the items listed above.

Challenges for Prescribing Providers

- Due to a limited number of Child and Adolescent Psychiatrists in the state, many Primary Care Physicians find themselves treating this population.
- Some Primary Care Physicians are uncomfortable with the management of Psychotropic Medications in relationship to the vacillating behavioral and emotional challenges experienced by foster care children.

Background Information

- During 2012, members from the Department of Mental Health, the Children's Division and the MO HealthNet Division began working together to review psychotropic medication utilization for children in foster care.
- Specifically, the review focused on those children being prescribed five or more psychotropic medications and/or two or more antipsychotic medications.

- During the past months of December and January, the efforts of this interagency team were shared with the following individuals or groups:
 - The Missouri State Foster Care and Adoptive Board
 - Treatment providers
 - Children's Division staff
 - The Healthcare Coordinating Committee
 - Biological parents
 - Resource Providers (foster care parents)

- As a result of this collaborative work, the **Second Opinion Program** was created.
- The ultimate goal of this program is to ensure that children in foster care are kept safe and to increase the awareness of best practice guidelines for prescribing practitioners whom serve this population.

What are Psychotropic Medications?

 "Psychotropic medication" means a prescription drug, that is used to treat or manage a psychiatric symptom or challenging behavior.

Types of Psychotropic Medications

- Antipsychotics
- Mood Stabilizers
- Antidepressants
- Anti-panic Agents
- Anti-obsessive Agents
- Anti-anxiety Agents
- Stimulants

Potential Side Effects of Psychotropic Medication Use Include....

- Weight gain
- Headaches
- Nausea
- Dizziness
- Sleep problems
- Weight loss
- Drowsiness

What are Antipsychotic Medications?

 "Antipsychotic medications" are most frequently used for persons who experience psychotic symptoms as a result of having some form of schizophrenia, severe depression or bipolar disorder.

Types of Antipsychotic Medications

- Haldol
- Thorazine
- Mellaril
- Abilify
- Clozaril
- Risperdal
- Zyprexa

This is an abbreviated list

Potential Side Effects of Antipsychotic Medication Use Include....

- Drowsiness
- Dizziness when changing positions
- Blurred vision
- Rapid heartbeat
- Sensitivity to the sun
- Skin rashes
- Involuntary movements of the tongue, mouth, legs, arms or entire body

The Second Opinion Program Overview

- Document Control Numbers (DCNs) for children in CD custody were identified at the end of December.
- Pharmacy claim data from the 4th Quarter of 2012 were reviewed against the DCNs for children in foster care to identify those children who were being prescribed five or more psychotropic medications and/or two or more antipsychotic medications.
 - 31 individuals were identified
 - These individuals ranged in age from 14 years 20 years and 7 months

- Once the final cases were identified, CD reviewed these cases to ensure the individuals were still in their custody.
 - Ultimately, 10 individuals were selected for further review
- During February, letters outlining prescription practice concerns in relationship to the Second Opinion Program were sent to 13 providers requesting their past 6 months of treatment records on the selected 10 individuals.
 - Psychiatric evaluations
 - Physicians or Advance Practice Nurse progress notes
 - Completed laboratory work
 - Any treatment plans

- As of April 4, eight records have been received and forwarded on to a Board Certified Child and Adolescent Psychiatrist for review. Record reviews will focus on:
 - Diagnosis
 - Current Medications
 - Past Medications
 - Does the documentation address why the medication is being used?
 - Does the documentation address a plan to taper off of any medications?
 - Does the documentation support the diagnosis being treated?
 - Does the documentation describe other non-pharmacological interventions being used?

 As the result of the Psychiatrist's review of Mo HealthNet pharmacy claims and provider documentation, feedback and recommendations will be provided back to the performing provider regarding her/his use of psychotropic medications.

- A *Provider Feedback Form* will also be sent to providers which will request the provider to:
 - Review and consider the reviewing Psychiatrist's recommendations and to provide feedback back to Department of Social Services as to their next course of treatment
 - Document any changes in treatment planned
 - If no change in treatment is planned, discuss the rationale to support their current prescribing practice
 - If the prescriber wishes to discuss the recommendations with the reviewer, a phone call will be arranged

Next Steps

- Further development of provider education protocols.
- Develop methods to gain provider, resource provider and parent feedback.
- Gather data and track program impact and progress.
- Remember to stay true to the ultimate goal of this program...

To ensure that children in foster care are kept safe and to increase the awareness of best practice guidelines for prescribing practitioners whom serve this population.