Elevating the quality of care for the highest risk children in foster care

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- Center of Emphasis, The Children’s Hospital of Philadelphia Research Institute
- Interdisciplinary research with the goal of practice and policy impact to improve child health and well-being
Overview

• How is this child representative of the larger system response to children in foster care?

• What are some opportunities to better meet the mental health needs of children in foster care?

• What should the system response be moving forward?
The cascade of placements and poor outcomes

Health Problems / Poor Well-Being

Placement Change
Mental health needs of children in foster care are significant

- The majority of children have serious behavioral or mental health problems
- High prevalence of prior trauma

US GAO. Foster Care: Health Needs of Many Young Children are Unmet. 1995;
Prevalence of Mental Health Diagnosis among Medicaid-Enrolled Children in Foster Care Aged 6-18 years

Prevalence of Mental Health Diagnosis among All Medicaid-Enrolled Children Aged 6-18yo

High Medicaid utilization of health services by children in foster care

- 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

Sources:
Geen et al. Medicaid Spending on Foster Children. Urban Institute, 2005
Unintended consequences of current mental health delivery for children in foster care
There is growing concern about psychotropic medication use by children in foster care

- From TX, 2004 state-wide data on children in foster care
  - 41% using 3 or more medications
  - 22% duplicating medications within class

- 1 in 3 states in 2006 GAO Report rated psychotropic medication use a priority issue

- 2011 GAO Report found rates of psychotropic medication use >3 times higher among foster care children than children not in care
Trajectories of psychotropic use by medication class

Rx Use by Year and Class

- Antidep
- Stim
- Mood
- Antipsy
Trends in antipsychotic use across time
Trends in concurrent medication use across time

Concurrent Medication Use by Year: Medicaid-Enrolled Children w/ MH Dx Aged 6-18yo

- Probability of Rx Use
- Year
- Foster Care
- Total Population
Interstate variation in trends over time
State-level antipsychotic use: 2002 vs. 2007
State-level polypharmacy use: 2002 vs. 2007
Interstate variation summary

**Antipsychotic Use 2002-2007**
- **Increase**: 45 states
- **Decrease**: 2 states
- **No Change**: 1 state

**Polypharmacy Use 2002-2007**
- **Increase**: 18 states
- **Decrease**: 19 states
- **No Change**: 11 states
Building on this 40,000 ft policy response

- State responses overseeing patterns of psychotropic medication use can be effective

- However, children's mental health must be addressed cross-system and at multiple system levels (i.e., provider, agency, policy)
Expanding our perspective: Achieving better quality in child welfare and mental health
Landscape of services is changing

- Increasing use of Alternative Response
- Increasing placement with kin
- Decreasing placement in group home care and residential treatment
- Increasing responsibility of states to improve well-being
- Increasing performance management and diagnostic monitoring
Innovative child welfare models are emerging in collaboration with medicine

- The Managed Care Organization (MCO) / child welfare experiment
  - STAR Health in TX

- Nurse care management
  - Baltimore, MD and NJ

- The growth of child welfare medical directors
Psychotropic Use among Medicaid-Enrolled Children in Foster Care, 2005

Psychotropic Use among Medicaid-Enrolled Children in Foster Care with a Mental Health Diagnosis, 2005

Percent

AK  CA  FL  GA  IL  KS  KY  MA  MD  MI  NC  NY  OH  PA  TN  TX  VA

Mental Health Diagnoses among Medicaid-Enrolled Children in Foster Care, 2005

Designing and demonstrating evidence-based treatments with public partners
Replication of evidence-based programs has not been easy

- Lack of open source interventions
- Uncertain funding mechanisms in Medicaid
- Workforce challenges
- Research model creates stand-alone gems