Psychotropic Quality Improvement (PQI) Collaborative
North Carolina Stakeholder Meeting

October 23, 2019
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National Center for Youth Law
Agenda

I. Introduction and Group Agreements

II. Overview of the PQI Collaborative & Psych Meds

III. Research Review on Issues and Best Practices

IV. NC Summary
   Stakeholder Update

V. Lunch

VI. Brainstorming Activity

VII. Action Items and Next Steps
Meeting Objectives

During today’s meeting, stakeholders will:

I. Learn about the PQI Collaborative, including goals, timelines, and deliverables

II. Begin building relationships with key stakeholders, including lived experts with firsthand experience in the child welfare, juvenile justice, and mental health systems

III. Explore the research related to psychotropic medication prescribing patterns and best practices

IV. Determine what information/resources will be most helpful for key stakeholders to ensure psychotropic medications are only prescribed when in a child/youth’s best interest

V. Develop next steps, including outreach to additional stakeholder to join the PQI Collaborative
Introductions

Please share your:

1. Name
2. Agency affiliation or role as a member of the PQI Collaborative
3. The last show you binge-watched
Group Agreements

“How would we like to work together?”

• Be present, both mentally and physically
• Be mindful of technology use and other potential distractions
• Maintain confidentiality and privacy—what is said here, stays here
• Be respectful—all ideas are valid and everyone’s voice matters
• Others?
“Ensuring foster youth are only prescribed psychotropic medications when in their best interest”

Overview of the PQI Collaborative & Psych Meds
Overview of the PQI Collaborative

“Ensuring foster youth are only prescribed psychotropic medications when in their best interest”

Goals of the project:

• To increase the number of states that adopt research-informed policies aimed at ensuring foster youth are only prescribed psychotropic medications when in their best interest.

• To increase awareness of promising policies and practices identified by researchers and increase the capacity of foster youth, line-level stakeholders, and policymakers to improve state policy.

• To discuss and disseminate information to stakeholders to assist in efforts to address psychotropic medication overuse and misuse with children and youth in foster care.
Overview of the PQI Collaborative (cont.)

“Ensuring foster youth are only prescribed psychotropic medications when in their best interest”

Deliverables of the project:

• Creation of research-informed resources created with guidance and input from stakeholders for the following audiences:
  • Foster Youth
  • Foster Parents
  • Court Appointed Special Advocates (CASAs)
  • Judges
  • Policymakers

• These deliverables will be accomplished through quarterly stakeholder meetings, foster youth learning community calls, and ongoing communication
Psychotropic Medications

Psychotropic medicines are taken for the purpose of improving the emotional and behavioral health of a child or adolescent diagnosed with a mental health condition.*

They may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

Examples*

**ADHD:** Dexedrine, Adderall, Vyvanse, Concerta, Daytrana, Ritalin, Focalin, Strattera, Tenex, Intuniv;

**Antidepressant and Anti-Anxiety:** Prozac, Zoloft, Paxil, Lexapro, Effexor, Cymbalta, Wellbutrin;

**Anti-Anxiety Medications (Rarely used in children):** Xanax, Ativan, Valium, Klonopin, BuSpar.

**Antipsychotic Medications:** Thorazine, Mellaril, Prolixin, Haldol, Abilify, Risperdal;

**Mood Stabilizers and Anticonvulsant Medications:** Lithium, Tegretol, Valproic Acid (Depakote, Depakene);

**Sleep Medications:** Desyrel, Ambien, Sonata, Lunesta, and Benadryl.

*AACAP (2017) Psychiatric Medication For Children And Adolescents: Part II - Types Of Medications*
Psychotropic Medications

Can…

• Help when used as a part of a larger treatment plan
• Benefit some individuals who have already tried other evidence-based treatment options and medical rule-outs
• Be prescribed with a child’s safety, overall interests, medical history, and risks in mind

Are Not…

• First line treatments for mental health
• To be used alone (med-only treatment)
• Curative
• To be used for behavioral control
• To be used to mask side effects of a different medication
Psychotropic Medication Concerns

- Adverse Effects
- Too Many
- Too Soon
- Off-label
- Misdiagnoses, Overdiagnoses, Inaccurate Diagnoses
- Too Long
- No Risk/Benefit Profile
- No Informed Consent
- No Monitoring
- No Other Mental Health Services
- Too Much
- Untested

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Youth Voice

BAY AREA NEWS GROUP INVESTIGATION

DRUGGING OUR KIDS

Children in California’s foster care system are prescribed unproven, risky medications at alarming rates

Story by KAREN DE SÁ
Photographs and video by DAI SUGANO
Design by QIN CHEN
PUBLICATION: AUGUST 24, 2014

https://youtu.be/L7lHeosq-FY?t=106
Issues Identified OIG Report: Five Target States

Concerns Identified: Second-Generation Antipsychotic Drugs and Children
Quality-of-Care Concerns Uncovered in 67% of Claims Reviewed

- Side Effects: 7%
- Too Young: 17%
- Taken Too Long: 34%
- Wrong Dose: 23%
- Wrong Treatment: 41%
- Poor Monitoring: 53%
- Too Many Drugs: 37%

67% of Claims Showed Quality-of-Care Concerns

Source: OIG.HHS.gov
Recommendations for ACF:

• Develop a comprehensive strategy to improve States’ compliance with requirements related to treatment planning and medication monitoring for psychotropic medication.

• Assist States in strengthening their requirements for oversight of psychotropic medication by incorporating professional practice guidelines for monitoring children at the individual level.

Psychotropic Medications

Safest Practices
- All baseline monitoring, lab testing completed
- Start with one medication only
- Start with a low dose that accounts for the child’s height, weight, personal and family history
- Discussion of risks and benefits
- Contact numbers for any issues or side effects
- Visits weekly and then monthly to monitor impact and effect on the child
- Close watch on weight, heart, suicidal ideation and sleeping patterns

Red Flags
- 2 or more medications of any class
- 2 medications in the same class of drugs
- High/Adult dosages for children
- Antipsychotics + Stimulant
- Long-term use without attempts to taper off
- Abruptly stopping meds
- No monitoring, documentation, noticeable impact
The Best Practices for Medication Management for Children & Adolescents in Foster Care


Psychotropic Medications in Children and Adolescents: Guide for Use and Monitoring


Appropriate Use of Psychiatric Medication for Youth in Foster Care

North Carolina

• **Policy Provisions related to Children in Out of Home Custody of the Department of Social Services**
  - Foster Parent Responsibility  10A NCAC 70E .1102 MEDICATION
North Carolina DMA Clinical Coverage Policy 9D

Policy Provisions for Antipsychotic Prescription to Children on Medicaid

- Prior Authorization for Off Label Antipsychotics and Polypharmacy
- Basic Data Input
- Safety Monitoring
- Provider Training and Consultation

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Guidance / Efforts in North Carolina

- Health Oversight & Coordination Plan (HOCP) for North Carolina
- Best Practice Guidance provided to NC DSS Directors in 2017
North Carolina

- **Stakeholder Report:**
  - What have you seen happening?
Lunch Break!
Where do we go from here?

• We believe that by supporting and connecting organizations across the states of California, New Mexico, North Carolina and Tennessee who are invested in psychotropic quality improvement, we can improve outcomes for children and youth through the provision of individualized trauma-focused and evidence-based services and supports.
Brainstorming Activity

Key question: What essential information do the following audiences need to know to ensure that foster youth are only prescribed psychotropic medication when in their best interest?

- Foster Youth
- Foster Parents
- CASAs
- Judges
- Policymakers
Action Items & Next Steps

I. Large group discussion: what stakeholder groups might be missing?

II. Meeting date for November/December

III. Exit Survey:  
https://www.surveymonkey.com/r/GKS MR9Y
Email Follow-Ups

- Email Sarah.Pauter@phenomenalfamilies.org or CarrieQMason@gmail.com with
  - Your Name,
  - County or City,
  - Agency and Position.
- Ask Sarah or Carrie a question or tell us about an issue you are currently trying to address related to psychotropics.
  - We will respond as a follow up and provide any data, materials, or local connections that may be helpful to you.
Questions?