DCFS PSYCHOPHARMACOLOGY CONSENT PROGRAM

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Office of Guardian and Advocacy

UNIVERSITY OF ILLINOIS AT CHICAGO

DEPARTMENT OF PSYCHIATRY

Institute for Juvenile Research

State wards are at significant risk for severe emotional and behavior disturbances.

As clinicians and child advocates we are concerned about the mental health and well-being of the these vulnerable children.

The use of psychotropic medications in this population is closely scrutinized and fraught with challenges.

Pharmacotherapy based on sound clinical and scientific principles will enhance our clients' outcomes.

A strong consent and consultation program and the publication of practice guidelines will help achieve this goal.

State wards are at significant risk for severe emotional and behavior disturbances.

Foster children have high rates of severe emotional disturbances

- 47.9 – 72% have significant psychopathology
- 9 - 16 times more likely to have mental illnesses than Medicaid-eligible youths who live with their families of origin

Foster children utilize mental health services at disproportionate rates

- Halfon et al. (1992)
  - 10 – 20 times > children not in foster care
  - youth in foster care < 4% of Medicaid-eligible youths, 41% of mental health services utilized

Foster children utilize mental health services at disproportionate rates

- dosReis et al. (2001)
  - Medicaid eligible youth receiving mental health services
    - foster care - 62%
    - SSI - 29%
    - AFDC - 4% of youths receiving other types of aid received mental health services

Foster children are more likely to receive psychotropic medications

- dosReis et al. (2001)
  - 1.67 times > youth on SSI
  - 15 times > youth on AFDC

Foster children are more likely to receive psychotropic medications

- Raghavan et al. (2005)
  - 13.5% of foster children were taking psychotropic medications in 2001 – 2002
  - 2 – 3 times higher than other Medicaid eligible children

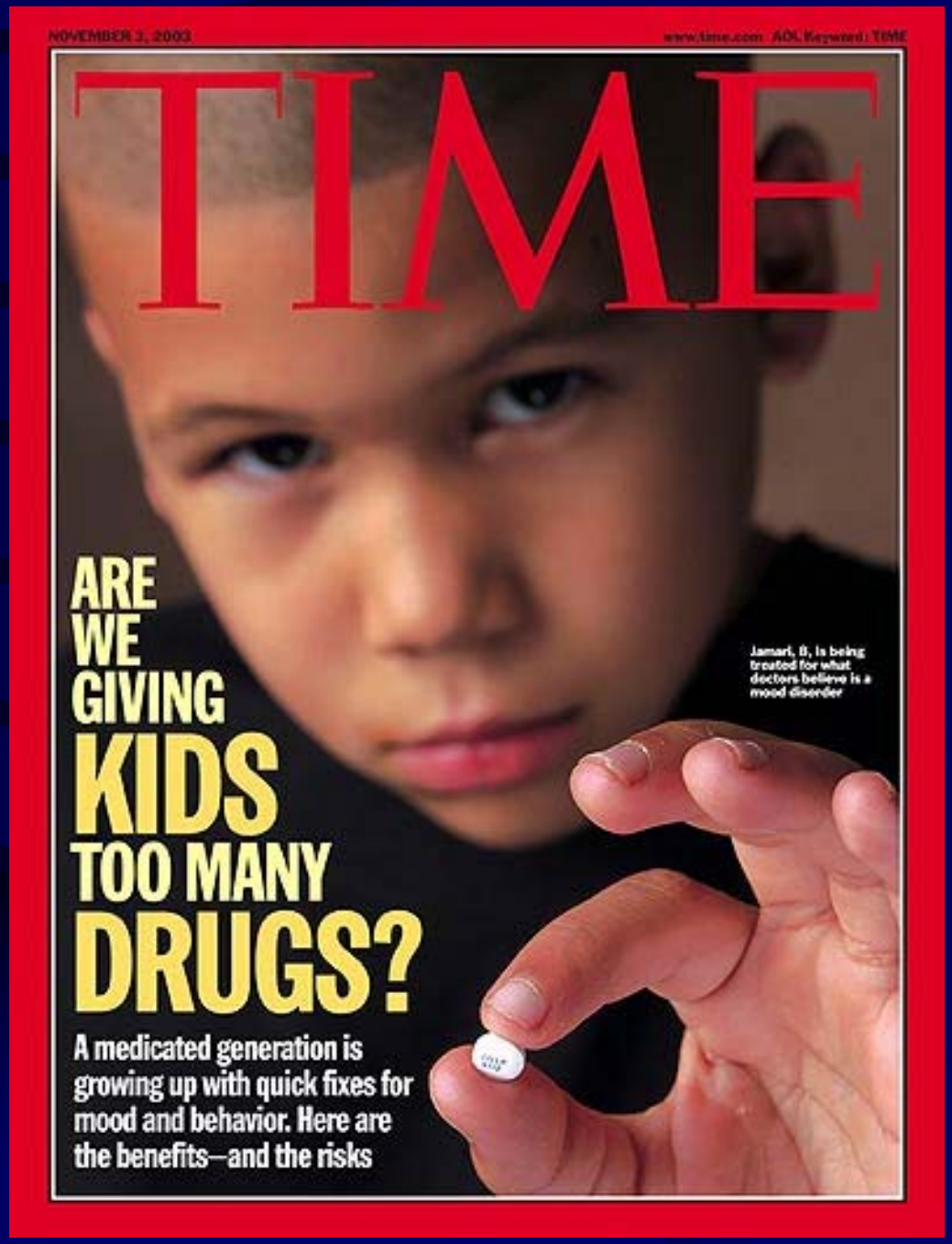
The Rate of Pharmacotherapy in Foster Children is Increasing

- Zito et al. (2003)
  - 2- to 3- fold increase in use of psychotropic medications between 1987 and 1996
    - α_2-agonists (clonidine and guanfacine)
    - antipsychotic medications
    - anticonvulsant mood stabilizers

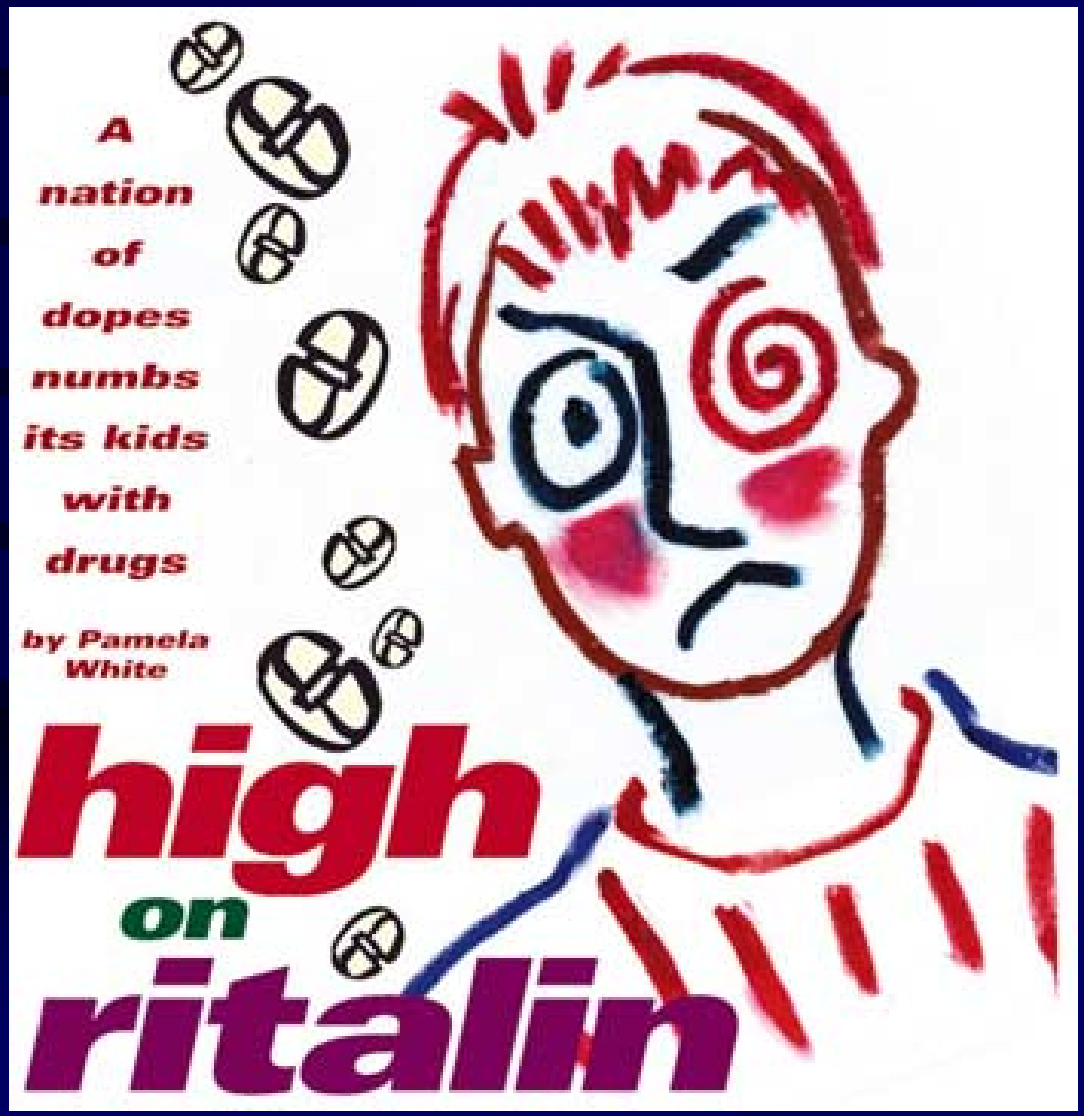
The Rate of Pharmacotherapy in Foster Children is Increasing

- Safer et al. (2003)
  - polypharmacy increased from 2.5- to 8-fold during the 1990s:
    - psychiatric hospitals
    - residential treatment centers

The use of psychotropic medications in this population is closely scrutinized and fraught with challenges.


NOVEMBER 3, 2003
www.time.com AOL Keyword: TIME
TIME
ARE WE GIVING KIDS TOO MANY DRUGS?
A medicated generation is growing up with quick fixes for mood and behavior. Here are the benefits—and the risks
Jamari, 8, is being treated for what doctors believe is a mood disorder

Cover of The Boulder Weekly, 2001



“STRAYHORN TO INVESTIGATE DRUG FRAUD IN FOSTER CARE SYSTEM”

- Texas is spending an estimated $4 million a year on mind-altering drugs for foster care children
- “. . . determine whether the drugs are being prescribed to make the children more submissive or to line the pockets of unscrupulous and uncaring doctors and pharmaceutical companies, or both."

Tyler Morning Telegraph

11/12/2004

“Drugged into submission”

“Even babies getting treated as mentally ill”

“Prescriptions on the rise even though they haven’t been tested on children”

THE COLUMBUS DISPATCH 4/5/2005

“For foster kids, oversight of prescriptions is scarce”

- Med-Cal prescription claims for atypical antipsychotics for kids in foster care increased 77% between 2001 and 2005, to 70,879
- In Illinois the number of children on IDPA who prescribed an atypical antipsychotic increased 39% between FY 2003 and 2005

USA TODAY 5/2/2006

"Antipsychotics Drug Use Is Climbing, Study Finds "

- The use of atypical antipsychotics increased more than fivefold from 1993 to 2002
- Nearly one in five psychiatric visits for young people included a prescription for antipsychotics
- > 40 percent of the children were taking at least one other psychiatric medication

The New York Times 6/5/2006

FDA Oversight

- FDA has questioned:
  - safety and efficacy of the SSRIs (FDA, 2004):
    - suicidal ideation and behavior
  - safety of central nervous stimulants:
    - arrhythmias
    - psychosis and other psychiatric symptoms

Legislative Oversight

- Numerous states have passed or introduced laws to ‘protect’ children from psychotropic medications:
  - refusing to give children psychotropic medications is not medical neglect
  - laws prohibiting educators from recommending psychotropic medications

Legislative Oversight

- **Child Medication Safety Act of 2003**
  - **Requires states "to develop and implement policies and procedures prohibiting school personnel from requiring a child…to obtain a prescription for a controlled substance."**
  - **Requires tracking of prescription rates for ADHD meds**

Oversight by Private Agencies

- **Advocacy Center for Persons with Disabilities, Inc.**
  - **"Legal Strategies to Challenge Chemical Restraint of Children in Foster Care: A Resource for Child Advocates in Florida"**
    - "childhood diagnoses have never been definitively shown to exist as any sort of organic pathology and serve to justify psychotropic drug use to excessively drug healthy children in foster care"

Oversight by Private Agencies

- OMB Watch
  - "Using abused and neglected children as guinea pigs"
    - addressed AIDS medication trials
    - "medications used by a child welfare system more interested in controlling than caring for children"
    - 'doping' of abused and neglected children
    - access to children by large pharmaceutical firms

Research on Psychopharmacology in Children is Limited

- Case studies, case series
- Few studies on polypharmacy, none on three or more concurrent medications
- Few studies compare active treatments
- Few studies look at off-patent drugs
- Little research on impact of psychotropic medications on development

Research on Psychopharmacology in Children is Limited

- Publication biased towards positive findings
- Vast majority of research on medications is funded by drug companies:
  - often prohibit publication of negative studies

Pharmacotherapy based on sound clinical and scientific principles will enhance our clients' outcomes.

Algorithm-based treatment is more effective than treatment as usual

- TMAP Schizophrenia
  - ALGO patients had greater improvement in first quarter than TAU
  - TAU caught up at 12 months
  - ALGO patients had greater improvement in cognitive functioning

Miller et al., 2004

Algorithm-based treatment is more effective than treatment as usual

- TMAP MDD
  - ALGO patients had greater improvement over 1 year than TAU
    - clinician-rated
    - self-rated

Trivedi et al., 2004

Algorithm-based treatment is more effective than treatment as usual

- TMAP BD
  - ALGO patients had greater initial and sustained improvement than TAU
    - BPRS-24
    - CARS-M
  - Greater adherence to ALGO associated with greater improvement over time

Dennehy et al., 2005; Suppes et al., 2003

Algorithm-based treatment is more effective than treatment as usual

- CMAP BD
  - ALGO patients had greater improvement than historical cohort
    - CDRS-R
    - CAFAS
    - CGI-severity

Emslie et al., 2004

DCFS Psychopharmacology Consultation Program

- **Concept**
  - **DCFS - legal guardian for ~ 17,500 youth:**
    - **provide consent for medical and psychiatric treatment**

DCFS Psychopharmacology Consultation Program

- DCFS recognized need for quality assurance vis-a-vis psychotropic medications, contracted with UIC to provide independent medication review

DCFS Psychopharmacology Consultation Program

- **Objectives:**
  - provide independent review for all psychotropic medication requests
  - provide evaluation and consultation on particularly complicated cases
  - notify the Guardian where provider patterns warrant review
  - disseminate information regarding new pharmaceutical developments and alerts
  - develop training materials and conduct training for DCFS staff on psychotropic medication management

Rule 325

Administration of psychotropic medications to children for whom DCFS is legally responsible

Rule 325

- **Purpose**
  - **To create a system which promptly identifies and evaluates the needs of children for psychotropic medication, provides timely access to such medication, and monitors children on such medication, while recognizing the risks that such medications pose, particularly if they are not prescribed and monitored with care.**

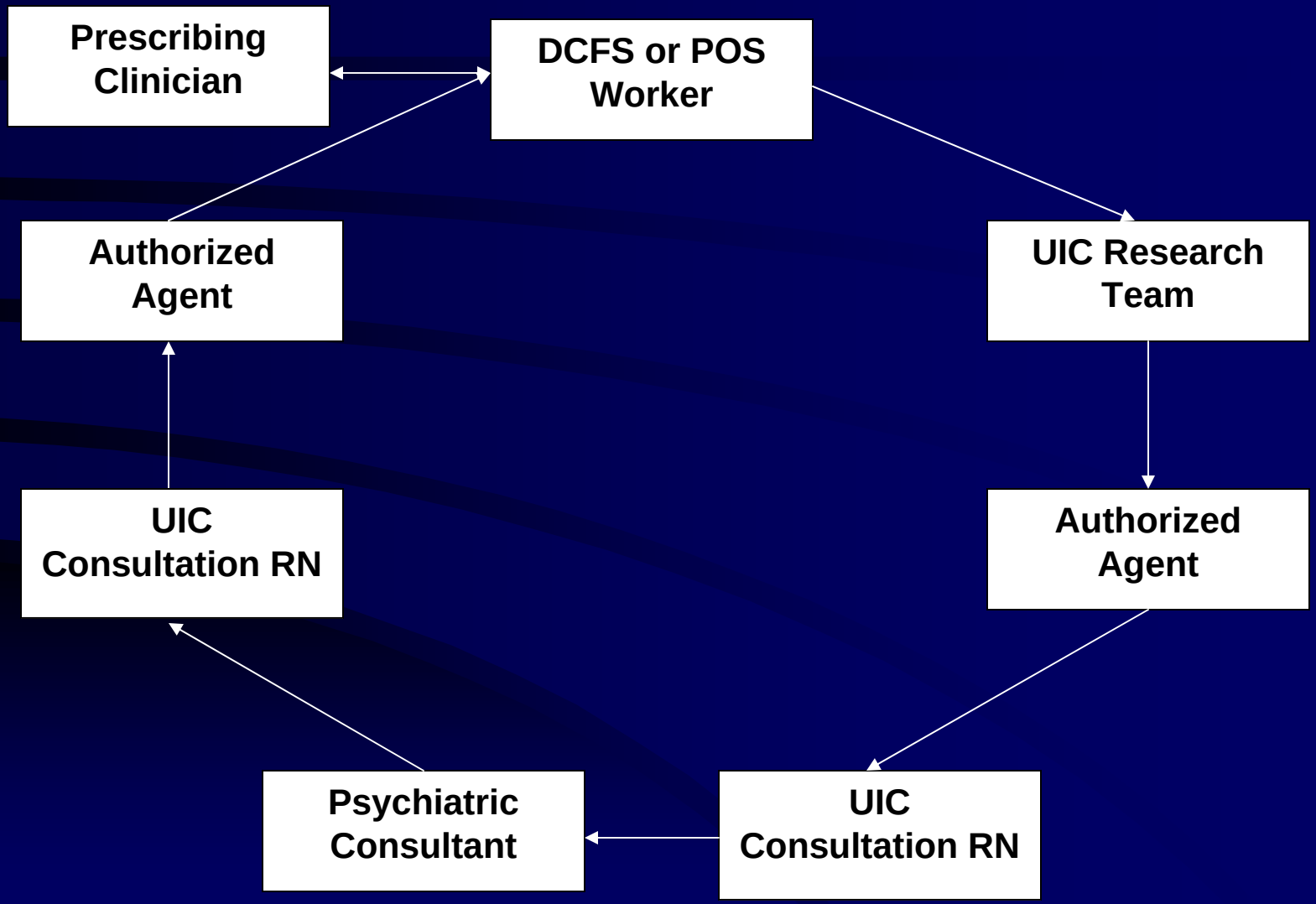
Rule 325

- General Provisions:
  - Psychotropic medications cannot be administered without consent except in an emergency
  - States that the child must give informed consent:
    - includes steps needed when the child objects to the administration of psychotropic medication.

Rule 325

- General Provisions:
  - Establishes a Pharmacological Review Committee and defines its role
    - develop and publish a Pharmacy and Therapeutic Manual
    - in revised Rule 325 will review cases of polypharmacy
  - Defines training for authorized agents

PSYCHOTROPIC MEDICATION CONSENT PROCESS



CFS 431-A (1/2001)

State of Illinois
Department of Children and Family Services
PSYCHOTROPIC MEDICATION REQUEST

Date _____
Child's Name _____ **DCFS I.D. #** _ _ _ _ _ _ _ _ _
Date of Birth _____ **Male** ☐ **Female** ☐ **Weight** ____ **Height** ____ **Ethnicity** _____
Prescribing Physician _____ **Placement:** Foster care ☐ Residential ☐ DOC ☐
Specialty _____ Hospital ☐ Family of Origin ☐ Other _____
Address _____ **Facility Name** _____

Telephone _____ **Address** _____
Fax _____ **Telephone** _____

All Psychiatric Diagnosis: _____
_____
All current medication and dosages: _____
_____
_____

Medication Information

Please check one:
New ☐ ***Increase** ☐ ***180 day Renewal** ☐ **Resume** ☐ **New Ward Current Medication** ☐
*If medication request is for an *Increase* or *Renewal* include the current dosage in the space provided above.

Symptoms or Rationale for medication requested: _____
_____

Brand name _____
Chemical name _____
Form _____
Dosage _____
Frequency _____
Duration (not to exceed 180 days) _____
Potential side effects: _____

Tests/Procedures required:
prior to medication change _____
_____
to monitor medication change _____
_____

Concurrent Medical Diagnosis: _____
Alternative treatment methods considered/attempted and the reasons they failed or were rejected:
_____
If child is 12 years of age or older, does he/she object to medication? Yes ☐ No ☐

APPROVED ☐ **DENIED** ☐ **CONDITIONAL APPROVAL** ☐
Conditions/Comments: _____
Date and time consent given: _____ **Legal Status and date:** _____

_____ _____
DCFS Guardianship Administrator Authorized Agent
Authorized Agent or Caseworker: **Address** _____
Telephone _____ **Fax** _____

Psychotropic Medication Request Form

- Demographic information
  - ID Number
  - date of Birth
  - weight and height
  - ethnicity
  - placement
  - physician’s name and specialty

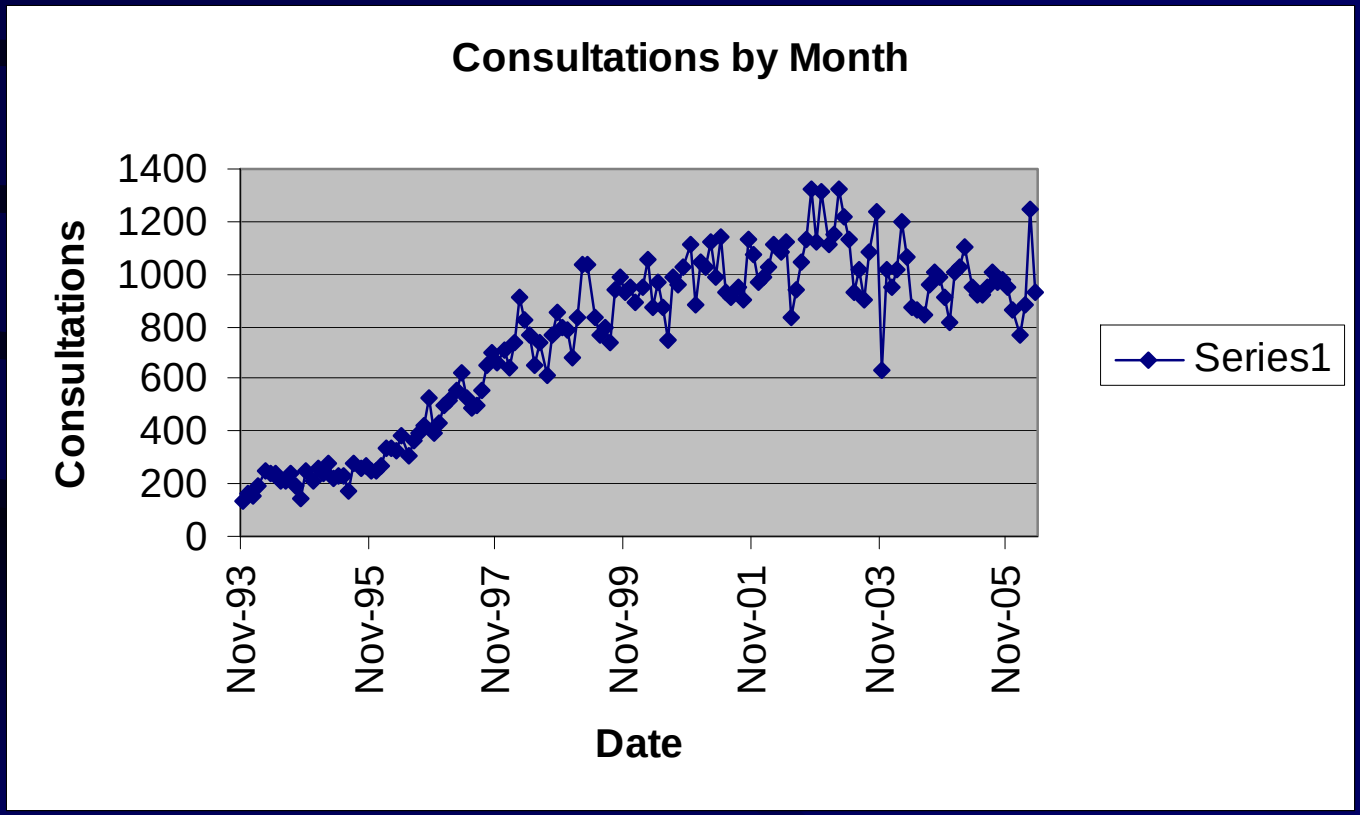
Psychotropic Medication Request Form

- Clinical information
  - diagnosis
  - current medications and dosage
  - symptoms/rationale
  - requested medication
    - dosage and frequency
  - tests and procedures to monitor medication

DCFS Psychopharmacology Consultation Program

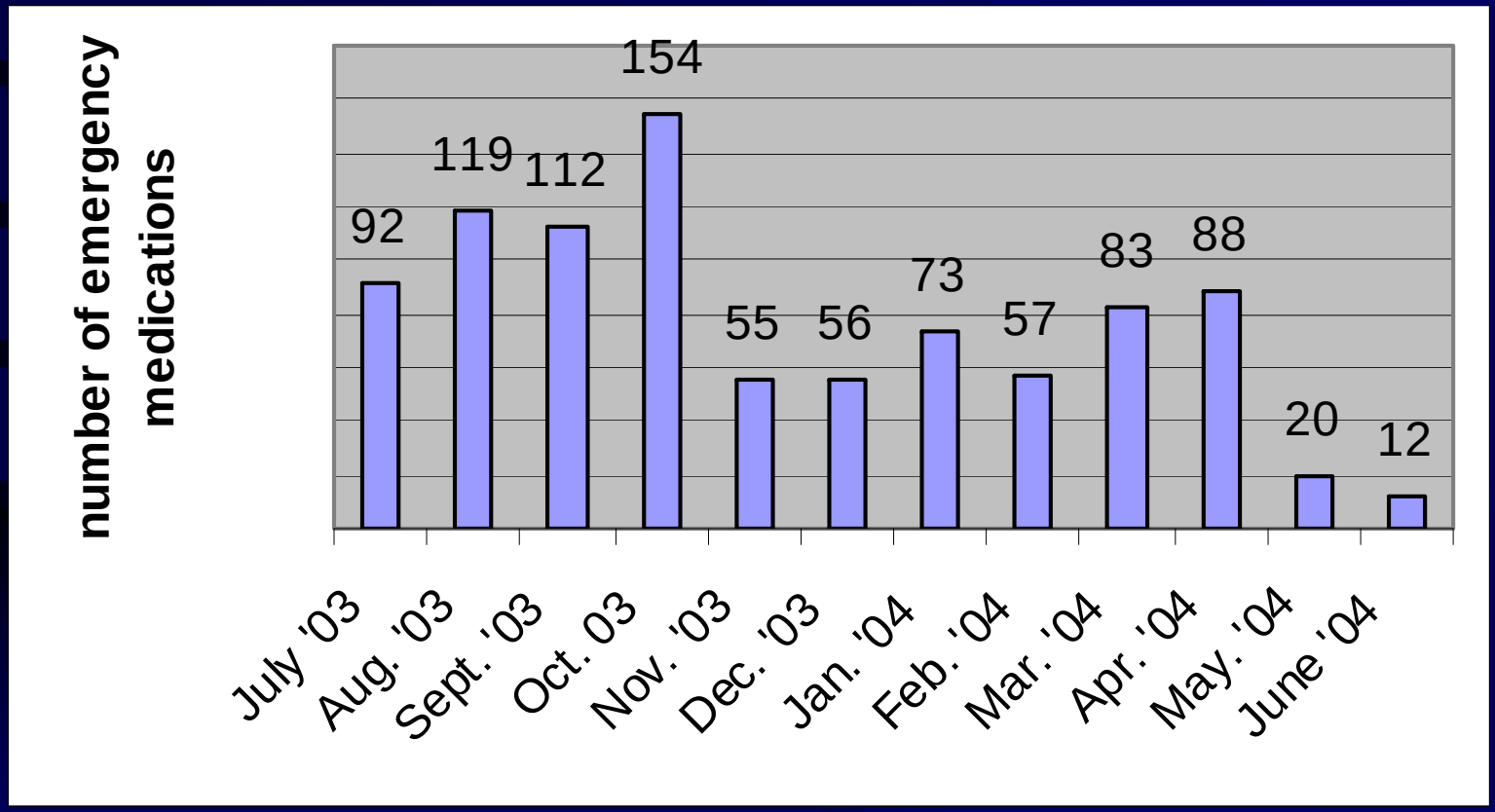
- Medication consultation requests are:
  - approved
  - denied
  - modified
  - reviewed (emergency medications only)
- Action on some requests may be delayed pending additional information

Completed Consultations by UIC Consultation Team

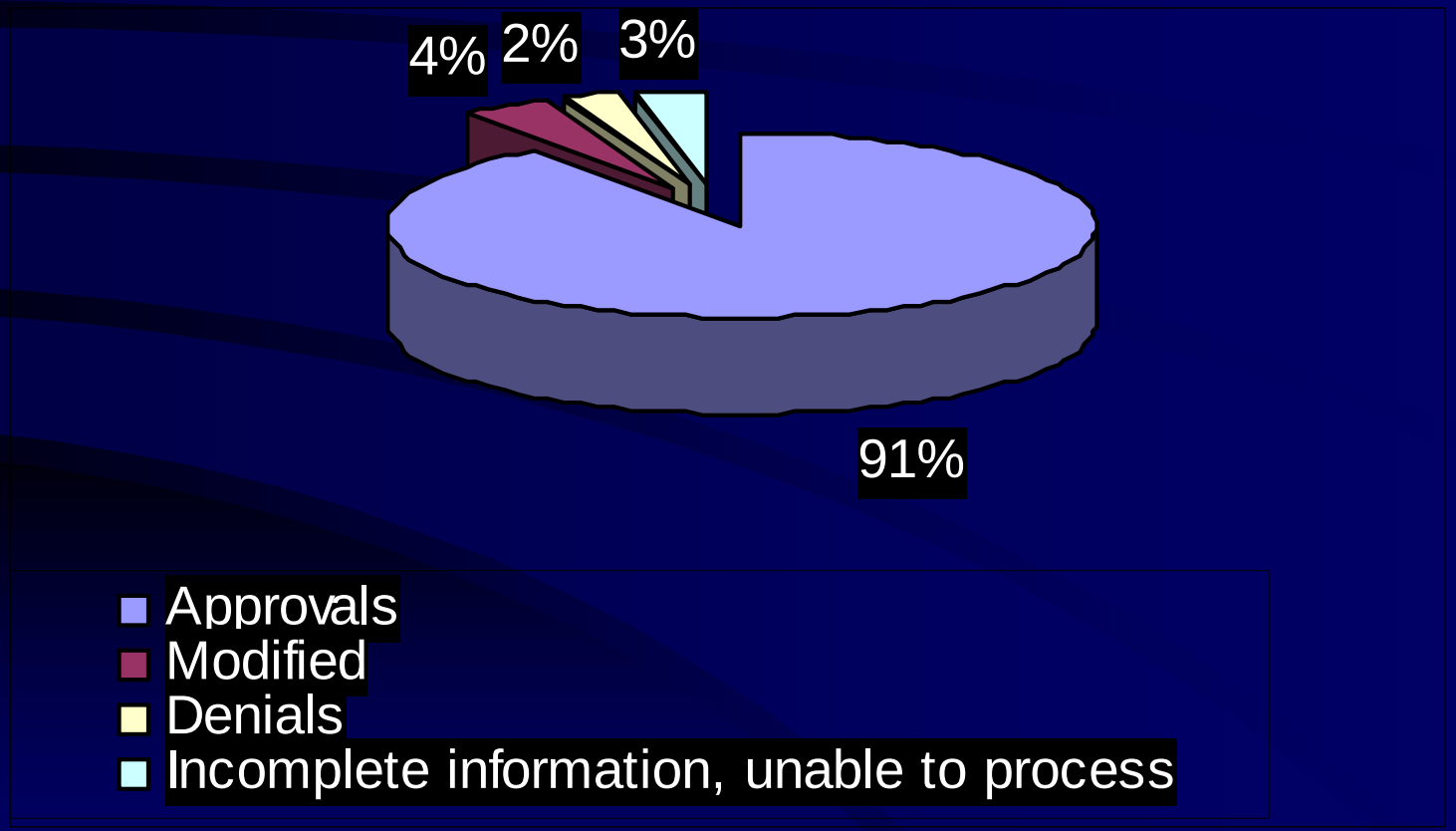


Through April 2006

Requests for Emergency Medications



UIC Consultation Team Recommendations

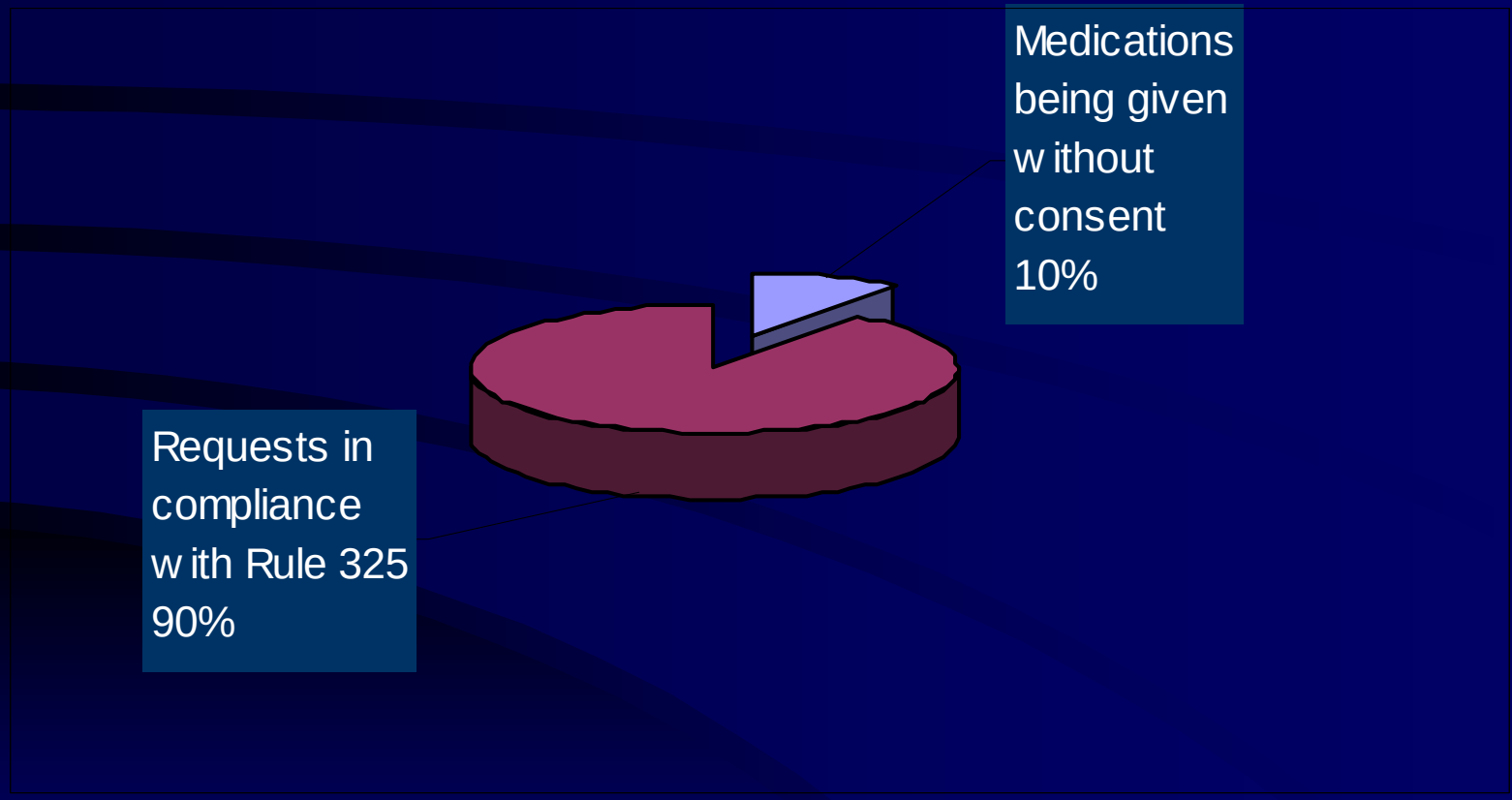


N=852, three week sample

Reasons for Denial

- Polypharmacy
  - antipsychotic medications
  - co-therapy for ADHD, depression
- Anticonvulsant mood stabilizers
- Stimulant and antipsychotic to treat new onset psychosis in ADHD youngsters on stimulants

Compliance with Rule 325



N=12,465

A strong consent and consultation program and the publication of practice guidelines will help achieve this goal.

Goals of the Expert Panel

- Provide consultation to the DCFS Consent Unit on specific problematic topics

Goals of the Expert Panel

- Help craft a manual documenting policies and procedures and general practice guidelines for clinicians and a companion information booklet for care providers

Task of Panelists

- Leader
  - assign reporter
  - establish baseline understanding of task and background information
  - facilitate discussion

Task of Panelists

- **Panelist**
  - **discuss their treatment strategies and rationales to establish idea of community standard of care**
  - **offer ideas, recommendations**

Task of Panelists

- **Recorder**
  - **record discussion and recommendations**
  - **report findings and recommendations from breakout groups in Report Session**