For the 400,540 children in the United States foster care system, rates of psychotropic medication use are estimated to be almost 10-fold the rate of those in the general pediatric population. In response to safety concerns associated with these elevated rates, the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34) required state child welfare agencies, with Title IV-B funding, to provide “effective” psychotropic medication monitoring for children in foster care. However, limited evidence is available to inform the adoption of monitoring mechanisms that are effective in aligning the use of these powerful medications with established safety standards for children in foster care.

To build an evidence base, this dissertation presents three papers that use both qualitative and quantitative evidence in a nested study design. The first paper investigates the variation in monitoring mechanisms for psychotropic medication use among children in foster care across the 50 states and DC. The second paper examines the process by which inter-agency collaborations within six of these states achieved regulatory changes for prescribing psychotropic medications. The third paper measures the impact of a statewide drug utilization review (DUR) for children in foster care within a single state. A summary of the objectives, methods, and key research findings for each of these three papers is presented below.

This first paper (1) provides a taxonomy of statewide mechanisms to monitor psychotropic medication use among children in foster care, and (2) documents the use of these mechanisms within the United States. Semi-structured interviews were first conducted with 72 key informants representing state child welfare and other youth-serving agencies, coupled with a document review of policies, from the 50 states and the District of Columbia. Transcripts and documents were coded to identify a priori and emergent themes. Core mechanisms were then summarized by state. These state-specific summaries were validated by key informants and then quantified. Results indicate that state agencies used seven core mechanisms to monitor psychotropic medication use among children in foster care whether before dispensing the medication (i.e., prospective) or while being administered (i.e., concurrent). Two of these seven psychotropic monitoring mechanisms housed within child welfare (i.e., caseworker reviews and administrative case reviews) were not previously identified in the peer reviewed literature. Quantitative results found the vast majority of the states (88.2%) employed at least one of the seven core mechanisms. The study also documents substantial growth in the use of these monitoring mechanisms nationally since 2011. In sum, this first paper finds nearly 90% of states employed a psychotropic medication monitoring mechanism for children in foster care; variation in whether states adopt prospective or concurrent mechanisms to monitor these medications may hold important implication to access, safety, and quality concerns in mental health services for children in foster care.
medication use. I draw specific attention to the role of inter-agency collaborations as each of these six states regulated psychotropic medication use for children in foster care. Semi-structured qualitative interviews were conducted with 25 representatives from Medicaid, mental health, and child welfare agencies. A seven-step qualitative approach (the framework method) was employed and included both inductive and deductive analyses. This paper first finds that sixteen formal or informal inter-agency collaborations existed across all six states (average: 2.7; range 2-4). The inter-agency collaborations served as sites for cultural exchange between actors from distinctive institutional settings (e.g., Medicaid, mental health, child welfare) and with unique disciplinary training (e.g., social work, medicine, psychiatry). By serving as site of cultural exchange, inter-agency collaborations generated increased capacity for actors to deploy cultural frames that facilitated knowledge and resources transfers and ultimately generate new strategies to monitor psychotropic medication use among children in foster care.

Using Medicaid claims data from the Medicaid Analytic Extracts (MAX), the third paper examines the proportion of youth in foster care within a single state that were prescribed psychotropic medications that raise safety concerns one year before and in each of the two years after exposure to a Drug Utilization Review (DUR). To control for secular trends, I employ a comparison group of children in the same state Medicaid population who were not in Medicaid and for whom the DUR did not occur. General Estimating Equations, logistic regressions, independent and paired t-tests, and descriptive statistics were conducted. After controlling for secular trends among Medicaid-enrolled youth not in foster care, I find a decrease in the proportion of Medicaid enrolled youth within foster care receiving SGAs, polypharmacy, and SGAs without primary indication of -4.90, -3.80, and -3.24 percentage points respectively. While there was a decrease in year two of the proportion of Medicaid enrolled youth in foster care using psychotropic medications without a primary indication, these reductions were not statistically significant. This paper, for the first time, provides evidence that a statewide DUR housed within a child welfare agency and targeted to children in foster care can reduce the proportion of children receiving psychotropic medications that raise specific safety concerns.

In March 2014, the White House’s 2015 fiscal budget plan proposed that $750 million be spent over a decade on demonstration projects to reduce use of psychotropic medications among children in foster care. These three papers hold valuable implications to these demonstrations and similar federal and state efforts that incentivize the use of monitoring mechanisms to generate optimal and safe psychotropic medication use among children in foster care.

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Defense Hearing:
Tuesday, April 8th
10:30 am -12:30 pm
Heller School, Room 147