

## Background

- Literature has shown children in foster care are more likely prescribed psychotropic medications than those not in foster care<sup>1-3</sup>
- National organizations recommend that states develop comprehensive psychotropic medication monitoring programs assessing efficacy and safety<sup>4</sup>
- Little information regarding multi-class psychotropic utilization in literature

## Objectives

- Compare psychotropic medication utilization and mental health service use in children in foster care to children not in foster care across various socio-demographic factors.
- Assess concurrent psychotropic medication class use between the two populations.

## Methods

- Research team:** Stakeholders from The University of Oklahoma College of Pharmacy's Pharmacy Management Consultants (PMC), The Oklahoma Health Care Authority (OHCA), and the Oklahoma Department of Human Services (DHS).
- Study Design:** Cross-sectional, retrospective analysis of paid prescription, outpatient, and inpatient Oklahoma Medicaid claims from January 1 through December 31 2016.
- Population:** 9,235 individuals up to 21 years old in foster care compared to 639,868 individuals not in foster care. Polyclass was defined as taking at least 2 different psychotropic medication classes at the same time for at least 90 consecutive days during 2016.
- Statistical Analysis:** Analysis conducted using SAS version 9.4 (SAS Institute, Cary, NC). Descriptive statistics compared foster and non-foster populations. We used logistic regression to analyze the odds of polyclass between the two groups across independent variables.

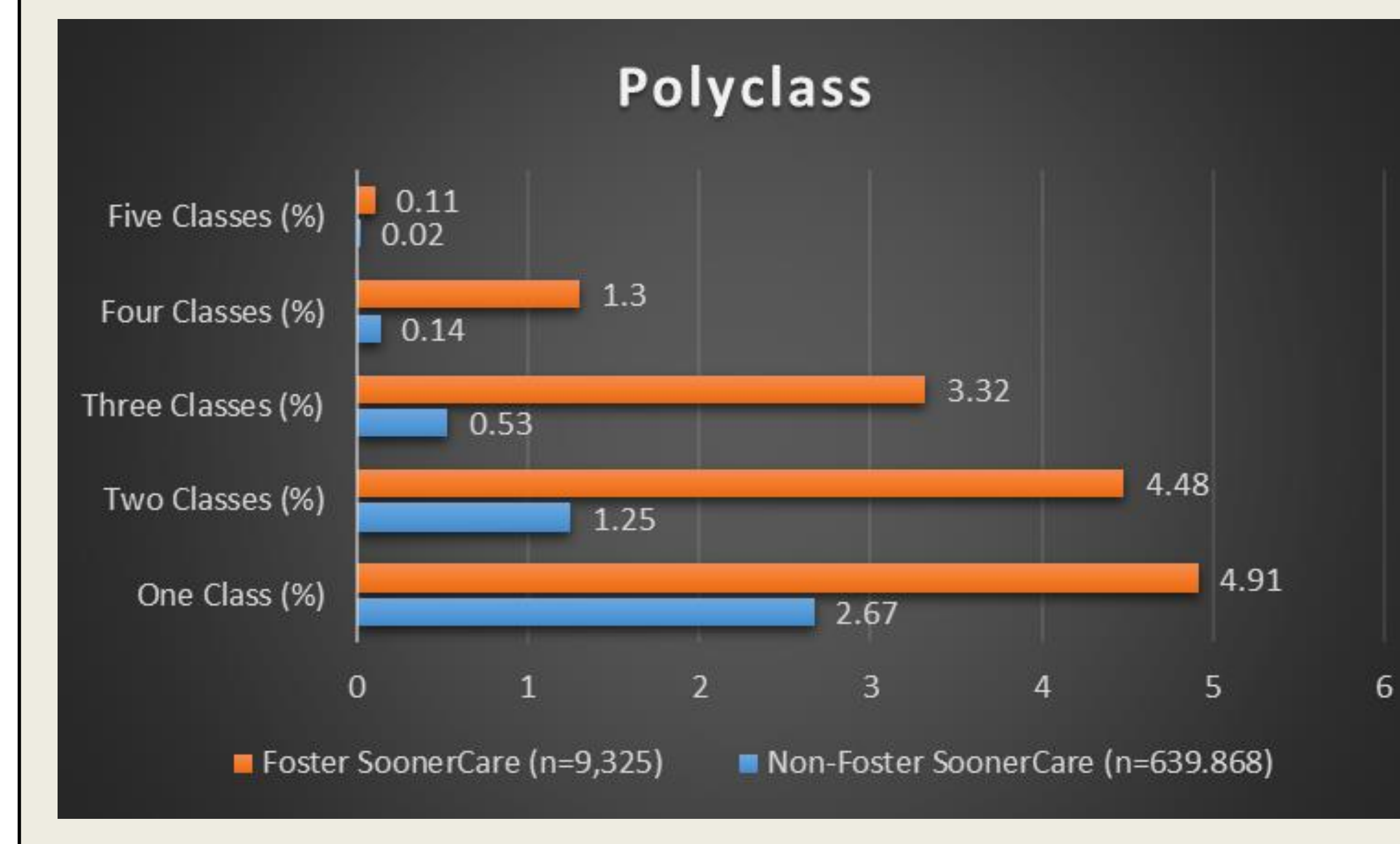
**Table 1: Demographics of General SoonerCare vs. Foster Care Populations**

Patient Characteristics	Non-Foster SoonerCare (n=639,868)	Foster SoonerCare (n=9,325)	p-value
Age (Mean, S.D.)	8.73 (5.72)	6.41 (5.00)	<0.0001
Age Group			<0.0001
0-4 (%)	29.18	43.86	
5-12 (%)	41.57	40.77	
13-20 (%)	29.25	15.37	
Sex (% Male)	52.09	50.51	0.0026
Race			<0.0001
White (%)	58.75	55.23	
Black (%)	11.18	12.03	
Asian (%)	1.49	0.16	
American Indian or Alaskan Native (%)	11.49	9.69	
Native Hawaiian or Pacific Islander (%)	0.38	0.09	
Mixed (%)	9.94	21.95	
Unknown (%)	5.90	0.21	
Core-Based Statistical Area Designation			0.3329
Rural (%)	16.55	16.18	
Metro or Micro (%)	83.45	83.82	
Received Any Prescription Medication (%)	62.39	77.90	<0.0001
Received Any Targeted Mental Health Medication (%)	10.61	22.43	<0.0001
Presence of a Medical Claim (%)	71.56	97.65	<0.0001
Charlson Score - Deyo (Mean, S.D.)	0.07 (0.29)	0.10 (0.34)	<0.0001
Opioid Dependence (%)	0.01	0.03	0.0658
Non-opioid Substance Abuse (%)	0.60	0.49	0.1896
Overweight/Obese (%)	1.98	2.18	0.1656
Hyperlipidemia (%)	0.36	0.28	0.2084
Polyclass	1.94	9.21	<0.0001
Psychotherapy (%)	3.98	22.37	<0.0001

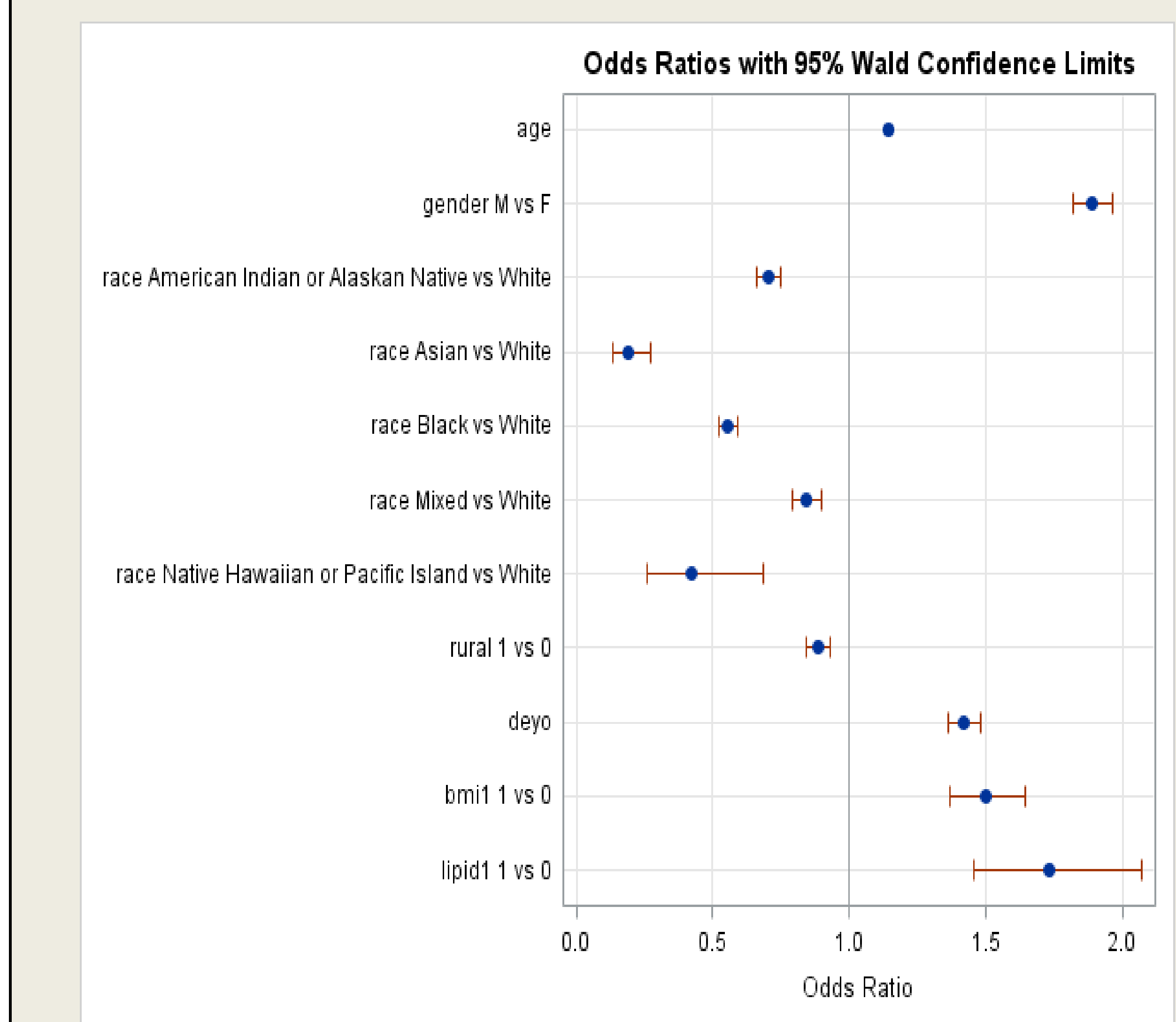
**Table 2: Summary of Interaction Between Foster Care and Psychotherapy**

	Odds Ratio	95% Wald Confidence Limits
Foster Care vs Non-Foster Care Receiving No Psychotherapy	5.810	5.179 6.518
Foster Care vs Non-Foster Care Receiving Psychotherapy	2.217	1.985 2.475

**Figure 1: Summary of Polyclass by Population Type**



**Figure 2: Summary of Significant Regression Variables**



## Discussion

- In this Medicaid program, higher psychotropic polyclass use was observed in children in foster care compared to the population not in foster care.
- Odds of higher polyclass use was greater for children in foster care who were not receiving psychotherapy.
- These findings will be used to guide additional projects in improving the quality of the foster care psychotropic medication use process.

## Limitations

- Potential coding errors and omissions may have been present within the data and/or analyses.
- Prescriptions paid for in cash are not reflected in data.
- Caution should be taken in generalizing findings to other Medicaid programs.

## References

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## Disclosure Statement

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