Fewer meds OK'd for kids

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State toughens its stance on mind-altering drugs

By Karen de Sá
Bay Area News Group

State regulators are rejecting thousands of requests from California physicians to prescribe antipsychotic drugs to poor children and foster youth, a dramatic first step in the state's new effort to curb the excessive prescribing of powerful mind-altering medications.

Nearly 1 in every 5 requests for the medications were denied in January because they were medically unnecessary or unsubstantiated. That is triple the rate of denials that occurred in October, when the state first began requiring an extra level of oversight, suggesting the scrutiny is growing tougher over time.

Fifteen physicians, pharmacy experts and academic researchers who reviewed the results at this newspaper's request agreed that the numbers represent a still early but potentially hopeful sign that the new policy is already working to protect California's most vulnerable children from dangerous prescribing — the focus of this newspaper's yearlong investigation "Drugging Our Kids."

"The fact that any are denied is encouraging and interesting," said longtime Walnut Creek behavioral pediatrician Lawrence Diller. "Any second opinion or watchdog oversight is fortunate for these powerless, unrepresented kids."

Since October, prescribers have had to take extra steps to demonstrate the need for antipsychotics, a potent psychiatric drug that this newspaper found is often used in foster care to control children's behavior, not for the severe mental illnesses those drugs are approved to treat.

Now, doctors must provide a diagnosis and a medical rationale to a team of state pharmacists before an antipsychotic prescription is filled for patients 17 and younger.

Previously, doctors only needed approval to prescribe the drugs to children 5 and younger.

So far, initial requests for antipsychotics have plunged from 16,915 in October to 6,950 in January. While the vast majority of the requests over that period have been approved, 4,771 were denied on their first submission, with the rejection rate rising from 6 percent in October to 18 percent in January. The state also has deferred thousands more requests that were incomplete and needed additional information to be approved.

The denials are telling because before October, prescriptions for youngsters ages 6-17 would have been filled with no questions asked.

"It really shows the power of prior authorization," said Adriane Fugh-Berman, an associate professor in the department of pharmacology and physiology at Georgetown University Medical Center who studies how antipsychotics are prescribed in foster care. "Just indicating that 'we're watching you' makes a difference."

The numbers of Treatment Authorization Reviews, known as "TARs," were revealed following a request from the California Alliance of Child and Family Services, which represents residential group homes and has been concerned about the new policy delaying access to medication.

Youth advocates, including the National Center for Youth Law, say the new restrictions are a good start. But they are pushing for much broader reforms that would require treatments for traumatized children that do not rely on medication, better monitoring of children prescribed psych meds and training for caregivers in handling children without using chemical restraints. The center is now working with the state Legislature on four bills to further tackle the widespread problem.

State health care and social service officials have spent years studying possible curbs as well, but until October, they had done little to rein in high rates of antipsychotic use in foster care.

This newspaper found that 62 percent of teens in California foster care prescribed psychiatric drugs over the past decade have been given the heavily sedating antipsychotics, which can cause obesity, diabetes and uncontrollable tremors.

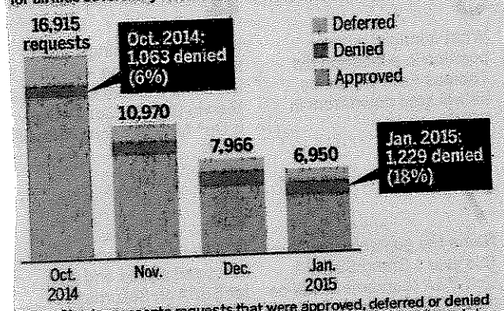
In 2014, more than 4,000 foster youth were prescribed antipsychotics. Although the new policy applies to all children on Medi-Cal, foster youth are given the drugs at far higher rates than children living with low-income parents.

Medicaid agencies in California and 30 other states have created similar protections, according to research published this month in the Journal of the American Medical Association.

Still, some California physicians are angered by the new restriction for children ages 6-17, and they have gone so far as to call on health care officials to rescind it.

New curbs on antipsychotics for kids

While doctors' requests to prescribe antipsychotics to youth have plummeted since the state added a new requirement, the percentage of denied requests has increased. The requests are for prescriptions for all kids covered by Medi-Cal, including foster children.



Note: Chart represents requests that were approved, deferred or denied on first submission. Deferred requests required more information; state eventually approved 1,898 of the deferred requests over four months.

Source: California Department of Health Care Services

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Saul Wasserman, a leader of the California Academy of Child and Adolescent Psychiatry, said the new restrictions are "cumbersome and time-consuming," employing a "shotgun" approach to delicate and often urgent crisis-care matters. He said the new authorization process applies to all children on Medi-Cal, not just those in foster care, and "has created huge bottlenecks, problems and difficulties" for those who may need the medications for perfectly justifiable medical reasons.

Echoing such concerns, lawyer and lobbyist James Gross wrote to state officials and called for the new policy to be "abated" because it lacked "any reasoned, detailed rationale." He is a partner in the prominent Sacramento firm Nielsen Merksamer Parrinello Gross & Leoni, whose clients include not only state associations of psychiatrists and pharmacists, but also leading psychotropic drugmakers Johnson & Johnson, Merck and Pfizer. Gross declined to comment for this story.

State officials are well aware they must strike a careful balance to ensure that kids who are truly suffering from psychosis — or those who are raging out of control and becoming a danger to themselves or others — can be treated quickly. A 72-hour emergency supply of antipsychotics can be dispensed while requests are being processed, and the 38 state pharmacists reviewing the TARs have managed to decrease their response time to within the same business day.

Harry Hendrix, chief of pharmacy benefits for the state's Department of Health Care Services, said that despite the early controversy, his agency has no intention of backing off its new policy of denying antipsychotic requests that don't "meet medical necessity."

"Our goal is to make sure that the inappropriate prescribing of these medications is decreased as a result of these policies," he said.

But health care officials so far are unwilling to say whether there are signs that the goal is being met.

"The number of TARs is categorically going down — we can say that, that's a fact," Hendrix said. But, he added, "No conclusions can be drawn on this new policy because there has just not been enough time to know whether these numbers are going to go back up or plateau."

Sarah Pauter, a former San Diego foster youth, was prescribed a combination of antidepressants, anticonvulsants and mood stabilizers to manage the grief of losing her family because of drug abuse and domestic violence at home. By her junior year in high school, Pauter said she was so medicated that she went from being a straight-A student to ending up in a center for learning-deficient students.

Since moving off meds, Pauter has earned a master's degree in public policy and administration from Northwestern University, and she is now applying to law schools. But she worries that her foster peers may not emerge so triumphantly if the current restriction on antipsychotics is not expanded to other potentially dangerous drugs.

The new authorization is "definitely an improvement," said Pauter, 25. "What I'm concerned about is this is only antipsychotics and not other psychotropics — this was the low-hanging fruit and the easiest place to start. But there's a lot more that needs to be done."

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Officials are slow to rein in kids meds

New bills addressing use of psychiatric drugs in foster care face history of inaction

By Karen de Sá
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Over the course of a decade, California lawmakers have considered a dozen bills to regulate the use of psychiatric drugs in the nation's largest foster care system. Yet, despite the alarm over children medicated as young as 4 and teens so doped they drooled and became obese, just one became law: a bill to speed up court approval so foster children could get drugs more quickly.

Pushed in 2004 by residential group home directors and psychiatrists, Assembly Bill 2502 sailed to the governor's desk with no opposition even as a succession of bills that would have scaled back prescribing died in committees.

Now, with youth advocates cheering a major new legislative push to curb overprescribing in foster care, the years of setbacks are forcing an uneasy question: This time, will things finally change?

Beginning today with a Senate Human Services Committee hearing, lawmakers will consider

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four new bills in the wake of the San Jose Mercury News' yearlong investigation "Drugging Our Kids."

The newspaper found that although California tasked the juvenile court with reining in reckless prescribing as early as 1999 — making it unique in the nation — the number of foster children receiving psychiatric drugs over the last decade remains at almost 1 in 4 teens. Well over half of those children were prescribed antipsychotics, drugs that are poorly studied in children and can cause debilitating side effects but are blockbuster moneymakers for pharmaceutical companies.

Those numbers indicate the state has urgent work to do, said retired Los Angeles Superior Court Judge Terry Friedman, who sponsored the bill that requires California's juvenile courts to approve all psychotropic prescriptions in foster care. Friedman said while some children need medications to manage their emotional health, the current rates are "alarming and disappointing" — given that the "clear goal" of the bill he pushed 16 years ago "was to stop overmedication."

"It seemed painfully evident that kids were being medicated for behavioral-control purposes and that just seemed inappropriate, excessive and dangerous," he said.

However, history shows the new controls may have difficulty passing if they increase workloads, raise costs or run into opposition from groups concerned that easy access to medications could be hampered. Lobbyists representing doctors and group homes have long had powerful voices in the state Capitol.

"Care delayed is care denied," said Randall Hagar, a lobbyist for the California Psychiatric Association, "so we would look at the time elapsed between the time a doctor said, 'I think this kid needs a med,' and when they get the med. And if that's too long, then bad things happen."

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Carroll Schroeder, executive director of the California Alliance of Child and Family Services, said the residential group homes he represents have similar concerns.

Any new controls, he said, should not prevent a child from getting "the right treatment or therapies at the right time in the right dosage." The 2004 bill his alliance sponsored required the courts to rule on med requests within seven days, addressing what his members described as harmful delays in prescription authorizations.

But Senate Majority Leader Bill Monning, D-Carmel, said new legislation is needed, and he is confident it will pass because of a heightened public awareness, a coordinated group of senators and a problem too big to ignore. Monning's bill would provide courts with second medical opinions and require health exams before a child is prescribed an antipsychotic.

"I clearly see these as health care issues and fundamental human rights issues," Monning said.

State Sens. Jim Beall, D-San Jose, and Holly Mitchell, D-Los Angeles, and Assemblyman David Chiu, D-San Francisco, are also crafting bills with guidance from the National Center for Youth Law that would ensure better monitoring of medicated foster children; require regular reports on prescribing; train caregivers and social workers; and drive down prescribing in group homes where medications are most heavily used.

From 2001 to 2011, similar legislation that would have ensured patient rights as basic as having doctors review medical records before prescribing repeatedly failed.

Legislative efforts to require reporting on the number of foster children prescribed drugs also failed repeatedly, even when amended versions shrank them to pilot projects in just a few of the state's 58 counties. One such bill in 2004 aimed to "reveal gaps in the state's ability to adequately regulate the use of psychotropic medications."

Former foster youth Jennifer Rodriguez, now executive director of the San Francisco-based Youth Law Center, testified before the Assembly in 2006 about the need for tighter controls. She implored the state to fund "nontraditional mental health stress relief like dance lessons, gym memberships and recreational activities," as well as services to connect kids with relatives and caring, committed adults.

Rodriguez spoke from experience, telling lawmakers in a videotaped hearing that at age 12 she was given sedatives in her first group home, where she had trouble sleeping. That progressed to antidepressants "and before long, I was on four different prescriptions," she testified. "I was alternately sleeping in class and then bouncing off the walls. My hands were shaking so bad I couldn't even hold a pencil."

Five years later, the advocacy group Rodriguez once led, the California Youth Connection, tried again to obtain health care protections for foster youth that most kids growing up in families would receive. The Foster Care Mental Health Bill of Rights would have strengthened youths' right to refuse medications, granted them age-appropriate information on potential side effects, and required that they be informed if prescribed medication had not been tested on children.

But county mental health directors expressed concerns, saying the bill could "create complicated clinical consequences."

Sheriff: LAPD 'light years' beyond King era

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Despite moving on, L.A.'s NAACP chapter president said relationship is still in flux

By David Montero
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Almost 23 years ago, Los Angeles burned amid riots stemming from the acquittal of four Los Angeles Police Department officers accused of beating Rodney King.

It was the era of NWA's "F--- da Police" and Ice-T's "Cop Killer;" John Singleton's "Boyz n the Hood" film featured scenes of racial profiling and police abuse. Mistrust marinated in minority communities.

Those tensions are in the spotlight again throughout the country, including Los Angeles, where a homeless man was shot and killed by an LAPD officer on Skid Row on March 1. That incident has sparked protests — including one on Sunday by the local chapter of the Stop Mass Incarceration Network. Keith James of the Los Angeles branch, said they will join a national protest April 14 aimed at highlighting minorities shot by police.

But it's Ferguson that is a Rorschach test for the nation. The Missouri town has been fractured by the shooting death of black teen Michael Brown, the lack of an indictment by a grand jury of the officer who shot him, a damning report by the Justice Department that accused that police force of targeting minorities to generate revenue, the resignation of its police chief and the shooting of two police officers Thursday during another protest.

The debate has focused on race, but some see it as a civil liberties battle and others are troubled by the militarization of police.

USC law professor Jody Armour said, despite the Skid Row killing and the controversial shooting of Ezell Ford by LAPD officers in August, Ferguson police look closer to what LAPD was like during the era of the 1992 riots and the height of the Rampart scandal a few years later.

"The LAPD has come a long way from the days when it looked like 'Training Day,' 'L.A. Confidential' and 'Serpico' all rolled into one," he said. "Overall, it's considerably better. It's been up and down. The progress has been halting and uneven, but it has come a long way."

Armour hosted a town hall at USC almost two years ago with hundreds of people and it revealed there are still biases.

He cited an example of a graduation party just off the campus of primarily black students. The party was broken up by LAPD officers who showed up in riot gear. But across the way, a party primarily composed of white students was handled by a couple of police officers, a knock on the door and a request to keep the noise down.

He said those sorts of biases are where work still needs to be done. He said the purchase of body cameras by the Police Department for officers last year was a good step because it adds to keeping police accountable.

The Los Angeles County Sheriff's Department is also experimenting with body cameras, and Sheriff Jim McDonnell said the department has a full slate of cultural training aimed at helping deputies understand different communities.

McDonnell, who was a sergeant with LAPD at the time of the 1992 riots and was part of a group that analyzed how the riots started and spread, said relationships between the police and minority communities must be constantly nurtured.

"I think we're light years ahead of 1992. That was a very difficult time for police and community relations," he said. "We are doing well, but there is room for improvement."

He called the events in Ferguson "tragic" and said overall "it's an indication of the job we have to constantly keep working at."

Minnie Hempstead, president of the Los Angeles chapter of the NAACP and who has lived in Southern California for 40 years, said the relationship between minority communities and the police is still in flux.

She said the shooting of Ford — whose family recently filed a wrongful death lawsuit against the LAPD — showed "the ugly side of the LAPD."

But she said the only real solution to these situations is for there to be serious consequences for officers who use unjustified deadly force.

"The most helpful thing will be when the policeman thinks he is at risk for using excessive and deadly force when it wasn't time to do that," she said. "If you know you can lose your job and your benefits for your family, that would make a difference."