Minnesota HHS Budget Discussion

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President – Education Liberty Watch

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Many Social Ills Associated with Single Parent Families

- 63 percent of all suicides are individuals from single-parent households. (FBI)
- 75 percent of adolescents in chemical-dependency hospitals come from single-parent households. (CDC)
- More than half of all youths incarcerated for criminal acts come from single-parent households. (Children's Defense Fund)

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Intact Families ERASE the Achievement Gap

"Dr. William Jeynes used "data from the National Educational Longitudinal Survey to examine the impact of student religious commitment and living in intact families on academic achievement among black and Hispanic 12th graders. ***Students with intact families and high levels of religiosity scored as well as all white students on most achievement measures and higher than their black and Hispanic counterparts without intact families or high religiosity.*** "**(J. Urban Ed. Vol 38 No. 1, 2003** - Emphasis added)

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Antipsychotics - #1 Class of Drugs for Medicaid Patients ($53 Million/Year)

FFS Minnesota drug utilization based on AHFS classification

Using the American Hospital Formulary Service (AHFS) classification system, the antipsychot class of drugs continues to comprise the largest share of costs which was twenty-one percent (same percent as FFY 2008). The top five classes seen in Table 1 accounted for forty-one perc of expenditures in FFY 09 (compared to forty-three percent in FFY 08).

Table 1. FFY 2009 - Top Five Therapeutic Classes

AHFS Class	TherapeuticClassDesc	Rxs	Paid	% Paid
28:16.08.04	Atypical Antipsychotics	189,863	$ 53,314,511.97	20.67%
28:12.92.00	Miscellaneous Anticonvulsants	177,606	$ 17,629,278.83	6.84%
20:28.16.00	Hemostatics	579	$ 15,835,685.97	6.14%
56:28.36.00	Proton-Pump Inhibitors	115,583	$ 11,279,491.17	4.37%
28:16.04.16	Selective Serotonin- and Norepinephrine-reuptake	46,349	$ 8,271,327.74	3.21%

Source: MN DHS Drug Utilization Review Report sent to CMS 2010

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Inappropriate Use of Psych Meds in MN Child Medicaid Population

- 428 children were receiving an ***antipsychotic without proper diagnosis***
- 360 children were receiving a ***drug for ADHD without proper diagnosis***
- 330 children were receiving ***four or more psychiatric medications at once***

Source: MN DHS Drug Utilization Review Report sent to CMS 2010

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Inappropriate Use of Psych Meds in MN Child Medicaid Population

- 18 children ***under four years of age*** were receiving psychotropic medications without any FDA approved indication in that age group
- 15 children were inappropriately receiving the antipsychotic aripiprazole for treatment of depression
- **1139 children** over 6 months
- Projected costs of **$2,035,575.24** over one year

Source: MN DHS Drug Utilization Review Report sent to CMS 2010

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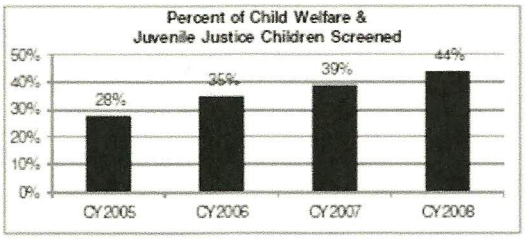
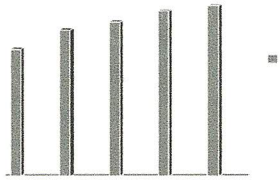
57% Increase in Mental Screening of MN Children in Juvenile Justice and Foster Care

Source: MN MMB Agency Profile & Forecast, 12/2010, p. 139



34% Increase in Child Antipsychotic Prescriptions for MN Children Covered by Fee for Service Medicaid



Source: MN DHS internal data, provided 2/3/11

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Significant Influence of Pharmaceutical Industry

- "From 2000 to 2005, drug maker payments to Minnesota psychiatrists rose more than sixfold, to $1.6 million. During those same years, prescriptions of antipsychotics for children in Minnesota's Medicaid program rose more than ninefold." (Carey, et al, Psychiatrists, Children and Drug Industry's Role, New York Times, 5/10/07)
- "As reported to Senator Grassley, pharmaceutical companies contributed an average of 56% of national NAMI's budget annually for the period 2005 to 2009" (LETTER FROM NAMI EXECUTIVE DIRECTOR MICHAEL J. FITZPATRICK, April 28, 2009 http://www.mindfreedom.org/kb/psych-drug-corp/nami)

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Myth – No Influence of the Pharmaceutical Industry

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Significant Influence of Pharmaceutical Industry

- "All DSM task force members on mood and psychotic disorders tied to drug industry" (Critical Think Rx, Module 8, slide 37, http://criticalthinkrx.org/pdf/m8/Module-8-Complete-Slide-Presentation.pdf)
- "In 2007, a series of investigative reports revealed that an influential advocate for diagnosing bipolar disorder in kids, the Harvard psychiatrist Joseph Biederman, failed to disclose money he'd received from Johnson & Johnson, makers of the bipolar drug Risperdal, or risperidone." (Greenberg, Inside the Battle to Define Mental Illness, Wired Magazine, 12/27/10)

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Deadly Effects of Antipsychotics

- Associated with ***25 year shortened lifespan*** in those diagnosed with schizophrenia and bipolar
- Associated with ***brain shrinkage*** (Arch. Gen. Psych – 2/7/2011)
- Cause obesity, diabetes, heart attack and stroke
- Under FDA's black box warning for suicide
- Under FDA's black box warning for increased death rates in the elderly, especially those with dementia
- Wrongly used in elderly with dementia
- Children more sensitive to damaging metabolic and neurological effects

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Antipsychotics Linked with Decreased Brain Volume

"Greater intensity of antipsychotic treatment was associated with indicators of generalized and specific brain tissue reduction after controlling for effects of the other 3 predictors. More antipsychotic treatment was associated with smaller gray matter volumes. Progressive decrement in white matter volume was most evident among patients who received more antipsychotic treatment." (Ho and Andreasen, *Long-term Antipsychotic Treatment and Brain Volumes*, Archives of General Psychiatry, VOL 68 (NO. 2), FEB 2011)

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Rebecca Riley "diagnosed" Bipolar At Age 2½.

Psychiatrist prescribed a lethal drug cocktail:
antipsychotic - Seroquel;
mood stabilizer - Depakote;
blood pressure drug - Clonidine.

Rebecca Riley, aged 4
Dead of multi-drug toxicity, 2007

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Problems With Screening – Ineffective Treatments

"40% of patients diagnosed with schizophrenia who were NOT on antipsychotic drugs showed periods of recovery and better global functioning compared to only 5% of patients taking antipsychotics (p=.001)." (Harriow et al Schizophrenia Bulletin vol. 31 no. 3 pp. 723-734, 2005, as reported by Sharav, emphasis in original)

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Problems With Screening – Ineffective Treatments

- Newer antipsychotics performed worse in children than older drugs that cost pennies per dose and had more side effects – European Journal of Child and Adolescent Psychiatry 2006;15:141-148
- CATIE Trials showed lack of effectiveness of newer antipsychotics in adults with "staggering" side effect profiles and high rates of discontinuation

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Ineffective, Dangerous Treatments

"We are using these medications and don't know how they work, if they work, or at what cost. It amounts to a huge experiment with the lives of American kids, and what it tells us is that ***we've got to do something other than we're doing now***."

John March MD, Prof. child /Adolescent Psychiatry, Duke

"We have to realize that we are risking treating children who could turn into obese diabetics with involuntary movements."

Neuroscientist Steven Hyman MD, Former Director, NIMH 2007

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Recommendations

- Immediately re-evaluate the use of anti-psychotics in Minnesota Medicaid patients
- Work to transition patients to non-drug forms of therapy
- Reallocate funds spent on medications to non-drug therapies
- Delete screening programs from statute wherever possible and defund grants that pay for screening
- At least make all child screening opt-in with informed parental consent about potential for labels and drugs

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Recommendations

- Strengthen MS 256B.0625, subd. 13j as follows:.
  - Mandatory registry for doctors that includes industry payments.
  - Require physicians who prescribe psychoactive drugs for children to take and pass the Critical Think Rx curriculum.
  - Limit product promotion: prohibit all advertising of drugs linked to mania, violent, suicidal, or psychotic behavior.
  - Require physicians to provide parents with copy of FDA-approved label + MedGuide.
  - Require signed parental informed consent before these drugs are prescribed

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Recommendations

- Strengthen MS 256B.0625, subd. 13j as follows:
  - Prohibit use of these drugs in children until:
    - (i) evidence-based psychosocial interventions have been exhausted,
    - (ii) rationally anticipated benefits of psychotropic drug treatment outweigh the risks,
    - (iii) the person or entity authorizing administration of the drug(s) is fully informed,
    - (iv) close monitoring of, and appropriate means of responding to, treatment emergent effects are in place.

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Home Visiting Does Not Improve Child Development

Program Name	Primary Effects	Secondary Effects
Early Head Start Home Visiting	Favorable: 1 No effect: 21 Unfavorable or ambiguous: 0	Favorable: 3 No effect: 3 Unfavorable or ambiguous: 0
Healthy Families America (HFA)	Favorable: 7 No effect: 27 Unfavorable or ambiguous: 0	Favorable: 0 No effect: 0 Unfavorable or ambiguous: 0
Nurse Family Partnership (NFP)	Favorable: 4 No effect: 35 Unfavorable or ambiguous: 0	Favorable: 2 No effect: 11 Unfavorable or ambiguous: 1

Source: Home Visiting Evidence of Effectiveness
http://homvee.acf.hhs.gov/document.aspx?rid=2&sid=3

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Home Visiting Does Not Improve Child Development

- "It is important to note, however, that the reduction in total behavioral problems on the CBCL [Child Behavior Checklist completed by the mothers] was not corroborated by teachers' reports of child behavior." (Olds and Kitzman, 2004)
- There were no statistically significant paraprofessional program effects on children's language, executive functioning, emotional regulation, or behavioral adaptation, or on mothers' reports of externalizing behavior problems… There were no statistically significant nurse effects on sensitive-responsive mother-child interaction, children's emotional regulation, or externalizing behavior problems [nurse visited]." (Olds and Robinson, 2004)

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Home Visiting Does Not Prevent Child Abuse

Program Name	Primary Effects	Secondary Effects
Early Head Start Home Visiting	Favorable: 0 No effect: 0 Unfavorable or ambiguous: 0	Favorable: 0 No effect: 1 Unfavorable or ambiguous: 0
Healthy Families America (HFA)	Favorable: 0 No effect: 22 Unfavorable or ambiguous: 0	Favorable: 12 No effect: 101 Unfavorable or ambiguous: 0
Nurse Family Partnership (NFP)	Favorable: 6 No effect: 19 Unfavorable or ambiguous: 0	Favorable: 0 No effect: 0 Unfavorable or ambiguous: 0

Source: Home Visiting Evidence of Effectiveness
http://homvee.acf.hhs.gov/document.aspx?rid=2&sid=4

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Other Problems with Home Visiting

- Medical record review without consent
- Consent may not be voluntary for participation
- Visitors may only have 5 days of training
- Information presented may be unscientific or biased
- Data collection
- Families may unknowingly give up 4th amendment rights

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Recommendations

- Delete authorizing language for home visiting from statute
- Reallocate federal TANF funds away from home visiting
- Eliminate ECFE home visiting as well

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Child Care Development Grants

- Quality rating systems that do not provide any evidence of improving child care quality or child outcomes
- Professional development and teaching by organizations that use controversial content
- Efforts to exert state control over independent family, friend, and neighbor care

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No Evidence for QRIS (Parent Aware)

- "The design does not permit us to determine if Parent Aware causes outcomes for programs, parents, or children. We can look at patterns of associations, but causation cannot be determined." (Parent Aware Third Year Review, MELF, November 2010)

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No Evidence for QRIS (Parent Aware)

"Despite their growing popularity, there is little information available about how well QRISs work. A logic model presented in this report posits a clear path to improved provider quality and better child outcomes, but it is largely untested. We do not know how well QRISs measure what they purport to measure, whether parents pay attention to ratings in selecting care, whether providers that participate in QRISs actually improve the quality of the care they provide, or whether children benefit from the improved care they are receiving as their provider receives quality-improvement support." (Zellman, et al, *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care* Quality, Rand Corporation, 2008)

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NAEYC Teaching Materials

Healthy Sexuality Development: A Guide for Early Childhood Educators and Families

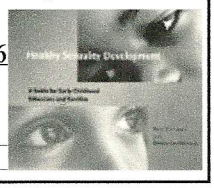
Author(s): Donna Couchenour & Kent Chrisman

Item #: 221 ISBN: 1928896057 # of Pages: 85

"As early childhood educators, we need to use a frank, matter-of-fact approach when discussing sex with young children."

http://www.naeyc.org/store/node/46

(Accessed 2/28/11)



Recommendations

- Cut state funds for child care development grants ($2.9 Million)
- Divert any federal childcare development grants away from Parent Aware, professional development and increasing state control over family, friends and neighbor care
- Do not expand Parent Aware

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