Appendix 1. Guidelines and Measure-Specific Testing Results

Use of First-Line Psychosocial Care in Children and Adolescents on Antipsychotics

Guidelines Supporting Use of Psychosocial Interventions for Children and Adolescents on Antipsychotics

Guideline (Date)	Population	Recommendation or Statement	Type/Grade
AACAP-AAA (2011) Practice parameter for the use of atypical antipsychotic medications in children and adolescents.	5-18 years	"Prior to the initiation of and during treatment with an AAA, the general guidelines that pertain to the prescription of psychotropic medications should be followed… *including education and psychotherapeutic interventions for the treatment and monitoring of improvement*" (Recommendation1)	Clinical Standard
		"*In the absence of specific FDA indications or substantial evidence for effectiveness, physicians should consider other medication or psychosocial treatments before initiating antipsychotic treatment.*" (under Recommendation 2)	Clinical Standard
AACAP-BP (2007) Practice parameter for the assessment and treatment of children and adolescents with bipolar disorder.	≤18 years	"Psychotherapeutic interventions are an important component of a comprehensive treatment plan for early-onset bipolar disorder. (Recommendation 10)	Minimal Standard
AACAP-ODD (2007) Practice parameter for the assessment and treatment of children and adolescents with oppositional defiant disorder.	≤18 years	"The clinician should develop an individualized treatment plan based on the specific clinical situation…..*The two types of evidence-based treatments for youth with ODD are individual approaches in the form of problem solving skills and family interventions in the form of parent management training*" (Recommendation 7)	Minimal Standard
		"The clinician should consider parent intervention based on one of the empirically tested interventions" (Recommendation 8)	Minimal Standard
		"Medications may be helpful as adjuncts to treatment packages, for symptomatic treatment and to treat comorbid conditions" (Recommendation 9) Supporting notes recommend that if medications are initiated, it should be after psychosocial interventions are in place, and that medications should not be the only treatment. *"Several open and double-blind placebo controlled studies show that typical and atypical antipsychotics are helpful in treating aggression after appropriate psychosocial interventions have been applied in the context of mental retardation and PDD"* (under Recommendation 9)	Clinical Guideline
AACAP-SZ (2001) Practice parameter for the assessment and treatment of children and adolescents with schizophrenia.	≤18 years	"Adequate treatment requires the combination of psychopharmacological agents plus psychosocial interventions" (Recommendations – Treatment)	Minimal Standard
		"The following psychosocial interventions are recommended: 1. Psychoeducational therapy for the patient, including ongoing education about the illness, treatment options, social skills training, relapse prevention, basic life skills training, and problem-solving skills and strategies, 2. Psychoeducational therapy for the family to increase their understanding of the illness, treatment options, and prognosis and for developing strategies to cope with the patients symptoms." (Recommendations—Psychosocial Interventions)	Minimal Standard
		"Specialized educational programs and/or vocational training programs may be indicated for some children or adolescents to address the cognitive and functional deficits with the illness" (Recommendations—Psychosocial Interventions.	Clinical Guidelines
PPWG (2007) The AACAP-sponsored Preschool Psycho-pharmacology Working Group—Psychopharma-	<6 years	"Universal guidelines are provided to encourage careful and planful clinical practice: Avoid medications when therapy is likely to produce good results Generally, an adequate trial of psychotherapy precedes consideration of medication, and psychotherapy continues if medications are used…"	(See diagnostic specific ratings)

Guideline (Date)	Population	Recommendation or Statement	Type/Grade
cological treatment for very young children: Contexts and guidelines.		*ADHD:* Parent Management Training or other behavioral intervention x 8 weeks minimum, is first line for preschoolers	A (preschool)
		Disruptive behavioral disorders: Psychotherapy (e.g., Parent management training, parent child interaction therapy) x 10-20 weeks	A (preschool)
		MDD: Psychotherapy is first line (e.g., dyadic psychotherapy, target emotional regulation) x 3-6 months	C (preschool) A (6-18yrs)
		BP: Psychotherapy is first line (e.g., dyadic psychotherapy, target emotional regulation) x 8-12 sessions	C (preschool) A (6-18yrs)
		Anxiety (GAD, SAD, SM, SP): CBT is first line, x 12 weeks	C (preschool) A (6-18yrs)
		PTSD: Psychotherapy is first line (Child Parent Psychotherapy x 6 months minimum; or CBT x 12 weeks minimum, or if unavailable then Play therapy x months	A (Preschool CPP, CBT) B (Preschool; Play therapy) A (6-18yrs, CBT)
		OCD: CBT with parent involvement, behavioral therapy x 12 weeks minimum	C (Preschool) A (6-18 yrs)
		PPD: Behavioral, developmental, psychoeducational intervention is first line	A (Preschool & 0-18 yrs)
		Sleep: Parent education and sleep hygiene	C (Preschool) A (6-18yrs)
TMAY (2012) Center for Education and Research on Mental Health Therapeutics—Treatment of maladaptive aggression in youth.	≤18 years	"Provide or assist the family in obtaining evidence-based parent and child skills training during all phases of care" (Recommendation 10)	Grade of evidence= A Strength of recom-mendation = Very Strong
		"Engage the child and family in taking an active role in implementing psychosocial strategies and help them to maintain consistency" (Recommendation 11)	Grade of evidence= B Strength of recom-mendation = Very Strong
		"Recommendations 10 and 11 pertain to psychosocial interventions, which should be the first line of treatment because of its lower risk, preceding the use of medication to address aggression except in emergency circumstances…" (Under Treatment Recommendations – unrated explanatory comment)	Not specified
TRAAY (2003) Center for the Advancement of Children's Mental Health: Treatment recommendations for the use of antipsychotics for aggressive youth.	≤18 years	Psychosocial and educational interventions should continue after medication treatment begins.	Not specified

Guideline References

American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. http://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/ Atypical_Antipsychotic_Medications_Web.pdf (Accessed Jul 12, 2012)

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Scotto, Rosato N., C.U. Correll, E. Pappadopulos, A. Chait, S. Crystal, P.S. Jensen. June 2012. Treatment of maladaptive aggression in youth: CERT guidelines II. Treatments and ongoing management. *Pediatrics.* 129(6):e1577–86.
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OCEBM Levels of Evidence Working Group. 2011. The Oxford 2011 levels of evidence. 2011; http://www.cebm.net/index.aspx?o=5653 (Accessed Oct 12, 2013)

Measure-Specific Testing Results

Table 1. Proportion of Children/Adolescents who Received a Psychosocial Care Visit by Race/Ethnicity among General and Foster Care Populations

Race/Ethnicity	General Population (%)	Foster Care Population (%)
White Non-Hispanic	43.4	57.5
Black Non-Hispanic	49.3	57.2
Hispanic	46.6	53.7
Other	40.4	51.5
Unknown	52.9	41.3

Table 2. Average State Performance by Population

	General Population (%)	Foster Care Population (%)
Use of first-line psychosocial care	48.2	56.3

Table 3. Proportion of Children/Adolescents who Received a Psychosocial Care Visit by Rurality/Urbanicity among General and Foster Care Populations

Urbanicity at the County Level	General Population (%)	Foster Care Population (%)
METROPOLITAN	46.2	55.8
NON-METROPOLITAN	43.4	59.1
RURAL	49.2	61.7

Table 4. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics by Health Plan

Plan	Performance Rate (%)	Denominator	Numerator
Plan 1	51.6	469	242
Plan 2	27.4	1194	327
Plan 3	41.7	321	134
Plan 4	46.9	426	200
Plan 5	42.4	1384	587
Plan 6	30.1	791	238
Plan 7	67.7	133	90
Plan 8	43.5	1054	459
Plan 9	48.6	253	123
Plan 10	67.0	100	67

Plan	Performance Rate (%)	Denominator	Numerator
Plan 11	43.8	128	56
Plan 12	43.3	749	324
Plan 13	30.7	610	187
Plan 14	64.3	115	74
Plan 15	28.0	533	149
Plan 16	56.6	53	30
Plan 17	26.4	212	56
Min	26.4	53	30
25th	30.7	133	74
Median	43.5	426	149
Mean	44.7	502	197
75th	51.6	749	242
Max	67.7	1384	587

Data Source: NYS Medicaid Managed Care Plan Data, 2010

Note: Continuous eligibility with the plan is defined as 4 months prior and 1 month following a new script. Cohort excludes dual eligibles.

Table 5. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics by State

	General Population			Foster Care Population		
State	Performance Rate (%)	Denominator	Numerator	Performance Rate (%)	Denominator	Numerator
GA	48.9	2087	1020	68.9	363	250
IN	36.7	3376	1239	57.5	294	169
KS	60.3	1036	625	63.9	299	191
KY	64.1	1988	1275	67.1	246	165
MI	41.5	3314	1375	38.8	608	236
MO	35.8	1991	712	65.0	369	240
NM	53.3	537	286	49.3	69	34
RI	45.0	269	121	40.0	55	22
Min	35.8	269	121	38.8	55	22
25th	37.9	662	371	42.3	113	67
Median	46.9	1990	866	60.7	297	180
Mean	48.2	1825	832	56.3	288	163
75th	58.6	3361	1350	66.6	548	239
Max	64.1	3376	1375	68.9	608	250

Data source: MAX 2008

Note: California and New York were excluded due to data quality issues in the MAX 2008 data.