



Department of Human Services' Recommendations Regarding Appropriate Use and Monitoring of Psychotropic Medications

Overview

In order to address concerns surrounding the safety and efficacy of psychotropic medications prescribed to Medicaid-enrolled foster children, the Department of Human Services (DHS) asked PolicyLab to conduct an in-depth data analysis to identify trends and areas in need of improvement. The study found that for youth ages 6-18 years old in 2012, the use of psychotropic medications was nearly three times higher among youth in foster care than youth in Medicaid overall (prescribed at 43% versus 16%).

In response to the findings of PolicyLab's report, as well as recommendations from the DHS Health Care Steering Committee's Psychotropic Medication Subcommittee, DHS is issuing this action plan. Addressing these recommendations through the action plan will ensure appropriate use and monitoring of psychotropic medications.

The recommendations are organized by the requirements identified by the U.S. Department of Health and Human Services through the Administration for Children and Families for inclusion in states' five-year Health Care Services Plan. Federal guidance recommends states develop plans and/or protocols that include the following five components on psychotropic medication oversight: (1) screening and evaluation; (2) consent and assent to treatment and ongoing communication; (3) medication monitoring; (4) availability of mental health expertise; and (5) mechanisms for sharing current information and education materials.¹ The recommendations developed by the Psychotropic Medication Subcommittee were reviewed by DHS. The following document outlines the recommendations, DHS's response, high-level action steps and key implementation dates.

Recommendations

Recommendation 1 - Screening and Evaluation: A comprehensive assessment to be completed prior to the initiation of behavioral health treatment

The Psychotropic Medication Subcommittee specifically promoted the use of the National Child Traumatic Stress Network's *Child Welfare Referral Tool* (for trauma screening) following a child's entry into foster care and then afterwards following significant events and other times of concern. After the child is in foster care and actively engaged with a treatment provider, the subcommittee recommends the use of the Child and Adolescent Needs and Strengths (CANS) tool with trauma-specific modules as part of a 30-day collaborative, information-gathering and service planning process. Additionally, best practice guidelines for primary care physicians and psychiatrists regarding assessment and treatment planning should be disseminated statewide through groups like the Pennsylvania Psychiatric Society and the Pennsylvania Chapter, American Academy of Pediatrics (PA AAP).

Response: DHS supports the use of a validated assessment tool which includes trauma screening. The Office of Children, Youth and Families (OCYF) will update the current “Pennsylvania Enhancing Assessments Toolkit” to encourage the use of trauma screening tools.” Additionally, OCYF will revise the Title 55, Chapter 3130 regulation to require the use of state-approved screening and assessment tools. The CANS is used by the six Child Welfare Demonstration Project counties. The University of Pittsburgh is conducting a process evaluation of the use of the CANS. The evaluation will demonstrate how information gathered through the CANS proves effective in matching children with evidence-based programs that meet their needs. OCYF will encourage and incentivize the use of the CANS through the Needs-Based Plan and Budget Special Grants program.

High-level Action Steps and Key Implementation Dates:

- By June 2015, the Fiscal Year 2016-17 Children, Youth and Families Needs-Based Plan and Fiscal Year 2015-16 Implementation Plan Instructions will be revised by DHS to incentivize the use of CANS through the Special Grants Program.
- By September 2015, the first phase of the process evaluation conducted by the University of Pittsburgh regarding the use of the CANS assessment tool by Demonstration Project counties will be complete. This phase will include compiled assessment scores to be used as a baseline to evaluate score improvement over time.
- By September 2015, DHS, in partnership with PA AAP and the Pennsylvania Psychiatric Society, will issue best practice guidelines for primary care physicians and psychiatrists regarding comprehensive assessments of maladaptive behavior and appropriate treatment interventions.
- By January 2016, OCYF will update the “Pennsylvania Enhancing Assessment Toolkit” with approved assessment tools, including, but not limited to, the National Child Traumatic Stress Network’s *Child Welfare Referral Tool* and CANS. The toolkit will allow for consistent use across all county child welfare agencies. The toolkit will be reviewed and updated on a regular basis.
- By January 2016, a draft of regulation Title 55, Chapter 3131 will be circulated for DHS internal review, which will require the use of approved and validated tools that include a trauma component. These draft regulations will then be submitted for public comment.

Recommendation 2 - Consent and Assent to Treatment and Ongoing Communication:

Engagement of children, adolescents and families in decision making regarding their treatment

The Psychotropic Medication Subcommittee also recommended that DHS develop guidance about consent to treatment when a prescribing health care provider is unable to secure timely consent from a child’s parent(s).

Response: Existing guidance is available through OCYF policy clarifications and a Juvenile Law Center (JLC) document titled “Consent to Treatment and Confidentiality Provisions Affecting Minors in Pennsylvania,” Second Edition January 2006. DHS will work with JLC and the subcommittee to update this guidance.

High-level Action Steps and Key Implementation Dates:

- By September 2015, DHS, through the Psychotropic Medication Subcommittee, will issue guidance to ensure children, adolescents and families are informed of potential risks, alternatives and treatment options. DHS will also work with JLC to update their “Consent to Treatment and Confidentiality Provisions Affecting Minors in Pennsylvania” document.

Recommendation 3a - Medication Monitoring: Prior authorization guidelines for appropriate use of antipsychotic medications and clinical side effect monitoring for children in the Medicaid Fee-for-Service Program

The Psychotropic Medication Subcommittee recommended that DHS support the use of these guidelines for the physical health managed care organizations (PH-MCOs). Note: PH-MCOs authorize and pay for psychotropic medications. It is further recommended that DHS track and monitor psychotropic use and behavioral health services statewide.

Response: DHS will assure the adoption of consistent prior authorization guidelines by all PH-MCOs as it relates to psychotropic medication use in children and youth. Most of the PH-MCOs are already using guidelines that are very similar to the Fee-for-Service prior authorization guidelines for antipsychotic medications. The Office of Medical Assistance Programs (OMAP) will collaborate with PH-MCOs to ensure appropriate monitoring of antipsychotic medication use based on clinical indication, dosing and length of medication use and side effect monitoring. There will be a special focus on assuring appropriate use of these medications in children between the ages of 6 to 18. OMAP will review each PH-MCO's prior authorization policy for consistency on an annual basis.

High-level Action Steps and Key Implementation Dates:

- By September 2015, OMAP will collaborate with all PH-MCOs to develop consistent policies regarding authorization and reauthorization criteria for antipsychotic medications.
- By November 2015, aligned, comprehensive prior authorization and reauthorization guidelines will be reviewed by the Department and approved for use by all PH-MCOs.
- OMAP will continue to monitor prescribing patterns of psychotropic medications by PH-MCO every six months.

Recommendation 3b - Medication Monitoring: Team review at the client level to ensure appropriate medication utilization

The Psychotropic Medication Subcommittee recommended that the established Fee-for-Service prior authorization guidelines be used by a team at the client level to include the child's caseworker, primary care provider (PCP), prescribing clinician, family, and foster parent, as well as the child. This team will determine who is responsible for monitoring and follow-up, for example prescriber or PCP. This team will also ensure tracking and monitoring of lab tests and key health indicators. OMAP, in collaboration with the Office of Mental Health and Substance Abuse Services (OMHSAS), will have oversight of the guidelines, with DHS assisting with role definition and the responsibility of each party.

Response: OMAP developed a dashboard to report claims data for both Fee-for-Service and HealthChoices. Reports can be developed to monitor the use of antipsychotics in children and adolescents, and of those who are receiving behavioral health care services. The dashboard design can also include tracking and monitoring lab tests and key health indicators. Reports can be designed so that state and county child welfare professionals will be able to view results and assist in ensuring the needs of foster children are met.

High-level Action Steps and Key Implementation Dates:

- By July 2015, DHS will work with the PH-MCOs and BH-MCOs to develop more timely data to feed into the dashboard so that care gaps are identified more timely.

- By August 2015, DHS will review confidentiality and data sharing requirements so that child welfare agencies are able to use treatment data to assist with improving the well-being of children in foster care, while ensuring confidentiality laws are being adhered to.
- By October 2015, OMAP will determine the data elements and data sources to be put into the data warehouse for biannual updates. This information will feed into the dashboard, and subsequent reports, with case-specific, drill-down capability.
- By November 2015, DHS will coordinate discussions with county child welfare agencies on the use of data reports from the dashboard and develop a process for transferring the information.
- By January 2016, OMAP will begin producing annual reports from the dashboard using qualitative measures to analyze progress in closing healthcare gaps. These reports will be used as a quality improvement tool to look at outcomes of healthcare and psychotropic medication improvements.

Recommendation 4 - Availability of Mental Health Expertise and Consultation: Development of a mental health consultation program

A mental health consultation program is recommended to provide prescribers access to child and adolescent psychiatry expertise. Consultation may be in-person, by phone or video conference.

Response: DHS will implement telephonic child psychiatric consultative service to assist prescribing physicians, physician assistants or certified registered nurse practitioners in the appropriate prescribing of psychotropic medication for children. OMAP and (OMHSAS) will work together on a plan for implementation of these telephonic consultative services.

High-level Action Steps and Key Implementation Dates:

- By August 2015, DHS will implement a detailed work plan for providing consultative services to prescribing providers by child psychiatrists.
- By October 2015, DHS will work with MCOs, providers, and clients to implement a collaborative communication strategy to roll out the program.
- By November 2015, DHS will work with appropriate partners to pilot the telephonic consultative service in one region of the state.
- By January 2016, DHS will work with appropriate partners to implement the telephonic consultative service statewide.
- By June 2016, the utilization of consultative services will be incorporated into the OMAP dashboard described above.

Recommendation 5a - Mechanisms for Sharing Current Information and Education Materials: Expand training to incorporate roles and responsibilities related to psychotropic medication use and consent

The Psychotropic Medication Subcommittee recommended that current training content be expanded through the PA Child Welfare Resource Center and PA professional societies to incorporate roles and responsibilities related to psychotropic medication use and consent, best practice standards about psychotropic medication utilization and trauma informed care. In-person and on-line modules should be available to caseworkers, birth parents, kinship and foster parents, courts and judges.

Response: Concepts will be embedded into training courses offered to caseworkers and birth, kinship and foster parents. The PA AAP’s continuing education webinar series model will be explored as a way to educate PCPs. Webinars will be archived and utilized after the live event. DHS will work through the Child Welfare Resource Center Training Steering Committee to support the continued transfer of learning and to support supervisory monitoring. Additionally, guidance will be developed for county child welfare professionals on the use of data reports produced from the dashboard.

High-level Action Steps and Key Implementation Dates:

- By August 2015, DHS system partners will determine key components and required guidelines of care to be consistently used in trainings.
- By November 2015, DHS and system partners will develop a communication and marketing strategy for the implementation of trainings.
- By January 2016, DHS will issue guidance for county child welfare agencies on the use of data reports from the dashboard.
- By July 2016, trainings will be finalized by DHS and their respective partners.

Recommendation 5b - Mechanisms for Sharing Current Information and Education Materials:

Continue dissemination of bench cards and training materials

The Psychotropic Medication Subcommittee recommended that bench cards and training materials developed by the Administrative Office of the PA Courts (AOPC) continue to be disseminated. Administration of Children and Family’s (ACF) publication *“Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care”* should also be made readily available to age appropriate youth.

Response: DHS will make all stakeholders aware of available resources and encourage their use. ACF’s publication is available on-line and will be distributed to county children and youth agencies and juvenile probation offices.

High-level Action Steps and Key Implementation Dates:

- By August 2015, DHS will work with system partners to disseminate and re-introduce available resources and how to access those resources.
- By August 2015, a link will be posted on DHS’s website to ACF’s publication *“Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care”* as well as other identified resources.

ENDNOTES

i ACYF-CB-IM-12-03: [Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care. U.S. Department of Health and Human Services.](#) April 11, 2012.