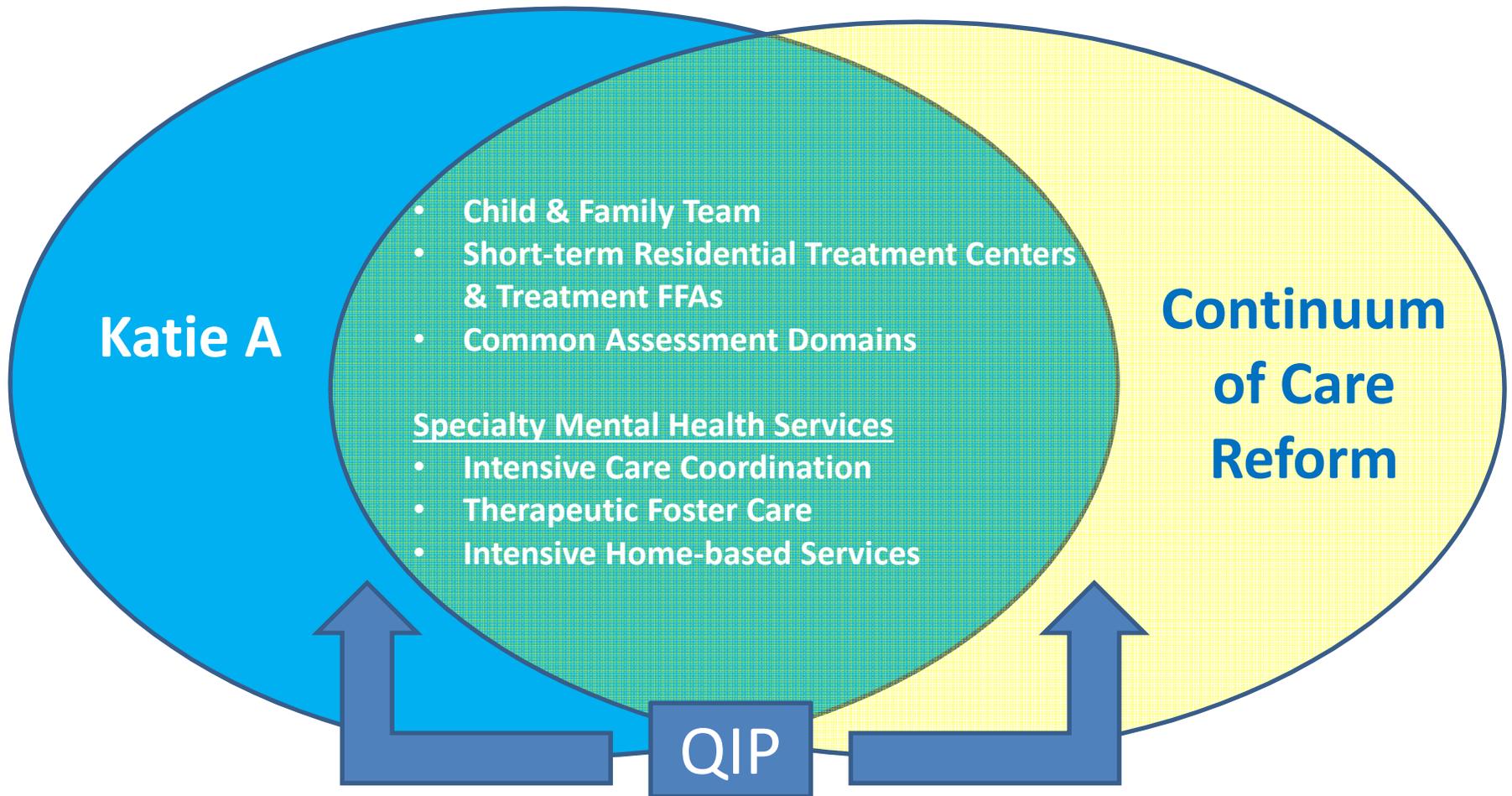


# PSYCHOTROPIC MEDICATIONS

**Psychotropic medications include:** Anti-panic, Anti-depressants, Anti-obsessive, Antianxiety, Mood Stabilizers, Stimulants and **Antipsychotics**.

- Not all psychotropics are antipsychotics.
- Non-antipsychotic psychotropics include: Ritalin, Adderall, Xanax, Paxil, Ativan, Lexapro, Wellbutrin, Depakote and lithium.
- Antipsychotic psychotropics include: Haldol, Abilify, Seroquel, Zyprexa and Risperdal.



**CONNECTION TO OTHER INITIATIVES**

- Informing children, youth and families
- Educating foster parents, providers, social workers
- Data monitoring
- Prescribing guidelines
- Best practices for Court Authorization

# WE ALL ARE RESPONSIBLE

## Assess and Refer

- Foster Parents
- Care Providers
- Social Workers
- Teachers
- Doctors

## Diagnose and Treat

- Psychiatrist
- Pediatrician
- General Practitioner
- Nurse Practitioners

## Authorize

- Court Judge
- Children's Attorneys
- Second Opinion
- Consent

## Administer

- Foster Parent
- Group Home Personnel
- School Nurse
- Juvenile Hall Staff

## Monitor

- Caseworkers
- Data Reports
- Public Health Nurses
- Pharmacy Claims
- Child Level Labs
- General Practitioners
- Care Providers
- Court-appointed Special Advocates



# HANDOUT: QIP BACKGROUND

**1999:** Legislation enacted requiring juvenile court judges to approve psychotropic medications prescribed to foster children.

**2005 – 2010:** California Mental Health Care Management (CaMEND) Program

- Formed state, county and consumer partnership to promote wellness and recovery for individuals with mental illness.
- Collaborated on “Antipsychotics Medication Use in Medicaid Children and Adolescents: A Report and Resource Guide from a Study of 16 State Programs.”

**2006:** New pharmacy policy implemented the Treatment Authorization Request (TAR), requiring documentation of medical necessity for antipsychotics for children ages 0-5.

# HANDOUT: QIP BACKGROUND (CONT.)

## 2011:

- Federal law requires states to develop protocols for use and monitoring of psychotropic medications and treatment of emotional trauma associated with a child's abuse or neglect.
- DHCS/CDSS apply for Center for Health Care Strategies (CHCS) collaborative grant. Though not awarded, the grant application provided the foundation for the current QIP.

## 2012 – 2014:

- CDSS/DHCS attended “Because Minds Matter” summit in Washington D.C.
- QIP workgroups and Expert Panel meetings
- DHCS implemented new pharmacy policy requiring a TAR for use of two or more antipsychotics for children age 6-17.

# **QIP GOALS**

**The QIP grew out of a 2011 federal grant that California did not receive. Work commenced anyway, to address known issues and enhance patient safety. Goals include:**

**1. Enhance psychotropic medication safety by:**

- Ensuring appropriate drug and dosage;
- Expanding the Medi-Cal Treatment Authorization Request (TAR) process for antipsychotics to ages 0-17, from ages 0-5 today.
- Partnering with courts on assessments and evaluations prior to approval.

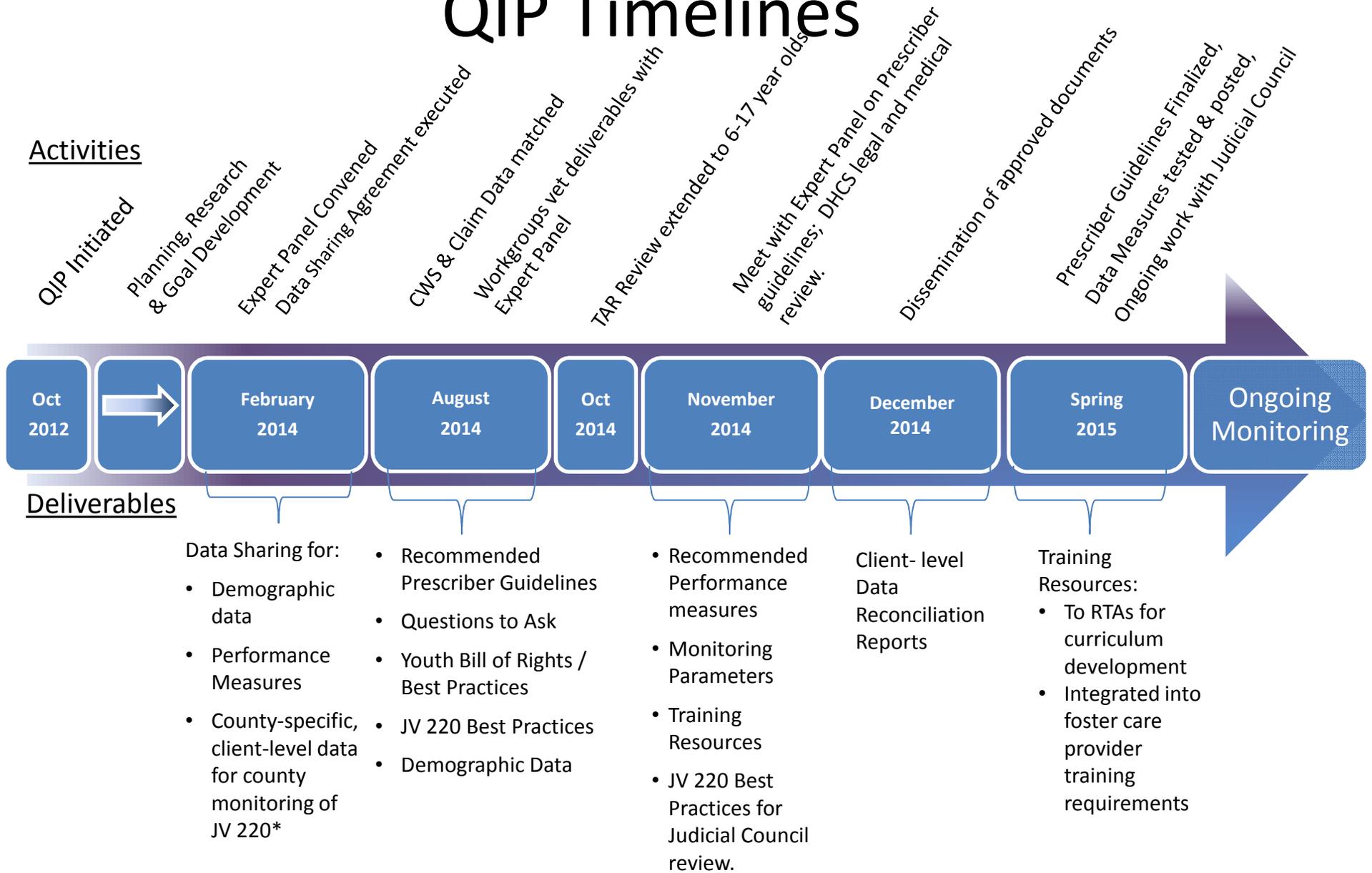
**2. Support the use of psychosocial counseling in lieu of medications.**

**3. Reduce inappropriate concurrent use of multiple psychotropic medicines.**

# **QIP GOALS (cont.)**

- 4. Engage medication prescribers in practice change via education and consultation**
- 5. Increase the use of electronic health records.**
- 6. Use data to analyze, monitor and oversee improvement in the safe use of psychotropic medication.**
- 7. Actively engage foster youth in their care, through education.**

# QIP Timelines



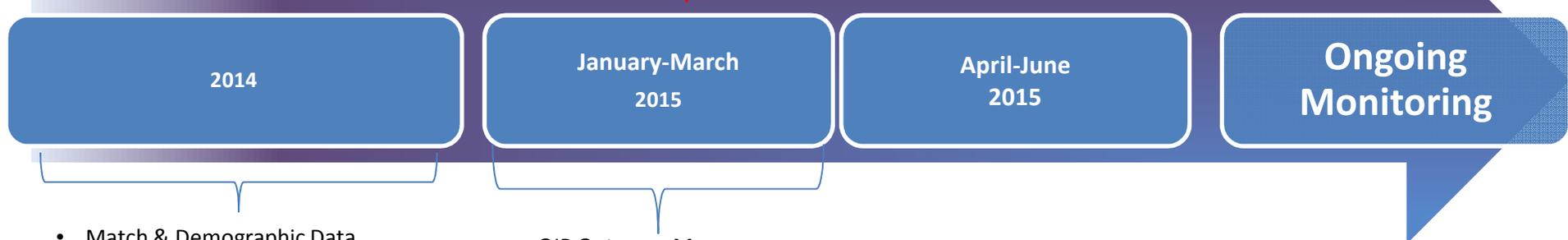
\* JV220-Court Authorization

# QIP Timeline

Activities →

- TAR Restriction Extended to 6-17 Year Old Youth & Children
- Disseminate Youth Bill of Rights & "Questions to Ask"
- Issue All County Notice for Client-Level Data Report Process
- Post Prescriber Guidelines on DHCS Website
- Develop & Test QIP Outcome Measures
- Disseminate JV 220 Best Practices
- Disseminate Youth Wellness Workbook
- Post QIP Outcome Measures

TODAY



- Match & Demographic Data Summary Report
- County Reports for Monitoring Court Authorizations (JV 220)
- Prescriber Guidelines & Monitoring Parameters
- Questions to Ask
- Youth Bill of Rights

- QIP Outcome Measures
- JV 220 Best Practices
- Youth Wellness Workbook

← Deliverables

Quarterly Expert Panel Meetings are held to review and approve deliverables

# Theory of Change

## Vision

Children in foster care receive psychotropic medications only when:

- There is a comprehensive treatment plan that includes appropriate psycho-social interventions
- Children, youth, families, counties and courts understand their rights and choices, and the benefits and risks
- It is medically necessary and safely prescribed and monitored

## Strategies

### Services & Supports

- Continuum of Care Reform
- Katie A/ Specialty Mental Health Services

### Informed Consumers & Partners

- Foster Youth Rights
- “Questions to Ask” document
- Prescriber guidelines
- 3-way Data Sharing Agreement with counties
- Psychiatric Consultant for Courts
- Caseworker, Resource Family & provider training

### Monitoring

- Matched Administrative Data
  - Individual county reports
  - Public Data Measures
- Treatment Authorization Request (TAR)
- Court Authorization Best Practices
- Metabolic monitoring protocols

## Outcomes

- Increase in youth and family satisfaction with care plans.
- Increase in claims for medically necessary, trauma-informed, specialty mental health services
- Improved foster care placement stability
- Improved permanency
- Decline in use of psychotropic medications
- Decline in polypharmacy