GETTING PRACTICAL: DEVELOPING YOUR STATE PLAN FOR PSYCHOTROPIC MEDICATION MANAGEMENT – PART 2

TUESDAY, APRIL 24TH AT 3:00 PM (ET)

CALL-IN NUMBER: 1-800-832-0736
CONFERENCE ROOM: 8466339

PLEASE CALL: 202-687-0308 OR EMAIL MN344@GEORGETOWN.EDU IF YOU NEED ANY ASSISTANCE DURING THE CALL.
A BRIEF WEBINAR ORIENTATION

Marina Nalvarte
Webinar & Conference Call Coordinator

Email: mn344@georgetown.edu
Use the Q&A pod to ask a question or respond to a general question. Click on the button that looks like a “thought bubble” or hit the Return key to submit your question or comment.

Information will be posted in the Notes Box for all to see during the presentation.
LOGISTICS

• GEORGETOWN STAFF WILL RESPOND TO “HOUSEKEEPING” OR LOGISTICAL QUESTIONS

• CLOSE ALL FILE SHARING APPLICATIONS AND STREAMING MUSIC AND VIDEO

• PLAYBACK – PLEASE NOTE THAT THE CALL IS BEING RECORDED AND PLAYBACK WILL BE AVAILABLE BY THE END OF THE WEEK AT:

HTTP://GUCCHDTACENTER.GEORGETOWN.EDU/CHILD_WELFARE.HTML#UPCOMING
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The work of Georgetown's National TA Center for Children's Mental Health and AIR's TA Partnership for Child and Family Mental Health is supported through an intra-agency Agreement between ACF/ACYF and SAMHSA/CMHS.
Getting Practical: Your State Plan for Psychotropic Medication Management

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AHRQ Training Fellow, Brandeis University

Presented for Administration on Children, Youth, and Families’ Q and A on Developing State Plans for Management of Psychotropic Use among Youth in Foster Care

Note. We have no financial conflicts to disclose
Information Memorandum (5 Components)

1. Screening, evaluation and treatment planning.
2. Shared decision-making.
4. Mental health expertise and consultation.
5. Information sharing.
Implementation Stage

- For each component, where is your state?

Prioritizing  ↔  Assessing and Planning  ↔  Implementation  ↔  Quality Improvement
Component 1: Screening and Assessment

- Initial Health Screen (24-72 hours)
- Comprehensive Assessment (30-60 days)
- Sensitive to the unique needs and experiences of youth in child welfare custody
  - Trauma related to maltreatment and trauma secondary to removal from home and placement changes
  - *In-utero* environmental drug exposure
  - Genetic loading

(AAP District II Task Force on Health Care for Children, 2001; AACAP/CWLA, 2002; Jensen et al., 2009)
Component 1: State Approaches

Child Enters Child Welfare Custody

**APPROACH 1**
- Routine Screen for All Children
- Assessment for Select Children as Indicated by Screen

**APPROACH 2**
- Routine Assessment for All Children

**APPROACH 3**
- Routine Screen for All Children
- Routine Assessment for All Children

Monitoring Mechanism for Receipt of Mental Health Evaluation
Component 1: Self Reflection

- **What type of approach** will we use?
  - e.g., as needed, screen/assessment, assessment

- How will the approach address the **unique needs** for mental health evaluation of youth in child welfare custody, including trauma, *in utero* exposures, and potential genetic loading?

- **When** will we conduct the screen (24-72 hours) and assessment (30-60 days)?

- **Who** will conduct the evaluation?

- **What standardized** “tool” will we use?

- How will the **cost** be reimbursed to recruit appropriate clinicians?
  - e.g., foster care-risk adjustment

- Are there **available services** once needs are identified?

- Can we **track** receipt of services?
  - e.g., information system

Resource: California Evidence Based Clearinghouse
## Component 1: Resources

<table>
<thead>
<tr>
<th>Sponsor/ Author</th>
<th>Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Child and Adolescent Psychiatry (AACAP)</td>
<td><a href="#">Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline</a></td>
</tr>
<tr>
<td>AACAP</td>
<td><a href="#">Policy Statement on Psychiatric Care of Children in the Foster Care System</a></td>
</tr>
<tr>
<td>AACAP; and Child Welfare League of America (CWLA)</td>
<td><a href="#">Policy Statement on Mental Health and Use of Alcohol and Other Drugs, Screening and Assessment of Children in Foster Care</a></td>
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<tr>
<td>American Academy of Pediatrics</td>
<td><a href="#">Fostering Health: Health Care for Children and Adolescents in Foster Care</a></td>
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Component 2: Informed Consent and Assent

- **Informed Consent:**
  The process of the clinician providing information, including benefits and risks, to the youth and caregiver about all possible treatments, and the caregiver making an informed decision regarding which treatments are in the best interest of the child.

- **Assent:**
  A 3-part process that includes the youth understanding (to the best of his/her developmental abilities) treatment options, the youth voluntarily choosing to undergo treatment options, and the youth communicating this choice.
Component 2: State Approaches

Youth and biological parent engagement?
Component 2: Self Reflection

- How can we ensure consenting authority can access mental health expenditure?
- How will we...
  - Engage youth
    - Consent/Assent
    - Handbook
  - Engage foster and kin caregivers
  - Engage biological parents, whenever appropriate
  - Use information systems to support decision-making

Resource: NRCPFC: Handbooks for Youth in Foster Care

Handbook under review, Children’s Bureau/ ACF
## Component 2: Resources

<table>
<thead>
<tr>
<th>Sponsor/ Author</th>
<th>Resource</th>
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<tbody>
<tr>
<td>California</td>
<td>Foster Youth Help</td>
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<tr>
<td>Maine</td>
<td>Youth in Care Bill of Rights</td>
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<tr>
<td>New York</td>
<td>A Medical Guide for Youth in Foster Care</td>
</tr>
<tr>
<td>Oregon</td>
<td>Foster Care Questions</td>
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<tr>
<td>National Resource Center for Permanency and Family Connections</td>
<td>Resources to Promote Stakeholder Involvement</td>
</tr>
<tr>
<td>Child Welfare Information Gateway</td>
<td>Use of Psychotropic Medications</td>
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## Component 3: Medication Monitoring State Approaches

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<tr>
<th>Prospective</th>
<th>Retrospective</th>
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<tbody>
<tr>
<td>Consultation</td>
<td>Court Hearings</td>
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<tr>
<td>Prior Authorization</td>
<td>Drug Utilization Review</td>
</tr>
<tr>
<td>Mandatory Second Opinion</td>
<td>Data Trends</td>
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Component 4: Mental Health Expertise

- Mental health expertise may be available as:
  - Hired staff within the Agency;
  - Staff at partnering State Agencies; or
  - Consultants external to the State system (e.g. academic medical center).
Component 4: Self-Reflection

- What skill set do we need in our system?
- Will we house expertise within child welfare, other public sector systems, or “contract-out”?

- How will we provide mental health expertise at the individual child level?
  - As-needed basis?
  - PRN consultation available?
  - Routine, required reviews?
    - Selected psychototropic medications/populations
    - All psychototropic medication/populations
Component 5: Information Sharing

- **Information Sharing:**
  
  As stated in the information memorandum, disseminating accurate and up-to-date information and educational materials related to mental health and trauma-related interventions (including information about psychotropics) to clinicians, child welfare staff, and consumers (e.g., youth, family members, foster parents, and advocates).
Component 5: Self Reflection

- Where can we get accurate, up-to-date information?
  - Consult available professional guidelines
  - Acquire additional expertise in child welfare agency
## Component 5: Resources

<table>
<thead>
<tr>
<th>Sponsor/Author</th>
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<tbody>
<tr>
<td>NIMH</td>
<td>Mental Health Medications</td>
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<tr>
<td>NIMH</td>
<td>Treatment of Children with Mental Illness</td>
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<tr>
<td>NIMH</td>
<td>Treatment of Children with Mental Disorders</td>
</tr>
<tr>
<td>NAMI</td>
<td>NAMI Policy Research Institute Task Force Report: Children and Psychotropic Medications</td>
</tr>
<tr>
<td>AACAP</td>
<td>Psychiatric Medications for Children and Adolescents: Part I – How Medications are Used</td>
</tr>
<tr>
<td>AACAP</td>
<td>Psychiatric Medications for Children and Adolescents: Part II – Types of Medications</td>
</tr>
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</table>
Questions?

- For more information on the *Multi-State Study on Psychotropic Medication Oversight in Foster Care*, please link here.

- For additional information about our work, including our current study, please contact:
  Laurel K. Leslie  
  (lleslie@tuftsmedicalcenter.org)  
  Tom Mackie  
  (tmackie@tuftsmedicalcenter.org).


Multi-State Study on Psychotropic Medication Oversight in Foster Care

- 47 States and District of Columbia (48/51)

- Thank you!

- Currently in field to update findings

- For more information, contact project manager: tmackie@tuftsmedicalcenter.org
Q & A
Getting Practical: Developing Your State Plan for Psychotropic Medication Management

Stephen Crystal
Director, Center for Education and Research On Mental Health Therapeutics, Rutgers U.
scrystal@rci.rutgers.edu

Presented for Administration
On Children, Youth and Families Q and A on Developing State Plans for Management Of Psychotropic Use in Foster Care Youth
4/24/2012
Key Areas for Plan Development (see ACYF-CB-IM-12-03)

- Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children’s mental health and trauma-treatment needs (including a psychiatric evaluation, as necessary, to identify needs for psychotropic medication).

- Informed and shared decision-making (consent and assent) and methods for on-going communication between the prescriber, the child, his/her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders.

- Effective medication monitoring at both the client and agency level.
Key Areas for Plan Development

• Availability of MH expertise and consultation by child and adolescent psychiatrist.

• Mechanisms for accessing and sharing up-to-date information and educational materials related to MH and trauma-related interventions (including information about psychotropics) to clinicians, child welfare staff, consumers.
Developing Effective Plans for Medication Monitoring and for Acting on Results to Improve Quality

- MEDNET and MMDLN initiatives provide relevant experience and methods.

- Key questions for states to consider in developing plans:
  - What metrics do we want to monitor and how will we use the results?
  - What data sources will be utilized and what data linkages will be necessary? (Relevant data are often “siloed”).
  - What information do we want to distribute to what users? (State leadership? Case managers? Clinicians? Parents?) Do legal/policy barriers exist to merging, distributing data?
  - Relationship to consent/assent process.
Developing Effective Plans for Medication Monitoring and for Acting on Results to Improve Quality

—Monitoring in comparison to what criteria/expectations/goals? Do monitoring plans need to be supported by guidelines, treatment parameters, explicit review flags?

—How can key stakeholders be engaged in developing monitoring plans? How can we achieve buy-in?
Monitoring of Mental Health Evaluation, Psychosocial Treatment, and Followup

- Medication monitoring is not an island.
- Need for monitoring includes multiple aspects of treatment, including access/use of comprehensive psychiatric evaluation and psychosocial treatment, including supply of and access to evidence-based psychosocial interventions.
- Particularly for antipsychotic-treated youth, elements of appropriate management of concern may include:
  - Adequate initial psychiatric evaluation;
  - Utilization of appropriate psychosocial services prior to or concurrent with pharmacological treatment;
  - Appropriate followup contacts for treatment management and monitoring, and management of metabolic risks.
Multiple Levels of Monitoring

• Monitoring is a multipurpose tool that can be used at multiple levels and for multiple purposes:
  — Aggregate level: Needs assessment, policy planning, monitoring problems and trends.
  — Provider level: Quality measurement at agency or clinician level; provider feedback as a QI tool.
  — Client level: Care coordination (e.g. treatment from multiple prescribers); making information available to responsible actors; identifying and acting on “review flags” (e.g., too many, too much, too young).

• Metrics can support use at multiple levels, but needs for each level should be considered.
  — For care coordination and clinical management, current status (as close to real-time as possible) is key; for other purposes, measurement over longer timeframes may meet needs.
Selected Issues to Consider for Monitoring

- Consistency of treatment with diagnosis.
- Polypharmacy (between and within class)—”too many”.
- Dosage – “too much”.
- Management of metabolic risk.
- Treatment rates by age – “too young”.
  - Antipsychotic and other psychotropic treatment for children under 6 has been a focus of attention in several states. Authorization and review criteria for very young children merits attention.
- Mental health evaluation.
- Psychosocial treatment prior to/concurrent with pharmacological treatment.
Utilizing Metrics for QI

- Review flags for individual cases (see, for example, Texas foster care prescribing parameters). Raises issue, in developing state plans, of use of second opinions and availability of “second opinion” review resources. Texas, Massachusetts and Washington are among states that offer models of second-opinion/clinical consultation approaches.

- Feedback of metrics to providers can be an important quality tool. Provider reports can compare providers to peer norms.

- Clinic-level QI initiatives represent another use of metrics.

- Identification of outlier providers.

- Geographic variation without apparent clinical rationale is common; understanding these patterns can help to inform policy development and serve as a useful tool in working with provider communities.

- Linkage of monitoring with provision of provider education, engagement of provider communities.

- A continuous quality improvement program utilizing the metrics may offer the most effective strategy to improve treatment and outcomes, in collaboration with key stakeholders.
Collaborative Development of Monitoring and QI Plans

- Collaborative planning, engaging multiple state agencies as well as other key stakeholders, can be an effective tool in achieving buy-in, engagement, and coordination across systems. A state QI collaborative can serve as a vehicle both for planning and for implementation of the state plan.

- Baseline data on current utilization patterns/quality metrics (optimally utilizing graphic presentations, mapping, etc.) can be a constructive means of engaging stakeholders in planning.

- IM-12-03 provides links to numerous resource materials.

- For appropriate psychotropic use in management of aggression, the CERTs T-MAY (Treatment of Maladaptive Aggression in Youth) guidelines provide an additional resource (currently incorporated in T-MAY clinician toolkit and in in-press papers in *Pediatrics*).
ACP Report/Resource Guide and other materials at:
http://chsr.rutgers.edu/MMDLNAPKIDS.html
(or google Rutgers MMDLN Resource Guide)
Clinician’s Toolkit for Management
of Atypical Aggression in Youth
http://www.chainonline.org/content.cfm?menu_id=232

Email: scrystal@rci.rutgers.edu
Q & A
POLLING QUESTIONS 1
POLLING QUESTIONS 2
CHILD WELFARE SHAREPOINT SITE

http://gucchd.collaborationhost.net/ChildWelfare/

• This web site is designed to help you share information related to a particular subjects in the development of the psychotropic medication oversight and monitoring components of your state plan in the form of text, images, links, and other media such as video.
• Your posts can be used as team sites, news sites, journals, diaries, and more.
• Posts usually consist of frequent short postings and are typically displayed in reverse chronological order (newest entries first). Entries encourage site visitors to interact with one another by leaving comments on posts.
CHILD WELFARE SHAREPOINT SITE

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- This post can also be used as a team communication tool. Keep team members informed by providing a central place for links and relevant news.
- Username and password will be provided in an email notification from mn344@georgetown.edu.
- Please contact 202.687.0308 if you are unable to access the site.
INFORMATION MEMORANDUMS AND IMPORTANT DATES

• **Overview of the Psychotropic Medications and Well-being Information Memorandums (IM)s** -

• **Webinar Part 3: (June 5, 2012: 3:00pm – 4:30pm)**, Psychotropic Meds/Well-being IMs and pre-planning for the Summit with representatives of ACYF

• **Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care Summit (August 27 & 28, 2012)** at the Hyatt Regency Washington on Capitol Hill