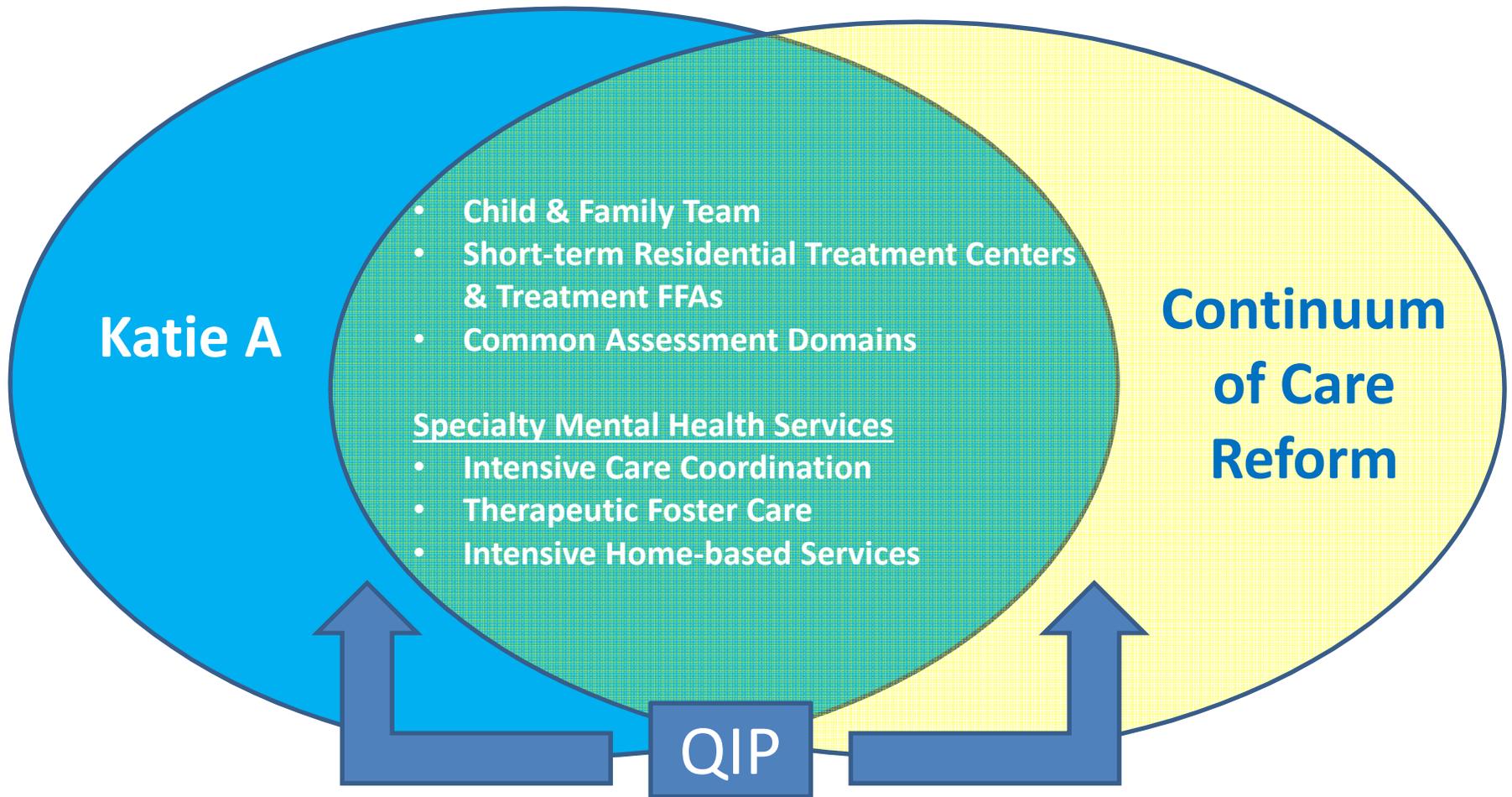


PSYCHOTROPIC MEDICATIONS

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.

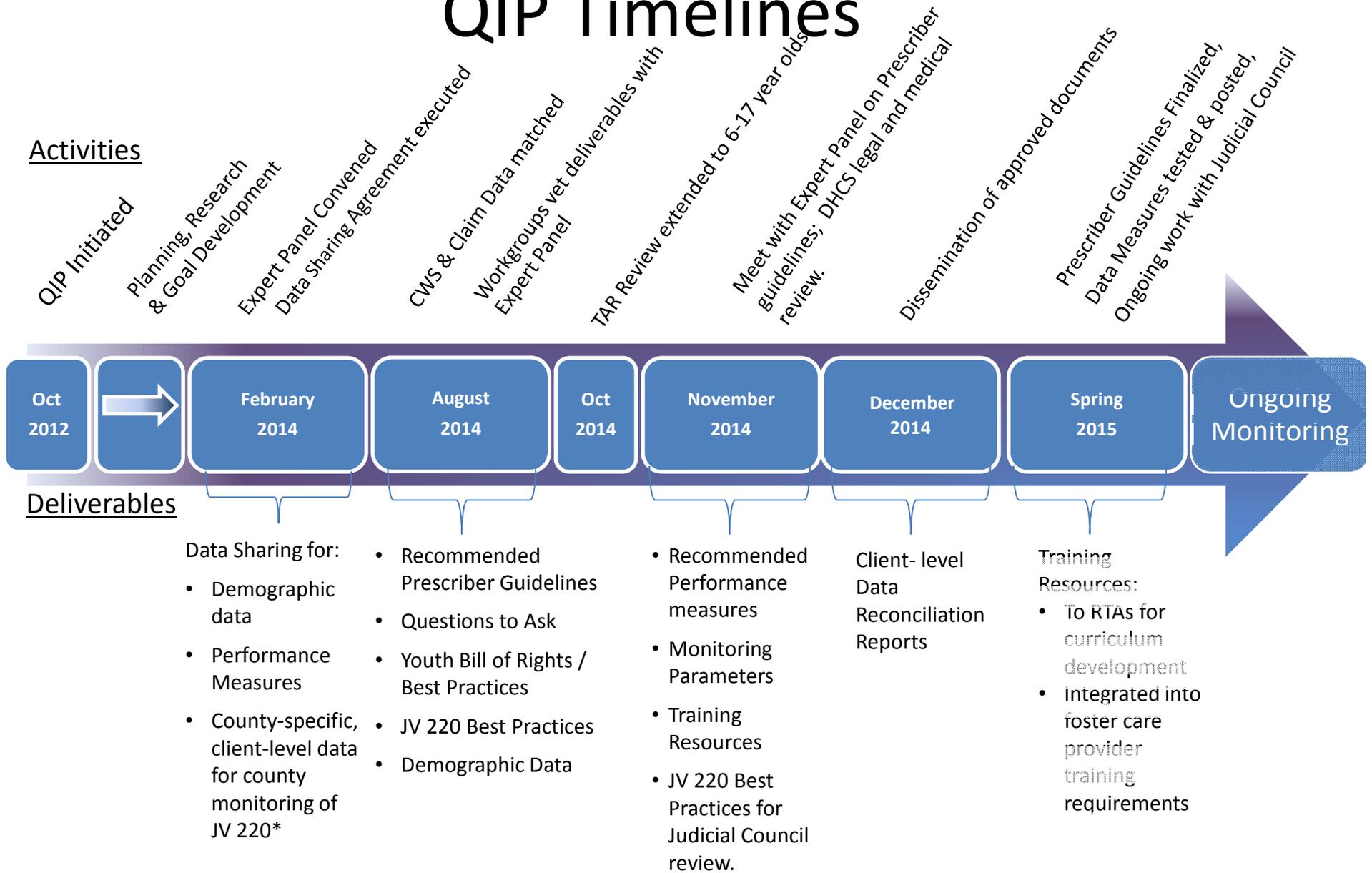
2. Support the use of psychosocial counseling in lieu of medications.

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



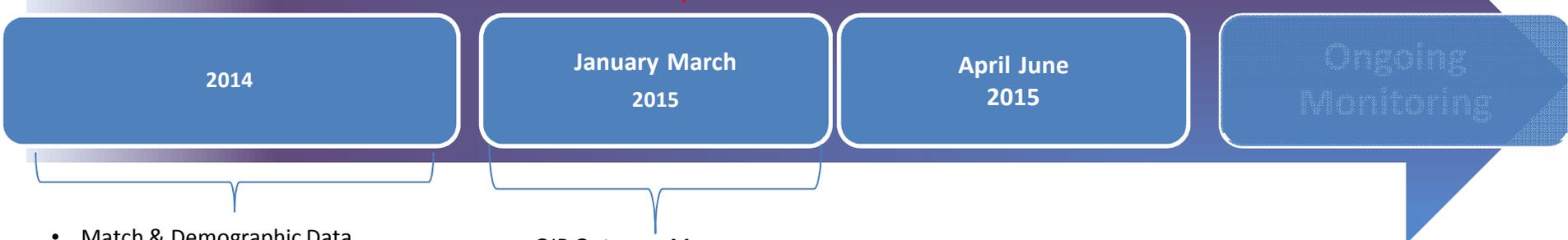
* JV220-Court Authorization

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