Psychotropic Quality Improvement (PQI) Collaborative
California Stakeholder Meeting

October 30, 2019
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National Center for Youth Law
Agenda

I. Introduction and Group Agreements

II. Overview of the PQI Collaborative & Psych Meds

III. Research Review on Issues and Best Practices

IV. California Summary
   Stakeholder Update - Policy
   Stakeholder Update - Practice

V. Lunch

VI. Brainstorming Activity

VII. Action Items and Next Steps
Meeting Objectives

During today’s meeting, stakeholders will:

I. Learn about the PQI Collaborative, including goals, timelines, and deliverables

II. Begin building relationships with key stakeholders, including lived experts with firsthand experience in the child welfare, juvenile justice, and mental health systems

III. Explore the research related to psychotropic medication prescribing patterns and best practices

IV. Determine what information/resources will be most helpful for key stakeholders to ensure psychotropic medications are only prescribed when in a child/youth’s best interest

V. Develop next steps, including outreach to additional stakeholder to join the PQI Collaborative
Introductions

Please share your:

1. Name
2. Agency affiliation or role as a member of the PQI Collaborative
3. The last show you binge-watched (and if you don’t binge-watch a good excuse as to why)
Group Agreements

“How would we like to work together?”

• Be present, both mentally and physically
• Be mindful of technology use and other potential distractions
• Maintain confidentiality and privacy- what is said here, stays here
• Be respectful- all ideas are valid and everyone’s voice matters
• Others?
“Ensuring foster youth are only prescribed psychotropic medications when in their best interest”

Overview of the PQI Collaborative & Psych Meds
Overview of the PQI Collaborative

“Ensuring foster youth are only prescribed psychotropic medications when in their best interest”

Goals of the project:

• To increase the number of states that adopt research-informed policies aimed at ensuring foster youth are only prescribed psychotropic medications when in their best interest.

• To increase awareness of promising policies and practices identified by researchers and increase the capacity of foster youth, line-level stakeholders, and policymakers to improve state policy.

• To discuss and disseminate information to stakeholders to assist in efforts to address psychotropic medication overuse and misuse with children and youth in foster care.
Overview of the PQI Collaborative (cont.)

“Ensuring foster youth are only prescribed psychotropic medications when in their best interest”

Deliverables of the project:

• Creation of research-informed resources created with guidance and input from stakeholders for the following audiences:
  • Foster Youth
  • Foster Parents
  • Court Appointed Special Advocates (CASAs)
  • Judges
  • Policymakers

• Creation of a Youth Ambassador learning community

• Development and dissemination of research-based policy recommendations
Psychotropic medicines are taken for the purpose of improving the emotional and behavioral health of a child or adolescent diagnosed with a mental health condition.*

They may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

Psychotropic Medications

Examples*

**ADHD:** Dexedrine, Adderall, Vyvanse, Concerta, Daytrana,, Ritalin, Focalin, Strattera, Tenex, Intuniv;

**Antidepressant and Anti-Anxiety:** Prozac, Zoloft, Paxil, Lexapro, Effexor, Cymbalta, Wellbutrin;

**Anti-Anxiety Medications (Rarely used in children):** Xanax, Ativan, Valium, Klonopin, BuSpar.

**Antipsychotic Medications:** Thorazine, Mellaril, Prolixin, Haldol, Abilify, Risperdal;

**Mood Stabilizers and Anticonvulsant Medications:** Lithium, Tegretol, Valproic Acid (Depakote, Depakene);

**Sleep Medications:** Desyrel, Ambien, Sonata, Lunesta, and Benadryl.

*AACAP (2017) Psychiatric Medication For Children And Adolescents: Part II - Types Of Medications
Psychotropic Medications

Can…

• Help when used as a part of a larger treatment plan
• Benefit some individuals who have already tried other evidence-based treatment options and medical rule-outs
• Be prescribed with a child’s safety, overall interests, medical history, and risks in mind

Are Not…

• First line treatments for mental health
• To be used alone (med-only treatment)
• Curative
• To be used for behavioral control
• To be used to mask side effects of a different medication
Psychotropic Medication Concerns

- Adverse Effects
  - No Informed Consent
  - Too Soon
  - Off-label
  - Misdiagnoses, Overdiagnoses, Inaccurate Diagnoses
- Too Many
- Too Much
- No Monitoring
- Too Long
- No Risk/Benefit Profile
- Untested
- No Other Mental Health Services

NATIONAL CENTER FOR YOUTH LAW
Using the law to help children in need

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Youth Voice

DRUGGING OUR KIDS

Children in California’s foster care system are prescribed unproven, risky medications at alarming rates

Story by KAREN DE SÁ
Photographs and video by DAI SUGANO
Design by QIN CHEN
PUBLICATION: AUGUST 24, 2014

https://youtu.be/L7lHeosq-FY?t=106
Research Review: Issues and Best Practices
Issues Identified OIG Report: Five Target States

Concerns Identified: Second-Generation Antipsychotic Drugs and Children
Quality-of-Care Concerns Uncovered in 67% of Claims Reviewed

- Wrong Treatment: 41%
- Too Many Drugs: 37%
- Poor Monitoring: 53%
- Taken Too Long: 34%
- Wrong Dose: 23%
- Too Young: 17%
- Side Effects: 7%

67% of Claims Showed Quality-of-Care Concerns

Source: OIG.HHS.gov
Recommendations for ACF:

1. Develop a comprehensive strategy to improve States’ compliance with requirements related to treatment planning and medication monitoring for psychotropic medication.

1. Assist States in strengthening their requirements for oversight of psychotropic medication by incorporating professional practice guidelines for monitoring children at the individual level.

Psychotropic Medications

**Safest Practices**
- All baseline monitoring, lab testing completed
- Start with one medication only
- Start with a low dose that accounts for the child’s height, weight, personal and family history
- Discussion of risks and benefits
- Contact numbers for any issues or side effects
- Visits weekly and then monthly to monitor impact and effect on the child
- Close watch on weight, heart, suicidal ideation and sleeping patterns

**Red Flags**
- 2 or more medications of any class
- 2 medications in the same class of drugs
- High/Adult dosages for children
- Antipsychotics + Stimulant
- Long-term use without attempts to taper off
- Abruptly stopping meds
- No monitoring, documentation, noticeable impact
Psychotropic Medications in California

- “Medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. They may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.”
California Prior Authorization

- DHCS requires physicians to complete a treatment authorization request (TAR) form prior to prescribing antipsychotic medications to youth 17 and younger covered by Medi-Cal.
  - TAR not required for other classes of psychotropic medications besides antipsychotics.
  - The dispensing pharmacy must submit the TAR, and a state pharmacist reviews and verifies the medical necessity of the prescription before payment under Medi-Cal can be authorized. California Department of Health Care Services.
    - Supplement for Antipsychotic Treatment Authorization Request (TAR) for Ages 17 Years and Younger.
California Pharmacy Edits

Medi-Cal Drug Use Review (DUR)

- Reviews prescribing patterns
- Alerts pharmacists to potential prescribing hazards
- Educates providers
- The DUR Board
- “Improving the Quality of Care: Antipsychotic Use in Children and Adolescents” (2015)
CA Quality Improvement Project (QIP)

Purpose: Develop standards for safe and appropriate prescribing and monitoring of psychotropic medications for children and youth in foster care, as required by the federal Child and Family Services Improvement and Innovation Act (2011).
California Quality Improvement Project

- The QI Project is a collaborative effort between the Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS).
- Created “California Guidelines for Psychotropic Medication Use with Children and Youth in Foster Care.”
  - Updated annually.
  - Statements of best practice for the treatment of children and youth in out of home care with psychotropic medications; lays out basic principles, values, and expectations in developing treatment plans.
Polypharmacy: Appendix A provides the number of psychotropic drugs by class and in total that can be prescribed in different age groups.

Dosages: Appendix B of the Guidelines adopts the Los Angeles County Department of Mental Health (LACDMH) Parameters 3.8 for Use of Psychotropic Medication for Children and Adolescents.

Off-label Uses: Appendix C provides that “Any off-label use of medication should have some evidence available to support its use published in peer reviewed literature.

Prohibitions: “Psychotropic medications should not be used for the purpose of discipline or chemical restraint, except as acutely necessary in true psychiatric emergencies (Title 22, CCR, Section 22 51056).
Consultation/Secondary Review

- The Prescribing Algorithm (Decision Tree) in Appendix D notes in Section B that “The decision to treat a child with more than one medication from the same class” or “A clinician prescribing more than 3 psychotropic medications to one child … may warrant a second review by a Child and Adolescent Psychiatrist.”
Consultation/Secondary Review

Senate Bill No. 89 Updates

• CDSS has secured a psychiatric contractor to provide second reviews for counties who do not have their own review process.

• Second Reviews will commence upon final execution of contract with DHCS for draw down of Federal Match funds.
2015 Psychotropic Medication Legislation for CA Foster Youth

SB 238

- Outlined criteria for the use of psychotropic medication for children and youth in foster care, and required data sharing agreements between DHCS, CDSS and county placing agencies.
- Requires CDSS to provide data reports to counties who have signed onto the Global Data Sharing Agreement with CDSS and DHCS.
  - Reports include authorized psychotropic medications with medication name, quantity and dosage prescribed and available data regarding psychosocial interventions and incidents of polypharmacy.
2015 Psychotropic Medication Legislation for CA Foster Youth

SB 238 continued

• Required CDSS to develop training for social workers, probation officers and other important adults in the lives of foster youth

  • Training addresses authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic medications, trauma and substance use disorder treatments, and how to access those treatments.
2015 Psychotropic Medication Legislation for CA Foster Youth

2018-2019 Classroom Training Attendees
- Northern- 36
- Central- 51
- Bay Area Academy- 43
- Working on getting new data from Southern and LA Consortium.

E-learning Training
- 74 participants completed the training including the post-test.
Psychotropic Medication Data Measures

Measure 5a.1: Use of Psychotropic Medications

Measure 5a.2: Use of Antipsychotic Medications

Measure 5c: Use of Multiple Concurrent Medications

Measure 5d: Ongoing Metabolic Monitoring for Youth on Antipsychotic Medication

Measure 5h: Metabolic Screening for Youth Newly on Antipsychotic Medication
2015 Psychotropic Medication Legislation for CA Foster Youth

SB 319

• Amended WIC section 16501.3(c )(3) to add “monitoring and oversight of psychotropic medications” to the list of activities included in the planning and coordination of health care that may be performed by the foster care public health nurse.

• Adds foster care public health nurses to the list of allowable parties with whom health care providers can disclose medical information to for the purposes of coordinating healthcare services and medical treatment.
JV 220 Process

• Juvenile court judge overseeing a youth’s case is the ultimate decision-maker regarding psychotropic medication treatment for the youth, but family is involved.

• “Only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications” for a child or youth in foster care.

• California Code WIC §§ 369.5 and 739.5
Exception: Emergency

- Doctor may administer emergency psychotropic medications when child’s mental condition requires immediate medication to protect him/her or others from serious harm or significant suffering, and that waiting for the court’s authorization would put the child or others at risk.”
- The doctor then has at most two days to ask for the court’s retroactive authorization.
2015 Psychotropic Medication Legislation for CA Foster Youth

SB 484

• Adds additional record keeping/document requirements related to psychotropic medications for group home facilities to maintain in the child’s file.

• Requires CDSS to compile specified information regarding the administration of psychotropic medications to children in foster care in group homes based on data from DHCS and at least annually post on its website.

• Requires CDSS, in consultation with the DHCS and stakeholders, to establish a methodology to identify those group homes that have levels of psychotropic drug utilization warranting additional review, and to inspect identified facilities at least once a year.

• Share relevant information from inspections with county placing agencies, social workers, probation officers, court, minor’s attorneys, or medical board if applicable and/or with facilities and develop appropriate plans of action.
Findings reflect that both staff members and children appear to struggle with psychotropic medication refusal.

Staff responses indicated the majority of staff (55%) perceive a child’s reasoning for refusing to take their medication to be of a behaviorally oppositional nature such as defiance, moodiness, control, etc.

90% of staff received psych meds training

77% of Plans of Operation reflected the facility’s written medication policies and procedures for monitoring a child's psychotropic medications.

Out of 173 who stated they had refused a medication before, when asked “what happens if you choose not to take your psychotropic medication?” 27 children (15%) responded with “nothing” “staff just said ok and documented it” or similar response. 75 of the children (43%) stated they receive some sort of negative consequence or threat when they refuse.
CDSS analyzed several correlations, and found 2 variables that appeared to influence a child’s decision to refuse a medication:

- The first variable indicated a significant correlation between likelihood of medication refusal and belief that the medication does not improve their target symptoms.

- The second variable indicated a significant correlation between the likelihood of the child’s refusal and their belief that the medication was not helping them overall such as helping them in school, in life, with family problems, and any other overall treatment goals.
Additional Psychotropic Medication Legislation for CA Foster Youth

SB 1174

• DHCS shares with the Medical Board of California data, including, but not limited to, pharmacy claims data for all foster children who are or have been on three or more psychotropic medications for 90 days or more.

• The Medical Board of California shall contract for consulting services from a psychiatrist who has expertise and specializes in pediatric care for the purpose of reviewing the data provided to the board.

• The Medical Board of California consultant shall analyze this data for prescribing patterns for children and wards in foster care to determine if further action is warranted.

• SB 377- 2019 legislation which attempts to alleviate difficulties for Medical Board of California to obtain medical records for children flagged from data for further investigation of prescribing patterns.
California Foster Youth Mental Health Bill of Rights

- DHCS/CDSS Quality Improvement Youth and Family Education Workgroup by several youth advocacy groups in California, with input from mental health stakeholders, to support the needs expressed by youth in foster care.
- Non-comprehensive list of legal rights of California youth in foster care within the public mental health system.
California Wellness Website

- Designed to help foster youth and the adults in their lives learn more about pursuing wellness by providing links to youth-friendly wellness resources.
California: Stakeholder Update

STAKEHOLDER

Stakeholder Policy and Practice Updates
Lunch Break!
Where do we go from here?

We believe that by supporting and connecting organizations across the states of California, New Mexico, North Carolina and Tennessee who are invested in psychotropic quality improvement, we can improve outcomes for children and youth through the provision of individualized trauma-focused and evidence-based services and supports.
CDSS and DHCS have come a long way in partnering to improve oversight of psychotropic medications and ensure youth are receiving appropriate mental and behavioral health treatment.

- What other stakeholders need to be informed to further these efforts (e.g., public health nurses, resource parents, etc.,)?
- What do these stakeholders need to know to ensure children and youth in out-of-home care are only prescribed psychotropic medications when in their best interest?
Action Items & Next Steps

I. Large group discussion: what stakeholder groups might be missing?

II. Meeting date for November/December

III. Exit Survey: https://www.surveymonkey.com/r/GKSMR9Y
Email Follow-Ups

- Email sarah.pauter@phenomenalfamilies.org or CarrieQMason@gmail.com with
  - Your Name,
  - County or City,
  - Agency and Position.
- Ask Sarah or Carrie a question or tell us about an issue you are currently trying to address related to psychotropics.
  - We will respond as a follow up and provide any data, materials, or local connections that may be helpful to you.
Questions?