Improving the Use of Psychotropic Medication among Children and Youth in Foster Care:

A Quality Improvement Collaborative

Request for Applications

Deadlines

Expression of Interest: January 13, 2012
Application: February 29, 2012

CHCS Center for Health Care Strategies, In

IMPROVING THE USE OF PSYCHOTROPIC MEDICATION AMONG CHILDREN AND YOUTH IN FOSTER CARE

The Center for Health Care Strategies, Inc. (CHCS), with funding from the Annie E. Casey Foundation (AECF), seeks state applicants to participate in a three-year quality improvement initiative to improve the practice of psychotropic medication prescribing and management for children and youth in foster care. A panel of independent experts representing clinical behavioral health practice, child welfare, Medicaid, and families and youth with experience in the child welfare system will review the applications and help CHCS select up to five state teams to participate in this three-year initiative. This initiative is intended as a state Medicaid, child welfare, and behavioral health authority partnership.

Each of the selected state teams will be part of a national multi-stakeholder quality improvement collaborative focused on improving the behavioral health care provided to children in foster care. Throughout the project, CHCS will help states to systematically track process and impact indicators using a continuous quality improvement learning community model. Findings will be broadly disseminated by CHCS and AECF, culminating with the publication of a toolkit that will serve as a how-to guide for other states to pilot the strategies tested in the collaborative.

BACKGROUND

The overuse of psychotropic medications among children and adolescents in the child welfare system has become a high-priority, public sector child health and safety concern in recent years. Rates of psychotropic medication use are especially high among children and youth in the care and custody of a public agency – child welfare or juvenile justice – who rely largely on the Medicaid program for coverage of their health and mental health service needs, and the impact of these medications on their developing brains is largely unknown.

As a result of the trauma experienced by children involved in the child welfare system, and particularly those in foster care, greater behavioral health needs and higher levels of treatment among these children are largely accepted as appropriate and expected. However, recent studies put the rates of psychotropic medication use for children in foster care at alarmingly high levels, with one study of 16 state Medicaid programs revealing that children in foster care were prescribed atypical antipsychotics at a rate nearly nine times that of other Medicaid-covered children.[1] An upcoming CHCS study finds that children in foster care use psychotropic medications at a rate nearly six times that of TANF children in Medicaid, and comparable to that of children who have disabilities serious enough to qualify for SSI. Further, targeted interventions for children with long tenures on concomitant psychotropic medications have successfully simplified their medication regimens, indicating that they were being prescribed some medications for longer than was necessary.[2]

While psychotropic medications are an important part of treatment for a number of psychiatric symptoms, serious risks and side effects have been documented for adults, and the implications for adverse effects in children are not fully understood. Few of these medications – developed to affect perception, behavior, and mood – are approved for use in children; however, off-label use is legal and common. With studies indicating that psychotropic medications are being prescribed to very young children, at levels above those approved for use in adults, and often in combination with other medications, state and federal child welfare, Medicaid, and behavioral health officials are focusing on ways to ensure that prescribing is brought in line with national guidelines.[3] For states, reducing unnecessary and inappropriate use of psychotropic

medication will result in higher quality care and better outcomes for children being served, and better management of limited financial resources, particularly if those dollars can be redirected to evidence-informed home- and community-based services and supports.

Acknowledging that children in foster care are particularly vulnerable to inappropriate prescribing practices, 26 states currently provide written guidance regarding psychotropic medication use for these children, and 13 others are developing policies to address this concern.[4] This situation demands prudent and coordinated oversight among public child-serving systems, their managed care vendors, and providers, as well as effective patient, family, and provider education about the use of psychotropic medications, possible side effects, appropriate duration of use, effectiveness, and possible interactions with other therapies.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires state child welfare agencies to develop a plan for the ongoing oversight and coordination of health care services for any child in a foster care placement. Each plan must be developed in coordination and collaboration with the state Medicaid agency, and in consultation with child health care and child welfare experts and recipients of child welfare services. The plan must assure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental and dental health needs and oversight of prescription medicines.[5] In September of this year, Congress passed the Child and Family Services Improvement and Innovation Act, which requires that state child welfare agencies receiving certain federal child welfare funds establish protocols for the appropriate use and monitoring of psychotropic medications.

Despite real advances in behavioral health treatment, there are many gaps in the application of sound practices related to pediatric psychotropic prescribing and management. To improve the quality of prescribing practices for youth, in 2009 the American Academy of Child and Adolescent Psychiatry (AACAP) issued guidance for its members to promote appropriate use of psychotropic medications for children in state custody.[6]

While the role of provider engagement in quality improvement is clear, youth and families involved in the child welfare system are also powerful advocates and important partners in improving the process and outcomes of behavioral health care. The strengths-based service approach that is a feature of evidence-based practices in children's behavioral health care views the family as central to the child's well-being; however, in a fragmented system, direct interagency collaboration and support are also needed. The National Alliance for Mental Health (NAMI) Research Institute has called for families and youth to be given adequate information on the risks and benefits of psycho-pharmaceutical treatments.[7] It is critical that families give informed consent having received clear information related to: diagnosis; treatment options, including but not limited to medication; and possible side effects and adverse reactions. In addition, quality improvement in the use of psychotropic medications is intrinsically tied to the availability of a range of home- and community-based service options for children and their families.

In support of states' efforts to address these issues and comply with federal requirements, AECF is funding this initiative to provide technical assistance to Medicaid, child welfare, and behavioral health policymakers and administrators, Medicaid managed care organizations, and other key stakeholders as they work to improve the prescribing and monitoring of psychotropic medications among children in foster care.

PROJECT GOALS

The purpose of this quality improvement collaborative is to develop and test interventions for appropriate management of psychotropic medication use for children in foster care. High-level goals include: (1) increasing the appropriate use of psychotropic medications for children in foster care; (2) strengthening policies and practices in line with national guidelines for psychotropic prescribing for children in foster care; (3) facilitating better coordination among state Medicaid, child welfare and behavioral health agencies serving children in foster care; and (4) promoting clinical and administrative practices that include youth and family perspectives and participation.

State teams should use the best scientific evidence – and anecdotal and administrative data where an evidence base is lacking – to implement strategies designed to:

- Establish and/or improve state psychotropic medication oversight and monitoring systems for children and youth in foster care;
- Decrease the inappropriate use of psychotropic medications for these children;
- Decrease the length of time that children in foster care take psychotropic medications; and
- Increase the use of evidence-informed behavioral health services (particularly home- and community-based interventions) to provide alternatives to psychotropic medication.

BENEFIT TO THE STATES

The selected state teams will receive extensive support for system change, including:

- National expert technical assistance to improve systems, policies and practices related to psychotropic prescribing;
- Access to best practice thinking around the appropriate use of psychotropic medciation for children in foster care;
- Access to an informal network of national and local peers – and the formal network of QIC learning community states – focused on this issue;
- Training in the CHCS Quality Improvement Framework to support a systematic approach to plan and implement system change;
- Access to a data-driven process to enhance the quality of care that will yield measureable results;
- Bi-monthly, individualized state-specific technical assistance to successfully implement improvement efforts; and
- Travel support for three face-to-face meetings in each year of the project.

PROJECT DESIGN AND SOLICITATION

CHCS is soliciting applications from multi-agency state teams to participate in a national quality improvement collaborative to design, pilot and evaluate effective practices to improve psychotropic medication use among children in foster care. Projects should seek to: (1) address the critical issues described above; (2) integrate best practice guidelines for the target population; and (3) measure both process and outcome indicators.

APPLICATION CONTENT

As applications may not exceed 10 single-spaced pages, applicants should only include concise responses to the following:

1. *Describe which agencies are responsible for authorizing, overseeing, and financing psychotropic medications for children in foster care in your state.*

2. *Describe your state's most pressing challenges related to psychotropic medication use among children in foster care.*

3. *Describe, succinctly, your state's current child welfare and Medicaid laws and policies related to psychotropic medication prescribing for children in foster care. If you reference legislation and published policies, you may include a hyperlink to the referenced documentation for fuller descriptions to supplement your response.*

4. *Describe the extent to which your state utilizes its child welfare information system and health information technology (e.g., health passports) to support the provision of care, including care related to the use of psychotropic medications, for children in foster care.*

5. *Identify the target population that your state will seek to impact (e.g., children in foster care, aged 0-5; children in foster care in a particular region of the state; all children in foster care; etc.).*

6. *Describe the specific activities that your project team would propose to engage providers and improve adherence to guidelines for psychotropic medication prescribing.*

7. *Describe the strategies that your project team would use to engage youth and families (including birth parents, foster parents, kinship families, and other resource caregivers, as appropriate) in meaningful partnership.*

8. *Describe past or current successful partnerships among the proposed partner agencies – if applicable – and how they would be leveraged to support this work.*

9. *Identify the data to which your state Medicaid and child welfare agencies – and any other proposed partners – currently have access to determine baseline rates of prescribing and trends in prescribing rates over the course of the project. Additionally, please describe any existing relationships – contractual and otherwise – that may enhance your state's ability to access and analyze data.*

10. *Describe the extent to which your state can track psychotropic medication prescribing among children and youth after they leave foster care, assuming that they remain Medicaid-covered.*

11. *Name the proposed project team members (including titles and agency affiliations if applicable) and outline the roles that they will play in this initiative.*

HOW TO APPLY

- Submit an Expression of Interest Form to pmqic@chcs.org by 5:00pm ET on January 13, 2012. The form should specify: (1) the proposed partner agencies; (2) the number of children currently in foster care in the state; and (3) a brief description of the state's existing system for monitoring

and managing psychotropic prescribing for children in foster care that would be improved by participation in this initiative.

- Applications must be submitted online to pmqic@chcs.org and received by 5:00pm ET on February 29, 2012.
- Applications must not exceed 10 single-spaced, typewritten pages with a font size of no less than 11 point and top, bottom, left and right margins of no less than one inch.
- Applications must be accompanied by a letter of commitment signed by an official of the child welfare agency and an official of the Medicaid agency (or state behavioral health authority if responsible for Medicaid behavioral health, including psychotropic medications) indicating the agencies' willingness to collaborate on this initiative.

STATE SELECTION

States will be selected to participate in this initiative based on:

- Commitment of state leadership to a meaningful collaboration across relevant child-serving agencies and a willingness on the part of those agencies to serve as co-directors of the project.
- Identification of a multi-stakeholder, cross-agency team to plan and implement the improvement efforts.
- Feasibility of the proposed approach given the scope, infrastructure, and foundation for implementation, and the likelihood of sustainability beyond the project conclusion.
- Ability to collect and report administrative, clinical and financial data related to psychotropic medication use among children and adolescents in foster care.

PROJECT TIMELINE

December 19, 2011	Call for Applications sent to all state Medicaid and Medicaid Medical Directors, Child Welfare Directors, and Behavioral Health Directors
January 13, 2012	Expression of Interest Forms due to CHCS
January 27, 2012	Frequently Asked Questions sent to states expressing interest and posted to CHCS website
February 29, 2012	Applications due to CHCS
March 30, 2012	Successful applicants notified
April 2012	Project launch call with participating state teams

ENDNOTES

[1]Crystal, S; Olfson, M; Huang, C; Pincus, H; & Gerhard, T, 2009. *Broadened use of atypical antipsychotics: Safety, effectiveness, and policy challenges*. Health Affairs. 28(5):770.
[2]Allen, K., Pires, S,. Mahadevan, R., forthcoming in 2011, *Improving Outcomes for Children Involved in Child Welfare: A Quality Improvement Collaborative*, Center for Health Care Strategies, Inc.
[3]Dear State Director Letter issued jointly by the administrators of ACF, CMS, and SAMHSA on November 23, 2011.
[4] Leslie, L. Mackie, T., Dawson, E. et al., 2010. *Multi-state Study on Psychotropic Medication Oversight in Foster Care*, Tufts Clinical and Translations Science Institute.
[5] http://www.fosteringconnections.org/
[6] Walkup, J. and the work group on quality issues, 2009. *Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents*, Journal of the American Academy of Child and Adolescent Psychiatry,48:9.
[7] NAMI Policy Research Task Force Report on Children and Psychotropic Medications. 2004
http://www.nami.org/Template.cfm?Section=CAAC&Template=/ContentManagement/ContentDisplay.cfm&ContentID=38172&MicrositeID=0&FusePreview=True