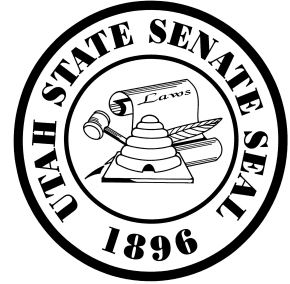




Performance Note
SB0082S01 - Child Welfare
Modifications

Sponsor: Sen. Harper, Wayne A.



Performance Note Report

Author: nwinters

Agency: Department of Human Services

Funding For:

New Services or Benefit

Public Benefit:

Purpose: Published studies have consistently shown that children in foster care are prescribed psychotropic medication at a higher rate than children in the general population. The Child and Family Services Improvement and Innovation Act (P.L. 112-34) of 2012 amended title IV-B, subpart 1 of the Social Security Act to require a health care oversight and coordination plan for children in foster care that must include an outline of "protocols for the appropriate use and monitoring of psychotropic medications." In order to ensure Utah is in compliance with the requirement to improve oversight and monitoring of psychotropic medication usage among children and youth in foster care, DCFS determined it necessary to develop and implement an oversight process to review children in foster care who may be prescribed multiple psychotropic medications.

Services: The funding increase will provide the ability for DCFS to implement the psychotropic medication monitoring and oversight process as a pilot project until 2019. The funding will provide for the salaries for a full time Advanced Practice Registered Nurse (APRN) and a half-time Child Psychiatrist, who will be employed by the Department of Health to conduct psychotropic medication oversight process. The funding also provides for two Registered Nurses (RN) to review health information of children in foster care in order to triage the cases to be reviewed by the oversight panel. The funding will further provide for a .2 FTE for a researcher in order to track outcomes and statistics for the project, as well as one time funding to assist in development costs for the Child Welfare database system (SAFE) to support the oversight process. The focus will be on reviewing children under the age of 5 taking 2 or more medications and on children over 5 taking 3 or more medications, as well as any medications being prescribed outside of the recommendations established by the Food and Drug Administration (FDA) and/or the American Academy of Pediatrics (AAPA).

Expected Outcome: Expected outcomes include less children in foster care that are being prescribed and/or administered psychotropic medications at a rate in excess of the recommendations provided by the FDA and/or the AAPA. Psychotropic medication usage of children in foster care will be reviewed for diagnosis, medical appropriateness, and alternative treatment options by the APRN and child psychiatrist, both of whom will have demonstrated expertise in mental health needs for children. More detailed guidelines for prescribing psychotropic medications to children in foster care in Utah will be established and provided to general medical practitioners; and a process will be established for doctors

who work with children in foster care in the community to access technical assistance from the panel when prescribing psychotropic medications for children in foster care.

Implementations and Resources: DCFS will use current health data stored in the SAFE database to identify children in foster care who are prescribed and/or being administered psychotropic medications at a rate higher than the recommended guidelines of the FDA and/or the AAPA. The cases will be triaged and sent to the oversight panel for review. The oversight panel will consist of, at minimum, the APRN and child psychiatrist, and will consider information provided by others familiar with the child. The panel will review the medical history and any other information necessary to make a determination regarding the appropriateness of the medication regimen, and will work with the prescribing doctors to make any necessary adjustments. The panel will also provide technical assistance and guidelines for general medical practitioners in the community who are working with children in foster care who need to prescribe psychotropic medication. Resources currently available to DCFS include access to comprehensive health information for children in foster care through SAFE, as well as the current contract with the Department of Health, Fostering Healthy Children program to oversee and monitor the healthcare needs of children in foster care. A stakeholder collaborative group has also assisted in the design of the oversight process.

How: Establishing the oversight panel will allow DCFS access to medical staff with the expertise in child psychiatry to ensure that psychotropic medication is being prescribed safely and effectively to children in foster care, starting with those that have the highest number of meds prescribed. In addition, DCFS will be able to establish guidelines and provide assistance to prescribing doctors in the community who are treating children in foster care. Designing it as a pilot project with a dedicated researcher will allow DCFS to evaluate whether the resources being dedicated to the process are sufficient to achieve the desired outcomes. Number of children affected by change to bill is 627.

By rule, performance notes are provided by the governmental entity that will supervise the new agency or administer the new program. Performance notes are not written by the Office of the Legislative Fiscal Analyst.