



Sunset Review: Utah Psychotropic Oversight Panel (UPOP)

STATE OF UTAH
DIVISION OF CHILD AND FAMILY SERVICES
June 30, 2023

To: Health and Human Services Interim Committee
From: Tonya Myrup, Director, Division of Child and Family Services
Subject: Sunset Review of [80-2-503.5](#) "Psychotropic Medication Oversight Pilot Program"

Is/Did the statute/program accomplish[ing] its objective?

Yes, the Psychotropic Medication Oversight Pilot Program (UPOP) is accomplishing its objective by ensuring that children in foster care are prescribed psychotropic medication consistent with the foster children's needs. This is accomplished through the Utah Psychotropic Oversight Panel (UPOP) team monitoring foster children who are:

- (a) six years old or younger who are being prescribed one or more psychotropic medications; and
- (b) seven years old or older who are being prescribed two or more psychotropic medications

The Federal Child and Family Services Improvement and Innovation Act (P.L. 112-34) was amended in 2011 to specify that each state's child welfare oversight plan must include an outline of "protocols for the appropriate use and monitoring of psychotropic medications." UPOP satisfies the Division of Child and Family Services' (DCFS) federal requirement for foster care health care oversight.

Since the pilot began, UPOP has reviewed roughly 500 cases each quarter. Below is the October 2022-December 2022 quarterly report:

Cases Reviewed by UPOP	Number	Percent
All cases reviewed (from Quarterly data report)	481	95%
Q2 Total # of follow up cases	401	79%
Q2 Total # of new cases reviewed	80	16%
*Low acuity cases reviewed	140	29%
**Intermediate cases reviewed	246	51%
***Complex cases reviewed	44	9%
Runaway or missing children	4	<1%

Total # Direct communications with prescriber via email, fax and phone call or video meeting and additional consultations	61	12%
Complex case Consultations	37	
Additional Consultations	24	

As a result of their review of individual cases, the oversight team may make recommendations to the foster child's health care providers concerning the foster child's psychotropic medication or the foster child's mental or behavioral health. If a recommendation is given, the oversight team is required to discuss the recommendations with the foster child's current health care providers and then provide those recommendations to the foster child's parent or guardian.

The panel has implemented a helpline where medical providers treating children in foster care can voluntarily consult with the UPOP team and receive advice about appropriate medications to prescribe. The helpline is also available for foster parents and DCFS staff to consult with UPOP on specific cases. The UPOP team provides guidance on appropriate medication to medical providers that are treating children in foster care. There are regular meetings with DCFS and Division of Family Health leadership to discuss progress, system-related issues, and quarterly calls with Fostering Healthy Children (FHC) nurses. UPOP is also engaged in Medicaid and DCFS policy discussions.

UPOP currently receives \$192K in state funds. These funds are matched by federal Medicaid dollars for a total of \$384K going to fund the UPOP contract. The DHHS Division of Family Health has oversight of these funds.

Is the statute/program necessary? Does it need to continue? If so, for how long?

Yes, the statute is necessary to ensure that DHHS continues to receive the line item funding needed to operate the program.

To answer a question raised by Senator Kennedy during the June HHS Interim Committee, there are consequences for the state if we do not comply with the federal requirement to implement an oversight program. Since 2011 when federal code required psychotropic oversight for this population, several states have been sued for non-compliance or mismanagement of their psychotropic medication oversight programs. These include:

- [Maine \(2021\)](#)
- [Missouri \(filed in 2017, settled in 2019\)](#)
- [Texas \(2023\)](#)
- [Maryland \(2023\)](#)

Are there ways to improve the statute/program?

DCFS looks forward to working with lawmakers to ensure the Psychotropic Medication Oversight Pilot Program does not sunset as well as making improvements to the statutory language during the 2024 legislative session to ensure the system works effectively and efficiently. Over the next month, DCFS will collaborate with Rep. Steve Eliason, the HHS Interim Committee, health and Medicaid partners within DHHS to propose language that will help clarify how the program is administered through DHHS agencies and the composition requirements of the UPOP team.

Definitions

*"Low" Acuity means any child age 7 or older who is prescribed 2 psychotropic medications and whose:

- a) Condition is stable;
- b) Routine medication regimen is established;
- c) Symptoms are well controlled;
- d) Medications and dosing are appropriate for the diagnosis prescribed; and
- e) Whose condition does not require anti-psychotics, mood stabilizers, or laboratory testing.
 - i) Low Acuity does not apply to children ages 6 or under on any psychotropic medication.

**"Intermediate" Acuity means any child:

- a) Age 6 or younger who is prescribed 1-3 psychotropic medications; or
- b) Age 7 or older who is prescribed 2-4 psychotropic medications.
- c) Intermediate Acuity may include:
 - i) Medications that require laboratory monitoring; or
 - ii) Require clarification of the rationale for the medications used.

***"Complex" Acuity means any child:

- a) Age 6 or younger who is prescribed 4 or more psychotropic medications; or
- b) Age 7 or older who is prescribed 5 or more psychotropic medications.
- c) Complex Acuity may include regimens:
 - i) With 2 medications in the same classification;
 - ii) With medications that require laboratory monitoring; or
 - iii) That requires clarification of the rationale for the medications used.