

**Response to Additional Questions  
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**Before the House Subcommittee on Income Security and Family Support  
Ways and means Committee  
U.S. House of Representatives  
Jim McDermott, M.D., Chair**

**“Managing Psychotropic Medication Usage in a Child Welfare System”**

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*The Department of Health and Human Services recently published an interim final rule governing the use of case management services provide by State Medicaid programs. The regulations place new limitations on the use of targeted case management to treat children in he foster care system. What impact would this proposed rule have on State's ability to use psychotropic medications to treat foster children with mental health disorders?*

The impact of the proposed rule is significant overall as the State of Tennessee Department of Children's Services is losing approximately \$73 million in funding. This is over 10% of our annual budget and is resulting in the loss of over 160 staff positions. While the impact on the ability of Tennessee to use psychotropic medication to treat mental disorders for children in foster care will not be directly affected by the loss of federal funding for targeted case management activities, the overall process of care coordination for children in custody could suffer. The Department of Children's Services will no longer be able to deliver targeted case management services for children in its care and will have to rely on other entities to assist. Children in state custody will still be able to receive health services from contracted providers and from providers in the community but ensuring continuity of care and that the care for these children is coordinated will be more challenging.

*What is Tennessee doing to ensure that foster children who are prescribed psychotropic medications are also receiving a continuum of other treatment services to address their mental health needs?*

Tennessee is committed to ensuring that foster children who are prescribed psychotropic medications also receive a continuum of other treatment services to address their mental health needs. Several things are in place to help make this happen.

- First of all, this premise is clearly stated in our DCS Medication Monitoring Guidelines: “Medication should be integrated as part of a comprehensive treatment plan that includes: appropriate behavior planning; symptom and

behavior monitoring; communication between the prescribing clinician and the youth, parents, guardian, foster parents, DCS case manager, therapist(s), pediatrician and any other relevant members of the child or youth's treatment team.”

- In addition, every case of a child in custody is reviewed on a monthly basis in individual supervision between the Case Managers and their supervisors. Part of this supervision focuses on whether or not children in foster care are receiving all needed treatment services.
- The State of Tennessee Department of Children's Services has recently updated its statewide data system to allow for better documentation and tracking of all health services children receive. This system also allows for the recording and tracking of recommended services and identified service needs, with reports to ensure that these are accomplished.
- Tennessee DCS contracts with provider agencies to deliver services to children in state custody. These contracts delineate scopes of services for every level of care, all of which mandate an array of services to children so that no child is receiving medication as the only intervention.
- Tennessee requires that appropriate informed consent be obtained prior to a child in custody being placed on psychotropic medication. If parental rights have been terminated or if the parents are unavailable, then the DCS Regional Health Unit Nurse provides consent. As part of this consent process, the nurse reviews the child's placement and treatment needs. This review helps ensure that children are receiving all needed treatment services and not just taking medication as the only intervention.

***How does Tennessee ensure that children under their supervision receive a medical evaluation and health screening prior to being placed on psychotropic medications?***

Tennessee DCS emphasizes the importance of health screening and evaluations for all children in custody. As a child enters the custody of the state, a Well-Being Information and History form is completed with the child's parents/guardians. This form documents initial health history of the child, including allergies, current medications, current and upcoming health services, mental health treatment history, and education status. The DCS Regional Psychologists and Nurses review this information and make recommendations regarding any immediate medical or mental health needs and communicate this information to the DCS Case Manager so that follow-up can occur. These identified service needs are tracked via our child welfare database.

Tennessee also has implemented the use of a standardized assessment process for all children in custody. Through collaboration with a nationally recognized expert, Dr. John S. Lyons, DCS developed an assessment tool derived from the CANS (Child and Adolescent Needs and Strengths). This assessment is completed on all children entering custody and is used to inform the Child and Family Team (CFT) about the needs of the child to assist in placement determinations. The CANS is also completed at any initial, transition or decision making point in the care of a child in custody. Every CANS

assessment is reviewed by the case management supervisor, as well as by clinical staff at the five Centers of Excellence across the state.

The CANS assessment is part of the EPSDT health screening process that all children entering care receive. The CANS looks at psychological symptoms that drive depression and other mental illnesses but also assesses causative factors like trauma that produce a more broad-based approach to treatment rather than just focusing on psychopharmacology.

Additionally, all children entering the custody of the State of Tennessee are required to receive an Early Periodic Screening Diagnosis and Treatment (EPSDT—well-child check up) screening within 30 days of entering custody. These screenings are usually completed at the local health departments, but some children may receive them from their Primary Care Provider if needed. Information obtained from the Well-Being Information and History Form as well as from the CANS assessment is shared with the healthcare professional completing this EPSDT examination. Results of this examination are communicated directly to the DCS regional nurses, who identify and communicate any identified service needs for the children. One result of the CANS and EPSDT screening may be the referral of a child to a local mental health center for a formal mental health evaluation, which could lead to the child receiving therapy services as well as being evaluated for the need for psychotropic medication.

***You noted in your testimony that the use of psychotropic medications in Tennessee's foster care system has declined since 2004 when the State first began auditing the use of these drugs. Do you believe that the decline is directly related of the State's increased regulation of these drugs?***

I believe that the work that Tennessee DCS has done in developing policies, implementing best practices, and providing ongoing monitoring of the use of psychotropic medications for children in custody has had an effect on the decline in the percentage of custody children being prescribed psychotropic medications. However, I cannot attribute direct causality. By engaging private providers, community partners, and other state agencies in the development and implementation of our policies and monitoring process, DCS has increased the awareness of the issue of psychotropic medication usage with children in the state of Tennessee. This increased focus has led to increased monitoring and oversight by other entities in the state. For example, Tennessee's Medicaid program (TennCare) instituted changes in its formulary that mandated prior authorization anytime more than one antidepressant medication or more than one antipsychotic medication were prescribed for children. Also, Tennessee's Department of Mental Health and Developmental Disabilities promulgated new licensing regulations for residential treatment facilities serving children and youth that required facilities to have nurses administering medication to children and overseeing the medication process. The ongoing monitoring provided by DCS as well as continued advancements in policies and practices related to psychotropic medication usage keeps this issue as a priority focus for all entities serving our children.