



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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Health and Recovery Services Administration
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June 13, 2008

The Honorable James McDermott
 Chair, Income Security Subcommittee
 U.S. House of Representatives
 Washington, D.C. 20515

Dear Rep. McDermott:

Here are the answers to the questions you posed following my appearance before your subcommittee on May 8, 2008:

What is Washington State doing to regulate the use and administration of psychotropic medications among children in the foster care system?

Under the legislative direction of HB1088, the Department of Social and Health Services (DSHS) is authorized and funded for five programs that address psychotropic medications:

- An Evidence-Based Practice Center housed at the University of Washington is tasked with defining and communicating evidence-based clinical/prescription strategies.
- A phone-based consultation service pilot is allowing primary care providers to call a pediatric psychiatrist during business hours in two regions of Washington State. The regions were selected because they both have high rates of psychotropic medication prescribing.
- The state has created a second opinion process in which prescribers (Primary Care Provider, Advanced Registered Nurse Practitioner and psychiatrists) who want to exceed age, dose and combination safety thresholds must get a review by a contracted community child and adolescent psychiatrist.
- Statewide provider education programs were created based on Washington State treatment guidelines for appropriate diagnosis and prescribing with psychotropic medications.
- A "wraparound" pilot program is being set up in three areas of the state to service families of children with mental health issues and help design an integrated program.

Washington Medicaid has also formed a Pediatric and Adolescent Mental Health Workgroup made up of community providers, University of Washington experts and agency staff. The workgroup has reviewed



statewide prescribing data and developed a series of safety thresholds that will reduce psychotropic medications in children who are too young, or dosed too much, or using too many.

Finally, we have gone to great lengths to integrate all the above programs and others listed below so foster care children will get the best set of interventions for their unique issues, which may include psychotropic medications.

Washington State recently enacted legislation that would guarantee that children in foster care will have a “medical home.” How could this benefit those foster children who are suffering from a mental disorder and are prescribed psychotropic medications?

Washington Medicaid has several pilots using a medical home model for adults. We intend to use that experience in adding that dimension to pediatric and PCP practices for children in foster care

- DSHS is setting up three Centers of Foster Care Health (CFCH) across the state to provide specialized and targeted services to children, their foster care families, and the providers who serve them. The CFCH will provide consultation and coordination for children with complex health issues. In addition, the centers will have capacity to provide primary health care for children who do not have an assigned primary care provider.
- Children’s Administration and Medicaid fund and work with a group of five contracted pediatric specialists across the state to assist primary care providers and other providers in facilitating foster care services. (The Children’s Administration also has six part-time pediatricians who are DSHS employees.)
- Washington Medicaid recently increased several pediatric service rates by 48 percent, allowing clinics and offices to hire additional staff to assist in coordinating mental health services. We know of several practices that have part-time psychologists on staff, which may be a “best practice” for medical homes where mental health issues are frequent,
- Finally, the Children’s Administration funds additional mental health services in Foster Care for special needs programs.

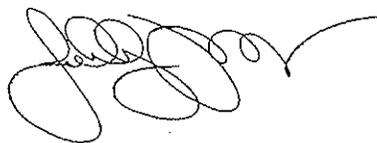
You noted in your testimony that there are a number of best practices being used across the country related to the use of psychotropic medications. Can you please describe some of these?

Several states have instituted treatment guidelines, step therapies and algorithms to assist providers in diagnosing mental issues, in defining followup care and in prescribing psychotropic medications. These states include Texas, New York, Washington and California.

- Washington State and Massachusetts have mental health phone consultation services for providers with questions regarding diagnosis, treatments, and prescribing of psychotropic medications.
- Several states have prior authorization programs with generic field-first processes, step therapies and algorithms for psychotropic medications. One of these states is Ohio, which has a prior authorization program for atypical anti-psychotics.

- Two states require second opinions by an internal or contracted provider when safety thresholds are exceeded with psychotropic medications. These states include Washington and Missouri.
- Finally, Washington State is directing a project called "Kids Getting Anti-Psychotics" that will survey Medicaid programs in up to 20 states -- including California, New York, Pennsylvania and Washington -- on their utilization of psychotropic medications as well as their policies to determine whether there are any "best practices." This project is funded by AHRQ; has sponsorship with National Association of State Medicaid Directors, National Association of State Medicaid Mental Health Directors and the Medicaid Medical Directors Network.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffery Thompson", with a long, sweeping horizontal line extending to the right.

Jeffery Thompson, M.D.
Chief Medical Officer
Washington Medicaid Program, HRSA, DSHS

cc: Rep. Dickerson