

## B-5 Psychiatric Monitoring Tool

Provider: \_\_\_\_\_

Review Date: \_\_\_\_\_

Date Child Began Psychotropic Medication: \_\_\_\_\_

Reviewers: \_\_\_\_\_

<b>I. Psychiatric Evaluation</b>	Yes	No	N/A	Comments:
1. The psychiatric evaluation was completed prior to the initiation of psychotropic medication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Psychiatric Evaluation includes, at a minimum:				
<i>a) Reason for referral</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>b) Child's social, emotional and behavioral symptoms</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>c) Detailed medical and developmental history</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>d) Current medical and developmental concerns and status</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>e) Family, community, child care and cultural contexts which may influence a child's clinical presentation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>f) Parental and environmental stressors and supports</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>g) Parent/Caregiver's perception of the child, ability to read/respond to child's cues, and willingness to interact with the child</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>h) Children birth to five mental status exam</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>i) Use of standardized instruments to identify baseline functioning and track progress over time</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>j) Coordination with the child's pediatrician/primary care physician and/or developmental pediatrician if involved</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>k) Collaboration with other agencies involved with the child and family</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>II. Psychiatric Treatment</b>	Yes	No	N/A	Comments:
1. The rationale for medication choice is clearly documented in the clinical record prior to the initiation of a medication trial	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. If more than one medication is prescribed, there is documentation of clear target symptoms for each medication in the child's clinical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. There is evidence in the clinical record that the Behavioral Health Medical Practitioner (BHMP) is communicating and coordinating care with the child's health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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4. In children who have a positive response to medication, as indicated by a remission of symptoms, a taper off medication was considered and clearly documented in the clinical record every six to eight months of treatment until the child reaches the age of 5				
<b>III. Psychiatric Treatment by a <u>Non-Child Psychiatrist BHMP</u></b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
1. The case was reviewed with the designated child psychiatric provider prior to the initiation of psychotropic medication				
2. The case review with the designated child psychiatric provider included the following:				
a) <i>Proposed medication with the starting dosage</i>				
b) <i>Identified target symptoms</i>				
c) <i>The clinical rationale for the proposed treatment</i>				
d) <i>Review of all medications the child is currently taking, including over the counter and those prescribed by other medical/naturalistic providers</i>				
e) <i>Plan for monitoring, including monitoring frequency (e.g., weekly, monthly)</i>				
f) <i>Identified targeted outcomes</i>				
3. If the child is not making progress toward their identified treatment goals, there is evidence that the non-child psychiatrist BHMP re-consulted with the designated child psychiatric provider <i>at a minimum of every three months</i>				
4. If the child is on more than one psychotropic medication, there is evidence that the non-child psychiatrist BHMP re-consulted with the designated child psychiatric provider prior to the child receiving more than one medication				
5. In the event that a taper off medication <i>at six to eight months</i> of treatment is either not clinically indicated or unsuccessful, there is evidence that the non-child psychiatrist BHMP re-consulted with the designated child psychiatric provider				
<b>IV. Informed Consent</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments:</b>
1. The informed consent was completed prior to the initiation of psychotropic medication.				
2. For each prescribed medication, the informed consent contains discussion with the parent/guardian of the following:				
a) <i>FDA status of the medication</i>				

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<i>b) Potential risks, benefits, and alternatives to its use</i>				
<i>c) Level of evidence supporting the recommended medication</i>				



## **Regional Behavioral Health Authority (RBHA)** **Instructions for Completing the *Birth to Five (B-5) Psychiatric Monitoring Tool***

The *B-5 Psychiatric Monitoring Tool* is designed to determine if providers are serving children birth to five years of age consistent with the service expectations outlined in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Practice Protocol *Psychiatric Best Practice Guidelines for Children: Birth to Five Years of Age*.

Reviews of each provider should be conducted at a minimum of once annually. The RBHA should have a minimum of one Quality Management and one Clinical Operations representative conduct these reviews.

The review tool is a chart review. The number of chart reviews to be completed is based on the total number of children age birth to five on psychotropic medication who are currently being served by the provider:

- 5 or less children = 2 reviews
- 5-10 children = 4 reviews
- 10-15 children = 6 reviews
- 15-20 children = 8 reviews
- Over 20 children = 10 reviews

For example, if there is a total of 12 children age birth to five on psychotropic medication with the provider being reviewed, there should be a total of six files reviewed.

At the beginning of the *B-5 Psychiatric Monitoring Tool* is a demographic section the reviewer must complete.

The next section of the *B-5 Psychiatric Monitoring Tool* is a chart review which evaluates four components related to providing quality care for children age birth to five who are receiving psychotropic medications:

- Psychiatric Evaluation
- Psychiatric Treatment
- Psychiatric Treatment by a Non-Child Psychiatrist Behavioral Health Medical Practitioner (BHMP)
- Informed Consent

Most questions can be answered with a Yes or No response; Not Applicable (N/A) is available for some questions. Most of the questions also provide an opportunity for the reviewer to add comments to their answers. The comment section can be used to clarify answers or note any unusual factors or circumstances associated with the questions.

## Completing the RBHA Quarterly Protocol Monitoring Report

Results from each provider reviewed during a quarter must be compiled using the *RBHA Quarterly Protocol Monitoring Report: Psychiatric Best Practice Guidelines for Children B-5* and submitted to ADHS/DBHS on a quarterly basis. These quarterly reports will be utilized to monitor each provider agency's adherence to the required elements in the ADHS/DBHS Practice Protocol *Psychiatric Best Practice Guidelines for Children: Birth to Five Years of Age*.

Each provider agency reviewed should be listed along with the date of the review and the number of clinical files reviewed. Quantitative results are tabulated as the percentage of total "yes" responses for all of the questions under each of the four components. For example, under the first component *Psychiatric Evaluation*, there is a potential of 12 total "yes" responses. Therefore, the percentage of total "yes" responses under this component would be calculated as:

$$\frac{\text{Total number of "yes" responses on all clinical files reviewed}}{\text{Total number of charts reviewed}} \times 100$$

Qualitative results should be listed as strengths and areas identified for improvement by provider agency.

Finally, RBHA-level trends, barriers, and improvement efforts for provider agencies should be documented in the table provided.

Completed monitoring reports should be submitted by the 15<sup>th</sup> day after the end of the quarter to the following:

ADHS/DBHS  
Attn. Karla Schaff  
150 N 18<sup>th</sup> Avenue, Suite 220  
Phoenix AZ 85007-3228  
(or electronically to: [SCHAFFK@azdhs.gov](mailto:SCHAFFK@azdhs.gov))

Please attach copies of the review tools completed during the quarter. This information will be provided to the ADHS/DBHS Utilization Management Department.

**RBHA Quarterly Protocol Monitoring Report: *Psychiatric Best Practice Guidelines for Children B-5***

GSA \_\_\_\_\_ Network (if applicable) \_\_\_\_\_ Fiscal Year: \_\_\_\_\_ Quarter: \_\_\_\_\_ # of Charts Reviewed During Quarter: \_\_\_\_\_

Name of Provider Agency Reviewed	Provider Agency Type	Date of Review	# of Charts Reviewed
1.			
2.			
3.			
4.			

QUANTITATIVE RESULTS				
Name of Provider Agency	Psychiatric Evaluation	Psychiatric Treatment	Psychiatric Treatment by Non-Child Psychiatrist BHMP	Informed Consent

QUALITATIVE RESULTS		
Name of Provider Agency	Areas of Strength	Areas Identified for Provider Agency Improvement

**RBHA Quarterly Protocol Monitoring Report: *Psychiatric Best Practice Guidelines for Children B-5***

**RBHA Performance Improvement Actions:**

What trends were identified for the providers reviewed?

What barriers were identified for the providers reviewed?

What has the RBHA implemented to target areas that were identified for improvement for the providers reviewed?