MEMORANDUM OF AGREEMENT BETWEEN

THE MARYLAND DEPARTMENT OF HUMAN RESOURCES, SOCIAL SERVICES ADMINISTRATION (DHR/SSA), UNIVERSITY OF MARYLAND, BALTIMORE (UMB) and THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BEHAVIORAL HEALTH ADMINISTRATION (DHMH/BHA)

The Maryland Department of Human Resources, Social Services Administration (DHR/SSA), The Maryland Department of Health and Mental Hygiene, Behavioral Health Administration (DHMH/BHA), and the University Of Maryland Baltimore (UMB) hereby enter into a mutually binding agreement for a period of January 1, 2015 to December 31, 2015. Under this agreement, UMB will build upon the current monitoring evaluation that has been ongoing since. 2011; the continuation will enhance opportunities for establishing a model for state oversight of psychotropic medication use among youth in foster care. This will help the State of Maryland meet the federal mandate for integration of foster care oversight by two child-serving agencies (DHR/child welfare and DHMH/BHA). Statewide public mental health claims and child welfare placement files for youth in foster will be merged to assess community practices, compare community practices to scientific evidence, and identify gaps between practice and evidence—based guidelines. The finding from this descriptive analysis will be shared with administrators from DHR/SSA and DHMH/BHA. UMB will provide DHR/SSA and DHMH/BHA with data on psychotropic use patterns among youth in foster care system. The specific objectives are to:

- Provide data on trends in psychotropic class use by month for youth involved in the Maryland foster care system;
- Examine the concordance between psychotropic class use and established practices parameters;
- Provide data summaries on treatment combinations and continuity related to policy changes and legislative initiatives that can influence prescribing patterns; and
- Examine the association between psychotropic class use and outcomes, such as hospitalizations, emergency department visits and foster placement stability.

UMB Roles and Responsibilities

Database Management

- 1. Load statewide public mental health service and drug claims; and, foster children placement files on to the PRC server; create SAS datasets, and check the completeness and validity of the data files.
- 2. Clean data files by removing claims that have not been adjudicated or where there may be data entry errors.
- 3. Create analytical files and a variable specification document describing the file layout. The analytical files include:
 - a. Foster care placement transition;
 - b. Longitudinal pharmacy claims file;
 - c. Longitudinal service claims file;

- d. Daily drug and placement transition files-summary by day of the year; and
- e. Monthly drug and placement transition files summary by month of the year.
- 4. Maintain data on a secure/password protected server and provide data documentation and file backup.
- 5. Provide DHMH/BHA with a bill for reimbursement.

Deliverables and Scope of Work

- 1. Provide DHR/SSA and DHMH/BHA with quarterly reports of trends in psychotropic medication use among youth in foster care.
- 2. Generate reports on quality of care indicators:
 - a. Receipt of psychotropic medication in combination with psychotherapy/other mental health services.
 - b. Receipt of adequate follow-up visits for youth receiving continuous medication treatment.
 - c. Use of multiple psychotropic classes concomitantly.
 - d. Continuity of treatment and medication switching.
- 3. Generate reports showing the influence of policies, programs, and legislative initiatives on psychotropic use:
 - a. Antipsychotic pre-authorization program
 - b. Care management entity care coordination (for a select subgroup of youth referred to the program)
- 4. Inform and educate DHR/SSA and DHMH/BHA of treatment patterns that can inform practice improvement.
- 5. Prepare manuscripts and presentations.

DHR/SSA and DHMM/BHA Roles and Responsibilities

DHR/SSA will ensure that:

- 1. The existing IRB/MOU, which expires in June 2015, will be extended to cover the work period covered under this MOA.
- 2. The data will be available in a timely fashion to permit evaluation of the above parameters.
- 3. The findings can be disseminated following the review and approval of the respective DHR designees.
- 4. The findings are documented in agency reports and disseminated or shared with staff and/or case workers who would benefit from such information.

DHMH/BHA will ensure that:

- 1. Cost reimbursement is made to UMB.
- 2. Medicaid claims data is accessible to UMB.
- 3. Provide DHR/SSA's contact person with copies of paid invoices of reimbursement to UMB.

Funding and Payment

DHR/SSA agrees to pay the lump sum of Eighty-nine thousand six hundred seventy-five dollars (\$89,675). Please see Appendix A- Psychotropic Monitoring in Maryland Foster Care Proposed One Year Budget and Justification, DHR/SSA will transfer funds to DHMH/BHA through the R*Stars process. DHMH/ BHA will make direct payment to UMB through an existing contractual agreement.

This Memorandum of Agreement (MOA) is effective upon signatures by all parties. It remains in effect from January 1, 2015 – December 31, 2015 unless amended by mutual agreement of DHR/SSA, DHMH/BHA, and UMB. Point of Contacts for this agreement are as follows: Dr. Susan dosReis (UMB), Department of Pharmaceutical Health Services Research, University of Maryland, Baltimore, School of Pharmacy, 220 Arch Street 12th Floor, Baltimore MD 21201, (office) 410 706-0807, sdoor:maryland.edu, Jacqueline Powell (DHR/SSA), 311. West Saratoga Street, 568-E, Baltimore, MD 21201, (office) 410-767-6948, jpowell@maryland.gov, and Dr. Albert Zachik (DHMH/BHA), 55 Wade Ave, Baltimore, MD 21228 (office) 410-402-8487, albert.zachik@maryland.gov

Por University of Maryland, Baltimore (UMB)

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For Department of Human Resources (DHR)

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For Department of Health and Mental Hygiene/Behavioral Health Administration (BHA)

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