



COLORADO
Department of Human Services

June 19, 2015

Dianne E. Ray, CPA
State Auditor
Colorado Office of the State Auditor
1525 Sherman Street, 7th Floor
Denver, CO 80203

Dear Ms. Ray:

The Colorado Department of Human Services received your request dated June 4, 2015 to provide an update on the steps taken by the Department in response to the August 2014 *Medication Management for Committed Youth at Division of Youth Corrections Facilities Performance Evaluation*. The attached report provides a brief explanation of the actions taken by the Colorado Department of Human Services, Division of Youth Corrections to implement each recommendation.

If you have any questions, please do not hesitate to contact Robert Werthwein at (303) 866-4544 or Robert.Werthwein@state.co.us.

Sincerely,

Reggie Bicha
Executive Director

Enclosure

cc: Nikki Hatch, Deputy Executive Director of Operations
Dr. Patrick Fox, Chief Medical Officer
Melissa Wavelet, Director, Office of Performance & Strategic Outcomes
Robert Werthwein, Director, Office of Children, Youth & Families
Charles Parkins, Director, Division of Youth Corrections
Mette Boes, Director, Audit Division
Andrea Goldstein, Auditor, Audit Division
Jennifer Corrigan, Legislative Liaison



AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME: Medication Management for Committed Youth at Division of Youth Corrections Facilities, Performance Audit, (August 2014)

AUDIT NUMBER: 1351P

DEPARTMENT: Department of Human Services

DATE OF STATUS REPORT: June 30, 2015

SUMMARY INFORMATION

| Rec. Number | Agency's Response | Original Implementation Date | Implementation Status <i>(Insert: Implemented, Implemented and Ongoing, Partially Implemented, Not Implemented, or No Longer Applicable. Please refer to the attached sheet for definitions of each implementation status option.)</i> | Revised Implementation Date (If applicable) <i>(Complete only if agency is revising the original implementation date.)</i> |
|-------------|-------------------|------------------------------|---|--|
| 1a | Agree | July 2015 | Implemented & Ongoing | |
| 1b | Agree | July 2015 | Implemented | |
| 1c | Partially Agree | July 2015 | Implemented & Ongoing | |
| 1d | Partially Agree | July 2015 | Implemented & Ongoing | |
| 1e | Partially Agree | July 2015 | Implemented & Ongoing | |
| 1f | Partially Agree | July 2015 | Implemented & Ongoing | |
| 1g | Partially Agree | July 2015 | Implemented | |
| 2a | Agree | November 2014 | Implemented | |
| 2b | Agree | November 2014 | Implemented | |
| 2c | Agree | November 2014 | Implemented | |
| 3a | Agree | March 2015 | Implemented | |
| 3b | Agree | December 2014 | Implemented | |
| 3c | Agree | September 2014 | Implemented | |
| 3d | Agree | December 2014 | Implemented | |
| 3e | Agree | July 2015 | Implemented | |
| 3f | Agree | March 2015 | Implemented | |
| 3g | Agree | March 2015 | Implemented | |

| | | | | |
|----|-----------------|---------------|-----------------------|--|
| 3h | Agree | July 2015 | Implemented & Ongoing | |
| 3i | Agree | July 2015 | Implemented & Ongoing | |
| 4a | Agree | July 2015 | Implemented | |
| 4b | Agree | July 2015 | Implemented | |
| 4c | Agree | July 2015 | Implemented | |
| 4d | Agree | March 2015 | Implemented | |
| 5a | Agree | December 2014 | Implemented | |
| 5b | Agree | July 2015 | Implemented & Ongoing | |
| 5c | Agree | November 2014 | Implemented | |
| 5d | Agree | July 2015 | Implemented | |
| 5e | Partially Agree | July 2015 | Implemented & Ongoing | |
| 6 | Agree | March 2015 | Implemented | |

DETAIL OF IMPLEMENTATION STATUS

Note: The Department agreed with all the audit recommendations, except where noted.

Recommendation No. 1:

The Department of Human Services (Department) should implement a system of robust clinical oversight of medication prescribing practices at all state-operated facilities and contract facilities that provide on-site medical services, which should include fully utilizing the medical and psychiatric clinical leadership positions in its contract with Correctional Health Partners. Specifically, the Department should:

- A. Develop written policies and clinical guidelines for medical and psychiatric care, including explicit guidelines for establishing psychiatric diagnoses and conducting baseline testing and monitoring of psychotropic medication use.

Current Implementation Status for Rec. 1, part a: Implemented & Ongoing

Agency's Update:

The Division of Youth Corrections (Division) utilizes "Clinical Guidelines for Family Practice" as its clinical guidelines for medical care, which was approved for use by the Department's Chief Medical Officer. The Department adopted the "Parameters for Use of Psychotropic Medication in Children and Adolescents" and has implemented the parameters in the Division's state-operated facilities and contract facilities where there is on-site medical care. The Division made revisions to DYC Policy 12.10 to reflect these changes, including requirements for baseline testing and monitoring.

- B. Require in the contracts that all contracted facilities assure their medical and psychiatric prescribers ascribe to the clinical guidelines recommended in part “a” above.

Current Implementation Status for Rec. 1, part b: Implemented

Agency’s Update:

After careful review of the matter, the Department concluded current contract language requires all contractors to abide by relevant DYC Policy. The completed and implemented update to DYC Policy 12.10 applies equally to both state-operated and contract programs and must ascribe to the same clinical guidelines recommended in part “a” above. This achieves the desired outcome.

- C. Require reporting by all contracted facilities of prescription drugs provided to committed youth, and use the data to create prescribing profiles, identify cases of off-label use, polypharmacy, contraindicated drug combinations, and other clinically relevant factors.

The Department partially agreed with this recommendation. The Department agreed to require the reporting by contracted facilities but only agreed to assess the resources necessary to use the data to create prescribing profiles and analyze trends over time.

Current Implementation Status for Rec. 1, part c: Implemented & Ongoing

Agency’s Update:

Youth residing at contract provider facilities are enrolled in Medicaid. Contract residential programs bill Medicaid for medical and therapeutic services through Department of Health Care Policy and Financing (HCPF). Included in the billing is information on medications prescribed to youth in the custody of the Division of Youth Corrections. The Department worked with HCPF to receive a monthly report that includes the above data.

- D. Develop a registry (i.e., tracking system) of committed youth with asthma, diabetes, and other selected complex conditions, and a mechanism to monitor compliance with evidence-based practices for these conditions.

The Department partially agreed with this recommendation. The Department agreed to develop a tracking system but only agreed to assess the resources needed to develop a mechanism to monitor compliance.

Current Implementation Status for Rec. 1, part d: Implemented & Ongoing

Agency’s Update:

DYC Policy 12.19 has been developed and implemented to guide the management of youth with chronic diseases. The Department has adopted the National Commission on Correctional Health Care (NCCHC) Chronic Disease Flowcharts as the foundation for tracking and monitoring compliance with evidence-based practices. The newly created Medical Oversight Unit will monitor the management of youth with chronic diseases. DYC Audit Standards have also been updated to ensure further monitoring of facility practices.

- E. Conduct regular chart review at all facilities to monitor for a wide variety of documentation, diagnosis, monitoring, and other clinical requirements related to medication prescribing.

The Department partially agreed with this recommendation. The Department agreed to conduct regular chart review at its state-run facilities but only agreed to assess the resources needed to conduct these reviews at its contracted facilities.

Current Implementation Status for Rec. 1, part e: Implemented & Ongoing

Agency's Update:

A standardized checklist has been developed and implemented to ensure comprehensive and consistent review and documentation of chart reviews. Nurse positions have been hired to conduct quarterly reviews of each facility that provides on-site medical services, as evidenced by the requirement in their position descriptions (PDs).

- F. Establish peer review of selected cases and assure that no one reviews his/her own care.

The Department partially agreed with this recommendation. The Department agreed that the concept of a peer review process had merit, but cited concerns about the lack of resources to conduct such reviews. The Department agreed to assess the financial impact of a peer review process.

Current Implementation Status for Rec. 1, part f: Implemented & Ongoing

Agency's Update:

The Department has hired medical positions appropriated by the General Assembly to staff the newly created Medical Oversight Unit. The positions will review selected cases at state-operated facilities and contract facilities. Physician peer review will be administered with the contracted medical providers.

- G. Develop a mechanism for prescribers and facilities to systematically identify and recommend complex cases for a clinical case review and informal case discussions, which could include a multidisciplinary format, continuing medical education, or other methods.

The Department partially agreed with this recommendation. The Department agreed to assess the resources necessary to implement a formal case review of complex cases based on criteria established by the Department..

Current Implementation Status for Rec. 1, part g: Implemented

Agency's Update:

The Department has hired medical positions appropriated by the General Assembly to provide oversight and monitoring of the medical and psychiatric services provided in the Division's state-operated facilities and contract facilities that provide on-site medical care. The position descriptions include duty statements regarding the review of complex cases. NYC Policy 12.19

includes a Chronic Disease Flowchart to track care, and the directive that the Medical Oversight Unit will review chronic cases each month.

Recommendation No. 2:

The Department of Human Services should ensure that prescribers are consistently informing youth and/or families about the risks and benefits of medications being prescribed and obtaining consent for all psychotropic drugs by:

- A. Improving its informed consent policy for psychotropic medications to clearly define what constitutes informed consent, when consent is required (e.g., dosage changes, different drugs within the same class of medications, etc.), who can give consent for youth of what ages, whether consent can be verbal, and what documentation of consent must be in the medical file.

Current Implementation Status for Rec. 2, part a: Implemented

Agency's Update:

The Department revised NYC Policy 12.12, which now includes an attachment entitled Consent Form for Psychotropic Medicines. This policy and consent form address when consent is required, who can give consent for youth based on age, whether consent can be verbal, and what documentation of consent must be in the medical file as well as other information related to medication usage.

- B. Improving its blanket consent to treatment policy to clarify that it is not intended to govern informed consent to specific psychotropic medications.

Current Implementation Status for Rec. 2, part b: Implemented

Agency's Update:

As part of the Department's revised NYC Policy 12.12, the standard Consent for Health Care Services form was revised to clarify it is not intended to apply to psychotropic medications. Instead, the separate Consent Form for Psychotropic Medications should be used.

- C. Requiring that all facilities that provide on-site medical services create implementing procedures that demonstrate compliance with the revised policies recommended in parts "a" and "b" above, governing informed and blanket consent for medications and treatment.

Current Implementation Status for Rec. 2, part c: Implemented

Agency's Update:

The Division issued an Operating Procedure Directive requiring all facilities to update implementing procedures for all medical policies. The Division then reviewed these implementing procedures. In addition, facilities are audited annually by the Department's Office of Performance and Strategic Outcomes' Division of Quality Assurance and Quality Improvement (OPSO QA/QI) to ensure these procedures are up-to-date.

Recommendation No. 3:

The Department of Human Services should implement policies and procedures that establish a uniform system to strengthen the medication administration practices at all of its facilities that provide on-site medical services by:

- A. Requiring that state-operated facilities implement a uniform means of documenting the execution of each prescriber order.

Current Implementation Status for Rec. 3, part a: Implemented

Agency's Update:

The Division's Operating Procedure Directive issued on September 15, 2014 outlines the approved protocol each provider must use to document medical and psychiatric orders in the Trails system. This directive also covers the procedures for Division facility staff to execute prescriber orders from the Trails system. Through the adoption of an electronic health record (EHR) over the next two years, the Department hopes to further streamline this process.

- B. Requiring that state-operated facilities implement methods to ensure that prescriber orders that are written in progress notes in Trails or on paper are executed.

Current Implementation Status for Rec. 3, part b: Implemented

Agency's Update:

The Division's Operating Procedure Directive issued September 15, 2014 outlines the approved protocol each provider must use to document medical and psychiatric orders in specifically delineated areas of the Trails system. This directive also covers the procedures to ensure Division facility staff execute the orders from the Trails system.

- C. Requiring that all prescribers (medical and psychiatric) for state-operated facilities document progress notes in Trails.

Current Implementation Status for Rec. 3, part c: Implemented

Agency's Update:

The Division's Operating Procedure Directive issued September 15, 2014 outlines the approved protocol each medical and psychiatric provider must use to document progress notes in a specifically delineated area of the Trails system.

- D. Requiring that state-operated facilities implement processes to ensure that prescriber orders are entered into Trails in a central location to ensure a current schedule of medication for each youth is readily accessible. This could include the facilities conducting periodic reconciliations of the MAR, prescriber orders, and current medication list.

Current Implementation Status for Rec. 3, part d: Implemented

Agency's Update:

The Division's Operating Procedure Directive issued September 15, 2014 outlines the approved protocol each medical and psychiatric provider must use to document progress notes and prescriber orders in specifically delineated areas of the Trails system, which serves as a central location that is readily accessible.

- E. Requiring facilities to transcribe and execute physician orders within a specified period of time, including provisions for how orders will be managed to comply with the required time periods when nursing is not on site or on weekends, holidays, and unexpected absences.

Current Implementation Status for Rec. 3, part e: Implemented

Agency's Update:

DYC Policy 12.10 has been updated and distributed requiring facilities to transcribe and execute physician orders within 24 hours. Each facility is required to have implementing procedures to address weekends, holidays, or any other circumstance where nursing staff is not available.

- F. Requiring all facilities to implement uniform procedures for translating orders onto the medication administration record (MAR) for tapering medications that are consistent with best practices and provide clear direction for administering medications.

Current Implementation Status for Rec. 3, part f: Implemented

Agency's Update:

Protocols for Medical Orders and Psychiatric Orders that are consistent with best practices were distributed to facilities and implemented on December 22, 2014, and are referenced in the DYC Policy 12.10 revision.

- G. Outlining minimum expectations for all facilities to conduct direct observation of youth swallowing medications, including additional steps to use in cases where youth have been found cheeking medications.

Current Implementation Status for Rec. 3, part g: Implemented

Agency's Update:

DYC Policy 12.10 has been revised with strengthened protocols for the administration of medication to juveniles. Processes are individualized per the physician's or dentist's order. Staff members are required to administer medications in direct accordance with those orders.

- H. Implementing methods to ensure that all facilities have written implementing procedures that align with the Department's policies and guidance.

Current Implementation Status for Rec. 3, part h: Implemented & Ongoing

Agency's Update:

The Department has required that all the Division's state-operated facilities and contract facilities update their implementing procedures to align with new policy and guidance. These procedures will be reviewed on an annual basis by the OPSO QA/QI.

- I. Expanding the audit process to include review of the issues found during this review, including the processes facilities use to document physician orders, transcribe the orders, and execute orders in an accurate and timely manner.

Current Implementation Status for Rec. 3, part i: Implemented & Ongoing

Agency's Update:

The Division's Audit Standards have been updated to include the issues outlined above. These standards are reviewed on an annual basis at each facility by the OPSO QA/QI.

Recommendation No. 4:

The Department of Human Services should improve the medication monitoring practices at all of its facilities by working with its primary care and psychiatric providers to establish a set of written policies and guidelines that will apply to both state-operated facilities and contract facilities that provide on-site medical services regarding medication monitoring. The written policies and guidelines should:

- A. Establish a set of policies and guidelines for state and contractor operated facilities specifying the high risk conditions and medications that require explicit monitoring.

Current Implementation Status for Rec. 4, part a: Implemented

Agency's Update:

The Department adapted the Los Angeles Department of Mental Health's standards for use in the Division entitled "Parameters for Use of Psychotropic Medication in Children and Adolescents" and has implemented the parameters in the Division's state-operated and contract facilities where there is on-site medical care for high risk conditions and medications. The Division revised DYC Policy 12.10 and created DYC Policy 12.19 to address and monitor high-risk conditions. Both policy revisions ensure that specific conditions and medications are monitored.

- B. Stipulate the type and frequency of drug-specific monitoring and condition-specific monitoring that facilities must conduct for both detrimental and desired effects of medications and how the results of monitoring will be documented.

Current Implementation Status for Rec. 4, part b: Implemented

Agency's Update:

The Department adapted the Los Angeles Department of Mental Health's standards for use in the Division entitled "Parameters for Use of Psychotropic Medication in Children and Adolescents" and has implemented the parameters related to this recommendation in the Division's state-operated and contract facilities where there is on-site medical care. The Division revised DYC

Policy 12.10 and created DYC Policy 12.19 to address chronic diseases. Both policy revisions require documentation.

- C. Require facilities to implement formalized, written processes for staff and prescribers to document and communicate about medication monitoring results.

Current Implementation Status for Rec. 4, part c: Implemented

Agency's Update:

The Department adapted the Los Angeles Department of Mental Health's standards for use in the Division entitled "Parameters for Use of Psychotropic Medication in Children and Adolescents" and has implemented the parameters in the Division's state-operated and contract facilities where there is on-site medical care. The parameters include very specific instructions as to the documentation of medication monitoring.

- D. Require that all facilities prepare written implementing procedures that align with the policies and guidance recommended in Part "a".

Current Implementation Status for Rec. 4, part d: Implemented

Agency's Update:

An Operating Directive Procedure was issued on February 23, 2015 requiring updated implementing procedures for all medical policies, including those that include the elements of part "a".

Recommendation No. 5:

The Department of Human Services (Department) should strengthen its oversight over the handling and disposal of controlled substances at all of its state-operated facilities by:

- A. Requiring all state-operated facilities to create implementing procedures for inventorying controlled substances that comply with Department policies and state and federal law.

Current Implementation Status for Rec. 5, part a: Implemented

Agency's Update:

The DYC Policy 12.10 was revised to include procedures for inventorying controlled substances, specifically including parameters for storage and counting controlled substances each shift in accordance with federal and State law and regulations.

- B. Auditing state-operated facilities to ensure that their actual practices for inventorying controlled substances comply with policy.

Current Implementation Status for Rec. 5, part b: Implemented & Ongoing

Agency's Update:

Audits of all state-operated facilities have been conducted by a licensed contract pharmacist, and will continue to occur quarterly. DYC audit standards have been revised to include reviewing practices for inventorying controlled substances on an annual basis in addition to the required quarterly pharmacy audits.

- C. Modifying its policies to require that all state-operated facilities have their pharmacists prepare medications to accompany youth at discharge and requiring facilities to create implementing procedures.

Current Implementation Status for Rec. 5, part c: Implemented

Agency's Update:

On November 24, 2014, a Pharmaceutical Protocol was distributed requiring that a pharmacist prepare medications for youth at discharge, outlining specific requirements to ensure medication is available for youth at discharge.

- D. Further strengthening its drug disposal policies to ensure compliance with all federal and state regulations regarding the disposal of controlled substances, and medical waste that has been classified as hazardous waste.

Current Implementation Status for Rec. 5, part d: Implemented & Ongoing

Agency's Update:

On December 22, 2014, a Hazardous Waste Protocol was implemented. The revisions to DYC Policy 12.10 regarding the disposal of hazardous waste include the disposal of both controlled substances and other medical waste. The Division made revisions to DYC policy 12.10 reflecting a requirement to follow the protocol.

- E. Requiring pharmacies at all state-operated facilities to conduct on-site audits and provide technical assistance regarding inventory management, controlled substance practices, drug disposal, and other medication management practices at least annually. Results of the audits should be provided to the facilities and to the Department, and the Department should require corrective action as appropriate.

The Department partially agreed with this recommendation. The Department agreed that on-site audits and technical assistance would improve practice but cited a lack of resources. The Department agreed to explore options to secure resources for full implementation..

Current Implementation Status for Rec. 5, part e: Implemented

Agency's Update:

Audits of all state-operated facilities have been conducted for the current fiscal year by a licensed pharmacist. Technical assistance is being provided throughout the month of June 2015. Ongoing audits and technical assistance visits will occur on a quarterly basis, and facilities are required to comply with the recommendations.

Recommendation No. 6:

The Department of Human Services (the Department) should evaluate the feasibility, costs, and benefits of implementing a single electronic health records (EHR) system at the Division of Youth Correction (Division) that would be used by all state-operated facilities. Analysis should include the ability to access federal Medicaid EHR incentives and methods to ensure that contractors use EHRs that can exchange information with the Division's EHR system.

Current Implementation Status for Rec. 6: Implemented**Agency's Update:**

The Department evaluated the feasibility, costs, and benefits of implementing a single EHR, and determined it was appropriate. The Department submitted a budget request and the General Assembly has appropriated funds to acquire and implement an EHR. The development and roll-out of the EHR will occur over the next two years.