Medicaid Network for Evidence-based Treatment (MEDNET)
Texas

Background
Rutgers University's Institute for Health, Health Care Policy, and Aging Research is coordinating MEDNET, a three-year, six-state consortium focused on increasing the utilization of evidence-based clinical and delivery system practices in the provision of mental health treatment for beneficiaries of state Medicaid programs. Over the last few years, Texas has had success in improving the antipsychotic (AP) medication prescription rates of children in foster care. For MEDNET, they would like to build off the lessons learned from that experience and expand it to additional improved outcomes and possibly other populations.

Quality Indicator (QI) Goals
At a minimum, Texas would like to continue to improve the AP medication prescription rate in the foster care population, and possibly focus on children with serious emotional disturbances. If possible, they would also like to improve the prescribing practices in other populations, including all children in Medicaid and CHIP, as well as adults. They would like to educate providers, especially the high prescribers, about their practices and assist them with improvement.

Stakeholders
A few agencies within Texas' Health and Human Services Commission (HHSC) are collaborating to oversee this project, the Office of the Medicaid Medical Director, the Department of Family and Protective Services (DFPS), the Department of Aging and Disability Services (DADS), and the Department of State Health Services (DSHS). The possible stakeholders identified are
1) The Medicaid Managed Care Medical Directors
2) The Local Mental Health Authorities
3) Long-Term Care Facilities
4) Medicaid Vendor Drug Program

Target Populations
Texas will focus on foster care children through DFPS, but also wants to include populations provided by other HHSC agencies above, including Medicaid and CHIP, DADS, and DSHS.

Key Indicators
Texas will use all of MEDNET Metrics, with a focus on polypharmacy and medication possession ratio indicators.

Data Infrastructure
Currently, the Texas MEDNET team only has access to foster care claims data. If they acquire more data, they will use it.

Provider Feedback and Interventions
The state is exploring the best provider feedback mechanism. They plan to use the lessons learned from the feedback program currently used in DFPS, as well as other MEDNET states, as the basis for feedback report development to the high prescribers. After reviewing the measurement results, they may also determine other educational interventions to implement.