



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Broadcast MSG 0656

March 1, 2011

TO: Executive Directors/ CEOs, Local Mental Health Authorities
Medical Directors, Local Mental Health Authorities, Value Options and
NorthSTAR providers

FROM: Emilie A. Becker, MD 
Behavioral Health Medical Director, Mental Health Substance Abuse
Department of State Health Services (DSHS)

Subject: DSHS Psychotropic Treatment Recommendations Workgroup Recommendations

This broadcast message provides information regarding the Texas Implementation Medication Algorithms (TIMA), the recommendations from the DSHS Psychotropic Treatment Recommendations Workgroup (formerly TIMA Workgroup), and clinical and contract implementation of the recommendations.

Background:

In the mid 1990's, Texas Department of Mental Health and Mental Retardation collaborated with Texas universities to provide disease management programs for the pharmacological management of mentally ill patients. Intended to address issues identified by consumers, TIMA was an attempt to standardize treatment options through use of algorithms.

Concerns arose regarding the continued use of TIMA. Algorithms that underlie TIMA were in need of revision, patient and family education materials were regarded as out of date and there was no technical assistance available to clinicians. On July 12, 2010, DSHS convened a workgroup to recommend updates to the TIMA or replace it. The Texas Council of Community MHMR Centers (Council), DSHS State Hospital Section, Mental Health Planning Advisory Committee (MHPAC), and the Hogg Foundation nominated individuals with appropriate backgrounds to serve on the workgroup.

The workgroup discussed revising TIMA, writing another algorithm, and/or adopting an evidence-based algorithm or guideline from another state or entity. The workgroup also considered the Children's Medication Algorithm Project (CMAP) and possible revision or alternatives.

The members made eleven recommendations, which were approved by DSHS leadership.

Recommendations:

1. Replace TIMA with the “DSHS Psychotropic Treatment Recommendations.”
2. Rename the workgroup the “DSHS Psychotropic Treatment Recommendations Workgroup.”
3. Develop guidelines to maintain clinical standards and to satisfy DSHS Rider 15, relating to the use of new generation medications.
 - a. Currently, the rider requires that “new generation medication funds to be spent in accordance with Texas Implementation of Medication Algorithms (TIMA), Children’s Medication Algorithm Project (CMAP), or a DSHS approved variation or substitute for TIMA or CMAP guidelines.”
 - b. Provide information to the Legislature about incorporating the following language into Rider 15, relating to the use of new generation medications: “Funds expended on New Generation Medications shall be spent in accordance with DSHS approved medication guidelines.”
4. Use the 2009 Patient Outcomes Research Team (PORT) Treatment Recommendations as a guideline for treatment and medication of schizophrenia. (See Attached)
5. Use the 2010 American Psychiatric Association Practice Guidelines for the treatment and medication of major depressive disorder. (Available: <http://www.psych.org/guidelines/mdd2010>)
6. Use the DSHS Executive Formulary audit guidelines for the treatment of diagnoses other than schizophrenia and major depressive disorder. (<http://www.dshs.state.tx.us/mhprograms/MedAudCriteria.shtm>)
7. Use the 2010 or more recent, Department of Family and Protective Services guidelines “Common Psychotropic Medications Used with Children and Adolescents” for the treatment of children. Any exceptions to the guidelines should be noted in the clinical progress notes. (<http://www.dfps.state.tx.us/documents/about/pdf/TxFosterCareParameters-December2010.pdf>)
8. Use 25 TAC Chapter 415 Subchapter A, as a mechanism to monitor polypharmacy. Centers should continue to monitor polypharmacy as part of their QM plans. The plans should include reference to the current polypharmacy policies and procedures.
9. Use psychosocial treatment recommendations and information for patient/ family education available from Substance Abuse and Mental Health Services Administration. The Department will organize a Patient/Family Education Workgroup with provider representatives, clients and mental health advocates that will review and periodically update patient and family education materials.
10. Stop requiring rating scales for the psychotropic treatment recommendations. These scales will remain part of the Uniform Assessment. Qualified Mental Health Professionals—Community Services and Licensed Vocational Nurses should continue to administer them as part of the Uniform Assessment.
11. Host a public forum providing future direction regarding treatment guidelines.

DSHS will continue to work with centers through the Council Contracts Committee to make changes to the Performance Contract that reflect the workgroup recommendations where applicable. Web links to the materials referenced in this broadcast message will be available on the DSHS webpage at: <http://www.dshs.state.tx.us/mhsa/medicaldirector/>.

If you have any questions regarding this notification, please contact me, Emilie A. Becker, MD at emilie.becker@dshs.state.tx.us or Nnenna Ezekoye at nnenna.ezekoye@dshs.state.tx.us.

Thank you for your attention to this matter.

cc: Michael Maples