

Nebraska Children's Commission – Psychotropic Medication Committee

First Meeting
September 25, 2012
2:30-4:30PM
BryanLGH West – West Classroom 1
2300 South 16th, Lincoln, NE

Call to Order

Jen Nelson called the meeting to order at 2:30pm and noted that the Open Meetings Act information was posted in the back of the room as required by state law.

Roll Call

Subcommittee Members present: Jennifer Nelson, Candy Kennedy-Goergen, Pam Allen, Beth Baxter, Amanda (Blankenship) Sabata, Sara Goscha, Carla Lasley, Kayla Pope, Gary Rihanek, Blaine Shaffer, Kristi Weber, Vicky Weisz, and Gregg Wright.

Subcommittee Members arriving after roll call: Norman Langemach.

Also in attendance: Tara Troy, LPS Special Education; Sarah Wonder, Nebraska Federation of Families; and Kelli Hauptman, Through the Eyes of the Child.

Approval of Agenda

A motion was made by Sara Goscha to approve the agenda as written, seconded by Kayla Pope. A unanimous voice vote of members present was received. Norman Langemach was absent. Motion carried.

Adopt Procedural Rules

Roberts Rules of Order

A motion was made by Beth Baxter to adopt Roberts Rules of Order, seconded by Pam Allen. Voting yes: Jennifer Nelson, Candy Kennedy-Goergen, Pam Allen, Beth Baxter, Amanda (Blankenship) Sabata, Sara Goscha, Carla Lasley, Kayla Pope, Gary Rihanek, Blaine Shaffer, Kristi Weber, and Gregg Wright. No opposition. Absent: Norman Langemach. Motion carried.

Rule for publication of public notices

A motion was made by Beth Baxter to give published notice of meetings to the public by posting to the Nebraska Government Website public meeting calendar, seconded by Blaine Shaffer. Voting yes: Jennifer Nelson, Candy Kennedy-Goergen, Pam Allen, Beth Baxter, Amanda (Blankenship) Sabata, Sara Goscha, Carla Lasley, Kayla Pope, Gary Rihanek, Blaine Shaffer, Kristi Weber, and Gregg Wright. No opposition. Absent: Norman Langemach. Motion carried.

Self-introduction of Committee Members

Committee members introduced themselves giving a brief overview of their background.

Norman Langemach arrived at 2:43PM.

Overview of Committee duties and resources

Jen Nelson and Candy Kennedy-Goergen provided an overview of the committee's duties. The purpose of the committee is to:

"Examine state policy regarding the prescription of psychotropic drugs for state wards and the administration of these drugs to state wards. This committee shall review the policy and procedures for prescribing and administering these drugs and make recommendations to the commission."

The resources available were also reviewed including reviewing the meeting handouts.

DHHS Overview

Sara Goscha and Blaine Shaffer presented information they received at a conference on a Federal policy call to action to address issues related to psychotropic medications and children in foster care. The information included presentations on Trauma Informed Care.

General Discussion

The group discussed various issues that may need to be addressed in the examination of state policy regarding the prescription of psychotropic drugs for state wards. The topics included issues with getting second options, consent processes used by other states, empowering parents, training workers and others on trauma related issues, and the need for additional data on medication histories. The group also discussed the need to meet in October instead of waiting until November.

Next Meeting Date

The next meeting is October 10, 2:30 – 4:30pm, at BryanLGH West – Hospital Cafeteria – Private Dining Room.

Adjourn

A motion was made by Blaine Shaffer to adjourn the meeting, seconded by Gary Rihanek. The meeting adjourned at 4:30pm.

DRAFT

Informational Resources:

Psychotropic Medications and Children in Foster Care

State child welfare systems are required to submit descriptions of protocols planned or in place for the oversight and monitoring of psychotropic medications for children and youth in foster care to the Children's Bureau, within the U.S. Department of Health and Human Services (HHS). HHS has taken steps to support States in developing and/or strengthening these plans, including hosting a Summit (August, 2012) for State child welfare, mental health, and Medicaid leaders from across the country. The following resources have been integral to HHS's efforts and provide important information to systems working to improve psychotropic medication management for children and youth in foster care.

GAO Reports

The U.S. Government Accountability Office (GAO) report, "HHS Guidance Could Improve Oversight of Psychotropic Medications," examines Medicaid data from five States with specific attention to use of psychotropics with children under the age of one, concomitant use of five or more psychotropic medications, and prescription of dosages of psychotropic drugs exceeding FDA guidelines. <http://www.gao.gov/products/GAO-12-270T>

Letter to State Directors

In November 2011, leaders of the Administration for Children and Families (ACF), the Centers for Medicare & Medicaid Services (CMS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) released a letter to State child welfare, Medicaid, and mental health authorities describing activities that HHS undertook related to psychotropic medication oversight and monitoring for children and youth in foster care. <http://www.childwelfare.gov/systemwide/mentalhealth/effectiveness/jointlettermeds.pdf>

Information Memorandum

The Children's Bureau released an information memorandum (IM) to State child welfare agencies in April 2012, providing an overview of research on psychotropic medication use among children and youth in foster care. The IM also contains information about guidelines for oversight and monitoring of these medications promulgated by professional associations and supported in scholarly literature. http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1203.pdf

NSCAW Brief

The National Survey of Child and Adolescent Well-Being (NSCAW) is a longitudinal study of children and youth who come to the attention of the child welfare system. This research brief uses NSCAW data to examine the use of psychotropic medications and

behavioral health services among children and youth with demonstrated need for mental health services. http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/psychotropic-meds/NSCAW-Psychotropic-Meds-Brief-No-17.pdf

Webinars

To engage child welfare, Medicaid, and mental health audiences across the country, the Children's Bureau, in partnership with the National Technical Assistance Center for Children's Mental Health at Georgetown University hosted two three-part webinar series. Recordings and slides from all six webinars are available for download and playback online. http://gucchdtacenter.georgetown.edu/child_welfare-Past.html#Past, http://gucchdtacenter.georgetown.edu/child_welfare.html

Because Minds Matter Summit Materials

The August 2012 Summit, *Because Minds Matter: Collaborating to Strengthen Psychotropic Medication Monitoring for Children and Youth in Foster Care* brought together child welfare, mental health, and Medicaid leaders from all 50 States, the District of Columbia, and Puerto Rico. Slide presentations, handouts, and tools for State planning are online. <http://www.pal-tech.com/web/psychotropic/>

Child Welfare Information Gateway

In addition to the materials listed here, the Child Welfare Information Gateway has compiled research, reports, guidelines, and examples of State and local practices related to psychotropic medication use, oversight, and management in foster care. All of the items listed here can also be found there. This page is updated regularly with new information and tools for policymakers, programs, and practitioners. <http://www.childwelfare.gov/systemwide/mentalhealth/effectiveness/psychotropic.cfm>



Child Welfare Information Gateway
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Use of Psychotropic Medications: State and Local Examples

Use of Psychotropic Medications: State and Local Examples

Examples of State policies, guidelines, and information regarding the use of psychotropic medications for children and youth, with a focus on foster care.

- [Connecticut](#)
- [Florida](#)
- [Illinois](#)
- [New Jersey](#)
- [Tennessee](#)
- [Texas](#)

Connecticut

[Guidelines for Psychotropic Medication Use in Children and Adolescents](#) (PDF - 56 KB)

Connecticut Department of Children and Families Psychotropic Medication Advisory Committee (2010)

Provides guidelines, based on clinical evidence, clinical judgment, and research, that represent a community standard in the use of psychotropic medications in children and adolescents under Connecticut DCF's care.

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Florida

[Legal Strategies to Challenge Chemical Restraint of Children in Foster Care: A Resource for Child Advocates in Florida](#) (PDF - 126 KB)

Advocacy Center for Persons with Disabilities (2006)

Aims to help advocates educate dependency judges and protect children in foster care against rights violations, harmful drugs, and/or chemical restraint. This paper includes information about commonly prescribed psychotropic drugs, their side effects, and legal strategies for challenging harmful treatment and/or chemical restraint.

[Medication Guidelines for Children](#)

Florida Medicaid Drug Therapy Management Program for Behavioral Health

Provides medication guidelines for prescribers in the Medicaid program for children and adolescents.

[Psychotropic Medication for Children in Out of Home Care](#)

Florida's Center for the Advancement of Child Welfare Practice

Supplies Florida-specific, as well as other State and national, resources and information related to psychotropic medication. This website provides these resources under three areas: laws, rules, policy and reports; memos, tools, and training; and information on medication uses and side effects.

Statewide Guardian ad Litem Program Guidelines & Practice Aids [↗](#)

Florida Guardian ad Litem Program

Links to guidelines on psychotropic medications and other resources for Guardians ad Litem in Florida, including a psychotropic medication timeline, checklist, and chart outlining recommended doses, medication management, black box warnings, and other key information.

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Illinois

Guidelines for the Utilization of Psychotropic Medications for Children in Foster Care[↗](#) (PDF - 26 KB)

Illinois Department of Children and Family Services

Provides a framework to assure the provision of quality psychiatric services to children in the custody of the Illinois Department of Children and Family Services.

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New Jersey

Psychotropic Medication Policy (PDF - 239 KB)

New Jersey Department of Children and Family Services, Office of Child Health Services

Outlines good practice for treating New Jersey children in out of home care who may require psychotropic medications. The policy sets expectations regarding the development and monitoring of treatment plans and principles governing informed consent and medication safety.

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Tennessee

Administrative Policies and Procedures: 20.18 Psychotropic Medication (PDF - 96 KB)

State of Tennessee Department of Children's Services (2011)

Provides policies and procedures to all DCS and contract provider caregivers regarding psychotropic medication for children and youth in State custody.

Psychotropic Medication Utilization Parameters for Children in State Custody (PDF - 57 KB)

Tennessee Department of Children's Services Pharmacy and Therapeutics Committee

Supplies guidance to ensure that psychotropic medications being prescribed for children and youth in foster care are done so in a safe and appropriate manner.

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Texas

A Guide to Medical Services at CPS: Psychotropic Medications [↗](#)

Texas Department of Family and Protective Services

Provides a guide, *Psychotropic Medication Utilization Parameters for Foster Children* (PDF [↗](#) - 647 KB), for physicians and clinicians to ensure the proper use of psychotropic medications for the children in foster care. The website also provides information about "Psychotropic Medication Utilization Reviews" for foster children whose medication regimens fall outside of the expectations of the parameters.

Update on the Use of Psychoactive Medications in Texas Foster Children Fiscal Years 2002-2010 [↗](#) (PDF - 154 KB)

Texas Health and Human Services Commission (2011)

Summarizes key information and provides an updated analysis showing psychotropic prescribing of all types has decreased since the implementation of best practice parameters in early 2005.

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A service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services

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11-002.04E GENERAL INFORMED CONSENT FOR MEDICAL DIAGNOSIS AND TREATMENT

It is the responsibility of the worker to talk to providers of mental health, substance abuse and medical services to obtain information about the risks and benefits of treatment in order to give informed consent. Informed consent is sometimes given verbally but a written signature may be required. The worker should involve the parent(s), Guardian ad litem, county attorney and the judge, as appropriate. The worker may seek consultation from physicians within the HHS System.

(See Case Management and Case Management for Juvenile Offenders and Status Offenders Guidebooks, Conflict Resolution for guidelines if there is a disagreement about treatment.)

11-002.04F MEDICAL DECISION MAKING

When the Department is guardian of a child resulting from court action or voluntary relinquishment, the Department is legally authorized to make all decisions regarding medical treatment while recognizing the importance of parental involvement in decision making. The worker is responsible for such decisions but will involve the parents (when parental rights are intact) to the maximum extent possible. The worker may give the foster care provider or contracted residential facilities consent to obtain emergency or routine medical treatment. Exception: permission for HIV antibody testing or other screening tests for AIDS must follow established Department policy and protocol.

11-002.04J PARENTAL OBJECTIONS TO MEDICAL CARE AND TREATMENT

If a parent objects to medical treatment, the worker and parent should gather information and seek medical advice or evidence of need for treatment. If the parent still objects but the worker's assessment indicates the need for medical care and treatment, the worker will consult with the supervisor. The supervisor and worker should involve the physicians or lawyers or both within the HHS System.

Center for Medicaid and CHIP Services

CMCS Informational Bulletin

DATE: August 24, 2012

FROM: Cindy Mann, Director
Center for Medicaid and CHIP Services (CMCS)

SUBJECT: Collaborative Efforts and Technical Assistance Resources to Strengthen the Management of Psychotropic Medications for Vulnerable Populations

The Center for Medicaid and CHIP Services (CMCS) is issuing this Informational Bulletin to inform states about additional opportunities and resources to address the use of psychotropic drugs in vulnerable populations. The collaborative efforts and technical assistance resources highlighted in this bulletin provide states with additional tools and mechanisms to promote the appropriate use, and enhance oversight of, psychotropic medications for children in foster care and individuals living in nursing facilities.

Background

The Centers for Medicare and Medicaid Services (CMS), the Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have been working collaboratively to expand opportunities for states, territories and Tribes to strengthen their systems of prescribing and monitoring use of psychotropic medication among children in foster care. The November 23, 2011 State Director letter, jointly signed by leadership at CMS, ACF and SAMHSA, described this cross-agency collaboration and the commitments that each agency would undertake in the months after publication to address this important issue. The letter can be viewed at:

<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-11-23-11.pdf>

This Informational Bulletin continues this tri-agency coordinated effort to explore, identify, and support effective strategies for states in overseeing and monitoring the use of psychotropic medications with youth in the foster care system.

Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care

Children in foster care often have significant emotional and behavioral challenges as a result of maltreatment and trauma, and a high proportion receive psychotropic medications to manage their symptoms. The use of these medications with this vulnerable population must be managed with care. Provisions in the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34) require State IV-B agencies, as part of their Health Care Coordination and Oversight Plan, to describe protocols planned or in place for the appropriate use and oversight of prescription medications, including psychotropic medications. States were required to submit these plans by June 30, 2012 as part of the Annual Progress and Services Report.

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Creating and implementing integrated oversight and monitoring protocols that ensure the appropriate use of psychotropic medications for children in foster care require thoughtful collaboration across complex systems. To fulfill the commitment made in the November 2011 letter, ACF, in collaboration with SAMHSA and CMS, is convening a two-day working meeting, *Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care*, August 27 and 28, 2012, to bring together representatives from state child welfare, Medicaid, and mental health systems from all fifty States, the District of Columbia, and Puerto Rico to work together to strengthen oversight and monitoring of psychotropic medications for children in foster care.

The purpose of this meeting is to:

- Provide an opportunity for state leaders to enhance existing cross-system efforts to ensure appropriate use of psychotropic medications;
- Showcase collaborative projects and initiatives at state and local levels;
- Offer state-of-the-art information on cross-system approaches to improving mental health and well being for children and their families;
- Encourage participants to think in a deep and nuanced way about strategies for addressing the mental health and trauma related needs of children in foster care with evidence-based and evidence informed interventions; and
- Facilitate each state's development of action steps to improve upon and implement their existing oversight plans.

Additional information:

HHS is focused on advancing the work of child welfare in America to promote the well-being of the youth and families it serves. Supporting the appropriate use of psychotropic medications to treat mental, emotional, and behavioral disorders is one piece of this work. HHS has used its grant-making and regulatory authority, available technical assistance, and cross-agency collaborations to bring focus and expertise to the topic. A wealth of information, research, and resources, including specific information about the summit and recordings of technical assistance webinars held in the past few months, is available at:

<http://www.childwelfare.gov/systemwide/mentalhealth/effectiveness/psychotropic.cfm>.

In addition, ACF has published two Information Memoranda (IM) detailing research, legislation, programs and practices in support of an expectation that child welfare systems will support and enhance the social and emotional well-being of the children and youth served. The first IM, *Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care*, can be found

here: http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1203.pdf.

The second IM, *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services*, can be found here:

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

Drug Utilization Review Programs

As part of the collaboration with ACF and SAMHSA, CMS is encouraging states to utilize the framework provided by their Drug Utilization Review (DUR) programs. CMS requires all States to have DUR programs in place that oversee the prescribing of drugs for Medicaid beneficiaries. States

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report annually to CMS (as required) on their pharmacy program operations and the monitoring of prescribing of drugs by screening for appropriate dose, duration, duplicate therapy, drug-drug interactions and other criteria to determine if filling the prescription or requiring further intervention with the prescriber is appropriate. These criteria may vary from drug to drug as well as from state to state. It is the responsibility of each state's DUR Board to meet regularly to determine the specific criteria to apply to each drug.

States have become acutely aware of the concerns regarding the use of psychotropic medications in children, particularly among children in foster care. Accordingly, the states have employed various techniques to provide a range of oversight for this population. Nearly all states, unless prohibited by their state law, have opted to program their systems with edits to screen for predetermined criteria based on accepted medical practices; however, the override capabilities that allow the prescriptions to be filled differs depending on the state's DUR Board.

Many state programs organize their program of edits around commonly accepted practices "of concern" (high dose, young age, polypharmacy). For example, a number of states have implemented requirements that psychotropic medications for children under the age of 5, 6, or 7 require a prior authorization. In this example, the prescriber may have to complete a form providing information regarding prescriber credentials, patient diagnosis, target symptoms being treated, other drugs prescribed, laboratory tests, whether mental health resources are available/ being utilized and if the child is in foster care. Other states require that each case be reviewed by a panel of experts in the field of psychiatry.

Some states have opted for a different approach and developed a comprehensive program composed of a multi-disciplinary team that works in partnership with other state agencies and/or works in concert with academia (school of pharmacy, school of medicine and/or psychiatry) to review cases and ensure that the patient is getting the appropriate combination of psychosocial and medical care.

The treatment of children in state custody who present with potential behavioral health problems presents a number of unique problems that require a collaborative team effort. Psychotropic medications may be one component of a comprehensive "biopsychosocial" treatment plan. "Bio" refers to the physical and genetic factors, "psycho" refers to psychological factors contributing to the emotional and behavioral functioning and "social" refers to the environmental factors influencing functioning. Robust screening and assessment practices that are attentive to trauma and social/emotional functioning, careful and coordinated treatment planning, and the judicious and thoughtful use of all treatment options available to the youth, especially those with a strong evidence base, are practice parameters most likely to support health and well-being. CMS encourages states to explore how their DUR programs can partner with prescribers to implement a plan for screening this population of children for trauma, as this is often missed and requires careful treatment planning.

CMS recognizes the many challenges in providing optimal care to children with mental health and/or behavioral health issues, such as wide variations in services availability within the same state. To provide additional information to states, CMS has posted on Medicaid.gov a few examples of states that have created programs that address this issue in the context of their DUR programs.

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Drug-Utilization-Review.html>

Additional information:

CMS recognizes that there may be a variety of actions that states may take to improve oversight of this vulnerable population. Therefore, we are providing the link below to the basic principles set forth by the American Academy of Child & Adolescent Psychiatry (AACAP) as a resource for states to review as they consider how to strengthen medication use oversight for this population.

http://www.aacap.org/galleries/PracticeInformation/FosterCare_BestPrinciples_FINAL.pdf.

Additionally, AACAP's most recently issued: *Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents* can be found at:

http://www.aacap.org/galleries/default-file/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf

There is a meaningful body of literature on this topic exploring policy and practice issues.

The most recent information about the 16-state study CMS encouraged states to explore in the November 2011 SMD (*Antipsychotic Medication Use in Medicaid Children and Adolescents: Report and Resource Guide From a 16-State Study*) can be found here: <http://rci.rutgers.edu/~cseap/>

Helpful practice information is available here:

http://www.ahrq.gov/about/annualconf11/crystal_tyutyulkova_yager/crystal.htm

PolicyLab at the Children's Hospital of Philadelphia recently released a study of state-level trends in psychotropic medication use among children in foster care. They made this article accessible at <http://dx.doi.org/10.1016/j.chilyouth.2012.04.006>. They have used Medicaid data to develop interactive maps showing State trends for antipsychotic use and polypharmacy. These are available at: <http://policylab.us/index.php/publications/featured/279-data-maps-psychotropic-medication-use-among-children-in-foster-care.html>

We also wanted to make states aware of another important initiative underway at CMS in the Center for Clinical Standards and Quality to address unnecessary antipsychotic drug use among individuals with dementia.

Partnership to Improve Dementia Care in Nursing Homes

Unnecessary antipsychotic drug use has been identified as a significant challenge in ensuring appropriate dementia care. A 2011 report by the Health and Human Services Office of Inspector General found that 22 percent of the atypical antipsychotic drugs were not administered in compliance with CMS standards, and a CMS study found that over 17 percent of nursing home patients had daily doses exceeding recommended levels.

Dementia can significantly impair a nursing home resident's ability to effectively communicate his or her needs and concerns. Communication attempts can appear as behaviors that may be perceived as disruptive or distressing. Therefore, caregivers must gain an understanding of what is driving these behaviors prior to initiating an intervention or treatment. Sometimes these behaviors may result from an undiagnosed medical condition, an adverse reaction to medication, unmet physical need, or mental illness.

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In March 2012, CMS launched the Partnership to Improve Dementia Care in Nursing Homes: Rethink, Reconnect, Restore. This initiative is aimed at improving behavioral health among nursing home residents and protecting them from unnecessary drug use. In collaboration with federal and state partners, nursing homes and other providers, advocacy groups, caregivers, and residents, CMS is working to reduce the national prevalence rate in long-stay residents of antipsychotic drug use in nursing home residents by 15 percent by the end of 2012. Approaches involve research, public reporting of nursing home antipsychotic use; training for providers, clinicians, and surveyors. Surveyor guidance is being updated, and new surveyor training programs will be available in the fall. CMS is emphasizing person-centered, individualized approaches to dementia care such as consistent staff assignments, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and planning activities consistent with the individual's preferences and choices.

The Partnership promotes the opportunity for the nation to **rethink** dementia care, **reconnect** with residents via person-centered care practices, and to **restore** good health and quality of resident life.

Currently, CMS is conducting state implementation calls to disseminate the National Partnership resources and promote the Partnership goals on a state and regional level. Through these calls, CMS is assisting in the process of building and empowering every State Coalition to develop or strengthen outreach efforts to each state's nursing homes. State Medicaid Medical Directors are encouraged to participate on these calls.

Additional Information

If a State Medicaid Medical Director is interested in participating on these state calls, has any questions or comments related to the National Partnership, or would like further information, then please contact the CMS Division of Nursing Homes at Dnh_behavioralhealth@cms.hhs.gov.

Additional information about the Partnership itself can be found on the Advancing Excellence website at <http://www.nhqualitycampaign.org/>.

Summary of State Programs to Address Psychotropic Medication Use in Children in Foster Care

The use of psychotropic medications in children in foster care in Medicaid has been on the rise. Many of the principles regarding improving prescribing practices in this population can and should be utilized for the prescribing of these medications in children in Medicaid in general. Medicaid Drug Utilization Review (DUR) programs are employing a variety of techniques to intensify the oversight of prescribing of these potent medications to children. There are challenges to providing optimal care to children in foster care with mental health and/or behavioral health issues and wide variations in services not only across the nation but within an individual state.

In general, every state has pre-programmed edits in their pharmacy point-of sale system to screen for appropriate dose, duration of therapy, duplicate therapy and drug-drug interactions. Below are a few examples of specific ways states have targeted edits for children who are prescribed psychotropic medication:

- Many states have implemented specific edits for children under certain ages (e.g. under age five, under age six, under age seven, etc.) which require the prescriber to complete a form providing prescriber information, patient diagnosis, target symptoms being treated, other drugs prescribed and laboratory tests.
- Other states have a system by which a prescription for a psychotropic medication in a child triggers an edit for a preauthorization which requires a manual review of the prescription request by a panel of experts of a multi-disciplinary team, a psychiatrist or by the Medicaid agency's pharmacy staff.
- Still other states, recognizing that the primary care doctor is often the first to see the patient, have developed hotlines or psychiatric consultation lines that the primary care doctors can access to guide them in their choice of therapy.
- A few states have data registries which analyze the prescribing of these drugs and provide physician feedback and training.

For your convenience, below are links to some state programs that utilize a comprehensive, collaborative approach to oversight of the use of psychotropic drugs in children in foster care, sometimes as a targeted alone program and other times as part of a broader initiative.

Florida: <http://medicaidmentalhealth.org/>

Maryland: <http://mmcp.dhmh.maryland.gov/pap/SitePages/Peer%20Review%20Program.aspx>

Massachusetts: <http://www.mcpap.com/>

Minnesota: www.dhs.state.mn.us/psychconsult

Texas: http://www.dfps.state.tx.us/Child_Protection/medical/default.asp#psychotropic

Below are several links to the American Academy of Child & Adolescent Psychiatry (AACAP) as a resource for states to review as they consider how to strengthen medication oversight for this population.

AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline.

http://www.aacap.org/galleries/PracticeInformation/FosterCare_BestPrinciples_FINAL.pdf.

AACAP Policy Statement: Prescribing Psychoactive Medication for Children and Adolescents, September 20, 2001.

http://www.aacap.org/cs/root/policy_statements/prescribing_pschoactive_medication_for_children_and_adolescents

AACAP: A Guide for Community Child Serving Agencies on Psychotropic Medications for Children and Adolescents. http://www.aacap.org/galleries/default-file/guide_for_community_child_serving_agencies_on_psychotropic_medications_for_children_and_adolescents_2012.pdf

Information, research, resources, and recordings of technical assistance webinars held in the past are available at:

<http://www.childwelfare.gov/systemwide/mentalhealth/effectiveness/psychotropic.cfm>.

ACF has published two Information Memoranda (IM) detailing research, legislation, programs and practices in support of an expectation that child welfare systems will support and enhance the social and emotional well-being of the children and youth served. The first IM, *Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care*, can be found here:

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1203.pdf.

The second IM, *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services*, can be found here:

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

Helpful practice information is available here:

http://www.ahrq.gov/about/annualconf11/crystal_tyutyulkova_yager/crystal.htm