**Nebraska Children's Commission – Psychotropic Medication Committee**

Second Meeting
October 10, 2012
2:30-4:30PM
BryanLGH West – Hospital Cafeteria, Private Dining Room
2300 South 16th, Lincoln, NE

## Call to Order

Jen Nelson called the meeting to order at 2:37pm 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, Sara Goscha, Carla Lasley, Gary Rihanek, Blaine Shaffer, Kristi Weber, and Vicky Weisz.

Subcommitee Members absent: Norman Langemach, Kayla Pope, and Gregg Wright.

## Approval of Agenda

A motion was made by Blaine Shaffer to approve the agenda as written, seconded by Pam Allen. A unanimous voice vote of members present was received. Norman Langemach, Kayla Pope, and Gregg Wright were absent. Motion carried.

## Approval of September 25, 2012, Minutes

Carla Lasley noted that a typo was found in the draft minutes. The phrase "second options" in the third line of the **General Discussion** paragraph should be "second opinions".

A motion was made by Beth Baxter to approve the corrected minutes of the September 25, 2012, meeting, seconded by Carla Lasley. A unanimous voice vote of members present was received. Norman Langemach, Kayla Pope, and Gregg Wright were absent. Motion carried.

## 474 NAC Chapter 11 General Discussion

The group reviewed 474 NAC Chapter 11 which addresses Informed Consent for Medical Diagnosis and Treatment; Medical Decision Making; and Parental Objections to Medical Care and Treatment. The group used this information to continue the discussion on various categories of issues that may need to be addressed in the recommendations the committee will make to the

Nebraska Children's Commission regarding the prescription of psychotropic drugs. The committee discussed various other States policy documents and shared resources that each committee member had found helpful in their individual review of the issue. The committee also discussed the need for additional cross-training of all workers and the need for awareness of this issue. A suggestion was also made that the use of peer reviews and information hotlines might also be helpful.

The committee decided to review the American Academy of Child and Adolescent Psychiatry (AACAP) Guidelines; research what type of training is being provided on trauma and the use of psychotropic medications; and to request additional data from DHHS for review at the next meeting.

The committee decided that recommendations for the Nebraska Children's Commission would be compiled and finalized at the next meeting.

**Next Meeting Date**

The next meeting is scheduled for November 6, 2012 from 2:00pm to 4:00pm at BryanLGH West.

**Adjourn**

A motion was made by Carla Lasley to adjourn the meeting, seconded by Jennifer Nelson. The meeting adjourned at 4:33pm.

*Recommendations for Nebraska Law and Policy Regarding Safeguards for Psychotropic Medication use in Children and Youth who are Wards of the State*[1]

## Background

Children in state custody often have biological, psychological, and social risk factors that predispose them to emotional and behavioral disturbances. These risk factors can include genetic predisposition, *in utero* exposure to substances of abuse, medical illnesses, cognitive deficits, a history of abuse and neglect, trauma, disrupted attachments, and multiple placements. Resources for assessing and treating these children are often lacking. Due to multiple placements, medical and psychiatric care is frequently fragmented and lacking in continuity across placements. These factors present profound challenges to providing high quality mental health care to this unique population. Unlike children who experience a mental illness from intact families, these children often have no consistent interested party to provide informed consent for their treatment, to coordinate treatment planning and clinical care, or to provide longitudinal oversight of their treatment. The state has a duty to perform this protective role for children in state custody. However, the state must also ensure a continuum of services that is readily available and easily accessible to children and their caregivers and take care not to reduce access to needed and appropriate services.

Many children in state custody benefit from psychotropic medications as part of a comprehensive mental health treatment plan. Policies and practices regarding psychotropic medications should balance protecting children from inappropriate prescribing with avoiding the unintended consequence of reducing access to necessary medical care. Further, any plan for monitoring psychotropic medications for individual children or in the aggregate should reflect the fact that psychotropic medications are part of a comprehensive mental health treatment plan and should be assessed within the context of those plans, not in isolation.

## Basic Principles

1. Youth in state custody who require mental health services are entitled to continuity of care, effective case management, and longitudinal individualized treatment planning.
2. Youth in state custody should have access to effective psychosocial, psychotherapeutic, and behavioral treatments, and, when indicated, pharmacotherapy.
3. Psychiatric treatment of children and adolescents requires a rational consent procedure. This is a two-staged process involving informed consent provided by a person authorized by the state to act *in loco parentis* and assent from the youth.
4. Effective medication management requires careful identification of target symptoms at baseline, monitoring response to treatment, and screening for adverse effects. Effective medication management also requires the appropriate education for the youth and his/her caregiver regarding the short and long-term effects and side effects of each psychotropic medication used in their individualized pharmacotherapy.

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[1] Portions of this document have been taken from the AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline.

5. Children and adolescents in state custody should get the pharmacological treatment they need in a timely manner.

## Recommendations for Medication Monitoring Program

For monitoring pharmacotherapy for youth in state custody with severe emotional disturbances, the following guidelines are recommended.

1. The Nebraska Department of Health and Human Services (DHHS), which is empowered by law to consent for treatment with psychotropic medications, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody. DHHS should:

    a. Identify the parties empowered to consent for treatment for youth in state custody in a timely fashion.
    b. Establish a mechanism to obtain assent for psychotropic medication management from minors when possible.
    c. Make available simply written psychoeducational materials and medication information sheets to facilitate the consent and assent process.
    d. Establish training requirements for child welfare, and/or foster parents to help them become more effective advocates for children and adolescents in their custody. This training should include the names and indications for use of commonly prescribed psychotropic medications, monitoring for medication effectiveness and side effects, and maintaining medication logs. Materials for this training should include a written "Guide to Psychotropic Medications" that includes many of the basic guidelines reviewed in the psychotropic medication training curriculum.

2. DHHS should design and implement effective oversight procedures that:
    a. Establish guidelines for the use of psychotropic medications for youth in state custody.
    b. Establish a program, administered by child and adolescent psychiatrists, to oversee the utilization of medications for youth in state custody. This program would:
        i. Establish an advisory committee (composed of agency and community child and adolescent psychiatrists, pediatricians, other mental health providers, consulting clinical pharmacists, family advocates or parents, youth involved in the child welfare system and state child advocates) to oversee a medication review and provide medication monitoring guidelines to practitioners who treat children in the child welfare system.
        ii. Monitor the rate and types of psychotropic medication usage and the rate of adverse reactions among youth in state custody.
        iii. Establish a process to review non-standard, unusual, PRN, and/or experimental psychiatric interventions with children who are in state custody.

iv. Establish a process to review all psychotropic medication usage for children five and under.
v. Collect and analyze data and make quarterly reports to the state child welfare agency regarding the rates and types of psychotropic medication use. Make this data available to clinicians in the state to improve the quality of care provided.

c. Maintain an ongoing record of diagnoses, height and weight, allergies, medical history, ongoing medical problem list, psychotropic medications, and adverse medication reactions that are easily available to treating clinicians 24 hours a day**.**

3. DHHS should design a consultation program administered by child and adolescent psychiatrists. This consultation service should provide face to face evaluations when possible, or by telepsychiatry in remote areas. The service will address the following:

    a. Provides consultation by child and adolescent psychiatrists to the persons or agency that is responsible for consenting for treatment with psychotropic medications.
    b. Provides consultations by child and adolescent psychiatrists to, and at the request of, treatment providers treating this difficult patient population.
    c. Conducts evaluations of youth by child and adolescent psychiatrists at the request of the child welfare agency, the juvenile court, or other state agencies empowered by law to consent for treatment with psychotropic medications when concerns have been raised about the pharmacological regimen.

4. DHHS should create a website to provide ready access for clinicians, foster parents, and other caregivers to pertinent policies and procedures governing psychotropic medication management, psychoeducational materials about psychotropic medications, consent forms, adverse effect rating forms, reports on prescription patterns for psychotropic medications, and links to helpful, accurate, and ethical websites about child and adolescent psychiatric diagnoses and psychotropic medications.

5. DHHS and Administrative Office of the Courts along with other system stakeholders should work together on guidelines and protocols that address the principles and recommendations set forth in this document.