

**Nebraska Children’s Commission
Psychotropic Medications Committee**

Ninth Meeting

March 1, 2017

9:00 AM – 11:00 AM

The Executive Building,

Nebraska State Office Building, Lower Level Conference Room B,

301 Centennial Mall South, Lincoln, NE 68508

I. Call to Order

Gregg Wright, Co-Chair of the Psychotropic Medications Committee, began discussion of topics at 9:05 a.m. with the note that the meeting could not officially be called until a quorum was met. A quorum was established upon the arrival of Dr. Kayla Pope at 9:14 a.m.

II. Roll Call

Committee Members present (9):

Beth Baxter	John Danforth	Dr. Kayla Pope
Dr. Beth Ann Brooks	Alyson Goedken	Paula Wells
Lisa Casullo	Hailey Kimball	Gregg Wright

Committee Members absent (7):

Margo Botkin	Carla Lasley	Kristi Weber
Linda Cox	Shelly Nickerson	
Dr. Janine Fromm	Gary Rihaneck	

Committee Resource Members present (1):

Carol Tucker

Committee Resource Members absent (3):

Ashley Harlow	Vicki Maca	Julie Rogers
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Guests in Attendance (3):

Bethany Connor Allen.....	Nebraska Children’s Commission
Amanda Felton.....	Nebraska Children’s Commission
Angie Pick.....	Nebraska Families Collaborative
Jenny Minchow.....	DHHS, Division of Medicaid and Long-Term Care

a. Notice of Publication

Recorder for the meeting, Amanda Felton, indicated that the notice of publication for this meeting was posted on the Nebraska Public Meetings Calendar website in accordance with the Nebraska Open Meetings Act.

b. Announcement of the placement of Open Meetings Act information

A copy of the Open Meetings Act was available for public inspection and was located on the sign in table at the back of the meeting room.

III. Approval of Agenda

The discussion proceeded based upon the agenda as presented with the exception of voting matters. Once quorum was met, **Paula Wells moved to approve the agenda with the exception of postponing voting matters until a quorum could be reached. It was seconded by Beth Baxter.** No further discussion was had. Roll call vote as follows:

FOR (9):

Beth Baxter
Dr. Beth Ann Brooks
Lisa Casullo

John Danforth
Alyson Goedken
Hailey Kimball

Dr. Kayla Pope
Paula Wells
Gregg Wright

AGAINST (0):

ABSENT (7):

Margo Botkin
Linda Cox
Dr. Janine Fromm

Carla Lasley
Shelly Nickerson
Gary Rihaneck

Kristi Weber

ABSTAINED (0)

MOTION CARRIED

For the purpose of the minutes, all items will be written in the order of the original agenda.

IV. Approval of Consent Agenda

a. November 3, 2016 Meeting Minutes

It was moved by Gregg Wright and seconded by Lisa Casullo to approve the Consent Agenda as presented. There was no further discussion. Roll call vote as follows:

FOR (9):

Beth Baxter
Dr. Beth Ann Brooks
Lisa Casullo

John Danforth
Alyson Goedken
Hailey Kimball

Dr. Kayla Pope
Paula Wells
Gregg Wright

AGAINST (0):

ABSENT (7):

Margo Botkin
Linda Cox
Dr. Janine Fromm

Carla Lasley
Shelly Nickerson
Gary Rihaneck

Kristi Weber

ABSTAINED (0)

MOTION CARRIED

V. Welcome & Introductions

Co-Chairs Greg Wright and Paula Wells welcomed the members and invited everyone to introduce themselves.

VI. Co-Chair Report

Co-Chair Wright took an opportunity to emphasize the role of the Committee to examine the state’s role and responsibilities and “parents” of this high-needs population. Co-Chair Wells commended the members on the work completed thus far.

VII. Status of Assignments

a. Medicaid data on psychotropic medication

Jenny Minchow, Pharmacist with the Department of Health and Human Services (DHHS), Division of Medicaid and Long-Term Care, provided an update in the absence of Shelly Nickerson. Minchow reviewed for members the process of medication review and approval for youth on Medicaid. In 2016 371 psych reviews had been performed on all Medicaid eligible youth. The presenter was asked if data

could be separated out to show only data for foster youth. She explained that while in the past that wasn't an option, they could now pull that information.

She went on to outline the changes under Heritage Health including the increase from one to three different claims processes as well as limited and delayed access to the claim information. While these differences will not interfere with the timing of the claim reviews or with the previously established dosage limits, it could potentially lengthen the time until for a final report on the review to be completed.

Minchow also noted that the division was working to install a system check for rejection on multiple drug types similar to system check that would reject increased dosage for a single drug type. She noted the complicated nature of implementing this, as they want to ensure that a simple change in medication wouldn't prompt a rejection unnecessarily.

In examining the handout outlining medications for wards of the state, attention was drawn to a youth with seventeen different prescriptions listed. Minchow used this as an example of complications that can arise. Increases in a single medication over time was reflected in the system as new medication. This roused lengthy discussion on how to overcome this complication in order to raise flags on prescriptions in legitimate need of a closer inspection.

It was agreed that the Medicaid data for youth on psychotropic medication would need additional attention. The group would return to the topic under the Next Steps agenda item.

b. Age of consent/ assent regulations

This item would be addressed under the Informed Consent Taskforce update.

c. Emergency care contact protocol flow chart

Alyson Goedken, Administrator with DHHS, Division of Children and Family Services (DCFS), recalled that this would be a task taken on by the Informed Consent Taskforce once the updated form was complete.

d. NFOCUS data on psychotropic medications

Goeken continued by discussing the NFOCUS data available for youth on psychotropic medication. She explained that the reports from their division are very different from what Medicaid sees, as the DCFS report will directly reflect what is entered by the caseworkers. She expressed the difficulty in knowing the accuracy of their data without cross referencing it with the Medicaid information. Unfortunately the systems used by the two divisions are incompatible and cannot share information. Lengthy discussion ensued regarding if and how information might be compared from the two systems. The discussion transitioned into the next item, with the note that many of the information sharing issues could be solved with the updated Informed Consent Form.

VIII. Update from the Informed Consent Taskforce

Chair of the Informed Consent Taskforce (ICT) and Training Supervisory with Nebraska Families Collaborative, Angie Pick, went into detail regarding the work of the group. Dr. Kayla Pope, Director with both Boys Town National Research Hospital and Creighton University, shared some background on the updated form included as handout 3.

Having this form completed by both the physician and caseworker would aid in the creation of process that would raise red flags on issues of undocumented or questionable medication. Once completed the form would be scanned and saved into NFOCUS. It would also provide the information for caseworkers to input data directly into the system to help track the names, start/end dates, and dosage of each medication. Having a baseline document would allow for the completed form to be taken to physician appointments with the child's history and could easily be updated if necessary.

Members from the ICT indicated that there were a handful of items still to wrap up, but that a large amount of the work had been completed. Should DHHS adopt the form, it will need to be reviewed to ensure that it is implemented in a way that has an established process that is appropriate and understood by its workers.

The question was raised as to how the Prescription Drug Monitoring Program (PDMP) played into the work of this Committee given the recent updates from [LB471 \(2016\)](#). Minchow explained that implementation of the law had just begun on January 1, 2017 for controlled substances and that January 1, 2018 it would spread to all drugs. This law required all of the pharmacies to submit a file to the PDMP. This would ensure that a central record is kept of the prescriptions of a single patient that may be from different physicians. However, this database would be available to physicians, and not something that could be accessed by DHHS as a resource.

The group opened up conversation on implementing an Informed Consent and/or a documentation process for the juvenile justice population regarding psychotropic medication. John Danforth, Service Provider Network Manager with the Administrative Office of Probation, provided some insight on what something like this would look like. In the case of juvenile probation, it would be more of an information tool. With the discussion of auto-populated information, the process of housing this information could be difficult for probation given that they are not the legal guardians of the youth.

IX. Update from the Division of Children and Family Services

The floor was given back to Goedken to review progress of DCFS regarding the updated checklist. She reviewed the items marked completed and in progress from the previous meeting. Concern was raised regarding item number 2.c from the checklist and how physicians and caregivers could access this information. In the previous meeting the members had referenced the Nebraska Health Information Initiative (NeHII). After much discussion it was agreed to continue to monitor NeHII as it may already be accomplishing the goal of the original recommendation.

[Attachment A](#) indicates the progress of DCFS within the updated Committee checklist. Co-Chair Wright encouraged members to revisit the recommendations written in 2012 to consider what recommendations we would want to focus on in the Committee's report that would be submitted in November.

X. Update from the Administrative Office of Probation

Danforth began by emphasizing that foster care was a service, and that the youth involved could be state wards, probation, or another type of out-of-home placement. Given that the out-of-home population was still a fairly new addition to the role of probation, Danforth noted the lack of a system to track medication data. Before in depth data could begin to be collected, a foundation needed to be built. Work to set up a functional system was in process. Until the system can be perfected where only the appropriate population becomes involved with probation, it will be a slow process to catch up to the point that DHHS has reached in looking at psychotropic medication.

XI. Next Steps

Lengthy dialogue was had regarding NFOCUS and how/if entry fields could be added to assist in pulling specific data on psychotropic medications. The question was also raised as to if, when finalized, the Informed Consent Form could be electronically pre-populated based on inputted data. Goedken indicated that this may not be possible given the limitations of the NFOCUS system.

The group discussed the information provided from Medicaid, asking if any of it was identifying information. Potential identifying information would be removed for the protection of the involved parties. It was moved by Beth Baxter and seconded by Gregg Wright that all identifying information be removed from the data provided by Medicaid in the interest of the privacy of the involved parties. There was no further discussion. Roll call vote as follows:

FOR (9):

Beth Baxter
Dr. Beth Ann Brooks
Lisa Casullo

John Danforth
Alyson Goedken
Hailey Kimball

Dr. Kayla Pope
Paula Wells
Gregg Wright

AGAINST (0):

ABSENT (7):

Margo Botkin
Linda Cox
Dr. Janine Fromm

Carla Lasley
Shelly Nickerson
Gary Rihaneck

Kristi Weber

ABSTAINED (0)

MOTION CARRIED

Next steps identified for the Committee included:

- Angie Pick will work with the ICT members to finalize the updated form
- Alyson Goedken and Jenny Minchow will collaborate to address data sharing issues
- Continued updates from Probation
- Co-Chair Wells would revise the checklist to better suit the work of the Committee

XII. Public Comment

Co-Chair Wright invited any members of the public forward. No public comment was offered.

XI. New Business

There was no New Business to discuss.

XII. Upcoming Meeting Planning

The next meeting would be sometime in late June or early July. A doodle poll would be distributed to finalize the date. Co-Chair Wright encouraged members to reach out to himself and Co-Chair Wells with any questions or comments prior to the next meeting.

XIV. Adjourn

It was moved by Beth Baxter and seconded by Paula Wells to adjourn the meeting. Motion carried by unanimous voice vote. The meeting adjourned at 11:00 a.m.

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