

# **Psychotropic Medication Committee**

## **Report to the Nebraska Children's Commission**

Chairperson: Jennifer Nelson

Co-Chairperson: Candy Kennedy-Goergen

### **Commission members**

- Beth Baxter
- Norman Langemach
- Vicky Weisz

### **Committee members approved by the commission**

- Amanda Blankenship, CASA, Lincoln
- Carla Lasley, Collaborative Industries; formerly Division of Developmental Disabilities NDHHS
- Kayla Pope, M.D., Psychiatrist, Boys Town National Research Hospital
- Blaine Shaffer, M.D., Chief Clinical Officer Division of Behavioral Health, NDHHS
- Gary Rihancek, PharmD, Wagey Drug, Lincoln
- Kristi Weber, APRN (psychiatric and family medicine), VP or Program, Epworth Village; private clinical practice
- Gregg Wright, M.D., M.Ed Center on Children, Families and the Law; Pediatrician; public health
- Pam Allen, Foster Care
- Sara Goscha, Special Projects Administrator for the Director, NDHHS

### **Meeting dates**

September 25, 2012

October 10, 2012

November 6, 2012

### **Recommendations**

The psychotropic committee members approved the modifications to the AACAP (*American Academy of Child and Adolescent Psychiatry*) *Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline* during the November 6, 2012 meeting. The committee members are in agreement that the attached recommendations to the Nebraska Children's Commission will benefit Nebraska's children and families.

*Recommendations for Nebraska Law and Policy Regarding Safeguards for Psychotropic Medication use in Children and Youth who are Wards of the State<sup>1</sup>*

## 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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<sup>1</sup> 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.