Nebraska Children's Commission – Psychotropic Medications Committee

Fourth Meeting
April 29, 2014
2:00PM-4:00PM
Child Advocacy Center
Nebraska Foster & Adoptive Parent Association
2431 Fairfield Street, Suite C
Lincoln, NE 68521

DRAFT

Call to Order
Candy Kennedy Goergen called the meeting to order at 2:01 p.m. and noted that the Open Meetings Act information was posted in the room as required by state law.

Roll Call
Subcommittee Members present: Dr. Beth Ann Brooks, Dr. Janine Fromm, Candy Kennedy-Goerge, Kim Hawekotte, Carla Lasley, Margo Lorimer, Jen Nelson, Blaine Shaffer, Nanette Simmons, and Kristi Weber.

Acting as resources to the committee: Julie Rogers.

Subcommittee Member(s) absent: Pam Allen, Beth Baxter, Norman Langemach, Kayla Pope, Gary Rihanek, Mandy Sabata, Vicky Weisz, and Gregg Wright.

Also attending: Bethany Connor and Leesa Sorensen from the Nebraska Children's Commission.

Approval of Agenda
A motion was made by Candy Kennedy to approve the agenda as written, seconded by Carla Lasley. Motion carried.

Approval of November 13, 2014 Minutes
A motion was made by Carla Lasley to approve the minutes of the November 6, 2012 meeting, seconded by Candy Kennedy Goergen. Motion carried.

Review of 2012 Strategic Plan Recommendations

Update on DHHS Process
An update was given that the Department of Health and Human Services continues to have meeting on the Psychotropic Medications Committee's recommendations.

Update on Psychotropic Medications Training
An update was given on psychotropic medications training. The Committee discussed potential ways to empower families and physicians to properly manage psychotropic medication use in

children. The Committee discussed the link between the need for psychotropic medications and trauma at length, and noted there will be another Adverse Childhood Experiences study in 2015.

Review of Research Proposal
Margo Lorimer and Hailey Kimball presented their research proposal to the Committee. The purpose of the proposal is to create a basis for understanding what is happening with children within nuclear families in the home. They believe that their activities are and will be HIPAA compliant.

Next Steps Discussion
The Committee will continue to meet.

Next Meeting Date
The next meeting is scheduled for June 26, 2014 at 1:30 p.m., location TBA.

Adjourn
A motion was made by Jen Nelson to adjourn the meeting, seconded by Blaine Shaffer. The meeting adjourned at 3:20 p.m.

DRAFT

Newsletter of the Nebraska Drug Utilization Review (DUR) Program

Administered for the Department of Health and Human Services by the Nebraska Pharmacists Association http://www.npharm.org

In August 2012, the Centers for Medicare and Medicaid Services (CMS) issued an informational bulletin, in collaboration with the Administration for Children and Families and the Substance Abuse and Mental Health Services, which offered States information to address the use of psychotropic medications in vulnerable populations. CMS encouraged states to monitor prescribing of and the use of psychotropic medications by children in foster care. CMS urged States to utilize the Drug Utilization Review (DUR) programs already in place to monitor the prescribing of drugs for Medicaid clients including those in foster care. The Nebraska DUR Board has made several recommendations to assure the proper use of psychotropic medications in Nebraska Medicaid Clients.

The DUR Board, with the approval of a committee of Nebraska child and adolescent psychiatry practitioners, adopted *The Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care*, developed by the Texas Department of family and Protective Services and the University of Texas at Austin College of Pharmacy as the standard of practicefor treatment of Nebraska Medicaid clients. These parameters can be found at *http://www.dfps.state.tx.us/child_protection/medical_services/guide-psychotropic.asp.*

The *Medical Necessity Form* can be found at www.nebraska.fhsc.com. Requests will be forwarded to a Nebraska-Licensed, Board Certified Child and Adolescent Psychiatrist for review and determination of medical necessity.

RECOMMENDATION 1: Use of Naltrexone Limited to Patients Over 18 Years of Age
RECOMMENDATION 2: Dose Consolidation for Aripiprazole and Olanzapine
RECOMMENDATION 3: Use of Stimulants in Patients Under 5 Years of Age
Further clinical review is required for the use of stimulants in patients under 5 years of age. This change went into effect on September 4, 2014. 133 patients under the age of 5 years were taking a stimulant, written by 122 prescribers.
RECOMMENDATION 4: Use of Antidepressants in Young Children
RECOMMENDATION 5: Use of Mood Stabilizers in Young Children (patients under 4 years of age who do not have a seizure disorder)
RECOMMENDATION 6: Use of Antipsychotics Above the Literature-Based Limits in Children
RECOMMENDATION 7: Use of Stimulants Above the Literature-Based Limits in Children
RECOMMENDATION 8: Use of Antipsychotics in Young Children (Prescribers requesting use of antipsychotics which are not indicated for children, use of risperidone in patients less than 5 years, and use of most other antipsychotics in patients who are less than 6 years old)
RECOMMENDATION 9: Use of trazodone in patients under 14 years of age (These parameters note that not only is the use of trazodone in children not approved by the FDA, but there is insufficient evidence supporting the safety and efficacy of the use of trazodone in patients under 14 years of age).
RECOMMENDATION 10: Maximum Dose of Trazodone in Patients Under 19 years of age (doses of trazodone in excess of 100 mg)

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[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.