Nebraska Children's Commission
Psychotropic Medications Committee
Seventh Meeting
August 4, 2016
10:00 AM – 12:00 PM
The Executive Building,
Lower Level Conference Room
521 S. 14th Street, Lincoln, NE 68504

I. Call to Order

Gregg Wright, Co-Chair of the Psychotropic Medications Committee, called the meeting to order at 10:05 a.m.

II. Roll Call

Committee Members present (7):

Beth Baxter	Kayla Pope	Gregg Wright
Dr. Beth Ann Brooks	Kristi Webber	
Alyson Goedken	Paula Wells (10:06)	

Committee Members absent (7):

Mandy Blankenship	Kim Hawekotte	Gary Rihanek
Margo Botkin	Hailey Kimball	
Dr. Janine Fromm	Carla Lasley	

Committee Resource Members present (2):

Shelly Nickerson	Julie Rogers

Committee Resource Members absent (2):

Ashley Harlow	Vicki Maca	Carol Tucker

A quorum was not established.

Guests in Attendance (4):

Lisa Casullo .... Magellan Behavioral Health of Nebraska
Linda Cox .... Foster Care Review Office
Bethany Connor Allen .... Nebraska Children's Commission
Catie Dagle .... Nebraska Families Collaborative
Amanda Felton .... Nebraska Children's Commission
Anna Holmquist .... Office of the Inspector General of Child Welfare
Melissa Koch .... Administrative Office of Probation
Angie Pick .... Nebraska Families Collaborative

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 at the front of the meeting room.

III. Approval of Agenda

Due to a lack of quorum a formal vote was not taken, but the meeting proceeded based upon the agenda as presented.

IV. Approval of the Minutes

The approval of the May 5, 2016 meeting minutes were postponed until the next meeting at which a quorum could be established. Beth Ann Brooks made note of the language in reference to identifying a representative from Medicaid to participate in the Committee. She wanted to ensure that it did not give the perception that Ms. Mueting had been the only representative suggested. Language would be updated to reflect that Ms. Mueting was a potential contact, but that Ms. Brooks would coordinate with Co-Chair Wright to gather the input of Director of the Division of Medicaid and Long Term Care, Calder Lynch.

V. Welcome & Introductions

Co-Chairs Greg Wright and Paula Wells welcomed the members and shared a handout example of a system involved youth. Co-Chair Wright encouraged the members to bring other such examples to serve as a reminder of the youth that the Committee is targeting in their recommendations. He informed the members that the name of the youth had been changed, but that the information provided on the sheet was all that was available to the caseworker at the time. He explained the complications that could come from the number of medications the youth was on.

VI. Co-Chair Report

a. *Update from Commission Annual Retreat*

Co-Chair Wells provided a brief update on the work that was done at the Nebraska Children's Commission annual retreat on July 19, 2016. She outlined the four priority areas that were identified by the Commission. They included Workforce issues, Technology and Data Sharing, System of Care, and Prevention Efforts. She also noted that the Structure Taskforce would be reformed to look into the structure and overlapping issues of the Commission subgroups.

b. *Youth Bill of Rights*

The members were directed to the Youth Bill of Rights handout. It was explained that the handout was part of a packet currently being distributed to groups of youth currently or previously in out-of-home care to aid in a focus group discussion. Information on the efforts were distributed to the Psychotropic Medication Committee for input on the relevant medical sections.

Lengthy discussion occurred regarding the Access to Information and Services Rights section of the Youth Bill of Rights as it related to medical treatment and prescription medication. One comment identified the need to define what adequate health care looked like, specifying continuity, coordination, and education as key elements.

Members also raised concern with the Bill of Rights only applying to youth aged 14 and older. The question was raised as to what age, if any, a youth could object to psychiatric care or medication. It was believed that there may be no age distinction for this, and that further research should be done. Co-Chair Wright suggested that it be a question proposed to the Center on Children, Family, and the Law (CCFL). Policy Analyst with the Children's Commission, Bethany Connor Allen, would begin research on the matter in collaboration with interested committee members and stakeholders.

It was agreed that Commission Administrative Assistant, Amanda Felton, would send out an email to the Committee members asking for them to provide feedback on addressing both psychotropic medication issues and more general issues throughout the document.

VII. Status of Action Items

a. *Addition of New Committee Members*

Due to the lack of quorum, a recommendation to the Children's Commission for the addition of voting members to the Committee could not be made. However, several attendees indicated their willingness to act in a resource capacity. They included the following:

- John Danforth was willing to serve as a representative of the Administrative Office of Probation.
- Shelly Nickerson was acting as a resource member representing Medicaid – Pharmacy.
- Lisa Casullo would serve in a former youth capacity and act as a liaison for youth voice.

Discussion arose regarding how to involve representation of the three new Heritage Health organizations. Ms. Nickerson noted that there may not be one individuals who would fulfil the entirety of the role that the Committee was looking for. After lengthy discussion, two potential options we found. The first was to have the Co-Chairs reach out to Calder Lynch, Director of the Division of Medicaid and Long Term Care, to see who would the best fit for the work of the Committee. The second option would be to seek out representatives from each organization to provide the Committee with a presentation at a designated meeting.

b. *Creation of a flow chart detailing emergency contact protocol for foster youth entering emergency care*

Alyson Goedken, Administrator with the Division of Children and Family Services (CFS), indicated that a flow chart was underway and that the Committee would be kept up to date on its progress.

c. *Review of NFOCUS data on psychotropic medications*

This information was reviewed under agenda item VIII.

d. *Continued review of DHHS progress in relation to Phase I Recommendations*

This information was reviewed under agenda item VIII.

VIII. Update from the Division of Children and Family Services (CFS)

Ms. Goedken began the update with a reminder of the CFS Administrative Memo reviewed at the last meeting. That document provided baseline of accountability and oversight for consent of psychotropic medication. She shared a handout regarding NFOCUS data that had been collected as a result of the memo. It was pointed out that the accuracy of the data was dependent on the information entered into the system. Since the entry of this data had only recently been added to the NFOCUS system, there was a learning curve that would hopefully stabilize over time. Ms. Goedken did clarify that data from the pharmacy claims had been requested as a way to verify the NFOCUS data but that the request was still processing. Since April was the first time that this information was collected, hopefully the accuracy of completion would increase over time. An additional level of accountability was noted in the modified court report that now required documentation of psychotropic medication.

The difficulty in determining the percentage of data actually being entered was expressed. Ms. Goedken indicated that Service Administrators received a monthly list of youth on more than three psychotropic medication and are required to perform administrative reviews on each case. The request was made for the Committee to be provided data trends once the data entry process stabilized. Dr. Beth Ann Brooks, Psychiatric Consultant for CFS, noted that identifying the data to enter could be complicated. Further clarification and education of what constitutes a psychotropic medication would be needed to be attended to as work continues.

This raised the question of what psychotropic medication training looked like for CFS staff. Currently, only new workers were receiving training over psychotropic medication. The training modules were currently being updated to reflect the new learning objectives. One of the elements currently being emphasized with new workers was to consider the questions and steps they would take if the youth were their own child when completing an Informed Consent form.

Conversation shifted to the current Informed Consent form. The form was meant to guide CFS workers in gathering information and asking questions in order to give informed consent for psychotropic medication to be given to a youth. Ideally, the form would be signed by the assigned caseworker or supervisor, but in instances where emergency requests are submitted outside of business hours, it may be a hotline worker. Data on the numbers of caseworkers vs. hotline workers providing consent was requested. Ms. Goedken indicated that gathering that information may not be possible given the current NFOCUS system setup.

The form was to be completed anytime a new medication was prescribed. It was asked if a new form would have to be completed for a change in dosage. Ms. Goedken said it would depend on the practice of the physician, but that she was not aware of a standard regarding a change in dosage.

Discussion shifted to the question of who had the authority to give informed consent for a youth. Examples were given of foster parents who initiated medication prior to informed consent from a CFS worker. Under current regulations, foster parents did not have the ability to provide informed consent for psychotropic medication. This created difficulty when a case worker has high caseloads and may not complete the form for several days.

In an effort to provide recommendations on how to streamline the Informed Consent process, it was determined that a Taskforce would be established. The taskforce would work to review many of the issues raised at the current meeting and how to improve the process. Volunteers for the group included Alyson Goedken, Beth Ann Brooks, Kayla Pope, Kristi Weber, Lisa Casullo, and Angie Pick. Angie Pick was placed in the role of Chair for the Taskforce and would work with interested members and Commission staff to arrange a meeting for the group.

The members transitioned conversation to the review of the progress of CFS in relation to the Phase I Recommendations. Ms. Goedken discussed several of the items on the checklist provided as a handout. She noted that item 1.a) was underway with materials available through the online website and additional work being done to update the other relevant training materials. Item 1.b) was also indicated as underway with the remark that training requirements were being modified for the CFS and NFC workforce, but additional work may be needed for foster parents.

Under the section 2.b) the group reviewed the first three points, with each identified to need additional resources. 2.b1) was already underway for youth receiving Medicaid, but there is a small population (around 13-15%) who do not qualify for Medicaid and would be more difficult to track. For item 2.b2), members indicated that the rate and type of drug could be easily tracked, but tracking adverse reactions would prove difficult. Suggestions to collect this data was to utilize the managed care organizations who are required to review adverse reactions monthly.

After lengthy dialogue surrounding item 2.b3), it was determined that the wording may need to be revised. The goal of the item was to ensure that should a caseworker come upon a medication that was new, advanced, or extremely unfamiliar, that they could seek a second opinion. With this clarification, Ms. Goedken acknowledged that this section was completed. Conclusions on additional checklist items can be found in the updated document included as Attachment 1 of these minutes.

IX. Next Steps

Next steps for the Committee included:

- CFS, Nebraska Families Collaborative (NFC), and Probation would provide an update on the training and support to workers on psychotropic medication.

    - It was requested that the reports be given in the format of the Phase I Recommendation Checklist.
- CFS would continue to provide updated NFOCUS data on psychotropic medications.
- Ms. Nickerson expressed a willingness to pull data on Medicaid youth with further clarification on what information was needed.
    - Kayla Pope offered to investigate how other states defined the various medication classes and pulled their data on psychotropic medication use for youth.
- Discuss at the next meeting which, if any, of the divisional Chief Medical Officers should be involved as a member of the Committee.
- Bethany Connor Allen would investigate statutory regulations surrounding the age of consent/assent.

X. 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

An attendance survey would be distributed to determine a date for the next meeting in early August.

XIV. Adjourn

The meeting adjourned at 12:11 p.m.

8/17/2016

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