**Nebraska Children's Commission**
**Psychotropic Medications Committee**
Eighth Meeting
November 3, 2016
9:00 AM – 11:00 AM
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, began discussion of topics at 9:15 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 Mandy Blankenship at 10:30 a.m.

## II. Roll Call

*Committee Members present (7):*

| | | |
|---|---|---|
| Beth Baxter | Dr. Janine Fromm | Gregg Wright |
| Mandy Blankenship (10:30) | Alyson Goedken | |
| Dr. Beth Ann Brooks | Paula Wells | |

*Committee Members absent (7):*

| | | |
|---|---|---|
| Margo Botkin | Carla Lasley | Kristi Webber |
| Kim Hawekotte | Kayla Pope | |
| Hailey Kimball | Gary Rihanek | |

*Committee Resource Members present (5):*

| | | |
|---|---|---|
| Lisa Casullo | John Danforth | Julie Rogers |
| Linda Cox | Shelly Nickerson | |

*Committee Resource Members absent (3):*

| | | |
|---|---|---|
| Ashley Harlow | Vicki Maca | Carol Tucker |

Let it be noted for the record that Linda Cox was given authority by Kim Hawekotte to serve as a proxy for voting matters in her absence.

*Guests in Attendance (3):*

| | |
|---|---|
| Bethany Connor Allen | Nebraska Children's Commission |
| Amanda Felton | Nebraska Children's Commission |
| 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 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, **Beth Ann Brooks moved to approve the agenda with the exception that voting matters were postponed until the time that quorum could be reached. It was seconded by Paula Wells.** No further discussion was had. Roll call vote as follows:

**FOR (8):**

| | | |
|---|---|---|
| Beth Baxter | Linda Cox | Paula Wells |
| Mandy Blankenship | Dr. Janine Fromm | Gregg Wright |
| Dr. Beth Ann Brooks | Alyson Goedken | |

**AGAINST (0):**

**ABSENT (6):**

| | | |
|---|---|---|
| Margo Botkin | Carla Lasley | Gary Rihanek |
| Hailey Kimball | Kayla Pope | Kristi Webber |

**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. *May 5, 2016 Meeting Minutes*
b. *August 4, 2016 Meeting Minutes*
c. *Addition of Committee Members*

Moving from Resource to Voting Positions:

- **Linda Cox,** Research Analyst with the Foster Care Review Office (Replacing Kim Hawekotte)
- **Lisa Casullo,** Former Foster Ward/Youth Voice Liaison and Director of Consumer and Recovery Services with Magellan Behavioral Health of Nebraska
- **John Danforth,** Probation Funding Specialist with the Administrative Office of Probation
- **Shelly Nickerson,** Pharmaceutical Consultant with DHHS, Division of Medicaid and Long-Term Care

**It was moved by Paula Wells and seconded by Beth Baxter to approve the Consent Agenda as presented.** There was no further discussion. Roll call vote as follows:

**FOR (8):**

| | | |
|---|---|---|
| Beth Baxter | Linda Cox | Paula Wells |
| Mandy Blankenship | Dr. Janine Fromm | Gregg Wright |
| Dr. Beth Ann Brooks | Alyson Goedken | |

**AGAINST (0):**

**ABSENT (6):**

| | | |
|---|---|---|
| Margo Botkin | Carla Lasley | Gary Rihanek |
| Hailey Kimball | Kayla Pope | Kristi Webber |

**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

The Co-Chairs did not have any new information to report.

## VII. Status of Action Items

*a. Medicaid data on psychotropic medication*

The members discussed how to better track the medications of youth on Medicaid. Dr. Janine Fromm gave an example of a youth who was on multiple anti-psychotic and mood stabilizing medications. It was explained that due to state auditing processes, one prescription could not be given at a high enough does, so multiple medications were prescribed to fulfil the youth's need. Ms. Nickerson noted that there was a way to make exceptions to the medication limitations in special circumstances. The physician could meet with the division's child and adolescent psychologist for approval without having to prescribe multiple medications. The members felt that additional examination was needed of the ways that providers and physicians could work around system guidelines.

Ms. Nickerson indicated that data on youth medication could be pulled in order to identify the items to track and allow for the best overview of the system. A draft report would be sent out to members prior to the next meeting for review. Once the items for tracking were identified, a monthly dashboard trend analysis could be done. Ms. Nickerson also offered to pull de-identified data on the case reference by Dr. Fromm.

*b. Discussion of Department of Health and Human Services (DHHS) Chief Medical Officer Membership*

Dr. Lisa White had recently been appointed to the position of Medicaid Medical Director. While it may be duplicative to have both Ms. Nickerson and Dr. White on the Committee, having Dr. White review and provide feedback on recommendations would be beneficial to the work of the group.

Co-Chair Wright indicated that he would reach out to Dr. Thomas Williams, Chief Medical Officer and Director of the Division of Public Health to discuss collaboration and potential membership additions.

*c. Age of consent/assent regulations*

Bethany Connor Allen, Policy Analyst with the Nebraska Children's Commission, explained that no Nebraska law allowed for a minors to provide consent or assent. She also noted that she was unable to find statutory language in any state that would allow state wards to make their own medical decisions. It was mentioned that the DHHS regulations require youth assent for behavioral health diagnoses. It was suggested to look at similar process to inform youth on the reasoning for, the type of, and potential side effects of the medication being prescribed for psychotropic medications. Co-Chair Wright encouraged that this remain an issue that should be on the radar of the members and that any new information should be shared with the group.

## VIII. Update from the Informed Consent Taskforce

Angie Pick, Chair of the Informed Consent Taskforce and Community Development Specialist with Nebraska Families Collaborative shared information on the work of the Informed Consent Taskforce. The Taskforce had reviewed an informed consent form from Maryland that they felt was the best fit to their intended outcome. Changes to be included on the form were to have an acknowledgement from the youth that they had been informed of the medication prescribed and the age would be altered to 14 and over with encouragement for younger youth as well.

Alyson Goedken, Administrator with the Division of Children and Family Services, would be sending out a draft memo with updates to the informed consent policy for the Taskforce to review. The goal was to have communication through email to create a draft form for review at the next meeting in February. At that meeting the Taskforce would discuss how to ensure that the form was available to the practitioners, youth, caseworkers, Managed Care Organizations (MCOs), and all other involved parties.

Ms. Pick commented on the disadvantages that caseworkers often have in approving informed consent. She noted that while caseworkers are responsible for making decisions regarding the wards' care, they do not have the same opportunity as a parent with a youth in their home who could regularly attend doctor appointments and was able to see the youth and their behaviors on a daily basis. To help streamline the process for caseworkers, she planned to create a "cheat sheet" to direct them to find the resources necessary for them to provide informed consent. She also highlighted an advantage of the Maryland form in that the physician completes the first page providing the caseworker with direct information.

Other areas that the Taskforce hoped to look into included identifying a way to make the informed consent form accessible electronically to practitioners statewide, promoting increased availability of training on psychotropic medications for all stakeholders, recommending that informed consent be required on all types of medication – not just psychotropic, and examining how to empower kinship and relative placements to be informed on the psychotropic medication procedure when they lack the agency support of traditional foster placements.

## IX. Report Out on the Committee Recommendation Checklist

The Committee reviewed the checklist that had been recently updated by Co-Chair Wright.

*a. Division of Children and Family Services*

Alyson Goedken went through the checklist and indicated the progress of the DCFS. Appendix A of these minutes reflects the discussion as noted by Ms. Goedken. Below is a summary of the comments on incomplete checklist items:

- **1.b)** – This item would be addressed by the Informed Consent Taskforce.
- **1.d)** – Based upon previous discussion, the group agreed that rather than "and/or" regarding foster parent training, it would read, "and." The partial completion reflected the work that had been done to create training for child welfare staff, with the training for foster parents still in progress.
- **2.b1)** – Ms. Goedken and Ms. Nickerson both commented on the complicated nature of this item. While they would be able to pull the necessary data, they did not currently have the resources to analyze and create recommendations based on the trends found. The group discussed the purpose and scope of this item at length. It was felt that whether it was a Committee or process that was created, there needed to be a way to issue recommendations for improvement. It was suggested that this task fall to the Committee.

  Dr. Fromm mentioned that the quality improvement committees within each MCO will be looking at the data referenced within 2.b1. The members felt that it would be beneficial to have presentations on the data from the MCOs as a regular agenda item. It was also pointed out that we would need to identify a way to gather data on non-Medicaid youth.

- **2.b2)** – It was felt that this data would be difficult for the DCFS to aggregate the data into a report, but agreed that it should be a constant conversation between the caseworker, foster parent, and youth. After lengthy dialogue, the group felt that this item was not feasible due to adverse reactions being too difficult to define.
- **2.b3)** – Based on past meeting discussion, Ms. Goedken questioned if this item should be removed from the checklist. The Committee struggled to come to consensus on if this item should be removed or not. It was suggested that the Committee review the case referenced earlier by Dr. Fromm as an operational audit of the process. The group would return to this item to see if language could be refined to better fit the current system environment.
- **2.b4)** – An updated Administrative Memo regarding psychotropic medications would soon be released by DCFS that would fulfil this item.
- **2.b5)** – Ms. Goedken recommended that this item be combined with 2.b1. The group agreed that it could be combined with 2.b1.

- **2.c)** – If the task of maintaining the updated list were to fall on DCFS, they would not have the resources to maintain the report. However, the plan to implement the Nebraska Health Information Initiative (NeHII), a data repository, would be able to fulfil this item when it goes live statewide in 2018. The Committee would continue to monitor the progress of NeHII.
- **4 –** While it was deemed a positive goal, currently resources to complete the referenced website were not available. Co-Chair Wright indicates that he had begun to gather data on a multi-state grant to create a system that could fulfil this item. He would follow up with the members once he had more information.

*b. Nebraska Families Collaborative*

Due to time limitations, Ms. Pick had to leave the meeting before the Committee could reach this item.

*c. Probation*

Due to the lack of time, Mr. Danforth was asked if he would be willing to present his update at the next meeting.

## X. Update from the Division of Children and Family Services (DCFS)

With the meeting end time quickly approaching, Ms. Goedken indicated that she would provide this information at the next Committee meeting.

## XI. Next Steps

Next steps for the Committee included:

- Ms. Nickerson would pull data on youth medication for the Committee to review prior to the next meeting. Items would be identified for inclusion in a data dashboard.
- Information on the youth case discussed by Dr. Fromm would be de-identified and shared with the group for review.
- Co-Chair Wright would meet with Dr. Thomas Williams to discuss collaboration and potential membership additions.
- Members would continue to research information on youth consent/assent individually and bring new information back for discussion.
- The Informed Consent Taskforce would work to draft an updated form and provide an update at the next Committee meeting.
- Nebraska Families Collaborative and Probation would provide an update based on the Status Sheet checklist at the next meeting.
- DCFS would provide an update on the emergency care contact protocol flow chart and the NFOCUS data on psychotropic medications at the next meeting.
- The Committee would work on language updates to the necessary goals within the checklist.
- The Committee would determine areas of focus for the year ahead.

## 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 group planned to meet in late February or early March. An attendance survey would be distributed to determine a date for the next meeting.

## XIV. Adjourn

The meeting adjourned at 11:01 a.m.

AF

# Status Sheet for Dec 2012 Psychotropic Medication Report to the Nebraska Children's Commission

Date Assessed: 11/03/2016

| | Recommendation: | Agency Agrees | Status ~~% Completed~~ | Resources Needed | New Goal Proposed |
|---|---|---|---|---|---|
| POLICY | **1. ~~DHHS~~ Policy and Procedures for:** | ---------- | | | |
| | **a)** Identifying parties empowered to consent; | ✓ | Complete | | |
| | **b)** Establishing a mechanism to obtain assent when possible; | ✓ | In Progress | | |
| | **c)** Making available simply written psycho-educational materials and med information sheets to facilitate the consent and assent; | ✓ | Complete | | |
| | **d)** Establishing training requirements for child welfare and~~/or?~~ foster parents to help them become more effective advocates; | ✓ | In Progress | | |
| OVERSIGHT | **2. Oversight Procedures that include:** | ---------- | | | |
| | **a)** Guidelines for the use of psychotropic medications for youth in state custody; | ✓ | Complete | | |
| | **b)** Establish an advisory committee or process to: | ---------- | | | |
| | **b1)** oversee med review and provide medication monitoring in order to collect and analyze data. Quarterly reports including recommendations should be submitted to the state child welfare agency regarding rates & types of psychotropic medication; | ✓ | | ✓ | See Minutes |
| | ~~**b2)** Monitor the rate and type of psychotropic medications and the rate of adverse reactions among youth in state custody;~~ | | | | See Minutes |
| | **b3)** Review non-standard, unusual, PRN and/or experimental interventions; | | | | See Minutes |
| | **b4)** Review all psychotropic meds for children < 5 y.o. | ✓ | In Progress | | |
| | ~~**b5)** Collect and analyze data and make quarterly reports to state child welfare agency regarding rates & types of psychotropic medication;~~ | ✓ | | | See Minutes |
| | **c)** Maintain an ongoing record easily available to treating physicians 24/7 including dx, ht, wt, allergies med hx, ongoing problem list, meds, adverse events | | In Progress | | See Minutes |

CONSULTS

OTHER

NEW

| Recommendation: | Agency Agrees | Status ~~% Completed~~ | Resources Needed | New Goal Proposed |
|---|---|---|---|---|
| **3. Design a consultation program administered by child and adolescent psychiatrists to provide face to face or tele-psychiatry in remote areas:** | ---------- | | | |
| . . . for person responsible for consenting for treatment | ✓ | Complete | | |
| . . . for providers treating difficult population | ✓ | Complete | | |
| . . . at request of DHHS or courts when concerned | ✓ | Complete | | |
| **4. Create a website providing easy access for clinicians, foster parents, and other caregivers on pertinent policies and procedures governing meds, consent forms, adverse effect rating forms, reports of prescription patterns, and links to helpful, accurate and ethical website about psychiatric diagnosis and medications.** | | | ✓ | |
| **5. DHHS and the Administrative Office of the Courts along with other system stakeholders should work together on guidelines and protocols that address the principles and recommendations in this document.** | ✓ | Complete | | |
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**Goals are based on the Principles Articulated in Report:**
Youth in state custody are entitled to: (1) Continuity of care, effective case management and longitudinal individualized treatment planning; (2) Effective treatment: psychosocial, psychotherapeutic, behavioral, and when indicated pharmacotherapy; (3) Informed consent by a person authorized to act for parents and assent from youth when possible; (4) Baseline identification of target symptom, monitoring of response, and education of youth and caregiver about effects and side-effects of medications; and (5) Necessary medications in a timely manner.