

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

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Recommendation:	Agency Agrees	% Completed	Resources Needed	New Goal Proposed
<b>1. Policy and Procedures for:</b>	-----			
a) Identifying parties empowered to consent;				
b) Establishing a mechanism to obtain assent when possible;				
c) Making available simply written psycho-educational materials and med information sheets to facilitate the consent and assent;				
d) Establishing training requirements for child welfare and foster parents to help them become more effective advocates;				
<b>2. Oversight Procedures that include:</b>	-----			
a) Guidelines for the use of psychotropic medications for youth in state custody;				
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;				
B2) Review non-standard, unusual, PRN and/or experimental interventions;				
B3) Review all psychotropic meds for children < 5 y.o.				
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				
<b>3. Design a consultation program administered by child and adolescent psychiatrists to provide face to face or tele-psychiatry in remote areas:</b>	-----			
. . . for person responsible for consenting for treatment				

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<b>Recommendation:</b>	Agency Agrees	% Completed	Resources Needed	New Goal Proposed
. . . for providers treating difficult population				
. . . at request of DHHS or courts when concerned				
<b>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.</b>				
<b>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.</b>				

**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.