

Status Sheet for Psychotropic Medication Committee

Date Assessed: March 1, 2017

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.

	Completed Recommendations:	Status
P O L I C Y	1. Establish Policy and Procedures for:	
	a) Identifying parties empowered to consent;	Complete
	b) Making available simply written psycho-educational materials and med information sheets to facilitate the consent and assent;	Complete
	c) Establishing training to help relevant parties become more effective advocates;	
	c(1) Child welfare employees	Complete
O V E R S I G H T	2. Develop Oversight Procedures that include:	
	a) Guidelines for the use of psychotropic medications for youth in state custody;	Complete
C O N S U L T	3. Design a consultation program administered by child and adolescent psychiatrists to provide face to face or tele-psychiatry in remote areas:	
	a) for person responsible for consenting for treatment	Complete
	b) for providers treating difficult population	Complete
	b) at request of DHHS or courts when concerned	Complete

4. 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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	Recommendations Needing Ongoing Action	Status
P O L I C Y	1. Establish Policy and Procedures for:	
	c) Establishing training to help relevant parties become more effective advocates;	
	c(2) Foster parents	In Progress
	d) Establishing a mechanism to facilitate consent and obtain assent when possible	In Progress
O V E R S I G H T	2. Develop Oversight Procedures that include:	
	b) Establish an advisory committee of process to:	
	B1) Oversee med review and provide medication monitoring to make possible collecting and analyzing data. Quarterly reports including recommendations should be submitted to the state child welfare agency regarding rates & types of psychotropic medications;	Resources Needed
	B2) Monitor the rate and type of psychotropic medications and the rate of adverse reactions among youth in state custody	See Discussion Below
	B3) Review non-standard, unusual, PRN and/or experimental interventions	See Discussion Below
	B4) Review all psychotropic medications and the rate of adverse reactions among youth in state custody	In Progress
	B5) Collect and analyze data and make quarterly reports to state child welfare agency regarding rates & types of psychotropic medication	See Discussion Below
	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 and See Discussion
O T H E R	5. 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.	Resources Needed

Discussion: (information from November 3, 2016 and March 1, 2017 meetings)
Item 2(b)(2) DHHS CFS notes that NFOCUS information reflects information that is directly entered into the date system based on information received by the case worker. Frontline workers enter the data they receive from other professionals, so are limited to information they receive. Currently, DHHS CFS and Medicaid are unable to cross-



reference their information related to psychotropic medications prescriptions. Medicaid is has a two year timeline to implement a new system, and the Informed Consent Taskforce's draft tool will address many of these issues when complete.

Item (2)(b)(3) The group determined that this item should be reviewed and return to this item to determine if language could be refined to reflect the current system environment.

Item (2)(b)(5) This item is similar to item (2)(b)(1), and group should consider combining these two recommendations. DHHS needs resources to complete this item.

Item(2)(c) The group agrees that while this is an important recommendation, this may not be a requirement for DHHS-CFS. Members suggest that medical homes under the managed care organizations may fulfill this requirement. Initiatives under Public Health, Medicaid, and CFS should be monitored.