

Nebraska Children's Commission
Psychotropic Medications Committee
Tenth Meeting
July 13, 2017
9:00 a.m. – 11:00 a.m.
Southeast Community College, Room U-106
8800 O Street, Lincoln, NE 68520

I. Call to Order

Paula Wells, Co-Chair of the Psychotropic Medications Committee, called the meeting to order at 9:07

II. Roll Call

Committee Members present (10):

Beth Baxter	Dr. Janine Fromm	Kristi Weber
Dr. Beth Ann Brooks	Alyson Goedken	Paula Wells
Linda Cox	Shelly Nickerson	
John Danforth	Dr. Kayla Pope	

Committee Members absent (6):

Margo Botkin	Hailey Kimball	Gary Rihanek
Lisa Casullo	Carla Lasley	Dr. Gregg Wright

Committee Resource Members present (1):

Carol Tucker (9:45)

Committee Resource Members absent (2)

Vicki Maca	Julie Rogers
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Guests in Attendance (2):

Bethany Connor Allen	Nebraska Children's Commission
Angie Pick	Nebraska Families Collaborative

a. Notice of Publication

Recorder for the meeting, Bethany Connor Allen, 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

A motion was made by Dr. Kayla Pope to approve the agenda as written. It was seconded by Dr. Beth Ann Brooks. No further discussion was had. Roll call vote as follows:

FOR (10):

Beth Baxter	Janine Fromm	Kristi Weber
Dr. Beth Ann Brooks	Alyson Goedken	Paula Wells
Linda Cox	Shelly Nickerson	
John Danforth	Dr. Kayla Pope	

AGAINST (0):

ABSENT (6):

Margo Botkin
Lisa Casullo

Hailey Kimball
Carla Lasley

Gary Rihanek
Dr. Gregg Wright

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. March 1, 2017 Meeting Minutes

It was moved by Dr. Kayla Pope and seconded by Linda Cox to approve the Consent Agenda as presented. There was no further discussion. Roll call vote as follows:

FOR (10):

Beth Baxter
Dr. Beth Ann Brooks
Linda Cox
John Danforth

Dr. Janine Fromm
Alyson Goedken
Shelly Nickerson
Dr. Kayla Pope

Kristi Weber
Paula Wells

AGAINST (0):

ABSENT (6):

Margo Botkin
Lisa Casullo

Hailey Kimball
Carla Lasley

Gary Rihanek
Dr. Gregg Wright

ABSTAINED (0)

MOTION CARRIED

V. Welcome & Introductions

Co-Chair Paula Wells welcomed the members and noted that Co-Chair Dr. Wright Gregg Wright was unable to attend.

VI. Co-Chair Report

Co-Chair Wells noted that while Co-Chair Dr. Wright was unable to attend the meeting, he did provide Co-Chair Wells with some insights and thoughts to share with the Committee. Dr. Wright raised the issue of training related to psychotropic medications. While the group had discussed training for state workers, training for foster parents has not been addressed. Co-Chair Wells noted that she had done some research and found that the state does not provide foster parent training, it is instead provided by foster care placement agencies, who provide foster parent training based off of a national curriculum. This training does not include information about psychotropic medications. Angie Pick shared that between 30 and 40% of state wards are on psychotropic medication, and noted that behaviors are often addressed through medication and are subsequently never adequately addressed.

The group agreed that foster parent training is of paramount importance as the foster parent normally attends medical appointments with the foster child. Foster parents are unable to give medical consent but it is necessary for them to have all of the information they need to support the foster child.

Co-chair Wells shared an [informational article](#) about a class-action lawsuit taking place in Missouri, alleging that their Department of Social Services had violated the civil rights of children in its care related to the provision of psychotropic medications. Co-Chair Wells called the lawsuit a landmark case, and noted that there are many people interested in this important issue.

Discussion returned to the topic of training. John Danforth noted that probation officers receive training on behavioral health disorders and psychotropic medication as a general overview. He clarified that Probation is never the legal guardian and would never consent to medical treatment or medication. He noted that foster parents are asked to do a tough jobs and it was difficult to put them in the position of needing to argue with the physician about treatment. Children should not be overmedicated, but there were questions about how to solve the problem.

The group discussed that the role of the foster parent may not be to argue with a medical doctor or second guess treatment, but to adequately communicate the behaviors they see in the home to get an accurate diagnosis. Foster parents see the children the majority of the time, so they are able to make sure the behaviors match the medication and treatment. In Probation, they want to support the health treatment of the child, while recognizing normal adolescent behavior. There may be a tendency to over pathologize normal adolescent behavior. Foster parents' role should not be to argue with a physician, but to know what the medication is, what the side effects are, and what to expect when a child is on the medication.

John Danforth clarified a concern about Probation oversight of the psychotropic medications of youth. In addition to being unable to consent for psychotropic medications. The more often Probation interacts with a low-risk youth, the more likely the youth is to reoffend. Probation strives to limit intervention with youth who are low-risk to prevent recidivism.

VII. Informed Consent Taskforce Report (Action Item)

Dr. Beth Ann Brooks provided information about the work that had been done on the [Informed Consent document](#). It was based off of a Maryland form, and the group worked closely with DHHS to make changes. They discussed that they wanted to look at the process and make the form a standard throughout the state of Nebraska. Alyson Goedken shared that since much of the form was filled out by the provider, it was outside of the ability of the Department to make a prescriber complete it. The group noted that foster parents routinely bring forms for the foster care agencies to doctor's appointments, so this could be brought with the foster parent and provider to the prescriber. The document could be entered into a database. Co-Chair Wells suggested this could address some of the issues raised in the Missouri lawsuit.

The group turned its discussion to implementing a pilot project. The group discussed that a controlled environment with specialized prescribers would be different than a rural area.

Beth Baxter made a motion to approve the Informed Consent Form as presented and recommend to the Nebraska Children's Commission that an implementation pilot be undertaken.

Discussion followed. John Danforth asked to clarify why the masthead of the document stated "Department of Health and Human Services." Other members noted they were confused by the reference to foster care in section B, page two. Discussion vacillated between revising the document, approving the document as is, or sending it back to the Informed Consent Taskforce for further work.

Beth Baxter moved to amend her original motion to include that "Department of Health and Human Services" be removed from the masthead, and references to "foster parent" in section B, page 2, be changed to refer to "caregiver." Janine Fromm seconded the amendment.

Discussion continued. Alyson Goedken noted that prior to any implementation, DHHS would need to plan as this document was not part of the practice or policy, so there are many steps that would need to be undertaken to implement the form. She noted that if an implementation pilot were to be undertaken, "Department of Health and Human Services" would need to be removed from the masthead as the pilot project would not be affiliated with DHHS.

The group identified the following changes to the Informed Consent document: Remove “Department of Health and Human Services” from the masthead; replace references to “foster parent” in section B, page 2, to “caregiver”; remove references to “CFS” and “CFS Region” in Section B, page 2.

Dr. Kayla Pope expressed a desire to separate the motion to modify and approve the IC Document with the provision to create a pilot implementation program for the IC Document.

Beth Baxter withdrew the above motion and amendment, Dr. Janine Fromm agreed to the recession.

Dr. Beth Ann Brooks then made a motion to approve and forward the Informed Consent document to the Nebraska Children’s Commission for their consideration with the following changes: Remove “Department of Health and Human Services” from the masthead; replace references to “foster parent” in section B, page 2, to “caregiver”; remove references to “CFS” and “CFS Region” in Section B, page 2. Dr. Kayla Pope seconded the motion. A roll call vote was taken as follows:

FOR (10):

Beth Baxter
Dr. Beth Ann Brooks
Linda Cox
John Danforth

Dr. Janine Fromm
Alyson Goedken
Shelly Nickerson
Dr. Kayla Pope

Kristi Weber
Paula Wells

AGAINST (0):

ABSENT (6):

Margo Botkin
Lisa Casullo

Hailey Kimball
Carla Lasley

Gary Rihanek
Dr. Gregg Wright

ABSTAINED (0)

MOTION CARRIED

Dr. Kayla Pope made a motion that if the Informed Consent Document is approved by the Nebraska Children’s Commission, the Commission should accept the Psychotropic Medication Committee’s recommendation for moving forward with a pilot implementation.

Discussion followed. John Danforth questioned the use of a conditional motion, and Beth Baxter noted that it was a recommendation that the Commission consider.

A roll call vote was taken as follows:

FOR (10):

Beth Baxter
Dr. Beth Ann Brooks
Linda Cox

Dr. Janine Fromm
Shelly Nickerson
Dr. Kayla Pope

Kristi Weber
Paula Wells

AGAINST (0):

ABSENT (6):

Margo Botkin
Lisa Casullo

Hailey Kimball
Carla Lasley

Gary Rihanek
Dr. Gregg Wright

ABSTAINED (2)

John Danforth

Alyson Goedken

MOTION CARRIED

VIII. Update from the Division of Children and Family Services

Alyson Goedken informed members that she was transitioning to focus on prevention and Sherri Haber would be taking over as the Division of Children and Family Services (CFS) representative. CFS and Medicaid had planned to do their presentation together. Shelly Nickerson noted that she provided several attachments.

Shelly Nickerson discussed the Nebraska Medicaid Psychotropic Drugs and Youth Initiative. She remarked that the Managed Care Organizations (MCOs) have presented data to the Drug Utilization Review. She also stated that the MCOs are required to perform psychotropic medication oversight to all youth, regardless of child welfare or juvenile justice system involvement. Medicaid was currently working through some legal barriers with CFS related to sharing data and they had begun to share data.

Ms. Nickerson remarked that the report provided at the previous meeting had shown a much higher rate of utilization of psychotropic medication for state wards. She noted that “payee series” had increased the number artificially, and Sherri Haber had worked with Medicaid to pull out the payee series information to provide [updated numbers](#).

Co-Chair Wells asked for clarification on the use of the acronym “NDC.” Ms. Nickerson shared that it referred to the National Drug Code. Each drug had its own code, for instance an extended release formula would have its own NDC even if it had the same active medication. Ms. Nickerson informed the committee that this project included any youth under 20 were on Medicaid. The Drug Use Review (DUR) had had significant discussion and would likely focus on youth twelve and under. She indicated that one MCO had the majority of youth.

Members questioned why one MCO has a much larger population of minors. United Healthcare was already in business in Nebraska, so many individuals who had a provider they preferred chose to sign up for United Healthcare. Since Heritage Health was implemented in the middle of a school year many families chose to use United Healthcare to avoid any disruption.

Dr. Beth Ann Brooks noted that there were discrepancies between the minimum age for review for antipsychotics between the Informed Consent sheet and the DUR document. She noted that this would only flag a concern for a very attentive and informed parent or caregiver. She recommended that the group note this and look further into the misalignment between these documents. Page two of the [Medicaid document](#) noted the minimum age for antipsychotics, with the lowest age being six. The informed consent document recommended additional review of a youth’s clinical status when the youth was under age five generally, and under age four for antipsychotics. Similar discrepancies existed between the anti-depressant and psychostimulants between the Medicaid document and the Informed Consent document.

Co-Chair Wells turned the group’s attention to the [Status document](#). Ms. Goedken noted that the first page was complete. Co-Chair Wells noted that Co-Chair Dr. Wright expressed that he would like a copy of the guidelines that had been created as recommended by Item 2(a). Ms. Goedken indicated that she would provide the guidelines to the group again.

Ms. Goedken noted that the title of item 1 under “Recommendations Needing Ongoing Action” may need to change, as the Committee appears to not be asking CFS to create policy, but to establish a training program. The group discussed changing the title, but noted that there were other agenda items that needed to be considered and agreed to return to this topic at the next meeting.

Ms. Goedken continued her overview of the status sheet. Co-Chair Wells noted that Co-Chair Dr. Wright requested periodic summaries of the reports referenced in Item 2(b)(1). Alyson asked that there be further discussion on this item. She noted Medicaid had a review process, including for scope of prescribers. The MCOs had a review process and review that they performed as well. Ms. Goedken raised the larger issue that there were very clear processes and procedures that were occurring, so she was not sure that this item needed to remain an action item. Co-Chair Wells clarified that she believed Co-Chair Wright’s request was for a periodic summary, not an oversight of the process. Co-Chair Wells indicated this was a subject that should be discussed with Co-Chair Dr. Wright and noted it would be included at the next meeting.

IX. Presentation from the Administrative Office of Probation

John Danforth began a [presentation](#) on the Administrative Office of Probation. He began by discussing the components of the Juvenile Justice system. He noted that system contact begins with law enforcement citations

and county attorney filings of offenses. Diversion was another essential element that was funded and operated by counties. Diversion operated to address low risk offenders without bringing them deeper into the juvenile justice system. Mr. Danforth remarked that Probation would like to see as much diversion as possible, but it was not available in every county. He shared that if a youth did appear in court, there were three separate juvenile courts, along with County Judges who sat as Juvenile Judges as well. Juvenile Detention Centers were operated by the counties, and if a youth was detained, counties were responsible for getting youth healthcare. He provided a refresher on the government structure of Probation, noting that it was seated under the Judicial Branch, unlike DHHS which sat under the Executive Branch.

X. Update from the Administrative Office of Probation

Danforth began by emphasizing that foster care was a service, and that the youth involved could be state wards, probation, or another type of out-of-home placement. Given that the out-of-home population was still a fairly new addition to the role of probation, Danforth noted the lack of a system to track medication data. Before in depth data could begin to be collected, a foundation needed to be built. Work to set up a functional system was in process. Until the system can be perfected where only the appropriate population becomes involved with probation, it will be a slow process to catch up to the point that DHHS has reached in looking at psychotropic medication.

The group had a brief discussion about the use of Multi-Systemic Therapy and Dialectical Behavior Therapy, which are intended to expand as services in many state agencies. The presentation clarified that Probation could providing funding for behavioral health, but not mental health. If a youth was detained, the health care responsibility fell to the county, and Probation had been able to work with Medicaid to get youth back on Medicaid when they were exiting a detention center.

Mr. Danforth noted that the purpose of the Probation Officer was to build a relationship to act as an agent of change for the individual on probation. At this point, Mr. Danforth noted that the group had run out of time and he would very quickly go through the rest of the report. The group noted that the presentation was very informative, and requested that the presentation be placed on the next agenda at the start of the meeting prior to checklist discussion.

XII. Upcoming Meeting Planning

The next meeting would be scheduled sometime in late September or early October. A doodle poll would be distributed to finalize the date. The meeting would begin with a Probation presentation and include Alyson's concerns about the checklist on the agenda.

XIV. Adjourn

It was moved by Beth Baxter and seconded by Dr. Kayla Pope to adjourn the meeting. Motion carried by unanimous voice vote. The meeting adjourned at 11:17 a.m.

BCA