

**Nebraska Children's Commission  
Psychotropic Medications Committee**  
Eleventh Meeting  
September 22, 2017  
1:00 p.m. – 3:00 p.m.  
Nebraska Children's Home Society  
4939 South 118th Street, Omaha, NE 68137

**I. Call to Order**

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Dr. Paula Wells and Dr. Gregg Wright, Co-Chairs of the Psychotropic Medications Committee, called the meeting to order at 1:03 p.m.

**II. Roll Call**

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***Committee Members present (9):***

Beth Baxter	Sherri Haber	Dr. Kayla Pope
Dr. Beth Ann Brooks	Hailey Kimball	Dr. Paula Wells
Dr. Janine Fromm	Dr. Shelly Nickerson	Dr. Gregg Wright

***Committee Members absent (3):***

Dr. Lisa Casullo	Linda Cox	Kristi Weber
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***Committee Resource Members present (1):***

Carol Tucker

***Committee Resource Members absent (1)***

Julie Rogers

***Guests in Attendance (2):***

Amanda Felton.....	Nebraska Children's Commission
Bernadette Ueda.....	United Healthcare Community Plan of NE

*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**

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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 (9):**

Beth Baxter	Sherri Haber	Dr. Kayla Pope
Dr. Beth Ann Brooks	Hailey Kimball	Dr. Paula Wells
Dr. Janine Fromm	Dr. Shelly Nickerson	Dr. Gregg Wright

**AGAINST (0):**

**ABSENT (3):**

Dr. Lisa Casullo	Linda Cox	Kristi Weber
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**ABSTAINED (0)**

**MOTION CARRIED**

**IV. Approval of Consent Agenda**

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*a. July 13, 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 (9):**

Beth Baxter

Dr. Beth Ann Brooks

Dr. Janine Fromm

Sherri Haber

Hailey Kimball

Dr. Shelly Nickerson

Dr. Kayla Pope

Dr. Paula Wells

Dr. Gregg Wright

**AGAINST (0):**

**ABSENT (3):**

Dr. Lisa Casullo

Linda Cox

Kristi Weber

**ABSTAINED (0)**

**MOTION CARRIED**

**V. Welcome & Introductions**

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Co-Chairs Dr. Paula Wells and Dr. Wright Gregg Wright welcomed guests and attendees. Dr. Wright informed the public that there would be a public comment period for any questions or comments as noted on the agenda.

**VI. Co-Chair Report**

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Co-Chair Wells informed the members that both the Informed Consent Form and the proposal to implement a pilot of the form had been presented to and approved by the Nebraska Children's Commission at their last meeting. Co-Chair Wright agreed on the need to identify any implementation issues, but wanted to verify that the end goal of the Informed Consent form was to have it used and endorsed by the Department of Health and Human Services (DHHS). Members agreed, but stressed the need to identify if the form was functional in the field before taking steps towards statewide implementation.

Wells continued by discussing the movement that had begun on the issue of psychotropic medication training for foster parents. Wright had been in contact with representatives at DHHS to discuss the need and potential steps towards adding curriculum on psychotropic medication to the required training for foster parent licensure.

Wells also took a moment to discuss a recent contact from Cassy Blakely, who worked with a group comprised of youth and families. Co-Chair Wells indicated that she would be in communication with Ms. Blakely to see how collaboration could happen to best provide youth and families a voice in their medical treatment.

Lastly, Dr. Pope raised the issue of the loss of a probation representative on the Committee. The Co-Chairs and staff had initiated discussion for an appropriate replacement and would follow up to ensure representation on the group.

**VII. Informed Consent Initiative Implementation**

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Discussion began around the [informed consent form](#). Dr. Kayla Pope reminded members of the three practitioners who had volunteered to pilot the form in their daily work. These volunteers included Dr. Pope, Dr. Beth Ann Brooks, and Kristi Weber. These three individuals would comprise a smaller implementation workgroup of the form and meet to discuss processes and procedures, how to develop metrics to track desired outcomes, and how best to incorporate feedback from all involved bodies. If the initial pilot was successful and adopted as the form to be utilized for foster youth, members discussed the benefits of the form in other levels of care.

The group continued by discussing the [current policy](#) for informed consent. The form being used was completed by the Children and Family Services (CFS) Specialists and scanned into the Nebraska Family Online Client User System (NFOCUS) system. Sherri Haber explained that, currently, there were only select items of information from the form that could be reviewed in the system without manually pulling up the document and examining it. The form was

completed by the CFS Specialist based on consultation with the prescribing physician. It was common that a CFS specialist would provide verbal informed consent, with the completed form and signature to follow. Members conferred on the benefits of having the prescriber complete the form, ensuring that accurate and complete information is provided for the CFS specialist to review and follow up on if questions arose.

It was suggested to see if de-identified case data could be pulled for the Committee members to review. This would allow the group to have better knowledge of the information currently being tracked in the system and identify gaps that may be addressed in an updated form and/or policy. Ms. Haber indicated that she would inquire with the Continuous Quality Improvement (CQI) deputy to see what information could be pulled for the group.

### **VIII. Foster Parent Training Initiative Discussion**

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Conversation transitioned to the topic of foster parent training. Co-Chair Wright explained that he had recently been in contact with DHHS Administrator, Nanette Simmons, regarding the training provided to foster parents regarding psychotropic medication. Dr. Wright had been invited to attend a meeting of providers the share information on potential training topics and receive feedback from what the foster care providers were seeing in the field.

Dr. Wright shared a [handout](#) with the members that he planned to share at the provider meeting which reviewed the process of informed consent. Members discussed the various elements of the handout including the issue of youth assent, which while not required by law, was good practice to obtain. Members also agreed that the inclusion of the birth family or family of origin was a good idea, since many of the youth would return home and need informed caregivers of their current needs.

Some updates that members suggested included altering the phrasing of “doctor” on the handout to read “professional” and to change “prescribing MD” to read, “Prescriber.”

### **IX. Update from the Division of Medicaid**

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The floor was given to Dr. Shelly Nickerson, Pharmacy Administrator with the Division of Medicaid and Long-Term Care. Dr. Nickerson shared information on the progress of the Drug Utilization Review (DUR) Board. The Board was still working to verify the integrity of the reporting data being received. She explained that procedures in use could be producing false positives by counting the same medication twice unnecessarily.

She shared a [blank template](#) of the forms that the Managed Care Organizations (MCOs) submit to Nebraska Medicaid on a monthly basis. Given the large amount and in depth information, it was a difficult ask of the MCOs. Dr. Nickerson explained that policy had recently changed to have the forms submitted on a quarterly basis rather than monthly with the hopes that it will ensure more accurate data. She hoped to pull aggregate data from all three entities for the Committee to review at future meetings.

A question arose as to if all three organizations utilized the same prior authorization procedures. Dr. Nickerson explained that while the MCOs were required follow the same edits with the same limitations, depending on the online portal being used, could vary slightly in the process used. Members expressed interest in reviewing the processes utilized by the three organizations to assist in identifying gaps. Dr. Nickerson explained that safeguards were put in place via the Pharmacy Benefit Manager (PBM) that was used by all three organizations. The PBM software uses coding to prevent overrides of dosage limits.

This brought about discussion of issues that may arise with preferred drug, specifically for Attention Deficit Hyperactivity Disorder (ADHD). While there is state legislation mandating preferred drug lists for some types of medications, not all are included. This often led to non-preferred drugs being utilized by prescribers. Dr. Nickerson shared information on proposed legislation she submitted to add psychostimulants to the preferred drug lists. She was unsure of the where in the process the proposal currently was, but was continuing to provide requested information. She indicated that the cost savings to implement the proposal would be significant.

Members talked over the goals and motivations of the various stakeholders. All of the involved parties ultimately had the same goal of providing quality care for Nebraska youth. It was noted that the largest hurdle would be data. Collaboration and communication had increased in recent years. With the streamlining of the Medicaid data reports from the MCOs, there is the potential to really target the gaps that need to be addressed. Beth Baxter also noted that the System of Care initiative was working to pull together various agencies and divisions to collaborate and share information.

## **X. Update from the Division of Children and Family Services**

An update was provided by Sherri Haber, Administrator with the Division of Children and Family Services (DCFS). Ms. Haber shared with the Committee that the legal division of DHHS had recently agreed that child specific data could be shared between the Division of Medicaid and DCFS. The process had begun to examine data and identify discrepancies. The two divisions were extremely hopeful that the data sharing would increase the continuous quality improvement of the information on foster youth and their medications.

Ms. Haber continued by reviewing the September 2017 data on foster youth. The point in time data indicated that there were 4,445 state wards, 225 of which were on at least one psychotropic medication. She went on to indicate that 208 of those youth were on 3 or more psychotropic medications. Ms. Haber noted that this number was surprisingly low and that she was anxious to review data from Medicaid to verify these numbers.

Co-Chair Wright expressed interest in knowing more about the training contracts for DCFS staff. Ms. Haber explained that currently the Center for Children, Family, and the Law was contracted for training, but that a Request for Proposal (RFP) had been released for the next contract period. At that time, no decision had been made for the contract recipient. Ms. Haber indicated that she would provide additional information to the group once a selection had been made.

## **XI. Annual Report Submission**

Administrative Assistant to the Children's Commission, Amanda Felton, informed the group that a summary of their work from the past year would be included in the Children's Commission annual report.

## **XII. Next Steps**

Co-Chair Paula indicated that she had reached out to Matt Wallen, Director of the DCFS, regarding the Missouri lawsuit discussed at the last meeting. She indicated that she would follow up with him regarding work of the group.

The group then discussed membership needs. Co-Chair Wright inquired as to if there was a medical consultant position that CFS specialists, supervisors, or administrators could go to with questions on psychotropic medication, noting that it would be beneficial to pull in such a person to the Committee. In the past, Dr. Beth Ann Brooks had served in a role along these lines, but Ms. Haber would verify the current structure and report back at the next meeting. It was agreed that the Committee would continually review gaps in knowledge and assess the membership needs of the group.

A summary of follow up items included:

- Co-Chair Wells would follow up with Cassy Blakely regarding collaboration with youth and families
- An update on the DHHS training contract
- An update on the Informed Consent Form implementation
- An update on the information from the MCOs on the Medicaid form
- It was suggested that a presentation on the System of Care be provided to the group at the next meeting
- A review of the checklist and update of the recommendations of the Committee

The next meeting would be scheduled sometime in December or January. 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.

## **XIII. Public Comment**

Several members of the public explained that a large number of University of Nebraska Medical Center were observing the meeting for a policy class within the School of Nursing.

## **XIV. New Business**

There was no new business at this time.

## **XV. Adjourn**

It was moved by Dr. Kayla Pope and seconded by Sherri Haber to adjourn the meeting. Motion carried by unanimous voice vote. The meeting adjourned at 2:54 p.m.

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