

**DCF Psychotropic Medication Advisory Committee  
MINUTES**

**February 7, 2014 1:00 PM**

Albert J. Solnit Children's Center, Middletown, CT.

Present: Jacqueline Harris, M.D., Chair; David Aresco, RPh; Chris Malinowski, APRN; Amy Veivia, Pharm. D.; Allen Alton, M.D.; Brian Keyes, M.D.; Azeem M. Waqar, M.D.; Debra Brown, M.D.; Patricia Cables, APRN; Lee Combrick-Graham, M.D.; Maureen Evelyn, Parent Advocate; Paul Shanley, LCSW/ACSW; Sherrie Sharp, M.D.; Pieter Joost Van Wattum, M.D.; Ken Riverson, Pharm.D. Candidate.

1. Dr. Harris called the meeting to order at 1:11PM.
2. The next meeting is scheduled for March 7, 2014 from 1pm – 2:30pm; Solnit Center AB conference room.
3. Several minor corrections were made to the minutes of the December 2013 meeting. These changes will be completed and the minutes sent for posting on the DCF web site.
4. Announcements: None
5. Old Business:
  - CYP 450 reference tool: Posting of the CYP 450 tool on the DCF web site has been approved by the MRB. Noted now using swabs vs storing blood for 2yrs. A study on the current status of genomic testing will be presented at the next meeting by the consultant pharmacists.
  - EKG – lithium: a report discussing the incidence of lithium affecting cardiac conduction, especially in the pediatric population was distributed, reviewed and discussed. The discussion points included:
    - i. EKG currently required if patient is on a second medication that could affect cardiac conduction.
    - ii. An app may be available soon to measure QTc interval.
    - iii. Difficulties regarding the logistics of having an EKG done.
    - iv. Several options recommended.
      1. The incidence of lithium affecting cardiac conduction is very low therefore an EKG should not be mandatory.
      2. EKG be mandatory for all DCF committed children on lithium.
      3. Decision based on family cardiac history. If history shows no risk then an EKG is not required.

- a. History negative for cardiac risk = EKG not required.
  - b. History positive for cardiac risk = EKG required.
  - c. No cardiac history available = EKG required.
- v. PMAC recommends iv.3.a-c. above for EKG requirements with lithium therapy.
- vi. An examination check list to be used as a tool was suggested and discussed to assist as items become mandatory.
- QT prolongation reference tool: a document with recommendations on this issue was distributed, reviewed and discussed. PMAC agrees that using the web site referenced in the recommendation is the best way to ensure the most comprehensive and current information is available to medical professional.
  - A recommendation was made to post the link to this tool on the DCF web site. This will be deferred as the DCF site is getting complex and needs to be reviewed and possibly revised. The CMCU will organize and report on this review.
  - A concern was raised that by posting this tool it would set an expectation for using it. Noted that no expectation would be set and this would be one of several tools medical professionals may or may not use in their practice.

Recommendations for mandatory studies that made by PMAC in December were accepted by the CMCU. An implementation plan is being developed with an estimated start date of June.

## 6. New Business

- Max dose guidelines: The pharmacist consultants reported that the max dose guidelines were reviewed over the past month and no changes are recommended.
  - i. PMAC recommends adding all long acting injectable antipsychotics (typicals and a-typicals) to the max dose guidelines. The pharmacist consultants will prepare dosing guidelines for these agents and present the information at the next meeting for review and approval.
  - ii. Plan for appendix II medication class review: noted that the benzodiazepines are done. Antipsychotics will be reviewed by the pharmacist consultants and recommended changes be presented at the next meeting for review and approval. Subsequently classes of

medication will be reviewed such that all classes of medications will have been reviewed in 2014.

- Development of quality assurance standards for medications: a document with some suggested quality indicators was distributed reviewed and discussed. Discussion points included:
  - i. The purpose of these standards is to improve the health and safety of DCF children.
  - ii. Goal: choose at least 2 quality indicators per year. Data is to be collected by CMCU. When possible the data will be compared to current literature and changes made as needed.
  - iii. Value Options claims data: showing DSS/DCF clients on 2 or more psych medications concurrently. The data shows that children whose psych medications were screened by CMCU had a much lower incidence of being on more than 1 psych medication concurrently. Also noted that of the 9 CMCU children on 2 or more psych medications 5 were in an active titration schedule.
    - 1. Connecticut is doing well managing this issue.
  - iv. Several possible quality indicators were discussed.
    - 1. ADHD medications due to perceived high volume of these medications.
    - 2. Mood stabilizers
    - 3. PRN medications
    - 4. Antidepressants
    - 5. Dosing
  - v. Noted it may be best to limit the indicator to a single drug or drug class.
  - vi. Data collection by CMCU would begin with DCF committed children and possibly expand in the future.
  - vii. The use of Psychotropics in children. Noted a retrospective study may be possible.
    - 1. Number of children
    - 2. Medications used
  - viii. PMAC approved a recommendation to determine the efficacy of antidepressant medication use in children and adolescents. Results of data analysis may trigger a focused study. Drs Harris and Veivia will develop a data collection tool in cooperation with the CMCU and bring it to the next meeting for review and approval. Data collection and reporting should include:
    - 1. Medications used
    - 2. Indication for use (ADD, anxiety, MDD, etc.)

7. Other as time allows: Officials from RI visited Solnit Center. The group included the President of AACAP, Director of RI DCF, and 2 child psychiatrists. They were interesting in finding out more information on the CT model for Foster Care, the CMCU, and other CT based programs.

The subject of human trafficking was discussed: Posters on this issue with toll free numbers were distributed and reviewed along with information cards for providers. It was noted that last week 5 children were rescued in Stamford. These children were between 14-17yrs of age and from RI and NYC. These children were sent to Solnit for a couple days of staging and then returned to the care of their home states. There was 1 arrest who was a boyfriend (>18yrs old) of 1 of the children. Noted that anyone under 18 in these situations are not arrested but referred to support programs.

Noted that many AWOLs end up being trafficked or trafficking themselves.

8. Dr. Harris adjourned the meeting at 228pm.