



CARTF

SpringHill Suites, BOISE

June 10, 2016

MINUTES

Joshua Wickard- Public Defender (Chairman)

Bart Adrian, MD – Pediatrician

James Baugh-Children with Disabilities

open- Mental Health

Doug Giddings-Idaho County Sheriff

Kailamai Hansen- Foster Youth

JoAnn Gemar – Homeless Education Liaison

Jill Robertson- Parent

Jennifer Tachell- Educator (Vice-Chairman)

ABSENT

Mindy Peper - Administrative Support

GUESTS: Tami Eide, DHW/Medicaid; Jen Haddad and Jake Silva, DHW/CFS

Lisa Nordstrom- Child Advocate Attorney

Miren Unsworth- DHW, Family & Children Services

Susan Bradford, MD – Pediatrician

Hon. Steve Clark- Civil Magistrate Judge

Jennifer Bergin- Prosecuting Attorney

Tahna Barton – CASA

Hon. Mark Rammell- Criminal Magistrate Judge

Nadine McDonald – Juvenile Justice

Molly Vaughn- Victim Services Coordinator

WELCOME

Wickard welcomes everyone. Giddings makes motion to accept May minutes as is, Rammell seconds, all in favor and so moved.

Wickard goes over action items from May.

Wickard covers meeting with Department of Education and Jennifer Tachell to explain the purpose of CFR Team. He feels they made some positive headway with them and they made a recommendation to have Matt McCarter on CARTF to help with these kind of educational issues.

FINANCIAL UPDATE

Unsworth states that we have about \$12,000 for marketing, printing costs, and grants between now and September 31, 2016.

GUEST- Tami Eide, DHW/ Pharmacy Program with Medicaid and Jen Haddad and Jake Silva, DHW/CFS

Eide covers the Government Accountability Office (GAO) study from 2011 which showed foster kids were prescribed psychotropic meds at a higher rate than nonfoster programs. They were prescribed at higher rates and even to some children under 1 year of age.

In 2015 there were 215,738 nonfoster kids in Idaho and 2,479 foster kids. Kids in foster care receiving these meds was 19% versus nonfoster kids at 9%. Psychotropic drugs include ADHD, antidepressants, antianxiety, mood stabilizers, and atypical antipsychotics.

Largest category of kids (foster and nonfoster) receiving ADHD meds is males 7-12. Mood stabilizers (such as for bipolar disease) and antidepressants are largely distributed to females ages 13-17. Distribution of atypical antipsychotics are going to males 7-12 and females 13-17. Forty percent of these meds are being prescribed by nurse practitioners. This begs the question if that is because of lack of providers and lengthy waiting times. Of the 7 regions, some do not have any specialists, others have a high number mid-level providers, such as region 2. Region 7 has the highest number of specialists.

Regarding cost, the program is required to get the lowest cost. Sometimes due to rebates the brand is less expensive but other times it's the generic.

Current projects for improvement include:

- Case evaluation of foster children receiving more than 50 claims for psychotropic drugs in 2015. They had 49 foster kids who fell in this category and 1 who had 50-100 claims in 2015.
- They are also looking at cross agency coordination of FACS/CFS and Medicaid.
- Look at second generation of antipsychotic drugs in all children. This includes issues of wrong doses, too young, etc... Idaho will specifically look at children under 6 who are receiving these meds.
- Educating providers about meds through the Drug Utilization Review Project.

Rammell asks what the follow-up is after foster kids transition back into their home to continue their proper use of medication recommendations. Is there any follow-up? McDonald mentions that sometimes juvenile probation officers are the only advocates and the ones who are asking if the kids are taking their meds.

Haggard and Silva present of the standards for use and monitoring of psychotropic meds for

In 2012 there was a nationwide memorandum

DHW took a trauma-informed focus, started a workgroup to create a standard and guide for use of psychotropic meds in children in foster care, they also worked with the Administrative Office of the Courts to create a bench card for judges to provide them specific questions about use of the meds, and provided statewide training for staff and resource families.

The standard is to provide a direction and guidance for CFS and achieve statewide consistency as well as a measurement of program accountability. The implementation includes principles related to prescribing, full and informed consent, and limitations defined for children in the custody of DHW. The standard defines the social worker's case management responsibilities. This includes providing history and current information to the provider, facilitate informed consent, documents medications, know about the meds, and participate in case staffings, supervision, and case reviews.

Ongoing steps for DHW includes closer partnership with Medicaid, updating guidance and standards as well as training, implementing trauma-informed system of care, and exploring additional resources.

CARTF discusses the need for follow-up in transition of foster kids back home and the need to assure medications are continued in that transition.

Silva mentions that as they look at the high-end users they want to roll out specific interventions that can come along with what is going on in the case and then look at them along the way and see which interventions are most useful. Tracking the progress based on the interventions will result in good outcomes and lots of data to review.

SEPTEMBER AGENDA/ GUESTS/ STRATEGIES

Unsworth suggests we have a guest speak to the new BIA guidelines and rules related to the Indian Child Welfare Act. Nicole Shackelford and perhaps a DHW DAG can present on that. Unsworth will ask them if they are available.

Final conference information.

Peper email CARTF and ask if they have any ideas regarding guests or topics for September.

Have Judge Ellis come and discuss the new changes to child protection. Wickard will ask Ellis if he can attend.

CFRT REPORT FACT SHEET

The CFR Team report is finalized and it can now go on the website. Unsworth will send Peper link to final report. The hard copies can be made as soon as we figure out who should get hard copies. Of course, this number includes the governor's office and state legislators.

Unsworth goes over the fact sheet of the CFR Team Report. Suggested that numbers should be bolded. Unsworth will send .pdf out to Peper for website and CARTF. Peper will put the fact sheets in the conference packets.

CONFERENCE UPDATE

Peper shares briefly about the 2016 conference. Julie Kenniston has agreed to be the speaker. Peper has started the registration page to be launched in July.

During lunch need to have Archer and/or Abbott briefly present CFRT fact sheet/report to audience and do a Q&A.

NOTES and NEWS

NEW BUSINESS

ADJOURN

ACTION ITEMS:

Peper-

- Continue work on the 2016 conference
- Mail out CFRT Reports/Letter
- Bids for CARTF swag
- Letter of intent with Julie Kenniston
- MDT Grant Data Sheet

CARTF-

- Mental health providers for CARTF position

Unsworth-

- Invite someone from DHW to speak about new BIA rules/guidelines
- Ask Abbott to make few changes to CFR Team fact sheet

Wickard-

- Invite Judge Ellis to September meeting

CARTF will meet September 9 at 9:00 AM at SpringHill Suites in Boise