

# Children's Mental Health Taskforce

## Meeting Minutes

June 18, 2014

*Present:* Co-Chairs: Senator Bartolomeo, Representative Urban

Dr. Charles Newfield, Dr. Myron Genel, Dr. Irvin Jennings , Dr. Charles Caley, Tina Fox Dugdale, Chandra Cooper

*Next meeting:* 8/13/14 11am

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### **I. Welcome**

Meeting convened at 11:11am.

Co-chair Rep. Urban opened with announcement that Sen. Bartolomeo would be joining shortly. Announced CT-N covering the meeting and that packet of recommendations for alternative treatments had been distributed. Members who are interested in more information should contact Gracelyn Guyol directly. Rep. Urban introduced Dr. Caley for a presentation.

### **II. Presentation: Dr. Caley, Psychotropic Medication Use for Medicaid Children Diagnosed with ADHD**

Dr. Caley shared maps of estimated prevalence of ADHD from the Journal of the American Academy of Child and Adolescent Psychiatry. He explained his request for data from Health Information design and its limitations, as seen in Appendix A of his presentation. Co-morbid diagnoses are not represented in this data. Dosage and adherence is also not covered. Data related to simulants only covered Amphetamine type stimulants, not Methylphenidates. The most frequently prescribed medications include Amphetamines, Atomoxetine, Alpha-2-Agonists, Atypical antipsychotics, SSRIs and anticonvulsants. These six categories of medications are graphed both in total and by age for the fourth quarters of 2008, 2010, 2012, and 2013.

#### **i. Questions/ Comments**

- Dr. Genel explained that although Amphetamines are the FDA approved treatment for ADHD in children under six and Methylphenidates are not, pediatricians do not recommend amphetamines and instead recommend methylphenidates. There is a liquid methylphenidate which allows easy of use in young patients.
- Chandra Cooper noted that Guanfacine, which is displayed in combination with Atomoxetine, is used much more frequently than Atomoxetine which is rarely used with children and they should probably not be grouped together. Dr. Caley explained the numbers for these medications were grouped when he received them.
- Dr. Jennings commented that Welbutrine is also frequently used, perhaps frequently enough to merit inclusion in these data sets.
- Rep. Urban noted a positive slope up until ages 8-11 on most of the graphs and then a negative slope from there, why? Ms. Cooper proposed that improvement with age may

be being depicted as most children with ADHD grow out of it. Dr. Jennings proposed it may be reflective of a reluctance to prescribe medications to very young children. He also noted that the “bump” comes in about when children hit middle school, more focus is required. Also, children age 13/14 regularly begin to refuse treatment. Dr. Genel speculated that Amphetamines are the first thing attempted and then there are shifts.

- Rep. Urban asked how a child at 3 with ADHD presents. Dr. Jennings described dangerous behavior, running out into the street, hurting their younger siblings, etc.
- Sen. Bartolomeo asked about protocol for other interventions, in addition to medications in young children. Dr. Jennings explained behavioral therapy is always the first step; however many parents cannot keep up with the program, and for those children who present with dangerous behavior medications take effect a lot faster.

### **III. Focus Group Reports/ Discussion**

Sen. Bartolomeo reminded task force members that statute requires a report/ recommendations from the task force by Sept. 30<sup>th</sup> and asked for opinions from the members as to how to proceed. The nutrition focus group will present at next meeting, in August. Dr. Jennings asked the chairs what they had envisioned as a product. Sen. Bartolomeo imagined having more questions than answers after one year, but a narrowing of the task force’s focus. Rep. Urban comes at it as a data person, and wanted to find if there was another element of this problem that is missing. Sen. Bartolomeo suggested members may want to include a key point from each focus group and then add recommendation from there.

### **IV. Other Business**

None at this time

### **V. Closing**

Meeting is adjourned at 12:25pm.