Psychotropic Medication Authorization

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Background

- The Los Angeles County Superior Court implemented the current Psychotropic Medication Authorization (PMA) for all children in out of home care supervised by the Dependency Court on March 18, 2008.

- The PMA process was implemented in Delinquency Court in 2010.

Background (continued)

- On March 2 2009, the Dependency Court implemented a "PMA Monitoring Protocol" in which the Court orders a progress report to be submitted within 40 days of the court's approval of a new or significantly increased dosage of a psychotropic medication.

- The progress report delineates the child and caregiver's observations of the effect of the medication and action taken by DCFS to address any problems related to the new medication.

Background (continued)

- On October 1, 2010, DCFS began to import approved PMAs into CWS/CMS. This allows access to the child's court approved medication regiment 24/7 and gives access, in the event of an after hours placement or reported psychiatric crisis to after-hours DCFS staff.

Demographics

- During the month of November 2011:
  - There were 18,504 children in Out-of-Home Care,
  - 425 approved PMAs were received from the court and forwarded to CSWs, physicians and caregivers,
  - The DCFS PMA desk received PMAs from physicians for 410 children for 816 medications.

Demographics

- Of the 410 children:
  - Placement
    - 40% were in foster homes
    - 43% were in group homes
    - 11% were with relatives
    - 6% were in other placements

Demographics (continued)

- Gender
  - 50% Male
  - 50% Female
- Ethnicity
  - 42% Hispanic
  - 39% African American
  - 15% Caucasian

Demographics (continued)

- Specialty of Treating Physician
  - 84% Child/Adolescent Psychiatry
  - 16% Pediatrics/General Practice/Others

- Most Common Primary Diagnoses
  - 25% Mood Disorders
  - 23% Attention Deficit/Attention Deficit with Hyperactivity Disorders
  - 10% Other Disorders
  - 8% Post-Traumatic Stress Disorder
  - 7% Bipolar Disorder

PMAs and Caregivers

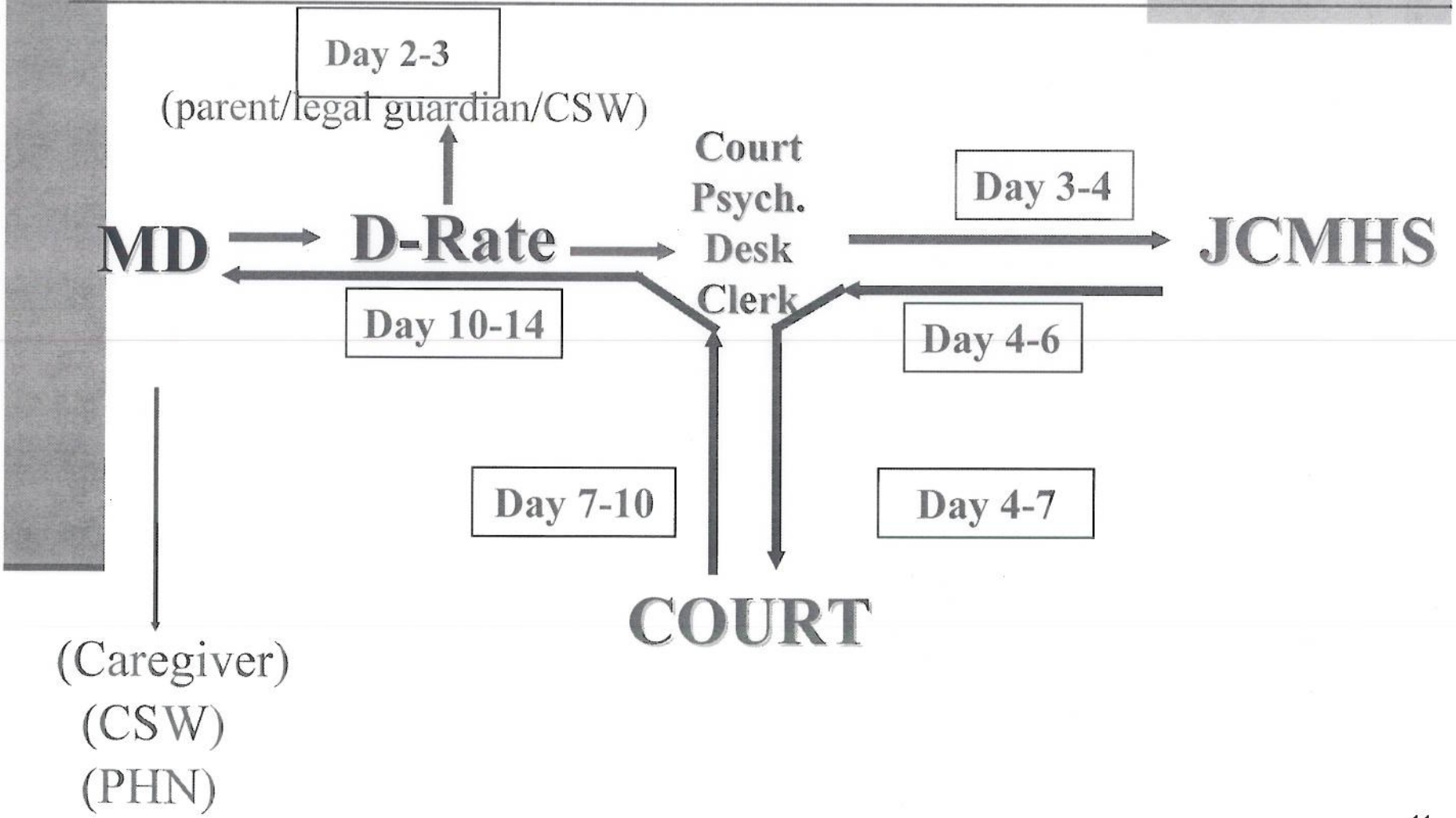
- All caregivers are expected to have a copy of the child's PMA in their possession.
- Group Homes and FFAs are audited for compliance with the PMA protocol and can fail audit items if they cannot produce the child's PMA or fail to demonstrate reasonable efforts to obtain a PMA for psychotropic medications administered.

The PMA Process

- Physicians, DCFS staff, Superior Court staff, Juvenile Court Mental Health (DMH) staff, Judges and caregivers all have a role.

- The PMA application changes hands at least 9 times before the approved PMA is received by the caregiver, physician and CSW!

Psychotropic Medication Authorization Time Line & Process



How the PMA Process Works

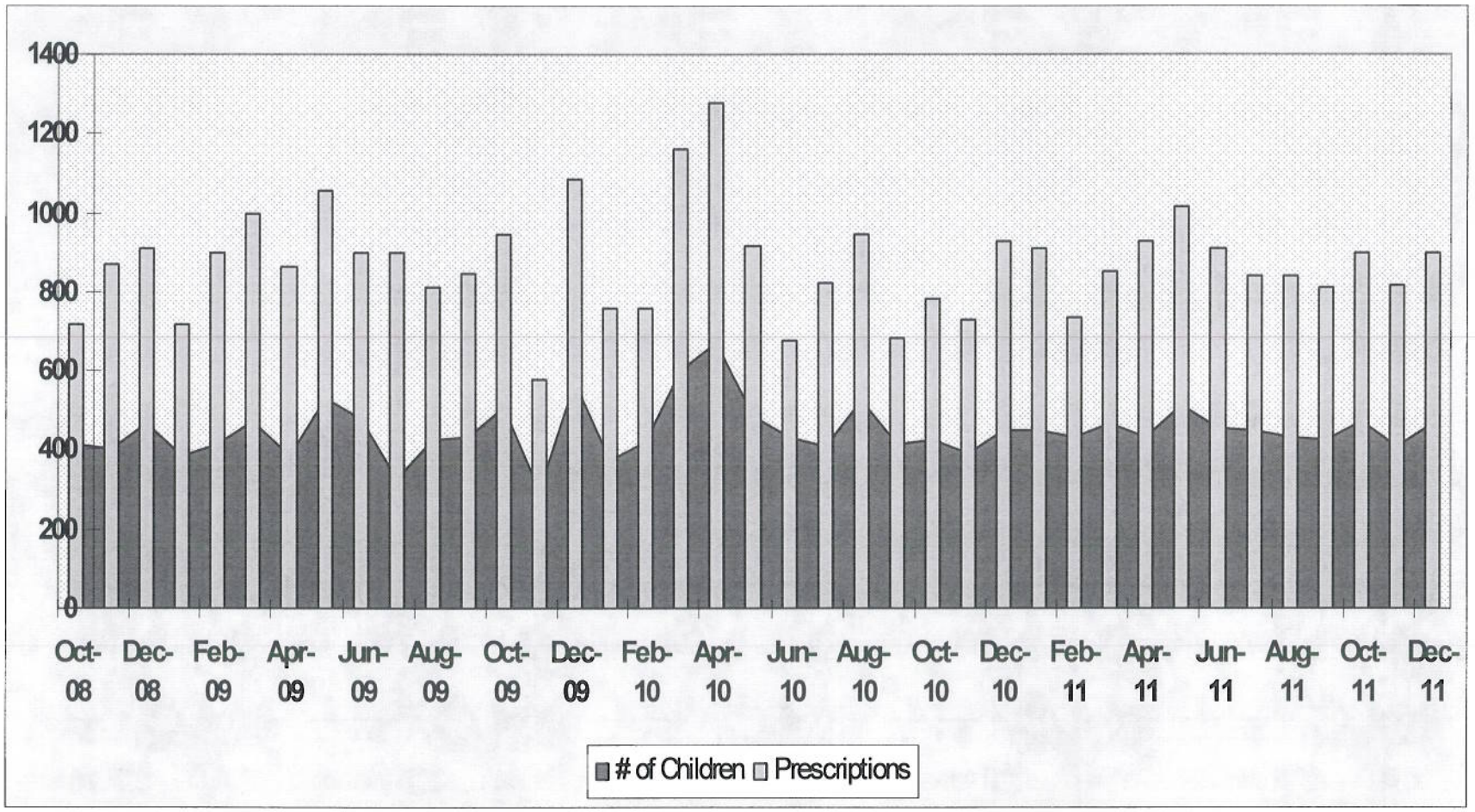
STEP 1
WHO: Physician
WHEN: Day 1

Explains to the caregiver (and child in appropriate language):

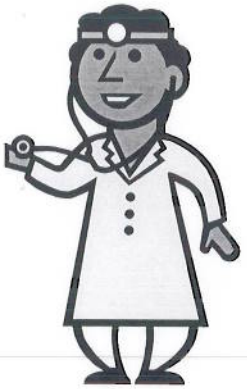
- Reason for the medication
- Dosage instructions
- Possible effects of the medication, including possible side effects.

Completes the JV 220 and 220A and faxes the forms to the DCFS PMA desk within 30 days.

Approved PMAs Processed by DCFS Oct 2008-Dec 2011



How the PMA Process Works (cont.)



Physician Role (continued):

- JV 220 - identifies the child
- JV 220A - is a physician statement that describes
  - the medical findings,
  - how they were obtained
  - the proposed medication
  - Symptoms
  - Diagnosis
  - medical history
  - proposed medications

How the PMA Process Works (cont.)

STEP 2

WHO: DCFS PMA Desk

WHEN: Day 2-3

- DCFS PMA Clerks receive the faxed PMA request
- They send a notice to the child's parents/guardians advising them of the PMA requested by the Physician
- The PMA request is then sent to the Dependency Court PMA Desk

How the PMA Process Works (cont.)

STEP 3

WHO: Dependency Court PMA Desk

WHEN: Day 3-4

- Enters data into the PMA medication tracking system
- Forwards the PMA request to the minor's attorney and CASA
- Forwards a copy of the letter to parents/guardians to their attorneys
- Forwards the PMA request to Juvenile Court Mental Health Services

How the PMA Process Works (cont.)

STEP 4

WHO: Juvenile Court Mental Health Services (JCMHS)

WHEN: Days 4-6

- DMH Medical Staff at JCHMS reviews the PMA request and makes a recommendation to approve or deny to the court (more on this process from DMH)

- JCHMS returns the PMA request to the PMA Desk Clerk

How the PMA Process Works (cont.)

STEP 5

WHO: Dependency Court PMA Desk

WHEN: Day 4-7

- Prepares the PMA request for the Judicial Officer's review
- Forwards the PMA request to the Judicial Officer

How the PMA Process Works (cont.)

STEP 6
WHO: Judicial Officer
WHEN: Day 7-10

- Sets the matter for a hearing if needed
- Rule on the PMA request and completes the JV 223 authorization document
- Assigns a 40 day progress report to be completed by DCFS for new medications
- Forwards the PMA to the Court Assistant

How the PMA Process Works (cont.)

STEP 7

WHO: Court Assistant/Judicial Assistant

WHEN: Day 7-10

- If the court sets the matter for a hearing, the assistant notices all parties
- Returns the PMA to the Dependency Court PMA Desk Clerk

How the PMA Process Works (cont.)

STEP 8

WHO: Dependency Court PMA Desk Clerk

WHEN: Day 7-8

- Provides copies of the JV223 (court ordered approval or denial of the PMA request) to:
  - Attorneys, parents and CASA
  - Juvenile Court Mental Health Services and prescribing physician
  - DCFS PMA Desk

How the PMA Process Works (cont.)

STEP 9

WHO: DCFS PMA Desk Clerks

WHEN: Day 10-14

- Scans and attaches the approved PMA to the child's electronic case
- Sends a copy of the PMA to the CSW and PHN and caregiver
- Notifies D-Rate staff when the Court has ordered a follow-up Progress Report on the new medications

PMA Limitations

- Authorization is good for six months unless otherwise ordered by the court
- If the child needs to continue with the medication more than six months, changes medication or needs an increased dosage of medication, a new PMA must be submitted
- No new authorization is needed if the child sees another physician for a check up within the 6 month period
- Only one PMA can be in effect at any time. All psychotropics administered must be listed on every PMA submitted to the court. The approval of one PMA discontinues approval for any prior PMA

PMA Limitations continued

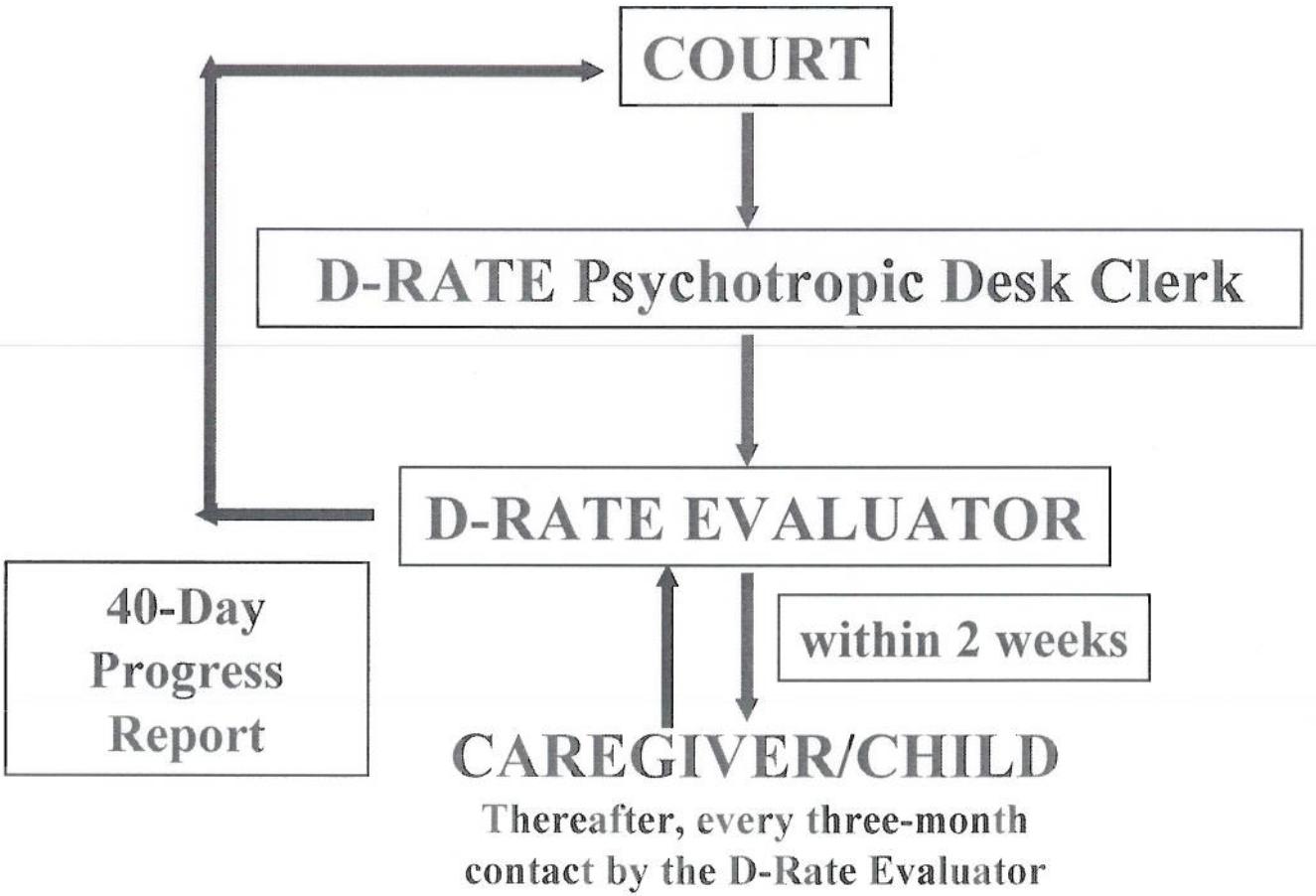
- PMAs are not required when:
  - Child is in a voluntary placement
  - Child is detained and placed, but no dispositional orders have been made by the court
  - Child is supervised by the court and placed with a parent
- Consent to administer psychotropics must be obtained from the parent in these situations

Psychotropic Medication Progress Report

- Purpose of the Report is to ensure that children are being given the correct medication according to the physician's instructions

- Assist the caregiver to follow up with the prescribing physician when there are concerns about ill effects of the medication

Psychotropic Medication Review & Monitoring Time Line



Psychotropic Medication Progress Report continued

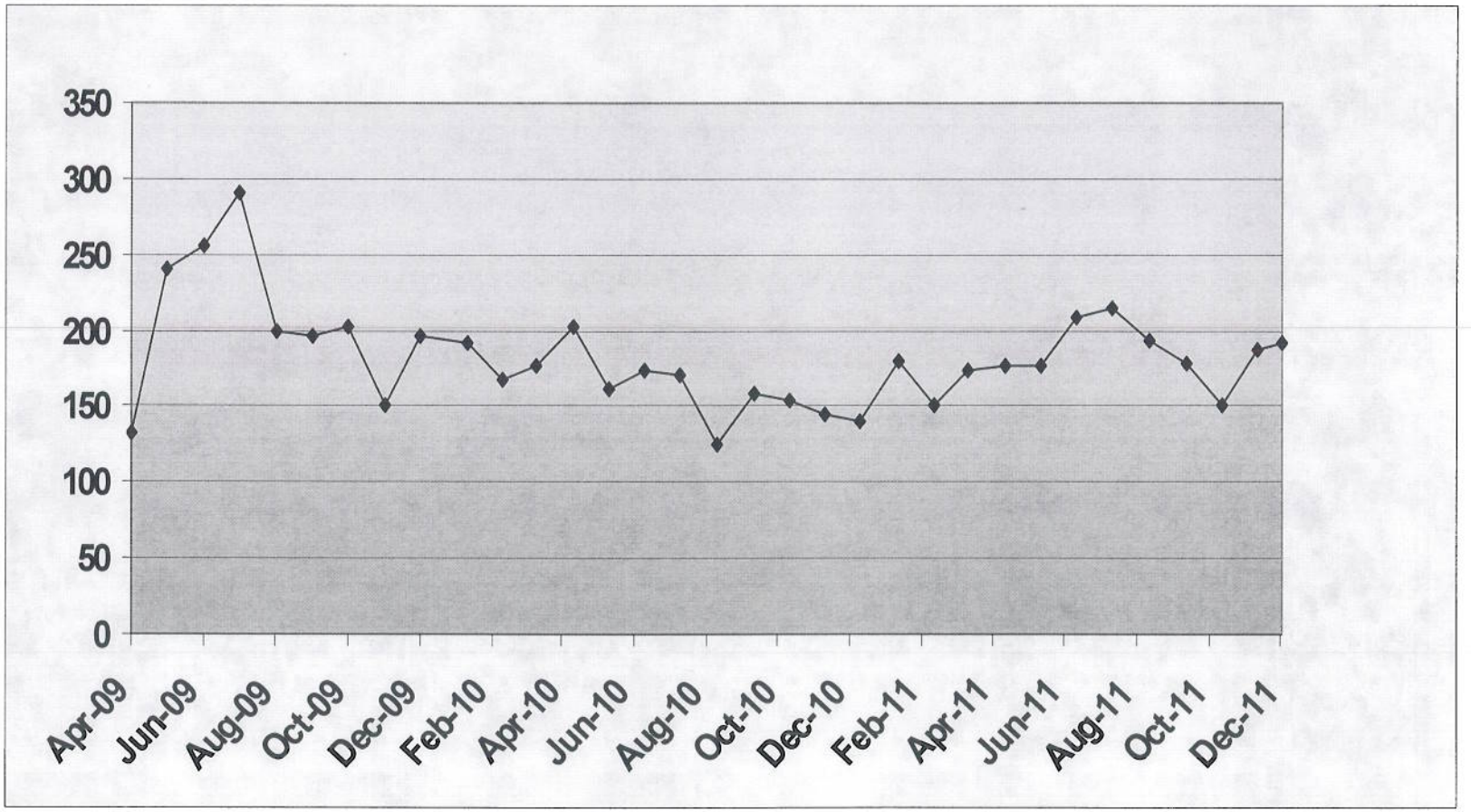
- This progress report is written by a DCFS D-Rate Evaluator (licensed clinician). The D-Rate staff typically contacts the caregiver and child (when appropriate) telephonically to ask:
  - what medications the child is taking,
  - how often,
  - how the child feels about taking the medication
  - to inquire if there are any problems with the medication.

Psychotropic Medication Progress Report continued

- The D-Rate staff will assist the caregiver to contact the psychiatrist, find a pharmacy that can refill the medication, consult with the public health nurse and/or case-carrying CSW or link the child to a new psychiatrist if necessary

- D-Rate staff then submit their findings, including any actions taken or follow up needed to the court

PMA Monitoring Reports Submitted to Court April 2009 – December 2011



Questions, Comments?