ATTACHMENT 5

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
OFFICE OF THE MEDICAL DIRECTOR

03.9 PARAMETERS FOR JUVENILE COURT MENTAL HEALTH SERVICES' (JCMHS') REVIEW OF PSYCHOTROPIC MEDICATION AUTHORIZATION FORMS (PMAFS) FOR YOUTH IN STATE CUSTODY

Revised February, 2015

I. INTRODUCTION

These parameters define both the general categories of Juvenile Court Mental Health Services' (JCMHS') findings after reviewing Psychotropic Medication Authorization Form(s) (PMAFs) and specific fact patterns that trigger a categorical finding of "Recommend Approval for 45 days only" or "Do not recommend approval" by JCMHS. (Attachment I) These forms are required by the Court when prescribers would like to initiate or continue psychotropic medications for youth in state custody (e.g., Probation wards or Department of Children and Family Services dependents). The PMAF can be accessed at http://www.courts.ca.gov/documents/jv220a.pdf. (Reference 1) JCMHS must have a sufficient level of confidence in any given prescriber's PMAFs, based upon that provider's history of medication requests, accompanying clinical data, and cooperation with the review process, to permit JMHCS to make recommendations to the Court regarding approval of submitted requests. (Attachment 2)

II. CATEGORIES OF RECOMMENDATIONS

JCMHS generally will make three different recommendations regarding PMAFs reviewed:

A. Recommend approval for six months (i.e., information supplied adequate and medication clearly safe and effective for long-term use);

B. Recommend approval for 45 days only (e.g., more information needed); or

C. Do not recommend approval

III. CATEGORIES OF APPROVALS

The general rationale for the approval decision is made after review of PMAF only and based on scientific literature, training, and clinical experience of JCMHS staff and is as follows: (Note that any combination of III. B, C, and/or D can be checked.)

A. Safe and effective ("Recommend approval")

B. Not clearly safe for long-term use (i.e., greater than 45 days) ("Recommend approval for 45 days only, with expectation that regimen will be changed" or "Do not recommend approval" [at JCMHS discretion])

C. Not clearly effective ("Recommend approval for 45 days only, with expectation that regimen will be changed" or "Do not recommend approval" [at JCMHS discretion]) or

D. Inadequate information supplied ("Recommend approval for 45 days only" or "Do not recommend approval" [at JCMHS discretion]), (e.g., if diagnosis supplied is consistent with medication proposed, but specific symptoms not listed)

IV. AUTOMATIC TRIGGERS FOR A FINDING OF "NOT CLEARLY SAFE FOR LONG-TERM USE" OR "NOT CLEARLY EFFECTIVE" (See III. B and III. C above.)

These two categories, which necessitate a JCMHS finding of either "Recommend approval for 45 days only, with expectation that regimen will be changed" or "Do not recommend approval," include, but are not limited to, the following regimens in the age groups listed:

A. Youth age 9-17 years:

1. ≥ 4 psychotropic medications (benztropine excepted)
2. ≥ 2 antipsychotics (any combination of atypical and typical)
3. ≥ 2 mood stabilizers (atypical anti-psychotics not included)
4. ≥ 2 anti-depressants (trazodone as hypnotic excepted)
5. ≥ 2 stimulant medications (this does not include a long-acting stimulant and immediate-release stimulant that is the same chemical entity [e.g., methylphenidate-OROS and methylphenidate])
6. ≥ 2 hypnotics (including trazodone, diphenhydramine, zolpidem, melatonin, benzodiazepines; not including clonidine, guanfacine, prazosin)
7. Medication dose(s) exceeds the usual recommended dose(s) as defined in the most recent version of the Los Angeles County Department of Mental Health's Parameters 3.8 For Use of Psychotropic Medication For Children and Adolescents, which can be accessed at: http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_practice (Reference 2)

B. Youth age 6-8 years:

1. ≥ 3 psychotropic medications
2. All other restrictions from IV. A. above

C. Youth age 0-5 years:

1. ≥ 2 psychotropic medications
2. Any psychotropic medication other than a stimulant, atomoxetine, guanfacine, clonidine, or risperidone (for Autistic Spectrum Disorders and associated aggression)
3. All other restrictions from IV. A. above

V. ATTACHMENTS

1. **JUVENILE COURT MENTAL HEALTH SERVICE (JCMHS) APPROVAL PROTOCOLS**

2. **LEVEL OF CONFIDENCE DETERMINATION FOR RECOMMENDATIONS BASED ON PSYCHOTROPIC MEDICATION AUTHORIZATION FORM (PMAF) SUBMISSIONS**

VI. REFERENCES:

A. Psychotropic Medication Authorization Form (PMAF)
http://www.courts.ca.gov/documents/jv220a.pdf

B. DMH Parameters 3.8 For Use of Psychotropic Medication For Children and Adolescents
http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_practice

Attachment 1

JUVENILE COURT MENTAL HEALTH SERVICE (JCMHS) APPROVAL PROTOCOLS

I. "DO NOT RECOMMEND APPROVAL," RECOMMENDATIONS (See Category II C. pg. 1)

If the JCMHS recommendation is "Do not recommend approval," the Court either can follow the JCMHS recommendation or order/request more information from the prescribing provider, Probation, DCFS, and/or other sources in order to inform better their decision.

II. "RECOMMEND APPROVAL FOR 45 DAYS ONLY WITH THE EXPECTATION THAT REGIMEN WILL BE CHANGED" RECOMMENDATIONS (See III B., C., and D., pgs, 1-2)

For this JCMHS recommendation, the Court can do one of or a combination of the following:

A. Order/request additional information from prescribing provider, Probation, DCFS, and/or other sources.

B. Request a targeted JCMHS Safety Consultation for purposes of determining degree of clinical risk (low, moderate, or high) of continuing the medication regimen, which may include, at the discretion of JCMHS, any of the following: record review, contact with collateral sources of information, and a face-to-face evaluation of the youth by a clinician and/or a JCMHS child psychiatrist.

1. In this case, prior to or at the end of the initial 45-day approval period, if, after further investigation, JCMHS determines that the medication regimen is not clearly safe for long-term use, effective, or appropriate, or that other potential medication regimens that comport with these parameters are feasible or preferable, upon submission of the new PMAF, JCMHS will not recommend approval of the new PMAF (presuming the medication regimen is substantively unchanged).

2. Also in this case, prior to or at the end of the initial 45-day approval period, if, after further investigation, JCMHS initially determines that the medication regimen is clearly safe for long-term use, effective, and appropriate, and that other potential medication regimens that comport with these parameters are not feasible to utilize, upon submission of the new PMAF, the following will occur:

   a. JCMHS will forward both the initial and newly submitted PMAF and associated collateral information supporting the tentative recommendation for continued approval of the medication regimen to the Juvenile Justice Mental Health Program (JJMHP) Medical Director (or his designee) for review.

      The JJMHP Medical Director (or his designee) will have two business days to review this information and to consult with JCMHS in order to determine JCMHS' ultimate recommendation to the Court regarding the medication regimen's long-term safety, efficacy, and appropriateness.

b. If, after this consultation, JCMHS and the JJMHP Medical Director (or his designee) conclude that the medication regimen is not clearly safe for long-term use, effective, or appropriate, or that other potential medication regimens that comport with these parameters are feasible or preferable to utilize, JCMHS will not recommend approval of the new PMAF (presuming the medication regimen is substantively unchanged).

c. If, after this consultation, JCMHS and the JJMHP Medical Director (or his designee) conclude that the medication regimen is clearly safe for long-term use, effective, appropriate, and that other potential medication regimens that comport with these parameters are not feasible to utilize, JCMHS will recommend approval of the new PMAF for six months (presuming the medication regimen is substantively unchanged).

   In this situation, the prescribing provider shall be required to submit every 45 days to JCMHS documentation of the medication regimen's continuing safety, efficacy, and appropriateness, and that other potential medication regimens that comport with these parameters are not feasible to utilize. JCMHS briefly will review this information and provide input to the Court regarding the medication regimen as needed or appropriate.

Attachment 2

"LEVEL OF CONFIDENCE" DETERMINATION FOR RECOMMENDATIONS BASED ON PSYCHOTROPIC MEDICATION AUTHORIZATION FORM (PMAF) SUBMISSIONS

Effective Date: May 1, 2015

Purpose: To help ensure that Department of Mental Health (DMH) has a sufficient level of confidence in the overall prescribing practices and reporting of prescribers to permit the making of recommendations to the Juvenile Court regarding approval of medications for youth in state custody based upon prescriber-reported clinical information.

Background:

a. In accordance with the Superior Court Juvenile Division's Psychotropic Medication Protocol, judicial approval is generally required for provision of medications to youth in state custody.
b. Prescribers petition the court to authorize administration of psychotropic medications to youth in state custody via the Psychotropic Medication Authorization Form (PMAF) (a.k.a. the JV-220A).
c. The Los Angeles County Department of Mental Health's (LACDMH's) Juvenile Court Mental Health Services (JCMHS), a division of the Juvenile Justice Mental Health Program (JJMHP), reviews all PMAFs and makes a recommendation regarding approval to the court.
d. Based upon its review, JCMHS makes recommendations to the court regarding court approval or non-approval of the proposed regimen.
e. Occasionally, there may be prescribers for whom JCMHS has an insufficient level of confidence in their prescribing practices and/or ability or willingness to relay complete and accurate information to JCMHS via the PMAF or by other means.
f. If JCMHS has insufficient confidence in a prescriber, it is unable to render a recommendation to the court regarding approval of a proposed medication regimen.
g. The factors identified below help operationalize a determination of an insufficient level of confidence.

Factors for a Determination of Insufficient Level of Confidence:

JCMHS may identify a prescriber who demonstrates any one (or a combination) of the following:

1. A pattern of submitting PMAFs that do not comport with existing DMH parameters for prescribing of psychotropic medications to youth in state custody
2. A pattern of submitting PMAFs that trigger unsupportive secondary reviews (i.e., recommendation to court of "do not approve") by JCMHS
3. A pattern of submitting PMAFs that are incomplete or inaccurate
4. A pattern of submitting PMAFs that are unsupportable because of concerns about clinical quality. Examples of this may include, but are not limited to:

a. the proposed medication's lack of efficacy in treating the youth's diagnosis as listed on the PMAF
b. not adhering to recommended dose ranges or lab monitoring as defined in existing DMH parameters or other relevant practice parameters from recognized professional organizations (e.g., the American Academy of Child and Adolescent Psychiatry)
c. changing diagnoses to ones unsupported by clinical data to justify a particular medication regimen

5. A pattern of failing to follow standardized administrative procedures involving the PMAF submission and review process. Examples of this may include, but are not limited to:
   a. failure to return phone calls or other communications from JCMHS (which generally request clarification of the submitted PMAF) within 72 business hours
   b. failure to submit PMAFs for youth on whom they are required.

For purposes of a making an "insufficient level of confidence" determination, "pattern" shall be defined as "three or more occasions in a two-year period."

Notification of Prescriber:

If a prescriber demonstrates any one (or a combination) of the listed factors for a preliminary determination of insufficient level of confidence, the JCMHS Medical Director may notify his/her immediate supervisor, the Juvenile Justice Mental Health Program (JJMHP) Medical Director. The JJMHP Medical Director and JCMHS Medical Director will meet to review the prescriber's submitted PMAFs and any assessments completed by JCMHS. The JJMHP Medical Director will notify the prescriber of his/her intent to make a final insufficient level of confidence determination.

Within 10 days of notification, the prescriber may request to meet with the JCMHS and JJMHP Medical Directors at Edmund D. Edelman Children's Court in order to jointly review the PMAF protocol, practice parameters, and other information relevant to the prescribing review and approval process for dependency and delinquency youth. The JJMHP Medical Director, with input from the JCMHS Medical Director, will consider whether or not to make a final insufficient level of confidence determination for that prescriber based on the factors for the preliminary insufficient level of confidence determination that had been demonstrated by the prescriber prior to the meeting, the results of the meeting with the prescriber, the prescriber's overall prescribing practices, and adherence to standardized administrative procedures and the PMAF protocol during the 30-day period after the meeting.

Notification of Court and Other Agencies:

If an insufficient level of confidence determination is ultimately made, JCMHS will immediately notify the prescriber, all delinquency and dependency court judicial officers, and the supervising agency (the Department of Children and Family Services (DCFS) or the Probation Department) of youth for whom the individual has prescribed.

Thereafter, any time a PMAF is submitted by the identified prescriber, JCMHS will notify the prescriber, the judicial officer presiding over the youth's case, and the youth's supervising

agency (DCFS or the Probation Department) of the insufficient level of confidence determination.

Effect of an Insufficient Level of Confidence Determination:

In order to ensure the well-being of children and adolescents, for a period of one year following a determination of an insufficient level of confidence by the JJMHP Medical Director, JCMHS will note on any PMAFs submitted by that prescriber that JCMHS cannot provide a recommendation to approve due to a lack of sufficient confidence in the quality of the associated clinical work.

After one year, the provider may request to meet with the JJMHP and JCMHS Medical Directors at Edmund D. Edelman Children's Court in order to jointly review the PMAF protocol, practice parameters, and other information relevant to the prescribing approval process for youth in state custody. After such a meeting has been completed, the insufficient level of confidence determination will be deemed to have lapsed, and JCMHS will resume review of PMAFs from that prescriber and make recommendations regarding approval. If JCMHS identifies, in the course of these new PMAF reviews, that the same or new factors exist for a determination of an insufficient level of confidence in that prescriber's practices, the JJMHP Medical Director may make a new insufficient level of confidence determination.

The JJMHP Medical Director can be contacted at 213-738-2078 regarding any questions or concerns about the foregoing.