



Charlie Crist, Governor
George H. Sheldon, Secretary

UF MedConsult & PreConsent Services

Department of Children and Families
July 6, 2009

**Mission: Protect the Vulnerable, Promote Strong and Economically Self- Sufficient Families,
and Advance Personal and Family Recovery and Resiliency.**



Overview

- Background
- Statewide Advocacy Council Recommendations
- DCF Initiatives
- MedConsult Overview
- PreConsent Overview
- Current Contract



Background

- Increase in the 1990's in rate of prescriptions for psychotropic medications for all children nationwide.
- Higher rate for children in the child welfare system in all states.
- Advocates in Florida were concerned and called for increased oversight.
- July 2003 Florida Statewide Advocacy Council
Red Item Report Psychotropic Drug Use in Foster Care



Statewide Advocacy Council Recommendations

- Develop and implement a quality assurance program for monitoring the use of these drugs in children.
- Develop a Plan of Care to include counseling for anger, self-esteem, positive reinforcement, dealing with fear and attitude, and character building traits.
- Ensure that appropriate standardized written informed consent is obtained prior to starting any child on psychotropic medication. This consent should include information about any risks and expected benefits, including possible side effects and alternative treatments.



Statewide Advocacy Council Recommendations cont.

- Ensure that everyone who administers psychotropic medications to children in a foster care setting is trained to recognize the side effects of medications.
- Ensure that pediatric psychiatrists perform medical examinations prior to implementation of these drugs
- Ensure that foster care records for each child contain organized information and that medical records are easily found.
- Ensure when more than one physician is ordering medications that Medical Passports are current and made available to each physician.



DCF Initiatives

- In June 2003, the Mental Health Program Office published the first edition of Medication for Children and Youth with Emotional, Behavioral, and Mental Health Needs: A Guidebook for Parents, Guardians, and Others.
- In 2004, the Department contracted with the Department of Psychiatry at the University of Florida for a “MedConsult” Line.
- PreConsent added in May 2005.
- 2004-2005 Department staff reviewed Agency for Healthcare Administration (AHCA) claims for psychotherapeutic medication to track changes and trends.
- 2004 Language added specific to psychotherapeutic medication to Chapter 39 Florida Statutes.
- Additional guidance was provided in Judicial Rule 8.350.



MedConsult Line Purpose

- Assist decision makers who give express and informed consent for psychotropic medication for dependent children or children enrolled in the Behavioral Health Network (BNET; KidCare behavioral health).
- Not a second opinion.
- Participation is voluntary.



Who May Call

- Parents and children receiving services from the dependency system or BNET
- Physicians
- Case managers/DCF staff/CLS
- Court personnel
- Guardian or Attorney ad litem



Who *Does* Call?

For the 2008-2009 FY

- Callers represented fifteen (15) of the eighteen (18) districts
- SunCoast had the greatest percentage at 42% followed by the Circuit 18 at 13% and Circuit 8 at 7%
- Majority of callers were Guardian Ad Litem (66.75%) and Attorneys (24.31%)



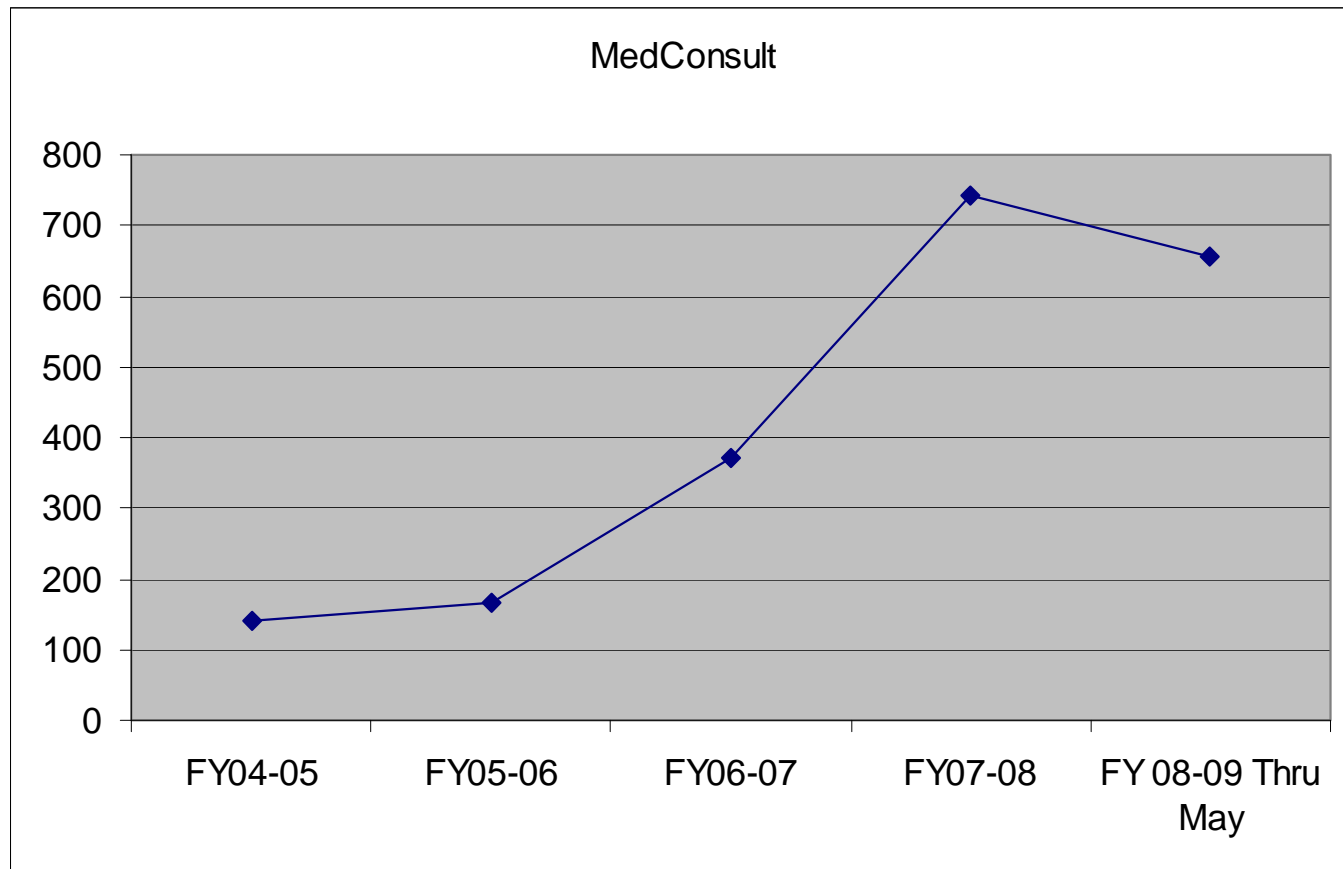
Information Given Regarding Medication

Includes:

- Indicated uses/usual and customary practices (ranges, starting dose, etc.)
- Black Box Warnings
- On or off label use
- Any precautions such as EKGs, lab work

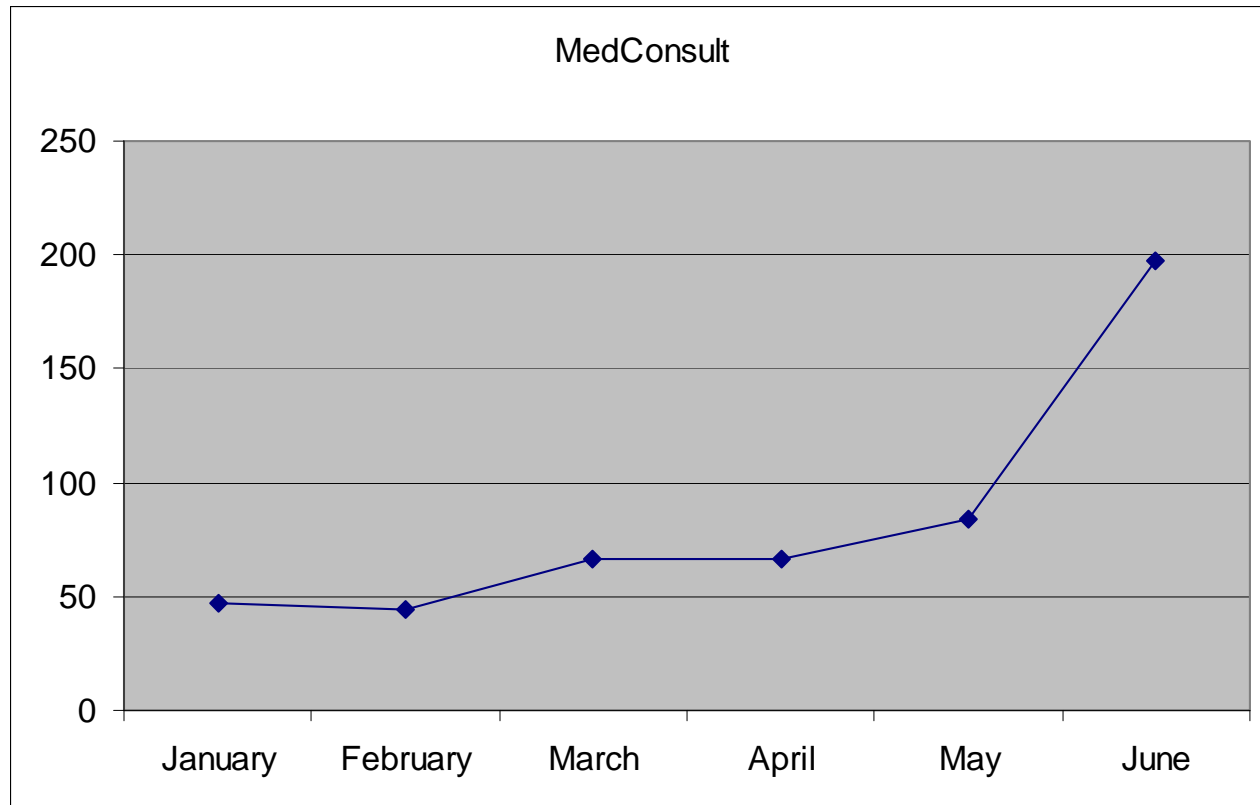


MedConsult Calls July 2004 through May 2009





Monthly Requests for MedConsults Jan-June 2009





PreConsent

- Added in May of 2005 to provide increased oversight for children ages 0-5 served by the department prescribed a psychotropic medication
- Training provided for case workers statewide on the new service.



PreConsent Process Detailed in CFOP 175-98

- Case manager completes demographic portion of form and
- requests completion of Treatment Plan Review form by child's physician.
- Case manager faxes completed form to UF.
- If UF consultant concurs with the plan the form is completed and returned within 1 business day to case manager.
- Case manager
 - faxes a copy to the prescribing physician,
 - files a copy in the child's record, and
 - delivers a copy to the individual with legal authority for providing informed consent or to the child welfare legal attorney who will file the motion for court authorization for psychotherapeutic medication treatment.

OR



PreConsent Process (cont.)

- If further information is needed or the consultant does not concur with the prescribing practitioner's treatment plan, the consultant will contact the prescribing practitioner by telephone to discuss the treatment plan.
- If the consultant is unable to obtain the information needed to provide a completed review, the consultant will note that inability on the form.



UF Physician

- Concurs with the treatment plan listed by the attending prescribing practitioner.
- Concurs with the treatment plan with modifications.
- Asks for specific information to provide an opinion regarding the child's psychotherapeutic medication treatment.
- Does not concur with the identified treatment plan and recommends an alternative plan.

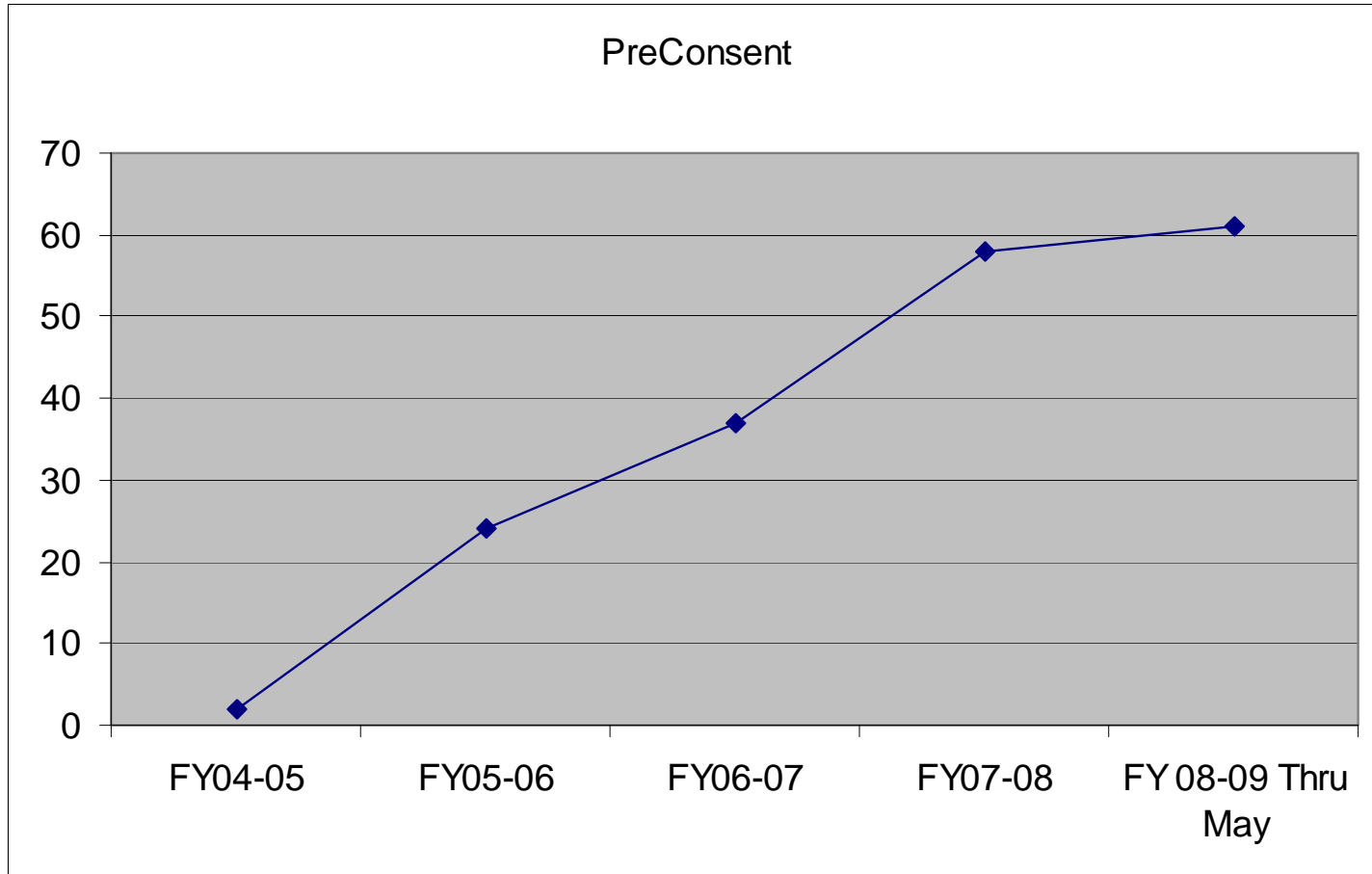


PreConsents for FY 2008

- Total of 64 Pre-consent consultations
- Fifty percent of the requests come from the SunCoast Region.
- University of Florida consulting psychiatrists either did not concur or needed more information for 22% of the consultations.

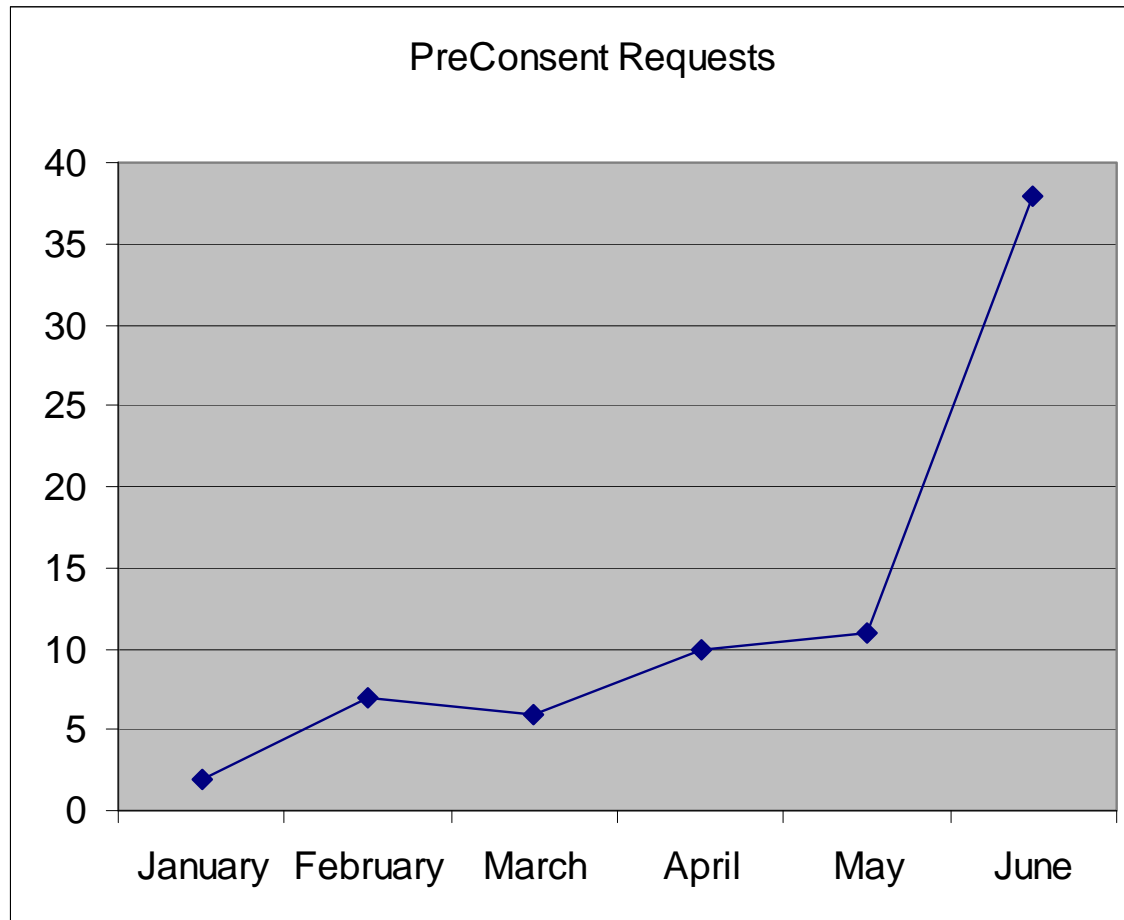


PreConsents May 2005 – May 2009





PreConsent Requests 2009





Current Contract

- Current UF contract for MedConsults and PreConsents is \$84,865
- Cost per MedConsult averages \$100
- Cost per each PreConsent \$59
- Should current demand continue, funding for an additional 7 hours per week would be required to achieve the contracted response time.