

Youth in Foster Care Prescribed Psychiatric Medications, as of March 31, 2023

	Total		Level of Care							
			Foster Boarding Home		Kinship Care		Residential Care		Preplacement	
	Prescribed Psych Meds	% of Foster Care Pop ¹	Prescribed Psych Meds	% of Population	Prescribed Psych Meds	% of Population	Prescribed Psych Meds	% of Population	Prescribed Psych Meds	% of Population
Total	922	15%	605	22%	184	7%	123	36%	8	16%
Age Group										
<7 years old	124	4%	96	7%	27	2%	0	0%	0	0%
7-12 years old	452	25%	321	36%	94	11%	35	66%	*	*
13-17 years old	346	25%	188	34%	63	11%	88	35%	7	26%
Gender										
Female	420	14%	275	19%	81	6%	56	34%	6	22%
Male	502	17%	330	24%	103	7%	67	38%	*	*

Data sources: PSYCKES and CCRS

¹Foster Care population includes children less than 18 years old only in the indicated level of care.

*cells with 1-5 youth are not shown to protect anonymity.

Local Law 34 of 2022 Annual Report Fiscal Year 2023

As required by Local Law 34 of 2022, ACS has reviewed the quarterly reports and annual report required pursuant to this local law. Promoting best practices regarding the use of psychiatric medication for youth in foster care and obtaining informed consents are critical to our work. Ensuring that only youth in need of psychiatric medications are prescribed them, and that those youth in need of medications receive them, are important priorities for our work related to children and youth in foster care.

Our commitment to ensuring youth in foster care are properly diagnosed, that only those youth in need of medication are prescribed medication, and that parental consent is obtained when possible, led to our development of the 2020 policy, “Informed Consent for Psychiatric Medication for Children in Foster Care.” We believe that the data in the FY2023 quarterly reports and annual report show both that the numbers of youth prescribed medication is not indicative of a systemic concern, and that the numbers of over-rides sought and obtained shows our commitment to informed parental consent when possible.

After training our providers on the new policy, this past year we held quarterly meetings with our providers to discuss the policy and any issues, trends or questions that arose. For example, the most recent quarterly meeting focused on a discussion of when an over-ride should or should not be sought.

Below is more detail regarding the work ACS has done this past year with our foster care providers, to educate, oversee and audit their work with regard to psychiatric medications, over-rides and appropriate mental health care for children in foster care.

Psychiatric and Behavioral Health Unit (PBHU)

1. The PBHU continued to monitor the use of psychiatric medications and informed consent according to the Psychiatric Medication Monitoring Guidelines (2017) and Informed Consent for Psychiatric Medication for Children in Foster Care (2020)
2. Concurrent Reviews: The PBHU monitors cases that meet criteria for concurrent reviews according to the Informed Consent for Psychiatric Medication for Children in Foster Care (2020). These reviews are to mitigate overuse and misuse of psychiatric medications in the foster care system.
3. Case conferences for complicated cases: PBHU clinicians are involved with case conferences that help advocate for children in the foster care system by reviewing their medication regimen and giving recommendations.
4. The PSYCKES project is used to track how many children are on psychiatric medications, which medications they are prescribed, and how many they are being prescribed. This data is available in the quarterly and annual reports pursuant to this local law.

Clinical Programs and Services and the Medical Review, Authorization, and Monitoring Unit

1. Medical Audit

The Medical Audit Unit (MAU) Team in the Office of Child and Family Health conducts medical record reviews of the 24 voluntary foster care agencies (VFCAs) under contract with ACS to assess performance, quality and adherence to medical and mental health care standards. The MAU uses performance metrics that reflect current ACS, NYS OCFS and the American Academy of Pediatrics established standards. Both retrospective and concurrent reviews are conducted using a sample range of 5%-10% of the agency's applicable/eligible census. Every agency is subject to a full and/or focused audit during the calendar year.

a. Scope of Medical Audit:

The Medical Audit collects, analyses, tracks and trends data pertaining to developmental, behavioral and mental health screening requirements, evaluations, treatment recommendations, treatment plans, psychiatric medication initiation, monitoring and follow-up, regarding acute psychiatric hospitalizations and ED visits.

b. Quality Monitoring and Compliance

Office of Child and Family Health (OCFH) Medical Audit Unit CAP Monitoring Team is responsible to work with all Voluntary Foster Care Agencies (VFCAs) Medical Audit Scores, focused Individual Case Remediation and Corrective Action Plans (CAPS) to:

1. Review and monitor agency medical audit performance and VFCA efforts to remediate individual medical audit deficiencies and improve systemic processes
2. Work with VFCAs to:
 - Identify strengths, challenges, and barriers to adherence to current federal, state, city, health practice standards and requirements
 - Provide direct feedback and technical assistance to ensure VFCAs develop appropriate solutions-based and sustainable corrective actions
 - Provide oversight of VFCAs during corrective action implementation and evaluation
 - Correct targeted individual case deficiencies
3. Additional QM activities:
 - For Fiscal Year 23, the Medical Audit Unit conducted in-depth medical audit exit conferences whereby audit findings, relevant policy and procedures and best practices were discussed at length with each respective agency.
 - The MAU participated in a series of interdisciplinary conference calls with our Mental Health Coordination Unit and mental health staff from the external VFCAs to discuss mental health audit trends.
 - In April 2023, the MAU instituted a new pre-audit information session and for those agencies scheduled for Medical Audits in FY23-24. Current policies and standards are shared with VFCAs, prior scoring trends are reviewed, and best practices discussed.
 - appointments, and lengthy waiting periods for initial appointments

The MAU works regularly and closely with the Psychiatric Behavioral/ Mental Health Unit to discuss policy clarifications, questions and feedback

- received from the VFCAs during medical audits, exit conference and corrective action plan meetings

2. Children with Special and Exceptional Needs Unit (CSEN)

The CSEN Unit assists foster care agencies and foster care parents to obtain reimbursement rates for children who have heightened physical and/or mental health needs.

The CSEN Unit reviews a variety of medical, mental health and other specialty reports to determine if the established criteria are met in order to approve special and exceptional rate requests that agencies submit, taking into account the child's medical, psychiatric, psychological or behavioral condition.