Psychiatric Medication for Youth in Foster Care, FY 2026

Youth in Foster Care Prescribed Psychiatric Medications, as of March 31, 2026

	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	789	14%	480	18%	205	8%	98	32%	6	8%
Age Group										
<7 years old	117	5%	68	5%	48	4%	0	0%	*	*
7-12 years old	342	21%	233	29%	90	12%	19	53%	0	0%
13-17 years old	330	22%	179	27%	67	12%	79	29%	*	*
Gender										
Female	375	13%	227	17%	99	8%	44	31%	*	*
Male	414	15%	253	18%	106	9%	54	32%	*	*

Data sources: PSYCKES and CCRS

[1]Foster 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.

As required by Local Law 34 of 2022, the Administration for Children's Services (ACS) has reviewed the quarterly and annual reports mandated under this legislation. Promoting best practices in the use of psychiatric medications for youth in foster care and ensuring the appropriate implementation of informed consent remain central to our mission. One of our ongoing priorities is to ensure that psychiatric medications are only prescribed to youth who truly need them, and that such medications are administered appropriately.

This year's data once again reflected several encouraging trends. The overall number of youth in foster care prescribed psychiatric medications continued to decline, particularly among children ages 7-12 years old. As in previous years, youth in residential care settings were more likely to be prescribed psychiatric medication and youth in kinship care and preplacement had the lowest rates of psychiatric prescriptions. There was a small increase in the number of children younger than 7 who received psychiatric medication, though last year, the number of prescriptions of psychiatric medication declined in this age group.

Since 2022, when ACS began providing annual reports, there have been no statistically significant changes in the data regarding rates of prescription of psychiatric medication, psychiatric medication prescribed to children under age 6, polypharmacy, or requests for overrides. Despite a higher concentration of youth with complex mental health needs in foster care, New York City's rates of psychiatric medication use remain well below both historical and national levels.

ACS continues to enforce and monitor compliance with our 2020 policy, *Informed Consent for Psychiatric Medication for Children in Foster Care*. This policy reflects our commitment to ensuring that youth are accurately diagnosed, that psychiatric medication is prescribed only when necessary, and that parental consent is obtained whenever possible. The FY2026 quarterly and annual reports support the conclusion that the number of youth receiving psychiatric medication does not indicate a systemic concern. Furthermore, the number of override requests and approvals affirms our dedication to upholding informed parental consent when appropriate.

Over the past year, ACS has maintained its collaborative engagement with foster care providers through quarterly meetings focused on policy updates, emerging issues, and provider questions. We developed new training materials and delivered targeted trainings to several foster care agencies, led by clinicians and administrators from our Psychiatric and Behavioral Health Unit (PBHU).

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, overrides and appropriate mental health care for children in foster care.

Psychiatric and Behavioral Health Unit (PBHU)

1. The PBHU created and disseminated new desk aids to further support adherence to their policies.
2. The PBHU began auditing the quality of psychological evaluations conducted by agency psychologists, ensuring that youth in foster care are receiving accurate and well-supported diagnoses as well as evidence-based recommendations for treatment and intervention.

3. The PBHU has initiated a pilot program that provides free neuropsychological evaluations to youth in foster care. The results of these comprehensive, high-quality evaluations include detailed recommendations for intervention that may help to reduce the need for psychiatric medication especially as a first-line intervention.
4. The PBHU has helped to develop new practice requirements for the Division of Child Protection's (DCP) Clinical Support Program (CSP) (i.e., clinical consultants). The PBHU coordinated and hosted multiple training courses for the CSP to ensure best practices regarding the continuum of mental health services available for ACS-involved families.
5. The PBHU continues to oversee the use of psychiatric medications and informed consent in alignment with the *Psychiatric Medication Monitoring Guidelines* (2017) and *Informed Consent for Psychiatric Medication for Children in Foster Care* (2020).
6. The PBHU actively monitors cases that meet the criteria for concurrent review to reduce the risk of overuse or misuse of psychiatric medications.
7. PBHU clinicians participate in case conferences to provide expert review of complex medication regimens and advocate for appropriate treatment plans.
8. PBHU continues to utilize the PSYCKES system to track the number of children prescribed psychiatric medications, the types of medications used, and the volume per child. These data points are included in the quarterly and annual reports required under Local Law 34.
9. A second administrator continues to support PBHU operations, including case tracking, data collection, provider outreach, and follow-up to ensure adherence to best practices.

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 for working 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

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.