



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

May 12, 2015

ALL COUNTY INFORMATION NOTICE NO. I-36-15

TO: JUDICIAL COUNCIL STAFF
ALL COUNTY CHIEF PROBATION OFFICERS
ALL COUNTY CHILD WELFARE PROGRAM MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL COUNTY CHILD WELFARE DIRECTORS

SUBJECT: IMPROVING SAFETY FOR CHILDREN IN FOSTER CARE
RECEIVING PSYCHOTROPIC MEDICATIONS

REFERENCE: WELFARE AND INSTITUTIONS CODE SECTIONS 369.5 AND 739.5;
CALIFORNIA RULES OF COURT RULE 5.640; CHILD AND FAMILY
SERVICES IMPROVEMENT AND INNOVATION ACT (PUBLIC
LAW 112-34); ALL COUNTY INFORMATION NOTICE I-20-08,
I-69-13, AND I-30-15

Purpose of All County Information Notice (ACIN)

The purpose of this ACIN is to provide a framework for response by child welfare and probation agencies to the needs of children and youth in foster care who have been prescribed psychotropic medications. State level data matches between foster care data in the Child Welfare Services/Case Management System (CWS/CMS) and Medi-Cal pharmacy paid claim records for all children in foster care (under 18 years-of-age) have demonstrated the urgent need to for a multifaceted, data-informed approach to address this issue at systemic and individual case levels, and across disciplines and branches and levels of government. Because many psychotropic medications have risks associated with them, county placing agencies have an important role in ensuring the safety and wellbeing of children with mental health needs. As these children are likely to have an assessed mental health need, it is also critical for county placing agencies and county mental health agencies to be working collaboratively to ensure that trauma-informed treatment is provided in conjunction with any use of psychotropic medications, and that such medications are used only when medically necessary.

Background

The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34) requires State Title IV-B agencies to improve the oversight and monitoring of psychotropic medication and to include as part of their Health Care Coordination and Oversight Plan comprehensive description of protocols planned to ensure the safe and appropriate use of these medications. California law (Welfare and Institutions Code sections 369.5 and 739.5) requires juvenile court authorization prior to the administration of psychotropic medications to children and youth in foster care. The Psychotropic Medication Protocol, also referred to as the JV220 process, initiates the court authorization of psychotropic medications for dependents of the court. While this process provides a certain level of oversight of psychotropic medication use by children in foster care, additional steps are needed to ensure optimal safety and a more effective delivery of mental health services to these children in care.

Matched Data

Data measures developed by the Psychotropic Medication Quality Improvement Project are being tested and will be made available to counties. Counties will receive information specific to the children and youth under their supervision. Additionally, de-identified, aggregate information will be made publicly available. These measures, based on the matched data, will provide information on prescribing characteristics that pose the most risk to children and youth. The following data measures will be used to track the psychotropic medication usage factors of youth in foster care who received a paid claim for mental health drugs:

- The number of foster children who had a claim for a psychotropic medication;
- The number of foster children who had a claim for an antipsychotic medication;
- The use of multiple concurrent medications;
- The use of first-line psychosocial care;
- Metabolic screenings for foster youth taking a newly prescribed psychotropic medication;
- Ongoing metabolic monitoring for foster youth on antipsychotic medications; and
- Follow-up visits with the prescribing physician.

Global Data Sharing Agreement

Individual, child level information can be made available to counties by entering into the global data sharing agreement that currently exists between the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS). County child welfare agencies that enter into the global data sharing agreement with CDSS and DHCS will be able to receive data containing confidential information pertaining to the children or non-minor dependents receiving child welfare services in their county. The data received would include the data derived from CWS/CMS and Medi-Cal paid claims data match. This individual, child level information is an important tool for counties to monitor the use of

psychotropic medication by children in foster care. A copy of the global data sharing agreement is available here: <http://www.cdss.ca.gov/pdf/GlobalDataSharingAgreement.pdf>. Counties choosing to sign page 15 or page 16 for tribes should return that page to Akhtar Khan, Chief of the Research Services Branch, at akhatar.khan@dss.ca.gov, to execute the county or tribe portion of the agreement. The CDSS and DHCS are actively working with the counties to provide them with the information they need to make an informed choice about entering into this global agreement.

Alternatively, county child welfare and probation agencies may wish to explore data sharing between their county behavioral health agencies and the Department of Health Care Services. Be advised CDSS is not a party to this data sharing and therefore would be unable to "flag" case- or placement-specific information.¹

Child Level Protections

Social worker and probation officers with case management responsibilities (case managers), with assistance from child welfare public health nurses (PHNs), are the first level responders to monitor the safe and appropriate use of psychotropic medication for children in foster care. In order to provide optimal levels of service to this population, social workers, probation officers, and PHNs will want to pay attention to the following;

1. Evaluation and Diagnosis

Prior to the consideration of psychotropic medications as a treatment for any mental health condition, the child or youth should be appropriately evaluated by a medical practitioner. Components of a thorough psychiatric evaluation and diagnosis include review of collateral documents, a physical examination, a mental status examination, and consideration of the child's current functioning, developmental, medical, family, trauma and abuse or neglect history. Social workers, probation officers and PHNs can facilitate the process by communicating with caregivers to ensure the children and youth are receiving appropriate medical and psychiatric evaluations.

2. Be aware of high risk circumstances. These may include:

- The use of multiple, concurrent psychotropic medications;
- The use of any antipsychotic medications;
- "Off-Label" use, which means the medication is not approved by the federal Food and Drug Administration for the age group and/or at the dosage, or use for which it is being prescribed;
- The use of medications that are subject to a federal Food and Drug Administration black box warning. (These are medications that may increase suicidal thoughts or behaviors in children, teens, and young adults during initial use);

¹ Such an agreement was developed between DHCS and Madera County's behavioral health agency

- Use of psychotropic medications, particularly antipsychotics, can come with significant and serious side effects. Baseline metabolic screenings and ongoing medical monitoring and follow-up care are critical;
- The prescribed dosage or dosage range exceeds the amount recommended for children; and
- The psychotropic medication is being prescribed to a child age five or younger.

The existence of any of the high risk circumstance does not always mean that the prescription or administration of that medication is an inappropriate treatment. However, these circumstances warrant additional precautions and increased monitoring of the child or youth. More information regarding all high risk circumstances is available in the [California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care](#) (Guidelines) issued by DHCS and CDSS. Further medication-specific information can be found in the [Department of Mental Health Parameters 3.8 For Use of Psychotropic Medication In Children and Adolescents](#) which is included as Appendix B to the Guidelines. Case managers that are aware of any of these circumstances can also consult with their county PHN(s), or other medical professionals for additional information and support.

3. **Psychosocial interventions**

Consider whether non-pharmacological interventions have been provided, including trauma-informed, informal and formal psychosocial supportive interventions. These interventions may include traditional therapeutic methods, intensive in-home services (as described by the Katie A settlement) and therapeutic behavioral services (as defined by the Emily Q settlement) as well as other activities which provide the children and youth with opportunities to learn self-discipline, appropriate social skill development, improve self-esteem and develop positive peer interactions may also be invaluable to in addressing trauma symptoms and behaviors. Examples include, sports, music, dance, art, and involvement in school-based activities.

4. **Psychotropic medications, if prescribed, should be part of a comprehensive treatment plan**

According to the Guidelines, psychotropic medication should only be prescribed to the children and youth in California's care as part of a comprehensive treatment plan, except under emergency conditions. A comprehensive treatment plan includes evidence-based or best practice non-pharmacological interventions that are linguistically, culturally, and developmentally appropriate for the child or youth's needs and symptoms. (Refer to Katie A Manual and the Guidelines for more information about the development of a treatment plan and the use of intensive care coordination). Psychotropic medications should not be used to manage behavior in lieu of psychosocial interventions. Psychotropic medications should be used to treat mental health symptoms in combination with trauma-informed mental health counselling and other treatment services to address the cause of the mental health need. For children in foster care, their mental health needs are often associated with trauma. Youth testimony has been clear that a connection with a caring, adult caregiver who is

committed to the child and provides a loving and stable home, and who is trained and attentive to the needs of the child, can help ameliorate and even resolve behavioral issues that give rise to the need for psychotropic medications. An ideal treatment approach should be multi-faceted and include intensive efforts to find permanent connections for all youth in foster care.

5. Empower Youth and Caregivers

Help youth and caregivers be informed about the use and impact of psychotropic medications. Talk with the child/youth to find out if the medication is helpful. What does the caregiver report about the impact? What side effects is the child experiencing and what steps are being taken to address those effects? The Psychotropic Medication Quality Improvement Project, CDSS, in consultation with DHCS and stakeholders has developed the following resources to assist with this:

- “[Questions to Ask About Medications](#)”; a document to help parents and caregivers improve their skills and knowledge about side effects and adverse symptoms related to medications and;
- [Foster Youth Mental Health Bill of Rights](#); a document to educate youth, parents, and caregivers about the rights of a foster youth as they pertain to psychotropic medications.

We encourage counties to make these documents available to your foster youth and caregivers.

Questions regarding best practices for psychotropic medication use for children and youth in foster care or the Psychotropic Medication Quality Improvement Project should be directed to Lori Fuller, Manager of the Placement Services and Support Unit at lori.fuller@dss.ca.gov. For information about the Global Data Sharing Agreement, please contact Akhtar Khan, Chief of the Research Services Branch at (916) 653-1800 or via email at akhtar.khan@dss.ca.gov.

Sincerely,

Original Document Signed By:

KAREN B. GUNDERSON, Chief
Child and Youth Permanency Branch
Children and Family Services Division