

Youth in Foster Care Prescribed Psychiatric Medications, as of March 31, 2024

	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	856	15%	562	21%	188	7%	96	31%	10	30%
Age Group										
<7 years old	119	4%	85	7%	34	3%	0	0%	0	0%
7-12 years old	395	23%	294	35%	79	9%	19	61%	*	*
13-17 years old	342	24%	183	32%	75	13%	77	31%	7	35%
Gender										
Female	359	12%	234	18%	85	6%	35	25%	*	*
Male	497	17%	328	24%	103	7%	61	37%	*	*

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.

As required by Local Law 34 of 2022, ACS has reviewed the quarterly reports and annual report required pursuant to this local law. As always, promoting best practices regarding the use of psychiatric medication for youth in foster care and obtaining informed consents are critical to our work. The priorities we hold in the work related to children and youth in foster care include ensuring that psychiatric medications are only prescribed and appropriately administered to youth who need them.

This year, several favorable trends emerged in the data. There was a decrease in the number of youth in foster care with prescriptions for psychiatric medication, especially amongst females and 7-12-year-olds. Youth in residential care most often had prescriptions for psychiatric medication, although the percentage of youth in residential care with psychiatric prescriptions declined.

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 the decrease in the total number of children in foster care, and the resulting high level of complex mental health needs of those children who are in care, rates of psychiatric medication prescription for foster care youth in NYC continue to remain lower than historical and national rates.

We continue to implement and monitor compliance to ACS' 2020 policy, "Informed Consent for Psychiatric Medication for Children in Foster Care" as 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. We believe that the data in the FY2024 quarterly reports and annual report consistently show 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 also continued to hold quarterly meetings with our providers to discuss the policy and any issues, trends or questions that arose. We have developed training materials that can easily be presented by a member of our Psychiatric and Behavioral Health Unit and have encouraged, and responded to, requests from foster care providers to conduct training sessions on an as needed basis.

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. An Administrative Psychologist was hired, among other duties and responsibilities, to gain mastery of our 2020 policy, enabling her to train and retrain foster care providers regarding the requirements and components of our policies, including a simplification (e.g., desk aid) of the override, consent, and concurrent review policies to enhance understanding.
2. The Informed Consent for Psychiatric Medication for Children in Foster Care (2020) form was translated into 10 different languages and distributed to our providers.

1. The PBHU continues 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 continues to monitor 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 continue to be involved with case conferences that help advocate for children in the foster care system by reviewing their medication regimen and giving recommendations.
4. We continue to use the PSYCKES project 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:
 - o Identify strengths, challenges, and barriers to adherence to current federal, state, city, health practice standards and requirements
 - o Provide direct feedback and technical assistance to ensure VFCAs develop appropriate solutions-based and sustainable corrective actions
 - o Provide oversight of VFCAs during corrective action implementation and evaluation

- Correct targeted individual case deficiencies
- 3. Additional QM activities:
 - For Fiscal Year 24, the Medical Audit Unit continued to conduct 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 for those agencies scheduled for Medical Audits in FY23-24 and has continued this practice into FY24-25. Current policies and standards are shared with VFCAs, prior scoring trends are reviewed, and best practices discussed.
 - 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.