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DIRECTOR

State of California—Health and Human Services Agency



WILL LIGHTBOURNE  
DIRECTOR

December 5, 2016

ALL COUNTY LETTER NO. 16-96

REASON FOR THIS TRANSMITTAL

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

TO: ALL JUDICIAL COUNCIL STAFF  
ALL COUNTY CHILD WELFARE PROGRAM MANAGERS  
ALL COUNTY CHILD WELFARE DIRECTORS  
ALL COUNTY BEHAVIORAL HEALTH DIRECTORS  
ALL CHIEF PROBATION OFFICERS  
ALL TITLE IV-E AGREEMENT TRIBES  
ALL ADOPTION REGIONAL AND FIELD OFFICES  
ALL FOSTER CARE MANAGERS  
ALL FOSTER FAMILY AGENCY DIRECTORS  
ALL COUNTY CHILD HEALTH & DISABILITY PREVENTION  
PROGRAM DIRECTORS AND DEPUTY DIRECTORS  
ALL FOSTER CARE PUBLIC HEALTH NURSES

SUBJECT: STATE GENERAL FUND APPROPRIATION FOR THE MONITORING  
AND OVERSIGHT OF PSYCHOTROPIC MEDICATION BY FOSTER  
CARE PUBLIC HEALTH NURSES

REFERENCE: SENATE BILL (SB) [319](#) (CHAPTER 535, STATUTES OF 2015) AND  
SB [238](#) (CHAPTER 534, STATUTES OF 2015); WELFARE AND  
INSTITUTIONS CODE (WIC) SECTIONS [369.5](#), [739.5](#), [16010](#), [16501.3](#);  
ALL COUNTY LETTER (ACL) NOS. [99-108](#), [16-48](#), AND [16-37](#);  
ALL COUNTY INFORMATION NOTICE (ACIN) NOS. [I-36-15](#) AND  
[I-36-15E](#)

The purpose of this letter is to inform county child welfare directors, county health directors, social workers, probation officers, caregivers, and foster care Public Health Nurses (PHNs) of the budget augmentation that adds \$1.65 million in State General Fund (SGF) to support county child welfare efforts to provide oversight and monitoring of children and youth in foster care who are treated with psychotropic medications, by

expanding their local foster care public health nursing programs. The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) have amended the existing interagency agreement to include this budget augmentation in order to maximize funding through the matching of SGF with Federal Financial Participation (FFP) monies through Medicaid Title XIX.

## **BACKGROUND**

As noted in ACIN [1-36-15](#), social workers and probation officers with case management responsibilities, with assistance from PHNs, have a required duty to monitor the safe and appropriate use of psychotropic medication for children and youth in foster care. Nearly 9,500 children and youth in California's foster care system are prescribed psychotropic medication, representing approximately one-out-of-every-eight foster youth. Further, 25 percent of youth between the ages of six and 18 years-of-age are taking psychotropic medication in the child welfare system, while roughly 56 percent of youth in group homes are being administered these types of prescription drugs<sup>1</sup>. Side effects for psychotropic medications may include sleeping problems, weight gain or loss, diabetes, tremors, memory loss, and heart disease. These side effects can cause additional harm without adequate oversight and monitoring. Because many psychotropic medications have health risks associated with them, oversight and monitoring of children who are prescribed such medications is critical, and agencies may utilize the services of the PHNs to fulfill this role.

In 2015, SB [238](#) and SB [319](#) were signed into law in order to improve California's monitoring and oversight of psychotropic medication use within the child welfare system. Through the passage of SB 319, PHNs were given the authority to receive medical records directly from physicians in order to coordinate health care services and serve as a liaison with health care professionals and other providers of health-related services, including coordination of psychotropic medication appointments. Additionally, SB 319 amended WIC section [16501.3\(c\)\(3\)](#) to add "monitoring and oversight of psychotropic medication" to the list of activities included in the planning and coordination of health care that may be performed by the PHN. For more detailed information about this legislation please reference ACL [16-48](#) regarding SB 319 and ACL [16-37](#) regarding SB 238.

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<sup>1</sup>California Child Welfare Indicators Project *Measure 5a.1: Use of Psychotropic Medications among Children in Foster Care* [http://cssr.berkeley.edu/ucb\\_childwelfare/CDSS\\_5A.aspx](http://cssr.berkeley.edu/ucb_childwelfare/CDSS_5A.aspx)

## **PSYCHOTROPIC MEDICATION OVERSIGHT AND MONITORING ACTIVITIES OF FOSTER CARE PUBLIC HEALTH NURSES**

The PHNs work collaboratively with social workers and probation officers to ensure that children, youth, and non-minor dependents in foster care receive all needed health care services. The PHNs provide health care oversight of the physical, behavioral, dental, and developmental needs for all children in foster care, including those in out-of-county and out-of-state placements.

California's 2016/17 state budget includes an ongoing annual increase of \$1.65 million to the SGF to fund psychotropic medication oversight and monitoring activities performed by PHNs. With this new funding, PHNs can assist child welfare and probation department staff by providing additional case level oversight of prescription medications and by supporting the facilitation of the judicial oversight of psychotropic medication.

The PHNs perform administrative activities in order to oversee psychotropic medication usage and do not provide direct medical services to children. These administrative activities can only be performed by an individual with the required level of medical expertise—Skilled Professional Medical Personnel (SPMP). As required by WIC section [16501.3\(d\)](#), the activities of PHNs are limited to specific administrative functions eligible for enhanced FFP matched at up to a maximum of 75 percent through the Medicaid Title XIX program. The allowable SPMP activities under the new funding include, but are not limited to, those detailed below.

### **Foster Care Public Health Nurses may:**

- Review the medical components of each request for psychotropic medication filed pursuant to WIC section [369.5](#) or [739.5](#) to verify that all required medical information is provided in the application and supporting documents submitted to the court.
- Review, monitor, and confirm that the juvenile court has authorized the psychotropic medication(s) the child is taking based on sufficient medical/psychiatric information.
- Review and document in the child's health and education passport, as described in WIC section [16010](#), the psychotropic medications authorized for and being taken by the child, and the completion of laboratory tests, other screenings and measurements, evaluations, and assessments required to meet reasonable standards of medical practice.

- Provide guidance and consultation to social workers and probation officers in the scheduling of periodic follow up visits with the prescribing physician, laboratory services, and other necessary health services.
- Contact the child's caregiver and child to inquire about the response of the child to the administration of psychotropic medication, including any adverse effects of the medication and if any, to assist with referrals to the prescribing physician or other appropriate health care providers to ensure that any adverse effects are promptly addressed and brought to the attention of the social worker or probation officer.
- Review, interpret, and document as necessary, the results of laboratory tests, screenings, and evaluations for the purpose of case planning and coordination.
- Review clinical documentation to assess the child or youth's progress in meeting treatment plan goals.

The CDSS and DHCS will provide further guidance in subsequent communications to local programs regarding allowable PHN activities.

Allowing PHNs to assist social workers and probation officers in tracking the use of psychotropic medication may have a significant impact on the ability of child welfare agencies to provide an additional level of attention to the management of medications used in the mental health treatment of foster children and youth.

To improve the monitoring of psychotropic medication use by children and youth in foster care, CDSS will be using the SafeMeasures application to distribute monthly data reports to counties who have entered into a data sharing agreement with DHCS and CDSS. This data will be available in SafeMeasures in early 2017. Counties may wish to explore providing their PHNs with access to the SafeMeasures application to assist them in the performance of their duties supporting psychotropic medication monitoring and oversight. .

### **MATCHING FEDERAL FUNDS FOR FOSTER CARE PUBLIC HEALTH NURSES**

As discussed above, the \$1.65 million SGF allocation will fund PHN psychotropic case management services that comply with specific administrative functions eligible for enhanced federal matching funds through the Medicaid Title XIX program. The CDSS and DHCS have amended the existing interagency agreement to allow the full allocation to be transferred to DHCS from CDSS.

**METHODOLOGY AND CLAIMING THROUGH DHCS**

The DHCS will issue an allocation letter that distributes the \$1.65 million SGF to local Child Health and Disability Prevention (CHDP) Programs that describes the allocation and claiming process in more detail. The allocation letter will provide each local CHDP Program their proportion of the \$1.65 million and the corresponding enhanced federal match (as outlined in Attachment A). Local CHDP Programs will coordinate with county child welfare agencies following the process and standards established for the Health Care Program for Children in Foster Care (HCPCFC) to build upon the program to comply with the new activities described in this ACL. Local CHDP Programs will submit quarterly claims using a new HCPCFC invoice that will differentiate the psychotropic medication monitoring and oversight activities from other HCPCFC activities.

If you have any questions regarding this letter, please contact the Placement Services and Support Unit at (916) 657-1858, or by emailing [QIPsychotropic@dss.ca.gov](mailto:QIPsychotropic@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

PATRICIA McCLELLAND  
Chief  
Systems of Care Division

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachment

**ATTACHMENT A****FISCAL YEAR 2016-17  
PUBLIC HEALTH NURSES ALLOCATION**

<b>COUNTY</b>	<b>FEDERAL FUNDS</b>	<b>GENERAL STATE FUNDS</b>	<b>TOTAL ALLOCATION</b>
ALAMEDA	\$139,831	\$46,610	\$186,441
ALPINE	\$9,322	\$3,107	\$12,429
AMADOR	\$9,322	\$3,107	\$12,429
BUTTE	\$46,610	\$15,537	\$62,147
CALAVERAS	\$9,322	\$3,107	\$12,429
COLUSA	\$9,322	\$3,107	\$12,429
CONTRA COSTA	\$111,865	\$37,288	\$149,153
DEL NORTE	\$9,322	\$3,107	\$12,429
EL DORADO	\$27,966	\$9,322	\$37,288
FRESNO	\$130,508	\$43,503	\$174,011
GLENN	\$9,322	\$3,107	\$12,429
HUMBOLDT	\$18,644	\$6,215	\$24,859
IMPERIAL	\$37,288	\$12,430	\$49,718
INYO	\$9,322	\$3,107	\$12,429
KERN	\$130,508	\$43,503	\$174,011
KINGS	\$27,966	\$9,322	\$37,288
LAKE	\$18,644	\$6,215	\$24,859
LASSEN	\$9,322	\$3,107	\$12,429
LOS ANGELES	\$1,668,644	\$556,215	\$2,224,859
MADERA	\$18,644	\$6,215	\$24,859
MARIN	\$9,322	\$3,107	\$12,429
MARIPOSA	\$9,322	\$3,107	\$12,429
MENDOCINO	\$27,966	\$9,322	\$37,288
MERCED	\$46,610	\$15,537	\$62,147
MODOC	\$9,322	\$3,107	\$12,429
MONO	\$9,322	\$3,107	\$12,429
MONTEREY	\$55,932	\$18,644	\$74,576
NAPA	\$18,644	\$6,215	\$24,859
NEVADA	\$9,322	\$3,107	\$12,429
ORANGE	\$130,508	\$43,503	\$174,011
PLACER	\$27,966	\$9,322	\$37,288
PLUMAS	\$9,322	\$3,107	\$12,429
RIVERSIDE	\$316,949	\$105,650	\$422,599
SACRAMENTO	\$233,050	\$77,684	\$310,734
SAN BENITO	\$9,322	\$3,107	\$12,429
SAN BERNARDINO	\$354,237	\$118,079	\$472,316
SAN DIEGO	\$242,373	\$80,791	\$323,164
SAN FRANCISCO	\$83,898	\$27,966	\$111,864
SAN JOAQUIN	\$139,831	\$46,610	\$186,441
SAN LUIS OBISPO	\$37,288	\$12,430	\$49,718

**ATTACHMENT A**

SAN MATEO	\$37,288	\$12,430	\$49,718
SANTA BARBARA	\$55,932	\$18,644	\$74,576
SANTA CLARA	\$111,865	\$37,288	\$149,153
SANTA CRUZ	\$18,644	\$6,215	\$24,859
SHASTA	\$46,610	\$15,537	\$62,147
SIERRA	\$9,322	\$3,107	\$12,429
SISKIYOU	\$9,322	\$3,107	\$12,429
SOLANO	\$37,288	\$12,430	\$49,718
SONOMA	\$65,254	\$21,752	\$87,006
STANISLAUS	\$65,254	\$21,752	\$87,006
SUTTER	\$18,644	\$6,215	\$24,859
TEHAMA	\$18,644	\$6,215	\$24,859
TRINITY	\$9,322	\$3,107	\$12,429
TULARE	\$74,576	\$24,859	\$99,435
TUOLUMNE	\$9,322	\$3,107	\$12,429
VENTURA	\$83,898	\$27,966	\$111,864
YOLO	\$18,644	\$6,215	\$24,859
YUBA	\$18,649	\$6,214	\$24,863
City of Berkeley	\$9,322	\$3,107	\$12,429
<b>Total</b>	<b>\$4,950,000</b>	<b>\$1,650,000</b>	<b>\$6,600,000</b>