



WILL LIGHTBOURNE
DIRECTOR

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

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EDMUND G. BROWN JR.
GOVERNOR

REASON FOR THIS TRANSMITTAL

November 22, 2013

ALL COUNTY INFORMATION NOTICE I-69-13

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

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL FOSTER CARE PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS
TITLE IV-E AGREEMENT TRIBES

SUBJECT: IMPROVING PSYCHOTROPIC MEDICATION USE AMONG CHILDREN
AND YOUTH IN FOSTER CARE: THE QUALITY IMPROVEMENT
PROJECT (QI PROJECT)

REFERENCE: FOSTERING CONNECTIONS TO SUCCESS AND INCREASING
ADOPTIONS ACT OF 2008 (PUBLIC LAW (P.L.) 110-351); FAMILY
SERVICES IMPROVEMENT AND INNOVATION ACT OF 2011
(P.L.112-34)

This All County Information Notice (ACIN) is to inform counties, tribes, and other interested stakeholders of the QI Project which focuses on improving the appropriate use and monitoring of psychotropic medications.

BACKGROUND/OVERVIEW

In a letter to state health and human services directors dated November 23, 2011, the federal Department of Health and Human Services stated that “enhanced efforts to properly prescribe and monitor psychotropic medication among children in out-of-home care are necessary, appropriate, and urgent.” The letter encouraged state directors to collaborate with partners working with the foster care population to facilitate joint activity to strengthen the oversight and appropriate use of psychotropic medication for children and youth in foster care.

In August 2012, the Administration for Children and Families (ACF), the Centers for Medicare and Medicaid Services (CMS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) held a summit in Washington, D.C. on this subject. Representatives from the Departments of Social Services, Mental Health, and Medicaid

from each of the 50 states gathered to discuss creating and implementing integrated oversight and monitoring protocols that ensure the appropriate use of psychotropic medications for children in foster care. The purpose of the summit, titled “Because Minds Matter,” was to:

- Provide an opportunity for state leaders to enhance existing cross-system efforts to ensure appropriate use of psychotropic medications;
- Showcase collaborative projects and initiatives at state- and local-levels;
- Offer state-of-the art information on cross-system approaches to improving mental health and well-being for children and their families;
- Encourage participants to think in a deep and nuanced way about strategies for addressing the mental health and trauma-related needs of children in foster care with evidence-based and evidence-informed interventions; and
- Facilitate each state’s development of action steps to improve upon and implement their existing oversight plans.

Following staff attendance at the summit, the Pharmacy Benefits Division and Mental Health Services Division (MHSD) of the California Department of Health Care Services, along with the Children and Family Services Division of the California Department of Social Services (CDSS) collaborated to develop “The Quality Improvement Project: Improving Psychotropic Medication Use in Children and Youth in Foster Care” (QI Project).

The QI Project collaboration began in January 2012. A stakeholder kick-off meeting was held on October 29, 2012, to engage the stakeholder community in discussions regarding this multi-agency collaborative project to improve the health and experience of children and youth in foster care.

The QI Project’s purpose, mission, and vision as stated in the Project Charter are as follows:

Purpose

To strengthen California’s Medicaid and Child Welfare System by improving safe and appropriate prescribing and monitoring of psychotropic medication use among children and youth in foster care.

Mission

To improve the health of children and youth in foster care, with the focus of improving the oversight and monitoring of psychotropic medication use granted by authority.

Vision

Children, families, and the Child Welfare System are well informed about the health care options and receive the best possible care that maximizes their physical and emotional health in a timely, safe, and effective manner.

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As stated in the Charter, the goals of the QI Project include:

- Reducing inappropriate psychotropic polypharmacy;
- Enhancing psychotropic medication safety by optimizing dosages;
- Removing barriers to medication non-adherence, assessing, measuring and evaluating metabolic risks;
- Supporting the use of psychosocial treatment in lieu of medications; and
- Creating protocols in collaboration with Public Health Nurses, County Medical Directors, and other key stakeholders including the Administrative Office of the Courts.

Following the stakeholder meeting, the QI Project assembled three multi-disciplinary workgroups focusing on data, clinical issues, and family & education issues that have convened via webinar and in-person meetings over the past several months. The focus of these workgroups is as follows:

Clinical

The Clinical workgroup aims to improve psychotropic medication oversight and monitoring by developing a psychotropic oversight and monitoring plan based on the Child & Family Services Improvement & Innovation Act of 2011.

Data & Technology

The Data and Technology workgroup's focus is to improve the use of electronic health records, update and keep current the information in the youth's health and education passport, and use data to track quality improvement.

Family & Education

The primary goal of the Family & Education workgroup is to develop education materials specifically to help parents and caregivers improve their skills and knowledge about side effects and adverse symptoms related to medications that can occur and may be overlooked.

The CDSS continues to encourage county child welfare and probation staff to participate in one of the three QI Project workgroups to provide insight into county practices and to highlight successes, promising practices, and challenges experienced by counties concerning the oversight and use of psychotropic medication for children and youth in foster care.

If you are interested in participating in this project, you may send an e-mail to
DSSQIPsychotropic@dss.ca.gov.

RESOURCES

For further information about improving the monitoring and oversight of psychotropic medication prescribed to foster children, please visit the following websites:

The November 23, 2011, informational bulletin/letter signed by leadership at CMS, ACF, and SAMHSA described cross-agency collaboration and the commitments that each agency would undertake in coordinated efforts to explore, identify, and support effective strategies for states in overseeing and monitoring the use of psychotropic medications with youth in the foster care system. The letter can be viewed at:

<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-11-23-11.pdf>

Information, research, and resources about appropriate oversight of the use of psychotropic medication, including specific information about the “Because Minds Matter” summit and recordings of technical assistance webinars, is available at:

<http://www.childwelfare.gov/systemwide/mentalhealth/effectiveness/psychotropic.cfm>

The ACF has published two Information Memoranda (IM) detailing research, legislation, programs, and practices consistent with the expectation that child welfare systems will support and enhance the social and emotional well-being of the children and youth served. The first IM, ACYF-CB-IM-12-03, addressing the promotion of safe, appropriate, and effective use of psychotropic medication for children in foster care, can be found at can be found at: http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1203.pdf

The second IM, ACYF-CB-IM-12-04, provides information on promoting social and emotional well-being for children and youth receiving child welfare services can be found at: http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

The CMS has posted examples of states that have created programs that address the medical/medication oversight in the context of their Drug Utilization Review programs that can be viewed at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Drug-Utilization-Review.html>

If you have any questions about this ACIN, please contact the Foster Care Support Services Bureau at (916) 651-7465.

Sincerely,

Original Document Signed By:

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