



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

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REASON FOR THIS TRANSMITTAL

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

December 5, 2016

ALL COUNTY INFORMATION NOTICE NO. I-87-16

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

SUBJECT: PSYCHOTROPIC MEDICATION DATA SHARING

REFERENCE: CHILD AND FAMILY SERVICES IMPROVEMENT AND INNOVATION ACT ([PUBLIC LAW 112-34](#)); ALL COUNTY INFORMATION NOTICE (ACIN) NOS. [I-36-15](#) AND [I-36-15E](#)

Purpose of ACIN

The purpose of this All County Information Notice (ACIN) is to provide county child welfare directors, child welfare program managers, chief probation officers, and Title IV-E agreement tribes with information regarding the availability of psychotropic medication data which can be received through entering into the existing Global Data Sharing Agreement (GDSA) or by entering into the new Psychotropic Medication Data Sharing Agreement. Access to this data will provide counties with an opportunity to receive client-level psychotropic medication information specific to children and youth under their supervision.

Background

Since early 2012, the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) have collaborated on an initiative known as the Quality Improvement Project: Improving Psychotropic Medication Use in Children and Youth in Foster Care (QI Project). The goal of the project is to improve the health of children and youth in foster care, with the focus of improving the oversight and monitoring of psychotropic medication use as outlined in the Federal Child and Family Services Improvement and Innovation Act of 2011 ([PL 112-34](#)).

In order to enhance the oversight and monitoring of psychotropic medication use within the California foster care system, several data measures were developed by the

QI Project. These measures provide information on prescribing characteristics that pose the most risk to children and youth by using data derived from a Child Welfare Services/Case Management System (CWS/CMS) and Medi-Cal paid claims data match. Such data matches are made possible by the GDSA that currently exists between CDSS and DHCS. The GDSA, which is further explained in [ACIN I-36-15](#), has been available for county child welfare agencies to enter into and receive data containing confidential information pertaining to the children, youth and non-minor dependents receiving child welfare services in their county. This individual, client-level data is an important tool which allows counties to more effectively monitor the use of psychotropic medication among the children in foster care. In order to ensure that psychotropic medication data is accessible in every county for the performance of health oversight activities, data can now be accessed by entering into either the GDSA or the new Psychotropic Medication Data Sharing Agreement.

Psychotropic Medication Data Sharing

Counties or Tribes can receive matched psychotropic medication data in one of two ways. The first option is to enter into the existing GDSA. The GDSA allows sharing of confidential Medi-Cal data pertaining to children or non-minor dependents receiving child welfare services between the CDSS, the DHCS and Counties or Tribes that have signed onto the Memorandum of Understanding. The GDSA provides counties with matched medication and child welfare services data, including psychotropic medication, eligibility, demographic, medical, mental health and payment data. This data may be used by Counties or Tribes for the permissible purposes enumerated in the GDSA.

The second option is to enter into the new Psychotropic Medication Data Sharing Agreement. Starting in December 2016, this new agreement allows sharing of confidential data limited to psychotropic medication information for Counties or Tribes that did not sign onto the GDSA. This agreement authorizes counties to receive psychotropic medication data only, derived from a match between CWS/CMS and Medi-Cal paid claims. This data may only be used for the purpose of health oversight activities, as specifically defined in Title 45 of the Code of Federal Regulations section 164.512(d).

Counties or Tribes only need to enter into one of the agreements; the GDSA offers a broader range of data including eligibility, payment, medication, physical health and mental health data, and data shared under the GDSA may be used for a broader range of purposes, as enumerated in the agreement. A copy of the GDSA is available here: www.cdss.ca.gov/pdf/GlobalDataSharingAgreement.pdf.

Counties or Tribes interested in receiving psychotropic medication data only for the purposes of performing health oversight activities only may use the new Psychotropic

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Medication Data Sharing Agreement which can be found at:

<http://www.cdss.ca.gov/pdf/PsychotropicMedicationDataSharingAgreement.pdf>.

To opt into either agreement, Counties or Tribes must sign the signatory page and submit an electronic copy to CWSdata@dss.ca.gov and additional instructions will be provided.

Questions regarding best practices for psychotropic medication use for children and youth in foster care should be emailed to QIPsychotropic@dss.ca.gov. For information about the GDSA or Psychotropic Medication Data Sharing Agreement, please contact Akhtar Khan, Chief of the Research Services Branch, at CWSdata@dss.ca.gov.

Sincerely,

Original Document Signed By:

VALERIE EARLEY, Chief
Child and Youth Permanency Branch
Children and Family Services Division