

Date: November 1, 2017

CYF Memo: # 04 – 17/18

To: BHS Children, Youth and Families Providers

From: Laura Vleugels, MD
Supervising Child and Adolescent Psychiatrist

Re: **Senate Bill 484 Implementation: Psychotropic Medication Usage in Group Home Facilities**

California Department of Social Services and the California Department of Health Care Services Quality Improvement Project (QI Project) is a collaborative effort to improve safe and appropriate prescribing and monitoring techniques of psychotropic medication use among children and youth in foster care. The “Improving the Use of Psychotropic Medication among Children and Youth in Foster Care” project continues to move forward with implementation of Senate Bill 484. This bill requires CDSS to inspect Group Home facilities at least once per year if the facility is determined to have a utilization rate of psychotropic medication usage for children warranting additional review. The following is the link for the QI Project which has links to pertinent All County Letters and All County Information Notices, the summary report from the 2016-2017 inspections, and other resources.

<http://www.cdss.ca.gov/inforesources/Foster-Care/Quality-Improvement-Project>

Measures utilized in reviewing group homes include child welfare psychotropic medication measures developed by CDSS (see attachment) and specified Healthcare Effectiveness Data and Information Set (HEDIS) measures (summarized below). HEDIS measures are health care quality performance measures widely used in the managed care industry.

Because youth who reside in group home facilities are served by many providers in our community, it will be important for prescribers to be aware of the specific measures by which our group home partners will be measured. As implementation of SB 484 moves forward, data based upon these indicators will be made publically available. The measures are consistent with clinical guidelines set by the American Academy of Child and Adolescent Psychiatry and the California Guidelines for the Use of Psychotropic Medications with Children and Youth in Foster Care.

Child Welfare Psychotropic Medication Measures: See attachment

HEDIS Measures:

- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents:* Assesses the percentage of children and adolescents who were on two or more antipsychotic medications for an extended period of time.
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics:* Assesses the percentage of children and adolescents who have ongoing use of antipsychotic medications and had metabolic testing.
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics:* Assesses the percentage of children and adolescents who had a new prescription for an antipsychotic medication without a primary indication for it and had documentation of psychosocial care as first-line treatment.
- *Follow-Up Care for Children Prescribed ADHD Medication:* Assesses the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed.

Child Welfare Psychotropic Medication Measures

Description: The Department of Social Services (DSS), in collaboration with stakeholders, developed the following measures to track youth in foster care who received a paid claim for psychotropic medication from the California Department of Health Care Services. Once finalized, these measures will be publicly posted with the goal of improving the health and well-being of youth in care. The measures will be based on a one year period of rolling quarters.

Technical specifications for each measure are provided as a separate document.

Priority #	Measure	Numerator	Denominator
5a.1	Use of Psychotropic Medications	The number of those youth who had a claim for one or more psychotropic medications during a 12-month period, including a break down by age, race, gender, county, placement type, and agency responsible.	The number of Child welfare- and Probation-supervised youth (0-17 years old) in foster care for 30 days or more.
5a.2	Use of Antipsychotic Medications	The number of those youth who had a claim for one or more antipsychotic medications during a 12-month period, including a break down by age, race, gender, county, placement type, and agency responsible.	The number of Child welfare- and Probation-supervised youth (0-17 years old) in foster care for 30 days or more who are on at least one psychotropic medication.
5c	Use of Multiple Concurrent Psychotropic Medications for Youth in Foster Care	The number of those youth who had two or more concurrent claims for psychotropic medications for at least 60 consecutive days during a 12-month period., including identification of concurrency by: a. Two or more concurrent medications are antipsychotic, b. At least one of two concurrent medications are antipsychotic, c. Two or more concurrent medications are psychotropic. <i>* A 90-day antipsychotic measure will be made available by DHCS.</i>	The number of Child welfare- and Probation-supervised youth (0-17 years old) in foster care for 30 days or more who have been on 60 days or more of continuous psychotropic medication treatment in a 12-month period. <i>* A 90-day measure will be made available by DHCS.</i>
5d	Ongoing Metabolic Monitoring for Youth in Foster Care on Antipsychotic Medication	The number of those youth who are on at least two antipsychotic medications on different dates of service during the 12-month period, and had both of the following tests during the 12-month period: one test for LDL-C or cholesterol, and one test for HbA1c or blood glucose (fasting). <i>* HEDIS measure</i>	The number of Child welfare- and Probation-supervised youth (0-17 years old) in foster care for 30 days or more who had two or more antipsychotic medication dispensed on different dates of service during a 12-month period.
5e	Use of First-Line Psychosocial Care for Youth in Foster Care on Psychotropic Medication	The number of those youth who had documentation of psychosocial care 90 days prior to or 30 days after the date on which a new psychotropic prescription was dispensed. <i>* An antipsychotic measure will be made available by DHCS.</i>	The Number of Child welfare- and Probation-supervised youth (0-17 years old) in foster care for 30 days or more who are on a new psychotropic medication.
5g	Follow-Up Visit for Youth in Foster Care on Psychotropic Medication	The number of those youth who had one or more follow-up visits with a practitioner with prescribing authority, within 30 days of the date on which a new psychotropic prescription was dispensed.	The number of Child welfare- and Probation-supervised youth (0-17 years old) in foster care for 30 days or more who are on a new psychotropic medication.
5h	Metabolic Screening for Youth in Foster Care Newly on Antipsychotic Medication	The number of those youth who had one or more tests for blood glucose (fasting) and one or more tests for cholesterol 90 days prior to or 15 days after the new start of an antipsychotic medication. <i>* An ADHD (Attention Deficit Hyperactivity Disorder) measure will be made available by DHCS.</i>	Child welfare- and Probation-supervised youth (0-17 years old) in foster care for 30 days or more who are on a new prescription of an antipsychotic medication.

*Department of Health Care Services (DHCS) - Healthcare Effectiveness Data and Information Set (HEDIS) measures

Research Services Branch, Child Welfare Data Analysis Bureau

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