Children in Foster Care: Services for Mental Health Conditions
Caring for Children in Foster Care

• Defined: Children removed from their homes and under the care custody of the county child welfare (and probation) agencies

• 79,166 children under 18 years old were in foster care for at least 30 days during SFY 2014-15, including children supervised by either child welfare and probation agencies
Overview of Efforts Related to Mental Health Conditions

- **Quality Improvement Project**
  - Expert Panel
  - Workgroups
    - Clinical
    - Youth, Family & Education
    - Data & Technology
    - Medication Protocol
    - Psychotropic Medication Legislation Implementation
  - Global Data Sharing Agreement
  - QIP Data Measures

- **DHCS Interventions and Monitoring**
  - Drug Utilization Review Board
  - Treatment Authorization Requests (TARs)
  - Public Health Nurses
  - Specialty Mental Health Services
  - HEDIS Monitoring
Antipsychotic Medication Use

9-State Summary (California excluded)

Foster Care Children/Adolescents Using AP Medications

http://rci.rutgers.edu/~cseap/MMDLNAPKIDS/summary_9state.pdf
Use of medications over time

Note: Results are preliminary for most recent time periods

<table>
<thead>
<tr>
<th>Children on Psychotropic</th>
<th>Children on Antipsychotic</th>
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<tbody>
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<td>Children in Foster Care</td>
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<td>5.5%</td>
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Additional Interventions and Activities

• Reviews
  – Site Visits to a sample of Group Homes to assess various processes related to use of psychotropic medications
  – Case Reviews to examine first incident of psychotropic medication while in foster care

• Statewide JV220 Reconciliation Summary Report
  – All 58 counties have received this report

• Dissemination of psychotropic medication data to counties
Global Data Agreement

- Authorizes data sharing for the care of children
  - California Department of Social Services
  - California Department of Health Care Services
  - County Government (17 counties now, potentially 58)

- Signatory counties have received client-specific reports to monitor care and supervision.

- (Several counties have similar-subject contracts: Alameda, Los Angeles, Riverside, Madera)
Global Data Sharing

• Signatory counties to-date:
  1. Butte
  2. Contra Costa
  3. Humboldt
  4. Kern
  5. Lake
  6. Madera
  7. Mendocino
  8. Modoc
  9. Placer
  10. Sacramento
  11. San Diego
  12. San Francisco
  13. San Luis Obispo
  14. San Mateo
  15. Santa Clara
  16. Sonoma
  17. Yuba

• Initial feedback from this otherwise unavailable data:
  - More in-depth examination of child health records
  - Review of county policies and practices
  - Some children are authorized for more medications than eventually are reflected in pharmacy claims
Data Elements Shared with Counties

• Without the Global Data Sharing Agreement:
  – Case ID

• With Global Data Sharing Agreement:
  – First, Middle & Last Names
  – Medication Name, Dates, Strength, Units and Antipsychotic Indicator
  – Prescribing Provider Name, Address, Specialty
  – Pharmacy Name, Address
  – Social Security Number, Client ID, Case ID
  – Date of Birth
  – Placement Type
  – Case Start & End Dates
  – Episode Start & End Dates
  – Out-of-Home Placement Start & End Dates
  – Demographic Information (Gender & Ethnic Group)
• Clinical Guidelines have been developed and disseminated to Prescribers

• Educational materials are available to youth and caregivers

• Group Homes have received some technical assistance resource materials to facilitate improved oversight of psychotropic medication by the youth in their care.

• Counties are beginning to receive and use client data which is providing new insights
Next Steps

• Begin reporting quality of care measures (HEDIS and QIP) to identify focus areas for improvement

• Implementation of new bills passed in 2015 related to care of children in foster care, including training and oversight activities (SB 238, SB 319, SB 484)

• Continue to develop integration (policy and technical) amongst the various organizations that support children in foster care

• Continue to monitor use of medication
Using Data to Inform Practice: Benefits of the Global MoU

Presented by: Elizabeth Harris, PhD
Senior Data/Research Analyst
Human Services Agency
City & County of San Francisco
CWS/CMS Alone
Limitations: Lack of Standardization

In the health and education passport of San Francisco’s current out-of-home youth:

- 93 variations of the name for Adderall
- 23 variations of the name for Prozac
Limitations

Authorized vs. Paid Claim

- Some drugs are authorized in JV-220s more often than they are claimed.
Rates of Paid Claims

- 3.75% of all of the youth in care between 4/1/2014 and 3/31/2015 had Medi-Cal paid claims for antipsychotic medications.

- 8.79% of all of the youth in care between 4/1/2014 and 3/31/2015 had Medi-Cal paid claims for a psychiatric condition.

- Based on all children who were in care for at least one day between 4/1/14 and 3/31/15. If a child had a paid claim for at least one medication that was an antipsychotic, we counted them as receiving antipsychotics, even if he or she received some psychiatric medications that were not antipsychotics.
Note: In a logistic regression analysis of all youth in care for at least one day between 4/1/14 and 3/31/15, race and gender did not have a statistically significant relationship with antipsychotic use after mathematically controlling for group home placements trends.
Practice Implications & Next Steps

• Explore medication patterns within specific group homes.
• Conduct informed education and outreach to group homes.
• Explore strategies for dissemination to case managers.
• Use MoU data to track progress.
References

• Quality Improvement Project: http://www.dhcs.ca.gov/services/Pages/qip.aspx

• Berkeley Child Welfare Site: http://cssr.berkeley.edu/ucb_childwelfare/


• Specialty Mental Health – Performance Outcome System: http://www.dhcs.ca.gov/individuals/Pages/POSMeetingMaterials.aspx
Quality Improvement Project: Workgroups and Deliverables

- **Clinical Workgroup**
  - Developed and distributed “Guidelines for Use of Psychotropic Medication with Children and Youth in Foster Care” ([http://www.dhcs.ca.gov/services/Pages/qip.aspx](http://www.dhcs.ca.gov/services/Pages/qip.aspx))
  - Submitted recommendations to the Judicial Council for improvements to the JV220 process

- **Youth, Family, and Education Workgroup**
  - Youth Bill of Rights in a youth-friendly brochure
  - Questions to Ask about Medications document in a youth-friendly brochure
  - Wellness Workbook
Quality Improvement Project: Workgroups and Deliverables

• Medication Protocol Development Workgroup (NEW)
  – RESOURCE GUIDE - Medications in Group Homes

• Psychotropic Medication Legislation Implementation Workgroup (NEW)
  – Identify Core Training Elements for the Development of New Psychotropic Medication Training Materials
  – Provide Information to Facilitate Regulation Development
  – Develop Form for Sharing of Data and Information With the Court, Child’s Attorney, and Court Appointed Special Advocates
Quality Improvement Project: Workgroups and Deliverables

• Data and Technology Workgroup
  – Distributed case-level JV220 reconciliation reports
  – Publically posted two measures: Use of Psychotropic and Antipsychotic Medications
  – Developed seven child welfare measures
  – Workgroup is reviewing child welfare measures in the context of developments over the past year
SB 484 was passed requiring monitoring of group home performance to include the following HEDIS measures:

- ADHD Monitoring (HEDIS ADD)
- Concurrent Antipsychotics (HEDIS APC)
- Metabolic Monitoring (HEDIS APM)
- Psychosocial Care (HEDIS APP)

*Plan to report initial results in early March 2016*
QIP Measures

5.a1. Use of Psychotropic Medications
5.a2. Use of Antipsychotic Medications
5.c. Use of Multiple Concurrent Medications for Youth in Foster Care
5.d. Ongoing Metabolic Monitoring for Youth in Foster Care on Antipsychotic Medication
5.e. Use of First-Line Psychosocial Care for Youth in Foster Care on Psychotropic Medication
5.g. Follow-Up Visit for Youth in Foster Care on Psychotropic Medication
5.h. Metabolic Screening for Youth in Foster Care Newly on Antipsychotic Medication