Children in Foster Care: Services for Mental Health Conditions

Caring for Children in Foster Care

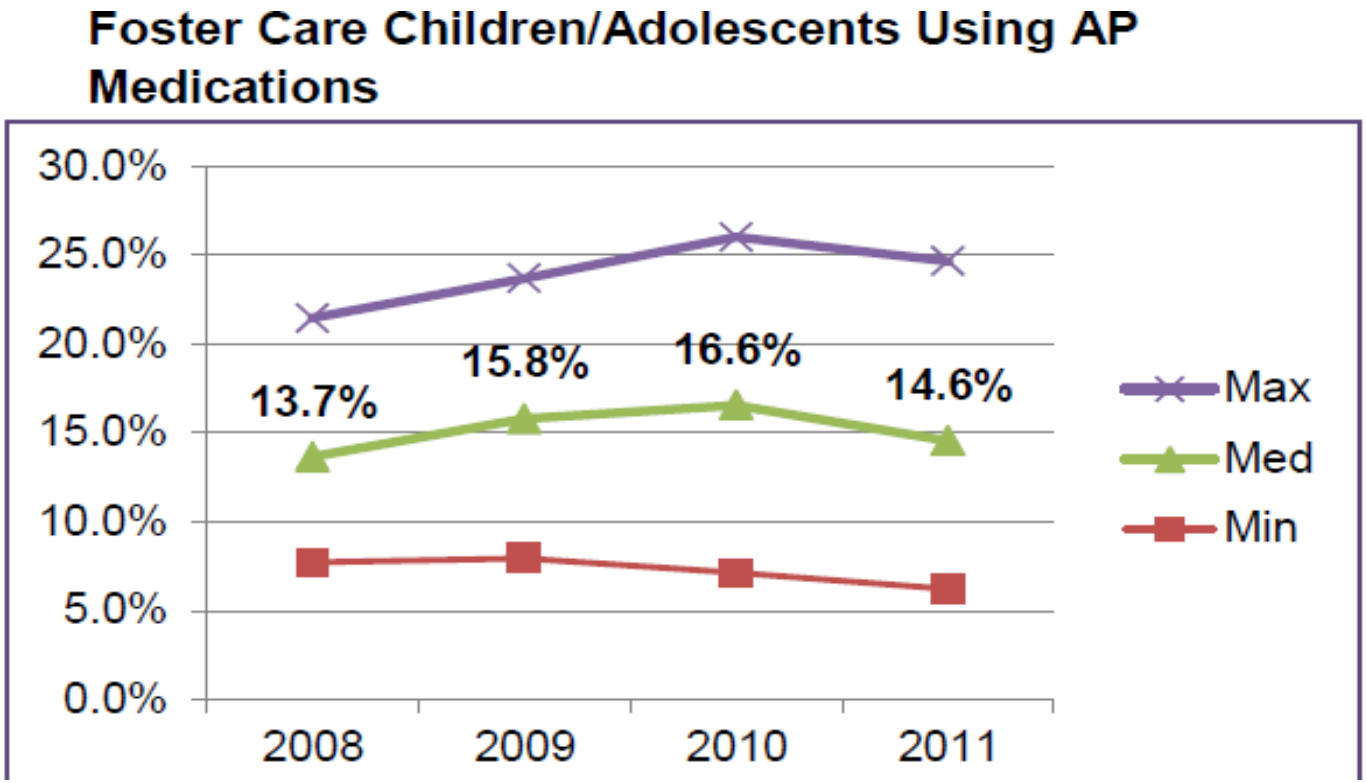
- Defined:
  Children removed from their homes and under the care custody of the county child welfare (and probation) agencies
- 79,166 children under 18 years old were in foster care for at least 30 days during SFY 2014-15, including children supervised by either child welfare and probation agencies

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

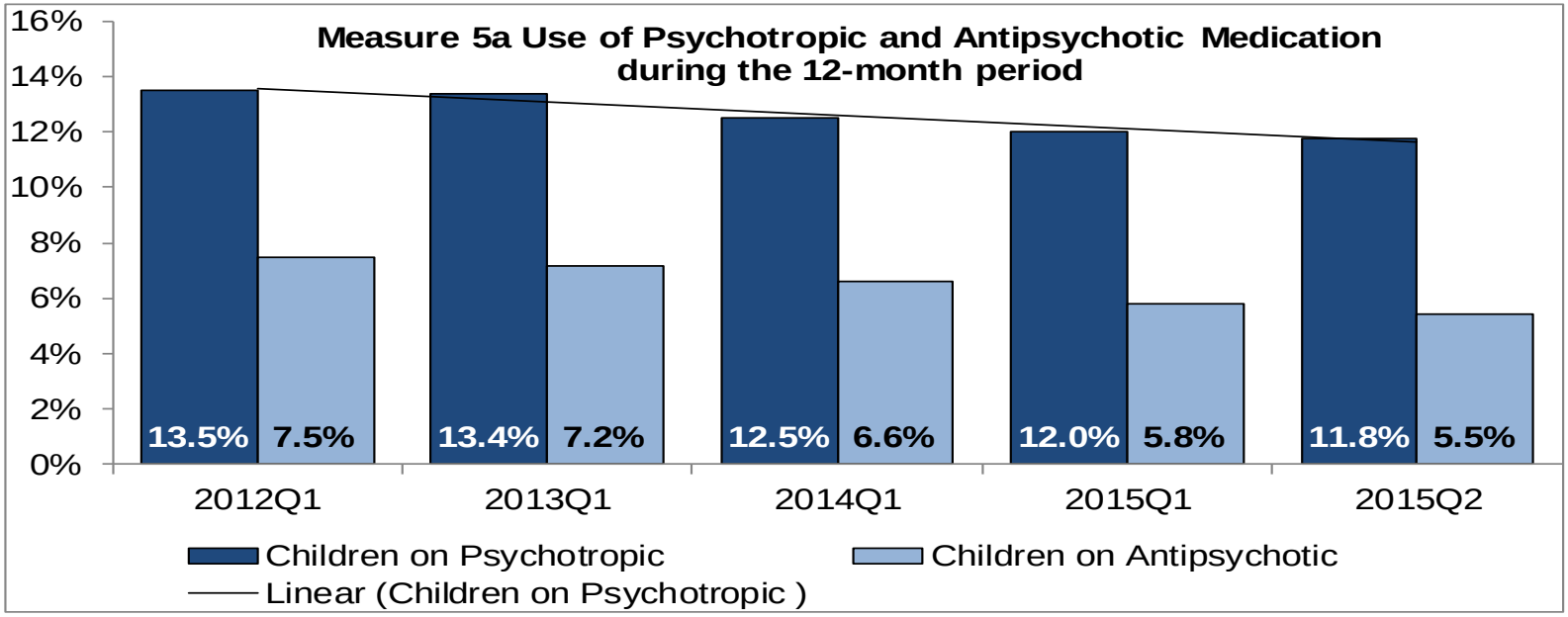
9-State Summary (California excluded)



http://rci.rutgers.edu/~cseap/MMDLNAPKIDS/summary_9state.pdf

Use of medications over time

Note: Results are preliminary for most recent time periods



	Children on Psychotropic			Children on Antipsychotic		
	Children on Psychotropic	Children in Foster Care	%	Children on Antipsychotic	Children in Foster Care	%
2012Q1	10,515	77,653	13.5%	5,815	77,653	7.5%
2013Q1	10,226	76,576	13.4%	5,487	76,576	7.2%
2014Q1	9,792	78,049	12.5%	5,169	78,049	6.6%
2015Q1	9,512	79,303	12.0%	4,595	79,303	5.8%
2015Q2	9,317	79,166	11.8%	4,326	79,166	5.5%

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)

In Summary …

- 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

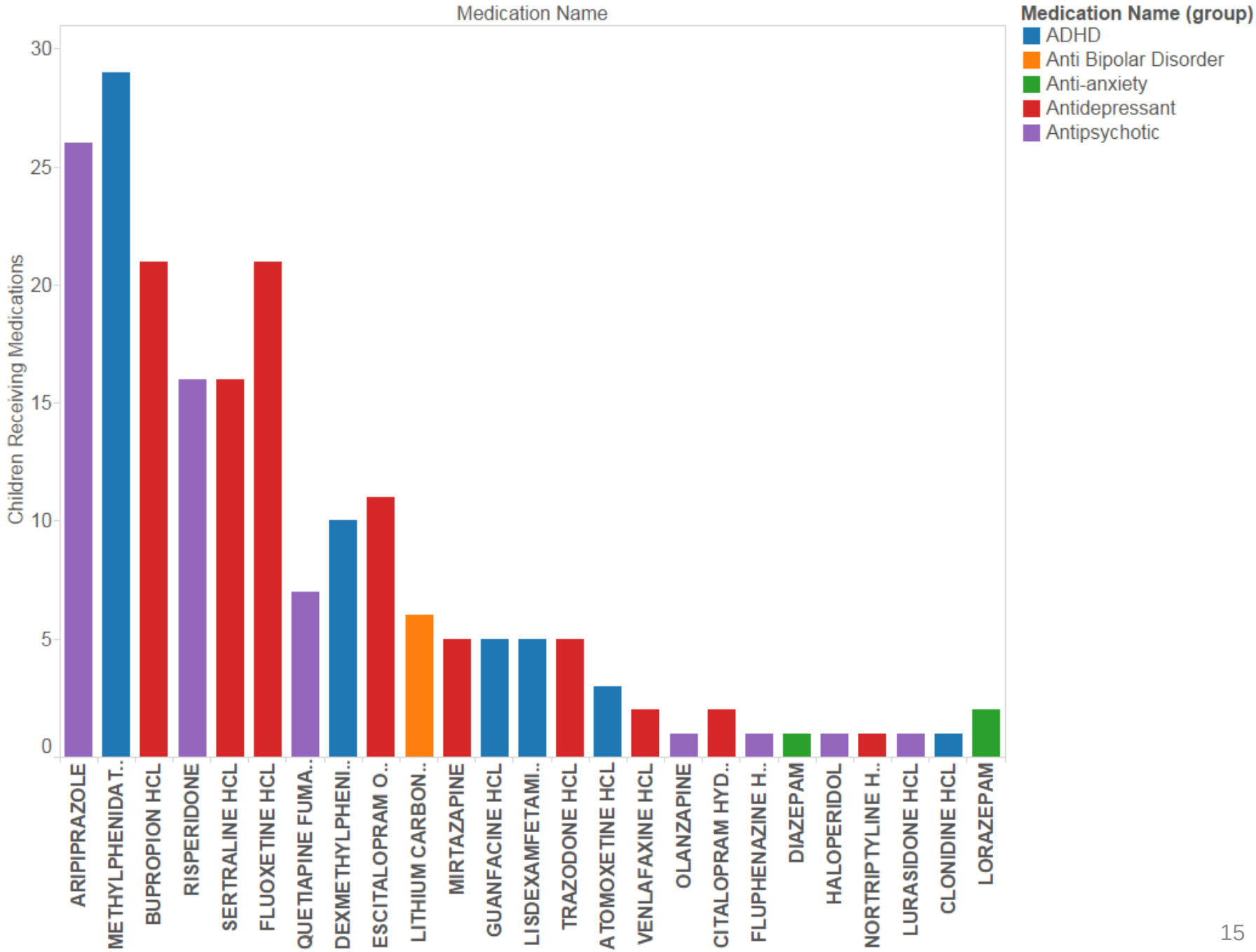
In the health and education passport of San Francisco's current out-of-home youth:

- 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.

Children Receiving Psychoactive Medications

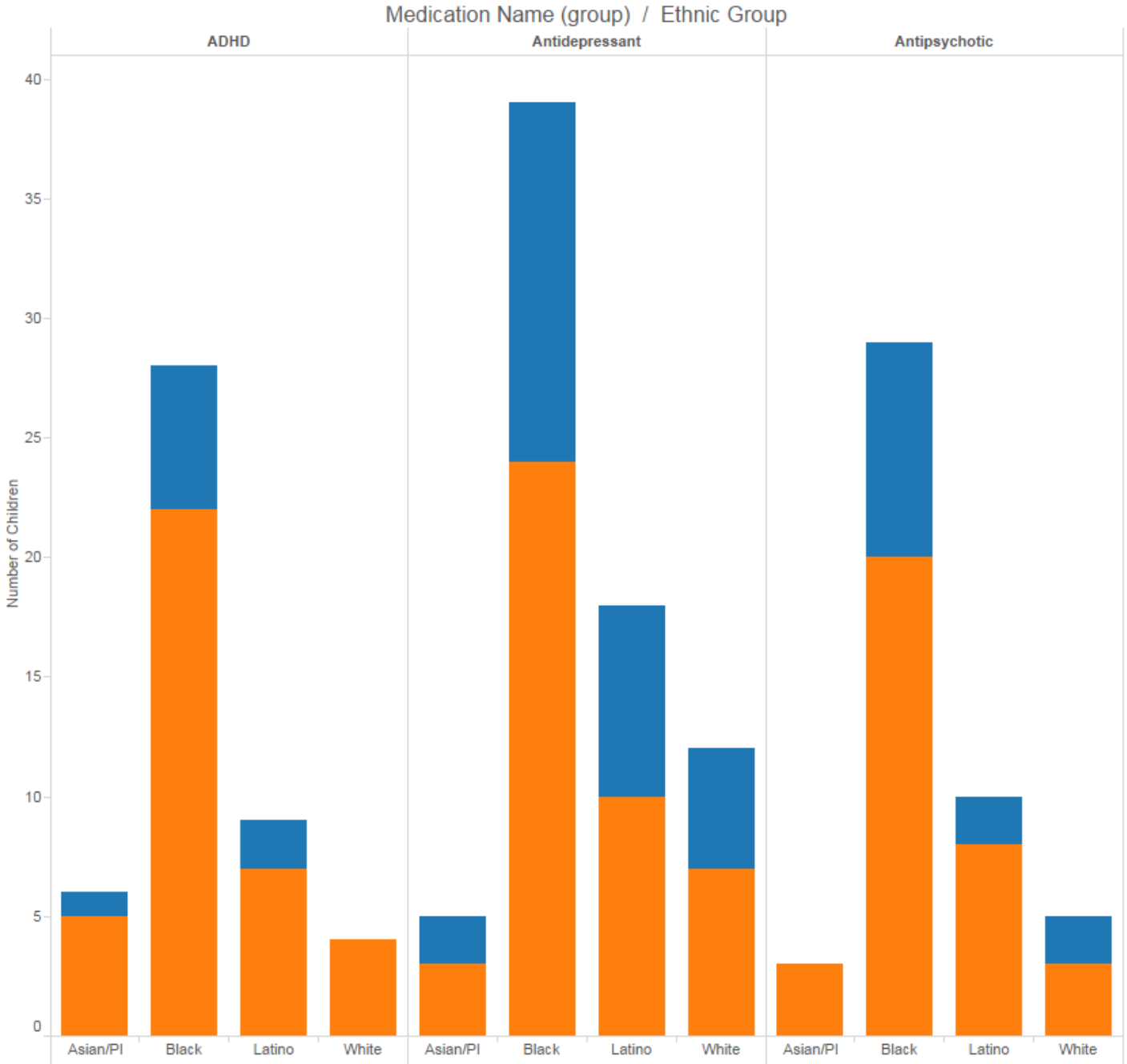


Rates of Paid Claims

- 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.

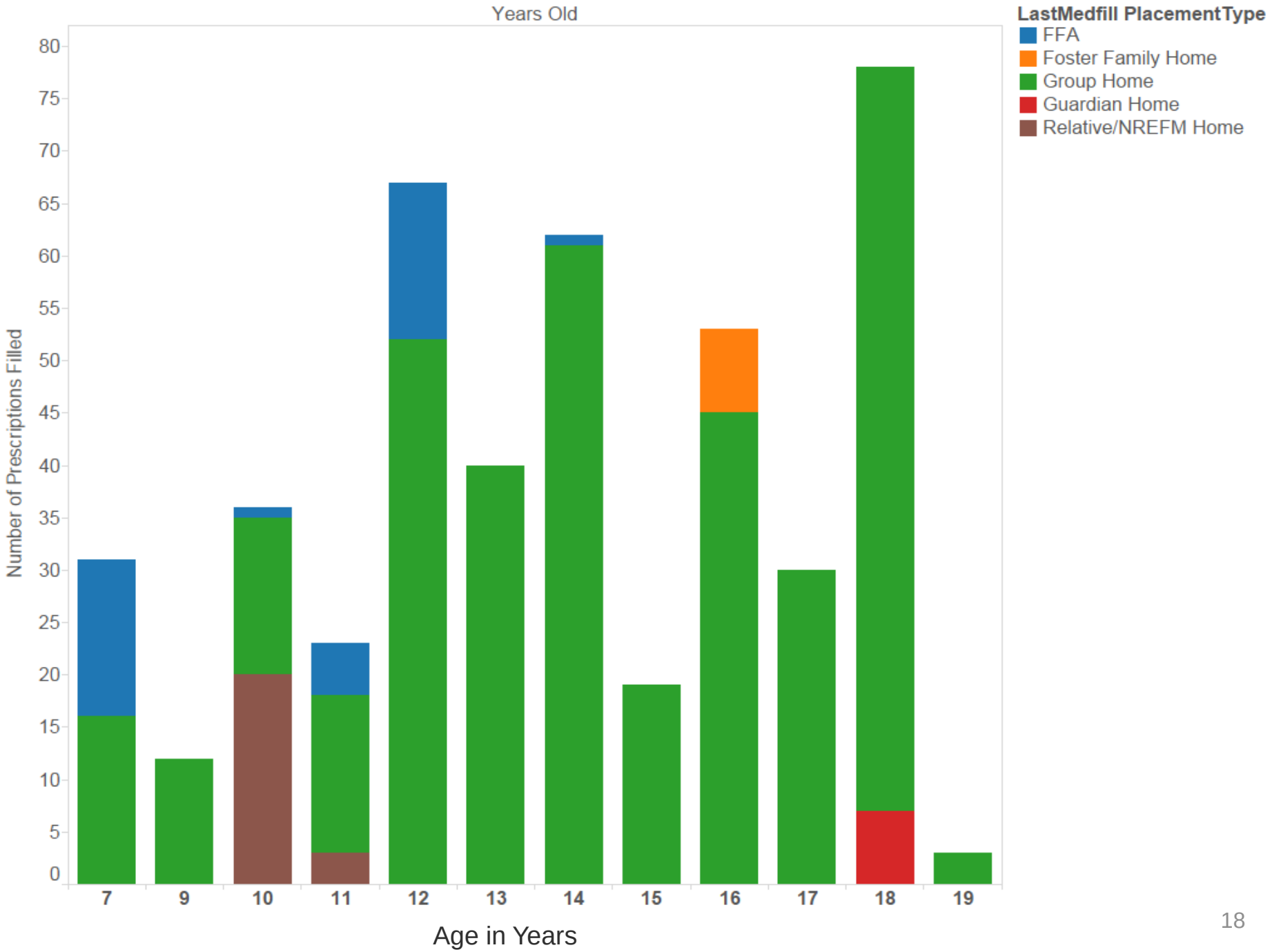
- Based on all children who were in care for at least one day between 4/1/14 and 3/31/15. If a child had a paid claim for at least one medication that was an antipsychotic, we counted them as receiving antipsychotics, even if he or she received some psychiatric medications that were not antipsychotics.

Medication Types by Use
Divided by Race/Ethnic Group and Gender

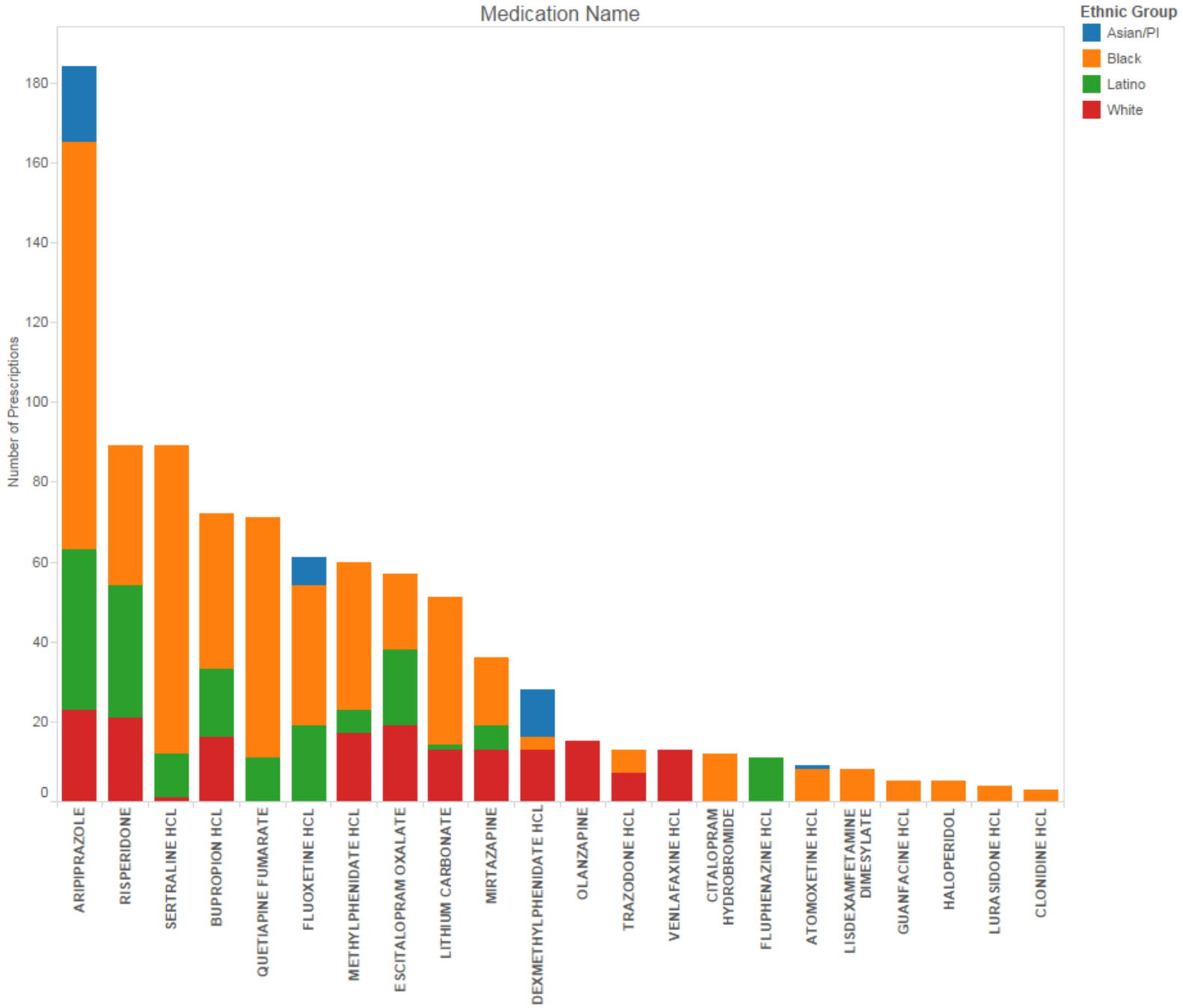


Note: In a logistic regression analysis of all youth in care for at least one day between 4/1/14 and 3/31/15, race and gender did not have a statistically significant relationship with antipsychotic use after mathematically controlling for group home placements trends.

Group Homes and Antipsychotics



Prescriptions and Race Group Homes



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/
- Core Child Measures: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html
- 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)
  - 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

Measures Specific to Monitoring Medication Use in Foster Care

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

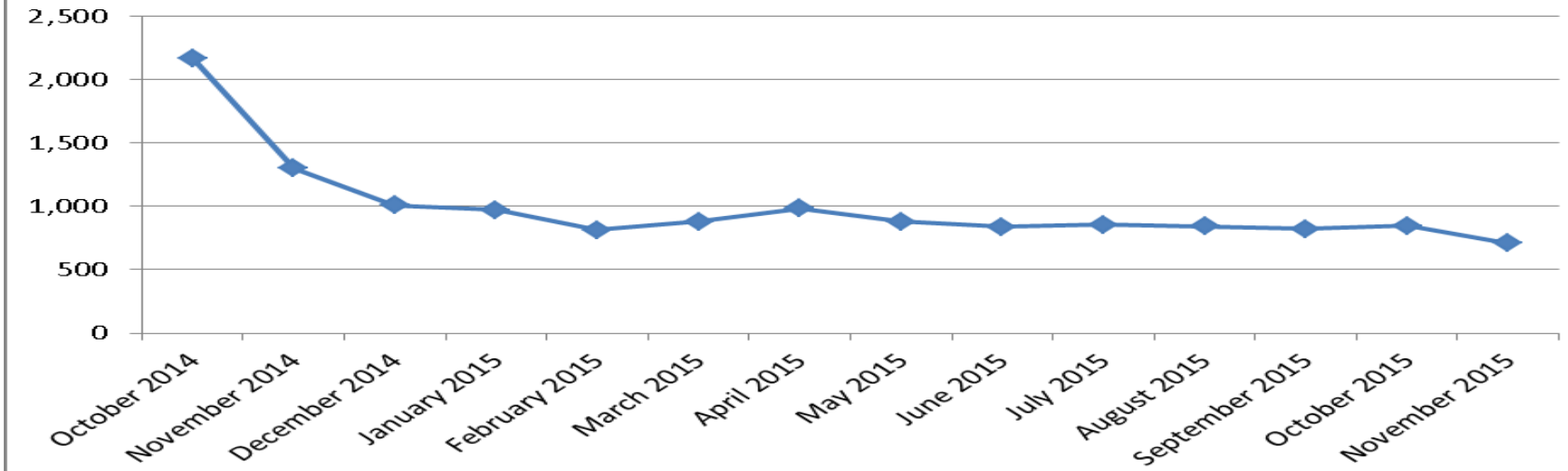
5.d. Ongoing Metabolic Monitoring for Youth in Foster Care on Antipsychotic Medication

5.e. Use of First-Line Psychosocial Care for Youth in Foster Care on Psychotropic Medication

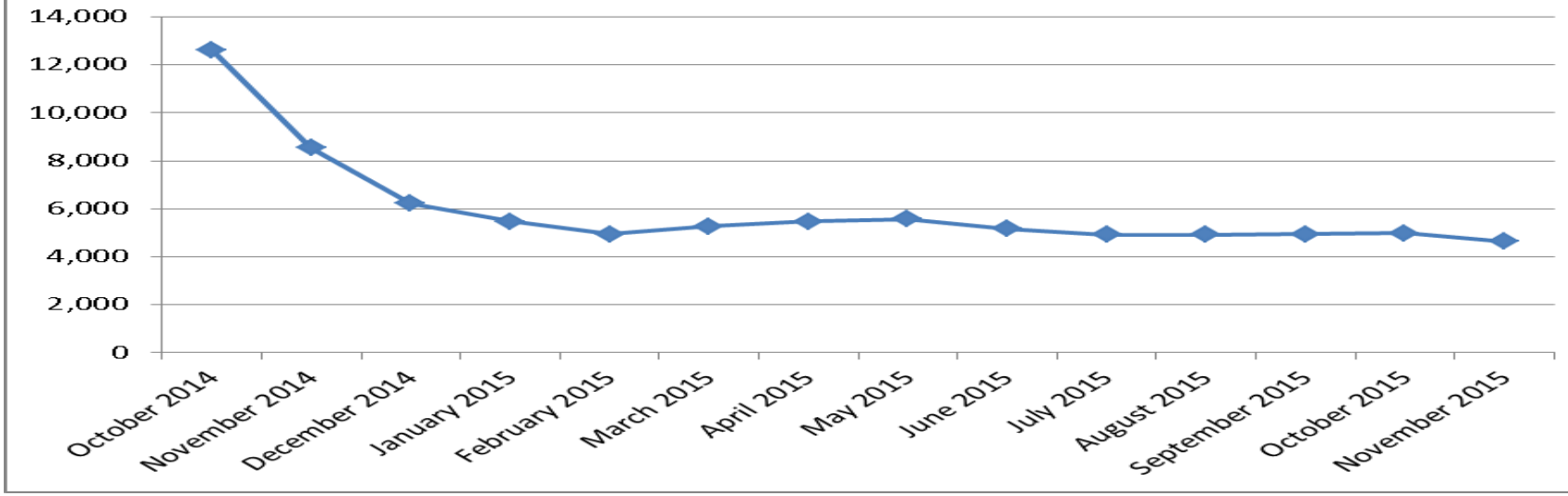
5.g. Follow-Up Visit for Youth in Foster Care on Psychotropic Medication

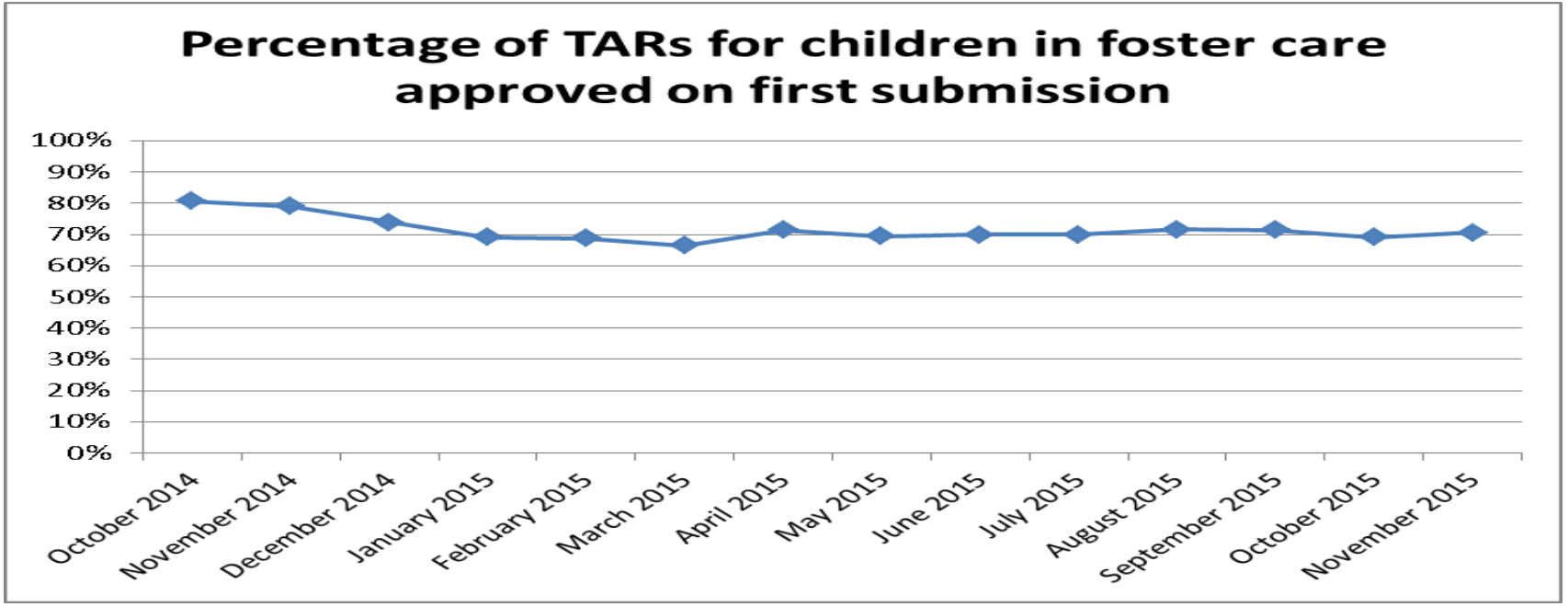
5.h. Metabolic Screening for Youth in Foster Care Newly on Antipsychotic Medication

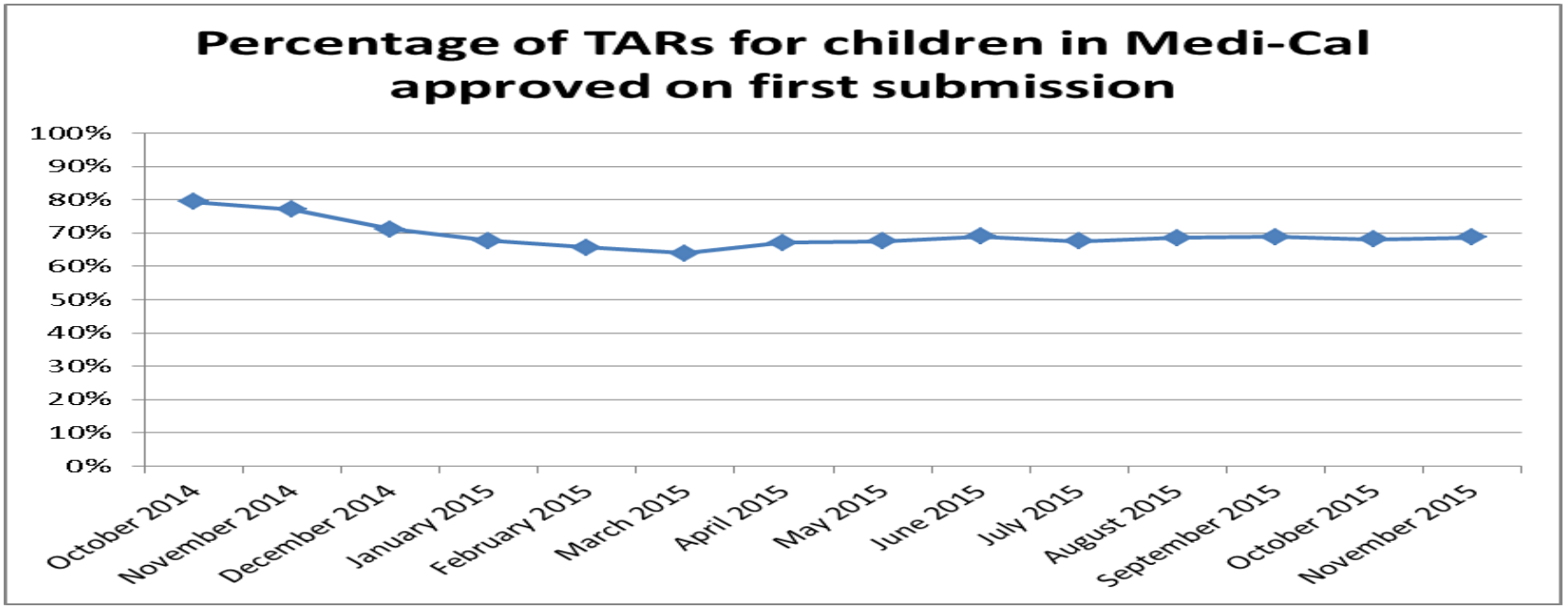
Unique number of children in foster care for whom TARs were submitted



Unique number of children in Medi-Cal for whom TARs were submitted




Percentage of TARs for children in foster care approved on first submission
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
October 2014
November 2014
December 2014
January 2015
February 2015
March 2015
April 2015
May 2015
June 2015
July 2015
August 2015
September 2015
October 2015
November 2015


Percentage of TARs for children in Medi-Cal approved on first submission
100%
90%
80%
70%
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40%
30%
20%
10%
0%
October 2014
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December 2014
January 2015
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March 2015
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