



CDSS

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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

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

July 7, 2016

ALL COUNTY INFORMATION NOTICE NO. I-25-16

TO: ALL COUNTY CHILD WELFARE DIRECTORS  
ALL COUNTY CHIEF PROBATION OFFICERS  
ALL COUNTY CHILD WELFARE SYSTEM PROGRAM MANAGERS  
ALL FOSTER FAMILY AGENCY DIRECTORS  
ALL FOSTER CARE MANAGERS  
ALL TITLE IV-E AGREEMENT TRIBES  
ALL JUDICIAL COUNCIL STAFF  
ALL COUNTY BEHAVIORAL HEALTH DIRECTORS

SUBJECT: IMPLEMENTATION OF SENATE BILL (SB) 484 THE USE OF PSYCHOTROPIC MEDICATIONS BY FOSTER YOUTH RESIDING IN GROUP HOME PLACEMENTS

REFERENCE: SENATE BILL 484 (CHAPTER 540, STATUTES OF 2015); CHILD AND FAMILY SERVICES IMPROVEMENT AND INNOVATION ACT OF 2011 (P.L 112-34); WELFARE AND INSTITUTIONS CODE (W&IC) SECTION 11469; HEALTH AND SAFETY CODE (H&SC) SECTIONS 1507.6, 1536, 1538.8, AND 1538.9; ALL COUNTY INFORMATION NOTICES I-30-15 AND I-36-15

This All County Information Notice (ACIN) provides counties with information regarding the enactment of SB 484. The purpose of this ACIN is to disseminate information to counties regarding new data collection and distribution requirements related to the use of psychotropic medications by foster youth in group homes. The SB 484 also requires the California Department of Social Services (CDSS) to develop measures to identify group homes with levels of psychotropic medication usage warranting further review and address psychotropic medication concerns with those identified facilities as appropriate. The bill also adds recordkeeping requirements for facilities serving foster children who are prescribed psychotropic medications.

This bill added new language to sections of the H&SC and the W&IC requiring that psychotropic medication is only used in accordance with the written directions of the prescribing physician and as authorized by the juvenile court pursuant to W&IC sections

369.5 or 739.5. The bill also amended H&SC section 1507.6 to require group home facilities to maintain a copy of any court order that authorizes psychotropic medication for the child. The facility shall also maintain a separate log for each psychotropic medication prescribed for the child that includes the name of the medication, date of the prescription, the quantity of medication prescribed, and the number of initial refills as well as any additional refills prescribed. The log shall also include the required dosage and directions for use in writing by the prescribing physician and the date and time of each dose taken by the child.

The CDSS is required under H&SC section 1538.9 to consult with the Department of Health Care Services (DHCS) and stakeholders in order to establish a methodology for identifying group homes that have levels of psychotropic drug use warranting additional review. This methodology must be established by July 1, 2016. After establishing the methodology, CDSS, DHCS and stakeholders will periodically review and revise the methodology every three years or earlier if needed. The CDSS have convened a workgroup to develop this methodology.

The CDSS is required to inspect group homes that are identified by the methodology as having levels of psychotropic medication use warranting additional review on an annual basis and will use specified criteria outlined in the bill to perform the inspection. The bill addresses the following, as it pertains to group home inspections performed as a result of identified psychotropic medication use warranting additional review:

- If a group home is identified as having levels of psychotropic medication use warranting additional review, CDSS is required to perform annual inspections of the identified group home.
- Inspections of group homes initiated as a result of applying the methodology and identified as warranting additional review will include a review of the facility's plan of operation, child to staff ratios, staff qualifications and training, implementation of children's' needs and services plans, availability of psychosocial and other alternative treatments, confidential interviews of both current and former residents and prescribing physicians, and any other contributing factors determined to warrant the additional review.
- Beginning January 1, 2016, Community Care Licensing Program Analysts (LPAs) will cite facilities for violation of the H&SC section 1507.6(b)(1) during the course of an inspection of a group home provider, if the LPA finds that psychotropic medications are being used in a manner that conflicts with either the written directions of a prescribing physician or with the authorization of the juvenile court pursuant to W&IC sections 369.5 or 739.5. The LPAs shall also ensure that children's records in these facilities contain a copy of any court order authorizing psychotropic medication for the child, and that a separate log is kept for each psychotropic medication prescribed for the child. The LPAs will cite facilities for incomplete or inaccurate psychotropic medication records for violation of the H&SC section 1507.6(b)(2).

- Following an inspection by CDSS, and as appropriate, CDSS may share relevant information and observations with county placing agencies, social workers, probation officers, the court, dependency counsel, or the Medical Board of California.
- Following an inspection by CDSS, and as appropriate, CDSS may share relevant information and observations with the respective group home facility to address any identified risks within the control of the facility related to psychotropic medication. The CDSS may require the facility to submit a plan within 30 days to address the identified risks related to psychotropic medication. The CDSS will approve the plan and verify it has been implemented and the identified risks have been remedied.

### **Data Gathering and Sharing of Psychotropic Medication Use in Group Homes**

The Federal Child and Family Services Improvement and Innovation Act of 2011 (PL 112-34) requires Title IV-B state agencies, as part of their Health Care Coordination and Oversight Plan, to establish protocols for the appropriate use and monitoring of psychotropic medication use among foster children. Currently, CDSS and DHCS conduct cross-system data matching of Medi-Cal data and foster care data in an effort to meet those federal requirements. Information regarding the existing data matching, methodology and reconciliation reports compiled and provided by CDSS was issued in ACIN I-30-15. In order to review and evaluate the use of psychotropic medications of foster youth in group homes, SB 484 added H&SC section 1538.8 which requires CDSS to compile, to the extent feasible and not otherwise prohibited by law, information concerning each group home that will include child welfare psychotropic medication measures developed by CDSS and specified Healthcare Effectiveness Data and Information Set (HEDIS) measures related to psychotropic medication, based on information provided from DHCS under the existing data sharing agreement between CDSS and DHCS. The HEDIS measures are health care quality performance measures widely used in the managed care industry. Specific to the requirements of the bill, the HEDIS measures that will be compiled by CDSS on group homes statewide will be specific to psychotropic medication and will include the following:

- Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication,
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents,
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics , and
- Metabolic Monitoring for Children and Adolescents on Antipsychotics.

The child welfare psychotropic medication measures that have been developed by CDSS and will be used along with the HEDIS measures are:

- Measure 5a.1: Use of Psychotropic Medications,
- Measure 5a.2: Use of Antipsychotic Medications,
- Measure 5c: Use of Multiple Concurrent Medications,
- Measure 5d: Ongoing Metabolic Monitoring for Youth on Antipsychotic Medication,

- Measure 5e: Use of First-Line Psychosocial Care,
- Measure 5g: Follow-up Visits for Youth on Psychotropic Medication, and
- Measure 5h: Metabolic Screening for Youth Newly on Antipsychotic Medication.

**Posting Data of Psychotropic Medication Use in Group Homes on CDSS Website**

The CDSS is required to post on its website the list of data collected on each group home that includes the child welfare psychotropic medication measures and the HEDIS measures related to psychotropic medications specified under H&SC section 1538.8. The CDSS is also required to post annually on its website a statewide summary of the information gathered pursuant to H&SC sections 1538.8 and 1538.9. The summary will only include composite information that does not contain any identifiable or confidential information about a child's identity or records.

**Development of Additional Performance Standards and Outcome Measures**

Under W&IC section 11469(g), the CDSS is required to consult with the County Welfare Directors Association of California, the County Behavioral Health Directors Association of California, the Chief Probation Officers of California, the Medical Board of California, research entities, foster youth advocates, non-profit foster care provider business entities, Tribes, and other necessary stakeholders to develop additional performance standards and outcome measures that require group homes to implement alternative programs and services, including behavioral management programs, emergency intervention plans, and conflict resolution processes by January 1, 2017. The CDSS has convened a workgroup to develop the standards and outcome measures.

For additional information on the implementation of SB 484, the CDSS Community Care Licensing Division has released their implementation plan for SB 484 on the CDSS website and can be found at <http://ccld.ca.gov/res/pdf/16APX-04.pdf>.

If you have any questions or need further information, please contact the Permanency Policy Bureau at (916) 657-1858.

Sincerely,

***Original Document Signed By:***

LORI FULLER, Acting Chief  
Child and Youth Permanency Branch  
Children and Family Services Division