

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

PSYCHOTROPIC MEDICATION USAGE IN GROUP HOME FACILITIES

2016-2017 STATEWIDE SUMMARY REPORT



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ABSTRACT

Senate Bill (SB) 484 (Beall, Chapter 540, Statutes of 2015) requires the California Department of Social Services (CDSS) to inspect Group Home facilities (facilities) at least once per year if the facility is determined to have a utilization rate of psychotropic medication usage for children residing in the facility warranting additional review, based upon a methodology developed by CDSS, the Department of Health Care Services (DHCS), and stakeholders. After an inspection, CDSS may require the facility to submit a plan to correct any identified risks related to psychotropic medication, and will monitor these corrective action plans, as specified by Health & Safety Code section 1538.9(b)(2).

SB 484 required CDSS to publish a statewide summary of the information gathered during these inspections, pursuant to Health and Safety Code section 1536(f), in order to review and evaluate the use of psychotropic medications among youth in Group Home facilities. The summary shall include only de-identified and aggregate information that does not violate the confidentiality of a child's identity and records. This document is the statewide summary of the information gathered from the identified facilities during the November 2016 - January 2017 inspections. The Department will utilize information gathered during the inspections and summary reports to better inform the oversight and monitoring of psychotropic medication usage for children placed in Group Home facilities, and in the coming years, Short-Term Residential Therapeutic Programs.

BACKGROUND AND OVERVIEW

HOW CDSS IS IMPROVING SAFETY FOR CHILDREN IN FOSTER CARE RECEIVING PSYCHOTROPIC MEDICATIONS:

- ▶ CDSS assists in shaping policy and implementing laws related to psychotropic medications for youth placed in out of home care.
- ▶ Changes to policy began in early 2012 with collaboration between CDSS and the Department of Health Care Services (DHCS) to initiate the Quality Improvement Project (QIP): Improving Psychotropic Medication Use Among Children and Youth in Foster Care. The goal of QIP 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), and required of state Title IV-B agencies as part of their Health Care Coordination and Oversight Plan.
- ▶ In 2015, SB 484 (Beall, Chapter 540, Statutes of 2015) and SB 238 (Mitchell, Chapter 534, Statutes of 2015) were signed by Governor Brown to provide clearer guidelines and oversight of the usage of psychotropic medications by youth in foster care.

HOW SB 484 IS CHANGING THE WAY WE MONITOR YOUTH IN OUT OF HOME CARE:

- ▶ SB 484 requires CDSS, in consultation with DHCS and stakeholders, to establish a methodology to identify Group Home facilities with levels of psychotropic drug utilization that warrant additional review.¹
- ▶ This additional review consists of facility inspections that include, but are not limited to, interviews with staff and children, as well as a review of the staff and children's records.²
- ▶ Within the bill, Health and Safety Code (HSC) section 1506.7 requires that specific documentation related to psychotropic medications for group home facilities shall be maintained in the child's file. The Department is also using its administrative authority to expand this requirement to apply to other facility categories, including licensed, certified, and approved homes under the Department's purview.³
- ▶ CDSS must compile the information as specified in HSC section 1536(f) and at least annually post a summary of the information on its website.⁴

¹ HSC § 1538.9(a)(1)(A)

² HSC § 1538.9(a)(2)

³ HSC § 1507.6(b)

⁴ HSC § 1536(f)

DESIGN AND IMPLEMENTATION

1. In order to review and evaluate the use of psychotropic medications in the Group Home facilities, SB 484 requires the Department to annually inspect facilities that have been identified for further review based on a methodology informed by stakeholders and developed by the Department. These annual inspections are now commonly referred to as the “SB 484 inspections.”
2. The Department modeled these inspections from two rounds of pilot reviews conducted by CDSS in June and July of 2015.
3. During the pilot review, nine CDSS Licensing Program Analysts (LPAs) and nine CDSS Social Workers were assigned to inspect 21 facilities. Based on matched data between Medi-Cal pharmacy paid claims data and children in foster care identified in the Child Welfare Services/Case Management System (CWS/CMS), group home facilities with psychotropic medication use rates in the 90th, 50th, and 10th percentile within their Rate Classification Level (RCL) were identified. Seventy-nine youth were interviewed, as well as a host of group home facility staff.
4. Using the same source data as the pilot reviews, CDSS identified 206 facilities for SB 484 inspections, representing the top 25 percent of group home facilities with the highest psychotropic medication utilization. Independent of a facility’s psychotropic medication use rate, any facility with a child age five or younger with a paid claim for psychotropic medication, or a child prescribed two or more concurrent antipsychotic medications for 60 days or more were also subject to review. Due to some of the facilities being closed and no longer operating, LPAs physically inspected 161 of the 206 identified facilities. **See page 7 to review the adopted methodology for the 2016/2017 inspections.**
5. CDSS utilized a cohort of LPAs to conduct the SB 484 inspections, some of whom participated in the pilot inspections. The LPAs then received pertinent training related to psychotropic medication, as well as training on what factors HSC section 1538.9 specifically required CDSS to inspect. Social Workers did not conduct interviews for the SB 484 inspections, but were available for consultation and input as needed.
6. Statewide inspections of the facilities were conducted from November of 2016 to January 2017.
7. Group Home facility inspections were conducted in all of the CDSS’ Community Care Licensing Division’s (CCLD) regions: Sacramento, San Jose, Riverside, Monterey Park, and Culver City, as well as Certified Out-of-State Group Home facilities.
8. The inspections consisted of in-depth interviews with the children about their medication, interviews with staff members regarding their knowledge about psychotropic medication policies and procedures at their facility, and a review of child and staff files. **See Appendix A, B and C to view checklists and guides.**
9. In order to ensure that the intent of these inspections was primarily for the purpose of program improvement and data collection, and not of a punitive nature, LPAs did not issue citations during these inspections unless they

encountered a flagrant disregard for a child's health and safety. LPAs issued Advisory Notes when any other deficiencies were encountered. **See page 15 to view details about the Advisory Notes issued.**

10. Once the inspections concluded, LPAs reported their observations, and the data from the inspections was analyzed and summarized in this report.

METHODOLOGY TO IDENTIFY GROUP HOME FACILITIES FOR REVIEW

In consultation with DHCS and stakeholders, the Department established a methodology to identify Group Home facilities that had levels of psychotropic drug utilization that warranted additional review.

Description: This methodology identifies Group Home facilities within the 75th percentile relative to the home's RCL. A facility's medication use rate is calculated using the total number of children, 0-17 years old, with a Medi-Cal paid claim for psychotropic medication while placed in a facility divided by the total number of children placed in the home during the reporting period. A facility's medication use rate is compared to other homes with the same RCL. The top 25 percent of facilities within each RCL with the highest psychotropic medication use required an additional review.

Data Source: Medi-Cal paid claims data matched to CWS/CMS from January 1, 2014-December 31, 2015

Methodology

For facilities with at least one youth in placement who received at least one paid claim for psychotropic medication during a 24-month period, the *Medication Use Rate is calculated as:*

Numerator: The total number of youth placed in the facility who received at least one paid claim for psychotropic medication at any time during the 24-month period

Denominator: The total number of youth placed in the facility at any time during the same 24-month period

Additional Considerations

Independent of the Medication Use Rate, any facility with a child meeting the following conditions was also subject to review:

- Any facility with a child five years old and under who received at least one paid claim for psychotropic medication
- Any facility with a child prescribed two or more concurrent antipsychotic medications for 60 days or more

Data Exclusions

- Foster care episodes less than 30 days

- Facilities in the denominator with fewer than six placements during the 24-month period
- Youth who entered and exited a facility on the same day
- Youth who were 18 years or older at the time of the paid claim (numerator), or at the placement start date (denominator)
- Children placed in California under the jurisdiction of another state (incoming Interstate Compact on the Placement of Children placements)

LIMITATIONS

The results presented in this report should be interpreted with the understanding that these analyses are limited to the observations of the LPA and perspectives of the children being interviewed; both being subjective to their own experiences and interpretations. HSC section 1538.9 required the Department to include interviews of children residing in the facility as part of the inspections and any other factors that the Department determined to contribute to the levels of psychotropic drug utilization that warranted further review. The children's interviews were crucial in illustrating their perspective of the treatment that they were receiving in the Group Home facility. The staff interviews were also a necessary factor in determining whether staff members could demonstrate knowledge of the practices and policies of the facility.

There were additional limitations throughout the implementation of the inspections, such as the availability of children to be interviewed. Some of the children were not at the facility when the LPAs were conducting their inspections due to court appearances, therapy appointments, scheduled home visits, etc. Another factor was the variation in the staff levels and job titles/duties for the staff who were interviewed. The visits were unannounced and LPAs were only able to interview the staff present at the time of the visit. Some of the staff who were interviewed did not have any responsibilities related to medications because their facility nurse managed those duties. As a result, there was a relative amount of variance in all the staff answers as they related to questions about medication policies and procedures.

The final limitation was the inability to validate when the children first began taking their psychotropic medication. The LPAs were only able to gather information about when the children first began taking psychotropic medication at the current Group Home facility, but had no way to establish if the child had been taking psychotropic medications prior to being placed at the current Group Home facility.

RESULTS

Health & Safety Code section 1538.9 requires the Department to inspect Group Home facilities for a variety of factors, including: the facility's Plan of Operation, policies, procedures, and practices, child-to-staff ratios, staff qualifications and training, implementation of children's needs and services plan, availability of psychosocial services or other medication alternatives to the use of psychotropic medications, and any other contributing factors that the Department deemed necessary.⁵ Some of the other factors that the Department examined were the number of Advisory Notes issued and whether children reported that they received negative consequences for medication refusals. The goal of these inspections was to collect data and information that would illustrate what current practices and trends are within the Group Home facility setting. Below is a summary of the findings collected from the inspections of 161 facilities that spanned across the Department's five licensing regions as well as Certified Out-of-State Group Home facilities.

- Children Interviewed:** A total of 554 children who had been prescribed psychotropic medication were interviewed. During the course of each inspection, LPAs interviewed at least one child in 95.7 percent (n=154) of the inspected facilities. LPAs interviewed one to three children in 52.2 percent the facilities (n=84), and four to ten children in 43.5 percent of the facilities (n=70).

Number of Children Interviewed	Number of Facilities	Percent
0	7	4.3
1	20	12.4
2	27	16.8
3	37	23.0
4	25	15.5
5	29	18.0
6	8	5.0
8	2	1.2
10	6	3.7
Total	161	100.0

Note: Children were not able to be interviewed in 7 facilities due to the child not being present in the facility during the time of the inspection. Some of the children were at school, on a home visit with family, in court, or various other reasons for absence.

⁵ HSC § 1538.9(a)(3)

PLAN OF OPERATIONS, POLICIES, AND PROCEDURES

- In 84 percent of the facilities (n=135), all the staff interviewed were able to state the facility's current medication policies regarding medication destruction, processing refills, and/or responding to medication refusals.

Percent of Staff Interviewed That Were Able To Report To The LPAs What The Facility's Current Policies For Medications Were	Number of Facilities	Percent
25 - < 50	5	3.1
50	9	5.6
67	8	5.0
75 - < 100	4	2.5
100	135	83.9
Total	161	100

- Of the 158 facilities where at least one client file was inspected, LPAs reported that 92 percent (n=146) of all the client files indicated that the facility was utilizing psychotropic medications in accordance with written directions of the prescribing physician. LPAs inspected 661 clients' files across the 161 facilities they inspected. Three facilities did not currently have any clients taking psychotropic medications.

STAFF-TO-CHILD RATIOS

- LPAs reported that 54 percent of the facilities operated with ratios of 1:3 during the day, 7:00 a.m.-10:00 p.m., which is Community Care Licensing's designated "day shift".⁶
- LPAs reported that 59 percent of the facilities operated with a 1:6 staff-to-child ratio between the hours of 10:00 p.m.-7:00 a.m., which is Community Care Licensing's designated "night shift".⁷

⁶ 22 CCR § 84065.5

⁷ 22 CCR § 84065.7

Staff-to-Child Ratios	Day Shift Ratios		Night Shift Ratios	
	Number of Facilities	Percent	Number of Facilities	Percent
1:1	5	3.1	3	1.9
1:2	29	18.0	2	1.2
1:3	87	54.0	31	19.3
1:4	8	5.0	8	5.0
1:5	3	1.9	4	2.5
1:6	14	8.7	95	59.0
Other	15	9.3	18	11.10
Total	161	100.0	161	100.0

IMPLEMENTATION OF CHILDREN’S NEEDS AND SERVICES PLAN

- Evidence of needs and services plan in client files:** Of the facilities in which at least one client file was inspected (n=158), LPAs found evidence that the children’s needs and services plans were being implemented in 82.9 percent (n=131) of the facilities.
- Protocol for Regular Meetings:** Another measure the Department used to determine whether or not the children’s needs and services plans were being implemented was to examine how the facilities ensured that regular meetings occurred between the children and their prescribing physician to discuss their medication and manage their dosages. LPAs found that all 161 facilities reported at least one of the following protocols were in place. Below is a table that lists the four most commonly utilized protocols. Please note that more than one protocol may be chosen.

Protocol For Ensuring Regular Meetings With Child And Prescribing Physician	Number of Facilities	Percent
The physician/psychiatrist meets with every child every 4-6 weeks.	122	75.8
Appointments occurred as needed.	115	71.4
A medical coordinator/staff is responsible for scheduling appointments.	107	66.5
A computer program alerts the staff that a child was due to discuss their medication with their prescribing physician.	25	15.5

AVAILABILITY OF PSYCHOSOCIAL SERVICES OR OTHER TREATMENT ALTERNATIVES

HSC section 1538.9 required the Department to examine the availability of psychosocial services and other medication alternatives to the use of psychotropic medications at each facility. Below is a summary of the responses collected from interviews with the children at each facility about the psychosocial services that they received. Please note that the psychosocial services listed in the table below are not in alignment with the Healthcare Effectiveness Data and Information Set (HEDIS) measures as defined in HSC section 1538.8, nor are these services limited to those paid for by Medi-Cal. Instead, the services below are subjective reports by the children interviewed.

- LPAs reported that in 61 percent (n=94) of the facilities where at least one child interview was conducted (n=154), all of the children stated that they received psychosocial services. In 24 percent (n=37) of the facilities, all of the children interviewed stated they did not receive any psychosocial services. Please note that more than one option may be chosen.

Psychosocial Services	Number of Facilities	Percent
Group therapy	105	65.2
Trauma focused	60	37.3
Individual therapy	38	24.7
Art therapy	30	18.7
Cognitive Behavioral Therapy	27	16.8
Music therapy	16	9.9
Equine therapy	15	9.3
Sports Therapy	4	2.6
Other therapy including anger management, drug and alcohol counseling, etc.	20	12.20
Not aware, no interest, or refused	4	2.6

STAFF TRAINING AND QUALIFICATIONS

- **Staff Training:** When asked about medication training provided to staff, there was a range in the specificity of responses. Some staff members provided minimal information such as “Medication training received” or “Staff to have medication training” while others reported the frequency (initial, monthly, annual), topics covered (assistance with self-administration, types of medications, first aid, client behaviors), participants (medical coordinator, social worker, nurses, staff), training method

(manual, video, shadowing, in vivo practice) and training provider (psychiatrist, senior nurse, pharmacy, administrator, etc.).

Overall, 66 staff members reported that they receive medication training upon hiring, 12 reported monthly trainings, one reported quarterly trainings, four reported semi-annual training, and 23 reported annual training. Six staff members reported that only nurses assist with self-administration of medication.

CCLD's minimum requirement for training is an initial 24 hour training for newly hired staff, that includes a maximum of 4 hours of the training to be completed by job shadowing that incorporates the following training topics: medication procedures, assistance with medication, universal precautions, recognition of early signs of illness and the need for professional assistance, and other health related issues. Additionally, CCLD also requires all staff to complete a minimum of 16 hours of annual training. Annual training includes the following training topics: neglect/abuse issues, attachment issues, behavior problems/ psychological disorders, and mental health/behavioral interventions.

OTHER FACTORS EXAMINED

In regards to the following items, stakeholders within the implementation workgroups for this legislation were particularly interested in receiving data that reflected whether the child's voice was being considered or heard during the treatment process, data that reflected what the children believed they were being treated for, data that reflected whether or not they knew what their diagnosis(es) was, and other vital information about treatment and care that would best reflect the child's perspective. Below are some of the results that referred to those concerns, using self-reports from the children, as well as additional findings that the Department determined may contribute to a level of psychotropic drug utilization that warranted a closer look.

- **Side Effects:** Of the facilities where at least one child interview was conducted (n=154), LPAs reported that in 48 percent (n=74) of the facilities, all of the children they interviewed believed staff reported their psychotropic medication side effects to the physician. However, 36 percent (n=55) reported that none of the children interviewed believed their side effects were reported to the physician.
- **Diagnosis:** Of the facilities in which at least one child interview was conducted (n=154), LPAs reported that in 51 percent (n=79) of the facilities, all of the children they interviewed were able to tell the interviewer their diagnosis. However, in 8.5 percent (n=13) of the facilities, none of the children were able to tell the interviewer their diagnosis.

- **Court and Parental Authorization:** Of the facilities in which at least one client file was inspected (n=158), LPAs reported that in 75.9 percent (n=120) of the facilities, all of the files they inspected contained a court or parental authorization for medications. However, it was reported that in eight of these facilities, none of the files inspected showed evidence of these authorizations.
- **Negative Consequences:** LPAs reported that in 57 percent (n=88) of the facilities, at least one child reported that they or their peers would receive negative consequences for refusal to take medications. For a detailed look at the types of consequences that the children reported they received, please see the table below.

Consequences	Number of Facilities	Percent
They lose privileges such as TV, outings, or recreational activities.	34	22.1
They are dropped a level in their program.	22	14.3
They are put on a “time out” or in a quiet room. ⁸	12	7.8
Personal items or possessions are withheld from them.	3	2.0
Probation related consequence.	3	2.0
Early bedtime.	2	1.3
Other various consequences such as: allowance reduction, points taken away, extra chores, prohibited from visiting family or receiving visits ⁹ , etc.	11	7.1

INSPECTION FOLLOW-UP

LPAs were instructed to issue an Advisory Note whenever deficiencies were encountered during the inspections. An Advisory Note is a Department form that is not kept in the public portion of the facility file, but is provided to the facility to assist them in improving the maintenance and operation of the facility. The intent of issuing an Advisory Note is to avoid issuing citations for violations that are technical in nature and do not present an immediate or potential health, safety, or personal rights risk to those in care.

⁸ 22 CCR § 84072 (c)(24) While exclusion in an unlocked living, sleeping, or play area is an acceptable form of discipline, Community Care Licensing regulations maintain that each child is afforded the Personal Right to be free from locked isolation in a group home facility.

⁹ 22 CCR § 84072 (c)(5) Denying a child from receiving a family visit on the premises due to a medication refusal would constitute a Personal Rights violation, unless this action directly impaired the health and safety of children in out-of-home placement.

An Advisory Note lists items that need to be addressed as soon as possible. The licensee is then required to submit a Plan of Correction to the Department within 30 days. If the deficiencies are not addressed and corrected in a timely manner, then they will result in future citation(s). The Advisory Notes give the licensees the opportunity to receive technical support in the areas that they may be struggling with and guidance on how to develop a plan to correct these areas. It is the responsibility of the LPA to present sufficient justification to explain why the noted deficiency is a violation of regulations. There were 41 Advisory Notes issued during these inspections, as detailed below.

- **Advisory Notes Issued:**

- Sacramento Region—11 Advisory Notes issued out of 58 facilities
- San Jose Region—10 Advisory Notes issued out of 60 facilities
- Riverside Region—9 Advisory Notes issued out of 51 facilities
- Monterey Park Region—2 Advisory Notes issued out of 13 facilities
- Culver City Region—9 Advisory Notes issued out of 26 facilities
- Out of State—0 Advisory Notes issued out of 3 facilities

- **The most commonly issued Advisory Notes were:**

- Staff received insufficient training regarding psychotropic medication. Many were unsure of facility protocol and/or Title 22 regulations.
- Many of the children's needs and services plans were unsigned, despite the 22 CCR § 84062(d)(1) requirement that the licensee shall not implement a needs and services plan unless prior written approval of the plan has been obtained from the child's authorized representative(s). Others had also not been completed within 30 days of the child's placement.
- Many medication logs were missing initials and lacking proper documentation regarding medication refusals, side effects experienced, medication destruction, etc.

Several Advisory Notes were issued because a Facility Manager had recently moved or some other change in staff caused misinformation between facilities; not necessarily because the licensee lacked an understanding of the regulation. To correct these situations, the licensee would immediately issue a memo, clarifying policies for all staff and place it in their communication log at the facility, schedule a formal staff training to address misconceptions and to review the accurate policy, and submit a copy of the memo and training materials with verification that the training occurred to CCLD. Once CCLD receives this documentation, along with the facility's Plan of Correction, the Department issues a Plan of Corrections Cleared letter to the licensee in order to verify that the issue has been addressed and resolved.

NEXT STEPS

In accordance with Health and Safety Code section 1538.9, inspections will continue to occur annually and the Department will have the opportunity to refine and revise all necessary aspects of these inspections. The implementation of SB 484 has resulted in the provision of improved parameters for effective management and oversight for use of psychotropic medication, and ensuring that, when appropriate, psychotropic medication is not the first-line or only treatment utilized with children in out-of-home care.

There has been concern at the federal, state, and county levels about the inappropriate use of psychotropic medications for youth in foster care. These inspections highlighted the need to strengthen the focus on current regulations related to restricting licensees from issuing punishments to children for refusing their medications, and continue to provide education and training regarding the requirements for court approval of psychotropic medication prescriptions for children placed in foster care.

As group home facilities begin to transition into Short-Term Residential Therapeutic Programs, increased training and improved levels of care are results that CDSS will naturally expect to see through CDSS' [Continuum of Care Reform \(CCR\)](#). CCR provides the statutory and policy framework to ensure services and supports provided to the child or youth and his or her family are tailored toward the ultimate goal of maintaining a stable permanent family. Facilities will need to meet higher standards of care, be accredited, and be able to deliver or arrange for a set of core services, including the mental health services that children need.

With the impending changes to the structure of group home facilities, including a newly developed rate structure, the current methodology for the inspections will need to be revised. The Department will begin developing the framework for the next round of inspections once a new methodology is adopted. The Department will need to consider factors such as:

- What data and information will be pertinent to improving SB 484 inspections for the next fiscal year?
- What limitations and areas of improvement will the Department be able to control for in the design of next year's inspections?
- What will be our objective in determining which facilities will require further review next year?
- How does the Department best use the data available, including Medi-Cal paid claims data, youth self-report, facility self-report, and file reviews during inspections?

The results of these inspections pointed to several areas of qualitative inquiry which may further inform the discourse on psychotropic medications for youth in out-of-home care. They can also serve to better inform the Department's policies and regulations related to psychotropic medications that are currently being drafted. The Department will continue to strive to seek information that can better inform the oversight and

monitoring of psychotropic medication usage for children placed in licensed facilities. These inspections have been an integral component of ensuring safe, appropriate, and judicious use of psychotropic medication among youth in foster care, and the Department looks forward to continued oversight and improvements through the inspections for the next fiscal year.

Appendix A

The following appendices are review tools that LPAs used to guide their inspections.

SB 484 Youth File/Records Review Checklist

- Review Needs & Services Plan and locate Treatment Plan
- Locate any court order authorizing the psychotropic medication for the child
- Locate and verify a separate log for each psychotropic medication prescribed for the child, showing all of the following:
 - Name of the medication
 - Date of the prescription
 - The quantity of medication and number of refills initially prescribed
 - When applicable, any additional refills prescribed
 - The required dosage and directions for use as specified in writing by the physician prescribing the medication, including any changes directed by the physician.
 - The date and time of each dose taken by the child.
- Obtain date of placement, identify if on psychotropic at time of placement or after placement (documents date first prescribed)
- Locate name/address of prescribing psychiatrist
- Locate name of pharmacy; verify prescriptions have been filled promptly
- Review Medical Assessments and locate medication history; verify if they youth had ever been prescribed psychotropic medication prior to coming to this particular group home
- Locate child's diagnosis(es)
- Locate information about the youth's trauma history
- Verify that metabolic monitoring is being done if the youth is taking psychotropic medications
- Verify whether there is documentation reflecting that the youth is involved in Child and Family Team meetings.

Appendix B

SB 484 Group Home Staff Interview Guide

[State purpose of our interview and why we're here] Hello. We work for the California Department of Social Services. Over the past few years lawmakers and foster youth advocates have become very interested in knowing more about the experiences of foster youth who are taking psychotropic medications. We are here to ask you some questions so we can make sure youth in group homes are being given the proper health care and are being kept safe. We really appreciate your participation! Do you mind if I take some notes while we're talking?

1. What is this facility's procedure for administering medications? Is there a protocol outlined in your company's Employee Training Manual?
2. Do you receive in-service training on how to properly administer medication?
3. What happens when a client refuses to take their medication?
4. How are refills are processed?
5. How are medications destroyed?
6. Do you ensure there is a current court order or parental authorization form for each youth that is taking psychotropic medications?
7. If you observe a youth experiencing side effects to a medication, what do you do?
8. Do the youth have direct contact information/ access/ or ability to call prescriber/ psychiatrist regarding any concerns?
9. Are you aware of any culturally appropriate alternatives/services that are available to the youth with regard to their treatment?
10. What is your process for monitoring how often consultations for a youth and their prescribing psychiatrist are scheduled (initial visit & follow up appointments)?
11. After a youth has been hospitalized, is there a protocol/practice for follow-up on the youth's medications?
12. Are you aware of the Medications Guide, one of the latest Resource Guides that you can utilize when you're unclear about medication policies on the Community Care Licensing home page?

Appendix C

SB 484 Youth Interview Guide

[State purpose of our interview and why we're here] Hello. We work for the California Department of Social Services. Over the past few years lawmakers and foster youth advocates have become very interested in knowing more about the experiences of foster youth who are taking psychotropic medications. We are here to ask you some questions about your experiences so we can make sure you and other youth in group homes are being given the proper health care and are being kept safe. We really appreciate your participation!

Are you comfortable speaking with us today?

Also, do you mind if I take some notes while we're talking? I don't want to forget anything you tell me.

Rapport Questions

[To be used as a guideline, please change or tailor to your youth as you see fit]

1. How old are you?
2. What grade are you in?
3. What types of activities do you like to do for fun?
4. What sports do you like to play or watch?
5. If you had a million dollars, what would you buy?

Background Questions

6. How long have you been placed here?
7. How do you like it?
8. Have you been placed in other group homes? If so, which ones?

Health/Medication Related Questions

1. How is your health and well-being?
2. Do you take any medications to help you manage your feelings or behaviors? What are they?
3. Do you know what the medications are for (diagnosis)?
4. How long have you been taking the medications?
5. When/ how often do you take the medication?
6. What are the dosages?
7. Do you know who prescribed your medication(s) for you?
8. Has the doctor talked to you about the medications (what symptoms do they target)?
9. Do you feel that you're involved and have input when you're prescribed new medication, when there is a change in dosage, or when there is a discontinuation of a medication?
10. Are you receiving counseling/ therapy/ or other kinds of therapeutic services (i.e.: art therapy, sports, music, or art)?
11. How do you feel after taking your medication(s)? [*assessing for negative side effects*]
12. If you experienced any negative side effects, did you have to be seen by the doctor regarding the side effects that you experienced and if so, what happened (ie: doctor lowered the dosage or changed the medication)?
13. Have you spoken to your county social worker/ probation office about your (concerns about) psychotropic medications? Did they address your concerns and if so, how?
14. Have you ever refused to take your medication? If so, were there any consequences (ie: dropped a level at group home) and if so, what were they?
15. Have you ever advised group home staff/ your county social worker/ attorney that you were experiencing side effects from the psychotropic medications and wanted to call or see the prescriber/ psychiatrist/ doctor? How did they handle this situation? Do you think your psychotropic medications are helpful to your overall functioning? If so, how? If not, why not?

16. If you were talking to your county social worker/ probation officer/ judge right now about your psychotropic medications, what would you say?
17. Do you have any other questions or concerns about your psychotropic medications?
18. Have you ever read your Mental Health Bill of Rights? Do you know what they are?

Appendix D

This Appendix provides specific regulations and statutes that apply to medication. To view the most current version of all of the regulations that govern Group Home facilities, please visit our website at: <http://www.dss.cahwnet.gov/ord/PG295.htm>. For statutory references, please use the following link: <http://leginfo.legislature.ca.gov/faces/codes.xhtml>.

Health and Safety Code

- 1507.25(e) This section does not supersede the requirements of Section 369.5 of the Welfare and Institutions Code, with respect to the administration of psychotropic medication to a dependent child of the court.
- 1507.6(b)(1) Psychotropic medications shall be used only in accordance with the written directions of the physician prescribing the medication and as authorized by the juvenile court pursuant to Section 369.5 or 739.5 of the Welfare and Institutions Code.
- 1507.6(b)(2) The facility shall maintain in a child's records all of the following information:
 - 1507.6(b)(2)(A) A copy of any court order authorizing the psychotropic medication for the child.
 - 1507.6(b)(2)(B) A separate log for each psychotropic medication prescribed for the child, showing all of the following:
 - 1507.6(b)(2)(i) The name of the medication.
 - 1507.6(b)(2)(ii) The date of the prescription.
 - 1507.6(b)(2)(iii) The quantity of medication and number of refills initially prescribed.
 - 1507.6(b)(2)(iv) When applicable, any additional refills prescribed.
 - 1507.6(b)(2)(v) The required dosage and directions for use as specified in writing by the physician prescribing the medication, including any changes directed by the physician.
 - 1507.6(b)(2)(vi) The date and time of each dose taken by the child.
- 1522.41(c)(2)(F) Understanding the requirements and best practices regarding psychotropic medications, including, but not limited to, court authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, storage, and metabolic monitoring of children prescribed psychotropic medications.
- 1536(f) At least annually, the department shall post on its Internet Web site a statewide summary of the information gathered pursuant to Sections 1538.8 and 1538.9. The summary shall include only de-identified and aggregate information that does not violate the confidentiality of a child's identity and records.
- 1538.9(a)(1)(A) The department shall consult with the State Department of Health Care Services and stakeholders to establish a methodology for identifying those

group homes providing care under the AFDC-FC program pursuant to Sections 11460 and 11462 of the Welfare and Institutions Code that have levels of psychotropic drug utilization warranting additional review. The methodology shall be adopted on or before July 1, 2016.

- 1538.9(a)(2) If the department, applying the methodology described in paragraph (1), determines that a facility appears to have levels of psychotropic drug utilization warranting additional review, it shall inspect the facility at least once a year.
- 1538.9(a)(3) The inspection of the facility shall include, but not be limited to, a review of the following:
 - 1538.9(a)(3)(A) Plan of operation, policies, procedures, and practices.
 - 1538.9(a)(3)(B) Child-to-staff ratios.
 - 1538.9(a)(3)(C) Staff qualifications and training.
 - 1538.9(a)(3)(D) Implementation of children’s needs and services plan.
 - 1538.9(a)(3)(E) Availability of psychosocial and other alternative treatments to the use of psychotropic medications.
 - 1538.9(a)(3)(F) Other factors that the department determines contribute to levels of psychotropic drug utilization that warrant additional review.
 - 1538.9(a)(3)(G) Confidential interviews of children residing in the facility at the time of the inspection.
- 1538.9(a)(4) The inspection of the facility may include, but is not limited to, the following:
 - 1538.9(a)(4)(A) Confidential interviews of children who resided in the facility within the last six months.
 - 1538.9(a)(4)(B) Confidential discussions with physicians identified as prescribing the medications.

This report was created by: Children’s Residential Program Office
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The data obtained provides a reasonable basis for our findings and conclusions based on our reporting objectives. For questions regarding the contents of this report, please contact Alli Ware, Policy Analyst, Community Care Licensing, at 916-651-5380 or send a message to QIPsychotropic@dss.ca.gov.