

Annual Report on Psychiatric Medication for Youth in Foster Care, FY 2025

Youth in Foster Care Prescribed Psychiatric Medications, as of March 31, 2025										
	Total		Level of Care							
			Foster Boarding Home		Kinship Care		Residential Care		Preplacement	
	Prescribed Psych Meds	% of Foster Care Pop <sup>1</sup>	Prescribed Psych Meds	% of Population	Prescribed Psych Meds	% of Population	Prescribed Psych Meds	% of Population	Prescribed Psych Meds	% of Population
<b>Total</b>	802	14%	500	19%	194	7%	98	34%	10	8%
<b>Age Group</b>										
<7 years old	105	4%	63	5%	42	3%	0	0%	0	0%
7-12 years old	374	22%	260	31%	89	11%	23	56%	*	*
13-17 years old	323	20%	177	28%	63	10%	75	30%	*	*
<b>Gender</b>										
Female	378	12%	239	18%	90	7%	42	34%	*	*
Male	424	13%	261	19%	10	1%	56	33%	*	*
Data sources: PSYCKES and CCRS										
<sup>1</sup> Foster Care population includes children less than 18 years old only in the indicated level of care.										
*cells with 1-5 youth are not shown to protect anonymity.										

## Annual Report on Psychiatric Medication for Youth in Foster Care, FY 2025

As required by Local Law 34 of 2022, the Administration for Children’s Services (ACS) has reviewed the quarterly and annual reports mandated under this legislation. Promoting best practices in the use of psychiatric medications for youth in foster care and ensuring the appropriate use of informed consent remain central to our mission. One of our ongoing priorities is to ensure that psychiatric medications are only prescribed to youth who truly need them, and that such medications are administered appropriately.

This year’s data reflected several encouraging trends. The overall number of youth in foster care prescribed psychiatric medications continued to decline, particularly among males and children under the age of 7. As in previous years, youth in residential care settings were more likely to be prescribed psychiatric medication. Youth in kinship care had the lowest rates of psychiatric prescriptions. There was a slight increase in the number of females receiving psychiatric medication.

Since ACS began producing annual reports in 2022, we have observed no substantial changes in key indicators such as the overall rate of psychiatric medication prescriptions, use among children under age 6, instances of multiple psychiatric medications, or override requests. Despite a decrease in the total number of children in foster care—resulting in a higher concentration of youth with complex mental health needs—New York City’s rates of psychiatric medication use remain below both historical and national levels. In fact, the New York State Office of Children and Family Services (OCFS) recently expressed interest in replicating ACS’ oversight model in other jurisdictions to help reduce psychiatric medication use statewide.

ACS continues to enforce and monitor compliance with our 2020 policy, *Informed Consent for Psychiatric Medication for Children in Foster Care*. This policy reflects our commitment to ensuring that youth are accurately diagnosed, that psychiatric medication is prescribed only when necessary, and that parental consent is obtained whenever possible. The FY2025 quarterly and annual reports support the conclusion that the number of youth receiving psychiatric medication does not indicate a systemic concern. Furthermore, the number of override requests and approvals affirms our dedication to upholding informed parental consent when appropriate.

Over the past year, ACS has maintained its collaborative engagement with foster care providers through quarterly meetings focused on policy updates, emerging issues, and provider questions. We developed new training materials and delivered targeted trainings to several foster care agencies, led by clinicians and administrators from our Psychiatric and Behavioral Health Unit (PBHU).

Below is more detail regarding the work ACS has done this past year with our foster care providers, to educate, oversee and audit their work with regard to psychiatric medications, overrides and appropriate mental health care for children in foster care.

### **Psychiatric and Behavioral Health Unit (PBHU)**

1. The PBHU consolidated all relevant policies, desk aids, and guidebooks into a single, well-organized electronic folder, improving accessibility and dissemination to foster care providers.

2. The PBHU continues to oversee the use of psychiatric medications and informed consent in alignment with the *Psychiatric Medication Monitoring Guidelines (2017)* and *Informed Consent for Psychiatric Medication for Children in Foster Care (2020)*.
3. The PBHU actively monitors cases that meet the criteria for concurrent review to reduce the risk of overuse or misuse of psychiatric medications.
4. PBHU clinicians participate in case conferences to provide expert review of complex medication regimens and advocate for appropriate treatment plans.
5. PBHU continues to utilize the PSYCKES system to track the number of children prescribed psychiatric medications, the types of medications used, and the volume per child. These data points are included in the quarterly and annual reports required under Local Law 34.
6. A second administrator was hired to support PBHU operations, including case tracking, data collection, provider outreach, and follow-up to ensure adherence to best practices.

## **Clinical Programs and Services and the Medical Review, Authorization, and Monitoring Unit**

### **1. Medical Audit**

The Medical Audit Unit (MAU) Team in the Office of Child and Family Health conducts medical record reviews of the 24 voluntary foster care agencies (VFCAs) under contract with ACS to assess performance, quality and adherence to medical and mental health care standards. The MAU uses performance metrics that reflect current ACS, NYS OCFS and the American Academy of Pediatrics established standards. Both retrospective and concurrent reviews are conducted using a sample range of 5%-10% of the agency's applicable/eligible census. Every agency is subject to a full and/or focused audit during the calendar year.

#### **a. Scope of Medical Audit:**

The Medical Audit collects, analyses, tracks and trends data pertaining to developmental, behavioral and mental health screening requirements, evaluations, treatment recommendations, treatment plans, psychiatric medication initiation, monitoring and follow-up, regarding acute psychiatric hospitalizations and ED visits.

#### **b. Quality Monitoring and Compliance**

Office of Child and Family Health (OCFH) Medical Audit Unit CAP Monitoring Team is responsible to work with all Voluntary Foster Care Agencies (VFCAs) Medical Audit Scores, focused Individual Case Remediation and Corrective Action Plans (CAPS) to:

1. Review and monitor agency medical audit performance and VFCA efforts to remediate individual medical audit deficiencies and improve systemic processes

2. Work with VFCAs to:

- Identify strengths, challenges, and barriers to adherence to current federal, state, city, health practice standards and requirements
- Provide direct feedback and technical assistance to ensure VFCAs develop appropriate solutions-based and sustainable corrective actions
- Provide oversight of VFCAs during corrective action implementation and evaluation
- Correct targeted individual case deficiencies

**2. Children with Special and Exceptional Needs Unit (CSEN)**

The CSEN Unit assists foster care agencies and foster care parents to obtain reimbursement rates for children who have heightened physical and/or mental health needs.

The CSEN Unit reviews a variety of medical, mental health and other specialty reports to determine if the established criteria are met in order to approve special and exceptional rate requests that agencies submit, taking into account the child's medical, psychiatric, psychological or behavioral condition.