



Legislation Text

File #: Int 1358-2019, **Version:** *

Int. No. 1358

By Council Members Levin, Lander, Ampry-Samuel and Grodenchik

A Local Law to amend the administrative code of the city of New York, in relation to information about the use of psychiatric medication for youth in foster care

Be it enacted by the Council as follows:

Section 1. Chapter 9 of title 21 of the administrative code of the city of New York is amended by adding a new section 21-919 to read as follows:

§ 21-919 Psychiatric medication for youth in foster care. a. Definitions. For purposes of this section, the following terms have the following meanings:

Class of medication. The term “class of medication” means a group of medications that have a similar chemical structure or are used to treat the same health condition.

Foster care provider agency. The term “foster care provider agency” means foster care programs and agencies contracted with ACS to provide services to children and families including family foster care, treatment family foster care, specialized foster care and residential services.

Override of parental consent. The term “override of parental consent” means when a child placed into foster care has been prescribed psychiatric medication that their parent(s) or guardian(s) object or refuses to consent to the child receiving.

Placement Type. The term “placement type” means the setting in which children in foster care are housed, including but not limited to foster care boarding homes, approved relative homes, therapeutic foster homes, residential treatment centers and pre-placement settings such as reception centers.

Prescriber. The term “prescriber” means the individual prescribing the psychiatric medication to the child. This term includes, but is not limited to, a psychiatrist, nurse practitioner or pediatrician.

Problematic prescribing trends. The term “problematic prescribing trends” means patterns of prescriptions that can be categorized as outlier practices, as described by the federal Administration for Children and Families and the New York State Office of Children and Family Services, including but not limited to polypharmacy, prescriptions to children under five, prescriptions to more than one medication from the same class of medications, and prescriptions without any other therapeutic service.

Psychiatric medication. The term “psychiatric medication” means medication used to exercise an effect on the central nervous system prescribed for the treatment of symptoms of a mental, emotional or behavioral disorder, including but not limited to, antipsychotics, antidepressants, antianxiety drugs or anxiolytics, stimulants and mood stabilizers.

Therapeutic services. The term “therapeutic services” means non-pharmacological services related to the treatment of mental illness or the symptoms of mental illness, including services that address trauma.

b. Beginning no later than July 31, 2019 and no later than the last day of the month following each calendar quarter thereafter, the commissioner shall submit to the speaker of the council and post to ACS’ website a quarterly report regarding youth in foster care prescribed psychiatric medication. Such report shall include the following information disaggregated by foster care provider agency and then further disaggregated by gender, ethnicity and age group (under 1 year old; 1-2 years old; 3-5 years old; 6-10 years old; 11-15 years old; 18 years old and over):

1. Number and percentage of children currently prescribed a psychiatric medication;
2. Number and percentage of children currently prescribed three or more psychiatric medications;
3. Number and percentage of children currently prescribed more than one psychiatric medication from the same class of medications;
4. Number and percentage of children where an ACS override of parental consent for psychiatric

medication was requested;

5. Number and percentage of children where an ACS override of parental consent for psychiatric medication was approved;

6. Number and percentage of children currently prescribed psychiatric medication who are also provided with therapeutic services;

7. Number and percentage of children currently prescribed psychiatric medication disaggregated by prescriber type; and

8. Number and percentage of children currently prescribed psychotropic medication disaggregated by placement type.

c. No later than 45 days after the end of each calendar year, the commissioner shall submit to the speaker of the council and post to ACS' website an annual report regarding all categories of information contained in paragraph b of this section, disaggregated by foster care provider agency, and further disaggregated by gender, ethnicity and age group (under 1 year old; 1-2 years old; 3-5 years old; 6-10 years old; 11-15 years old; 18 years old and over).

d. ACS shall review the quarterly and annual reports required pursuant to this section for problematic prescribing trends at each foster care provider agency. No later than July 31, 2020, and by July 31 of each calendar year thereafter, ACS shall submit to the speaker of the council and post on its website a report on what action has been taken to correct and ameliorate problematic prescribing trends for the previous calendar year.

e. No information that is otherwise required to be reported pursuant to this section shall be reported in a manner that would violate any applicable provision of federal, state or local law related to the privacy of such children's information. If any category requested contains between one and five children, the number shall be replaced with a symbol.

f. The reports required pursuant to this section shall remain permanently accessible on ACS' website.

§ 2. This local law takes effect immediately.

ACK
LS 7432
11/30/2018