



Legislation Text

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Int. No. 1358-A

By Council Members Levin, Lander, Ampry-Samuel, Grodenchik, Cabán, Rosenthal, Dinowitz, Kallos, Louis and Rose

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 21-920 to read as follows:

§ 21-920 Psychiatric medication for youth in foster care. a. Definitions. For purposes of this section, the following terms have the following meanings:

Age group. The term “age group” means the following categories: 0-6 years old; 7-12 years old; and 13-17 years old. If authorized by law and the relevant state agencies to obtain the data in a manner that can be accessed and aggregated, without obtaining appropriate individual consents, the term age group shall additionally include the category of youth age 18 and over.

Class of medication. The term “class of medication” includes the following categories of medication: ADHD medication; anti-depressant; anti-psychotic medication; anxiolytic or hypnotic medication; long-acting anti-psychotic medication; medication to treat opioid use disorder; and mood stabilizer.

Foster care provider agency. The term “foster care provider agency” means foster care programs and agencies contracted with ACS to provide services to youth 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 a request by ACS to

administer a psychiatric medication for a youth in foster care when (i) the youth’s parent or guardian has either affirmatively objected or refused to provide their informed, written consent; (ii) ACS has conducted a clinical review of the youth’s case; and (iii) ACS has determined that the medication is clinically appropriate for treatment of the youth’s psychiatric condition.

Placement type. The term “placement type” means the setting in which youth in foster care are housed, including but not limited to foster care boarding homes, approved relative foster homes, residential care facilities and pre-placement settings.

Prescriber type. The term “prescriber type” means the individual prescribing the psychiatric medication to the youth. This term includes, but is not limited to, the following types of individuals: a psychiatrist, nurse practitioner or pediatrician.

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.

Youth in foster care. The term “youth in foster care” shall mean youth in foster care on the last day of the quarter, for whom ACS has the authority to access and aggregate data from the state PSYCKES Medicaid database.

b. Beginning no later than July 31, 2022, 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’s website a quarterly report regarding youth in foster care prescribed psychiatric medication. Such report shall include the following information disaggregated by gender and age group:

1. Number and percentage of youth currently prescribed a psychiatric medication;
2. Number of unique youth with prescriptions, disaggregated by class of medication;
3. Number and percentage of youth currently prescribed three or more psychiatric medications;

4. Number and percentage of youth currently prescribed more than one psychiatric medication from the same class of medication;

5. Number and percentage of youth for whom an override of parental consent was requested;

6. Number and percentage of youth for whom an override of parental consent was approved; and

7. Number and percentage of youth currently prescribed psychiatric medication. The information required pursuant to paragraph 7 of this subdivision shall be disaggregated by prescriber type, if the relevant state agencies make such information available to ACS in a manner than can be accessed and aggregated.

c. Beginning no later than July 31, 2022, and no later than July 31 annually thereafter, the commissioner shall submit to the speaker of the council and post to ACS's website a report regarding youth in foster care prescribed psychiatric medication. The report shall include the number and percentage of youth currently prescribed psychiatric medication, disaggregated by placement type, and further disaggregated by gender and age group.

d. ACS shall review the quarterly and annual reports required pursuant to subdivisions b and c of this section. Accompanying the report due on July 31, 2023, and each report due July 31 thereafter, ACS shall further include a description of actions that ACS has taken in the prior fiscal year to promote best practices regarding the use of psychiatric medication for youth in foster care and obtaining informed consents, including but not limited to the following: a description of any training for foster care provider agency staff regarding relevant ACS and state policies and best practice guidance; a description of quality assurance procedures; any trends that ACS has identified as a result of its medical audits or other compliance activities, as related to foster care provider agencies; and a description of any actions taken in response to such trends.

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 information. If any category requested contains between one and six youth, the number shall be replaced with a symbol.

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

§ 2. This local law takes effect immediately.

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