	Medicaid (non-custody)	OCS	LII II	TOTAL
Measure	Number of Applicable Youth by			
	Measure	Measure	Measure	Measure
Number of unique youth				
Youth on 1 or more psychotropic medication(s)				
Youth on 2 or more atypical antipsychotic medications				
Youth aged 5 and under on atypical antipsychotic medications				
Percentage of youth 21 and under on atypical with metabolic				
screen within last 12 months				
Youth on medications for non-FDA approved uses and/or non-				
FDA approved doses (The Alaska Pediatric Psychotropic				
Utilization and Quality Team recognizes that this will be				
challenging to track.)				

Source of Review or Consultation (#Medicaid (non-custody)/#OCS/#DJJ)	Number of Reviews	Number of Consultations	Average Length of Consultation	Total number of billed hours

Date	Consultant	Consulted by [Name and Role]	Consulted by [Organization]	Start Time	End Time	Reason for Consult*	Satisfaction Score (Completed by State of Alaska)

Number of unduplicated youth on psychotropic so far in contract year (cumulative)					

Date	Cost Deviation	Schedule Deviation	Explanation of Deviation	Impact	Mitigation Plan