



## National Center for Youth Law Psychotropic Medication Budget Priority

*SUPPORT FOR BUDGET REQUEST: Too much, too many, too young: Protecting youth from the most dangerous psychotropic medication prescribing practices*

*\$80,025 (leverages an additional \$240,075 in Federal Match)*

### **Background:**

**In August 2016, a state audit of the administration of psychotropic medication to children in foster care, found that the State and Counties have failed to adequately oversee the prescription of psychotropic medications to California's foster children. A review of children's records found that foster children were prescribed psychotropic medications in amounts and dosages that exceeded state guidelines, putting children at increased risk for side effects and related complications<sup>1</sup>.**

**More than 9500 California foster children are being administered psychotropic drugs.** That's nearly 25% of children between ages 6 and 18 in foster care, and 56 percent of children in group homes. To ensure children only receive psychotropic medications that are appropriate and medically necessary, the California State Auditor calls for the development and implementation of reasonable prescription oversight efforts. Specifically, the audit proposes that counties should closely monitor requests for authorizations that exceed the state guidelines for multiple prescriptions and recommended dosages and follow up with the prescribers to verify the medical necessity of the prescriptions. Currently, only 40% of California counties have a process for reviewing authorizations. For a very small cost, \$80,025/year, the state could support the courts with a medical review of the prescriptions that fall outside of the prescribing guidelines for children.

Absent adequate oversight, psychotropic drugs can cause crippling sedation, morbid obesity, memory loss, diabetes, heart disease, irreversible tremors, other long-term disabilities, and in extreme cases, death. Despite clear guidelines by the American Academy of Child and Adolescent Psychiatrists and the American Diabetes Association, roughly two-thirds of foster children on psychotropic medications do not receive basic medical screening or necessary labs prior to medication authorization. Without these basic services, the overmedication of our foster children can lead to chronic disease management with long-term and increased fiscal implications for the State.

**Over the past 10 years, California has paid more than \$226 million on psychotropics for foster children.** Unfortunately, little is known about the precise costs associated with the

treatment of side effects and chronic health conditions associated with long-term psychotropic medication use, but nonetheless the figure is likely to be quite large.

For example, the American Heart Association estimates that huge medical expenses burden a person with heart disease, including diagnostic tests, surgery, hospital and doctor's visits, physical therapy, and costly drugs. A conservative estimate of these costs for one person is \$121,200 over 20 years. For those needing surgery or procedures and ongoing care, the cost can be more than \$4.8 million over a lifetime.

Implementation of SB 238 brought changes to the court rules and the forms related to the authorization of psychotropic medications for foster children, however, Judges in 60% of counties do not have a medical professional to provide oversight when the authorizations exceed the guidelines. The state can leverage a 25/75 federal match of funds and provide a centralized medical review process available to counties. **The projected General Fund cost associated with providing a medical review of an authorization, is \$80,025 a year.** The federal match will bring in an additional \$240,075.

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<sup>i</sup> California State Auditor. (2016). *California's Foster Care System: The State and Counties Have Failed to Adequately Oversee the Prescription of Psychotropic Medications to Children in Foster Care*. Report 2015-131. Retrieved from: <http://www.auditor.ca.gov/pdfs/reports/2015-131.pdf>.