

**Mental Health Services and Psychotropic Medication:  
Oversight, Coordination, and Monitoring**  
Public Health Nursing  
Health Care Program for Children in Foster Care (HCPCFC)

The State, as a condition of federal funding for support of its child welfare program has a responsibility to ensure the health and well-being of foster children and to monitor psychotropic drugs administered to them. These state obligations are the result of several federal laws enacted within the last decade. In 2011, Congress enacted the *Child and Family Services Improvement and Innovation Act*, P.L. 112-34. The Act amended federal requirements related to the states' obligations for the oversight and coordination of health care services for children in foster care, including mental health, first enacted in 2008 as part of the *Fostering Connections to Success and Increasing Adoptions Act of 2008*, P.L. 110-351, 42 U.S.C. § 622 (b)(15). The 2011 amendment requires that states adopt and implement protocols for the appropriate use and monitoring of psychotropic drugs administered to children in foster care, 42.

U.S.C. §622(b)(15)(A)(v). [These laws were enacted in advance of the September 30, 2012 realignment deadline.]

To meet the responsibility for overseeing the health care of the state's foster children, the Legislature created the Health Care Program for Children in Foster Care (HCPCFC) in 1999, but funding for this program has not kept pace with the duties assigned to the Public Health Nurses (PHNs). The State allocated \$6.5 million to the program in 2011 when the program was realigned under Public Safety Realignment. This budget was determined before the federal law was enacted and couldn't possibly take into account the cost of oversight and monitoring of psychotropic medications. Since then the State has not increased the budget in an amount necessary to comply with federal law. It is the State's responsibility to fund any additional federal requirement. The recommended administrative caseload cap for HCPCFC nurses ranges from 180-200 per PHN. Most PHN caseloads are much higher. In some counties, PHNs are carrying upwards of 300-400 cases.

These high caseloads impact the health and well-being of all our children in foster care, but are felt most intensely with children who require a higher level of targeted medical case management. Approximately two-thirds of foster children who are administered psychotropic medications do not receive basic medical monitoring, follow up visits, or necessary labs. 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. Unmonitored psychotropic drugs can cause crippling sedation, morbid obesity, memory loss, diabetes, heart disease, irreversible tremors, other long-term disabilities, and in extreme cases, death.

The passage of **SB 238** and **SB 319** allow PHNs to review and monitor psychotropic medication and treatment, assist in scheduling and monitoring appointments and support court review of treatments. Unfortunately, without funding for additional public health nurses, foster children will continue to lack initial health screenings due to the high caseloads and increased responsibilities of PHNs. Without PHN oversight, high-risk health problems are left undetected and opportunities for early intervention and prevention are lost. This can lead to chronic disease management with long-term and increased fiscal implications for the State.

The State has a responsibility to ensure that children who are administered psychotropic medication are provided the appropriate medical case management given the potential negative health impacts of such drugs. The projected General Fund cost associated with this investment in the health of our foster children is **\$1,650,000** for the additional staffing to ensure that there is appropriate psychotropic medication case management within HCPCFC. Federal matching funds for this expenditure cover three quarters of the total personnel expense<sup>i</sup>. This Federal match will bring in an **additional \$4,950,000**.

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**Fiscal Assumptions for Budget Estimate**

PHN Hours required for Psychotropic Medication Case Management: 6-12 hours  
 Estimated Number of Additional PHNs required: 41.25 FTE  
 Department of Finance estimate the total cost for PHN: \$160,000.

Unique Number of foster children on Psychotropic Medications July 2014-June 2015	9,317 <sup>ii</sup>
Unique number of foster children on antipsychotics July 2014-June 2015	4,326 <sup>iii</sup>
Youth receiving other psychotropics (not antipsychotics) July 2014-June 2015	4,991 <sup>iv</sup>
Estimated annual hours needed for oversight and monitoring of psychotropic medications and collaboration with the case worker per child	6 hours for children prescribed one medication (excluding antipsychotics and mood stabilizers) <sup>v</sup>  12 hours for children receiving antipsychotics, mood stabilizers and/or multiple psychotropics <sup>vi</sup>
Estimated Cost of a PHN	\$160,000 <sup>vii</sup>
Annual PHN Hours	2,080 hrs <sup>viii</sup>
Hourly Wage of PHN	\$77/hr <sup>ix</sup>
Total cost of PHN time needed for oversight and monitoring of children on psychotropics (not antipsychotics) (6 hours)	\$2 million <sup>x</sup>
Total cost of PHN time needed for oversight and monitoring of children on antipsychotics (12 hours)	\$4.6 million <sup>xi</sup>
Total Federal Match (75%) and State GF (25%)	\$6.6 million <sup>xii</sup>
<b>Estimated General Fund Cost (25%)</b>	<b>\$1.65 million<sup>xiii</sup></b>

Contact

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<sup>i</sup> The enhanced federal match of 75% is authorized under Title XIX of the Social Security Act., 42 U.S.C. 1396 b. See 42 C.F.R. 433.15(b) and 432.50. See also, CHDP Program Letter No. 99-6.

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ii Source: CWS/CMS 2015Q3 and MIS/DSS as of 12/03/2015

iii Source: CWS/CMS 2015Q3 and MIS/DSS as of 12/03/2015

iv Number derived by subtracting Total Unique Number of Foster Children on any psychotropic less the Total Unique Number of Foster Children on an antipsychotic. Source: CWS/CMS 2015Q3 and MIS/DSS as of 12/03/2015

v Interviews with Public Health Nurses indicate that less complex cases (those that fall in line with prescribing and safety parameters, children on one medication that is appropriate to their diagnosis, etc) do not require as much time to oversee an monitor.

vi The Department of Finance Fiscal Summary written 8/3/2015 estimates two hours monthly time per public health nurse for additional monitoring activities.

vii County of Santa Clara Board of Supervisors Letter dated 6/15/2015 allocates \$163,002 in the budget for a public health nurse. Santa Clara County pays on the higher end of the salary scale so our estimate rounds down to \$160,000.

viii Estimate based on a 40 hour work week excluding vacations.

ix Derived using the PHN annual salary divided by the number of hours of work in a year.

x Derived by multiplying hourly wage by number of hours needed to monitor children on psychotropics other than antipsychotics

xi Derived by multiplying hourly wage by number of hours needed to monitor children on antipsychotics.

xii Derived by adding the total cost of monitoring children on psychotropics (not antipsychotics) and antipsychotics.

xiii Derived using the total cost multiplied by the state responsibility for those costs of 25% due to the federal matching funds for this program.