

2015-131 AUDIT SCOPE AND OBJECTIVES

Foster Youth – Psychotropic Medication

The audit by the California State Auditor will provide independently developed and verified information related to the California Department of Social Services (Social Services), California Department of Health Care Services (Health Care Services), and a selection of county child welfare services (CWS) agencies' oversight and monitoring of foster children who have been prescribed psychotropic medications, as well as a review of the availability and adequacy of other supportive services, such as mental health and substance abuse counseling. The audit will select and review four county CWS agencies—two counties identified as having a high prevalence of the use of psychotropic medications for foster children and two counties with a correspondingly low prevalence. The audit will include the following:

1. Review and evaluate the laws, rules, and regulations significant to the audit objectives.
2. Identify the respective roles in overseeing the mental health care of foster children of Social Services, Health Care Services, county CWS and probation agencies, as well as the county mental or behavioral health departments that oversee the specialty mental health services that foster children receive. Specifically, identify which agencies are responsible for ensuring that foster children eligible for Medi-Cal are receiving the mental and behavioral health services to which they are entitled under federal and state laws.
3. Examine the adequacy and accuracy of data tracked by these agencies on whether foster children who are being prescribed psychotropic medications also receive other appropriate non-pharmacological supportive services, such as counseling. In particular, evaluate whether this data is sufficient to determine the extent to which foster children are receiving mental health, psychosocial, behavioral health, and substance abuse services.
 - (a) Evaluate how the above data is tracked and used, how its accuracy is ensured, and whether opportunities exist to better gather and use this information. To the extent that barriers exist to effective data collection and use, identify potential solutions.
 - (b) For a selection of foster children at the four counties visited, determine how well the entities listed in objective 2 have carried out their applicable responsibilities. Using these results, if applicable, identify ways in which oversight of these practices could be improved.
4. Determine whether any structural deficiencies, network inadequacies, or adverse incentives exist within the CWS, behavioral health, or Medi-Cal systems that may be leading to the overuse of psychotropic medications among foster children. Specifically, evaluate whether viable alternatives to these medications are being underutilized because of funding deficiencies, disincentives, or other identifiable reasons.
5. Examine the existing level of oversight of doctors prescribing psychotropic medications to foster children, evaluate whether this oversight is sufficient to identify and remedy noncompliance with accepted standards of practice, and if appropriate, identify opportunities to strengthen this oversight.

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6. Evaluate existing processes used by the courts, the CWS system, and mental health plans and providers to ensure that ongoing use of psychotropic medication by foster children is monitored for negative reactions, side-effects, or overdoses.
7. Identify whether county CWS agencies are ensuring that necessary health documentation is being transmitted to caregivers, prescribers, and other stakeholders when foster children receiving psychotropic medication change placement.
8. Determine whether any other states have implemented innovations or oversight systems that have successfully reduced the use of psychotropic medications in foster children or improved their access to non-pharmacological supports, and evaluate whether California could benefit from some of these policies or practices.
9. Review and assess any other issues that are significant to the audit.