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(Revised 06/02/23)

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Forms Forms referenced in this file:

0.4 - 5.01

•	04-501	Notice of Application Letter for Psychotropic Medication
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•	<u>JV-221 S</u>	Proof of Notice of Application (Spanish)
•	JV-222	Input on Application for Psychotropic Medication
•	<u>JV-222 S</u>	Input on Application for Psychotropic Medication (Spanish)
•	<u>JV-223</u>	Order on Application for Psychotropic Medication

Notice of Application Letter for Psychotronic Medication

Forms (cont.)

JV-223 S Order on Application for Psychotropic Medication (Spanish)
 JV-224 County Report on Psychotropic Medication
 JV-228 Position on Release of Information to Medical Board of California
 JV-228-INFO Background on Release of Information to Medical Board of California
 JV-229 Withdrawal of Release of Information to Medical Board of California
 JV-287 Confidential Information

Background

Juvenile Court provides oversight of the administration of psychotropic medications for dependent minors in out of home care due to concerns of overuse of these medications. While psychotropic medications may be beneficial in addressing a youth's emotional and behavioral needs, there may be serious, unwanted side effects (e.g., weight gain, high cholesterol, life-threatening conditions).

Senate Bill (SB) 238 (Chapter 534, Statutes of 2015) addressed concerns that psychotropic medications were used without sufficient ancillary psychosocial supports and therapy services, leading to excessive and/or inappropriate use. Fragmented systems in all governances contributed to inadequate oversight and monitoring of psychotropic medications prescribed to foster youth. Of particular concern was the lack of quality information being provided to the Juvenile Court via the Application for Psychotropic Medication (Form JV-220). To improve transparency, amendments and adoptive rules of court as well as the development of forms were added to ensure clear communication to the court for youth in need of psychotropic medications in out of home care.

Psychotropic Medications

The term "psychotropic medication" refers to any medication that has the capability of changing or controlling mental function or behavior. W & I Code §369.5 and Rule 5.640 define psychotropic medication as those prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. Such medications include, but are not limited to:

- anti-anxiety/anxiolytic agents
- antidepressants
- mood stabilizers
- antipsychotic medications
- anti-Parkinson agents
- hypnotics (medication that is most widely used for insomnia e.g., Ambien, Belsomra, Flurazepam, Halcion)
- medications for dementia (medication that can be used to enhance cognition e.g., Aricept, Exelon, Razadyne)
- psychostimulants (medication that produces a temporary increase in psychomotor activity, a temporary improvement in physical functions, mental process or both e.g., Ritalin, Concerta, Strattera, Vyvase, and Dexedrine)

Psychotropic medications also include mind-altering and behavior-altering drugs which, in specified dosages, are used to alleviate certain physical disorders but may, in specified dosages, have mind-altering or behavior-altering effects.

Psychotropic Medications, cont.

NOTE: While Benadryl and Melatonin may not be traditionally viewed or considered psychotropic medications, the medication alters a behavior (sleep). If the youth or caregiver report that the youth is currently taking these medications, or a qualified medical professional prescribes them for the child as a sleeping aid, a JV-220 is required. Therefore, the Social Worker (SW) will submit the JV-220 Application to the court for an authorization.

Application Definition

The term "Application" used in this policy refers to a packet of mandated JV Application forms that CWS and Probation staff are required to complete and file with the court when requesting authorization to administer psychotropic medications to a dependent youth or ward of the court.

These forms are not required if there is a previous court order (via the JV- 216) that gives the youth's parent(s), legal guardian, or Indian custodian authority to approve or refuse the medication. While not a common practice, Juvenile Court may authorize the parent, legal guardian, or Indian custodian to consent to the administration of psychotropic medication if they pose no danger to the youth, have the capacity to understand the request and the information provided, and the administration of psychotropic medications is consistent with the best interest of the youth.

Policy

The policy described in this section are for youth who are dependents of Juvenile Court, who are placed in-county or out-of-county/state, and one of the following applies:

- Youth is receiving inpatient or outpatient mental health treatment.
- Youth is prescribed or referred for psychotropic medication.

Parents who do not have physical custody of the dependent youth no longer have the right to give consent for psychotropic medications, unless the court has authorized them to do so.

WIC §369.5 and the JV-220 process do not apply to nonminor dependents (NMDs), as they can consent for their own psychotropic medications without court authorization. With the NMD's consent, the SW will notify the youth's attorney and the court about the NMD's prescribed psychotropic medication via Ex Parte Requests. The SW will also encourage the NMD to discuss concerns about past or current psychotropic medications with their health provider and with their attorney to review, complete, and file the JV-228 and JV-229 forms when appropriate (see JV Application Overview section below).

The SW must submit the JV-220, JV-220(A) or JV-220(B), JV-221, and JV-223 Applications to the Court within 3 business days of receipt from the prescriber, to authorize:

- new psychotropic medications prescribed to the youth,
- an increase in the youth's initially prescribed dosage range of psychotropic medications,
- continuance of previously authorized psychotropic medication, submitted prior to the expiration of the JV-220 (180 days), which includes a new JV-220, JV-220(A) or JV-220(B), JV-221, JV-223.

NOTE: At times, the prescriber may list multiple medication options or doses on the JV-220.

Child and Family Team (CFT) Meeting

The JV-220 form is not completed during the CFT Meeting, however effectiveness of medications, any side effects, and/or changes in dosage may be important to discuss during a CFT meeting so that the information can be considered when looking at strategies, supports, and services. Some identified members of the CFT who are noticed of the JV-220 Application, including the parent, may utilize the JV-222/JV-222S if there is disagreement as to the youth taking and/or continuing to take the recommended psychotropic medications. The form may also be utilized to tell the court something about the youth or medication and must be filed within four (4) court days of receiving the notice of the pending Application.

Child's Input Including Refusal to Take Psychotropic Medications

SW will share the Foster Youth Mental Health Bill of Rights Brochure, in the youth's primary language, to ensure the youth understands their rights.

The SW will discuss the proposed psychotropic medication treatment and address any concerns or questions that the youth may have about the medications. If the youth has specific questions about the medication/side effects, refer the youth to the prescribing medical professional to have their questions answered.

SW will document that the youth was provided the Foster Youth Mental Health Bill of Rights as well as the youth's input regarding their medications in their monthly contacts and in the court report. The youth may also choose to complete the JV-218/JV-218S to provide their opinion to the court. When asked by the youth, the SW or another person identified (e.g., the attorney or Court Appointed Special Advocate (CASA)), will assist the youth in reading and completing the form.

Assembly Bill (AB) 175 (2019) clarifies that youth can refuse medication without consequences or retaliation. If a youth is refusing medication, the SW should document the youth's concerns in their contacts and the steps taken to mitigate these concerns (e.g., follow up with prescribing medical professional, etc.). The youth's final decision will be documented in the contact.

Sharing Information with Prescriber

SWs are to share the youth's past pharmacological and non-pharmacological treatment information and the youth's response to those treatments with the prescriber. For NMDs, SWs must have consent from the NMD to share past and current health information with the prescriber.

JV Application Overview

The table below describes the various JV Application forms, when, and who completes them. When the Application is complete, submit to the court unit by email.

Name of JV Application	Form Description	When to Complete	Who Will Complete	Mandatory for JV Application
JV-216 Order Delegating Judicial Authority Over Psychotropic Medication	Used to delegate a parent/guardian to authorize/deny psychotropic medication.	When psychotropic medications are prescribed or as needed	Judicial Official	No
JV-217–INFO Guide to Psychotropic Medication Forms	An informational guide explaining the JV Application forms.	N/A - SW will print and include in notice to the parents or legal guardians, youth's current caregiver, CASA, and youth's attorney, Indian youth's tribe	N/A	No
JV-218/ JV-218 S Child's Opinion About the Medicine	Informs the judge about the youth's opinion regarding the medications.	File within four (4) court days of receipt of signed Application or before any status review hearing or medication progress review hearing.	• Youth NOTE: Youth may ask someone they trust to help with the form, e.g., their attorney, SW, or CASA	No

JV Application Overview (cont.)

Name of JV Application	Form Description	When to Complete	Who Will Complete	Mandatory for JV Application
JV-219/ JV-219 S Statement About Medicine Prescribed	Provides input to the court on the pending Application, as well as effectiveness and side effects of the medications.	File within four (4) court days of receipt of the notice of an Application, or before any status review hearing or medication progress review hearing.	Any person listed below: Parent/Legal Guardian/Indian custodian Current caregiver CASA Indian tribe	No
JV-220 Application for Psychotropic Medication	Provides information on the youth's current circumstances	When submitting/resubmitting the Application Packet	NOTE: May be completed by the prescribing qualified medical professional or current caregiver.	Yes
JV-220(A)/ JV-220(A) S Physician's Statement - Attachment	Provides information that must include the youth's: • medication history • diagnosis • previous medications or treatments • previous experience with psychotropic medications	When a new medication order is being requested, there is a change in dosage, or there is a new prescribing qualified medical professional.	The prescribing qualified medical professional	Yes

JV Application Overview (cont.)

Name of JV Application	Form Description	When to Complete	Who Will Complete	Mandatory for JV Application
JV-220(B) Physician's Request to Continue Medication - Attachment	Requests modification or continuance of a medication previously addressed in a JV-220(A).	When the same medication with the same maximum dosage (previously ordered by the court) is being prescribed.	The same prescribing qualified medical professional who completed the most recent JV-220(A).	Yes
JV-221/ JV-221 S Proof of Notice of Application	Indicates to the court that all appropriate parties were noticed and served a copy of the Application and attachments.	When submitting the JV Application to Court for authorization/reauthorization.	SW	Yes
JV-222/JV- 222S Input on Application for Psychotropic Medication	Used when parties are not in agreement with the recommended medications for the youth or would like to provide input to the court.	File a completed JV-222 within four (4) court days of service of notice of the pending Application regarding psychotropic medications with the Clerk of the Juvenile Court.	Any person listed below: Parent/legal guardian/Indian custodian Attorney for parent/legal guardian/Indian custodian Youth's attorney Youth's guardian ad litem Youth's Indian tribe	No

JV Application Overview (cont.)

Name of JV Application	Form Description	When to Complete	Who Will Complete	Mandatory for JV Application
JV-223/ JV-223 S Juvenile Court Order on Application for Psychotropic Medication	Allows the court to make findings and orders about the youth's psychotropic medications.	N/A - the SW (or the person who filed the JV-220 Application) must provide a copy of the order to the youth's caregiver (in person or mailed) within two (2) court days of when the order is made.	Judge NOTE: PHN Staff will import the signed JV-223/ JV-223S and enter the information in CWS/CMS.	No
JV-224 County Report on Psychotropic Medication	Provides information that includes Substitute Care Provider's (SCP) and youth's observation about the medication effectiveness and side effects, information on medication management appointments, and other follow-up.	Must submit 10 calendar days before each scheduled medication progress review.	SW	No
JV-228 Position on Release of Information to Medical Board of California	Authorizes California Department of Social Services (CDSS) to release the youth's or NMD's (if requested)	N/A - SW will print and include in notice (and as requested by the NMD) when the Application could result in the authorization/reauthorization of three or more	Any person listed below: • Youth • NMD • Youth/NMD attorney or guardian ad litem NOTE: The youth's attorney must review the	No

JV Application Overview (cont.)

Name of JV Application	Form Description	When to Complete	Who Will Complete	Mandatory for JV Application
JV-228 (cont.) Position on Release of Information to Medical Board of California	information to the medical board to ensure medications were prescribed properly.	psychotropic medications for 90 days or longer.	JV-228 with the youth or as requested by the NMD, and file with Superior Court. NOTE: If the youth is under the age of 12 or not of sufficient maturity to consent, the youth's attorney may sign on the youth's behalf. Youth will sign if over the age of 12 or youth's attorney with permission of the youth.	
JV-228 – INFO Background on Release of Information to Medical Board of California	Provides information for the youth's or the NMD's attorney to explain the JV-228 process to their clients.	N/A - SW will print and include in notice (and as requested by theNMD) when the Application includes the JV- 228.	N/A	No

JV Application Overview (cont.)

Name of JV Application	Form Description	When to Complete	Who Will Complete	Mandatory for JV Application
JV-229 Withdrawal of Release of Information to Medical Board of California	Allows the youth, the youth's attorney, guardian ad litem, or NMD to withdraw the JV-228 authorization.	N/A - SW will print and include in notice (and as requested by NMD) when the Application also includes the JV- 228.	Any person listed below: • Youth • NMD • Youth/NMD's Attorney or Guardian ad litem See NOTE on JV-228 above for additional information on the youth's signature for this form.	No
JV-287 Confidential Information	Used to keep contact information confidential; may be used with other forms including JV-228.	N/A - SW will print and include in notice when the Application includes the JV- 228.	Youth's attorney or guardian ad litem	No

How to Obtain Court Authorization

The following table illustrates how to obtain court authorization for the youth's new or renewal of medications. SW staff may contact the Court Unit PSS, if there is a delay in getting the authorization back from the court.

STEP	WHO	ACTION
1	SW	If requested, provide a blank JV-220(A)/JV-220(B) to the youth's treating qualified medical professional.
2	Treating qualified medical professional	Complete the JV-220(A)/JV-220(B) and return to the SW.

How to Obtain Court Authorization (cont.)

STEP	WHO	ACTION
3	SW	Verify/complete the following:
		 JV-220(A)/JV-220(B) lists all required information including youth's current weight, height, and ethnicity. Note petition number in the case number box. The prescribing qualified medical professional has signed the form.
		NOTE : If the individual completing the JV-220(A)/JV-220(B) is a Physician Assistant (PA) or Nurse Practitioner (NP), their supervising physician must sign the JV-220(A)/JV-220(B).
		 Complete the JV-220 and JV-221. Give notice to all parties as stated on the JV-221. If a parent's whereabouts are unknown, write "unknown" on the JV-221. Complete all assigned attorney's information; if there is no assigned attorney, write "no assigned attorney" in the appropriate section. Within three (3) business days, email one copy of the JV-220, JV-220(A)/JV-220(B), JV-221, and JV-223 to the Court Unit.
4	PSS	 Check the JV-220 and JV-220(A)/JV-220(B) for accuracy. Ensure that all the required information is provided and legible and that two court days' notice has been given. Place PSS initials next to the SW's signature on the JV-220 and JV-220(A)/JV-220(B).
5	Court Unit	 Log the received Application. Review to ensure the Application is complete and notice has been given.
		 NOTE: The Application may be returned to the assigned SW for corrections/incomplete information. Submit to Juvenile Court Meadowlark Admin
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6	Juvenile Court Meadowlark Admin	 Review the Application Send a copy to Vista Hill for review
7	Vista Hill	Review the Application and make a recommendation to the Juvenile Court Presiding Judge regarding approval

How to Obtain Court Authorization (cont.)

STEP	WHO	ACTION
8	Juvenile Court Presiding Judge	 Authorize, deny, or set for hearing. Give the Application to the Juvenile Court Meadowlark Admin.
9	Juvenile Court Meadowlark Admin	 Scan Application to the following: PHN Foster Care Program Supervisor Attorneys Court Unit
10	Court Unit	 Log the returned Application. Add signed JV-220 in Court JELS. Send a copy to the assigned SW.
11	SW	 Per WIC sections 369.5 and 739.5, provide the SCP or STRTP administrator or administrator's designee in person or by mail within two (2) business days the following: Last two pages of JV-220(A) or JV-220(B) forms Include all of the medication information sheets that were attached to JV-220(A) or JV-220(B) JV-223
		 When a youth changes placement, the SW must provide the new SCP or STRTP administrator or administrator's designee with the same documents noted above. Authorized JV-223 is not to be sent via email to the SCP or STRTP Administrator or Administrator's designee.

Notice to Indian Child's Tribe

Rules of Court, Rule 5.640 requires the SW to notice both an intervening tribe and a tribe that has not intervened but has acknowledged the youth as a member of, or eligible for membership in the tribe. Tribal intervention occurs when the tribe has communicated to the court their wish to intervene (to become a party), **and** the Court has granted tribal intervention.

The tribe may have important information about the youth and the youth's family's medication history, as well as resources such as culturally appropriate services, relevant to the diagnosis and treatment.

The SW must notice an Indian child's tribe if psychotropic medication is recommended for an Indian child and allow the ICWA SW or tribe an opportunity to file an opposition to any pending Application. (See <u>Noticing Requirements</u>)

Notice to Indian Child's Tribe (cont.)

The SW must identify on the Proof of Notice: Application Regarding Psychotropic Medication (JV-221):

- the names of the tribes given notice of the pending Application,
- the date the tribe was notified, and
- the manner in which the notice was provided.

If the Application will be mailed to the tribe, the SW will mail via first-class postage prepaid envelope. Unlike ICWA noticing, certified mail with return receipt request is not required.

If the youth and/or their family may be eligible for membership and/or are members of a local tribe, SWs must contact the local ICWA Case Managers to determine which ICWA case manager should be contacted before the JV-220 Application is submitted to the court. Refer to Protocol for Working with Indian Families, Children and Tribes for contact information.

NOTE: If the family believes they are eligible for membership prior to an ICWA finding, please consult with County Counsel for guidance on noticing requirements for psychotropic medications. For tribes outside of San Diego, SWs will refer to the Federal Registry for contact information or may contact their regional ICWA Noticing Specialist.

Noticing Requirements

When submitting the Application to Juvenile Court, the SW must provide at least two (2) court days (48 hours) notice to all parties involved in the case. SWs do not have to wait for a response back from the parties before submitting the Application for an authorization.

Per JV-221/221S, depending on who receives the notice, documents may be sent in the following manners: in person, by phone, first class mail, or by fax. CA Rule of Court 5.640 prevents us from serving any psychological or medical documentation related to a minor electronically to any party including Children's Legal Services (CLS) and Dependency Legal Services (DLS).

Proof of notice must be filed with the court using JV-221 to the following individuals:

Who Receives Notice	SW will send the following:
 Parent/legal guardian/Indian custodian Parents' attorneys 	 04-501 JV-217-INFO Blank copy of: JV-219/JV-219S JV-222/JV-222S

Noticing Requirements (cont.)

Who Receives Notice	SW will send the following:
 Youth's current caregiver CASA NOTE: If the youth is placed in a Short-Term Residential Treatment Program (STRTP), notice must be provided to the STRTP's administrator or administrator's designee, as defined in CCR regulation, 84064. 	 04-501 JV-217 INFO Blank copy of: JV-218/218S JV-219/JV-219S
 Youth's attorney Guardian ad litem 	 A completed copy of: JV-220 JV-220(A) or JV-220(B) JV-217-INFO A blank copy of: JV-218/JV-218S JV-222/JV-222S If the Application could result in the youth being prescribed three or more concurrent psychotropic medications for 90 days of more, notice must also include a blank copy of the following:
Youth's tribe	 04-501 JV-217-INFO Blank copy of: JV-218/JV-218S JV-219/JV-219S JV-222/JV-222S

Court Order/ Decision

The following table outlines the Court Order/decision process after the Application has been submitted:

Stage	Who	Action
1	Juvenile Court	Make a decision about the youth's psychotropic medications after reviewing the completed Application.

Court Order/ Decision (cont.)

Stage	Who	Action
1 (cont.)		 Approve, deny, or set the matter for a hearing within seven court days of the receipt of the completed JV-220 and JV-220(A)/JV-220 (B) If approved, Juvenile Court signs the JV-223 and schedules a medication progress review hearing. If denied, see Step 2.
2	Juvenile Court Clerk	 Set a hearing and provide notice that includes date, time, and location of hearing to the following: Parents/legal guardians, Indian custodian, and their attorneys, Youth, if 12 years of age or older, Youth's attorney, guardian ad litem, SCP, CASA, the Indian child's tribe, SW, and County Counsel
3	SW	 If required by court, prepare an Addendum Report to address any concerns that the court may have about the proposed treatment or submitted Application. If the court denies the authorization: Inform all parties and explore other appropriate treatment to address the youth's emotional and behavioral needs. Ensure SCP is aware the youth cannot take the proposed medications, without a proper court authorization.

Family Maintenance

Per WIC §369.5, court approval for administering psychotropic medications is needed only when the youth has been removed from the physical custody of the parent/legal guardian/Indian custodian and placed in out of home care.

If a youth becomes a dependent and continue to reside with the parent/legal guardian/Indian custodian (Family Maintenance), the parent/legal guardian/Indian custodian will maintain the ability to consent or refuse to the administration of psychotropic medications. The SW will be required to follow the youth's progress with the medications and provide that information to Juvenile Court via the court report (see Medication Progress Review section below).

If the dependent youth is returned to the parents who do not live together, the parent with primary custody will be the designee to consent or refuse to the administration of psychotropic medication.

NOTE: A youth in the home during a (60) trial visit is not considered a Family Maintenance case.

Monitoring Requirement

Once the proposed medication is authorized, the SW will complete and document the following:

- Follow-up with the youth and their SCP to ensure that the prescriptions are filled, and that the youth has started the medication.
- Assess the youth's compliance with medication management and progress in treatment when conducting monthly face-to-face contact.
- Discuss the youth's adjustment to the medication, ask about possible side effects, and ensure any follow-up appointments are attended.

In addition to the youth, SWs may contact the youth's prescriber as well as members of the CFT (e.g., parent, caregiver, CASA, etc.) to discuss progress or concerns. Refer to Contacts - SW and Other Service Providers for additional information. SWs may utilize Vista Hill Juvenile Court Clinic for consultation and second opinion if needed.

When the JV-220 authorization is set expire, the Regional Public Health Nurse (PHN) will send reminder emails to the SW to ensure that if the youth will continue taking the psychotropic medications, an Application must be submitted for an updated authorization.

NOTE: It is not recommended for the youth to stop taking their psychotropic medications when there is a delay in submitting and obtaining the updated Application and authorization. The SW will submit the necessary forms as soon as possible to ensure that there is a valid authorization in place at all times.

Medication Progress Review

After approving any Application for authorization, the court must set a medication progress review, which must occur at every status review hearing. The court may also schedule a medication progress review at any other time at their discretion.

Before each medication progress review, the SW must complete the following:

- Provide notice to all parties noted above in the Noticing Requirements.
- Include a statement that the status review hearing will also be a medication progress review.
- Include blank copies of the JV-218/JV-218S.
- Include blank copies of the JV-219/JV-219S.
- Submit a completed JV-224 at least 10 calendar days before the scheduled medication progress review.
- For medication progress reviews scheduled during status review hearings, attach the JV-224 to the court report.

The medication progress review may also include input from the youth, SCP, parent, legal guardian, Indian custodian, and CASA.

Health and Education Passport (HEP) Staff Responsibilities It is important that the youth's past and current psychotropic medication information is included in the youth's Health and Education Passport (HEP).

The following table shows how Court ordered psychotropic medication is routed and recorded into the youth's health notebook.

WHO	ACTION
Court Clerk	 Email the authorized Application to: PHN Foster Care Program Supervisor SW
Foster Care PHN	 Record the authorized Application. Email the authorized Application to the Regional PHN, within 3 business days.
Regional PHN	 Enter the authorized medication information in CWS/CMS within two business days of receipt. Create a reminder for SWs in CWS/CMS as a tool to assist SWs in submitting an updated JV-220. The DUE DATE is at least 30-days prior to the PROJECTED END DATE (JV-220 expiration date) used in the Health Notebook Enter a brief narrative in the NOTE BOX (e.g., JV-220 expires on xx/xx/xx) Instruct the HEP OA to mail a new HEP to the SCP
НЕР ОА	Generate and mail a new HEP to the SCP.

Foster Care Public Health Nurse Responsibilities SWs may utilize the Foster Care PHN for assistance in monitoring and oversight of psychotropic medication. Their duties will include, but are not limited to the following:

- Confirming that Juvenile Court has authorized psychotropic medications to be administered to the youth
- Documenting in the youth's health and education passport
- Documenting any psychotropic medication prescribed and administered to the youth, as well as laboratory tests, other screenings, measurements, evaluations and assessments that have been completed

Emergency Authorization of Psychotropic Medication

California Rule 5.640(i) defines:

- 1. Psychotropic medications may be administered without court authorization in an emergency situation. An emergency situation occurs when:
 - A. a qualified medical professional finds that the child requires psychotropic medication to treat a psychiatric disorder or illness; and
 - B. the purpose of the medication is
 - i. To protect the life of the child or others, or
 - ii. To prevent serious harm to the child or others, or
 - iii. To treat current or imminent substantial suffering; and
 - C. it is impractical to obtain authorization from the court before administering the psychotropic medication to the child.
- 2. Court authorization must be sought as soon as practical but in no case more than two (2) court days after the emergency administration of the psychotropic medication.

Involuntary Inpatient Proceedings

When a youth is involuntarily hospitalized under the Lanterman-Petris-Short Act (LPS Act), the administration of psychotropic medications may be subject to Riese Hearings (SW and Juvenile Court are not involved; hearing initiated by treating physician in coordination with the Office of the Counselor in Mental Health). See Conservatorship policy for additional information on the LPS Act.

Alignment with SET

The process and oversight of psychotropic medication administration to foster youth is a key component of Safety Enhanced Together (SET) and align with the following SET values:

- <u>Value 1</u> and the agency practice to ensure the family and youth's voice is gathered and represented to inform key decisions and maintain focus on their safety, permanency, and well-being.
- Value 2 and the guiding principle to providing supportive services, have consistent communication and information sharing and keeping safety, permanency, and wellbeing of a child/youth at the forefront.
- <u>Value 3</u> and the guiding principle to have a continual focus on children's well-being while they are in our care.
- <u>Value 4</u> and the guiding principle to ensure services are evidence-informed and continuously evaluated.
- Value 5 and the guiding principle to seek collaborative decisions whenever possible, as well as the agency practice to advocate for the least restrictive care necessary to provide safety and meet the youth's needs.