

CHILDREN & FAMILY SERVICES
HANDBOOK

REPLACES:

SECTION: 31-604
PAGE NO.: 1
ISSUED: 09-11-2017

APPLICATION FOR
PSYCHOTROPIC MEDICATION
FOR DEPENDENT CHILDREN

SECTION: 31-604
PAGE NO.: 1
EFFECTIVE: 10-02-2020

I. BACKGROUND

California legislation provides that when a child is adjudged a dependent child, and removed from the physical custody of their parents, only a Juvenile Court Judge shall have the authority to order the administration of psychotropic medications for that child. The court also retains the power to delegate this authority to the parent upon finding that the parent is capable of administering psychotropic medication to the child. All applications for psychotropic medications for children must be based upon a request from the child's attending physician.

II. POLICY

Any dependent child who is placed in out of home care and taking psychotropic medications must first have that medication approved by the Juvenile Court unless an emergency situation, as defined below, exists. This policy applies **only** to dependent children whose cases are in post-disposition status.

When a qualified child psychiatrist or physician prescribes medication for a dependent child:

- The Prescribing Physician will complete the JV-220(A).
- The Contra Costa Mental Health Designated Psychiatrist-Consultant will complete the Consulting Psychiatrist Review.
- The case-carrying Social Worker is responsible for completing the JV-220 and JV-221 and submitting all completed and signed JV forms to the Juvenile Court for approval within 3 judicial days of receipt. SW should follow instructions as detailed on each JV form in order to ensure current legal mandates are being met.

The Juvenile Court must review the following forms: JV-220, JV-220(A), JV-220(B), Consulting Psychiatrist Review, JV-221, JV-222, and authorize the medications on the JV-223 for each dependent child, every **180 days** (6 months), as long as the child is a dependent child.

In addition, the California Department of Social Services (CDSS) requires counties to input psychotropic medication information into CWS/CMS for all foster children.

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III. PROCEDURES

SWs may also refer to [CFS 604, Psychotropic Medication Authorization Desk Guide](#), for Procedures and SW responsibilities.

A. Pre-Disposition Cases:

1. Cases in pre-Disposition status do not require Court authorization for medication.
2. The child's parent(s) may approve all requests for psychotropic medications occurring prior to Disposition. The Application for Psychotropic Medication protocol does *not routinely apply in pre-disposition cases*.
3. If a parent is unavailable to sign the consent for psychotropic medication prior to Disposition, or is opposed to the use of medication that is deemed critical, the Social Worker or any party may petition the Court to intervene for authorization for medication. In this event, the Social Worker shall notify the Court that the case is Pre-Disposition and that they are seeking court authorization for the medications. The Social Worker should follow the format and process described in this protocol when submitting the Application.

B. Post-Disposition Cases:

At the disposition hearing, the JV 220 process becomes effective and the SW must immediately start the Psychotropic Medication Authorization process, prior to transferring the case to continuing services unit.

1. Court orders for psychotropic medication are required for post-disposition Family Reunification cases where the child is placed out of the home.
2. Post-Disposition Family Maintenance (FM) cases where the child remains in parent(s) home cases do not require a court order for medication. For FM cases, the parent(s) authorize the medication.
3. Children & Family Services (CFS) may ask the Juvenile Court to delegate the authority to a parent to authorize psychotropic medication for a dependent child who is placed out of the home. The Court must first

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assess that parent's ability to authorize the medication, and determine that such an authorization will not pose a risk to the child.

4. In any instance where a dependent child *not living in the family home under a Family Maintenance plan* has been prescribed psychotropic medication, and the parent(s) have not been authorized to approve psychotropic medications, CFS shall submit the required Judicial Council/JV forms to the Juvenile Court for the Court's approval.

NOTE: 18 year old juvenile dependents/Nonminor Dependents (NMD) must sign their own consents unless they are developmentally delayed in which case their Conservator would sign the consent.

C. Emergency Psychotropic Medication Request Procedure:

1. In emergency situations, psychotropic medication may be administered to a dependent child without prior court authorization.

An emergency is defined as a situation in which the child is diagnosed as suffering from a mental disorder, and, in the opinion of the Prescribing Physician, the administration of the medication is necessary to protect the life of the child or others, or to prevent serious harm or suffering by the child or others.

2. The Prescribing Physician, who determines whether the situation meets the emergency criteria, shall complete the JV-220(A) and indicate the emergency situation in Question 3 and include information to justify emergency use of psychotropic medication.
3. In these circumstances, the case-carrying Social Worker must ensure completion of the required Judicial Council/JV forms within 2 judicial days and secure the Court's approval for this medication.

IV. PUBLIC HEALTH NURSE OVERSIGHT

- A. California legislation requires that all children, youth and non-minor dependents in foster care receive all needed health care services, which now includes Public Health Nurse (PHN) case level oversight and monitoring of those who are prescribed psychotropic medications.

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PHNs collaborate with social workers to ensure that the physical, mental, and dental health needs of the child are being met. PHNs perform administrative activities in order to oversee psychotropic medication usage but do not provide direct medical services to children.

Administrative activities include, but are not limited to, meeting regularly with the child, reviewing court authorization of psychotropic medication, consultation with the caregiver and the child around response to side effects of medication, and review of clinical documentation to assess progress in meeting treatment plan goals.

Social workers may share health information with Contra Costa County PHNs who are assigned to their cases and may also include the PHN in any CFT or case planning where there are health concerns or issues being addressed.

V. FORMS

All JV forms should be accessed via the [Judicial Council's website](#) to ensure the most current version is being used.

VII. REFERENCES

California State Senate Bill (SB) 543

California State Senate Bill (SB) 238

California State Senate Bill (SB) 319

Welfare & Institution Code 369.5

Welfare & Institution Code 16501.3

Rule 5.640 of the California Rules of Court

Rule 5.642 of the California Rules of Court

CDSS All County Letter (ACL) 16-37: Trainings And Oversight Of Psychotropic Medication Usage For Children And Youth In Foster Care

ACL 16-48: The Role Of Foster Care Public Health Nurses In The Oversight And Monitoring Of Psychotropic Medication Usage For Children And Youth In Foster Care With The Passage Of Senate Bill 319

ACL 16-96: State General Fund Appropriation For The Monitoring And Oversight Of Psychotropic Medication By Foster Care Public Health Nurses

CWS/CMS Update #15-07, *Psychotropic Medications*

CONTACT PERSON: First line Supervisors and above may contact the CFS Program Analyst.