

SONOMA COUNTY PROBATION DEPARTMENT			
JUVENILE PROBATION POLICIES & PROCEDURES			
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3.5 PSYCHOTROPIC MEDICATION

POLICY STATEMENT

Welfare & Institutions Code section 739.5 provides that only a juvenile court officer has authority to make orders regarding the administration of psychotropic medication for a delinquent foster youth of the juvenile court who has been removed from the custody of the parent(s). However, the juvenile court may at any hearing issue an order delegating this authority to one or both of the youth's parents upon making findings on the record that the parent posed no danger to the youth and has the capacity to authorize psychotropic medications consistent with the youth's best interest. (Welfare & Institution Code §§ 202(d), 739.5(a).)

If a delinquent youth who is currently removed from his or her parents and made a Ward of the Juvenile Court with foster care orders needs psychotropic medication or a change in psychotropic medication, and the juvenile court has not delegated its authority to the parent(s), it is necessary to petition the court, using a JV-220 – Application for Psychotropic Medication form, to authorize administration of the medication. The court authorization must be based on a request from a physician accompanied by a JV-220(A) attachment completed and signed by the physician. Prior to seeking court authorization to administer or change psychotropic medication, Juvenile Probation must also submit the treating physician's recommendations to an independent child and adolescent psychiatrist retained by the County Behavioral Health Division for review and evaluation as well as consultation with the prescribing physician if warranted.

Physicians shall utilize the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care, http://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/QIP_Guidelines.pdf, when prescribing psychotropic medication to Sonoma County's foster children/youth.

FORMS

1. NON COURT-ORDERED FOSTER YOUTH MEDICATION STATEMENT (parent consent cases) - Attachment

The **Physician's Statement** must contain the following information:

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- Information about the youth, type of request, and any emergency circumstances
- Information about the prescribing physician, including medical specialties
- Information about the physician’s evaluation of the youth
- A description of the youth’s symptoms, response to any current medications, and alternatives to psychotropic medication that have been tried
- The youth’s diagnoses
- Therapeutic services that the youth will participate in while taking the medication(s)
- Relevant medical history
- Relevant lab tests performed or ordered
- Significant side effects, warnings/contraindications, drug interactions, and withdrawal symptoms for each recommended psychotropic medication
- The youth’s response to being told the anticipated benefits and side-effects of psychotropic medication, or the reasons for not telling the youth this information (e.g. age, incapacity)
- The youth’s present caregiver’s response to being told the anticipated benefits and side-effects of psychotropic medication
- The names, doses, and treatment durations of all psychotropic medication being administered or continued

2. JV-220 – APPLICATION FOR PSYCHOTROPIC MEDICATION (court ordered cases) - Attachment

The **JV-220** must contain the following information:

- Information about where the youth lives and the youth’s current location
- Name of the youth’s social worker/probation officer
- The youth’s feelings about starting psychotropic medications
- The parent/caregiver’s reasoning for beginning, renewing, or modifying psychotropic medication
- Information about mental health treatment alternatives considered
- Information about other psychotropic medications taken
- Therapeutic services that the youth will be enrolled in or referred to while taking the medication(s)
- Other services that may enhance the youth’s well-being

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3. **JV 220(A) – PHYSICIAN’S STATEMENT (court ordered cases) - Attachment**

The **JV-220(A) – Physician’s Statement** must contain the following information:

- Information about the youth, type of request, and any emergency circumstances
- Information about the prescribing physician, including medical specialties
- Information about the physician’s evaluation of the youth
- A description of the youth’s symptoms, response to any current medications, and alternatives to psychotropic medication that have been tried
- The youth’s diagnoses
- Therapeutic services that the youth will participate in while taking the medication(s)
- Relevant medical history
- Relevant lab tests performed or ordered
- Significant side effects, warnings/contraindications, drug interactions, and withdrawal symptoms for each recommended psychotropic medication
- The youth’s response to being told the anticipated benefits and side-effects of psychotropic medication, or the reasons for not telling the youth this information (e.g. age, incapacity)
- The youth’s present caregiver’s response to being told the anticipated benefits and side-effects of psychotropic medication
- The names, doses, and treatment durations of all psychotropic medication being administered or continued
- All psychotropic medicines being stopped if the application is granted
- All known psychotropic medications discontinued in the past

4. **JV-220(B) PHYSICIAN’S REQUEST TO CONTINUE MEDICATION (court ordered cases) - Attachment**

The **JV 220(B) - Physician’s Request to Continue Medication** must contain the following information:

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- Information about the youth and whether the request is to continue taking the same medication and dose under the care of the treating physician that completed the most recent JV-220(A)
- Information about the treating physician, including medical specialties
- The physician’s evaluation of the youth and overall mental health
- The youth’s observed response to treatment so far
- Nonpharmacological treatment alternatives tried, and the youth’s response, or reasons for not trying alternatives
- Symptoms not alleviated by current treatment methods
- Relevant medical history
- Whether all essential lab tests have been performed
- The youth’s response to being told the anticipated benefits and side-effects of psychotropic medication, or the reasons for not telling the child this information (e.g. age, incapacity)
- The youth’s present caregiver’s response to being told the anticipated benefits and side-effects of psychotropic medication
- Information about current treatment plans and follow-ups
- Therapeutic services that the youth has been enrolled in or referred to
- The names, doses, and treatment durations of all psychotropic medication being administered or continued

PROCEDURE

1. WHEN A YOUTH ON PSYCHOTROPIC MEDICATIONS ENTERS THE JUVENILE DELINQUENCY SYSTEM AND BECOMES A WARD WITH FOSTER CARE ORDERS

When a youth on psychotropic medications enters the juvenile delinquency system, the case record must be documented with the fact the youth is on medication.

When making a recommendation that a delinquent youth taking psychotropic medication(s) be declared/retained a ward of the Court and placed in foster care, the assigned probation officer should, as part of the overall evaluation/assessment of the youth and parent(s):

- a. Determine whether it is appropriate for the parent(s) to continue to have authority to consent to the youth taking psychotropic medication; or

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- b. Determine if the Court should retain the authority over administration of psychotropic medication in accordance with WIC 739.5.

If the probation officer determines that the parent(s) continue to be appropriate to consent to psychotropic medication on behalf of the youth, the probation officer should do the following:

- a. Include the rationale for that decision in the body of the case assessment/summary of the Disposition Report; and
- b. Document that the parent(s) maintain this authority in the case record; and
- c. Include the appropriate recommendations to the Juvenile Court. JV 216 may be used to reflect the juvenile court's delegation to the parent(s).

If it is determined that the parent(s) is/are not appropriate to continue consenting to psychotropic medication on behalf of the youth, the probation officer should do the following:

- a. With the assistance of legal support staff, ask the prescribing physician to complete a JV-220(A); and
- b. With the assistance of legal support staff, complete a JV-220 and other accompanying/required JV forms. i.e. JV 221, and submit to the Court with the Disposition Report; and
- c. Include the rationale for that decision in the body of the case assessment/summary of the Disposition Report; and
- d. Document that the parent(s) do not have this authority in the case record; and

Include the appropriate recommendations to the Juvenile Court.

2. WHEN A FOSTER YOUTH IN THE DELINQUENCY SYSTEM MAY NEED TO BEGIN, CONTINUE OR CHANGE PSYCHOTROPIC MEDICATION

The following procedures apply only when Probation seeks a court order delegating authority to the parents(s), typically in this order:

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Note: A court can authorize one or both of a child’s parents to consent to the administration of psychotropic medications in any juvenile court hearing, but this usually occurs at the initial dispositional hearing after the child has been removed and jurisdiction is established, even when a youth is not currently taking psychotropic medications.

- a. To ensure the court has adequate information to authorize parental consent, the probation officer will provide the following information in every court report filed when a delegation of parental consent is being sought or revisited:
 - i. Whether parents have had ongoing contact with the youth and ongoing participation in the placement/treatment program such that they are able to discern what is in the youth’s best interest
 - ii. Whether parents past behavior posed no risk/threat to the youth by giving informed consent to medication
 - iii. Whether there is evidence that alcohol, drug abuse, or mental health problems currently impair the parent’s capacity to consent
- b. When Probation seeks an order delegating authority to the parent(s), the probation officer will ensure that **Non Court-Ordered Foster Youth Medication Statements** are completed by the child’s treating physician within 30 days of the order, although they are not filed with the court in cases where a delegation of authority to consent is obtained.
- c. The probation officer will review the **Non Court-Ordered Foster Youth Medication Statement**, acquire all available information in response to the questions on the form if not completed by the prescribing doctor, and enter the acquired information directly on the form within 14 days.
- d. The probation officer will give the completed **Non Court-Ordered Foster Youth Medication Statement** to the Probation Legal Support Unit, and Legal Support staff will send the packet via email to an independent child and adolescent psychiatrist hired by the County Behavioral Health Division for review.

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- e. The reviewing psychiatrist will utilize the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care when assessing prescriptions.
- f. Within three business days, the reviewing psychiatrist will either inform the Legal Clerical Unit by email of his/her approval or of his/her need to consult with the prescribing physician (NOTE: If reviewing psychiatrist identifies a question or concern, this timeframe may be extended).
- g. After the packet is returned from the reviewing psychiatrist, the Legal Support Unit will scan and import the packet in CWS/CMS and will send an email to the assigned probation officer that the packet is stored therein. A hardcopy of the packet will be forwarded to the probation file.
- h. The entire hardcopy of the packet will then be given to the FY&C Public Health Nurse(s) for entry into CWS/CMS.
- i. The probation officer will follow up with the youth and/or the caregiver to ensure that the start date entered into CWS/CMS matches the date that the child begins taking the medication. The referenced PUB 488, Foster Youth Mental Health Bill of Rights – Questions to Ask About Medications, shall be provided to youth who are taking psychotropic medications.

IMPORTANT! Whenever a child/youth begins taking a newly prescribed psychotropic medication, the child/youth must be seen by the prescribing or another doctor, within 30 days of the first dosage being taken, for monitoring of the impact on the child/youth taking the medication. Ideally, this appointment should be made at the time the prescription is made.

Note: Orders delegating consent to the parent(s) are revisited at all subsequent review hearings, which must include authorization of why and how the parents continue to meet the criteria to authorize medication. A new **Non Court-Ordered Foster Youth Medication Statement** is completed every six months, as needed.

The following procedures apply when Probation seeks a court order authorizing psychotropic medication for a youth in the juvenile delinquency system, typically in this order:

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- a. If psychotropic medications are recommended, the youth's treating physician completes the **JV-220(A)**.
- b. The placement probation officer will review the **JV-220(A)** to ensure that the prescribing physician has completed all required sections and return incomplete forms to the physician for completion.
- c. The probation officer will complete the **JV-220** and other required JV forms within 14 days of receiving the completed JV-220(A).
- d. The probation officer will contact the parent and youth regarding the treating physician's recommendation for medication and the fact that the application will be made to the court to approve the use of psychotropic medications and discuss the prescription with them as appropriate.
- e. The probation officer will give the **JV-220/JV-220(A)** packet to the Probation Legal Support Unit, and Legal Processor staff will send the packet via email to an independent child and adolescent psychiatrist retained by the County Behavioral Health Division for review.
- f. The reviewing psychiatrist will utilize the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care when assessing prescriptions.
- g. Within three business days, the reviewing psychiatrist will either inform the Legal Clerical Unit by email of his/her approval or of his/her need to consult with the prescribing physician (NOTE: If reviewing psychiatrist identifies a question or concern, this timeframe may be extended).
- h. After the packet is returned from the reviewing psychiatrist, the Legal Support Unit will send an email to the assigned probation officer that the packet has been returned.
- i. The Legal Support Unit will submit the JV-220 packet to the court within two days of receipt of the email indicating the packet has been returned, and the court will either authorize, modify, deny the request, or schedule a hearing if needed.

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- j. The Legal Support staff will scan and import the entire JV-220 packet, including the order, into the Child Welfare Services/Case Management System (CWS/CMS) and will send an email to the assigned probation officer that the packet is stored therein. A hardcopy of the packet will be forwarded to the probation file.
- k. The entire hardcopy of the packet will then be given to the FY&C Public Health Nurse(s) for entry into CWS/CMS.
- l. The probation officer will follow up with the youth and/or the caregiver to ensure that the start date entered into CWS/CMS matches the date that the child begins taking the medication. The referenced PUB 488, Foster Youth Mental Health Bill of Rights – Questions to Ask About Medications, shall be provided to youth who are taking psychotropic medications.

IMPORTANT! Whenever a child/youth begins taking a newly prescribed psychotropic medication, the child/youth must be seen by the prescribing or another doctor, within 30 days of the first dosage being taken, for monitoring of the impact on the child/youth taking the medication. Ideally, this appointment should be made at the time the prescription is made.

3. **WHEN A PROBATION FOSTER YOUTH IS CONTINUING TREATMENT UNDER THE CARE OF THE SAME PHYSICIAN**

Different requirements apply if the youth is continuing the same medication, with the same maximum dose, under the care of the same physician that completed the most recent Non Court-Ordered Foster Youth Medication Statement /JV-220(A).

Before each placement review while the youth is in the juvenile delinquency system:

- a. The treating physician that completed the most recent Non Court-Ordered Foster Youth Medication Statement/JV-220(A) will update the **Non Court-Ordered Foster Youth Medication Statement** for parent consent cases or complete a **JV-220(B)** in court ordered cases.
- b. The probation officer will review the **Non Court-Ordered Foster Youth Medication Statement/JV-220(B)** to ensure that the prescribing

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physician has completed all required sections and return incomplete forms to the physician for completion.

- c. The probation officer will complete the JV-220 and other required JV forms.
- d. The probation officer will give the Non Court-Ordered Foster Youth Medication Statement/JV-220/JV-220(B) packet to the Probation Legal Support Unit, and Legal Support staff will send the packet via email to an independent child and adolescent psychiatrist hired by the County Behavioral Health Division for review.
- e. Within three business days, the reviewing psychiatrist will either inform the Legal Clerical Unit by email of his/her approval or of his/her need to consult with the prescribing physician (NOTE: If reviewing psychiatrist identifies a question or concern, this timeframe may be extended).
- f. After the packet is returned from the reviewing psychiatrist, the Legal Support Unit will send an email to the assigned probation officer that the packet has been returned.
- g. The Legal Support Unit will submit the JV-220/JV-220(B) packet to the court, and the court will either authorize, modify, deny the request, or schedule a hearing if needed.
- h. The Legal Support staff will scan and import the entire **Non Court-Ordered Foster Youth Medication Statement/JV-220(B)** packet, including the order, into CWS/CMS and will send an email to the assigned probation officer that the packet is stored therein. A hardcopy of the packet will be forwarded to the probation file.
- i. The entire hardcopy of the packet will then be given to the FY&C Public Health Nurse(s) for entry into CWS/CMS.

Note: If a new medication is being added or the dosage or frequency is changing for a current medication, a new Non Court-Ordered Foster Youth Medication Statement or a JV-220(A) is required and the above procedures will be followed, depending on whether a court order or parental consent is necessary.

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4. WHEN A YOUTH NEEDS EMERGENCY MEDICATION

California Rules of the Court, Rule 5.640(i) allows the emergency administration of psychotropic medications in certain situations. An emergency situation occurs when (a) a physician finds that the youth requires psychotropic medication to treat a psychiatric disorder or illness, (b) it is impractical to obtain authorization from the court before administering the psychotropic medication to the youth, and (c) the purpose of the medication is:

- a. To protect the life of the youth or others, or
- b. To prevent serious harm to the youth or others, or
- c. To treat current or imminent substantial suffering.

The following procedures apply only when there is a court order delegating authority to the parents(s):

In situations involving the emergency administration of psychotropic medications where the parent(s) maintain consent, the treating physician will attempt to contact parent(s) and obtain approval for the continuation of medication beyond the emergency to treat the presenting psychiatric disorder or illness. Once approval is obtained a **Non Court-Ordered Foster Youth Medication Statement** will be completed according to Section II of this policy.

The following procedures apply when there is a court order authorizing psychotropic medication:

In situations involving the emergency administration of psychotropic medications where the court retains the authority over psychotropic medication, the probation officer will request court authority to continue the medication beyond the emergency period as soon as practical but not more than two court days after the emergency administration of psychotropic medication using the JV 220 application process. If the probation officer is unable to complete the JV 220 application and obtain all the necessary documents within two court days, the probation officer should contact department management who will request assistance from County Counsel.

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5. When a Youth Has Started or Changed Medications

Within thirty (30) days of starting or changing psychotropic medication, the youth will return to the treating physician for a follow-up visit to review the efficacy of the new medication. The probation officer will document the follow-up visit in the youth’s case file.

6. When Medication Is Stopped

It is not necessary to petition the court if the physician recommends the medication be stopped.

Note: It is imperative that the probation officer at each regular placement visit discuss with the foster family/STRTP staff the medications the child is taking and include this information in the case documentation. The probation officer should alert the public health nurse to add the end date of the medication in CWS/CMS using the date the youth took the last dose of the medication.

7. When a Youth Changes Caregivers

Whenever the youth changes placements, the probation officer must, if applicable, provide the new placement with a copy of the court order, a copy of the Physician Statement Form (parent consent cases only), the last two pages of form JV-220(A), including medication and dosage information and other services in which the youth is enrolled (court ordered cases only), and the medication information sheets that were attached to form JV-220(A).

REFERENCES

Welfare and Institutions Code § 739.5
 California Rules of Court, Rule 5.640
 Welfare and Institutions Code § 202
 California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care,
http://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/QIP_Guidelines.pdf
 PUB 488 – Foster Youth Mental Health Bill of Rights – Questions to Ask About Medications, <http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB488.pdf>

ATTACHMENTS

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Attachments: [Non Court-Ordered Foster Youth Medication Statement \(MHS 843; 02-18\)](#)
[JV-216 \(revised January 1, 2018\)](#)
[JV-220 \(revised January 1, 2018\)](#)
[JV-220\(A\) \(revised January 1, 2018\)](#)
[JV-220\(B\) \(revised January 1, 2018\)](#)
[JV 221 \(revised January 1, 2018\)](#)
[JV 222 \(revised January 1, 2018\)](#)
[JV 223 \(revised January 1, 2018\)](#)
[JV 224 \(revised January 1, 2018\)](#)
[PUB 488 \(2/16\) – Foster Youth Mental Health Bill of Rights](#)

Signed by:

David M. Koch
Chief Probation Officer