



CDSS

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**DEPARTMENT OF SOCIAL SERVICES**  
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EDMUND G. BROWN JR.  
GOVERNOR

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change  
☐ Federal Law or Regulation Change  
☐ Court Order  
☐ Clarification Requested by One or More Counties  
☒ Initiated by CDSS

April 28, 2016

ALL COUNTY LETTER NO. 16-37

TO: ALL COUNTY CHILD WELFARE DIRECTORS  
 ALL COUNTY CHILD WELFARE PROGRAM MANAGERS  
 ALL CHIEF PROBATION OFFICERS  
 ALL TITLE IV-E AGREEMENT TRIBES  
 ALL JUDICIAL COUNCIL STAFF  
 ALL ADOPTION REGIONAL AND FIELD OFFICES  
 ALL FOSTER CARE MANAGERS

SUBJECT: TRAININGS AND OVERSIGHT OF PSYCHOTROPIC MEDICATION  
 USAGE FOR CHILDREN AND YOUTH IN FOSTER CARE

REFERENCE: SENATE BILL (SB) 238 (CHAPTER 534, STATUTES OF 2015);  
 WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS 304.7, 317,  
369.5, 739.5, 16003, 16206, 16501.3 AND 16501.4;  
 HEALTH AND SAFETY CODE (H&SC) SECTIONS 1522.41  
AND 1529.2; CALIFORNIA RULES OF COURT RULE 5.640;  
 ALL COUNTY INFORMATION NOTICES I-20-08, I-69-13, I-36-15,  
I-36-15E AND I-30-15

The purpose of this All County Letter (ACL) is to inform county child welfare agencies and probation departments about the changes impacting the use and authorization of psychotropic medication for youth in foster care due to the passage of SB 238.

**Background**

The SB 238, Chapter 534 was approved by the governor on October 6, 2015, and statutory changes became effective on January 1, 2016. With the passage of SB 238, there are several changes being implemented in an effort to improve the safe and appropriate use of psychotropic medication by children and youth in foster care. First, training on the subject of foster children and the usage of psychotropic medications, trauma, substance use disorder and mental health treatments will be developed and made available to county child welfare social workers, probation placement officers, group home administrators, public

health nurses, foster parents, relative and Non-Related Extended Family Member (NREFM) caregivers, and juvenile court staff involved in juvenile dependency and probation cases.

Secondly, SB 238 requires the Judicial Council to amend and adopt new rules of court and develop appropriate judicial council forms regarding the authorization for administration of psychotropic medications for juvenile dependents and wards.

Lastly, [section 16501.4](#) has been added to the W&IC to ensure improved oversight of use of psychotropic medications for foster youth through the sharing of relevant data between CDSS, the Department of Health Care Services (DHCS) and county child welfare agencies.

### **Training**

The SB 238 added subdivision (d) to [W&IC section 16501.4](#), which states that training shall be developed that may be provided to staff and caregivers who work with children in foster care that “addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight and monitoring of psychotropic medications, trauma and substance use disorder and mental health treatments, including how to access those treatments.”

Trainings associated with the special needs and rights of foster youth are currently offered to child welfare and probation staff, caregivers of foster youth and other relevant individuals who regularly work with foster youth. These trainings are provided to group home administrators ([H&SC section 1522.41](#)), certified foster parents ([H&SC section 1529.2](#)), juvenile court judges ([W&IC section 304.7](#)), relative and NREFM caregivers ([W&IC section 16003](#)), county child protective social workers ([W&IC section 16206](#)), attorneys representing children in juvenile court proceedings ([W&IC section 317](#)) and public health nurses ([W&IC section 16501.3](#)). The SB 238 has amended these sections of W&IC and H&SC to ensure training regarding the authorization and administration of psychotropic medications for foster youth is made available to all of the aforementioned parties. Pursuant to SB 238, Court Appointed Special Advocates (CASA) will also be provided with these training materials. Therefore, once the training materials are developed, the California Department of Social Services (CDSS) will provide them to the CASA programs within each county for their use.

Currently, there are classes pertaining to the issues surrounding psychotropic medication usage and children in foster care for county child welfare social workers and probation officers available through the Regional Training Academies (RTAs). The CDSS is working with the RTAs to ensure statewide access to these classes for all county child welfare workers and probation officers.

As required by SB 238, CDSS convened a workgroup in February 2016 to consult with various agencies and stakeholders to develop the appropriate training materials. This workgroup is anticipated to meet monthly until mid-year 2016. This workgroup includes the

DHCS, Judicial Council, County Welfare Directors Association of California (CWDA), County Behavioral Health Directors Association of California (CBHDA), Chief Probation Officers of California (CPOC) and other necessary stakeholders.

### **Revised/New Judicial Council Forms**

The SB 238 also amends W&IC sections 369.5 and 739.5 to require the Judicial Council to amend and adopt rules of court and develop appropriate forms to address all of the following changes to the court authorization process for the administration of psychotropic medications to foster youth:

- The child, caregiver(s) and CASA, if any, will now have the opportunity to provide input to the court about the medications being prescribed.
- The child's overall mental health assessment and treatment plan will be provided to the court.
- Information about the rationale for the proposed medication, provided in the context of past and current treatment efforts, must be provided to the court.
- The court will also receive guidance regarding how to evaluate the request for authorization, including how to proceed if information is not included in a request for authorization submitted to the court.
- The rules of court and newly developed or amended forms shall include a standardized process for periodic oversight by the court of orders regarding the administration of psychotropic medications. The periodic oversight shall be facilitated by the county social worker, public health nurse, or other appropriate county staff. This oversight process shall be conducted in conjunction with other regularly scheduled court hearings and reports provided to the court by the county child welfare agency or probation agency.

These forms are currently being developed by the Judicial Council in consultation with CDSS, DHCS, CWDA, CBHDA, CPOC, associations representing current and former foster children, caregivers, children's attorneys and other stakeholders. The SB 238 states that these forms shall be developed on or before July 1, 2016. When these forms become available, social workers, probation officers and other relevant staff will need to use these forms and file them as instructed by the Judicial Council.

The SB 238 also requires that county child welfare agencies and probation departments provide a copy of the juvenile court order approving or denying a request for authorization for the administration of psychotropic medication to the child's or minor's caregiver.

### **Oversight of Foster Youth Prescribed Psychotropic Medications**

The W&IC section 16501.4 has been added to ensure the oversight of psychotropic medications that are prescribed for children in foster care. The SB 238 requires that CDSS

and DHCS enter into a data sharing agreement and to develop, in consultation with counties, a data sharing agreement in which county placing agencies may opt to participate. The CDSS and DHCS have currently entered into a data sharing agreement which allows DHCS and CDSS to exchange the information that is needed for CDSS to generate county-specific reports describing each child for whom one or more psychotropic medications have been paid for under Medi-Cal, including fee-for-service and managed care paid claims. County child welfare agencies currently have the opportunity to “opt-in” to the data sharing agreement to receive these county, child- specific reports.

Pursuant to W&IC section 16501.4(b)(1), the county-specific reports will contain the following information:

- Psychotropic medications that have been authorized for the child pursuant to W&IC section 369.5 or 739.5,
- Pharmacy data, including the name of the medication, quantity and dose prescribed, and
- Other data will be made available, including psychosocial interventions, incidents of polypharmacy and indicator(s) to identify children for whom additional follow up may be appropriate which will be developed by CDSS and stakeholders.

In addition to the minimum information included in the county-specific reports, counties may also request additional data elements be provided to them. For further information about the data sharing agreement between CDSS and DHCS and how counties can opt-in to receive county specific reports, please refer to [ACIN I-36-15](#), dated May 12, 2015 and [ACIN I-36-15E](#), dated June 17, 2015.

### **County Child Welfare Agencies Who Have Opted-In To Receive Data Reports**

At this time, the county-specific reports are being shared on a quarterly basis with county agencies who have selected to “opt-in” and become signatories to the data sharing agreement. Counties who have opted-in to the global data sharing agreement participate in monthly meetings with the Child Welfare Data Analysis Bureau at CDSS to address any questions or concerns and discuss enhancements to the county-specific reports. The goal is to begin sharing the county specific reports on a monthly basis. The CDSS also continues to work with counties to ameliorate any issues or concerns and to ensure all counties are eventually able to participate in the data sharing agreement.

The information provided on the county specific reports will also be provided for each individual child (for counties who have opted-in), at that child’s court hearings. The information will be provided on a form which CDSS will be developing in consultation with stakeholders, and will share the psychotropic medications that the child is authorized to take, pharmacy data, including the name of the medication, quantity and dose prescribed and other available data including information regarding psychosocial interventions and

incidents of polypharmacy. The county placing agency shall use this form and share it with the appropriate juvenile court, the child's attorney, the county department of behavioral health and the CASA, if one has been appointed. This form shall be prepared in conjunction with reports prepared for each regularly scheduled court hearing.

Stakeholders consulting with CDSS on the development of this form will include DHCS, CWDA, CBHDA, CPOC and other relevant stakeholders. Once this form is developed by CDSS and stakeholders, CDSS will share the form with all county child welfare and probation agencies, so that they may have the opportunity to provide suggestions and feedback about the form prior to it being finalized and implemented.

### **County Child Welfare Agencies Who Have Not "Opted-In"**

County child welfare and probation agencies who have not selected to opt-in to receive county specific reports from CDSS can view aggregate data about their children in foster care and psychotropic medication usage on the California Child Welfare Indicators Project (CCWIP) website, at [http://cssr.berkeley.edu/ucb\\_childwelfare/default.aspx](http://cssr.berkeley.edu/ucb_childwelfare/default.aspx). The information can be found by viewing Measure 5a.1, "Use of Psychotropic Medication Among Youth in Foster Care," and Measure 5a.2, "Use of Antipsychotic Medication Among Youth in Foster Care."

Eventually there will be five additional child welfare psychotropic medication measures which will also be posted on the CCWIP website. These measures include:

- Use of multiple concurrent psychotropic medications for youth in foster care;
- Ongoing metabolic monitoring for youth in foster care on antipsychotic medication;
- Use of first-line psychosocial care for youth in foster care on psychotropic medication;
- Follow up visit for youth in foster care on antipsychotic medication; and
- Metabolic screening for youth in foster care newly on psychotropic medication.

If you have any questions about this ACL, please contact the Foster Care Support Services Bureau, at (916) 651-7465.

Sincerely,

### ***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division