



SB 253: Juveniles: Psychotropic Medication

Author	Monning
Sponsor	National Center for Youth Law
Issue	Most psychotropic medications are not approved for use with children and are untested for safety, their misuse can cause serious impairment, side effects, and disabilities. When more than 25% of youth in foster care are given one or more psychotropic medications, and thousands of children are taking multiple drugs at the same time, when 50% of those foster children receiving a psychotropic medication are administered an antipsychotic, it is clear that the current system is putting youth at risk. A more rigorous process is needed to protect the health and welfare of our foster children.
Solution	<ul style="list-style-type: none"> Juvenile court judges are given the information they need with criteria to guide their decision-making Second opinions are available when necessary, 60 day non-appearance hearing to oversee the effects of the medication(s) early on, Foster youth voice, assent, are added to the authorization process
Factors in Implementation	Judicial Council to develop new rules of court and forms, state and counties to determine payments and resources for second opinions, transmission of records will be key to the decision making process

SB 238: foster care: psychotropic medications

Author	Mitchell
Sponsor Organization(s)	County Welfare Directors Association (CWDA) with co-sponsor, National Center for Youth Law (NCYL)
Issue	Foster children are overmedicated with powerful psychotropic drugs and the caregivers and professionals need the skills and knowledge to provide safer care.
Solution	<ul style="list-style-type: none"> Provide training Produce data on mental health and medication services to counties Improve information given to the judges who authorize med use with foster children
Factors in Implementation	Judicial Council to update forms and rules. DSS to develop monthly reports on foster children receiving these medications and requires certain data sharing between DHCS and DSS, and the counties, requires training for group home administrators, foster parents, relative and nonrelative caregivers, judges, children's counsel, child welfare workers, and public health nurses.

SB 319: foster care: psychotropic medications

Author	Beall
Sponsor Organization(s)	National Center for Youth Law (NCYL)
Issue	Foster children's records are often incomplete or difficult to obtain. Foster children are overmedicated with powerful psychotropic drugs and the majority do not receive appropriate screening and monitoring of the treatment's effects.
Solution	Authorizes health care providers to disclose medical information to a foster care public health nurse to coordinate health care services and medical treatment. Names that the duties of the foster care public health nurse may oversee and monitor psychotropic medication use appointments and records.
Factors in Implementation	Notice of code change and information sharing rules sent, training of public health nurses tied to SB 238, counties may opt-in to assign the specific duty of a foster care public health nurse to include oversight and monitoring of psychotropic medications, counties may draw down 75% federal match of funds

SB 484: juveniles

Author	Beall
Sponsor Organization(s)	National Center for Youth Law (NCYL)
Issue	Nearly one in four foster children and 56 percent of children in group homes are receiving psychotropic drugs, often without adequate oversight, monitoring, or psychosocial services provided.
Solution	<ul style="list-style-type: none"> Identify group homes with high medication usage and low psychosocial service and monitoring appointments for foster children in their care. Review facilities, share information, and work out a plan for improvement when needed.
Factors in Implementation	DHCS and CDSS to produce data, methodology to be developed by stakeholders for identification of homes, checklist development for licensing division staff performing reviews, CDSS to post summary of reviews and process annually on the web
