

MEDICATIONS GUIDE

Group Homes

Group Homes licensed by the California Department of Social Services, Community Care Licensing Division (CCLD) must comply with the medication regulations in Title 22, Division 6, Chapter 5 of the California Code of Regulations (22 CCR), AB 12 Interim Licensing Standards, and applicable statutory requirements in the California Health and Safety Code (HSC) and Welfare and Institutions Code (WIC).

Medication management represents an area of great responsibility. If not managed according to physician orders and in compliance with statutory and regulatory requirements, medications intended to help a child's or nonminor dependent's health may place that individual's health and safety at risk.

This guide is meant to help providers understand the regulations for medication management, but is not a substitute for the actual regulations and statutes governing the operation of a licensed Group Home. The following information provides regulatory and statutory requirements as well as suggestions for best practices to provide additional safeguards in the management of medications in a Group Home. An Appendix is also included at the end of this document that provides applicable statutes and regulations as they relate to medication management in licensed Group Homes. This guide is not an exhaustive treatment of the subject. If you have additional questions, you should consult with your Regional Office.

GENERAL GUIDANCE

It is important for all facilities providing care and supervision to children or nonminor dependents with medication needs to ensure the following:

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- Understand the risk associated with caring for individuals with medication needs. Educate administrators and staff on commonly used medications in the facility.
- Train staff in understanding the purpose and intended use of the medications, associated side effects, adverse drug reactions, and overdose risks.
- Train staff that assist in self-administration of medication to understand the limits of their authorization and how to assist effectively.
- Develop a plan for regular evaluation of staff’s compliance with the facility’s medication procedures.
- Ensure staff is aware of their responsibility to maintain the confidentiality of health information pertaining to a child or nonminor dependent, as required by applicable [state](#) and [federal laws](#). All information and records obtained from or regarding the child or nonminor dependent shall be confidential unless otherwise provided by law.
- Maintain and document communication with prescriber/physicians, pharmacists, and other licensed health care professionals.
- Develop a system to communicate medication changes to staff, the child or nonminor dependent, and the authorized representative.
- Train staff on universal precautions to prevent contamination and the spread of disease.

The following table describes several common scenarios in the care of children or nonminor dependents with medication needs. The “What to do” guidance provides recommendations that constitute good practice. These scenarios may include both best practices and statutory or regulatory requirements. Please see the [appendix](#) for applicable licensing laws and regulations.

Scenario:	What to do:
Administrator/Licensee designates staff to handle medication	<ul style="list-style-type: none"> • Follow the written policies and procedures provided in the facility’s Department approved plan of operation for the functions of these designated staff. • Train all staff that will be responsible for medications in the proper storage, preparation, cleanup, disposal, documentation, notification, and distribution of medications, including what types of assistance are permitted (e.g. injections, nose or eye drops, etc.). • Verify staff competence in these areas.
Assisting with the self-administration of medication	<ul style="list-style-type: none"> • Staff shall assist children as needed and nonminor dependents upon request, with the self-administration of medication. • Staff shall follow the prescriber/physician’s instructions regarding the medication when assisting with self-administration. Staff should also take into consideration the child’s or nonminor dependent’s preferences of how and when he/she would like to take the medication as long as it does not conflict with the prescriber/physician’s instructions.

Scenario:	What to do:
Assisting with the self-administration of medication, continued	<ul style="list-style-type: none"> • Staff should assist with the medication for one child or nonminor dependent at a time and not in the presence of other children or nonminor dependents, in order to ensure privacy and confidentiality. • The names of staff members who are authorized to assist a child or nonminor dependent with the self-administration of medication should be maintained in the staff files. • Staff are trained and follow universal precautions and any other procedures recommended by a licensed health care professional. • Written documentation, outlining the procedures that are used in assisting the child or nonminor dependent with the self-administration of medication and all aspects of care to be performed by the facility staff, is maintained in the child's or nonminor dependent's record.
Storage of medication	<ul style="list-style-type: none"> • Every prescription and non-prescription medication that is centrally stored in the facility must be logged. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose, and identifies what information must be recorded for all centrally stored medications. • All prescription medications for children shall be locked and inaccessible to unauthorized staff, children, and nonminor dependents. • A nonminor dependent may store his/her medications and injections in his/her possession. But facility staff must ensure that such storage ensures the safety of other nonminor dependents and children in the group home. • Store medications in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.). • Prescription bottle labels cannot be altered by anyone other than the dispensing pharmacist. • Prescription medication for children that requires refrigeration must be centrally stored and locked in a receptacle, drawer, or container. The medication must be kept separate from food items (Caution should be used in selecting storage containers as metal may rust.); facilities can also choose to use a locking refrigerator dedicated only for this purpose, or place the refrigerator in a locked medication room. • A record of centrally stored medications for each child or nonminor dependent must be maintained for at least 1 year.
Child or nonminor dependent arrives with medication	<ul style="list-style-type: none"> • Contact the prescriber/physician to ensure that he/she is aware of all medications currently taken by the child or nonminor dependent, and get a copy of the prescription(s).

Scenario:	What to do:
<i>Child or nonminor dependent arrives with medication, continued</i>	<ul style="list-style-type: none"> • Verify with the prescriber/physician that the medication taken by the child or nonminor dependent is current as prescribed. • Inspect containers to ensure the labeling is accurate and that medication has been taken as prescribed (for example, if the child or nonminor dependent has been taking the pills as prescribed, and confirm the correct number of pills are missing). • Log each medication as received accurately on forms for the child’s or nonminor dependent’s record. The LIC 622 is available for this purpose. <ul style="list-style-type: none"> ○ Facilities may utilize their own centrally stored medication form, as long as the form includes: child’s or nonminor dependent’s name; medication name; strength/quantity; instructions regarding control and custody of the medication (if any); expiration date; name of prescribing physician; prescription number; number of refills and name of the issuing pharmacy. • Obtain an understanding from the child or nonminor dependent and the authorized representative about the current medication(s) he/she is taking and what symptoms the medication(s) is targeting. Having this kind of discussion with the child or nonminor dependent may help the staff provide appropriate care and supervision. • Store the medication. (See “Storage of medication” above.)
A dosage is changed between refills	<ul style="list-style-type: none"> • Provide written documentation reflecting the dosage change in the child’s or nonminor dependent’s record, including the time and date of conversation with the prescriber/physician or attach the updated prescription. • If a new prescription is filled as a result of the dosage change, ensure that the unused medication is properly disposed of. • Have a facility procedure (i.e., card file/cardex, notebook, and/or a flagging system) to alert staff to the dosage change. • If the child or nonminor dependent, staff, or authorized representative report any concerns or observed side effects due to the change in dosage, document and report the information to the prescriber/physician.
Medication refills	<ul style="list-style-type: none"> • Never let a medication run out unless directed to by the prescriber/physician. • Make sure a refill is ordered promptly (a week ahead whenever possible). • Inspect the container to ensure all information on the label is correct.

Scenario:	What to do:
<i>Medication refills, continued</i>	<ul style="list-style-type: none"> Note any changes in instructions and/or medication (e.g., change in dosage, change to generic brand, etc.) in the child’s or nonminor dependent’s record and discuss with the child or nonminor dependent, authorized representative, and appropriate staff. When received, log the medication on the Centrally Stored Medication and Destruction Record LIC 622.
Prescription is expiring but medication may still be needed	<ul style="list-style-type: none"> Consult with the prescriber/physician or others involved each time a medication that has not been pre-authorized for refills is expiring.
Destruction of medication (for any reason)	<ul style="list-style-type: none"> Prescription medication must be destroyed by the facility administrator, or a designated substitute, and another employee. The county or city in which the facility is located may have additional requirements related to the destruction of medication. Every prescription medication that is destroyed in the facility must be recorded and logged. The Centrally Stored Medication and Destruction Record (LIC 622) identifies what information must be recorded for all destroyed prescription medication. A record of a prescription medication that was destroyed in the facility or that was taken to a pharmacy or elsewhere for destruction must be maintained for at least 1 year.
Medication is permanently discontinued	<ul style="list-style-type: none"> Confirm with the prescriber/physician the instructions for discontinuing the medication, including the tapering process if needed. Obtain written documentation of the discontinuation from the prescriber/physician and document the date, time, and name of the person talked to in the child’s or nonminor dependent’s record. If the child or nonminor dependent, staff, or authorized representative report any concerns or observe any effects due to the discontinuation of medication, document and report the information to the prescriber/physician. Have a facility procedure (i.e., card file, notebook, and/or a flagging system) to alert staff to the discontinuation. Destroy any remaining supply of the medication.
Medication is placed on hold	<ul style="list-style-type: none"> A medication placed on hold by the prescriber/physician may be held by the facility. Discuss the change with the child or nonminor dependent and the authorized representative. Obtain a written order from the prescriber/physician to hold the medication and document in the child’s or nonminor dependent’s record the date, time,

Scenario:	What to do:
Medication is placed on hold, continued	<p>and name of the person talked to regarding the hold order.</p> <ul style="list-style-type: none"> • Have a facility procedure (i.e., card file, notebook, and/or a flagging system) to alert staff to the discontinuation and restart date. • Without altering the label, mark or identify in a consistent manner medication containers that have hold orders. • Contact the prescriber/physician before a discontinuation/hold order expires to receive new instructions regarding whether the child or nonminor dependent should resume taking the medication.
Medication reaches expiration date	<ul style="list-style-type: none"> • Check containers regularly for expiration dates. • Communicate with the prescriber/physician and pharmacy promptly if a medication expires. • Do not use expired medications unless the prescriber/physician orders otherwise. Obtain a refill as soon as possible if needed. • Over-the-counter medications and ointments also have expiration dates (for ointments the expiration date is usually at the bottom of the tube). • Destroy expired medications.
Child or nonminor dependent is discharged, dies, or leaves medication behind after discharge or AWOL	<ul style="list-style-type: none"> • All medications, including over-the-counter medications, should be transferred to the possession and control of the authorized representative upon discharge of the child or nonminor dependent. • Document when medication is transferred with the child or nonminor dependent. It is good practice to account for the quantity of medication being transferred. Obtain the signature of the person accepting the medication (i.e., authorized representative.) • If the child or nonminor dependent is absent without leave (AWOL), his/her medication should be retained until he/she is discharged from the facility. • If the child dies, his/her medication must be destroyed. It is also best practice to destroy all medications belonging to a nonminor dependent who has died.
Child or nonminor dependent misses a medication	<ul style="list-style-type: none"> • Any missed medication should be documented in the child's or nonminor dependent's medication administration record (MAR). For instances of a missed medication, staff should refer to the prescriber's instructions or consult with a pharmacist or prescriber/physician for guidance. • Notify the authorized representative. • Report the child's or nonminor dependent's missed medication to CCLD via an incident report if it threatens the physical or emotional health or safety of any person residing in the facility.

Scenario:	What to do:
Child or nonminor dependent refuses a medication	<ul style="list-style-type: none"> • No child or nonminor dependent can be forced to take any medication. • Ask the child or nonminor dependent why he/she is refusing. Document the specific reason(s) why he/she is refusing the medication. Refusal of a medication may indicate a need for consultation with the child’s or nonminor dependent’s prescriber/physician. • Notify the authorized representative. • Report the child’s or nonminor dependent’s refused medication to CCLD via an incident report if it threatens the physical or emotional health or safety of any person residing in the facility. • Reference the Special Considerations for Psychotropic Medications section for additional scenarios and guidance on the refusal of psychotropic medications.
Child or nonminor dependent experiences side effects to a medication	<ul style="list-style-type: none"> • If the child or nonminor dependent reports that he/she is experiencing side effects from a medication or if staff observes side effects or changes in behavior, staff should document the reported or observed side effects in the child’s or nonminor dependent’s record, and report the information immediately to the child’s or nonminor dependent’s prescriber/physician. • Have a facility procedure in place that staff can alert clinical staff about reported or observed side effects to medications. • Report the child’s or nonminor dependent’s report of side effects to CCLD via an incident report if the side effects threaten the physical or emotional health or safety of any person residing in the facility.
Medication needs to be crushed or altered	<ul style="list-style-type: none"> • A medication may be crushed or altered to enhance swallowing or taste, but never to disguise or “slip” it to the child or nonminor dependent without his or her knowledge. • Include written documentation in the child’s or nonminor dependent’s record if the medication is to be crushed or altered, including: <ol style="list-style-type: none"> 1. A prescriber/physician’s order specifying the name and dosage of the medication to be crushed. 2. Verification of consultation with a pharmacist or prescriber/physician that the medication can be safely crushed; identification of foods and liquids that can be mixed with the medication, and instructions for crushing or mixing the medication. 3. A form consenting to crushing the medication signed by the authorized representative for the child or nonminor dependent.
Medication may be “set up” or “poured” in advance	<ul style="list-style-type: none"> • Have clean, sanitary conditions. (i.e., containers, counting trays, pill cutters, pill crushers and storage/setup areas.)

Scenario:	What to do:
<i>Medication may be “set up” or “poured” in advance, continued</i>	<ul style="list-style-type: none"> • The medication must be stored in its original container and not transferred between containers. • Pour medication from the bottle to the individual child’s or nonminor dependent’s cup/utensil to avoid touching or contaminating medication. The name of the child or nonminor dependent should be on each cup/utensil used in the distribution of a medication. • Have written procedures for situations such as spillage, contamination, assisting with liquid medication, interactions of medications, etc. • Medication should not be set up more than 24 hours in advance, and refrigerated medication shall be kept refrigerated until needed.
<i>Medication needs to be transferred for home visits, outings, etc.</i>	<ul style="list-style-type: none"> • When a child or nonminor dependent leaves the facility for a short period of time during which <u>only one dose of medication</u> is needed, the licensee may give the medication to a responsible adult/authorized representative in an envelope (or similar container) labeled with the facility's name and address, child’s or nonminor dependent’s name, name of medication(s), and instructions for administering the dose. • If the child or nonminor dependent is to be gone for <u>more than one dosage period</u>, the licensee may: <ul style="list-style-type: none"> a) Give the full prescription container to the responsible adult/authorized representative, OR; b) Have the pharmacy either fill a separate prescription or separate the existing prescription into two bottles, OR; c) Have the child’s or nonminor dependent’s family obtain a separate supply of the medication for use when the child or nonminor dependent visits the family. • Ensure that the medication is given to the adult authorized to escort the child or nonminor dependent off the facility premises. • Have the adult entrusted with the medication sign a receipt which identifies the number and type of medication sent out and returned. • Maintain documentation or a log of the medication sent out and returned.

SPECIFIC TYPES OF MEDICATIONS

Ear or Eye Drops and Nasal Sprays

Facility staff shall assist children as needed and nonminor dependents upon request, with the self-administration of prescription and non-prescription ear or eye drops and nasal sprays. If a child cannot self-administer, then the medication must be administered by a licensed health care professional.

- Prior to providing the child or nonminor dependent with assistance to self-administer drops, facility staff should consider the use of assistive devices, such as an eye cup, which would enable the child or nonminor dependent to effectively self-administer the drops.

Emergency Medication(s) (e.g., inhaler, Epipens etc.)

A child who has a medical condition requiring the immediate availability of emergency medication may maintain the medication in his/her possession when:

- The prescriber/physician has ordered the medication, and has determined and documented in writing that the child is capable of determining his/her need for a dosage of the medication and that possession of the medication by the child is safe.
- This determination by the prescriber/physician is maintained in the child's record.
- The prescriber/physician's determination clearly indicates the dosage and quantity of medication that should be maintained by the child.
- CCLD has approved the licensee's request for an exception to 22 CCR sections 80075(k)(1) and 84075(b).

A nonminor dependent may store emergency medication in his/her possession. But staff must ensure that such storage maintains the safety of other children and nonminor dependents in the group home.

Injectable Medications

If a child or nonminor dependent requires an injectable medication, a licensee must ensure the following:

- Facility staff shall assist children as needed and nonminor dependents upon request with the self-administration of prescription medication injections.
- If the child or nonminor dependent is unable to self-administer an injection, a licensed health care professional must administer the injection to the child or nonminor dependent.
- In the event of an emergency, a direct care staff member of a group home who has been trained to administer injections by a licensed health care professional may administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock to a minor foster child or nonminor dependent.

- The prescriber/physician's medical assessment contains documentation of the need for injectable medication.
- Sufficient amounts of medication, test equipment, syringes, needles, and other supplies should be maintained in the facility and stored properly.
- Syringes and needles are disposed of in a "container for sharps," and the container is kept inaccessible to children or nonminor dependents.
- Only the child or nonminor dependent or a licensed health care professional can mix medications to be injected or fill the syringe with the prescribed dose.
- Insulin and other injectable medications are kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection.
- Pre-measured doses of insulin or other injectable medications were packaged in individual syringes prepared by a pharmacist or the manufacturer.
- Injectable medications that require refrigeration are kept locked.

Over-the-Counter Medications (including Herbal Remedies)

Despite the relative ease of obtaining them, over-the-counter (OTC) medications (e.g., aspirin, cold medications, etc.) can also be dangerous (i.e. overdose risk, alcohol in cold medication, etc.). Licensees are responsible for protecting a child's or nonminor dependent's health and safety in the self-administration of OTC medication. Good practice includes ensuring that:

- OTC medications are centrally stored if the licensee determines that they may be a safety hazard to any person in the facility.
- Refer to the [PRN section](#) for OTC medication given on an as needed basis.
- The licensee has written documentation of a prescriber/physician's approval of the use of all OTC medications that are or may be taken by the child or nonminor dependent on a regular basis (e.g., vitamins, etc.) as well as those used on an as needed basis.

Centrally stored, stock supplies of over-the-counter medications may be used in group homes. The licensee should verify that the child's or nonminor dependent's prescriber/physician has approved the use of the OTC medication before giving him/her a dose from the house supply.

Prepackaged Medications

Prepackaged medications (bubble packs, trays, cassettes, etc.) are only allowed if they are packed and labeled by a pharmacy. However, licensees should have procedures in case one dose is contaminated and must be destroyed.

Sample Medications

A sample medication may only be used by the child or nonminor dependent if the medication has been provided by a prescribing prescriber/physician. Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

PRN Medications (Medications Delivered "As Needed")

“PRN” is the abbreviation for “pro re nata,” which is Latin for: “as the occasion arises; or, when necessary.” PRN medication can be either prescription medication or over-the-counter medication.

California Code of Regulations section 80075(b) describes how staff are to assist with the self-administration of PRN medication for children in group homes. This provision also constitutes good practice for assisting nonminor dependents with the self-administration of PRN medication.

Special Considerations for Psychotropic Medications

Most of the guidance described in this document applies to all medications. But additional considerations are warranted for children or nonminor dependents taking psychotropic medication.

According to Welfare and Institutions Code sections 369.5(d) and 739.5(d), psychotropic medications are “medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. These medications may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psycho-stimulants.” There are some exceptions in which a child may be taking psychotropic medications and may not need court approval. For more information about what to do in these types of instances, please review the [scenarios](#) portion of this guide.

As chemical substances are designed to affect the central nervous system, psychotropic medications affect the brain and have the potential to change a child’s or nonminor dependent’s perception, mood, consciousness, cognition, and/or behavior. For these reasons psychotropic medications must be treated with special consideration.

What Do Licensees Need?

In California, a juvenile court must authorize the administration of a psychotropic medication for a minor foster child. The process begins when the Application Regarding Psychotropic Medication ([JV-220](#)) and the Physician’s Statement—Attachment ([JV-220\(A\)](#)) are submitted to the juvenile court on behalf of the child. The court order authorizing psychotropic medication is provided as the Order Regarding Application for Psychotropic Medication ([JV-223](#)). A licensee must retain a copy of the signed JV-223 in order to assist a child with the self-administration of a psychotropic medication.

If a group home cares for children or nonminor dependents taking psychotropic medications, it may need to update its plan of operation to reflect specific issues related to their care, including:

- Establishing communication protocols that ensure prescriber/physicians are getting the information they need to ensure correct dosage, mitigate side effects, and/or change medications.
- Clarifying that refusal to take a psychotropic medication is not a cause for discipline.

There are 4 circumstances in which a JV-220 may not be required :

- Parent or Legal Guardian authorization
- If a child is taking a psychotropic medication for reasons other than to treat a psychotropic disorder or illness
- A doctor may prescribe medication on an emergency basis and the court authorization will need to be obtained within 2 days following this prescription.
- Nonminor Dependents

*These circumstances will be addressed in the Scenarios section of this Medications Guide.

New Legislation

The following is legislation that became effective January 1, 2016:

[Senate Bill 238 \(Mitchell\), Chapter 534, Statutes of 2015 \(Health and Safety Code section 1522.41\)](#)

- Group home administrator training must include the training on the authorization, uses, risks, benefits, assistance with self-administration, oversight, monitoring of psychotropic medications, trauma, substance use disorder, and mental health treatments, including how to access those treatments. More information can be found in [WIC 16501.4](#).

[Senate Bill 484 \(Beall\), Chapter 540, Statutes of 2015 \(Health and Safety Code section 1507.6\(b\)\(1\) and \(2\)\)](#)

Documentation

Per HSC 1507.6(b)(1)&(2), group homes serving foster children and nonminor dependents prescribed psychotropic medications must maintain the following records at the facility:

- A copy of the court order authorizing the administration of psychotropic medications for a minor foster child.
- A separate log for each psychotropic medication that shows:
 - The name of the medication;
 - The date of the prescription;
 - The quantity of the medication and the number of refills initially prescribed;
 - When applicable, any additional refills prescribed;
 - The required dosage and directions for use as specified in writing by the prescribing physician, including any changes directed by the physician; and
 - The date and time of each dose to be taken by the child or nonminor dependent.

The JV-217 (Guide to Psychotropic Medications Forms) is a great form to reference when becoming familiar with the process of handling psychotropic medications for Group Home residents. This form outlines what each form is used for and identifies if it is required or optional.

Required Forms:	Optional Forms:
<ul style="list-style-type: none"> JV-220 – Application for Psychotropic Medication JV-220(A) – Physician’s Statement-Attachment JV-220(B) – Physician’s Request to Continue Medication-Attachment JV-221 – Proof of Notice of Application JV-223 – Order on Application for Psychotropic Medication JV-224 – County Report on Psychotropic Medication 	<p>The child, caregiver, CASA, or Native American tribe wanting to give input to the court may use one of the following forms:</p> <ul style="list-style-type: none"> JV-218 – Child’s Opinion about the Medicine JV-219 – Statement about Medicine Prescribed <p>A Person who opposes the proposed medication or who wants to give the court more information may fill out the following form:</p> <ul style="list-style-type: none"> JV-222 Input on Application for Psychotropic Medication

Psychotropic Medication Scenarios

What follows are some specific scenarios to consider when providing care to children or nonminor dependents with psychotropic medication needs. The “What to do” guidance provides recommendations that constitute good practice. If you have questions regarding any of these scenarios, or if you need any further clarification, please contact your [CCLD Regional Office](#).

Scenario:	What to do:
Admitting a child or nonminor dependent who currently has a prescription for a psychotropic medication and is a dependent/ward of the court	<ul style="list-style-type: none"> Before accepting a new child or nonminor dependent, ask the authorized representative if the child or nonminor dependent is currently taking any psychotropic medications. If the child or is taking a psychotropic medication, ask for the court order (JV 223). Once the court order has been obtained, determine when it expires. If the order expires within the next 60 days, contact the county social worker or probation officer to begin the process for obtaining a new court order.
Admitting a child who currently has a prescription for a psychotropic medication who is not a ward or dependent of the court	<ul style="list-style-type: none"> If it is a private placement, request the contact information for the new child’s current psychiatrist, a copy of a current prescription with administering instructions, and the parental or authorized representative’s consent for continued treatment of the child.
Minor foster child is taking a psychotropic medication but does not have a court order or parent(s) retain authority	<ul style="list-style-type: none"> In some cases, the juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. If the child has written consent from his or her parents or authorized representative, that will suffice.

Scenario:	What to do:
<p>to consent for meds <i>Minor foster child is taking a psychotropic medication but does not have a court order or parent(s) retain authority to consent for medications, continued</i></p>	<ul style="list-style-type: none"> • If current and valid authorization is not present in the child's, the facility should request a copy of the court order authorizing the administration of a psychotropic medication from the county placing agency. The facility should work with the county placing agency to determine the reason there is not a court order and work with the county to make a plan to get the authorization.
<p>Minor foster child is prescribed psychotropic medication by their pediatrician/or other specialty physician to treat a non-psychiatric health condition (such as migraines, insomnia, etc.) and does not have a court order</p>	<ul style="list-style-type: none"> • Welfare and Institutions Code (WIC) Section 369.5(d) maintains that all psychotropic medications require court authorization, however, not all psychotropic medications fit this statutory definition. Some psychotropic medications are not "administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses" as the WIC definition specifies. • If a minor child has been prescribed a psychotropic medication under these circumstances, a JV-223 court order may or may not necessarily be required. This decision is made by the county placing agency and the courts. It is incumbent upon the facility to retain documentation from the prescribing physician (i.e. Patient/Visit Summary or documentation to that effect) reflecting the health reason that the medication has been prescribed and the specific reason from the physician why the JV-223 court order was not pursued. • In these circumstances, your child's Public Health Nurse can be a viable resource if you have questions or need further clarification about the medication.
<p>Foster child is prescribed a medication on an emergency basis and does not have a court order</p> <p><i>Foster child is</i></p>	<ul style="list-style-type: none"> • Psychotropic medications may be administered without court authorization in an emergency situation. <ul style="list-style-type: none"> ○ An emergency situation occurs when : <ol style="list-style-type: none"> 1. A physician finds that the child requires psychotropic medication to treat a psychiatric disorder or illness. <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 2. The purpose of the medication is: <ol style="list-style-type: none"> a. To protect the life of the child or others, or b. To prevent serious harm to the child or others, or c. To treat current or imminent substantial suffering <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 3. It is impractical to obtain authorization from the court before administering the psychotropic medication to the child. • Court authorization must be sought as soon as practical but in no case more than two court days after the emergency administration of the psychotropic medication. • For more information on Rules of Court, Rule 5.640, Psychotropic Medications

Scenario:	What to do:
<i>prescribed a medication on an emergency basis and does not have a court order, continued.</i>	please click here .
Foster child turns 18 and is prescribed a psychotropic medication but does not have a court order or the order has expired	<ul style="list-style-type: none"> • NMDs may consent to psychotropic medications UNLESS there is a court order barring their right to do so. If the NMD is refusing their medications, document each refusal on the MAR and inform the treating psychiatrist. It is also prudent to bring this to the attention of the treatment team, including the NMD attorney, and county social worker/probation officer. An effective means to do this is to update the NMD's Needs and Services Plan reflecting the issue of continued refusal. This shows that the facility is really on top of things and proactive in its ongoing assessment of said NMD
Child or nonminor dependent refuses to take his/her medication as prescribed during a medication time	<ul style="list-style-type: none"> • No child or nonminor dependent can be forced to take any medication. • The child or nonminor dependent shall not be disciplined based on refusal to take his/her medication. • Document the specific reason(s) why the child or nonminor dependent is refusing the medication. Staff may utilize proactive strategies such as: <ul style="list-style-type: none"> ○ Ask the child or nonminor dependent why he/she is refusing. ○ Allow the child or nonminor dependent some time to rethink his/her decision before asking him/her again if he/she would like to take the medication. ○ Support the child or nonminor dependent in seeking out information and guidance from a licensed health care professional about his/her concerns with taking the medication. • Consult with the clinical staff onsite and/or the child's or nonminor dependent's clinical treatment team about appropriate actions to take regarding the refusal. The prescriber/physician and clinical staff should take into consideration the specific medication refused. • Notify the attending prescriber/physician immediately. A refused medication should be documented in the child's or nonminor dependent's medication record (and Needs and Services Plan, if it becomes a pattern). • Notify the authorized representative. • Report a child's or nonminor dependent's refusal to take a medication to CCLD via an incident report if it threatens the physical or emotional health or safety of any person residing in the facility.
Child or nonminor dependent refuses to	<ul style="list-style-type: none"> • No child or nonminor dependent can be forced to take any medication.

Scenario:	What to do:
<p>take his/her medication as prescribed and states that he/she no longer wants to be on medication.</p>	<ul style="list-style-type: none"> • The child or nonminor dependent shall not be disciplined based on refusal to take his/her medication. • Consult with the clinical staff onsite and/or the child's or nonminor dependent's clinical treatment team about appropriate actions to take regarding the refusal. The prescriber/physician and clinical staff should take into consideration the specific medication refused. • Notify the attending prescriber/physician immediately. A refused medication should be documented in the child's or nonminor dependent's medication record. Contact the child's or nonminor dependent's prescriber/physician and/or clinical treatment team in order to set up a medical appointment with the prescribing doctor to address the child's or nonminor dependent's concerns about no longer wanting to take the medication. • Notify the authorized representative. • Report a child's or nonminor dependent's refusal to take a medication to CCLD via an incident report if it threatens the physical or emotional health or safety of any person residing in the facility.

RESOURCES

The following resources are available to assist with training, education and empowerment of children, nonminor dependents, and caregivers as it relates to mental health rights and medication needs:

- [Questions to Ask About Medications](http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/YouthFamEd/Questions_to_Ask_about_Medications.pdf) – A document to help parents and caregivers improve their skills and knowledge about side effects and adverse symptoms related to medications. This document can be accessed at:
http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/YouthFamEd/Questions_to_Ask_about_Medications.pdf
- [Foster Youth Mental Health Bill of Rights](http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/YouthFamEd/Foster_Youth_BOR_v2_20_15.pdf) - A document to educate youth, parents, and caregivers about the rights of a foster youth as they pertain to psychotropic medications. This document can be accessed at:
http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/YouthFamEd/Foster_Youth_BOR_v2_20_15.pdf
- [Prescribing Standards of Psychotropic Medication Used by Age Group](http://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/QIP_Appendix_A.pdf) – A Foster Care Quality Improvement Project that outlines prescribing standards to help form a foundation for review with the goal to ensure that youth being prescribed psychotropic medications receive the minimum number of medications necessary in the lowest therapeutic doses and for the appropriate age group. The Appendix A is available at:
http://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/QIP_Appendix_A.pdf

- LA County Prescribing Parameters - A document to provide a framework for quality management relating to the major classes of psychoactive medications used in children and adolescence. This document can be accessed at:
http://file.lacounty.gov/SDSInter/dmh/1003458_PSYCHOTROPIC_PARAMETERS-6-22-16.pdf

APPENDIX OF APPLICABLE LICENSING LAWS

This Appendix provides specific regulations and statutes that apply to this resource guide. To view the most current version of all of the regulations that govern Group Homes, please visit our website at: <http://www.cdss.ca.gov/inforesources/Childrens-Residential>. For statutory references, please use the following link: <http://leginfo.legislature.ca.gov/faces/codes.xhtml>.

General Licensing Regulations (Title 22, California Code of Regulations, Division 6, Chapter 1)

General Definitions

- 80001(u)(1)- “Universal Precautions” means an approach to infection control that treats all human blood and body fluids as if they are infectious. Generally, Universal Precautions consist of regular hand-washing after coming into contact with another person's body fluids (mucous, saliva, urine, etc.) and includes the use of gloves when handling blood or body fluids that contain blood. Specifically, Universal Precautions consist of the following four basic infection control guidelines:
 - 80001(u)(1)(A)- Hand-washing - Staff should wash their hands:
 1. After assisting with incontinent care or wiping a client's nose.
 2. Before preparing or eating foods.
 3. After using the toilet.
 4. Before and after treating or bandaging a cut.
 5. After wiping down surfaces, cleaning spills, or any other housekeeping.
 6. After being in contact with any body fluids from another person.
 7. Even if they wore gloves during contact with body fluids.
 - 80001(u)(1)(B)- Gloves - Staff should always wear gloves:
 1. When they come into contact with blood or body fluids that contain blood.
 2. When they have cuts or scratches on their hands.
 3. When assisting with incontinent care or when cleaning up urine, stool, or vomit.
 4. When administering first aid for a cut, a bleeding wound, or a bloody nose.
 5. And use gloves only one time, for one incident or client.
 - a. Staff must air dry their hands prior to putting on a new pair of gloves.
 6. And dispose of used gloves immediately after use.
 - 80001(u)(1)(C)- Cleaning with a disinfectant - Staff should clean with a disinfectant:
 1. On all surfaces and in the client's room and on an “as needed” basis on any surface that has come into contact with blood.
 2. Such as a basic bleach solution, made fresh daily by mixing:
 - a. 1/4 cup household liquid chloride bleach in one gallon of tap water, or one tablespoon bleach in one quart of water.

- 80001(u)(1)(D)- Proper disposal of infectious materials - Staff should dispose of infectious materials by:
 1. Placing it in a plastic trash bag, tying it with a secure tie, and disposing of it out of reach of clients and children.

Plan of Operation

- 80022(a)- Each licensee shall have and maintain on file a current, written, definitive plan of operation
- 80022(h)- The facility shall operate in accordance with the terms specified in the plan of operation and may be cited for not doing so.

Waivers and Exceptions

- 80024(b)- The licensing agency shall have the authority to approve the use of alternate concepts, programs, services, procedures, techniques, equipment, space, personnel qualifications or staffing ratios, or the conduct of experimental or demonstration projects under the following circumstances:
 - 80024(b)(1)- Such alternatives shall be carried out with provisions for safe and adequate services, and shall in no instance be detrimental to the health and safety of any facility client.

Reporting Requirements

- 80061(a)- Each licensee or applicant shall furnish to the licensing agency reports as required by the Department, including, but not limited to, those specified in this section
- 80061(b)(1)(E)- Any unusual incident or client absence which threatens the physical or emotional health or safety of any client.

Client Records

- 80070(b)- Each record must contain information including but not limited to the following:
 - 80070(b)(10)- Record of current medications, including the name of the prescribing physician, and instructions, if any, regarding control and custody of medications.
- 80070(c)- All information and records obtained from or regarding clients shall be confidential.
- 80070(d)- All client records shall be available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:
 - 80070(d)(1)- Licensing representatives shall not remove the following current records for current clients unless the same information is otherwise readily available in another document or format:
 - 80070(d)(1)(A)- Name, address, and telephone number of the authorized representative(s) as specified in Section 80070(b)(5).

- 80070(d)(1)(B)- Name, address, and telephone number of a client's physician and dentist, and any other medical and mental health providers, as specified in Section 80070(b)(7).
- 80070(d)(1)(C)- Medical assessment, including ambulatory status, as specified in Section 80070(b)(8).
- 80070(d)(1)(D)- Record of any current illness or injury as specified in Section 80070(b)(9).
- 80070(d)(1)(E)- Record of current medications as specified in Section 80070(b)(10).
- 80070(d)(1)(F)- Restricted Health Condition Care Plan as specified in Section 80070(b)(11).
- 80070(d)(1)(G)- Functional assessment as specified in Section 80070(b)(12).
- 80070(d)(1)(H)- Mental health assessment as specified in Section 80070(b)(13).
- 80070(d)(1)(I)- Any other records containing current emergency or health-related information for current clients.
- 80070(d)(2)- Prior to removing any records, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the administrator or designee.
- 80070(d)(3) Licensing representatives shall return the records undamaged and in good order within three business days following the date the records were removed.

Health Related Services

- 80075(a)- The licensee shall ensure that each client receives first aid and other needed medical or dental services, including arrangement for and/or provision of transportation to the nearest available services.
- 80075(b)- Clients shall be assisted as needed with self-administration of prescription and nonprescription medications.
- 80075(b)(2)- Facility staff, except those authorized by law, shall not administer injections but staff designated by the licensee shall be authorized to assist clients with self-administration of injections as needed.
- 80075(b)(3)- Assistance with self-administration does not include forcing a client to take medications, hiding or camouflaging medications in other substances without the client's knowledge and consent, or otherwise infringing upon a client's right to refuse to take a medication.
- 80075(b)(4)- If the client's physician has stated in writing that the client is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the client with self-administration of their PRN medication.
- 80075(b)(5)- If the client's physician has stated in writing that the client is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the client with self-administration, provided all of the following requirements are met:

- 80075(b)(5)(A)- There is written direction from a physician, on a prescription blank, specifying the name of the client, the name of the medication, all of the information specified in Section 80075(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.
- 80075(b)(5)(B)- Once ordered by the physician the medication is given according to the physician's directions.
- 80075(b)(5)(C)- A record of each dose is maintained in the client's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the client's response.
- 80075(b)(6)- If the client is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the client with self-administration, provided all of the following requirements are met:
 - 80075(b)(6)(A)- Facility staff shall contact the client's physician prior to each dose, describe the client's symptoms, and receive direction to assist the client in self-administration of that dose of medication.
 - 80075(b)(6)(B)- The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the client's facility record.
 - 80075(b)(6)(C)- The date and time the PRN medication was taken, the dosage taken, and the client's response, shall be documented and maintained in the client's facility record.
 - 80075(b)(6)(D)- For every prescription and nonprescription PRN medication for which the licensee provides assistance, there shall be a signed, dated written order from a physician on a prescription blank, maintained in the client's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information:
 - 80075(b)(6)(D)(1)- The specific symptoms which indicate the need for the use of the medication.
 - 80075(b)(6)(D)(2)- The exact dosage.
 - 80075(b)(6)(D)(3)- The minimum number of hours between doses.
 - 80075(b)(6)(D)(4)- The maximum number of doses allowed in each 24-hour period.
- 80075(j)- Medications shall be centrally stored under the following circumstances:
 - 80075(j)(1)- Preservation of the medication requires refrigeration.
 - 80075(j)(2)- Any medication determined by the physician to be hazardous if kept in the personal possession of the client for whom it was prescribed.
 - 80075(j)(3)- Because of physical arrangements and the condition or the habits of persons in the facility, the medications are determined by either the administrator or by the licensing agency to be a safety hazard.
- 80075(k)- The following requirements shall apply to medications which are centrally stored:

- 80075(k)(1)- Medication shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.
- 80075(k)(2)- Each container shall identify the items specified in (7)(A) through (G) below.
- 80075(k)(3)- All medications shall be labeled and maintained in compliance with label instructions and state and federal laws.
- 80075(k)(4)- No person other than the dispensing pharmacist shall alter a prescription label.
- 80075(k)(5)- Each client's medication shall be stored in its originally received container.
- 80075(k)(6)- No medications shall be transferred between containers.
- 80075(k)(7)- The licensee shall ensure the maintenance, for each client, of a record of centrally stored prescription medications which is retained for at least one year and includes the following:
 - 80075(k)(7)(A)- The name of the client for whom prescribed.
 - 80075(k)(7)(B)- The name of the prescribing physician.
 - 80075(k)(7)(C)- The drug name, strength and quantity.
 - 80075(k)(7)(D)- The date filled.
 - 80075(k)(7)(E)- The prescription number and the name of the issuing pharmacy.
 - 80075(k)(7)(F)- Expiration date.
 - 80075(k)(7)(G)- Number of refills.
 - 80075(k)(7)(H)- Instructions, if any, regarding control and custody of the medication.
- 80075(l)- Prescription medications which are not taken with the client upon termination of services, or which are not to be retained shall be destroyed by the facility administrator, or a designated substitute, and one other adult who is not a client.
 - 80075(l)(1)- Both shall sign a record, to be retained for at least one year, which lists the following:
 - 80075(l)(1)(A)- Name of the client.
 - 80075(l)(1)(B)- The prescription number and the name of the pharmacy.
 - 80075(l)(1)(C)- The drug name, strength and quantity destroyed.
 - 80075(l)(1)(D)- The date of destruction.

Group Home Regulations (Title 22, California Code of Regulations, Division 6, Chapter 5)

Personnel Requirements

- 84065(i)(3)-Training shall include, at a minimum, all of the following topics. The licensee shall determine how much time is spent on each topic, and shall ensure that child care staff have appropriate skills necessary to supervise the children in care.
 - 84065(i)(3)(M)- Medication procedures, assistance with medication, universal precautions, recognition of early signs of illness and the need for professional assistance, and other health related issues

Personal Rights

- 84072(c)- At admission each child, and his/her authorized representative, shall be personally advised of and given a copy of the child's rights as specified below:
 - 84072(c)(13)- To be accorded dignity in his or her personal relationships with staff and other persons.
 - 84072(c)(14)- To live in a safe, healthy, and comfortable home where he or she is treated with respect, in accordance Section with 84072(c)(16).
 - 84072(c)(19)- To be free of the administration of medication or chemical substances, unless authorized by a physician.

Health Related Services

- 84075(b)- The licensee shall ensure that all prescribed medications are centrally stored, as provided in Section 80075(h)(3).

Nonminor Dependents (Interim Licensing Standards for AB 12 Implementation in Group Homes)

- 84461(b) (*Reporting Requirements*)- The licensee or facility staff shall report to the licensing agency and the person or agency responsible for placing a nonminor dependent, such as a social worker or probation officer when any of the following events occur:
 - 84461(b)(4) Any unusual incident that involves a nonminor dependent and threatens the physical or emotional health or safety of the nonminor dependent or anyone in the facility, including whether the incident required the use of manual restraints.
- 84470(d) (*Nonminor Dependents' Records*)- All records for a nonminor dependent shall be available to the licensing agency to inspect, audit, and copy upon demand during business hours. Records may be removed if necessary for copying. Removal of records shall be subject to the following requirements:
 - 84470(d)(1)- The licensing agency representative shall not remove any current emergency or health-related records for a nonminor dependent unless the same information is readily available in another document or format.
 - 84470(d)(2)- Prior to removing any records, the licensing agency representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the nonminor dependent if developmentally appropriate, and the licensee.
 - 84470(d)(3)- The licensing agency representative shall return the records to the facility undamaged and in good order within three business days following the date the records were removed.
- 84475(c) (*Health-Related Services*)- If facility staff control the storage of medication, facility staff shall follow the requirements in Section 80075, subsection [(k)(1)] through [(k)(7)] for medications which are centrally stored.
- 84475(d) (*Health-Related Services*)- Upon the request of a nonminor dependent with a health condition that requires prescription or nonprescription medication, facility staff shall

assist the nonminor dependent with the self-administration of medication and injections if permitted by his or her physician.

- 84475(d)(1)- Facility staff shall ensure that the nonminor dependent stores medication and injections in a manner that ensures the safety of other nonminor dependents and children in the facility.
- 84475(e) (*Health-Related Services*) - The licensee shall ensure that persons who provide emergency medical assistance and injections to a nonminor dependent are trained as specified in Health and Safety Code section 1507.25.

Health and Safety Code

- 1507.25.(a)(1)- Notwithstanding any other provision of law, a person described in paragraph (2), who is not a licensed health care professional, but who is trained to administer injections by a licensed health care professional practicing within his or her scope of practice, may administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock to a foster child in placement.
- 1507.25.(a)(2)- The following individuals shall be authorized to administer emergency medical assistance and injections in accordance with this subdivision:
 - 1507.25.(a)(2)(G) A direct care staff member of a small family home or a group home.
- 1507.25.(a)(3) The licensed health care professional shall periodically review, correct, or update training provided pursuant to this section as he or she deems necessary and appropriate.
- 1507.25. (b)(1) Notwithstanding any other provision of law, a person described in paragraph (2), who is not a licensed health care professional, but who is trained to administer injections by a licensed health care professional practicing within his or her scope of practice, may administer subcutaneous injections of other medications, including insulin, as prescribed by the child's physician, to a foster child in placement.
- 1507.25.(b)(3) The licensed health care professional shall periodically review, correct, or update training provided pursuant to this section as he or she deems necessary and appropriate.
- 1507.25.(c) For purposes of this section, administration of an insulin injection shall include all necessary supportive activities related to the preparation and administration of injection, including glucose testing and monitoring.
- 1507.25.(e) This section does not supersede the requirements of Section 369.5 of the Welfare and Institutions Code, with respect to the administration of psychotropic medication to a dependent child of the court.
- 1507.6(b)(1) Psychotropic medications shall be used only in accordance with the written directions of the physician prescribing the medication and as authorized by the juvenile court pursuant to Section 369.5 or 739.5 of the Welfare and Institutions Code.
- 1507.6(b)(2)- The facility shall maintain in a child's records all of the following information:
 - 1507.6(b)(2)(A)- A copy of any court order authorizing the psychotropic medication for the child.

- 1507.6(b)(2)(B)- A separate log for each psychotropic medication prescribed for the child, showing all of the following:
 - 1507.6(b)(2)(i)- The name of the medication.
 - 1507.6(b)(2)(ii)- The date of the prescription.
 - 1507.6(b)(2)(iii)- The quantity of medication and number of refills initially prescribed.
 - 1507.6(b)(2)(iv)- When applicable, any additional refills prescribed.
 - 1507.6(b)(2)(v)- The required dosage and directions for use as specified in writing by the physician prescribing the medication, including any changes directed by the physician.
 - 1507.6(b)(2)(vi)-The date and time of each dose taken by the child.
- 1522.41(c)(2)(F)-Understanding the requirements and best practices regarding psychotropic medications, including, but not limited to, court authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, storage, and metabolic monitoring of children prescribed psychotropic medications.

Welfare and Institutions Code

Dependent Children

- 369.5(a)- If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. On or before July 1, 2000, the Judicial Council shall adopt rules of court and develop appropriate forms for implementation of this section.
- 369.5(b)(1)- In counties in which the county child welfare agency completes the request for authorization for the administration of psychotropic medication, the agency is encouraged to complete the request within three business days of receipt from the physician of the information necessary to fully complete the request.
- 369.5(b)(2)- Nothing in this subdivision is intended to change current local practice or local court rules with respect to the preparation and submission of requests for authorization for the administration of psychotropic medication.
- 369.5(c)- Within seven court days from receipt by the court of a completed request, the juvenile court judicial officer shall either approve or deny in writing a request for authorization for the administration of psychotropic medication to the child, or shall, upon a request by the parent, the legal guardian, or the child's attorney, or upon its own motion, set the matter for hearing.

- 369.5(d)- Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.
- 369.5(e)- Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.
- 369.5(f)-This section shall not apply to nonminor dependents, as defined in subdivision (v) of Section 11400.

Delinquents and Wards of the Juvenile Court

- 739.5(a)- If a minor who has been adjudged a ward of the court under Section 601 or 602 is removed from the physical custody of the parent under Section 726 and placed into foster care, as defined in Section 727.4, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that minor. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the minor and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the minor's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. On or before July 1, 2008, the Judicial Council shall adopt rules of court and develop appropriate forms for implementation of this section.
- 739.5(b)(1)- The agency that completes the request for authorization for the administration of psychotropic medication is encouraged to complete the request within three business days of receipt from the physician of the information necessary to fully complete the request.
- 739.5(b)(2)- Nothing in this subdivision is intended to change current local practice or local court rules with respect to the preparation and submission of requests for authorization for the administration of psychotropic medication.
- 739.5(c)- Within seven court days from receipt by the court of a completed request, the juvenile court judicial officer shall either approve or deny in writing a request for authorization for the administration of psychotropic medication to the minor, or shall, upon a request by the parent, the legal guardian, or the minor's attorney, or upon its own motion, set the matter for hearing.
- 739.5(d)- Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.
- 739.5(e)- Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.