

FACT SHEET: SB 253

AUTHOR: SENATOR BILL MONNING FOSTER CHILDREN: PSYCHOTROPIC MEDICATION

PROPOSED BILL

SB 253 will strengthen the juvenile courts' process for authorizing psychotropic medication use by foster children.

This bill mandates the application of health care standards by the judiciary when authorizing psychotropic drugs to children in foster care. No psychotropic drugs would be authorized without prior medical exams of the children, and on-going medical monitoring must occur. For treatments with the greatest risk, a pre-authorization review by a child and adolescent psychiatrist must be obtained.

Specifically, SB 253 would require:

- Judges, in making a determination to authorize the use of psychotropic medications by foster children, to make findings of fact about several factors and base their decisions on clear and convincing evidence;
- Pre-authorization review criteria for the most extreme prescribing cases, such as for the use by foster children ages 0-5 or the use of multiple antipsychotics; and
- Ordering or completion of measurements, lab tests and other screenings as a prerequisite to authorization, as well as follow up monitoring of the effects of the medication to ensure the safety the child.
- The prescribing physician will be provided the most recent version of the child's health and education passport to be able to consider the child's health history prior to prescribing.

BACKGROUND

Nearly one in four children placed in foster care receive powerful psychotropic drugs. Of all children taking psychotropic medications in California, 52% are given

antipsychotics, which have risk factors that can lead to life-long disabilities, such as tremors, obesity, and diabetes. Forty-eight percent of foster children are given antidepressants that have an FDA black box label warning for use by children.

In 1999, in response to concerns about the overmedication of foster children, the Legislature made juvenile court judges the gatekeepers for deciding if a child in foster care should be administered a psychotropic drug. (Welfare & Institutions Code §369.5)

California is one of a very few states in which the authority to make this decision is removed from the parents of a dependent child and given to the courts.

In the 15 years since its enactment, the hope for reducing the percent of foster children and youth given powerful psychotropic medications has not been realized. Current law provides no guidance to the courts as to how it should go about deciding to grant or deny an application for the use of psychotropic medication by foster children.

SB 253 will provide the courts with key factors to consider when making these potentially life-changing medical decisions, and create a more rigorous process in line with the serious risks associated with the administration of these powerful drugs.

SUPPORT

Advokids
Alameda County Board of Supervisors
Alameda County Foster Youth Alliance
Attorney General Kamala Harris
American Federation of State, County and
Municipal Employees
California CASA Association
California CASA Association, Santa Cruz
County
California Youth Connection
Children's Advocacy Institute
Children's Law Center of California
Dependency Legal Group of San Diego
East Bay Children's Law Offices
East Bay Community Law Center
First Focus Campaign for Children
Humboldt County Transition Age Youth
Collaboration
John Burton Foundation
Legal Advocates for Children and Youth
National Center for Youth Law (sponsor)
Peers Envisioning and Engaging in
Recovery Services
The Children's Partnership
Youth Law Center
11 individuals

OPPOSITION

California Academy of Child and
Adolescent Psychiatry
California Alliance of Child and Family
Services
California Behavioral Health Directors
Association
California Medical Association
California Psychiatric Association

FOR MORE INFORMATION

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