

# Provider Access to Foster Youth Mental and Physical Health Information Portal

## **Background**

A judicial approval (JV-220) is mandated by the California Law Rules of Court prior to the administration of psychotropic medications to children and youth in foster care, who are dependents of the court. The Psychotropic Medication Protocol, referred to as the JV-220 process, initiates the court's authorization of the use of psychotropic medications for these youth. For the purpose of this document, "psychotropic medication" is defined per Welfare & Institutions Code, Section 369.5(d), as "those medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. They may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia and psychostimulants."

Welfare and Institutions Code 16010 mandates that the case plan and court reports for every foster child utilize the CMS/CWS system to create a Health and Education Passport (HEP) to document pertinent information. The HEP summarizes the child's health and education records. It is designed to provide assistance in the initiation and continuity of medical assessment and treatment, avoid duplication of medical services, preserve essential medical data, and increase the willingness of medical providers to treat foster children. The HEP is intended to be provided to the initial caregiver within 30 days of placement and a summary to subsequent caregivers within 48 hours of placement. As of April-June 2020, 51,657 foster children should have the HEP document.

## **Issue**

In 2016, the California Department of Social Services and California Department of Health Care Services published the "California Guidelines for the Use of Psychotropic Medications with Children and Youth in Foster Care." These guidelines specify that the child's social worker should provide the child's psychiatrist with all mental health, physical health, and psychiatric hospitalization records; the HEP; and a med log attached to the child's approved JV-220 forms. These documents should be provided 5 days prior to the initial appointment.

In a recent survey of California Academy of Child and Adolescent Psychiatry members treating foster youth, 44% reported access to a foster youth's JV-220 less than 10% of the time, and 28% reported never having had access to the report prior to an appointment. 40% of these members reported lack of access to the HEP less than 10% of the time and 40% report never having had access to the HEP. 30% reported access to the CWS worker less than 10% of the time, and 28% reported never having had access to the child's social worker.

According to the American Academy of Child and Adolescent Psychiatry (2015), the decision to prescribe psychotropic medicine must be part of a holistic, comprehensive, and collaborative mental health treatment plan. To accomplish this, it is critical for psychiatric providers to have access to treatment history, JV-220s, and essential health information.

In 1989, SB 370 created the "Child Welfare Services Case Management System (CWS/CMS)." The bill describes it as a "living tool" in a constant state of improvement. Medical providers who treat foster children do not have access to this system, nor are they aware of what information is contained therein.

## **Solution**

The creation of a universal JV-220 and HEP electronic health care portal would allow providers to access critical information in real time for any foster child in their care. The creation of an electronic portal containing the HEP and the JV-220s accessible by the physicians and physician extenders who are charged with evaluating these vulnerable children will benefit foster children and youth, and greatly improve their mental health care.

## **Sponsors**

California Academy of Child and Adolescent Psychiatry

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